Agenda
Solent NHS Trust In Public Board Meeting

<u>Date</u>:   Monday 7 August 2023
<u>Timings</u>:   09:30 – 13:30
<u>Meeting details</u>:   First Floor - Highpoint Venue, Bursledon Rd, Southampton, SO19 8BR

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Board Requirement
1	09:30	5mins	**Chairman's Welcome & Update** • **Apologies to receive**	Chair	To receive
			Confirmation that meeting is Quorate *No business shall be transacted at meetings of the Board unless the following are present;* • *a minimum of two Executive Directors* • *at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair*	Chair	-
			Register of Interests & Declaration of Interests	Chair	To receive
2	09:35	30mins	**Patient Story** • *CAMHS Solent East*	Chief of Nursing and AHPs	To receive
3	10:05	30mins	**Staff Story** • *Sarah Baker, Clinical Lead Nurse Occ Health*	Chief People Officer	To receive
4	10:35	15mins	**Staff Story & Patient Story Proposal**	Chief of Nursing & AHPs AD People Partnering	To receive
5	10:50	10mins	**Reflection on Patient and Staff Stories**	Chief of Nursing and AHPs	To discuss
6	11:00	5mins	• **Previous minutes, matters arising and action tracker** o *There are no actions to note*	Chair	To approve
Quality and safety first					
7	11:05	10mins	**Safety and Quality – contemporary matters including:** • **Board to Floor Visits – 6 monthly update report Qtrs 3 and 4 2022/23** • **Freedom to Speak Up -** *verbal update*	Chief of Nursing and AHPs	To receive
8	11:15	10mins	**Patient Safety Annual Report including Learning from Deaths, Serious Incidents and Complaints**	Chief of Nursing & AHPs	To receive

			10-minute break		
Items to receive					
9	11:35	10mins	**Clinical Professional Engagement and Leadership Report (inc. professional strategic framework and nurse revalidation)**	CMO and Chief of Nursing & AHPs	To receive
10	11:45	20mins	**Chief Executive's Report**	CEO	To receive
11	12:05	10mins	**Annual Review of Strategic Objectives**	Chief Strategic Transformation Officer	To receive
Items to approve					
12	12:15	15mins	**NHS England Oversight Framework / Recovery Support Programme**	CEO	To approve
13	12:30	5mins	**Estates Strategic Plan**	Chief Finance Officer	To approve
			10-minute break		
14	12:35	35mins	**Integrated Performance Report** *Including:* *Safe* *Caring* *Effective* *Responsive* *People* *Finance* *Research and Improvement* *System Oversight Framework*	Executive Leads	To receive
Governance					
Reporting Committees and Governance matters					
15	13:10	15mins	**People Committee –** *Verbal update from meeting held 2 August 2023. Also including:* *People Strategy Update* *Diversity and Inclusion Annual Report*	Committee Chair & AD People Partnering	To receive
16			**Mental Health Act Scrutiny Committee-** *No meeting held to report*	Committee chair	To receive
17			**Audit & Risk Committee –** *Exception report from meeting held 21 June 2023 and supplementary papers:*	Committee chair	To receive

			• *17.2 - Internal Audit Plan* • *17.3 - Clinical Audit Plan* • *Reflection on Year End – verbal update*		
18			**Quality Assurance Committee-** *Exception report from meeting held 20 July 2023 including:* • *18.2- LD Strategy* *Supplementary papers also included:* • *18.3 - Infection Prevention & Control Annual Report* • *18.4 - Safeguarding Q4 Report* • *18.5 - Working with people and communities, Annual Report 2022-23 (Experience of Care including Patient Experience/Complaints & Community Engagement) (as presented to May QAC)*	Committee chair	To receive
19			**Non-Confidential update from Finance & Infrastructure Committee–** *non confidential verbal update from meeting held 31 July 2023*	Committee chair	Verbal update
20			**Charitable Funds Committee –** *No meeting held to report*	Committee chair	To receive
21			**Remuneration and Nominations Committee –** *Exception report from meeting held 13 July 2024*	Committee chair	To receive
Any other business					
22	13:25	5mins	**Any other business and reflections including:**	Chair	-
23			• ***lessons learnt and living our values*** • ***matters for cascade and/or escalation to other board committees***	Chair	
24	13:30	---	**Close and move to Confidential meeting** The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Board of Directors resolving as follows: "that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'" (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960)	Chair	-

__Date of next meeting:__

- *2 October 2023*

Minutes

Solent NHS Trust In Public Board Meeting

<u>Date</u>:   Monday 5 June 2023
<u>Timings</u>:   09:30 – 13:20
<u>Meeting details</u>:   Kestrel, 2nd Floor- Highpoint Venue, Bursledon Rd, Southampton, SO19 8BR

<table>
<tr><td colspan="2">Chair:
Mike Watts, Acting Trust Chair (MW)</td></tr>
<tr><td>Members:
Andrew Strevens, CEO (AS)
Dan Baylis, Deputy CEO & Chief Medical Officer (DB)
Angela Anderson, Chief of Nursing and Allied Health Professionals (AA)
Alasdair Snell, Chief Operating Officer (ASn)
Rachel Goldsworthy, Chief of Staff, Governance & Corporate Affairs (RG)
Nikki Burnett, Chief Finance Officer (NB)
Debbie James, Director of Strategic Transformation (DJ)
Sorrelle Ford, on behalf of Shahana Ramsden, Chief People Officer (SF)
Gaurav Kumar, Non-Executive Director (GK)
Vanessa Avlonitis, Non-Executive Director (VA)</td><td>Attendees
Sadie Bell, Data Protection Officer and Head of IG & Digital Security <i>(item 12)</i>
Anna Rowen, Associate Director Diversity & Inclusion (AR)
Debbie Robinson, D&I Strategic & Operational Partner (DR)
Rebecca Webb, Project Manager, Strategy & Partnerships- NHS South, Central and West <i>(observing)</i>
Sam Stirling, Corporate Affairs Administrator (SS)

<u>Apologies</u>
Stephanie Elsy, Non-Executive Director (SE)
David Kelham, Non-Executive Director (DK)</td></tr>
<tr><td>Patient Story (item 2)
Sarah Herbert, Patient (SH)
Funmilayo Odofin, Pelvic Health Service (FO)</td><td>Staff Story (item 3)
Erin Power, Co-Chair of Disability Staff Network (EP)
Elton Dzikiti, Diversity & Inclusion Partner (Operations and Strategy) (ED)</td></tr>
</table>

1	**Chairman's Welcome & Update, Confirmation that meeting is Quorate, Register of Interests & Declaration of Interests**
1.1	MW welcomed Board members and attendees to the meeting. Apologies were received as noted above.
1.2	The meeting was confirmed as quorate. The declarations of interest form was circulated and there were no updates to note.
2	**Patient Story**
2.1	AA introduced SH & FO and welcomed them to the meeting. • FO briefed the Board on her role and described work undertaken within the Pelvic Health Physiotherapy Team. FO explained the range of patients treated and elements of pelvic health. • SH shared her personal experience of the service. Initial access challenges were explained and differences in care between localities reported. Importance of the service, including education and learning elements were shared. • Challenges in relation to resource and funding was highlighted.
2.2	DB emphasised the importance of the service and confirmed ongoing discussions in relation to funding and expansion of this area. DB also acknowledged disparity in care per locality.

2.3	DB asked about potential data regarding the impact of pelvic health issues on staff, to consider formal offer of employee access and establish a draft business case.

FO confirmed policies and guidelines in place and business case drafted with Portsmouth Hospitals University NHS Trust. FO informed of lack of progression and ongoing persistence in this area. |
| 2.4 | AS queried potential usefulness of campaign/promotion of the service. FO commented on capacity issues and the importance of focus on waiting list/times as a priority.

AA also highlighted the need to be mindful of expectations when committing to campaigns and reflected on use of the Clinical Strategy to ensure wider service connections and access.

Work to address population inequality aspects were noted and DB emphasised the importance of life course approach, together with long term conditions. |
| 2.5 | VA asked about links to the Research Academy and potential useful projects. FO recognised the importance of research and confirmed involvement in the programme that was due to be launched for early interventions, focusing on reviewing long term benefits. The Board were informed of upcoming attendance at international conference regarding incontinence care; however, capacity issues were reiterated. |
| 2.6 | Required improvements to the pathway were emphasised and the need for collaborative working and engagement noted.

MW asked about considerations as part of a targeted wellbeing approach and DB reiterated active discussions taking place. *FO & SH left the meeting.* |
| **3** | **Staff Story** |
| 3.1 | AS welcomed EP & ED to the meeting.
- EP provided an overview of her personal story and background in a clinical career, prior to work in corporate services. Challenges of maintaining roles and being able to be open and honest about required adjustments were shared.
- Discrepancies in treatment across roles was explained and EP reflected on decision to create a welcoming network. The Board were briefed on the role of the Disability Network Chair.
- The purpose and importance of the group was explained, and EP commented on the critical feedback provided at all levels.
- The Board were encouraged to consider the value of this area for staff groups and consider reasoning for delays and barriers.
- Anxieties in relation to Project Fusion and associate people policies were shared. The importance of ensuring engagement and connection at the appropriate levels to ensure that the fundamental elements were reflected was emphasised.
- EP provided an overview of the Staff Survey results and commented on further change required. Importance of respite work was explained
- Board support was detailed, including further work with people practices to ensure culture change. The need for provision and ensuring clear pathways and support, particularly for digital elements. EP emphasised strong disability advocate and engagement required, with understanding of change needed regarding pressure and measure against other staff.
- EP reiterated the importance of Board level engagement/commitment and highlighted the importance of Board attending forums to clearly reflect on key issues identified. |
| 3.2 | MW thanked EP for her powerful presentation and commended the work completed to date, including EPs strong advocacy for staff. |

3.3	SF commented on the value of EPs strong advocacy and agreed the importance of reframing thinking regarding reasonable adjustments. Opportunity for leading and setting the way forward in the new organisation, with co-production and key experience at the forefront of considerations was highlighted.
3.4	DB reflected on actions as an executive team and Board in relation to Project Fusion and ensuring prominence of networks, whilst driving and improving culture. DB emphasised responsibility of the Board to ensure that networks receive full support to make radical, disruptive, agile and responsive change within the new organisation.
3.5	AA noted the importance of ensuring less resistance and potential usefulness of connecting with Community Engagement elements. EP agreed and shared value of lived experience and understanding others. ASn also reflected on recent discussions regarding Health and Wellbeing Champions and potential links. Further considerations outside of the meeting were agreed. *EP and ED left the meeting.*
4	**Reflection on Patient and Staff Stories**
4.1	NB reflected on powerful and emotive stories presented. NB acknowledged challenges in relation to capacity within the Pelvic Health Service and associated challenges in relation to commissioning. Continued work and monitoring was emphasised. NB also commented on the importance of ensuring that the Trust was cognisant of disabilities amongst staff to ensure that appropriate support was provided, specifically from Board level. AA agreed and reflected on the usefulness of understanding areas of support and ensuring attendance at the relevant groups to understand how best to advocate. DJ highlighted the importance of Project Fusion planning to ensure effective oversight and consideration of improvements. AS agreed and noted the importance of Board being able to receive open and honest feedback.
5	**Previous minutes, matters arising and action tracker**
5.1	The minutes of the last meeting held on 3 April 2023 were agreed as an accurate record.
5.2	The following actions were confirmed as closed: AC004997, AC004998, AC005062 There were no matters arising to discuss.
6	**Chief Executive's Report**
6.1	AS provided an overview of the report. • Key changes to the Trust Board were shared, including RG's upcoming departure and welcoming DK as a Non-Executive Director. • An update regarding ICT infrastructure was provided and it was confirmed that networks had been established. Positive feedback was reported, however continued issues within remote locations were highlighted. • AS shared an update on Project Fusion activity and confirmed that planning for the development of the Full Business Case and Patient Benefits Case was underway, which will then need to be approved by Trust Boards and NHS England. • ICB review of MARs Scheme iterations was reported and AS confirmed significant changes taking place.

6.2	MW requested clarity regarding issues with remote IT connectivity. AS informed of challenges accessing WIFI connectivity and systems, however reported a decrease in escalations reported. The Board were informed of significant improvements and learning throughout the process.
6.3	MW asked about success measures in relation to the new mental health phoneline. ASn confirmed review group in place, with benefits mapped and fully considered. **The Board noted the Chief Executives Report.**
7	**Safety and Quality – contemporary matters including:** • **Board to Floor** • **Freedom to Speak Up**
7.1	There were no contemporary matters to raise for Board to Floor or Freedom to Speak Up.
8	**2023/24 Financial Plan**
8.1	NB presented the report and informed of planning to deliver £2.2m deficit in the financial year. Ambiguity regarding final documentation and closure of the planning process was explained, however NB confirmed focus on delivery of the plan. It was noted that through the Trusts planning process, all decisions had received scrutiny by clinical colleagues to mitigate any negative impacts on quality or access, with QIA style discussions completed.
8.2	NB reflected on challenging plan established in terms of efficiencies required and ambitious 5% CIP target. The Board were informed of savings targets set across the Integrated Care System (ICS) and current effort/monitoring as a Trust to develop. NB briefed on areas of opportunity identified, with variable levels of development included within planning. Continued work was confirmed, and NB acknowledged expectation for some services to remain static/see deteriorations (as listed within the key operating conditions). The Board were assured of focus on quality and access, with careful planning held with services. Areas of challenge were highlighted, including capacity to change service models and removal of surge capacity. Early discussions and monitoring was emphasised.
8.3	NB shared the financial plan on a page, to highlight service income against expenditure and consider how these were operating. Full operational planning and review via the Clinical Executive Group was noted, to consider reprioritisations as required.
8.4	The Board were informed of expectations in relation to workforce and inclusion of targeted investments for sustainable workforce within the financial plan for 2023/24.
8.5	VA asked about risks in relation to increase in Children's Service waiting lists, due to lack of investment. NB emphasised thorough review from a quality/harm perspective and confirmed holistic impact, as opposed to clinical harm impact. ASn reflected on systemic issues and acknowledged work within services to plan against financial challenges. AA further assured of review from a quality perspective, with QIA process completed and full monitoring of impacts being undertaken via the Quality Improvement and Risk Group. DB commented on the high level of visibility as a Board and work to make risk-based decisions, given financial constraints. Importance of ensuring triangulation with the ICS was highlighted and ensuring robust processes for escalation emphasised.

8.6	GK requested clarity on whole time equivalent (WTE) plan to minimise reliance on high-cost agency workforce and to invest into the substantive workforce. NB commented on planning towards new service provision, including consideration of reductive efficiencies and capacity growth within services. Complexities were explained and NB briefed on interdepartmental working, with improved insights into data using the Olleo system. SF commented on successful permanent hires taking place despite financial pressures and continued challenges.
8.7	**The Board:** • **Approved the 23/24 plan to deliver a £2.2m deficit, recognising the high risk of contractual terms restoration** • **Noted the scale and risk of the efficiency programme within the plan**
9	**Integrated Performance Report**
9.1	ASn presented key highlights from the report. • An increase in incident reporting was explained and continued monitoring assured, with expected decrease confirmed. • The Board were briefed on high occupancy rates within community wards with a high special cause variation for bed occupancy, reflecting the rates being consistently above the 92% internal target. Continued support being provided within the system was explained. • Increase length of stay on the Maples Ward was highlighted. Significant medical staffing challenges on Orchards Ward was noted and close working with the leadership team confirmed. Considerations of ensuring robust models and early collaboration with Southern Health was shared. • The Board were informed of baseline changes to the Elective Recovery Framework and financial risks were explained. Review together with ICB colleagues was confirmed. • ASn reported fragility within the Primary Care Service medical workforce, due to a number of resignations. Robust planning and effect on locum/agency spend was highlighted. • An increase in long term absence cases was shared. Strong wellbeing offer was noted, however it was acknowledged that there was an increase in long term conditions, potentially attributed to Covid-19.
9.2	NB asked about engagement with commissioners regarding workforce/support in practice. ASn commented on importance of understanding internal issues in the first instance.
9.3	The Board commended the work of the Research and Improvement team and noted that the Trust retains its position as the most research active Care Trust in the National Institute for Health Research annual league tables.
9.4	There were no items to report in terms of the Systems Oversight Framework.
9.5	NHS Provider Licence- Self Declaration The new requirement was explained, with focus on ensuring inclusive of system and collaborative working. It was confirmed that a report had been submitted to the Remuneration and Nominations Committee prior to Board oversight. The declaration was signed by the Chair and CEO. **The Integrated Performance Report was noted.**

10	**Annual Review of Strategic Objectives**
10.1	DJ presented the report and explained the objectives and delivery commitments progressed/achieved, in line with strategic priorities, during 2022/23. Improvements were highlighted and commended. **The Board noted the Annual Review of Strategic Objectives.**
11	**Safe Staffing – Quarter 4 Report**
11.1	Following oversight by the Quality Assurance Committee, it was reported that despite challenges, safe staffing levels had been maintained across the Trust. Continued review of inpatient establishments were noted.
11.2	MW commented on planning and considerations as optimum/safe staffing. AA highlighted triangulation of data and assured of safe staffing practices identified.
11.3	VA reflected on use of language in relation to acuity increase and potential effects on establishment of skill mix. AA confirmed that there was no supporting evidence to demonstrate this and shared usefulness of benchmarking and new tool introduced. **The Safe Staffing Q4 Report was noted.**
12	**Information Governance (IG) Annual Report**
12.1	SB provided an overview of the annual report. • It was confirmed that the IG toolkit had increased the number of requirements, with those rated as 'amber' in the final stages of completion. • The Board were informed that toolkit compliance was expected by the end of June 2023. • SB acknowledged hard work of the IG Team to ensure compliance was maintained, despite depleted workforce. • An overview of IG incidents was provided. • Planning to commence implementation of the Information Management & Cyber Security Strategy was shared. • It was confirmed the role of Cyber Security Manager had been appointed to.
12.2	MW queried risk in relation to the Message Exchange for Social Care and Health (MESH). SB emphasised requirements to ensure legal compliance and shared strong mitigations in place. Close working with Exponential E, Atos and the Trust Performance/BI team was noted.
12.3	VA asked about assurance regarding incidents involving Patient Identifiable Data (PID) and human error aspects, including PID sent to the wrong people. SB informed of service engagement undertaken and continued work to identify improvements, specifically deep dives and use of auto populate functions.
12.4	Regarding the case submitted to the ICO, AA queried processes for registrants prior to this stage. SB confirmed clear procedures and that the case had been closed, with full support provided to the patient.
12.5	GK queried structure for Board review of Cyber Security. SB informed of previous review via the Confidential Board and agreed to share further information, particularly in relation to the Cyber Security Dashboard, using this route.
12.6	AS commented on the usefulness of understanding comparative data and asked about work aligned to Project Fusion. SB confirmed close working with Southern Health colleagues and consideration of service alignment.

	AS queried potential Board support required and SB highlighted support required in terms of Cyber Security.
12.7	SB shared formal thanks to GK for participating in the Cyber Security Manager interviews/appointment process. **The Information Governance (IG) Annual Report was noted.**
13	**EDS Action Planning Update**
13.1	AR provided an overview of the report, following presentation at the People Committee. Stakeholder involvement was highlighted, and robust consultation emphasised. Strong work on evidence, data, worked examples and case studies were explained. AR briefed on planning to ensure delivery of actions and consider engagement with service lines in relation to service provision.
13.2	RG queried consideration of Alongside Communities to identify quantifiable data and AR confirmed continued work with the Community Engagement Team.
13.3	RG commented on the need for equal focus on mental health and physical health conditions. AR agreed further work required and the importance of ensuring full support to staff.
13.4	AR reflected on further work in terms of EIA and the difference this area can make. Review of partner organisations and ensuring embedded across the Trust was highlighted. Regular discussions as part of the PRM process were confirmed. **The Board:** • **Noted assurance that the EDS reporting was completed in a robust and appropriate way** • **Approved the scoring applied** • **Approved the action plan for 2023/24** *AR left the meeting.*
14	**Annual Review of Board of Directors Terms of Reference**
14.1	RG presented the Terms of Reference for annual approval and noted changes that will take effect with Project Fusion, when subsumed into one Foundation Trust Constitution. VA asked about considerations of an additional Solent Non-Executive. RG confirmed ability to hold vacant seats as long as quorum was in place, however acknowledged current pressure on reduced number of Non-Executives. Reconsideration of discretionary roles was noted. **The Board approved the Terms of Reference.**
15	**People Committee**
15.1	MW shared the exception report. • Ongoing work in relation to the workforce dashboard was highlighted. • Planning for in depth review of workforce growth and turnover was reported.
16	**Mental Health Act Scrutiny Committee**
16.1	There was no meeting held to report.
17	**Audit & Risk Committee**
17.1	There was no meeting held to report.

18	**Quality Assurance Committee**
18.1	VA shared key highlights from the Committee.
	• Concerns regarding Freedom to Speak Up capacity was reported. It was confirmed that executive discussions were taking place, including consideration of training facilitation and capacity for guardians, despite demands.
	• VA noted excellent standard of annual reports received.
	• Consideration of Committee improvements were highlighted, particularly regarding membership and transition period for Project Fusion.
	• The Research and Development Annual Report was noted.
19	**Non-Confidential update from Finance & Infrastructure Committee**
19.1	There were no non-confidential matters to raise.
20	**Charitable Funds Committee**
20.1	GK presented the escalations from the Committee.
	• GK informed of attendance from colleagues at Southern Health and commented on positive collaboration agreement in principle, including consideration of common resource.
	• RGs hard work for the charity during her time with the Trust was acknowledged and formal thanks noted.
	• GK encouraged all Board members to attend the Charity Lunch being held on 7 June (also being attended by Southern Health).
21	**Remuneration and Nominations Committee**
21.1	There were no matters to report.
Any other business	
22	**Any other business and reflections including:**
	• *lessons learnt and living our values*
	• *matters for cascade and/or escalation to other board committees*
22.1	VA reflected on emotive and powerful Patient Story and Staff Story presented. AS agreed and commented on the need for accountability and reassurance of active listening and actions being taken from experiences shared.
22.2	The date of the next meeting was confirmed as follows:
	• Monday 8 August 2023
	No other business was discussed and the meeting was closed.
23	**Close and move to Confidential meeting**

Board and Committee Summary Report

Title of Paper	Board to Floor Visits - 6-Monthly update report covering Quarters 3 and 4, 2022/23
Date of paper	
Presentation to	In Public Board Meeting
Item No.	7
Author(s)	Kirsty Smith, Quality and Safety Officer Pauline Jeffrey, Head of Quality and Safety
Executive Sponsor	Angela Anderson, Chief of Nursing and Allied Health Professions
Executive Summary	This paper provides a brief overview of the 12 Board to Floor visits completed in the period October 2022 – March 2023. A summary of the themes of staff discussion with and feedback to visiting Trust Board member is also provided.

Action Required	For decision?	N	For assurance?	Y

Summary of Recommendations	The Trust Board is asked to note this paper for information and assurance.

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

Positive / negative inequalities	It is anticipated that a systematic approach to Board member visits to frontline services may help identify potential areas of inequalities, and inform positive improvement actions

Previously considered at	Not applicable, first presentation to Board

	Great Care		Great Place to Work		Great Value for Money	
Strategic Priority this paper relates to	1. Safe effective services	X	8. Looking after our people	X	12.Digital transformation	
	2. Alongside Communities		9.Belonging to the NHS		13. A greener NHS	
	3. Outcomes that matter	X	10. New ways of working		14. Supportive Environments	
	4. Life-course approach		11. Growing for the future		15. Partnership and added value	
	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	Sigificant		Sufficient	X	Limited		None	
Assurance Level								
Executive Sponsor Signature	*[signature]* Angela Anderson, Chief of Nursing & AHPs							

1.0 Purpose

This paper provides a brief overview of the Board to Floor visits undertaken, during Quarter 3 and Quarter 4 2022/23 (October 2022 – March 2023).

2.0 Background

Board to Floor visits provides an opportunity for frontline staff across services to speak directly with Board members. These sessions have been established within the Trust for more than two years and have continued to present a great face to face opportunity for staff members to discuss the areas in which they work with visiting members of the Trust Board.

3.0 Visits in Q3 and Q4 2022/23

During Q3 and Q4 2022/23, 12 Board member visits to six of the seven service lines were completed (See Table below).

Service Line	Date of visit	Location and Team visited
Adults Mental Health	22/11/2022	CRHT
	28/11/2022	Brooker Ward
	07/12/2022	Maples Ward & 136 Suite
	08/03/2023	Talking Change
Adults Portsmouth	01/12/2022	Home Oxygen
Adults Southampton	11/10/2022	Fanshawe Ward
	03/11/2022	Cardiac Services
	17/03/2023	Kite Ward
Child and Family	10/11/2022	CCN Adelaide
Primary Care	06/10/2022	Nicholstown GP Surgery
Sexual Health	14/10/2022	Andover
	08/11/2022	Royal South Hants
Specialist Dental	None carried out in this period.	

During a period of increased Covid-19 infection rates in January 2023, it was decided that all on-site visits be suspended until the clinical pressures on all Service Lines had reduced; face to face visits recommenced in March 2023.

4.0 Themes of staff feedback during visit

After each visit, the visiting Board member provides a summary of points and issues raised or discussed with them by staff during the visit. The following theme were noted from visits that occurred during Q3/4 2022/23:

Positive themes highlighted by staff were that
- they enjoy working in and take pride in their team
- they feel that they work in a supportive team (including Senior Leadership Team)
- they feel there is good multi-disciplinary team working
- there is good communication in the team
- Staff well-being is good

Areas of concerns highlighted for further discussion were primarily focused on the following:
- Tired estate/lack of space/inappropriate space
- Recruitment and Staffing
- Parking issues
- IT issues on host sites
- Access to IT (including for new starters, mobiles, laptops)

The Board member summary following each visit is shared with senior managers responsible for the area visited for appropriate consideration of points to explore further.

5.0   Conclusion

These visits continue to provide welcome opportunities for Solent NHS Trust staff and board members to have direct open conversations. They have provided and continue to provide opportunities for the Board to be closer and visible to frontline staff members, while offering opportunity to celebrate innovation and good practice as well as discuss the challenges that services face.

The Board is asked to note this report.

