

# Agenda

## Solent NHS Trust Extra Ordinary In Public Board Meeting

Wednesday 21 June 2023 12:00 – 12:30

Meeting Room 3, Highpoint & MS Teams

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Board Requirement
1	-----	-----	<b>Chair's Welcome and apologies to receive</b>	Chair	-
			<b>Confirmation that meeting is Quorate</b> <i>No business shall be transacted at meetings of the Board unless the following are present;</i> <ul style="list-style-type: none"> <li>• a minimum of two Executive Directors</li> <li>• at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair</li> </ul>	Chair	-
2	12:00	30mins	<b>Audit Results Report for the year ended March 2023</b>	Chief Finance Officer	<i>To receive (as presented to and recommended by the Audit &amp; Risk Committee, 21<sup>st</sup> June)</i>
			<b>Annual Audit Letter of Representation 22/23</b>	Chief Finance Officer	<i>To receive (as presented to and recommended by the Audit &amp; Risk Committee, 21<sup>st</sup> June)</i>
			<b>Draft Audit Completion Certificate</b>	Chief Finance Officer	<i>To receive (as presented to and recommended by the Audit &amp; Risk Committee, 21<sup>st</sup> June)</i>
			<b>Annual Accounts including Going Concern Assessment</b>	Chief Finance Officer	<i>To approve (as presented to and recommended by the Audit &amp; Risk Committee, 21<sup>st</sup> June)</i>
3			<b>Annual Report – including the Annual Governance Statement &amp; Quality Account</b>	Chief of Staff	<i>To approve (as presented to and recommended by the Audit &amp; Risk Committee, 21<sup>st</sup> June)</i>
4					
5	12:30	-----	<b>Close</b>		

# Solent NHS Trust Initial audit results report

Year ended 31 March 2023

12 June 2023





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

12 June 2023

2022/23 Initial Audit Results Report

Dear Committee Members

We are pleased to attach our Audit Results Report, summarising the status of our audit for the forthcoming meeting of the Audit & Risk Committee. We will update the Committee at its meeting scheduled for 21 June 2023 on further progress to that date and explain the remaining steps (if any) to the issue of our final opinion. We will issue a final version of this report upon completion of our audit procedures.

The audit is designed to express an opinion on the 2022/23 financial statements and address current statutory and regulatory requirements. This report contains our findings related to the areas of audit emphasis, our views on the Trust's accounting policies and judgements and material internal control findings. Each year sees further enhancements to the level of audit challenge and the quality of evidence required to achieve the robust professional scepticism that society expects. We thank the management team for supporting this process. We have also included an update on our work on value for money arrangements.

This report is intended solely for the information and use of the Audit & Risk Committee, other members of the Board of Directors and management. It is not intended to be and should not be used by anyone other than these specified parties.

We welcome the opportunity to discuss the contents of this report with you at the Audit & Risk Committee meeting on 21 June 2023.

Yours faithfully

Kevin Suter  
Partner  
For and on behalf of Ernst & Young LLP  
Encl

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The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter of 27 March 2023.

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





# 01 Executive Summary

# Executive Summary

## Scope update

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

### Changes in materiality

We considered the materiality levels we reported to you in our Audit Planning Report. We remain satisfied that the basis for planning materiality, performance materiality and our audit threshold for reporting differences reported to you in our Audit Planning Report continue to be appropriate.

The basis of our assessment of materiality has remained consistent with the planning stage at 2% of gross operating expenditure, with performance materiality at 75% of planning materiality. We updated our planning materiality assessment using the draft financial statements and have also reconsidered our risk assessment

	Planning Materiality	Performance Materiality	Audit Differences
Planning	£5.16 million	£3.87m	£0.26m
Final	£5.46 million	£4.10m	£0.27m

### Group Testing

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

# Executive Summary

## Status of the audit

Our audit work in respect of the Trust opinion is well progressed. The following items relating to the completion of our audit procedures were outstanding at the date of this report.

Ongoing areas of work:

- ▶ Property, plant and equipment valuation – work is well progressed, we await a report from Montagu Evans which comments on the valuation approach of your external valuers, the VOA, before finalising our work. Montagu Evans are commissioned by the NAO to undertake this review.
- ▶ Annual Governance Statement – work to be updated following receipt of the final Head of Internal Audit opinion
- ▶ Annual Report – Remuneration Report – work is well progressed, the only area of testing remaining is in regards to Fair pay multiples and other employee benefit notes
- ▶ IFRS 16 – work in progress to resolve outstanding queries
- ▶ Prepayments – work in progress to conclude on the extrapolated difference based on prepayments sample testing
- ▶ Capital Additions – work in progress in relation to 2 remaining sample items
- ▶ Accruals & Deferred Income – work in progress, awaiting 2 items and to review evidence recently received
- ▶ NHS Agreement of Balances – query outstanding to agree the AoB submission to the information in the financial statements, and to receive evidence on sampled items
- ▶ Journals sample testing – to complete testing on late journals received post submission of data to EY Analytics
- ▶ Income and Expenditure testing – awaiting evidence for a total of 4 items from our sample selecting
- ▶ General audit procedures under the ISAs – small number to be completed

These items are also subject to review from the audit manager and partner (if applicable) once testing is complete.

Several areas of testing remain outstanding due to delays in receiving working papers which fully reconciled to the financial statements, particularly in key areas such as Property Plant and Equipment and Right of Use Assets. We received the first draft of the accounts after the NHS submission deadline, with an updated version of the accounts which cleared material errors in the accounts on 15<sup>th</sup> May. The draft of the Annual Report was received on 22<sup>nd</sup> May. We therefore request for future audits that key working papers are reconciled to the financial statements prior to the commencement of the year end audit.





# Executive Summary

## Status of the audit

The following are also to be completed as part of the finalisation of the audit:

- completion of our audit conclusion procedures
- review of the final version of the financial statements
- completion of subsequent events review
- receipt of the signed management representation letter
- completion of procedures required by the National Audit Office (NAO) regarding the Whole of Government Accounts (WGA) submission

Details of each outstanding item, actions required to resolve and responsibility is included in Appendix B. As the time of drafting, there are no issues arising indicating that we will not issue an unqualified audit report. Given that the audit process is still ongoing, we will continue to challenge the remaining evidence provided and the final disclosures in the Annual Report and Accounts which could influence our final audit opinion.

## Audit differences

To date, no adjusted differences exceeding our performance materiality of £4.1 million have been identified.

We identified a number of significant items on initial review of the financial statements, including notes which did not reconcile to underlying accounting records and an unbalanced balance sheet. These were corrected in an updated version of the accounts. Further amendments have been requested to disclosure items, notably in relation to:

- the Going Concern note,
- Capital and Financial Commitments notes, and
- Critical Judgements and Estimation Uncertainty within accounting policies.

We have identified one uncorrected difference of £452k (overstatement of income and accrued income) from a submitted but not agreed insurance claim.

As our audit work remains in progress, further adjusted and unadjusted audit differences may be identified. We will provide an update at the Audit & Risk Committee meeting on 21 June 2023.

Further details on audit differences are provided in Section 05.



# Executive Summary

## Areas of audit focus

In our Audit Plan we identified a number of key areas of focus for our audit of the financial report of Solent NHS Trust. This report sets out our observations and status in relation to these areas, including our views on areas which might be conservative and areas where there is potential risk and exposure. Our consideration of these matters and others identified during the period is explained within the 'Areas of Audit Focus' section of this report and summarised below.

Risk/area of focus	Risk identified	Findings/status
Misstatements due to fraud or error	Significant / Fraud risk	Our audit work to date has not identified any evidence of material misstatement due to fraud or error, including through management override of controls.
Risk of fraud in revenue and expenditure recognition	Significant / Fraud risk	Our audit work to date has not identified any material issues or unusual transactions which indicated there had been fraudulent misreporting of the Trust's financial position.  We have identified one item of incorrectly recorded accrued income of £0.45m; we are satisfied that this is not as a result of fraud.
Valuation of land & buildings	Inherent risk	Our audit work to date has identified no significant issues.
IFRS 16 full year adoption	Inherent risk	Our work on IFRS 16 valuations and associated finance lease liabilities is ongoing at the date of issuing this report. Our sample testing is well progressed; we are awaiting responses to some queries with the Trust's finance team and will provide an update at the Committee meeting.
Going concern disclosures	Inherent risk	Our work on going concern is complete and while we have identified no issues with the Trust's going concern assessment, we have requested a number of amendments to the Going Concern disclosure to adequately record the Trust's current and future cash position to the end of the forecast Going Concern period, as well as the current stage of progress with Project Fusion.

We request that you review the risks on the previous page and other matters set out in this report to ensure:

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

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



# Executive Summary

## Control observations

We have continued to identify a weakness in internal control relating to the reconciliation of the fixed asset register to the general ledger. This impacts PPE, IFRS 16 Right of Use assets and Intangibles Assets. A similar finding was raised in Audit Results Reports from the previous two annual audits.

As part of financial statements closedown process, we ask that the full listing of general ledger transactions for the financial year are submitted EY data analytics per the agreed deadline. Where this is not possible and post submission journals are recorded, we ask to be notified of this event and ask that a proper record is kept of these items, to be sent to EY at the earliest opportunity. It was noted that journals included in the financial year but not included in the submission to our data analytics team were identified in May.

During our substantive testing of prepayments, it was identified that a number of items recorded as 'prepayments' had not actually been paid as at year end. Due to prepayments increasing in value for 22/23, this resulted in errors greater than our triviality threshold.

We have also followed up control recommendations raised in the prior year as part of our work in 2022/23.

Full details of our work are set on in Section 06 of this report.

## Independence

Please refer to Section 08 for our update on Independence.



# Executive Summary

## Auditor responsibilities under the National Audit Office Code of Audit Practice 2021

Under the National Audit Office Code of Audit Practice 2021 ('the Code') we are still required to consider whether the Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness in its use of resources. The Code requires the auditor to design their work to provide them with sufficient assurance to enable them to report to the Trust a commentary against specified reporting criteria (see below) on the arrangements the Trust has in place to secure value for money through economic, efficient and effective use of its resources for the relevant period.

The specified reporting criteria are:

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

## Status of the audit – Value for Money

In our Audit Planning Report, we reported that we had not yet completed our detailed value for money (VFM) risk assessment but at that stage we had not identified a risk of significant weakness against the three reporting criteria we are required to consider under the Code. We have revisited our assessment and at present we remain satisfied that we have not identified a risk of significant weakness. Please note however that we await the following items prior to being able to complete our assessment:

- Final Internal Audit Opinion and any associated reports

If no issues are identified relating to the above documentation, we expect to have no matters to report by exception in the auditor's report (see Section 04). We plan to issue the VFM commentary in early July as part of issuing the Final Auditor's Annual Report. We will continue to revisit our risk assessment through to completion of the audit of the financial statements.



# Executive Summary

## Other Reporting Issues

### Annual Report including Annual Governance Statement

We are required to give an opinion on the consistency of the Annual Report and other information published with the financial statements and the parts of the remuneration report and staff report that are required to be audited. We are also required to review the Annual Governance Statement for completeness of disclosures, consistency with other information we are aware of from our work and whether it complies with relevant guidance.

Our work on the Annual Report, Remuneration Report and Annual Governance Statement is well progressed. We have identified a number of audit differences through the work completed to date, relating to the remuneration tables within the Remuneration Report. These have been agreed to be amended in the final version. We will review the amended version of the Annual Governance Statement once it has been updated for the Internal Audit Report and Opinion. We will provide a further update at the Audit & Risk Committee meeting on 21 June 2023.

### Whole of Government Accounts

Alongside our work on the financial statements, we also report to the Trust on differences, within a tolerance of £300,000, between the Trust's consolidation schedules and the audited financial statements. We report to the NAO under Whole of Government Accounts group audit instructions, and Solent NHS Trust has again been selected for the extended full scope procedures.

Our work on the Whole of Government Accounts will be completed close to the end of the audit. We will report any matters that arise to the Audit & Risk Committee.

### Section 30 Referral to the Secretary of State

In May 2023, we issued a report to the Secretary of State for Health under Section 30(1)(b) of the Local Audit & Accountability Act 2014, reporting that the Trust had breached its statutory duty to breakeven over a rolling period. The statutory accounts indicate the Trust has a cumulative deficit at 31 March 2023 of £5.9 million, and therefore has not met its rolling breakeven duty.

We refer a the matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency. We have a duty to notify the Secretary of State in these circumstances.

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

We have no other matters we wish to report.





## 02 Areas of Audit Focus

# Areas of Audit Focus

## Significant and fraud risk 1

### Misstatements due to fraud or error

Significant and fraud risk

#### What is the risk, and the key judgements and estimates?

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

We consider the risk of fraud to be greater for accounting estimates and other balances and disclosures where judgement is applied, making them more susceptible to management bias.

#### Our response to the key areas of challenge and professional judgement

To gain assurance in this area we:

- Identified fraud risks during the planning stages
- Inquired of management about risks of fraud and the controls put in place to address those risks.
- Understood the oversight given by those charged with governance of management's processes over fraud.
- Considered the effectiveness of management's controls designed to address the risk of fraud.

We also performed mandatory procedures regardless of specifically identified fraud risks:

- We used our data analytics capabilities to review journals throughout the year and at year-end to ensure there were no unexpected trends or unusual postings. All unusual or unexpected journal postings, including any which were indicative of management override, were tested further.
- Assessed accounting estimates for evidence of management bias.
- Evaluated the business rationale for significant unusual transactions.

#### What are our findings and conclusions?

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

Our work is ongoing testing late journals posted after the audit team received the full year transaction listing. We were provided with a further iteration of the late posted journals in May.

We will provide a further update at the Audit & Risk Committee on 21 June 2023.

# Areas of Audit Focus

## Significant and fraud risk 2

### Risk of fraud in revenue and expenditure recognition

Significant and fraud risk

#### What is the risk, and the key judgements and estimates?

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

In the latter part of the year, there is therefore a risk of potential of manipulation of reported financial performance to ensure the Trust meets the target set by NHS England (NHSE). We believe this manipulation is possible through both income and expenditure transactions, specifically accrued income and prepayments, accruals of expenditure (excluding payroll and finance expenditure) and deferred income.

We also assess there is an inherent opportunity for the Trust to inappropriately capitalise revenue costs in order to improve its reported revenue position and performance against key financial targets or to recognise capital costs in 2022/23 which should be accounted for in a later period.

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

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

#### Our response to the key areas of challenge and professional judgement

In response to this risk, we:

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

#### What are our findings and conclusions?

Our work to date has not identified any instances of fraud in revenue and expenditure recognition.

Our work is ongoing in relation to our sample testing as follows:

- Prepayments - work in progress to conclude on the extrapolated difference based on prepayments sample testing. Our work identified a number of items recorded as 'prepayments' had not actually been paid as at year end. No impact on the I&E, result was a grossing up of creditors and prepayments in the balance sheet. Management have agreed to adjust for some of these items. Control observation raised in section 06
- Capital Additions - work in progress in relation to 2 remaining sample items
- Accruals & Deferred Income - work in progress, awaiting 2 items and to review evidence recently received. One uncorrected difference identified in accrued income. See Section 05.
- We will provide a further update at the Audit & Risk Committee on 21 June 2023.

# Areas of Audit Focus

## Area of audit focus 1

### Valuation of Property, Plant and Equipment (PPE) - land and buildings assets

#### What is the risk, and the key judgements and estimates?

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

The majority of the Trust's estate is valued using the 'depreciated replacement cost' (DRC) method. This method relies on the Trust calculating the cost to replace the asset at today's prices. In making this calculation management also consider if a newly built hospital could be a different size, configuration or in a different location. This cost is then depreciated based on the condition of the current building. Therefore, in order to calculate the rebuild cost the Trust make a number of subjective assumptions.

#### Our response to the key areas of challenge and professional judgement

To gain assurance in this area we:

- Reviewed the competency of the valuer by assessing their qualifications, experience and professional reputation;
- Reviewed the relationship of the valuer to the Trust;
- Reviewed the output of the Trust's valuer;
- Reviewed and considered classification of assets and associated capital expenditure;
- Tested a sample of assets revalued in year to:
  - Challenge the assumptions used by the Council's valuers by reference to external evidence and our EY valuation specialists (where necessary);
  - Test journals for the valuation adjustments to confirm that they have been accurately processed in the financial statements.

#### What are our findings and conclusions?

Our work in relation to this area of focus is in progress at the time of writing this report. We await a report from Montagu Evans which comments on the adequacy of the approach the valuer has taken when completing their work. Montagu Evans are commissioned by the NAO to review the Valuation Office Agency (or District Valuer)

We have currently not identified any assets within our valuation sample which fall outside of our reasonable valuation range.

Our testing of asset classifications is ongoing, at this stage we have no material differences to report.

We will provide a further update at the Audit & Risk Committee on 21 June 2023.



# Areas of Audit Focus

## Area of audit focus 2

### IFRS 16

#### What is the risk, and the key judgements and estimates?

IFRS 16 (leases) applies to NHS bodies from 1 April 2022, having been deferred since 1 April 2020. Prior to deferral, the Trust opted to continue to include detailed IFRS 16 disclosures including the estimated impact of this disclosure on the accounts. We were able to carry out our procedures for these disclosures in the intervening years, with few errors identified. The Trust is therefore in a good position to quantify the impact of this new standard in the 2022/23 financial statements.

Prior to deferral of IFRS 16, DHSC, together with NHSE, designed an 'agreement of leases' exercise to cover leasing within the DHSC group. This exercise was repeated for 1 April 2022 implementation. There was also a mid-year submission exercise to ensure Trusts are on track for implementation. Guidance was provided focusing on transition disclosures, for leases on 1 April 2022, including reconciliation of operating lease commitments to lease liabilities and right of use asset values under IFRS 16.

#### Our response to the key areas of challenge and professional judgement

To gain assurance in this area we:

- Liaised with the finance team to understand the Trust's approach to compliance with the new accounting standard;
- Assessed the Trust's implementation arrangements, including its assessment of the expected impact of the standard on the Trust and the outcome of the mid-year submission exercise;
- Checked that additional disclosure requirements have been included in the financial statements; and
- Shared learning we identified from across the NHS and corporate sectors.

In order to confirm the details within the Trust's accounts we:

- Tested a sample of leases to confirm lease liabilities and right of use assets had been correctly valued; and
- Considered the completeness of the Trust's assessment by reviewing the lease register for any which may have been omitted from IFRS16 considerations in error;

#### What are our findings and conclusions?

Our work in relation to this area of focus is in progress at the time of writing this report. Working papers for IFRS 16 were received on 26<sup>th</sup> May.

Our testing to date has identified that some leases had VAT included in the initial calculations of lease liabilities and right of use assets. DHSC GAM states that this should be excluded where VAT is irrecoverable. We are currently assessing the impact of this issue and whether an audit adjustment will need to be requested.

We will provide a further update at the Audit & Risk Committee on 21 June 2023.

# Areas of Audit Focus

## Area of audit focus 3

### Going concern

#### What is the risk, and the key judgements and estimates?

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

The revised standard increases the work we are required to perform when assessing whether the Trust is a going concern. It means UK auditors will follow significantly stronger requirements than those required by current international standards; and we have therefore judged it appropriate to bring this to the attention of the Audit and Risk Committee.

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

The Trust need to undertake its annual going concern assessment to take into account the evolving financial planning for 2023/24, to demonstrate its liquidity over the future period of its going concern assessment which should extend for at least 12 months from the likely date of our audit report in June 2023.

The Trust need to include in their going concern disclosure the impact of Project Fusion as the planned implementation date is April 2024 which is within the going concern assessment period.

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#### Our response to the key areas of challenge and professional judgement

To gain assurance in this area we:

- Reviewed management's assessment of going concern as part of our work under ISA (UK) 570 (Revised) Going Concern, and whether any required disclosures in accordance with paragraphs 3.15 and 4.15 of the GAM are included within the Annual Report;
- Considered the Trust's future cash flow projections to determine whether they support the use of the going concern assumption;
- Obtained evidence that management's assumptions are appropriate and any material uncertainties have been disclosed;
- Considered the impact and disclosure of Project Fusion;
- Concluded whether there are any implications for our audit reporting under ISA (UK) 700 (Revised) Forming an Opinion and Reporting on the Financial Statements; and
- Considered the impact on our audit report and comply with EY consultation requirements

#### What are our findings and conclusions?

We have requested the Trust amend the going concern disclosure to provide the reader with more information on the assessment that management has made. This includes the Trust's current and future cash position to the end of the forecast Going Concern period, as well as the current stage of progress with Project Fusion

The Trust has not identified any material uncertainties in respect of going concern, which we agree.

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

We will provide a further update at the Audit & Risk Committee on 21 June 2023.

# Areas of Audit Focus (cont'd)

## Other matters

### Annual Report including Annual Governance Statement

We are required to give an opinion on the consistency of the Annual Report and other information published with the financial statements and the parts of the remuneration report and staff report that are required to be audited. We are also required to review the Annual Governance Statement for completeness of disclosures, consistency with other information we are aware of from our work and whether it complies with relevant guidance.

Our work on the Annual Report, Remuneration Report and Annual Governance Statement is well progressed. We have identified a number of minor audit differences through the work completed to date relating to the remuneration tables within the Remuneration Report which have been agreed to be amended in the final version. We will review the amended version of the Annual Governance Statement once it has been updated for the Internal Audit Report and Opinion. We will provide a further update at the Audit & Risk Committee meeting on 21 June 2023.

### Whole of Government Accounts

Alongside our work on the financial statements, we also report to the Trust on differences, within a tolerance of £300,000, between the Trust's consolidation schedules and the audited financial statements. We report to the NAO under Whole of Government Accounts group audit instructions.

Our work on the Whole of Government Accounts will be completed close to the end of the audit. We will report any matters that arise to the Audit & Risk Committee.

### Section 30 Referral to the Secretary of State

In May 2023, we issued a report to the Secretary of State for Health under Section 30(1)(b) of the Local Audit & Accountability Act 2014, reporting that the Trust had breached its statutory duty to breakeven over a rolling period. The statutory accounts indicate the Trust has a cumulative deficit at 31 March 2023 of £5.9 million, and therefore has not met its rolling breakeven duty.

We refer a the matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency. We have a duty to notify the Secretary of State in these circumstances.

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

There are no other matters to be reported at the time of drafting this report.

# Areas of Audit Focus (cont'd)

## Other matters

### Qualitative Reporting Issues

For 22/23 we have identified a number of qualitative reporting items in relation to the preparation of the financial statements.

We received the first draft of the financial statements accounts after the NHS submission deadline. This initial draft had a number of errors, including casting of the accounts, notes which did not reconcile to underlying accounting records, particularly in regards to the agreement of the Fixed Asset Register to the General Ledger, a continued finding from the prior year audit. The initial draft financial statements also had an unbalanced balance sheet. Errors in the financial statements were corrected with an updated version of the financial statements provided on 15<sup>th</sup> May. The draft of the Annual Report was received on 22<sup>nd</sup> May.

Receiving these items later into our audit visit creates challenges for the audit team to complete their work and results in a risk of non delivery of the opinion by the 21<sup>st</sup> June Audit & Risk Committee. We do not consider there to be a current risk of non delivery of the opinion by the NHS deadline of 30<sup>th</sup> June. For future audits, we request key working papers are reconciled to the financial statements prior to the commencement of the year end audit.

During our initial audit work on the draft accounts, we were unable to reconcile the financial statements to the trial balance. On further investigation it was identified that there were a number of journals which had been posted after the finance team submission of the transaction data to EY. Additional audit work was therefore required to reconcile the financial statements to the trial balance, and separately substantive test these late submitted manual journal entries as these transactions have a significant risk of override of controls. For future audits, we ask management to provide a clear mapping document as part of closedown procedures which ties the financial statements to the trial balance and keeps an accurate record of any late posted journals.





# 03 Value for Money

# Value for Money

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

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

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

## Risk assessment

In our Audit Planning Report, we reported that we had not yet completed our detailed value for money (VFM) risk assessment but at that stage we had not identified a risk of significant weakness against the three reporting criteria we are required to consider under the Code.

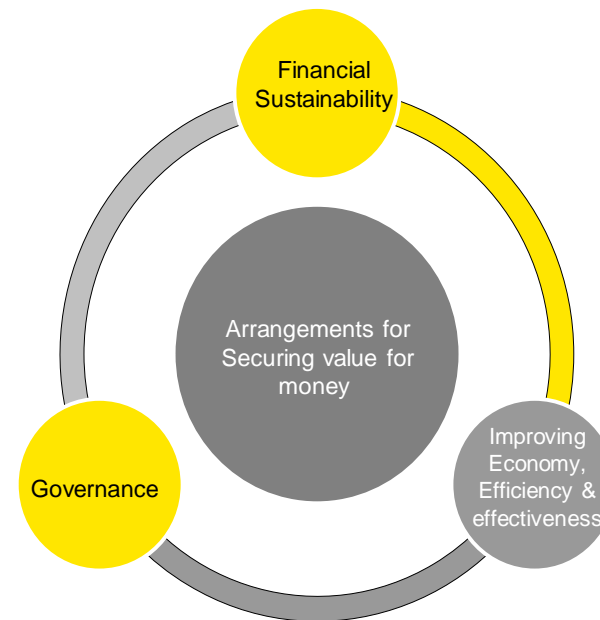
We have revisited our assessment and at present we remain satisfied that we have not identified a risk of significant weakness.

## Status of our VFM work

We await the following items prior to being able to complete our assessment:

- Final Internal Audit Opinion and any associated reports

If no issues are identified relating to the above documentation, we expect to have no matters to report by exception in the auditor's report (see Section 04). We plan to issue the VFM commentary in early July as part of issuing the Final Auditor's Annual Report. We will continue to revisit our risk assessment through to completion of the audit of the financial statements.







# 04 Audit Report

# Audit Report

## Draft audit report

At the time of drafting this results report there is one modification to our audit report to communicate. As we have made a s30 referral to the Secretary of State, we need to include this in the audit report as a matter to report by exception. This will be similar to the form of reporting we have made in previous years.



# 05 Audit Differences





# Audit Differences

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

## Summary of adjusted differences

To date, no adjusted differences exceeding our performance materiality of £4.10 million have been identified.

We identified a number of significant items on initial review of the financial statements, including notes which did not reconcile to underlying accounting records and an unbalanced balance sheet. These were corrected in an updated version of the accounts.

## Summary of unadjusted differences

As at the date of this report, further amendments have been requested to disclosure items, notably in relation to the Going Concern note, Capital and Financial Commitments notes, Critical Judgements and Estimation Uncertainty within accounting policies. We expect these to be adjusted.

We have currently identified one unadjusted difference relating to an insurance claim recorded within income and accrued income. As the claim was still in dispute at year end (and remains as such), we concluded this amount should not yet be recognised as income. The difference is as follows:

Income (overstatement) £452k

Accrued Income (overstatement) £452k

As our audit work remains in progress, further adjusted and unadjusted audit differences may be identified. We will provide an update at the Audit & Risk Committee meeting on 21 June 2023.



06

# Assessment of Control Environment

# Assessment of Control Environment

## Financial Controls

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

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

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

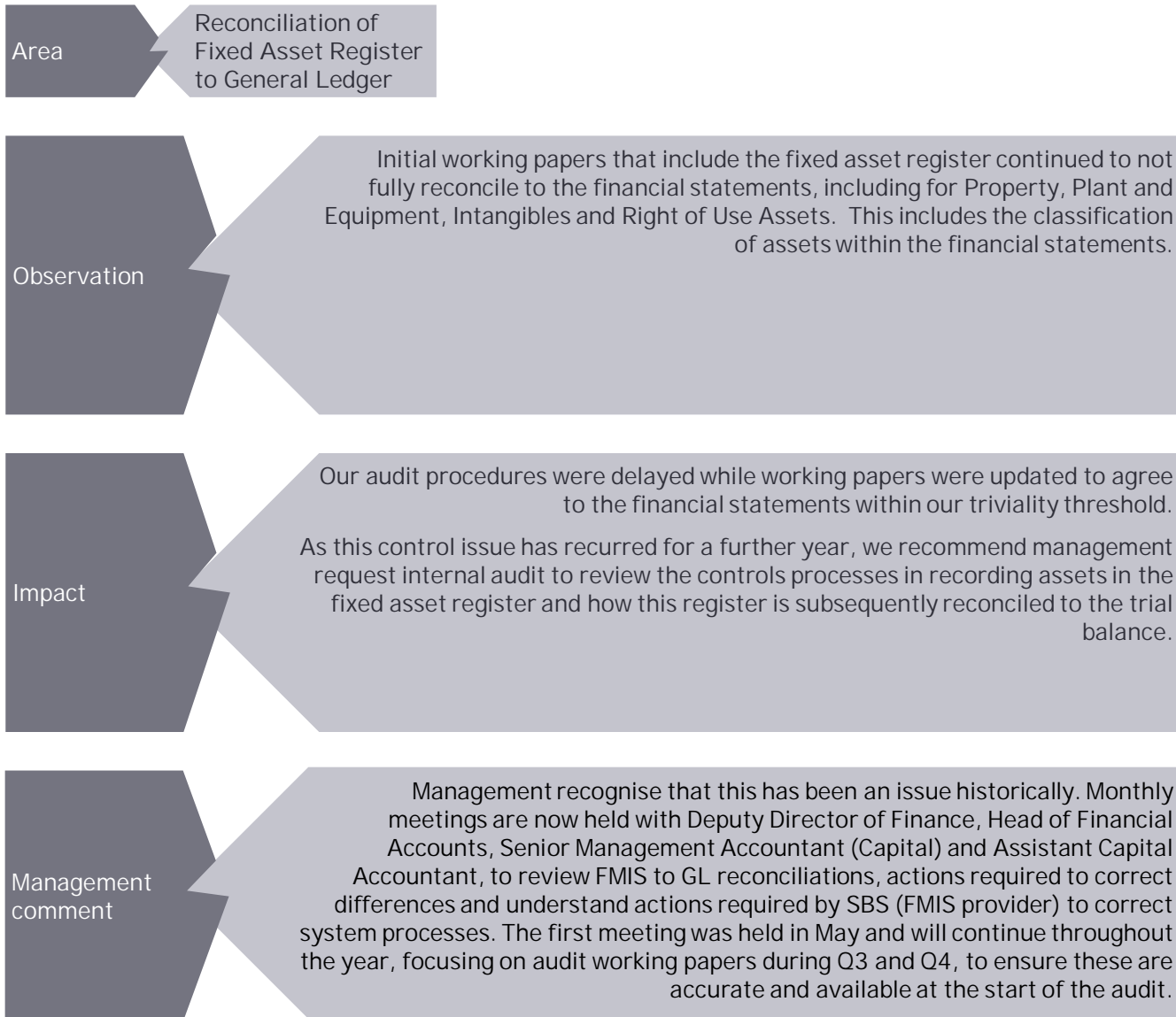
We have identified a recurrence of some control issues, reported in our prior year Audit Results Report findings. These include:

- the reconciliation between the fixed asset register and general ledger; and
- errors identified in the preparation of the financial statements as part of the closedown process.

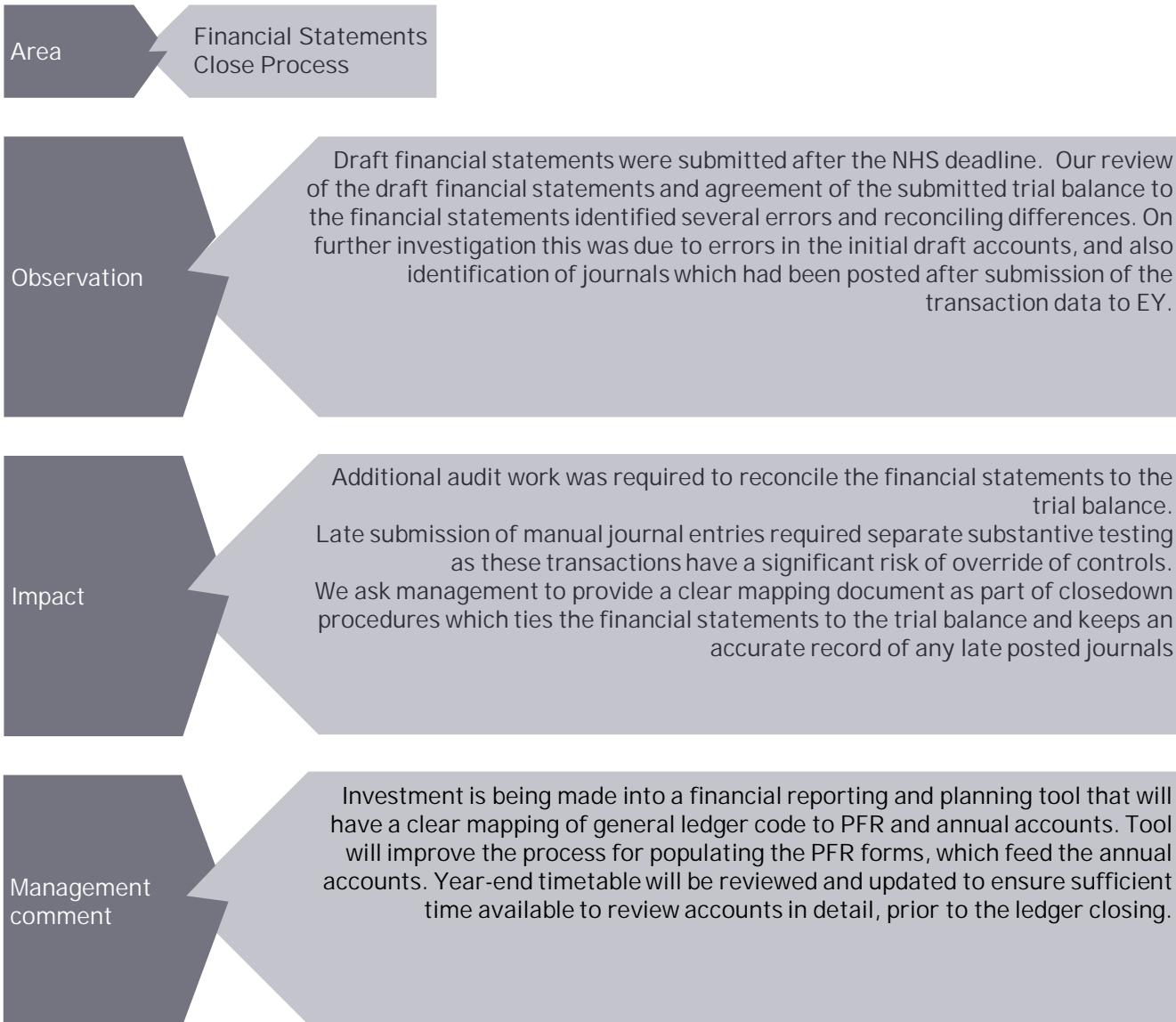
We have identified an error in the recording of prepayments. These matters have been discussed with management for resolution in future years. Further detail is documented in the subsequent 3 pages.

Our audit procedures remain ongoing and we will update our assessment of the control environment if any further issues are identified.

# Assessment of Control Environment (cont'd)

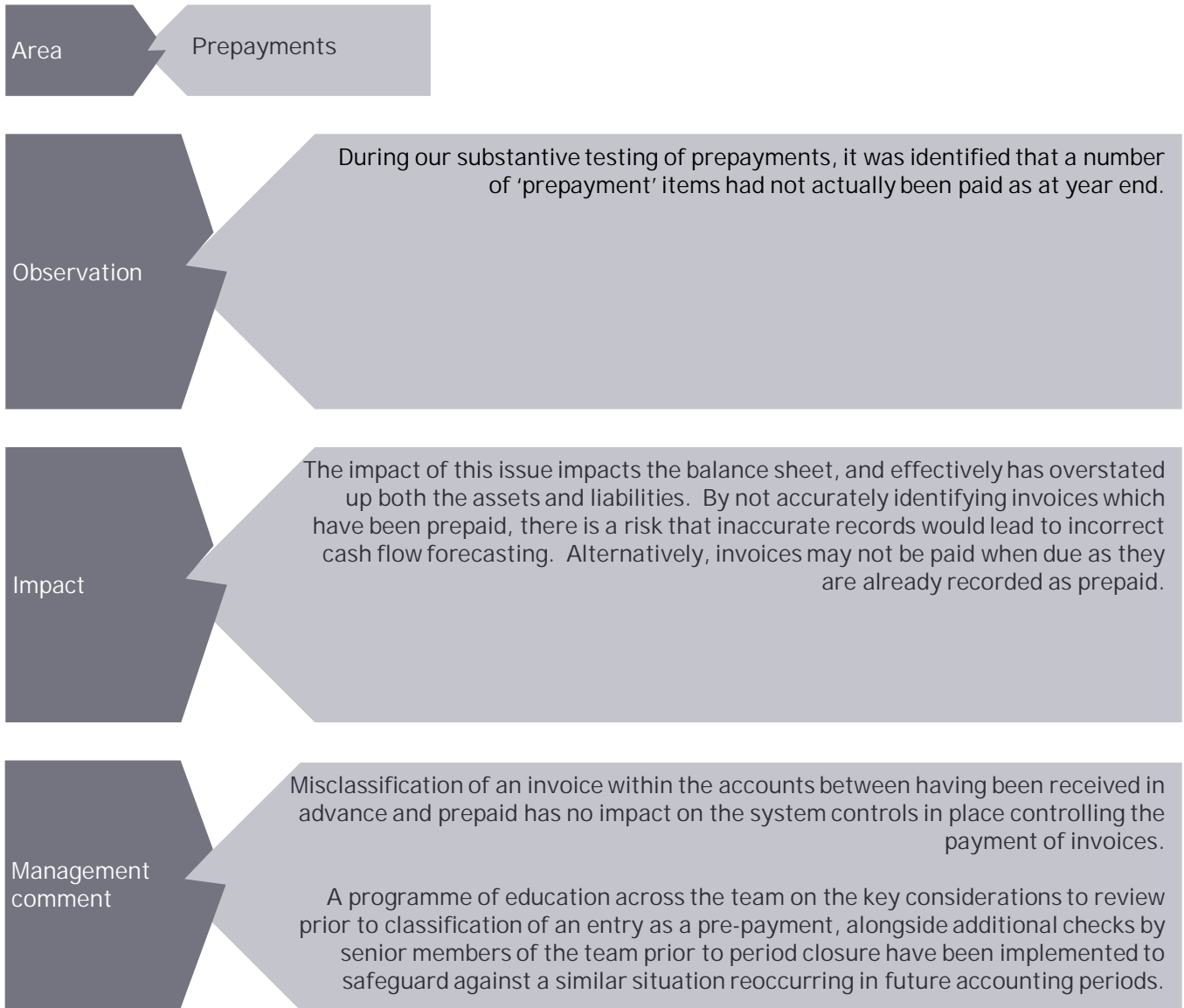


# Assessment of Control Environment (cont'd)





# Assessment of Control Environment (cont'd)



# Assessment of Control Environment (cont'd)

## Status of previous year's recommendations

Description	Update
<p><i>Fixed Asset Register Agreement to the General Ledger</i></p> <p>A reconciliation between the general ledger and the fixed asset register should be performed monthly to ensure both elements are kept up to date. This will help to prevent discrepancies between the two items from accumulating by year end.</p> <p>The fixed asset register is a key document from which we perform our audit testing and without timely delivery of such a document, our audit procedures become delayed.</p>	<p>Control observation recurred in 22/23 as noted above.</p>
<p><i>Accrued Expenditure/Deferred Income errors</i></p> <p>The Trust should perform a thorough review of accrued expenditure and deferred income balances at year end in order to confirm in advance of the audit whether the expenditure/income being accrued or deferred respectfully can be sufficiently evidenced. We note this is the second year that material errors requiring adjustment were identified.</p>	<p>Work in this area is ongoing. Currently we have not identified a similar recurrence of the items raised in the prior year.</p>
<p><i>Goods Received Not Invoiced errors</i></p> <p>The Trust should perform a thorough review the payables recorded in Goods Received Not Invoiced to confirm whether there are any items which can in fact be cleared out as they have since been invoiced or the items are now able to be cancelled.</p>	<p>Work in this area is ongoing. Currently we have not identified a similar recurrence of the items raised in the prior year.</p>
<p><i>Financial Statement Mapping in closedown procedures</i></p> <p>Following initial difficulties agreeing the Trial Balance to the Financial Statements, and recording of prior year restatement in two notes to the accounts, we will be requesting more detailed mapping documentation in future audits, with detailed explanations to be provided for any changes in mapping year on year. This will be requested to be provided as part of our year end audit request documentation.</p>	<p>This control observation did not recur in 22/23, although we have recorded another control observation regarding the financial statement close process as noted above.</p>



07

# Data Analytics



# Data Analytics

## Analytics Driven Audit

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

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

In 2022/23, our use of these analysers in the Trust's audit included gaining a deeper understanding of the data sources which are used in each Significant Class of Transactions and therefore allowing us to tailor our testing accordingly dependant on the nature of the source entries. We tested specific journal entries which we deem to have the highest inherent risk to the audit, including unusual transactions not consistent with the rest of the population.

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

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

### Journal Entry Analysis

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



# 08 Independence





# Relationships, services and related threats and safeguards

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

There are no relationships from 01 April 2022 to the date of this report, which we consider may reasonably be thought to bear on our independence and objectivity.

## Services provided by Ernst & Young

The next page includes a summary of the fees that you have paid to us in the year ended 31 March 2023 in line with the disclosures set out in FRC Ethical Standard and in statute.

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

We confirm that we have not undertaken any non-audit work in 2022/23. As at the date of this report, there are no future non-audit services which have been contracted and no written proposal to provide non-audit services has been submitted.

# Independence

## Services provided by Ernst & Young

Description	Final Fee 2022/23 £	Planned Fee 2022/23 £	Final Fee 2021/22 £
Audit of the Trust	130,000	130,000	78,000
Additional fees:			5,000
- Financial Statements Working Paper Delays and Errors	TBC		
- ISA315	TBC	TBC	
- Full Scope WGA	TBC		
Total audit	TBC	130,000	83,000
Other assurance services	0	0	0
Total fees	TBC	130,000	83,000

The 2022/23 fee is included at the agreed tender price for our new contract starting from this financial year.

As highlighted in our Audit Planning Report, the revision to ISA 315 will have a significant impact on our scope and approach, requiring auditors to enhance the audit risk assessment process, better focus responses to identified risks and evaluate the impact of IT on key processes supporting the production of the financial statements. Once our audit procedures have been concluded, we will determine the hours required to complete and review the work and submit additional fee at the same blended rate as agreed in our tender pricing.

Due to delays in receipt of appropriate working papers and additional testing required on errors identified in the draft financial statements, we have extended several members of the audit team at all grades beyond their original budgeted allocation. When determining the additional fee, we have focused on the additional time required to reconcile the Fixed Asset Register to the Financial Statements, as well as the time required to understand and update working papers in relation to IFRS 16. Once our audit procedures have been concluded, we will determine the hours required to complete and review the work and submit additional fee at the same blended rate as agreed in our tender pricing.

The final fee will be subject to agreement with the Chief Financial Officer following completion of our audit, and we will provide an updated final fee in either our final Audit Results Report or Auditor's Annual Report.



# Independence

## Other communications

### EY Transparency Report 2022

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year end 30 June 2022:

[EY UK 2022 Transparency Report | EY UK](#)





09

# Appendices



# Appendix A – Required communications with the Audit & Risk Committee

## Required communications with the Audit & Risk Committee

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

		Our Reporting to you
Required communications	What is reported?	When and where
Terms of engagement	Confirmation by the audit committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.	March 2023 Engagement letter
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter.	March 2023 Audit planning report
Planning and audit approach	Communication of the planned scope and timing of the audit, any limitations and the significant risks identified.	March 2023 Audit planning report
Significant findings from the audit	<ul style="list-style-type: none"> <li>• Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures</li> <li>• Significant difficulties, if any, encountered during the audit</li> <li>• Significant matters, if any, arising from the audit that were discussed with management</li> <li>• Written representations that we are seeking</li> <li>• Expected modifications to the audit report</li> <li>• Other matters if any, significant to the oversight of the financial reporting process</li> </ul>	June 2023 Audit results report
Going concern	Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including: <ul style="list-style-type: none"> <li>• Whether the events or conditions constitute a material uncertainty related to going concern</li> <li>• Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements</li> <li>• The appropriateness of related disclosures in the financial statements</li> </ul>	June 2023 Audit results report

# Appendix A – Required communications with the Audit & Risk Committee (cont'd)

Our Reporting to you

Required communications	What is reported?	When and where
Misstatements	<ul style="list-style-type: none"> <li>• Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation</li> <li>• The effect of uncorrected misstatements related to prior periods</li> <li>• A request that any uncorrected misstatement be corrected</li> <li>• Material misstatements corrected by management</li> </ul>	June 2023 Audit results report
Fraud	<ul style="list-style-type: none"> <li>• Enquiries of the audit committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity</li> <li>• Any fraud that we have identified or information we have obtained that indicates that a fraud may exist</li> <li>• Unless all of those charged with governance are involved in managing the entity, any identified or suspected fraud involving:               <ol style="list-style-type: none"> <li>a. Management;</li> <li>b. Employees who have significant roles in internal control; or</li> <li>c. Others where the fraud results in a material misstatement in the financial statements.</li> </ol> </li> <li>• The nature, timing and extent of audit procedures necessary to complete the audit when fraud involving management is suspected</li> <li>• Matters, if any, to communicate regarding management's process for identifying and responding to the risks of fraud in the entity and our assessment of the risks of material misstatement due to fraud</li> <li>• Any other matters related to fraud, relevant to Audit Committee responsibility.</li> </ul>	June 2023 Audit results report

# Appendix A – Required communications with the Audit & Risk Committee (cont'd)

Our Reporting to you

Required communications	What is reported?	When and where
Related parties	<p>Significant matters arising during the audit in connection with the entity's related parties including, when applicable:</p> <ul style="list-style-type: none"> <li>• Non-disclosure by management</li> <li>• Inappropriate authorisation and approval of transactions</li> <li>• Disagreement over disclosures</li> <li>• Non-compliance with laws and regulations</li> <li>• Difficulty in identifying the party that ultimately controls the entity</li> </ul>	June 2023 Audit results report
Independence	<p>Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence.</p> <p>Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as:</p> <ul style="list-style-type: none"> <li>• The principal threats</li> <li>• Safeguards adopted and their effectiveness</li> <li>• An overall assessment of threats and safeguards</li> <li>• Information about the general policies and process within the firm to maintain objectivity and independence</li> </ul> <p>Communications whenever significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place.</p>	<p>March 2023 Audit planning report</p> <p>June 2023 Audit results report</p>
External confirmations	<ul style="list-style-type: none"> <li>• Management's refusal for us to request confirmations</li> <li>• Inability to obtain relevant and reliable audit evidence from other procedures.</li> </ul>	June 2023 Audit results report

# Appendix A – Required communications with the Audit & Risk Committee (cont'd)

## Our Reporting to you

Required communications	What is reported?	When and where
Consideration of laws and regulations	<ul style="list-style-type: none"> <li>Subject to compliance with applicable regulations, matters involving identified or suspected non-compliance with laws and regulations, other than those which are clearly inconsequential and the implications thereof. Instances of suspected non-compliance may also include those that are brought to our attention that are expected to occur imminently or for which there is reason to believe that they may occur</li> <li>Enquiry of the audit committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the audit committee may be aware of</li> </ul>	June 2023 Audit results report
Significant deficiencies in internal controls identified during the audit	<ul style="list-style-type: none"> <li>Significant deficiencies in internal controls identified during the audit.</li> </ul>	June 2023 Audit results report
Written representations we are requesting from management and/or those charged with governance	<ul style="list-style-type: none"> <li>Written representations we are requesting from management and/or those charged with governance</li> </ul>	June 2023 Audit results report
Material inconsistencies or misstatements of fact identified in other information which management has refused to revise	<ul style="list-style-type: none"> <li>Material inconsistencies or misstatements of fact identified in other information which management has refused to revise</li> </ul>	June 2023 Audit results report
Auditors report	<ul style="list-style-type: none"> <li>Any circumstances identified that affect the form and content of our auditor's report</li> </ul>	June 2023 Audit results report

# Appendix A – Required communications with the Audit & Risk Committee (cont'd)

Our Reporting to you

Required communications	What is reported?	When and where
Value for Money commentary	<ul style="list-style-type: none"> <li>• Commentary against the following specified reporting criteria on the arrangements the Trust has in place to secure value for money through economic, efficient and effective use of its resources for the relevant period:               <ul style="list-style-type: none"> <li>• Financial sustainability</li> <li>• Governance</li> <li>• Economy, efficiency and effectiveness</li> </ul> </li> </ul>	July 2023 Auditor's Annual Report
Use of statutory powers	<ul style="list-style-type: none"> <li>• Identification of issues that are likely to lead to a form of public reporting, including:               <ul style="list-style-type: none"> <li>• Statutory recommendations</li> <li>• Public interest reporting</li> <li>• Referral of matters to the Secretary of State and NHS England</li> </ul> </li> </ul>	June 2023 Audit results report



# Appendix B – Outstanding matters

## Outstanding matters

The following items relating to the completion of our audit procedures are outstanding at the date of the release of this report:

Item	Actions to resolve	Responsibility
Property, plant and equipment valuation	Awaiting report from Montagu Evans which comments on the valuation approach of your external valuers, the VOA. This work is result of an engagement between the NAO and Montagu Evans on behalf of NHS auditors who are reviewing the work of the VOA	EY
Annual Governance Statement	Work to be updated following receipt of Final Head of Internal Audit Report and Opinion. Audit Team to consider the findings of the report and to confirm the adequacy of the Trust's disclosures in regards to any Internal Audit findings	EY and Management
Annual Report	Remuneration Report – Audit Team to complete testing on Fair pay multiples and other employee benefit notes	EY
IFRS 16	Queries remain on a small number of Right of Use assets to agree the valuation input calculations back to what has been recorded in the fixed asset register and financial statements.	EY and Management
Prepayments	Final clearance and agreement of resulting extrapolated difference for prepayments testing.	EY and Management
Capital Additions	Awaiting evidence for 2 remaining sample items. Audit team to review evidence once received	EY and Management
Accruals & Deferred Income	Awaiting evidence for 2 remaining sample items. Audit team continuing to review evidence provided to confirm the items meet the requirements of being an accrual or deferral	EY and Management
NHS Agreement of Balances	Query outstanding to agree the AoB submission to the information in the financial statements and to receive evidence on sampled items. Audit team to review evidence once received.	EY and Management
Journals sample testing	Audit team to complete testing on late posted journals received after submission of data to EY Analytics	EY
Income and Expenditure testing	Awaiting evidence for a total of 4 items from our sample selecting. Audit team to review evidence once received	EY and Management
General audit procedures under the ISAs	Remaining procedures to be completed	EY and Management

Until all our audit procedures are complete, we cannot confirm the final form of our audit opinion as new issues may emerge or we may not agree on final detailed disclosures in the Annual Report. At this point no issues have emerged that would cause us to modify our opinion, but we should point out that key areas of our work remain to be finalised and audited.

# Appendix C – Management representation letter

## Indicative Management representation letter

As the audit work is ongoing, we have included below an indicative version based on the previous year. The final wording will be inserted here in the final version of this document.

## Management Rep Letter

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

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

This letter of representations is provided in connection with your audit of the financial statements of Solent NHS Trust ("the Trust") for the year ended 31 March 2023. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to form an opinion as to whether the financial statements give a true and fair view of the financial position of Solent NHS Trust as of 31 March 2023 and of its financial performance and its cash flows for the year then ended in accordance with the Secretary of State Directions and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM).

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

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

### A. Financial Statements and Financial Records

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated 27 March 2023 for the preparation of the financial statements in accordance with the Secretary of State Directions and the DHSC GAM.
2. We acknowledge, as members of management of the Trust, our responsibility for the fair presentation of the financial statements. We believe the financial statements referred to above give a true and fair view of the financial position, financial performance and cash flows of the Trust in accordance with Secretary of State Directions and the DHSC GAM, and are free of material misstatements, including omissions. We have approved the financial statements.
3. The significant accounting policies adopted in the preparation of the financial statements are appropriately described in the financial statements.
4. As members of management of the Trust, we believe that the Trust has a system of internal controls adequate to enable the preparation of accurate financial statements in accordance with the Secretary of State Directions and the DHSC GAM that are free from material misstatement, whether due to fraud or error. We have disclosed to you any significant changes in our processes, controls, policies and procedures that we have made to address the effects of the COVID-19 pandemic and the effects of the conflict and related sanctions in Ukraine, Russia and/or Belarus on our system of internal controls.

# Appendix C – Management representation letter

## Indicative Management representation letter

As the audit work is ongoing, we have included below an indicative version based on the previous year. The final wording will be inserted here in the final version of this document.

## Management Rep Letter

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

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

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

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

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

1. We have provided you with:
  - Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
  - Additional information that you have requested from us for the purpose of the audit; and

# Appendix C – Management representation letter

## Indicative Management representation letter

As the audit work is ongoing, we have included below an indicative version based on the previous year. The final wording will be inserted here in the final version of this document.

## Management Rep Letter

- Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
  2. All material transactions have been recorded in the accounting records and all material transactions, events and conditions are reflected in the financial statements, including those related to the COVID-19 pandemic and including those related to the conflict and related sanctions in Ukraine, Russia and/or Belarus
  3. We have made available to you all minutes of the meetings of the Board, and committees (or summaries of actions of recent meetings for which minutes have not yet been prepared) held through the year to the most recent meeting on the following date: 21 June 2023
  4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the Trust's related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the period end. These transactions have been appropriately accounted for and disclosed in the financial statements.
  5. We believe that the methods, significant assumptions and the data we used in making accounting estimates and related disclosures are appropriate and consistently applied to achieve recognition, measurement and disclosure that is in accordance with the Secretary of State Directions and the DHSC GAM.
  6. We have disclosed to you, and the Trust has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.
  7. From 20 June 2022 (the date of our last management representation letter) through the date of this letter we have disclosed to you, to the extent that we are aware, any (1) unauthorized access to our information technology systems that either occurred or is reasonably likely to have occurred, including of reports submitted to us by third parties (including regulatory agencies, law enforcement agencies and security consultants), to the extent that such unauthorized access to our information technology systems is reasonably likely to have a material effect on the financial statements, in each case or in the aggregate, and (2) ransomware attacks when we paid or are contemplating paying a ransom, regardless of amount.
- D. Liabilities and Contingencies
1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.
  2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal counsel.
  3. We have recorded and/or disclosed, as appropriate, all liabilities related to litigation and claims, both actual and contingent, and have disclosed in the financial statements all guarantees that we have given to third parties.



# Appendix C – Management representation letter

## Indicative Management representation letter

As the audit work is ongoing, we have included below an indicative version based on the previous year. The final wording will be inserted here in the final version of this document.

## Management Rep Letter

### E. Going Concern

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

### F. Subsequent Events

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

### G. Agreement of Balances and key judgments

1. We have disclosed to you details of all transactions and judgments we have made on income and expenditure, payable and receivable balances with counter-parties irrespective of whether or not they have been included in the 2022/23 Agreement of Balances Exercise.
2. We have agreed balances, disputes and claims with all NHS bodies via the Agreement of Balances process and where not agreed, we have reported the matter to you.
3. We have disclosed to you all of the risks and judgments we have made in arriving at the Trust's reported financial outturn for financial year ended 31 March 2023.

### H. Other information

1. We acknowledge our responsibility for the preparation of the other information. The other information comprises the Annual Report and Annual Governance Statement.
2. We confirm that the content contained within the other information is consistent with the financial statements.

### I. Segmental reporting

1. We have reviewed the operating segments reported internally to the Board and We are satisfied that it is appropriate to aggregate these as, in accordance with IFRS 8: Operating Segments, they are similar in each of the following respects:
  - The nature of the products and services
  - The nature of the production processes
  - The type or class of customer for their products and services
  - The methods used to distribute their products

### J. Climate-related matters

1. We confirm that to the best of our knowledge all information that is relevant to the recognition, measurement, presentation and disclosure of climate-related matters has been considered and reflected in the financial statements.

# Appendix C – Management representation letter

## Indicative Management representation letter

As the audit work is ongoing, we have included below an indicative version based on the previous year. The final wording will be inserted here in the final version of this document.

## Management Rep Letter

2. The key assumptions used in preparing the financial statements are, to the extent allowable under the requirements of Secretary of State Directions and the DHSC GAM, aligned with the statements we have made in the other information or other public communications made by us.

### K. Comparative information – corresponding financial information

1. Note 2: Operating Segments - Following a review of the cost centres which are assigned to each operating segment, changes were made to split out some cost centres and add a new operating segment in 2022/23.
2. The comparative amounts have been correctly restated to reflect the above matter and appropriate note disclosure of this restatement has also been included in the current year's financial statements.

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

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

### M. Estimates: Valuation of Land and Buildings

1. We confirm that the significant judgments made in making the valuation of land and buildings have taken into account all relevant information and the effects of the COVID-19 pandemic on the valuation of land and buildings of which we are aware.
2. We believe that the selection or application of the methods, assumptions and data used by us have been consistently and appropriately applied or used in making the valuation of land and buildings.
3. We confirm that the significant assumptions used in making the valuation of land and buildings appropriately reflect our intent and ability to carry out the specific courses of action on behalf of the entity.
4. We confirm that the disclosures made in the financial statements with respect to the accounting estimate, including those describing estimation uncertainty and the effects of the COVID-19 pandemic on the valuation of land and buildings, are complete and are reasonable in the context of Secretary of State Directions and the DHSC GAM.
5. We confirm that appropriate specialized skills or expertise has been applied in making the valuation of land and buildings.
6. We confirm that no adjustments are required to the accounting estimate and disclosures in the financial statements, including due to the COVID-19 pandemic.

# Appendix C – Management representation letter

## Indicative Management representation letter

As the audit work is ongoing, we have included below an indicative version based on the previous year. The final wording will be inserted here in the final version of this document.

## Management Rep Letter

Yours faithfully,

\_\_\_\_\_  
(Chief Financial Officer)

\_\_\_\_\_  
(Chairman of the Audit & Risk Committee)

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ED None

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[To be prepared on the entity's letterhead]

[Date]

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

This letter of representations is provided in connection with your audit of the financial statements of Solent NHS Trust ("the Trust") for the year ended 31 March 2023. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to form an opinion as to whether the financial statements give a true and fair view of the financial position of Solent NHS Trust as of 31 March 2023 and of its financial performance and its cash flows for the year then ended in accordance with UK adopted International Financial Reporting Standards as interpreted and adapted by the 2022/23 HM Treasury's Financial Reporting Manual (the 2022/23 FReM) as contained in the Department of Health and Social Care Group Accounting Manual (DHSC GAM) 2022 to 2023 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England.

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

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

#### **A. Financial Statements and Financial Records**

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated 27 March 2023, for the preparation of the financial statements in accordance with UK adopted International Financial Reporting Standards as interpreted and adapted by the 2022/23 HM Treasury's Financial Reporting Manual (the 2022/23 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2022 to 2023 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England.
2. We acknowledge, as members of management of the Trust, our responsibility for the fair presentation of the financial statements. We believe the financial statements referred to above give a true and fair view of the financial position, financial performance (or results of operations) and cash flows of the Trust in accordance with UK adopted International Financial Reporting Standards as

interpreted and adapted by the 2022/23 HM Treasury's Financial Reporting Manual (the 2022/23 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2022 to 2023 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England, and are free of material misstatements, including omissions. We have approved the financial statements.

3. The significant accounting policies adopted in the preparation of the financial statements are appropriately described in the financial statements.
4. As members of management of the Trust, we believe that the Trust has a system of internal controls adequate to enable the preparation of accurate financial statements in accordance with the UK adopted International Financial Reporting Standards as interpreted and adapted by the 2022/23 HM Treasury's Financial Reporting Manual (the 2022/23 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2022 to 2023 and the Accounts Direction issued by Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England that are free from material misstatement, whether due to fraud or error. We have disclosed to you any significant changes in our processes, controls, policies and procedures that we have made to address the effects of the conflict and related sanctions in Ukraine, Russia and/or Belarus on our system of internal controls.
5. We believe that the effects of any unadjusted audit differences, summarised in the accompanying schedule, accumulated by you during the current audit and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. [We have not corrected these differences because \[specify reasons for not correcting misstatement\].](#)

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

1. We acknowledge that we are responsible to determine that the Trust's business activities are conducted in accordance with laws and regulations and that we are responsible to identify and address any non-compliance with applicable laws and regulations, including fraud.
2. We acknowledge that we are responsible for the design, implementation and maintenance of a system of internal control to prevent and detect fraud and that we believe we have appropriately fulfilled those responsibilities.
3. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
4. We have disclosed to you, and provided you full access to information and any internal investigations relating to, all instances of identified or suspected non-compliance with laws and regulations, including fraud, known to us that may have affected the Trust (regardless of the source or form and including without limitation, any allegations by "whistleblowers"), including non-compliance matters:
  - Involving financial improprieties

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

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

1. We have provided you with:
  - Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
  - Additional information that you have requested from us for the purpose of the audit; and
  - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
2. All material transactions have been recorded in the accounting records and all material transactions, events and conditions are reflected in the financial statements including those related to the conflict and related sanctions in Ukraine, Russia and/or Belarus.
3. We have made available to you all minutes of the meetings of the Board and committees (or summaries of actions of recent meetings for which minutes have not yet been prepared) held through the year to the most recent meeting on the following date: *[List Date – should be as per the date of the letter]*.
4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the Trust's related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the year end. These transactions have been appropriately accounted for and disclosed in the financial statements.
5. We believe that the methods, significant assumptions and the data we used in making accounting estimates and related disclosures are appropriate and consistently applied to achieve recognition, measurement and disclosure that is in accordance with Secretary of State Directions and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM).

6. We have disclosed to you, and the Trust has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.
7. From 20 June 2022 (the date of our last management representation letter) through the date of this letter we have disclosed to you, to the extent that we are aware, any (1) unauthorized access to our information technology systems that either occurred or is reasonably likely to have occurred, including of reports submitted to us by third parties (including regulatory agencies, law enforcement agencies and security consultants), to the extent that such unauthorized access to our information technology systems is reasonably likely to have a material effect on the financial statements, in each case or in the aggregate, and (2) ransomware attacks when we paid or are contemplating paying a ransom, regardless of the amount.

#### **D. Liabilities and Contingencies**

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

#### **E. Going Concern**

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

#### **F. Subsequent Events**

1. Other than described in **Note [X]** to the financial statements, there have been no events subsequent to period end which require adjustment of or disclosure in the financial statements or notes thereto.

#### **G. Other information**

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

#### **H. Climate-related matters**



1. We confirm that to the best of our knowledge all information that is relevant to the recognition, measurement, presentation and disclosure of climate-related matters has been considered, including the impact resulting from the commitments made by the Trust, and reflected in the financial statements.
2. The key assumptions used in preparing the financial statements are, to the extent allowable under the requirements of Secretary of State Directions and the DHSC GAM, aligned with the statements we have made in the other information or other public communications made by us.

#### **I. Agreement of Balances and key judgments**

1. We have disclosed to you details of all transactions and judgments we have made on income and expenditure, payable and receivable balances with counterparties irrespective of whether or not they have been included in the 2022/23 Agreement of Balances Exercise
2. We have agreed balances, disputes and claims with all NHS bodies via the Agreement of Balances process and where not agreed, we have reported the matter to you.
3. We have disclosed to you all of the risks and judgments we have made in arriving at the Trust's reported financial outturn for financial year ended 31 March 2023.

#### **J. Segmental reporting**

1. We have reviewed the operating segments reported internally to the Board and We are satisfied that it is appropriate to aggregate these as, in accordance with IFRS 8: Operating Segments, they are similar in each of the following respects:
  - The nature of the products and services
  - The nature of the production processes
  - The type or class of customer for their products and services
  - The methods used to distribute their products

#### **K. Comparative information – corresponding financial information**

1. Note 2: Operating Segments - Following a review of the cost centres which are assigned to each operating segment, changes were made to transfer cost centres to other operating segments in 2022/23.
2. The comparative amounts have been correctly restated to reflect the above matter and appropriate note disclosure of this restatement has also been included in the current year's financial statements.

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

1. We agree with the findings of the specialists that we engaged to evaluate the Valuation of Property, Plant and Equipment and have adequately considered the

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

**M. Estimates: Valuation of Land and Buildings**

1. We confirm that the significant judgments made in making the valuation of land and buildings have taken into account all relevant information of which we are aware.
2. We believe that the selection or application of the methods, assumptions and data used by us have been consistently and appropriately applied or used in making the valuation of land and buildings.
3. We confirm that the significant assumptions used in making the valuation of land and buildings appropriately reflect our intent and ability to carry out the specific courses of action on behalf of the entity.
4. We confirm that the disclosures made in the financial statements with respect to the accounting estimate, including those describing estimation uncertainty are complete and are reasonable in the context of Secretary of State Directions and the DHSC GAM.
5. We confirm that appropriate specialized skills or expertise has been applied in making the valuation of land and buildings.
6. We confirm that no adjustments are required to the accounting estimate and disclosures in the financial statements.

*Yours faithfully,*

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(Chief Financial Officer)

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(Chair of the Audit & Risk Committee)

Solent NHS Trust

Annual accounts for the year ended 31 March 2023

**Statement of Comprehensive Income**

		<b>2022/23</b>	<b>2021/22</b>
	<b>Note</b>	<b>£000</b>	<b>£000</b>
Operating income from patient care activities	3	248,417	227,989
Other operating income	4	26,385	30,108
Operating expenses	6, 8	<u>(269,647)</u>	<u>(255,332)</u>
<b>Operating surplus from continuing operations</b>		<b><u>5,155</u></b>	<b><u>2,765</u></b>
Finance income	10	667	20
Finance expenses	11	(419)	-
PDC dividends payable		<u>(2,993)</u>	<u>(2,437)</u>
<b>Net finance costs</b>		<b><u>(2,745)</u></b>	<b><u>(2,417)</u></b>
Other losses	12	<u>-</u>	<u>(12)</u>
<b>Surplus for the year from continuing operations</b>		<b><u>2,410</u></b>	<b><u>336</u></b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	7	(240)	-
Revaluations	16	<u>7,918</u>	<u>4,667</u>
<b>Total comprehensive income for the period</b>		<b><u>10,088</u></b>	<b><u>5,003</u></b>
<b>Adjusted financial performance (control total basis):</b>			
Surplus for the period		2,410	336
Remove net impairments not scoring to the Departmental expenditure limit		(1,486)	(136)
Remove I&E impact of capital grants and donations		<u>(487)</u>	<u>(133)</u>
<b>Adjusted financial performance surplus</b>		<b><u>437</u></b>	<b><u>67</u></b>



**Statement of Financial Position**

		<b>31 March 2023</b>	<b>31 March 2022</b>
	<b>Note</b>	<b>£000</b>	<b>£000</b>
<b>Non-current assets</b>			
Intangible assets	13	3,520	2,928
Property, plant and equipment	14	124,463	108,340
Right of use assets	17	46,322	-
Receivables	21	4,025	-
<b>Total non-current assets</b>		<b><u>178,330</u></b>	<b><u>111,268</u></b>
<b>Current assets</b>			
Inventories	20	272	281
Receivables	21	20,697	13,856
Cash and cash equivalents	23	26,304	36,832
<b>Total current assets</b>		<b><u>47,273</u></b>	<b><u>50,969</u></b>
<b>Current liabilities</b>			
Trade and other payables	24	(43,337)	(39,127)
Borrowings	26	(6,655)	-
Other liabilities	25	(7,266)	(10,210)
<b>Total current liabilities</b>		<b><u>(57,258)</u></b>	<b><u>(49,337)</u></b>
<b>Total assets less current liabilities</b>		<b><u>168,345</u></b>	<b><u>112,900</u></b>
<b>Non-current liabilities</b>			
Borrowings	26	(36,690)	-
Provisions	27	(111)	-
Other liabilities	25	(188)	(147)
<b>Total non-current liabilities</b>		<b><u>(36,989)</u></b>	<b><u>(147)</u></b>
<b>Total assets employed</b>		<b><u>131,356</u></b>	<b><u>112,753</u></b>
<b>Financed by</b>			
Public dividend capital		41,946	35,545
Revaluation reserve		17,032	9,601
Income and expenditure reserve		72,378	67,607
<b>Total taxpayers' equity</b>		<b><u>131,356</u></b>	<b><u>112,753</u></b>

The notes on pages 5 to 41 form part of these accounts.

Name	Andrew Strevens
Position	Chief Executive Officer
Date	21 June 2023

**Statement of Changes in Equity for the year ended 31 March 2023**

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2022 - brought forward</b>	<b>35,545</b>	<b>9,601</b>	<b>67,607</b>	<b>112,753</b>
Implementation of IFRS 16 on 1 April 2022	-	-	2,114	2,114
Surplus for the year	-	-	2,410	2,410
Other transfers between reserves	-	(247)	247	-
Impairments	-	(240)	-	(240)
Revaluations	-	7,918	-	7,918
Public dividend capital received	6,401	-	-	6,401
<b>Taxpayers' and others' equity at 31 March 2023</b>	<b>41,946</b>	<b>17,032</b>	<b>72,378</b>	<b>131,356</b>

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

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2021 - brought forward</b>	<b>32,875</b>	<b>5,080</b>	<b>67,125</b>	<b>105,080</b>
Surplus for the year	-	-	336	336
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(146)	146	-
Revaluations	-	4,667	-	4,667
Public dividend capital received	2,670	-	-	2,670
<b>Taxpayers' and others' equity at 31 March 2022</b>	<b>35,545</b>	<b>9,601</b>	<b>67,607</b>	<b>112,753</b>

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

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

**Revaluation reserve**

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

**Income and expenditure reserve**

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

**Statement of Cash Flows**

	2022/23	2021/22
Note	£000	£000
<b>Cash flows from operating activities</b>		
Operating surplus	5,155	2,765
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	6	10,566
Net impairments	7	(1,486)
Income recognised in respect of capital donations	4	(826)
Increase in receivables and other assets	(10,866)	(780)
Decrease in inventories	9	10
Increase in payables and other liabilities	629	945
Increase in provisions	111	-
<b>Net cash flows from / (used in) operating activities</b>	<b>3,292</b>	<b>7,111</b>
<b>Cash flows from investing activities</b>		
Interest received	667	20
Purchase of intangible assets	(1,097)	(357)
Purchase of PPE	(9,979)	(7,292)
Receipt of cash donations to purchase assets	20	270
<b>Net cash flows from / (used in) investing activities</b>	<b>(10,389)</b>	<b>(7,359)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	6,401	2,670
Capital element of finance lease rental payments	(6,394)	-
Interest paid on finance lease liabilities	(419)	-
PDC dividend paid	(3,019)	(1,946)
<b>Net cash flows from / (used in) financing activities</b>	<b>(3,431)</b>	<b>724</b>
<b>Increase / (decrease) in cash and cash equivalents</b>	<b>(10,528)</b>	<b>476</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>	<b>36,832</b>	<b>36,356</b>
<b>Cash and cash equivalents at 31 March</b>	<b>26,304</b>	<b>36,832</b>
23.1		

## Notes to the Accounts

### Note 1 Accounting policies and other information

#### Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### Accounting convention

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

#### Note 1.2 Going concern

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

Following a system review of the delivery of community and Mental Health services in Hampshire, Approval of a Strategic Outline Case for the creation of a New Trust for Community, Mental Health and Learning Disability Services Across Hampshire and the Isle of Wight Integrated Care System by the board in March 2023 is currently under review by NHS England. The new Trust has not yet received NHS England approval however it would continue to provide existing services through a merger of local Community and Mental Health provider Trusts, with the merger date expected to be April 2024.

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

This year the Trust exceeded its financial target and achieved a £437k surplus. Income from Commissioners was largely based on the simplified block payments system introduced in 2020-21 in response to the COVID-19 pandemic, which maintained liquidity and cash flow during the year. Additional costs due to the pandemic were supported on a block payment basis, and vaccine centres were supported on an actual cost reimbursement basis until October 2022.

For 2023/24 the current financial funding arrangements will remain in place and the Trust has produced its financial plan based on these assumptions. National guidance for 2023/24 has been published, and the Trust expects funding levels will be maintained throughout 2023/24. The Trust, the Integrated Care System, and NHS England have a clear understanding of the financial position of the Trust and the position is well recognised and understood, following planning discussions and submission of the 2023/24 planning return.

The Trust has prepared a cash forecast modelled on the expectation of funding covering the period to the end of June 2024. The cash balance as at March 2023 is £26.3m and is forecast to be £12.8m at the end of June 2024. The cash forecast shows sufficient liquidity for the Trust to continue to operate. Interim support can be accessed by NHS Providers through the DHSC, however the Trust does not foresee this being required.

These factors, and the anticipated future provision of services in the public sector, support the adoption of the going concern basis to the 30 June 2024.



### **Note 1.3 Interests in other entities**

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

### **Note 1.4 Charitable Funds**

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

As the corporate Trustee of Solent NHS Charity, the Trust has the power to exercise control. However the transactions of the charity are immaterial and have not been consolidated. Details of the transactions with the charity are included in Note 33 Related parties.

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

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

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

#### **Revenue from NHS contracts**

The main source of income for the Trust is contracts with commissioners for health care services.

Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 and 2021/22, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at a Integrated Care System level. For 2022/23 these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

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

#### **Revenue from research contracts**

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

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

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

**Note 1.6 Other forms of income****Grants and donations**

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

**Apprenticeship service income**

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

**Note 1.7 Expenditure on employee benefits****Short-term employee benefits**

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

**Pension costs***NHS Pension Scheme*

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

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

*Local Government Pension Scheme*

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

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

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

**Note 1.9 Discontinued operations**

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

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

Property, plant and equipment is capitalised where:

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

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

*Subsequent expenditure*

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

**Measurement***Valuation*

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

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

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

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

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

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

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

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

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

**Depreciation and Amortisation**

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

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

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

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

**Revaluation gains and losses**

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

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

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

**Impairments**

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

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

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

**De-recognition**

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

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

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

**Donated and grant funded assets**

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

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

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



**Note 1.11 Intangible assets****Recognition**

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

***Internally generated intangible assets***

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

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

***Software***

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

**Measurement**

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

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

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

***Amortisation***

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

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

The Trust has no PFI transactions.

**Note 1.13 Investment properties**

The Trust has no investment properties.

**Note 1.14 Inventories**

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

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

**Note 1.15 Cash and cash equivalents**

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

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

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

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

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

**Classification and measurement**

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

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

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure.

Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure.

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

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

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

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

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

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

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

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

**Impairment of financial assets**

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

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

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

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

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

### **Derecognition**

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

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

### **Note 1.17 Leases**

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the duration of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise. In the absence of documented lease agreement, then the Trust has assumed a 5 year lease term.

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

#### *Recognition and initial measurement*

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

#### *Subsequent measurement*

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

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

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

#### *Finance leases*

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

*Operating leases*

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

**Initial application of IFRS 16**

*IFRS 16 Leases* as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

*The Trust as lessee*

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

*The Trust as lessor*

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16.

*2021/22 comparatives*

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

**Note 1.18 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

NHS England have issued the Trust with an updated calculation for provision of a liability arising from the 2019/20 clinicians' pensions compensation scheme. They are derived from combining information on applications to join the 2019/20 scheme under the policy, together with information in the scheme pays election form where present, and with averages assumed where these forms are absent or clearly an estimate (values less than £100). Future liabilities based on individual member data and scheme rules are then discounted to give totals for each Trust.

**Clinical negligence costs**

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

The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note but is not recognised in the Trust's accounts.

**Non-clinical risk pooling**

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



**Note 1.19 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 28 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 28, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

**Note 1.20 Public dividend capital**

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

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

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

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

**Note 1.21 Value added tax**

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

**Note 1.22 Climate change levy**

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

**Note 1.23 Foreign exchange**

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

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

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

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

**Note 1.24 Third party assets**

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

**Note 1.25 Losses and special payments**

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

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

**Note 1.26 Gifts**

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

**Note 1.27 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

**Note 1.28 Critical judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

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

**Note 1.29 Sources of estimation uncertainty**

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

**Note 2 Operating Segments**

In 2022/23 Trust activity was organised into nine service lines. Details of the nine service line are as follows;

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

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

	<b>2022/23</b>			
	<b>Revenue</b>	<b>Employee Benefits</b>	<b>Other Operating Costs</b>	<b>Operating surplus / (deficit)</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Mental Health Services	3,869	(26,412)	(4,671)	<b>(27,214)</b>
Adults Portsmouth	3,176	(21,488)	(1,881)	<b>(20,194)</b>
Children's East	7,874	(18,965)	(915)	<b>(12,006)</b>
Children's West	8,761	(22,209)	(1,875)	<b>(15,323)</b>
Adults Southampton	1,755	(24,007)	(2,650)	<b>(24,903)</b>
Primary Care	3,808	(4,743)	1,553	<b>619</b>
MPP Services	1,513	(11,192)	(1,619)	<b>(11,298)</b>
Sexual Health Services	20,679	(8,891)	(14,402)	<b>(2,614)</b>
Dental	498	(7,288)	(1,807)	<b>(8,598)</b>
<b>Total Services</b>	<b>51,933</b>	<b>(145,196)</b>	<b>(28,268)</b>	<b>(121,531)</b>
Infrastructure	6,138	(12,840)	(26,159)	<b>(32,862)</b>
Corporate Costs*	213,486	(35,944)	(8,273)	<b>169,269</b>
COVID & Vaccine centres	3,912	(3,185)	(1,297)	<b>(570)</b>
Depreciation, amortisation, impairment & financing	0	0	(11,897)	<b>(11,897)</b>
<b>Operating surplus/(deficit)</b>	<b>275,469</b>	<b>(197,165)</b>	<b>(75,894)</b>	<b>2,410</b>

	2021/22 Restated			Operating surplus / (deficit) £000s
	Revenue	Employee Benefits	Other Operating Costs	
	£000s	£000s	£000s	
Mental Health Services	3,473	(23,648)	(4,272)	<b>(24,447)</b>
Adults Portsmouth	1,630	(18,082)	(2,019)	<b>(18,471)</b>
Children's East	7,717	(17,183)	(920)	<b>(10,386)</b>
Children's West	8,752	(20,233)	(1,460)	<b>(12,941)</b>
Adults Southampton	2,272	(22,411)	(2,554)	<b>(22,693)</b>
Primary Care	3,879	(3,900)	(2,456)	<b>(2,476)</b>
MPP Services	1,497	(9,996)	(1,168)	<b>(9,667)</b>
Sexual Health Services	19,254	(8,387)	(14,062)	<b>(3,196)</b>
Dental	688	(7,444)	(1,670)	<b>(8,426)</b>
<b>Total Services</b>	<b>49,161</b>	<b>(131,284)</b>	<b>(30,580)</b>	<b>(112,703)</b>
Infrastructure	3,769	(9,772)	(31,256)	<b>(37,259)</b>
Corporate Costs*	197,721	(28,299)	(7,591)	<b>161,832</b>
COVID & Vaccine centres	9,048	(9,514)	(4,178)	<b>(4,644)</b>
Depreciation, amortisation, impairment & financing	0	0	(6,889)	<b>(6,889)</b>
<b>Operating surplus/(deficit)</b>	<b>259,700</b>	<b>(178,868)</b>	<b>(80,495)</b>	<b>337</b>

2021/22 figures have been restated reflecting the current service line reporting hierarchy. The impact of the cost centre changes to the Operating segments affects Corporate, Infrastructure and COVID/Vaccination Centres.

\*Revenue and employee benefits within corporate costs have been grossed up to include the additional employer pension contributions of £7,713k, paid by NHS England on the Trust's behalf in 2022/23. The comparative figure for 2021/22 was £7,220k.

NHS Staff Council announced the acceptance of the backdated pay award for 2022/23 in May 2023. NHS England used November 2022 staff data to estimate the impact of the pay award and estimated this as £7,720k and NHS England will pay this to the Trust during 2023-24. The Trust undertook its own assessment of the impact of the pay award using staff in post data as at 31 March 2023 and estimated the cost of the pay award to be £7,970k. These figures are recognised in the accounts within Corporate costs.

#### Note Income generation activities

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

**Note 3 Operating income from patient care activities**

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

<b>Note 3.1 Income from patient care activities (by nature)</b>	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
<b>Mental health services</b>		
Income from commissioners under API contracts	40,645	38,867
Services delivered under a mental health collaborative	973	-
<b>Community services</b>		
Income from commissioners under API contracts	163,718	156,799
Income from local authorities	26,815	24,737
<b>All services</b>		
Private patient income	151	145
Elective recovery fund	-	60
Additional pension contribution central funding*	7,713	7,220
Agenda for change pay offer central funding**	7,720	-
Other clinical income	682	161
<b>Total income from activities</b>	<b>248,417</b>	<b>227,989</b>

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

\*\* NHS Staff Council announced the acceptance of the backdated pay award for 2022/23 in May 2023. NHS England used November 2022 staff data to estimate the impact of the pay award and estimated this as £7,720k and NHS England will pay this to the Trust during 2023-24. The Trust undertook its own assessment of the impact of the pay award using staff in post data as at 31 March 2023 and estimated the cost of the pay award to be £7,970k. These figures are recognised in the accounts.