Board and Committee Summary Report

Title of Paper	Quarter 4 2022/23 Patient Safety Quarterly Report and Annual Report
Date of paper	2nd June 2023
Presentation to	In-Public Board
Item No.	8
Author(s)	Quality & Governance Team
Executive Sponsor	Angela Anderson – Chief of Nursing and Allied Health Professionals
Executive Summary	• Implementation of the Patient Safety Strategy has been a key area of work for the team with improvements being delivered. • Incident numbers continue to increase steadily but this isn't translating into harm to patients. This provides evidence of a strong reporting culture. • Medication Incidents and Pressure Ulcers remain the most reported incident causes, but HR & Staffing has increased significantly. • Staff support through the RIPPLE model, Safety Chats and training remains a priority. • The Quality Data Library is transforming our use of data. • Quality Evidence Meetings allow us to triangulate information from incidents, risks, complaints and safer staffing.

Action Required	For decision?	N	For assurance?	Y

Summary of Recommendations	The In-Public Board is asked to: • Note the report

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

Previously considered at	N/A

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	
	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)*	Sigificant		Sufficient	X	Limited		None	

Assurance Level	Concerning the overall level of assurance the Im-Public Board 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	*Angela M Anderson*

"ULTIMATELY, BY FAR THE GREATEST BENEFIT TO PATIENT SAFETY WILL BE ACHIEVED BY INCREASING THE SKILLS AND KNOWLEDGE OF THE MANY RATHER THAN PENALISING THE VERY FEW."

DON BERWICK, 2013.

Patient Safety Annual Report

2022/23

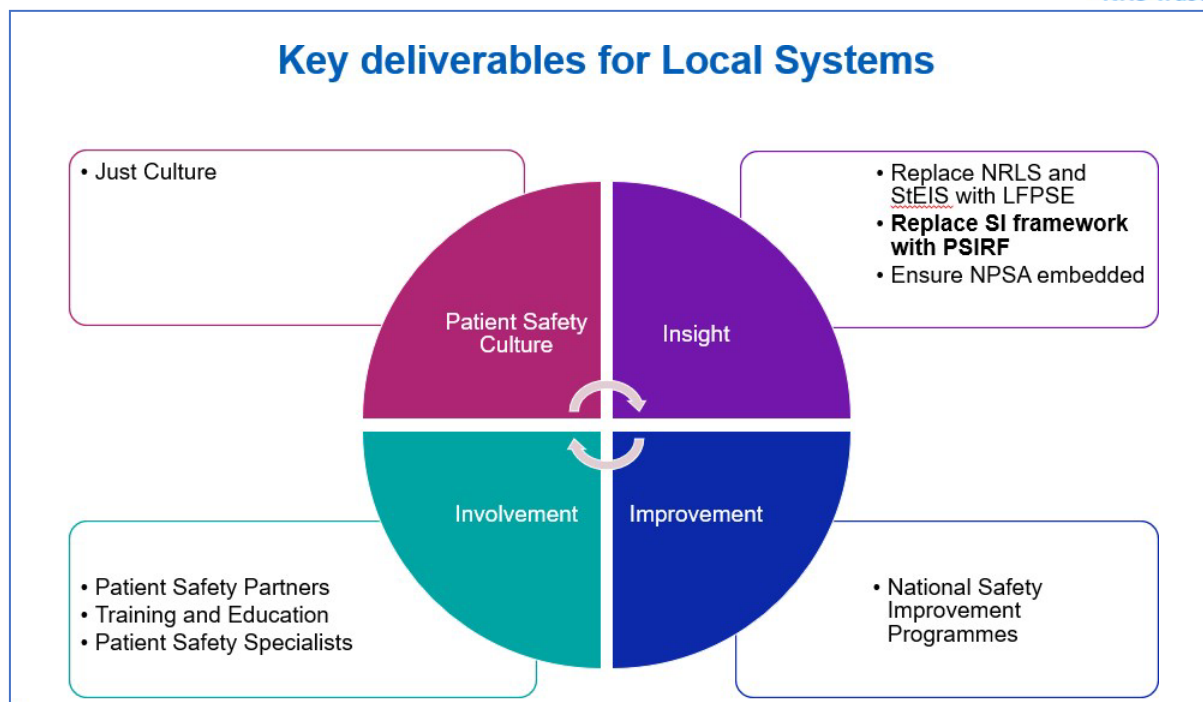**Quality & Governance Team**

Introduction

The publication of the Patient Safety Strategy in 2019 provided clear direction for improving patient safety across the NHS. Despite delays in delivery of the strategy due to the Covid-19 pandemic, progress has been made towards achieving the ambitions set out in the Strategy. The purpose of the strategy as defined in the document is "to improve safety by recognising that to make progress, we must significantly improve the way we learn, treat staff and involve patients."

The Patient Safety Strategy sets out three strategic aims underpinned by two foundations: **Patient Safety Culture and Patient Safety Systems.**
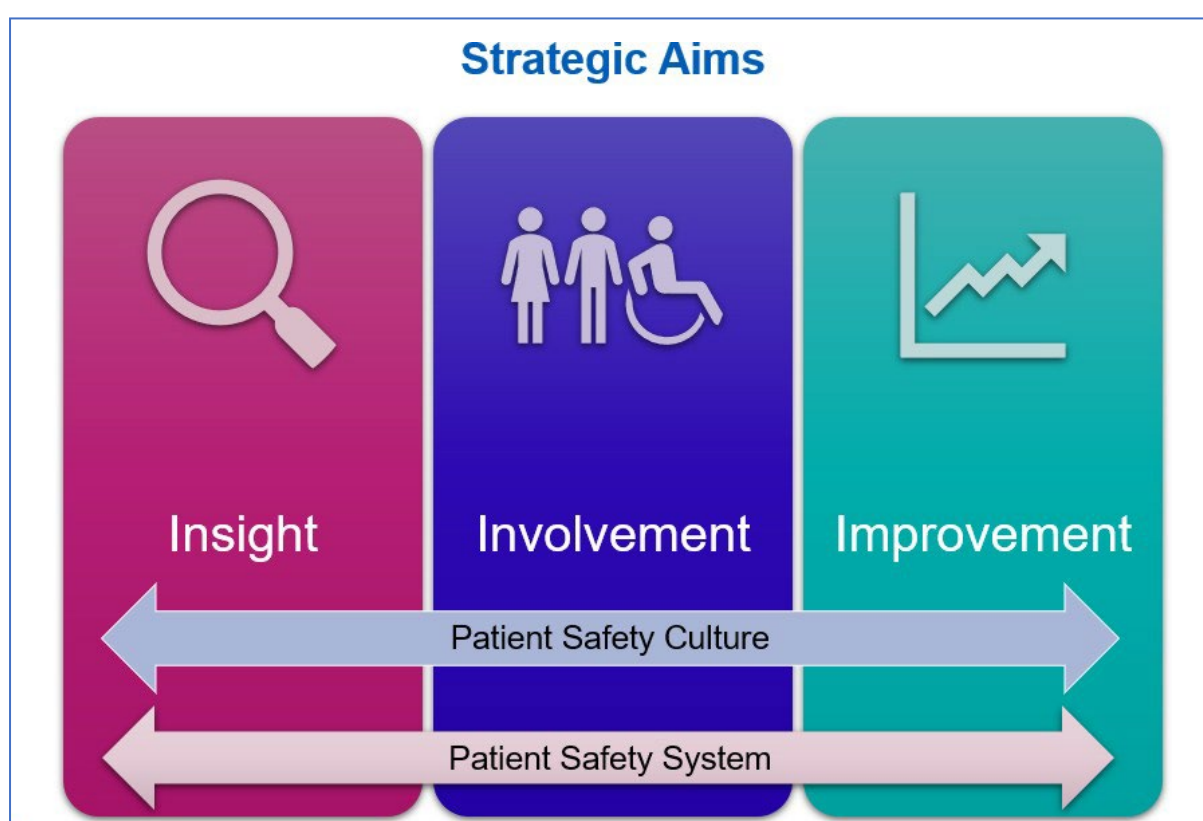
The aims, '**Insight, Involvement and Improvement'**, provide the key areas for delivery of patient safety improvement, Nationally, regionally, and locally, and have driven the operational work programmes of the Quality and Governance Team over the year 2022/23. In addition to this we have maintained a clear focus on developing and maintaining a strong safety culture across the organisation in line with the foundation of '**Patient Safety Culture'**.

Key deliverables for Local Systems

- Just Culture

- Replace NRLS and StEIS with LFPSE
- **Replace SI framework with PSIRF**
- Ensure NPSA embedded

Patient Safety Culture | Insight

Involvement | Improvement

- Patient Safety Partners
- Training and Education
- Patient Safety Specialists

- National Safety Improvement Programmes

This annual report provides an overview of quality information and evidence over the year, progress made towards delivering the requirements of the strategy, and an overview of our plans to achieve the ambitions outlined in the strategy over the coming year.

OUR VISION

The Solent HEART values are at the foundation of the work of the Quality and Governance Team as articulated in the Clinical Framework and Quality Account, and we aim to promote and instil the values into all aspects of what we do. The team are committed to improving the patient safety culture across Solent and supporting a culture of belonging, inclusion, and learning. The team apply an approach of 4 lenses when developing any quality improvements, these are;

- How do we make it easier for our staff to do the right thing every time for our patients?
- Involving our community and patients in all aspects of what we do
- Reflecting a strong safety Culture and our Trust values
- Supporting our team members over the coming months and years and develop their talents

The vision of the Quality and Governance Team is for all staff to feel safe to report incidents without fear of blame, for a true 'Just Culture' to be embedded throughout the organisation, for incidents to be investigated robustly and with the inclusion of all affected and for learning from all incidents and deaths to be established, acted upon and shared widely to improve patient safety.

Our values are:

Honesty   Everyone counts   Accountable   Respectful   Teamwork

Insight and evidence

INTRODUCTION

'Insight' work aims to improve understanding of safety across the whole system by drawing intelligence from multiple sources of patient safety information.

INCIDENT DATA

The Quality and Governance Team continuously monitor incident data for themes and trends. *Figure 1* shows the numbers of incidents reported by month from April 2019.
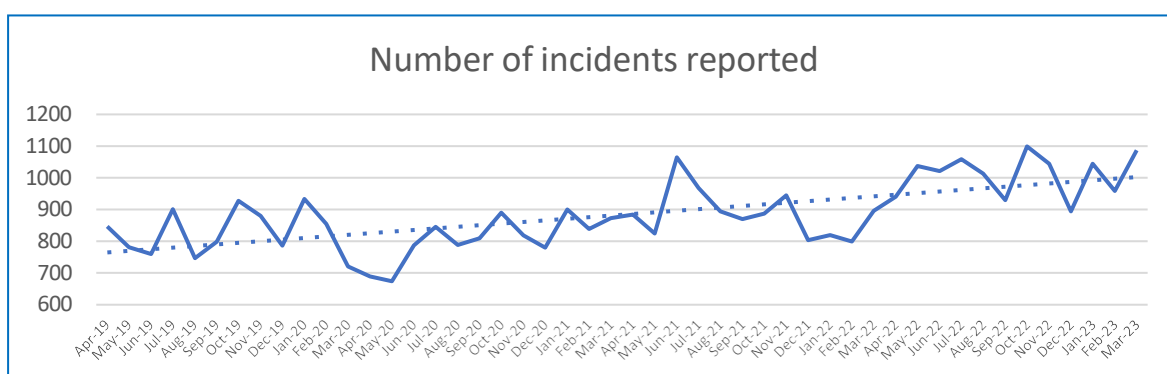

Number of incidents reported

Figure 1

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 predominantly by more incident reporting of No Harm or Near Miss events and is not indicative of a significant increase in instances of patient harm. *Figure 2* provides a breakdown. However, work has been undertaken to review the way in which Harm is attributed to an incident. Please refer to the section on LEVELS OF HARM for more information.

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

Figure 3 below uses the Trust approved SPC calculation and data warehouse activity information and shows that the number of incidents reported per 1,000 patient contacts has exceeded the upper control limit 5 times in the last 12 months. While higher reporting numbers per 1,000 contacts is noted, this has not translated to higher reporting of harm, it therefore provides additional

reassurance that staff members continue to report all types of incidents, irrespective of harm, and that the organisation continues to have a positive safety reporting culture.
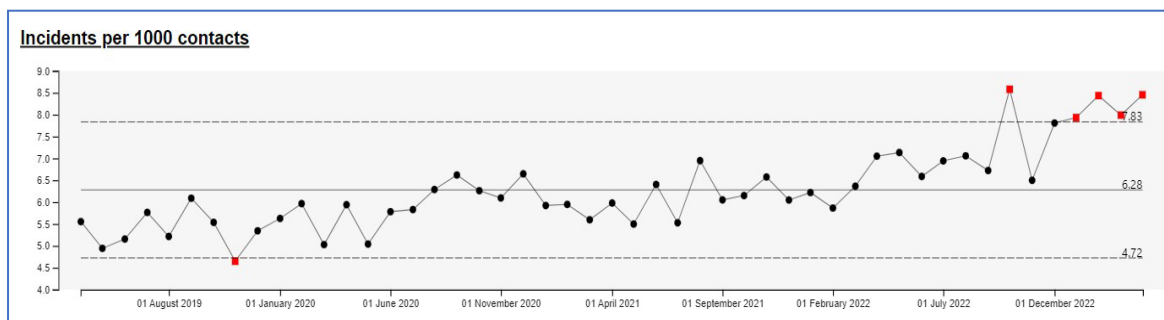

Figure 3

LEVELS OF HARM

A review of the way the extent of harm is determined and then recorded when reporting incidents has been undertaken and aligned to the guidance provided by NHS England as part of the Learn from Patient Safety Events (LFPSE) project. The LFPSE service is a new national NHS service for the recording and analysis of patient safety events that occur in healthcare replacing the National Reporting and Learning System (NRLS) and eventually the Strategic Executive Information System (StEIS).

Following this review of internal guidance, the grading of harm in incident reporting is now judged on the impact to the individual concerned and a new category has been introduced to include incidents reporting the death (expected or unexpected) of a patient. As the outcome of the review has become embedded, we are starting to see an anticipated increase in the number of incidents graded as Low Harm or above as shown in *Figure 4* below.
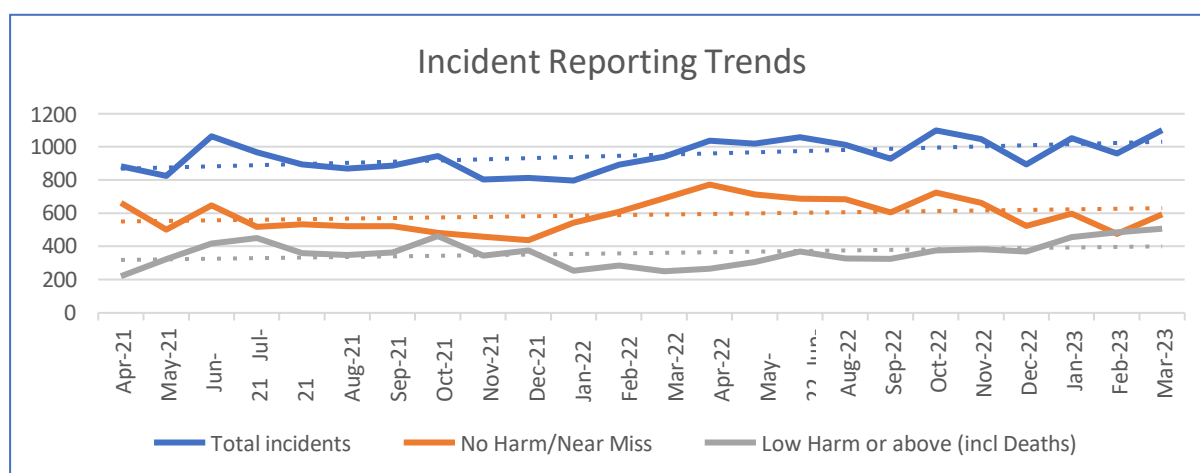

Figure 4

A key aspect of this review is to give responsibility for grading harm to staff who are reporting and reviewing incidents instead of previous practice where the Quality and Governance team grades each incident. From Monday 3rd April 2023, staff reporting an incident will be required to input the level of harm they judge the incident being reported has caused. Reviewers will then make a

secondary assessment to determine the Actual Impact. The Quality and Governance Team have provided extensive documentary guidance along with ongoing training during quarter 4 of 2022/23 in preparation for this change. The Team will also monitor the harm levels used and will routinely validate entries to ensure consistency.

CAUSE GROUPS

Analysis of incidents shows that Medication Incident/Error and Pressure Ulcer related incidents remain the largest cause groups for all incidents.
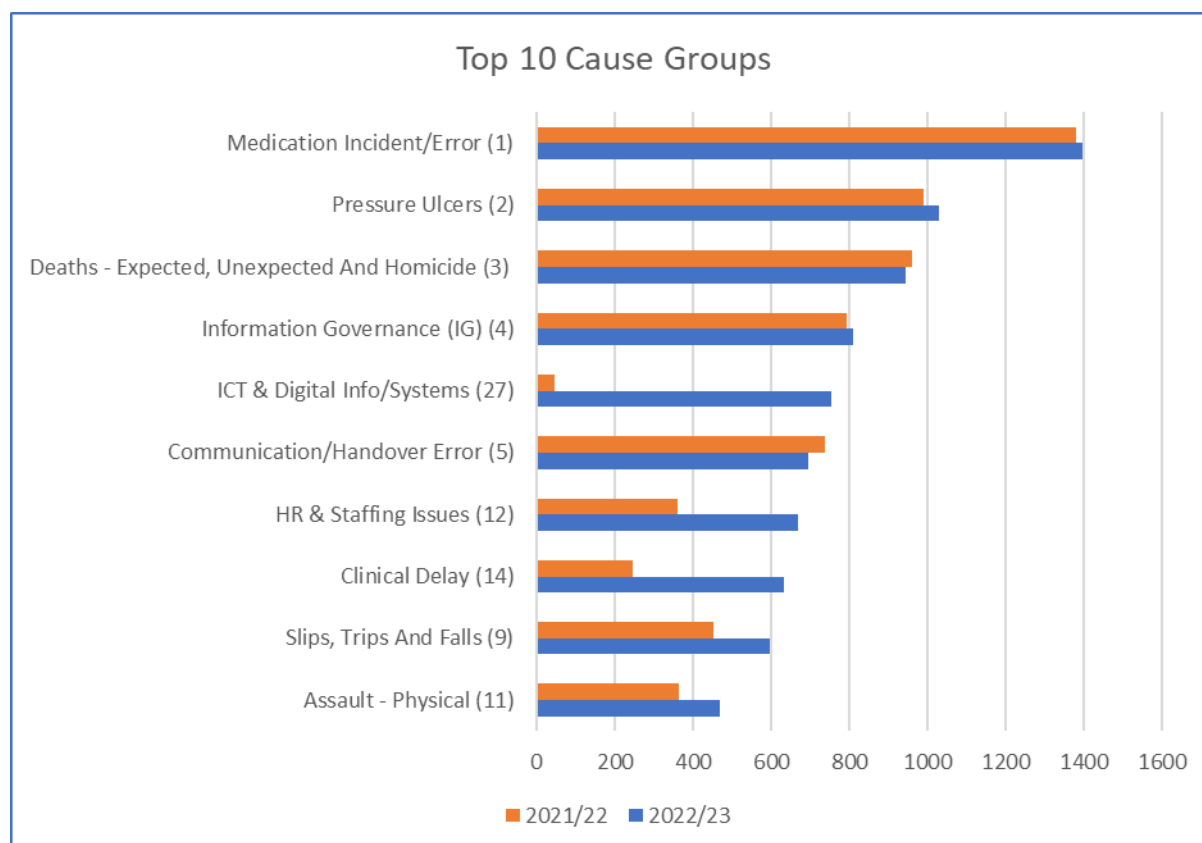

Figure 5[1]

There has been a 1.2% increase in the number of Medication Incidents/Errors reported in 2022/23 compared to the previous year. However, since the introduction of Electronic Prescribing and Medicines Administration (EPMA) in our in-patient units, we have seen a significant reduction in the number of incidents occurring, as shown in *Figure 6* below. EPMA is still to be introduced in Jubilee Unit and more widely across the Trust, but we anticipate a reduction in other areas as it is rolled out.

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[1] T*he figures in brackets refer to the Cause Groups ranking in 2021/22.*

ICT & Digital Info/Systems was a new Cause Group created in March 2022. These incidents were previously captured under Equipment – Non-Medical.
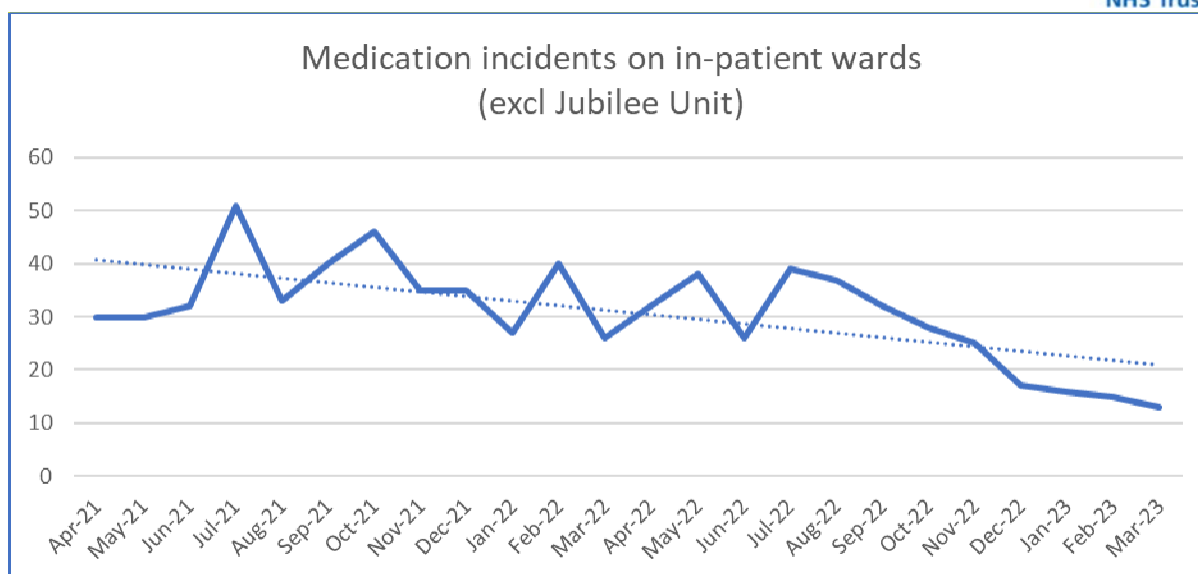
Figure 6

In 2022/23 there were 4% more Pressure Ulcer (PU) incidents reported across the Trust than in 2021/22. A review was carried out by the Interim Head of Quality and Professions for Adult Services Portsmouth which identified that the number of PU's has remained constant between April 2020 and September 2022 with 98.3% reported by Adult Services Portsmouth and Adult Services Southampton.

However, Adult Services Southampton had seen a steady reduction over this period whilst Adult Services Portsmouth were showing a steady increase. The review also highlighted that the level of harm was not being linked to the impact on the individual patient and contributory factors were not being consistently recorded.

A number of recommendations were identified including a more thorough analysis of the difference between the two services, a review of the way impact to the patient is assessed (please refer to the section on LEVELS OF HARM), the establishment of a process for gathering and reviewing the contributory factors identified at PU Panel and tracking of actions resulting from PU Panel. It is also recognised that the Panel will be impacted by the introduction of the PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK (PSIRF).

HR & Staffing Issues is now the seventh most reported Cause Group with 85.9% more incidents reported in 2022/23 compared with 2021/22.

The Quality and Governance Team have been monitoring these incidents on a weekly basis and tracking the overall numbers reported (see *Figure 7* below). These figures are shared on a weekly basis with the executive team to ensure clear oversight of staffing related incidents. No clear trends have been identified but it is clear from the narrative within incident reports that staff feel under pressure due to actual or perceived low staffing levels. We have paid particular attention to this during the recent periods of industrial action but have not identified any incidents relating directly to the strikes and there has been no harm to patients or staff linked to the action.

Figure 7

This information has formed a central theme for discussion at recent QUALITY EVIDENCE MEETINGS where we triangulate with entries on the Risk Register, Safer Staffing and Complaints. Any areas of concern are then escalated to Quality Improvement and Risk Group although we acknowledge any potential improvements need to be considered alongside Project Fusion.

An increase in the number of Slips, Trips & Falls reported on the Jubilee Unit was noted in December, from an average of 3 incidents per month to 17 in October and 19 in November. Two formal complaints as a result of patients experiencing a fall were also received.

Adult Services Portsmouth confirmed that the increase in falls coincided with the move from Jubilee House in Cosham to the Southsea Unit. This move resulted in an increase in the number of beds, a change in the type of patient being cared for and a change in the environment for staff to adapt to. Mel Chawner, Solent Falls Lead, has undertaken a thematic review with recommendations expected in April 2023. However, early indications are that the immediate actions taken have led to a reduction in the number of falls.

SERIOUS INCIDENTS

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.

The Team has worked with Services throughout the year to find the most effective methods of sharing learning from Serious and High-Risk Incident Investigations. This has included presentations at the Learning from Incidents and Deaths panel, the creation of learning posters and discussion at the Safety Excellence and Improvement Forum. A selection of the posters and presentations can be seen in APPENDIX 2.

This year has also seen the first Serious Incident Investigations completed using the Systems Engineering Initiative for Patient Safety (SEIPS) Model which will become the new method of review

as the Trust implements our **PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK (PSIRF)**. This model has necessitated extensive training for the Team with more planned for 2023/24.

NOTIFIABLE SAFETY INCIDENTS

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.

The outcome of the survey and any resulting actions will be a focus for the Team in Q1 of 2023/24.

NEVER EVENTS

Over the last year, no incidents have occurred which met the criteria of a Never Event under the Never Events Policy and Framework compared to 2 in 2021/22.

LEARNING FROM DEATHS (LfD)

The Learning from Deaths process adopted by the Trust continues to develop and we are continually looking at new ways to share the learning across all areas of the Trust.

The Trust's Learning from Deaths policy was due for review in 2022/23. However, in light of Project Fusion, we have commenced work with Southern Health Foundation Trust and the Isle of Wight Trust to begin to align our policies and processes and share best practice to drive improvements.

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)

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 8.*
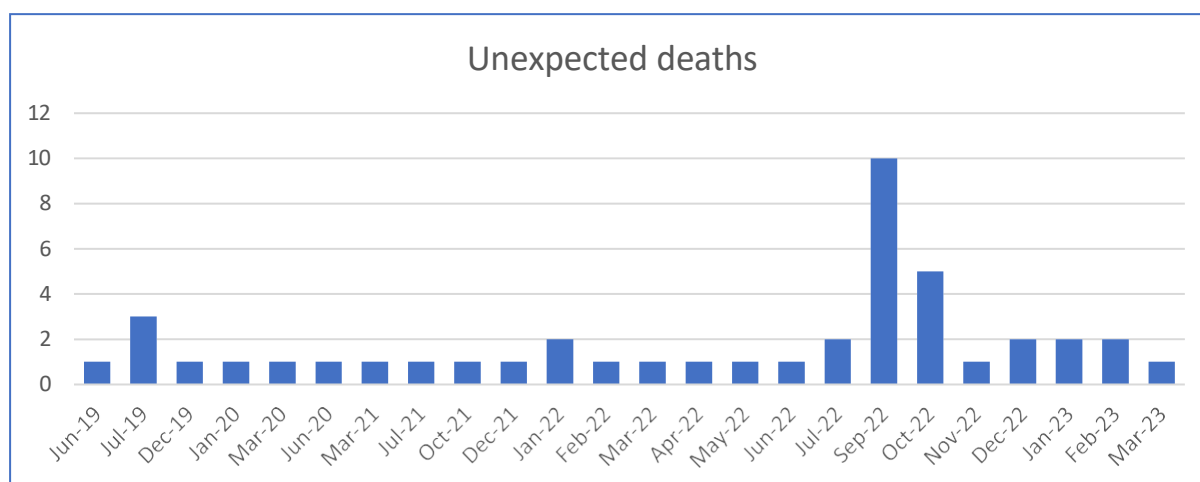

Figure 8 - Unexpected deaths in the Assessment to Intervention (A2i), Crisis and Resolution Home Treatment (CRHT) & Recovery Teams

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 and Governance Team will continue to publicise THE RIPPLE MODEL, along with other support available to staff, when dealing with challenging or traumatic events.

A summary of the learning we have identified by undertaking reviews of deaths, and the subsequent actions taken, can be found in APPENDIX 3.

MEDICAL EXAMINER

We adopted this process early in June 2022 by collaborating with GP's and Acute care providers. Medical Examiners are senior doctors who work in all specialties (including GPs) who provide independent scrutiny of non-coronial deaths. The government announced its intention to work towards commencing implementation plans for the statutory Medical Examiner System from April 2023.

LEARN FROM PATIENT SAFETY EVENTS

We remain on target to implement Learn from Patient Safety Events (LFPSE) that replaces the National Reporting and Learning System ahead of the national deadline of 30th September 2023. We have been working with services and the national team to support a live date of 3rd July 2023. The forthcoming changes have been communicated to staff in a variety of ways and is included in the Incident Reporters and Reviewers training. Staff will see some changes when they report an incident, mainly to assigning the level of harm and now can record psychological harm.

PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK (PSIRF)

The **PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK (PSIRF)** has a national implementation deadline of Autumn 2023 and replaces the Serious Incidents Framework. Since the release of PSIRF, we have been engaging with colleagues from Southern Health Foundation Trust, Isle of Wight Trust and The Sussex Partnership Trust to align our processes ready for the launch of the new Organisation on 1st April 2024.

Our Incident Investigators have been undertaking system-based training as PSIRF moves away from a root cause analysis approach to investigation and those that completed during March 2023 have started to use the system-based approach in their investigations, using the national Patient Safety Incident Investigation template. It is anticipated that the voice of the patient and the staff will be stronger in this type of investigation.

The Patient Safety Specialist, Operational Lead is leading on the implementation of PSIRF, with executive oversight from the Chief of Nursing and Allied Health Professionals. An implementation plan has been developed to meet our trajectory for implementation in October 2023.

NATIONAL PATIENT SAFETY ALERTS

During the contractual renewal process for Ulysses, the online risk management system, the 'Alerts' module was purchased and is due for implementation in Q3 2023/24. This will change the process from being part manual to fully automated and provide increased Governance around the sharing and implementation of Patient Safety Alerts.

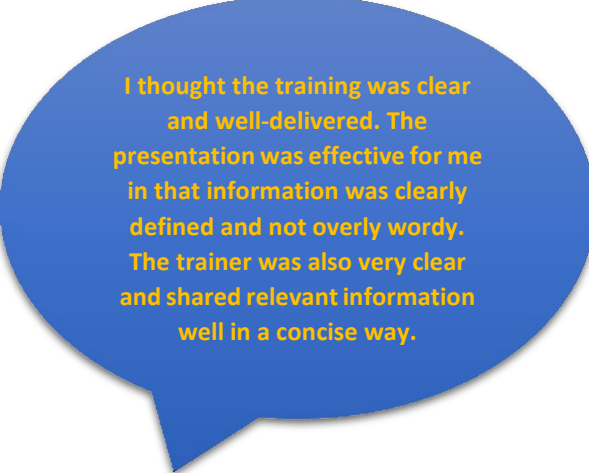# *Involvement*

INTRODUCTION

'Involvement' work aims to ensure that patients, staff and our partners have the skills and opportunities to improve patient safety.

TRAINING

In 2022/23 the Quality and Governance Team have provided various training sessions across the Trust. There have been 30 sessions, totalling 50 hours, delivered to 204 staff covering Incident Reporting and Reviewing. Positive feedback has been received about the training content and delivery – see below for some staff comments:
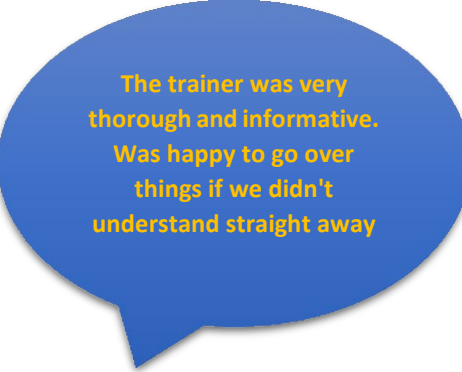
The training was very informative, it has given me much more confidence when submitting incidents. Thank you!

I thought the training was clear and well-delivered. The presentation was effective for me in that information was clearly defined and not overly wordy. The trainer was also very clear and shared relevant information well in a concise way.

Presenter was friendly. Delivery of training was well paced for me. Thank you

Thank you so much - very friendly manner, and easy to access/understand

The trainer was very thorough and informative. Was happy to go over things if we didn't understand straight away

The team also run a session as part of the Trust Preceptorship programme for new registrants. The day covers responding to incidents, Duty of Candour, the Patient Safety Strategy, and an afternoon session which combines Psychological Safety, Kindness, Civility and Just Culture. Four sessions have

been run this year with more planned for future cohorts. Feedback has been positive, and the training well received, with attendees viewing the session as helpful and useful to their practice.

PATIENT SAFETY SYLLABUS

Our trajectory of 85% for all staff completing Level 1 Essentials of Patient Safety was surpassed and is currently 90%. The entire Trust board have completed the Level 1 for Boards and Senior Leaders along with 85% of registrants and line managers completing the Level 2 Access to Practice training. Levels 3-5 are currently being developed Nationally and we have put ourselves forward as a Trust to participate in this work.
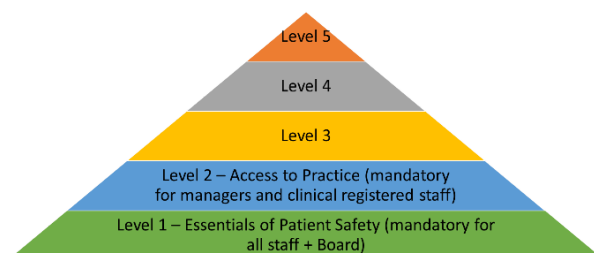
CORONER'S INQUESTS

In order to better support our staff at Coroner's inquests, a comprehensive set of inquest training materials has been added to the Trust Learning Management System, MyLearning, and is available to all staff in the Trust. This includes advice on writing statements, actual examples of statements, and a significant number of videos explaining the inquest process.

PATIENT SAFETY PARTNERS

March marked the one-year anniversary of our first Patient Safety Partner, since then a further two have joined us on our improvement journey. Supporting Mental Health Services, Child and Family Services and Primary Care our partners have challenged us to think differently during some of our safety committees and have been instrumental in developing several of the Patient Safety Strategy priorities, including how their role develops. They have been involved in sharing their experiences at conferences, in person and virtually. We are very proud of how the role is developing and are excited for the future.

Solent continue to work in partnership with NHSE as part of the Patient Safety Partner early adopter group. Our approach has generated a lot of interest from other organisations implementing the role. From 2024/25 it will be a contractual requirement for all organisations to have two Patient Safety Partners.

Improvements

INTRODUCTION

'Improvement' work aims to develop and support safety improvement programmes that prioritise the most important safety issues and employ consistent measurement and effective improvement methods.

QUALITY DATA LIBRARY

The team recently launched the Quality Data Library within Power BI. This new resource collates a wide range of reports, data, and visuals relating to incidents, complaints, service concerns, plaudits, and risks. This is a key step in introducing this data to a wider audience in a user-friendly format - democratising data and improving data literacy. This has been extremely well received by services and individuals across the Trust. The team has now identified this can be taken to the next level and reimagined as an app within Power BI and work is already underway to transform this into a user-friendly environment/ resource.

IMPROVEMENT PROGRAMMES

Solent have been engaged on the following improvement programmes.

- The deterioration programme board
- The mental health, learning disability and autism transformation programme
- Medicines optimisation

Solent are linked with the Wessex Academic Health and Science Network for all the programmes. There has been significant work undertaken in the reduction of restraint in our mental health settings. In addition, the process of the Paediatric Early Warning Score (PEWS) has been developed in UHS and will be rolled out in our community. An antimicrobial audit has been implemented in Solent.

SAFETY, EXCELLENCE, AND IMPROVEMENT FORUMS

The team in collaboration with the Academy for Research and Improvement held a second year of quarterly forums. The model slightly modified each time, with them being held at a clinical location. Feedback has been very positive however the challenges of attending for a whole day or even half a day is acknowledged, and a different approach is planned for June 2023.

QUALITY EVIDENCE MEETINGS

The implementation of monthly Quality Evidence meetings with attendance by teams within the Chief Nurse Directorate has been successful in providing a space for discussion and triangulating of risks, incidents, complaints, and fresh eyes visits. The information discussed at this meeting will help inform the new Quality Risk and Improvement Group meetings and provide oversight.
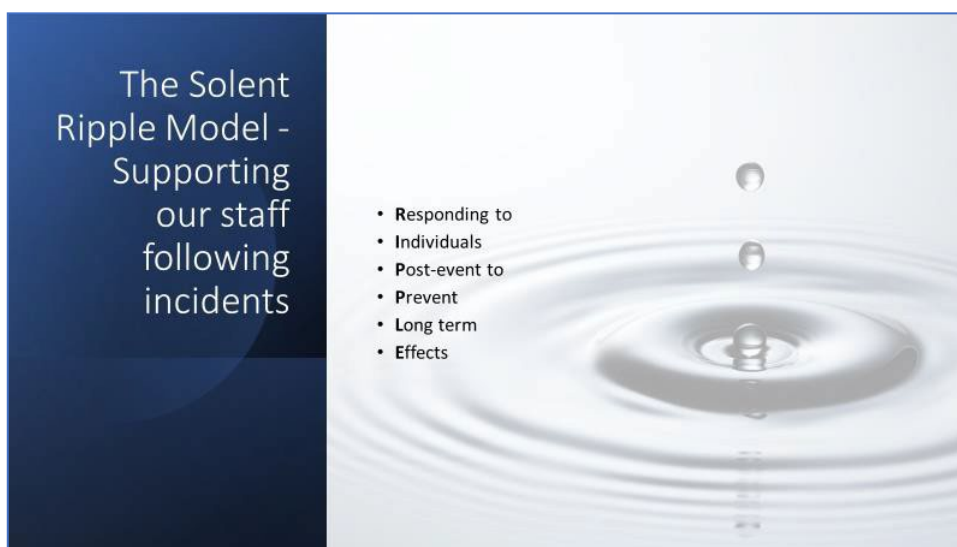
SAFETY CULTURE

A fair and just culture continues to be a high priority for the Quality and Governance team, with the ethos being on learning and supporting staff when patient safety events occur. The NHSE 'A Just Culture Guide' continues to be considered during Incident Review Meetings. The team have developed their Just Culture training to include kindness and civility and psychological safety.

The team are also involved in working alongside People Services in the development of our Dignity and Civility Strategy.

Safety Chats with teams, once facilitated by the Head of Quality and Safety, are now facilitated by the Freedom to Speak Up Guardian.

THE RIPPLE MODEL

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 and 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.

Recognition for the model has come in the form of a nomination for a Health Service Journal Patient Safety Award and as part of an overall nomination for the Trust's wellbeing offering.


Celebrating our successes

Next steps

- Solent are planning World Patient Safety Events with the theme being *'Elevate the Voice of Patients'*. Our service users will be part of the planning process.

- The implementation of **PSIRF** will continue to be a critical focus for Solent. Key stakeholders will be leading workstreams to support the actions required to ensure we are ready to launch in Autumn 2023.

- A review of the Quality Governance structure was undertaken in 2022/23 with transition to the new structure underway. This will provide opportunity for improved escalation of safety and risk issues and a clear structure for providing assurance around learning and improvement.

- A Patient Safety Partner Involvement Policy is a requirement of the NHSE Patient Safety Partner model. This has been developed in collaboration with the Community Engagement team and will be shared at the May Policy Steering Group meeting for ratification.

- Further development of the Quality Data Library will involve the creation of an app within Power BI to further improve functionality and user-experience.

Service	Description
Adult Services Portsmouth	A 95 year old patient sustained an Unstageable Pressure Ulcer to the Sacrum.
	A 104 year old palliative patient developed a wound on his spine that was initially categorised as shearing. The wound subsequently developed into an Unstageable Pressure Ulcer.
	Abnormal blood tests results for a patient receiving heart failure monitoring were not followed up which led to an admission for surgical review.
	COVID-19 outbreak.
	Missed opportunities in treatment led to the deterioration of a Pressure Ulcer for a 73 year old male patient.
	A patient's Pressure Ulcer deteriorated from a Category 2 to Unstageable resulting in them being admitted to hospital with an infection.
	Thematic review into falls on an in-patient ward.
Adult Services Southampton	A patient with head trauma did not receive the correct referral and took their own life before being seen.
	A diabetic patient required escalation for emergency treatment of a hypoglycaemic event
	An in-patient's health deteriorated rapidly, and they passed away in an ambulance after being transferred from the ward.
Mental Health Services	A detained patient absconded from the Psychiatric Intensive Care Unit.
	A patient with a diagnosis of Emotionally Unstable Personality Disorder experienced 32 incidents of self-harm in a 10 month period culminating in treatment for self-inflicted burns.
	A patient receiving both in and out-patient care is thought to have murdered his wife before taking his own life.
	A young man receiving in-patient care passed away unexpectedly whilst on the ward.
	A young man receiving community based care took his own life.
	Two days after being discharged from an in-patient ward a patient took her own life.
Sexual Health Services	A blood test labelling error resulted in a patient being given an incorrect HIV and Syphilis diagnosis.
Special Care Dental Service	An investigation identified potential harm to patient's including instances of missed dental decay, delayed referrals and incomplete notes.
	A young person had 7 teeth extracted but an eighth was missed resulting in an additional procedure under General Anaesthetic.

	A review patient notes highlighted missed opportunities to diagnose caries in one patient who now has a chronic sinus infection.
	A patient with severe oral pain was diagnosed with mouth cancer and required surgery to remove a third of their tongue
COVID-19 Vaccination and Health Inequalities	A pop-up COVID-19 vaccination clinic administered a higher than recommended dose to multiple young people.

NHS Solent NHS Trust
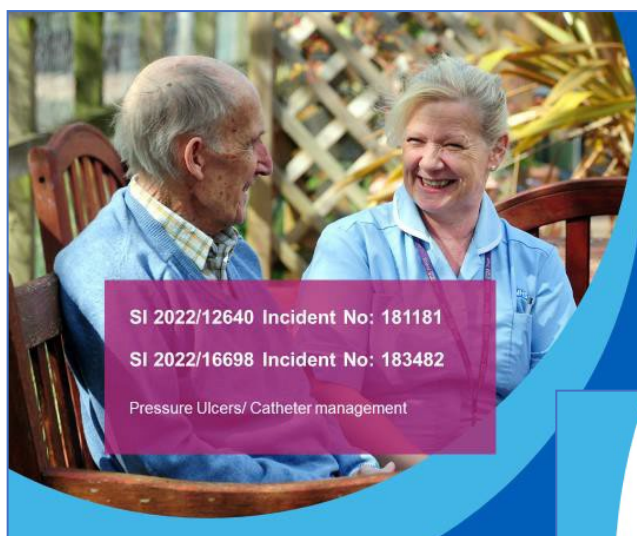
SI 2022/12640 Incident No: 181181

SI 2022/16698 Incident No: 183482

Pressure Ulcers/ Catheter management

Debbie Patten & Ariane Fitch

Clinical Matron Community Nursing & Governance Lead
Adult Services Portsmouth

1 June 2023

Background

- Both SIs originated from Portsmouth Pressure Ulcer Panel

SI 2022/16698 Incident No: 183482
- Patient 1, 104, referred to Community Nursing team for urethral catheterisation due to urinary retention
- First catheterisation usually completed by Urology at Portsmouth Hospitals University Trust (PHU)
- On this occasion it was agreed with GP that this would be carried out at home as P1 in urinary retention
- Senior Community Nurse unaware of enlarged prostate
- Catheterisation unsuccessful and caused bleeding, P1 was admitted to PHU
- Approximately 6 weeks later recatheterised by Out of Hours Team with no apparent problems
- P1 later readmitted to PHU due to passing blood and was referred to PRRT two days later due to decline in mobility
- P1's health deteriorated and he developed an unstageable pressure ulcer to his lower spine

SI 2022/12640 Incident No: 181181
- Patient 2, 95, referred to Community Nursing Team for management of open sore on back
- Wound initially identified as a moisture lesion and therefore P2 was not admitted onto the caseload
- New referral received four days later, wound now open and bleeding.
- Missed opportunities identified for Registered Nurse review which led to deterioration to an unstageable pressure ulcer

Great care at the heart of our community | 2

Similar Themes

- Accuracy of categorisation when pressure ulcer first identified

- Personalised Purpose T care plans not in place in line with Tissue Viability Policy

- Handover and SBAR (Situation, Background, Assessment, Recommendation) process not always in accordance with Handover Standard Operating Procedure (SOP)

- Continuity of record keeping

- Upload and labelling of photographic evidence

- 22%-25% vacancy rate and higher rate of sickness

Differences

2022/16698

- Ensuring patients and families are given appropriate advice around catheter care management

- Handover process between Urgent Community Response (UCR) and Community Nursing

- Identification of deteriorating patient in relation to National Early Warning Score (NEWS)

Great care at the heart of our community | 3

SPECIAL CARE DENTAL SERVICE – LESSONS LEARNT

Summary of Incident – An 11-year-old child with a history of being anxious during previous removal of teeth was referred by a GDP to have seven teeth extracted as requested by an Orthodontist. The child attended an assessment appointment a number of months later with reports of a broken tooth. At the assessment it was found that Lower Left E (LLE) was grossly carious and required removal and it was agreed to remove six other teeth while the patient was asleep. The following week the patient and his father went to the orthodontist who pointed out that one tooth, the Lower Right C (LRC) had not been extracted. Although seven teeth were removed at the GA appointment, some of these teeth did not match the original referral from the orthodontist and the Lower Right C (LRC) remained in situ, despite being requested to be extracted. A further appointment was required to remove this tooth.

What did we learn?

- Patient had seven teeth extracted, which were identified as requiring extraction at an assessment appointment where radiographs were taken to support diagnosis. These seven teeth matched the internal referral form, treatment plan and signed consent form

- When the parent alerted the service that the LRC was still in situ after an appointment at the orthodontist, the clinician apologised.

- A tooth on the orthodontic referral letter (LRC) attached to the Dental electronic Referral Service (DeRS) treatment plan by the GDP was not consented for or removed at the GA appointment- further appointment required to remove tooth. The focus of the assessment was the tooth that was broken (LLE), not the original reason for the referral to the service.

- The referral from the GDP with attached Orthodontic referral, was not looked at prior to or during the assessment.

- After the open and honest conversation with the parent, the clinician asked another member of the team to send an email to the parent documenting a conversation they were not involved in

- Draft copies of the email to the parent, with comments were uploaded to the patient record, yet when communications are sent by letter only the final version that is sent out is attached to the patient record

What are we now doing differently?

- Raising awareness of human factors and how a patient presenting with a problem can impact on the focus of the appointment

- Informing staff of the importance of reviewing the entire referral document at the assessment stage of a patient's treatment

- The person having a conversation with patient/families should document this and not delegate to others

- If the email to a patient is part of a longer email trail which is not relevant to the patient care, only the finalised version of the email sent to the patient should be uploaded to the patient record

- Record Keeping SOP updated Jan 2023, uploaded and shared with the team

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182300—Capacity to consent to informal admission

Summary of Incident

Concerns raised about patient's capacity to consent to informal admission to hospital. The patient was assessed by a CRHT practitioner who documented that she did not have capacity, however when referral was made to the AMHP team for a mental health act assessment, the referral was declined. Due to concerns about her risks, she was admitted to hospital informally. A capacity assessment on admission completed by an ACP stated that she did not have capacity, however an SHO later reviewed and believed she had capacity. Concerns about her fluctuating presentation were documented for 3 days until she was subsequently detained on a section 5(2)

What did we learn?

The documentation about her capacity from the CRHT practitioner did not evidence how they came to the decision that she lacked capacity in enough detail

The SHO did not evidence how they came to the decision that she had capacity on admission, which would contradict the capacity assessment from the ACP

The covering inpatient consultant was unfamiliar with the patient, her presentation and risks

Staff are not confident in challenging doctor's decisions relating to capacity

As her capacity appeared to fluctuate, and due to this she should have been detained earlier on a section 5(2)

What are we now doing differently?

CRHT practitioners are advised to use the Mental Capacity Assessment form to document how they evidence whether a patient has or does not have capacity

Bespoke training arranged for the Hawthorns nurses around assessing capacity and challenging doctor's decisions

Locum consultant induction and regular 1:1s with lead nurse

CRHT to use the case for a reflective practice sessions

Restarting acute care pathway meeting as a forum to raise challenges or concerns

Learning Poster

Child & Family Services

HRI 179452 – 0-19 West

Summary

Duty Health Visitor picked up a task on SystmOne (Review Child Protection Conference RCPC). When entering the records they noted that the baby had been discharged from Solent and was now a looked after child (LAC) and was now placed out of area. When reviewing the records they noted an entry from Business Support who had called the birth Mother to clarify the correct address, inadvertently disclosing the address of the foster carers to the baby's birth mother.
No pop ups or alerts indicated that there was reason to be cautious with the baby's record.

What did we learn?

- Competing demands and wanting to "help everyone" was a significant factor, meaning that when an out of ordinary situation arose, the staff member acted quickly to rectify what they saw to be the issue, without reviewing the tabbed journal or seeking advice.
- When a person's clinical records are discharged from a team or service on SystmOne, all alerts are then lost. There was a safety alert and a clear "Do not disclose address……" prior to the discharge, although not after when Business Support were filing records.
- All staff were up to date with IG training, and there was a clear process to follow although this was an unusual situation as staff were familiar with alert pop ups.

What are we now doing differently?

- Patient Systems Team have since made alterations in SystmOne across all services so that when addresses are being altered it reminds user to check tabbed journal or speak to a manager.
- Using unusual or difficult issues as points of discussion for business support team meetings.
- Reminding staff to take their time and not rush. Alerting clinical staff to the importance of concentration for business support colleagues and considering use of protected time for business support staff.
- Additional record keeping training was provided for all 0-19 staff on away days, using real examples the team come across to further raise awareness of Information Governance requirements.

Learning from PU management (172901)

Adult Services Southampton

Summary of Incident

A 86 year old lady that lived alone in her own house, and a long term patient, since 2012, of Community Nursing Team for complex needs including a indwelling urinary catheter care and long term foot and leg ulcer treatment and pressure ulcers/area care, also known to the podiatry team.

Patient had full capacity to make decisions about her care and all her care is undertaken with her full consent. She was very clear about what and how she is cared for and the decisions she makes may sometimes be contrary to nursing advice.

What did we learn?

There was no process for new pressure ulcers to be discussed at the following day's quality and safety briefing for oversight.

What are we now doing differently?

Task and finish group consisting of shift coordinators to be convened to produce a sustainable solution to this recommendation.

Introduce a system to ensure all outcomes of visits to patients at high risk of pressure damage, and those with pressure ulcers on that day, are routinely reported on (similar to diabetic patients) at the Quality and Safety briefing to ensure any deterioration in the patient's progress has oversight and discussion.

What did we learn?

Patients who decline to engage with their preventative care plan must have their decisions explored and clearly documented.

What are we now doing differently?

1. MHA and MCA Lead attending Community Nursing meetings to discuss;
a) Risk and capacity - when patients with capacity make decisions that go against medical or nursing advice.
b) Ensure EPR is being utilised to capture and reflect the breadth and complexity of risk assessment discussions with patients who have capacity, and how decisions made by the patient that do not align with identified care needs, are documented.

What did we learn?

There were discrepancies between Solent Urinary Catheter Policy and practice in community nursing.

What are we now doing differently?

Service to consider Urinary Catheter Policy Solent NHST/Policy/ IPC13 in relation to practice in community nursing, aligning either the policy or practice. Completing NEWS2 prior to re-catheterisation. Solent training updated with requirement for NEWS2 prior to catheterisation.

APPENDIX 3 – LEARNING FROM REVIEWS INTO DEATHS

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 SystmOne (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.

Board and Committee Summary Report

NHS Solent NHS Trust

Title of Paper	Draft Professional Leadership & Engagement Report
Date of paper	June 2023
Presentation to	In Public Board
Item No.	9
Executive Sponsor	Angela Anderson, Chief of Nursing & AHPs
Executive Summary	The purpose of this paper is to provide an update on the current position with regards to professional leadership activity across the professions in Solent NHS Trust. The nursing and AHP professions continue to contribute to the development of new and current workstreams across the trust and system

Action Required	For decision?		n	For assurance?	y

Statement on impact on inequalities	Positive impact (inc. details below)	X	Negative Impact (inc. details below)		No impact (neutral)	
	The work undertaken as part of the professional leadership agenda supports the Trusts priorities to deliver the clinical strategy.					