**Note 3.2 Income from patient care activities by source**

<b>Note 3.2 Income from patient care activities by source</b>	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
<b>Income from patient care activities received from:</b>		
NHS England	32,689	29,541
Clinical commissioning groups	41,618	173,382
Integrated care boards	145,489	-
Other NHS providers	973	17
NHS other	-	2
Local authorities	26,815	24,737
Non-NHS: private patients	151	145
Injury cost recovery scheme	16	14
Non NHS: other	666	151
<b>Total income from activities</b>	<b>248,417</b>	<b>227,989</b>
<b>Of which:</b>		
Related to continuing operations	248,417	227,989

As of the 1 July 2023 Clinical Commissioning Groups (CCGs) were dissolved and replaced by Integrated Care Boards (ICBs).



**Note 4 Other operating income**

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	3,187	-	3,187	2,577	-	2,577
Education and training	5,633	683	6,316	6,612	638	7,250
Non-patient care services to other bodies	5,885		5,885	3,910		3,910
Reimbursement and top up funding	2,507		2,507	8,608		8,608
Income in respect of employee benefits accounted on a gross basis	-		-	282		282
Receipt of capital grants and donations and peppercorn leases		826	826		270	270
Charitable and other contributions to expenditure		295	295		400	400
Revenue from operating leases		1,360	1,360		1,191	1,191
Other income	6,009	-	6,009	5,620	-	5,620
<b>Total other operating income</b>	<b>23,221</b>	<b>3,164</b>	<b>26,385</b>	<b>27,609</b>	<b>2,499</b>	<b>30,108</b>
<b>Of which:</b>						
Related to continuing operations			26,385			30,108

Other contributions to income include estates income £900k, secondments of staff £755k, income from Primary Care Networks (PCNs) £644k, pharmacy income of £540k, and catering income of £489k.

**Note 5 Operating leases - Trust as lessor**

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

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

**Note 5.1 Operating lease income**

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
<b>Lease receipts recognised as income in year:</b>		
Minimum lease receipts	1,360	1,191
<b>Total in-year operating lease income</b>	<b>1,360</b>	<b>1,191</b>

**Note 5.2 Future lease receipts**

	<b>31 March</b>
	<b>2023</b>
	<b>£000</b>
<b>Future minimum lease receipts due at 31 March 2023:</b>	
- not later than one year	1,308
- later than one year and not later than two years	573
- later than two years and not later than three years	573
- later than three years and not later than four years	573
- later than four years and not later than five years	573
- later than five years	5,073
<b>Total</b>	<b>8,673</b>
	<b>31 March</b>
	<b>2022</b>
	<b>£000</b>
<b>Future minimum lease receipts due at 31 March 2022:</b>	
- not later than one year;	1,236
- later than one year and not later than five years;	2,101
- later than five years.	4,842
<b>Total</b>	<b>8,179</b>

**Note 6 Operating expenses**

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Purchase of healthcare from NHS and DHSC bodies	3,077	3,665
Purchase of healthcare from non-NHS and non-DHSC bodies	3,786	2,552
Staff and executive directors costs	197,257	178,619
Remuneration of non-executive directors	120	118
Supplies and services - clinical (excluding drugs costs)	9,487	10,407
Supplies and services - general	2,266	2,301
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	8,552	9,341
Consultancy costs	31	69
Establishment	3,790	4,036
Premises	17,954	21,689
Transport (including patient travel)	2,536	2,129
Depreciation on property, plant and equipment*	10,061	3,855
Amortisation on intangible assets	505	722
Net impairments	(1,486)	(136)
Movement in credit loss allowance: contract receivables / contract assets	27	241
Fees payable to the external auditor statutory audit	149	116
Internal audit costs	86	95
Clinical negligence	771	805
Legal fees	151	153
Insurance	12	11
Research and development	2,062	1,705
Education and training	734	1,088
Expenditure on short term leases (current year only)	56	-
Operating lease expenditure (comparative only)	-	6,583
Early retirements	-	38
Redundancy	66	156
Car parking & security	106	15
Hospitality	10	5
Losses, ex gratia & special payments	-	6
Other services	132	1,878
Other	7,349	3,070
<b>Total</b>	<b><u>269,647</u></b>	<b><u>255,332</u></b>
<b>Of which:</b>		
Related to continuing operations	269,647	255,332

\* The increase in Depreciation charges reflects the incorporation of IFRS16 into the accounts from 1 April 2022.

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

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
COVID response		
Staff costs	806	2,393
Other Expenditure	759	2,691
Vaccination Centres		
Staff costs	2,380	7,121
Other Expenditure	538	1,487
	<b><u>4,483</u></b>	<b><u>13,692</u></b>

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

**Note 6.1 Other auditor remuneration**

The Trust has no other auditor remuneration.

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

The limitation on auditor's liability for external audit work is £2 million (2021/22: £2 million).

**Note 7 Impairment of assets**

	2022/23	2021/22
	£000	£000
<b>Net impairments charged to operating surplus resulting from:</b>		
Changes in market price	(1,486)	(136)
<b>Total net impairments charged to operating surplus</b>	<b>(1,486)</b>	<b>(136)</b>
Impairments charged to the revaluation reserve	240	-
<b>Total net impairments</b>	<b>(1,246)</b>	<b>(136)</b>

The Trust has embarked on its largest ever capital scheme to provide additional bed capacity at the Western Community Hospital Site. This £22m project includes the demolition of part of the site, which will be re-built to include a new 3 storey facility. Works commenced on 31 October 2022 and are expected to complete by August 2024.

No impairment on donated assets included above.

**Note 8 Employee benefits**

	2022/23	2021/22
	Total	Total
	£000	£000
Salaries and wages	149,054	134,785
Social security costs	14,172	12,710
Apprenticeship levy	683	638
Employer's contributions to NHS pensions	25,433	23,760
Pension cost - other	50	40
Termination benefits	75	-
Temporary staff (including agency)	8,353	7,349
<b>Total staff costs</b>	<b>197,820</b>	<b>179,282</b>
<b>Of which</b>		
Costs capitalised as part of assets	497	469

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

During 2022/23 there were 3 early retirements from the Trust agreed on the grounds of ill-health (none in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £168k (0k in 2021/22).

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

**Note 9 Pension costs**

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

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

#### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

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

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

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

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Employees that are not eligible to join the NHS Pensions Schemes can join the National Employment Savings Scheme (NEST). NEST is a defined contribution workplace pension scheme and the expense is recognised in the SOCI. The expenditure recognised in SOCI for the financial year to 31 March 2023 was £50k (financial year to 31 March 2022 £40k).

#### Note 10 Finance income

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

	2022/23	2021/22
	£000	£000
Interest on bank accounts	667	20
<b>Total finance income</b>	<b>667</b>	<b>20</b>

#### Note 11 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2022/23	2021/22
	£000	£000
<b>Interest expense:</b>		
Interest on lease obligations	419	-
<b>Total finance costs</b>	<b>419</b>	<b>-</b>

#### Note 12 losses

	2022/23	2021/22
	£000	£000
Losses on disposal of assets	-	(12)
<b>Total losses on disposal of assets</b>	<b>-</b>	<b>(12)</b>
<b>Total other losses</b>	<b>-</b>	<b>(12)</b>



**Note 10 Finance income**

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

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Interest on bank accounts	667	20
<b>Total finance income</b>	<b>667</b>	<b>20</b>

**Note 11.1 Finance expenditure**

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
<b>Interest expense:</b>		
Interest on lease obligations	419	-
<b>Total finance costs</b>	<b>419</b>	<b>-</b>

**Note 12 Other losses**

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Losses on disposal of assets	-	(12)
<b>Total gains losses on disposal of assets</b>	<b>-</b>	<b>(12)</b>
<b>Total other losses</b>	<b>-</b>	<b>(12)</b>

**Note 13.1 Intangible assets - 2022/23**

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
<b>Valuation / gross cost at 1 April 2022 - brought forward</b>	-	6,228	1,376	7,604
Additions	-	-	1,097	1,097
Reclassifications	1,220	604	(1,824)	-
<b>Valuation / gross cost at 31 March 2023</b>	<b>1,220</b>	<b>6,832</b>	<b>649</b>	<b>8,701</b>
<b>Amortisation at 1 April 2022 - brought forward</b>	-	4,676	-	4,676
Provided during the year	183	322	-	505
Reclassifications	240	(240)	-	-
<b>Amortisation at 31 March 2023</b>	<b>423</b>	<b>4,758</b>	-	<b>5,181</b>
<b>Net book value at 31 March 2023</b>	<b>797</b>	<b>2,074</b>	<b>649</b>	<b>3,520</b>
<b>Net book value at 1 April 2022</b>	-	1,552	1,376	2,928

**Note 13.2 Intangible assets - 2021/22**

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

## Note 14.1 Property, plant and equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2022 - brought forward</b>	<b>14,815</b>	<b>85,660</b>	<b>5,286</b>	<b>4,690</b>	<b>40</b>	<b>7,143</b>	<b>2,150</b>	<b>119,784</b>
Additions	-	-	10,588	95	-	-	-	10,683
Impairments	(240)	(47)	-	-	-	-	-	(287)
Reversals of impairments	-	1,533	-	-	-	-	-	1,533
Revaluations	-	5,804	-	-	-	-	-	5,804
Reclassifications	-	4,592	(8,362)	503	-	3,094	173	-
Disposals / derecognition	-	(18)	-	(3)	-	-	(23)	(44)
<b>Valuation/gross cost at 31 March 2023</b>	<b>14,575</b>	<b>97,524</b>	<b>7,512</b>	<b>5,285</b>	<b>40</b>	<b>10,237</b>	<b>2,300</b>	<b>137,473</b>
<b>Accumulated depreciation at 1 April 2022 - brought forward</b>	<b>-</b>	<b>2,148</b>	<b>-</b>	<b>2,945</b>	<b>40</b>	<b>5,353</b>	<b>958</b>	<b>11,444</b>
Provided during the year	-	2,641	-	328	-	530	225	3,724
Revaluations	-	(2,114)	-	-	-	-	-	(2,114)
Disposals / derecognition	-	(18)	-	(3)	-	-	(23)	(44)
<b>Accumulated depreciation at 31 March 2023</b>	<b>-</b>	<b>2,657</b>	<b>-</b>	<b>3,270</b>	<b>40</b>	<b>5,883</b>	<b>1,160</b>	<b>13,010</b>
<b>Net book value at 31 March 2023</b>	<b>14,575</b>	<b>94,867</b>	<b>7,512</b>	<b>2,015</b>	<b>-</b>	<b>4,354</b>	<b>1,140</b>	<b>124,463</b>
<b>Net book value at 1 April 2022</b>	<b>14,815</b>	<b>83,512</b>	<b>5,286</b>	<b>1,745</b>	<b>-</b>	<b>1,790</b>	<b>1,192</b>	<b>108,340</b>

## Note 14.2 Property, plant and equipment - 2021/22

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

**Note 14.3 Property, plant and equipment financing - 31 March 2023**

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	14,575	94,166	7,337	1,871	4,337	1,132	<b>123,418</b>
Owned - donated/granted	-	701	175	144	17	8	<b>1,045</b>
<b>Total net book value at 31 March 2023</b>	<b>14,575</b>	<b>94,867</b>	<b>7,512</b>	<b>2,015</b>	<b>4,354</b>	<b>1,140</b>	<b>124,463</b>

**Note 14.4 Property, plant and equipment financing - 31 March 2022**

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	14,815	82,880	5,286	1,583	1,764	1,183	<b>107,511</b>
Owned - donated/granted	-	632	-	162	26	9	<b>829</b>
<b>Total net book value at 31 March 2022</b>	<b>14,815</b>	<b>83,512</b>	<b>5,286</b>	<b>1,745</b>	<b>1,790</b>	<b>1,192</b>	<b>108,340</b>

**Note 14.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023**

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	1,360	-	-	-	-	<b>1,360</b>
Not subject to an operating lease	14,575	93,507	7,512	2,015	4,354	1,140	<b>123,103</b>
<b>Total net book value at 31 March 2023</b>	<b>14,575</b>	<b>94,867</b>	<b>7,512</b>	<b>2,015</b>	<b>4,354</b>	<b>1,140</b>	<b>124,463</b>

**Note 15 Donations of property, plant and equipment**

The Trust received donated assets from NHS England in the year.

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

Land and buildings are held at revalued amounts. A desktop exercise was carried out on these assets in March with a valuation date of 31 March 2023. The exercise was carried out by the District Valuers who are RICS qualified.

For non-specialised in use (operational) assets including the land element of the depreciated replacement cost valuation of specialised assets, the valuer stated that there has been no diminution identified in the public sector's ongoing requirement for these operational assets nor reduction in their ongoing remaining economic service potential as a result of the incidence of Covid-19. Their basis of valuation is however current value in existing use, having regard to comparable market evidence and early commentary as it exists regarding direction of travel tends to suggest and support a downward movement in value. It is too early at this stage to accurately evidence this impact and it is the valuers opinion at the date of valuation on the information then available that the assessed impact falls within normal valuation tolerances.

The impact of the full valuation exercise is:

	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Increase to revaluation reserve	0	7,992	7,992
Decrease to revaluation reserve	(240)	(73)	(313)
Reversal of impairment charge to SOCI	0	1,486	1,486
	<b>(240)</b>	<b>9,405</b>	<b>9,165</b>

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

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

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

**Note 17 Leases - Trust as a lessee**

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.



## Note 17.1 Right of use assets - 2022/23

	Property (land and buildings) £000	Transport equipment £000	Information technology £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - adjustments for existing operating leases / subleases	50,739	412	305	51,456	40,653
Additions	806	-	-	806	-
Remeasurements of the lease liability	397	-	-	397	397
<b>Valuation/gross cost at 31 March 2023</b>	<b>51,942</b>	<b>412</b>	<b>305</b>	<b>52,659</b>	<b>41,050</b>
Provided during the year	6,085	140	112	6,337	5,076
<b>Accumulated depreciation at 31 March 2023</b>	<b>6,085</b>	<b>140</b>	<b>112</b>	<b>6,337</b>	<b>5,076</b>
<b>Net book value at 31 March 2023</b>	<b>45,857</b>	<b>272</b>	<b>193</b>	<b>46,322</b>	<b>35,974</b>
Net book value of right of use assets leased from other NHS providers					5,390
Net book value of right of use assets leased from other DHSC group bodies					30,584

**Note 17.2 Reconciliation of the carrying value of lease liabilities**

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 26.1.

	<b>2022/23</b>
	<b>£000</b>
<b>Carrying value at 31 March 2022</b>	-
IFRS 16 implementation - adjustments for existing operating leases	49,342
Lease liability remeasurements	397
Interest charge arising in year	419
Lease payments (cash outflows)	(6,813)
<b>Carrying value at 31 March 2023</b>	<b>43,345</b>

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure. These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

**Note 17.3 Maturity analysis of future lease payments at 31 March 2023**

	<b>Total</b>	Of which leased from DHSC group bodies:
	<b>31 March</b>	<b>31 March</b>
	<b>2023</b>	<b>2023</b>
	<b>£000</b>	<b>£000</b>
<b>Undiscounted future lease payments payable in:</b>		
- not later than one year;	6,655	5,280
- later than one year and not later than five years;	21,807	18,760
- later than five years.	17,000	12,701
<b>Total gross future lease payments</b>	<b>45,462</b>	<b>36,741</b>
Finance charges allocated to future periods	(2,117)	(1,452)
<b>Net lease liabilities at 31 March 2023</b>	<b>43,345</b>	<b>35,289</b>
<b>Of which:</b>		
- Current	6,655	5,280
- Non-Current	36,690	30,009

**Note 17.4 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)**

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the Trust previously determined to be operating leases under IAS 17.

	<b>2021/22</b>
	<b>£000</b>
<b>Operating lease expense</b>	
Minimum lease payments	6,583
Contingent rents	-
Less sublease payments received	-
<b>Total</b>	<b>6,583</b>
	<b>31 March</b>
	<b>2022</b>
	<b>£000</b>
<b>Future minimum lease payments due:</b>	
- not later than one year;	6,460
- later than one year and not later than five years;	10,439
- later than five years.	15,159
<b>Total</b>	<b>32,058</b>

**Note 17.5 Initial application of IFRS 16 on 1 April 2022**

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 17.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

**Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022**

	<b>1 April 2022</b>
	<b>£000</b>
<b>Operating lease commitments under IAS 17 at 31 March 2022</b>	<b>32,058</b>
Impact of discounting at the incremental borrowing rate	-
<b>IAS 17 operating lease commitment discounted at incremental borrowing rate</b>	<b>32,058</b>
<b>Less:</b>	
<b>Other adjustments:</b>	
Differences in the assessment of the lease term	17,284
<b>Total lease liabilities under IFRS 16 as at 1 April 2022</b>	<b><u>49,342</u></b>

**Note 18 Investment Property**

The Trust has no investment property.

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

The Trust has no interest in other entities.

**Note 20 Inventories**

	<b>31 March 2023 £000</b>	<b>31 March 2022 £000</b>
Drugs	156	173
Consumables	116	108
<b>Total inventories</b>	<b><u>272</u></b>	<b><u>281</u></b>
<b>of which:</b>		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £3,136k (2021/22: £3,379k). Write-down of inventories recognised as expenses for the year were £0k (2021/22: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £295k of items purchased by DHSC (2021/22: £400k).

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

**Note 21.1 Receivables**

	31 March 2023 £000	31 March 2022 £000
<b>Current</b>		
Contract receivables	17,467	9,323
Allowance for impaired contract receivables / assets	(1,132)	(1,105)
Prepayments (non-PFI)	1,052	2,611
VAT receivable	2,972	2,573
Other receivables	338	454
<b>Total current receivables</b>	<b>20,697</b>	<b>13,856</b>
<b>Non-current</b>		
Prepayments (non-PFI)	3,914	-
Other receivables	111	-
<b>Total non-current receivables</b>	<b>4,025</b>	<b>-</b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	13,252	5,760
Non-current	111	-

The movement in contract receivables is a result of the income recognised for the 2022-23 pay award that has not yet been agreed. The value is £7.7m as notified by NHS England.

The movement in prepayments relates to the Trusts' new IT Contract

**Note 21.2 Allowances for credit losses**

	2022/23		2021/22	
	Contract receivables and contract assets £000	All other receivables £000	Contract receivables and contract assets £000	All other receivables £000
<b>Allowances as at 1 April - brought forward</b>	<b>1,105</b>	-	<b>864</b>	-
Changes in existing allowances	27	-	301	-
Utilisation of allowances (write offs)	-	-	(60)	-
<b>Allowances as at 31 Mar 2023</b>	<b>1,132</b>	-	<b>1,105</b>	-

**Note 22 Finance leases Trust as a lessor**

The Trust has no finance lease receivables as lessor.

**Note 23.1 Cash and cash equivalents movements**

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

	2022/23 £000	2021/22 £000
<b>At 1 April</b>	<b>36,832</b>	<b>36,356</b>
Net change in year	(10,528)	476
<b>At 31 March</b>	<b>26,304</b>	<b>36,832</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	16	15
Cash with the Government Banking Service	26,288	36,817
<b>Total cash and cash equivalents as in SoFP</b>	<b>26,304</b>	<b>36,832</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>26,304</b>	<b>36,832</b>

**Note 23.2 Third party assets held by the Trust**

There are no third party assets held by the Trust.

**Note 24.1 Trade and other payables**

	<b>31 March 2023 £000</b>	<b>31 March 2022 £000</b>
<b>Current</b>		
Trade payables	5,670	5,229
Capital payables	6,793	6,089
Accruals	24,846	22,028
Social security costs	1,884	1,910
Other taxes payable	1,472	1,182
PDC dividend payable	125	151
Pension contributions payable	2,411	2,339
Other payables	136	199
<b>Total current trade and other payables</b>	<b><u>43,337</u></b>	<b><u>39,127</u></b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	3,523	3,379

**Note 25 Other liabilities**

	<b>31 March 2023 £000</b>	<b>31 March 2022 £000</b>
<b>Current</b>		
Deferred income: contract liabilities	7,266	10,210
<b>Total other current liabilities</b>	<b><u>7,266</u></b>	<b><u>10,210</u></b>
<b>Non-current</b>		
Deferred income: contract liabilities	188	147
<b>Total other non-current liabilities</b>	<b><u>188</u></b>	<b><u>147</u></b>

**Note 26.1 Borrowings**

	<b>31 March 2023 £000</b>	<b>31 March 2022 £000</b>
<b>Current</b>		
Lease liabilities*	6,655	-
<b>Total current borrowings</b>	<b><u>6,655</u></b>	<b><u>-</u></b>
<b>Non-current</b>		
Lease liabilities*	36,690	-
<b>Total non-current borrowings</b>	<b><u>36,690</u></b>	<b><u>-</u></b>

\* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 17.

**Note 26.2 Reconciliation of liabilities arising from financing activities - 2022/23**

	<b>Lease Liability £000</b>	<b>Total £000</b>
<b>Carrying value at 1 April 2022</b>	-	-
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(6,394)	<b>(6,394)</b>
Financing cash flows - payments of interest	(419)	<b>(419)</b>
<b>Non-cash movements:</b>		
Impact of implementing IFRS 16 on 1 April 2022	49,342	<b>49,342</b>
Lease liability remeasurements	397	<b>397</b>
Application of effective interest rate	419	<b>419</b>
<b>Carrying value at 31 March 2023</b>	<b>43,345</b>	<b>43,345</b>

**Note 27.1 Provisions for liabilities and charges analysis**

	<b>Other £000</b>	<b>Total £000</b>
<b>At 1 April 2022</b>	-	-
Arising during the year	111	<b>111</b>
<b>At 31 March 2023</b>	<b>111</b>	<b>111</b>
<b>Expected timing of cash flows:</b>		
- not later than one year;	-	-
- later than one year and not later than five years;	111	<b>111</b>
- later than five years.	-	-
<b>Total</b>	<b>111</b>	<b>111</b>

The provision is described in note 1.18



**Note 27.2 Clinical negligence liabilities**

At 31 March 2023, £4,454k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Solent NHS Trust (31 March 2022: £3,387k).

**Note 28 Contingent assets and liabilities**

	<b>31 March 2023 £000</b>	<b>31 March 2022 £000</b>
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	(32)	(12)
<b>Net value of contingent liabilities</b>	<u>(32)</u>	<u>(12)</u>
<b>Net value of contingent assets</b>	-	-

The figure above represents the non-clinical contingent liability for LTPS and PES as advised by NHS Resolution.

**Note 29 Contractual capital commitments**

	<b>31 March 2023 £000</b>	<b>31 March 2022 £000</b>
Property, plant and equipment	10,754	691
Intangible assets	101	501
<b>Total</b>	<u>10,855</u>	<u>1,192</u>

**Note 30 Other financial commitments**

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	<b>31 March 2023 £000</b>	<b>31 March 2022 £000</b>
not later than 1 year	7,258	3,261
after 1 year and not later than 5 years	10,661	-
<b>Total</b>	<u>17,919</u>	<u>3,261</u>

The 2022/23 figures above relate primarily to the Trust's new ICT contract.

## **Note 31 Financial instruments**

### **Note 31.1 Financial risk management**

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

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

#### **Currency Risk**

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

#### **Interest Rate Risk**

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

#### **Credit Risk**

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from customers, as disclosed in the trade and other receivables note.

#### **Liquidity Risk**

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

**Note 31.2 Carrying values of financial assets**

Carrying values of financial assets as at 31 March 2023	Held at	Total
	amortised	book value
	cost	£000
Trade and other receivables excluding non financial assets	16,673	16,673
Cash and cash equivalents	26,304	26,304
<b>Total at 31 March 2023</b>	<b>42,977</b>	<b>42,977</b>

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

**Note 31.3 Carrying values of financial liabilities**

Carrying values of financial liabilities as at 31 March 2023	Held at	Total
	amortised	book value
	cost	£000
Obligations under leases	43,345	43,345
Trade and other payables excluding non financial liabilities	41,261	41,261
<b>Total at 31 March 2023</b>	<b>84,606</b>	<b>84,606</b>

Carrying values of financial liabilities as at 31 March 2022	Held at	Total
	amortised	book value
	cost	£000
Trade and other payables excluding non financial liabilities	35,884	35,884
<b>Total at 31 March 2022</b>	<b>35,884</b>	<b>35,884</b>

**Note 31.4 Maturity of financial liabilities**

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

	31 March 2023	31 March 2022
	£000	£000
In one year or less	47,916	35,884
In more than one year but not more than five years	21,807	-
In more than five years	17,000	-
<b>Total</b>	<b>86,723</b>	<b>35,884</b>

**Note 32 Losses and special payments**

	2022/23		2021/22	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
<b>Losses</b>				
Stores losses and damage to property	-	-	3	2
<b>Total losses</b>	-	-	3	2
<b>Special payments</b>				
Ex-gratia payments	2	1	4	265
<b>Total special payments</b>	2	1	4	265
<b>Total losses and special payments</b>	2	1	7	267

**Note 33 Related parties**

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

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

	Total Expenditure	Total Income	Total Payables	Total Receivables
These entities are:				
	Payments to Related Party £000s	Receipts from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
NHS England	28	26,668	67	8,284
<u>Clinical Commissioning Groups (to June 2022)</u>				
NHS Portsmouth CCG	0	18,202	0	0
NHS Hampshire, Southampton and Isle of Wight CCG	0	23,657	0	0
NHS Frimley CCG	0	602	0	0
<u>Integrated Commissioning Boards (from July 2022)</u>				
NHS Hampshire, Southampton and Isle of Wight ICB	280	145,582	13	1,841
NHS Frimley ICB	0	2,071	0	0
<u>NHS Trust and Foundation Trust</u>				
Hampshire Hospitals NHS Foundation Trust	1,443	35	281	33
Portsmouth Hospitals University NHS Trust	2,866	1,964	2,009	508
University Hospital Southampton NHS Foundation Trust	2,875	1,738	1,781	347
Southern Health NHS Foundation Trust	1,559	2,390	155	340
Isle of Wight NHS Trust	132	303	36	136
Sussex Partnership NHS Foundation Trust	67	1,194	0	165
<u>Local Authorities</u>				
Hampshire County Council	846	8,147	0	744
Portsmouth City Council	133	7,747	0	824
Southampton City Council	0	8,068	26	495
Isle of Wight council	0	3,167	0	454
NHS Business Services Authority	28	0	26	0
NHS Resolution	1,099	0	41	0
Health Education England	0	5,310	151	212
NHS Property Services	4,805	263	1,311	261
Community Health Partnerships	3,411	0	1	0
Solent NHS Charity	50	44	0	0

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

The income from NHS Resolution is related to insurance claims and costs incurred under the NHS Injury Cost Recovery Scheme.

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

**Note 34 Better Payment Practice code**

	<b>2022/23</b>	<b>2022/23</b>	<b>2021/22</b>	<b>2021/22</b>
<b>Non-NHS Payables</b>	<b>Number</b>	<b>£000</b>	<b>Number</b>	<b>£000</b>
Total non-NHS trade invoices paid in the year	31,715	82,129	29,357	71,563
Total non-NHS trade invoices paid within target	<u>26,316</u>	<u>71,173</u>	<u>23,801</u>	<u>63,395</u>
Percentage of non-NHS trade invoices paid within target	<u>83.0%</u>	<u>86.7%</u>	<u>81.1%</u>	<u>88.6%</u>
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	1,223	17,938	1,468	20,249
Total NHS trade invoices paid within target	<u>1,015</u>	<u>14,554</u>	<u>1,148</u>	<u>15,465</u>
Percentage of NHS trade invoices paid within target	<u>83.0%</u>	<u>81.1%</u>	<u>78.2%</u>	<u>76.4%</u>

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

**Note 35 External financing limit**

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

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Cash flow financing	10,535	2,194
<b>External financing requirement</b>	<u>10,535</u>	<u>2,194</u>
External financing limit (EFL)	14,763	2,194
<b>Under spend against EFL</b>	<u>4,228</u>	<u>-</u>

**Note 36 Capital Resource Limit**


	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Gross capital expenditure	12,983	8,434
Less: Disposals	-	(12)
Less: Donated and granted capital additions	(826)	(270)
<b>Charge against Capital Resource Limit</b>	<u>12,157</u>	<u>8,152</u>
Capital Resource Limit	12,299	8,170
<b>Under spend against CRL</b>	<u>142</u>	<u>18</u>

**Note 37 Breakeven duty rolling assessment**

	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Breakeven duty in-year financial performance	1,863	776	1,858	(6,274)	(5,062)	(2,084)
Breakeven duty cumulative position	1,863	2,639	4,497	(1,777)	(6,839)	(8,923)
Operating income	193,935	192,146	187,756	187,240	178,854	180,675
<b>Cumulative breakeven position as a percentage of operating income</b>	1.0%	1.4%	2.4%	(0.9%)	(3.8%)	(4.9%)
	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Breakeven duty in-year financial performance	737	1,370	286	88	67	437
Breakeven duty cumulative position	(8,186)	(6,816)	(6,530)	(6,442)	(6,375)	(5,938)
Operating income	187,219	193,119	200,797	238,577	258,097	274,802
<b>Cumulative breakeven position as a percentage of operating income</b>	(4.4%)	(3.5%)	(3.3%)	(2.7%)	(2.5%)	(2.2%)

Title of Paper	2022-23 annual accounts: going concern assessment					
Date of paper	13 June 2023					
Presentation to	EO Board					
Item No.	3.2					
Author(s)	Nick Bendell, Head of Financial Accounts					
Executive Sponsor	Nikki Burnett, Chief Finance Officer					
Executive Summary	Cash flow forecast and assumptions made to support the guidance to produce the 2022-23 accounts on the going concern basis.					
Action Required	For decision?	N	For assurance?	Y		
Summary of Recommendations	The Audit & Risk Committee is asked to: <ul style="list-style-type: none"> <li>Note the paper shared with our External Auditors, Ernst Young.</li> </ul>					
Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)	No impact (neutral) x		
Positive / negative inequalities	Neutral					
Previously considered at	Audit & Risk Committee					
Strategic Priority this paper relates to	Great Care		Great Place to Work		Great Value for Money	
	1. Safe effective services		8. Looking after our people		12. Digital transformation	
	2. Alongside Communities		9. Belonging to the NHS		13. A greener NHS	
	3. Outcomes that matter		10. New ways of working		14. Supportive Environments	
	4. Life-course approach		11. Growing for the future		15. Partnership and added value	x
	5. One health and care team					
	6. Research and innovation					
	7. Clinical and professional leadership					

For presentation to Board and its Committees: - To be completed by Exec Sponsor

Level of Assurance (tick one)	Significant		Sufficient	x	Limited		None	
Assurance Level	Concerning the overall level of assurance the Audit & Risk Committee is asked to consider whether this paper provides: Significant, sufficient, limited or no assurance And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature	 Nikki Burnett							



## 2022-23 annual accounts: going concern assessment

### 1. Purpose

As part of the year end audit process the Trust is required to consider the going concern basis of accounting.

### 2. Background

The Trust has updated the cash flow forecast for the next 15 months to June 2024, 12 months from the expected date the accounts are signed, with the most appropriate information available. The assumptions used when preparing the cash flow are detailed in appendix 2.

The cash flow shows an actual cash balance at 31 March 2023 of £26.3m and a forecast cash balance at 30 June 2024 of £12.8m. The fall in cash balances over the period is driven primarily by the planned Trust deficit of £2.2m for 2023-24, and payment of the £6.8m capital creditors at the end of 22-23 and non-cash backed additional ICS approved capital expenditure. The cash flow supports the direction from NHS England that the Trust should produce their accounts on a going concern basis.

The Trust has prepared the following going concern note to the accounts:

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

Following a system review of the delivery of community and Mental Health services in Hampshire, Approval of a Strategic Outline Case for the creation of a New Trust for Community, Mental Health and Learning Disability Services Across Hampshire and the Isle of Wight Integrated Care System by the board in March 2023 is currently under review by NHS England. The new Trust has not yet received NHS England approval however it would continue to provide existing services through a merger of local Community and Mental Health provider Trusts, with the merger date expected to be April 2024.

This year the Trust exceeded its financial target and achieved a £437k surplus. Income from Commissioners was largely based on the simplified block payments system introduced in 2020-21 in response to the COVID-19 pandemic, which maintained liquidity and cash flow during the year. Additional costs due to the pandemic were supported on a block payment basis, and vaccine centres were supported on an actual cost reimbursement basis until October 2022.

For 2023/24 the current financial funding arrangements will remain in place and the Trust has produced its financial plan based on these assumptions. National guidance for 2023/24 has been published, and the Trust expects funding levels will be maintained throughout 2023/24. The Trust, the Integrated Care System, and NHS England have a clear understanding of the financial position of the Trust and the position is well recognised and understood, following planning discussions and submission of the 2023/24 planning return.

The Trust has prepared a cash forecast modelled on the expectation of funding covering the period to the end of June 2024. The cash balance as at March 2023 is £26.3m and is forecast to be £12.8m at the end of June 2024. The cash forecast shows sufficient liquidity for the Trust to continue to operate. Interim support can be accessed by NHS Providers through the DHSC, however the Trust does not foresee this being required.

These factors, and the anticipated future provision of services in the public sector, support the adoption of the going concern basis to the 30 June 2024.

# Appendix 1

## Cash flow forecast

	ACT Mar-23	FCST Apr-23	FCST May-23	FCST Jun-23	FCST Jul-23	FCST Aug-23	FCST Sep-23	FCST Oct-23	FCST Nov-23	FCST Dec-23	FCST Jan-24	FCST Feb-24	FCST Mar-24	FCST Apr-24	FCST May-24	FCST Jun-24
<b>OPENING BALANCE</b>	<b>29,035</b>	<b>26,303</b>	<b>24,533</b>	<b>24,296</b>	<b>23,043</b>	<b>23,779</b>	<b>23,445</b>	<b>21,018</b>	<b>21,224</b>	<b>21,491</b>	<b>20,926</b>	<b>21,786</b>	<b>20,277</b>	<b>17,010</b>	<b>15,564</b>	<b>14,746</b>
NHS Hants & IOW ICB	16,365	15,870	15,870	15,870	15,870	15,870	15,870	15,881	15,881	15,881	15,881	15,881	15,881	15,882	15,717	15,717
NHS Frimley ICB	0	306	306	306	306	306	306	306	306	306	306	306	306	303	303	303
<b>ICB Income</b>	<b>16,365</b>	<b>16,176</b>	<b>16,176</b>	<b>16,176</b>	<b>16,176</b>	<b>16,176</b>	<b>16,176</b>	<b>16,187</b>	<b>16,187</b>	<b>16,187</b>	<b>16,187</b>	<b>16,187</b>	<b>16,187</b>	<b>16,020</b>	<b>16,020</b>	<b>16,020</b>
NCB - Dental	976															
NHS England	1,527	1,053	1,053	1,053	1,053	1,053	1,053	1,053	1,053	1,053	1,053	1,053	1,053	1,043	1,043	1,043
<b>NCB Income</b>	<b>2,504</b>	<b>1,053</b>	<b>1,053</b>	<b>1,053</b>	<b>1,053</b>	<b>1,053</b>	<b>1,053</b>	<b>1,053</b>	<b>1,053</b>	<b>1,053</b>	<b>1,053</b>	<b>1,053</b>	<b>1,053</b>	<b>1,043</b>	<b>1,043</b>	<b>1,043</b>
Portsmouth City Council	610	608	608	608	608	608	608	608	608	608	608	608	608	611	611	611
Southampton City Council	687	686	686	686	686	686	686	686	686	686	686	686	686	690	690	690
Hampshire County Council	785	533	533	533	533	533	533	533	1,065	533	533	533	533	535	535	535
IoW County Council	243	243	243	243	243	243	243	243	243	243	243	243	243	245	245	245
<b>Local Authority Income</b>	<b>2,325</b>	<b>2,070</b>	<b>2,070</b>	<b>2,070</b>	<b>2,070</b>	<b>2,070</b>	<b>2,070</b>	<b>2,070</b>	<b>2,602</b>	<b>2,070</b>	<b>2,070</b>	<b>2,070</b>	<b>2,070</b>	<b>2,080</b>	<b>2,080</b>	<b>2,080</b>
<b>Total Patient Care Income</b>	<b>21,194</b>	<b>19,299</b>	<b>19,299</b>	<b>19,299</b>	<b>19,299</b>	<b>19,299</b>	<b>19,298</b>	<b>19,310</b>	<b>19,843</b>	<b>19,310</b>	<b>19,310</b>	<b>19,310</b>	<b>19,310</b>	<b>19,143</b>	<b>19,143</b>	<b>19,143</b>
Portsmouth Hospital NHST	1,135	146	146	146	146	146	146	146	146	146	146	146	146	144	144	144
Southern Health	426	155	145	145	145	145	145	145	145	145	145	145	145	144	144	144
University Hospital Southampton	186	119	119	119	119	119	119	119	119	119	119	119	119	118	118	118
<b>Provider to Provider</b>	<b>1,746</b>	<b>420</b>	<b>410</b>	<b>410</b>	<b>410</b>	<b>410</b>	<b>410</b>	<b>410</b>	<b>410</b>	<b>410</b>	<b>410</b>	<b>410</b>	<b>410</b>	<b>406</b>	<b>406</b>	<b>406</b>
Health Education England (Training)	42	1,358			1,358			1,358			1,358			1,372	0	0
<b>Health Education England</b>	<b>42</b>	<b>1,358</b>	<b>0</b>	<b>0</b>	<b>1,358</b>	<b>0</b>	<b>0</b>	<b>1,358</b>	<b>0</b>	<b>0</b>	<b>1,358</b>	<b>0</b>	<b>0</b>	<b>1,372</b>	<b>0</b>	<b>0</b>
DoH - Research Grants	58	86	86	86	76	76	76	76	76	76	76	76	76	76	76	76
<b>DoH - Grants</b>	<b>58</b>	<b>86</b>	<b>86</b>	<b>86</b>	<b>76</b>	<b>76</b>	<b>76</b>	<b>76</b>	<b>76</b>	<b>76</b>	<b>76</b>	<b>76</b>	<b>76</b>	<b>76</b>	<b>76</b>	<b>76</b>
Pay award income																
Other	827	347	347	346	346	346	343	343	343	343	343	343	343	343	344	344
Other ICB	5	64	64	64	64	64	64	64	64	64	64	64	64	64	64	64
Other Local Authorities	0	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
Other NHS	258	116	116	116	116	116	116	116	116	116	116	116	116	116	116	116
DWP	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
University of Southampton	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Other Income</b>	<b>1,100</b>	<b>521</b>	<b>521</b>	<b>519</b>	<b>519</b>	<b>519</b>	<b>517</b>	<b>517</b>	<b>517</b>	<b>517</b>	<b>517</b>	<b>517</b>	<b>517</b>	<b>518</b>	<b>518</b>	<b>518</b>
<b>Total Income - Current Year</b>	<b>24,141</b>	<b>21,685</b>	<b>20,317</b>	<b>20,315</b>	<b>21,663</b>	<b>20,305</b>	<b>20,302</b>	<b>21,671</b>	<b>20,846</b>	<b>20,313</b>	<b>21,671</b>	<b>20,313</b>	<b>20,314</b>	<b>21,514</b>	<b>20,143</b>	<b>20,143</b>
HMRC (VAT Refund)	524	634	1,000	495	495	495	495	495	495	495	495	495	495	505	505	505
Capital Programme - PDC	28	436	798	545	630	902	932	958	1,863	1,810	1,873	1,455	898	0	0	0
<b>TOTAL INCOME</b>	<b>24,692</b>	<b>22,755</b>	<b>22,115</b>	<b>21,355</b>	<b>22,788</b>	<b>21,702</b>	<b>21,729</b>	<b>23,124</b>	<b>23,204</b>	<b>22,618</b>	<b>24,039</b>	<b>22,263</b>	<b>21,707</b>	<b>22,019</b>	<b>20,648</b>	<b>20,648</b>
Salary	(8,662)	(8,893)	(8,900)	(8,916)	(8,770)	(8,775)	(8,861)	(8,880)	(8,886)	(8,892)	(8,903)	(8,886)	(8,894)	(9,082)	(9,082)	(9,082)
Tax, NI & Student Loan	(3,438)	(3,779)	(3,783)	(3,789)	(3,727)	(3,730)	(3,766)	(3,774)	(3,776)	(3,779)	(3,784)	(3,777)	(3,780)	(3,859)	(3,859)	(3,859)
Pension	(2,442)	(2,579)	(2,581)	(2,586)	(2,543)	(2,545)	(2,570)	(2,575)	(2,577)	(2,579)	(2,582)	(2,577)	(2,579)	(2,633)	(2,633)	(2,633)
Agency	(622)	(171)	(171)	(171)	(171)	(122)	(122)	(122)	(120)	(120)	(120)	(120)	(120)	(122)	(122)	(122)
<b>Pay Costs</b>	<b>(15,164)</b>	<b>(15,422)</b>	<b>(15,435)</b>	<b>(15,462)</b>	<b>(15,211)</b>	<b>(15,172)</b>	<b>(15,318)</b>	<b>(15,352)</b>	<b>(15,359)</b>	<b>(15,369)</b>	<b>(15,389)</b>	<b>(15,360)</b>	<b>(15,374)</b>	<b>(15,697)</b>	<b>(15,697)</b>	<b>(15,697)</b>
NHS Non Pay	(2,328)	(1,723)	(1,723)	(1,723)	(1,723)	(1,723)	(1,723)	(1,723)	(1,723)	(1,723)	(1,723)	(1,723)	(1,723)	(1,732)	(1,732)	(1,732)
Other Non Pay	(4,640)	(2,789)	(2,760)	(1,640)	(2,720)	(2,721)	(1,610)	(2,733)	(2,753)	(1,697)	(2,799)	(2,768)	(1,678)	(2,420)	(2,420)	(2,420)
Property Services - current year	(3)	0	0	(1,101)	0	0	(1,101)	0	0	(1,101)	0	0	(1,101)	0	0	(1,101)
CGI - Service Charge (including end user devices)	(494)															
Exponential-E	(430)	(434)	(434)	(434)	(434)	(434)	(434)	(434)	(434)	(434)	(434)	(434)	(434)	(440)	(440)	(440)
Atos	(204)															
Bytes	(61)	(2,000)												(2,000)		
Lloyds Pharmacy	(1,688)	(561)	(561)	(561)	(561)	(561)	(561)	(561)	(561)	(561)	(561)	(561)	(561)	(564)	(564)	(564)
<b>Non Pay Costs - Current Year</b>	<b>(9,847)</b>	<b>(7,508)</b>	<b>(5,479)</b>	<b>(5,460)</b>	<b>(5,439)</b>	<b>(5,440)</b>	<b>(5,430)</b>	<b>(5,452)</b>	<b>(5,472)</b>	<b>(5,517)</b>	<b>(5,518)</b>	<b>(5,487)</b>	<b>(5,498)</b>	<b>(7,155)</b>	<b>(5,155)</b>	<b>(6,256)</b>
Capital Internal Funded	(524)	(640)	(642)	(805)	(251)	(337)	(437)	(266)	(311)	(422)	(416)	(476)	(580)	(364)	(364)	(364)
Capital Additional	0	(172)	(266)	(266)	(265)	(170)	(114)	0	0	(18)	(416)	(1,567)	(1,814)	(264)	(264)	(264)
Capital PDC	(436)	(798)	(545)	(630)	(902)	(932)	(958)	(1,863)	(1,810)	(1,873)	(1,455)	(898)	0	0	0	0
<b>Capital</b>	<b>(960)</b>	<b>(1,610)</b>	<b>(1,453)</b>	<b>(1,701)</b>	<b>(1,418)</b>	<b>(1,439)</b>	<b>(1,509)</b>	<b>(2,129)</b>	<b>(2,121)</b>	<b>(2,313)</b>	<b>(2,287)</b>	<b>(2,941)</b>	<b>(2,394)</b>	<b>(628)</b>	<b>(628)</b>	<b>(628)</b>
PDC Dividend	(1,668)	0	0	0	0	0	(1,914)	0	0	0	0	0	(1,723)	0	0	0
<b>TOTAL EXPENDITURE</b>	<b>(27,640)</b>	<b>(24,539)</b>	<b>(22,366)</b>	<b>(22,622)</b>	<b>(22,067)</b>	<b>(22,050)</b>	<b>(24,170)</b>	<b>(22,933)</b>	<b>(22,952)</b>	<b>(23,199)</b>	<b>(23,194)</b>	<b>(23,788)</b>	<b>(24,989)</b>	<b>(23,480)</b>	<b>(21,480)</b>	<b>(22,581)</b>
<b>CLOSING BALANCE GBS ACCOUNT</b>	<b>26,088</b>	<b>24,518</b>	<b>24,281</b>	<b>23,028</b>	<b>23,764</b>	<b>23,430</b>	<b>21,003</b>	<b>21,209</b>	<b>21,476</b>	<b>20,911</b>	<b>21,771</b>	<b>20,262</b>	<b>16,995</b>	<b>15,549</b>	<b>14,731</b>	<b>12,813</b>
Reconciliation items	200															
Commercial Bank	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
Cash in hand	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
<b>CLOSING BALANCE</b>	<b>26,303</b>	<b>24,533</b>	<b>24,296</b>	<b>23,043</b>	<b>23,779</b>	<b>23,445</b>	<b>21,018</b>	<b>21,224</b>	<b>21,491</b>	<b>20,926</b>	<b>21,786</b>	<b>20,277</b>	<b>17,010</b>	<b>15,564</b>	<b>14,746</b>	<b>12,828</b>

Cash flow Mar-23 to Jun-24

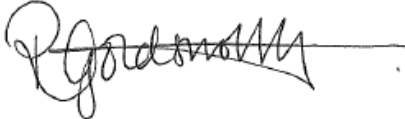
## Appendix 2

### Cash flow assumptions

		Assumptions 2023-24	Assumptions 2024-25
Patient care income	ICBs	Existing block payment mechanism will remain in place for 23-24 and is aligned to the plan submitted April 2023	Income will continue at 23-24 levels and then deflated by 1%.
	NHS England	Existing block payment mechanism will remain in place for 23-24 and is aligned to the plan submitted April 2023	Income will continue at 23-24 levels and then deflated by 1%.
	Local Authority income	As per plan submission April 2023	Income will continue at 23-24 levels and inflated by a further 0.5%.
Other Operating income	Provider to Provider	Based on 2023-24 plan submitted April 2023	Income will continue at 23-24 levels and then deflated by 1%.
	Health Education England	Based on 2023-24 plan submitted April 2023	Based on 2023-24 with 0.5% inflation
	DoH Research	Based on 2023-24 plan submitted April 2023	Based on 2023-24 with 0.5% inflation
	Other	Based on 2023-24 plan submitted April 2023	Based on 2023-24 with 0.5% inflation
	Other ICB	Based on 2023-24 plan submitted April 2023	Based on 2023-24 with 0.5% inflation
	Other Local Authorities	Based on sexual health NCA billing history	Based on sexual health NCA billing history
	Other NHS	Based on 2023-24 plan submitted April 2023	Based on 2023-24 with 0.5% inflation
Other cash inflows	HMRC (VAT refund)	Based on 2023-24 plan submitted April 2023	Based on 2023-24
	Capital - ICS	Non cash backed capital funding approval support for the community bed optimisation project, Highclere and Jubilee.	Non cash backed capital funding approval support for the community bed optimisation project, Highclere and Jubilee.
	Capital - PDC	PDC received for community bed optimisation project and Highclere. PDC Income assumed to be received in the month after expenditure	No PDC schemes continuing into 24-25
Pay	Salary, tax, NI and pensions	Based on the plan submission that assumes a 2.1% pay uplift. June 23 includes the expected payment of the backdated 22-23 pay award.	Based on 2023-24 and assumes a 2% pay uplift
	Agency	As per plan submission 27th April 2023	Based on 2023-24 and assumes a 2% pay uplift (in line with the change in A4C)
Non-Pay	all non-pay costs	As per plan submission 27th April 2023 including 5.5% uplift	Based on 2023-24 and assumes a 1.3% uplift
Other cash outflows	All capital spend	Based on the capital plan submitted 27th April 2023 and assumes payment is made a month after the plan. PDC is funded by PDC cash inflow.	Based on the capital plan and assumes payment is made a month after the plan. PDC is funded by PDC cash inflow.
	PDC Dividend	Based on latest forecast calculation. The PDC dividend is paid in September and March each year. The September 23 payment includes an underpayment of PDC dividend from 2022-23	First payment in 2024-25 not due until September 2024

Title of Paper	Draft Annual Report and Draft Governance Statement 2022/23																																																				
Date of paper	13 June 2023																																																				
Presentation to	EO Board																																																				
Item No.	4.1																																																				
Author(s)	Sandra Glaister, Head of Corporate Assurance																																																				
Executive Sponsor	Rachel Goldsworthy, Chief of Staff																																																				
Executive Summary	To present the Draft Annual Report (including the Quality Account in the Great Care section) and Draft Annual Governance Statement to the Audit and Risk Committee for approval, prior to presentation to the Extra Ordinary In Public Board to be held on 21 June 2023.																																																				
Action Required	For decision?	Y	For assurance?	N																																																	
Summary of Recommendations	The Audit & Risk Committee are asked to: <ul style="list-style-type: none"> <li>• Confirm the statement as referenced on page xx is true and accurate (or otherwise).</li> <li>• Receive the draft Annual Report (including the Quality Account in the Great Care section).</li> <li>• Receive the draft Annual Governance Statement (AGS), and in doing so:</li> <li>• Recommend approval of the Annual Report (including the AGS) to the Board.</li> </ul>																																																				
Statement on impact on inequalities	Positive impact (inc. details below)		Negative Impact (inc. details below)		No impact (neutral) <b>X</b>																																																
Positive / negative inequalities																																																					
Previously considered at	Annual Report (AR), Annual Governance Statement (AGS) & Quality Account (QA) (within Great Care Section) - Executive Team AGS & QA (within Great Care Section) Quality Assurance Committee (QAC) Audit and Risk Committee																																																				
Strategic Priority this paper relates to	<table border="1"> <thead> <tr> <th colspan="2">Great Care</th> <th colspan="2">Great Place to Work</th> <th colspan="2">Great Value for Money</th> </tr> </thead> <tbody> <tr> <td>1. Safe effective services</td> <td>x</td> <td>8. Looking after our people</td> <td>x</td> <td>12. Digital transformation</td> <td>x</td> </tr> <tr> <td>2. Alongside Communities</td> <td>x</td> <td>9. Belonging to the NHS</td> <td>x</td> <td>13. A greener NHS</td> <td>x</td> </tr> <tr> <td>3. Outcomes that matter</td> <td>x</td> <td>10. New ways of working</td> <td>x</td> <td>14. Supportive Environments</td> <td>x</td> </tr> <tr> <td>4. Life-course approach</td> <td>x</td> <td>11. Growing for the future</td> <td>x</td> <td>15. Partnership and added value</td> <td>x</td> </tr> <tr> <td>5. One health and care team</td> <td>x</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. Research and innovation</td> <td>x</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7. Clinical and professional leadership</td> <td>x</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Great Care		Great Place to Work		Great Value for Money		1. Safe effective services	x	8. Looking after our people	x	12. Digital transformation	x	2. Alongside Communities	x	9. Belonging to the NHS	x	13. A greener NHS	x	3. Outcomes that matter	x	10. New ways of working	x	14. Supportive Environments	x	4. Life-course approach	x	11. Growing for the future	x	15. Partnership and added value	x	5. One health and care team	x					6. Research and innovation	x					7. Clinical and professional leadership	x				
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For presentation to Board and its Committees: - To be completed by Exec Sponsor

Level of Assurance (tick one)	Significant		Sufficient	x	Limited		None	
Assurance Level	Concerning the overall level of assurance the Audit and Risk Committee is asked to consider whether this paper provides: <b>Sufficient Assurance</b> And, whether any additional reporting/ oversight is required by a Board Committee(s)							
Executive Sponsor Signature	 Rachel Goldsworthy, Chief of Staff							

## Draft Annual Report and Draft Governance Statement

Every year we are required to produce an **Annual Report and Annual Governance Statement (AGS)**, in accordance with the Department of Health & Social Care Group Accounting Manual (2022/23) and guidance from NHS England.

The Annual Report, which incorporates the AGS, and for the first time, the Quality Account within the Great Care section, is a key public facing document and it is therefore essential that the information contained within is an accurate reflection and gives a true and fair view. The Annual Governance Statement (AGS) and Quality Account (QA) were presented in draft to the May 2023 Quality Assurance Committee.

The AGS forms a key section of the Annual Report (Section 2 Accountability and Governance Report) and has been developed in consultation with, and contributions from, a number of key officers (list not exhaustive); including the Head of Risk & Litigation, Information Governance Team and the Executive Team. The statement has been shared with external and internal auditors as part of their year-end assessment of the Trust. External Auditors review the information presented in the Annual Report and AGS for consistency, with their knowledge of the Trust and correlate their findings in order to provide an opinion of the organisation. Auditors also review the AGS for completeness of required disclosures.

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

- External Auditors opinion within the Annual Governance Statement – page 241 and the anticipated Head of internal Audit Opinion on page 246
- The Auditors Report – page 263
- Letters from our partners in response to our Quality Account page 114
- Full Accounts (presented separately)

Any contemporary updates will be provided at the meeting itself, including any further changes that have been requested as a consequence of the external auditors conducting their final tests and checks.

Following insertion, the contents page and cross-referenced pages will also be finalised.

### Approval via the Extra Ordinary Trust Board

The Extra Ordinary Trust Board is specifically asked to approve the section which has been drafted on page 273 as follows, and in so doing may wish to take into consideration opinions from the auditors and also reference the Finance & Infrastructure Committee:

*'No significant issues in relation to the financial statements of 2022/23, operations or compliance were raised by the Audit and Risk Committee during the year. The Committee composition and attendance 2022/23 is separately summarised.'*

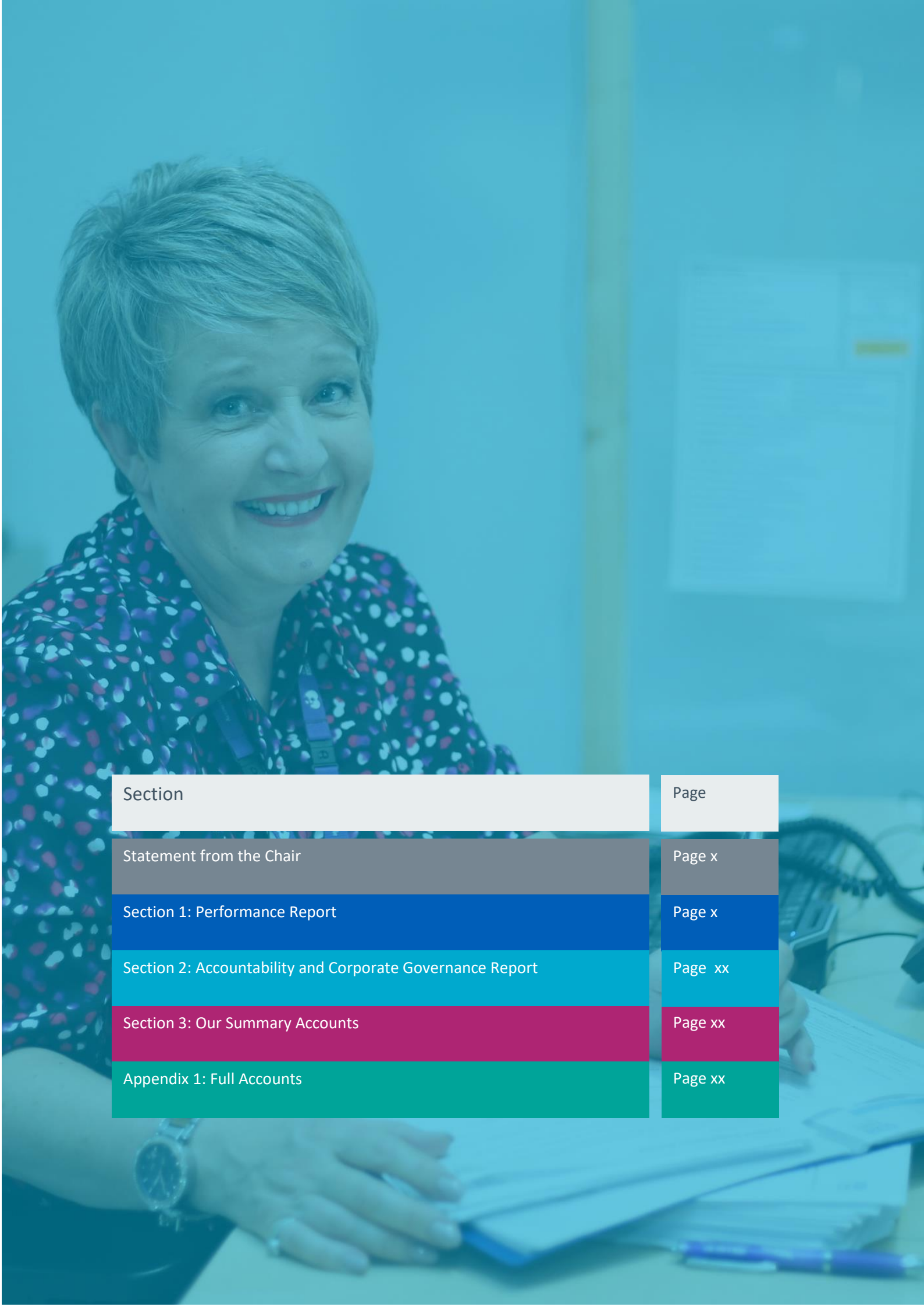


**Solent**  
NHS Trust



Solent NHS Trust  
**Annual Report and Accounts**  
**Incorporating the Quality Account**  
2022/23





Section	Page
Statement from the Chair	Page x
Section 1: Performance Report	Page x
Section 2: Accountability and Corporate Governance Report	Page xx
Section 3: Our Summary Accounts	Page xx
Appendix 1: Full Accounts	Page xx



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

# Statement from the Chair

**We are delighted to share our 2022/23 Annual Report and Quality Account.**

We would like to open this report with our enormous thanks to the people who work at the heart of Solent. The team is full of dedicated people who worked with the utmost professionalism to care for people in our communities and each other. Every day we see, and hear, examples of people and teams embodying our HEART values, going above and beyond to help people in our communities and doing extraordinary things. The difference they make is evident and our achievements are testament to them.

On the back of our refreshed vision and strategy, which was published at the end of the last financial year, we have continued to work towards a future where health and care teams work seamlessly together, with communities, to make a difference so that everyone has easy access to safe and effective care, and so that more people can be kept healthy and independent throughout their lives. We have been driven by our mission to deliver great care, create a great place to work and provide great value for money services. Throughout this report, there are many examples of how services have supported the delivery of the strategy and our mission. Our achievements and progress have been made against a backdrop of challenges in demand as we finally emerged from the COVID-19 pandemic and balanced our 'new normal' and resumed business as usual. During 2022/23, we were again faced with one of the most difficult winters the NHS has ever seen. The continued pressures on the NHS, Solent and on our staff during this period was substantial and sustained. As a Trust we continued to work tirelessly to support our colleagues in the local health systems and everyone across the Trust contributed to this effort.

We know that the challenges mentioned, as well as acuity of complexity care, are incredibly hard for people working in the NHS and in Solent. We are incredibly mindful of this at all times and prioritise making Solent a great place to work by developing a strong values-based culture so that people know that they are supported, able to bring their whole selves to work, thrive and be at their best. Our 2022 NHS Staff Survey results were once again amongst the best when compared with other organisations of our type, demonstrating that the culture we try and create is impactful. We were the top performing trusts in five of the nine key themes, and above average in all nine themes. The results are testament to the commitment and dedication of everyone in Solent. You can read about the work we do to make sure employees have a great experience within the report.

In 2022/23, we continued to invest in our infrastructure, including our estate and information technology. Amongst other achievements, major work got underway to build the new rehabilitation unit at Western Community Hospital in Southampton. We also relocated services from Jubilee House to new, modern, fit-for-purpose facilities within Harry Sotnick House in Cosham. Work also continued on improving spaces for employees, thanks to funding from NHS Charities Together, we opened a new garden in the grounds of St James' Hospital, Portsmouth. It is intended as an oasis of calm where anyone working for Solent can go for a moment of reflection. In December, we switched our Information Technology provider – modernising our networks, strengthening our security, offering a better user experience.

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

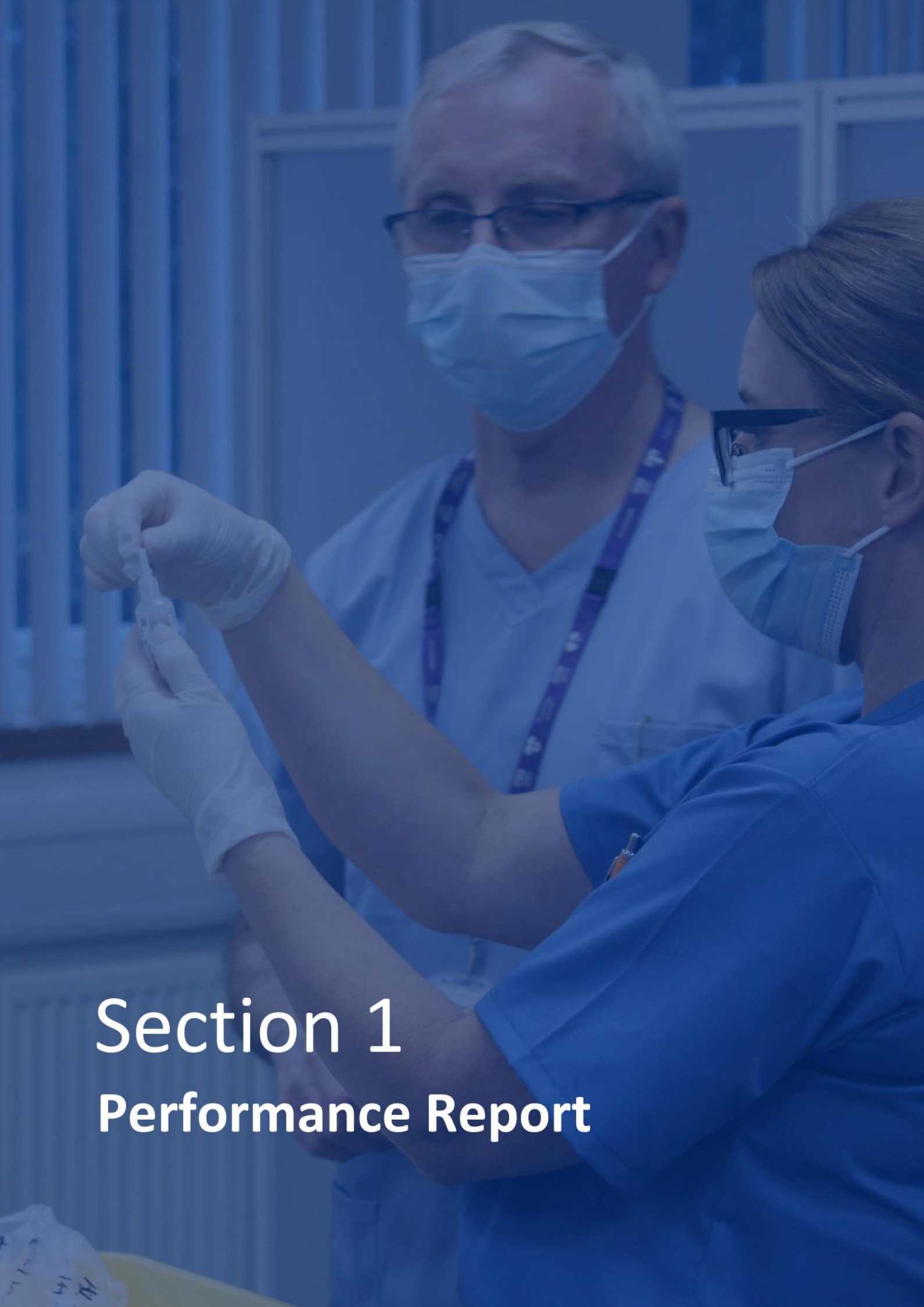
We strongly believe in working in partnership and support an NHS where services are more joined up and this is at the heart of vision. During the year, in response to a review by the Hampshire and Isle of Wight Integrated Care Board, we embarked on a programme of work to create a new organisation for all community and mental health services across Hampshire and Isle of Wight; reducing variation for patients, overcoming fragmentation across services and establishing consistency of care. The strategic case for Project Fusion – which is the name of the programme to bring together all services provided by Solent NHS Trust and Southern Health NHS Foundation Trust, as well as the community and mental health services provided by Isle of Wight NHS Trust and the children’s and adolescent mental health services provided by Sussex Partnership NHS Foundation Trust – was agreed in March 2023. At the time of writing, we are developing the Full Business Case and working integrate the organisations to create a new Trust by 1 April 2024.

After over three years as Solent’s Chair, Catherine Mason left the Trust in December 2022. Jas Sohal, Chief People Officer and Gordon Fowler, Chief Finance Officer also both left Solent for new roles during the year. Meanwhile, Jackie Munroe retired, after over 40 years in the NHS, from her role as Chief Nurse in March. We are incredibly grateful to Catherine, Gordon, Jas and Jackie for the contribution they have made to the success of Solent NHS Trust.

We hope you enjoy reading about our successes and challenges during 2022/23.

**Chair**

**June 2023**



# Section 1

## Performance Report

## Performance overview from the Chief Executive

Welcome to our Annual Report and Quality Account for 2022/23. The performance overview provides a summary of how we performed during the year.

As I sit down to write this year's statement, I can't help but feel immensely proud of Team Solent. At all times, great care for our patients is front and centre of people's actions. Each and every one of our 5335-strong, dedicated workforce have continued to do their best to provide positive experiences for our communities; remaining strong and united, even when faced with challenges.

Over the last twelve months, we have stood strong to our HEART values, taking comfort in how they guide us every day. Our teams have continued to establish new ways of working in partnership and have solidified those strong relationships forged in recent years to make those marked differences; ensuring people have easy access to safe and effective care, enabling more people to remain well and independent through their lives.

Navigating our way through the different phases of the pandemic has been a learning curve for us all, and as we continue with 'life after lockdown,' we are under no illusion as to the legacy of COVID-19. Our need to adapt, reshape and reinvigorate services to return to some sense of normality is essential for the future. Like other organisations, our waiting lists have been affected in this, but we continually seek ways, through regular reviews, to reduce these wherever possible. We know that there will not be a quick fix, but we are committed to tackling this head on for the long-term benefit of our service users.

The winter months saw some of the toughest NHS pressures, nationally and across Hampshire and the Isle of Wight, particularly against a backdrop of frequent rounds of industrial action. Through our long-standing commitment to work better together, as one team, we mitigated these pressures wherever possible, helping our communities to find the right care routes, at the right time.

We know complexity of care and the increase in demand for NHS services is only growing stronger. Earlier this year, we reached an important milestone in our plans for Project Fusion, the bringing together of community, mental health and learning disability services across Hampshire and the Isle of Wight. The strategic case for creating a new organisation was approved by all partner Trust Boards and given backing by NHS England, with preparation of the Full Business Case underway. This is an exciting and positive step in our journey to creating meaningful, long-lasting change, and as time rolls on, we look forward to working together with our collective workforce, patients, and communities to help shape the new organisation. A full update on Project Fusion can be found within the 'Our Year in Review' section.

Sharing learning is crucial to growth and we are guided by what people tell us are important to them. Listening tools, like our Friends and Family Test, are an incredibly important way of learning. They enable us to collect feedback from the people who know our services best. This year, 93.1X% of people said they had a positive experience of care, sharing that people in Team Solent are friendly and reassuring, and that they provide excellent care. The Friends and Family Test also told us where we needed to improve, including the need for better communication and improved waiting times. We continue to listen to the voices of our community and put plans in place to ensure that we provide consistent and equitable care.

Led by our ambition to make Solent a place where we all feel we belong, we are continuing to develop a culture of inclusivity at Solent, ensuring everyone feels visible, valued, and heard. Over the past year, we have continued to strengthen our staff networks, including through the introduction of a new 50+ network, and through holding regular virtual events and wellbeing drop-ins for colleagues. In addition, we redesigned our People Strategy in 2022, incorporating valuable feedback and the voices of our colleagues.

Patient outcomes and experiences are directly impacted by how we look after our workforce. I am delighted that the Trust again scored amongst the best in our 2022 Annual Staff Survey results, when compared with other combined community, learning disability and mental health trusts, and was found to be top performing in five out of the nine key themes. The results, which are testament to the commitment and dedication of everyone in Solent, demonstrate that as a Trust we have a compassionate and inclusive culture with people sharing that they feel that their role makes a difference and that they feel a strong personal attachment to their team.

Nurturing people's health and wellbeing remains a top priority for Solent. In 2022/23 we launched So-lent's new Health and Wellbeing plan, bringing together a diverse range of physical, psychological, and environmental factors, to create a supportive culture at its core. It looks beyond the surface level and considers how we can implement deep-rooted change, including through the review of our organisational health, leadership behaviours, abilities to work flexibly, the environments people work in, and people's relationships at work. We have great foundations to build upon and remain committed to continuing to create a workplace where people can be at their best and bring their whole self to work. Each year, we monitor key performance indicators to gain a better understanding of workforce challenges. Following the pandemic, workforce and workload pressures remained, with services seeing a fluctuation in staff sickness and an increase in staff turnover. Seasonal illnesses and mental health related absences impacted on our sickness rates, and these continued to fluctuate during the 12-month period between 5.6 - 6%, with an overall sickness absence of 5.6% (March 2023). Ensuring that we have right support in place to help people look after their wellbeing and managing safe staffing re-mains a priority and we continue to monitor sickness absence data to help with this.

Balancing service safety with safe staffing has resulted in a higher-than-target spend on agency staff. We continue to employ workforce controls including, where possible, filling roles with in-house temporary staffing options and encouraging people in Team Solent to have both Bank and substantive assignments in order to fill shifts more easily. In addition, we work closely together with our partners during employment, and we are building upon our recruitment and retention programme, including our development packages and international recruitment models. Over the year, we have welcomed 44 new international nurses, and helped our partners in Southern Health NHS Foundation Trust and the Isle of Wight Trust to recruit 114 new nurses.

We pride ourselves as an organisation which seeks out opportunities to evolve. With the modernisation of our NHS over recent years, it is evident that digital solutions are key to our future care. Throughout the year, Solent has been transforming its working environment, and frontline services, with the introduction of innovative technology and the adoption of a new digital infrastructure. Solutions like our new Electronic Prescribing Medicines Administration (EPMA) system and frailty virtual ward pilot, have played a huge part in helping us to work smarter, and provide more responsive, efficient, and convenient high-quality care. We look forward to continuing on our digital journey and embracing advancements to digital healthcare over the next year and beyond.

Despite 2022/23 being financially challenging, the Trust has delivered a £0.5m adjusted surplus. Our full accounts can be found within Appendix 1.

This year's report will share our challenges, our learning, and our moments to celebrate. As always, I look forward to our next chapter; a chapter of growth and boundless opportunity. We will continue with our plans to develop our services, keeping our patients and our communities at the heart of everything we do.



Andrew Stevens  
Chief Executive Officer  
Date: June 2023



# About us

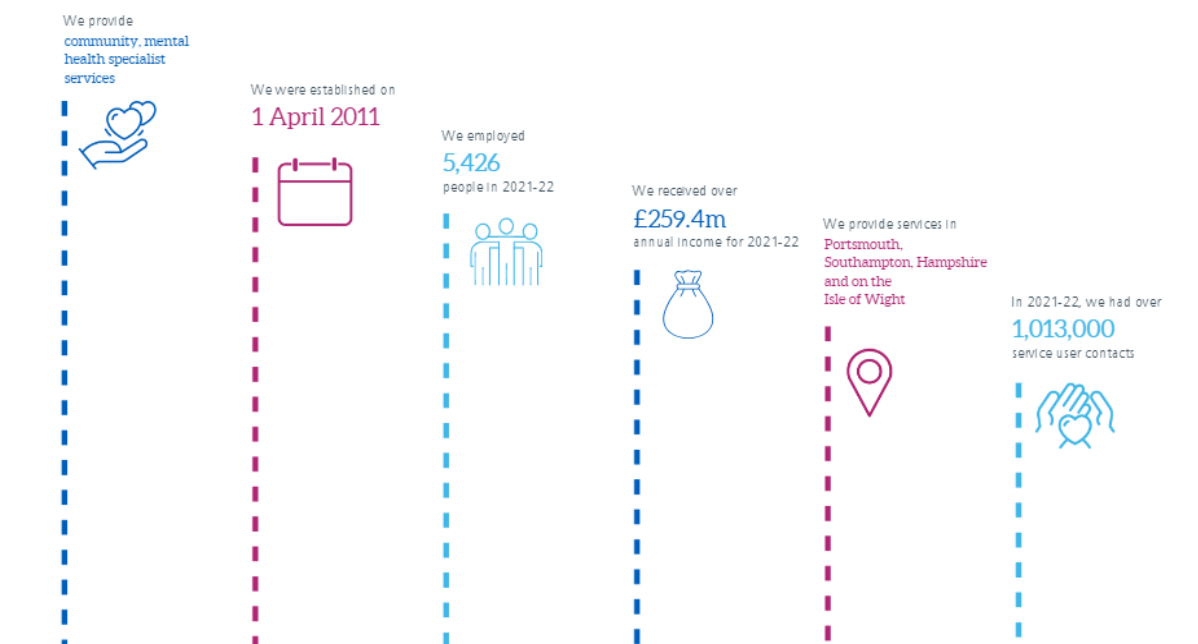
## Who we are

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

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

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

We have an annual income of over £273m for 2022/23. As of 31 March 2023, we employed 5335 clinical and non-clinical members of staff (including part time and bank staff) this equates to 3908 full time equivalents (FTE) who contribute to providing high quality patient care across our local communities. We delivered over 1,095,000 service user contacts.



## What we do

We provide a range of services in communities across the Hampshire and Isle of Wight geography, to enable people to remain well and independent throughout their lives.

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

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

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

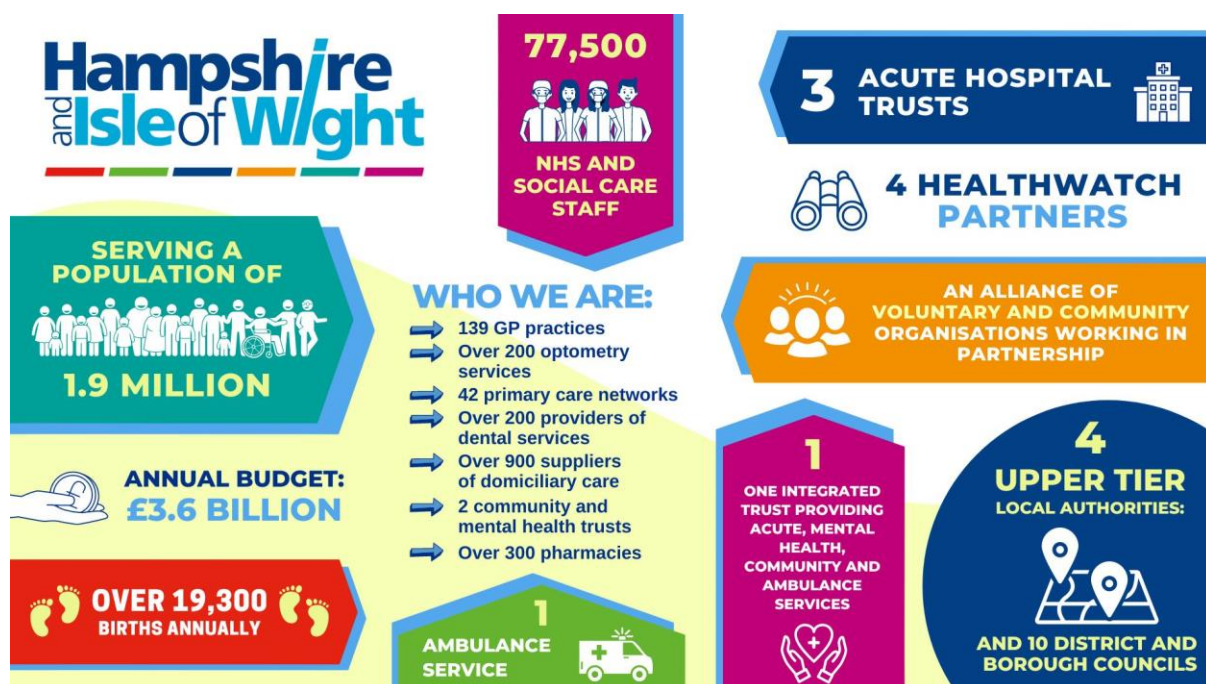
Increasingly, community and mental health providers are working more closely with GP's and colleagues in primary care networks, sharing learning and resources, with the aim of developing and maintaining sustainable, integrated community, mental health and primary care teams that are responsive to changing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

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

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



## Our Services



### Primary Care

We provide GP services and homeless healthcare in Southampton. Our GP practice in Southampton operates out of three locations:

- Nicholstown Surgery at the Royal South Hants Hospital
- Adelaide Surgery at the Adelaide Health Centre
- The Solent Surgery in Portswood (this site has been repurposed since start of the COVID19 lockdown but will be gradually reopening over the coming year)

### Specialist MSK / Pain / Podiatry

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

### Specialist Dentistry Services

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

### Adults Southampton

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

Our inpatient services at the Royal South Hants Hospital and the Western Community Hospital, include:

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

## Mental Health

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

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

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

## Sexual Health Services

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

- Sexually Transmitted Infection (STI) testing and treatment
- Emergency contraception and contraception including injection, implant and coils
- Pregnancy testing and unplanned pregnancy services (BPAS)
- HIV testing, treatment and care
- Under 25's Chlamydia testing and treatment
- Psychosexual counselling
- Vasectomy services (only in Hampshire, Portsmouth and Southampton). For services on the Isle of Wight please visit MSI UK Reproductive Choices

- 1 to 1 support; we also provide a variety of online services for appointments, at home STI test kits and condoms. You can find more information via [www.letstalkaboutit.nhs.uk/about-us](http://www.letstalkaboutit.nhs.uk/about-us)
- Running a Sexual Assault Referral Centre (SARC) which has garnered national acclaim in terms for the quality of support and services offered.
- Supporting children who have experienced sexual assault.
- Sexual Health promotion in partnership with Terrance Higgins Trust and No limits consortium
- Outreach services supporting schools colleges and communities
- Support to Prison services In Hampshire and the Isle of Wight

## Adults Portsmouth

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

Our community-based services include a range of:

- Therapy services such as Physiotherapy, Occupational Therapy, and Speech and Language Therapy.
- Rehab and reablement services to help individuals remain at home, such as PRRT.
- Nursing services such as community nursing and palliative care.
- Crisis services, such as Urgent Response and Virtual Wards.
- Specialist services for people with health conditions such as epilepsy, multiple sclerosis and diabetes.
- Learning disability and behavioural services.
- We also provide inpatient services:
  - Jubilee Unit - a 30 bed unit situated at Harry Sotnick House, for adults aged 18 or over who are deemed to require a continuing healthcare assessment.
  - Spinnaker Ward - a 16 bed ward for inpatient rehab for patients with complex physical disability at St Mary's Hospital Campus.

## Child and Family

We provide a range of community-based public health, physical health and mental health services to children and their families across Hampshire and the Isle of Wight. Our services are multidisciplinary and include medical, nursing and allied health professionals as well as dedicated business support staff. Our aim is to improve outcomes for children and their families by delivering well-led, safe, effective, caring, and responsive services.

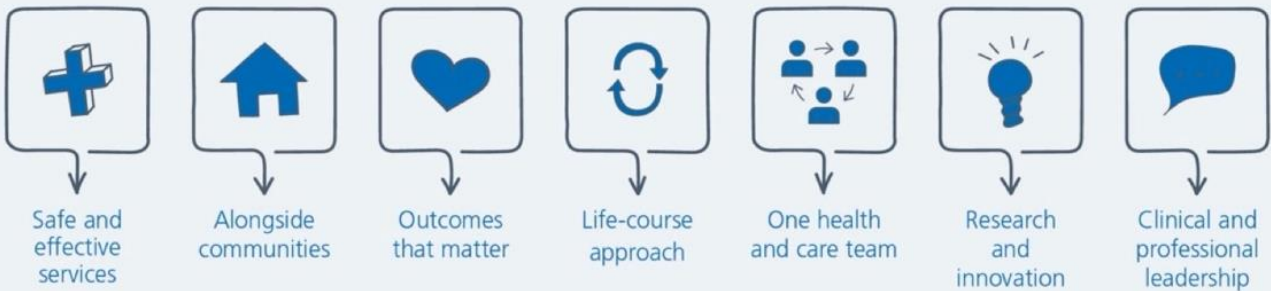
# Our vision and strategy

## Our vision

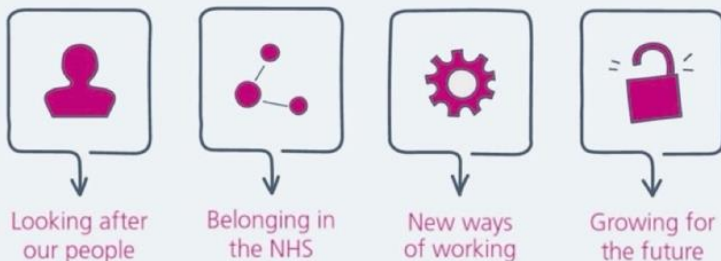


## our 15 strategic priorities

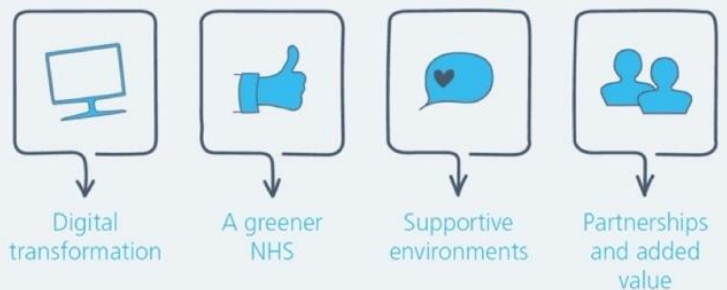
### Great care: our clinical framework



### Great place to work



### Great value for money







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

It reflects the core belief that everyone deserves equitable access to high-quality health and care services which support their health and independence, no matter who they are or where they live. We are working towards a future where health and care teams work seamlessly together to deliver high-quality care, avoid unnecessary handovers between teams and organisations and improve service user experience. We believe in a future where people have choice and control over the way their care is planned and delivered and where each individual's priorities, strengths and needs are at the centre of their care. Co-production is one of the ways which we believe will help achieve this, and we are making great strides in this area. In hearing what matters the most to people who use and work in our services and gathering insights into lived experience in the health and community scenarios, we will ensure offerings be the very best.