Previously considered at	Professional Advisory Group & Quality Assurance Committee

Strategic Priority this paper relates to	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	
	3. Outcomes that matter	x	10. New ways of working	x	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	x				

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

Level of Assurance (tick one)	Sigificant		Sufficient	X	Limited		None	
Assurance Level	Concerning the overall level of assurance the Board 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								

Introduction

There are a range of professional activities across the Trust which impact on the delivery of care and the development of the workforce. The individual work streams continue to feed into their relevant sub-committee structures this includes the activity reporting into the Project Fusion Clinical Steering group governance structure.

In addition, several developments at a regional and national level will have a significant impact on the future workforce and on how the Trust approaches training and recruitment to ensure a sustainable and adaptable workforce.

This paper provides an update on developments during the 6-month period November 2022 – April 2023.

There have been a number of episodes of industrial action that has impacted on the Nursing, AHP and medical provision over this period, the senior leadership team worked across the organisation with service lines, HR and system partners to maintain a safe clinical environment for patients and ensure appropriate staffing levels were present. Information regarding the industrial action was fed back through National and ICB reporting systems. Lessons learnt from each period of action were shared to support organisational learning.

Within this reporting period we said farewell to Jackie Munro our long standing Chief of Nursing and AHP's with Angela Anderson now holding the position of Chief of Nursing and AHP's.

We would like to thank Jackie for all her dedication and leadership over the last 5 years.

Professional Leadership Forums

Professional leadership forums are delivered at both a service line and organisation level.

Professional Advisory Group (PAG) Forum
There have been two meetings within this reporting period, with the most recent PAG forum being held in April 2023.

Within the April meeting the membership and Terms of Reference (Appendix A) and future schedule of meetings were agreed and the new meeting format introduced.

This paper outlines the main areas discussed within the scope of the meeting.

Matrons Forum
In March 2023, the Matrons Forum was recommenced following a pause during the pandemic.
The forum has had a review as it was stood back up with the purpose of the forum being to;
- Support the Matrons to develop and complete their competencies, utilising the Matrons Handbook (2021)
- Support their visibility within the wider Trust, encourage and promote strategic engagement and to be the voice of nurse and AHP leadership, driving the quality agenda.
- Provide a mixture of: education, information, training
- Share best / evidence-based practice.

Deliverables for next period
- Review of Matrons Walkaround and development of peer review programme in inpatient settings

- Development of processes to support peer review and monitor outcomes and actions.
- Extend peer review into community settings
- Liaising with the COAT team to ensure there is a robust process in Matron walkarounds, capturing the outcomes, reflecting actions and learning.

Professional Leadership

Nursing
(Updated by Head of Nursing: Professional Leadership)

Update
During the reporting period there have been a number of developments regarding the nursing and safe staffing agenda. It has been a busy six months, building the foundations of safer staffing workforce planning and ensuring our clinical teams are developing their knowledge and skills relating to safe staffing, with a particular focus on our inpatient and community teams.

Key Updates
Safe Staffing Meetings
During the Pandemic, these meeting formed a monthly escalation meeting, with a return to business as usually post pandemic this has included

- a review of the safe staffing agenda and schedule supporting all clinical services to attend in a structured approach. Meetings continue to present an opportunity for clinical leaders to celebrate the successes and escalate their concerns to the CNO.

- Bringing commensurate clinical services across the organisation, into a single meeting presenting an opportunity to share good practice and develop a standardised approach in relation to workforce, establishment and professional leadership developments.

- The return of attendance from representatives from People services and Clinical Workforce Development.

- Development of an overarching Safe Staffing Assurance Meeting, with plans to commence in May 2023, to have oversight and set the vision / direction for future nursing/AHP workforce development.

The Safe Staffing quarterly report to Board continues to be reviewed and revised. The introduction of workforce data, identifying and analysis of trends and themes.

Acuity and Dependency Tools
During the reporting period Solent NHS Trust has secured the approval and licenses to implement a number of safer care tools

- Mental Health Optimal Staffing Tool (MHOST): an initial pilot was undertaken in January with the first formal data collection taking place in May 2023. Following discussion with the national team, the Kite Unit has been included within the MHOST data collection opposed to SCNT.
- Community Nursing Safe Staffing Tool (CNSST): an implementation programme began in Q4 (2022 /23) with representatives from ADP and ADS Community Nursing Services. A national and SE Region forum is in place to support with the training of clinical staff to undertake the audit and with regards to the data input and interpretation of the results.
- Safer Care Nursing Tool (SCNT): is predominately utilised within the acute sector and whilst the acuity and dependency descriptors can be used within our community inpatients environment, they do not reflect the specialist nature of our patient cohort. In the absence of a specific community, rehabilitation tool we plan to implement SCNT later in 2023/24.

These tools have been nationally developed and accredited to support NHS Trusts to ensure they

have the right staff, with the right skills in the right place. The data collated aims to validate decision making regarding clinical staffing and combines professional judgement and quality metrics.

Review of Nursing and AHP Establishments

Service Lines and Corporate colleagues have undertaken a series of Workforce Establishment Summits and discussions have recently taken place to review the establishments and budgeted whole-time equivalents (WTE).

Deliverables for next period
- Review of audit results from MHOST and CNSST
- Review of impact of new safe staffing schedule and introduction of Safe Staffing Assurance Meeting

Allied Health Professionals (AHPs)

(Updated by Head of Allied Health Professionals)

The new Head of AHPs officially commenced end of Q3, directly reporting to the Chief of Nursing & AHPs to support strengthening the visibility and voice of our AHP workforce to the Board.

Key Achievement
- Induction and orientation of New Head of AHPs into role
- Representation at meetings across system at HIOW ICB level including AHP Council, AHP Faculty, Profession specific task and finish groups, international recruitment
- Successful international recruitment of OT's and podiatry staff
- Roll out of HIOW AHP Support worker strategy. High levels of engagement from Solent at Community of Practice meetings across HIOW AHP community
- Established task and finish group to review support materials for performance management

Deliverables for the next period
- Joint project with CCIO – working with NHSE re E-med 3 certification usage within S1 module to commence
- Progress task and finish group to look at AHP's and Nursing staff with appropriate skills to complete DVLA assessment information forms.
- Agree AHP Job planning action plan in partnership with partner organisation's within Project Fusion
- Work with Preceptorship team to strengthen AHP content within the programme and implement new National principles when published
- Secure Apprentice posts for Physiotherapy in partnership with UWE
- AHP conference 2023: Planning with HIOW council to have shared AHP virtual half day conference. Additional face to face half day for Solent staff to celebrate final organisational event for AHP's with AHP of the year awards.

Medical
(Updated by DCMO)

Update
In this time period, the CMO team have improved reporting considerably. They can now report key

metrics such as number of doctors, appraisal and job planning stats that were previously unknown or complex manual counts.

Key Update

During this time, we have recruited to our CMO apprenticeship post in support to the CMO Business Manager, these roles will support the senior medical clinicians in the trust facilitate their appraisals, job plans and revalidation.

Since November 2022, there have been 3 junior doctor strikes which have been heavily supported by the CMO team. We worked closely with HR and service line managers to maintain safe clinical environments for patients and ensured appropriate staffing levels were present. Information regarding the industrial action strikes were fed back centrally and to the ICB.

For the senior workforce, the roll out of electronic job plan has been fully implemented. Job plans were always recorded annually by Consultants, SAS and speciality doctors on paper. Having it on the same system we use to host our appraisals, offers continuity across all processes and interfacing functionality. We are working with about 1/3 of the medical workforce to complete the process. About 2/3 have completed the process. There are a number of issues emerging of inability to agree, that will be taken to mediation.

There has also been a new implementation of Allocate 360. Part of the Allocate suite, the system is used to collate patient and colleague feedback. This was originally provided by Fourteen Fish, they were then taken over by a new company therefore wanted to begin to charge us, therefore we have decided to utilize the system we already have to host this function. Therefore we have saved money overall.

Deliverables for next period

- Caroline has met with our counterparts from Southern Health to start the conversations around structure. All CMO policy documents have been discussed and shared with Southern Health.
- Complete job plan implementation, and analyse data. Start process again for 24/25 in autumn, with better understanding of the data
- Move to fully rostered medical staff (senior and junior) prior to merge (SH also partly rostered, and keen to implement full roster
- Streamlining industrial action process for doctors. Working closely with HR and Senior managers in each service line.

Workstreams

International Recruitment
Key achievements for the IEN education teams
(Completed by Head of Clinical workforce development/Head of Nursing Professional leadership)

- Within Q4, the 2022 / 23 target to recruit 44 nurses was completed and supported the recruitment of internationally educated nurses (IENs) to our mental health, adult inpatient and adult community nursing teams.

- A further national round of funding to support future IEN recruitment was made available in January 202 , for IEN to land in the UK between April - November 2023. Solent NHS Trust successfully submitted a bid for a further 30 IENs. As of writing no final agreement of service line numbers had been agreed.

- A international recruitment oversight group has been planned to support assurance

framework regarding the ongoing international recruitment within Solent.

- Work continues on the Trust submission to attain the Pastoral Care Quality Mark (PCQM). PCQM is a nationally approved award, acknowledging best practice regarding the recruitment process, clinical, career progression and pastoral support of our international colleagues.

- Driving - IEN Education team/Estates continue to work to support IEN community nurses whilst they wait for their driving test in terms of voluntary drivers, driving assessments/lessons, increase access to pool cars or virtual car club for all our teams.

- Continue to achieve a 100% pass rate for the OSCE exam on 1st or 2nd attempt. Availability of formal OSCE exams has been challenging due to increase demand. The NMC is working with NHS E to understand the key challenges and to resolve the issues.

- Transition Programme for new IEN working on the inpatient wards in mental health continues with excellent feedback. This has led to the development of focus Friday for all new starters and students within MHS.

- Following the success of the HIOW ICS Cultural Allyship sessions, Solent invested utilising CPD monies in a further 5 sessions. These will continue in Q1 and Q2 2023/24.

- As part of a HIOW ICS Bid, we have collaborated to develop an Accelerated B6 development programme, in conjunction with the Florence Nightingale Foundation (FNF). This is an exciting opportunity for our IENs to apply and support to prepare for leadership roles.

- Throughout April 2024 the Chief of Nursing and AHPs held forums within Southampton and Portsmouth, for our international colleagues. These were an informal opportunity for our nurses and AHPs to meet and discuss what has gone well and areas we could do better. There was good attendance and sessions well received, some key issues were raised regarding the challenges to securing private rental properties including the impact of the cost of living, the challenges of settling into a new country, working in clinical environments and a healthcare system that they were unfamiliar with and the time it has taken to establish themselves and to feel confident in their role.

It is agreed these forums will be held biannually.

Deliverables for next period
- Agreement of future international recruitment funding process and recruitment.
- Impact of acerated B6 programme
- Submission of PCQM

Clinical Placement Capacity and Clinical apprenticeships:

Services have reported difficulties expanding the numbers of undergraduate clinical placements due to requests from multiple HEIs and learner groups, e.g., T levels, IENs, ACP, SCPHN. The project lead for placement capacity expansion has developed a capacity model which offers services a guide to the numbers of learners they can supervise. THE ICB have procured a clinical placement management system which Solent NHS will pilot in the Q3 2023/24.

January 2023 saw all 7 of Solent's first registered nurse degree apprentices complete their apprenticeship and become NMC registrants, in addition there have been a further 15 complete clinical apprenticeships 3 senior healthcare apprentices,7 nurse associates and 5 Clinical Associate Psychologists. 89 clinical apprentices remain on programme, including all fields of nursing, advanced

clinical practitioner, CAP, dental and pharmacy. 10 centrally funded apprenticeships were approved for the financial year 2023/24.

Healthcare support worker recruit and retention Programme:

- The healthcare support worker induction is now offered to all new to care support workers, and the programme is currently being evaluated.
- Solent is participating in national and regional initiatives to recruit and retain HCSWs including
    - HCSW champion.
    - Successful grant application to support the training of staff in strengths-based recruitment. Including engagement with the Prince's Trust to assist in recruitment and support for those new to the NHS. The Recruitment and Attraction team will lead on strengths-based recruitment and princes Trust initiatives going forwards.

Deliverables for next period
- Quality assurance review of current induction programme
- Setting up of HCSW forums and clinical update sessions
- Stay cafes scoping and proposal

Clinical Skill training

- During Q3 and Q4 2022/23 CPD funding was awarded to the services to directly procure education and development requirements for their teams and individuals.
- University modules were procured in Q4 for the academic year commencing September 2023.
- Ongoing work with finance in terms of phasing of education procurement outside current financial year versus variance in academic year.
- An additional year of CPD funding has been announced for 2023/24.
- The ICB has released "a year of readiness" offering a wide suite of learning activities which is open for all staff in the NHS, nursing homes and social services.
- There has been a improvement in compliance in mandatory training for moving and handling now standing at 76% (was 11% 2 years ago). We have seen a decrease in compliance for DART 61% which subsequently has been added to the risk register.

Deliverables for next period
- Complete indicative CPD spend report- approval from Chief Nurse prior to submitting to NHSE.
- Clinical development team to work with services to develop action plans to support assurance that staff are compliant with statutory training.

Clinical supervision including Professional Nurse Advocacy

Workstream in progress to review and progress the current clinical supervision framework being lead on by the Mental Health Services HQP with the intention of developing a framework for supervision to support greater participation.

An oversight group has been set up to support the ambitions to meet the organisational and national professional Nurse Advocate (PNA) roll out. This review will also include consideration of a small number of nurses have completed PNA training. There is a draft organisational SOP to support implementation and a small number of PNA's applying their practice in their direct teams.

AHP job planning

The Trust team have continued to work with colleagues to deliver AHP job planning and currently 62% of our AHP workforce have met the standards and target. An update paper was taken by the Chief of Nursing and AHP's to board who made decision not to place high levels of pressure on AHP's to deliver at the current time . Scoping work and an objective to align with other organization's as part of Fusion are underway.

Development of CAMHs Academy

In recognition of the national and local recruitment and retention problems faced by provider organisations and the increasingly complex nature of child and adolescent mental health needs, Solent NHS Trust created a proposal for the development of a CAMHs Academy to address these issues. The proposal was supported internally and subsequently by the Hampshire and IoW Integrated Care System (HIOW ICS).

The proposed vision is to provide *an integrated multi-disciplinary education, development and leadership system that will enable Children and Young People to have good mental health.*

To enable this concept to become a reality, partners operating in this area have been invited to participate in its development. This will occur through the establishment of a CAMHs Academy Steering Group. The group will work collaboratively, supporting the development of CYP MH workforce across the 4 NHS CYP MH providers.

Advanced Clinical Practice (ACP) and Consultant Practice:

Positive progress continues to be made in relation to supporting the development of ACP across the Trust. The key areas of work currently are:

- Approval of the final ACP policy and development of a range of associated Standard Operating Procedures (SOPs)
- Discussions with Chief Operating Officer (COO) and the Operational Directors (ODs) to finalise the consultation document and process to ensure we are meeting the requirements for acknowledging colleagues working at the different ACP levels as well as ensuring they are accurately recorded on ESR
- All service lines now have an identified ACP lead

Collaboratives

As part of the Health Education England Programme on AHP workforce planning an eighteen-month strategic AHP workforce supply plan has been developed and included collaboration with teams across Solent services. The aim of the plan is to facilitate high-level descriptions and conversations about the state and strategic actions needed to grow a buoyant Allied Health Professions (AHP) workforce within Solent NHS. The challenge is to continue to use the information from the plan to promote and support AHP workforce in the future.

Integrated Care System Developments

Solent NHS have continued to work collaboratively, with local partners within the Hampshire and Isle of Wight (HIOW) Integrated Care Board (ICB).

The ongoing work to recruit AHP colleagues who have been internationally trained is continuing. The HIOW AHP community were recently successful in August, with an NHS England (NHSE) bid to financially support the recruitment `on-boarding' costs of AHP Occupational Therapists (OT),

Radiographers and Podiatrist colleagues (£5K per candidate).

There have been challenges within this recruitment process. These include changes to establishment and vacancies impacting on reduction in posts available.

Solent AHP colleagues have had the opportunity to influence and shape AHP strategy at ICB level with an ongoing secondment of the Community AHP Workforce Transformation Lead and OT workforce lead, providing us with the opportunity to strengthen the working relationship with colleagues across the ICB going forward.

We are key members of a number of regional meetings including
- Chief Nurse and AHP leadership forums
- SE Region Nurse supply and a number of the Solent team attended a Nurse Supply Workforce summit in March 2023. This event was helpful in understanding the strategic challenges to recruitment, from a new registrant and HCSW perspective.
- End of Life
- PNA Community of Practice.

Conclusion and Recommendations

The nursing and AHP professions across the organisation continues to be very active in raising their profile, contributing both internally and externally to the development of the nursing and AHP professional workforce as well as supporting services to deliver the ambitions of the Trust Clinical Framework.

This report has provided a summary of the key activities undertaken since the last report.

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

CEO Report – In Public Board

Date: 31 July 2023

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

Section 1 – Things to celebrate

National Awards Shortlist

Solent's innovation to and delivery of great care has been recognised with some national prestigious awards shortlists. These include the Staff Wellbeing Initiative shortlisted in the Patient Safety Awards for the Ripple Model, a trauma informed, reactive approach to supporting NHS colleagues immediately following an incident or 'near miss', with swift access to impactful support, acknowledging that individuals experience trauma differently.

Portsmouth's Rehabilitation and Reablement Team (PRRT) has been shortlisted in the Nursing Times Awards for the Team of the Year Award. The team comprises of Solent NHS Trust and Portsmouth City Council health and care colleagues, all working to the same goal of keeping some of Portsmouth's most frail and vulnerable safe, well and at home. PRRT were nominated for the award, having received numerous accolades from patients and families of those they have cared for throughout COVID-19 and the national recovery in the NHS.

Also Beth Carter, Solent's Freedom To Speak Up Lead Guardian, was shortlisted for the Military Values in Business award for her outstanding contributions to both the armed forces and nursing profession. From her military service in the Royal Navy and British Army to her impactful role in infection prevention, Bethany's leadership has positively impacted countless lives.

NHS 75

Our 75th birthday celebrations for the NHS began with more than 6,000 cupcakes delivered to Solent teams across Hampshire and the Isle of Wight, with the last delivery taking place at Solent's Park Run at Lakeside, Portsmouth. The joint effort by Solent's catering team, John Lacey and his dispatch team and the Comms Team, was a formidable achievement, with colleagues really appreciating the sweet celebratory treat.

In addition to this, we had five colleagues attending the Westminster Abbey service on the 5 July (see above) as well as Denise Mattin attend 10 Downing Street for a reception recognising amazing and long-standing NHS staff (see left).

Julie Southcott, Senior Matron for Quality and Service, and Joshua Hammond, Clinical Matron for inpatients, were interviewed on BBC Radio Solent, talking about the changes they have seen in the NHS over the years and what the organisation means to them. Julie spoke about having started in the NHS in 1982 and although she has performed different roles, her passion lies in community nursing. She explained how the patient is at the heart of everything. Julie acknowledged the technology and treatment advances. She said COVID had been challenging but teams had flexed and come together. Josh spoke to the importance of good quality, good standards of care, that the NHS is on a journey and that there are new ways of working and caring in a constantly changing environment.

Solent Awards and Recognition Ceremony

On 5 July – the actual 75th birthday of the NHS - Solent held its annual awards and recognition ceremony. It was fantastic to see nearly 200 people at the event celebrating our staff, people from our communities, and volunteers. It was a joyful and uplifting afternoon where we heard stories of people living our HEART values, making a difference to patients throughout the life course. Take a look at this short video capturing the special event.

Pastoral Care Quality Award – International Nurses and Midwives

We received confirmation from NHS England that the Trust has achieved this award that recognises the incredible work being carried out by our teams to ensure our international colleagues receive enhanced and tailored pastoral care as they start their NHS careers. Solent are really proud of the team who have been involved and this is recognition of their hard work and dedication.

National Preceptorship Quality Mark

The national team have confirmed that Solent has met the standard to be awarded the interim quality mark for our preceptorship programme. This is testament to the hard work of the team lead by Jacqui Wilkinson and supports our newly qualified workforce to transition from student into accomplished practitioners. Solent are looking forward to applying for the gold award when the opportunity arises.

Solent NHS Charity

Solent's counter fraud specialist Colin Edwards embarked on a gruelling 400-mile round trip from Hayling Island to Paris to raise money for Solent NHS Trust's charity. We issued a press release and followed his journey across our socials, with Colin providing regular updates as well as filming his trip on his GoPro. ITV Meridian has covered the story at its conclusion - using his GoPro footage, video blogs and film of him returning to Hayling Island, as well as a studio interview. We also worked on follow up local media coverage.

Showcasing our volunteers

In early summer, we partnered with Morrisons stores across Hampshire to promote our volunteer service and recruitment opportunities. In total, we signed up 7 volunteers for specific roles, with plenty of interest and potential sign ups.

Section 2 – Internal matters (not reported elsewhere)

Board news
Shahana Ramsden, Chief People Officer

Having completed a year as our Chief People Officer, Shahana Ramsden will be taking up the exciting new role of Strategic Advisor for Workforce and Community Transformation with Frimley Integrated Care Board. I am grateful to Shahana for the work she has completed on our behalf, not least in launching our Great Place to Work People Strategy, and for showing her compassion and empathy for our workforce during difficult economic times, particularly in relation to our various Cost of Living initiatives. Shahana has also provided leadership within Project Fusion, with the aim of making the new organisation as inclusive as possible. She will also be fondly remembered for the creation of

our Fusion choir! In conveying my sincere thanks to Shahana, I wish her every success in her new role.

Sorrelle Ford, Acting Chief People Officer, is covering the Human Resources, Equality Diversity and Inclusion, and Occupational Health and Wellbeing portfolios and Shani Davies, Workforce & OD Transformation Programme Director, is covering the Project Fusion and Learning & Development portfolios.

Rachel Goldsworthy, Chief of Staff

The Trust bid farewell to Rachel to join Sussex Partnership NHS Foundation Trust as their Chief of Staff. Rachel has worked in Solent and its predecessor organisations for over 20 years and has been a huge part of the Trust's journey. Under her leadership, we have had incredibly sound corporate governance and corporate affairs and her support to the Executive Team and Trust Board has been second to none. She has been a big part of Solent and she will be missed both personally and professionally. We wish her well on her new venture.

Project Fusion – Leadership Appointments

Lynne Hunt has been appointed as the Chair of the proposed new provider Trust. Lynne, who is the current Chair of Southern Health, was appointed following a comprehensive assessment process led by the Integrated Care Board, involving a broad and representative interview and stakeholder panels comprising a range of partners from across the local health and care system.

Lynne Hunt, Chair (Southern)

Further appointments have also been made to the future Non-Executive Director positions. Our Non-Executive Directors, Mike Watts (current Acting Chair) and Gaurav Kumar, together with Sara Weech, from Isle of Wight NHS Trust, have been appointed by the Southern Health Council of Governors. They will take up roles on the Board of the new organisation as Non-Executive Directors when the new organisation forms.

Mike Watts, NED (Solent)

Gaurav Kumar, NED (Solent)

Sara Weech, NED (Isle of Wight)

Current Southern Health NEDs whose terms extend beyond April 2024, or whose terms are extended with approval of the Council of Governors, will join Mike, Gaurav and Sara as NEDs of the new Board.

In mid-July, Ron Shields, current CEO of Southern Health NHS Foundation Trust, was appointed as the future Chief Executive of the new organisation.
In the interim, all current Chief Executives continue to lead their respective statutory organisations with their Boards. The process for appointing to the remaining Board positions will take place over the next few months.

Great Care

Safety matters

Rise in measles cases: NHS England has notified all NHS trusts that measles is now circulating in England, and the World Health Organisation has warned that Europe is likely to see a rise of infections. The implications for us as a Trust is that some staff may not have been vaccinated against measles or may not have immunity to the disease. If in these cases, they are in contact with measles it may affect their ability to attend work for a period of circa 16 days where they are in a patient facing role. Messages to raise awareness have been disseminated through our usual communication channels to staff and managers and the Occupational Health Team are leading the work to establish how best to manage this and to establish the approach being taken across the system including within primary care.

![Great Place to Work icon] **Great Place to Work**

The Trust has seen continued pressure from Industrial Action. The BMA called further action for Junior Doctors between 14 to 16 June and an extended period between 13 to 18 July which saw up to 11 doctors taking part on any one of the days. For the first time, consultant doctors participated in action on 20 and 21 July (the national ballot was 86% in favour of taking action). Further action will be organised by the BMA for 24 and 25 August. Careful planning minimised operational disruption, but there were some cancelled appointments and dental lists moved due to system pressures. Conversations with HIOW partners and the BMA are in progress to negotiate payment rates for extra contractual work and TOIL arrangements for consultants and SAS doctors.

![Great Value for Money icon] **Great Value for Money**

Western Hospital Development
The Western Hospitals build continues to run to schedule and within its designated budget. The shape of the building is really starting to come to life with the ground and first floor concrete slabs now poured and the second-floor slab due to be complete by the end of the month. Work across the wider site is underway to install solar and window improvement to further improve the carbon impact across the campus to contribute to the trusts ambition to meet net zero by 2045.

National Chair position
Iain Robertson the trusts catering operations manager has been announced as the next chair of the Hospital Caterers Association (HCA). He will serve as the organisation's national vice-chair for 12 months before starting his two-year chairmanship in April 2024.

"Tasty wholesome food plays a crucial part in a patient's recovery from illness or surgery, yet all too often is either overlooked or undervalued," he said.

"I am looking forward to working with like-minded colleagues to drive up quality where needed and showcase some of the amazing work already going on in NHS kitchens across the country."

One of Iain's main focus areas is likely to involve making the association more inclusive and, in particular, attracting younger catering leaders to ensure it is truly representative of the industry, which has seen huge changes over the past decade.
The HCA represents the single largest group of healthcare catering providers within the NHS and is the recognised "voice" of hospital catering.

Laptop Rollout
The trust has met its target for the rollout of new Hardware for those working from laptop devices. The desktop replacement process has now commenced to conclude the hardware replacement element of the ICT transition. User experience of the revised specification build has been generally positive with the majority of know apps and software installations being released for users to self-select within the company store.

Highclere Land

National agreement has been reached on the specification of a GP surgery to be built on the trusts parcel of land adjacent to the Queen Alexandra hospital in Cosham. The facility will provide vital access to Primary Care services to the local population, due to be completed by Autumn 2024.

Our key risks

Operational Risk Register

The risk pyramid summarises our key strategic and trust wide operational risks. Our top risk groups are:
1. Human Resources – Staffing
2. Capacity & Demand
3. Information and Communication Technology
4. Information & Cyber Security

Our top Risk Domains are:
1. Below Planned Staffing - the most prevalent risk
2. Working with Partners
3. Trust Providers and Subcontractors
4. Governance
5. Waiting Lists
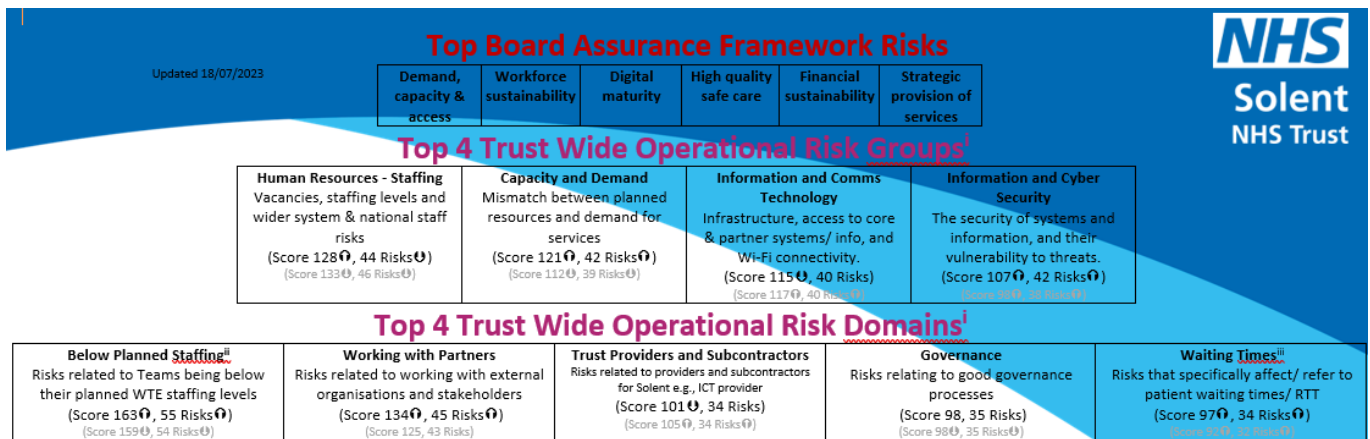
Board Assurance Framework (BAF)

During June and July 2023, executive leads reviewed the detail within their respective BAF entries and provided relevant updates. The Committees of the Board will reflect on the BAF entries as part of their assurance process of managing associated risks. The BAF is summarised as below.

BAF Risk	Raw Score	Residual Score	Target and date
#7 -Demand, capacity and accessibility	L5 X S4 = 20	L4 X S4 = 16	L3 X S4 = 12 End Q4 2023/24
#4 - Workforce sustainability	L4 X S5 = 20	L3 X S3 = 9	L2 X S3 = 6 End Q4 2023/24
#1 -High quality safe care	L4 X S5 =20	L3 X S4 = 12	L3 X S3= 9 End Q4 2023/24
#5 -Financial Constraints	L4 X S5 = 20	L3 X S5 = 15	L2 X S4 = 8 October 2023
#8- Strategic provision of services	L4 X S5 =20	L3 X S4 = 12	L3 X S3 = 9 End Q4 2023/24
#6 -Digital maturity	L4 X S5 = 20	L3 X S4 = 12	L3 X S3 = 9 End Q4 2023/24

Section 3 –System and partnership working

Project Fusion

Following an assessment day on 17 July, Ron Shields has been appointed as Chief Executive for the new-Hampshire and Isle of Wight community, mental health and learning disability trust being created through Project Fusion. Ron is currently the Chief Executive of Southern Health NHS Foundation Trust. He will become the Chief Executive of the new organisation when it is formed. In the interim, all current providers continue as statutory organisations, led by their respective chief executives and boards. With the Chair, Non-Executive Directors, and the Chief Executive of the new organisation now appointed, the appointment process for other executive director roles for the new Trust's Board will begin. The aim is to complete this process by the end of October. The due diligence work and development of the Full Business Case for Project Fusion continues and is on track for consideration by Trust Boards in October. Subject to approval, we are on target to establish the new organisation, which aims to break down barriers and reduce inequity for our patients and communities, by 01 April 2024.

HIOW ICS

The ICS continues to be financially challenged and has moved into a Finance Recovery Programme – see the separate agenda item. Recognising that there are difficult decisions to be made, Solent has asked for full transparency and for decisions having an impact on the system to go through a system quality impact assessment, with input from the five transformational scheme boards.

The ICB is undergoing a restructuring, with a significant number of staff leaving through a voluntary redundancy (MARS).

Board and Committee Summary Report

Title of Paper	Strategic Priorities- 2022/23 Delivery Commitments- Closure Report
Date of paper	11 July 2023
Presentation to	Trust Board
Item No.	11.1
Author(s)	Debbie James, Chief Strategy and Transformation Officer Rob Earl, Head of Commerical Operations- Programmes and Planning
Executive Sponsor	Debbie James, Chief Strategy and Transformation Officer
Executive Summary	In 2021, the Solent Strategy was refreshed, and we established a new strategic framework, which includes 15 strategic priorities describing the principles and commitments we have adopted to help achieve our organisational vision. In addition to our annual business objectives, we set out delivery commitments for 2022/23 against these strategic priorities, which describe the work we are doing to support their achievement. This report provides the latest position on each delivery commitment, detailing progress, status and detail of next steps, prior to closure of formal monitoring. From 2023/24 the Trust will revert to monitoring of a single set of business objective metrics, mapped to Strategic Priorities.

Action Required	For decision?	N	For assurance?	Y

Summary of Recommendations	The Committee is asked to note the update provided and agree closure of monitoring of delivery commitments. Delivery against strategic priorities will be monitored through business objective progress reporting in 2023/24.

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

Positive / negative inequalities	The report summarises progress against the Trust's strategic objectives, which incorporate actions to deliver improvements which impact positively on unwarranted variation and health inequalities.
Previously considered at	Strategy and Partnerships Committee

Strategic Priority this paper relates to	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				

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

Level of Assurance (tick one)	Sigificant		Sufficient	X	Limited		None	
Assurance Level	Concerning the overall level of assurance the In-Public Board 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)							

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

NHS Solent NHS Trust

Background/ Context

In 2021, the Solent Strategy was refreshed, and the Trust established a new strategic framework, including 15 strategic priorities describing the principles and commitments adopted to help achieve the Trust's vision. This report provides the latest position on the delivery commitments originally set against the Trust's strategic priorities. From 2023/24 the Trust has reverted to monitoring of a single set of business objective metrics, mapped to Strategic Priorities.

2022/23 Delivery Commitments

The below table describes the latest position on each delivery commitment, detailing progress, status and next steps.

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
Great care		
STRATEGIC PRIORITY 01 - We provide safe, effective services which help people keep mentally and physically well, get better when they are ill and stay as well as they can to the end of their lives		
We will implement the Patient Safety Strategy within the mandated 3-year time frame. Patients and Staff will work collaboratively to create a 'Just' safety culture. Investigations will be more thematically focussed and learning from safety incidents will be shared in a way all staff can understand.	CNO	The full roll out of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) were delayed nationally which impacted on roll out within Solent. Progress to date includes: • The Just Culture framework has been adopted in Solent and will be utilised in all areas related to Patient Safety. Collaboration between the People Directorate and Quality and Safety has ensured a consistent approach for staff. • We have introduced safety chats to support teams as well as embedding the RIPPLE model of support for teams when reporting an incident • Solent were chosen as a pilot site for the Patient Safety Partners (PSPs) program. PSPs are now in place for most service lines and have completed an extensive induction and education programme. The PSPs have been involved in a number of activities including being part of interview panels and attending the experience of care panel. Plans are now underway to recruit to the remaining PSP roles and establish them across the organisation. • LPSE is due to go live in early July 2023. The new process will introduce a series of additional information from the reporter. To support the introduction of new information, a communication plan has been developed and will launch alongside LPSE to ensure our wider workforce is both informed and supported. • PSIRF was published in August 2022. The timeline for delivery is to launch PSIRF on 03 October 2023. The first meeting of the oversight group took place in May 2023, chaired by the Chief of Nursing & AHPs. There are 6 workstreams reporting into the oversight group all of whom are now concluding their activities and due to report next steps in July 2023. A draft plan (including necessary training) and associated policy are due to be developed. The key risks have continued to be reviewed, mitigated and managed by the oversight group.

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

NHS Solent NHS Trust

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
We will support the delivery and strategic development of the Regulatory Compliance agenda to provide assurance to the CQC, trust board and stakeholders, ensuring strong, effective processes are in place to support compliance across all clinical services.	CNO	Solent has spent time during the pandemic, developing and supporting a long-term dialogue and relationship with the CQC to ensure that the organisation remains transparent with the regulator and open and curious to new approaches toward compliance and regulation. This approach was supported by ongoing support to all services within Solent to understand their regulatory compliance requirements and support them in readiness for any future inspection.

Solent's compliance team also worked with community and mental health services within the IOW NHS Trust in preparation for their 2022 inspection. Peer review and joint support with IOW Mental Health service has been continued and will assist in any sharing of lessons learnt in relation to compliance.

Since the end of last Covid wave, our approach has further been developed into more focused 'Fresh Eyes' visits with all services and departments. Solent's approach to high level reports and reviews has also been reviewed to scrutinise and respond to reviews, such as the Pascoe report and Ockenden review, in order to ensure that the organisation has an approach to improvement based on the findings elsewhere.

'Fresh Eyes' visits and preparatory support for all areas for any anticipated inspection remain ongoing. |
| We will ensure people participation is embedded across all services, enabling community members and groups to play an integral part in decision making regarding all aspects of their community and mental health trust. We talk more about this in Principle 2. | CNO | We have continued to support our service line teams to work with people and communities so that service improvements are centred around people's priorities and needs. Over the past year we have increased the support we are providing to services and through events and conversations that we have held we have enabled our services to work directly with 500 members of the community to develop and improve their access to services and experience of care. We have also implemented ways of involving community partners in our core processes; over the year we have increased the number of community partners that have participated in an integral way with our services including in policy review and development, recruitment processes such as participation on interview panels and our patient safety partners are embedding their voices in the services that they are working in. |
| We will improve access to and experience of using the health services we provide to all members of our local community, promoting health and wellbeing and reducing health inequalities. Our approach to delivery is outlined within Alongside Communities which sets out how we will work closely with our community and partners. | CNO | Over the past year we have had an increased number of conversations with our communities that have strengthened the knowledge we have about our communities. We are feeding this back in a variety of ways and to different platforms. We have continued to develop the skills of our service line teams to 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.

Last year we identified groups and parts of our communities that we were not reaching. Our most recent data describes the significant growth in the number of seldom heard from communities that we have been working with and helping services to understand better - these include our minority ethnic communities, young people and carers. |

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

![NHS Solent NHS Trust logo]

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
STRATEGIC PRIORITY 02 - Our communities are at the heart of what we do, and we will work alongside our communities to improve the way we deliver care		
To deliver the objectives and year 2 targets within the Alongside Communities Delivery Plan 2021-2025, including: To improve access to and experience of using the health services we provide to all members of our local community, promoting health and wellbeing and reducing health inequalities.	CNO	Delivery of Alongside Communities continues to be central to the work of the Community Engagement Team. In 2022/23, our second year of delivery, 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 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 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 directly 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. Our work has also increasingly been recognised nationally -we are recognised as NHS leaders in the field of working with people and communities and have already been invited to present at 10 national events.
To ensure that patients, families, carers, local people and community groups are integral to decision making in all aspects of their community and mental health trust.	CNO	To help ensure that patients and families, carers, local people are integral to decision making we continue to work with our Experience of Care group made up of community partners which provides us with guidance and oversight in the delivery of Alongside Communities objectives. We are in the process of developing our year 3 delivery plan with the group. We have community partners who sit on our Learning from Experience Panel and our Community Engagement Group helping to shape and influence key decisions regarding how we deliver our services.

The increase that we have enabled over the past year with more community partners participating in our recruitment processes and in the review and development of some our policies is ensuring that our communities are becoming integral to decision making across our Trust. Over the coming year we shall be looking to increase these opportunities. |
| To build trusting relationships with local people and groups by underpinning the way we work with three key questions: a. What are the community best placed to do? b. What help could we offer if the community asks? c. What do we do best and are best placed to do? | CNO | As the second year of delivering Alongside Communities comes to its close, we have developed a network of friends of 275 (a growth of 22% compared to last year). We have worked closely with communities to understand their experiences and create solutions to issues identified, added community value by investing in community groups, and worked closely with services to build and improve Solent Teams skills in working with people and communities, using a strengths-based approach. The Community Engagement and Experience Team has been successful in securing external grant and project funding to invest in our communities and the work that we do. Over the past two years we have received £238,000 in project and grant funding and because we recognise that our communities are best placed to deliver some services, we have invested 40% of that funding directly in our local community. We are committed to adding value to our local community not only in our role as health care providers but by recognising and investing in community projects related to our core business. In 2022/23 we have also directly funded 3 projects; improving mental health and wellbeing with the Good Mental Health Cooperative, health and wellbeing in the SE Asian Community with Chat over Chai, and we commissioned the Touch Network CIC to run a story telling champions programme, to develop practitioners' skills in enabling patients, families and carers to share their experience of care. We are also piloting a community champions programme in Southampton, and we have recruited 3 community champions to work with us to gather feedback form communities in Southampton. |
| **STRATEGIC PRIORITY 03 - We will focus on outcomes that matter, co-created with the people who know our services best** | | |

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
We will develop a community-led approach to the creation of patient, family and carer outcomes, with the measures of success and the way in which that data is captured and reported cocreated with community partners.	CNO and COO	Over the past year we have worked closely with our service users, families and carers to understand their needs. Working with our communities we have updated our carers survey and we are proactively working with services to ensure the carers survey is used, as this will provide us with better data about what our families and carers need. We have also been working with our communities and partners to develop a carers passport and we hope to trial one for staff in April and one for all our carers later in the year.
We will invest in resources to develop an innovative, meaningful approach to definition, measurement and reporting of outcomes, supported by comprehensive, timely, accessible, business intelligence.	COO	Our Business Intelligence and Reporting function has moved into 'steady state' after the implementation of the cloud intelligence platform PaaS. Foundation works continue, alongside tasks to enable transition and connectivity to Solent's new network infrastructure. Supporting a Power BI first approach to scalable reporting, delivers co-designed products with services. Approximately 115 Power BI reports are now in use, with migration of non-priority service report from legacy excel to Power BI in train. Power BI training to the trust was launched, supporting both wider data literacy and our Power BI first approach. Our workforce reporting suite combines many legacy excel reports into a newly designed Power BI suite. Next steps are a demo to the Digital stakeholders' group early July for initial feedback, allowing for iterative development and improvement. ICT Digital are linked in to ensure availability of new 365 licences for individuals identified as part of the pilot. Our integrated performance report (IPR) has developed in response to need across the last year. Future plans include the inclusion of more predictive narrative, using the evidence provided to look forward and consider potential future impact. The process to transform the metrics element of the report into an automated tool has been halted due to Project Fusion, following consideration of the input required compared to the time saved, in the context that the IPR will be renewed in April 2024 for the new organisation. We are planning and implementing a range of innovations to further improve our business intelligence and reporting and assess the benefits realised by the changes already rolled out.

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
We will review clinical governance processes to streamline them, reducing duplication and removing unnecessary bureaucracy, ensuring our processes: - Make it easy for our staff to do the right thing. - Reflect our culture and values. - Involve our people and communities. - Help our staff to work safely.	CNO	A wide consultation took place in Q4 2021/22 with both regional providers and internal stakeholder considering the Well led review. Following the analysis of feedback received, changes have been implemented during 2022/23 with the process between QIR and QAC now clarified. A complete review of performance vs quality meetings was undertaken with extensive stakeholder engagement which has led to changes in the corporate and service line reporting arms. New reporting styles have been trialled and now implemented substantively which has increased the speed of escalation of issues and risks through the governance mechanisms within Solent. A review of external attendees' membership at the various governance meetings was also undertaken in light of the findings within the Well led review. However, acknowledging Solent's approach to being both collaborative and open the lead NED and Exec considered that broadening the external attendance at governance meetings would be the most appropriate approach, particularly recognising the organisations direction of travel through Project Fusion. Review of reporting to QIR remains ongoing to ensure that the governance framework continues to meet the needs of our patients, communities, service lines and wider organisation responsibilities. Changes to the Policy for Policies stating that the Solent approach to governance was to 'Make it easy for our staff to do the right thing every time for our patients' will lead to further ongoing changes to policy and procedure management. To support this further, development of Just Culture is to be embodied in all future policies and procedures across Solent NHS Trust.
Full implementation (by the end of 2023) of the patient safety strategy, ensuring all our reporting focuses on insight, involvement and improvement.	CNO	To date the organisation has been on target or ahead of target in all established metrics related to this work. Much of this was delayed nationally with delays to the PSS syllabus and PSIRF roll out and further work nationally required on the LFPSE roll out. Solent now has most of its identified PSPs. There is a robust project management approach to the full roll out and implementation of the PSIRF and PSIRP, PSP development and PS Champions roll out. PSIRF was published in August 2022. The timeline for delivery is to launch PSIRF on 03 October 2023. The first meeting of the oversight group took place in May 2023, chaired by the Chief of Nursing & AHPs. There are 6 workstreams reporting into the oversight group all of whom are now concluding their activities and report next steps in July 2023. A draft plan (including necessary training) and associated policy are due to be developed following this in readiness for launch in October 2023. The key risks have continued to be reviewed, mitigated and managed by the oversight group. • Implementation of LPSE remains on target for delivery from July 2023. • National Patient Safety Alerts Module to be built within Q3 2023/24. • Patient Safety Syllabus Training (Level 1 & 2) rolled out in full May 2022. Work underway to build this into the mandatory training requirements during 2023/24. • Patient Safety Champions introduced to support the Patient Safety Incident Response Framework. Following implementation of the first PSP role cohort, work is now underway to seek to recruit to the remaining PSP roles during Q1 – Q2 2022/23.

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

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

NHS Solent NHS Trust

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
We will identify, and work to remove, barriers within and between Solent services to develop an 'ageless approach', focusing on: - Consistency of care for young people who are transitioning from Child and Family services to be supported by Adult services. - Consistency and comprehensiveness of approach across Adult Mental Health and Older Persons Mental Health services	COO	In our Children and Young People's services, work is ongoing, in partnership with learning disability and adult mental health services, to further improve transition pathways to adult services for this group of patients. We hold a bi-monthly transition Group meeting and have developed a supporting *Appropriate Healthcare for Young People Aged 11 – 25* Policy. New multi entry System One documentation is in place, and we are part of Project ECHO, developing a community of practice to share good practice, experiences and challenges. For Older People, service mapping and engagement on access and pathways is a core element of the community transformation programme.
We will actively seek opportunities to join up physical and mental health service provision.	COO	In Portsmouth, we are rolling out our primary care mental health offer to all five PCNs following a successful pilot in the first PCN.
We will work in partnership with colleagues in other community and mental health Trusts, acute Trusts, local authorities, primary care and the voluntary and community sector to develop seamless pathways of care which enable patients to access the care they need without unnecessary referrals, handovers and repetition.	COO	A range of work has been completed in 2022/23 in this area, for example, integration of Solent community rehabilitation beds and Portsmouth City Council D2A beds into a single site with Solent as lead provider to provide needs led, enhanced offer (see Discharge to Assess – Southsea Unit – Improved Patient care case study described earlier in the report). We have embedded as well enhanced 7-day therapy in place across all inpatient beds. We continue to progress a Systems thinking intervention in Sexual Health services to design out waste and improve access and patient experience. Roll-in of the programme has commenced and it is already showing significant reductions in wasted time and activities. We will be measuring benefits in this area as part of 2023/24 business objective delivery.
We will work with other organisations to support our people to identify, learn, and make changes to services, to enable our clinicians to deliver personalised care.	COO	As part of our work to improve collaboration between community and mental health services across Hampshire and the Isle of Wight (Project Fusion), we have established a Clinical Transformation Group linked, which brings together operational and clinical executives from across Solent NHS Trust, Southern Health NHS Foundation Trust, Isle of Wight NHS Trust and Sussex Partnership NHS Foundation Trust to focus on 10 main workstreams with an overarching clinical integration workstream of over 100 different services. They will support clinical strategic transformation to improve consistency of care and equity of access. Scopes, priorities and cross-organisational leadership for each of the workstreams, which are governed through monthly meetings are in place. Work in these workstreams will inform the Project Fusion clinical strategy and patient benefit cases. In Project Fusion, a detailed programme of work is underway to plan early priorities and longer-term plans which bring together services currently commissioned and run separately across the different Hampshire and Isle of Wight community and mental health providers. This will inform the Post-Transaction Integration Plan and early priorities for the proposed new community and mental provider.

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NHS Trust

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
We will design and measure self-efficacy and patient reported outcomes as part of our new approach	COO	Services are working with the patient experience and community teams to determine what outcomes matter to them and then designing services driven by these indices and linking to quality and safety. These will be developed over the next 18 months alongside our partners in other providers through Project Fusion.
STRATEGIC PRIORITY 05 - We will work collaboratively at the appropriate scale, as one health and care team		
We will work alongside our communities, other health and care providers and providers from the voluntary, community and social enterprise sector to create delivery teams which provide appropriate services at the right scale, according to need. We will not work in isolation, and we will be one health and care team.	COO	There are already many great examples of integrated working in the two cities for community health and 0 – 19 services, integrated learning disability service and integrated AMH service in Portsmouth. This will be further enhanced and developed by the Clinical Transformation Group workstreams.
Our services will be delivered at the appropriate level of scale to ensure they meet the needs of our local communities. For us, there are three key levels of scale: in neighbourhoods alongside Primary Care and Primary Care Networks (PCNs), place-based at a city/sub-county level and at an Integrated Care System (ICS) level across Hampshire and the Isle of Wight (HIOW).	COO	We are actively working across these three levels of scale. Predominantly our delivery is place-based, to meet the needs of local communities, but we come together around the acute hospital local delivery system footprints to support discharge and flow. ~We work with core partners (e.g., as part of the Portsmouth Provider Partnership programme (P3) to focus on the specific population health needs of local/neighbourhood communities. The Clinical Transformation Group will offer opportunities for us to align community and mental health services across Hampshire and Isle of Wight to eliminate unwarranted variation and explore opportunities for HIOW scale services (e.g., neurodiversity).
STRATEGIC PRIORITY 06 - We will drive and embrace research and innovation to deliver excellent, evidence-based care		

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
We will increase access to research and improvement for both our staff and our patients.	CMO	All research that was paused as a result of COVID is now re-open and we are building up our portfolio of research, with over 1200 participants recruited in 2021/2. We are the top performing care trust nationally. We are building our research capacity across communities via a programme of partnership working – this includes a nationally recognised Solent Care Home Research Partnership (30+ homes currently), a collaboration with Practice Plus, and joint opening of studies with a number of schools. We run a programme of training to support people to bring research into their careers – this includes the new Research Development Programme, and tailored support for those on Consultant Practitioner and ACP pathways, and on the Preceptorship programme. We also support those undertaking MSc or Doctoral programmes We run a series of workshops linked to improvement and research – the QI training programme has been extended, and we now include training on disseminating learning and using evidence in care (including our library service). We will continue with our planned delivery of research and continue to engage with clinicians and the community as detailed in the Academy Annual report. This will evolve and develop, as we come together with other local providers such as Southern Health and IOW NHS Trusts as part of Project Fusion.
We will build research and improvement into workforce development and planning, including the use of joint posts and partnerships.	CMO	We have increased the number of posts with universities and community organisations, including a joint post with the HIVE, Portsmouth, to grow community-based research. We plan to extend joint posts across to the IOW and in Southampton. We work closely with the University of Southampton and have 3 new sessions for medical consultants for research time; we also work in partnership for joint clinical academic posts for all nurses and AHPs with local Universities. We continue to work closely with NIHR and as a co-member of AHSN and Wessex Health Partnership and have established formal partnerships with UCL (rapid research and evaluation unit) and with the Young Foundation (community participatory research). We have a QI leadership programme, and all training and development opportunities are easily viewable and accessible on the LMS.
We will make training and facilitated support more bespoke to the needs of services and teams, to encourage them to be critical thinkers, and confident around innovation and measurement.	CMO and CPO	New programmes of work are tailored to service need – for example on demand and capacity, on Happier Working Lives and on Co-production. Our plans for expansion of quality improvement (QI) work are described in our Academy of Research's annual report, with a view to engage staff in bespoke QI programmes tailored to service or individual need. The People and Performance Teams are working in partnership to support project management and transformation skills and – as we progress Project Fusion - focused programmes to support leaders through change are priority for 23/24.
We will continue with the integrated approach to evidencing improvement and outcomes so that services know how well they are meeting the needs of those we look after.	CMO	We are increasing the showcasing of integrated programmes of work. We have increased the delivery of service evaluations over the last five years by 60% (over 40 in 2021-22). We are also launching our formal evaluation centre, which we intend to develop as an income generator. We undertake a wide variety of improvement training for use within services and partner with the Young Foundation on community peer research training.

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
We will actively encourage more learning from what goes well, rather than what doesn't.	CNO	Whilst Learning from Excellence awards continue to run twice a year, there has been a significant decrease in responses. We are, therefore, looking to review the process to learn from the reduction in responses to adapt the awards to ensure maximum benefit from the process. There remains an online system for reporting Learning from Excellence This work related to PSII will be undertaken as part of the Patient Safety Strategy/PSIRF roll out and will be developed in collaboration with other local community/mental health providers to ensure a consistent approach for the community in the region. PSIRF remains on target for delivery in October 2023.
STRATEGIC PRIORITY 07 - We will ensure strong clinical and professional leadership is at the heart of delivery and decision making across our area		
We will develop and implement a robust structure for the professional leadership and clinical standards of Solent Services, ensuring a consistent approach to development of standards and guidance to direct safe clinical practice and implementation of new and emerging clinical roles.	CNO	An extensive consultation took place into the development of our robust clinical framework which is underpinned by clinical standards. The Framework forms the basis of clinical leadership development and clinical practice. This clearly aligns the clinical standards expected with Solent Values, is aligned with the Quality Account and quality objectives in the CNO and CMO offices. Clinical leadership development and objectives are placed within the heart of this and reported to Board regularly, following review by our Clinical Executive Group.
We will Invest in clinical leadership: - Training programme - Refocus the organisation around clinical executive	CMO, CNO and CPO	The Senior leadership programme has commenced alongside a talent management programme. Senior leaders will commence the programme designed uniquely for them through this process. Our talent management programme continues, with specific training programmes for our most senior clinical leaders. We utilise our Clinical Executive Group as the forum to support executive decision making, receive escalation of risk and to provide a balcony view of the organisations, removing silo working.
We will cleanse meeting structures to release more clinical leadership time. - Quality improvement, research and innovation - Clinical leadership visibility internally to Solent and within the wider system	CMO, CNO and COO	We continue to review meetings in keeping with the trust governance processes and regular meetings of CNO and CMO leadership enables ongoing improvement throughout the Quality governance programme and enable senior clinical leader to spend more times with patients and their teams.
We will embrace expert wider system clinical leadership.	CMO and CNO	The Clinical Transformation Group meeting and workstream meetings takes place monthly across the Project Fusion providers, providing excellent opportunity for clinical leaders to learn from each other, and best practice, to support development of improved clinical pathways and services, and inform development of the new community and mental health provider. Clinical leadership is being mapped to emerging ICS structures, including specific roles in the local and primary care board.