## Our values

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

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



## How we work together as a values-based organisation

Our values are embedded in our culture and underpin everything we do; Solent NHS Trust is a values-led organisation and proud to be nationally recognised for this through various awards. Living our values enables us to be better at what we do, create a great place for our staff to work and ensure we provide the highest quality of care for our service users.

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



## Our Mission

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

## What our mission means to us:



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

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

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

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



## 2022/23 - The year in review

2022/23 was arguably a year of substantial recovery and restoration for the NHS, our services and our communities. These twelve months have demanded a determination to move through the pandemic, navigating ways we live and work with COVID-19 in existence all whilst staying true to our long-standing commitment to providing Great Care, making Solent a Great Place to Work and delivering Great Value for Money.

The brilliant can-do attitudes and dedication of those in Team Solent has been seen in this still somewhat unsettling period – with colleagues adapting quickly and skilfully to ensure that both teamwork and delivery of care to patients is the very best it can be.

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

The response rate to our 2022 NHS Staff Survey results exceeded those in 2021 which shows how engaged our staff are, and our scores remained amongst the best performing Trusts of our type.

We also reinvigorated our Staff Reward and Recognition programme with an astounding number of colleagues coming forward to nominate and celebrate their peers in our monthly HEART Awards initiative, reinforcing a happy and engaged workforce. Our annual ceremony, the Solent Awards will take place in July. External recognition. FTSU Guardian review.

The pandemic affected not only waiting lists but how care can be delivered, and we knew that 2022-23 was a year of opportunity to take advantage of technological and digital solutions and innovations available to us for the long-term benefit of staff and service users.

Some examples include rolling out an Electronic Prescribing Medicines Administration (EPMA) system, launching a frailty virtual ward pilot and mobilising Urgent Community Response (UCR) teams to streamline the flow of patients through local community and urgent care pathways. Children Hospital At Home (CHAH) and long COVID19 clinics.

By winter, NHS organisations were instructed to enter a state of preparedness for associated system pressures anticipated by seasonal illness and cases of COVID-19. There were several periods when many NHS Trusts declared critical incident status. We focussed our response to support urgent and emergency care pathways and our acute partners, Portsmouth University Hospital NHS Foundation Trust and University Hospital Southampton Foundation Trust.

In January 2023 we worked to support the first wave of industrial action taken by NHS staff, ensuring that everyone in the Trust was well informed and supported, and that patients and families knew that care would continue to be given and encourage them to come forward for treatment when needed.

We remained cognisant of the need to bolster our wellbeing offer to staff to help reduce the impact of these scenarios which people can find unsettling and stressful. To provide support, we continued to develop our extensive package of wellbeing offers for colleagues, including launching our new Health and Wellbeing Plan in October, setting our ambitions for creating a strong, supportive, and

compassionate culture. With four key pillars underpinning it all, the new plan focussed heavily on working together, as one team, and encouraging people share their voice and learning to help improve health and wellbeing across Solent. These pillars include:

- relationships and fulfilment at work
- support for managers and leaders
- personal and professional wellbeing support, and
- environmental wellbeing.

Since then, development has started for new training and resources to help support colleagues, managers and leaders in our culture change journey, including the development of a new wellbeing hub on the Trust's Learning Management System.

The Plan enables us as an organisation 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, but, after the pandemic, thinking beyond sickness absence is imperative and we now need to recognise presenteeism and embrace prevention.

To truly ensure that Solent remains a great place to work, we concentrated on other ways in which to support every member of staff both personally and professionally.

We introduced new recruitment approaches, development programmes and innovative pathways to support workforce demands. After two years of focussed work, we recently welcomed the 100<sup>th</sup> member of Team Solent to have joined the Trust through our international recruitment work.

In this space, in February, we celebrated 5 years of Apprentice Awards which was a fantastic recognition of the achievements and contribution of NHS apprentices to the local community.

Since 2019, Solent NHS Trust has supported 139 people through an apprenticeship, leading to a formal qualification, whilst also being paid to work for the Trust. 97% have gone on to work permanently for the Trust, with others moving to other NHS bodies to extend their experience. The Trust's achievements in the apprenticeship field have won numerous awards, including Solent University's Employee of the Year.

In our commitment to deliver great care, we continued to adapt, monitor demand, and clinically prioritise referrals where necessary for example, we have ensured that children experiencing symptoms of long COVID19 are triaged within the national timeframe to ensure that they can access physiotherapy and respiratory treatments to get the clinical intervention they need to lead the best quality of life possible.

Also as part of this goal, we continued to transform our estate to modernise facilities and sites.

Major site work is underway for the new rehabilitation unit at Western Community Hospital in Southampton. The £21m project will see a modern, purpose-built unit replacing two existing rehabilitation wards, increasing the number of beds available from 43 to 50, and will more than double the number of single rooms with en-suite facilities. There is a plan to open the unit by the end of summer 2024.

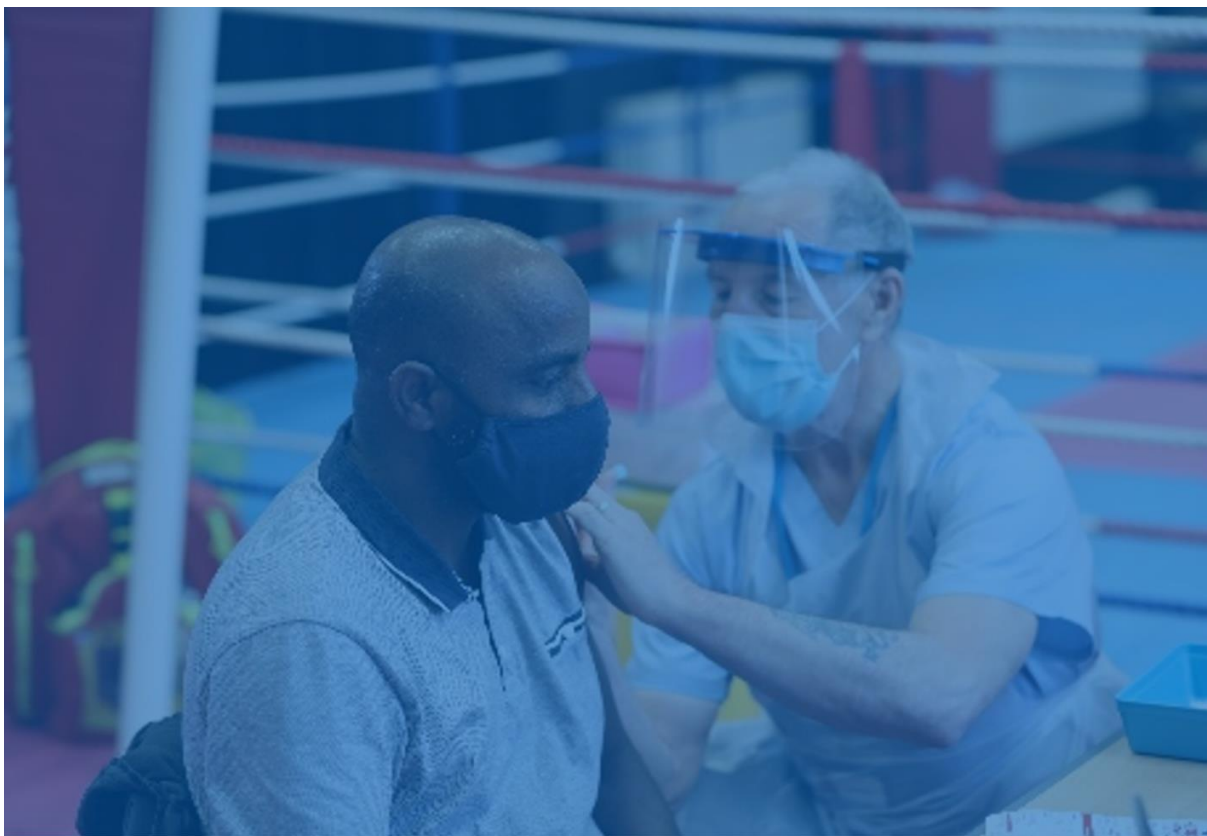
Hand in hand with estates transformation has been a focus on enabling our staff to work in agile ways, some triggered by and in place since the pandemic. Our mobile workforce is better supported to work across various clinical and non-clinical through the Matrix booking system for example which lets staff book desks and meeting rooms through a live-time database, by hours and days.



In year we stood down the remaining Solent-run COVID-19 vaccination sites, acknowledging an incredible effort over the previous two years by staff and volunteers to keep everyone in our communities vaccinated against the effects of coronavirus. The work of Solent, alongside that of Hampshire and Isle of Wight Integrated Care (ICS) partners, resulted in more than 4.9 million doses being given.

This Spring, an important milestone on our journey to creating a new community and mental health Trust, which will bring together our expertise and resources to help manage increasing demand and complexity of care to deliver meaningful, long-lasting change, was reached. The creation of a new organisation, for which the programme is known as Project Fusion, will form a stronger platform as we attract more investment and continue to develop services based around people's homes and communities. All partner Trust Boards approved the strategic case, and this is with NHS England for regulatory review. The next phase is to develop the Full Business Case (FBC) and, alongside this, to really start describing how the new organisation looks and feels to our workforce, our patients and our communities.

Looking ahead, we are really hopeful for the future. We stand in a great place to face the myriad of challenges in front of us. Solent's solid operational, financial and organisational foundations will stand the Trust in good stead to best serves our communities and we are ready to do so.



# Whole system response and emergency preparedness

## Emergency Planning Resilience and Recovery (EPRR)

### Whole system response and emergency preparedness

#### Emergency Planning Resilience and Response (EPRR)

Throughout 2022/23 we continued to be an agile, effective, and resilient organisation that operates at the highest level with training, plans and the necessary arrangements in place to mitigate the effects of any incident or challenges we were faced with.

#### We were recognised for maintaining high standards for EPRR

- The EPRR team worked through the assurance process of 55 core standards and 13 deep dive requirements that we must achieve each year. We were fully compliant with 51 core standards and partially compliant in 4 giving the trust an overall rating of 'Substantially Compliant'. A work plan was produced, and we are currently on track to become fully compliant in the 4 areas where we achieved partial compliance. These were regarding Business Continuity Plans (BCP), Responder Training, Evacuation and Shelter and Lockdown.
- The EPRR team have engaged with all service lines to update Business Continuity Plans. In October 2022, we recruited an EPRR Facilitator to monitor and manage the production of these plans to ensure they continue to remain relevant to our organisation and are available in an accessible format for all our staff. A Business Continuity Exercise will be enacted in 2023 to confirm we are prepared in the event of an incident.

#### We provided information to support the management of the Monkeypox virus

- On 2<sup>nd</sup> June 2022, the first guidance was released around the Monkeypox virus. This was shortly followed by Monkeypox becoming a notifiable infectious disease on 7<sup>th</sup> June. The EPRR team coordinated any requests for or dissemination of information to the Operational Coordination Centre for HIOW ICB.

#### We enhanced our local fuel plans to provide support in the event of a fuel crisis.

- To support resilience in the event of a fuel crisis, the Local Health Resilience Partnerships (LHRP) Hampshire and Isle of White (HIOW) fuel plan is in now place alongside our own fuel plan and associated operational guidance for staff to support continuity of services for our patients and their families.

#### We supported our staff and patients during Industrial action

- Planning for industrial action has been an ongoing challenge for Solent. The EPRR team have supported this planning process with providing situational updates back to the Integrated Care Board. So far, there has been minimal disruption to services due to the preparedness of the Trust.

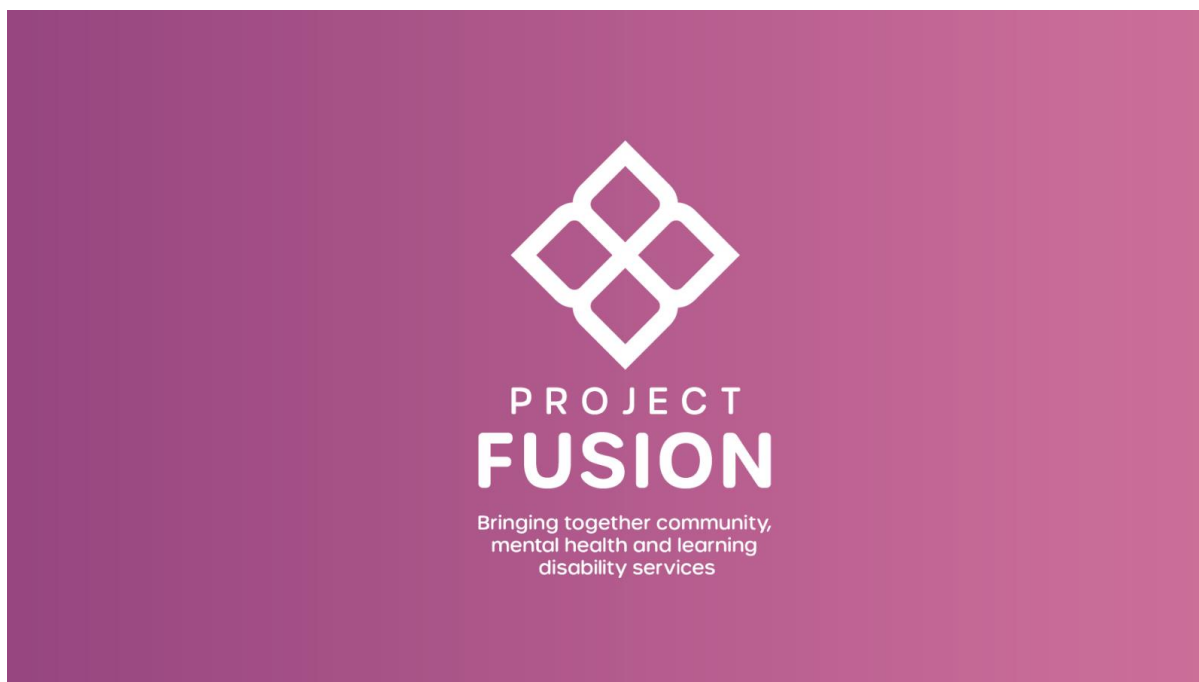
#### We continue to work collaboratively with Southern Health EPRR Team

- Solent EPRR team and Southern EPRR team have been working in collaboration to create a common documents and plans. We are in the early stages of writing a new course for Directors and Managers on call.

### We have dealt with water issues with Southern Water

- In year, there have been a number of major incidents declared by Southern Water which had the potential to affect not only our inpatient wards but also our patients in the community. Working with the Local Resilience Forum (LRF) Solent's EPRR team liaise with our community services to supply lists of vulnerable patients to Southern Water to enable them to deliver bottled water supplies.

## Project Fusion



Throughout 2022/23, Solent has been working alongside partners in the Hampshire and Isle of Wight Integrated Care System, to look at ways in which community, mental health and learning disability services in our area could be better organised to improve patient experience and patient care.

When multiple organisations are involved in the provision of care it can be difficult to ensure communities have equal access to services and experience the same health outcomes. Complex provider arrangements can mean people don't always get the care they need at the right time, in the right setting, and it can cause confusion over who is responsible for an individual's care. We know that over the coming years the demand for community and mental health services will grow. Our services are already responding to increasing need, both in terms of the number of people being referred and the complexity of issues they present with. Against this backdrop, it is vitally important that we continue to improve service provision as well as having an even greater focus on integration between mental and physical health.

In early 2022, an independent review was undertaken which involved a range of clinicians, partners and stakeholders. It considered a wide range of data and information, including patient experience and insight, and feedback from one-to-one interviews and roundtable discussions. A compelling case was made to bring together all community, mental health and learning disability services across Hampshire and the Isle of Wight into one, new NHS Trust. The temporary name of this programme of work is Project Fusion and it involves Solent NHS Trust, Southern Health NHS Foundation Trust, the Isle of Wight NHS Trust and Sussex Partnership NHS Foundation Trust.



Bringing services together in a new community and mental health provider organisation will deliver benefits for both patients and staff. For patients it will help ensure that access, standards of care and outcomes are equitable, no matter where in the county people live. Patients will also benefit from the sharing of expertise, equipment, and other resources to help improve services. For staff, bringing organisations together will help reduce staffing vacancies, offer more career progression and development opportunities, and help professionals work more closely together. More joined-up working will also help the local NHS meet the changing and increasing needs of the Hampshire and Isle of Wight population, ensuring our services are effective, sustainable and continue to be available for years to come.

We have robust programme governance arrangements in place to take forward this work. In February 2023, the Boards of all providers involved in Project Fusion approved the Strategic Case we have developed, which sets out why we want to bring services together, the options we have considered and the emerging strategy for our clinical services. At the time of writing, the Strategic Case is being reviewed by NHS England and we are expecting the outcome of their review in May/June 2023. The next phase of the programme is to develop the Full Business Case, which will provide a much more detailed assessment of the proposals, ensuring the clinical, financial and patient benefits will outweigh the potential risks and costs. Alongside development of the Full Business Case, we will undertake comprehensive integration planning, to set out how the organisation will work, its future plan, what resources it needs, and what we need to have ready by day 1, and beyond, to make the new organisation successful. We are aiming to have the integration plan ready by October 2023.

We will work with our staff, people who use our services, their families and/carers, and our partner organisations, including Healthwatch, throughout this process, to ensure a wide range of views and perspectives are considered as we bring our organisations together. Our Boards have approved a detailed plan which describes how we will communicate and engage with people to ensure we design and develop the new organisation to successfully respond to the needs of local people and communities. Subject to board and regulatory approvals, our ambition is for the new organisation to be in place from April 2024.

## **Principle risks and uncertainties facing the organisation**

### **Legacy impact of COVID-19 and waiting lists**

As described within the Annual Governance Statement, unprecedented demand compounded by the previous Covid-19 pandemic has resulted in a significant increase in waiting lists. We continuously monitor the risks associated with capacity and demand across our clinical teams, however it will take many years for some of our services to recover to even pre-pandemic waiting lists.

We continue to operate in sustained challenging times; the NHS nationally and care sector is under exceptional pressure, meaning we sometimes make difficult decisions in the interests of patients and wider system benefit. This is likely to continue as we move into next year.

The financial health of the NHS at large, our local system, ever increasing demand and workforce shortages pose real problems and we recognise there are no quick or easy fixes to the challenges facing us all. We are however committed to ensuring we do our very best to deliver Great Care, are a Great Place to Work and deliver Great Value for Money in all we do.

## Our strategic risks

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



Demand, capacity  
and accessibility



High quality  
safe care



Financial  
sustainability



Strategic provision  
of services



Digital maturity



Workforce  
sustainability

## Funding and financial pressures

The basis of revenue received during the year has remained consistent with the previous two years, being largely block based funding with additional support for COVID-19 and other pressures. This basis changed as a result of the national emergency this, however, will not continue into FY2023/24 with the removal of COVID-19 funding marginally offset with an increase in the recurrent block based funding. The Trust has delivered a £0.5m adjusted surplus in FY2022/23.

During the year traditional planning and contractual discussions have continued to be paused, and instead the focus has been on system recovery and restoration (following the numerous pandemic waves) whilst balancing business as usual and supporting the vaccination programme.

For 2023/24 planning, the Trust has fully engaged with its leaders, recognising that a new approach is required, linking activity, workforce, and finance as the traditional methods of planning will not support the challenges we face of reduced funding and increased investment in workforce that has occurred as we responded to the pandemic.

Contractual discussions are expected to resume early in 2023/24 in line with the proposed new funding model of paying for services delivered via a fixed value to cover costs and variable value linked to activity. This model should help address the new cost pressures of delivering services post COVID-19, with appropriate funding flows.

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

## Our business risks

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

The deficits were incurred in 2014/15, 2015/16 and 2016/17 and as at 31 March 2023, the cumulative deficit stands at £5.9m. The deficits were funded by Department of Health loans with differing repayment dates and in 2020/21 the loans of £9.1m were transferred into Public Dividend Capital.

## The future

In January 2022 the HIOW ICS commissioned a review of community and mental health services; which are currently provided by several organisations. The purpose of the review was to understand how to best meet the current and future demands of our local populations and how organisations might work better together to meet those demands. A recommendation from the review was that a new Trust be created providing all community and mental health services across the HIOW geography. Since the publication of the report in April 2022 we have been working with our partners to progress the associated work programme in response to the review. However, there is a risk as a consequence of implementing the recommendation that Solent's 'business as usual' is deprioritised and we experience a loss of key personnel during the transition. This risk is actively monitored by the Board within the Board Assurance Framework.

As well as future organisational changes for us at Solent, this last year saw the formalisation of the Integrated Care Board, and the development of the interim HIOW Integrated Care Strategy. We will need to respond to this both as a sovereign organisation and with our partners, particularly in light of the creation of a new Trust, and how we shape services to better meet the needs of our communities.

We acknowledge that our services need to be radically transformed in order to ensure they are fit for the future. Such changes will need to ensure enduring quality and safety, improve equity of access and delivery, support the need to meet rising demand, as well as achieving efficiencies ensuring a sustainable health and care environment. Services and pathways must be innovative and will need to be supported by digital advancements and enablers at a place-based level and within Local Delivery Systems. This will need us to all think creatively and ensuring transformation happens at pace, working towards a collective goal.

The current challenges associated with the financial health of our local system and its constituent partner organisation will undoubtedly bring challenges to sovereign organisations and their respective Boards; however, we are committed to playing our role in ensuring a financially sustainable environment.

We also know that during times of significant change and pressure we are open to risk. These include risks concerning ensuring we can retain our focus on delivery, operationally and of our strategy, that we continue to attract and retain an engaged workforce, remain a credible partner

and continue to strive to achieve excellence in all we do. We must not become distracted or complacent.

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

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

## **Going Concern**

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



Great care



# Our Quality Account

## 2022/23



This Great Care section is our report on the quality of services that we deliver across Solent NHS Trust. It is our opportunity to reflect on our culture of quality and safety and demonstrate how we achieve continuous, evidence-based improvement and learning across the organisation. In this Great Care section, we will share the details of how we have progressed our quality priorities over the last 12 months (during 2022/23) and our quality priorities for the coming year (2023/24).

Over the past 12 months we have seen sustained pressures across the Portsmouth and Southampton systems which have created a challenging environment in which we work. Our teams have continued to provide dedicated, responsive, flexible and caring services and we are proud of the professionalism and commitment shown in response to the pressures. Throughout the year we have continued to engage with our patients, service users, families, carers and the communities that we serve in order to inform how we transform our services to work differently and productively. With the work that we do alongside our communities we are able to continue to provide the best possible care for our patients.

Our organisation is proud of our HEART values and how they are demonstrated in all aspects of the care that we provide. We have a strong safety culture with a focus on learning and by being honest, open and transparent about what we do, when things go well and when things don't go as planned. Our teams of professional, caring staff within all services work hard to deliver safe, responsive and effective care with quality at the centre of everything that we do.

Looking back over the last 12 months, despite the challenges faced by the healthcare system and ongoing COVID-19 pandemic, we have continued to progress our quality priorities and deliver improvements in our services. We are proud of the dedication and commitment shown to improving the care that we deliver and to share with you the progress that we have made in relation to our quality priorities during 2022/23, and in particular, the following:

- We are an early adopter of patient safety partners, recruiting an initial four who have begun working closely with services and attending governance and safety meetings to provide a fresh, independent pair of eyes.
- We have embedded the Just Culture framework within the Trust including reference to it in our policies and the dignity and civility framework.
- We launched the Solent NHS Trust Health and Wellbeing Plan on 10<sup>th</sup> October 2022 which provides an overview of our aspirations in supporting the health and wellbeing of our staff and to provide assurance that we have a coherent and holistic 'wellbeing offer' that is based on the best available evidence. The Plan sets out our current provision and the next steps to enable delivery, measure and evaluate progress and attainment.
- We worked in partnership with Adults Social Care and Health to increase the community bed provision within Portsmouth City to an environment more conducive to health and wellbeing. We relocated our inpatient beds from Jubilee House in September 2022 to Harry Sotnick House (now the Jubilee Unit). This increased the bed provision and provided a more suitable environment for care provision.
- We have embedded the RIPPLE model of staff support across the organization enabling staff to access appropriate support after being involved in an incident.

## Quality Improvement Priorities 2023/24

In developing our quality priorities for 2023/24 we have again sought feedback from our community and community partners. We have reviewed our quality goals for the previous year 2022/23 and presented them alongside our priorities for 2023/24 to ensure that our priorities remain aligned and consistent across the Trust as we move forward.

We recognise the challenges we face in the year ahead with the development of a new community and mental health organisation under Project Fusion. We have reflected this in our overarching strategic quality goal of maintaining quality and safety throughout a period of significant change.

We have demonstrated alignment with our clinical framework and strategic priorities in the development of our quality priorities, recognising that these alongside our clinical framework, strategic priorities are intrinsically linked in the delivery of great care.

### Our Quality Goals for 2023/24

1. Community Engagement for Health Creation
2. Caring for our Teams
3. Patient Safety Culture
4. Improving Practice through learning
5. Improving our Communication and Accessible Information
6. Digital Strategy and Delivery of Care – Supporting and enabling accessibility for all
7. To work with our ICS Partners to address and improve Waiting Times

We acknowledge that our quality priorities are ambitious in a changing landscape of community and mental health care provision, and we will continue to support our teams and services throughout this time. The system pressures provide challenges to service provision but also opportunities to do things differently to improve the care that we provide across systems and pathways. Our vision is to maintain and deliver high-quality, safe service to our patients whilst working internally and with system partners to learn and improve.

Through this Great Care section, we pledge our commitment to continue to support our staff to deliver the highest standards of quality across all the clinical services we provide and in those clinical services where we work in partnership with others. We continue to be so proud of the commitment our people have to support each other and the people we serve.

We do hope you find this summary helpful and informative. Thank you once again for taking the time to read it and we look forward to working with our communities over the coming year to continue to provide exciting improvements, in partnership, and look forward to sharing our progress with you again next year.





A handwritten signature in black ink, consisting of a stylized, circular scribble followed by a long horizontal line extending to the right.

**Dan Baylis**  
**Chief Medical Officer & Deputy Chief Executive**  
**Solent NHS Trust**  
**June 2023**



A handwritten signature in black ink that reads "Angela Anderson" in a cursive script.

**Angela Anderson**  
**Chief of Nursing & Allied Health Professionals**  
**Solent NHS Trust**  
**June 2023**

# Our Quality Priorities

## Overview

The purpose of this section is to look back at our achievements and progress on delivering our Quality priorities set for 2022-2023

## 3.1 Looking Back: 2022 - 2023

### A review of our Quality Priorities for 2022-23

The following outlines the progress we have made in the delivery of our quality priorities set for 2022/23. We recognise that due to the challenges across the system over the year, delivery of some projects has been slower paced than anticipated. Equally, we recognise that in some instances the delivery of specific projects such as implementation of digital solutions had advanced significantly in order to support the challenges of the past few years and the years ahead.



**Met**





**Partially  
Met**






**Not  
Met**



Quality Priority	Overarching Detail	Progress	Details
<b>TRUST WIDE</b>			
<b>1. Community Engagement for Health Creation</b> We will further develop our work with people who use our services, their families and carers and members of our local community to effectively implement	We shall start to improve access to services by those who are affected by health inequalities, by developing a clear understanding of the barriers to using our services. Our knowledge of the practical and cultural barriers will increase and be used to make changes in services. We shall continue to extend our reach to communities seldom heard, in order to hear and		The Solent approach to engagement and inclusion is a 5-year plan to improve health, reduce health inequalities, and improve the experience of care by working with people and communities. In 2022/23 we have successfully and completely delivered 63/73 objective, with 9 commenced. The remaining objective and continued key area of concern is the development of a standardised demographic data set

Quality Priority	Overarching Detail	Progress	Details
Alongside Communities – the Solent approach to engagement and inclusion	<p>act on their experience of care. Our knowledge of who provides feedback, and most importantly those who don't, will improve and we shall work with communities to introduce more accessible options for sharing experience of care and to deliver changes in services.</p> <p>We shall improve representation on our community partners from currently underrepresented groups. Our community partners programme will more fairly represent the community we service.</p>		to support the measurement of improvement in access to services
<p><b>2. Caring for Our Teams</b> We will continue to place our teams' health and wellbeing at the centre, ensuring we create a positive and supportive workplace.</p>	<p>The purpose of this project is to produce a Health and Wellbeing Strategy for Solent NHS Trust based on the principles of the Framework and to benchmark and improve the health and wellbeing of our workforce. The project objectives, in line with the national Framework, have been identified as follows:</p> <ul style="list-style-type: none"> <li>• <b>Improving personal health and wellbeing</b> – the proactive interventions and services that empower our people to manage their own health and wellbeing.</li> <li>• <b>Improving relationships</b> – the ways our teams work together with civility, respect and care.</li> <li>• <b>Improving fulfilment at work</b> – how our work at Solent inspires our diverse people and how we support their growth and passion to ensure their work is always purposeful and meaningful.</li> <li>• <b>Encourage our managers and leaders</b> – how our leaders define, implement and embody a positive health and wellbeing</li> </ul>		<ol style="list-style-type: none"> <li>1.The Solent NHS Trust Health and Wellbeing Plan was launched on 10<sup>th</sup> October 2022</li> <li>2.The overarching aim of the Health and Wellbeing Plan is to provide an overview of our aspirations in supporting the health and wellbeing of our staff and to provide assurance that we have a coherent and holistic 'wellbeing offer' that is based on the best available evidence. The Plan sets out our current provision and the next steps to enable delivery, measure and evaluate progress and attainment.</li> <li>3.We know that broader factors, such as diversity and inclusion, the work environment, the skills of our managers and leaders in having health and wellbeing conversations with staff, can impact on overall health and wellbeing in the workplace.</li> <li>4.The first Subject Matter Expert (SME) meeting was held 25<sup>th</sup> October 2022 to provide an update on progress from each SME (see pillar progress – updates below).</li> <li>5.Work started on how we measure improvement, what data metrics are available to us and what do they tell us, identifying what are our critical</li> </ol>

Quality Priority	Overarching Detail	Progress	Details
	<p>culture and how they provide health and wellbeing support as part of their role, ensuring they have the right tools and support to achieve a culture change.</p> <ul style="list-style-type: none"> <li>• <b>Improving the environment</b> - physical workspaces and the facilities available to our people to rest, recover and succeed</li> <li>• <b>Understanding data insights</b> - our approach to understanding our health and wellbeing needs and then measuring our effectiveness in supporting them.</li> <li>• <b>Easy to access professional wellbeing support</b> – supporting our teams and services such as Occupational Health, who support the health and wellbeing of our people.</li> </ul> <p>We will work collaboratively across departments, with individual delivery plans for each pillar, aligned to the same strategic objectives and vision.</p>		<p>success factors and how could we measure them. And where are our gaps in the data?</p> <p>6.The communications plan so far have included Staff News, Managers Matters, CEO chat, Friday Focus, Staff Facebook Group, 3 films, digital screens and posters.</p> <p>Through the ICS Growing OH Programme, we have secured access to the NHS E ‘Growing your Team Health and Wellbeing Guide’ which is for teams who are looking for inspiration and guidance to begin creating a local culture of wellbeing in a simple, practical and engaging way. We are piloting this for the NHSE in a Community and Mental Health setting and Solent will be the first Organisation in HIOW to use this actively with a Team.</p>
<p><b>3. Patient Safety Culture</b> Building on work already underway we will with our Integrated Care System (ICS) colleagues to develop our approach to implementation of the National Patient Safety Strategy, embedding and strengthening our culture of safety and to fully embrace a learning culture to inform improvements in delivery of care.</p>	<p>To work with system colleagues to develop our approach to implementation of the Patient Safety Strategy, with particular emphasis on how we work with our communities in the development and implementation of our approach and responsiveness to the capture, review and learning following reporting of incidents.</p> <p>To have a comprehensive plan, aligned to other ICB partners, reflective of national drivers, that ensures improved safety for our patients and staff.</p>		<ul style="list-style-type: none"> <li>• Both level 1’s and level 2 patient Safety training is on target for 85% of staff completion by 1<sup>st</sup> April 2023.</li> <li>• The Learn from Patient Safety Events implementation target is 3<sup>rd</sup> July 2023.</li> <li>• We have recruited three patient safety partners who are aligned to service lines. Recruitment is underway for a further six Patient Safety Partners.</li> <li>• The Bank Serious Incident Investigators and the Patient Safety Specialist, Operational Lead are on target for completing the HSIB Level 2 System Based Training by 12<sup>th</sup> March 2023. This replaces the Root Cause Analysis</li> </ul>

Quality Priority	Overarching Detail	Progress	Details
			<p>approach to investigations (In line with PSIRF).</p> <ul style="list-style-type: none"> <li>• The Patient Safety Incident Response Framework (PSIRF) is in phase 1 and 2. Solent continue to work collaboratively with Project Fusion colleagues to develop our plan.</li> <li>• The Ripple model for staff support following incidents has been developed and implemented across the trust.</li> </ul>
<p><b>4. Improving Practice through Learning</b> To strengthen the way in which we demonstrate our commitment to improving our practices through learning including from our engagement and feedback from patients, families, carers, our communities and community partners.</p>	<p>To implement the recommendations of the Patient Safety Strategy, working with our communities and community partners to strengthen and embed our approach to learning. Establishment of processes within Solent that create a continuum of work related to Quality Management including Quality Improvement and Quality Assurance.</p>		<p>Monthly analysis of safety and experience evidence and data is undertaken to establish any areas of concern. Outcomes of specific audits have been added to evidence from safety and experience data, but this process has not been fully established. Quality Review Meetings take place on a monthly basis with each service line where learning from evidence is shared and action plans are monitored. Learning from Incidents and Deaths Panel and Quality Improvement and Risk group are currently under review to provide a more robust governance structure for learning.</p>
<p><b>5. Improving our Communication and Accessible Information</b> To work with our communities, including those seldom heard communities, alongside our community partners to help understand, inform and shape how we can improve communication and accessible information</p>	<p>Integrated care has continued to be a priority within Solent. In response to the COVID pandemic, we have come together with our system partners more frequently than previously and successfully implemented changes to service in response to the needs of our local community. We aim to continue to work with our system partners to harness learning from this period and build on these opportunities to make further improvements in the delivery of care we provide to benefit all areas of our local community.</p>		<p>We have established an initial understanding of where we are currently with regards to our compliance with the Accessible Information Standard as well as identifying aspects of Inclusive Communication for improvement which fall outside of the remit of the AIS e.g. foreign language and health literacy.</p> <p>Initial steps towards an improvement plan have been progressed for example, imminent launch of Communication Access UK Symbol and eLearning modules and accreditation of the Organisation (Nov</p>

Quality Priority	Overarching Detail	Progress	Details
<p>with our patients, carers and families – ensuring we develop and maintain a flexible approach in line with local needs.</p>	<p>We shall in 22/23 develop and implement a new approach to improving communication and accessible information. Our focus will be on ensuring our communication, whether that be written, verbal or digital is based on the principles of inclusion.</p> <p>Our aim is to ensure that people who use our services, their families and carers, and people of our local community, can communicate with us and are communicated with, in a way that meets their needs. People will report that their communication needs are better met.</p>		<p>22) NHS England and Improvement are soon to publish the results of National review of AIS (currently with AIS Board at DofH) – these recommendations will need to be incorporated into improvement planning.</p>
<p><b>6. Digital Strategy and Delivery of Care – Supporting &amp; enabling accessibility for all</b> As we transition post pandemic, we recognise that digital solutions are not always easily accessible for all. We will work with our communities and community partners to offer digital solutions alongside packages of support which recognise complexity of needs across our communities and aid accessibility for all.</p>	<ul style="list-style-type: none"> <li>- Establish a Community Digital Panel to bring community voice to support development and implementation of the Solent trust wide digital strategy</li> <li>- Improve the patient experience when accessing Solent NHS Trust, related to access and quality of information accessed digitally</li> <li>- Recognising that digital means of accessing information and services is part of a range of means of communication offered to our community.</li> <li>- Baseline assessment of existing processes and systems in place to determine what steps need to be taken to ensure they remain fit for purpose.</li> <li>- Build in community voice into the commercial procurement process for all digital related service developments moving forward</li> </ul>		<p>The digital services team have worked in collaboration with a number of clinical services to pilot and evaluate initiatives to improve access this included but is not limited to:</p> <ul style="list-style-type: none"> <li>• Development of the communications annex on SystemOne that enables patients to have the autonomy to select and book their own appointments.</li> <li>• Development and implementation of Card Medic. A digital health communication tool that provides a suite of succinct flash cards designed to improve the transfer of vital information about a series of health conditions. Flash cards are available in a range of languages, as a read aloud function and as a video sign language option.</li> <li>• Development and deployment of referral forms that are integrated with SystemOne to enable quicker, more appropriate and streamlined access to service at the time when patients need it.</li> </ul>





Quality Priority	Overarching Detail	Progress	Details
			<ul style="list-style-type: none"> <li>• Automatic website translation for Solent’s website and corresponding microsites.</li> </ul>
<p><b>7. To work with our ICS Partners to address and improve Waiting Times</b> We will utilise opportunities to work with our system partners to outline plans and make improvements in the waiting times for services where waiting times remain challenged.</p>	<p>Linked to the recommendations within the Elective Recovery Plan – whilst predominately aimed at Acute Trusts the principles and aspirations can be applied effectively to community services as follows:</p> <ul style="list-style-type: none"> <li>i) Increasing capacity and separating urgent and planned care</li> <li>ii) Prioritising diagnosis and treatment</li> <li>iii) Transforming the way planned care is provided</li> </ul> <p>Giving patients better information and support whilst waiting for access to services/treatment</p>		<p>Waiting lists and associated risks are discussed in individual service line performance review meetings and quality review meetings. Each service line undertakes validation of individuals on waiting lists to establish the current situation for the patient. Risks and mitigation are also discussed at Quality Improvement and Risk group and escalated to Quality Assurance Committee where necessary. An in-depth review of waiting list risks with Children and Families service line was undertaken on 7<sup>th</sup> November as this is the service with the highest risk profile around waiting lists. Learning from has been shared and a review of all service line’s waiting list risks is being undertaken.</p>
<p><b>8. To strengthen our Person-Centred Approach to Care</b> To prioritise taking time to consider the whole person and what matters most to them. To work with our communities in strengthening our approach around how we take time to interact, listen and understand to really appreciate the individuals perspective and that of their own circle of support</p>	<p>Services will work closely with our Alongside Communities approach to further understand the needs of our patients, families and carers to strengthen the ongoing development and implementation of person-centred care, directly with the patient and wider support network. To initiate this work, Adult Service Lines (Portsmouth and Southampton) will be working to develop a series of projects (detailed further below) as follows:</p> <ul style="list-style-type: none"> <li>- Red Folder Project within Urgent Response Service</li> <li>- Shared Road Map in the delivery of Palliative and End of Life Care (both areas)</li> <li>- Review of Bladder and Bowel Service Pathway (Adults Portsmouth)</li> <li>- Using digital solutions to support Community Specialist teams in delivery of</li> </ul>		<p>Red Folder Project/Patient held information within Southampton Response services – completed the QI project and in implementation phase in a team-by-team approach. QI support is ongoing. Shared Road Map in the delivery of Palliative and End of Life Care in Adults Southampton and Adults Portsmouth have governance processes in place with Mountbatten Hampshire and an established Southampton Solent based local operational group that has external and voluntary sector involved - completed NICE audit and NACEL audits. Using digital solutions to support Community Specialist teams in delivery of ongoing rehabilitation interventions and self-management for patients (Adults Southampton) – We have launched COPD and Cardiac digital options but do not have initial evaluation at this stage. Speech and language therapy WASP Project – This is</p>







Quality Priority	Overarching Detail	Progress	Details
	<p>ongoing rehabilitation interventions and self-management for patients (Adults Southampton)</p> <p>Speech and language therapy WASP Project - To enhance each and every communication with patients to foster a shared decision-making culture. (Adults Southampton).</p>		<p>in the implementation and embedding phase and has therefore not been re-audited to date.</p>

## 3.2 Looking Back: Service Line delivery of Quality Priorities 2022-23

### A review of our Quality Priorities for 2022-23 – Achievements within Service Lines

	Quality Priority 2022-23	Status	Summary of Achievements	Next Steps
Adults Southampton	<b>Improving patient held information across Solent Response Services</b> (red folder project): To provide a home resource of relevant information for both patients and staff.		The pilot is currently running in West CIS and scheduled for completion at the end of March 2023.	The results of the pilot will be reviewed in Q1 2023/24.
	<b>Scoping of and implementation of the Professional Nurse Advocate roles through a cross organisational quality improvement programme.</b>		Work is underway to define the role of the PNA in the Trust; a clear governance structure is being developed.	The staff supervision model is currently being reviewed, both in Adult Services and Trust wide.
	<b>To create Integrated “Excellence Hubs” within community localities (supporting place based delivery of care).</b> Aligned to ADS Futures Programme.		Closer alignment between the CIS and CN teams including open communication channels.	Engagement with SCC and 3 <sup>rd</sup> sector organisations and agree locations for hub working across the area is planned for Q2 2023/24. A meeting is booked for CIS and CN Leaders in May 2023 to link together.
	<b>To work with Southampton partners to develop and implement IV carehome pathway</b> (supporting people to remain at home).		A review of data to support numbers of patients that acute admission has been avoided has been undertaken and commencement of collaborative services has been initiated.	Commissioning arrangements are being confirmed.

<p><b>Insulin Delivery Project within Community Nursing;</b> Increasing the capacity of insulin delivery across Southampton</p>		<p>The non-registered nursing workforce have completed their training and competencies. Project evaluation is now ongoing as part of our business as usual. This project is complete.</p>	<p>Working with our care home colleagues to train to complete the administering of insulin.</p>
<p><b>To work with our community &amp; PEOLC experts to develop a shared road map in the delivery of End-of-Life Care.</b></p>		<p><b>Future Planning Template:</b> On-going discussions with the Integrated Care Board. North Primary Care Network template being piloted in Central CN team with Stoneham Lane Surgery and Mountbatten.</p> <p><b>Information sharing:</b> Verification of death template and DNACPR tab being added to S1, with interactions between the 2 forms. Slicker process of information sharing and escalation to GP practices.</p> <p><b>Streamlining anticipatory medication process:</b> GP practices are being sent checklist for writing up syringe driver and PRN charts. Nominated palliative care pharmacies now being used by GP's to avoid delays for the families.</p> <p>Discussions with Mountbatten regarding use of RED drugs and the responsibility of ordering these.</p> <p><b>Improved joint MDT working:</b> CN Matron and Mountbatten meet every 6 weeks to discuss processes, joint working, ways to improve the service for patients, improving communications between the teams</p> <p>Improved patient and carer information: Jointly written leaflets on end-of-life care and anticipatory medicines in use</p> <p>Weekly MDT meetings with Right by you Service (RBY) and Mountbatten Hampshire (MH) for joined up patient care: RBY attend MDT and Virtual ward in Central for joint working.</p> <p>Holistic assessments for all patients including spiritual and religious needs: Spiritual/religious needs information charts shared with all teams. Difficult conversations training supporting with holistic</p> <p>Training to be available on specific EOL LMS tab and added to matrix (appropriate services): Training now available and guidance sheet written for new starters to advise on what to consider when visiting a patient for palliative care/advice and support. Palliative care links identified in each CN team.</p>	<p>CN and Mountbatten are jointly reviewing Syringe driver checklist charts for consistency.</p> <p>Joint working with Pharmacy team to discuss SOPS, guidance around syringe driver medications / compatibility and to update processes.</p>

<p><b>Speech and language therapy WASP Project</b> - To enhance each and every communication with patients to foster a shared decision making culture</p>		<p>SLT fostering shared decision making regularly within the team contacts. Learning about SDM is part of our local induction and it is regularly discussed in our group supervision.</p>	<p>Formalised review of the outcomes of the project.</p>
<p><b>Using digital solutions to support Community Specialist teams in delivery of ongoing rehabilitation interventions and self management for patients</b>  <b>COPD digital project:</b> Working with Age UK for support with those patients following Pulmonary Rehabilitation via Zoom who are using tablets loaned from us.  <b>Cardiac Rehab:</b> Activate your heart Project with Age UK. The aim of the programme is to help those people who have had a recent cardiac event or have an existing cardiac problem, manage their condition more effectively.</p>		<ul style="list-style-type: none"> <li>• COPD Digital Project: Overall the evaluation, although small in number, supports the view that providing technology support in conjunction with on-line fitness sessions can deliver positive outcomes that might not be achieved through the fitness sessions on their own.</li> <li>• Activate Your Heart: There has been low uptake of the use of this app, with patients choosing to attend face to face sessions now that these have recommenced. As a result, the team are not looking to continuing to offer the app due to the cost per patient</li> </ul>	



**SMART board implementation (ICT lead project)**





Implementation of SMART boards both within patient and Community teams

- Community - to increase the visibility of services daily activity and using dashboard information so each service knows has an overview of their local activity as well as city wide. To support flexibility and meeting needs of the community.
- Inpatients – RSH ward identified as pilot site to trial patient ward overview and information sharing







Smart boards have been installed on RHS inpatient wards. The pilot has not started yet because of governance around information. No time frame for implementation.

<p><b>Advancing practise project Support Clinical and operational advancing practise</b>          – this is critical in delivering community services where the drive to support patients closer to home has meant that both patient demand and acuity have greatly increased, particularly post COVID. To meet this challenge safely and effectively, we need to invest in the development of our clinical workforce, particularly the development of leaders with the advanced skills needed to lead &amp; develop services to meet both current and future needs.  <i>“New solutions are required to deliver healthcare to meet the changing needs of the population. This will need new ways of working, new roles and new behaviours.” HEE 2017.</i></p>		<p>Propose a strategic implementation plan to develop a written framework for Adults Southampton Advancing Practice which incorporates the recruitment, selection, training and supervision of staff in line with national guidance and underpinned by NHS Solent governance protocols          ACP workshops supporting Role Identification and strategic workforce planning.</p> <p>Undertake and evaluate service line gap analysis and recruitment plan/LNA/Supervision plan.</p> <p>Collaborate with Planning team to establish workforce structure, recruitment and training process for appointed roles</p> <p>Establish Process &amp; Procedures to ensure governance process aligns to NHS/ Solent/ADS requirements</p> <p>Evaluate initial cohort programme (earliest programme start date est. Sept 22 - modules, Jan 2023 - MSc)</p> <p>Develop talent pipeline rolling programme for staff development.</p>	<p>The strategy is in a draft format and a full proposal is due by Q1 2023/24</p> <p>Workshops will be happening and completed by the end of Q\$ 2022/23.</p> <p>In progress will be completed Q1 2023/24.</p> <p>Workforce structure and recruitment is now part of our business as usual and a training process is currently being created for Q1 2023/24.</p> <p>The Trust ACP lead is working on this on behalf of Solent. No timeframe for this.</p> <p>This has not commenced; and therefore, will be carried over to 2023/24. Aim to complete in Q4 of that year. This requires completion of a learning needs analysis end Q1 2023/24.</p>
<p><b>To review the demand and capacity tool currently being used in CIS Review and align with other tools within service line.</b></p>		<p>Activity data capture completed and analysed. It highlighted a need to standardise process across the 3 localities. This will form an integral part of the ADS Futures programme to bring together CIS and Community Nursing Teams.</p>	<p>Alignment of process across the localities and continue with ADS Futures programme, aim of Q2 2023-24.</p>

Adults Portsmouth	To ensure timely patient access to Speech & Language, Pulmonary Rehab and Bladder & Bowel Service.		<ul style="list-style-type: none"> <li>• Bladder &amp; Bowel and Speech &amp; Language Therapy waiting lists continue to exceed clinically identified timeframes. Delivery of action plans has been limited due to long term sickness (B&amp;B) and staffing changes (SLT). SLT have made some progress in completing patient triage within target timeframe to better establish level of risk to patients when waiting.</li> <li>• Pulmonary Rehab service is now offering patient choice of either once a week or twice a week classes, informed by clinical assessment.</li> <li>• Review of remote B&amp;B containment product service has been delayed due to long term sickness.</li> </ul>	SystemOne project for diary use is due to commence to inform SLT trajectory modelling. B&B trajectory modelling completed.
	To deliver equitable, sustainable Palliative Care, with improved quality across the ICP.		<ul style="list-style-type: none"> <li>• Programme group meetings now well established, with collaborative working embedded at a senior leadership level.</li> <li>• Transformation clinical lead role appointed, and induction completed. A series of Leadership Forum Workshops have been commenced with Band 7 Leaders to develop and deliver plans, including Single Point of Contact.</li> <li>• Joint Solent / SHFT “bitesize” training sessions now delivered to community nursing.</li> </ul>	
	Development of Breathlessness diagnostic hub and improve cardiorespiratory pathways.		<ul style="list-style-type: none"> <li>• Service mobilised.</li> <li>• Bid submitted to refocus and expand remit of Hublet to support incidental findings in Targeted Lung Health Checks, supporting Primary Care &amp; Acute Partner. This will continue to deliver against quality priority of improved diagnostic pathways, to a slightly different cohort of patients.</li> <li>• Heart Failure Point of Care Testing pilot now underway.</li> <li>• Respiratory skills assessment underway in UCR &amp; community teams to inform plans for enhanced pathways.</li> </ul>	
Adults Portsmouth	To fully integrate PRRT to ensure a seamless transition across services.		<ul style="list-style-type: none"> <li>• Most PCC staff now have an honorary contract that enables them to access Solent training system.</li> </ul>	



<p><b>Review of rehab &amp; reablement offer within Portsmouth to ensure appropriate skill mix and capacity for growth including patient engagement.</b></p>		<ul style="list-style-type: none"> <li>• Working with ICB/PRRT looking at how we report capacity &amp; demand with new electronic boards.</li> <li>• Due a further review of Rehabilitation &amp; Reablement services in Portsmouth.</li> </ul>	
<p><b>Using digital solutions to support delivery of rehabilitation Appropriate data collection to improve service delivery.</b></p>		<ul style="list-style-type: none"> <li>• Dedicated support in place for data collection and reporting.</li> </ul>	
<p><b>To define staffing requirements for each element of PRRT.</b></p>		<ul style="list-style-type: none"> <li>• Re-organisations of teams has delayed skill mix review</li> <li>• Learning needs analysis planned.</li> </ul>	
<p><b>To work in partnership with Adult Social Care and Health to increase the community bed provision within the city to an environment more conducive to health and wellbeing.</b></p>		<ul style="list-style-type: none"> <li>• Jubilee House closed on the 28<sup>th</sup> September 2022. The unit was relocated to the first floor of Harry Sotnick House on Saturday 1<sup>st</sup> October 2022.</li> </ul>	

**To provide a step-up process to support hospital admission avoidance in order to ensure patients receive the right treatment, at the right time, in the right place.**











Develop a transfer of care hub to assist the Portsmouth System with patient flow, Discharge to Assess and Home First approaches therefore achieving better outcomes for patients. This will ensure effective use of resources and maintain sustainability.




To provide a short stay step-up model for patients requiring Intravenous (IV) therapy.





Improving the environment on Spinnaker Ward, two additional rooms are being created, one room will be large enough to accommodate family members for end of life care patients. The transfer of care hub will support the criteria to reside model ensuring patients are admitted to the right beds as safely and timely as possible.






- The PCAT team (transfer of care hub) have links with the UCR and PRRT as well as the ACP's to ensure that safe and effective use of step-up beds to support patients who have rehabilitation needs that require specialist medical, nursing or therapy in-patient assessment but who do not need the specialist services or diagnostics an acute hospital provides. The use of step-up beds directly from community is therefore contributing to the avoidance of acute hospital admissions.
- Intravenous Therapy training days were provided and a competency – based programme was developed with the EIP. We are not currently offering IV's due to the EPMA rollout and capacity flex due to system pressures. We have therefore not provided step up purely for IV's nor have we seen the appetite for it.
- We have prevented patients being taken to the acute trust by offering them a step-up bed.
- Plans are drawn up although works are delayed on the two additional rooms on Spinnaker.
- The criteria to reside model is used in both PCAT and the Inpatient Wards.

<p>To implement the auto allocate model in Community Nursing and ensure timely and effective clinical allocation of patient visits, to appropriately skilled clinicians, maximising effective use of clinician time.</p>		<ul style="list-style-type: none"> <li>• 4 PCN teams now using auto allocate.</li> </ul>	
<p>To maintain current Community Physio waiting time for routine referrals of days, and ensure patients are assessed and triaged appropriately.</p>		<ul style="list-style-type: none"> <li>• Current waiting times are between 5-7 working days from triage. Referral rate increasing (34% increase since Jan 22)</li> </ul>	
<p>To continue with the development of the Urgent Care Response Team. To support the wider PSEH system in supporting patients with urgent care provision at home where appropriate.</p>		<ul style="list-style-type: none"> <li>• SOP has now been submitted to ASP board and approved.</li> <li>• Doccla commencing pilot in December 2022 with frailty virtual ward.</li> <li>• Nursing vacancies filled, however still in the recruitment process for therapy. Business case currently being developed for ACP model.</li> </ul>	
<p>To develop the virtual ward model in line with the national agenda .</p>		<ul style="list-style-type: none"> <li>• Doccla piloted in Dec 2022. Currently 10 patients managed within frailty VW.</li> <li>• Business case being developed for ACP model to sit within UCR/Frailty VW.</li> </ul>	
<p>To improve and enhance educational input to patients at an early stage in their Diabetes disease process in order to promote self-management and improve outcomes.</p>		<ul style="list-style-type: none"> <li>• Desmond waiting list down to 2 weeks.</li> <li>• All patient results audited and fed back to practice nurses if patients aren't achieving targets.</li> </ul>	








<b>Children and Families</b>	<b>To continue with the MDT approach to all care homes in Portsmouth to improve quality health outcomes.</b>		<ul style="list-style-type: none"> <li>• To date have targeted 2 care homes.</li> <li>• Both homes have received training around diabetes and carers trained to administer insulin with competencies</li> <li>• Both homes have a hypo box</li> <li>• All residents have a personal care plan and have an up-to-date diabetes annual review</li> <li>• All those on insulin have a libre sensor.</li> </ul>	Looking to target the remaining care homes commencing 2023.
	<b>Continue to expand child, young person and family engagement in service development, and increase involvement in their treatment plan, developing increased choice within care pathways.</b>		<ul style="list-style-type: none"> <li>• The Participation Strategy is about to end. The major milestones are met, and a new Participation Strategy is being developed at the moment.</li> <li>• The milestones remaining from the previous strategy will be transferred into the 2023-26 version.</li> <li>• The completed evaluation of client involvement and learning will feed into the new strategy.</li> <li>• We have an additional young inspector and launched the Participation Newsletter. We are advertising for new young inspectors.</li> <li>• The Complaints Response pilot is ongoing, and we now have a patient safety partner.</li> </ul>	
	<b>To prioritise the wellbeing of our workforce and embed a consistent offer across the Service Line. Year 2.</b>		<ul style="list-style-type: none"> <li>• Reviewed and updated the support offer for incidents for staff, based on staff feedback.</li> <li>• Exploring with corporate partners and enhanced support offer which will include TRiM.</li> <li>• Work remains ongoing to support staff through an enhanced wellbeing offer with wellbeing champions embedded within services. Individual services will continue to offer bespoke interventions, dependent upon staff feedback for their area which will continue to evolve and adjust per needs. Examples include “Crafternoon Tea”, “Thanks for that”, local newsletters, reflective practice and celebrating good practice.</li> <li>• We are still working on the staff support “menu” within service which sits alongside Organisation RIPPLE staff support model.</li> <li>• Staff incident debrief training, has not increased, but there are more staff to offer the service. There is more work to do in training additional people in services to deliver it.</li> </ul>	



	<p><b>Work with partners to improve transition of care from Child and Family to Adult Services.</b></p>		<ul style="list-style-type: none"> <li>• The current policy has been reviewed and ratified and implemented, the policy is currently being reviewed and the new version will be co-produced with partners.</li> <li>• Transition to Adulthood ECHO continue with Hospice UK professional network Hub.</li> <li>• Development of the Transition to Adulthood Pathway Mapping is complete.</li> <li>• Some areas of risk and improvement, more work to be carried out.</li> <li>• Working toward Aspirations to host key worker in Jigsaw for the National Transforming Care pilot.</li> <li>• Contributing, with LD service partners, to developing the Solent Learning Disability and Autism Strategy.</li> <li>• Continue to engage with Mental Health transition partners on developing milestones and improving experience.</li> </ul>	
<p><b>Children and Families</b></p>	<p><b>To enhance our existing patient facing digital offer to improve access and understanding of our services to strengthen our connection with our communities. Year 2.</b></p>		<ul style="list-style-type: none"> <li>• There is an action plan for Family Assist to increase uptake and realise benefits.</li> <li>• Family assist cannot offer “chosed and book” facilities for appointments in 0-19. We are exploring alternatives with Southern Health colleagues.</li> <li>• Digital communications lead has now commenced, this role will be further developed to expand our outward facing digital communications. There is a programme of work, the participation newsletter is one of the items delivered.</li> <li>• Some therapy services are now included in the Family assist offer.</li> </ul>	
	<p><b>Equitable accessibility for all children and their families who use our services including where services are operating waiting lists.</b></p>		<ul style="list-style-type: none"> <li>• Children’s Promoting Inclusion Group (linked with priority 1) has paused for the time being.</li> <li>• For all areas who operate waiting lists, there are clear processes available to families, to escalate any changes that may indicate earlier appointment.</li> <li>• Where there are long waiters, there will processes for supporting families to both wait well and remain informed. Our therapies service has introduced a new role to support this.</li> <li>• Trial “waiting list coordinator” role is currently in post.</li> <li>• Exploring the opportunities associated with new roles and international recruitment, this is ongoing, one OT recruited so far.</li> </ul>	



	<p><b>To continue to support our workforce to develop and enhance existing and new skills through clinical, business and leadership career pathways and expanding expertise.</b></p>		<ul style="list-style-type: none"> <li>• SLT programme started March 2023.</li> <li>• To continue to develop a career pathway in the child and family service line for Advanced Clinical Practice (ACP). Year 2 of 4. This is ongoing.</li> <li>• Increase number of non-medical prescribers through supporting existing staff to train, some have been recruited and more are joining in the next academic year.</li> <li>• Explore with all service lines where we can share training opportunities, this remains ongoing.</li> </ul>	
	<p><b>To develop and establish a sustainable community engagement series of methods to enable ongoing engagement with our patients, families, carers and our communities.</b></p>		<ul style="list-style-type: none"> <li>• 2 members of the team completed the story telling course. We have successfully used to support learning from experience from a service level concern, disseminated to service and presented case at the learning from experience panel.</li> <li>• 1 further member of the team is on the current cohort of the 'story telling' course</li> <li>• LD Quality Checkers visit at Gosport clinic. Used ideas as a basis for a successful Dragon's Den bid 'Enhancing inclusive information'.</li> </ul>	
<p><b>Dental Services</b></p>	<p><b>Management Team Development Day</b> To enhance understanding of strengths within the management team to support working relationships within Area Management Teams (Mini Triumvirates) and senior leadership</p>		<ul style="list-style-type: none"> <li>• Individual and team profiles through TMSDI, looking at strengths of Mini Triumvirates and wider Leadership Team.</li> <li>• Workstreams were established through activities set for the day.</li> <li>• Further session being planned.</li> </ul>	
	<p><b>Enhance Mental Health Support to our teams – to fully Embed Mental Health First Aiders Structure across Service.</b></p>		<ul style="list-style-type: none"> <li>• MHC identified and waiting for training.</li> </ul>	



	<p><b>To trial the development of a Team Development Programme to strengthen our organisations values in the delivery of care.</b> A greater understanding of everyone’s role in patient safety.</p>		<ul style="list-style-type: none"> <li>• Training sessions completed after regular updates with Triumvirate to flex programme to meet the Team’s needs.</li> <li>• Head of People supporting Team Lead to embed values and behaviours from the sessions further.</li> </ul>	
	<p><b>Community and patient feedback to review existing and new accessible information.</b></p>		<ul style="list-style-type: none"> <li>• Lead LD Liaison nurses have worked with community partners to support with new AI, review of existing AI gradually being undertaken.</li> </ul>	
<p><b>Dental Services</b></p>	<p><b>To further develop and adopt an existing App “Little Journey” across all Dental GA sites to support patients to virtually visit hospital sites prior to their appointment.</b></p>		<ul style="list-style-type: none"> <li>• Digital Priorities group accepted proposal.</li> <li>• Permission to take photos of the patient journey have been agreed at 3 of the sites.</li> <li>• 1 site has plans to incorporate the SCDS journey when they implement the app.</li> <li>• Plan in place to capture the site information.</li> </ul>	
	<p><b>To work with Service leads to explore opportunities for reviewing clinic capacity.</b></p>		<ul style="list-style-type: none"> <li>• Responses reviewed and changes to triage pathways and diaries made.</li> <li>• Working group looking at referral pathway for new patients is being supported by Academy (QI)</li> </ul>	
	<p><b>Work with system partners to increase GA sessions. Explore the use of community hubs.</b></p>		<ul style="list-style-type: none"> <li>• Working with system partners at PHU, HHFT and UHS we have secured additional GA sessions when staffing levels allow.</li> <li>• We have also been able to flex Paediatric Special Care and exodontia only lists at UHS to suit current demand.</li> <li>• We no longer have any 104+ waiters.</li> </ul>	










Mental Health	Introduce nurse led cognitive behavioural therapy treatment as part of an anxiety management programme for patients.		<ul style="list-style-type: none"> <li>Clinic mapping showed lack of available clinic space without impacting on commissioned activity.</li> <li>Revisited model with CD and Consultant Psychologist to utilise their team.</li> </ul> <p>Trial planned in Portsmouth area, monitor demand and effectiveness.</p>	
	Development of Advanced Clinical Practice Roles		There are now 4 Advanced Clinical Practitioners (ACPs) and this action is complete. We are now using the NHSE ACP Framework. There is now 1 x (diploma) ACP and 1 x (masters) ACP. One is in older person Mental Health and the other in Mental Health Crisis.	Looking for a further two staff for inpatient wards.
	Leadership Capacity Programme		We ran the leadership capacity programme with Hennessy consulting. We reviewed Band 7 staff competencies and rolled this out, strengthening leadership and resilience.	
	Community Transformation Project		To continue Y3/3 of implementation plan, working with Primary Care Networks to improve: <b>Access</b> – health inequalities, <b>Integration</b> – gaps, pathways, links between pathways <b>Community Engagement</b> – co-production	
	Reviewing and strengthening the service offer within LD Services in response to increasing demand.		The outcome of review to be shared with recommendations for action has been delayed due to absence of service manager who has now returned. To complete Q3 23/24.	
	Quality Accreditation Visits		Quality Accreditation Visits (IP standards developed and now BAU) to continue visit cycle for Community and Crisis Services. this action is on is ongoing and will include Southern colleagues.	
primary Care	Community Engagement: To increase our engagement with stakeholders and patients to make sure that services are delivering the right care at the right time, in the right place, in line with patient needs.		<ul style="list-style-type: none"> <li>Engagement with community partners remains a rolling priority for MPP services and Primary Care.</li> <li>Solent GP surgery are working with community engagement team and actively seeking patient views on future care and ways to improve services.</li> <li>Homeless Healthcare Team have been delivering outreach clinics to hostels, they have set up a ladies' night for the most vulnerable of that cohort, with significant increase in smear uptake and support from the sexual health team.</li> </ul>	

<p><b>Workforce Development:</b> Continue to develop and invest in our workforce through our career framework, strengthening personal development opportunities for our staff.</p>		<p><b>Develop and review ACP Pathway to maximise clinical delivery:</b> This has now been completed with MSK and POD both looking to take advantage of this clinical role within services. ACP Lead for service line has now been appointed and feeds into HQP regarding service developments and training pathways.</p>	<p><b>Quantifying the additional roles and seek to appoint in 23/24:</b> Business objectives have been set looking to develop workforce utilising psychology to support patients in their recovery within MSK, Podiatry and learning from Pain services. The use of Peer support within services to maximise on those with lived experience in supporting patients to engage and progress in their own management of LTC.</p>
<p><b>Access to Information:</b> To seek out improved solutions to support our Community Podiatrists with connectivity when out in patients homes.</p>		<p><b>Mapping of existing systems and processes to identify challenges and issues.</b> – This is ongoing process, Podiatry are starting a task and finish project to improve efficiency within the team, remove duplication and streamline process to provide more effective and responsive services to all patients in our care.</p> <p><b>To work with ICT leads to identify alternative solutions</b> – it is hoped that new IT equipment with improved connectivity and longevity will positively impact delivery of care.</p> <p>Looking to utilise remote and virtual, multi-disciplinary, assessments within patient homes to ensure delivery of care is efficient and joined up with other service providers such as community nursing, Tissue viability and Practice Nurses.</p> <p><b>Work up plans for implementation</b> – Virtual MDT’s have been implemented within Podiatry, and this has been trialled in the East with Solent provided community services. Engagement ongoing with Southern Health Colleagues to replicate approach in Fareham and Gosport.</p>	<p><b>Complete by 2024</b></p> <p><b>To be completed in 2023</b></p> <p><b>2023/24</b></p> <p><b>2023/24</b></p>

Primary Care	<p><b>Caring for our Teams:</b> Prioritise the Health and Wellbeing of our staff. To further Develop a peer support structure across the Service Line. To enable our workforce (with the appropriate skillset, tools and techniques) to actively support one another – working together to strengthen our resilience as a service line.</p>		<p><b>Initiate discussions within the service to understand needs of teams</b>  – Planned presentation on peer support in March 2023 to engage senior leadership in further conversations around Trauma Management and Peer Support. HQP for MPP and Primary Care has taken a lead role in supporting the initiative.</p> <p><b>Identify appropriate training needs and mechanisms of support</b>  - As above and ongoing.</p> <p><b>Establish peer support network</b> – Ongoing at the moment as Trust reviewing the various options available in terms of Model used in peer support.</p>	<p><b>Caring for our Teams:</b> Prioritise the Health and Wellbeing of our staff. To further Develop a peer support structure across the Service Line. To enable our workforce (with the appropriate skillset, tools and techniques) to actively support one another – working together to strengthen our resilience as a service line.</p>
Primary Care	<p><b>Accessible Information: Patient Information Resources:</b> Work with our community partners and translation services, to enhance our patient resources library to reflect the needs of our diverse community.</p>		<p><b>Proposal to be shared with Digital Solutions Group</b> - This was supported and the ability to translate web pages on Solent Website to other languages is now possible. Trust have invested in Card Medic – which enables services to produce commonly used phrases and prompts in other languages and translates via online support. This is still being reviewed and in its early stages.</p> <p><b>Primary Care services have expressed a strong interest in the use of card medic within their teams.</b>  To explore potential opportunities – SEE ABOVE. Work up approach to address this further.</p>	

	<p><b>Waiting Times:</b> To work closely with PCNs &amp; Commissioners to improve patient pathways within MSK and Podiatry - Recognising this is where our waits are challenged currently.</p>		<p><b>Discussions with PCN/CCG to review existing pathways. Establish T&amp;F group</b> - T&amp;f completed – significant improvements made to care pathways, efficiencies, and improved access for patients. Demand and capacity modelling demonstrated a 17% increase in utilisation as a result of ICB decisions around MSK referrals in the West. All referrals in West for suspected secondary care come via Solent MSK services for triage and assessment. This is impacting on the services ability to address backlog.</p> <p>Use of FCP in the East has significantly reduced referral rates into MSK services as patients are accessing self-care advice at point of contact within PC with the expertise to support the decision.</p> <p><b>Internal demand and capacity profiling alongside Staff engagement</b> – See above.</p> <p><b>Implementation of revised pathways commence followed by impact review on waiting times</b> – See above for update.</p>	
<p><b>Sexual Health</b></p>	<p><b>To work with our community to quantify and understand expectations for our service moving forward – to actively inform and drive the re-commissioning of Sexual Health in 2024/25.</b></p>		<p>We have collaborated with commissioning colleagues on Local needs assessments and been able to inform the questions asked of the communities we support. There is further work we need to do, and other avenues being explored to be able to capture patient voice. E.g., a project to understand lived experiences of access to sexual health services. We continue to recognise that the nature of the care we provide, does contribute to barriers we face.</p>	

<b>Sexual Health</b>	<p><b>To strengthen our approach to Competency-based Training and Workforce Succession Planning.</b> To work across Service Lines to support personal development of our leadership team (Bands 6 and above).</p>		<p>There has been restricted progress here to date. Ongoing pressures on the leadership team and responding to challenges has taken time away. However, we have seen succession planning in the form of secondment opportunities into leadership roles and the impact of these will be reviewed.</p>	
	<p><b>HCSW Career Development –</b> Upskilling within service alongside structured education and training. To establish robust frameworks which support HCSWs to enhance their roles. Service to lead flexibility of roles to be responsive to the evolving skillset of postholders.</p>		<p>Progress has been made with conversations having taken place regarding HCSW giving injections to patients. Demonstration of how the medication will be prescribed will be articulated in the pathway ahead of implementation. HCSW will also play more of a role in patient care following the roll in of systems thinking – patients will sometimes require an intervention that a HCSW can deliver, rather than utilising a nurse appointment. E.g., asymptomatic STI screening if online kit is declined by patient. We are also reviewing skillset of our healthcare support workers and have ongoing work to review additional competencies within the role.</p>	
	<p><b>To develop and enhance the provision of training,</b> led by Clinical Leads across service.</p>		<p>Our clinical lead nurses have taken a lead role in supporting Trainee Sexual Health nurses and ensuring equity of training and experience, as well as reviewing the training pathway and competencies. This is off to a really positive start, also encompassing support of student nurses.</p>	

<b>Sexual Health</b>	<b>Website Redesign</b>		We have had good engagement from young people in the form of working groups for the website and the website redesign is now almost complete. Soft launch has taken place in early 2023.	
	<b>To develop and embed the Personal Health Records (PHR)</b>		PHR developments have been taking place including the introduction of FAQs for patients and further support in how they will be used. Larger changes affecting lab providers have been impacting on this piece of work. Inform system is running slowly and is priority.	
	<b>Opportunities to collaborate and work together in the delivery of care.</b> Primary Care / Acute and SH to develop pathways in Women's Health. To work together to streamline pathway and clarify roles and responsibilities.		Monthly MDT is taking place in 2 PCNs and a meeting has taken place with the third PCN to see how we can work with them to reduce late diagnosis of HIV. A pilot has launched for HIV testing week at one of the practices in Rushmoor, Solent Sexual Health are supporting testing as an opt out approach, with a landing page for testing through the lets-talk-about-it website.	
	<b>Understand how patients access the Sexual Health Service.</b>		Systems Thinking has reviewed the end-to-end process of accessing service from a patient perspective. Having nurses at the front end of the system reduces 'waste work' and enhances the 'value work' we can provide, in turn increasing capacity. Decision reached in collaboration with commissioners to roll in this approach. Now we are collaborating on appropriate measures for the service. Roll in commenced in January 2023 and this is done team member by team member to really sustain change.	

## Quality Improvement Priorities 2023/24

In developing our quality priorities for 2023/24 we have again sought feedback from our community and community partners. We have reviewed our quality goals for the previous year 2022/23 and presented them alongside our priorities for 2023/24 to ensure that our priorities remain aligned and consistent across the Trust as we move forward.

We recognise the challenges we face in the year ahead with the development of a new NHS community and mental health organisation for Hampshire under 'Project Fusion'. We have reflected this in our overarching strategic quality goal of maintaining quality and safety throughout this period of significant change.

We have demonstrated alignment with our clinical framework and strategic priorities in the development of our quality priorities, recognising that these alongside our clinical framework, strategic priorities are intrinsically linked in the delivery of great care. We are also retaining strategic continuity and focus of our quality goals from 2022/23 into 2023/24, recognising the significance of imminent change under 'Project Fusion' through 2023/24.

### Our Quality Goals for 2023/24

1. Community Engagement for Health Creation
2. Caring for our Teams
3. Patient Safety Culture
4. Improving Practice through learning
5. Improving our Communication and Accessible Information
6. Digital Strategy and Delivery of Care – Supporting and enabling accessibility for all
7. To work with our Integrated Care System (ICS) Partners to improve Access to Services

We acknowledge that our quality priorities are ambitious in a changing landscape of community and mental health care provision, and we will continue to support our teams and services throughout this time. The system pressures provide challenges to service provision but also opportunities to do things differently to improve the care that we provide across systems and pathways. Our vision is to maintain and deliver high-quality, safe service to our patients whilst working internally and with system partners to learn and improve.

Through this Great Care section, we pledge our commitment to continue to support our staff to deliver the highest standards of quality across all the clinical services we provide and in those clinical services where we work in partnership with others. We continue to be so proud of the commitment our people have to support each other and the people we serve.

We do hope you find this summary helpful and informative. Thank you once again for taking the time to read it and we look forward to working with our communities over the coming year to continue to provide exciting improvements, in partnership, and look forward to sharing our progress with you again next year.



# Looking Forward: Setting our Quality Priorities for 2023

## Trust-Wide Quality Priorities for Improvement



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Through this Great Care section, we pledge our commitment to continue to support our staff to deliver the highest standards of quality across all the clinical services we provide and in those clinical services where we work in partnership with others. We continue to be so proud of the commitment our people have to support each other and the people we serve. The overarching aim of our approach is to create a sustainable dynamic framework of co-operative working which will deliver a shared vision and provide foundations for future improvement.

We do hope you find this summary helpful and informative. Thank you once again for taking the time to read it and we look forward to working with our communities over the coming year to continue to provide exciting improvements, in partnership, and look forward to sharing our progress with you again next year.

Development and Delivery of new Organisation – April 2024 <sup>1</sup> (subject to NHSE approval)	Priority	Title	2023/24 Details
	1.	<b>Community Engagement for Health Creation</b>	<ul style="list-style-type: none"> <li>• People who use our services, their families and carers are partners in care. We will further develop our work with them and local communities to ensure we both understand and respond to the diverse needs of local people; our aim to improve health, reduce health inequalities and improve the experience of care.</li> <li>• To prioritise taking time to consider the whole person and what matters most to them. To work with our communities in strengthening our approach around how we take time to interact, listen and understand to really appreciate the individual's perspective and that of their own circle of support.</li> </ul>
	2.	<b>Caring for our teams our</b>	<ul style="list-style-type: none"> <li>• We will continue to place our teams' health and wellbeing at the centre, ensuring we create a positive and supportive workplace.</li> </ul>
	3.	<b>Patient Safety Culture</b>	<ul style="list-style-type: none"> <li>• Building on work already underway we will with our Integrated Care System (ICS) colleagues to develop our approach to implementation of the National Patient Safety, embedding and strengthening our culture of safety and to fully embrace a learning culture to inform improvements in delivery of care.</li> </ul>
	4.	<b>Improving Practice through learning</b>	<ul style="list-style-type: none"> <li>• To strengthen the way in which we demonstrate our commitment to improving our practices through learning from our engagement and feedback from patients, families, carers, our communities and community partners alongside organisational learning at a Board level and within clinical services.</li> </ul>
	5.	<b>Improving our Communication &amp; Accessible Information</b>	<ul style="list-style-type: none"> <li>• To work with our communities, including those seldom heard communities, alongside our community partners to help understand, inform and shape how we can improve communication and accessible information with our patients, carers and families – ensuring we develop and maintain a flexible approach in line with local needs.</li> </ul>
	6.	<b>Digital Strategy and Delivery of Care – Supporting &amp; enabling accessibility for all.</b>	<ul style="list-style-type: none"> <li>• As we transition post pandemic, we recognise that digital solutions are not always easily accessible for all. We will work with our communities and community partners to offer digital solutions alongside packages of support which recognise complexity of needs across our communities and aid accessibility for all.</li> </ul>
	7.	<b>To work with our Integrated Care System (ICS) Partners to improve Access to Services.</b>	<ul style="list-style-type: none"> <li>• We will utilise opportunities to work with our system partners to outline plans and make improvements to access services with the aim of reducing health inequalities.</li> </ul>

## Quality Priorities 2023/24: Trust-Wide Delivery Plan

<sup>1</sup> Subject to NHSE approval, including timeline could change

## TRUST WIDE PRIORITY 1 – Community Engagement for Health Creation

<b>Title:</b>	<ul style="list-style-type: none"> <li>• People who use our services, their families and carers are partners in care. We will further develop our work with them and local communities to ensure we both understand and respond to the diverse needs of local people; our aim to improve health, reduce health inequalities and improve the experience of care.</li> <li>• To prioritise taking time to consider the whole person and what matters most to them. To work with our communities in strengthening our approach around how we take time to interact, listen and understand to really appreciate the individual’s perspective and that of their own circle of support.</li> </ul>
<b>Details of Project – What do you plan to do?</b>	<p>We will continue to embed our approach to Alongside Communities – the Solent Approach to engagement and Inclusion. Over the last few year years we have developed extensive insight and knowledge to working with our communities reaching many of our seldom heard from groups. Over the coming year we shall continue to use the knowledge that we have gathered to help our services to improve health, reduce health inequalities and improve the experience of care based on what and how our communities have told us they want to receive services.</p>
<b>Overall Expected Outcome</b> (including impact on patients and how you will know you’re successful):	<p>We shall increase opportunities for our services to work with and hear from our communities. This will put the voices of our communities at the heart of any developments and changes. This will be particularly important as we move towards the new organisation.</p> <p>We shall continue to extend our reach to communities seldom heard, in order to hear and act on their experience of care. Our knowledge of who provides feedback, and most importantly those who don’t, will improve and we shall work with communities to introduce more accessible options for sharing experience of care and to deliver changes in services.</p> <p>We shall continue to improve representation on our community partners from currently underrepresented groups. Our community partners programme will more fairly represent the community we service.</p>
<b>Key Milestones</b>	<p>Alongside Communities is accompanied by a comprehensive delivery plan co- produced with our communities</p> <p>The deliverables are overseen by the Community Engagement Group and progress is shared with our community and community partners on a regular basis. These are reported on a quarterly basis.</p>

## TRUST WIDE PRIORITY 2 – Caring for Our Teams

<b>Title:</b>	<b>We will continue to place our teams’ health and wellbeing at the centre, ensuring we create a positive and supportive workplace.</b>
<b>Details of Project – What do you plan to do?</b>	<p>More than ever, the health and wellbeing of our workforce is a priority. Many factors influence the health and wellbeing of our diverse NHS people and teams. Some of these, such as the importance of looking after our physical and mental health, are well understood. However, there are other factors such as workplace relationships, good leadership and management skills and the quality of the working environment that are fundamental to support our diverse NHS people in providing world class health care to our patients. The new NHSE Health and Wellbeing framework (Framework) underpins a set of supportive resources. There are seven health and wellbeing domains within the Framework containing sixteen elements incorporating supporting evidence, case studies and critical questions for our organisation. At the centre of the Framework and model are our people and our patients.</p> <p>The seven health and wellbeing domains are:</p> <ul style="list-style-type: none"> <li>• Improving personal health and wellbeing</li> <li>• Relationships</li> <li>• Fulfilment at work</li> <li>• Managers and Leaders</li> <li>• Environment</li> <li>• Data insights</li> <li>• Professional wellbeing support</li> </ul> <p>This revised Framework builds upon the Health and Wellbeing Framework launched by NHSE/I in 2018 which enabled organisations to understand the health and wellbeing of their people and introduced the importance of appropriate interventions. The emphasis in 2018 was on sickness absence reduction however the pandemic has highlighted the need to think beyond sickness absence, to recognise presenteeism, to embrace prevention and avoid “leavism” - there is evidence that some people feel guilty when they are unwell and continue to work from home. People also continue to work even though they are on annual leave – something that more prevalent due to the increase in home working.</p> <p>The revised Framework targets major factors which affect and could improve organisational health and will provide assurances in</p> <ul style="list-style-type: none"> <li>• Management capabilities</li> <li>• Job quality</li> <li>• Social relationships at work</li> <li>• Support for workers</li> <li>• Coping with health conditions or life stresses</li> <li>• Promotion of workplace health</li> </ul>

	<p>There is an emerging consensus around the importance of caring for our NHS People and we must act now and build a culture of health and wellbeing across the entire NHS.</p> <p>The purpose of this project is to produce a Health and Wellbeing Strategy for Solent NHS Trust based on the principles of the Framework and to benchmark and improve the health and wellbeing of our workforce.</p>			
<p><b>Overall Expected Outcome</b> (including impact on patients and how you will know you're successful):</p>	<p>The implementation of the Solent NHS Trust Health and Wellbeing Strategy is being led by the Solent Occupational Health and Wellbeing Team.</p> <p>The project objectives, in line with the national Framework, have been identified as follows:</p> <ul style="list-style-type: none"> <li>• <b>Improving personal health and wellbeing</b> – the proactive interventions and services that empower our people to manage their own health and wellbeing.</li> <li>• <b>Improving relationships</b> – the ways our teams work together with civility, respect and care.</li> <li>• <b>Improving fulfilment at work</b> – how our work at Solent inspires our diverse people and how we support their growth and passion to ensure their work is always purposeful and meaningful.</li> <li>• <b>Encourage our managers and leaders</b> – how our leaders define, implement and embody a positive health and wellbeing culture and how they provide health and wellbeing support as part of their role, ensuring they have the right tools and support to achieve a culture change.</li> <li>• <b>Improving the environment</b> - physical workspaces and the facilities available to our people to rest, recover and succeed.</li> <li>• <b>Understanding data insights</b> - our approach to understanding our health and wellbeing needs and then measuring our effectiveness in supporting them.</li> <li>• <b>Easy to access professional wellbeing support</b> – supporting our teams and services such as Occupational Health, who support the health and wellbeing of our people.</li> </ul> <p>We will work collaboratively across departments, with individual delivery plans for each pillar, aligned to the same strategic objectives and vision.</p>			
<p><b>Key Milestones</b></p>	<p><b>Timescale</b></p>	<p><b>Action</b></p>	<p><b>Target</b></p>	<p><b>Lead</b></p>
	<p>Q2 2023/24</p>	<p>Implement the key deliverables within the HWB Strategy</p>	<p>Demonstration of improvements across pillars to meet strategic directives</p>	<p>Associate Director OH &amp;WB</p>
	<p>Q4 2023/24</p>	<p>Work within Project Fusion to identify commonalities between Solent and other partners to agree a common HWB strategy for the new Organisation</p>	<p>Development of a new project plan to develop a common HWB Strategy</p>	<p>Associate Director OH &amp;WB</p>

## TRUST WIDE PRIORITY 3 – Patient Safety Culture

<b>Title:</b>	<b>Building on work already underway we will with our Integrated Care System (ICS) colleagues to develop our approach to implementation of the National Patient Safety, embedding and strengthening our culture of safety and to fully embrace a learning culture to inform improvements in delivery of care.</b>			
<b>Details of Project – What do you plan to do?</b>	To work with system colleagues to develop our approach to implementation of the new NHS Patient Safety Incidents Response Framework (PSIRF) and the Learning from Patient Safety Events initiatives (LFPSE)			
<b>Overall Expected Outcome</b> (including impact on patients and how you will know you're successful)	To have a comprehensive plan, aligned to other ICB partners, reflective of national drivers, that ensures improved safety for our patients and staff.			
<b>Key Milestones</b>	<b>Timescale</b>	<b>Action</b>	<b>Target</b>	<b>Lead</b>
	April 2023	Embed Solent Project Implementation Group and associated workstreams and oversight group for the Patient Safety Incident Response Framework (PSIRF) implementation.	Established implementation group and workstreams reporting to oversight group	Associate Director of Quality, Safety, Governance and Risk
	June 2023	Workstreams activities completed and fed back into implementation group	Workstream outputs fed into project	
	July 2023	Consultation initiated on Draft Solent Patient Safety Incident Response Plan (PSIRP) and policy.	Established plan and policy in place for consultation	
	September 2023	Draft Solent PSIRP and policy approved by board		
	September 2023	Solent PSIRP, policy and governance approved by ICB	PSIRF ready for mobilisation	
	October 2023	Implementation of the PSIRF and transition away from 2015 SI framework.	Work with services to implement new processes and procedures with the view to regular evaluation throughout Q4 2023/24 and Q1 2024/25.	