Great place to work

STRATEGIC PRIORITY 08 - We will look after the health and wellbeing of our people and prioritise work-life balance

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
To continue to implement our health and wellbeing delivery plan and framework. This includes providing further access to physiological and psychological tools.	CPO	The Health and Wellbeing team have completed a diagnostic assessment in line with the revised NHS England Health and Wellbeing framework (HWBF), which allowed us to develop a clear vision and set of intentions for the Health and Wellbeing Plan. We have rolled out the occupational health (OH) clinical record system, enabling improved data insights and feedback to support continuous OH and HWB service improvement. Access to new services, including EDNA to support neuro diverse colleagues is enabling our people to thrive and bring their whole selves to work. Solent's goal is to ensure every service line, and in the future every team, has a HWB champion. We believe that HWB champions are best placed to recognise the needs of their team and what could work best within their different environments. We have relaunched the HWB Champion model and have plans to recruit more HWB champions and particularly staff in Pharmacy and Medicine, Nutrition and Dietetics and Facilities and Estates, which have low numbers of champions. We are looking at ways we can support our champions in their role with protected time to carry out their responsibilities, complete training, CPD and attend the champion networks.
To deliver our agile working strategy which aims to enable greater flexibility in the working environment. This will include introduction of the 'flex desk' booking system.	CPO	The agile working programme is now BAU, and our Estate Transformation and People teams are collaborating to support the culture shift for staff to agile ways of working, creating future proof environments including the flex desk booking system which has been successfully piloted and extended out to other trusts and service lines at Solent. A further two areas will be operational by the end of Quarter 2. This will be extended to seven more areas by the end of Quarter 3 and four more areas by the end of Quarter 4. We will develop a communications campaign to launch and socialise content of agile working Handbook.
Delivery of the flu vaccination programme and COVID-19 booster programme to our people.	CPO	In 2022/23 the Trust met the CQUIN target of 75% flu vaccination uptake. The Flu programme planning for 23/24 is underway and will commence as from beginning of October and will run through to March, we are considering different models of delivery for this to enable efficiencies and continue to see a high uptake of vaccination amongst our workforce.

STRATEGIC PRIORITY 09 - We will create an inclusive, compassionate culture which addresses inequalities

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

NHS Solent NHS Trust

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
To deliver Solent's WRES (Workforce Race Equality Standards) and WDES (Workforce Disability Equality Standards) MWRES (Medical WRES) and Bank WRES and Equality Delivery System Report (EDS) and analysis data and create appropriate EDIB action plan	CPO	Our detailed EDIB action plan is in place, which describes all deliverables and specific actions and outcomes. Our WRES and WDES indicators have seen some positive improvements, but there remain areas where further work could improve the experience of our colleagues. We have consulted with our Staff Networks to coproduce initiatives and improvements to our procedures, for example reasonable adjustments.
To further focus on improving diversity through our recruitment and promotion practices.	CPO	We have embedded the inclusive attraction, recruitment and onboarding process to support more inclusive language and processes and have plans to develop and train a pool of Inclusion Ambassadors who can support interview and assessment for roles where under representation exists. In 2023/24 further work to introduce ambassadors and inclusive recruitment panels will be a focus.
To implement action plans in response to areas highlighted within our staff survey results and networks which will increase inclusivity and diversity.	CPO	Our detailed D&I action plan is in place and outlines what we are doing to address D&I and how we are measuring success. A range of activities are ongoing to support colleagues across the organisation to have a deeper understanding of inclusion and belonging.

The first round of our Reverse Mentoring Pilot programme is underway, and we will ensure robust evaluation and embedded actions into EDIB plan based on organisational learnings.

The Staff Survey 2022 results were prepared into result packs and delivered to each service line on the same day the national embargo was lifted, which has enabled quick and meaningful discussions in terms of areas of success and improvement |
| Undertake the Big Conversation - a series of Trust wide sessions to promote the discussion and learning around discrimination, how it effects our staff, patients and beyond and what we need to do to tackle it. | CPO | The Big Conversation took place in 2021/22 and the outcomes informed our planning and activity for 2022/23. We have been progressing a range of activity to ensure more inclusive and accessible arrangements are in place for colleagues with a disability and long-term health conditions. This includes work to:
- Review current levels of accessibility across locations within the Trust
- Agree an audit plan for Solent sites and RAG accessibility in order that we can progress an implementation plan for improvement for those areas rated red.
- Collaboration with our Disability Staff network to identify 10 areas for priority action.
- Co-design of a clear and accessible Reasonable Adjustment (RA) Framework, policy and funding arrangements. |
| Implementation of a development programme for our senior service leaders, which includes focus on actively creating an inclusive, compassionate culture which addresses inequalities and creates a sense of belonging. | CPO | We are working with service lines where EDIB and culture is identified as an area of improvement and ensuring EDIB is embedded throughout all workstreams for Project Fusion. This includes Equality impacts assessments being completed and development of a culture, OD and transformation programme delivered in an inclusive way that encourages diversity and improves belonging. |

STRATEGIC PRIORITY 10 - We are committed to embedding new ways of working and delivering care

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

NHS Solent NHS Trust

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
New, more agile ways of working - to shift the culture for our people working flexibly and/or in virtual working environments, enabling our people to feel engaged and safe. This will include the introduction of the 'flex desk' booking system	CPO	There is a dedicated SolNet page to agile working, including a Standing Operating Procedure (SOP), matrix desk booking app, and estates strategy seeking to redesign workspaces to meet staff needs for more agile work environment. We have developed a communications campaign to launch and socialise the agile working Handbook.
Continue implementation of the E-Job Planning tool for Allied Health Professionals and Medics	CPO	This has been continuing as planned and is on track. Medical staffing learning has been incorporated into the professional development for our People Partners and colleagues in the Chief Medical Office to support this work.
Focus on rostering optimisation across the organisation.	CPO	Champions for E-Rostering have been identified across services to support achieve and socialise the message. We are embedding rostering best practice and training across all services, to support optimisation of establishment and support the work life balance for staff. A Workforce suite of dashboards was commissioned and designed in BI during 2022, with roll-out across the organisation due in July 2023, an area of this will be headroom and utilisation to equip services with the intelligence and insight to improve rostering and safer staffing decisions.
To automate our processes to onboarding new starters, to improve efficiency and the joining experience of new members of staff.	CPO	The Oleeo automated applicant tracking system was implemented in July 2022, with training for managers on self-service in August 2022. Self-audit carried out with action plan in place, and culture shift in staff adhering to NHS employment standards. Further training and learning is being rolled-out for managers to optimise use of the system. Reporting function used to understand key performance indicators within our recruitment process.
STRATEGIC PRIORITY 11 - We will develop a workforce which is sustainable for the future		
A refreshed recruitment model to deliver a quality candidate and manager experience.	CPO	Learning from implementation of Oleeo is informing plans to further improve our recruitment model.
Succession Planning review and approach for senior leaders to Band 7 level.	CPO	As part of the Workforce Planning Programme, we will be including our methodology and recording of succession and talent management conversations within this and embedded into Workforce Plans per service, to feed into a Solent annual workforce plan. Workforce Summits were held in Autumn 2022 to support the start of conversations on workforce establishment and performance.
Career progression model review for Apprenticeships.	CPO	There are 161 apprentices on the programme. Our top 6 apprenticeship Programmes are Business and Admin level 3 (28), Registered Nurse Degree (23), Senior Healthcare Support Worker (15), Registered Nurse Degree RNMH (11), Trainee Nurse Associate (9) and Senior Leadership and Management (9).

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
Continuation of investing in International Recruitment and developing our strategy for 2023 though the evaluation of the pilot project to ascertain future requirements, development opportunities and wider scope of potential roles for international hire.	CPO	International recruitment continues to go from strength to strength and we are now fully established as the Lead in HIOW for mental health, community and AHP including OT and podiatry. We are planning to develop a joint International Team with Southern Health, enabling efficiency and an improved offering for our recruits.
Leadership Development – implementation of a suite of line management training to broaden the skills and capabilities of "being a line manager"	CPO	We offer a blended range of bite size materials through to Leadership development programmes. Our development programmes include "Stepping into Management" "Leading with Confidence" a pilot BAME "Leading with Confidence" Programme and a "Leading Beyond the Team" Programme All self-service learning and programme enrolment is located on the LMS
Delivering the Generational Retention Programme (over 50s and newly qualified) to understand what support and development our staff may need as they progress through their later careers, empowering staff to make decisions regarding their career and wellbeing providing career support and options to enable our employees to continue working for us, where this is possible.	CPO	There is a generational programme action plan for early preceptorship and 50+ in place, focusing on retire and return, the newly created 50+ staff network, menopause work, training programmes to support confidence building and coaching specific to 50+.
Review of the Appraisal Process - providing tools and templates and digital functionality via our Learning Management System, to enable development needs and career progression reporting.	CPO	A QI project has been running and using focus groups to review the current appraisal process. The Appraisal Dashboard was reviewed at The People & OD Committee and is due to be rolled out in Q2 of 2023/24 for services to use.
350+ Schools Project - reaching out into schools and colleges to share about the breadth and depth of employment opportunities in the NHS.	CPO	Learner Journey - we continue to engage with the ICS Workforce Development Team to highlight the careers in the NHS via the 350+ Project that reaches into schools and working with the T Level Programme in Colleges. Both initiatives highlight the roles and routes into the NHS (employment, apprenticeships and higher education) to attract the workforce of the future. This project has been recognised Nationally in awards.

Great Value for Money

NHS Solent NHS Trust

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
STRATEGIC PRIORITY 12 - We will improve the experience of staff and service users by implementing digital solutions which optimise existing practice, innovate new practice and enable effective decision making through excellent data and business intelligence.		
To continue to accelerate the function and use of our business intelligence platforms and improve data quality through a targeted programme of improvement.	COO	Over the last year, although it has been challenging to bring in the right resource, a small team of data assurance staff have now been recruited to ensure that the information we rely upon is accurate and trusted. This team is working closely with service lines to understand any areas where data entry and validity is an issue and seek proactive solutions, which could be training needs in using the patient record system, or interoperability and bringing data across from other systems. Data assurance dashboards have been developed to understand and track progress of data quality improvements. The data assurance support roles have now become embedded within most services, providing advice and support to assist services with validation, and identification of key themes and areas of training need. In mental health, the support has been so well received the service line have further recruited into this space with a Data Manager role, who working closely with the data assurance support office, and analytics lead, have started to work through some long-standing challenges with the service line's data. Our Business Intelligence and Reporting function continues to support our Performance colleagues through making data available. Self-service will drive improved DQ through individuals having access to the data required, alongside automated Power BI reporting. The cloud intelligence platform provides additional assurance to the quality of the data used within the organisation, through tight governance processes and the use of a full change and release function, both supporting the organisations view of the single version of the truth. Working closely with services, the data assurance support officers will continue to interrogate, highlight and resolve data quality concerns.
The introduction of minimum digital literacy requirements and a digital competency framework for our people.	CFO	The Digital Workforce sub-group (DWSG) has been formed with four project workstreams identified to support the ambition of adopting a digital mindset: - Creating a digital mindset - Understanding challenges - Knowledge base and training - Digital coaching and innovation Whilst meetings have been held in the year, moving from ideas and intelligence to the implementation of solutions has been delayed through a higher than anticipated need for our internal resources to overcome connectivity issues experienced during the FOM transition. Having concluded the transition of suppliers and networks the teams focus will divert to optimisation of the new operating environment to maximise efficiencies. Going forward – the area of focus is the communication of the Digital Strategy to engage staff, then we can co-design digital coaching and learning activities, including looking at bodies such as Health Education England for any initiatives & material that can be utilised.

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
To create a coordinated organisational mechanism to produce and support new ways of working in all areas of the organisation.	CFO	The Digital Priorities Group (DPG) is the forum for ideas to be brought forward and to date have received multiple requests for items such as the digitisation of referral forms, through to tools to support language translation, and more. The DPG also ensures alignment and input towards projects across the Trust for the digital elements. The new IT Service was implemented in 2022/23 with some immediate changes seen across our sites, such as the roll out of teams' telephony and the company portal to allow standardisation of software available to all employees, empowering the end users through self-service technology. The roll out of new devices is anticipated to conclude June 2023 which will help us deliver better business intelligence and enable our staff to re-imagine new ways of working. Automation trials will inform how Solent could adopt this technology to automate, manually intensive, repetitive processes where possible.
To ensure our innovation can contribute to improved consistency and experience of the end user (be they patient or colleague) within the Integrated Care System.	COO and CFO	Our new Cloud based intelligence platform (PaaS) delivered to steady state in March 23. PHM, datasets are developed. We are awaiting implementation of HIDUU (Health Intent Data Upload Utility) to allow Solent's data to flow into Cerner's PHM solution. As part of Project Fusion, BI are developing an activity dataset with the CSU to support a Fusion data model which will enable a level of uniform data comparison, for reporting/governance etc, across all HIOW community and mental health providers. Local visualisation will be developed to produce dashboards as required from the end of July 23.
STRATEGIC PRIORITY 13 - We will be smarter in how we use resources when delivering high quality healthcare, so that we are environmentally, economically and socially sustainable		
Our Green Plan sets out our approach to minimising, measuring and monitoring this impact. It focuses on four significant areas: **Our Care** – how we reduce our environmental impact by improving the way we deliver care e.g., offering digital care pathways where clinically appropriate, inhaler recycling, medicines and anaesthetic gases management.	CFO	The trust has engaged with a local NHS partner, Care Without Carbon to expedite the co-production of a granular roadmap to our carbon target through stakeholder engagement and analysis of our carbon data. Inhaler switching schemes across our GP practices have been actioned successfully across the identified patient cohort and learning shared with ICB colleagues to support mirroring across the patch. Through our catering provision the implementation of new technologies to minimise food waste and the switching to more sustainable packaging options demonstrate the micro activities happening across the trust to increase the workforce's visibility of the green agenda and the small actions they could all be making at how and the workplace to move us towards our target. Through our apprentices across the trust, we have seen several grass roots ideas being generated through their assessment projects targeting waste and improving our carbon efficiency in the process. An example being a new process for sharps bin ownership and disposal which has reduced duplication and drastically reduced the number of plastics routinely sent for destruction by the trust. Work is ongoing to evaluate and mainstream ideas which have demonstrated success.

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
Our Estate - to reduce the carbon emissions from our buildings, improve recycling and continue to adapt our buildings to future needs	CFO	Whilst Solent was not successful in its bids to the Public Sector Decarbonisation Fund relating to infrastructure in 22/23 the trust has continued to prioritise its internal capital resource to deliver the green plans objectives. Larger impact activities include a series of capital purchases to reduce the trusts reliance on fossil fuels across our freehold sites. Solar panel installations across the Western campus are estimated to provide 30% of the building's energy needs over the next calendar year. Work has commenced to implement a trust fleet of low emission vehicles stationed at Rodney Road with further expansion planned for WCH, Bitterne and Highpoint to allow staff to travel to work via more sustainable means.
Our Supplies - to ensure that environmental standards such as emission reduction, are reflected in all our contracts alongside introducing more social value	CFO	Analysis has been conducted of procurement activity with green impact and social value in mind. Working groups are being established under the Care without Carbon commission to prioritise areas of action. Areas such as disposable instrument is a key area to work through in 23/24 to impact clinical services. Through 22/23 changes through catering and waste management have supported the successful use of single use plastics across the trust.
Our Travel - to reduce our environmental impact by changing the way we deliver care, travel to work and in our day to day lives	CFO	A trust-wide staff travel survey, and a consultant has been appointed to draft the Trust sustainable travel & transport strategy. Supporting this work, a review of the parking permit eligibility criteria has been conducted and an engagement series due to conclude to implementation from May 23 Travel Survey due to closed 30/9/22 informing the trusts action plan to reduce business travel, Work has commenced to implement a trust fleet of low emission vehicles stationed at Rodney Road with further expansion planned for WCH, Bitterne and Highpoint to allow staff to travel to work via more sustainable means. Digital and clinical colleagues are looking at ways in which we can reduce the need for patient journeys and deliver care digitally.
STRATEGIC PRIORITY 14 - We will ensure our built environments provide best value whilst enabling and supporting changes in healthcare delivery and responding to the needs of the population		

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
Change space use and management – There is a significant and increasing demand for physical space within our estate. Whilst many teams have embraced flexible and home working releasing dependency on office space, net demand continues to grow. Community and Mental Health workforce is increasing, Acutest are seeking to place activity away from Hospitals, and Primary Care are seeking to expand their offering. All of this necessitates a wholesale change in our relationships with our buildings.	CFO	The Trust has introduced the Matrix system for hot-desk and room booking across its sites in Portsmouth, Southampton and the Isle of Wight and parking spaces at Highpoint, with a rollout plan for all main locations to be online at the earliest opportunity. The Estates strategy (commissioned on behalf of Solent and Southern) has undertaken a diagnostic to determine future population projections, activity forecasts and a profile around patient acuity and needs. This information informed the Estates strategy due for socialised with stakeholders in Q3 and at Board in November 2022, generating the business objectives for 23/24. Early actions against this strategy are seeing improved system use of key assets, with CCG and Southern colleagues utilising pilot areas of flexible Solent Estate.
Deliver and facilitate change – As the healthcare landscape changes so the space it which it operates needs to. With renewed recognition of the importance in having fit for future, flexible and supportive healthcare environments, large scale capital programmes of change are likely. It will become a system level imperative to deliver high quality, high value buildings effectively.	CFO	As part of the Estates Strategy principles have been drafted for space utilisation and prioritisation, alongside design principles. Most significantly, Solent have recently received approval for its new £20.8m new build Western development, which will greatly enhance patient care, staff environments and form a significant milestone in the Trust Green Plan.

Mobilisation of Western Community Hospital build 17/10/22

Other key estates reconfigurations include the co-location of adults services across Southampton into the Oakley Road site, as scheme due to complete in Q1 of 23/24 and provide a base for better integrated working across Local Authority and Health services for the city. |
| Net Zero Carbon – With a commitment to deliver a Net Zero Carbon NHS for 2040, with 80% by 2032, the NHS Estate collective face possibly one of its biggest challenges. Achieving these targets will require significant physical and cultural change, unseen levels of innovation and inevitably great cost. | CFO | Positive progress has been made through the better utilisation of energy across the trust through a number or initiatives. Examples include the recent Installation of Endotherm additive to all our wet heating systems is estimated to save up to 12% of our heating gas consumption, Endocool has also been added to our chillers at St Marys potentially saving up to 15% of the chillers electricity consumption. The team continue to develop |

STRATEGIC PRIORITY 15 - We will work in partnership and identify opportunities to work effectively at the appropriate scale to address unwarranted variation, improve NHS and community sustainability and ensure effective use of resources.

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
Engage in and drive HIOW planning conversations, seeking opportunities to develop collaborative provider models which improve quality of care and sustainability of services across the HIOW ICS.	COO	The Clinical Transformation group which brings together operational and clinical executives from across Solent NHS Trust, Southern Health NHS Foundation Trust, Isle of Wight NHS Trust and Sussex Partnership NHS Foundation Trust is supporting clinical strategic transformation to improve consistency of care and equity of access, with monthly meetings to monitor progress of the 10 clinical workstreams.
Establish business development priorities through the 2021/22 and 2022/23 business planning rounds.	CFO, COO and CSTO	We launched a new benefits realisation approach to business planning as part of the 2023/24 planning round. Through this process we have defined core transformation and business development priorities across our services lines and corporate functions, for delivery in 2023/24. Metrics and targets have been set for each, which will be monitored through performance meetings and the Trust's Strategy and Partnerships Group, with escalation and summary reporting to Trust Board, where appropriate.
Ensure enough resource, expertise and time is available to support delivery of business development priorities, supported by comprehensive project/programme and change management/transformation toolkits.	CFO and CSTO	Restructure of the Finance team completed in 22/23 to ensure the appropriate resource is available to provide the business intelligence to support service delivery. The team have taken the trust through level 1 accreditation against the national One NHS Finance framework to deliver best practice and critically review existing processes. As part of the Project Fusion workstream the team is working alongside Southern and IOWT to land early combined roles. Recruitment to a joint Primary Care post is due to be completed by early spring, with an expectation more posts are aligned to maximise learning and insight by the end of the financial year. The team are due to progress up the national accreditation levels to move from level one along with Southern and IOWT colleagues. The next submission window for applications is 31 August. A new Operational Development team has been established, reporting into the Deputy Chief Operating Officer, which brings together project and transformation resources. Their work is prioritised based on 23/24 objectives.

Strategic Priorities – 2022/23 Delivery Commitments- Closure Report

Delivery Commitment	Exec Lead	Our Evidence – How we can demonstrate progress
Develop, resource and implement a comprehensive approach to delivery of social value as a local anchor institution.	CSTO	We have embedded Social Value into our procurements and our thinking within the Trust, in line with the Public Procurement Notice PPN 06/20. Specific actions taken in year are reported via the Trust's Finance and Infrastructure Committee and include: • All procurements include 10% evaluation criteria which test suppliers' plans to deliver social value to our local communities. • Our Commercial and Community Engagement teams are working together to look at how we can support our local SMEs and Social Enterprises to bid for NHS work and are planning sessions to take this forward. • As part of a project to improve non-pay controls, we are currently working with the Estates and Facilities and Community Engagement Teams to identify and prioritise use of local community facilities such as halls, church venues and other community supported venues, to ensure where possible we spend money with our local communities. As we progress Project Fusion, we will our community and mental health partners to establish a working group for Social Value and consider how Social Value will be embedded into the new HIOW community and mental health provider.

Title of Paper	**Oversight Framework 4 and Recovery Support Programme**
Date of paper	**7ᵗʰ July 2023**
Presentation to	**Board In Public**
Item No.	**12**
Purpose	• NHS organisations across Hampshire and Isle of Wight have a combined financial deficit that is challenging and as a result are implementing a joint recovery plan to transform health and care services. • To support this work all NHS partners made a request to enter the NHS England Recovery Support programme. • Following NHS England Regional and National decision making, all NHS organisations in Hampshire and Isle of Wight have been moved into Oversight Framework 4/Recovery Support Programme. Formal notification of this move was received 1 June 2023. • This paper outlines the key next steps following this notification.
Author(s)	Tara-Lee Baohm, Deputy Director of Assurance, Hampshire and Isle of Wight Integrated Care Board
Executive Sponsor	Andrew Strevens, CEO
Executive Summary	NHS organisations across Hampshire and Isle of Wight have a challenging combined deficit for 2023/2024. We have begun the journey of significant transformational change working closely with partners across the Integrated Care System (ICS) to ensure greater efficiency and long-term sustainability of services. Working together to bring the system back into balance and living within the allocations provided is a collective priority. We are in a good place to do this as our partnerships are already well established and we are already working with our people and our communities on this journey of transformation. Given the scale of the challenge the ICB along with NHS provider Chief Executives sought help from NHS England by proactively seeking to enter the national recovery support programme. This has enabled the system to secure support from NHS England to support the system in delivering the scale and pace of transformation needed whilst delivering other key commitments to improve access, reduce waiting times and reduce health inequalities as set out in the ICB response to the 2023/2024 national planning guidance. This paper sets out the financial context and recovery approach that the ICS is taking, provides more information about the recovery support programme and what this means, and sets out the governance framework for the system.

Action Required	**For decision?**		**For assurance?**	x
Summary of Recommendations	The Board is asked: • To note that following NHS England Regional and National decision making (27 April and 16 May respectively), all NHS organisations (including the Integrated Care Board and all of the NHS Trusts within the Integrated Care System, including Solent NHS Trust), have			

	been moved into Oversight Framework 4/Recovery Support Programme. Formal notification of this move was received 1 June 2023. • To note that all NHS Boards in Hampshire and Isle of Wight will move into Oversight Framework 4/ Recovery Support Programme and associated regulatory undertakings with NHS England. • Boards within the HIOW ICS have discussed this within their respective Private Boards (within Solent at the meeting held 3 June 2023) and a collective representation has been made back to NHS England on behalf of the system. • To note the proposed assurance and oversight structures for the system recovery plan via Integrated Care System architecture.				

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

Previously considered at	July 5 Confidential Board

	Great Care		Great Place to Work		Great Value for Money	
Strategic Priority this paper relates to	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				

Please provide details of the risks associated with the subject of this paper	The scale and pace required to return the Integrated Care System to financial balance will be challenging. To support, the system will be provided with improvement support from NHS England. In addition, a new system wide assurance and oversight infrastructure is proposed to maintain grip and control.

Regulatory and legal implications (e.g. NHS England/Improvement ratings, Care Quality Commission essential standards, competition law etc)

Following NHS England Regional and National decision making (27 April and 16 May respectively) all NHS organisations in Hampshire and Isle of Wight have been moved into Oversight Framework 4/Recovery Support Programme.

Regulatory undertakings will be agreed between NHS England and all NHS Boards.

Financial implications / impact (e.g. cost improvement programmes, revenue/capital, year-end forecast)

A system wide financial recovery plan is being implemented. Trust Chief Executives, Chief Finance Officers, and clinical leaders will take key leadership roles across the six key programmes of work which will support delivery of financial recovery and balance.

Delivery of the system recovery plan will be overseen by the Integrated Care System Recovery and Transformation Board

Specific communications and stakeholder/staff engagement implications

A joint communications and engagement plan is in place. The Integrated Care Board communications team will lead on behalf of the Integrated Care System.

Patient / staff implications (e.g. linked to NHS Constitution, equality and diversity)
Entry into Oversight Framework 4/Recovery Support Programme is being driven primarily on the basis of the combined financial deficit. There are no specific concerns regarding the quality of care for our patient population, that have driven the move into the Recovery Support Programme.