## TRUST WIDE PRIORITY 4 – Improving Practice through Learning

<b>Title:</b>	<b>To strengthen the way in which we demonstrate our commitment to improving our practices through learning from our engagement and feedback from patients, families, carers, our communities and community partners alongside organisational learning at a Board level and within clinical services.</b>
<b>Details of Project – What do you plan to do?</b>	We shall have an increased focus on evidencing and measuring impact of initiatives put in place to ensure that the learning and feedback from our communities is being used to drive change both at Board and within clinical services. Furthermore, we shall develop a community partner, patient, family and carer led process to provide ongoing monitoring of PLACE and improvements based on feedback (including complaints and FFT).
<b>Overall Expected Outcome</b> (including impact on patients and how you will know you're successful):	The expected outcome will be the development of services that reflect the priorities and needs of our communities. The voices of our communities, patients, families and carers will help to drive change across our clinical services and will also inform the formation of the new organisation.
<b>Key Milestones</b>	We will monitor activity and developments following feedback through our quarterly activity reports.

## TRUST WIDE PRIORITY 5 – Improving our Communication and Accessible Information

<b>Title:</b>	<b>To work with our communities, including those seldom heard communities, alongside our community partners to help understand, inform and shape how we can improve communication and accessible information with our patients, carers and families – ensuring we develop and maintain a flexible approach in line with local needs.</b>
<b>Details of Project – What do you plan to do?</b>	We shall continue to explore and develop a flexible approach to communicating with our patients carers and families.  We will continue to develop our accessible information approach and ensure that we are meeting the nation Accessible Information Standard.
<b>Overall Expected Outcome</b> (including impact on patients and how you will know you're successful):	Our aim is to ensure that people who use our services, their families and carers, and people of our local community, can communicate with us and are communicated with, in a way that meets their needs. People will report that their communication needs are better met. We will monitor our delivery of the Accessible Information Standard and recommendations
<b>Key Milestones</b>	We shall review our resources for the delivery of the Accessible Information Standard. This will be followed by the development of an action plan to ensure that we are meeting the identified recommendations.



## TRUST WIDE PRIORITY 6 – Digital Strategy and Delivery of Care – Supporting & enabling accessibility for all

<b>Title:</b>	As we transition post pandemic, we recognise that digital solutions are not always easily accessible for all. We will work with our communities and community partners to offer digital solutions alongside packages of support which recognise complexity of needs across our communities and aid accessibility for all.			
<b>Details of Project – What do you plan to do?</b>	<p>To leverage the functionality within SystmOne communication annex to improve the way that we communicate with our patients to improve access to service and appropriate clinicians.</p> <p>We will work with our partners to understand the context of digital health inequalities within our local communities. We will use this information to explore opportunities to work with suppliers to implement systems that improve the transfer of information across an array of barriers including but not limited to visual, hearing and cognitive impairment to improve patient safety, experience and quality of care that the Trust provides.</p>			
<b>Overall Expected Outcome</b> (including impact on patients and how you will know you're successful):	<ul style="list-style-type: none"> <li>• Establish a Community Digital Panel to bring community voice to support development and implementation of the Solent trust wide digital strategy.</li> <li>• Improve the patient experience when accessing Solent NHS Trust, related to access and quality of information accessed digitally.</li> <li>• Recognising that digital means of accessing information and services is part of a range of means of communication offered to our community.</li> <li>• Baseline assessment of existing processes and systems in place to determine what steps need to be taken to ensure they remain fit for purpose.</li> <li>• Build in community voice into the commercial procurement process for all digital related service developments moving forward.</li> <li>• Releasing clinical time to care by deploying additional communication annex functionality</li> <li>• Improved user experience with SystmOne.</li> </ul> <p>Improved data quality and better ability to proactively manage care. Increase communication with patients from seldom heard communities of those with barriers to accessing health and reduction in health inequalities.</p>			
<b>Key Milestones</b>	<b>Timescale</b>	<b>Action</b>	<b>Target</b>	<b>Lead</b>
	Q1 23/34	Review the communications annex on SystmOne to ascertain what functionality can be leveraged by the Trust	Implement digital referral forms in at least 2 units in SystmOne to improve access to clinical services and better patient experience.	Chief of Nursing and Allied Health Professionals Information Officer (CNIO)
	Q2 23/34	Specify and implement an application that enables the development of condition	Liaise with clinical service to ascertain those that would be willing to contribute to the flash card development and trial in their service	Chief of Nursing and Allied Health Professionals

		specific flash cards that can be used in a community trust	line ensuring community engagement throughout the development.	Information Officer (CNIO)
	Q4 23/34	Explore the utilisation of the Aimid App to enable patients to increase patient access and their contribution to clinical EPR.	Initial review of Airmid Application and functionality find service line to potentially pilot the app. Link with CDP and community engagement team to review current functionality and any change requests that can be presented to TPP.	Chief of Nursing and Allied Health Professionals Information Officer (CNIO)
	Q3 23/34	Trial and evaluate the use of digital communication flash cards in community services.	Review go live and service user feedback.	Chief of Nursing and Allied Health Professionals Information Officer (CNIO)

### TRUST WIDE PRIORITY 7 – To work with our ICS Partners to address and improve Access to Services.

<b>Title:</b>	<b>We will utilise opportunities to work with our system partners to outline plans and make improvements to access services with the aim of reducing health inequalities.</b>			
<b>Details of Project –</b> What do you plan to do:	The Elective Recovery Framework (ERF) for 2022/23 aims to tackle the backlog of patients waiting for elective care services, reducing the size of waiting lists and subsequently waiting times for patients. Services will be required to increase capacity for new patients, by reducing the resource allocated to follow up contacts.			
<b>Overall Expected Outcome</b> (including impact on patients and how you will know you're successful):	Achievement of the ERF target (103% of 2019/20 baseline, adjusted for counting and coding changes) will reduce the size of waiting lists and length of time patients are waiting for elective care services. The trust will receive a share of the ICB incentive payment if the target is achieved.			
<b>Key Milestones</b>	<b>Timescale</b>	<b>Action</b>	<b>Target</b>	<b>Lead</b>
	Q1 2023/24	Services to make necessary adjustments to appointment schedules to increase first appointment slots and reduce follow-up appointment slots.	To deliver sufficient new patient contacts to meet or exceed the ERF target	Service Line Leads (overseen by Head of Performance)

## Statements of assurance from the Board

The statements and wording in this section are mandated by NHS regulations and enable patients, the public and stakeholders to compare performance and data across health care providers. We cannot change these statements but we have added further information to provide context where appropriate.

### Review of services

During 2022/23 Solent NHS Trust provided and/or sub-contracted 146 relevant health services. Solent NHS Trust has reviewed all the data available to them on the quality of care in 146 (100%) of these relevant health services. Data relating to the quality of care in our services is reviewed at Service Line governance and business meetings, Service Line and Care Group Performance Review Meetings, at Quality Improvement & Risk Group, Quality Assurance Committee and the Trust Board.

The income generated by the relevant health services reviewed in 2022/23 represents 88% of the total income generated from the provision of relevant health services by Solent NHS Trust for 2022/23.

### National Clinical Audits and Confidential Enquiries

During 2022/23, 11 national clinical audits and 3 national confidential enquiries covered relevant health services that Solent NHS Trust provides.

During that period, Solent NHS Trust participated in 82% of the national clinical audits which it was eligible to participate in, and 100% of the national confidential enquiries.

The table below shows:

- The national clinical audits and national confidential enquiries that Solent NHS Trust was eligible to participate in during 2022/23
- those it did participate in
- the number of cases submitted to each audit or enquiry shown as a percentage of the number of registered cases required by the terms of that audit or enquiry if applicable.

<b>National Clinical Audits &amp; Confidential Enquiries that Solent NHS Trust was eligible to participate in during 2022/23 are as follows:</b>	<b>Did Solent participate?</b>	<b>Number of cases submitted to each audit or enquiry (as a % of no required or * if n/a)</b>
<b>National Clinical Audits</b>		
National Diabetes Audit – Adults: National Core	Yes	1035*
National Diabetes Audit - Adults: National Footcare	No	N/A

National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Pulmonary Rehabilitation	Yes	397*
National Audit of Cardiac Rehabilitation	No	N/A
National Audit of Care at the End of Life (NACEL)	Yes	Organisational data submitted & locally adapted case note audit conducted
National Audit of Seizures / Epilepsies in Children & Young People (Epilepsy12)	Yes	Organisational data only required
National Clinical Audit of Psychosis (NCAP): Early Intervention in Psychosis (EIP)	Yes	52 (100%)
Prescribing Observatory for Mental Health Quality Improvement Programme - Prescribing high dose and combined antipsychotics	Yes	27 (100%)
Prescribing Observatory for Mental Health Quality Improvement Programme - The use of melatonin	Yes	91 (100%)
Prescribing Observatory for Mental Health Quality Improvement Programme - Improving the quality of valproate prescribing in adult mental health services	Yes	12 (100%)
Sentinel Stroke National Audit Programme (SSNAP)	Yes	256*
<b>National Confidential Enquiries</b>		
Learning Disability Mortality Review Programme (LeDeR)	Yes	7*
National Confidential Enquiry into Patient Outcome and Death (NCEPOD): Transition from child to adult health services	Yes	Organisational data & 4 clinical cases
Mental Health Clinical Outcome Review Programme: National Confidential Inquiry into Suicide and Safety in Mental Health	Yes	3 (100%)

National audit reports were distributed on publication to the relevant service line and local audit leads, along with a summary of recommendations and an action tracker to measure compliance. 100% of national clinical audit reports published were distributed and reviewed by the provider in 2022/23.

An example of actions Solent NHS Trust intends to take, to improve the quality of healthcare following the National Audit of Dementia – Memory Assessment Services Spotlight audit is provided below:

## National Audit of Dementia – Memory Assessment Services Spotlight audit

The national audit of dementia (NAD) was a spotlight audit of memory assessment services in England and Wales. The national report was based on data from 5,970 case notes of patients seen for initial assessment between January and August 2021.

Older person's mental health services in Portsmouth submitted case note data for 50 consecutive patients seen at the memory clinic for initial assessment. Organisational data was also submitted. The report was reviewed and discussed at a meeting between the Audit Lead, OPMH Clinical Manager and the Clinical Effectiveness Team.

- Compared to the 'Median Access Time' OPMH access was 7.5 days earlier than the national median.
- 'Assessment to Diagnosis Wait Time' in median days was 16.5 days earlier than the national median.
- Diagnosed patients were prescribed anti-dementia medication 10% more than the national average.
- The median 'Referral to Diagnosis' was 10 days less than the national average.

However, compared to the national average, there was significantly less documentation regarding falls, sensory impairment and substance misuse. This was discussed with actions planned at the Consultants meeting.

The audit also showed fewer virtual appointments (8% for Solent vs 35% national average). Discussion identified that many virtual/telephone appointments were not entered as 'clinical activity' which has been communicated in team updates though virtual clinics and virtual working by consultants has since increased.

Post diagnostic interventions were 14% less than the national average in Portsmouth due to a long waiting list for cognitive stimulation therapy/Remind services. In addition, no assessments were completed for 'working age patients' as Solent does not have a dedicated service for under 65'- early onset dementia service. These results presented an opportunity to liaise with our commissioners.

## Local Clinical Audit

The reports of 105 local clinical audits and service evaluations were reviewed by Solent in 2022/23. These projects are planned by each service, based on their priorities, taking into account patient and



staff feedback, business plans, quality priorities, complaints, investigations, serious and high-risk incident investigations as well as examples of excellent practice. Once local plans are drafted, they are shared at a trust wide improvement planning meeting where opportunities for joint working and trust wide themes are identified working alongside patient and public representatives.

There are also trust wide audits on infection control, medicines management, safeguarding, mental capacity, quality, and safety. During 2022-23 a number of these audits have been added to the Tendable digital audit platform.

Audit plans and actions are reviewed at service line audit groups with key learning and improvements reported to the board. Learning from audits and evaluations is considered at service

line learning events as well as a quarterly trust wide Safety, Excellence, Improvement and Learning forum.

Audit and evaluation action planning for improvement is increasingly integrated with the Trust Quality Improvement programme. Specific training on audit and evaluation has had a high uptake alongside a wide range of more than 90 research and improvement workshops provided during the year.

Examples of some of the improvement outcomes achieved as a result of local audits and service evaluations are detailed in the table below:

Audit title	Improvement as a result of audit
<b>Child and Family Services</b>	
Special School Nursing Care Plans	95 randomly selected online records were reviewed (15% of the current caseload). Results showed that process changes and increased staff awareness have improved compliance to 93% (81% previously) - above the 90% threshold that the service expects for care planning. Some areas scored 100% compliance: recording of rationale; patient specific; stating author; and evidence-base. Another significant improvement was accurate review dates.
Antidepressant Prescribing in under 18-year-olds with moderate to severe depression. CAMHS and Psychology West.	Fourteen standards were checked in 34 randomly selected patients' records from 224 relevant cases; most complied with NICE guidance to a satisfactory extent - 91% were prescribed antidepressants following a specialist assessment by a CAMHS Psychiatrist (increase of 10%); 79% have had psychotherapy (up 6%); 85% were prescribed Fluoxetine as first antidepressant (up 4%); 100% who had an increased fluoxetine prescription within recommended timescale (up 24%). Other improvements: 71% young people had progress monitored within 4 weeks of commencing antidepressants (up 12%); 77% were initially prescribed 10mg of Fluoxetine (up 7%).
<b>Adult Services</b>	
Re-evaluation of the Red to Green Days tool	Red and Green bed days are a visual management system used to identify wasted time in a patient's journey. The Red2Green tool was seen to be having a positive impact on the service, with the proportion of Red Days (failing to contribute towards discharge) being lower when compared to the previous report, despite staff pressures; this is a good indication that patients are having an efficient rehabilitation journey and that the use of this tool has impacted the way treatment and discharge plans are made.
Re-evaluating the falls service provided by Community Geriatricians in Southampton City (by the Community Independence Service CIS)	In November 2021, 195 patients were seen by the CIS for falls assessment. Compared to the previous evaluation, more patients were discussed with a medical consultant: East Team increased from 15% to 53%; West Team increased from 12% to 67%; Central Team maintained a high level of 86% compared to 82% previously. 20 patients were re-admitted in the period up to May 2022, of which 4 had a significant injury - this is a lower percentage of readmissions compared to the previous evaluation.
Re-audit of documentation in Portsmouth Rehabilitation and Reablement Team.	Most records clearly reflected the care and interventions received. Several areas highlighted in the previous audit have improved including completion of all sections of the initial assessment and documenting reasons why interventions are declined. Areas of good practice included action plans recorded, the current problem, the

Audit title	Improvement as a result of audit
	Derby outcome, up to date care plan, nurse assessment including NEWS, MUST, Purpose T, recording of weight and completion of skin integrity care plan. Patient discharge was clearly documented and outcome measure at discharge had improved.
Urinary catheter insertion and care record ADS inpatients	Nine patients on 3 of the 4 inpatient units had urinary catheters in situ and were included in the audit; all catheters which were inserted in Solent wards were compliant with the insertion and care elements, 78% of which had a care plan - although this is an increase since the last audit (33%), all patients should have a care plan; some of the non-compliance occurred when the catheters were inserted outside of Solent care.
<b>Mental Health</b>	
Supported Gym Group with Solent NHS and BH Live Active Gym Group	This evaluation looked at providing an opportunity for service users in secondary mental health to engage with physical activity in a community setting. We worked with BH Live to offer a 6-week low-cost supported gym session followed by a 12-week personalised programme. Each 6-week programme took 8-10 participants for the quarterly sessions which rotated between venues. The implementation of this programme, intervention and exercise class has been a success. Participants have stated an improvement in one or more aspects to their quality of life.
<b>Primary Care, MSK Pain and Podiatry</b>	
Spinal injections	This audit considered whether the practice at Solent MSK and the Pain Clinic at Portsmouth Hospitals aligns with national guidelines for the use of diagnostic medial branch blocks and subsequent radio-frequency denervation for the management of suspected facet joint driven lumbar or cervical spine pain. Overall performance against the defined standards was improved since the last audit in 2017.
Audit of NICE Osteoarthritis Clinical Guideline 177	After the 2017/18 audit, new patient record tabs were created to guide clinicians; this audit found good correlation between compliance with standards and the use of the new tabs. The biggest improvements have come in assessing and recording BMI and although the provision of weight management strategies has improved, this still needs further improvement.
<b>Solent GP</b>	
Cervical screening documentation and rate of adequate smears in Solent GP	500 smears between Nov 21 and March 22 were audited. 21 of the patients had their smear taken at colposcopy, of these all coding was correct. One action from the last audit was to code correctly and set recall where samples were taken externally - this was achieved for all 6 relevant patients. Inadequate sample rate was below the national rate of 2.4% - the 1 patient was notified by the nurse and recall set.
Reducing prescribing carbon footprint (asthma inhalers) in Solent GP	Patients were texted to explain their prescription would be changing and time was given to allow them to contact the surgery; after 3 months, 726/768 (95%) of patients had been moved onto a lower carbon footprint Metered Dose Inhaler. Patients' objections fell into 3 categories: anxiety from severity of asthma; confusion over the name Salamol, perceived attributes of the inhaler. Generally, the process was smooth with high impact/low clinical time win for the



Audit title	Improvement as a result of audit
	'Green' agenda and excellent staff experience of working together for positive change.
<b>Specialist Dental</b>	
Compliance with Stealth and GVS reusable respirators	Compliance has improved in all areas with an overall average of 78% compared to 37% in the previous audit.
Use of air cleaning device (ACD) in special care dental	ACDs were introduced during the COVID19 19 pandemic and continue to be used to improve air exchange rates when surgeries are in use. There was improvement in compliance of using the current check sheet (97%, up from 87%) and completing the details on the top of the check sheet (88%, up from 77%). Units were always appropriately cleaned between patients but only 58% were unplugged for this as per manufacturer's recommendations (44% last audit).
<b>Sexual Health</b>	
Re-audit on staff adherence to treatment by post procedures	Compliance with the Treatment by Post operating procedure has improved since 2020; overall compliance was 91.4% (previously 79%). The range of compliance with the Treatment by Post SOP is now 71%-94% compared to 63%-95% at initial audit. The main reasons for non-compliance to the SOP were not documenting medication checked with another nurse prior to dispatch. It was encouraging to note that confirmation of drug allergies was 100% in all eligible patients.

## Research

The number of patients receiving relevant health services provided or subcontracted by Solent NHS Trust in 2022/23, that were recruited during that period to participate in research approved by a research ethics committee is 1429 recruited to 47 National Institute for Health and Care Research (NIHR) portfolio studies.

Solent NHS Trust conducts community-based health and social care research across a range of specialty areas including infection, paediatric, musculoskeletal, mental health, and ageing. We host grants and lead trials as well as contributing to research studies being led by other NHS trusts and universities.

There has been research activity across of our service lines with Children and Family Services being our most research active.

We also work in partnership with community organisations, schools, colleges, family hubs and local Universities. Part of this is our thriving Care Home Research Partnership (CHRP). Through this partnership we were able to successfully deliver two Solent led studies; Pneumo 65, exploring pneumonia in care homes and CH-OHT, examining different delivery methods of oral health training for care home staff.

This year we have built partnerships with secondary schools in Portsmouth, Southampton, and the Isle of Wight. They have helped us to deliver The PIPA trial, looking at an on-line parenting platform for 11–16-year-olds with mild anxiety or depression.

We have appointed a new research nurse based on the Isle of Wight who has successfully opened two studies. We have also secured funding from our Clinical Research Network to recruit a further community research clinician to build research capacity on the Island, with a focus on increasing care home and primary care research partnerships.

Last year we re-designed our Clinical Academic Training Programme and launched a Researcher Development Programme. Eight people participated in the first cohort, and 16 are signed up for the second. This programme is co-delivered with patient representatives and has been designed for anyone who is interested in learning more about research; in influencing how it impacts care or in how it can support them professionally and personally. It is aimed at clinical and non-clinical staff, those using our services and anyone who works alongside us at Solent NHS Trust. Below are some examples of the research we do:

## Research with Children

### **The Prevenar Study (vaccine to protect children from Streptococcus pneumonia)**

This research study monitors the changes in the bacteria that are currently carried in children's noses, to help us to develop and improve the Prevenar vaccine (part of the childhood immunisation programme) for the future. We opened this study in 2017 and so far, we have recruited 2090 participants to this study.

### **OPTIMA- Online Parent Training for The Initial Management of ADHD Referrals**

This is a trial of an app for parents of children who have recently been accepted on the ADHD waiting list. It is a development of the New Forest Parenting Programme developed by Solent clinicians. The study aims to see if the app helps parents reduce their children's behavioural problems whilst waiting to be assessed.

### **The ATTENS project (ADHD trial of external trigeminal nerve stimulation)**

This research is testing a new non-drug treatment for children with Attention-Deficit/Hyperactivity Disorder (ADHD) called external Trigeminal Nerve Stimulation (eTNS) that is applied during sleep.

## Sexual Health Research

### **Positive Voices**

Positive Voices is a national survey exploring the lives, experiences and healthcare need of people living with HIV in the United Kingdom. This study is currently running in Portsmouth, Southampton, and the IOW.

## Research with Adults/Primary Care

### **VenUS 6 Study**

This study is comparing different compression therapies to see if these make any difference to how quickly a venous leg ulcer heals, and whether the treatments reduce ulcer pain, increase the time before an ulcer returns and improve quality of life.

### **T2T – Treat to Target in gout trial**

This study will find out whether a gradual increase in the dose of urate-lowering medicines, guided by blood tests for urate levels, is better at preventing gout flares.

### **RADICAL**

Radiofrequency “denervation” is a procedure offered to people with moderate to severe lower back pain. The RADICAL study aims to find out if denervation reduces low back pain and is value for money. Radiofrequency “denervation” is a procedure offered to people with moderate to severe lower back pain. The RADICAL study aims to find out if denervation reduces low back pain and is value for money.

## **Mental Health Research**

### **ARMS in IAPT**

The aim of this study is to investigate the feasibility of adapting primary care services to meet the needs of people with unusual experiences who have been referred to IAPT services.

### **The OPEN Study**

The aim of this study is to investigate the acceptance of Olanzapine in people with Anorexia Nervosa, and to look at the effects of Olanzapine regarding anxiety, depressed mood, sleep, and quality of life.

### **The PROPEL study**

Psychological therapies are helpful in treating depression and anxiety and half of the treated adults do recover. This study is looking at factors that make psychological treatment effective.

## **Quality Improvement**

We run an extensive Quality Improvement (QI) programme which this year has provided 40 workshops and training sessions for 275 individuals. The programme is open to staff, local colleagues and service users.

Our offer starts with introductory sessions, skills workshops, and topic specific cafés. We then provide training and support for individuals with small scale initiatives in our preceptorship and foundation programmes.

Our practitioner programme offers more intensive training and support for teams which can include people from partner organisations, patients, and the public.

Our QI Leaders are supported to be ambassadors and champions of Quality Improvement within their service line and beyond. This year we have increased the members of the QI Leaders network to 19.

During 2022 we have also introduced specific programmes for Happier Working Lives and Demand and Capacity. In early 2023, we started to integrate sustainability/ green principles into all of our QI training and projects .

Examples of some of our QI initiatives are below:

## QI FOUNDATION

### **Diagnosing migraine and migraine with aura**

A need for greater education surrounding migraine with aura and other headache diagnosis amongst Genito-urinary medicine and Sexual and reproductive health clinicians was identified. A teaching intervention was developed which was successful in reaching a large number of clinicians, improving confidence and knowledge of headaches and migraines. This will enable patients previously unable to use combined hormonal contraception (CHC), access to a wider range of contraceptive options. It will allow women most at risk of the consequences of CHC to avoid the risk it may bring if incorrectly prescribed to them.

### **Accessible resources for young people within The Jigsaw**

Jigsaw are a team for children and young people with disabilities. They recently adopted an easy read care plan. This improvement focused on having more visual care plans for the young person in a format that's easier for them to understand. This enables good working relationships between staff and a young person and helps to ensure that the young person understands the 1:1 work.

### **Long COVID19 monitoring & Clinics for Integrated Learning Disability Service (ILDS) Clients**

This improvement initiative looked at supporting ILDS clients who have tested positive for COVID19 and to offer clients help if they have long COVID19. As a result, the named worker meets with the client and completes a long COVID19 monitoring form and follow-ups are scheduled with the client.

### **Urgent Response Service - Blood Glucose Level (BGL) Checks**

Identifying potential diabetes in patients without a diagnosis, and monitoring BGLs in those with diabetes, helps improve health outcomes. Diabetes leads to many complications, including poor wound healing, renal issues, neuropathy, and deterioration in sight. This initiative developed a clear pathway informing staff of the frequency of BGL checks and onward referrals based on initial BGL and Past Medical History.

### **Preceptorship**

Preceptorship is a period where we provide structured guidance to our newly qualified practitioners from being students to autonomous professionals. We have trained 68 Preceptees this year.



## Example of preceptee QI initiatives

### Fungal nail/Fungal skin infection patient information leaflet

This preceptee developed a patient information leaflet on the self-management or prevention of fungal nails/ fungal skin infections on the foot. This is a patient friendly leaflet that explains medical jargon and provides treatment options for patients. Hopefully, awareness will stop fungal infections from worsening which can potentially lead to cellulitis.

### Daily Pressure Ulcer checklist

To reduce incidents the Lower Brambles Ward created an updated daily pressure ulcer checklist to include pressure points in a more descriptive way and prompting a signal for escalation and actions.

### Recognising and Managing Autonomic Dysreflexia

With the admission of patients with spinal cord injury and the high risk of developing autonomic dysreflexia, a poster has been developed to help nurses and healthcare workers recognise and manage this, to prevent complications.

### Get it on (GIO) condom card

Within the clinical sexual health setting there is a small amount of young people being introduced and enrolled onto the GIO C-Card, with the ratio of condoms provided not equal to ongoing condom provision in the Isle of Wight Sexual Health Clinic. The improvement included creating signposting information and distributing this to those eligible for a GIO C-Card. Updated information and clarification was also provided to clinical staff.

## QI Practitioner



### Children Therapies

The children's therapy team wanted to improve the information they supply to parents, prior to the families first appointment. Working with a parent who has accessed the service and Portsmouth Parent Voice, they co-produced changes. Students on placement helped too. Their main idea was to design a video for families to view before their first appointment that tells them about the service

and what to expect. They are now in the recording phase of one of the videos, which features families who have used the service.

### **Adults Southampton Community Services**

The Urgent Response, Community Nursing and Community Independence Services all had separate folders in patient homes, containing service details, clinical documents, and useful information. Using QI methods, they aimed to produce a resource in the home which was useable and accessible to patients and staff. Carers Southampton worked alongside the team, reaching out to their members on what information would be useful to them and how they want to receive it. The folder layout and essential content was redesigned and tested within one team. Following feedback, changes were made, and the folder is now being implemented across the west of city services.

### **The Emotional experience of waiting**

Child and Family Therapy service waiting lists significantly increased because of therapists being redeployed during the pandemic. To better understand the complexity of the waiting list they gained an insight into family's emotional experience of waiting and reviewed the triage process. Improvements were co-produced with families, which included more frequent contact when waiting, increasing the use of signposting to other services, and supplying resources that could help. On receiving therapy, they enabled appointments to be video recorded and improved the digital and paper resources to support individual needs and interventions. Through co-production, they discovered what really matters to parents and children and in attending to their emotional needs, they achieved better improvements.

### **Applying QI Methodology to Demand and Capacity (D & C)**

Short virtual workshops covering key demand and capacity principles have been offered to all staff. These workshops have generated much interest and resulted in several services, including Child and Family Therapies, Child and Adolescent Mental Health, Podiatry, Children's Paediatric Medical Service, Speech and Language Therapy and the Community Independence Service seeking bespoke D&C improvement support. This support has included attendance at team Away Days, provision of D&C taster sessions and whole day workshops.

Additionally, operational managers, business managers and analysts from Solent's Musculoskeletal service, Intensity Modulated Arc Therapy (IMAT), Vasectomy and Portsmouth Urgent Community Response services have been participating in a programme supporting clinical services to develop skills and knowledge to improve demand and capacity management in conjunction with formal demand and capacity modelling. This work has been supported by the national NHS England Demand and Capacity team. Outputs include D&C forecasting models which are being used to proactively support workforce discussions and improvement activity to reduce wasted capacity (DNA rates and failure demand), improve the efficiency and effectiveness of the triage process, and streamline clinical and non-clinical administration processes. A podcast shining a light on this work has been produced in conjunction with National NHS England.



### **Happier working lives**

This year saw the first cohort of Happier Working Lives. 15 teams (85 members of staff) and patient and public representatives have taken part to date, using QI methodology to create happier, healthier, and more productive teams. The engagement from the teams involved was phenomenal and all implemented small changes in practice that had positive impacts on their wider teams, examples are:

- Implementing daily huddles – asking how the team’s day has been, if there are any barriers preventing them from doing their work.
- Communication boards – incorporating any changes that are happening, new starters or staff leaving.
- Wellbeing boards – what is on offer from Solent, any apps that are free to use and any social gatherings.
- Creating a generic email address for all admin requests –this ensures work requests go to the right person at the right time.

### **Payment by Results (PbR) Clinical Coding**

Solent NHS Trust was not subject to the Payment by Results clinical coding audit by the Audit Commission during 2022/23.

## **Data Quality**

High quality data is a key foundation to any digitally led Trust, supporting improvements in patient care and safety. Access to high quality data plays a role in improving our services, enabling decision making to be based on fact, alongside the identification of trends and patterns, drawing comparisons, prediction of future events and outcomes, and evaluation of our services through benchmarking.

During 2022/23, a new Data Assurance Network has been formed across the organisation, bringing together key stakeholders to discuss data quality issues and share learning around data quality improvement. Four new Data Assurance Officers have been recruited, providing dedicated support to service lines to monitor and improve key data quality metrics, identify, and share key learning points and areas requiring additional systems training, as well as providing hands-on support for specific data validation tasks. A suite of 28 core data quality metrics are available on Power BI and an overarching a Data Assurance dashboard. An evaluation of the impact of these roles will take place in early 2023/24 once the team have had sufficient time to fully embed.

In 2022/23 Solent NHS Trust’s performance against the Data Quality Maturity Index (DQMI) for the Mental Health Minimum Dataset (MHSDS) has dipped slightly below the 90% target to 89.9%. The increasing target, to 95%, in 2023/24 has prompted the creation of a data working group to focus on data quality improvements specially within the Mental Health service line.



Service line engagement in data quality has improved this year through the Data Assurance roles, however it is acknowledged that there is still a way to go in fully establishing standardised, regular processes in which data is validated for accuracy.

A significant area of challenge during 2022/23 was compliance with the 2-hour pathway within the Urgent Community Response service. This has proved a challenge for much of the past 6 months, and work is still ongoing within service to assure the data reported accurately reflects the performance delivered. There are a number of issues which have impacted the quality of data, mostly relating to capacity within the clinical and operational teams when the service is under pressure.

With Project Fusion approaching, it is imperative that our data is as robust as possible, to ensure that future service plans are built on strong evidence and accurately reflect the services we provide. A data model is currently in development to bring together information from across the three main provider organisations (Solent, Southern, IOW) to provide a comparative overview of the scope of the new organisation, therefore improving and maintaining good data quality throughout 2022/23 is fundamental.

## **Commissioning for Quality and Innovation (CQUIN)**

NHS England/NHS Improvement identified a small number of core clinical priority areas, where improvement was expected across 2022/23. In general, these were short-term clinical improvements that have been selected due to their ongoing importance in the context of COVID-19 recovery and where there was a clear need to support reductions in clinical variation between providers.

Locally, it was agreed that there would be no financial conditions on the performance of CQUIN indicator milestones, but that the schemes would be used to give a focus on quality improvement within the relevant areas.

The schemes were not finalised with commissioners until November 2022, however collection of data started earlier for some schemes (quarter 2). Monitoring of performance has been limited in 2022/23, with few discussions initiated by the ICB with regards to compliance or delivery.

The schemes which we participated in this year are as follows:

### **CCG1: Flu Vaccinations for Frontline Healthcare Workers**

Achieving 90% update of flu vaccinations by frontline staff with patient contact

### **CCG 10b: Routine Outcome Monitoring in Community Mental Health Services**

Achieving 40% of adults and older adults accessing select CMHS', having their outcome measure recorded at least twice.

### **CCG 11: Use of Anxiety Disorder Specific Measures in IAPT**

Achieving 65% referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).

### CCG 13: Malnutrition Screening in the Community

Achieving 70% of community hospital inpatients and community nursing contacts having a nutritional screening that meets NICE Quality Standards QS24, with evidence of actions against identified risks

### CCG 14: Assessment, Diagnosis, and Treatment of Lower Leg Wounds

Achieving 50% of patients with lower leg wounds receiving appropriate assessment, diagnosis, and treatment in line with NICE Guidelines.

## Reporting against Core Indicators

NHS Trusts are required to report performance against a core set of mandated indicators using data made available to the Trust by NHS Digital. The target threshold for indicators 2 & 4 are being met. There are no target thresholds for indicators 3 & 6.

### Domain 1 - Preventing people from dying prematurely

Indicator 1: The percentage of patients on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.

Performance against CPA is no longer monitored nationally due to the introduction of a new patient outcome tool, Dialog. Dialog is being implemented within our Adult Mental Health Service and the service are in the process of updating their community plan of care which will ultimately replace CPA.

### Domain 2 - Enhancing quality of life for people with long-term conditions

Indicator 2: The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.

The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period													
Annual Threshold	YTD Actual	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

### Domain 3 - Helping people to recover from episodes of ill health or following injury

Indicator 3: The percentage of patients aged (i) 0 to 15 and (ii) 16 or over re-admitted to a hospital which forms part of the trust within 30 days of being discharged from a hospital which forms part of the trust during the reporting period.

(i) Percentage of patients aged 0 to 15 re-admitted to a hospital which forms part of the trust within 30 days of being discharged from a hospital which forms part of the trust													
Annual Threshold	YTD Actual	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
-	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

<b>(ii) Percentage of patients aged 16 or over re-admitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust</b>													
<b>Annual Threshold</b>	<b>YTD Actual</b>	<b>Apr-22</b>	<b>May-22</b>	<b>Jun-22</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>
-	6%	5%	4%	5%	10%	5%	6%	6%	3%	5%	8%	7%	8%

#### Domain 4 - Ensuring people have a positive experience of care

Indicator 4: The trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.

<b>Percentage of patients 'Extremely Likely' or 'Likely' to Recommend Solent Services</b>													
<b>Annual Threshold</b>	<b>YTD Actual</b>	<b>Apr-22</b>	<b>May-22</b>	<b>Jun-22</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>
95%	98%	98.0%	97.5%	98.0%	97.8%	98.2%	97.6%	98.3%	99.1%	98.5%	98.7%	98.7%	98.4%

#### Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Indicator 5: The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.

<b>The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.</b>													
<b>Annual Threshold</b>	<b>YTD Actual</b>	<b>Apr-22</b>	<b>May-22</b>	<b>Jun-22</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>
95%	94%	96.0%	100.0%	93.0%	98.0%	90.0%	93.0%	93.0%	94.0%	89.0%	96.0%	89.0%	99.0%

Delivery of VTE Risk Assessments was variable throughout the year across the community inpatient wards. This was addressed towards year-end and has resulted in a greatly improved position for March.

Indicator 6: The rate per 100,000 bed days of trust apportioned cases of C. difficile infection that have occurred within the trust amongst patients aged 2 or over during the reporting period.

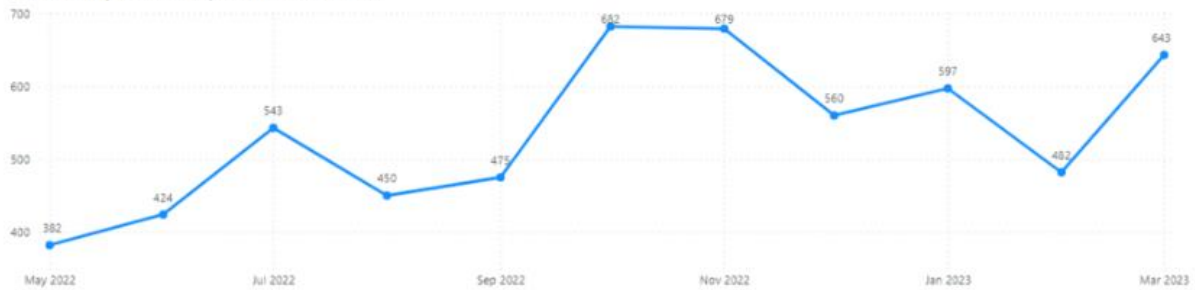
<b>The rate per 100,000 bed days of trust apportioned cases of C. difficile infection that have occurred within the trust amongst patients aged 2 or over during the reporting period</b>													
<b>Annual Threshold</b>	<b>YTD Actual</b>	<b>Apr-22</b>	<b>May-22</b>	<b>Jun-22</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>
-	0.5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.05	0.00	0.00	0.00

Indicator 7: The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Indicator	2017-18		2018-19		2019-20		2020-21		2021-22		2022-23	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Patient Safety Incidents Reported	4868	N/A	5075	N/A	6629	N/A	4100	N/A	4131	N/A	6281	N/A
Patient Safety Incidents resulting in Severe harm or death	0	0%	0	0%	1	0.01%	0	0%	0	0%	11	0.20%

It has been identified that the Actual Impact grading for incidents on the Ulysses incident reporting system has not been recorded appropriately in some cases, as the national guidance is complex leading to our procedures being unclear. The Quality & Safety Team have reviewed this guidance and from 1<sup>st</sup> October 2022 introduced clarity by aligning more closely to national guidance and adopting a new Actual Impact grade of Death/Fatality. This has resulted in a significant change to the harm levels reported across the trust with NRLS reportable deaths now appearing in the figures above as opposed to being part of the 3. Low Harm category as previously.

Patient Safety Incidents Reported to NRLS (22-23)



Patient Safety Incidents Reported to NRLS by Actual Impact (22-23)



## Quality Governance Assurance Processes

Trust-wide quality assurance is overseen at the monthly quality, improvement, and risk group (QIR) which escalates to the bi-monthly Quality Assurance Committee. The Chief of Nursing and Allied Health Professionals and Chief Medical Officer as co-chairs of QIR seek assurance from the corporate quality and safety team and the individual service lines on all matters relating to quality and patient safety. Service level quality issues are discussed in the service line performance review meetings where items for escalation to QIR are agreed. The quality governance processes have been reviewed over the year and a new process will be implemented in 2023/24 which will strengthen the oversight of safety and risk with an additional focus on learning and improvement.

## Learning from Deaths (LfD)

During 2022/23 1741 people who have been in receipt of services provided by Solent NHS Trust died. This comprised of the following number of deaths having occurred within each quarter of that reporting period:

- 400 in the first quarter.
- 444 in the second quarter.
- 447 in the third quarter.
- 450 in the fourth quarter.

During this period, a total of 6 Serious Incident investigations have been carried out in relation to 6 of the deaths included above.

In 237 cases, a death was subjected to a Structured Judgement Tool (SJT) review, a Multi-disciplinary Team (MDT) review and/or an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out by Solent was:

- 73 in the first quarter; (92 including other providers)
- 64 in the second quarter; (74 including other providers)
- 48 in the third quarter; (57 including other providers)
- 56 in the fourth quarter (64 including other providers).

The LfD process across the Trust continues to develop and we are continually looking at new ways to share the learning across all areas of the Trust. When reporting on deaths at the Learning from Incidents and Deaths Panel, Service Lines now focus on specific cases, or key points, which can be used to improve outcomes for patients across all Service Lines.

In September and October 2022 there was a sharp increase in the number of deaths relating to suspected suicide in our Community Mental Health Teams. A review of the cases has been completed which included a comparison of Solent's cases against the 13 themes from the National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report 2022. The full report has been shared at the Learning from Incidents and Deaths panel in January 2023 and details of the learning identified can be seen in the table below.

Staff in the teams have been supported both collectively and individually under the staff support RIPPLE Model. Feedback was exceptionally positive from those involved and the Quality & Safety Team will continue to publicise the RIPPLE model, along with other support available to staff, when dealing with challenging or traumatic events.

Below is a summary of the learning we have identified by undertaking reviews of deaths, and the subsequent actions taken. Delivery of actions has been monitored through the Trust Learning Database and the Learning from Incidents and Deaths panel:

Service	Summary of Identified Learning	Actions/Improvements Made
Mental Health Services	A thematic analysis was carried out into the deaths of 8 patients from suspected suicide.	The carers and family members of patients would benefit from better communication with services and information on how to support their loved one.

		Streamlining the access to services by creating a single point of contact would be beneficial for patients and reduce the length and impact of delays.
	To ensure that the wellbeing of carers is included in the patients care planning and monitoring and that their voices are heard, in line with Trust Policy.	A carer's link role to be introduced in the Crisis Resolution Home Treatment Team, and guidance for care planning to be developed.
	Patients cared for under Care Programme Approach (CPA) need to have an allocated care co-ordinator to reflect the importance of this crucial role in aiding communication, collaboration, and oversight of care.	Any patient requiring care under CPA to be discussed by a Multi-Disciplinary Team (MDT) and a care co-ordinator allocated as appropriate.  As we move from CPA to Community Care Planning, allocations to Lead Professionals to be made in the Team MDT and care reviewed accordingly.  Standard Operating Procedures to be updated to reflect future referral and allocation methods post-CPA.
Child and Family Services	External providers and agencies must notify Solent NHS Trust promptly of a child death, so services are able to support families.	The service is working with partners to improve links so that Solent NHS Trust are notified earlier, enabling us to:  1) Determine the Cause of Death 2) Rapidly identify any actions that needs to be undertaken to potentially safeguard other children. 3) Provide support to the family and friends of the patient.
Adult Services Portsmouth	A review of completed Structured Judgement Tools in the service pulled together shared learning into an Action Plan of improvements.	Training has been provided on the completion of SJTs which includes examples to highlight best practice. Work has been carried out to build on engagement with the families of patients within the learning process.
Adult Services Southampton	Two separate Structured Judgement Tool reviews into end of life care outlined the complexity of having difficult conversations with patients and their families, the importance.	Staff are receiving training on handling difficult conversations sensitively and documenting the outcomes clearly. Advanced Anticipatory Care Plans and DNACPR's need to be accessible to all care providers when responding to an incident.

Trust wide	A review into the death of a patient who was only engaging with Mental Health Services sporadically highlighted the value of the Multi-Agency Risk Management (MARM) process.	A working group has developed a springboard (landing page) on SystemOne (the patient electronic records system) to capture MARM information including details of meetings and actions.  The Safeguarding Team are reviewing the referral process to streamline it for users.
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## Friends and Family Tests

The Friends and Family Test provides valuable feedback to help us improve our services; In 2022/23 26,980 people shared their experiences of our services compared to 15,409 in 2021/22 15,409.

2022/23 figures are as follows:



- 25,130 people said the overall the service they received was '*good/very good*'.
- **93.1%** of people shared a positive experience of care, with many people telling us about 'friendly staff, excellent care, pleasant and reassuring'.



- 693 people said their experience was '*poor/very poor*'.
- **2.6%** told us about things we could improve, including 'waiting time, lack of communication'.

The overall response to the Friends & Family Test is positive, however it is important we continue to consider all feedback and the diversity profile of those that do respond, listen to the voices of our community and take specific action to ensure that our services are inclusive for all.

We continue to encourage both our services and our patients to capture demographics, this allows us to better understand our patients. Below are the rolling figures which shows a large increase in the numbers partaking and sharing their Age, Gender, Demographic, Disability etc.

2022/23		2021/22		2020/21	
Participant	23,177	Participant	10,000	Participant	3,000
Sex	12,123	Sex	8,000	Sex	2,500
Age	24,651	Age	9,000	Age	3,000
Gender	24,839	Gender	10,000	Gender	3,000
Disability	3,473	Disability	9,000	Disability	3,000
Ethnicity	22,189	Ethnicity	8,500	Ethnicity	3,000

The information provided by the increased number of participating service users will support the equality and diversity team, community engagement teams and service lines, to understand the barriers to accessing services and initiate improvements to ensure they represent the diversity of communities we serve.



## Complaints and Experience of Care

### Complaints and Concerns

Whilst we strive to ensure that everyone that uses our services has the best experience possible, we are aware that sometimes things do not always go as expected, resulting in concerns and complaints being raised with us.

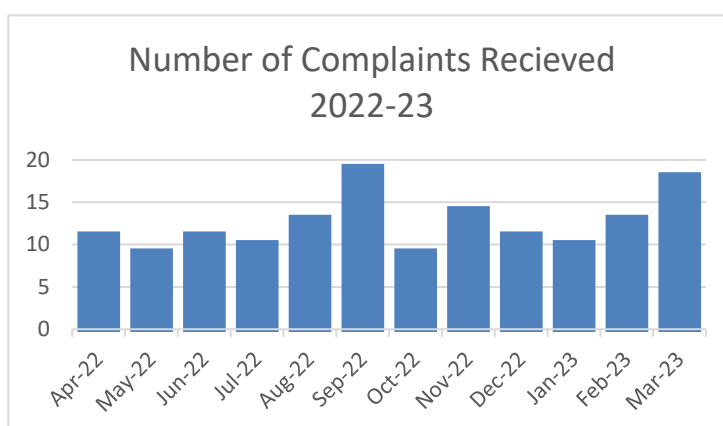
Our Patient Advice & Liaison Service (PALS) and Complaints Team provides support to people who use our services, as well as their families and carers, acting as a contact point for anyone who wishes to discuss an issue or concern.

Over the past year we have seen the number of complaints received annually decrease from 156

Reason for Contact				
	2019/2020	2020/2021	2021/2022	2022/23
Complaints	154	139	156	136

Table 1: Number of Complaints by year received in 2021-22 to 136 received in 2022-23.

During 2023-24 we expect our complaints to increase with the introduction of the new NHS Compliant Standards introduced by the Parliamentary Health Service Ombudsmen (PHSO) the new standards recommend that any concern that can not be dealt with in 24 hours is taken through the formal complaints procedure.



## Complaint Categories

Category	2022-23
Patient Care	52
Values and Behaviours of Staff	51
Communications	50
Access to Treatment or Drugs	25
Appointments	25
Trust Policies and Procedures	15
Prescribing	11
Admissions & discharges	9
Privacy Dignity and Wellbeing	9
Staff Numbers	3
Consent	1
Information Request	1
Restraint	1

Table 2: Number of Complaints by

In April 2023 we increased the complaint themes and also linked in with neighbouring Trusts to understand how they capture categories and themes in their organisations. Expanding the categories and themes has made it easier to prioritise issues and to develop problem solving strategies to address them. Each complaint can be assigned more than one category giving us a fuller understanding of the issues that people are raising.

Throughout the year and in line with the national trend - communication and values and behaviours of staff has been recurring in the top three themes for complaints raised with us. We have carried deep dive analysis of the data to understand these better.

### Communication Themed Deep Dive Analysis Update

We carried out a deep dive analysis into our communication themed complaints. Following the analysis a workstream has been created to look at key activity to help drive improvements to address communication. This has included reviewing our Trust training available to support staff with Communication and to also streamline and categorise the training offer on our Learning Management System (LMS) to ensure clear routes to training needs for staff. This exercise will also include further promotion of training on offer and identifying any gaps in Communication Skills. A communications campaign project is also set to start in April 2023 with Experience of Care working with our Communications team to include top tips for staff, promotion of desired communication and behaviours and other key messages which will impact on the Communication our staff have with patients, families and carers. To add to this, a deeper expansion into the key themes of each Communication related complaint is planned to highlight satisfaction levels at various touchpoints with our services.

### Values & Behaviours of Staff Themed Deep Dive Analysis Update

Following our deep dive into values and behaviours we have identified a number of actions including exploring the introduction of values and behaviours champions, development of a reflection toolkit for staff undertaking difficult conversations, support literature in the form of fun facts and posters, monitoring of complaint information and feedback using reporting and phone call recording systems. The development of this work will be shared via our Learning from Experience panels and further reporting to check the impact of the work carried out.

### PHSO Complaints Standards

Over the past two years we have been working with the Parliamentary and Health Service Ombudsman (PHSO) by piloting the new complaint handling standards. The aim is to improve the way in which complaints are handled by public service providers. The PHSO complaint handling standards set out a clear and consistent approach for handling complaints, which includes providing regular updates to those who complain and ensure that complaints are handled in a timely and efficient manner. The standards also require NHS Trusts to be more transparent about their

complaints handling process, providing clear information on how to make a complaint and what to expect throughout the process.

### **The Pilot**

We successfully finished the pilot of the new complaints standards at the Trust and have been rolling these out with other services. Early outcomes from the pilot included: an increase in earlier resolutions, a slight decrease in complaint time responses, feedback from staff that they found the templates useful and that they enjoyed the bespoke training.

As part of the pilot evaluation, we introduced 'writing champions' a group of staff with an interest in accessible information, communication, and letter writing. The champions assist investigating officers (case handlers) in pulling the complaint investigation details into a response letter, quality checking to ensure letters meet the standards' requirements and align with our Heart values. Additionally, our community partners now audit a sample of our complaint response letters, which gives us an independent review and useful feedback.

We have produced our own survey for enquirers who have been through the complaint process, to gain useful feedback at the end of a formal complaint, we have a QR code and weblink for easy access from mobile devices. We have also developed a survey with our Accessible Information Lead to assist enquirers who may have a disability or impairment so they too can feedback on their experience of the complaint process.

We are also trialling debrief meetings with Adults Services Portsmouth - here staff are supported to reflect and discuss the issues raised in a complaint, with a view to identifying where improvements can be made, an action plan is then developed which outlines the steps to be taken to make improvements. We are developing our Customer Care system (Ulysses) to capture this information into so we can monitor the progress of the improvements.

### **Clinical Risks**

Service line clinical risks are discussed and reviewed with the Head of Risk and Litigation at the monthly quality review meetings and with the wider service line at the monthly performance review meetings. Trust wide and service line high level risks are also highlighted and discussed in the monthly QIR meeting where assurance is provided on actions being taken to mitigate risk. Risks are escalated to the Quality Assurance Committee and the Clinical Executive Group when additional discussion and assurance is required, or actions and decisions are needed to further mitigate or minimise the risk.

## **Duty of Candour**

### **What is Duty of Candour?**

Duty of Candour is a general duty to be open and transparent with people receiving our care. There are two types: Professional and Statutory. Professional Duty of Candour is overseen by professional bodies such as the Nursing and Midwifery Council (NMC), General Medical Council (GMC) etc. Statutory Duty of Candour is overseen by CQC.

A crucial part of the Duty of Candour is the apology. Saying sorry is not admitting fault and does not affect indemnity cover.

On 30<sup>th</sup> June 2022 CQC provided updated guidance on how to apply Duty of Candour. The changes clarify how the term “unexpected or unintended” should be applied to decide if something qualifies as a “notifiable safety incident” which meets Duty of Candour legislation.

A notifiable safety incident must meet all 3 of the following criteria:

1. It must have been unintended or unexpected.
2. It must have occurred during the provision of an activity CQC regulate.
3. In the reasonable opinion of a healthcare professional, (the incident) already has, or might, result in death, or severe or moderate harm to the person receiving care. This element varies slightly depending on the type of provider.

The presence or absence of fault on the part of a provider has no impact on whether or not something is defined as a notifiable safety incident.

## **Actions Taken**

In response to the updated guidance, the trust has taken further steps to strengthen the duty of candour process including the following key actions:

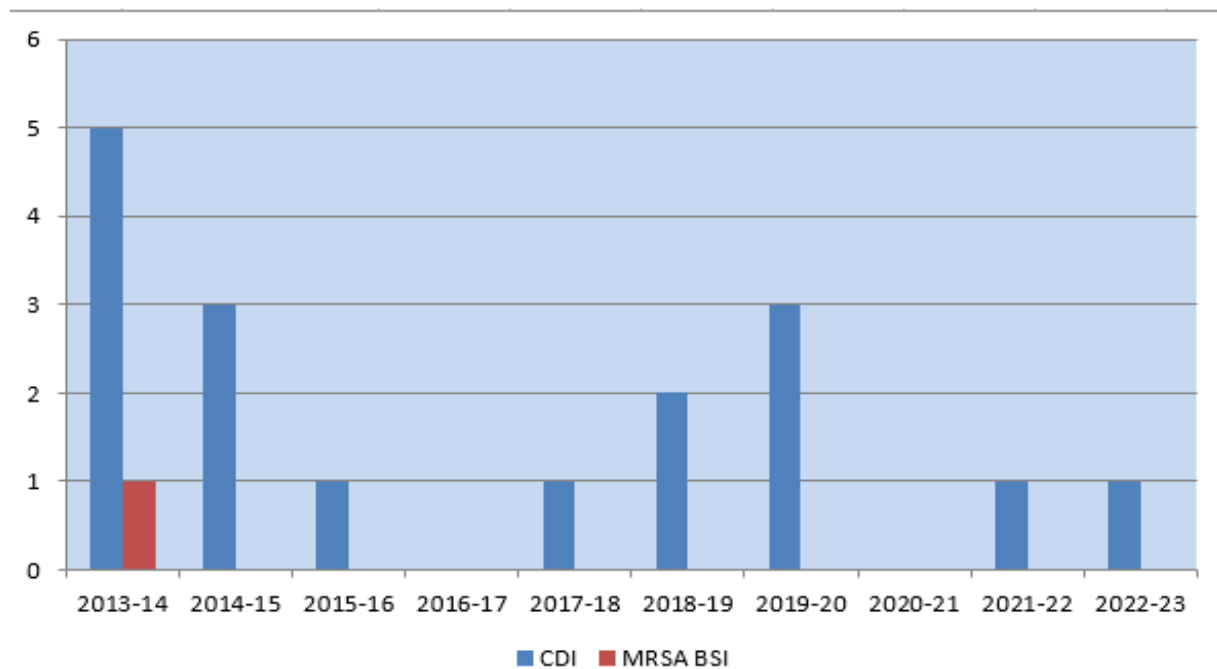
- A learning poster was produced and shared with key points and link to training videos
- The structure of incident review meetings was reviewed to include:
  - clear reference to Being open/Duty of Candour
  - whether an incident meets the criteria for “notifiable safety incident”
  - Discussion about whether an incident was unexpected
- A working group was established to look at policy, audit, training and compliance.
- A workshop session was held at QIR in December to focus on Duty of Candour.

## **Infection Control**

### **Avoidable Healthcare Associated Infections (HCAI's)**

Healthcare Associated Infections (HCAIs) can develop as a direct result of healthcare interventions or from being in contact with a healthcare facility. The term HCAI covers a wide range of infections including the most well-known such as Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile Infection (CDI). We remain committed to a zero-tolerance approach to any HCAI. If any such infections occur a full investigation takes place so that any learning can be shared and implemented. The following graph illustrates numbers of MRSA bloodstream infections (MRSA BSI) and cases of CDI that have occurred within the Trust since 2013 to the end of 2022/23.

**Chart 1: MRSA and CDI infections 2013 – 2023**



During the continued COVID-19 pandemic, the specialist resource and expertise held within the Infection Prevention team (IPT) has continued to be heavily focused on supporting the Trust response and ongoing management of the situation. An aspect of this includes ensuring we have systems in place to identify incidents that may be considered health care transmission. During 2022/23, 24 inpatient SARS-CoV-2 outbreaks were declared, a significant increase of 19 compared to the previous year. These identified 29 indeterminate healthcare onset cases, diagnosed at day 3 – 7 after admission, 9 probable healthcare onset cases, diagnosed between days 8-14 after admission, and 27 definite healthcare onset cases identified, diagnosed >15 days post admission. SI's are completed and lessons and learning identified is shared to prevent outbreaks from occurring again. The IPT continue to work collaboratively across the wider system and are members of the HIOW ICB Professional Leadership meeting. This model of collaborative working is recognised as a positive factor in the constant drive to reduce HCAI across the local and wider health economy.

The ability to access microbiological results in real time and disseminate these to the appropriate healthcare professionals and ensure timely actions are put in place demonstrates compliance with at least four areas within the NHS Outcomes Framework Domains and Indicators (Dec 2010). Due to the ongoing pandemic the IPT have had to adapt their ways of working. They have kept an oversight of community infections and prioritized timely follow up and review of MRSA Bacteraemia's and community acquired CDI. The mitigations in place are; any sample or test requested by a GP or Practice Nurse will have the result returned to them and for any inpatient being discharged the result should be noted on discharge paperwork. Since 2019/20, there appears to have been a reduction in community infections. What is not yet clear is if this is a direct impact of the pandemic and the precautions that are in place, or if it is due to the public not wishing to access healthcare during these times.

For the purpose of ensuring compliance with the current MRSA policy, the IPT undertake Point Prevalence Surveillance (PPS) each quarter. This is a named patient to screen match and demonstrates actual compliance with MRSA admission screening. Results for this reporting year have been positive with all wards obtaining 100% compliance for quarter 4. Throughout 2022/23 extra support and training has been provided in order to remind teams of the need and importance to complete this screening process alongside the COVID-19 screening process.

The IPC team remains focused on quality improvement and use a variety of tools and measures to monitor compliance with the Health and Social Care Act (2008). To help us achieve this we have developed a valuable resource known as infection prevention link advisors (IPLA). The IPT strongly support the role of the IPLAs within all clinical areas with visits, additional training and workshops. 164 IPLAs currently work across our organisation completing spot checks within their service areas as well as keeping staff compliant with hand hygiene competencies. To further support the IPLAs the IPT have also developed a network of hand hygiene champions that are trained to assess both clinical and non-clinical staff for their 6 monthly hand hygiene competencies. During the SARS-CoV-2 pandemic the IPT have continued to provide virtual workshops for the link advisors and have reinstated face to face delivery for train the trainer sessions with additional support identified and provided for new link advisors.

There are challenges with regards to the continued emergence of resistant bacteria and growing resistance to antibiotics, so it continues to be more important than ever to reduce the spread of avoidable infection with good and safe practice within healthcare. The IPT will continue to push the infection prevention agenda and enhance this by working collaboratively with the Pharmacy team as well as neighbouring organisations.

## **Infection Prevention Team – Continued response to COVID-19**

Over the course of the year the infection prevention team (IPT) have continued their significant response to the ongoing COVID-19 (SARS-CoV-2) pandemic. The team have had to quickly adapt to become responsive and reactive to all situations. COVID-19 guidance has continued to change frequently and rapidly and has required analysis and review before being implemented in a safe and effective manner. These were communicated out in a variety of ways, and we saw an exponential rise in the amount of email and phone queries we received with a particular focus on the contradiction between guidance changes outside of work and those that remain within the NHS. We approached this with empathy, understanding and compassion, recognising an element of fatigue after three years of exponential pressures on all staff.

Some of the work that has been undertaken in the response to the pandemic include;

- Minimum weekly contact including visits to inpatient wards,
- Reintroducing visits to clinic settings as services have re-established,
- Education sessions including upskilling, PPE, bespoke sessions for service lines,
- Link advisor workshops and train the trainer programme, hand hygiene champion training
- Training sessions for international nurses and new HCSWs,
- FIT testing across the Trust – taken over by health and safety in January 2022,

- Band 7 Infection Prevention Nurse Specialist on secondment to learning and development as IP Practice Educator
- Zoom calls in response to guidance changes and updates.
- Expansion of the IPT which includes an IPC AHP Practitioner and 2 IPC Nurses

Alongside the above, a positive shift to the use of virtual technology has meant the team have remained widely accessible to all staff within the Trust. During periods of COVID-19 outbreaks daily outbreak meetings were held and incidents were reported where probable or definite healthcare acquired cases were identified. Provisional learning from these outbreaks include;

- Relying on infection control and not infection prevention measures will fail.
- Reliance on negative lateral flow tests and staff attending work unwell.
- Reliance on glove use and forgetting the importance of hand hygiene between patient interactions by non-clinical staff.
- Lack of adherence to guidance at times of guidance change outside of work.
- Learning linked to training and education.
- Managers not aware of and not enforcing guidance.
- Fear to challenge poor practice.
- Estate and side rooms available.

#### **Surge capacity beds:**

The IPT have worked closely with the estates and facilities department in the planning and implementation of surge capacity beds throughout the different waves of the pandemic. This has often meant a focus to create the safest environment and facilitating the appropriate application of mitigating factors to ensure high quality, safe and effective care can be delivered whilst also maintaining staff safety.

#### **Collaborative working:**

As part of International Infection Prevention Week, the IPT held a face-to-face IPC event for Solent NHS Trust link advisors. This was also available to the wider Trust to attend virtually. The purpose of the session was to provide some useful updates and insights away from COVID-19. The IPT organised external speakers from PHU, SHFT, Oxford Health as well as inviting a motivational speaker inspiring staff to take control and manage their own minds and develop self-awareness and self-love. Feedback was exceptional and this will now be an annual event.

#### **Portsmouth City CCG Service Level agreement:**

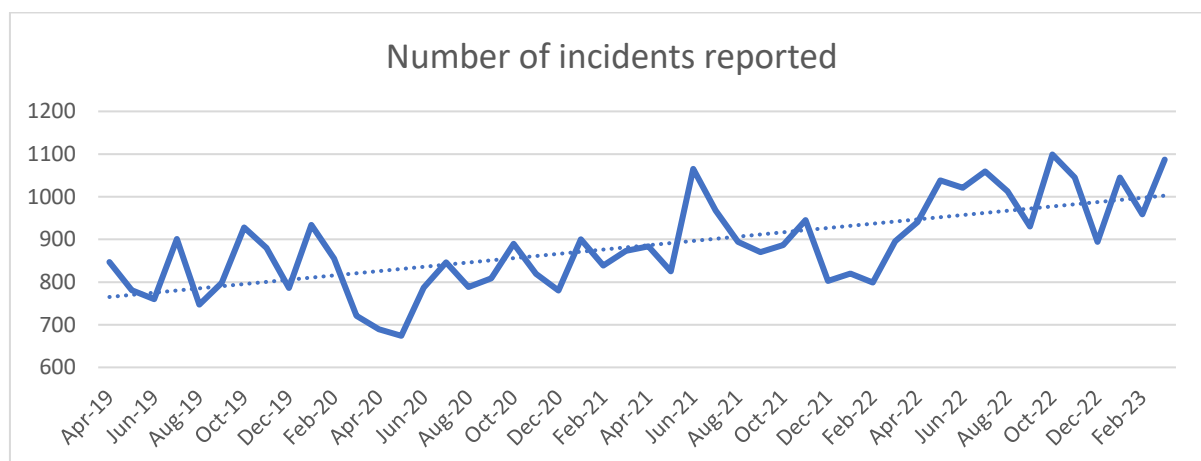
As part of this service, we have provided training and education to several care homes, nursing homes, domiciliary and care agencies in response to the pandemic. We have also offered outbreak support in response to both COVID-19 and other infectious pathogens. Working closely with the quality officer we have a quarterly IPC champions virtual training schedule in place for all the homes to attend.

We have also reinstated environmental audits of practice nurse treatment rooms within general practice and held some virtual workshops for these staff. Solent NHS Trust IPT are in discussions with Portsmouth CCG on the IPC service specification including the future of this and what this will provide to Portsmouth residents.



## Incident Reporting and Serious Incidents

The Quality and Safety Team continuously monitor incident data for themes and trends. Figure 1. shows the numbers of incidents reported by month from April 2019.



**Figure 1 – Incident Reporting Trend – Trust wide**

After a drop in the number of incidents reported during the COVID-19 pandemic, numbers have been increasing steadily throughout the last two years with 13.8% more incidents reported in 2022/23 than 2021/22 and 25.1% than 2020/21. This increase is driven by more incident reporting of No Harm or Near Miss events and is not indicative of more instances of patient harm. Figure 2 provides a breakdown.


Level of Harm	Number of incidents reported		
	2020/21	2021/22	2022/23
No Harm or Near Miss	5751	6441	7736
Low Harm or above	3943	4215	4395

**Figure 2 – Levels of Harm – Trust wide**

Analysis of incidents shows that medication and pressure ulcer related incidents remain the largest cause group for all incidents. However, HR & Staffing Issues is now the fifth most reported Cause Group with 85.6% more incidents reported in 2022/23 compared with 2021/22.

The RIPPLE Model of staff support was launched in April 2022. This draws together a wide range of resources available to staff dealing with challenging events and enables them to access the right support when they need it. Whilst the model can be accessed in multiple ways, the use of the Ulysses Incident Reporting System has been the primary method with reporters able to indicate at the time of reporting whether they would like support.

## The Solent Ripple Model - Supporting our staff following incidents

- Responding to
  - Individuals
  - Post-event to
  - Prevent
  - Long term
  - Effects
- 

Since launch there have been 161 requests for additional support and 10 Peer Support sessions facilitated by the Quality & Governance Team. In 2023/24 the RIPPLE model will be further embedded within Solent and additional resource made available to further extend the support available to staff.

After a steady reduction in the number of Serious Incidents declared annually, 2022/23 saw 22 new investigations compared to 14 in 2021/22, 24 in 2020/21 and 49 in 2019/20. Two Serious Incidents declared in 2021/22 have been downgraded during 2022/23 following investigation and review. Both downgrades were agreed in consultation with the relevant Integrated Care Board. One case has been escalated from a High-Risk Incident to a Serious Incident after it was identified that a patient had come to harm.

In June 2022, the Care Quality Commission (CQC) issued updated guidance on the application of Duty of Candour. The changes clarified how the term “unexpected or unintended” should be applied to decide if something qualifies as a “notifiable safety incident”.

A notifiable safety incident must meet all 3 of the following criteria:

- It must have been unintended or unexpected.
- It must have occurred during the provision of an activity regulated by the CQC.
- In the reasonable opinion of a healthcare professional (the incident) already has, or might, result in death, or severe or moderate harm to a person receiving care.

A review of the way Solent manages its Duty of Candour led to the following actions:

- A learning poster outlining the key points was distributed to all staff.
- The structure of Incident Review Meetings (IRMs) was changed to include:
  1. A clear reference to Being Open and Duty of Candour
  2. A decision whether an incident meets the criteria for “notifiable safety incident”
  3. Discussion about whether an incident was unexpected
- IRM chairs received a briefing on the changes.

- A working group was established to look at policy, audit, training, and compliance. The policy is to include reference to Duty of Confidentiality when consent to share has been withdrawn by the patient.
- A survey of staff on their knowledge and competence around Duty of Candour will take place in Q1 2023/24.
- A workshop was held at the Quality Improvement and Risk Group in December 2022 to focus on Duty of Candour.

September and October 2022 saw a sharp increase in the number of deaths relating to suspected suicide in our Community Mental Health Teams as illustrated in Figure 4



**Figure 4 – Unexpected deaths in the Assessment to Intervention (A2i), Crisis and Resolution Home Treatment (CRHT) & Recovery Teams**

A review of the cases has been completed which included a comparison of Solent’s cases against the 13 themes from the National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report 2022.

The headline findings of the Solent commissioned report are:

- In all cases the Clinical Risk & Management Policy was complied with.
- No acts, omissions or errors in care were identified.
- The carers and family members of patients would benefit from better communication with services and information on how to support their loved one.
- Streamlining the access to services by creating a single point of contact would be beneficial for patients and reduce the length and impact of delays.
- No single theme or root cause was identified

Included in this review is an incident of suspected homicide and subsequent suicide which is being investigated as a Serious Incident.

The full report was shared at the January 2023 Learning from Incidents and Deaths panel and will be shared at Quality Assurance Committee in Q1 of 2023/24.

The Mental Health service currently remains under a high level of pressure. Staff in the teams have been supported both collectively and individually under the staff support RIPPLE Model. Feedback was exceptionally positive from those involved and the Quality & Safety Team will continue to publicise the RIPPLE model, along with other support available to staff, when dealing with challenging or traumatic events.

## Never Events

None of the Serious Incidents declared in 2022/23 met the threshold of a Never Event, compared with two in 2021/22.

## Safeguarding

### Safeguarding is everyone's responsibility

*“Solent believes that everyone has the human right to live their lives free from abuse and harm. We are committed to proactively reducing the risk of harm occurring and building a safer future for all. The safeguarding team aim is to provide expert support, advice and challenge which is solution focused and restorative with the goal to empower staff to keep the people we care for, our colleagues and our families safe.”*

The safeguarding team have continued to deliver on statutory and contractual requirements amid sustained and increasingly complex safeguarding activity. The team have continued to embed year three of the Trust safeguarding strategy and business plans. This has included strengthening and extending the role of the Trusts safeguarding champions, securing additional funding to increase team capacity, building opportunities for coproduction, and maintaining a strong focus on building workforce safeguarding competencies.

## Board Level Assurance on Quality

The following are examples of how the Trust Board is updated on quality and how we view quality as intrinsic to strategic and operational decision making.

<b>Quality Account</b>	Annual Quality Account provides an overview of the delivery of quality for the previous 12 months, and the quality priorities for the following year.
<b>Board Assurance Framework</b>	Risks are reviewed monthly by Executives alongside each Board Committee Meeting and every other Confidential Board Meeting.
<b>Board to Floor</b>	Board members receive a range of qualitative and quantitative quality information in order to enable them to triangulate the messages contained within board papers with observations and interactions with patients, staff and stakeholders. Patients and Community Partners are also invited to share their stories directly with the Board.
<b>Quality Impact Assessment</b>	Detailed assessment completed to understand quality impact around all proposed strategic plans.
<b>Internal Quality Reviews</b>	A process of reviewing areas in the trust to make sure they are compliant with Care Quality Commission (CQC) regulation and trust policies and procedures. The Quality review process encompasses a whole system approach to quality and safety in relation to patient safety, patient experience, clinical environment and staff safety.
<b>Quality Assurance Committee</b>	Regular reporting from Services of all Quality related performance reporting and escalating to Trust Board.

### Same Sex Accommodation

The Trust has not had any Same Sex Accommodation breaches during 2022/23.

# Patient Led Assessment of the Care Environment (PLACE)

## 2022 unannounced visits

The image shows a patient-led assessment form titled 'Food on Wards' from NHS Solent NHS Trust. The form is divided into several sections: 1. 'What is your first impression?' with a thumbs-up icon. 2. 'Are you confident patients will get good care in this area?' with a Likert scale of four faces: 'Very confident' (happy), 'Confident' (neutral), 'Not very confident' (sad), and 'Not at all confident' (very sad). 3. 'Please write any comments you have here:' with a text box and a pencil icon. 4. 'What you will be looking at:' with two sub-sections: 'How food is served and presented.' and 'Meal Tasting.' with a fork and knife icon. The NHS Solent NHS Trust logo is in the top right corner.

Good environments matter. A clean environment is the foundation for lower infection rates, whilst good food promotes recovery and improves the patient experience. But good environments don't just happen. Without the concerted efforts of all staff, an organisation can become complacent or worse, and the benefits of cleanliness, good food, privacy and proper maintenance are lost.

Patient-led assessments of the care environment (PLACE) aim to improve standards across all hospitals, hospices and independent treatment centres providing NHS-funded care. They put patient wishes at the centre of the assessment process, and they use

information gleaned directly from patient assessors to report how well a site/organisation is performing – in terms of national standards and against other similar organisations.

After a suspension of PLACE visits in 2020 and 2021, in September 2022 we ran unannounced PLACE visits that ran for a full week, from 12<sup>th</sup> September 2022. The number of assessors attending the wards at any one time, was reduced slightly (compared to 2019) to respect the rising case (at the time) of COVID-19.

The visits were made to all inpatient wards, Portsmouth & Southampton (including Mental Health wards) and covered external areas, communal areas, food on all inpatient wards (that had separate kitchens).

On the whole all the services we visited were found to be positive clean environments however, the team did also put forward some recommendations for improvements. PLACE visit Recommendations included identification of some areas that need refurbishment such as painting and new requiring new flooring and better lighting to make some areas more welcoming.

The team will be revisiting these areas to follow up on the recommendations that were made.

## Information Governance

The Solent NHS Trust *Data Security and Protection Toolkit for 2022/23* is not due for submission, until the 30<sup>th</sup> June 2023. Solent NHS Trust is currently Partially Compliant with the 2022/23 toolkit and has plans in place to achieve full compliance, by the revised deadline of 30<sup>th</sup> June 2023.

## Our clinical workforce

Our organisation is clinically led; we created our Clinical Framework to achieve the best outcomes for the populations we serve. The principles of our Clinical Framework have been developed by our employees across our organisation and in collaboration with local partners to help facilitate greater,

equitable and non-discriminatory access to our services;

1. We provide safe, effective services which help people keep mentally and physically well, get better when they are ill and stay as well as they can to the end of their lives.
2. Our communities are at the heart of what we do, and we will work alongside our communities to improve the way we deliver care.
3. We will focus on outcomes that matter, co-created with the people who know our services best.
4. We will adopt a life-course approach which removes barriers and personalises care.
5. We will work collaboratively, at the appropriate scale, as one health and care team.
6. We will drive and embrace research and innovation to deliver excellent, evidence based care.
7. We will ensure strong clinical and professional leadership is at the heart of delivery and decision making across our area.

You can read more about how our staff work together in the 'Great Place to Work' section of the Annual Report.

## Safe Staffing

The Chief of Nursing and Allied Health Professionals presents the Trust Board with a quarterly report to provide assurance that processes are in place to ensure we safely staff our services in line with the National Quality Board (NQB) (2016) safe staffing guidance. The report also provides assurance that nurse staffing levels within each ward or unit are appropriate to meet the needs of patients and service users in our care. Please see our Annual Governance Statement for more details of our **Governance and Reporting processes**.

## Doctors and Dentists in Training

The Trust produces quarterly and annual Guardian of Safe Working Reports and these indicate we are doing well in ensuring all the provisions and Terms & Conditions from the 2019 revised Junior Doctors' Contract are being followed.

Gaps are mainly evident within two rotas, as follows:

- Child and Adolescent Mental Health (CAMHS) Rota (On-Call)
- Adult Mental Health & Older Peoples Mental Health Rota (AMH-OPMH)

These rotas are held jointly with other Trusts and the longer-term management of the rotas will involve wider systems including other Trusts, CCGs and ICS systems. An overview and details of actions being taken to address are detailed below.

## CAMHS – Out of Hours On-Call Rota

This relates to the CAMHS out-of-hours rota shared with other Trusts, though Solent employs the majority of trainees and consultants on the rota (other trusts involved include Southern Health NHS Foundation Trust (SHFT) for Consultants, University Hospital Southampton (UHS) for Consultants and



Sussex NHS Foundation Trust for trainees; Solent employs the rota co-ordinator on behalf of all organisations.

The improvements in the recruitment to Core Psychiatry and CAP (Child & Adolescent Psychiatry) ST4-6 placements have been maintained this year. However, due to the revised Junior Doctors' Contract Terms and Conditions, and a proportion of trainees being LTFT (Less Than Full Time), some gaps still exist (though substantially reduced than the last few years). The gaps are managed by offering locums to trainees – who can cover on-call for Trust locum rates (rota coordinator manages a list of NHS 'bank' medical trainees). Where appropriate, the use of locums follows the Trust's 'acting down' Policy to support gaps identified which are then filled with trainees (as recruited nationally). The CAMHS Service has also taken a longer-term view regarding recruitment and retention, with steps now taken to engage with commissioners, and counterparts in partner Trusts to consider how we approach this need long term.

The CAMHS rota is a 2 -tier rota, with trainees at the 1<sup>st</sup> tier and CAMHS consultant psychiatrists as the '2<sup>nd</sup>' on call to provide advice and consultation. The consultants on the rota are employed by Solent (the majority), UHS and SHFT. Recruitment challenges to fill gaps in the rota are due to improve as recruitment policies for new consultant posts in CAMHS are implemented. Trainees now have an established process to access patient records across the two main trusts (Solent and Sussex Partnership). To support this further, Solent has been allocated an additional new senior trainee doctor post within CAMHS service.

## **AMH & OPMH Rota**

The Solent AMH and OPMH rota covers the East Hants patch, is a 'shift rota' system and staffed jointly by medical trainees and consultant psychiatrists from Solent & SHFT. Rota coordinator and management is predominantly held by SHFT and supported by a coordinator administrator from Solent NHS Trust. The junior (core) trainees undertake a shift-rota pattern, whilst senior trainees and consultants undertake an 'on-call' pattern.

The current status of the AMH-OPMH Rota is detailed below:

- The previous significant gaps have been largely reduced to almost 100% recruitment to Core Psychiatry. However, current gaps are linked with Ts & Cs (especially linked with trainees who are LTFT) and due to some IMGs (international medical graduates) being unable to take up their posts because of COVID-19 pandemic related reasons. The rota for senior trainees has not shown as much improvement in recruitment, and the hope (also nationally) is that the high recruitment to core training will feed into higher training in a few years. Consultant retirements have also been a factor
- Gaps are managed through locums – with trainees in the area taking up locum slots.
- The Trust has signed the new NHS Education Contract with HEE in 2022. This has understandably increased the workload due to the increased governance returns to HEE in both undergraduate and postgraduate medical education, for financial governance and quality assurance.

- HEE has announced a further increase in tariff funded training numbers for specialties needing increased workforce – AMH and CAMHS in particular. The Trust has agreed to accept additional NTN's from Aug 2023 (subject to successful national recruitment).
- AMH has been a national trailblazer in the appointment of substantive consultants who will have entirely remote working work patterns. The appointments project was successful. The initiative caused a significant response and comments nationally. We partnered with Tech Cymru (Welsh Government) to undertake an evaluation. The first phase of this is complete and we're working on the draft report.
- Solent Trust has signed a MoU with Portsmouth University for their projected Medical School, in terms of being partners to provide clinical placements. Portsmouth University is currently making the relevant submissions to the GMC.
- The AMH service line has also participated in the training of 2 cohorts of PAs (Physician Associates) from Portsmouth University. We need to ensure that we are allocated appropriate tariff funding to undertake this work satisfactorily within current resources.

## Our Regulators – CQC

### Care Quality Commission (CQC)

Solent NHS Trust is required to register with the CQC, and the Trust is registered with no conditions.

We have a positive relationship with the regulatory team, and link with the CQC on a regular basis to provide an update on performance and discuss progress within the Trust. This has continued via virtual meetings during 2022-2023.

The last CQC inspection was October 2018, where the Trust raised not only its' overall rating to Good, but also increased its 'Caring' rating to 'Outstanding'. (Published on 27/02/2019). A short action plan was implemented following this, and all actions acted upon and closed.

We have continued to participate in Mental Health Act (MHA) monitoring reviews by the CQC during this reporting period. The approach used for each review involved discussions with members of staff, patients, relatives, and the Independent Mental Health Advocate (IMHA).

The visits were pleasingly positive, with small items of interest indicated for us to maintain 'best practice.'

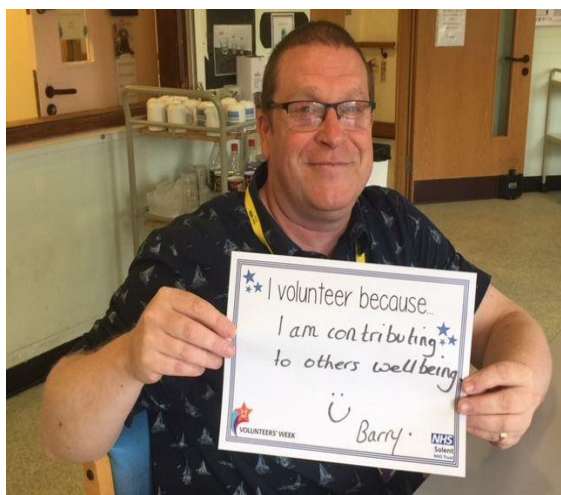
In the period 2022-23, the internal Clinical Assurance team undertook audit activity of S.I's processes, clinical documentation and DNACPR records to ensure best practice continues in service lines.

This followed a national publication by the CQC expressing concern about blanket DNACPR decisions in acute hospital trusts during the COVID-19 pandemic. While this publication did not make specific reference to community services, Solent NHS Trust made the decision to proactively review our own processes. An audit tool is now being piloted across two inpatient wards and two community teams. This will be rolled out to monitor quality of DNACPR discussions and recording going forward.

During 2022, the Clinical Assurance Team have undertaken a series of 'Fresh Eyes' visits across all service lines and inpatient units, to provide assurance to Board of the contemporaneous review of care and treatment in the post COVID19 period. They have also linked up with other local Trusts to undertake 'good relationship' work where we review and discuss each Trust's Best Practice visits.

The team have also started a series of corporate services and non-clinical Focus Groups, which is providing further assurance to Board of everyday practice.

## Working with our Volunteers



At Solent we value the contribution of our volunteer community and we are proud to work closely with our volunteers in a broad spectrum of areas within the Trust.

Our vision is to have a vibrant volunteering community that represents the mix and diversity of the community, working together to add value for everyone. Our volunteering vision is:

- **Ensure** that patients, their families and carers receive great care and experience improved outcomes.
- **Support** colleagues with activities and tasks which will enable them to focus on care and create space to find solutions.
- **Empower** volunteers in numerous ways, including supporting their mental wellbeing, providing resources, career development all the while enhancing skills.
- **Improve** the way we work with our community partners.

To achieve this over the past year we worked with our services, our community partners and our volunteers, exploring what they saw as the key priorities for our volunteers and volunteering services. This work culminated in the launch of our Volunteer Action Plan in November 2022/23 at our event celebrating the contribution of our volunteers. The co-produced action plan sets out seven priorities for our service this year these are:

- **To increase the diversity of our volunteers. We pledge to act on:**
  - The feedback from our community engagement work revealed that we have no or low representation of volunteers from young people and people from minority and ethnic

communities. We shall carry out a recruitment drive targeted at recruiting volunteers from our diverse communities.

- We shall identify key community partners and connectors in those target communities who will work with us and support us in the recruitment drive.
  - We shall work with our communities to learn about the key things that that would encourage them to join us.
- **To develop a career pathway for Solent volunteers. We pledge to:**
    - Highlight opportunities for advancement within Solent, ensuring our volunteers have access to all roles that are advertised.
    - Provide support for writing CV's.
    - Work with our people team to support our services, so that volunteering becomes part of workforce planning.
    - Provide mentoring opportunities for volunteers if required.
  - **Multiply the roles that we have for volunteers. We pledge to:**
    - Raise the profile of our volunteers with our services by:
    - Sharing inspirational volunteer stories and profiles that do not fit the traditional moulds
    - Sourcing existing talent within the community via creative groups
  - **Simplify the process for becoming a volunteer. We pledge to:**

Continue to explore ways to speed the process for boarding our volunteers. This may include levels of clearance dependant on role, reducing risk to colleagues, patients, families and carers.
  - **Streamline the process for colleagues to sign up volunteers. We pledge to:**

Build on our partnerships with our community partners and together explore how we can enable easier transitions between our organisations.
  - **Strengthen links with community partners to enable a smoother transition between Solent and other partners. We pledge to:**

Work closely with the communications team and our community partners to improve communications and develop our website.
  - **Increase opportunities to celebrate our volunteers, through regular stories, blogs and videos. We pledge to:**

Introduce a new, streamlined process which will reduce the complexity of signing up to volunteer while enabling colleagues to recruit more effectively.

As part of the action plan, we have worked with our services and increased the roles that we have available for service resulting in an improved match between volunteers and our services. We have also increased our outreach into our communities regularly attending community events to recruit more volunteers particularly from ethnic minority communities and young people so that we can continue to increase the diversity amongst our volunteer workforce.

Volunteering not only supports our services to give services a better experience it can also have a positive impact on the volunteer.

### Key 2022/23 Volunteer Highlights

- Developed volunteer action plan with services and volunteers.
- Supported 18 teams/services across the Trust
- Organised 53 placements for volunteers
- Increased diversity by recruiting more young people and ethnic minority volunteers.
- Increased roles available to our volunteers.
- Streamlined our recruitment process for volunteers.

#### **Paula's story (and supporting the wellbeing project)**

When vaccination centres were first set up, I volunteered to support the trained staff at my nearest centre in Portsmouth. I worked as a volunteer on a Friday and Saturday morning to fit in around my work schedule. I really enjoyed doing my bit to help and it felt very worthwhile. However, after several months the centre became less busy as more and more of the population had received their vaccines. So, I stood down.

I actually retired from my paid job in Adult Social Care at the end of January 2022 and was then approached to do some voluntary work again but this time supporting the MSK team at Solent NHS Trust. Once again, it's really good to feel that you are doing something useful to support the NHS and staff who are dealing with really long waiting lists. The draw of this particular role is that I can do it from the comfort of my own home as it involves telephoning patients who are on the waiting list for treatment, from physiotherapists.

Examples of feedback that our service users tell us about our volunteers:

<b>Sexual Health</b>	Just generally a very well-run operation with excellent contributions from both the staff and VOLUNTEERS.
<b>Specialist Physio Southampton (IMAT)</b>	I received my appointment within a couple of weeks. My appointment was with Alison. Staff and VOLUNTEERS were very helpful and polite. I was seen on time, and Alison was very thorough with her first assessment of my problematic hip!
<b>Podiatry</b>	Your service was excellent with the VOLUNTEERS being very helpful and they cannot do enough for you.
<b>Pain Service</b>	The programme is very well thought out, having 4 professionals there is brilliant. The VOLUNTEERS are also great as its good to hear success and their experience and help/advice. Content was great. Very impressed.
<b>Physiotherapy Southampton</b>	Information that was given was very helpful. Staff and VOLUNTEERS provided good customer service.
<b>Pain Service</b>	The members of staff were incredibly supportive, informative and the course material covered everything. The mindfulness exercises and Tai Chi were fantastic! I was initially unsure how it would be doing the course over Zoom, but it worked. I think perhaps maybe better as you were always in your safe place. I particularly loved hearing from the VOLUNTEERS and their journey. I would definitely recommend this program to others.

## Examples of projects that our volunteers have helped us deliver.

**Wellbeing Project** -Some people experience long waiting lists for appointments and/or procedures. We were successful in securing a grant to support the wellbeing of people as they waited. We worked with volunteers to deliver this project. The project started in March 2022. To date, we have received details of 461 patients in total, 236 were contacted and spoken to, 201 not able to contact due to not being at home or no telephone received, 24 people said their symptoms had worsened therefore needed reviewing by a clinician.

Feedback from both staff and service users so far has been positive. Additionally, patients who may be feeling lonely are offered a call back, should they need any support or signposted to Caraway. Caraway is run by volunteers from Solent NHS Trust and the City Council. They offer support to those who are feeling lonely.

**Patient Feedback Project** -When our nurses visit a patient's home, it is really important to receive feedback although sometimes it is not always easy compared to a base, ward or a unit and the feedback received is not always impartial. Late December 2022, with the help of our volunteers, we tried and tested a pilot where volunteers call patients (with the patients consent) from the list of contacts received by the service, to gain insight into their experience of the service.

The first service to trial the PF calls was the Home Oxygen Service. When calling patients from the Home Oxygen Service, we also found that loved ones (husband/wife) and/or carers were also present, thus offering insight into not only the patients but the carers experience too in 'real time'. Using written prompts and questions provided the patient/carer where able to speak openly and honestly. The pilot has recently moved onto the Community Physiotherapy service with positive outcomes, and Primary Care (which is still in the early stages).

**Volunteer training system** -During 2022/23 the voluntary service worked with the Learning & Development team on creating a bespoke learning & training site for volunteers. The training site is not only to cover any mandatory training courses but will also give volunteers the opportunity to learn more about apprenticeships and/or encourage any additional learning for those wanting to go into 'paid work', providing them with confidence and a certificate at the end of each course.

**The persistent Pain volunteers** - This service delivers self-management interventions for people with a variety of chronic pain conditions. The focus is on helping clients improve their quality of life despite their pain. The aim of the volunteers in the Pain Service is to support service users at various points in the service-users journey.

**International nurses - Volunteer Drivers** - The voluntary service team continues to support the recruitment of volunteer drivers. This role is to support the community nursing team by transporting a clinical member of staff from their base to the patient's home, to ensure efficient use of their time and resources. We currently have 7 drivers supporting across the Portsmouth and Southampton area. Using the volunteers own vehicle, the volunteer will collect the member of staff from their base and drive them to the patient's home. They will wait for the nurse whilst they tend to the patient, before transporting them to the next call.



**Homeless health volunteer** - The Homeless Health Care Team (HHT) is a nurse led GP surgery in Southampton with regular GP sessions. This service is for individuals who are homeless, including those in hostels, refuges, sofa surfing, sleeping rough and other temporary accommodation. Paul, through no fault of his own was a service user and he received the much-needed support by HHT. As a result he is now a volunteer at the HHT. Paul is able to share his experience of homelessness and support those who are currently going through a similar situation, accompanying clients to a variety of appointments, including the doctors, dentist, hospital, drug and alcohol services. Peer support working focus on building the skills and confidence to enable clients to continue accessing healthcare independently.

**Ward Buddy** - Our volunteers offer time to chat to patients who may feel isolated or lonely in hospital by befriending them, talking and listening. They encourage patients to take part in social activities where appropriate and provide additional support to enhance the patients' stay and experience.

#### **Barry, Ward Buddy Volunteer on Snowden Ward**

My role is ward buddy on Snowden Ward. I was shy when I first went on the ward, but the staff were friendly. I have been on the ward a few years ago which gave me some confidence. I get a lot of satisfaction by helping patients, you see them come onto the ward in a stretcher, they walk out when they go home - and you think just being there that you have helped them. My role is varied now as I help whenever they need me, and it takes the pressure off the staff. I love my role on Snowden.

#### **Ward Manager, Snowden Ward**

Barry comes to the ward 3 days per week, he has an excellent rapport with the patients and very calm. We do have some patients who get bored quickly and it's good that Barry can spend the time with them playing games/talking etc, which takes the pressure off the nursing staff.

## **Getting to know our volunteers - Volunteer Coffee mornings**



The volunteer coffee morning takes place every quarter and is held in locals in both Portsmouth and Southampton.

The coffee morning is aimed to give our current volunteers the opportunity to meet with the team in person, and to meet and speak with other volunteers. It is also an opportunity for our volunteers to find out what is happening within the Trust. We also welcome potential volunteers along to the coffee morning to learn more about the roles that we have available and talk with others on their experience. The Learning & Development team attended the last session, offering support with hand hygiene.



## Recruitment Fair & College Fair



The volunteer & patient experience team held a recruitment fair to attract and recruit new volunteers. The list of available roles is plentiful, and we always need more hands on deck, so the Volunteer Recruitment Day was set up to allow potential volunteers the chance to talk to staff within the voluntary service team about the roles available. The children’s service where on hand to talk about what it’s like to work within their service and Solent as a whole and the apprentice team attended to offer insight into their service.

## Working with people and communities

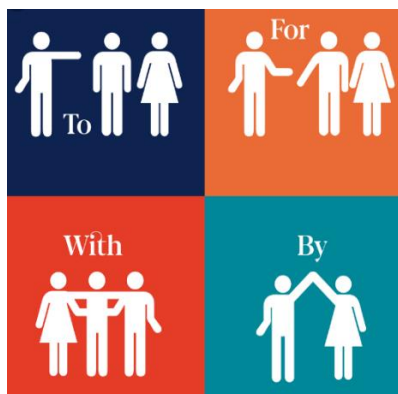
Alongside Communities – the Solent approach to engagement and inclusion, was published in 2020 and launched in April 2021. This 5-year plan was the result of working with people and communities to understand what really matters most to them about their local community and mental health Trust. They shared their health ambitions, and what we could do together to improve health, reduce health inequalities and improve the experience of care when using services.

Our Achievements 2022 - 2023	
✓	We have fully delivered 63/73 objectives agreed with our communities; 9 have been started and 1 is identified as a risk; that being improving the quality of demographic data.
✓	We have spoken with over 5000 people in our community, using their feedback to inform changes to our services, guide the development of the ICS wide People First Strategy and influence the developing design of the new organisation.
✓	We have improved connections with, and reach to, communities most affected by health inequalities, and enabled new ways of working to improve access to our services.
✓	We have implemented ways of involving community partners in our core processes, including policy review and development, recruitment, quality visits and the patient safety programme.; ensuring their voice is at the centre of their local health services.
✓	We have supported 8 services to work with 500 members of the community to develop and improve access to services and experience of care.
✓	We have increased our community partners network from 225 organisations to 275, with a potential reach of 500,000 people, affording us access to a substantial and diverse source of community based expertise.
✓	We have worked with 100 community organisations, trained 14 to facilitate community conversations in those groups seldom heard, and pay those facilitators for that activity; adding social and community value.
✓	We are recognised as NHS leaders in the field of working with people and communities and have been invited to present at 10 national events.
✓	We have invested 40 % of income generated back into our community in grants, projects and by paying communities for the work they do with us.
✓	We have built trusting relationships with the people that are our community.

## Year 2 of a 5 year plan

This is year 2 of a 5 year plan. Year 1 focused on building trusting relationships with the communities we serve and enabled us to connect with people who use services, their families and carers. In year 2, we have continued to build those relationships but focussed on those seldom heard, the aim being to understand and act on barriers to using services. We have also increased Trust wide understanding and application into practice, the opportunities for working with people and communities to improve services, ensuring the voice of our community is at the centre of everything we do.

### Towards a new organisation - addressing inequalities by the way we design and deliver services.



The way the NHS currently designs and delivers services has been long reported as being responsible for 20% of health inequalities<sup>2</sup>. The Solent approach to engagement and inclusion affords a unique opportunity to start to address that by working with local people and communities. We recognise our communities as strong; as a source of knowledge, expertise and skills that we in the NHS could and should tap into. We aim to ensure that we enable communities to do for themselves those things they are able, to support them to do things they could if helped and to better understand what they really need from

their local community and mental health Trust. We will move *Figure 1- Enabling communities* from doing to, doing for, doing with to community doing for them selves. Our strengths based approach has been adopted as the way we work with people and communities as we develop our proposals for the development, design and delivery of the new organisation.

### The coming year

Over the next year we have 3 key priorities, in addition to the delivery of the core requirements of Alongside Communities. These are:

1. Support the development of the new organisation by ensuring the communities we serve are actively involved in development, decision making and design.
2. Working with local people and communities, develop meaningful measurements of impact of the work we do, ensuring we measure what matters not what is easy.
3. Pursue opportunities for communities to reclaim activity more recently undertaken by health services, in order to improve access and reduce current unsustainable demand on services.

### Summary

We have successfully delivered that agreed for 22/23 and been able to respond to internal and external requests for support both at short notice, and with complex demands to reach underrepresented communities. We have continued to develop the skills of our service line teams to

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<sup>2</sup> [NHS England » The Long Term Plan for tackling health inequalities](#)

work with people and communities to improve their services and have significantly increased our network of community partners to ensure their voice actively influences the way we develop and deliver services. We have shared our learning on local, regional and national platforms and are seen to be leaders in the field of working with people and communities in the NHS provider world. We will continue to ensure that local people and communities are central to the development, design and delivery of community, mental health and learning disability services as we move towards a new organisation.

## **Charitable Funds**

### **How we have used Charitable Funds to enhance care**

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

We are really grateful to everyone who helps raise money for the Solent NHS Charity, we realise every penny counts and we work hard to ensure donations are spent wisely. The donations we've received between 2022/23 amounted to £6,354.

### **How we have spent our Charitable funds**

Solent NHS Charity has financed the following additions during 2022-23

- a mobile Magic Table for OPMH patients with dementia. The table provides meaningful life-enriching activities assisting to support motor skills and cognitive stimulation.
- a re-launch of the Charity branding including logo artwork
- providing catering the Solent Striders event in September for all staff and their families
- fun vibrating ice packs to aid pain reduction for children
- bereavement cards and books to support families through loss

### **Wellbeing Garden St James' Hospital**

A peaceful garden where Solent staff can escape the hustle and bustle of work to remember family, friends and colleagues was formally opened in December. The charity-funded memorial garden in the grounds of St James' Hospital, Portsmouth, is intended as an oasis of calm where anyone working for Solent NHS Trust can go for a moment of reflection.

At its heart are 12 words of significance suggested by Trust staff following an appeal made across the workforce. The winter sun shone as the finished garden received a blessing from Trust Chaplain Emma D'aeth, who described gardens as amazing places which kept flourishing regardless of what else was happening in the world. Encouraging staff to visit the memorial garden, Mrs D'aeth said: "After the sadness of the pandemic, here is something of beauty and serenity. Regardless of their faith, staff can come away from the noise and business of our wards and departments for a small moment of peace and stillness." The garden, situated under trees opposite The Limes building, features curved benching around a focal point for reflection. The location was chosen for its tranquillity and accessibility.

Andrew Strevens, Solent NHS Trust Chief Executive, said: “This is going to be a fantastic facility where our staff can take a moment to remember family, friends and colleagues who have sadly passed away. “Our thanks go to everyone who took the time to suggest a word to be featured; the 12 selected have made the garden into something unique and truly special.”



Guests at the opening included members of staff who had suggested poignant words to feature at the site. Their words were chosen from a list of over 50 suggestions submitted by individuals, teams and departments across the organisation. The chosen words, which are either incorporated into the resin path or carved into wooden bench backs, are as follows:

Caring, Compassion, Courage, Dedication, Endurance, Heroes, Patience, Serenity, Strength, Team, Together and Unity. Mark Young, Deputy Director of Estates and Facilities, said: “We had an excellent response from a wide mix of staff from across the organisation, with several words cropping up repeatedly. “Our panel chose the words which seemed to resonate most with people and will work best at the site. Thanks go to everyone who took the time to contact us with their suggestions.

“Although based at St James’, the garden will be available to all staff across the Trust; colleagues will be free to visit whenever they feel the need for some quiet time to sit and remember those who have passed.” Funded by Solent NHS Trust’s Charitable Funds Committee, the memorial garden was designed by Studio Four Architects and created by Rocon Contractors Ltd.

## NHS Constitution



The NHS Constitution was established in 2009 and last updated in January 2021. The constitution sets out the principles and values of the NHS. It also sets out the rights to which patients, service users, the public and staff are entitled, a range of pledges to achieve and the responsibilities which patients, service users, the public and staff owe to one another to ensure that the NHS operates fairly and effectively. We operate in accordance with the principles and pledges as set out in the NHS Constitution and undertake an annual review of our compliance, which is reported to our In-Public Board meeting.

## Our partnership with the Saints Foundation



We have continued to strengthen our relationship with the Saints Foundation during the year and are extremely grateful for the help and support we have received from

our partner.



During the autumn we worked to provide clinical leadership to deliver a new programme to support Children and Young People’s Mental Health (CYP MH) in the city of Southampton. The national programme developed in partnership through the Football Association and Anna Freud Centre, addresses CYP MH through a mentoring programme. We were delighted to be involved in the first programme to run outside of London and Manchester football clubs and are grateful to have secured funding for the first year’s cohort from

NHSE and HIOW ICB. We 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.

In Quarter 4 2022/23 we planned ahead to promote our Children’s services and those that we provide in partnership with others. On April 15, at the Southampton home match against Crystal Palace, we were afforded the opportunity to play a film promoting our work both pre-match and during half time, as well as a double page spread in the match day brochure. We are planning a similar event during the Autumn 2023/24 when the fixtures are announced.

## Working with our Veterans

Following the signing of the Armed Forces Covenant in the summer of 2021, we have been working towards becoming accredited as an NHS Veteran Aware Trust via the Veterans Covenant Healthcare



Accreditation scheme. This application is in its final stages before submitting. We are now proud holders of Bronze status in the Covenant Employer Recognition Scheme.

All of this, together with working to ensure we meet our new “due regard” responsibility under the Armed Forces Act 2022, has the aim of making Solent an exemplar NHS organisation for our armed forces communities.

We have established a steering group to lead our Veteran Aware workstream and continue to hold the Veteran’s Breakfast Club.

This year we have established a dedicated Armed Forces training resource on My Learning Platform. This includes:

- Military Mental Health First Aid (face to face)
- Sussex AF Network Service Champions training (face to face)
- NHS Healthcare for Armed Forces e-learning
- Improve Veterans Wellbeing from Combat Stress (e-learning)
- Trauma Informed Veteran Aware training (TIVAT) (e-learning)

Mandatory training on veteran awareness is in place for the following service lines with a current compliance rate between 70-80%, adult mental health, veteran’s high intensity service, sexual health services, specialist dental services.

In December 2022 our GP practice in Solent was accredited as Veteran Friendly by the RCGP.

2022/23 saw the Veterans Mental Health High Intensity Service (HIS), part of OpCOURAGE of which we are lead provider in the South East, enter its final year of the pathfinder. The service supported just under 300 veterans with a wide range of mental health issues through providing trauma informed veteran aware wrap around clinical and social support to stabilise and help engagement with community and specialist veterans services. An independent review conducted by the University of Chester into the outcomes of the service found that the service significantly improved the outcomes for veterans over a range of measures including; self-reported illnesses, predisposing factors and symptoms, depression, anxiety and PTSD.

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

We also continue to work in partnership with the Royal Navy & Royal Marines Charity to support projects to improve outcomes for Naval families which in 2021 saw the launch of Anchoring Minds, a new service provided by Solent Mind and the growth of Forces Link Alcohol & Gambling Support (FLAGS), delivered by the Society of St James, working alongside the Royal Navy, providing support to serving personnel, which have continued into 2022/23.

## **Annex 1: Statements from Commissioners, Healthwatch & Overview and Scrutiny Panel**

Letters from our partners to follow



## Annex 2: Statement of Directors' Responsibilities for the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare a Quality Account for each financial year.

NHS Improvement has issued guidance to NHS Trust boards on the form and content of annual quality accounts (which incorporate the above legal requirements) and on the arrangements that NHS Trust boards should put in place to support the data quality for the preparation of the quality account.

In preparing the quality submission, directors are required to take steps to satisfy themselves that:

1. the content of the quality account meets the requirements set out in the NHS Improvement guidance issued.
2. the content of the quality account is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the relevant period
  - papers relating to quality accounted to the board over the same period
  - feedback received from Portsmouth and Hampshire, Southampton and Isle of Wight Clinical Commissioning Groups
  - feedback received from Southampton, Hampshire and Portsmouth Healthwatch organisations
  - the NHS Staff Survey Results published
  - the Head of Internal Audit's annual opinion of the Trust's internal control environment
  - the quality account presents a balanced picture of the NHS Trust's performance over the period covered
3. the performance information reported in the quality account is reliable and accurate
4. there are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm that they are working effectively in practice
5. the data underpinning the measures of performance reported in the quality account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
6. the quality account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality account.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality account.

By order of Solent NHS Trust Board



**Andrew Strevens**  
**Chief Executive Officer**  
**Solent NHS Trust**  
**June 2023**



**Trust Chair**  
**Solent NHS Trust**  
**June 2023**

# Great place to work (staff report)

## Providing a great place to work



We are so 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.

One of the principles of our mission is ensuring Solent is a great place to work. This is supported by 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.

Our people teams have worked extremely hard introducing new ways of working, demonstrating our continued learning culture, improving efficiencies in our people processes to enable a positive staff experience, and where possible have done this through innovative and digital interventions to strengthen, growing our own, looking after our people, being an inclusive place to work, and overall contributing to our ambitions for a sustainable workforce. We will continue our journey of collaboration with our people, through our staff networks and community of practices, to foster and nurture Solent NHS Trust working environments to be a thriving and great place to work.

## Our People

On 31<sup>st</sup> March 2023, we employed 5335 clinical and non-clinical members of staff (including part-time and bank staff) this equates to 3908.25 full time equivalents (FTE) who contribute to providing high quality patient care across our local communities. Most of our people are permanently employed in clinical roles and deliver patient care either directly or indirectly. We also employ highly skilled administrative and estates staff who provide vital expertise and support.

The following table provides a breakdown of our Solent NHS Trust team at the end of the year, March 2023.

Staff Group	FTE					Headcount				
	Female	Female %	Male	Male %	Total	Female	Female %	Male	Male %	Total
<b>Admin and Estates</b>	257.40	79.37	66.89	20.63	<b>324.30</b>	588	83.17	119	16.83	<b>707</b>
<b>Director</b>	4	71.43	1.60	28.57	<b>5.60</b>	4	66.67	2	33.33	<b>6</b>
<b>Healthcare Assistants and Other Support Staff</b>	1264.88	85.73	210.56	14.27	<b>1475.45</b>	1667	85.01	294	14.99	<b>1961</b>
<b>Managers and Senior Managers</b>	73.96	69.06	33.13	30.94	<b>107.10</b>	78	68.42	36	31.58	<b>114</b>

<b>Medical and Dental</b>	109.60	73.35	39.85	26.65	<b>149.55</b>	157	73.36	57	26.64	<b>214</b>
<b>Nursing and Midwifery Registered</b>	879.52	90.63	90.89	9.37	<b>970.42</b>	1163	92.16	99	7.84	<b>1262</b>
<b>Scientific, Therapeutic and Technical</b>	251.20	85.49	42.62	14.51	<b>293.82</b>	310	86.35	49	13.65	<b>359</b>
<b>Allied Health Professionals</b>	472.67	81.68	105.99	18.32	<b>578.66</b>	591	83.47	117	16.53	<b>708</b>
<b>Qualified Ambulance Service Staff</b>	3.35	100.00	0.00	0.00	<b>3.35</b>	4	100.00	0	0.00	<b>4</b>
<b>Grand Total</b>	<b>3316.7</b>	<b>84.86</b>	<b>591.55</b>	<b>15.14</b>	<b>3908.25</b>	<b>4562</b>	<b>85.51</b>	<b>773</b>	<b>14.49</b>	<b>5335</b>

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

<b>Average staff numbers during 2022/23 period</b>	<b>Permanent Number</b>	<b>Other Agency Number (inc. bank staff)</b>	<b>Total Numbers</b>
<b>Admin and Estates</b>	273.62	54.78	<b>328.40</b>
<b>Director</b>	4.85	0.00	<b>4.85</b>
<b>Allied Health Professionals</b>	536.55	8.35	<b>544.91</b>
<b>Healthcare Assistants and other support staff</b>	1300.98	74.76	<b>1375.75</b>
<b>Managers and senior managers</b>	94.64	0.00	<b>94.64</b>
<b>Medical and Dental</b>	112.58	0.74	<b>113.32</b>
<b>Nursing and Midwifery Registered</b>	888.79	72.63	<b>961.42</b>
<b>Scientific, Therapeutic and Technical</b>	280.55	1.25	<b>281.80</b>
<b>Qualified Ambulance Service Staff</b>	2.76	0.00	<b>2.76</b>
<b>Total</b>	<b>3495.34</b>	<b>212.51</b>	<b>3707.85</b>

<b>Employee Benefits - Gross Expenditure (audited)</b>	<b>Permanent</b>	<b>Other Agency</b>	<b>Total</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
<b>Salaries and wages</b>	149,057	8,350	<b>157,407</b>
<b>Social security costs</b>	14,172	0	<b>14,172</b>
<b>Apprenticeship levy</b>	683	0	<b>683</b>
<b>Employer Contributions to NHS BSA - Pensions Division</b>	25,433	0	<b>25,433</b>
<b>Other pension costs</b>	50	0	<b>50</b>
<b>Termination benefits</b>	75	0	<b>75</b>
<b>Total employee benefits</b>	<b>189,470</b>	<b>8,350</b>	<b>197,820</b>
<b>Employee costs capitalised</b>	497	0	<b>497</b>
<b>Gross Employee Benefits excluding capitalised costs</b>	<b>188,973</b>	<b>8,350</b>	<b>197,323</b>

The overall level of vacancies was 4% of the total workforce (March 2023), against our target of 5%. Our vacancy rate increased from 3.6% to 4% over the last year. The table below highlights the concerted effort and focus that has gone into recruitment over the year to keep below our target.

Work this year included continuing the good work on recruiting to health care assistant vacancies and recruiting internationally for Adult Nurses, Mental health Nurses and Occupational Therapist.

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<b>Vacancies %</b>	<b>4.1</b>	<b>7.7</b>	<b>8.2</b>	<b>7.6</b>	<b>7.5</b>	<b>7.4</b>	<b>5.8</b>	<b>5.5</b>	<b>5.9</b>	<b>4.8</b>	<b>4.4</b>	<b>4</b>

The demand for bank and agency staff increased during 2022/2023. The amount of spend on bank and agency was £8.3 million of the total pay bill in financial year 2022/23, with Agency spend making up £8.8 million of all bank and agency spend. This is reflective of national staffing shortages across a range of professional groups and includes staffing for some of the staff within our vaccination hubs. We have again seen significant success in filling bank shifts with a total fill rate for bank hours at 59.93% and agency hours fill rate at 33.27%, with an overall combined fill rate by hours at 93.20%. We continue to work hard on increasing the number of staff held on our bank and we are currently implementing all staff having both a bank and substantive assignment to enable staff to pick up shifts more easily.

This year we will continue to grow our bank, and reduce our agency spending, in line with NHSE targets. Key areas of work will be joining the Frimley collaborative for temporary staffing who will be rolling out their successful programme of work across Hampshire and Isle of Wight. We will stop competition between Trusts and regain our grip and control with the agencies, whilst removing where possible all tier 4 high-cost agency spending. We will also be looking at how we more fully recognise our bank staff and our bank offer and improve the efficiency of our rostering.

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

2022/23 has been a tough year for our people, with external factors influencing, such as the cost-of-living crisis, Industrial Strike Action, and the continued long-term health effects of Covid-19 to navigate, and supporting our people and their financial, and health and wellbeing, continues to be of paramount importance to us and you can read more about our wellbeing offers within the Occupational Health and Wellbeing section.

We have been working hard on recruitment and retention during 2022/2023, recognising that to close the gap within nursing a more ambitious target for international recruitment would be needed.

In 2022/23 we have continued to make good progress with our programme to retain our skilled and experienced team. Our nursing turnover increased between the period April 2022 and March 2023 from 11% to 12.9%, our overall turnover rate was 13.9%. We continue to work hard on the attraction and retention of Solent’s workforce as you can see from the great examples below.

### **Recruitment**

- This year our international recruitment team became the lead recruiter for internationally educated mental health nurses for Hampshire and Isle of Wight in collaboration with

Southern Health NHS Foundation Trust and Isle of Wight NHS Trust and international Occupational Therapists recruitment for 5 Trusts within the ICS including our own services. The project was a great success, and we welcomed a total of 44 new nurses into the trust whilst helping both Southern Health and Isle of Wight welcome 114 new nurses. This ensured that we achieved our NHSE targets for the year and remained one of the most successful international recruitment teams in the delivery of mental health nurses in the country. In addition to this, we also helped other trust across the country welcome 31 nurses. The Occupational Therapist project is still ongoing and to date we have welcomed 19 Occupational Therapists into the ICS which includes 5 that have joined Solent. The success of the project has now resulted in Solent and Southern Health International recruitment teams merging and sharing best practices across both trusts.

- In July of 2022 we introduce our new Applicant Tracking System (ATS) called Oleo and switched to the new version of NHS Jobs. We are starting to see the benefits of the new system with our time to recruit reducing and a better on-boarding experience to new members of staff joining the trust.
- The next project within Oleo is to implement an international recruitment workstream to the system and to enhance our reporting functionality.
- Healthcare support worker recruitment has continued, and we are working with the Chief of Nursing and Allied Health Professionals Office and Lift Consultancy to implement a strengths-based recruitment approach, starting with our Healthcare Support Worker campaign. A variety of managers have been invited to a two-day training course to establish a better understanding of this approach which will then be followed by a train the trainer course to be rolled out to the organisation. We continue to work with the HIOW ICB to connect with local job seekers and break the barriers to joining the NHS.
- In December 2022, The Recruitment Team hosted a careers event for Adults Southampton being our first event since Covid restrictions were lifted. We received over 50 applications for a range of roles and successfully recruited an Occupational Therapist, Healthcare Support Workers, and Administrators from this day. The collaborative effort from the services, contributed to the success of the event with their use of engaging equipment and personal highlights of working for Solent. This has in turn, prompted further events to be hosted which are to be continued in Portsmouth and the Isle of Wight and a student event in 2023.
- Bank remains an important part of our overall staffing strategy and we have been actively recruiting Nurses, Healthcare support workers and administration assistants on a monthly basis.

## Induction

We have continued with the amended Induction programme and Trust Induction, the 2-hour virtual welcome to the organisation held over Zoom. In partnership with the People Services Operations team, we delivered the session weekly during 2022 then reverted to every other week from the start of 2023. All new starters to the organisation: permanent, bank and volunteers are invited to attend.

## Investing in our staff

The Trust currently offers a variety of programs and resources to help staff develop the skills they need to take on leadership and management roles through the Leadership Development

Framework. The framework is key in supporting Solent NHS Trust's commitment to developing a sustainable workforce for the future. These have included:

- Bitesize Learning: Short workshops and online resources that can be accessed at any time.
- Line Management Skills: We have delivered twenty-eight workshops that teach essential communication, coaching, and leadership skills to over one hundred and seventy staff. Feedback has included: "I will be more prepared before I meet for their appraisal and treating this like a positive conversation' and "The workshop was informative, and it felt a safe place to discuss things- non-judgemental".
- Delve Deeper: Offering more in-depth workshops on topics such as coaching, personal effectiveness, and courses such as Managing Challenging Conversations which to date has seen one hundred and six delegates. Feedback included: "I found this course very supportive to my personal and professional development, I feel I have the tools to be able to manage challenging conversations more effectively. The opportunity to observe the scenarios is invaluable and a great opportunity to practice within a safe space. Both facilitators were fantastic, they made the course very interactive and opened my eyes to reflect upon myself at a much deeper level thank you."
- Leadership Development Programmes: Three levels of leadership programmes that are run and delivered in conjunction with Aspire Development, which to date have supported over two hundred and eighty of our staff. Feedback from the BAME "Leading with Confidence" programme was extremely positive and included the following: "Fantastic course that has given myself and underrepresented groups a rare opportunity to show our talents and drive to progress. The facilitator created a safe space to discuss and share experiences and was very helpful and supportive outside of the course."
- Leadership Qualifications: Formal qualifications that can be obtained either through the NHS Leadership Academy or via our various apprenticeship programmes. The Leadership Development Framework: is flexible and can be customized to meet the needs of individual staff members. Coaching is a key element of the programmes, as it provides staff with the support, they need to develop their leadership skills. The MyLearning website acts as a central hub for all of the Leadership Development resources with the content being continually sourced and added to the site, so staff can always find the latest information and training opportunities.

## Coaching and mentoring

We are continually working to ensure that our people have access to coaching and mentoring support and are equipped with the skills they need to achieve Solent goals and the NHS People Promise. We recognise the unique contribution that coaching, and mentoring can bring to help achieve this, delivering the best outcomes in a fast-changing work environment.

This year we have continued to develop our Solent Coaching offers working jointly with our leaders, Solent Coaches, and a range of external providers. Our offers have included:

- **General Coaching programmes** – A series of goal orientated coaching sessions. Supporting common themes such as career development, enhancing an area of work performance, support with a work-related challenge or during change or a crisis. Coachees said; *"Coaching has led to some major shifts in my mindset and life choices and resulted in me feeling calmer,*



*happier and being a better leader". "I feel as though I have grown a lot as an individual, become more mindful of myself within practice".*

- **Focused Coaching sessions** – 60-minute session for people feeling stuck, overwhelmed or in need of some focused support. Sessions provide a non-judgemental, confidential, safe space for people to think through a specific challenge and decide how they wish to take things forward. Coachees said; *"I feel more in control and this has translated into increased confidence at work"*.
- **Work life balance and wellbeing coaching support:** Encouraging proactive prevention and creative solutions helping people to feel fulfilled and content in both work and personal areas of their life. Coachees said; *"I am beginning to set much needed boundaries to support my wellbeing"*.
- **Coaching Skills course:** Part of our leadership and management development programme, enabling leaders to feel confident in using a coaching approach and equipping them with new tools to put into practice. One attendee said; *"It has got me thinking very differently."*
- **A Coaching Apprenticeship:** This new Apprenticeship offers a flexible training opportunity for people wanting to undertake a coaching qualification whilst remaining in their Solent role. Encouraging the uptake of this training offer across the Trust, will be a key goal for 2023.

Our plan for the year ahead is under development and will respond to planned service changes and workforce needs. We will continue to build our internal coaching workforce to meet demand, supporting additional people to undertake a coaching and mentoring qualification. Alongside this we will provide further opportunities for our coaches to engage in a range of CPD activities to enhance their expertise. 2023 will also bring new openings to work in partnership across the system with other coaches and mentors, encouraging expansion and enhancement of our coaching and mentoring offers and expertise.

## Supporting our future workforce

### Apprenticeships

- The Apprenticeship Team are currently supporting 174 apprentices on 34 different programmes. We have 47 different apprenticeships on offer and are actively recruiting onto the other programmes available
- Some of the non-clinical apprenticeship programmes available are Business and Administration, HR, Procurement, Finance, Estates, Digital Marketing and Management. The new programmes recently procured include the Senior People Professional Level 7, Finance Level 7, and Service Improvement Level 3 and 5. These additional apprenticeships now provide staff with a structured career pathway from Level 2 to Level 7 across the non-clinical staff within the Trust.
- Clinical apprenticeship programmes include Registered Nurse Degree (Adult, Child, Mental Health, and Learning Disabilities), Nursing Associate, Advanced Clinical Practitioner, Occupational Therapy, Associate Practitioner, Senior Healthcare Support Worker Dental Nursing and Pharmacy. Our new apprenticeship programmes for Podiatry, Clinical Associates in Psychology and the shortened "top up" apprenticeship for our registered nurses are well

established and we look forward to our first Clinical Associates in Psychology to qualify in May 2023.

- We are currently procuring a new Visual Impairment Rehabilitation Assistant apprenticeship which will expand our AHP apprenticeship portfolio. Physiotherapy and Speech and Language Therapy are still being explored.
- 67 apprentices have started so far in 2022-23 with a further 13 due to start before the end of March 2023. The support for the apprenticeship programme continues however external recruitment for apprentices was limited this year and so meeting the government public sector target of 97 new starts has been a challenge.
- Our retention rate of Apprenticeship completers remains at 97% (within the first 6 months of completion) and overall retention since the first apprentice completed programme in 2019 is 90%. This confirms that investment in these opportunities continues to be a success.
- The Apprenticeship Policy was ratified in December 2022 which gives clear guidance for new apprentices and their managers for all matters relating to starting and progressing through an apprenticeship.
- The Apprenticeship team has also developed an online prospectus which has been shared at a variety of career events in local schools and colleges, sharing the fantastic opportunities Solent NHS Trust has to offer as an employer of apprentices.
- National Apprenticeship Week was held in the week 6<sup>th</sup> February and Solent NHS Trust shared successes, interviews, and other stories from our apprentices each day of the week following the theme of “Skills for Life.” This raised the profile of the Apprenticeship Team both locally and nationally. The Apprenticeship Award Ceremony was held on the 8<sup>th</sup> February during NAW and had a great attendance, in person and online. Apprentices and their line managers shared their stories, and we celebrated the success of apprentices including the winners of the “Demonstrating HEART Values” “Apprenticeship Ambassador” “Clinical Apprentice of the Year” and “Non-Clinical Apprentice of the Year”.
- Apprentices across the trust took part in the RateMyApprenticeship 2022 campaign and as a result of their feedback and other apprentices across the NHS the NHS was rated as 20<sup>th</sup> Top Employer of apprentices.
- Solent University also awarded Solent NHS Trust the “Apprenticeship Employer of the Year” as part of their inaugural Business and Alumni Awards 2022. This award was to celebrate a company’s overall approach to developing apprentices within their business.
- The Apprenticeship team has also developed a set of Key Performance Indicators to measure the quality of the apprenticeships procured from our providers. This was developed using the Quality Improvement project method, and the success of this QI Project was presented at the Academy of Research and Improvement conference in October 2022. The KPI’s now provide clear parameters for our providers to work towards and an escalation plan should performance not meet those targets.

## **Clinical Education**

- Solent NHS has 174 apprentices on 34 different apprenticeships within the Trust. This includes 75 new starters since April 2022. New apprenticeships include the Advanced Clinical Practitioner and oral health practitioner.
- In 2022- 2023, 439 clinical undergraduate placements for nursing and AHPS were offered to universities within region as well as providing additional placements for staff that are on a clinical apprenticeship or training programme. This year saw an increase in student’s response to the NHS national training and training survey where most placements at Solent were scored as good or best.

- We have successfully assigned and procured professional development activities for the investment received under the National CPD Funding Scheme April 20' – March 23' and the one-off investment made for Band 2-4 staff. Funding was awarded either through individual applications or from training needs analysis within services.
- The early clinical careers team continue to provide structured support, education, and pastoral care throughout each new registrant's first year and beyond. A multi -professional 12-month preceptorship programme supported by experts from within the Trust is offered. The programme includes careers coaching conversations, leadership and management skills, education, research, and clinical decision making. The team continues to support staff up to 3 years post registration. Facilitating a variety of wellbeing strategies is central to our drive to provide a well-rounded holistic experience. We therefore weave elements of wellbeing throughout preceptorship and beyond.
- The Internationally Educated Nurse (IEN) team have successfully trained 123 nurses since April 2022 to undertake the mental health nursing Test of Competence (TOC). The IENs will work across Trusts within Hampshire and IOW. The team has had a 100% success pass rate for the TOC. 26 IENs have been recruited to work in both adults Southampton and Portsmouth as community nurses. To support the transition to community nursing a small team of community nurses have been employed as practice educators to deliver a programme that prepares our IENs to work in the community.

### **LMS – Learning Management System**

We recognise the importance of an inclusive learning culture where staff can develop both professionally and personally. The ability to access and undertake quality education and training empowers our staff and enables them to deliver great care, which is safe, effective, and reflects the Trust's values. Since the Learning Management System was implemented in May 2021, we have continued to develop and maximise the site's functionalities and improve the user experience of the LMS.

In line with our strategy for the LMS it has been developed to not only ensure that all statutory and mandatory training can be completed and provide assurance of training compliance in key areas, but it also enables staff to develop in their role with over 350 courses varying from Clinical Skills to Leadership and Management from a self-directed learning perspective. A suite of reporting tools and dashboards are now available which are graphical, aggregated, and interactive, which enables us to monitor and evaluate the LMS ROI and identify targeted service areas to further strengthen. A comprehensive user survey has been used to provide data on what is working well and any areas for development. Clear and accurate dashboards allow staff to see their compliance and book required activities directly from their home page.

### **Agile Working**

Following the formation of the Agile Working Programme which launched the pilot in November 2021, it has positively seen successful measures in its monitoring and evaluation. The programme was aimed to address Estate limited occupancy pressures and culture change to support agile working post the Covid-pandemic, including hybrid models, which has allowed us to make staff work lives more purposeful, productive, agile, and flexible. The programme harnessed and embraced

digital technology utilising a Matrix Booking App to support and enable collaborative working across various geographies and site facilities, giving them the capability to work in agile ways, which has expanded to double the sites within Solent NHS Trust thanks to its alignment with the Estates Transformation Strategy. In addition to this, teams where their roles allow them to have the option to work in a hybrid way from home were able to, saving them time and money on commuting.

The National NHS Staff Survey 22/23 and National NHS Staff Quarterly January 2023 Survey results have both shown that our approach to Agile Working is meeting the needs of Solent staff and has shown positive impact, increasing team working, collaboration, and staff morale. In 2022/23 an Agile Working Staff Handbook was created to support staff and line managers in navigating the changes of agile working in their new ways of working, empowering them and giving them the autonomy to choose how they can best work together.

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

We will continue to focus on staff recruitment and retention as a priority, supported by measures outlined within the NHS National People Plan, Solent Strategy, Future of NHS HR & OD 2030 and 2023 action plans, and Well-Led recommendations.

## **Celebrating our Staff**

During 2022-23 we continued to celebrate individual and team success and continued to reward long success.

In year we held our annual Solent award and recognition ceremony. Colleagues came together at the Hilton Ageas Bowl in Southampton for an afternoon of recognition, fun and laughter and we celebrated and announced the winners of our 12 award categories. The event was also livestreamed so that other colleagues, friends and family could join in the celebrations.

Later in the year, following the event, we relaunched our formal recognition programme, the HEART Awards. These monthly awards recognise the dedication and commitment of colleagues across the Trust. Nominations are made in three categories and an independent panel selects one individual, one team and one leader for the innovation they have shown or the difference they have made.

In May, in celebration of the Queen's Jubilee, our catering teams baked over 6,000 cookies which were given to teams across Hampshire and the Isle of Wight.



At Christmastime the decision was made to share a virtual thank you from the Chief Executive with all staff.

Locally, service lines have undertaken their own recognition activities in addition to the Trust-wide activity. We continue to look at how we thank and recognise people in Team Solent, with ongoing review of our recognition schemes. A relaunch of our long service scheme is due early in 2023-24.

**Milestone for two apprentices**

Patricia Cox and Raquel Valentine were 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 travelled from America after meeting her husband Ian who is from the UK. After working in local authority for eight years, she became an Associate Practitioner in a nursing home. She then



applied for a post as a Community Support Worker for the Case Management team at Solent NHS Trust, was offered the position, and began her Registered Nursing Degree apprenticeship.

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

### **Spotlight shone on NHS workers who keep our buildings running**



Cooks, cleaners and other unsung heroes who work behind the scenes to keep our hospitals and health buildings running smoothly were celebrated as part the first National Healthcare Estates and Facilities Day in June. Every member of Solent Estates and Facilities team received a thank you cupcake and a specially designed badge as a small token of appreciation for all their hard work.

### **Team Solent takes to the skies**

Rachel Goldsworthy, Chief of Staff, took part in a skydive with fellow former colleague, Jas Sohal, previously Solent's Chief People Officer, to raise money for Solent NHS Charity.

Rachel and Jas were determined to complete their 10,000 ft skydive, including 30 seconds of free-fall, which took place in October in Salisbury, for reasons close to their hearts.

Jas and Rachel raised over £1,900 for Solent Charity. Half of the money raised went to Solent's Snowdon Ward. The other half of the money will be 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.



### **Celebrating five years of Apprenticeship Awards**

Solent NHS Trust has celebrated 5 years of its incredibly successful apprenticeship programme, with its annual Apprenticeship Awards Ceremony, celebrating the achievements and contribution of NHS apprentices to the local community.

Since 2019, Solent NHS Trust has supported 139 people through an apprenticeship, leading to a formal qualification, whilst also being paid to work for the Trust. 97% have gone on to work permanently for the Trust, with others moving to other NHS bodies to extend their experience.

Some of the more unusual apprenticeship roles include a Junior Energy Manager, supporting the Trust to achieve sustainability goals, and Visual Impairment Rehabilitation Assistant, supporting people to adapt to life without sight.



## Portsmouth pair return with gold medals



Two Solent chefs scooped gold medals in one of the most prestigious cooking competitions in the world.

Jim Richardson and Joe Hennigan, usually based in the kitchens at St Mary's Community Health Campus, had already had a taste of glory after coming third in NHS Chef 2022 received the top accolade at the famous International Salon Culinaire, part of the Hotel, Restaurant and Catering (HRC) 2023 event in London.

ISC is regarded as one of the world's top competitions for chefs of all ages and abilities – from students through to those well established in their careers. The platform helped launch the careers of Gordon Ramsey and Anthony Worrall-Thompson among others.

### **International Nurses Day 2022**

We held two events to celebrate International Nurses Day in May 2022. A ceremony took place at St Margaret's Church, West Wellow, the resting place of Florence Nightingale. This included readings by people from Team Solent and the Emma D'aeth, Trust Chaplain. Our online Nurses Day Conference took place the same week. The conference was held over Zoom to help everyone celebrate and stay connected with one another.

In addition, Natasha Baker, was presented with the award for Solent 'Nurse of the Year' and Jerzy Rucinski was crowned 'Nursing Healthcare Assistant of the Year'. The awards gave patients and Solent colleagues the opportunity to recognise someone who has really made a difference to nursing in the Trust.



### **Mental health nurse finalist in Nursing Times Awards**

Natasha Baker who works in our mental health team was shortlisted in the Nursing Team Awards for the Ann Shuttleworth Rising Star Award! The nomination reflected Natasha's outstanding contribution to nursing.

### **Allied Health Professionals (AHP) Conference**

The AHP conference was held in October – celebrating all the great work our AHPs do across the Trust.

We were joined by keynote speaker, Sarah Boulton, Interim Regional Chief Allied Health Professional at NHS England. The day featured a number of workshops and speakers.



HSJ Award shortlist



Our COVID-19 Vaccination Programme was shortlisted for the COVID Vaccination Programme Award at this year's HSJ Awards.



Being shortlisted was testament to our team of staff and volunteers, as well as partner organisations, who helped to make the programme such a success.

### **Unicef Baby Friendly Gold Award**



In February, our Portsmouth Health Visiting team were joined by Chief Executive, Andrew Strevens as they celebrated their success in being awarded the Unicef Baby Friendly Gold Award. The Unicef Baby Friendly Gold award is the highest level of accreditation and celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships.

### **Awareness Weeks**

Solent celebrated various awareness weeks throughout 2022-23 with some examples shared here.

World Immunisation Week in April was an ideal opportunity for Solent NHS Trust's School Age Immunisation (SAI) Service to encourage parents and families of eligible pupils and students on the Isle of Wight and across Portsmouth and Southampton to take up the offer of its full, annual vaccination programme.

In May, we marked Maternal Mental Health Awareness Week and Mental Health Awareness Week by highlighting the online portal, [Family Assist Solent](#). Family Assist Solent offers a wealth of information, including mental health guidance to expectant and new mothers, parents, and families when needed most.

For Volunteers' Week in June, [Tracy Lester](#) shared how she got involved in volunteering as part of our work to showcase the [amazing work and dedication](#) of Solent's volunteers.

Learning Disability Week was a great time to announce the refresh of our learning disability strategy and launch a new plan of action to ensure staff had a suite of resources – digital and in-person – to best support those service users with learning disabilities and deliver great, person-centred care to them in every scenario.

Fruit baskets were organised to mark Nutrition and Hydration Week, with all patient wards invited to receiving one and being invited to attend a tea party gathering. Social media posts were shared online for staff and followers to receive how to eat and drink well.

More recently, for Neurodiversity Celebration Week, Solent member of staff, Hannah Baker, shared her neurodiverse story. Hannah started working at Solent in July 2022 as a Business Support Team Secretary for the Clinical Advisory Team. When Hannah was 13, she was diagnosed with High Functioning Asperger's Syndrome, and attributes the late diagnosis to some research that states it is "more challenging to diagnose females than males as females are better at masking their emotions than males." We amplified Hannah's voice through a [blog article](#) and social media posts.

## **SHINE**

We published our biannual patient and staff magazine Shine in Winter and Summer 2022 celebrating our inspirational staff and patients as well as offering health and wellbeing advice. You can find copies of Shine here. [Shine magazine | Solent NHS](#)

# NHS staff morale at the Solent Trust remains steady

Morale amongst staff at the Solent Trust has remained steady in the last year, new figures show, despite feelings of frustration growing across England.

By Andrew Dowdeswell  
Tuesday 14th March 2023 4:48 pm

SHARE   



Credit by Jeff Moore (PA Wire)

[NHS staff morale at the Solent Trust remains steady | petersfieldpost.co.uk](https://petersfieldpost.co.uk)

 Daily Echo

## Demolition underway for new £21m rehab centre



**Emily Liddell**

29 December 2022 · 2-min read





## Solent NHS Trust trials virtual wards with Doccla tech



Solent NHS Trust is piloting digital wards in conjunction with Doccla, offering patients with frailty personalised care to help reduce hospital admissions.

[Solent NHS Trust trials virtual wards with Doccla tech \(digitalhealth.net\)](#)

### Hospital catering team delivers masterclass to student chefs

16th Dec 2022 - 06:00



Solent NHS Trust chefs visited teenagers at The Harbour School in Tipner just weeks after finishing third in the 2022 NHS Chef of the Year competition to deliver a masterclass to student chefs.

[Hospital catering team delivers masterclass to student chefs | Public Sector Catering](#)



## New team members help parents make informed choices for their child's health

Solent NHS Trust's School Age Immunisation (SAI) service has welcomed new immunisation support workers to help parents complete the online, e-consent process for their child's immunisations

Be the first to add your thoughts in the comments section ↓



Solent NHS Trust's School Age Immunisation (SAI) service has welcomed three new immunisation support workers to help parents complete the online, e-consent process for their child's immunisations.

Monday, 12th December, 2022  
7:42am

By Staff Writer

ShortURL: <http://wia.ht/2bJr>

[New team members help parents make informed choices for their child's health \(onthewight.com\)](http://onthewight.com)

# Thousands of people come forward for autumn Covid booster

13th October 2022

COMMUNITY

HEALTH

PEOPLE

ANDOVER



Thousands of people come forward for autumn Covid booster (Image: PA)



By Sophie Gibbons

Reporter

[soph\\_newsquest](#)

Share



11 Comments

HUNDREDS of thousands of people who are at risk of Covid have come forward in Hampshire to get the autumn booster ahead of winter.

[Thousands of people come forward for autumn Covid booster | Andover Advertiser](#)

## NHS staff can help more ex-Forces patients change their lives through employment support



NEWS

26 Jun, 2022

[NHS staff can help more ex-Forces patients change their lives through employment support \(questonline.co.uk\)](https://questonline.co.uk)

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The project was funded by the Solent NHS Trust, the main public body of community based and mental health services in and around Hampshire and the Isle of Wight.



A staff memorial garden was opened at St James' Hospital on Thursday. Second left, Andrew Strevens, chief executive of Solent NHS Trust with staff who have contributed to the memorial garden. Picture: Sarah Standing (011222-7135)

[St James's Hospital opens memorial garden for staff | The News \(portsmouth.co.uk\)](https://www.portsmouth.co.uk/news/2023-03-23/st-james-hospital-opens-memorial-garden-for-staff)



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## Review of community and mental health services across the Isle of Wight and Hampshire underway

One of the review's recommendations is that a new organisation be created for all community and mental health services across Hampshire and Isle of Wight. Here's what *News OnTheWight* has found out so far

[Go directly to add to the reader's comment ↓](#)



*News OnTheWight* has discovered that an independent review of community and mental health services across the Isle of Wight and Hampshire has been carried out.

Tuesday, 7th June, 2022 1:52pm

By Sally Perry

<https://onthewight.com/new-body-to-oversee-community-and-mental-health-services-on-the-isle-of-wight/>

NEWS

# Solent NHS Trust supports maternal mental health through online portal

May 11, 2022 6:27 am

**'ALL PATIENT CONSULTATIONS NOW TAKE PLACE WITHOUT PAPER NOTES'**

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Enabling digital healthcare

[www.cubesolutions.com](http://www.cubesolutions.com)

Solent NHS Trust is raising awareness of its new online portal, Family Assist Solent, as part of Mental Health Awareness Week.

The portal provides information for expectant and new mothers, parents and families during pregnancy, birth and beyond, including mental health guidance and support.

Since Family Assist was launched in January 2022, the trust has registered 25,000 visitor interactions, with the online content viewed more than 7,000 times.

The portal supports the themes of Maternal Mental Health Awareness Week ('power of connection') and Mental Health Awareness Week (combatting loneliness) by enabling parents to reach out for help and providing them with the guidance and information they need.

[Solent NHS Trust supports maternal mental health through online portal - htn](#)

## Engaging with our workforce

We continue to connect with our workforce to ensure our people remain engaged and communicated with.

Since the COVID-19 pandemic, we have continued to use digital technology to hold virtual calls and events as a way of reaching people across Hampshire and Isle of Wight. We have also re-introduced in person events and trialled more hybrid events so that people have more of a choice and flexibility in how they engage.

During the year we:

- held regular weekly and Zoom Q&As hosted by Chief Executive, Andrew Strevens
- held ad hoc manager zooms to update managers on specific important topics
- held virtual all staff calls with people from partner organisations as part of Project Fusion
- published regular Chief Executive films, updating people on the latest news around specific topics including Project Fusion
- held online wellbeing sessions, and people have also taken part in the HIOW wide wellbeing interactive sessions
- encouraged staff to attend Wellfest
- held themed online and in-person events, in celebration of awareness days, including International Nurses' Day. We also held online events with partners across Hampshire and the Isle of Wight to celebrate diversity and belonging. More information about these can be found in the diversity and inclusion section.
- invited staff to take part in a fun and interactive quiz in celebration of Christmas and a virtual remembrance ceremony
- increased the use of Lightbulb, our online crowdsourcing platform, by asking people to share their thoughts on ways to improve care and employee experience, as well as using it as a listening tool for key topics such as our IT transformation
- supported listening events for colleagues to share their personal experiences.

## NHS staff survey results

People across our organisation shared their open and honest account about working in Solent and what they want to see improved by completing the NHS Staff Survey. We recorded our best ever response rate and sustained positive results, highlighting our compassionate and inclusive culture.

We ranked amongst the best when compared with other combined community, learning disability and mental health Trusts and were found to be top performing in five out of the nine key themes, and above average in the other four.

The results, which are testament to the commitment and dedication of everyone in Solent, demonstrated that as a Trust we have a compassionate and inclusive culture with people sharing that they felt that their role makes a difference and that they feel a strong personal attachment to their team where they are really valued. Colleagues shared that they are understanding and kind to one another, polite and treat each other with respect.



The results demonstrated that our investment in learning and creating a flexible environment is making a difference. This year we saw questions around the opportunities that people are given to learn and develop, as well as the support they are given to reach their potential, improve. We also saw more positive responses around the flexibility people are given to make sure they can have a work-life balance, not sacrificing family and friends. However, there is still further work to be done to make sure that everyone has the same experiences, whilst recognising that not everyone's role is the same.

The results also demonstrated that there is still more to do around nurturing people's health and wellbeing, ensuring people have the support and capacity to deliver the care they aspire to, and that people need to be better supported to take care of themselves; people said that they continue to work even when they don't feel well enough.

We will be looking at the results to make sure that we improve in the areas which need attention. We will review the results alongside our survey long-term action plan.



## Freedom to Speak Up



Solent NHS Trust continues to support Freedom to Speak Up (FTSU) following the recommendations laid out in the Freedom to Speak Up Review by Sir Robert Francis, published in 2015.

Processes are in place to ensure our staff feel safe to raise concerns and can seek confidential advice and support.

Solent NHS Trust have appointed an Independent Lead Guardian who is currently supported by three guardians and a growing network of Speak Up Champions.

For assurance and governance purposes, quarterly FTSU oversight meetings are held. These are chaired by a Non-executive Director (Chair of the Quality Assurance Committee) and are also attended by the Chief Executive, Chief People Officer, Chief of Staff, Chief of Nursing and AHPs and our Independent Lead FTSU Guardian. Executives provide assurance to the Lead Non-executive Director for FTSU on behalf of the Board that issues raised are dealt with promptly and appropriately by the Trust. The oversight group also oversees supporting work programmes associated with FTSU. At the meetings, the FTSU Independent Lead Guardian briefs colleagues on:

- **Assessment of FTSU cases**
- **Themes**
- **Learning and improvements**
- **Actions taken to improve access to the FTSU Guardian route**
- **Speaking up/listening up culture and actions taken to improve culture**
- **National/regional activities and information**
- **Future actions**
- **Other news**

The Chief of Staff, Chief of Nursing and AHPs and Chief People Officer brief members and provide assurance that appropriate actions are being taken where any matters concern patient and staff safety and /or wellbeing.

The Lead Guardian also submits quarterly results to the National Guardians Office (NGO). In 2022/23 our Guardians dealt with the following cases:

- Quarter 1 – 7
- Quarter 2 – 24
- Quarter 3 – 25
- Quarter 4 – 22

Thematically the cases vary but more commonly involve behaviours, bullying and cultural issues rather than specific patient safety concerns, aligned with the national picture. Patient safety concerns are generally linked to concerns regarding staffing issues. All cases are actioned, and staff are fully supported in finding resolution either formally or informally. The FTSU Guardian also provides reassurance to staff that actions will be taken if they are faced with any perceived detriment as a result of speaking up.

Examples of support include facilitated conversations supported by the people partners, mediation, signposting to HQP's or senior leaders regarding areas for service improvements, escalating safety issues to the Director of finance and exec lead for health and safety.

**Improving access to FTSU** - In response to an all staff 'speak up' survey sent, the FTSU intranet page was updated to provide more options for staff to access the service. This included an anonymous reporting function and a request form to speak to a guardian. Both these routes are an addition to the email and phone options also available. Another additional feature is pre-bookable face to face or virtual appointments which can be booked confidentially.

**A FTSU Workplan and Priorities** was produced a FTSU workplan outlining our objectives in order to support the delivery of the strategy including guidance on how the impact will be monitored. It also clearly set out our vision and strategy:

- **Vision** - 'To promote and create an organisational culture of openness and transparency, where staff feel safe and confident to speak up and action is taken to resolve the concerns, creating a productive workforce, delivering safe and effective care'.
- **Strategy** – We aim to make speaking up business as usual by implementing the three I's:
  - **Insight** - Improving the culture and understanding of speaking up to enable staff to feel confident and safe to speak up, knowing they will be listened to and heard, and the relevant actions will be taken where appropriate.
  - **Involvement** - Equipping our leaders with the skills and knowledge to be responsive to concerns and act on these promptly to ensure concerns are well received and fairly investigated.
  - **Improvement** - Designing and supporting programmes that deliver effective and sustainable change identified from the learning from concerns raised to improve



both patient/service user and staff safety, in order to ensure that speaking up makes a difference and is integrated into continuous quality improvement programmes.

Our key work priorities over the year summarised:

- **Comms campaign and relaunch aligned to appointment of new lead guardian**
- **Developed a network of ‘Speak Up’ champions**
- **Speak up month – (October)** We celebrated Speak up month by asking all execs to make a pledge to show their support, wore green on Wednesdays to raise awareness, featured in the NGO’s ‘Stuck in a lift’ campaign, held a joint webinar with Southern Health Foundation Trust.
- **FTSU Feedback and evaluation form** – once a case is closed an anonymous feedback form is sent out. This collates information on the staff members experience of FTSU and asks if they would use the service again. This feedback also allows us to review our ways of working and make improvements as necessary.
- **Staff Induction** – FTSU now hold a regular spot on the newly qualified staff, healthcare support worker and international nurses’ induction programmes.
- **Rated top** for our positive speaking up culture for the fourth year in a row, in the NHS staff survey results against comparable organisations, ultimately leading to better care for our patients.
- **The National Guardian’s Office** included Solent NHS Trust as a case study in their annual report which was laid before parliament. confirmed our Trust as **the best performing combined mental health, learning disability and community Trust in the country.**



Staff showing their pledges and support for freedom to speak up

## Engaging with our Workforce and our Staff Survey Results

People across our organisation shared their open and honest account about working in Solent and what they want to see improved by completing the NHS Staff Survey. We recorded our best ever response rate and sustained positive results, highlighting our compassionate and inclusive culture.

We ranked amongst the best when compared with other combined community, learning disability and mental health Trusts and were found to be top performing in five out of the nine key themes, and above average in the other four.

The results, which are testament to the commitment and dedication of everyone in Solent, demonstrated that as a Trust we have a compassionate and inclusive culture with people sharing that they felt that their role makes a difference and that they feel a strong personal attachment to their team where they are really valued. Colleagues shared that they are understanding and kind to one another, polite and treat each other with respect.

The results demonstrated that our investment in learning and creating a flexible environment is making a difference. This year we saw questions around the opportunities that people are given to learn and develop, as well as the support they are given to reach their potential, improve. We also saw more positive responses around the flexibility people are given to make sure they can have a work-life balance, not sacrificing family and friends. However, there is still further work to be done to make sure that everyone has the same experiences, whilst recognising that not everyone's role is the same.

The results also demonstrated that there is still more to do around nurturing people's health and wellbeing, ensuring people have the support and capacity to deliver the care they aspire to, and that people need to be better supported to take care of themselves; people said that they continue to work even when they don't feel well enough.

We will be looking at the results to make sure that we improve in the areas which need attention. We will review the results alongside our survey long-term action plan.

## Diversity and Inclusion and our staff resource groups

### People Who Use Our Services

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. The EDS is an improvement tool for patients, staff and leaders of the NHS.

It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

Over the past year in Solent's Child and Adolescent Mental Health Services (CAMHS), a service for children and young people aged 5-18 years who are struggling with their emotional and mental health and whose difficulties are having a significant impact on their ability to participate in daily

activities or keep themselves safe have developed their services to ensure Patients (service users) have required levels of access to the service and those families seldom heard of have been considered in service design.

During the Covid-19 pandemic, service moved to provide some initial appointments through a digital platform; while all first appointments with a psychiatrist were face to face. These arrangements were communicated to all service users and or their parents/carers. Easy Read documents were developed, to introduce service user to CAMHS.

Welcome signs in Makaton have been added to some reception areas. In addition, CAMHS in Southampton continue to work closely with Re:Minds to provide pop up sessions related to mental health alongside general question and answer sessions.

Access to specialist CAMHS services is impacted by increasing numbers of children waiting for either assessment or treatment within the service and increasing time that they are waiting to receive these interventions. This is a local and national picture. Children on waiting lists are triaged for immediacy of need and severity of risks that need to be managed and those with the highest needs and the greatest risks will have access to services more quickly than others. Children with protected characteristics might fall into these categories as a result of their protected characteristic.

The organisations often consult with patients with higher risks due to a protected characteristic to commission, design, increase, decrease, de-commission and cease services provided. The organisations signpost to VSCE organisations and social prescribing.

Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations. CAMHS has a 'Participation Strategy', along with an action plan – which is actively promoted to young people by clinicians.

In a space of three months in 2022, 12 young people were referred to take part and 6 were successfully recruited. There was diversity in the six inspectors around race, sex orientation and ability/disability.

As part that participation, they become 'Young Inspectors', where they are provided with training to do quality inspections. This entails visiting sites and services to review how services are being provided and provide recommendations. Example feedback actioned by youth inspectors was to put up notice boards with interesting facts for children and young people to read while waiting in reception areas.

Young people also participated in an interview style Q&A video about the benefits of participation. They also contributed questions regarding what to expect when seeing CAMHS clinicians from the lens of a young person.

The service offers individualised care to all patients which should reflect any protected characteristics the child may have. These individualised care packages will be agreed with young people and documented in the clinical record as either a care plan or risk assessment (or both). These are audited by teams on a monthly basis to ensure they are in place and that the content is satisfactory to meet the child's needs.

Letters have been revised to ensure they are accessible, in terms of language and terminology used, that there are easy to read versions, if preferred. Accessible Information leaflets have been developed by the Patient Advice and Liaison Service (PALS).

The service follows Trust IPC (Infection Prevention and Control) audits which ensure that the environment is clean and suitable to provide clinical services. The Trust as a robust risk reporting system whereby all staff at all levels can raise clinical and operational risks that relates to care delivery, individual patients or environments for review by senior managers. When required, these incidents might lead to serious incidents that require investigation and once completed, learning shared back within services to prevent similar risks occurring again.

Mental health services have robust and strong partnership approaches with education, police, social care and safeguarding hubs to ensure that risks to children are raised and networks work collaboratively to protect children from harm

The organisations collate data from patients with protected characteristics about their experience of the service. The organisations create evidence-based action plans in collaboration with patients and relevant stakeholders, and monitor's progress.

The organisation shows understanding of the link between staff and patient treatment and demonstrate improvement in patient experiences CAMHS West Family and Friends Test for April 2022 (CAMHS) showed: - 92.9% Good - 2% Poor 5.8% Do not know Friends and Family Test rolling figures for community and mental health services (April 22 to Sept 2022) show an average of 94% positive feedback Trust-wide plaudits log (April 2021 to Sept 2022) has 1611 compliments.

Within the County wide Special Care Dental Service collaborative partnerships with Kids Charity have worked together to develop a short video to help create a social story that supports children and their families better understand what to expect when using this service. Further work has also been done on the little journey app, an app that support children and adults with learning difficulties to support them understand their treatment pathway. The lead learning difficulties Liaison Nurse and Play Therapist at Poswillo hosted a small group of children who are hearing impaired from The Elizabeth Foundation during their 'People who help us' topic week.

Our services are now running from the new Hythe Clinic, the facilities include a changing places toilet, with a parent of one of our patients being a key campaigner for this changing facility for patients with disabilities

The Specialist Dental team ceased providing services at Eastney on 31st December, where facilities were outdated and not suitable for the needs of our patients. The team have moved, and patients are now being seen at Somerstown where there are two new surgeries, providing a four-surgery clinic for Portsmouth City.

Over the past year Solent has been delivering outcomes are committed to in its Learning Disability Strategy Delivery Plan. This plan aims to ensure that Solent's are accessible to people in the communities that we serve. It has a number of key themes, delivering reasonable adjustments, staff awareness and training and inclusive communication. Within each of these themes' services lines have committed to take specific targeted and measurable action.



The Sexual Health Promotion Practitioners (SHPP) developed an LGBT+ section for the Parents & Carers toolkit and also provided the information and resource links for the sexual health sections of the toolkit being developed for the HIPS area.

- SHPPs on the Isle of Wight are running “Time for T” trans and gender diverse groups, this is well attended.
- For World Aids Day 2022 SHPP’s went to various venues to reach out and share education on PrEP and PEP as well as STI testing.
- All SHPP’s work well with their local LGBT+ Link Officers as well collaborative working Inclusion
- SHPP’s attended all the Pride events across HIPS in the hot summer !. A lot of engagement was had at these events.
- SHPP’S also attended Freshers at Uni’s last year this was very successful and from this more collaborative working with Uni’s moving forward .
- SHP are finding there is a lot more work with asylum seekers and have started to make links with other organisations to ensure people know how to access services.
- SHPP continue to work with professionals providing successful webinars – webinar slides can be seen here: <https://www.letstalkaboutit.nhs.uk/media/dcddd3t/lgbtq-webinar-for-website.pdf> and <https://www.letstalkaboutit.nhs.uk/media/zloncynv/chemsex-powerpoint-slides-for-website.pdf>
- We have a new website and we like to have feedback <https://www.letstalkaboutit.nhs.uk/>
- There will also be a cultural page added to the website this is coming soon.

Practitioners have continued engagement with Faith Leaders and the Inclusion and Diversity Officer, sharing and promoting sexual health services. During Black History Month there were several Impactful Communities events hosted, where local Sexual Health services were promoted including HIV and testing and online provision, including The Big Chat which looked at a borough wide strategic plan on the impact and future of equity, diversity and inclusion in Basingstoke. Having a good working relationship with one of the leads will enable future working, promotion and support for this community.

Solent NHS Trust has recently committed, as an organisation, to become Communication Accessible and is now accredited to launch the use of the national Communication Access Symbol (CAUK). This includes promoting the CAUK e-learning training modules as part of new staff inductions; through this training and other initiatives, staff will gain the skills and confidence to engage with people with communication difficulties much more effectively.

The Inclusive Communication Lead post, the new role to develop and deliver a comprehensive approach to inclusive communication across the Trust has been agreed and will be advertised in March 2023. This will support our requirement to comply with NHS England’s Accessible Information Standard and our drive to improve access to health services by better understanding the current barriers to communication which impact on people most affected by health inequalities.

## **Our Staff and Our Policies**

To ensure that we meet the Public Sector Equality Duties, Equality Analysis (EAs) are completed when writing and revising policies that impact equality decisions.

Under the Equality Act 2010 we have an obligation to:

- evidence the analysis that has been undertaken to establish whether our policies and practices have (or would) further the aims of the general equality duty
- provide details of information that we have considered when carrying out an analysis, and
- provide details of engagement (consultation / involvement) that we have undertaken when making changes, for example, to our services.

To meet the requirements of this duty we use the Equality Impact Assessment (EIAs) process which has been developed to be compliant with the Equality Act 2010. To support education and awareness of this requirement an online learning module was developed over a year ago and added to our Learning Management System for staff to complete. This interactive module equips colleagues across the Trust with the information and tools needed to complete the Solent Equality Impact Assessment and ensure diversity and inclusion sits at the heart of our planning and service delivery. We are now planning to digitalise and streamline this process further to align with the quality improvement process.

## Looking after our people:

Diversity and Inclusion is fundamental to 'Belonging in the NHS', one of the four Pillars of the People Plan. The NHS sets out the NHS Long Term Plan in this link. <https://www.longtermplan.nhs.uk/> .

For us to ensure that we meet the challenges ahead, implement the NHS People Plan and embed the NHS People Promise [NHS England » The Promise](#) that supports the drive to achieve the vision set out in the Long-Term Plan, it is essential that we work differently, develop a compassionate and inclusive culture and a sense of belonging.

In 2022 we worked with stakeholders to develop a People Strategy. 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. The Pillar 'Belonging in the NHS' aims 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'.

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.

Under the Belonging in the NHS Pillar, we have identified 2 People focused priorities

- 1. 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.**

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 adjustment processes, as well as centralising funding of workplace adjustments.

**2. Further strengthen our engagement with and support for staff networks to ensure the voices of people from diverse groups influence implementation of the 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 have out in plans to take this further by agreeing funding and resource for staff network which will is linked to delivery of the key priorities of the People Strategy.

## **People Strategy and Equality Diversey Inclusion Belonging (EDIB) Action Plan**

To do this over the past year we have designed and delivered an Equality, Diversity, Inclusion and Belonging action plan to ensure our people feel valued and supported, delivering the very best health outcomes for all.

This plan has been designed to ensure that all service lines and corporate services are able to demonstrate advancement in equality of opportunity and meeting our obligations and duties under the Equality Act 2010, Public Sector Equality Duty, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and the Equality Delivery System (EDS).The 22/23 Action Plan focused on two themes.

**1. Ensure inclusive recruitment and opportunities for growth are available for all.**

- *We will be known as an employer of choice; recognised for inclusive recruitment and for opportunities for growth.*

**2. Develop an inclusive culture and sense of belonging for all.**

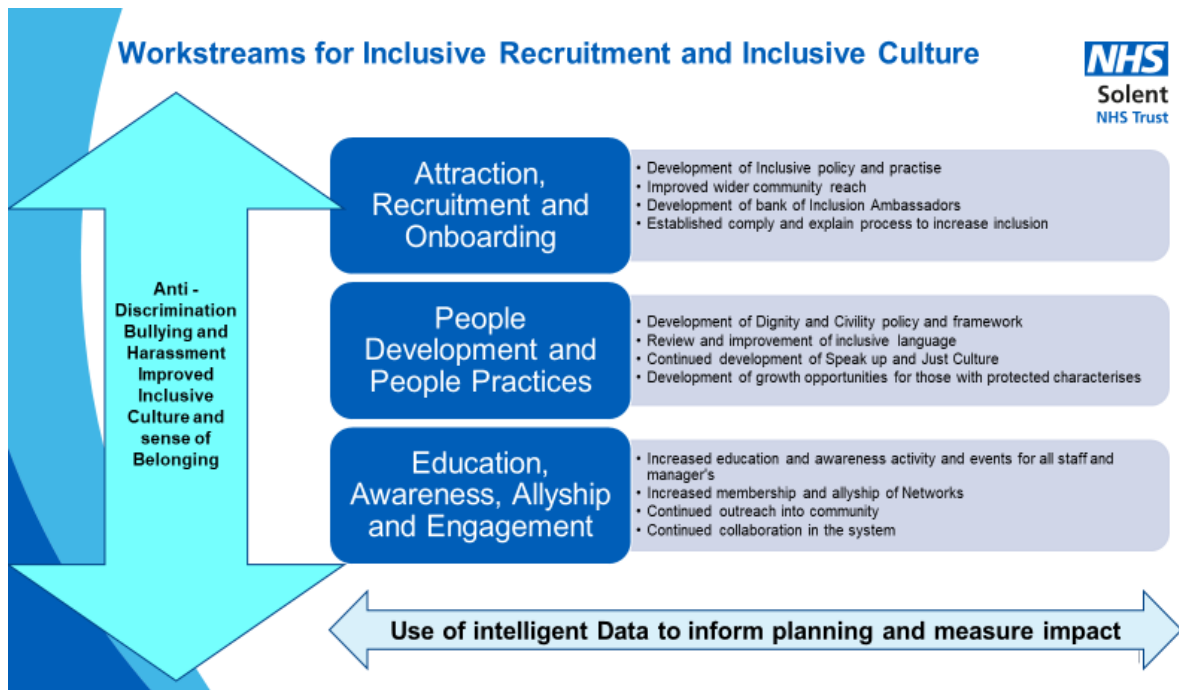
- *We will be accountable and take action so that measurable processes and systems are in place to make things happen.*
- *We will begin the journey to ensure everyone has a sense of belonging and anti-discrimination action is the norm.*

The Action plan had 3 workstreams that drove improvement over the 2 themes

- **Work Stream 1 – Attraction, Recruitment and Onboarding**  
Re – design the attraction, recruitment and onboarding process to increase diversity and improve inclusion .
- **Work Stream 2 – People Development and People Practise**

Review of People Practise/ Policies to ensure inclusive language.

- **Work Stream 3 - Education, Awareness, Allyship and Engagement**  
Improve individual and collective awareness and understanding.



The broad scope of deliverables within the EDI plan have been actioned and impactfully delivered, this is because of an effectively implemented a partnership model that has increase capacity of the Diversity & Inclusion team and to ensure improved collaboration with colleagues across the Trust and to embed EDI across multiple functions.

It is through this partnership model that Diversity and Inclusion has started to drive cultural change and become embedded in new ways of working.

All publicly funded organisations have a duty to adhere to Public Sector Equality Duty, to:

- Eliminate unlawful discrimination.
- Advance equality of opportunity.
- Foster good relationships on the basis of protected characteristics.

The governance of the networks and the work was reviewed at the start of last year that and has resulted in ensuring that decision making, accountability and outcomes are more effectively achieved and empower the voice of the networks. By delayering the governance structure, action accountability and assurance now flows in a more efficient way, meaning that actions are taken sooner and have higher impact.

We monitor and report the ethnicity of our staff, meeting the requirements of the Workforce Race Equality Standard (WRES). The information we collect supports us with developing and maintaining an inclusive and motivated workforce.

The tables below were derived from our ESR system. The following graphs show the ethnicity of our staff in each WRES band for 2022/23. There was an overall increase in BAME staff employed by the Trust in each of the previous two years.

Ethnicity of Staff – total number of staff 5335 - In 2022/23 97.4% of staff self-reported their ethnicity.