Equality and quality impact assessment
Quality/equality impact assessment processes have been built into the system recovery assurance and oversight architecture.

Data protection impact assessment
N/A

Impact on/implications for health inequalities
Quality/equality/health inequality impact assessment processes have been built into the system recovery assurance and oversight architecture.

Previous considerations by the Board
N/A

Background papers / supporting information
Appendix: Public Board RSP Paper Final

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

Level of Assurance *(tick one)*	Sigificant		Sufficient		Limited		None	
Assurance Level	**Concerning the overall level of assurance the Board is asked to consider whether this paper provides: Significant, sufficient, limited or no assurance and, whether any additional reporting/ oversight is required the Board**							
Executive Sponsor Signature								

Annex
Introduction

NHS organisations across Hampshire and Isle of Wight have a challenging combined deficit for 2023/2024. We have begun the journey of significant transformational change, working closely with our partners across the Integrated Care System (ICS) to ensure greater efficiency and long-term sustainability of services. Working together to bring the system back into financial balance and living within the allocations provided is a collective priority.

We are in a good place to do this as our partnerships are already well established and we are already working with our staff and our communities on this journey of transformation. Given the scale of the challenge, the Integrated Care Board (ICB) - along with Chief Executives from our NHS Trust providers - sought help from NHS England by proactively seeking to enter the national Recovery Support Programme (RSP). This has enabled the system to secure support from NHS England to help us deliver the scale and pace of transformation needed whilst also delivering other key commitments to improve access, reduce waiting times and reduce health inequalities. These additional commitments are set out in some detail in our response to the 2023/2024 national planning guidance.

This paper sets out the financial context and the approach to recovery that the ICS is taking. It also provides more information about the recovery support programme and what this means the system governance and sets out the governance framework for the system.

Financial Context and Recovery Approach

NHS organisations across Hampshire and Isle of Wight have a combined financial deficit that is significant and challenging. In order to tackle this we have developed a joint recovery plan to transform health and care services and we are now implementing this.

The approach to system recovery consists of establishing both grip and control of cost within and across organisations, and the delivery of five transformation programmes to address the operational and financial challenges within the system. We already have some agreed processes in place that provide consistent control for key areas, most significantly the management of temporary staffing spend.

In addition, a distributed leadership model for delivery of the system recovery plan has been agreed, with Trust Chief Executives, Chief Finance Officers, and clinical leaders, taking key leadership roles across five key transformation programmes of work as follows:

- Elective Care
- Urgent and emergency care
- Discharge
- Local (primary and community) Care
- Workforce

In addition, each organisation has developed an individual organisation recovery plan. The combined intention of both the system recovery and the individual organisation recovery plans is to ensure financial recovery and longer-term sustainability across Hampshire and the Isle of Wight.

The ICB Board will receive reports on the system position and its progress towards recovery at each of its meetings.

Recovery Support and Exit Criteria

Following NHS England regional and national decision making, all NHS organisations (the Integrated Care Board and all the NHS Trusts within the Integrated Care System, have been moved into Oversight Framework 4/Recovery Support Programme. We received formal notification of this action on 1 June 2023.

This NHS England support package will include a System Improvement Director, appointed by NHS England. This Director will work with system partners to develop a detailed support offer and will provide oversight and co-ordination of the support package.

As a result of entering the Recovery Support Programme, all NHS Boards in Hampshire and Isle of Wight will be agreeing regulatory undertakings with NHS England. These will be discussed in draft, in private board meetings and a collective representation will be made to NHS England, on behalf of the system, for approval prior to formal publication.

A formal entry meeting into the Recovery Support Programme will take place with the National NHS England team in due course.

As reflected in NHS England's Recovery Support Programme entry letter, the Hampshire and Isle of Wight system will exit the Recovery Support Programme when we have:

- Developed a system wide recovery plan, including a financial improvement trajectory, which aims to secure financial sustainability and recovery,
- Demonstrated the impact of the HIOW system priority programmes (including but not limited to Urgent and Emergency Care UEC, elective, community and primary care, discharge, and workforce) are contributing to the effective, sustainable delivery of the system-wide recovery plan and the financial improvement trajectory,
- Ensured system-wide governance and oversight processes are in place to oversee delivery of the system recovery plan, and
- Taken all reasonable steps to deliver the milestones and financial improvement trajectory within the agreed system recovery plan without adversely impacting delivery of other national operational planning priorities (unless specifically agreed with NHSE) or the quality of care for patients.

As a next stage we will codevelop (between NHS England region and system leaders) the specific evidence that will be required to demonstrate delivery against these exit criteria. Our delivery will then be monitored and tracked through the governance framework set out later in the paper.

System Governance

The proposed assurance and oversight arrangements are set out in the diagram below. This will ensure the system financial recovery plan is jointly owned and overseen by NHS partners across the system.
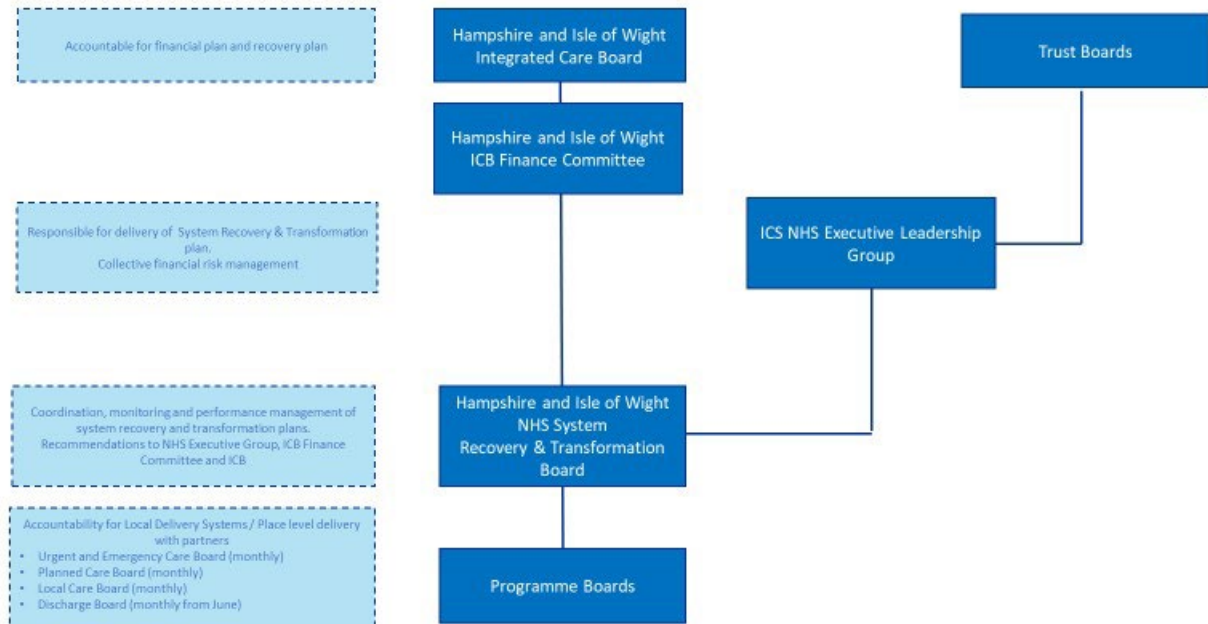
Other assurance arrangements will remain in place to maintain assurance and oversight of non-financial operational and strategic priorities. Boards will be provided with updates that set out delivery against the recovery programme. Tri-partite meetings will continue to take place quarterly between Trusts, the ICB and NHS England South East region.

Estates & Facilities Strategic Plan

2023 -25

Introduction and context

This document seeks to outline a strategic approach to the planning, management and optimisation of all Solent NHS Trust owned and occupied estate.

It will consider the healthcare system context in which the community and mental health trust operates, and set out a framework and some principles upon which to base decisions around existing owned assets and other space occupied and used by Trust staff and patients. It will outline proposed short, medium and long term objectives with areas for further action and consideration which will enable and support the Trust to respond to future strategic, operational and financial pressures.

The NHS is large, complex, and constantly evolving to meet the changing needs of a varied population. As society grows and changes, so do the healthcare demands of its population, alongside the introduction of new technologies and innovations which continue to enhance healthcare capabilities and expand the horizons of clinical care. Success in reactive and preventative healthcare over time has resulted in longer life expectancy and on average more active and productive years, with individuals increasingly living with and managing multiple longer term conditions. While this trend is extremely positive for the population, it has driven increasing healthcare demands and the need to find further innovative ways to do more with less.

The broad challenge then for our healthcare estate is to recognise and react to this evolution, to be responsive to new service models, innovations and technologies while maintaining safe, inviting and supportive environments in which to give and receive care. To improve our facilities and provide for these future services, in an environment of finite resources, it is increasingly necessary to plan as far in advance as possible. Delivering buildings that meet future cost, quality and sustainability demands, at a rate that keeps pace with this increasing demand.

Contents

Front page: How our new rehab wing at the Western Community Hospital, Southampton, could look

This page: Creating our combined health hub at Eastleigh

Refurbished reception area at Bitterne Health Centre

Inset: Peaceful garden area at Oakdene, St James' Hospital

It is clear that the impact on the provision of community-based healthcare services over the coming years will be significant.

Innovative ways of doing this seek to shorten build times through use of off-site construction, partnering with contractors to reduce lead-in times and standarising where possible to reduce design time and complexity. What we need to do going forward, however, and what this document seeks to start to discuss, is becoming less reactive through siloed working, and more proactive as a wider healthcare system. To bring into estate planning an understanding of the future needs of a future population, and an inherent ability to change and flex buildings to meet these needs. This siloed approach in the NHS over past years has left in pockets a legacy of buildings in the wrong place, services underprovided for and working environments unfit for the needs of modern patients and healthcare professionals. Planning in this way also ensures we make the best use of finite resources, making the greatest impact as opposed to spreading resources thinly with blunted impact.

In recent years, the NHS has led the national response to the COVID-19 pandemic. This international crisis necessitated an unprecedented and highly coordinated response. While the numerous organisations and individuals that make up the NHS reacted swiftly and decisively in areas such as increasing capacity,

redirecting flow and vaccinating the population, the pressure and impact of the pandemic took an already stretched system closer to the brink of collapse than it has likely ever been before. While the wider population comes to terms with the tragic events of these recent years, the NHS is left with legacy of covid, but is also learning from some of the positives from this period.

At time when the required pace of change saw, among other things, decision-making processes streamlined, organisational boundaries eroded and alternate clinical delivery models introduced that brought care out of acute hospitals and into the community.

The NHS Long Term Plan sets out an ambitious and necessary shift of healthcare related activity in seeking to prevent more of the population from becoming acutely unwell, and where acute intervention is needed, ensuring the length of stay is no longer than necessary. While intuitive and simple in theory, this solution has proved challenging to deliver not least as a result of an ageing and increasing national population, individuals often living longer and with multiple longer term conditions, and a lack of capacity in the 'out of hospital' space.

It is clear that the impact on the provision of community based healthcare services over the coming years will be significant. Populations will become larger and increasingly unwell, leading to growth in demand coupled with a shift away from acute focused care. Initiatives will target ways of increasing flow through the acute sector, principally looking at those who do not need to attend or can be discharged at an earlier point in their care.

In beginning to consider an Estates Strategy which responds to this changing need it is quickly apparent that it is not possible to plan for Solent NHS Trust built assets in isolation. Instead we need to consider Solent as part of the broader system, with multi-occupancy assets that are of their place, serving the population in which they sit, rather than of their organisation.

This approach has timely synergy with the recommendations set out in the ICS commissioned 'Independent Review of Community and Mental Health Services across HIOW ICS'. Principally the recommendation that a new single provider of these services be created, and so making it necessary to consider a joined-up longer term approach. From this, we will be able to make informed decisions within respective organisations in advance of any potential new Trust formation.

Hampshire's population is older and ageing faster which has implications for current and future health and social care needs. There is increasing ethnic diversity with distinct areas of greater diversity in districts such as Basingstoke and Deane and Rushmoor. The ethnic minority population has a younger structure than the white population, potentially presenting different health

and social care needs. Overall, Hampshire is considered a fairly affluent county but marked inequalities exist within the area.

The Health Index data, developed by the Office for National Statistics (ONS), suggests Hampshire's population has better overall health compared to England, but this has worsened between 2015 and 2018. This data suggests physical health, mental health and musculoskeletal conditions are all worse in Hampshire than the average in England and have deteriorated further. These areas will have been significantly impacted upon further due to COVID-19.

Across Hampshire, life expectancy improvements have slowed, particularly in females and in the more deprived areas. While life expectancy is one important measure of health, how long a person can expect to live in good health is an even more significant measure of quality of life. Healthy life expectancy in Hampshire has decreased for both males and females but this decrease is greatest in females.

The patterns and trends observed are similar to the national picture and suggest that, before the pandemic, improvements in our population's health had stagnated and, in some areas, deteriorated.

The Living Safely with COVID report stated that "health outcomes are driven by a wide range of factors. If we are truly going to 'build back fairer' we need a comprehensive recovery strategy that incorporates preventative action at every level."

Older people, ethnic minority groups and those living in deprived areas were disproportionately affected by the severe outcomes of COVID-19.

On 7 January 2019, the NHS Long Term Plan was published. It set out ambitions for service delivery to meet the growing demands. The key aspects are to:

- **ensure** everyone gets the best start in life (support for new mothers, children with obesity, cancer, and mental illnesses)

- **deliver** world class care for major health problems (prevention, early diagnosis, and better mental health support)

- **support** people to age well (encouraging more independent care, improving care homes, and providing more funding to primary and community care)

NHS England's vision for the future of NHS services is based around a system-wide set of changes to deliver new models of care that recognise the need to ensure delivery of the right care, in the right place, with optimal value.

The new models of care are founded on the integration of primary, community, and social care, alongside an expanded range of services delivered in a local community setting.

Further significant commitments in the NHS Long Plan include the:

- **creation** of a comprehensive offer for children and young people, from birth to age 25

- **redesign** of core community mental health services (by 2023/24)

- **development** of primary care networks

The plan recognises the growing demands on a system that is already out of capacity and the impact of the aging population on this increasing demand.

"A well thought-out estate strategy is essential to the provision of safe, secure, high-quality healthcare buildings capable of supporting current and future service needs. An estate strategy cannot be developed in isolation. Rather, it is an integral part of service planning."

Developing an Estates Strategy, Department of Health

Unit 6 at our combined health hub, Eastleigh

Population health

Agile work space at Block B, St Mary's Community Health Campus

Child-friendly area for younger patients and visitors at St Mary's Hospital

To plan effectively where health estate should be in the future, its size and what services it needs to cater for, we need to understand the population size and needs within an area.

Hampshire County Council's Joint Strategic Needs Assessment (JSNA) looks at the current and future health and wellbeing needs and inequalities of a population. It can be used as a basis on which to plan and commission health and wellbeing services within the Hampshire area. Within the Hampshire and Isle of Wight (HIOW) Integrated Care System (ICS), significant work has been undertaken to analyse and understand ill health trends and their causes, and what can be done to tackle them.

HIOW ICS – Emerging Strategy

A picture of worsening health outcomes:
- Before the pandemic improvements in our population's health had stagnated and in some areas deteriorated, this is particularly evident in Southampton, Portsmouth and on the Isle of Wight.
- Data suggests worse outcomes for those with a history of non-communicable diseases such as obesity, diabetes, heart disease, hypertension and poor outcomes for those living in more deprived areas. The same pattern is true for experience of COVID-19 and long COVID.
- Southampton and Portsmouth have higher rates of all avoidable mortality compared to England and the Southeast. The Isle of Wight has higher rates than the Southeast. While preventable mortality is significantly higher in males and all people living in the most deprived areas.
- Demographic factors such as age and gender correlated with higher rates for severe health outcomes, hospitalisation and death due to COVID-19. Older people and males across the ICS were disproportionately affected by these severe COVID-19 outcomes.

Years lived in poor health is increasing:
- Mental, behavioural and musculoskeletal disorders represent the biggest burden of years of life lived with disability.
- Sight loss becomes a major cause of disability in older age along with other long term conditions such as dementia.
- The most vulnerable people suffer poorer health and die younger, e.g. people with learning disabilities (life expectancy 14 years less for males and 18 years less for females), homeless people, veterans, gamblers, carers, people with mental health needs (e.g. a person with schizophrenia typically dies up to 20 years earlier and the last seven years in poor health).

Service planning can become more targeted:
- The Diabetes, Cancer, Long Term Conditions, Cardiovascular Disease risk factors and Mental Health prevalence data have some age, gender and deprivation proxy data to help inform service locations.
- Data from condition and population specific needs assessments and forecasts exist at CCG/LA level to inform service-specific planning.

Covid vaccination trial centre, Royal South Hants Hospital

Hampshire will see a 5-10% population growth by 2043.

Hampshire's proportion of people aged 75 years and over will increase.

People in disadvantaged areas are at greater risk of having multiple conditions at an earlier age.

Southampton and Portsmouth have higher rates of avoidable mortality compared to England and the Southeast.
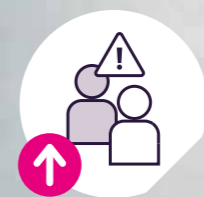
Vulnerable Coastal and Left Behind Neighbourhoods have higher levels of poor health, particularly heart disease, diabetes, cancer and COPD.
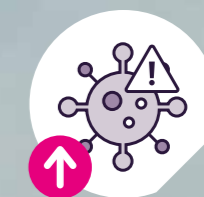
In Hampshire, life expectancy is lower and people are more likely to die of COVID-19 than the national average.

Covid vaccination centre at Basingstoke Fire Station

Using current HIOW CCG activity data for Solent, Southern Health and the Isle of Wight we can see the impact of projected population growth over the next 20 years to 2043. While these figures use population growth only and do not account for the worsening population, they offer an informative baseline.

8%
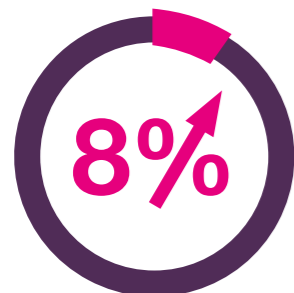
increase in total patient contacts
IoW up **5,355**
Solent up **6,498**
Southern up **32,731**

8%
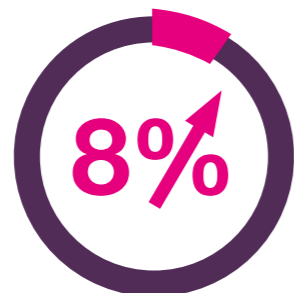
increase in occupied bed days
IoW up **1,236**
Solent up **1,050**
Southern up **11,667**

8%

increase in inpatient admissions
IoW up **35**
Solent up **33**
Southern up **143**

Areas of deprivation

The index of multiple deprivation is a way of summarising how deprived people are within an area, based on a set of factors that includes their levels of income, employment, education and local levels of crime. Those in more deprived areas experience higher levels of health inequality, shorter life expectancy and increased healthcare need. Within the ICS, several population groups experience increased health risks and poorer outcomes when compared to the national average. This was also found to be the case through the course of the COVID-19 pandemic, with deprivation and inequality correlating with a worsening in health outcomes.

With these populations attracting the greatest healthcare need, it is important to understand where they are and in what numbers. By doing this, we can better plan geographically where future service provision will need to be located for best effect. Most notably in Hampshire these areas are clustered in and around Southampton, Portsmouth and Newport on the Isle of Wight.
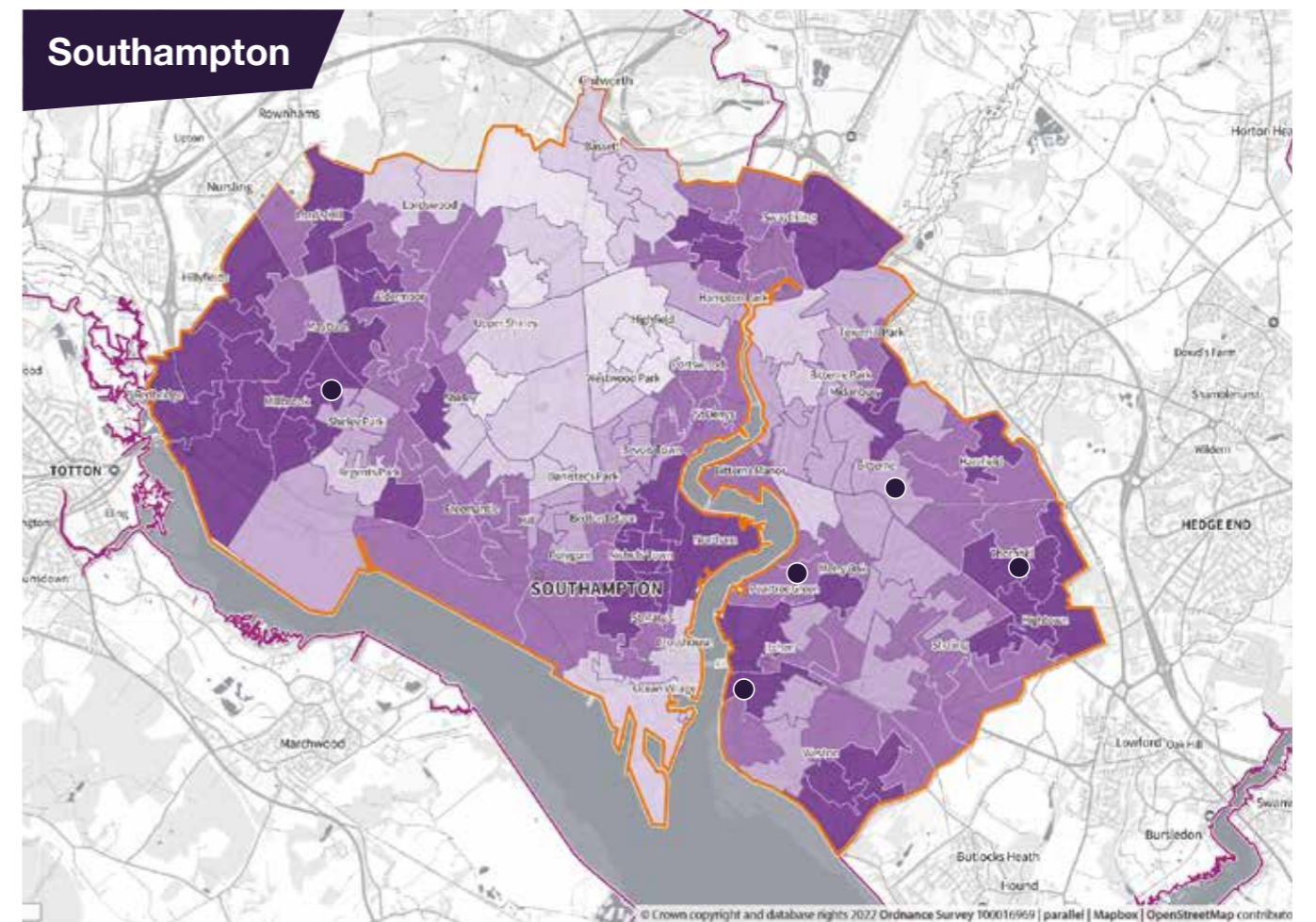
Southampton

- Southampton is ranked the **55th** most deprived out of 317 local authorities in England.

- **28%** of the population live in neighbourhoods within the **20%** most deprived nationally.

- Southampton is ranked third worst in the country for crime deprivation and within the worst **20%** of local authorities for five other deprivation domains.

- While Southampton has a relatively young population, it experiences higher rates of deprivation, diversity and pre-existing disease than neighbours.

- A shift towards an ageing population is forecast for the city.

Portsmouth

Isle of Wight
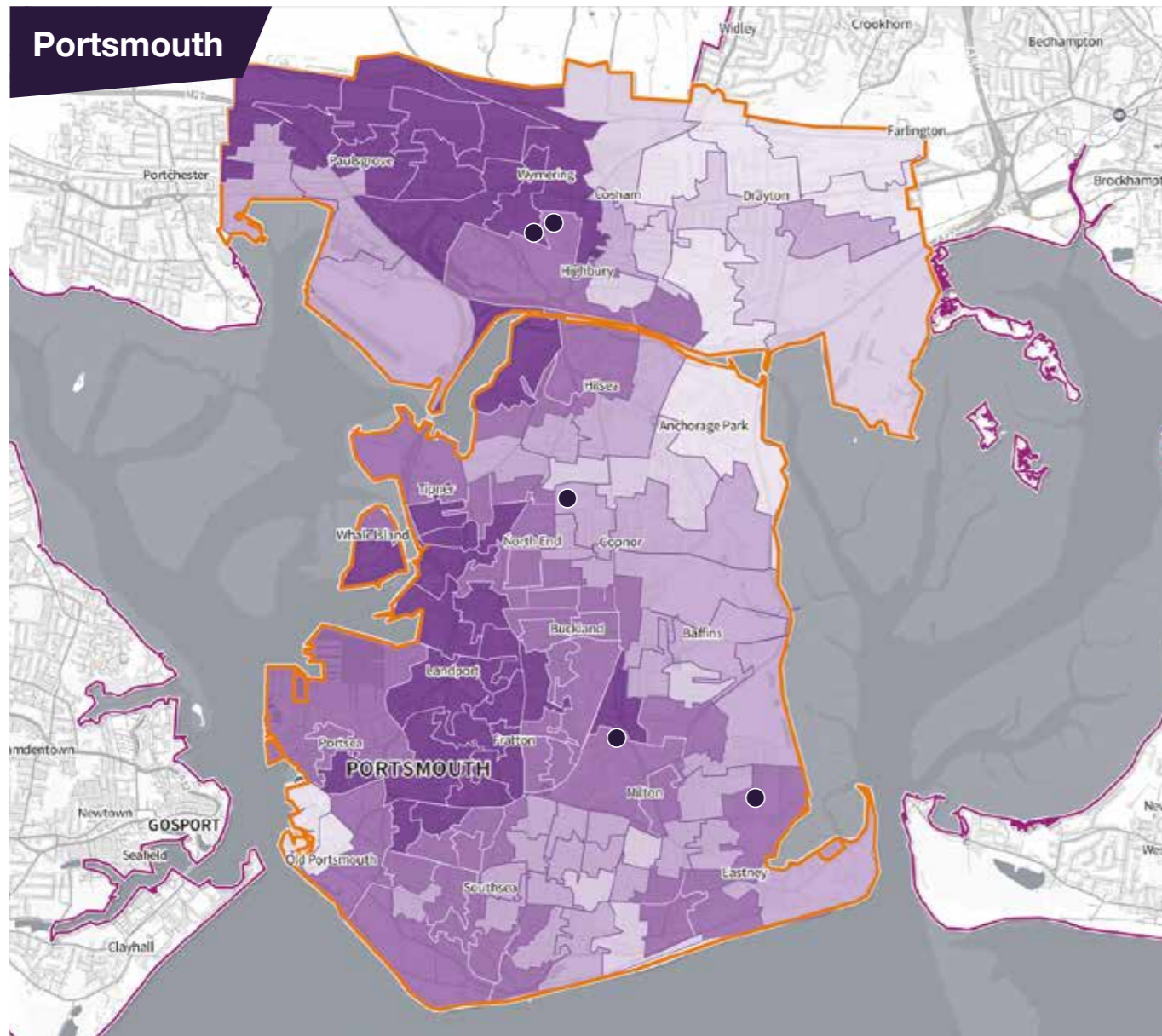
- Portsmouth is ranked as **57th** most deprived out of 317 local authorities.