2020/21			2021/22			2022/23		
White Staff	BAME Staff	Ethnicity Unknown	White Staff	BAME Staff	Ethnicity Unknown	White Staff	BAME Staff	Ethnicity Unknown
58.6%	7.0%	34.3%	85.9%	11.8%	2.3%	83.7%	13.6%	2.6%

### **Breakdown of Banding and Ethnicity 2022/23**

#### **Clinical workforce**

Band	White	BME	Unknown	Grand Total
Band 2	354	117	11	482
Band 3	692	54	8	754
Band 4	346	41	3	390
Band 5	544	138	14	696
Band 6	774	87	7	868
Band 7	512	37	2	551
Band 8 - Range A	168	11	5	184
Band 8 - Range B	40	6	0	46
Band 8 - Range C	26	2	0	28
Band 8 - Range D	8	1	0	9
Band 9	5	0	0	5
Consultant	40	25	3	68
Non Consultant	62	35	11	108
Trainee Med & Dental	24	10	4	38
Other	3	0	0	3
<b>Grand Total</b>	<b>3598</b>	<b>564</b>	<b>68</b>	<b>4230</b>

#### **Non-Clinical Work Force**

Band	White	BME	Unknown	Grand Total
Band 2	197	79	6	282
Band 3	175	18	2	195
Band 4	68	2	3	73
Band 5	93	36	2	131

Band 6	55	3	1	59
Band 7	76	5	1	82
Band 8 - Range A	46	3	2	51
Band 8 - Range B	20	2	0	22
Band 8 - Range C	23	1	0	24
Band 8 - Range D	13	0	0	13
Band 9	6	0	0	6
Consultant	1	0	0	1
Director	1	2	0	3
Other	96	11	0	163
<b>Grand Total</b>	<b>870</b>	<b>162</b>	<b>56</b>	<b>1105</b>

### **Breakdown of Banding and Disability 2022/23**

#### **Clinical workforce**

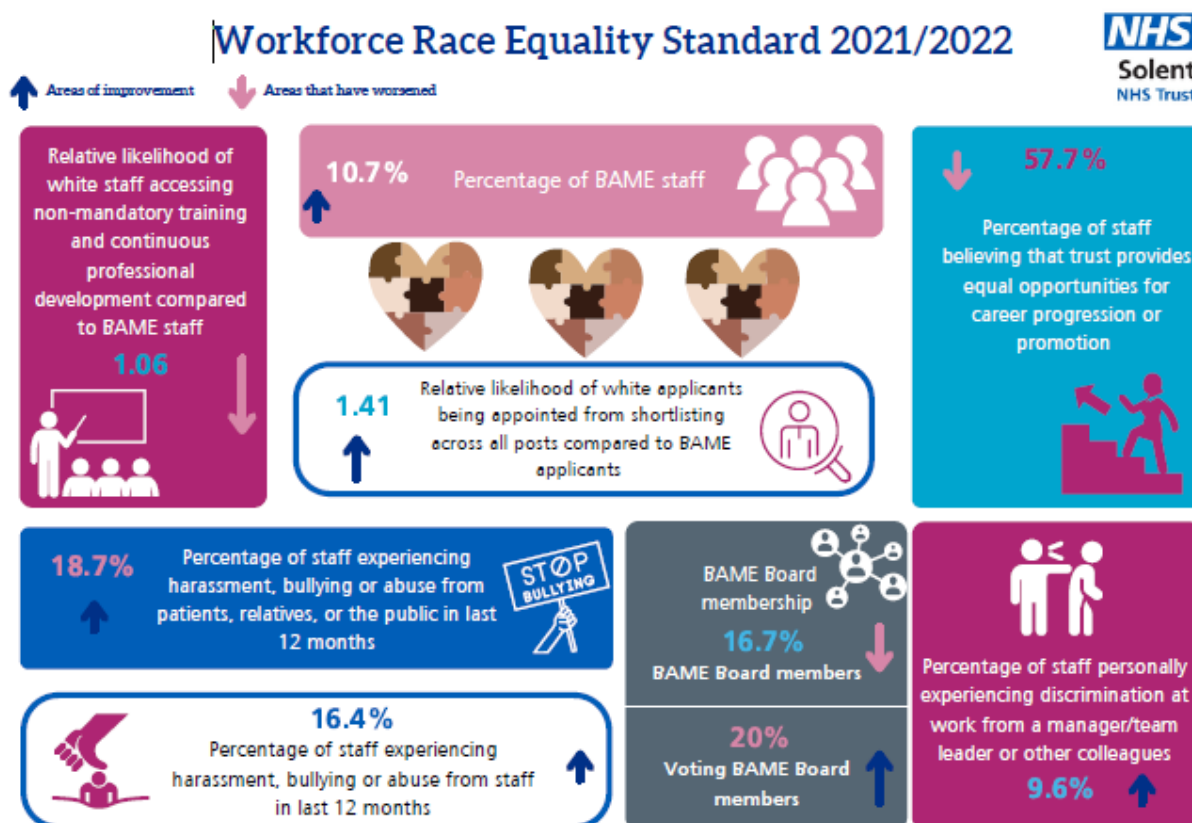
<b>Band</b>	<b>No</b>	<b>Yes</b>	<b>Unknown</b>	<b>Grand Total</b>
Band 2	388	19	75	482
Band 3	627	33	94	754
Band 4	315	24	51	390
Band 5	580	26	90	696
Band 6	698	45	125	868
Band 7	428	27	96	551
Band 8 - Range A	135	9	40	184
Band 8 - Range B	35	2	9	46
Band 8 - Range C	17	1	10	28
Band 8 - Range D	7	1	1	9
Band 9	4	0	1	5
Consultant	28	1	39	68
Non Consultant	70	2	36	108
Trainee Med & Dental	11	0	27	38
Other	2	0	1	3
<b>Grand Total</b>	<b>3345</b>	<b>190</b>	<b>695</b>	<b>4230</b>

## Non-Clinical Work Force

Band	No	Yes	Unknown	Grand Total
Band 2	224	5	53	282
Band 3	158	8	29	195
Band 4	58	1	14	73
Band 5	98	2	31	131
Band 6	45	3	11	59
Band 7	64	5	13	82
Band 8 - Range A	42	2	7	51
Band 8 - Range B	16	2	4	22
Band 8 - Range C	21	2	1	24
Band 8 - Range D	10	0	3	13
Band 9	5	0	1	6
Consultant	1	0	0	1
Director	3	0	0	3
Other	77	13	73	163
<b>Grand Total</b>	<b>822</b>	<b>43</b>	<b>240</b>	<b>1105</b>

Data is run as at 31.03.31 - All our data used for the Annual report is drawn from ESR reports which includes Bank (and Honorary staff), this offers a truer picture of the demographic especially in the lower bands.

The following infographic compares our performance in 2021/22 with that of the previous twelve months against the WRES, a set of national indicators.



Note – there are slight differences in figures in our tables and the above chart due to timing/reporting periods and rounding.



The table compares our Trust’s performance from the previous year (*note the 2022 is based on 2021 staff survey*) with that of the previous twelve months against a set of national indicators, the results showed:

- An increase in the total number of BAME staff, and more BAME colleagues being appointed from short-listing compared with white staff.
- Reductions in bullying, harassment and abuse from staff, patients, relatives and the public.
- An improvement in the percentage of staff experiencing discrimination at work from managers, their team and or colleagues

However, we noted that there were there was a decreased in the percentage of BAME staff believing that the trust provides equal opportunities for career progression and promotion. As such we ran a specific and targeted leadership development programme for colleagues who are BAME, and we are currently recruiting to a reverse mentoring programme. Both programmes design to support colleagues who are from marginalised and monitories backgrounds to have more equitable access to career development.

The Diversity and inclusion action plan outlines a number of deliverables to ensure appropriate action is taken to positively impact on the WRES indicators. For more information with regards to this please see the full 20222 EDIB Annual Report which can be found [di-annual-report-2022-v10.docx \(live.com\)](#)



We have been working to improve figures for self-reporting a disability on our Electronic Staff Record (ESR) required some improvement. The Disability network conducted a survey with colleagues with a disability and long-term health condition in spring 2021 and received 68 responses enabling us to further understand why people are reluctant to disclose disability.

In respect of employees with existing disabilities or those who become disabled whilst working for us, we provide support, training and make reasonable adjustments to ensure our staff can enjoy a fulfilling career with us.

We continue to encourage and support applications for employment from all individuals. For applicants who disclose a disability, reasonable adjustments are put in place on request and all appointments are based on merit. The network group was instrumental in the conceptual development of a business case for a disability advisory team to further support access arrangements and provide support for colleagues with a disability.

In November 2022 we hosted an event with the chairs of the DisAbility network aiming to raise awareness around support colleagues with disability, long term health condition and or who are neuro divergent. Around 80 colleagues from Solent joined event and the feedback indicated the following.

- 61% enjoyed the length and pace of the session.
- 83% said the interactive format of the session was very effective.
- 83% felt 'a lot' more confident in having conversations around reasonable adjustments and supporting colleagues with long term conditions, disabilities and neurodivergence because of the session.

In December 2022 a Hybrid Disability in the Workplace Conference was hosted. Approximately 60 people attended in person and a further 20 joined online. The event aimed to stimulate discussion and raise awareness as to how we can be more inclusive and ensure a better working environment and support for colleagues who have a disability, long term health condition and or are neuro divergent. Feedback from the event indicated the following.

- 88% enjoyed the length and pace of the event.
- 94% felt that they have a better understanding of DisAbility Wellbeing in the Workplace because of attending the event.

Following these events, the membership of the DisAbility network increased by 16% following and as the year closed membership stood at 74 and with 89 Allies.

The Diversity and inclusion action plan outlines a number of deliverables to ensure appropriate action is taken to positively impact on the WDES indicators. For more information with regards to this please see the full 2022 EDIB Annual Report.

[di-annual-report-2022-v10.docx \(live.com\)](#).

In 2021 we were successful in achieving accreditation from Stonewall, an organisation that supports LGBTQ+ people and partners with organisations to make real, positive change and have retained our accreditation throughout 2022. We have been working with the network to develop and deliver an action plan to ensure better inclusion for LGBTQ+ colleagues.

We are an inclusive employer that has developed structured policies and practices which embed inclusion across the organisation. This will help us to attract and retain the best talent and

ensuring the evolution of a diverse workforce which creates diversity of thought, action and innovation in a competitive market.

The table below from our ESR system shows the profile of the sexual orientation of our colleagues

**Substantive staff only 31.03.22.**

Sexual Orientation	Headcount
Bisexual	56
Gay or Lesbian	73
Heterosexual or Straight	3,354
Not Disclosed	716
Other Sexual Orientation not listed	5
Undecided	<5

We recognise that there is a significant number of colleagues who have not disclosed their sexual orientation.

The Diversity and Inclusion Action Plan aims to develop an inclusive culture through creating a psychologically safe space where colleagues feel comfortable with recording this information on their ESR records.

Staff are now able to update their equality and diversity information through a Portlet on the ESR dashboard for staff, called “My Equality and Diversity”. This will allow staff to update their Ethnic Origin, Country of Birth, Sexual Orientation, Religious Belief, Marital Status and Disability more easily. This information is monitored on a monthly basis to try and improve on its quality. The ESR team continue to cleanse as many records as possible and improved the quality of data.

There has been a further improvement in data quality and as of January 31<sup>st</sup> 2023 we are at 99.60% which is up from last month’s 99.57%. There is new functionality in ESR and we will look at ways of implementing this, which will help improve our data, working with the Diversity and Inclusion Team.

**In summary significant areas of activity over the past year and moving forward in to 2023 are:**

Area of Improvement and delivery	Summary
Anti-discrimination and Hate Crime Reporting	<p>Staff can now report incidents anonymously if required, for example when whistleblowing, to ensure their manager is not notified and their name is not revealed.</p> <p>Solent recently launched the ‘Ripple’ model whereby staff can indicate on any incident report that they require additional support.</p> <p>Working in partnership with the Police, Victim support, restorative practices and colleagues in the security specialist team we have developed an easy to follow flow chart that show colleagues how to report hate crime and where to access support.</p> <p>A campaign has been developed to re-enforce the message that, we stand by victims of hate crime and support staff to report any crime (hate, abuse,</p>

	<p>assault, and damage) against them by another staff member or a patient. That colleagues can report the incident on SolNet via Solent Incident, Risk and Patient Liaison System - Ulysses - Reporting any incident can be done anonymously if preferred. All reports logged will be reviewed and dealt with and support offered.</p> <p>A series of posters have and will continue to promote this message and message that hate hurts and that any crime against a person's race, faith, sexual orientation, disability, transgender status, or gender identity – is not ok.</p>
Equality Delivery System EDS3 (Equality Delivery System 3)	The Equality Delivery System (EDS) is a system designed by the NHS to enable healthcare organisations to evaluate the services they provide for their local communities and the workforce environment. Our EDS3 evaluation is underway, and the final report is being prepared for inclusion in the Public Sector Equality Duty report that will be presented in June 2023 to the Trust Board.
Coaching for Neuro Divergent Colleagues	We are proud to confirm that we are piloting on behalf of our partnership with the Employment Disability Advisory Service (EDNA (Employee Disability and Neurodivergent Advice)) in the ICS (Integrated Care System) a coaching programme hosted by Genuis Within. A coaching programme for colleagues who are neuro divergent. Two workshops are in place in February and March 2023 and are fully booked.
Trans inclusion policy	Working in partnership with the LGBTQ+ network we are currently drafting Solent's first Transgender inclusion policy. All the staff networks will be consulted on this policy, to ensure intersectionality is considered and referenced - this should go live by April 2023.
Revised EDBI Policy	Revisions and updates have been made to the previous policy and this will be going to policy steering group in February 2023 for sign off. This policy has been updated to be more accessible and easier to read as well as ensure the language is more inclusive and relevant.
Inclusive recruitment	An overhaul of the way we attract and select talent is being undertaken and by March 2023 a toolkit and training for recruiting managers will be in place. This is supported by the implementation of a new and inclusive recruitment IT platform that was rolled out in autumn 2022.
Improved Solnet (Intranet pages for colleagues)	<p>Work has been undertaken to update the staff intranet pages to ensure easy to access information is available for colleagues. New tabs covering the following areas have been added;</p> <ul style="list-style-type: none"> <li>• Promoting equality</li> <li>• Reverse Mentoring</li> <li>• Networks</li> <li>• Reporting hate crime</li> <li>• What is neurodiversity?</li> <li>• Equality Monitoring</li> <li>• Action plan for EDIB</li> <li>• Inclusive language</li> </ul>
Carers passports	Working with colleagues across the ICS a carers passport is being developed. This is a document that outlines an individual caring responsibility and the adjustments that they may require. This document will go to form part of an agreement with their manager so to support and allow adaptations to be made. This will be rolled out mid-2023.

Health passports	Workplace adjustment passports and personal profiles to be developed and implemented as a pilot, working group to include staff network leads and Project Manager from the BAME leadership programme who has developed a specific project plan in this area. The Empowerment Passport is being reviewed as a digital platform for an inclusive and accessible passport, that is transportable.
Accessibility Audit	Working with colleagues in the estates team, to ensure a review of robust equality impact assessment to be carried out over our estates. So that we meet we can provide continued assurance that we meet our duties under the Equality Act 2919 and that access by design model supports our commitment to taking a creative approach, considering the needs of everyone and incorporating those needs into good, thoughtful processes and practices. This will help achieve an accessible, inclusive environment that enables people to participate fully in all aspects of our organisation and healthcare provision.
Kind Life	At the end of 2022 planning started to deliver a new organisational culture program that will help develop a kinder and more inclusive culture in Solent. Building on the previous work around just culture, restorative practise and conflict resolution and Solent's speak up programme the Kind life project will support managers and their teams to speak up, be compassionate and to resolve conflict and disagreement in a more inclusive way. This programme will be rolled out from March 2023 onwards and will support the development of inclusive culture and belonging in the NHS.
Neurodivergent screening and support tool	Working with a Genuis Within and colleagues from the EDNA team in the ICS we will be rolling out the use of a neurodivergent screening tool that will support colleagues, managers and their teams to better understand and implement workplace adjustments to ensure a more inclusive workplace for those that are neurodivergent. This will be rolled out from March 2023.
Reverse Mentoring	This programme has asked for expressions of interest in Feb and will be starting March 2023. Reverse Mentoring is when a junior colleague mentors a senior leader in the organisation. The Mentor leads the relationship, sharing their lived experience in a safe space and enabling the mentee to experience the reality of the barriers and blockers in the organisation that they themselves have not experienced. This programme is a joint venture with Southern Health and the aim is for 12 mentoring relationships per trust. The programme will conclude in October 2023 with reflection and evaluation workshops with both mentors and mentees.
Leadership Development for colleagues from ethnic minority	Positive action was taken in May 2022, a leadership development program specifically for colleagues from Black Asian and Ethnic Minority backgrounds was piloted. 9 Colleagues were supported by their line managers to apply for and attend the 6-month program. A full evaluation of the program will be undertaken and will inform how we go about supporting a second cohort.

<p>Diversity, Inclusion, and Belonging Roadshow – Activating your Allyship</p>	<p>Since March 2022 through to February 2023, 22 team briefings on activating your allyship have been delivered throughout the trust. These sessions have aimed to raise awareness around what it is to be an ally and secure individual commitment to improving inclusion and belonging the workplace.</p> <p>Feedback has shown that as a result of attending these sessions:</p> <ul style="list-style-type: none"> <li>• 100% of those attended have had their awareness raised.</li> <li>• 100% have a better understanding of how privilege affects themselves and others</li> <li>• 100% have a better understanding of what it is to be an active ally</li> </ul>
<p>Turning the Tide</p>	<p>We continue to work closely with our ICS partners on the Turning the Tide partnership. The focus is on moving from offering support, advice, and guidance towards working with our systems and organisations across the ICS to ensure growth of deep and meaningful consciousness about BAME health inequalities and employment inequality, with this being evidenced in robust plans to address and monitored via assurance.</p>
<p>Improving Education, Awareness and Allyship</p> <p>An Organisational Development approach to improving inclusive culture</p>	<p>Working in partnership with the Learning and Development Team and the networks we have developed a new resource within the Learning Management System (LMS). This is a one stop shop with resources such as leadership tools to use at teams’ meetings, ted talks, training and more. This year as part of staff survey action planning, managers are being asked to focus action planning on what they can celebrate, grow and sustain with regards improving inclusive culture.</p> <p>Many face to face sessions have been delivered and are planned – all with the aim to stimulate thinking, shift mind set and improve inclusion. The approach we have taken is one more of facilitation than training, one which uses organisational development principals to drive culture change and improve diversity and inclusion.</p> <p>Examples of session topics covered are:</p> <ul style="list-style-type: none"> <li>• Organisational Belonging</li> <li>• Activating Allyship</li> <li>• Prevention of Violence &amp; Aggression for Health &amp; Social Care Professionals</li> <li>• International Transgender Day of Visibility</li> <li>• Creating Personal and Health Wellbeing Systems for Success</li> <li>• Inclusion, Diversity and Belonging</li> </ul> <p>Along with the above sessions, we have improved and embedded further diversity inclusion and belonging focus into our induction and leadership programs. This goes beyond listing the protected characteristic and our referencing our legal obligations but aligns our HEART values with what we as an individual and us as an organisation need to consider when creating a sense of belonging for all.</p>
<p>Inclusive Language Campaign and safe space sessions</p>	<p>Following on from feedback from the Big Conversation we have worked collaboratively with network members and the communication team to develop a new campaign and program to support colleagues understanding and confidence with using inclusive language.</p> <p>Research shows this is not something that you can send people on a training program to learn or be taught. Inclusive language is an enabler to transforming Solent’s culture, staff need more immersive education and awareness opportunities and a chance to embed their learning in their role.</p>

	<p>The campaign and the safe space sessions provide a place for colleagues to reflect on what inclusive language is and consider how they can be more inclusive with the way they communicate with others.</p> <p>We have rolled 13 inclusive language workshops to date and the evaluations have shown;</p> <ul style="list-style-type: none"> <li>• 100% have found it effective in raising awareness about what inclusive language is</li> <li>• 100% have a better understanding of how inclusive language affects you and others</li> <li>• 93% feel more confident around speaking up and having conversations around inclusive language</li> </ul>
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## Staff Networks

Our networks have continued to grow and mature, particularly in terms of numbers of our staff openly joining as members or allies but also through the issues that have been raised as requiring change/resolution, including awareness.

The networks have also benefited from having at least one member of the Executive Team providing support as Executive Sponsors. This direct input has helped promote networks as platforms that are fully supported by the Trust, with the aim of eliminating work-based discrimination while hastening equality of opportunity for all.

Dedicated support from the Diversity Inclusion Team – led by Elton Dzikiti and Debbie Somerville – has meant network chairs – who offer their time and services out of goodwill - are better equipped to lead their respective networks.

Across all six networks, we have recorded 97 new members joining, representing a 40% increase from last year’s numbers.

Please find herewith some examples of what our networks have been up to during the year:

### Multi Faith Staff Network

This network, chaired by Emma D’Aeth (Trust Chaplain) and co-chairs, Tanja Roberts (Interim Content Officer) and Kudakwashe Mangwende (Senior Community Mental Health Nurse), provides a supportive voice for staff of all faiths and no faith, supporting our commitment to equality.

The network has remained active and key activities/ highlights are provided below:

- Two new co-chairs took over from Louise Keith who left the Trust. They have both been very active co-chairs in promoting the network in their workplaces and across the Trust.
- Tanja has been instrumental in promoting our network via all our media platforms, designing our new logos for our pens and badges and also taking part in our summer Coffee Break at Highpoint and the online drop ins for staff.
- Kuda has also been able to contribute immensely in our on-line drop ins with staff. He has also taken part in the World Religion Day across the Integrated Care System (ICS) in January.
- Maintenance of the multi faith rooms in the Trust – at the Western Community Hospital, Highpoint Venue and St Mary’s Community Health Campus.
- The Faith Room at St. James’ Hospital continues to be used by staff and patients. This is a very valued space.



- Coffee/Wellbeing Drop-Ins have been fairly well attended by staff, who have given positive feedback.
- Commemorated National Holocaust Memorial Day January 2023.
- Promoting Inter Faith working and increasing dialogue to raise awareness about different faiths, their practices, festivals and celebrations. We held successful Inter-faith Week celebration in November 2022 with a Schwartz round and two members of the network took part.

### Events for 2023

- Continue with our coffee break online drop ins.
- Planning for Inter Faith Week 2023 in November. A face-to-face event inviting staff to come for a quiet day of reflection. Main speaker Lauren Marina, artist and designer has agreed to attend to talk about her work and will offer staff a session of mindful art using the beauty of nature as our inspiration. Date will be Monday 13 November. Venue will be confirmed.
- Faith Rooms: We will be undertaking a project of awareness asking that all our colleagues respect these faith rooms and not use them as storages spaces or even meetings. The faith rooms are protected and open at all times for our patients and staff for prayer, for reflection and wellbeing.
- Our Executive Sponsor, Jackie Munro (Chief of Nursing and Allied Health Professionals), retired in February 2023. We are immensely grateful for her continued support and care of us both as individuals and our network. We look forward to working with and welcoming our new sponsor, Angela Anderson (Chief of Nursing and Allied Health Professionals).
- We will be Looking towards 2024 and project fusion, working across the new ICS and our new colleagues.

### Our network - In numbers

- Membership increase – 40%
- Network meetings - 8
- Average attendance - 7

If you would like to join our Multi Faith Staff Network or find out more, please email [MFRG@solent.nhs.uk](mailto:MFRG@solent.nhs.uk)

### Black and Asian Minority Ethnic (BAME) Staff Network

During the year, there were some changes to the network leadership with Dr Anand Abraham and Joan Wilson joining Sapna Vohra as chairs.

The network's activities have included:

- Attending Solent Staff Networking meetings
- Black History Month and other events (Shining light on Mental Health Struggles of BAME communities, sharing personal career journeys of BAME leaders).
- Supporting individuals with discrimination issues.
- Continued involvement in operational matters e.g. culture onwards, inclusive language, supporting the MH Deep Dive.
- System work/partnership via active involvement on Workstream meetings.
- Support for International nurses.
- Starting book club.

During the coming year, the BAME Staff Network plans include:

- Further discussions on racial equality topical issues to raise awareness.
- Celebration of national events such as Black History Month, South Asian Heritage month and one in person safe space session.
- Supporting Solent to achieve its organisational aims, objectives and outcomes.

#### **Our network – in numbers**

- Membership increase – 30%
- Network meetings - 3
- Average attendance - 18
- Safe Space meetings – 28

If you would like to join our BAME and Allies Network Group, or learn more about the work they are doing, please email [BAMEStaffNetwork@solent.nhs.uk](mailto:BAMEStaffNetwork@solent.nhs.uk)

#### **Lesbian, Gay, Bisexual, Trans, Plus (LGBTQ+)**

Sophie Deas, Stef Extence and Hunter Livingstone stepped up to be the new Co-Chairs of the LGBTQ+ Network in 2022.

The chairs have found that although balancing both work and the network tasks has been a little difficult (capacity and commitment), they have managed the following:

Organised activities for LGBTQ+ History Month (February 2023), which included:

- Zoom session hosted by our LGBTQ+ Staff Network with the producers of the Out on an Island project. This project is available as a book and unearths a public history and cultural heritage of the LGBTQ+ community on the Isle of Wight, hidden for over a century.
- Zoom session with Ben Murray Homes to discuss his short film 'Skin' and to talk about the importance of LGBTQ+ voices in media.
- Trans in the UK – Max Siegel, a Trans speaker and activist, joins us to speak about what it's like to be a Trans person in the UK right now; and the importance of LGBTQ+ History Month.

Looking forward, we would like to organise further speakers for events such as Lesbian Visibility Week, LGBTQ+ Pride Month, Non-Binary Awareness Week, Bisexual Awareness Week, Trans Awareness Week and World AIDS Day.

We are also looking to have more regular network meetings to grow our network both in numbers and diversity of people!

### **Our network – in numbers**

- Membership increase – 52%
- Network meetings – 1
- Average attendance - 16
- Safe Space meetings - 1

If you would like to join the network, please email: [LGBT+&Allies@solent.nhs.uk](mailto:LGBT+&Allies@solent.nhs.uk)

### **Carers Staff Network**

This network aims to bring together staff who are carers and raise awareness. Regular meetings are held to allow carers to raise concerns, discuss internal / external support available and provide an opportunity to share experiences.

Towards the end of 2022, Andy Kershaw (Data Quality Support Analyst) became the Network Chair. The announcement and his caring story appeared in various staff communications across different channels.

A Carers Passport is being developed with the support of the Trust, which will provide a document outlining a carers situation, to aid discussions with managers on the flexibility required to balance caring responsibilities.

The passport will be rolled out during 2023, together with sessions in Portsmouth and Southampton to allow carers to meet face to face with local carer organisations and each other.

### **Our network – in numbers**

- Membership increase – 44%
- Network meetings - 4
- Average attendance - 8

If you would like to join or support the Carers Staff Network, please email: [carersstaffnetwork@solent.nhs.uk](mailto:carersstaffnetwork@solent.nhs.uk)

### **50+**

As part of the Generational Retention Programme within the Trust, focus groups were set up to gather views from staff about what they would like to see on offer from the organisation and what was important to our workforce, aged 50 and over. One area that was consistent across all groups was the request for a network of peers.

It was clear that staff wanted a network - they wanted to a place to share and be heard. The aim of this staff network is to improve connection and engagement, reduce feelings of isolation which improves health and wellbeing.

The collective voice of the network improves communication, representation, recognition, and inclusion.

During the year, our 50+ Staff Network:

- Officially launched
- Ran a successful stakeholder event
- Chair and co-chair identified (Jacqui Wilkinson and Claire Godwin).
- Engaged with established networks and network partners
- Received support from D&I network partners
- Agreed governance
- Member of executive team to sponsor and be part of the network
- Menti-poll for core content of network meeting
- 6-weekly network meeting planned

It now boasts an established and growing network, which is embedded in our staff network offering. There is a regular agenda which includes hot topics/news, education/guest speakers, discussion topics, wellbeing awareness, and mindful moments.

#### Organisational learning:

- There is a need to support a network for the 50+ workforce
- Input from the staff network partners including governance / escalation routes and administration has been essential
- As further momentum gathers additional input may be required assist the work of the chair/co-chair.
- Representation from the interim CEO at network meetings was highly valued.

Below is a word cloud from members, when they were asked to provide feedback on the network:



#### Our network in numbers

- Membership increase – 51%
- Network meetings - 4
- Average attendance - 10

If you would like to join or support the 50+ Staff Network, please email:

[50+staffnetwork@solent.nhs.uk](mailto:50+staffnetwork@solent.nhs.uk)

## DisAbility staff network

Erin Power, Continual Professional Development and Job Planning Project Lead and Vanessa Taylor, Occupational Therapist, have continued to chair this network, which pushes for a positive culture regarding people with a disability, as set out by the Equality Act 2010.

Among many other notable achievements during the year, the network:

- Hosted a 2-hour online event, in November, to 'Effectively Supporting and Managing DisAbility within the Workforce'. This was attended by more than 80 people
- Held a 'Disability Wellbeing in the Workplace' 6-hour hybrid conference in December. Approximately 60 people attended in person and a further 20 joined online

This year, the network intends to focus primarily on the important work underpinning the people priority for disabled staff, while also supporting a few awareness weeks/events (including delivering a small session as part Disability History Month).

Other plans include:

- **Training sessions to support managers with making reasonable adjustments** and the opportunity to practice having more supportive conversations about reasonable adjustments. They would particularly like a conversation framework to utilise and a reference guide which gives some starting ideas for reasonable adjustments by condition or issue experienced (e.g. brain fog).
- **Clear guidance and access to advocates for staff** if they are experiencing issues with their reasonable adjustments, are having their adjustments refused by their service or are being moved into performance and capability. To support this, they are keen for co-creation and overhaul of our current people practices policies as highlighted and requested in our previous works and reports.
- **Training session** provided on how to get the best out of the free accessibility features in Microsoft 365 and Windows 11.

### Our network – in numbers

- Membership increase – 45%
- Network meetings - 8
- Average attendance - 10

If you would like to join our DisAbility Staff Network or find out more, please email [DisabilitySNHST@solent.nhs.uk](mailto:DisabilitySNHST@solent.nhs.uk)

## Occupational Health and Wellbeing

The Solent Occupational Health and Wellbeing (OHWB) service provides well-integrated and supported workplace health initiatives that are associated with improved employee health status and productivity. The aim is to continue to work with our colleagues across the Organisation to be a proactive, strategic and integrated service at the heart of improving the health and wellbeing of our workforce to enable them to deliver optimal care and wellbeing to our patients and wider population. The team consists of qualified Occupational Health clinicians, Physiotherapists with expertise in OH, CBT therapists, wellbeing practitioners and practice nurses. This multi-disciplinary

team provides an excellent cohesive and collaborative service; supporting employees remain or return to work and providing managers with guidance and support to enable them to provide a safe and healthy working environment to their team.

The service is a fully integrated, needs assessed based occupational health and wellbeing multidisciplinary service working alongside People Partners, Diversity & Inclusion Leads, Infection Prevention, Learning & Development, Staff Network groups, Health & Safety and other Occupational Health and Wellbeing colleagues across HIOW.

The focus is a holistic approach to OHWB, and it is understood that prioritising employee engagement, wellbeing and productivity are all inter-related. Our workforce are supported holistically, particularly those with complex health needs or long-term ill health or disability. This approach ensures effective, sustainable and focussed rehabilitation back to work, wellness and performance providing significant financial benefit to the organisation.

The focus is preventative with a strategic and structured approach to mental health support and particularly looks at improving interventions for marginalised or hard to reach groups or teams.

## **Core clinical services**

### **1) Management referrals**

Management referrals protect and promote health, help to prevent work-related illness, supportively manage return to work after illness or during ongoing illness and improve employee and organisational performance. Organisationally they help to reduce sickness absence, mitigate litigation, support the employer image including retention and recruitment. Regular case discussions between the fully integrated OHWB team ensures our workforce are continually assessed, reviewed and supported from a mental and physical health perspective. Case conferences are offered to ensure that managers are carefully guided through the referral process and are impactful when supporting individuals with complex or long-term health needs.

### **2) Work health assessments**

Work health assessment protects and promotes the health of our workforce, helps prevent work related illness and protects the health, safety and wellbeing of patients. Assessments aim to recognise health conditions that may affect work ability, adjustments needed in the work environment, previous work-related accidents or ill health from past employment, the exclusion of especially susceptible employees from work that is hazardous to their health, advise on appropriate measures for protection of our workforce against health risks including occupational immunisations.

### **3) Influenza 'Flu Campaign 2022/23'**

As of December 2022, 75% of our frontline workforce were vaccinated against influenza. Again, a good response was achieved within Solent and compliance was higher than the national average of 47%. Both commitment and resource have improved the booking system this season and this has been reflected in the low non-attendance rate and fewer last-minute cancellations. This year we have noted a higher number of our workforce receiving their influenza vaccinations within Primary Care rather than via their employer. We have also offered a bespoke service this year for our

workforce who may experience needle anxiety or have difficulties attending a clinic to be vaccinated. The bespoke needs have been identified at the pre-appointment assessment.

**COVID-19 infection:** Over the year our workforce have been affected by COVID19 and we have continued to offer a COVID19 support email and telephone response service with specific clinical expertise. We have a dedicated Multi-disciplinary Team (MDT) who support those staff who have been absent from work for an extended period following COVID-19 infection, (Long COVID-19, post COVID-19 syndrome). Staff affected can experience a range of different symptoms that influence their work and personal lives. The most common, significant symptom is fatigue. The Health and wellbeing team have experience in energy management using Cognitive Behavioural Therapy (CBT), wellbeing conversations and techniques of pacing, sleep advice, graded functional activity and breathing exercises. The Occupational Health Advisors (OHA's) have experience and expertise in developing and advising bespoke return to work packages for staff and managers.

COVID-19 has required us to continue to adjust and strengthen our OH&WB support services, ensuring our people are supported and are able to access resources and support services quickly.

## Health and Wellbeing



### Health and Wellbeing Strategy and Plan

Many factors influence the health and wellbeing (HWB) of our diverse NHS people and teams. In October 2022 we launched our Strategy and HWB Plan (Plan) which aligns with the national HWB Framework and aims to target the integral seven HWB domains:

1. Improving personal health and wellbeing
2. Managers and leaders
3. Fulfilment at work
4. Relationships
5. Professional wellbeing support
6. Environment
7. Data insights

The Plan is an ongoing programme of analysis of staff health needs and prioritisation of needs of both immediate and long-term health risks within the organisation. So far, we have committed to understanding specific health and wellbeing risks and introducing and analysing appropriate interventions.



## Managing stress



The OHWB team has developed resources that provide guidance on how to facilitate an interactive workshop that encourages teams to carry out a team Stress Risk Assessment (SRA) through open discussions and team problem solving.

The SRA is a tool which can help teams to identify and manage the six key areas of work design that, if not properly managed, are associated with poor HWB, lower productivity, and increased sickness absence.

The six key areas include:

1. Demands
2. Control
3. Support
4. Relationships
5. Role
6. Change

The OHWB team attend the Workforce Wellbeing Bubble meetings which have been established by the Heads of People; the meetings provide a platform to discuss, identify and enable improvements to the HWB of our workforce through a collaborative approach between Service leads, People Partners, and OHWB.

Their primary purpose is to:

- Develop monitor and review local interventions for improving outcomes for our workforce's health and wellbeing
- Provide regular updates and make recommendations to the service line board meetings in relation to discussed concerns and interventions identified
- Encourage and guide integrated working between Service lines, People Partnering and the OHWB team
- Provide oversight and ownership of actions to improve our workforce's health and wellbeing within Service Lines and Departments
- Identify opportunities to improve our workforce's health and wellbeing experience and resilience
- Be the key forum for sharing contemporaneous intelligence concerning the Service Lines and other strategic/operational matters i.e., workforce information trends, significant staffing pressures and changes, organisational change
- Share good practice.

## Health and Wellbeing Support Package

The OHWB team continue to receive HWB support requests from managers, our workforce, and HWB Champions. Predominantly requests are from teams experiencing high levels of stress. As such, an HWB Support package, which will be a digital booklet, is currently under development. Once developed, the booklet can be communicated across the Trust via email, Microsoft Teams, SolNet and printed versions.

The purpose of the booklet is to increase the awareness of the HWB resources and services available to our workforce and ensure that the information is concise and easy to access. The book covers Physical Health (Menopause, Musculoskeletal (MSK), Energy management) Mental Health and HWB Champions.

The book will cover some background information to the former topics, the top resources and where to find further resources and access the services available.

For example, if support is required for menopause, they could read some background information, including the menopause definition, who and how it affects individuals, particularly at work. The contact details and information to access the available resources/services, such as: The Menopause Awareness Sessions, HWSS Menopause Service, Menopause Advocates, SolNet page, example apps and NICE guidelines.

### **Health and Wellbeing Champions and Mental Health First Aiders (MHFA)**

An HWB Champion is an individual who represents the diversity of Solent's workforce, and is committed to promote, identify, and signpost their colleagues to local and national HWB support. Their roles and responsibilities include:

- Prioritise HWB by encouraging regular wellbeing conversations and the inclusion of HWB within their teams, meetings, and agendas.
- Promote an open culture which encourages our workforce to bring their whole selves to work and challenge any workplace stigma.
- Be a supportive person for colleagues to engage with and provide current HWB information, resources, offers and appropriate signposting.
- Raise awareness and support the promotion of national campaigns and internal events within the workplace.
- Organise team-specific activities that supports HWB,
- Feedback local knowledge of team needs, concerns and share ideas or best practice.

Solent NHS Trust currently have c.160 HWB Champions who are further predominantly trained in MHFA. This year (2023), the HWB Champions model has evolved and will be launched Trust-wide in March 2023.

### **Menopause**

#### **World Menopause Day**

World Menopause Day is held every year on the 18<sup>th</sup> of October and is led by the International Menopause Society. The purpose of the day is to raise awareness of the menopause and support options for improving HWB. An all-day virtual event (open to all NHS people across HIOW) was organised to mark World Menopause Day on 18 October 2022 and this year's theme was Cognition & Mood. The day was well attended with most delegates joining for three hours or more, either attending the whole day or returning for favoured sessions.

## **Menopause Awareness Sessions**

MenoHealth provided online menopause awareness sessions twice a month throughout the year for NHS and primary care across HIOW. The sessions covered a wide range of issues and topics, and all everyone was welcome to attend. HWSS stayed on afterwards for any Q&As.

## **Menopause Friendly Accreditation in progress**

Solent has begun its journey on becoming a Menopause Friendly workplace. Committing to being menopause friendly means working towards long-term, sustainable change in the workplace, fostering an inclusive culture where everyone can be at their best. Menopause Friendly accreditation is a recognised standard of achievement assessed by Henpicked and their qualified independent panel of judges. Solent will have a year to complete the accreditation programme (predicted completion date February 2024).

## **Psychological Support**

Our workforce can now access 1-2-1 psychological support with our two Cognitive Behavioural Therapists (CBT) within our OHWB team. Our workforce will initially receive a Mental Wellbeing Assessment (MWA) to determine what support is appropriate. This could include internal low-medium intensity, high intensity CBT or an appropriate onward referral to an external service such as the Employee Assistance Programme (Vivup) or an external NHS Mental Health Service in their area. We can currently support mental health conditions such as depression, stress, and range of anxiety disorders, including post-traumatic stress disorder (PTSD).

## **Musculoskeletal (MSK)**

The Solent OHWB Physiotherapy service is continuing to work hard to provide timely care for a wide range of MSK conditions, work-related and non-work related. At the heart of this remains our vision of providing a holistic assessment, considering physical and psychological contributing factors as well as work relevant issues. The physiotherapy team work closely and cross over into OHWB team and can signpost and refer patients for psychological support if necessary.

Since June 2022, we have been involved in a HIOW service development in which our workforce can choose where they would like to have their physiotherapy input depending upon their home or work location. We continue to work with neighbouring Trusts to optimise physiotherapy provision.

We are constantly reviewing our resources and information we provide on SolNet and aim to keep people up to date with the most relevant information.

One of our main aims this year is to streamline equipment and ergonomic queries, as this continues to be a universal issue throughout the Trust. With support from the trusts Health and Safety Manager and other members of the OHWB team, we are aiming to provide a comprehensive document which will be user friendly for both our workforce and managers, so they can easily acquire equipment and would not therefore need official OHWB approval for this. We will also look at how we can refine our work assessment and workplace visit package of care to teams who are currently struggling with MSK related issues.

## **Collaborative working across the Integrated Care System (ICS )**

We are part of the Hampshire and Isle of Wight (HIOW) Enhance Occupational Health and Wellbeing programme, which is delivering enhanced wellbeing and occupational health initiatives across the system; it is aimed at improving the experience of working in the NHS for everyone in the region including the Menopause and MSK service described above we are also working collaboratively on the Employee Disability and Neurodivergent Advice Service.

## **Employee Disability and Neurodivergent Advice Service (EDNA)**

EDNA is a new service for NHS colleagues within HIOW, its aim is to support those with a disability, long term condition or who are neurodivergent enabling them to thrive in their role. Through a specialist team, colleagues will be offered one-to-one advice and a safe space to talk, as well as help with areas such as reasonable adjustments, information, advocacy and signposting. Those accessing the service will not need a medical referral or formal diagnosis. EDNA can offer training to managers whose team members may be living with a disability, long term condition or neurodivergence. The OHWB team are working closely with EDNA and have created a consent form to be able to share information that will support the colleague and the manager.

## **Governance and quality**

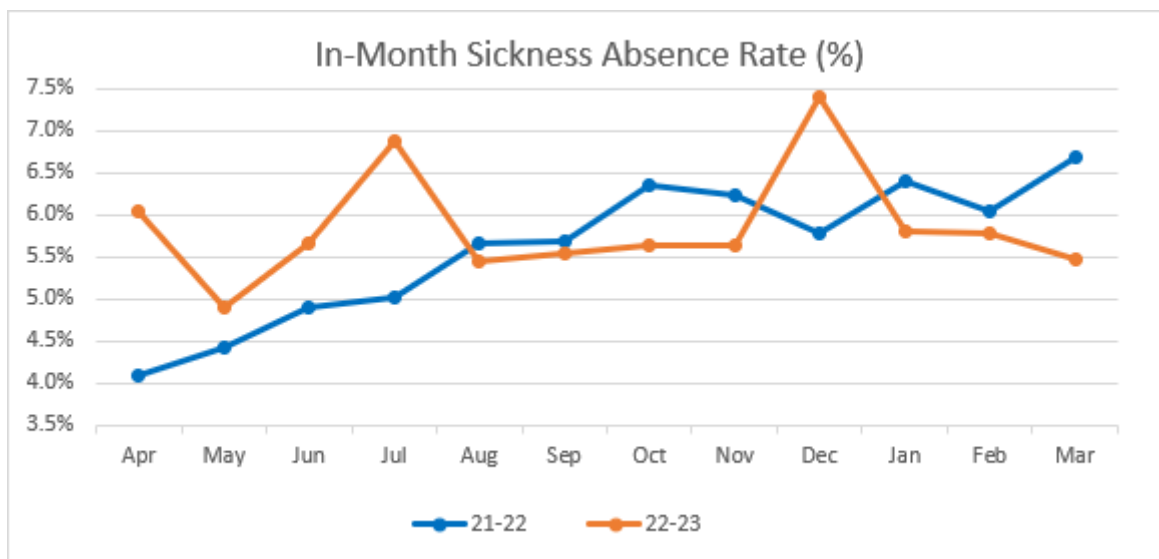
### **SEQOHS Accreditation**



The service is an accredited Safe Effective Quality Occupational Health Service (SEQOHS) service since 2014, which ensures clinical governance and quality industry standards are consistently maintained. The SEQOHS standards are the benchmarks that occupational health services are required to demonstrate they meet in order to be awarded SEQOHS accreditation, and to retain their accreditation. These standards, managed by the Faculty of Occupational Medicine (FOM), are reviewed periodically to reflect the changing work and health landscape and give the opportunity for all with an interest in health and work to suggest improvements. We are currently working on the 5 year accreditation process which will be completed in March 2024

## **Sickness Absence**

Sickness rates have fluctuated a lot during the 12-month period between 6.0% - 5.6% (In month), ending the year 2022/23 with an overall sickness absence 5.6% (March 2023). Sickness related to stress, anxiety, depression, infectious diseases, and colds, coughs and flu are the top 3 reasons and highest cause of absences. The following graph represents sickness data from 2021/22 and 2022/23, which demonstrates the winter period in 2022/23 was one of the coldest since Covid-19, and with people's immune systems being low following prolonged periods of isolation, this saw higher rates for Flu sickness absence in staff.



Continued close monitoring of sickness absence data is maintained and reported within the Trust to manage our safer staffing and to the HIOW ICS for comparator to other providers in our system. There remains a prioritised focus on improving access and services provided under wellbeing, both locally and through collaborative working with regional partners. Earlier interventions and an increased offering of support ensures Solent is meeting the NHS People Plan Priorities in looking after our people. <https://www.england.nhs.uk/ournhspeople/>

### Working in Partnership with our Unions

Partnership Working - We pride ourselves on having developed excellent partnership arrangements with our staff side representatives. This is formally supported within the Joint Consultative Committee (JCC) and the Joint Consultative and Negotiating Committee (JCNC). The local Doctors and Dentists Negotiating Committee (DDNC) specifically deals with matters for medical staff. We also have a Policy Steering Group (PSG) to ensure that we continue to develop partnership arrangements when renewing and considering new policies that affect the workforce and wider external environment to ensure fairness and equity.

### Trade Union (Facility Time Publication Requirements) Regulations 2017

Information on the amount and cost of facility time given to Trade Union representatives as specified within the Trade Union (Facility Time Publication Requirements) Regulations 2017 is shown below:

Table 1: Relevant Union Officials

Number of employees who were relevant union officials during the 2022/23 year	Full time equivalent employee number
9	8.48

Table 2: Percentage of time spent on facility time

The number of employees who were relevant union officials employed during the 2022-23 year spent a) 0%, b) 1% - 50%, c) 51%-99%, or d) 100% of their working hours on facility time

Percentage of time during the 2022/23 year	Number of employees
0%	5
1-50%	3
51 – 99%	0
100%	1

**Table 3: Percentage of pay bill spent on facility time**

First Column	Figures
The total cost of facility time	£21,974
Total Pay bill	£167,587
The percentage of the total pay bill spent on facility time **	13%

\*\*[(total cost of facility time divided by the total pay bill) times 100]

**Table 4: Paid trade union activities**

First Column	Figures
Time spent on trade union activities as percentage of total paid facility time hours*:	0%

\*[(total hours spent on paid trade union activities by relevant union officials during 2022/23 divided by the total paid facility time hours) times 100]

For the purposes of this section paid facility time includes duties as a union learning representative, union representative, health and safety representative, for the purposes of training, consultation, or representation which arises under section 168, section 168A of the 1992 (Trade Union and Labour Relations (Consolidation) Act 1992), section 10 (6) of the Employment Relations Act 1999 and Regulations made under section 2(4) of the Health and Safety at Work Act 1974.

Trade Union Activities as specified in section 170 (1) (b) of the Trade Union and Labour Relations (Consolidation) Act 1992. This can include attending Regional or National policy making meetings, voting in Union elections, attending other Branch meetings, executive committee meetings, regional union meetings, and annual conferences, etc.

### **External Consultancy**

At time External consultancy is necessary for us to make use of the skills of external consultants and at these times, we ensure that the arrangements comply with our standing financial instructions and

offer good value for money. As an example, external consultancy is used within the Trust when we require objective advice and assistance relating to strategy, structure, and management of our organisation. The cost associated with consultancy can be found within the Remuneration Report.

## Health and Safety

On the grounds of health, safety, welfare, fire and environmental we have not received a visit from or been the subject of investigative proceeding from any external regulatory agency, either pre-planned or because of a specific incident or complaint from either Health and Safety Executive, Local Authority, CQC, Fire Authority or Environmental Agency. Solent NHS Trust have successfully complied with our statutory obligation in consulting with our appointed trade union elected representatives and staff side employees through our Health and Safety Group, the group has met and acted in accordance with its Terms of Reference.

In January 2022 the trust wide Facefit testing programme was passed over to the health and safety team, the Department of Health and Social Care letter dated 13<sup>th</sup> January FFP3 Resilience in the MH and Community Setting principles was received, Solent benched mark well against them and gap analysis was undertaken, and an action plan created this meant the usual resources was re-deployed to support this heavy resource Programme throughout the year. No Statutory health and safety requirements have been impacted however some proactive risk assessments from the 2022/23 action tracker have been delayed

Again numerous dependent on Pre Schedule planning and/or new assessments have been developed and taken place, we have remained response to all incidents, queries, comments or concerns raised through either Ulysses and/ or directly, continue to work collaboratively with multiple stakeholders and continue to protect staff, clients, patients, visitors and anyone else who can be affected by our work activities.





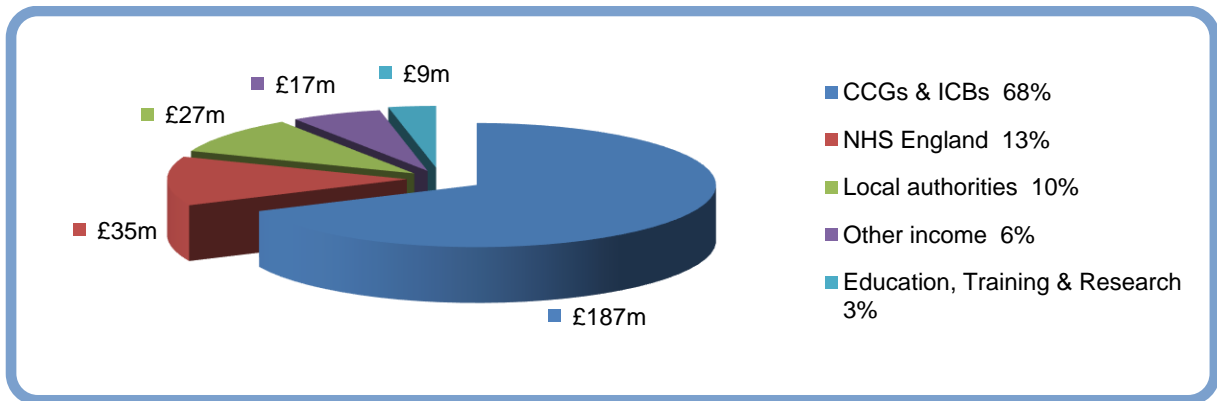
## Providing a great value for money

We want to make the best use of every pound invested in the NHS. We will deliver value by providing our staff with the resources they need, optimising the use of buildings and technology, reducing waste by removing duplication, openly sharing and constructively challenging cost information, and working in partnerships to deliver cost effective care across systems.

## Our finances

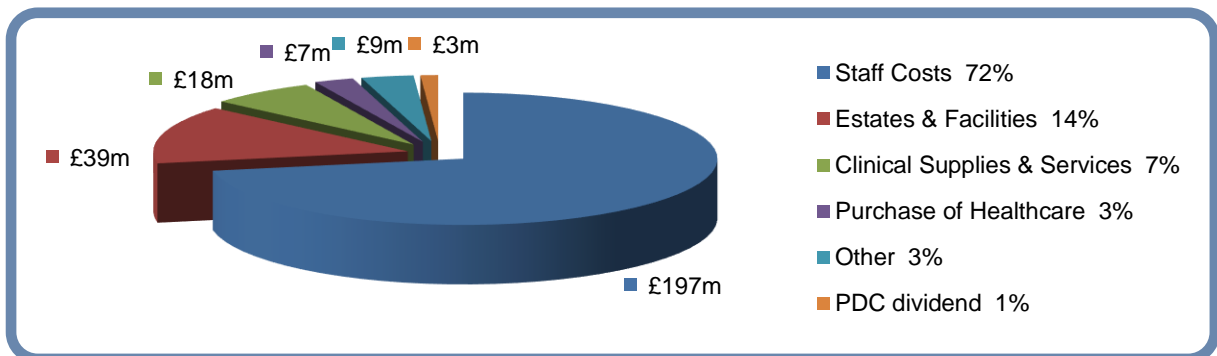
### Our income

During 2022/23 we had an income of £275m. Our income is illustrated below.



### Our expenditure

Our expenditure is illustrated below: You can read more about our finances in Section 3.



## Our estate



From opening a new psychiatric intensive care unit to starting work on a £21m rehab unit, it has been another busy year for Solent NHS Estates and Facilities. The team completed more than 80 projects of various shapes and sizes, all of them in different ways helping to transform healthcare environments for staff, patients and visitors.

- July 2022 saw the official opening of an ambitious improvement scheme which transformed psychiatric intensive care facilities for people living in Portsmouth. Costing over £2.5m, the extension, alteration and refurbishment of Maples Ward at St James' brought accommodation fully up to date with ten ensuite single bedrooms.
- The new-look unit also has two specially designed rooms where patients can be individually observed and supported by staff while in safe surroundings.
- Autumn saw work beginning on our state-of-the-art rehabilitation unit at Southampton's Western Community Hospital site. The 50-bed scheme, due for completion in the summer of 2024, is the biggest building project in the Trust's history.
- This year also saw the opening of our charity funded staff memorial garden at St James' Hospital in Portsmouth, intended as a peaceful place where staff can escape the hustle and bustle of work to remember family, friends and colleagues they have lost.
- At its heart, appearing on benches and on the ground, are 12 words of significance suggested by Trust staff following an appeal made across the organisation.
- In January 2023, Trust Board approved Solent's Estates Strategy, an important document setting out a strategic approach to the planning, management and optimisation of all our estate over the next ten years and beyond.
- Work continued on developing a new Access, Travel and Transport Strategy which will seek, among other things, to provide a fair and equitable solution to allocating and effectively using all available car parking for patients, visitors and staff.
- New national standards of cleaning were successfully implemented across our buildings, with posters to make patients, visitors and staff aware of the huge amount of hard work that goes on behind the scenes.
- In June 2022, we enjoyed celebrating some of our unsung heroes as part of the first National Healthcare Estates and Facilities Day. Every member of the department - over 300 people - received a cupcake and badge as a small thank you for their hard work, with one truly outstanding colleague rewarded with their own unique gold version of the badge.
- The first recipient of this annual award was Julieta Sarno, a housekeeper based at Western Community Hospital, Southampton, who was nominated by both her supervisor and head of department.
- Also stepping into the limelight in October 2022 were two members of our catering team based at St Mary's Community Health Campus, who came third in the prestigious NHS Chef 2022 competition. Jim Richardson and Joe Hennigan won the judges' hearts with their roasted butternut squash soup with chilli and lime, which won best vegetarian entry and propelled them straight into the finals.

- Our innovative online desk and room booking system, Matrix, was extended to nine further sites this year following a successful pilot phase in Southampton and Portsmouth. Around 15 more will follow. Staff can book a desk or meeting room at the touch of a button, helping them to work flexibly at different locations as needed.
- Two portable privacy pods were introduced to see if they would be helpful for colleagues who said calls and online meetings were sometimes challenging in open-plan offices.
- Meanwhile our Premises team began a new chapter as our Estates Locality Team – a title more reflective of their wide-ranging work.
- The department refocused its structure and roles, also introducing a smart new uniform for the reception team at six of the Trust’s largest hospitals and health buildings.
- This year also saw our launch of the Trust’s first medical equipment library based at Rodney Road, Portsmouth. Run by our clinical engineering team, the new library serves as a one-stop shop for anything that needs repairing or replacing.

## Technology and digital



This year saw the approval and launch of a new 3-year Digital strategy for Solent, bringing together technology, information and people with the aim of giving the gift of time back to our staff and a better experience for our staff and patients of giving and receiving care. The strategy is comprised of five transformation journeys centred around information, efficiency, service users, workforce and integration with the wider health and care system and describes how we will improve the digital maturity of Solent over the coming years.

One key enabler for this strategy is the delivery of our new ICT service and this was the main focus of transformation activity during 2022/23 via our IT Future Operating Model programme. The programme started in 2021 with the aim of identifying the optimal operating model for our ICT services and completing a set of activities to migrate to this new way of delivering these. This year saw the completion of the procurement process, associated Business Case governance and the implementation of the new model, transferring services from our previous main outsource supplier. This now puts the Trust on a strong, stable and agile foundation to enhance and develop our Digital capabilities.

We completed the migration of all remaining locally hosted applications into the cloud, renewing our commitment to a cloud-first hosting strategy.

Significant effort and investment was made into a large-scale implementation of a new network solution across our Trust locations. This consisted of a replacement and refresh of all our local area networking and Wi-Fi equipment and the introduction of a new remote access solution for accessing Trust services remotely.

We made further enhancements to our telephony services this year through the removal of our legacy Voice Over IP telephony system and introduction of Contact Centre services for key Trust

functions. This has delivered a more reliable platform for our staff and better experience for people calling our Trust through this updated capability.

Through our new operating model, a new Service Desk was mobilised at the beginning of January, offering extended opening hours meaning staff can get help more easily outside of normal office hours. As this function matures and we rollout further technology, the Service Desk will be able to fix more issues remotely meaning earlier intervention and less disruption for staff.

Significant effort has also been made during the later months of this year preparing for a large-scale device refresh programme which will be implemented during 2023/24. Laptops and Desktop PCs will be updated to a newer, leaner build, applications will be rationalised, and obsolete hardware will be replaced with new devices. Staff will have a device which is reliable, performs faster and will support the flexible and remote working patterns that they require.

Alongside this significant transformation programme, the team have continued to provide all standard business-As-Usual (BAU) services to the Trust and our partners and other Trust change projects, including Estates transformations.

Beyond the IT Future Operating Model Programme, a number of other Digital innovations were introduced during this year.

As part of the effort to reduce waiting times following the pandemic and look for continued improvements in how we can best look after our patients, we partnered with a provider to pilot a technology-enabled virtual ward for those who are on our frailty pathway. This pilot enables the patient to use a Bluetooth enabled devices in their home to take and send a number of key measures about their condition and communicate with a clinician remotely. This approach enables patients to stay in their home and be cared for and provides clinicians with up-to-date information to help prioritise which patients need their support. It is our intention to extend this approach into our Hospital at Home service within our Children services during 2023/24.

During this year, we've made progress with digitising more of our referral and other data capture forms with the use of electronic forms. This has enabled more accurate data capture and more efficient processing. Examples of this are our new questionnaire for Year 7 students as part of our School Nursing service and our referral form for our eating disorders service. We expect to continue the development and deployment of further examples next year.

The team have continued to support clinical services with their own transformation activities this year. We've enabled further use of intelligent scheduling capability within our main Electronic Patient Record (EPR), releasing more time for our clinicians to provide care and we've also piloted a new approach to appointment booking within our EPR.

Clinical service transformation has continued through this year and significant time and effort has been spent on supporting these changes through reconfiguration of our clinical systems. One example of this is the mobilisation of the new Jubilee unit in Portsmouth.

The other area of growth in the last year has been around governance. The Digital strategy set out a new governance model for Digital services to be adopted over the course of the year and our Chief Nursing Information Officer (CNIO), and Chief Clinical Information Officer (CCIO) have

been heavily embedded within the team. We have also introduced and matured new forums to govern our Digital operations including a new prioritisation process for the capture and support of new Digital ideas and projects and our Digital Workforce Group which will focus on staff experience on use of Digital Services and activities to improve this.

# Performance Analysis

The purpose of this section is to provide a detailed performance summary of the measures we use to assess our performance and how these measures combine to provide an overall picture of our Trust.

## Performance Measurement

### Performance Governance Framework

Our Performance Governance framework stabilised during 2022/23, following two years of taking a flexible approach in response to the extraordinary situation created by the pandemic. The current performance governance framework has been intrinsically linked to the development of the Integrated Performance Report at the end of 2021/22, providing a route for performance escalations from service lines to the senior leadership team and Trust Board.

The framework encourages meaningful review of performance at each level (Service/Service Line/Executive Review), and where possible, incorporates statistical process control analysis to validate any concerns in trends or variation. This ensures only appropriate performance concerns are escalated, and the Trust Board's time is effectively focussed on the most pertinent areas.

You can read more about performance meeting structures within the Annual Governance Statement.

### Business Intelligence

2022/23 has seen major changes to the technical infrastructure that underpins the Trust's data warehouse and reporting capability. Work began in May 2022 to move from on-premises servers to a new Platform as a Service cloud-based data warehouse. This was intended to deliver long-term savings on server costs, provide a most robust infrastructure that could cope with the large volumes of data being processed and provide greater opportunities for future development of the Trust's intelligence functionality. A third-party organisation and additional agency staff have been used to support the transition, due to the highly specialised nature of the skills required to deliver this change.

The Business Intelligence team are ending 2022/23 with a clear delivery plan for the year ahead to maintain business as usual as realising some of the opportunities provided by the new infrastructure, such as self-service functionality.

### Contractual Performance Monitoring

Whilst external reporting of contractual performance information was reinstated in April 2022, following a two-year period of reduced reporting during the pandemic, the scrutiny placed on this information has lessened with the formal creation of the Integrated Care Boards (ICB). Solent have reported that many of the contractual reporting requirements (specifically CCG commissioned contracts) are no longer appropriate measures of the performance. There are a number of reasons

for this including evolved service delivery models implemented during COVID to best meet the needs of the population, or the impact of COVID on the ability to achieve targets due to large waiting list backlogs built up during the pandemic, as an example.

An increasing level of focus is being put on reporting directly to the ICB, creating parity across providers and encouraging the continued development of relationships between provider organisations, instigated during the pandemic. This approach supports system flow and promotes a smoother pathway for patients requiring support from multiple providers.

Solent supports the ICB-wide reporting approach; however, it has at times proved challenging to manage competing priorities from the CCGs and ICB, with ICB requests falling outside of the scope of our contracts, and in essence being additional work over and above the large volume Solent is already contracted to provide. Feedback has been shared with the ICB, and support is starting to emerge to stand-down contractual reporting which no longer provides meaningful information and focus efforts where it is of most value. This will take time to embed and is a culture shift to move towards a more collaborative working approach.

## Activity review

During 2022/23, the Primary Care and Long-Term Conditions service line was disaggregated into two separate service lines, known as, Primary Care and Musculoskeletal, Pain & Podiatry (MPP) Services. The Primary Care service line maintains responsibility for the service provision of Homeless Healthcare and TB services, as well as the provision of the Solent GP Practice. As in previous years, the GP Practice information is not included within the main performance governance framework, and therefore is not included within any information reported in this section. A breakdown of patient contacts and occupied bed days by service line is illustrated in the following table.

Service Line	Contacts	Inpatient Occupied Bed Days	Total
Adult Mental Health	93,984	11,746	105,730
Adult Services, Portsmouth	185,854	14,716	200,570
Adult Services, Southampton	206,487	23,001	229,488
Child and Family Services	233,854	n/a	233,854
Special Care Dental Services	65,549	n/a	65,549
Primary Care	2,741	n/a	2,741
MPP Services	165,870	n/a	165,870
Sexual Health Services	90,002	n/a	90,002
Pharmacy Services	1,672	n/a	1,672
	<b>1,046,013</b>	<b>49,463</b>	<b>1,095,476</b>

Overall activity levels in 2022/23 have increased for the second consecutive year, with overall patient contacts being 8% greater than in 2021/22. Whilst this is 4.5% lower than the year directly



preceding the pandemic, this continued increase demonstrates the significant progress the trust has made towards restoring services to pre-pandemic standards, and the increasing role Solent are playing as a supporting partner within the wider system.

The vast majority of services have returned to normal service delivery now, however the impact of COVID is still visible. Large waiting lists were accrued during periods of reduced service provision, and demand

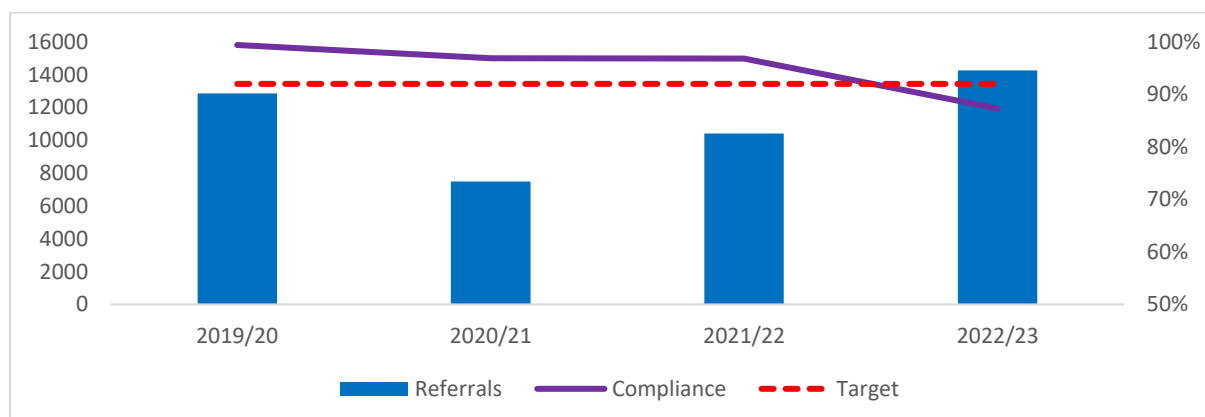
(referrals) on our some of our services increased once access to health care services became more widely available following the lifting of restrictions.

Services continue to develop their service delivery models in response to the challenges posed by the pandemic, and the need for transformation to manage demand more effectively. The use of remote consultations (video, telephone) reduced from 18% in 2021/22 to 15% this year. This follows the same downward trend as last year, as services continue to increase the offer of face-to-face contacts where clinically necessary.

Our performance against the national standard for Referral to Treatment (RTT) has proved challenging this financial year. The operational standard states that 92% of patients on an incomplete pathway should not have been waiting for more than 18 weeks.

RTT standard	Number of compliant referrals	Total number of referrals	Performance
Part 1B – Complete Outpatient	6,122	6,649	92.1%
Part 2 – Incomplete	12,436	14,250	87.3%

As a community provider only a small proportion of our services are consultant-led, and therefore eligible for the RTT standard. Demand on these services has increased significantly in the past year, as anticipated, following a significant reduction in referrals during 2020/21. Referrals have increased by 37% compared to last year and are 11% higher than in 2019/20. The service most significantly impacted has been the Community Paediatric Medical Service, with 68% of patients on an incomplete pathway waiting less than 18 weeks. Recent recruitment into the service is hoped to demonstrate a slow, but steady reduction in the waiting times for patients as we move into 2023/24.



## Performance Reporting

As part of Solent’s performance governance framework, the Trust Board receives an Integrated Performance Report (IPR) every other month. This brings together key metrics, commentary and exceptions from across the organisation. The IPR reports the trust performance against a number of metrics previously monitored through the NHS Improvement Single Oversight Framework (replaced by the Oversight Framework as detailed below), as well as a number of other metrics which provide robust assurance about the performance of our services.

The Integrated Performance Report is structured using the 5 sectors set out by the CQC: Safe, Caring, Effective, Responsive and Well-Led (People and Finance). A summary of the year-end position and key areas of exception are provided below:

### Safe

				Mar-23			
Indicator Description	Internal /External Target	Target	Current Performance	Trending Performance	Variance		
Safe	Occurrence of any Never Event	E	0	●			
	NHS England/ NHS Improvement Patient Safety Alerts outstanding	E	0	●			
	VTE Risk Assessment	E	95.0%	99.0%	●		
	Clostridium Difficile - variance from plan	E	0	0	●		
	Clostridium Difficile - infection rate	E	0	0	●		
	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	E	0	0	●		
	Escherichia coli (E.coli) bacteraemia bloodstream infection	E	0	0	●		
	MRSA bacteraemias	E	0	0	●		
	Admissions to adult facilities of patients who are under 16 yrs old	E	0	0	●		

The standards within the Safe domain were all achieved at year end, with mostly stable performance throughout the year. Risk Assessments for VTE were the main outlier, with varying levels of performance seen across the community inpatient wards. This was addressed towards year-end and has resulted in a greatly improved position for March.

## Caring

				Mar-23			
Indicator Description		Internal /External Target	Target	Current Performance	Trending Performance	Variance	
Caring	Community FFT % positive*	E	95.0%	98.6%			
	Mental Health FFT % positive*	E	95.0%	96.5%			
	People Pulse Survey - Advocacy Theme (Recommended for Care & Employment)	E	0	7.3			
	Mixed Sex breaches* (Submission recommenced October 20221)	E	0	0			
	Plaudits	I	-	99			

Compliance against the Caring domain is positive overall with no significant concerns.

## Effective

				Mar-23			
Indicator Description		Internal /External Target	Target	Current Performance	Trending Performance	Variance	
Effective	Bed Occupancy - Brambles	I	92.0%	96.2%			
	Bed Occupancy - Fanshawe	I	92.0%	91.8%			
	Bed Occupancy - Jubilee	I	92.0%	126.2%			
	Bed Occupancy - Spinnaker	I	92.0%	118.3%			
	Bed Occupancy - Brooker	I	87.0%	54.7%			
	Bed Occupancy - Hawthorns	I	93.0%	126.1%			
	Bed Occupancy - Maples	I	89.0%	90.6%			
	Bed Occupancy - Kite	I	92.0%	74.5%			
	Bed Occupancy - Snowdon	I	92.0%	100.9%			

Indicator Description			Mar-23				
			Internal / External Target	Target	Current Performance	Trending Performance	Variance
Effective	Length of Stay - Brambles	I	24.0	21.9			
	Length of Stay - Fanshawe	I	24.0	27.5			
	Length of Stay - Jubilee	I	24.0	37.5			
	Length of Stay - Spinnaker	I	24.0	18.5			
	Length of Stay - Brooker	I	78.5	54.2			
	Length of Stay - Hawthorns	I	34.9	14.2			
	Length of Stay - Maples	I	48.6	11.6			
	Length of Stay - Kite	-	-	121.0			
	Length of Stay - Snowdon	-	-	41.5			
	Non-Criteria to Reside (NCTR) [patient count]	-	-	34			
	% clients in settled accommodation	E	59.0%	61.9%			

The standards within the Effective domain have been expanded during 2022/23 to give greater oversight of the performance of our inpatient wards, and to acknowledge the variation in provision between them. The method for calculating occupancy rates has been updated to use the standard bed based as the denominator, rather than the actual number of available beds, to demonstrate where capacity is flexed, using surge beds, in response to system need.

The high occupancy rates reported across our community wards (Brambles, Fanshawe, Jubilee and Spinnaker) reflect the way services in the local system are transforming, with the intention to bring care closer to home for people who do not need to be in an acute setting. The critical incidents that were declared at both Portsmouth Hospitals University Trust and University Hospitals Southampton this winter accelerated this, with capacity rapidly needing to be freed up within the acute trusts.

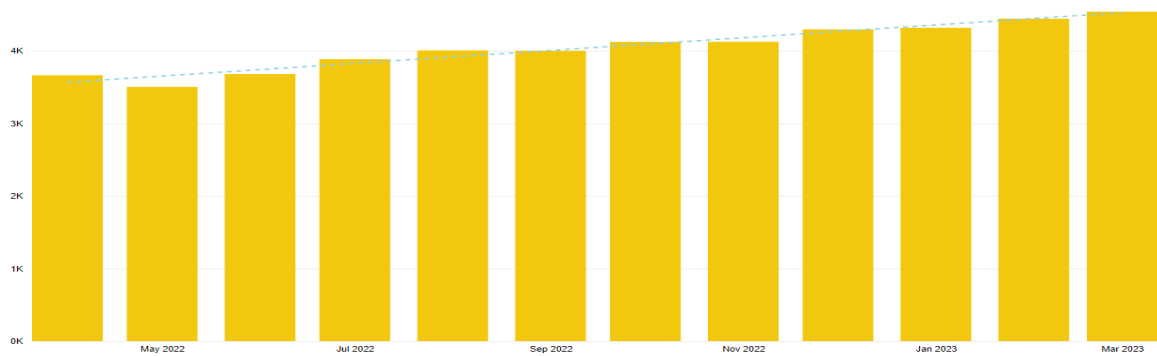
The Jubilee Unit moved from the old Jubilee House estate into Harry Sotnick House in Portsmouth during 2022/23, expanding both the bed base and the admission criteria for the ward. This has not only seen an increased average length of stay for patients on the ward, but also a greater number of patients that do not meet the Criteria to Reside (NCTR). Due to this change, the monitoring of NCTR against an internal target has been temporarily removed whilst a new baseline is established, and processes become embedded.

## Responsive

				Mar-23			
Indicator Description		Internal / External Target	Target	Current Performance	Trending Performance	Variance	
Responsive	Patients waiting > 18 weeks	-	-	4479			
	Accepted Referrals	-	-	28902			
	Formal complaints per 1000 WTE	-	-	4.9			
	Number of complaints	1	15	15			
	Number of complaint breaches	-	-	4			
	RTT incomplete pathways*	E	92.0%	80.2%			
	Maximum 6-week wait for diagnostic procedures	E	99.0%	100.0%			
	Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	E	0	29			
	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	E	50.0%	75.0%			
	IAPT - Proportion of people completing treatment moving to recovery	E	50.0%	53.4%			
	IAPT - Waiting time to begin treatment - within 6 weeks	E	75.0%	91.0%			
	IAPT - Waiting time to begin treatment - within 18 weeks	E	95.0%	100.0%			
	Data Quality Maturity Index (DQMI) - MHSDS dataset score*	E	90.0%	89.7%			

## Waiting Lists

The number of patients waiting >18 weeks between referral and first contact (excluding Special Care Dentistry), has increased steadily throughout 2022/23 (as shown below). There has been an 12% increase in referrals to the trust compared to 2021/22, which has translated to an 8% increase in the overall waiting list. The growth in patients waiting >18 weeks is disproportionate, with this cohort increasing by 24% this year. This supports the suggestion f that the proportion of urgent referrals being received has increased, meaning routine patients waiting times are extending further.



### Inappropriate Out of Area Placements

Out of Area placements have been used for Mental Health patients over the past few months following a significant project to improve the quality of service being provided on one of the trust’s Mental Health wards, Hawthorns. The project saw the ward reduce in size and the staffing adjusted whilst additional training and review of processes were undertaken. A sub-contract was put in place for additional beds at a local private provider, however this was not suitable for all patients. As a result, a small number of patients were placed inappropriately (outside of Hampshire) for the minimal length of time possible. The Hawthorns ward is now on a trajectory back to full complement, so further inappropriate out of area placements should be minimal.

### Data Quality Maturity Index (DQMI for the Mental Health Services Dataset (MHSDS))

The latest published DQMI score shows overall performance at 89.7% against the current 90% target. The target is due to increase to 95% as of April 2023. There are 8 data items (of 6 data items in total) for which performance is below the recommended standard. A working group has been established to fully understand the issues with each measure and identify where changes can be implemented to improve completeness in time for quarter 2 reporting. Most of these measures can be resolved with improvements to operational processes and more robust data quality validation.

### Well-Led People

				Mar-23			
Indicator Description		Internal / External Target	Target	Current Performance	Trending Performance	Variance	
People	Sickness (annual)*	I	4.5%	5.6%			
	Sickness (in month)	I	4.5%	5.5%			
	Turnover (annual)*	I	14.0%	13.9%			
	Turnover (in month)	I	1.2%	1.2%			
	New starters (FTE)	-	-	63.9			
	Proportion of Temporary Staff (in month)	E	6.0%	5.2%			

## Sickness

Sickness absence has been challenging during 2022/23, with a higher-than-average rate of sickness across the year, exacerbated during the winter months with high levels of usual seasonal illness. This paired with COVID sickness is pushing the sickness rate up and increasing the reliance on bank and specifically agency usage, and spend, to support safe staffing levels.

## Finance

				Mar-23		
Indicator Description		Internal /External Target	Target	Current Performance	Trending Performance	Variance
Finance	Year to date surplus/(deficit) Actual v budget	-	-	0.2%		
	Agency spend % pay	1	3.5%	2.2%		
	Cash balance	-	-	£26.3		
	Aged debt (over 90 days)	-	-	191		
	Use of Resources Score	-	-	2		

Compliance within the finance section of the Well-Led is positive overall with no significant concerns.

## Operational Performance

As part of our performance governance framework, a range of other issues are monitored and discussed in the service line performance review meetings. These are areas where there is either internal, system or national scrutiny, but not routinely covered within any of the above CQC domains. Key performance areas of note for this year are as follows:

### Urgent Community Response – 2 hour waiting time compliance

Delivery of the 2-hour community urgent response standard has continued to be a high priority for the ICB this year. Reporting of performance against this metric started well at the beginning of 2022/23, but as the initial resource used to support implementation was pulled back, the quality of the data being recorded on the EPR began to deteriorate. There have been several attempts to rectify issues, with challenges linked to availability of data during the data warehouse migration, capacity of teams during periods of critical pressure in the system, and varying degrees of data assurance support. Performance appears to have deteriorated towards year-end; however, the year-to-date position remains above the 70% target. Work is underway to implement processes to rectify the issues and provide greater oversight to the reporting so there is a centralised, single version of the performance against this threshold.



## **Units of Dental Activity (UDAs)**

Delivery of the NHS England target for delivery of UDAs has been challenging this year. The final year-end performance will not be available until after May 2023 due to the time lag in reporting UDA data nationally, however at end of March, 54% had been delivered against the target. Waiting times for clinic assessments are challenging and varied across the geography, with the longest clinic at 27 months, due to high vacancy rates within certain clinical roles, as well as high sickness rates throughout the service. This has had a direct impact on the ability to achieve the UDA target.

## **Sexual Health Services Reporting**

For the majority of 2022/23, the Sexual Health Service were unable to report their activity against the required contract as a result of a national change to the coding structure used for Genito-Urinary Medicine activity (GUMCAD v3). The impact of this was that the service and their commissioners (Hampshire, Portsmouth, Southampton, and IOW Local Authorities) were unable to see how they were performance against the currencies which make up their cost and volume contract. This was not only detrimental to the service delivery for 2022/23 but was also at a key time for the local authorities in planning the forthcoming retendering of the service.

The introduction of SNOMED coding in April 2022 proved to be exponentially more complex than anticipated, and it took several months before work began on updating the coding structures. A project team was stood up and work was managed more effectively, however the technical complexities still caused the project to take several months to reach completion. A full 'lessons learned' is currently underway and the results will be shared with all relevant parties.

## **NHS Improvement Oversight Framework**

The System Oversight Framework (SOF) was replaced in 2022/23 with the Oversight Framework, describing NHS England and NHS Improvement's approach to oversight of Integrated Care Boards (ICBs) and trusts, and is aligned with the ambitions set out in the NHS Long Term Plan and the 2022/23 NHS operational planning and contracting guidance.

The Oversight Framework segments ICBs and providers to identify the scale and general nature of support required. Solent continues to be graded at a level 2 (out of levels 1-4, where 1 indicates no specific support needs and 4 denotes a requirement to have mandated intensive support). NHS Improvement have provided specific areas of focus for Solent based on our segmentation, including (but not limited to); clear evidence and impact of Solent's actions as part of the Portsmouth and South East Hampshire Urgent and Emergency Care Improvement Plan, a continued focus on delivery of mental health access targets with particular respect to reducing children and adolescent mental health services (CAMHS) waiting times and maintaining access to improved access to psychological therapies (IAPT) and constructively engaging with the assurance approach ensuring clear line of sight to data and information to support assurance and understanding of organisational risk.


A set of oversight metrics are used to support the implementation of the framework at a system level. The metrics listed below are those which Solent contribute towards. It is worth noting that nationally a number of these metrics are linked to the provision of additional funding to support performance improvement, however, as a Community and Mental Health provider, Solent is not

always eligible for these funding streams. Metrics which have incentive funding for other providers are highlighted in blue. We continue to monitor our contribution towards these targets, as a member of the local system, but acknowledge we are not given financial support to invest in additional improvements for this activity.

The Oversight Framework covers five themes and the most recent performance against the metrics is outlined below:

1. Quality of Care
2. Access and Outcomes
3. Preventing Ill Health and Reducing Inequalities
4. People
5. Finance and Use of Resources

Indicator Description			Mar-23				
			Internal /External Target	Target	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			
Quality, Access & Outcomes	S081a: IAPT access (total numbers accessing services)	E	366	501			
	S086a: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (3 months rolling)	E	0	239			
	S086b: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (external only)	-	-	100.0%			
	S101a: Outpatient follow-up activity levels compared with 2019/20 baseline	E	75.0%	103.0%			
	S105a: Proportion of patients discharged to usual place of residence	-	-	65.5%			
	S107a: Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	E	70.0%	61.0%			
	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			
	S013a: Diagnostic activity levels - Imaging	E	545	425			
	S013b: Diagnostic activity levels - Physiological measurement	E	77	82			
Preventing Health	S117a: Proportion of patients who have had a first consultation in a post-covid service more than 15 weeks after referral	-	-	4.0%			
Looking after our people	S071a: Proportion of staff in senior leadership roles who are from a BME background	-	12.0%	6.7%			
	S071b: Proportion of staff in senior leadership roles who are women	-	62.0%	73.0%			
	S071c: Proportion of staff in senior leadership roles who are disabled	-	3.2%	4.5%			
	S067a: Leaver rate	I	14.0%	13.9%			
	S068a: Sickness absence (working days lost to sickness)	I	5.0%	5.5%			

Indicator Description			Mar-23			
			Internal /External Target	Target	Current Performance	Trending Performance
Finance and Use of Resources	S118a: Financial Stability	E	-	Data not currently available		
	S119a: Financial Efficiency	E	-	2.2%		
	120a: Finance – Agency Spend vs agency ceiling	E	100.0%	Data not currently available		
	120b: Agency spend price cap compliance	E	100.0%	Data not currently available		

## 2023/24 – A Look Forward

The new financial year brings a range of new challenges for Solent, with ambitious aims to deliver continued improvements and developments across reporting and intelligence within limited resources, as well as giving due attention to Project Fusion and what the future of performance and business intelligence will look like in a new organisation at the end of this coming year.

We eagerly await the outcome of the Hewitt Review into existing data collections, and hope that this reduces the burden placed on providers by eliminating duplicative, unnecessary, and unused reporting. The vast number of reporting requirements on providers utilise much of the trust’s skilled analyst resource, so reducing this, where possible, would free them up to provide more intelligence to directly support patient care.

We aim to realise the benefits of the new infrastructure underpinning our Platform as a Service (PaaS) data warehouse, publishing a self-service function within Power BI to allow users to create their own intelligence reports, whilst maintaining a ‘single version of the truth’. This functionality should allow us to embed a ‘BI First’ approach, where users go to Power BI first to source information, before seeking specialist input. This will release time from our skilled analyst workforce to deliver more complex reporting and provide additional analysis to support evidence-based decision making.

We aim to deliver a dashboard with key metrics to the Strategy and Partnerships Committee, as well as to the Trust Board via Performance Review Meetings, to provide oversight and assurance of progress against Business Objectives for clinical service lines and corporate teams, as well as a range of key metrics which are of interest at ICB and regional level, but have, to date, had poor internal oversight.

There will be a greater focus on elective activity this year, with the extension of the Elective Recovery Framework to include community providers. This scheme encourages trusts to deliver more first contacts, removing patients from the waiting lists and offering a financial bonus if the target is achieved. There is also a drive from the ICB to reduce follow up activity, so a review will be undertaken to consider in which elective services it would be safe to do so.

2023/24 will likely see reporting continue to evolve, with a greater focus on ICB, regional and national requirements, and a lesser focus on historical contractual reporting. This offers great opportunity and supports the ability to accurately benchmark and share learning across provider organisations.

Our intention is that in 12 months' time we will be in an optimal position with our current reporting and performance governance processes to move into the new community and mental health provider organisation and ready to evolve further, drawing on the strengths from across all existing parties, as we come together as one trust.

## Strategic Objectives Achievement and our key successes

### 2022-23 Business Objective Review

#### Introduction

In 2022-23, service lines and corporate functions identified a range of transformation and improvement business objectives to support delivery of the Trust's 2021-25 organisational strategy and mission to provide Great Care, be a Great Place to Work and provide Great Value for Money.

Of the 97 objectives initiated:

- 45 related to Great Care
- 19 aligned with Great Place to Work
- 33 objectives focussed on providing Great Value for Money

#### End of Year Position

The below table identifies the final position of the business objectives at the end of April 23.

Business Objective in Progress	4	4%
Completed	49	51%
Closed	44	45%
Total	97	100%

The Business objectives completion rate for 2022-23 was 51% of total objectives agreed, with 45% closed in-year and the remaining schemes continuing to be worked on into 2023-24.

During the 2022-23 planning process, the benefits that would be delivered through achievement of service line and corporate objectives were also mapped, as follows:

Performance improvement	Improving clinical and corporate services through improved processes or digital improvements	22
Patient Outcomes	Directly aiding and improving patient care	13
Solent financial sustainability and value for money	Improving how funds are spent or improving the outputs a service can deliver within the financial envelope available	9
Improved workforce sustainability	Improving staff retention and conditions	4
Improved Workforce Capacity	Contributing to helping the workforce deliver care by improving efficiencies	1

A significant number (27%) of completed objectives directly aided and improved patient care, resulting in expected improvements to patient outcomes. An example of this was the redesign of in-patient bed provision in Portsmouth to fully embed discharge to assess and home first models of care:

**Discharge to Assess – Southsea Unit – Improved Patient care.**

This programme saw the redesign of in-patient bed provision in Portsmouth which supports the national directive to fully embed a ‘Discharge to Assess’ and ‘Home First’ enabling patients to safely leave hospital as soon as they are medically fit, so assessments of their long-term care needs happen outside of the acute environment once they have met their full rehabilitation potential.

The model involved decommissioning 12 beds at Jubilee house a service provided by Solent NHS and combining with Portsmouth City Council (PCC) rehabilitation unit Southsea unit at Harry Sotnick House functioning as a discharge to assess unit with a 40-bed capacity.

The blended model incorporated staff from the PCC Southsea unit and Jubilee house into single operating team employed by Solent NHS. The initiative of bringing both health and social care teams together into a fully integrated workforce enabled the implementation of a flexible and efficient D2A bed pathway utilising skill sets and improving patient flow and bed utilisation.

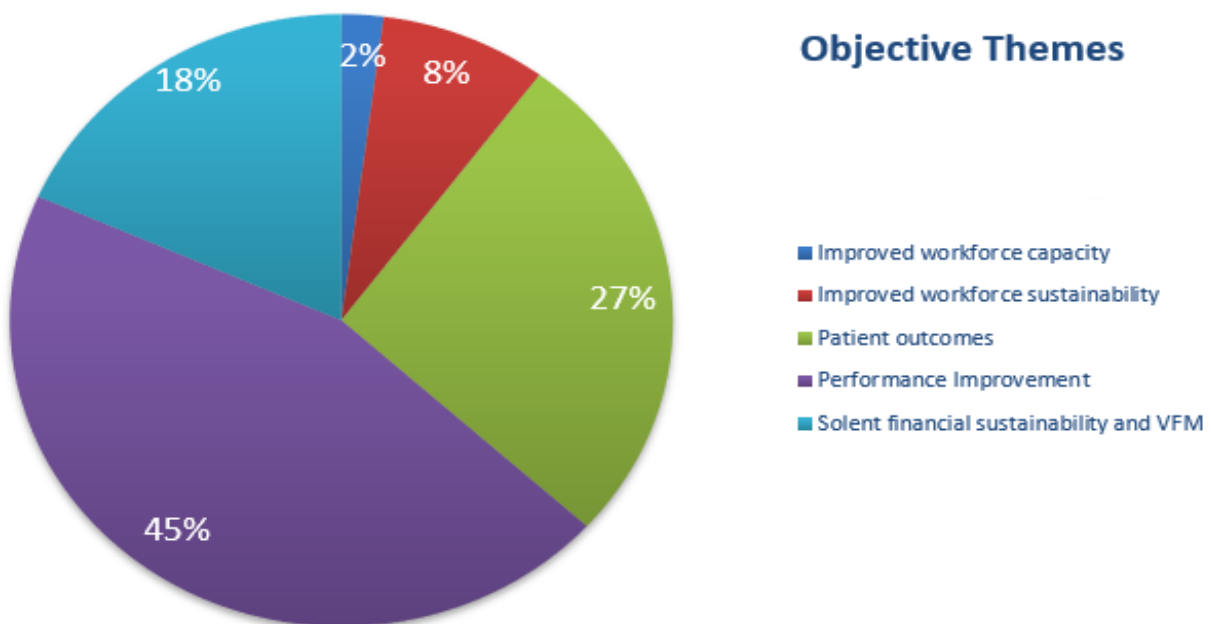
This model supports patient safety, experience and the wider system benefits associated with D2A models. The mode went ‘Live’ in October 2022 on time following a successful workforce transfer. Whilst it is early days to see the benefits reported through metrics; the model has already seen tangible improvements in both patient experience enabling people to remain well and independent for as long as possible by maximising their recovery, managing their long-term conditions, and returning to their usual place of residence.

Of the completed objectives, 45% achieved performance improvement benefits. These include schemes to improve work practices, processes and tools. An example of which includes electronic prescribing and medicines administration:

### Electronic Prescribing and medicines administration (EPMA) – Performance improvements.

This year saw the development of the EPMA programme with the onboarding of a dedicated team trained in the use of the EPMA system ensuring that medication orders are accurately recorded and administered, reducing the risk of adverse drug events. Ensuring patient safety is at the heart of what the EPMA team do. The digital system enables critical information to be provided in a timely way, the automated processes are more efficient whilst reducing the risk of error. The Team continues to work closely with our software provider to develop new and streamline older processes, reducing the time and effort required to administer medications.

The use of EMA systems is already having a positive impact on the efficiency of the Trust, freeing up clinician time and saving money. For 23/24, the team are focusing their efforts on creating duplicatable reports to provide data analysis to inform processes improvements which ultimately improve patient outcomes. This along with supporting scientific research and building new drug profiles put us in a strong position to support the wider system and project fusion.

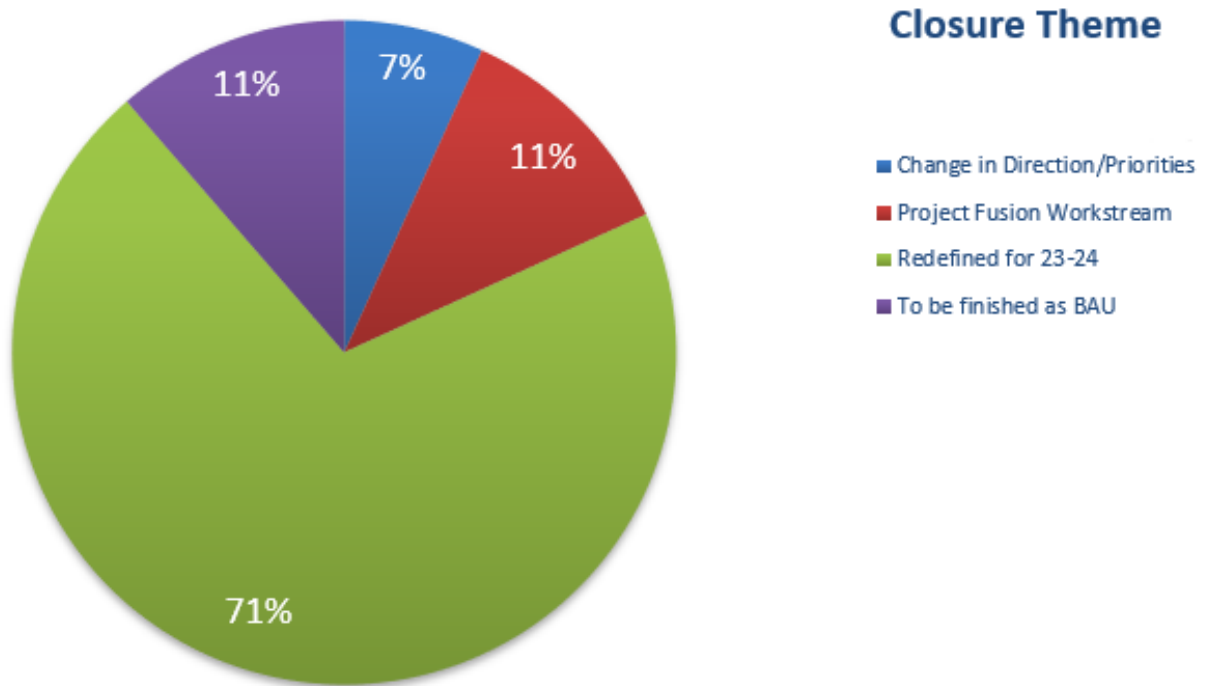


Forty-four objectives were closed in 2022-23, without being completed. This was for a variety of reasons:

- Some (31) objectives were partly or wholly redefined for delivery in 2023-24, often because the case for change and scope of the work that needed to be completed has evolved.
- Some (3) objectives were closed because, as the year progressed, it became obvious that they were not longer a priority, or no longer relevant to the direction of the service. This may, for example be due to operational changes, new commissioner priorities or a the evolving ICB direction.
- It was agreed that 5 objectives would no longer be monitored as business objectives as they had become part of the service’s operational remit and would therefore be taken forward as business as usual (BAU) work.



- Some (5) objectives were closed because they now form part of the Project Fusion workstream.



The following objectives will not form part of the next planning year but will continue to be worked on, as they are multiyear projects.

Service	Business Objective
Finance	<ul style="list-style-type: none"> <li>• PLICS System Implementation</li> </ul>
Medicines Management	<ul style="list-style-type: none"> <li>• Expansion of EPMA into SHFT ahead of new Trust formation</li> <li>• Long Covid MDT Support</li> </ul>
Dental	<ul style="list-style-type: none"> <li>• We will develop 'Dementia - Friendly' clinics across Hampshire and IOW</li> </ul>

### Looking Ahead

As the Trust looks forward to greater integration with partner organisations, much of the work undertaken in the 2023-24 objectives will focus on ensuring services are in the best possible position financially and clinically in advance of becoming part of a new community and mental health Trust for Hampshire and IOW.

## Environmental Reporting

In year an internal review was undertaken which sought to highlight areas of more rapid progression, outline the longer-term sustainability intentions for the Trust, and consider the resource necessary to deliver.

A key outcome of this review has been the appointment of Care Without Carbon (CWC), a specialist suitability unit of Sussex Community NHS Foundation Trust to support in the formation and delivery of what is intended to be a more ambitious programme of change.

While appointment of the team was initially delayed, members are now in place and meeting with key stakeholders, operational pressures allowing, across the Trust as part of this initial diagnostic phase.

This arrangement has already provided significant support to Solent’s existing Sustainability Team, with shared valuable knowledge and coaching to grow internal skills.

As part of the work being completed by CWC, the Green Plan is being reviewed to ensure it is effective and targeting the right areas, as such no further works have commenced until the comprehensive review has been completed to ensure we are focusing our efforts and targeting funding in the areas to optimise benefits.

## Our Green Plan Priorities

The writing of our Green Plan, which was approved by board in August 2021, aligned to the guidance [How to produce a Green Plan: A three-year strategy towards net zero \(england.nhs.uk\)](https://www.england.nhs.uk/publications/how-to-produce-a-green-plan-a-three-year-strategy-towards-net-zero/) published in June 2021. This was an update from the original document published in January 2020. Our Green Plan Action Plan identified 53 actions.

Following this update, the following areas of focus for 2021/22 were identified by national and regional priorities:

- Digital transformation
- Medicines
- Travel and transport

The national and regional priorities were extended for 2022/23 to include the previous year and some additional areas:

- Digital transformation
- Medicines
- Travel and transport
- Estates and facilities
- Supply chain and procurement

Our Green Plan action plan identified 42 actions in these priority areas. The tables show progress made overall and in which specific focus areas.

In addition to the national and regional priorities, we have also completed and started working on a number of additional actions from our Green Plan action plan that enabled some of the other priority work to take place such as staff and patient engagement.

22/23: Year 2 actions	Number complete	Number in progress	Number of yet started
Number of actions	9	17	16
Percentage	21%	40%	38%

Greener NHS area of focus	Number of actions	Number complete	Number in progress	Number of yet started
Digital transformation	2	0	0	2
Estates and facilities	11	3	1	7
Medicines	5	1	4	0
Supply chain and procurement	7	1	0	6
Travel and transport	17	4	12	1
<b>Total</b>	<b>42</b>	<b>9</b>	<b>17</b>	<b>16</b>

	21/22: Year 1 actions		22/23: Year 2 actions, (including the 24, year 1 actions)		Actions not identified in national / regional priority	
TOTAL	24		42		11	
Complete	5	21%	9	21%	1	9%
In progress	16	67%	17	40%	4	36%
Not started	3	13%	16	38%	6	55%

## Our consumables

Increased budget pressures have increased the focus of energy saving initiatives and the following energy saving projects are complete:

- Lift replacement at St Mary's – Circa. 75% less energy consumption than previous lift model
- Review of Building Management Systems (BMS) – upgrades to take place 23/24
- Completion of Light Emitting Diode (LED) lighting upgrades in all small clinics / health centres
- Increased pool cars available for staff in Portsmouth from three to eight
- Installed E-scooters on site at St Mary's, Portsmouth, and Western Community Hospital, Southampton, through partnerships with Voi and Local Authorities
- Offensive waste (Tiger bags) segregation introduced at all owned sites (where appropriate)

Underway with completion expected in Q1 23/24:

- Installation of Endotherm additive to our wet heating systems to reduce gas consumption by Circa. 12-15%.
- Installation of Solar panels on Western Community Hospital – will supply Circa. 48% of the site electrical demand.
- St Marys Community Health Campus Block D lights upgrade – Circa. 52% reduction in lighting electricity consumption.
- Operational trial removal of all disposable cups from St Mary's and Western Community Hospital restaurants.

Projects in early discussions:

- Load shedding – to secure income and reduce electricity consumption and therefore cost and carbon at St Mary’s with potential to extend to Western Community Hospital, Bitterne Health Centre, and St James’ once infrastructure work complete.
- Building analysis to design and cost decarbonisation to achieve net zero.

Planned projects, not yet started:

- Detailed review of all products purchased through NHS Supply Chain to target the highest carbon emissions
  - Gloves – review proposed to be carried out by IPC to reduce inappropriate glove use to improve hand hygiene.

## Utility contracts

- Utilities markets have been volatile over the last 18 months. Our utilities contracts Purchase in Advance (PIA) of when we need our consumption, so our suppliers have been able to avoid some of the highest commodity peaks and Laser have achieved cost avoidance of £440k this year. October saw the contract anniversary and annual cost increase which saw our unit prices for gas to rise from 2 pence per kilowatt hour (kwh) to 8 pence and electricity rose from 15 pence per kilowatt hour (kwh) to 28 pence. This impacted our budgets beyond any predication we were being advised and saw our budget forecasts increase from £785,374 to £1,933,052.
- The increase in kwh on non-half hourly electricity was largely due to the addition of the Swan Centre becoming operational.

	October 21 – September 22		October 2022 – September 2023		Difference	
	Kilowatt hours (Kwh) (estimated)	Cost (£)	Kilowatt hours (Kwh) (estimated)	Cost (£)	Kwh	Cost
Gas	7,394,766	£222,391.00	7,826,962	£834,372.00	106%	375%
Non-half hourly electricity	337,393	£60,310.00	456,219	£139,429.00	135%	231%
Half hourly electricity	3,077,311	£502,673.00	3,255,157	£959,251.00	106%	191%
Totals	10,809,470	£785,374.00	11,538,338	£1,933,052.00	107%	246%

## Travel

Continuing attendance on the Air quality and Active travel group as part of Portsmouth City Council health and wellbeing board. Collaboration of work with partner organisations has proved beneficial and helped our staff with cost-of-living pressures such as Voi scooters and Beryl bikes being made available on our sites to reduce commuting costs as well as business mileage.

We have increased our number of low emission pool cars available at St Mary's from three to eight, enabling staff to utilise the caps on bus ticket prices or other active travel options but still have access to a vehicle to carry out work duties.

Cycle to work scheme continues to be used by a number of trust staff and Q1 23/24 should see the introduction of a car salary sacrifice scheme which includes both electric and hybrid vehicles. Through tax reduction, this could enable some staff to afford more expensive but less polluting vehicles that they may not otherwise be able to obtain.

Discussions are in progress about installing air quality monitoring stations at St Mary's to assist the local authority. This, along with the new car park management company being able to provide more data on the length of stay of vehicles and their emissions, should provide evidence to document not only the need to change but also monitor the impact of the changes when they are made.

## **Reporting and monitoring**

The bi-monthly Sustainability Action Group meeting has been stood down. Struggling with attendance, this meeting will take on new form and focus, with more senior Trust members necessary to affect change. The form and function of the meeting will result from the initial 'diagnostic' work being undertaken by the CWC Team.

Monthly reporting continues through Estates, Facilities and Sustainability Group and six-monthly reporting to Finance and Infrastructure. Requests to CAG have been re-reviewed considering the environmental risk of not carrying out the request.

Statutory returns to NHS England such as ERIC and PAM have been completed and submitted on time.

Greener NHS have requested quarterly returns: NHS Green fleet return and NHS Green data collection, these questions align with the national priorities though go beyond our Green Plan Action plan. Next year's action plan will also include the NHS Greener quarterly return questions so we can centrally monitor the improvements.

A new Action Plan and Carbon Reduction Roadmap will be produced to underpin our Trust Green Plan which encompasses data management and ensuring all targets are SMART to provide clear direction and delivery of our objectives. The national and regional targets and priorities have changed since the approval of our original Green Plan, and the recommendations from CWC will be in line with the latest guidance.

On conclusion of the CWC review, it is expected reliable and relevant data will be available in a manageable format, enabling the sustainability team to focus on analytical reporting, working collaboratively with departments to support different ways of working. As well as engaging with operational teams to provide sufficient evidence to support financial investment for future needs to meet the overall objectives of the Trust.

A photograph of a healthcare professional, likely a nurse, smiling and looking down at a clipboard she is holding. She is wearing a blue short-sleeved uniform with white trim and a lanyard with an ID badge. The background shows a hospital room with a window and a bed. The entire image has a light blue overlay.

# Section 2

## Accountability and Corporate Governance Report

## Our Board of Directors

Accountable to the Secretary of State, the Board is responsible for the effective direction of the affairs of the organisation, setting the strategic direction and appetite for risk. The Board establishes arrangements for effective governance and management as well as holding management to account for delivery, with particular emphasis on the safety and quality of the Trust's services and achievement of the required financial performance as outlined in its Terms of Reference.

The Board leads the Trust by undertaking the following key roles:

- formulating strategy, defining the organisation's purpose and identifying priorities
- ensuring accountability by holding the organisation to account for the delivery of the strategy and scrutinising performance
- seeking assurance that systems of governance and internal control are robust and reliable and to set the appetite for risk
- shaping a positive culture for the Board and the organisation, and
- ensuring the management of staff welfare and patient safety.

## Duties of the Chair, Executive and Non-Executive Directors

Our Board includes Executive Directors that are responsible for leading services within the Trust. They are directly employed by the Trust and are the most senior officers within their specialisms, for example finance or nursing. The Executive Directors report directly to the Chief Executive Officer (CEO).

Non-Executive Directors (NEDs) also sit on the Board; they are appointed by NHS England and provide independent scrutiny and constructive challenge of the performance of the Trust.

The Chief Executive Officer (CEO) sits on the Board and provides overall strategic leadership to the organisation and as Accountable Officer, has responsibility for systems of governance, risk management and internal control. You can read more about this in our Annual Governance Statement.

The CEO reports directly to the Board and the Chair of the Board who is a NED responsible for leading on setting the agenda for Board meetings, ensuring that adequate time is available for discussion of all agenda items, in particular strategic issues. You can read about the role of the Chair in the following link <https://www.england.nhs.uk/non-executive-opportunities/about-the-team/role-of-the-nhs-provider-chair/>



The effective relationship between our CEO and Chair ensures the Board has full oversight of what matters to our patients and staff to support successful management of the Trust.

The business to be conducted by the Board and its committees is set out in the respective Terms of Reference and underpinned by the Scheme of Delegation and Reservation of Powers.

The Board meets formally every other month In-Public. Additional meetings with Board members and invited attendees are held following In-Public meetings and as required to discuss confidential matters. The Board also holds confidential seminar (briefing) meetings /workshops every other month. All Non-executive Directors take an active role at the Board and board committees.

## Balance, completeness and appropriateness of the membership of the Board of Directors

The Board of Directors comprises six Non-executive Directors (NEDs) including the Chairman and five voting Executive Directors.

In year the Board adjusted its composition, and that of its Committees as a consequence of change in personnel, this is summarised in the following tables.

Board membership as at 01/04/2022	Board membership as at 31/03/2023
<p><u>Voting members:</u></p> <ul style="list-style-type: none"> <li>Independent Chair (Chairperson)<sup>11</sup></li> <li>Four Non-Executive Members</li> <li>Chief Executive Officer</li> <li>Deputy CEO and Chief of Nursing and Allied Health Professionals Officer<sup>2</sup></li> <li>Chief Finance Officer<sup>3</sup></li> <li>Chief Medical Officer</li> </ul> <p><u>Non-voting members:</u></p> <ul style="list-style-type: none"> <li>Chief Operating Officer</li> <li>Chief People Officer<sup>5</sup></li> <li>Associate Non- Executive Director<sup>7</sup></li> </ul> <p><u>Attendees:</u></p> <ul style="list-style-type: none"> <li>Chief of Staff Governance and Corporate Affairs<sup>4</sup></li> </ul>	<p><u>Voting members:</u></p> <ul style="list-style-type: none"> <li>Independent Chair (Chairperson)<sup>12</sup></li> <li>Four Non-Executive Members<sup>15</sup></li> <li>Chief Executive Officer<sup>1</sup></li> <li>Chief of Nursing and Allied Health Professionals<sup>10</sup></li> <li>Chief Financial Officer<sup>8</sup></li> <li>Deputy CEO and Chief Medical Officer<sup>13</sup></li> </ul> <p><u>Non-voting members:</u></p> <ul style="list-style-type: none"> <li>Chief Operating Officer</li> <li>Chief People Officer<sup>6</sup></li> <li>Chief of Staff, Governance and Corporate Affairs<sup>4</sup></li> <li>Chief Strategy &amp; Transformation Officer<sup>9</sup></li> </ul> <p><u>Attendees:</u></p> <ul style="list-style-type: none"> <li>Deputy COO<sup>14</sup></li> </ul>

<sup>1</sup> Andrew Strevens, Acting CEO, title changed, remove 'acting' from 11/04/2022

<sup>2</sup> Jackie Munro, Acting Deputy CEO and Chief of Nursing and Allied Health Professionals, title changed to remove 'acting' 11/04/2022

<sup>3</sup> Gordon Fowler, Acting Chief Finance Officer, removed 'acting' from job title 11/04/2022 and left 02/09/2022

<sup>4</sup> Rachel Goldsworthy, Chief of Staff became non-voting member of the Board from 01/06/2022 and changed job titled to Chief of Staff, Governance and Corporate Affairs 10/10/2022

<sup>5</sup> Jasvinder Sohal, Chief People Officer, left 30/06/2022

<sup>6</sup> Shahana Ramsden, Chief People Officer, joined 01/07/2022

<sup>7</sup> Vanessa Avlonitis, Associate NED, title changed to NED, 01/07/2022

<sup>8</sup> Nikki Burnett, Chief Finance Officer from 02/09/2022

<sup>9</sup> Debbie James, Director of Strategic Transformation became Board attendee 02/09/2022, changed job title to Chief Strategy & Transformation Officer 01/03/2023 and became a non-voting Board member 20/01/2023

<sup>10</sup> Angela Anderson, Deputy Chief of Nursing and Allied Health Professionals changed to Chief of Nursing and Allied Health Professionals from 13/03/2023

<sup>11</sup> Catherine Mason, Chair, left 31/12/2022

<sup>12</sup> Mike Watts, role changed from NED to Chair, 01/01/2023

<sup>13</sup> Dan Baylis, Chief Medical Officer title changed to Deputy CEO and Chief Medical Officer 01/03/2023

<sup>14</sup> Alasdair Snell, Interim Deputy COO became an official Board attendee 01/02/2023

<sup>15</sup> One NED seat was a vacancy.

Together, the Board members bring a wide range of skills and experience to the Trust. The composition, balance of skills and experience of the Board is reviewed regularly by the Remuneration and Nominations Committee.

## Appointments

### Executive and Non-Executive Director appointments

As a consequence of various executive and board changes a number of appointments were made in year – these are detailed in the following sections.

In light of the HIOW ICS Review of Community and Mental Health Services and potential for future organisational changes, we appointed to the following positions on an interim basis;

- Chief Finance Officer
- Chief People Officer
- Chief of Nursing and Allied Health Professionals and Allied Health Professionals
- Chief Operating Officer

In addition, Dan Baylis, was appointed as Deputy CEO alongside his Chief Medical Officer position in January 2023.

No new Non-Executive appointments were made in year. However, our Chair succession plan arrangements were instigated, and Mike Watts was appointed by NHS England as Acting Chair from 1 January 2023 upon Catherine Mason leaving at the end of her tenure.

## Our Board members during 2021/22 – and as at 31 March 2023



### Mike Watts Chair

#### Appointed:

- October 2016 - Non-executive Director
- January 2023 - Acting Chair

Mike grew up and went to school in Southampton. He is a Hampshire resident and has an extensive and wide-ranging track record in organisational design and development that has driven business performance.

Mike is currently the lead consultant with Capability and Performance Improvement Ltd of which he is a co-owner. He has previously held senior HR roles at Southampton City Council, and the Chartered Institute of Professional Development; Cabinet Office; Lloyds TSB and Scottish Widows. During his time in the Cabinet Office, Mike was recognised by HR Magazine as one of top 30 influencers of HR practice. He has also held a previous Non-executive Director role with the Scottish Executive. Mike's role with us includes the following: Board Chair, People Committee Chair, Lead NED, Wellbeing Guardian and Lead NED for Assisting in Medical Fitness to Practice cases.



**Stephanie Elsy** Non-executive Director  
**Appointed:** September 2017

Stephanie has worked in the delivery of public services for over 30 years. She was a CEO in the charity sector for 15 years managing community and residential services for people recovering from substance misuse, people with disabilities and people living with HIV and AIDS. She then entered local politics as a Councillor in the London Borough of Southwark in 1995, becoming Chair of Education in 1998 and then Leader of the Council in 1999.

After retiring from local government in 2002 Stephanie served on the Board of Southwark Primary Care Trust which had pooled its resources with the Social Services Department and had a joint Director. She also started a consultancy business providing services in health, local and regional government. Serco Group PLC became one of her clients, and in 2004 she was invited to join the company as a senior Director to support its Board and Senior Executives in raising the company's profile in government and business. She was a member of the company's Global Management Team and helped shape the company's business strategy and supported new market entry in the UK and internationally. Stephanie left Serco in 2012 to establish a new consultancy business, Stephanie Elsy Associates, an advisory consultancy specialising in public sector services and the government contracting markets. She lives in Emsworth and is the Chair of Bath and North East Somerset, Swindon and Wiltshire ICB. Stephanie joined the Trust in September 2017. Stephanie's role with us includes the following: Finance & Infrastructure Committee Chair, Remuneration & Nominations Committee Joint Chair.



**Gaurav Kumar** Non-executive Director  
**Appointed:** October 2019

Gaurav is a Hampshire resident with extensive Global experience. During his career he has worked and lived in India, New Zealand, Australia, U.A.E and the UK. He is presently employed as the Global Chief Information Officer with ASSA ABLOY Entrance Systems where is also an Executive Board member and a member of the ASSA ABLOY IT Board.

Gaurav has a strong background in strategy development, digital transformation, operations management and enterprise performance improvement. His professional experience consists of working in the areas of Engineering, Supply Chain, Information Technology and Major Program Management. Gaurav's role with us includes: Charitable Funds Committee Chair, Strategy and Partnership Committee Chair.



**Calum Mercer** Non-executive Director  
**Appointed:** July 2021 – until 31 March 2023

Calum has several years of experience as an executive and Non-executive Director in health and social care and a range of other sectors. Calum is the Finance and Operations Director at the Royal College of Psychiatrists and a Non-executive Director at the Legal Aid Agency (an agency of the Ministry of Justice that manages the legal aid service), Treasurer and member of Council at the University of Bath and the Housing and Finance Institute (which supports the delivery of more homes and good homes across the country). Calum chairs the Audit and Risk Committees at Dimensions and the Legal Aid Agency. He was previously a governor of Manchester Metropolitan University. Previous executive roles were in social care sector as Finance Director of one the largest behaviour change charities and previously in infrastructure and utilities. In his roles he has helped transform and improve organisations, helping them deliver better outcomes for people and has raised over £4 billion in funding. Calum's role with us

includes the following: Audit & Risk Committee Chair and Remuneration and Nominations Committee Joint Chair and LED NED for Security Management.



**Vanessa Avlonitis** Associate Non-executive Director

**Appointed:**

- February 2022 - Associate NED
- July 2022 - Substantive NED

Vanessa is a registered nurse who has a breadth of experience within the NHS Acute sector, Clinical Commissioning Group, in regulation at Monitor as a Quality Governance Associate and within the charitable sector supporting and developing sound clinical governance structures and compliance to CQC standards. She has served as Clinical Non-Executive Director for North Hants Urgent Care. Vanessa currently holds a position as the Registered Nurse member for Dorset CCG on the Governing Body where she is the wellbeing guardian and also holds a Clinical Trustee Board position for a Hospice in North West London. Vanessa is passionate about nursing and the quality of care that patients receive. She has a Masters, in Nursing Leadership. Vanessa's role with us includes the following: Lead NED – Freedom to Speak Up / Whistleblowing, Quality Assurance Committee Chair Mental Health Act Scrutiny Committee Chair and Lead NED for Freedom to Speak Up / Whistleblowing

**Andrew Strevens** Chief Executive Officer

**Appointed:**

- August 2015 - Director of Finance.
- April 2021 – Feb 2022 - Chief Financial Officer and Deputy CEO
- Feb 2022 - CEO



Andrew joined the Trust in August 2015. His formative years were in Southampton, being educated in local state schools. He has worked within the health service since 2009 and brings a whole system view, having worked in senior positions for providers (Hampshire Community Health Care and Southern Health) and as a commissioner (NHS England South Region). He also has a commercial background, having worked for KPMG and B&Q Plc. Andrew is passionate about ensuring the maximum benefit from the resources available. Andrew is a values-based leader who believes deeply in developing a culture where people can thrive and be at their best. He previously stepped into the role of Chief Executive Officer from October 2020 to March 2021 whilst the Trust's Chief Executive was seconded to the national COVID-19 vaccination programme. During this time, Andrew led the organisation's response to the second wave of the COVID-19 pandemic which included the creation and operation of four COVID-19 mass vaccination sites across Hampshire and the Isle of Wight. Andrew has a real passion for working in partnership with health, social care and the voluntary sector to deliver joined up, patient-centred care for the benefit of local people. Following Sue Harriman's departure, Andrew was appointed on an interim basis as Chief Executive Officer from 07 February 2022 and was subsequently appointed to the role.



**Dan Baylis** Deputy CEO Chief Medical Officer

**Appointed:**

- August 2020 - Chief Medical Officer
- January 2023 - Deputy CEO and Chief Medical Officer

Dan studied medicine in London and graduated with distinctions in surgery and medicine before moving to the south coast to complete his postgraduate specialty training in general and geriatric medicine. He took time out of clinical training when he was awarded and NIHR fellowship to undertake a PhD where he studied the role of the immune system in accelerating age related processes and, separately, was also able to spend some time working in a field hospital on the Thai-Myanmar border.

Since qualification he has been appointed as a consultant geriatrician in Southampton which has seen him work across both community and hospital settings. Currently Dan works clinically in the Older Persons assessment within the Emergency Department at University Hospital Southampton and runs a weekly syncope clinic. Dan has had a number of management roles within healthcare which has included leading the UHS department of medicine for older people where the team were awarded BMJ Older Persons Team of the Year and also the department of emergency medicine. Dan has also had system wide roles in patient flow and worked as a clinical leader within the Solent Adults Southampton service line. In addition to his duties as CMO for Solent, Dan will also provide leadership to UHS via his role as Associate Medical Director for integrated care and thereby step across community and acute organisations which is aligned with his values of partnership working to provide high quality care in the most appropriate settings. Dan is also the executive sponsor for the LGBT+ Staff Network.



**Suzannah Rosenberg** Chief Operating Officer

**Appointed:**

- April 2020 - Deputy Chief Operating Officer
- December 2021 - Chief Operating Officer

Suzannah returned to full time work after being a full-time mum in 1995 and took a job as administrator at a supported housing project for young people with mental health and substance misuse issues. Her passion to support young people led her to apply for a support worker role in that same project which led to a 25 year career in health and social care. She quickly stepped into a management role as deputy manager of a registered hostel for homeless young people.

In 1999 she led the development of one of the first one stop shops for young people, turning an empty butchers shop in a highly deprived area into a vibrant drop-in with multi agency support. She went on to manage the new service and its sister drop-in, in Portsmouth. In 2001, Suzannah took up her first joint commissioning role in substance misuse and since then has held a number of senior management and Director roles across health and social care spearheading the integration of both services and commissioning. Suzannah has been a strong advocate of breaking down the barriers between providers and commissioners which facilitated her joining the Trust in 2019 as Deputy Chief Operating Officer whilst retaining a role in Portsmouth CCG, before being appointed as COO.



**Rachel Goldsworthy** Chief of Staff, Governance and Corporate Affairs

**Appointed:**

- 2008 - Company Secretary
- May 2021 - Chief of Staff
- October 2022 - Chief of Staff, Governance and Corporate Affairs

Rachel joined the NHS back in 2002 to support the establishment of the Patient Advice and Liaison Service. Prior to this she worked in a number of corporate sector industries including banking, recruitment and IT. Whilst in the NHS, Rachel has worked in a variety of corporate support and management roles and was heavily involved in the programme bringing the provider arms of both Southampton City PCT and Portsmouth City PCT together prior to the establishment of Solent NHS Trust in 2011. She was appointed as Company Secretary to Solent's predecessor organisation(s) in 2008. In her current role, Rachel provides support and advice to the Board as well as managing corporate affairs. In May 2021, Rachel was appointed as Chief of Staff with executive management responsibility for the Communications Team, Freedom to Speak up, and supporting the SIRO. Earlier this year Rachel also took over management of Information Governance and was being formally appointed as the Senior Information Risk Officer. Rachel is also the executive sponsor for the Carers Staff Network.



**Angela Anderson** Chief of Nursing and Allied Health Professionals

**Appointed:**

- April 2010 – Service Manager for Community Children's Nursing and Paediatric Medical Services
- November 2018 – Associate Director of Professional Standards & Regulation. Job title changed to Deputy Chief of Nursing and Allied Health Professionals in 2021
- March 2023 - Chief of Nursing and Allied Health Professionals

Angela moved from the West of Ireland in 1985 to pursue her ambition to become a nurse, qualifying as a Registered General Nurse (adults) in Epsom District Hospital. From there Angela moved to London to specialise in sick children's nursing, achieving her Registered Sick Children's Nursing qualification at Westminster Children's Hospital. From there she worked in West London before moving to Hampshire where she has held several leadership roles, both clinical and operational, across acute and community services within the NHS. She was part of a team who were national leaders in developing and delivering community children's nursing services including the development of excellent end of life care for children in their own home. She also led the development of one of the first ambulatory care units for children in the area, championing the role nurses have in advancing practice within a multidisciplinary, integrated team. On completion of her Master's in Business Administration, Angela took up a role with the Strategic Health Authority, establishing a clinical network for children, young people and maternity services across Hampshire & Isle of Wight before joining Portsmouth Community and Mental Health services in 2008. Angela has worked for Solent since its inception firstly within the children's service line before taking up an opportunity within the Chief of Nursing and Allied Health Professionals Directorate in 2016. She is passionate about providing care, which is compassionate and respectful of the individual, is high quality and safe. Angela describes being a nurse as the greatest privilege, being able to care for people at a time when they are most vulnerable. Angela was the Clinical Director for the successful set up and roll out of four Mass Vaccinations Centres across Hampshire & Isle of Wight in 2021 and continued to lead the service clinically until it ceased in December 2023. She was shortlisted for the Nursing Times, Nurse Leader of the Year in 2021 and was part of the team shortlisted for an HSJ award in 2022 for the successful Covid Vaccination Service.





**Nikki Burnett** Chief Finance Officer

**Appointed:** August 2022

Nikki is an advocate for system learning and actively participates in the NHS Future Focused Finance and One Finance programmes acting as a peer reviewer for the national Towards Excellence Accreditation programme. Having started her career with the NHS at Hull PCT in 2008 studying towards AAT, Nikki has continued to combine hands on experience with formal qualifications and is currently a Fellow of the Association of Chartered Certified Accountants, Master of Business Administration and holds a Masters in Forensic Accounting.

Since moving to the area in 2010 with her husband, a serving member of the Royal Navy, she has been working across the South East system providing financial leadership and support in roles including Assistant Head of Finance for NHS England covering Dorset, Hampshire and the Isle of Wight, Finance Lead for the Hampshire and Isle of Wight ICS and most recently Deputy Chief Finance Officer at Portsmouth CCG where her dedication to system integration and process improvements resulted in being shortlisted for the national HFMA Deputy Finance Director of the Year award.



**Shahana Ramsden** Chief People Officer

**Appointed:** July 2022

Shahana has 35 years' experience in a range of public sector roles and has consistently demonstrated an authentic commitment to improving the life experiences of staff and patients. Shahana has held national leadership roles as Director of NHS Employer's Positively Diverse programme and as Deputy Director of the Department of Health's National Delivering Race Equality in Mental Health program. As part of her role with the Social Care Institute for Excellence, Shahana developed the ground-breaking Making it Real programme which generated practical solutions to implementation of personalised and community-based support. More recently, Shahana led the successful Vaccination Workforce programme in the South East Region and co-chaired the Regional Turning the Tide Transformation and Oversight Board which focused on addressing racial inequalities across our workforce and population.

The positive impact of Shahana's work has been recognised by the Health Service Journal (HSJ) where she was listed as a BME pioneer and she was highlighted as one of 100 virtual change activists for health and social care through NHS Improving Quality (The Edge) and was nominated for an NHS70 Windrush award. More recently the impact of the Turning the Tide Transformation programme co-chaired by Shahana has been recognised through a high commendation for the HSJ NHS Race Equality award.



**Debbie James** Chief Strategy & Transformation Officer

**Appointed:**

- 2011 to 2018 - Head of Commercial
- 2018 – 2022 – Associate Commercial Director
- September 2022 – Director of Strategy and Transformation
- March 2023 – Chief Strategy and Transformation Officer

Debbie joined the Trust's Executive team as Director of Strategic Transformation in September 2022. She has 20 years' experience in the Hampshire and Isle of Wight health and care system. Prior to this role, Debbie worked with the Hampshire and Isle of Wight Integrated Care System as Associate Director for the Hampshire



Together programme, which has the opportunity to build a new hospital in North and Mid Hampshire. Debbie has held previous leadership roles in strategy, planning, service development, project and change management, contracting and procurement. Debbie is responsible for advising the Trust Board and providing assurance in the development of strategic projects and partnerships, ensuring decision making is centred around patients and enabling our people to thrive. She leads on development and implementation of the Trust's strategy and transformation agenda, ensuring the organisation is best-placed to contribute to national and local priorities and the changing NHS architecture. Debbie is also Executive lead for the Trust's contracting, procurement, business planning and business development activities.

## Board Members who left in 2022/23



### Catherine Mason Chair

**Appointed:** April 2019 – left December 2022

Catherine joined us as Chair from 1 April 2019. Prior to this Catherine was a Non-executive Director of University Hospital Southampton NHS Foundation Trust between March 2018 – March 2019.

Catherine's experience includes working in the transport, consumer goods and healthcare sectors. She held senior roles within marketing for blue chip companies, was the Group Chief Executive of Translink, a public transport organisation in Northern Ireland and was Managing Director of NATS (National Air Traffic Services) Services division, the leading provider of air traffic control services. Catherine moved into healthcare in 2016 when she was appointed as Chief Executive for Allied Healthcare, the UK's largest provider of care at home, and then joined Spire Healthcare as Chief Operating Officer. Catherine remains the Chair of Community Health Partnership and is an independent member of the Network Rail System Operator.



### Jasvinder Sohal Chief People Officer

**Appointed:**

- April 2021 – July 2021 - Acting Chief People Officer
- July 2021 onwards - Chief People Officer, left June 2022

Jas has lived and worked in and around Southampton for most of her life, starting her career as an employment law solicitor in private practice. In 2001, after a career break to have her twin boys, she became an in-house lawyer for B&Q plc and then branched out to HR to pursue her real passion for making a positive difference for the people she works with. Over her 16-year career in retail (during which she also had a daughter!), she undertook a number of roles including strategic partnering to board Directors for various functions, leading HR teams and delivering several change management initiatives. She then moved into the world of aviation joining a company which trained commercial airline pilots, working in an international role. Jas left in June 2022 to become the Chief People Officer for Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board.



**Gordon Fowler** Chief Financial Officer,

**Appointed:**

- January 2016 – April 2019 – Deputy Director of Finance
- April 2019 – May 2021 - Director of Finance
- May 2021 – Feb 2022 - Strategic Transformation Director and Estates Director
- Feb 2022 onwards – Chief Finance Officer, left June 2022

Gordon joined the British Army at the age of 16 and served for 24 years across various regiments/organisations. While serving in the army he completed accountancy studies and became a Chartered Management Accountant at the age of 28. During his last 12 years in the army he worked on various high-profile strategic projects and acquisitions and has followed a career in finance since leaving the Army. Gordon left the army and joined the Rural Payments Agency working in Strategic Finance. Gordon left in September to become Director of Finance, Strategy and Transformation at the HIOW ICB.



**Jackie Munro** Deputy CEO and Chief of Nursing and Allied Health Professionals and Allied Health Professionals

**Appointed:** December 2017 – Retired: March 2023

Jackie has over 40 years' experience in the NHS as a nurse. She commenced her career in Critical Care, working across the health system in General Nursing, Primary Care and Mental Health and Community Services. From 2001 Jackie spent seven years working on national service redesign programmes, leading a number of successful initiatives within a number of roles including Director of Service Improvement and a Regional Director post in Improvement Partnerships. Jackie has worked as Chief of Nursing and Allied Health Professionals in Leicestershire Partnership NHS Trust. Jackie received an honorary doctorate in Human Sciences from Solent University in 2022 in recognition of her outstanding contribution to nursing and the reduction of health inequalities within our communities.

We would like to thank all of our previous colleagues for their contribution and dedication to our Trust and wish them every success in their new endeavours.

## Board development and performance evaluation

The Board of Directors keeps its performance and effectiveness under on-going review. The Board holds seminar and workshops every two months to focus on educational, developmental and strategic topics. Examples of educational sessions in year include:

- NHS Digital Cyber Security training, as part of GDPR requirements
- Educational Briefing on Medically Optimised for Discharge Patients
- Wellbeing, People, Diversity & Inclusion Strategies
- Diversity & Inclusion Awareness Training Session
- People Strategy
- HR Recruitment and Retention Deep Dive
- Safeguarding
- Primary Care Educational Session and Strategy update
- Educational briefing on non-elective flow, patient journey
- Interactive session with Clinical Directors to discuss respective service lines
- D&I Awareness Training

- Mental Health Act Training
- Mental Health Benchmarking Briefing
- Board Development on CQC

Building on previous Board Development activities, and in light of future organisational changes, following the publication of the HIOW Strategic Review of Community and Mental Health Services, the Board held a session in Q2 2022/23 focusing on adaptive leadership and change management. In addition, the executive team underwent a number of organisational development sessions in year focusing on team building and working in volatile, uncertain, complex and ambiguous environments (VUCA).

We annually conduct an internal evaluation of the Board and its key Committees, the outcomes of which help drive changes and improvements. We also continued to ensure sustained improvements against the findings of the ‘*Developmental review of leadership and governance using the Well- Led Framework: guidance for NHS Trusts and NHS Foundation Trusts*’ conducted by AuditOne the previous year.

In addition, an annual governance review is conducted by the Remuneration and Nominations Committee and each Board committee completes a mid-year review against its agreed annual objectives and, at year end, presents an annual report to the Board on the business conducted. Individual Board members are appraised annually.

## Declaration of interests and Non-executive Director Independence

The Board of Directors is satisfied that the Non-executive Directors, who serve on the Board for the period under review, are independent, with each Non-executive Director self-declaring against a ‘test of independence’ on an annual basis. The Board of Directors are also satisfied that there are no relationships of circumstances likely to affect independence and all Board members are required to update their declarations in relation to their interests held in accordance with public interest, openness and transparency.

Name	Interest registered
Catherine Mason Chair (left 31/12/2022)	<ul style="list-style-type: none"> <li>• Membership: Independent Member Network Rail System Operator Advisory Board.</li> </ul>
Mike Watts Non-executive Director	<ul style="list-style-type: none"> <li>• Directorship Capability and Performance Improvement Ltd (75% ownership and 25% wife’s ownership) Does work with other Trusts as declared and limited</li> <li>• President and Chair of Board of Directors: The Trojans Club Limited</li> </ul>
Stephanie Elsy Non-executive Director	<ul style="list-style-type: none"> <li>• Directorship and Ownership of business and financial interests: Stephanie Elsy Associates</li> <li>• Directorship and Membership of statutory bodies: Bath and North East Somerset Swindon and Wiltshire ICS</li> <li>• Senior Adviser for Impower Consulting Ltd</li> </ul>
Gaurav Kumar Non-executive Director	<ul style="list-style-type: none"> <li>• Other employer: Assa Abloy Entrance Systems Ltd, 7 Churchill Way, 35a Business Park, Chapeltown, Sheffield, South Yorkshire, S35 2PY (Chief Information Officer (CIO), full time employee)</li> </ul>
Calum Mercer Non-Executive Director	<ul style="list-style-type: none"> <li>• Directorship: Lorcal Ltd, Legal Aid Agency, Housing &amp; Finance Institute Ltd</li> <li>• Membership of statutory bodies: Non-Executive Board Member Legal Aid Agency.</li> </ul>

	<ul style="list-style-type: none"> <li>• Treasurer and member of Council at the University of Bath. (voluntary role)</li> <li>• Finance and Operations Director Royal College of Psychiatrists</li> <li>• Other Employer: Royal College of Psychiatrists, London – full time</li> </ul>
Vanessa Avlonitis Associate Non-executive Director	<ul style="list-style-type: none"> <li>• Trustee: Harlington Hospice</li> </ul>
Andrew Strevens CEO	<ul style="list-style-type: none"> <li>• NIHR Applied Research Collaboration (ARC) Wessex – Board Member</li> </ul>
Jackie Munro Acting Deputy CEO and Chief of Nursing and Allied Health Professionals (left 10/03/2023)	No interests to declare
Angela Anderson Chief of Nursing & Allied Health Professionals (from 13/03/2023)	<ul style="list-style-type: none"> <li>• Gifts &amp; Hospitality – December 2022. Gifted a copy of a book ‘Leadership Management on the Ward. It was agreed to be a useful resource and is kept in the workplace as a reference book. Value £15.</li> </ul>
Gordon Fowler Acting Chief Financial Officer (left 02/09/2022)	No interests to declare
Nicola Burnett Chief Financial Officer (from 29/08/2022)	<ul style="list-style-type: none"> <li>• Membership: Act as the internal auditor for Newlands Parish Council. This is a voluntary post</li> </ul>
Dan Baylis Deputy CEO & Chief Medical Officer	<ul style="list-style-type: none"> <li>• GMC, Fellow of Royal College of Physicians and Member of British Geriatrics Society</li> <li>• Employed by University Hospital Southampton NHS Trust as Consultant Physician 16hrs/week and Associate Medical Director</li> <li>• Wife employed on Solent bank as MSK Physiotherapist – not involved in any assignment placements</li> </ul>
Jas Sohal Chief People Officer (left 30/06/2022)	<ul style="list-style-type: none"> <li>• Directorship: Big Rock Estates Limited</li> <li>• Directorship: Little Rock Estates Limited</li> <li>• Membership: Law Society</li> </ul>
Shahana Ramsden Interim Chief People Officer (from 01/07/2022)	<ul style="list-style-type: none"> <li>• Consultancy People for Change. Business currently dormant and no income has been received over the past 5 years. NIL returns are submitted to HMRC. No conflict of interest.</li> </ul>
Rachel Goldsworthy Chief of Staff, Governance & Corporate Affairs	No interests to declare
Suzannah Rosenberg Chief Operating Officer	No interests to declare

## The Board’s committees

The Board has established the following committees:

### Statutory committees

- Audit and Risk Committee
- Remuneration and Nominations Committee
- Charitable Funds Committee

### Designated committees

- Quality Assurance Committee
- Finance & Infrastructure Committee
- Mental Health Act (MHA) Scrutiny Committee
- People Committee
- Strategy and Partnership Committee

Further details can be found within the Annual Governance Statement.

## Composition of Board committees at 31 March 2023

Director Name Position	Board	Finance & Infrastructure Committee	Remuneration & Nomination Committee	Quality Assurance Committee	MHA Scrutiny Committee	Audit & Risk Committee	Charitable Funds Committee	People Committee	Strategy and Partnership Committee <sup>3</sup>
Mike Watts Acting Chair	Chair	-	Member	-	-	-	-	Chair	Member
Stephanie Ely Non-executive Director	Member	Chair	Chair	Member	-	-	-	-	-
Gaurav Kumar Non-executive Director	Member	Member	Member	-	Member	-	Chair	-	Chair
Vanessa Avlonitis Non-executive Director	Member	Member	Member	Chair	Chair	Member	-	-	-
Vacant Non-executive Director	Member	-	Member	-	-	Chair	-	Member	-
<b>Quoracy</b>	2 NEDs	2 NEDs	2 NEDs	2 NEDs	2 NEDs	2 NEDs	1 NED	2 NEDs	1 NED
Andrew Strevens Chief Executive Officer	Member	Member	Attendee on invitation	Member	-	Attendee	-	Member	Member
Nikki Burnett Chief Finance Officer	Member	Member	-	-	-	Attendee	Attendee on invitation	Attendee	Member
Dan Baylis Deputy CEO & Chief Medical Officer	Member	-	-	Member	Member	-	-	-	-
Angela Anderson Chief of Nursing & AHP	Member	-	-	Member	Member	Attendee	-	Member	-
Shahana Ramsden Chief People Officer	Member	Attendee on invite	Attendee on invitation	-	-	-	-	Member	-
Alasdair Snell Chief Operating Officer	Non- voting member	Member	-	Member	Member	-	-	Member	Member
Rachel Cheal Chief of Staff, Gov and Corporate Affairs	Non- voting member	-	Attendee on invitation	Member	-	Attendee	Attendee	-	-
Debbie James Chief Strategy and Transformation Officer	Non- voting member	Member	-	-	-	-	Member	-	Member

Membership at each Board meeting and Committees has been included separately on the following pages

## Attendance at Board and committees throughout 2022/2023

### Board In-Public and Confidential meeting dates

Name	Meeting position	04/04/2022	03/05/2022 EO Confidential Board	06/06/2022	13/06/2022 EO Confidential Board	04/07/2022 EO Confidential Board	01/08/2022	05/09/2022 EO Confidential Board	03/10/2022	07/11/2022 EO Confidential Board	05/12/2022	06/02/2023	01/03/2023 EO Confidential Board	06/03/2023 EO Confidential Board
Catherine Mason	Chair of Board (left the Trust 01/01/23)	Attended	Attended	Attended	Apologies	Attended	Attended	Attended	Attended	Attended	Attended			
Mike Watts	Member	Attended	Attended	Attended	Apologies	Attended	Attended	Apologies	Attended	Attended	Attended	Attended - as Acting Chair	Attended - as Acting Chair	Attended - as Acting Chair
Stephanie Elsy	Member	Attended	Attended	Attended	Attended	Apologies	Attended	Apologies	Attended	Attended	Attended	Attended	Attended	Attended
Gaurav Kumar	Member	Attended	Attended	Attended	Attended	Apologies	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Calum Mercer	Member	Attended	Apologies	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Apologies	Apologies
Vanessa Avlonitis	Member	Attended as Associate NED	Attended as Associate NED	Attended as Associate NED	Attended as Associate NED	Apologies	Attended as NED	Attended as NED	Attended as NED	Attended as NED	Attended as NED	Attended as NED	Attended	Attended
Andrew Strevens	Member	Attended as Acting CEO	Attended as Acting CEO	Attended as CEO	Attended as CEO	Attended as CEO	Attended as CEO	Attended as CEO	Attended as CEO	Attended as CEO	Attended as CEO	Attended as CEO	Attended	Attended
Jackie Munro	Member (Left Trust 01/03/23)	Attended as Acting Deputy CEO and CN	Attended as Acting Deputy CEO and CN	Attended as Deputy CEO and CN	Attended as Deputy CEO and CN	Attended as Deputy CEO and CN	Attended as DCEO / C of N+AHP	Attended as DCEO / C of N+AHP	Attended as DCEO / C of N+AHP	Attended as DCEO / C of N+AHP	Attended as DCEO / C of N+AHP	Attended as DCEO / C of N+AHP		
Angela Anderson	Attendee /member (from 01/03/23)											Attended as Deputy CN	Attended - as C of N+AHP	Attended
Gordon Fowler	Member (left Trust 02/09/22)	Attended as Acting CFO	Attended as CFO	Attended as CFO	Attended as CFO	Attended as CFO	Attended as CFO							
Nikki Burnett	Member (joined from 02/09/22)							Attended	Attended	Not required	Attended	Attended	Apologies	Attended
Dan Baylis	Member	Attended	Apologies	Attended	Attended	Attended	Attended	Attended	Attended	Not required	Attended	Attended	Attended	Attended
Suzannah Rosenberg	Member	Attended	Attended	Attended	Attended	Apologies	Attended	Attended	Attended	Not required	Attended	Attended	Attended	Attended
Alasdair Snell	Attendee											Attended as Deputy COO	Attended as Deputy COO	Attended as Deputy COO
Jas Sohal	Member (left Trust 30/06/22)	Attended	Attended	Attended	Attended									
Shahana Ramsden	Member (joined Trust 01/07/22)				Attended (as attendee)	Attended	Attended	Attended	Attended	Not required	Attended	Apologies	Attended	Attended
Rachel Goldsworthy	Attendee (member from June 22)	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Debbie James	Attendee (Member from Feb 23)							Attended	Attended	Not required	Attended	Attended	Attended	Attended

## Audit and Risk Committee dates

Name	Meeting position	13/06/2022 (inc. acc sign off)	04/08/2022	03/11/2022	09/02/2023
Calum Mercer	NED Chair of Audit and Risk Committee	Attended	Attended	Apologies	Attended
Mike Watts	Committee member <i>(until 01/01/2023- role change to Acting Chair and no longer a member)</i>	Apologies	Attended	Attended	
Vanessa Avlonitis	Committee member	Attended as Associate NED	Attended	Attended	Attended
Andrew Strevens	Committee attendee	Attended	Apologies	Attended	Attended
Jackie Munro	Committee attendee	Attended	Attended	Attended	Attended
Gordon Fowler	Committee attendee <i>(left 02/09/2022)</i>	Attended	Attended		
Nikki Burnett	Committee attendee <i>(From 02/09/2022)</i>			Attended	Attended
Rachel Goldsworthy	Committee attendee	Attended	Attended	Attended	Attended

## Charitable Funds Committee dates

Name	Meeting position	20/05/2022	04/08/2022	10/11/2022	09/02/2023
Gaurav Kumar	NED Chair of Charitable Funds Committee	Attended	Attended	Attended	Attended
Gordon Fowler	Committee member <i>(left 02/09/2022)</i>	Attended	Attended		
Debbie James	Committee member <i>(joined 02/09/2022)</i>			Attended	Attended
Rachel Goldsworthy	Committee attendee	Attended	Attended	Attended	Attended

## Engagement & Inclusion Committee dates

Name	Meeting position	23/06/2022	July 2022: Decision made to disband the Committee - to become group reporting into QAC
Stephanie Elsy	NED Chair of Engagement and Inclusion Committee	Apologies	
Jackie Munro	Committee member	Attended	



## Finance & Infrastructure Committee dates

Name	Meeting position	30/05/2022	25/07/2022	26/09/2022	28/11/2022	30/01/2023	27/03/2023
Stephanie Elsy	NED Chair of Finance and Infrastructure Committee	Attended	Attended	Attended	Attended	Attended	Attended
Gaurav Kumar	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
Vanessa Avlonitis	Committee member	Attended as Associate NED	Attended as NED	Attended as NED	Attended as NED	Attended as NED	Attended as NED
Andrew Strevens	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
Suzannah Rosenberg	Committee member (left 22/03/2023)	Attended	Attended	Attended	Attended	Apologies	
Alasdair Snell	Committee member (from 23/03/2023)						Attended
Nikki Burnett	Committee member (joined from 02/09/2022)			Attended	Attended	Apologies	Attended
Gordon Fowler	Committee member (left 02/09/2022)	Attended	Attended				
Debbie James	Invitee (joined 02/09/2022)			Attended	Attended	Apologies	Apologies

## Governance and Nominations Committee dates

Name	Meeting position	01/04/2022 In private meeting	27/05/2022	07/07/2022	
Catherine Mason	NED Chair of Gov and Noms Committee	Attended	Attended	Attended	July 2022: Decision made to amalgamate this Committee with the Remuneration Committee (to create the Remuneration & Nominations Committee)
Mike Watts	Committee member	Attended	Attended	Attended	
Calum Mercer	Committee member	Attended	Attended	Apologies	
Andrew Strevens	Committee member	Not invited	Attended	Attended	
Rachel Goldsworthy	Committee attendee	Not invited	Apologies	Attended	

## Remuneration & Nominations Committee dates

Name	Meeting position	23/09/2022	10/10/2022	11/11/2022	20/01/2023 EO Meeting	24/03/2023
Mike Watts	NED Chair of Remuneration Committee	Apologies	Attended	Attended	Attended (as acting Chair)	Apologies
Catherine Mason	Committee member (left the Trust 01/01/2023)	Attended	Apologies	Attended		
Stephanie Elsy	Committee member	Apologies	Apologies	Attended	Apologies	Apologies
Gaurav Kumar	Committee member	Apologies	Attended	Attended	Attended	Attended
Calum Mercer	Committee member	Attended	Attended	Attended	Attended	Apologies
Vanessa Avlonitis	Committee member	Attended	Apologies	Attended	Attended	Attended

## Remuneration Committee dates

Name	Meeting position	03/05/2022	09/05/2022	30/05/2022	23/06/2022	
Mike Watts	NED Chair of Remuneration Committee	Attended	Attended	Attended	Attended	July 2022: Decision made to amalgamate this Committee with the Governance & Nominations Committee (to create the Remuneration & Nominations Committee)
Catherine Mason	Committee member	Attended	Attended	Attended	Attended	
Stephanie Elsy	Committee member	Attended	Attended	Apologies	Attended	
Gaurav Kumar	Committee member	Attended	Attended	Attended	Attended	
Calum Mercer	Committee member	Apologies	Attended	Attended	Attended	
Vanessa Avlonitis	Committee member	Attended	Attended	Attended	Attended	

## Mental Health Act Scrutiny Committee dates

Name	Meeting position	23/06/2022	03/11/2022	16/02/2023
Vanessa Avlonitis	NED Committee Chair	Attended as Associate NED	Attended as NED	Attended as NED
Catherine Mason	Committee member (Left the Trust January 2023)	Attended	Attended	
Jackie Munro	Committee member	Apologies	Apologies	Apologies
Dan Baylis	Committee member	Attended	Attended	Attended
Suzannah Rosenberg	Committee member	Apologies	Attended	Attended
Gaurav Kumar	Committee member	Apologies	Attended	Attended

## Quality Assurance Committee dates

Name	Meeting position	19/05/2022	21/07/2022	22/09/2022	24/11/2022	26/01/2023	23/03/2023
Vanessa Avlonitis	NED Chair of Quality Assurance Committee	Attended as Associate NED	Apologies (as NED)	Attended	Attended	Attended	Attended
Mike Watts	Committee member (removed from membership from 01/01/2023- role changed to acting Chair)	Attended	Attended	Attended	Attended		
Stephanie Elsy	Committee member	Apologies	Attended	Attended	Attended	Attended	Apologies
Andrew Strevens	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
Dan Baylis	Committee member	Apologies	Attended	Attended	Attended	Attended	Apologies
Jackie Munro	Committee member (left the Trust 10/03/2023)	Attended	Attended	Attended	Attended	Attended	
Angela Anderson	Committee member (from 13/03/2023)						Attended
Suzannah Rosenberg	Committee member (Left the Trust 22/03/2023)	Attended	Attended	Attended	Attended	Attended	

## Strategy and Partnership Committee dates

Name	Meeting position	12/07/2022	15/11/2022	12/01/2023	14/03/2023
Gaurav Kumar	NED Chair of Strategy and Partnership Committee	Attended	Attended	Attended	Apologies
Michael Watts	Committee member	Attended	Attended	Attended	Attended
Andrew Strevens	Committee member	Attended	Attended	Attended	Attended
Suzannah Rosenberg	Committee member	Attended	Apologies	Apologies	Attended
Gordon Fowler	Committee member	Attended			
Nikki Burnett	Committee member		Attended	Apologies	Attended
Debbie James	Committee member		Attended	Attended	Attended

\*It should be noted that from September 2021, the following execs are openly invited to the SPC and may elect to attend for items of relevance: CN, CMO, CPO, COS.

		People Committee dates					
Name	Meeting position	19/05/2022	14/07/2022	22/09/2022	24/11/2022	26/01/2023	16/03/2023
Mike Watts	NED Chair of People Committee	Attended	Attended	Attended	Attended	Attended	Attended
Calum Mercer	Member	Attended	Attended	Apologies (Vanessa Avonitis attended for quoracy)	Apologies (Catherine Mason attended for quoracy)	Attended	Apologies (Vanessa Avonitis attended for quoracy)
Gaurav Kumar	Committee member – only required for quoracy	Not in attendance	Not in attendance	Not in attendance	Not in attendance	Not in attendance	Not in attendance
Jackie Munro	Committee member (left the Trust 01/03/2023)	Attended	Attended	Attended	Attended	Attended	
Angela Anderson	Committee member (joined from 01/03/2023)						Attended
Suzannah Rosenberg	Committee member	Apologies	Apologies	Attended	Attended	Attended	Apologies
Jas Sohal	Committee member (left the Trust 30/06/2022)	Attended					
Shahana Ramsden	Committee member (joined Committee from 01/07/2022)		Attended	Attended	Attended	Attended	Attended

## Remuneration

Full details of remuneration are given in the Remuneration Report.

## Our Auditors

### Internal audit

Our Internal Auditors during 2022/23 were PricewaterhouseCoopers LLP (PwC). Internal Audit provides an independent assurance with regards to our systems of internal control to the Board. The Audit and Risk Committee considers and approves the internal audit plan and receives regular reports on progress against the plan, as well as the Head of Internal Audit Opinion which provides an opinion on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes. The Committee also receives and considers internal audit reports on specific areas, the opinions of which are summarised in the Annual Governance Statement. The cost of the internal audit provision for 2022/23 was £84k (excluding VAT).

### External audit

Our External Auditors are Ernst & Young LLP. The main responsibility of External Audit is to plan and carry out an audit that meets the requirements of The Code of Audit Practice and the National Audit Office. External Audit is required to review and report on:

- Our financial statements (our accounts) and
- Whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources

The Audit and Risk Committee reviews the external audit annual audit plan at the start of the financial year and receives regular updates on progress. The cost of the external audit for 2022/23 was £156k (including VAT). Our External Auditors did not conduct any non-audit services in year.

### Disclosure of information to auditors

Working with the Chair, the CEO has the responsibility of timely information presented to the Board to ensure respective duties can be achieved. Please refer to the 'Statement of Directors' responsibilities in respect of the accounts'.

## Countering fraud and corruption

Our Local Counter Fraud Specialist (LCFS) is provided by Fraud and Security Management Service which is hosted by the Hampshire and Isle of Wight Integrated Care Board. The role of the LCFS is to assist in creating and maintaining an anti-fraud, bribery, and corruption culture within the Trust and to deter, prevent and detect fraud, bribery and corruption. The LCFS investigates suspicions of fraud, bribery and/or corruption that arise, seeks to apply appropriate sanctions when necessary and proportionate, and pursues redress in respect of monies obtained through fraud, bribery and/or corruption activity. The LCFS further assesses, calculates, and reports on the value of prevented fraud, bribery, and corruption in line with NHS Counter Fraud Authority methodology and guidance. An annual risk-based fraud workplan is designed by the LCFS and agreed with the Trust and the Audit and Risk Committee. The Audit and Risk Committee receives regular progress reports from the LCFS during the course of the year and also receives an annual report.

Our Counter Fraud provision is recorded with the NHS Counter Fraud Authority as being fully compliant against the 'Government Functional Standard GovS 013: Counter fraud - Counter fraud, bribery and corruption' and achieving the highest possible rating against each of the 13 NHS Requirements .

We have implemented agreed policies and procedures, such as the Local Counter Fraud, Bribery and Corruption Policy as well as a Freedom to Speak Up Policy and issues of concern are referred to the LCFS for investigation. We also ensure that there are various routes through which staff can raise any concerns or suspicions. The Acting Chief Finance Officer is the executive lead for counter fraud, bribery and corruption and meets regularly with the LCFS to ensure that any learning from incidents and allegations is implemented. The Audit and Risk Committee is also regularly briefed on all allegations / investigations and actions taken. All counter fraud recommendations made throughout the financial year with the aim of addressing identified system weaknesses are considered by the Trust and recorded through the Trusts tracker system. This has ensured that appropriate action is taken, when concerns are identified, to mitigate fraud, bribery, and corruption risk.

## Information Governance

Incidents concerning personal data are formally reported to the Information Commissioners Office, in accordance with Information Governance requirements. Further information can be found within the Annual Governance Statement.

## Statement of Accountable Officers Responsibilities

The Statement of Accountable Officers Responsibilities is located later in this report.

## Modern Slavery Act 2015 – Transparency in Supply Chains

Our modern slavery statement can be found within our Publication Scheme on our Public Website.

[Solent Modern Slavery Statement](#)

# Annual Governance Statement 2022/23

## Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust’s policies, aims and objectives, whilst safeguarding public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

## The Purpose of the System of Internal Control

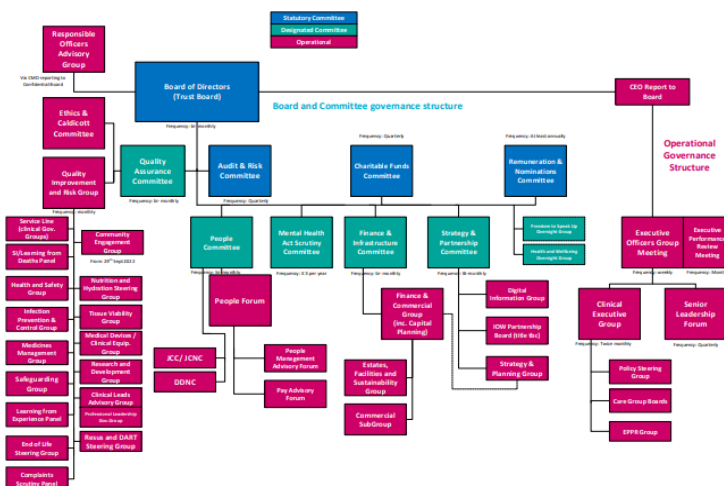
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Solent NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Solent NHS Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

## The Governance Framework of the Organisation

Within the Directors Report Section (‘Our Board of Directors’) of the Annual Report the following information can be found:

- The individuals who serve on the Board
- Changes in appointments
- Attendance records at Board and Committees meetings

The following diagram illustrates the Board and reporting committees;



Details of each Committee are as follows;

### **Finance and Infrastructure Committee**

Frequency: Bi-monthly.

**During 2022-23 the Committee met six times.**

The Finance and Infrastructure Committee is responsible for ensuring appropriate financial frameworks are in place to drive the financial strategy and provide assurance to the Board on financial and infrastructure matters (including estate and IT) as directed. The Committee focuses on the following areas; strategic financial planning, business planning processes, annual budget setting and monitoring, treasury management and financial control, infrastructure, business management as well as conducting in depth reviews of aspects of financial performance as directed by the Board. The Committee has been integral to the Board in providing scrutiny and oversight concerning the delivery of the financial plan and in year, oversight of our IT Re-procurement.

### **Charitable Funds Committee**

Frequency: Quarterly (or as required).

**During 2022-23 the Committee met four times.**

The Corporate Trustee (Solent NHS Trust), through its Board, has delegated day to day management of Solent NHS Charity to the Committee. The Committee: ensures funds are spent in accordance with the original intention of the donor (if specified).

- oversees and reviews the strategic and operational management of the Solent NHS Charity (or non-exchequer funds as they are sometimes known)
- ensures that all requirements of the Charity Commission are met and all legislation relating to charitable funds is adhered to in the administration and application of funds, and
- ensures co-operation with the external auditors in the regulation of the funds.

### **Mental Health Act Scrutiny Committee**

Frequency: Three times per year.

**During 2022-23 the Committee met three times.**

The central purpose of the Committee is to oversee the implementation of the Mental Health Act (MHA) 1983 (amended 2007) functions within the Trust principally within Adult and Older Persons Mental Health, and Learning Disabilities services. The Committee has primary responsibility for seeking assurance that the requirements of the Act are followed. In particular, to seek assurance that service users are detained only as the Mental Health Act 1983 allows, that their treatment and care accord fully with its provisions, and that they are fully informed of, and are supported in exercising, their statutory rights. In addition, on an annual basis the Trust's external legal advisors provide update training in relation to the Mental Health Act.

### **Remuneration & Nominations Committee**

Frequency: At least annually and as required.

**During 2022-23 the Committee met six times.**

The Remuneration and Nominations Committee was formed is the result of a merger of the Remuneration and Governance and Nominations Committees in July 2022. The Committee is comprised of the Non-executive Directors (and others by invitation) and reports to Confidential Board meetings. 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 also oversees and approves

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

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



## Quality Assurance Committee

Frequency: Bi-monthly.

**During 2022-23 the Committee met six times.**

The Committee is responsible for providing the Board with assurance on all aspects of quality, patient safety, clinical governance and regulatory compliance.

- The Committee received monthly reports on Urgent Matters of Safety, Freedom to Speak Up concerns and Regulatory Compliance (including CQC matters, recent visits and any NHS England items).
- Reports are also presented quarterly, including Patient Experience, Complaints, Safeguarding and Infection Prevention and Control.
- During the year the Committee received ad hoc and deep dives reports on the Patient Safety Strategy and the Child and Family Service.

## Audit and Risk Committee

Frequency: At least quarterly (plus private meeting with External & Internal Auditors). **During 2022/23 the committee met 4 times and separately in private.**

The purpose of the Audit & Risk Committee is to provide one of the key means by which the Board of Directors ensures that effective internal control arrangements are in place. The Committee operates in accordance with Terms of Reference set by the Board, which are consistent with the NHS Audit Committee Handbook. All issues and minutes of these meetings are reported to the Board.

In order to carry out its duties, Committee meetings are attended by the Chief Executive, the Chief Finance Officer and representatives from Internal Audit, External Audit and Counter Fraud on invitation. The Committee directs and receives reports from these representatives and seeks assurances from trust officers.

The Committee's duties can be categorised as follows:

- Governance, Risk Management and Internal Control
- Internal Audit
- External Audit
- Other Assurance Functions – including Counter Fraud
- Financial Reporting

## Strategy and Partnership Committee

Frequency: Bi-monthly.

**During 2022-23 the Committee met six times.**

The Committee oversees the implementation of the Organisation's strategy and enabling strategies, whilst the Trust Board retains overall strategic accountability for them.

- The Committee is responsible for overseeing Assurance for major strategic programmes including Project Fusion. relating to the merger with Southern Health and the Isle of Wight
- The annual planning process and strategic Monitoring of business objective delivery.
- Ensuring risks to achievement of the Trust's objectives are monitored via the Board Assurance Framework (BAF) and relevant risk registers.

In year the Committee has received progress reports against recommendations identified by Internal and External Auditors, committee specific health sector updates, and received updates on financial governance processes, including single tenders, losses and special payments, Freedom to Speak Up as well as receiving briefings on clinical audit and counter fraud investigations. During the last year, the Committee received scheduled items for review and considered updates relating to changes to financial reporting standards, planned expenditure from Charitable Fund and the positive results of the Financial Sustainability Audit. In the event of the Trust requiring a deep dive review, Internal Audit advice would be commissioned accordingly. A developmental review of the Trust's Well Led framework was conducted by AuditOne an independent assessor with no conflicts of interest with the Trust in 2021. The Committee received six-monthly updates on the progress of recommendations from the review. No significant issues in relation to the financial statements of 2022/23, operations or compliance were raised by the Audit and Risk Committee during the year. The Committee was informed of an internal investigation and audit that was undertaken with the additional support of Counter Fraud in respect of new starter controls. The review supported People Services with re-embedding employment checks prior to the introduction of the new Oleo IT recruitment platform.

No significant issues in relation to the financial statements of 2022/23, operations or compliance were raised by the Audit and Risk Committee during the year. The Committee composition and attendance 2022/23 is separately summarised.

The Internal audit opinions for the audits carried out in year are as summarised below.

Audit title	Report classification
Corporate Governance (Mental Health Services)	Low
Financial Sustainability	No level of assurance necessary – Trust’s self-assessment
Human Resources Core Controls Pre-Employment Checks	High
Business Intelligence and Data Management Review	Low
E-Rostering	Medium
Data Security Protection Toolkit (DSPT)	Advisory

Our Head of Internal Audit Opinion reflects our commitment to maintaining and strengthening internal controls our organisation. We are currently implementing actions from our pre-employment checks review to strengthen our existing controls for engaging agency staff and embedding improvements in the creation of staff rosters as recommended by our E-Rostering process. We are implementing administrative changes following our corporate governance audit and consider ways to optimise our use of data as recommended by our Data Management Review. We gained assurance around our controls from our audits of Financial Sustainability and DSP Toolkit.

## Highlights of Board Committee Reports

The Board has an agreed annual cycle of business and receives exception reports via the relevant Chair in relation to recent meetings of its committees. The Board, as a standing item at each meeting, also considers whether additional assurance is sought from its committees on any items of concern. The Chief Executive Report to Board includes commentary on significant changes recorded in the Board Assurance Framework (BAF) and Corporate Risk Register and each Board Committee also considers relevant BAF risks and progress against internal audit recommendations at each meeting. In addition, a number of internal audits were completed, as described previously and annually each Board Committee presents an annual report to the Board detailing a summary of business transacted and achievements against the agreed Committee objectives. The Committee annual reports are available via the In-Public Board papers on our website.

## Performance Evaluation of Board

Further details of the Board’s development activities and performance evaluation can be found within the Directors Report section of the Annual Report.

We self-certify against the requirements of the NHS Provider Licence, in accordance with the NHSI Single Oversight Framework requirements (including Conditions G6 and FT4)– the details of which are incorporated into our Board Performance Report and are publicly available.

The new NHS Provider Licence is being introduced in April 2023 and we will need to comply with additional conditions in the Licence that apply to an NHS Trust. We have proactively reviewed our compliance against the draft licence issued in October and are confident we meet the conditions of the licence. We will review the final version of the licence when it is issued in April to ensure we remain compliant.

## Capacity to Handle Risk

### Risk management and quality governance arrangements, accountability and leadership

As Chief Executive, I am ultimately accountable for governance and risks relating to the operational delivery of all clinical and non-clinical services provided by the Trust including its subcontracts. The Board regularly considers its risk appetite and reviewed this together with its risk tolerance during the year, particularly in light of the COVID-19 pandemic. Details can be found within our Risk Management Framework (available via our website). The appetite and tolerance set the parameters of Risk Management for staff to operate within. The Board is informed of current risks via the CEO Report and regular reporting of the Board Assurance Framework.

The Trust has a range of measures in place which provide monitoring and assurance in relation to quality, safety and regulatory matters. Each Service Line has a governance structure in place which reports through to the Quality Improvement & Risk Group and the Quality Assurance Committee. Corporate Services have governance structures in place to report through to their appropriate Board Committee.

Key roles in relation to risk management and quality governance include;

Roles	Responsibilities
Chief of Nursing and Allied Health Professionals	Nominated Executive Lead Director for risk management and quality governance. The Chief of Nursing and Allied Health Professionals is also responsible for ensuring on-going compliance with CQC registration requirements.
Chief Medical Officer	Lead director with responsibility for Learning from Deaths (mortality) agenda (Patient Safety Director as defined by national guidance on learning from deaths, National Quality Board 2017)
Chief Financial Officer Chief Operating Officer	Nominated Executive Lead Director for health and safety compliance. Nominated Executive lead for emergency planning and disaster recovery, ensuring plans are established and regularly tested. This includes leading our Gold Command structure during the pandemic.
Clinical Directors	Accountable for risk and clinical governance within their respective service lines, supported by the Operational Directors and Heads of Quality and Professions.
Operational Directors and Heads of Service Heads of Quality and Professions (HQP)	Responsible for managing operational risks originating within their service areas. Each service line has an identified lead for quality safety and assurance who is responsible for supporting the service line Clinical Director in the delivery of the quality, safety and governance agenda. HQPs with the corporate Quality and Governance team to support cross organisational work streams and learning arising from incidents.
Head of Risk and Litigation	Responsible for ensuring the development and oversight of implementation of the Trust Risk Management Framework, risk procedures and administration of the Trust Risk Register

Trust wide arrangements which support robust assurance include:

#### Meetings

- Performance Review Meetings (PRMs), chaired by the Chief Operating Officer, cover general performance of quality and other operational issues.

quality performance are viewed alongside other pertinent factors in the delivery of care. This is reflective of the changing healthcare landscape and how governance is assured in healthcare settings.

- Oversight of service performance and risk by the Chief Operating Officer via daily escalation and reporting through to Performance Review and Executive Performance Management Reviews. Oversight of corporate performance and risk via the Corporate Performance Review Meetings.
- Service Line Governance/Operational Boards are responsible for the oversight of quality and risks, triangulating performance information to monitor and address service quality. The groups provide exception reporting to the Quality Improvement and Risk Group which is chaired by the Chief of Nursing and Allied Health Professionals and these are then scrutinised at the Quality Assurance Committee.
- The service line structure provides high levels of autonomy increasing the effectiveness and accountability of the clinical services. These meetings have undergone considerable review during this year and will be further reviewed to ensure that.02.23
- Clinical Executive Group - oversees operational responses to risks contained in the Trust Risk Register and broader clinical risk. The roles of the Quality Assurance Committee and Audit and Risk Committee are described previously.
- Place Based Quality Operational Group meetings have been stood up during 2022/23 to provide Integrated Care Board (ICB) oversight in partnership with providers.

## Visits and inspections

- Board to Floor visits (includes executives and non-executives) are opportunities for NEDs to informally meet with staff and service users throughout the year covering all service lines, enabling NED colleagues to be briefed on contemporary matters, including service risks; 26 Board to Floor visits were undertaken across service lines during 2022/23 .
- Announced and unannounced visits to clinical areas/teams by the Clinical and Regulatory Assurance Team have been taking place in response to the development of services quality plans and also at the direct invitation of the services.
- All services have now submitted their quality assurance reviews and clinical quality assurance visits have taken place across service lines – in the case of mental health services these have been undertaken jointly with the IOW mental health
- The National programme of Patient-Led Assessments of Care Environment (PLACE) visits have re-commenced and the national report was published 23 March 2023. Local benchmarking will be shared in April 2023.
- The Quality Checker Programme, a group of people with a learning disability, has continued in a limited way due to continued COVID-19 risks in clinical areas.

## Feedback mechanisms

- Range of feedback opportunities continues to be extended with community feedback champions now in place to work with people from communities who do not use traditional forms of feedback.
- Friends and Family Test responses have increased from 5828 in Q3 2021 to 8337 in Q3 2022, providing a more reliable picture of the experience of using our services.
- Collection of data to identify characteristics of people who provide feedback has enabled identification of those groups who rarely use current feedback opportunities and inform development of new options.
- Patient/care and staff stories to Board.
- Implementation of critical review of complaints referred to PHSO to better understand how we can meet the needs of people raising a concern.

## Governance and reporting processes

- Any new scheme or change in service provision (including efficiency plans, and importantly changes to practice as a result of COVID-19) are formally assessed through a Quality Impact Assessment (QIA) process. Within the QIA process, foreseeable or potential risks which could impact on quality, patient safety and experience are considered, and key leading indicators are identified to help highlight the realisation of any actual risks. A gateway approach to the agreement of QIAs has been embedded with sign-off by the applicable service line Clinical and Operational Directors in consultation with services prior to review by the Chief Medical Officer and Chief of Nursing and Allied Health Professionals. The Service Line Clinical Governance Groups are responsible for the management and monitoring of the leading indicators identified within signed off QIAs and for ensuring that in collaboration with the Chief Medical Officer and Chief of Nursing and Allied Health Professionals, risks associated with QIAs are escalated to the Quality Assurance Committee.
- QIA's can be completed at operational level for small service changes. The documentation is completed with details of the identified benefits, risks and mitigation of the risks. The local governance meetings in the service line review the QIAs and the outcomes are recorded in the minutes of these meetings.
- We established an Ethics and Caldicott Panel in light of the COVID-19 Pandemic and in recognition of the need to consider complex matters (including escalated QIAs) and provide ethical scrutiny of particularly difficult situations or dilemmas. The panel meetings are ad-hoc and none have been held between July 2022 and 31 March 2023.
- An audit programme (Trust wide and service level covering standards and topic specific issues) is agreed and delivered annually and informs quality improvement work'.
- Monthly safe staffing meetings are held with clinical and operational leads
- Safe Staffing is now reported to the Board quarterly; the Board is appraised of any key quality and safety matters at the beginning of each Board meeting and via comprehensive Chief of Nursing and Allied Health Professionals reporting via the Performance Report.
- Our Quality Account is produced annually which outlines the progress made and action taken to improve and maintain quality and safety within and across Trust services. The Annual Quality Account is developed in consultation with key stakeholders and serves as an additional validation mechanism for determining the quality of services. This year, we have incorporated our Quality Account with the 'Great Care' section of the Annual Report.
- The Learning from Experience Panel meets quarterly. There is significant representation from patients, families, carers and community representatives who receive, review and scrutinise experience of care feedback and associated actions.
- A quarterly Experience of Care Insights assurance report is presented to the Learning from Experience Panel, to QIR and then QAC.
- The Making a Difference Group – a service user led group has been implemented, to oversee and support the delivery of agreed experience of care priorities and delivery of our Alongside Communities ambitions.

## Risk Management

We provide a range of risk management training including;

All staff complete an online E Learning module, which includes risk management principles, escalation processes, accountability, risk assessment and hazard identification.

- On request face-to-face Risk Management training provided by the Head of Risk and Litigation as an alternative to the E Learning module.
- On request Risk Register training for all staff who have responsibility for using the Trust's on-line risk register.
- A two-day training package for SI Investigators provided in collaboration with neighbouring organisations. This training provides in depth training on root cause analysis, identification of hazards and the SI process.
- Formal Incident reporting and reviewers training, and

- Bespoke training provided by the Quality and Governance Team.

### Risk Assurance

The Board Assurance Framework (BAF) provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been identified and where gaps exist, that appropriate mitigating actions are in place to reduce the risk to a tolerable level. The Audit and Risk Committee tests the effectiveness of this system annually.

## The Risk and Control Framework



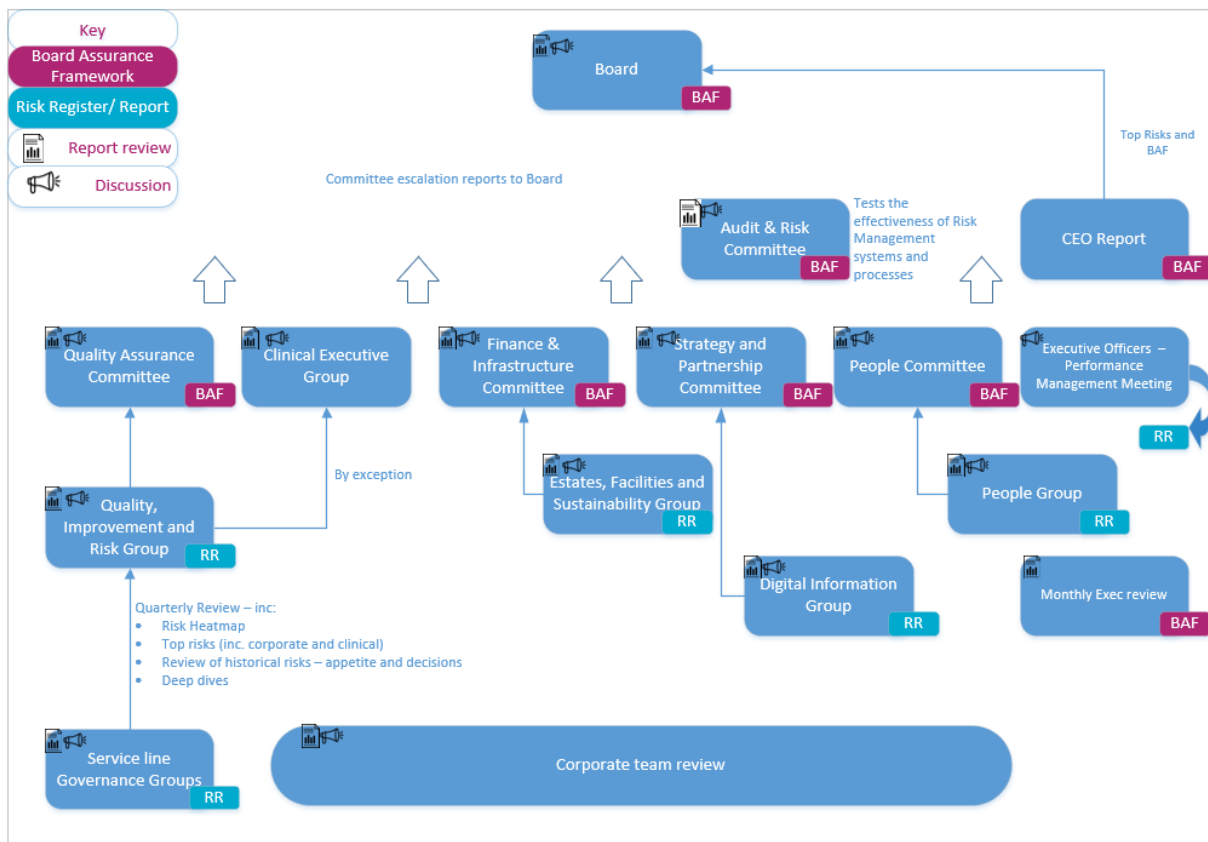
I am assured that risk management processes are continuing to be increasingly embedded within the Trust and incident reporting is openly and actively encouraged to ensure a culture of continuous improvement and learning. I am also assured that there are appropriate deterrents in place concerning fraud and corruption. The organisation understands that successful risk management requires participation, commitment and collaboration from all staff. The Board approved Risk Management Framework provides a clear overarching framework for the management of internal and external risk and describes the accountability arrangements, processes and the Trust's risk appetite.

The Trust's approach to risk management encompasses the breadth of the organisation by considering financial, organisational, reputational and project risks, both clinical and non-clinical. This is achieved through:

- an appropriate framework; delegating authority, seeking competent advice and assurance
- a risk culture which includes an agreed risk appetite, as outlined within the framework
- the integration of risk management into all strategic and operational activities
- the identification and analysis, active management, monitoring and reporting of risk across the Trust
- the appropriate and timely escalation of risks
- an environment of continuous learning from risks, complaints and incidents in a fair blame/non-punitive culture underpinned by open communication
- consistent compliance with relevant standards, targets and best practice
- business continuity plans and recovery plans that are established and regularly tested.
- actively analysing and reflecting on key findings from our annual staff survey, staff friends and family test as well as intelligence and feedback from our friends and family feedback to ensure issues are addressed; and
- Fraud prevention, detection and deterrence activity and reactive investigation are undertaken by the Local Counter Fraud Specialist (LCFS) which is supported by the 'Local Counter Fraud, Bribery and Corruption Policy'. Proactive fraud prevention, detection and deterrence work is integral to the management of risk across the organisation especially as there could be clinical or health and safety implications which could then impact upon the organisation. Staff are encouraged to report any potential fraud using the online incident reporting process appropriately including anonymous reporting if necessary. We are not aware of any specific areas within the organisation that are at risk of material fraud, however we cannot be complacent. We worked closely with our LCFS to conduct proactive audits on Conflicts of Interest, IT Asset Management processes and Controlled Drugs management on Trust wards and will be embedding the learning from these areas of work into regular audit practice. Notifications from the Counter Fraud team improve our knowledge and awareness of the risk of fraud.

## Risk Assessment Process

The following diagram illustrates the assessment, reporting and oversight structure:



The organisation has structured risk assessment and management processes in place as set out in the Risk Management Framework. Managers are responsible for managing action planning against identified risks and for escalating those risks with additional resource implications via service risk registers. The Quality & Professional Standards Team receives and centrally records risk assessments to identify commonalities for organisational risk treatment and escalation.

Risk registers operate at service line level for all identified risks. Risks are monitored and assured at the Quality Improvement and Risk Group, and escalated as appropriate to the Clinical Executive Group, and other Groups. This is in accordance with the risk appetite, agreed by Board and set out in the Risk Management Framework.

### Risk identification and measurement

Risk identification establishes the organisation's exposure to risk and uncertainty. The processes used by the Trust include, but is not limited to risk assessments, adverse event reports including trends and data analysis, Serious Incidents requiring investigation (SI), learning from deaths, claims and complaints data, business decision making and project planning, strategy and policy development analysis, external/internal audit findings /recommendations and whistle blowing in accordance with the Trusts Freedom to Speak Up policy.

The online risk system is fully embedded and has provided the ability for real time reporting and escalation; it also aligns existing systems used for incident, complaints and claims reporting. In turn this has enabled the Quality & Professional Standards Team (and service managers) to provide swift response and support to services. The use of the online system supports the triangulation of data from incidents, claims and complaints for further analysis and assurance.



The Trust uses an adapted version of the National Patient Safety Agency likelihood and severity matrix to assign a risk score and we recognise that in all cases it is vital to set the risk into context for evaluation. Risks which fall outside of the remit of routine clinical assessment or are potentially significant for the organisation are approached and managed in line with the Risk Management Framework. The Trust is aware and encourages a proactive safety culture, good communication and teamwork, all of which are inherent in the improvement of risk and the implementation of good clinical risk assessments. To ensure clinical risk assessments are appropriate they are always reviewed as part of all serious or high-risk investigations so that lessons can be learnt, and assessments improved if necessary.

The positive risk management culture and risk management processes have enabled the Trust to proactively identify, assess, treat and monitor significant risks in year.

There is clear alignment between the Board Assurance Framework and operational risk register and our risk pyramid summarises the top risks and most prevalent themes each month.

## Strategic Risks

The organisations strategic risks (scoring 12 or over), at the end of the current financial year and as detailed within the Board Assurance Framework relate to:

- **Strategic provision of services** – there is a risk that as a consequence of the HIOW Strategic Review and the recommendation to create a new organisation to provide all community and mental health services across Hampshire and the IOW that business as usual is deprioritised and loss of key personnel during the transition.
- **Demand, Capacity and Access to Services** – As a result of the COVID19 pandemic, waiting lists have significantly increased and are continuing to increase. There is therefore a risk that demand for services may outstrip capacity for a number of reasons:
  - continued national recruitment challenges
  - recovery of services
  - lack of funding and efficiency requirements
  - unknown levels of referrals yet to be received (where patients have elected to/not been able to access services)
  - increased acuity
  - extremely high levels of winter demand
  - requirements to support wider system flow pressures, and
  - industrial action
- **Workforce Sustainability** – There is a risk that we are unable to recruit and / or retain sufficient numbers of clinical staff with the qualifications, skills and experience required. We are already experiencing staffing pressures in a number of our services, compounded by the impact of high cost of living, workforce fatigue and sickness – further details can be found within the ‘significant issues’ section of the Annual Governance Statement.
- **High Quality Safe Care** – there is a risk that we are unable to effectively identify and meet the needs of our population (through community engagement and development of patient centred outcomes) and we are unable to deliver safe and effective care, particularly in light of holding higher acuity and greater complexity within our community services that would have traditionally been managed within acute hospitals. There is also a risk that we are unable to provide the level of care and quality that the system requires us due to capacity of workforce and demand.
- **Financial Sustainability** – there is a risk that we are unable to deliver our financial plan due to several contributory factors including rising national inflationary pressures, with limited national resources to fund, reduced income, significant increases in demand for services and rising waiting lists, higher cost improvement expectations within our funding allocation and the challenged financial position of system partners.
- **Digital Maturity** - there is a risk that our digital infrastructure, processes and workforce digital literacy are insufficient to provide efficient, patient focussed services, provide sufficient timely evidence for the organisation to make informed decisions, provide security against cyber attacks and enable innovation

As these are strategic risks they have longevity and will pose as risks to the Trust into the future – we are actively mitigating these to an agreed tolerable level and, as with operational risks, ensure that any learning is disseminated to reduce the chance of the risks materialising.

We will continue to monitor and mitigate all significant risks associated with efficiency saving plans identified via the Quality Impact Assessment process.

## Operational Risks

The most prevalent operational risks at the end of the financial year are identified below, however each are being managed by the services with oversight by the Executive Lead to reduce the risk to an acceptable level:

- **Human Resources, Staffing** – risks associated with vacancies, staffing levels and wider system and national staff risks
- **Capacity and Demand** – risks associated with a mismatch between available resources and demand for services
- **Information and Cyber Security** – risks associated with the security of systems and information, and their vulnerability to threats.
- **Estates and Facilities** – risks related to built infrastructure, working environment and facilities management.



## Information Governance and Data Security

Data Security is a significant part of national Data Security and Protection Toolkit requirements as well as ensuring that at least 95% of staff have completed IG training annually, which is nationally recognised as an extremely challenging standard. The submission of the Data Security and Protection Toolkit for 2022/23 is June 2023. Once

published, our compliance will be made publicly available

<https://www.dsptoolkit.nhs.uk/OrganisationSearch/R1C>

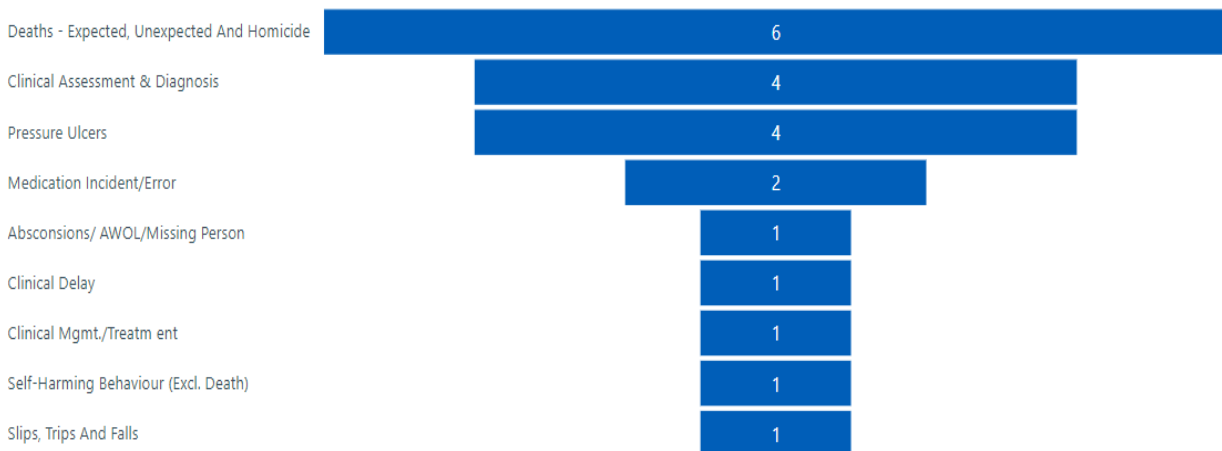
IG serious incidents are reported and monitored via the Toolkit and where deemed necessary, to the Information Commissioner's Officer as described below. We continue to monitor all incidents and risks associated with IG matters and ensure we learn as a consequence.

## Serious Incidents Requiring Investigation



A total of 21 Serious Incidents (SI) were raised during 2022/23 as categorised in the diagram below.

### Serious Incidents Declared in 2022 - 23



As part of our SI process we actively identify opportunities for shared learning. During the year the Trust has not reported any Information Governance (IG) SI's.

However, if a SI was to be reported, the following actions would take place;

- The Information Commissioner’s Office would be informed.
- The Data subject would be informed.
- A thorough investigation would take place, with lessons to be learnt being a main focus of any action plan.
- Our Caldicott Guardian and Senior Information Risk Officer are consulted whenever there is an IG Serious Incident.
- Our commissioners provide scrutiny to our SI process and confirm closure on investigations once appropriate assurance has been sought.



### Care Quality Commission (CQC) Compliance

The Trust is fully compliant with the registration requirements of the Care Quality Commission and routinely receives visits and inspections from the CQC. There are no outstanding issues recorded against the Trust. We were inspected back in 2018 against the following eight core services;

- Community Adults
- Community Children & Young People
- Primary Care Services – 3 GP locations at that time
- Mental Health - Psychiatric Intensive Care Unit (PICU)
- Mental Health - Crisis and Health Based Place of Safety (HBPoS)
- Mental Health - Older Persons Mental Health (OPMH) /Ward
- Mental Health - Older Persons Mental Health (OPMH)/Community
- Mental Health Rehabilitation /Adults/Ward.

We also underwent a “Well Led” inspection. As an outcome of these inspections we were rated as ‘Good’ across our service lines with an ‘outstanding’ in the Caring domain.

Overview and CQC inspection ratings

<b>Overall Good</b> <small>Read overall summary</small>	Safe	Good ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-led	Good ●

There was an expectation we may be re-inspected in early 2020/21, however in response to the national situation concerning COVID-19, the CQC suspended all routine inspections. Mental Health Act inspections have continued throughout the year and we look forward to welcoming the CQC team back when full inspections resume.



### Workforce Strategies and staffing Systems

The Chief of Nursing & AHPs, Deputy Chief of Nursing & AHPs or their representative, meets with all service lines on an agreed schedule, determined by the Chief of Nursing & AHPs and the Service Line Senior Leadership Team and review a range of data and information relating to safe staffing including current establishments, vacancies, recruitment and retention programmes, turnover, roster management, sickness/absence levels and compliance with

mandatory and statutory training, incidents and complaints linked to staffing levels - all of these areas are identified as key within in the National Quality Board (NQB) guidance: 'Developing Workforce Safeguards'.

Throughout the Pandemic, and now as we return to a more stable state the format and frequency of the meetings have changed and have now reverted from weekly back to the regular monthly schedule.

During 2022/23 the teams have remained responsive to the system pressures and have stepped up surge capacity in response to the need to support discharge from hospital. This increase in bed capacity was considered as part of the QIA process and staffing models agreed with the Chief of Nursing & AHPs or their deputy. In addition, the Jubilee unit moved to the Harry Sotnick House and has expanded the capacity from 17 up to 40 beds. At periods of increased pressure internal service line escalations were noted and if insufficient staffing levels identified then the Chief of Nursing and / or their deputy would be appraised and to offer support in managing any associated risks.

The Trust has also commenced the implementation in Q3 of the evidenced based national Acuity and Dependency tool specific to our Mental Health Inpatient Wards, Mental Health Optimisation Staffing Tool (MHOST). This will enable us to undertake biannual (or more frequent) acuity and dependency audits which incorporate a staffing multiplier to identify the average acuity and dependency of patients which is then used to inform nursing establishments as part of workforce planning. The Community Nursing Safer Staffing Tool (CNSST) has also recently been released and we are due to complete the training for staff ahead of implementation in early 2023/24.

The people who attend the safe staffing meetings are those with clinical leadership roles as well as the professional leads and all teams are reviewed at least once in the year. Areas where there are concerns or on-going difficulties are reviewed more frequently and the meetings are supported by colleagues from workforce/HR, Learning & Development, Clinical Workforce Development, and the Roster team.

The aim for the future is to further improve our approach to workforce planning as a key element of the business planning process with service lines required to consider their workforce needs and any changes to establishments, skill mix, or the introduction of new roles – these are required to have a full Equality and Quality Impact Assessment completed and presented to the Chief of Nursing & AHPs & Chief Medical Officer for sign off.

In 2022/23 the reporting scheduled has been increased to provide a safe staffing report to Board on a quarterly basis. These report on progress against NQB guidance and the priorities set out in the previous report.

We have been actively monitoring the impact of the pandemic and post-pandemic pressures on our workforce, and our ability to ensure service sustainability during periods of absence and in consideration of national guidance regarding Infection Prevention and Control (IPC).

## NHS Pension Scheme



As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

## Equality, Diversity and Human Rights



Control measures are in place to ensure that all the organisation's obligations under Equality, diversity and human rights legislation are complied with. Equality Analysis are carried out to assess the impact of the Trust's decisions and design of services as part of the Trust's legal duty under the Equality Act 2010 – we also use Equality Analysis in the development of policies and procedures, organisational change, changes to any activities or service delivery and in consideration of cost improvement plans. We will be submitted our Equality System Delivery return in February 2023.

In year we developed and implemented a measurable EDI action plan – which had 3 key workstreams all with time bound and measurable deliverables. All deliverables were met by March 2023 and the action plan was closed off. We have established a set of key people priorities to continue to improve belonging in the NHS and refreshed the 2023 Action plan in the last quarter of 2022/23 financial year.

You can read more about Equality, Diversity and Inclusion within the Staff Report section of the Annual Report or in the annual EDI report that was published in October 2022.

## Register of Interests



The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. We continue to work with our Local Counter Fraud Specialist to enhance our processes wherever possible.

## Environmental responsibilities



The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. You can read more about our environmental reporting within the Performance Report section of the Annual Report.

## Review of Economy, Efficiency and Effectiveness of the Use of Resources



The following key processes are in place to ensure that resources are used economically, efficiently and effectively:

The Scheme of Delegation and Reservation of Powers, Standing Orders and Standing Financial Instructions approved by the Board are key governance documents and include explicit arrangements for:

- Setting and monitoring financial budgets;
  - Delegation of authority;
  - Performance management; and
  - Achieving value for money in procurement
- A financial plan approved and monitored by the Board.
  - The Trust operates a hierarchy of control, commencing at the Board and cascading downwards to budget managers in relation to budgetary control, balance sheet reconciliations, and periodic review of service level income with commissioners. In addition, the Finance Committee provides scrutiny and oversight which has been supplemented this year by independent commissioned reviews
  - Robust competitive processes used for procuring non-staff expenditure items. Above £5,000 procurement involves competitive tendering. The Trust has agreed procedures to override internal controls in relation to competitive tendering in exceptional circumstances and with prior approval obtained
  - Efficiencies which are assessed for their impact on quality with local clinical ownership and accountability
  - Strict controls on vacancy management and recruitment
  - Devolved financial management with the continuation of service line reporting and service line management
  - With the ongoing evolution and progression of the Model Hospital, the utilisation and inclusion of its information and benchmarking continues to be used by us to identify areas of outlying performance, including diversity and inclusion statistics as well as efficiency opportunities.
  - We are also participating in the Crisis/Acute Mental Health programme for Getting it Right First Time (GIRFT), successfully focussing on a whole team approach to community caseloads, effective patient flow, staff training, patient interventions and strong relationships with local partners.
  - We continue to participate in the NHS Benchmarking Network's comprehensive annual programme, covering Community Hospitals, Community Indicators, Community Services, CAMHS, Learning Disabilities, Mental Health Inpatient and Community, Corporate Functions, mental health survey and workforce returns. We continue to undertake comprehensive review of outputs and benchmarks to understand any variances.
  - The Trust Board gains assurance from the Finance and Infrastructure Committee in respect of ensuring appropriate financial frameworks are in place to drive the financial strategy and provide assurance to the Board on financial matters as directed, including to review the impact of efficiency schemes on forward financial planning and
  - The Audit and Risk Committee also receives reports regarding losses and compensations, SFI breaches, financial adjustments and single tender waivers. The Board gains assurance from the



Quality Assurance Committee regarding the quality of services and compliance with regulatory control. The Audit & Risk Committee test the effectiveness of these systems.

In accordance with national requirements we have also been monitoring expenditure during the Pandemic. *As stated within the Annual Results Report for the year ended 31 March 2023, our external Auditors anticipate issuing an xx conclusion and an xx audit opinion on the financial statements.* (to be provided).

## Performance Reporting



The Trust's performance governance structure has become embedded during 2022/23, with bi-monthly Performance Review Meetings (PRM) held with each clinical service line and corporate team. Corporate partners attend the clinical service line meetings to support discussions along with the recent inclusion of commissioning managers.

- The PRMs are led by the service line triumvirates, focussing on key performance metrics across finance, quality, people and operational performance. Performance escalations are backed up with evidence from the trust's reporting tool (power BI) or alternative sources of data.
- Significant performance escalations discussed at PRM are included within the Integrated Performance Report (IPR) which also includes a summary of the Trust's performance against the System Oversight Framework, quality standards, people metrics and financial information using the NHS Improvement 'Making Data Count' statistical analysis to focus attention to metrics which have significant variation or trends emerging. The Integrated Performance Report is taken to Executive Performance Review Meeting and subsequently Trust Board.
- The Executive PRM provides a forum for the performance issues raised in the report to be discussed in-depth, necessary mitigations identified, and assurance sought where appropriate.
- In addition to standard performance monitoring, other significant areas of risk can be requested for review at the performance review meetings, for example, delivery of business plans, agency spend and contract performance notice remedial action plans. Similarly, the Chief Operating Officer has discretion to include agenda items, where appropriate, to ensure all necessary and required items for performance assurance are considered. Specialised forums are also held periodically to provide additional scrutiny and support to managers where escalation is required on finance, quality and workforce.

## Data Quality

High quality data is a key foundation to any digitally led Trust, supporting improvements in patient care and safety. Access to high quality data plays a role in improving our services, enabling decision making to be based on fact, alongside the identification of trends and patterns, drawing comparisons, prediction of future events and outcomes, and evaluation of our services through benchmarking.

During 2022/23, a new Data Assurance Network formed across the organisation, bringing together key stakeholders to discuss data quality issues and share learning around data quality improvement. Four new Data Assurance Officers have been recruited, providing dedicated support to service lines to monitor and improve key data quality metrics, identify and share key learning points and areas requiring additional systems training, as well as providing hands-on support for specific data validation tasks. An evaluation of the impact of these roles will take place in early 2023/24 once the team have had sufficient time to fully embed.

## Annual Quality Account



The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to Trusts on the form and content of annual Quality Reports – we have produced our annual Quality Account in compliance with these requirements, and in doing so have consulted with key stakeholders.

This year we have incorporated our Quality Account within the ‘Great Care’ section of our Annual Report. The Quality Account and the ‘Great Care’ section provide an overview of the quality of care provided across the trust, including details of the arrangements in place to assure our Board that the reporting of quality presents a balanced and accurate view with appropriate actions taken to ensure quality of care is maintained.

The Trust has in place a number of systems and processes to ensure that we remain focussed on the appropriate quality indicators, with quality reports remaining integral to the overall performance

monitoring of the Trust. This is led by executive leadership to ensure that quality and other performance information is triangulated and presented in a balanced view.

Quality indicators are based upon a range of sources, including regulatory, national, best practice and locally agreed improvement targets. Many indicators are established internally in collaboration with clinical services to help achieve the highest possible standards of quality and care.

All quality metrics have systems to appropriately capture the information required, analyse and facilitate onward reporting to the applicable stakeholders, including internally (the Board, Care Group Performance Subcommittees) or externally (for example NHS Improvement and local commissioners) in line with contractual agreements. Our Quality Account is available in Appendix 1 of the Annual Report.

Our Quality Framework supports our vision and focus on making a difference to patients and their families and brings together how the Trust delivers Great Care in a way that is clear to patients, staff and our stakeholders.

At the centre of the Framework is a formula designed to be easy for patients and staff to remember and relate to: SEE (Safe, Effective, Experience).

Safe + Effective + Experience = Great care

The SEE Framework sets out:

- what quality means to Solent, our patients and staff in terms of Safe, Effective and Experience (SEE),
- the pivotal role our staff play and how we support them to deliver Great Care,
- how we check the quality and standards of care in our services,
- how we use innovation, research and organisational learning to continually improve,
- governance, risk management and leadership arrangements for quality, and
- how we place quality at the centre of what we do and ensure we talk about quality at all levels of the Trust.

## Significant issues during 2022/23



As part of its role in ensuring effective direction of the Trust, the Board continuously seeks assurances on the detection and management of significant issues. As Accountable Officer, I ensure that Board members are apprised of real or potential significant issues on a no-surprises basis, both within formal Board meetings and as required between meetings.

Electronic briefings are circulated to Non-executive Directors to inform them of any emerging issues in between Board meetings as appropriate. The Board Assurance Framework is updated to reflect significant issues and the mitigation thereof.

In year the following significant issues occurred:

Like all NHS organisations, our services continue to experience **unprecedented demand**, compounded by the previous COVID19 pandemic resulting in a **significant increase in waiting lists**. In addition, we are holding patients with a higher acuity and greater complexity within our community services that would have traditionally been managed via our Acute hospitals.

Our partners in the health and social care sectors within HIOW ICS are equally challenged and under sustained and prolonged pressure; resulting in us having to flex our processes and clinical practice, meaning at times we have had to make difficult decisions in the interests of patients and at the benefit of the wider system. We continue to constructively support our partners as part of our involvement with the Integrated Care System particularly in the support of hospital admission avoidance and discharging medically optimised patients from the acute sector. We continue to offer and provide mutual aid at every opportunity in support of the system.

As a result of the industrial action, and during **extreme winter pressures**, we responded to local NHS Trusts declaring critical incidents in December by asking our non-clinical staff to volunteer to be 'reservists' and we re-established a central hub to help support and coordinate placements (akin to the height of the pandemic, and in response to supporting PHU earlier in the year when they experienced a serious flood). We also reprioritised our clinical staff within our services to help support demand on the front line and like many partners offered short term financial incentives to work additional shifts over the Christmas period ensuring the safety of service delivery. Where service changes occurred we completed a Quality Impact Assessment and continue to review and monitor any potential patient safety indicators, ensuring commissioner colleagues are informed.

As an organisation the **wellbeing of our workforce** has remained of paramount importance.

We recognise that sustained pressure impacts our staff personally and their wellbeing. We have therefore continued to promote our wellbeing offers and encouraging our people to look after one another. Importantly we have continued to reinforce the incredible work our colleagues do every day with regular appreciation messages. We also know that that the current financial climate and pressures continue to affect many of our people and their families across Solent. We have continued to take proactive action to offer as much practical support as we can. Our Cost of Living Working Group has continuously considered ways we can help our people and in year we launched the Vivup platform which offers a range of employee benefits designed to improve physical, financial and mental health. We also launched the Solent Pantry (a donation pantry) providing easy and immediate access to a range of food, personal care and household goods to those who need them. During the winter months, like other NHS providers, we experienced an increase in seasonal sickness. To support everyone to stay well, we continued to promote the benefit of having the flu jab.

Whilst we acknowledge that it is undesirable to wait for our services in excess of what would be deemed acceptable, we continue to monitor demand and clinically prioritise referrals. Services remain vigilant in **managing their waiting lists** to ensure patients waiting are not being harmed and implement escalation policies as appropriate. All patients on a waiting list have been triaged and patients can contact the service should their needs change which could mean they are seen sooner.

In addition to increased demand, many of our services have suffered **sustained staffing pressures** throughout the year – a combination of sickness, colleagues electing to retire early (following the pandemic pressures) and challenges associated with recruiting into vacancies due to national staff shortages. Workforce controls continue to be implemented including ensuring the vast majority of temporary staff are sourced through our in-house bank and where necessary block booking agency which has provided additional assurance in terms of the quality of temporary staff supply. Where we know we will have **continued staff shortages and recruitment challenges**, we are actively considering alternative staffing models, development packages and innovative practices to recruit and retain our workforce. This has included recruiting several virtual consultants to our mental health services (a national pathfinder model), international recruitment, 'growing our own' via apprenticeship programmes, establishing links with local schools and colleges to encourage careers in the NHS and placement opportunities, development of a CAMHs academy and the introduction of new roles including Associate Physicians and Doctors Assistants.

We were particularly challenged during Q3 and into Q4 within our **Mental Health Services** due to the complexity of case load and our ability to manage surge during increased staffing pressures. Our response included increasing senior clinical visibility on our wards, appointing to additional medical posts (including a number of remote consultants), relocating the Crisis Team to The Orchards to support seamless working across the acute care pathway and launching a comprehensive improvement action plan to support multi-disciplinary working and staff development within our inpatient wards.

Following the success of our **COVID19 Vaccination programme delivery** we were commissioned to deliver a 12-week vaccination programme from 12 September 2022. However, due to changes in operational delivery expectations from commissioners, we elected to withdraw from continued delivery on 12 December 2022 with vaccinations continuing via Primary Care Networks and pharmacies. During the uncertain period for our staff we sought redeployment options to mitigate the risk of potential

redundancy . We would like to formally thank both them and our volunteer workforce who were instrumental in keeping communities in HIOW safe.

In year several **estates challenges** were reported concerning our services, including our inpatient wards, that operate from the Royal South Hants Hospital. We held a positive meeting with NHS Property Services, who are responsible for the site, during December to understand actions being taken to mitigate current issues.

We have continued to operate in **challenging financial times** and in recognition of the deteriorating system financial position we forecast to improve on our previous breakeven plan at year end to generate a surplus, subject to a number of caveats. The Board in December acknowledged however, that progression of transformational schemes will be extremely challenging during 2023/24 as a consequence of the improved financial forecasted position.

Since January 2023 we have been operating without **our full complement of Non-Executive Directors** following Mike Watts, being appointed as our Acting Chair from 1 January 2023. Calum Mercer, our NED Audit & Risk Committee also resigns 31 March 2023. Consequently, we are constantly mindful of our Committee quoracy and ensure appropriate cover to enable business to be transacted.

Reviews following **Industrial Action** have not evidenced any direct or indirect harm to our patients as a result. This was expected due to the significant preparation and mitigations put in place prior to each period. However, we recognise that where appointments have been delayed or rescheduled harm may not be identified immediately and so we will continue to triangulate any incidents of harm with any delays in access to treatment which may have occurred during periods when industrial action occurred.

## Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their Annual Audit Letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee, Quality Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The following key processes have been applied in maintaining and reviewing the effectiveness of the system of internal control:

- a review of committee governance by the Remuneration and Nominations Committee. The Board consider recommendations made by the committee and is ultimately responsible for approving and monitoring systems to ensure proper governance and the management of risk
- reviews of key governance documentation such as Standing Orders, SFIs, Scheme of Delegation and the Board Assurance Framework
- the oversight by the Audit & Risk Committee of the effectiveness of the Trust's systems for internal control, including the Board Assurance Framework (BAF). In discharging their duties, the committee takes independent advice from the Trust's internal auditors (PwC) and external auditors (Ernst & Young). The BAF is also reviewed and challenged by the Board and updates are presented via the Chief Executive's report to the Board
- the internal audit plan, which has been adapted in year to address areas of potential weakness in order that the Trust can benefit from insight and the implementation of best practice recommendations and the findings of relevant internal audits
- the scrutiny given to the Clinical Audit Programme by the Audit and Risk Committee
- the Trusts self-assessment and recommendations made by the independent assessor against the Well Led Framework and associated action plan and subsequent oversight by the Audit & Risk Committee in relation to a sustained well led approach
- the scrutiny given by the Mental Health Act Scrutiny Committee in relation to the implementation of the Mental Health Act, and
- the review of serious untoward incidents and learning by SI and, Learning from Death Panels and Service Line Clinical Governance Groups.

The Head of Internal Audit Opinion (HOIA) concluded an opinion of '*Reasonable/moderate assurance*' this is new terminology from our auditors and is equivalent to their previous terminology '*generally satisfactory with some improvement required*'. There are some areas of weakness and as such the Trust is actively addressing these as previously identified in this report. We are addressing all recommendations made by our auditors across all audits conducted and track progress with regular reports to overseeing Committees. The HOIA opinion also highlights areas of good practice identified as a consequence of our auditors reviews. I therefore believe that the necessary arrangements are in place for the discharge of statutory functions, that the Trust is legally compliant and there are no irregularities.

## Conclusion

In conclusion, and in acknowledgment of the referenced significant issues, I believe Solent NHS Trust has a generally sound system of internal controls that supports the achievement of its objectives.

Andrew Strevens  
Chief Executive Officer

Date: xx

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*.

These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the Trust;
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

**Andrew Strevens**

Chief Executive Officer

Date: xx



## Statement of Directors' responsibilities in respect of the accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the Directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

We have complied with HM Treasury's guidance on cost allocation and setting charges for information as required.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The Directors consider the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy. A statement regarding the going concern position in relation to the accounts can be found within Section 3.

### Disclosure of information to auditors

The Directors confirm that, so far as we are aware, there is no relevant audit information of which the Trust's external auditors are unaware. We also confirm that we have taken all steps that we ought to have taken as Directors in order to make ourselves aware of any relevant audit information and to establish that the auditors are aware of that information.

By order of the Board

**Andrew Stevens**

Chief Executive Officer

Date: xx

**Nikki Burnett**

Chief Financial Officer

Date: xx

# Remuneration Report

Remuneration of the Chief Executive and Directors accountable to the Chief Executive is determined by the Remuneration and Nominations Committee. The terms of reference of this Committee comply with the Secretary of State's "Code of Conduct and Accountability for NHS Boards".

The Remuneration and Nomination Committee met 5 times during 2022/23.

The Committee considers the terms and conditions of appointment of all Executive Directors, and the appointment of the Chief Executive and other Executive Directors.

All Non-executive Directors and the Chair are members of the Committee. The Chief Executive, Chief People Officer, and Chief Finance Officer may attend the meetings by invitation but are not members of the Committee.

The attendance by members is found within the Directors Report section of this Annual Report (see section 'Attendance at Board and Committees throughout 2022/23').

Although the Remuneration and Nominations Committee has a general oversight of the Trust's pay policies, it determines the reward package of Senior Managers only. All Senior Managers are Executive Directors. Other staff are covered either by the national NHS Agenda for Change pay terms or the national Medical and Dental pay terms.

In year the Committee:

- Considered and agreed executive members' remuneration
- Considered and agreed interim leadership arrangements and associated remuneration
- Considered the executive team portfolios
- Reviewed the Committee's terms of reference
- Considered succession planning arrangements

## Senior Managers Remuneration Policy

Our policy on the remuneration of senior managers for the current and future financial year is based on principles agreed nationally by the Department of Health considering market forces and benchmarking. Senior managers pay includes the following elements as set out by the Department of Health: Basic Pay, Additional Payments in respect of Recruitment and Retention, and Additional Responsibilities. All Recruitment and Retention additions are subject to benchmarking, whilst additional responsibilities additions are awarded in line with the requirements of the Pay Framework for Very Senior Managers in Strategic and Special Health Authorities, Primary Care Trusts and Ambulance Trusts and Guidance on pay for Very Senior Managers in NHS trusts and Foundation trusts. All elements of the executive directors' remuneration package are subject to performance conditions and achievement of specific targets.

During 2022/23 NHS Improvement undertook a benchmarking exercise on Executive Director and Non-Executive Director pay, a 3.5% pay award was made in line with the Chancellor's announcement.

The SSRB (Senior Salaries Review Body) recommendations, stated “a general pay increase of 3 per cent” for Very Senior Managers and those Executive Senior Managers (ESMs) working in the Department of Health and Social Care, NHS England, and other arm’s length bodies.

A further 0.5 per cent will be awarded “to ameliorate the erosion of the differential with the top of Agenda for Change (AfC) band 9 (which was exacerbated yet further last year because of the zero-pay increase for senior leaders)”.

It was agreed by the Remuneration and Nomination Committee, to apply the additional 0.5% to create a differential between the top of AfC band 9 and the lowest paid director.

No Directors are currently being paid a performance bonus. Two Directors received a full-time equivalent salary more than £150,000. This is an increase from 2021/22, when only one director was paid in excess of £150,000. This increase is due to the impact of the 3.5% pay award. Paying a salary above the threshold for this Director was agreed by the Trust’s Remuneration and Nomination Committee, NHS Improvement Remuneration Committee, and the Secretary of State.

Individual annual appraisals assess achievements and performance of Executive Directors. They are assessed by the Chief Executive and the outcome is fed back to the Remuneration Committee. Individual executive performance appraisals and development plans are well established within the Trust and follow agreed Trust procedures. This is in line with both Trust and national strategy.

The Chair undertakes the performance review of the Chief Executive and Non-Executive directors.

Our Non-Executive Directors, including the Chairman, are paid the rates set by the Secretary of State and NHS Improvement. The salary, emoluments, allowances, exit packages, and pension entitlements of the Trust's Senior Managers are detailed in the following sections.

After a recent review of the Trust turnover, NHSI (NHS Improvement) have approved the application to move the Trust into Group 2 for the purposes of Trust Chair remuneration.

## Service Contract Obligations

All senior manager contracts require them to meet the Fit and Proper Persons requirements specified in Section 7 of the Health and Social Care Act 2008. Failure to do so would be considered a breach of their contractual terms. Loss of office payments for Senior Managers are determined in accordance with Sections 14-16 and 20 of the NHS Terms and Conditions of Employment.

## Duration of Contracts

All Executive Directors are employed without term in accordance with the Trust Recruitment and Selection Policy. All Executive Directors are required to give six months’ notice to terminate

their contracts. Termination payments are on the grounds of ill health retirement, early retirement, or redundancy on the same basis as for all other NHS employees as laid down in the National Terms and Conditions of Employment and the NHS Pension scheme procedures.

Within the 2022/23 financial year there have been no early terminations of Executive Directors and no non-contractual payments have been made.

The Chairperson and Non-Executive Directors are appointed on terms set by the Secretary of State. They are office holders and as such are not employees, so are not entitled to any notice periods or termination payments.

## Awards made to previous Senior Managers

There have been no awards made to previous Senior Managers in the last year and therefore no provisions were necessary. The Trust's liability in the event of an early termination will be in accordance with the senior managers' terms and conditions.

## Fair Pay Disclosure (audited)

From 2022, reporting bodies are required to disclose the percentage change in remuneration for the highest paid director and all other employees (excluding the highest paid director).

Total Salary & Allowances	% change from 2022/23
Highest paid director	3.5%
Payments to Employees	5%

The total salary and allowance figures include recruitment and retention payments, enhancements for working evening and weekends and expenses.

The highest paid director's salary increased by 3.5% from 2021/22 to 2022/23. This increase is expected as it reflects the 2022 pay award applied to the very senior managers.

The 2022 pay award across the rest of the Trust ranged depending on their terms and conditions. The Doctors and Dentist Review Body recommended a 4.5% increase for those not on multi-year deals. Whist AfC approved a minimum of £1,400 increase to all bands, with certain bands receiving more. The application of a flat rate on AfC bands meant that there was a sliding scale percentage with those on lower bandings receiving a larger percentage increase. All pay awards in 2022, were applied in line with recommendations on basic pay, allowances used in the calculation are agreed locally and were not subject to this increase. This variation in percentage uplifts across to the different review bodies and pay bands resulted in a 5% increase overall.

Performance Pay and Bonus	% change from 2022/23	
Highest paid director		0%
Payments to Employees		16%

No performance payments or bonuses were made to the highest paid director. Eligible consultants can apply for a Clinical Excellence Award (CEA). There are both national and local clinical awards, consultants are not permitted to apply for both.

The existing CEA scheme was recognised as a contributory factor to widening the gender and ethnicity pay gaps. For the past two years during COVID19, the existing application process was suspended, and CEAs (Clinical Excellence Awards) were distributed equally across all eligible consultants.

The BMA (British Medical Association) have been in consultation with HSCA, NHSEI, DHSC (Department of Health and Social Care) (Department of Health and Social Care) and NHS employers to develop a new scheme which is fairer. Unfortunately, no agreement has been reached and Trust were advised to locally agree the approach.

Discussion with other Trusts in HIOW (Hampshire and Isle of Wight) and local union representatives led to an agreement to continue to distribute the CEAs locally across eligible consultants.

The value of this year's CEA was £4,146, an increase from £3,553 paid in 2021-22. This equates to an increase of £593 (14.3%) per eligible consultant.

2022-23 has seen the number of National CEAs awarded from 19 in the previous year to 21. 55 Local CEAs were awarded, an increase 11 over the same period. Consultants must have a minimum of one year's service to be eligible for an award.

The increase in value to the Local CEA and the number of eligible consultants, along with the increase of consultants receiving national CEA's, accounts for the increase of bonus payments.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director / member in our organisation in the financial year 2022/23 is £155-£160k (in 2021/22 it was £135-£140k). Since last report, the Hutton Review of Fair pay recommends using the highest paid director for the calculations and rather than the highest paid employee to be consistent with the remuneration report. The relationship to the remuneration of the organisation's workforce is disclosed in the table below

**Pay Ratio Information Table**

<b>2022/23</b>	<b>25<sup>th</sup> Percentile</b>	<b>Median</b>	<b>75<sup>th</sup> Percentile</b>
Total Remuneration (£)	£23,949	£33,706	£41,659
Salary Component of Total Remuneration (£)	£22,177	£32,924	£41,659
Pay Ratio Information	6.4	4.6	3.7
<b>2021/22</b>	<b>25<sup>th</sup> Percentile</b>	<b>Median</b>	<b>75<sup>th</sup> Percentile</b>
Total Remuneration (£)	£22,549	£31,534	£40,056
Salary Component of Total Remuneration (£)	£21,777	£31,533	£40,056
Pay Ratio Information	6.1	4.4	3.4

Reviewing the increase from 2021/22 to 2022/23, there has been a 6% increase in total remuneration for the 25<sup>th</sup> and median percentile. This is higher than the overall 5% increase to salary and allowance reported for employees above.

However, the reason for this increase can be attributed to the higher percentage increase applied to the lower bands on AfC. The 75th percentile saw a 4% increase compared with the previous year, this is in line with the 4% increase for those under Doctor and Dentist Review board and VSM (Very Senior Manager) who received an 3.5% increase.

Pay Trends (General - based upon Annual report submissions )	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Snapshot date	31/03/2017	31/03/2018	31/03/2019	31/03/2020	31/03/2021	31/03/2022
Highest paid director	155-160	155-160	155-160	170-175	170-175	135-140	155-160
Median	£ 28,101	£ 28,746	£ 29,286	£ 30,345	£ 30,615	£31,534	£33,706
Fair Pay Multiples	5	5	5	5.6	5.6	4.4	4.6

In 2022/23, 8 employees (5 employee 2020-21) received remuneration greater than the highest paid director. Remuneration ranged from £20,270 to £251k full time equivalent (2021/22 £11.8k to £253k); in previous years reporting included allowances which negatively impacted the hourly rate. This year a data cleansing exercise was undertaken, ensuring that allowances (e.g., weekend enhancements and shift pattern payments) would not negatively affect the hourly rate and artificially drive it down.

This cleansing exercise ensured the data reflected that the Trust paid above minimum wage, and this would in part, account for the increase in fair pay multiple.

Whilst the Trust has reported on the highest paid director, the Hutton report does suggest that an organisation could use the highest paid employee. The Trust has 8 employees who are paid above the

highest paid director, therefore, if the Trust used the remuneration of its highest paid employee the fair pay multiples would be 7.6. This is a reduction from last year at 8.1.

2022/23	25 <sup>th</sup> Percentile	Median	75 <sup>th</sup> Percentile
Total Remuneration (£)	£23,949	£32,934	£41,790
Salary Component of Total Remuneration (£)	£23,177	£32,934	£41,698
Pay Ratio Information	10.5	7.6	5.9

All data was calculated using all individuals employed on the 31<sup>st</sup> March 2023, including those employed on bank contracts. The following staff were not included;

- those that had left on or prior to the 30th of March 2023
- honorary appointments
- Non-executive directors who receive allowances only
- individuals who are undertaking training in receipt of a training allowance only
- individuals who were not directly employed by the Trust.
- Employees who were not in receipt of full pay due to unpaid leave, maternity leave, adoption leave for all or part of the month of March.

Employees absent due to sickness, were included where they were in receipt of occupational sick pay, their basic was calculated using the full time equivalent.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. Based on annualised, full-time equivalent remuneration of all staff.

## Exit packages (audited)

Changes have continued to take place within the organisation in the 2022/23 financial year, however, none of these changes have resulted in severance payments. This payment relates to compulsory redundancies. The payments do not relate to senior managers as detailed in the accounts.

## Exit packages (audited)

A total of two exit packages were made in 2022/23. This included one exit packages relating to a redundancy (this package included lieu of notice), **Table 1** shows the costs of these exit packages broken down into bands to show the total value of individual payments made with values below £10,000 and the total value of individual payments made with values between £10,000 and £25,000.

**Table 2.** Shows the payments broken down into individual components. All payments have been made in accordance with the NHS Pension Scheme procedures and National Terms and Conditions, as a result Treasury Approval has not been required.



Exit Packages agreed in 2022/23 – Table 1

Exit Package cost band (including and special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£s	Number	£s	Number	£s	Number	£s
Less than £10,000			1	4,500				
£10,000 - £25,000								
£25,001 - £50,000								
£50,001 - £100,000	1	70,921						
£100,001 - £150,000								
£150,001 - £200,000								
>£200,000								

This note provides an analysis of Exit Packages agreed during the year. Redundancy and other departure costs have been paid in accordance with the provisions of the NHS redundancy arrangements. Exit costs in this note are the full costs of departures agreed within the year. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table. This disclosure reports the number and value of exit packages agreed in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period. The following table reports the number and value of exit packages agreed in the year.

Analysis of Other Departures – Table 2

	Agreements Number	Total Value of agreements £000s
Voluntary redundancies including early retirement contractual costs	1	65,868
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice *	1	5,053
Exit payments following Employment Tribunals or court orders	1	4,500
Non-contractual payments requiring HMT approval **		
<b>Total</b>	<b>3</b>	<b>75,421</b>

A single exit package can be made up of several components each of which will be counted separately. The total in table 1 shows the 2 individuals that received payments; the table 2 shows the 3 payments made to them.

\*: any non-contractual payments in lieu of notice is disclosed under “non-contractual payments requiring HMT approval”.

\*\* : includes any non-contractual severance payment made following judicial mediation, and no amount relating to non-contractual payments in lieu of notice.

No non-contractual payments were made to individuals where the payment value was more than 12 months of their annual salary.

## Off payroll engagements

The Government has reformed the Intermediaries legislation, introducing Chapter 10 Part 2 Income Taxes (Earnings and Pensions) Act 2003 (ITEPA 2003) supporting Chapter 8 Part 2 ITEPA 2003, often known as IR35. The legislation for the off payroll working rules within the Public Sector applies to payments made on or after 6 April 2017. Under the reformed legislation the Trust must determine whether the rules apply when engaging a worker through a Personal Service Company (PCS). Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, Trusts must publish information on their highly paid and senior off-payroll engagements. In accordance with the DHSC Group Accounting Manual 2022/23, all public bodies are required to publish the following information within their 2022/23 Annual Report.

**Table 1: Length of all highly paid off-payroll engagements**

All off-payroll engagements as of 31 <sup>st</sup> March 2023, for more than £245 per day	
Number of existing engagements as of 31 <sup>st</sup> March 2023	15
The number that has existed for less than 1 year at the time of reporting	3
The number that has existed for between 1 and 2 years at the time of reporting	7
The number that has existed for between 2 and 3 years at the time of reporting	5
The number that has existed for between 3 and 4 years at the time of reporting	0
The number that has existed for 4 or more years at the time of reporting	0

The information contained within table 1 above has been provided in accordance with the DHSC Group Accounting Manual 2021/22.

A review of all off-payroll engagements has been undertaken, and assurance has been sought on all contracts to ensure the individual is paying the right amount of tax. As a result, the Trust believes it is fully compliant with the requirements.

**Table 2: Off-payroll workers engaged at any point during the financial year**

For all off-payroll engagements between 1 <sup>st</sup> April 2021 and 31 <sup>st</sup> March 2022, for more than £245 per day	
Number temporary of payroll workers engaged between 1 <sup>st</sup> April 2021 and 31 <sup>st</sup> March 2022	0
Number not subject to off-payroll legislation	0
Subject to off-payroll legislation and determined as in-scope of IR35	0
Number subject to off-payroll legislation and determined as out of scope of IR35	4
Number of engagements where the status was disrupted under the provision in the off-payroll legislation	0
Number of engagements that saw a change to IR35 status following a review	0

For all new appointments an IR35 assessment has been undertaken prior to commencement of a contract.

**Table 3: Off-payroll Board Members/Senior Officer engagements**

For any off-payroll engagements of Board Members and/or senior officials with significant financial responsibility, between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed “board members”, and/or senior officials with significant financial responsibility during the financial year. This figure includes both on payroll and off-payroll engagements.	0

\*Calculation includes executive team members who left in year as well as those who were acting up due to interim leadership arrangements

## Expenditure on consultancy

During the 2022/23 financial year £31k was spent on consultancy.

## Salaries and allowances 2022/23 (subject to audit)

	(a)	(b)	(c)	(d)	(e)	Total	
	Salary and fees including R&R (bands of £5,000)	Expense Payments (taxable) (total to nearest £100)	Performance and bonuses (bands of £5,000)	Pay (bands of £5,000)	Long term performance pays and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	(a to e) (Bands of £5000)
Name and Title	£000	£00	£000	£000	£000	£000	£000
A Strevens – Chief Executive	155-160	9-10	0	0	0	82.5-85	240-245
D Baylis – Chief Medical Officer	105-110	0	0	0	0	82.5-85	190-195
N. Burnett - Chief Finance Officer – appointed 29 <sup>th</sup> August 2022)	65-70	0	0	0	0	37.5-40	105-110
S Ramsden – Chief People Officer (appointed 13 <sup>th</sup> June 2022)	85-90	3-4	0	0	0	42.4-45	130-135
R Goldsworthy – Chief of Staff (appointed to board 1 <sup>st</sup> April 2022)	110-115	0-1	0	0	0	80-82.5	190-195
A. Anderson - Chief of Nursing and Allied Health Professionals Officer (appointed 13 <sup>th</sup> March 2023)	5-10	0	0	0	0	0	5-10
D James – Chief of Strategic	15-20	0	0	0	0	0	15-20

Transformation (appointed to board 20 <sup>th</sup> January 2023)						
S Rosenberg – Acting Chief Operations Officer Portsmouth	120-125	19-20	0	0	77.5-80	205-210
J Munro – Chief of Nursing and Allied Health Professionals and Interim Deputy Chief Executive (left the trust on 10.03.2023)	120-125	1-2	0	0	0	120-125
J Sohal – Chief People Officer (left the Trust on 17 <sup>th</sup> July 2022)	30-35	0-1	0	0	2.5-5	35-40
G Fowler – Acting Chief Finance Officer (left the Trust on 9 <sup>th</sup> September 2022)	50-55	0	0	0	22.5-25	75-80
C Mason – Chair left 31 <sup>st</sup> December 2022	35-40	16-17	0	0	0	35-40
V Avlonitis -Associate Non-executive Director	10-15	11-12	0	0	0	10-15
S Elsy – Non-executive Director	10-15	3-4	0	0	0	10-15
G Kumar – Non- executive Director	10-15	1-2	0	0	0	10-15
C Mercer – Non- executive Director (left on 31.03.2023)	10-15	0	0	0	0	10-15
M Watts – Chair (appointed Chair 1 <sup>st</sup> January 2023, previously had a Non- executive role)	20-25	5-6	0	0	0	20-25

- J Sohal, G Fowler, J Muro have all left Solent within the financial year. Leaving dates are noted in the table above. Salary and fee recorded reflect their time in the role and may not reflect their actual full year salary.
- N Burnett, S Ramsden, R Goldsworthy, A Anderson and D James have all been appointed to the board. Start dates have been noted in the table above. Salaries and fee shown will reflect their time in the role and may not reflect their actual full year salary.
- C Mason has stepped down as Chair and M Watts is now the current chair. Date of changes are noted in the table above
- D Baylis is acting as Deputy Chief Executive from 1<sup>st</sup> March 2023. Remuneration for this additional responsibility has been submitted to NHSE for approval. The Trust are still awaiting an outcome.

- The Trust has requested D James pension information, unfortunately changes to D James role were approved after the Greenbury report was submitted. We are awaiting the report from NHS BSA.

## Previous year Salaries and allowances – 2021/22

	(a)	(b)	(c)	(d)	(e)	Total
	Salary and fees including R&R (bands of £5,000)	Expense Payments (taxable) (total to nearest £100)	Performance Pay and bonuses (bands of £5,000)	Long term performance pays and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	(a to e) (Bands of £5000)
Name and Title	£000	£00	£000	£000	£000	£000
S Harriman – Chief Executive (position held until 6th February 2022)	150-155	4-5	0	0	45-47.5	195-200
A Strevens – Chief Executive	135-140	6-7	0	0	15-17.5	150-155
D Baylis – Chief Medical Officer	100-105	0	0	0	0	100-105
S Rosenberg – Acting Chief Operations Officer Portsmouth	115-120	11-12	0	0	42.5-45	160-165
D Noyes – Chief Operating Officer Southampton (position held until 9 <sup>th</sup> January 2022)	90-95	8-9	0	0	15-17.5	105-110
J Munro – Chief of Nursing and Allied Health Professionals and Interim Deputy Chief Executive	115-120	2-3	0	0	0	120-125
J Sohal – Chief People Officer (appointed in permanent position on 8 <sup>th</sup> July 2021)	110-115	5-6	0	0	12.5-15	120-125
G Fowler – Acting Chief Finance Officer	110-115	0	0	0	27.5-30	135-140
C Mason – Chair	40-45	3-4	0	0	0	40-45
V Avlonitis (appointed in Associate Non-executive Director on 15 <sup>th</sup> February 2022).	0-5	0	0	0	0	0-5

S Elsy – Non-executive Director	10-15	1-2	0	0	0	10-15
G Kumar – Non-executive Director	10-15	1-2	0	0	0	10-15
C Mercer – Non-executive Director	10-15	0	0	0	0	10-15
M Watts – Non-executive Director	10-15	2-3	0	0	0	10-15
T Swage – Non-executive Director (Position held until 31 <sup>st</sup> January 2022)	10-15	7-8	0	0	0	10-15

Notes to previous table:

- S Harriman left Solent on 6th February 2022
- J Munro previously identified on the report as J Ardley
- Following the departure of the Chief Executive in February, the following interim arrangements were made from 29<sup>th</sup> January 2022:
  - A Strevens, was Interim Chief Executive, receiving an additional responsibility allowance whilst acting in this capacity.
  - J Munro alongside her Chief of Nursing and Allied Health Professionals position is interim Deputy Chief Executive, receiving an additional responsibility allowance whilst acting in this capacity. The Chief of Nursing and Allied Health Professionals is not part of any NHS Pension or alternative pension scheme
  - G Fowler is Interim Chief Finance Office, receiving an additional responsibility allowance whilst acting in this capacity
- J Sohal was previously acting Chief People Officer, secured the permanent position in July 2021.
- Thoreya Swage held her position as Non-executive Director until 31<sup>st</sup> January 2022, Vanessa Avlonitis joined the Trust as Associate Non-executive Director on 15<sup>th</sup> February 2022.
- The all-pension benefits (column e) show a reduction in pension pots this reflects the current valuation. The pension pot for D Baylis has a negative CETV (Cash Equivalent Transfer Value) and in line with the guidance this pension benefit is reflect with a zero figure.

Note taxable expenses and benefits in kind are expressed to the nearest £100

Pension benefits are calculated using the method set out in section 299 of the Finance Act 2004 as amended by the Large and Medium-sized Companies and Groups (Accounts and Reports) Amendment Regulations 2013.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase/decrease due to a transfer of pension rights.

The value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

For individuals who joined or left the Trust part way through the year, the salary plus any additional remuneration, excluding severance payments has been pro-rata to reflect actual the rate of payment.

## Pension benefits 2022/23(subject to audit)

	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age on 31 March 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension on 31 March 2023 (bands of £5,000))	Cash equivalent Transfer Value April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value on 31 March 2023	Employers Contribution to Stakeholder Pension
Name and Title	£000	£000	£000	£000	£000	£000	£000	£000
A Strevens – Chief Executive	5-7.5	0	35-40	0	406	61	502	0
D Baylis – Chief Medical Officer	2.5-5	5-7.5	25-30	40-45	319	56	394	0
Ni Burnett – Chief Finance Officer – appointed 29 <sup>th</sup> August 2022)	0-2.5	0	20-25	0	186	15	234	0
S Ramsden – Chief People Officer (appointed 13 <sup>th</sup> June 2022)	2.5-5	2.5-5	30-35	60-65	581	46	672	0
R Goldsworthy – Chief of 333 (appointed to board 1 <sup>st</sup> April 2022)	2.5-5	5-7.5	25-30	50-55	352	55	433	0
A.Anderson - Chief of Nursing and Allied Health Professionals Officer (appointed xx)	0-2.5	2.5-5	45-50	130-135	933	0	1,047	0
D James – Chief of Strategic Transformation (appointed to board 20 <sup>th</sup> January 2023)	0-2.5	0-2.5	25-30	40-45	342	0	393	0
S Rosenberg – Acting Chief Operations Officer Portsmouth	2.5-5	0	40-45	0	640	79	760	0
J Munro – Chief of Nursing and Allied Health Professionals and Interim Deputy Chief Executive (left the trust on xx)	0	0	0	0	0	0	0	0
J Sohal – Chief People Officer (left the Trust on 17 <sup>th</sup> July 2022)	0-2.5	0	0-5	0	39	0	57	0



G Fowler – Acting Chief Finance Officer (left the Trust on 9 <sup>th</sup> September 2022)	0-2.5	0	15-20	0	138	13	188	0
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As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members. \*Jackie Munro, the Chief of Nursing and Allied Health Professionals is not in the NHS Pension scheme or alternative pension scheme, so no values are appropriate.

## Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accrued benefits and any contingent spouse’s (or other allowable beneficiary’s) pension payable from the scheme. CETVs (Cash Equivalent Transfer Value) are calculated in accordance with the Occupational Pension Schemes (Transfer Values) Regulations 2008.

## Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

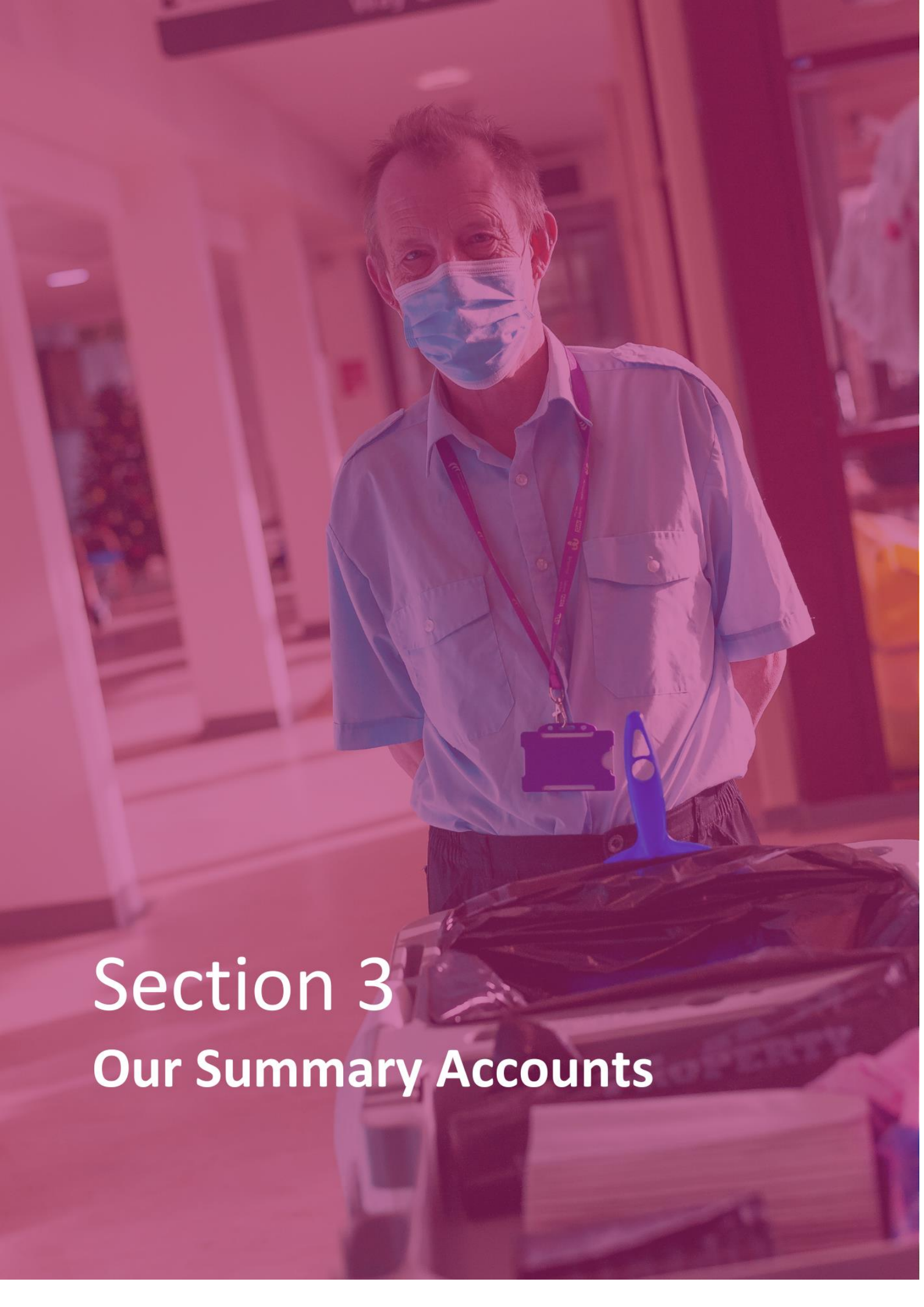
### Andrew Strevens

Chief Executive Officer

Date: xx

## Auditors Report

Independent auditors report to the Accountable Officer of Solent NHS Trust - to be provided



# Section 3

## Our Summary Accounts

### Foreword and Statement on Financial Performance

We have ended 2022/23 by achieving all four of our financial statutory duties:

- External Financing Limit (EFL) which is an overall cash management control. The Trust was set an EFL of £14.8m cash outflow for 2022-23, requiring only £10.5m, achieving an underspend against EFL of £4.2m.
- Capital Cost absorption rate is based on actual (rather than forecast) average net relevant assets and therefore the actual capital cost absorption rate is automatically 3.5%.
- Capital Resource Limit (CRL) which represents investments in fixed assets throughout the year. The Trusts fixed asset investment for 2022-23 was £12.2m, achieving the target of £12.3m.
- The Trust has managed to achieve a surplus for six consecutive years. However, the Trust reported a cumulative adjusted retained deficit of £5.9m at 31<sup>st</sup> March 2023.

The 2022-23 financial statements have been prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022-23. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS. Where the Group Accounting Manual permits choice of accounting policy, the accounting policy which is judged to be the most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected.

**Andrew Strevens**

Chief Executive

Date: xx

## Financial Review & Statutory Duties in relation to the Accounts

The statement of Directors' responsibilities in respect of the accounts is detailed separately.

### Break-even position (a measure of financial stability)

The Trust has a statutory duty to achieve break-even in the year. The Trust has reported a surplus of xx from cc. The Trust reported a cumulative adjusted retained deficit of £xx 2022-23 due to deficits in earlier years. Our regulators were aware of this position and continue to support us in our delivery of key community and mental health local services.

### Capital Costs Absorption Rate (a measure of Statement of Financial Position Management)

The Trust is required to absorb the cost of capital at a rate of 3.5% of actual average relevant net assets. The average net relevant assets exclude balances held in the Government Banking Service bank accounts. The dividend payable on public dividend capital is based on actual (rather than forecast) average relevant net assets and therefore the actual cost absorption rate is automatically xx%.

### External Financing Limit (an overall cash management control)

The Trust was set an External Finance Limit of £xx m cash outflow for 2021-22 which it is permitted to undershoot. The Trust achieved the target of £xx m.

### Capital Resource Limit (Investment in fixed assets during the year)

The Capital Resource Limit is the amount that the Trust can invest in fixed assets during the year; a target that the Trust is not permitted to overspend. The Trust was set a capital resource limit of £xx for 2022-23. The Trust achieved the target as actual fixed asset investment was £xxm.

### Want to find out more?

Included on these pages are the 'summary accounts' of the Trust and an overall picture of our fiscal performance.

A copy of our full accounts are available in Appendix 2.

# Summary Financial Statements

## Statement of Comprehensive Income for year ended 31 March 2023

	<b>2022-23</b>	<b>2021-22</b>
	<b>£000</b>	<b>£000</b>
Operating income from patient care activities	248,417	227,989
Other Operating revenue	26,385	30,108
Operating expenses	<u>(269,647)</u>	<u>(255,332)</u>
<b>Operating surplus</b>	<b>5,155</b>	<b>2,765</b>
Finance income	667	20
Finance expenses	(419)	0
PDC dividends payable	(2,993)	(2,437)
Other gains and (losses)	<u>0</u>	<u>(12)</u>
<b>Retained surplus/(deficit) for the year</b>	<b><u>2,410</u></b>	<b><u>336</u></b>
Impairments and reversals taken to the revaluation reserve	(240)	0
Revaluations	<u>7,918</u>	<u>4,667</u>
<b>Total comprehensive income for the year</b>	<b><u>10,088</u></b>	<b><u>5,003</u></b>
<b>Financial performance for the year</b>		
Surplus/(deficit) for the period	2,410	336
Impairments (excluding IFRIC 12 impairments)	(1,486)	(136)
Adjustments in respect of donated asset respect elimination	<u>(487)</u>	<u>(133)</u>
<b>Adjusted retained surplus/(deficit)</b>	<b><u>437</u></b>	<b><u>67</u></b>

## Statement of Financial Position year ended 31 March 2023

	<b>31 March</b>	<b>31 March</b>
	<b>2023</b>	<b>2022</b>
	<b>£000</b>	<b>£000</b>
Non-current assets	178,330	111,268
Current assets	49,866	50,969
Current liabilities	<u>(59,711)</u>	<u>(49,337)</u>
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>168,485</b>	<b>112,900</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>168,485</b>	<b>112,900</b>
Non-current liabilities	<u>(37,129)</u>	<u>(147)</u>
<b>TOTAL ASSETS EMPLOYED</b>	<b><u>131,356</u></b>	<b><u>112,753</u></b>
<b>FINANCED BY TAXPAYERS' EQUITY</b>	<b><u>131,356</u></b>	<b><u>112,753</u></b>

## Statement of Changes in Taxpayers' Equity for year ended 31 March 2023

	Public Dividend capital £000	Revaluation reserve £000	Retained earnings £000	Total reserves £000
<b>Balance at 1 April 2022</b>	<b>35,545</b>	<b>9,601</b>	<b>67,607</b>	<b>112,753</b>
<b>Changes in taxpayers' equity for 2022-23</b>				
Implementation of IFRS 16 on 1 April 2022	0	0	2,114	2,114
Surplus / (Deficit) for the year	0	0	2,410	2,410
Other Transfers between reserves	0	(247)	247	0
Impairments	0	(240)	0	(240)
Revaluations	0	7,918	0	7,918
Public dividend capital received	6,401	0	0	6,401
<b>Balance at 31 March 2023</b>	<b>41,946</b>	<b>17,032</b>	<b>72,378</b>	<b>131,356</b>
<b>Balance at 1 April 2021</b>	<b>32,875</b>	<b>5,080</b>	<b>67,125</b>	<b>105,080</b>
<b>Changes in taxpayers' equity for 2021-22</b>				
Surplus / (Deficit) for the year	0	0	336	336
Other Transfers between reserves	0	(146)	146	0
Revaluations	0	4,667	0	4,667
Public dividend capital received	2,670	0	0	2,670
<b>Balance at 31 March 2022</b>	<b>35,545</b>	<b>9,601</b>	<b>67,607</b>	<b>112,753</b>

## Statement of Cash Flows for the year ended 31 March 2023

	2022-23 £000	2021-22 £000
Net cash inflow from operating activities	3,292	7,111
Net cash outflow from investing activities	(10,389)	(7,359)
<b>NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING</b>	<b>(7,097)</b>	<b>(248)</b>
Net cash inflow from financing activities	(3,431)	724
<b>INCREASE / (DECREASE) IN CASH</b>	<b>(10,528)</b>	<b>476</b>
Cash at the beginning of the period	36,832	36,356
<b>Cash at year end</b>	<b>26,304</b>	<b>36,832</b>



	2022-23		2021-22	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	31,544	81,799	29,357	71,563
Total non-NHS trade invoices paid within target	24,718	68,682	23,801	63,395
% non-NHS trade invoices paid within target	<u>78.4%</u>	<u>84.0%</u>	<u>81.1%</u>	<u>88.6%</u>
Total NHS trade invoices paid in the year	1,223	17,938	1,468	20,249
Total NHS trade invoices paid within target	1,013	14,554	1,148	15,465
Percentage of NHS trade invoices paid within target	<u>82.8%</u>	<u>81.1%</u>	<u>78.2%</u>	<u>76.4%</u>

The **Better Payment Practice Code** requires the Trust to aim to pay all undisputed invoices by the due date, or within 30 days of receipt of goods or a valid invoice, whichever is later.

## Challenges ahead

We, like our health and care system colleagues, have continued to deliver services against a backdrop of sustained pressure. Delivering safe, effective, and high-quality care in an environment of rising demand and higher acuity of need continues to be one of the biggest challenges, we, and our partners face.

Delivering great care is about maintaining high quality standards – standards which improve the experience for service users and staff and enable us to provide safe, effective services. **Our formula for great care is as simple as 1, 2, 3:**

Safe + Effective + Experience = Great care



The year ahead will undoubtedly be one of the most difficult in Solent’s history. We must ensure we remain focused on delivering ‘business as usual’ and our pre-existing commitments, whilst having an eye on the future and benefits realisation of the ambition described in the HIOW Strategic Review of Mental Health and Community Health Services – to radically transform services for our population, via the establishment of a new Trust (Project Fusion) by 1 April 2024.

We must not get distracted by the future transaction. Strong leadership at all levels of the organisation will be critical during the next chapter of Solent’s story. We recognise that this will be an unsettling time for many of our staff, however we must remain true to our HEART values. Ensuring we continue to promote and encourage an open culture enabling staff to speak out when things are not right, to create an environment where they feel safe and listened to, is core to our way of working at Solent. We will of course seek to instil this approach as we look to the future and the new organisation.

Doing the right thing and ensuring we achieve the best outcomes for the populations we serve is fundamental to our Clinical Framework and seven corresponding principles. We also acknowledge that to deliver even better outcomes, ensure greater access to our services, and importantly, to achieve greater efficiencies for our communities, we must radically transform. We cannot do this in isolation.

Great care



As a sovereign organisation, working as part of a wider system, will mean at times that we will have to make collective and difficult decisions for the greater good of our service users within our ICS footprint. Some of these hard decisions will undoubtedly be to the detriment of Solent and what we have traditionally done but will be for the benefit of the wider system, and ultimately our communities, who are at the heart of all we do.

The key challenges we face in 2023/24 include;

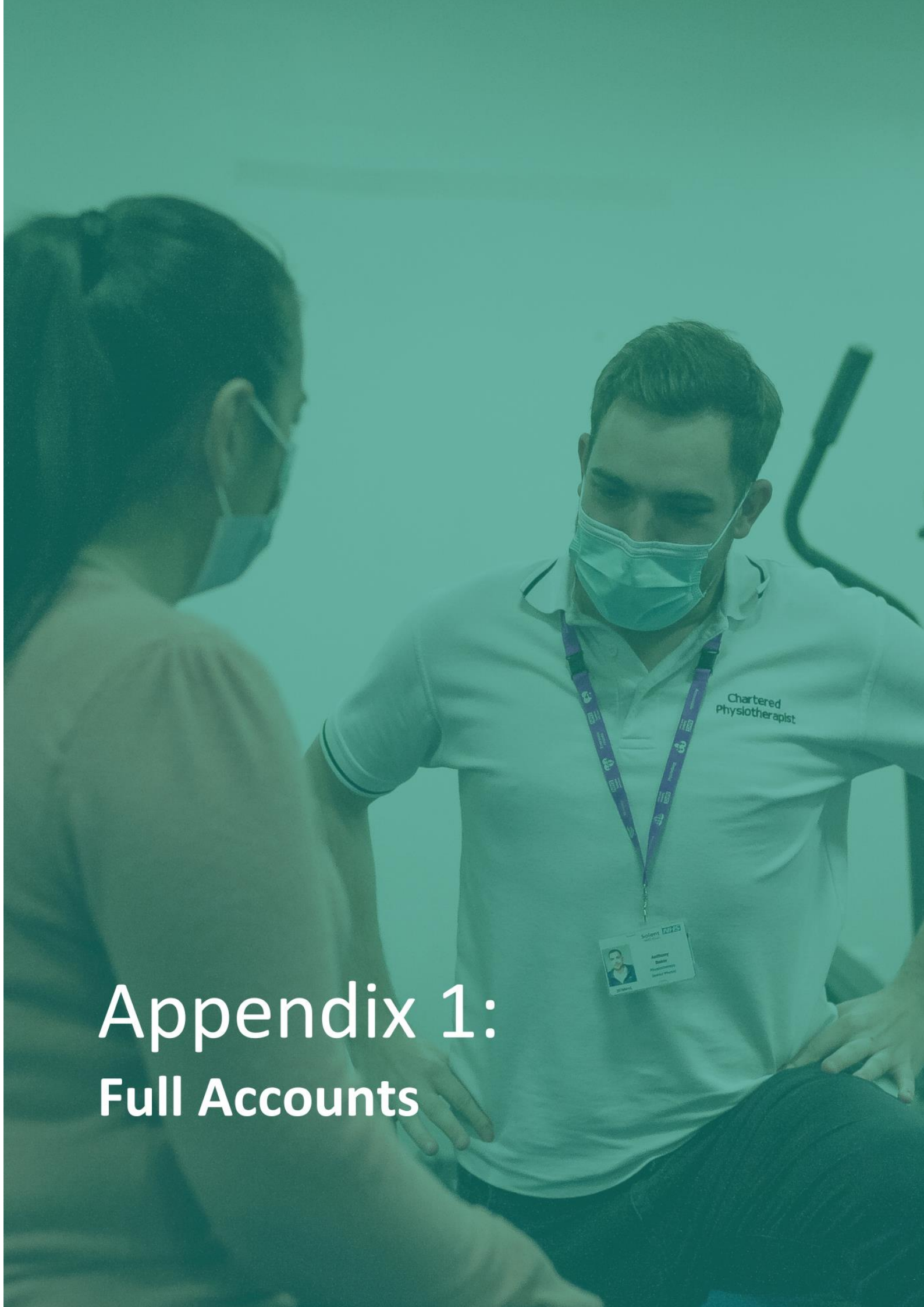


- Ensuring we continue to deliver against our three ‘Greats’, whilst we equally balance the needs of preparedness and transitioning to a new organisation.
- A continued focus on staff wellbeing and engagement is critical to our continued and future success. Investing in our people, allows us to deliver great care.
- Contributing, in partnership, to the financial recovery of the HIOW ICS with a commitment to improve and stabilise the position. The system is under significant financial pressure with every constituent partner needing to do more with less.
- As described in the Annual Governance Statement, we have seen a significant increase in our waiting lists. Whilst continuing to monitor demand and clinically prioritise services, demand is forecast to increase. This coupled with existing and predicted future workforce challenges will mean an ever-growing gap between demand and capacity, putting more strain on our staff. We must work innovatively to find solutions to this collective challenge – ensuring we focus efforts with partners on the prevention agenda as well as digital transformation.
- Having significantly invested in our IT services, it is imperative that 2023/24 sees a step change in our approach to digital use and transformation, equipping our frontline staff to spend more time on patient care. Coupled with this is the need for the organisation to protect itself against cyber threats, ensuring that care remains uninterrupted.
- The availability of high-quality business intelligence to support evidence based clinical decision making and clinical transformation is also critical. Historically investment within the community sector has been limited. However, aligned to the NHS Long Term Plan, the development HIOW ICS Digital Transformation Plan, and importantly in support of the ICP Strategy priority concerning ‘digital and data’ we will work to becoming a digitally mature organisation and system.

Solent, as we know it, is changing, but has a very bright and exciting future ahead of it as we transition into a new organisation providing mental health and community services to a much wider population. We are always vulnerable to risk - during times of change this is heightened. We must therefore ensure we are vigilant to ensure we implement appropriate mitigations. Ensuring we; provide great care - without compromising quality, create a great place to work – where staff continue to feel valued and listened to and ensure great value of money, remains our mission.

The internal control processes for managing risks are outlined in the Annual Governance Statement.

## Going Concern



# Appendix 1: Full Accounts