- **13%** of Portsmouth's population live in the 10% most deprived areas nationally, and over **60%** are in the most deprived two quintiles.

- **25%** of households in Portsmouth are in relative poverty (below 60% of median income after housing costs but this is as high as 45% in some smaller geographies).

- In 2019/20, **17%** of children were in absolute low-income families (before housing costs). This varies from **29%** of children in the most deprived ward to **7%** of children in the least deprived ward.

- Standardised premature morality ratios in more deprived areas are twice that of the England average. The areas ranked as the 10% most deprived have significantly higher mortality rates when compared to the 10% least deprived areas.
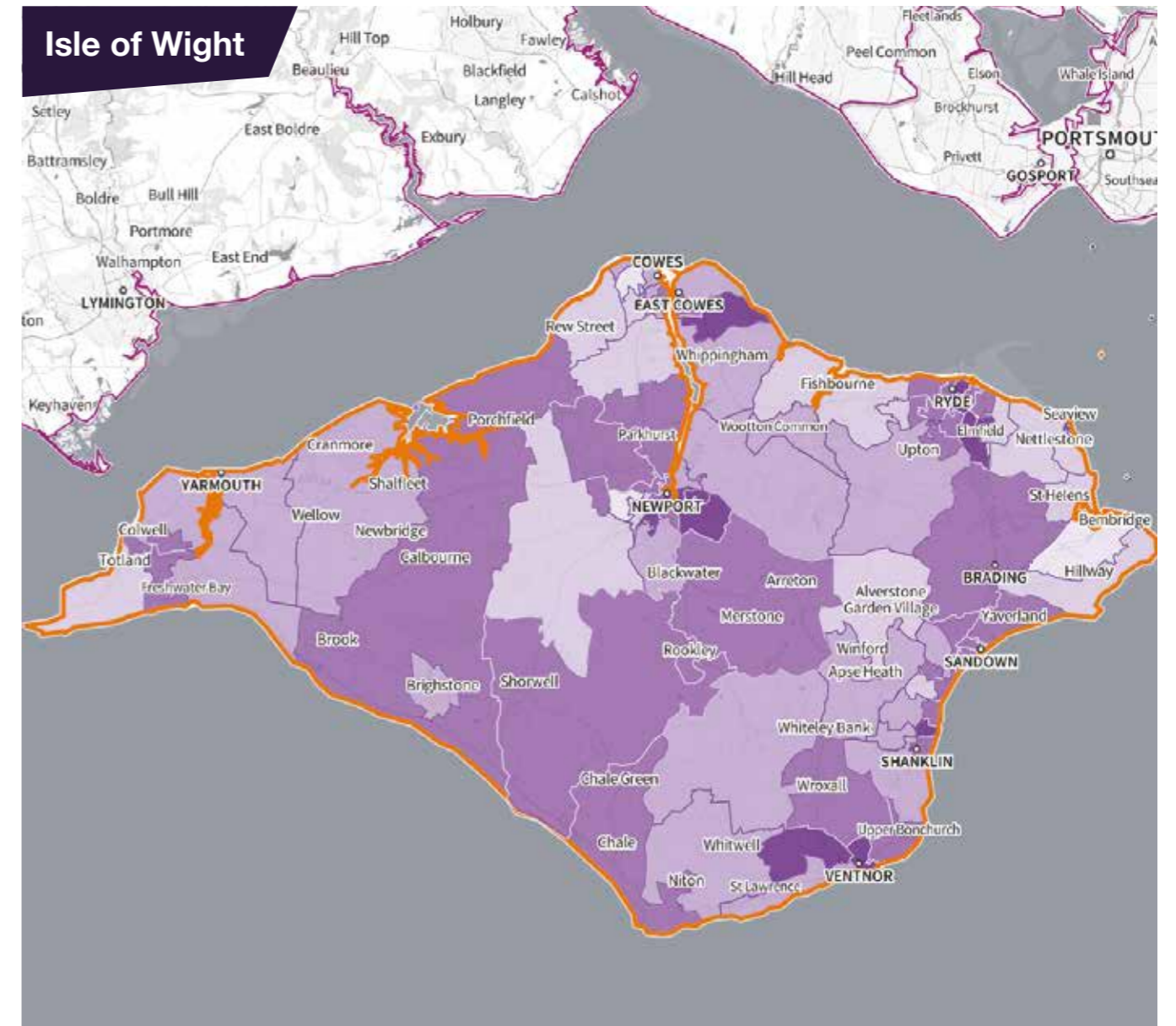
- The Island is the **80th** most deprived authority in England (out of 317), with pockets that fall within the most deprived areas in the country.

- The urban towns of Cowes, Ryde, Newport, Shanklin and Sandown hold **69%** of the Island's population. A further **21%** of the population live in fringe areas, while the remaining 10% are in rural villages.

- **92.7%** of the Island's population are resident in areas defined as coastal. The Chief Medical Officer's 2021 Annual Report outlined that coastal areas have lower life expectancy and higher rates of many diseases in comparison to non-coastal areas.

- **12** areas on the Island are among the top **20%** most deprived in England, including Cowes, Newport, Ryde and Ventnor.

- Just over half the population of the Island lives in an area which is in the three deciles of highest deprivation.

System working and site masterplanning

Aerial view of our Western Community Hospital site in Southampton

Both local and national commentary describes great variation throughout the NHS, but also significant duplication of effort.

The NHS largely also fails to take advantage of its significant buying power, particularly within local markets. Both aspects can be very easily seen within the estates space, with multiple estate teams within the Hampshire system working on very similar, if not identical, work streams; largely experiencing the same challenges and producing very similar outcomes.

Most notably is the degree of separation between Solent NHST and Southern Health NHSFT. Both being community and mental health providers, operating in the same geography, and often having reciprocal agreements for space. With identical challenges in many regards, Solent and Southern teams perform virtually the same functions independently. While the ongoing "Fusion" programme of work aims to bring together these organisations into a single provider, there are definite benefits to aligning these provisions in the shorter term, including areas such as economies of scale for contracted suppliers, joint recruitment and retention efforts, and capital programme resourcing.

Alongside the clear benefits to working closely with partners within the NHS, Solent will continue to engage with such parties as local authorities, police, fire, volunteer groups and national ICS forums to leverage wider benefits and make best use of public sector resources.

As we begin to apply the various principles and approaches to the Solent occupied estate, we find a number of key strategic locations emerging. In considering each site, what services they currently house and what will be required of them into the future, we support the development of emerging clinical models.

Primary care

It will be necessary to decide what role the community provider, and notably their approach to estate, within the ICS should play. As a large service provider and property owner, the organisation is uniquely placed to understand clinical pressures, but also assess solutions.

Primary care across the ICS faces challenges including increasing workload and staffing numbers under initiatives including the Additional Roles Reimbursement Scheme (ARRS), and the continued investment in community based mental health. All Primary Care Networks (PCNs) are being asked to consider their estate strategies, and as individual collectives it is reasonable for many to conclude they need more space, often in the shape of unfeasible or unaffordable building extensions.

In addition, the historic model of partner ownership of estate, whereby GP practice partners owned and leased back the building as an investment, is becoming increasingly volatile and often now a significant liability. It has been documented that GPs are increasingly seeking the relative comfort of more secure salaried positions. For these and many other reasons, the community provider may be well placed to provide, for example, larger place-based solutions, bringing together multiple parties to create a more efficient, workable space.

Our Eastleigh health hub

Refurb project at Bitterne Health Centre

Going, going, gone... demolition under way at Western Community Hospital

Western Community Hospital main entrance

Southampton estate

Portsmouth estate

South

The south of Portsmouth encompsses the main high street with Solent occupying well located space within the Portsmouth Civic Offices. With a number of teams based here, this location enebales closer working with social care colleagues and improved utilisation of public estate.

Central

In the centre of Portsmouth, Solent own the freehold to the St Mary's Community Healthcare Campus, and the retained portion of St James' Hospital Campus. Respective plans for these sites will see future growth and optimisation. Strategically, St Mary's forms the community hospital within the city and should become the focus for all down streaming of activity from the acute. Services including diagnostics and outpatients should be included in the growth of this site, with a key enabler being parking and wider public access.

For St James', this will become an optimised mental health campus, collocating wards and clinical teams with a view to creating a centre of clinical excellence. There is unique potential to further develop the retained area of this site, where other mental health sites within this locality lack the space and condition to enable a campus colocation.

North

We have seen from the population statistics that the north of Portsmouth includes some notable areas of deprivation, which through mapping appears to be under-subscribed in terms of healthcare provision. This has led to current work by the local authority to look into creation of a multi-disciplinary hub in Cosham, in the north of Portsmouth. Redeveloping Cosham High Street and creating a universally accessible, multi-disciplinary venue which will include community health teams. Solent will continue to support and enable this important and progressive programme of work.

Within the financial year 2023-25, the Solent EFM Team will:

- **Estate 1** – Review all leased accommodation for potential economies and relocations.

- **Estate 2** – Produce costed estate masterplan feasibility studies for all major campus estate.

- **Estate 3** – Develop system site clinical headline strategies to inform occupancy prioritisation and development plans.

East

While the west and central areas of Southampton have significant centres of healthcare provision in the main Southampton General Hospital, Western Community Campus and the Royal South Hants Hospital respectively, the east of Southampton is less well provided for. Solent owns and leases a number of properties on the east of Southampton, however current ongoing areas of strategic note include Bitterne Health Centre, Westwood House and Highpoint.

West

In the west of Southampton, Solent's main site is the Western Community Hospital Campus. This freehold site includes the main hospital building, as well as the Orchards building and adjacent Broadcast House. Also included

as part of this campus is the Adelaide LIFT building and nearby NHS Property Services owned Oakley Road office building. In line with efforts to optimise sites for future capacity and centralisation, the Western campus is undergoing a master-planning exercise, with parallel system engagement around future models of care for the site.

Central

The prominent healthcare feature of the centre of Southampton is the Royal South Hants Hospital site. This community hospital campus is due for rationalisation following relocation of the Solent Brambles and Fanshawe wards to the Western Community Hospital. For Solent, as part of the wider system, it will be important to consider what services are appropriate to remain on this site and which may not be geographically bound to the RSH as a delivery hub.

Block B at St Mary's Community Health Campus

Existing estate

Gently does it … a new ventilation unit
is lowered on to the roof at Bitterne Health Centre

The built environment occupied by our teams, and within which clinical services are delivered, has a significant impact on the effectiveness and quality of care received. A patient's perception of the care they are about to receive can be greatly influenced by their first impressions of the facility in which that care is to be delivered. A well-presented, well-maintained, and well-designed environment can simultaneously reduce anxiety within a patient, and give them confidence in the care they are about to receive. This applies equally to staff and visitors within environments that are well designed and maintained. With a number of leasehold and freehold properties spread across the county, Solent staff occupy a wide spectrum of cost and quality buildings.

260+
members of staff

27
freehold properties
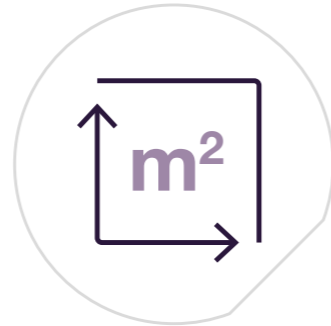
44,257sqm
of freehold floor space

62
leased properties
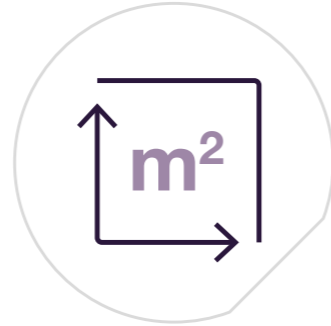
25,206sqm
of leasehold floor space

£80sqm
Least expensive cost per sqm

£739sqm
Most expensive cost per sqm

6,000 tonnes CO2 pa
NHS target of Zero by 2040 for direct emissions

30,000 tonnes CO2
NHS target of Zero by 2045 for all indirect emissions such as suppliers

Solent NHS Freehold Properties

The footprint currently occupied by Solent services is reflective of the nature of community-based healthcare provision. With a modest number of freehold properties located in Southampton and Portsmouth, and then a larger quantity of leased accommodation spread geographically across Hampshire and the Isle of Wight.

It is primarily the freehold estate that houses the majority of services, with a range of in-house estate services operating and maintaining these properties. The more geographically spread occupancies tend to employ a combination of local services.

Over recent years, the estate has seen some sustained backlog investment; this has been prioritised towards high and significant risk areas which have largely been life safety system replacements. This does, however, mean that areas requiring further investment include building fabric both internal and external, with further sustained investment needed in order to improve fabric performance, reduce risk of failure and improve quality and aesthetics.

Building our new rehab wing at Western Community Hospital, Southampton

Building and environmental design

Sneak preview of our new rehabilitation wing being built at Western Community Hospital, Southampton

Four-bed bay at our new rehab centre
at Western Community Hospital

With increasing demand on space, we need to return to base principles.

Initially, we need to explore the actual need for space and investigate alternative ways of addressing the issue. Secondly, we can better use what space already exists and finally we can increase the capacity and flexibility in an effective and sustainable way.

Reducing the need

Avoiding estate need is the first consideration for clinical services. A significant shift has happened in the way technology changes how care can be provided, along with conditions now considered more acute, and associated length of stay. Innovations that allow minimal patient manipulation can now be addressed as outpatient procedures. Clinical models with shorter lengths of stay reduce the need for a physical increase in the estate. For example, halving the length of stay for

a cohort of patients will enable clinicians to see twice as many people with the same number of beds, or indeed to halve the number of beds.

Caring for patients, particularly closer to home with the advances in technology, is very much a thread running through the NHS Long Term Plan. An example of this is the move toward 'virtual wards' which allow patients to remain in their own homes, attached to various telemetry, with which community-based clinicians monitor and respond to changes in patient need.

As this trend continues within the community, we will see a change in what is required of the estate. Health centres will become akin to 'nurses' stations', requiring 24/7 monitoring and access, fail safe utility supplies including electrical generator back-ups, ICT redundancy, and changing types of space. We will see clusters of clinical

expertise in particular locations requiring sound proofed, highly reliable and connected facilities, with infrastructure to support higher staff numbers.

Innovations and technologies will continue to reduce the need for new physical space as well as demanding more of the existing estate through flexibility, resilience, and technical capability.

Utilisation of existing estate

In 2018, Lord Carter of Coles published his Department of Health and Social Care commissioned report "NHS operational productivity: unwarranted variations - Mental health services - Community health services", preceded by the acute sector version of this study. The report highlighted the need for the NHS to make better use of its physical space, noting that "Trusts have reported resistance from clinical and non-clinical staff when proposing hot-desking and shared clinic rooms, with a culture of professional space ownership being a particular challenge". This is no less true today, and while some progress has been made recently, this was mostly out of necessity in response to the pandemic, rather than a conscious shift towards more innovative ways of working.

Solent NHS along with most NHS organisations quickly adopted the use of Microsoft Teams and other online platforms as an alternative to physical presence. This enabled many staff to work from various locations including home. At the same time, pressure remained to appropriately accommodate staff whose job required on-site presence.

In November 2021, Solent NHS piloted a new system for booking desks and rooms in different building types, for improved utilisation and to support the flexibility in working patterns and locations brought about by the pandemic.

Frontline pressure and increase in personnel, coupled with the introduction of working from home during the pandemic, saw some buildings bursting for demand with others virtually empty. A legacy remains of some buildings being needed more than others with high demand for clinical delivery sites.

Capacity and flexibility

Building new and altering existing footprint to meet demand is the last resort in areas where there is significant demand.

This could be done through a complete new build or replacement of existing structures, conversion and alteration of existing, or a combination.

What is important though is that any additional footprint be designed with the principles of flexibility and high utilisation in mind. This could include the size of rooms, for example making rooms that can be used for a wide variety of services or altered to accommodate varying numbers of occupants. It could also inform the systems and processes that are adopted, such as bookable technology, active room controls and centrally managed stock control.

User agnostic

Another key principle to maximise space utilisation is for buildings to be place and population specific, aligned to demographics and clinical need. Strategy and occupancy should not be considered in organisational terms but rather how best to serve a particular population.

Historically, NHS estate investment has been prioritised with:

- **Estate ownership**: Priority goes to 'our own' services.

- **Incumbency**: Whoever is there stays there regardless of need.

- **Cost**: Lowest cost regardless of higher quality clinical spaces in better locations.

A revised more patient-centred approach will be to consider the wider population's clinical need, looking at system clinical strategies to determine service place based needs. This will be prioritised based on:

- **Population need**: Estate follows clinical prioritisation.

- **Incumbency review**: Existing occupation would be reviewed against this criteria. This could see some services moved from acute to community, and others from community hospitals out to health centres or primary care.

- **Cost**: Considered in context of the wider system.

- **Ownership**: Key strategic estate should be owned and operated to best serve the principles of overall best value, taking into account aspects including workforce modeling and not just estate priorities.

Building design

A poll commissioned by the Chartered Association of Building Engineers (CABE) in 2002 found that 85% of people agree with the statement 'better quality buildings and public spaces improve the quality of people's lives' and stated they felt that the quality of the built environment made a difference to the way they felt. This study and many like it not only support the assertion that higher quality buildings feel more pleasant to inhabit, but that there are quantifiable benefits to high quality design.

Benefits to high quality design will vary depending on patient cohort, but can include reduced level of aggression, reduced levels of absconding, shorter length of stay and improved outcomes. There is also a notable benefit to staff recruitment, retention, health and wellbeing along with their efficiency and capacity within a more supportive working environment.

Critical success factors with which to assess quality include:

- Delight
- Compliance
- Affordability
- Strategic fit
- Value for money
- Deliverability

Key components of these factors include:

- **Clear vision**: knowing the goal, direction and benefit of the need and solution.

- **Durability**: buildings and spaces demonstrating endurance, safety and security.

- **Utility**: meeting the functional need for delivery of excellent clinical services.

- **Beauty**: delight through materials, scale, beauty, and connection with nature.

- **Technology**: optimal use of digital technology for new ways of working.

- **Efficiency**: zoning, adjacencies and optimal department locations, taking account of Facilities management support needs and flow.

- **Accessibility**: clearly identified and easy to navigate circulation with intuitive entry points, straightforward wayfinding and disabled access.

- **Flexibility**: capable of accommodating a wide range of changes throughout their lifespans with minimum disruption to ongoing service delivery.

- **Healing environment**: a therapeutic environment for patients, their families/carers and an exceptional working environment for colleagues, which promotes wellbeing.

- **Sustainability**: minimising energy consumption and carbon emissions during construction and operation ensuring compliance to clinical standards. Meeting the requirements for zero carbon solutions.

- **Innovation**: buildings and equipment which are fit for the future.

- **Safety and security**: a safe and secure environment ensuring that the safety, privacy, and dignity of all users is maintained, including infection prevention and control.

- **Natural light and ventilation**: maximise the availability of natural light and ventilation where clinically or operationally appropriate, minimising glare and excessive solar gain, and providing attractive and stimulating views.

Within the financial year 2023/24 the Solent EFM Team will:

- **Environment 1** – We will roll out real time monitoring of estate utilisation to over 50% of our owned estate. Booking will prioritise utilisation of estate, linking with more generic designs for spaces.

- **Environment 2** – The built environment will be centrally managed and operated through Estate Locality Teams, removing service or function specific 'ownership' to make best use of our built environments.

- **Environment 3** – By cross referencing booking and space use we will enable data driven occupancy decisions and proactive repurposing of space.

'We shape our buildings and afterwards our buildings shape us'
Winston Churchill

The pharmacy at St Mary's Community Health Campus, Portsmouth
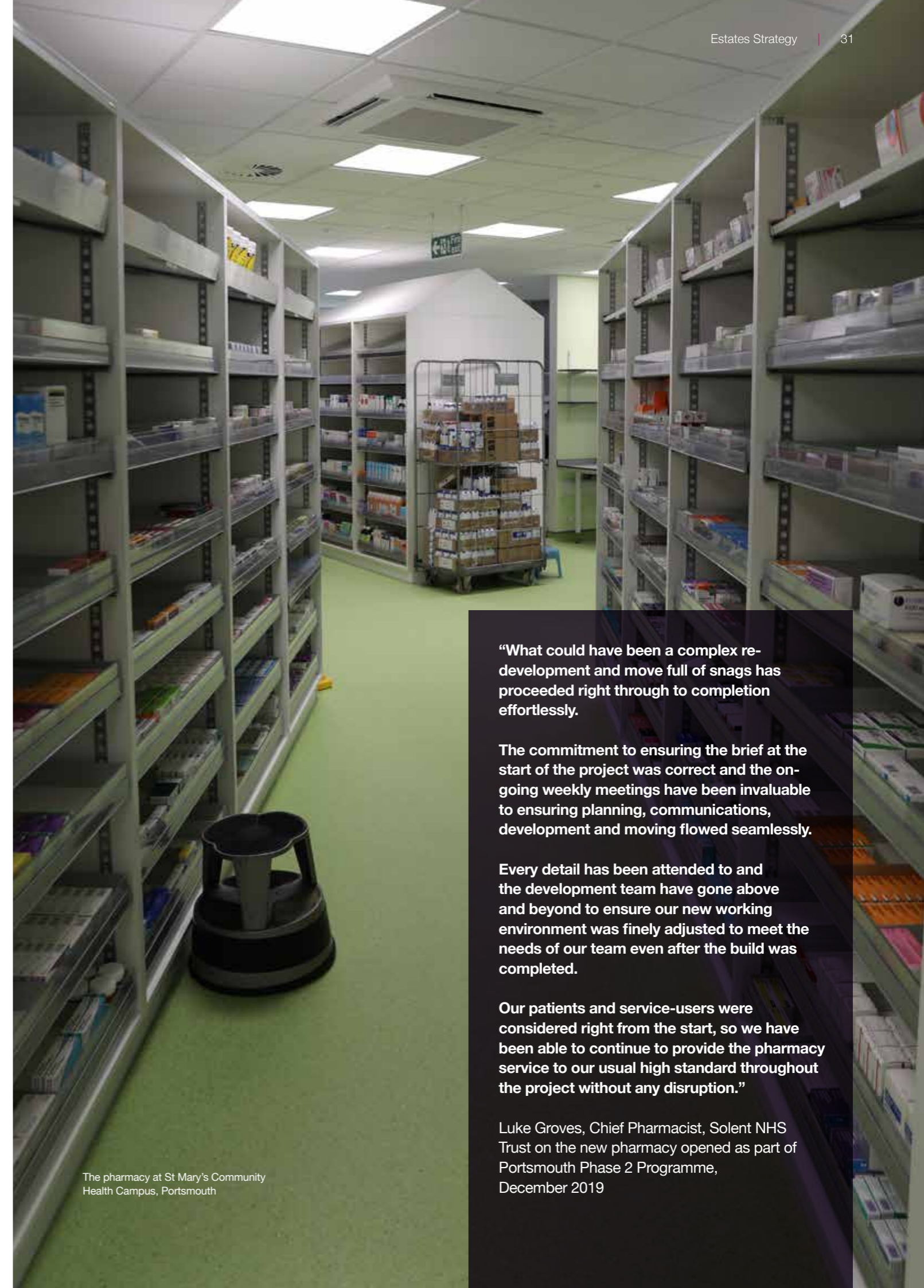
"What could have been a complex re-development and move full of snags has proceeded right through to completion effortlessly.

The commitment to ensuring the brief at the start of the project was correct and the on-going weekly meetings have been invaluable to ensuring planning, communications, development and moving flowed seamlessly.

Every detail has been attended to and the development team have gone above and beyond to ensure our new working environment was finely adjusted to meet the needs of our team even after the build was completed.

Our patients and service-users were considered right from the start, so we have been able to continue to provide the pharmacy service to our usual high standard throughout the project without any disruption."

Luke Groves, Chief Pharmacist, Solent NHS Trust on the new pharmacy opened as part of Portsmouth Phase 2 Programme, December 2019

Building infrastructure, resilience and sustainability

Our health hub being built under the cinema at Eastleigh's Swan Centre

It is widely recognised that the healthcare estate within the NHS has a key role in the long-term future delivery of services.

As technology, healthcare needs and services adapt and change, so too will the spaces in which care is delivered. While it is desirable to both prevent and treat in a setting as close to or within patient homes where possible, there is no scenario which negates the need for spaces in which to interact with and physically meet patients. Indeed, history suggests that with developments in healthcare science, more conditions become treatable and so this need for space increases.

The NHS estate can be a significant catalyst of change. Driven through clinical necessity, the nature and scale of estate related changes brings opportunity to design clinical practices from the ground up, in an environment which is supportive and tailored for its occupants, both patient and clinician.

The ever-prevalent drive towards increasing efficiency, but also increasing levels of quality, cleanliness and compliance standards, will chart the course of NHS estate over the coming years. Indeed, estate standards rarely reduce, with the introduction of increasingly stringent rules and regulations, it will be necessary to consider how best to "do more with less". We will need to use the skills and technology available to best effect, to react, adapt and change to suit the needs of users.

Most significantly, the NHS has made a commitment to be Carbon Neutral by 2040. In complying with this directive, the way we build, maintain and operate our buildings will ned to fundamentally shift.

In October 2022, NHS England released figures showing that the total backlog maintenance bill for the NHS in England had hit over £10bn for the first time. With this being the amount of investment required to bring ailing estate and equipment up to an acceptable standard, it is clear that without significant investment we are likely to fall some way short of the aspiration to achieve Carbon NetZero.

Infrastructure and Net Zero

The UN Climate Neutral Now definition of Net Zero is "the state where a balance between anthropogenic greenhouse gas (GHG) emissions and removals is achieved". With the NHSE Greener NHS programme setting two key targets:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.

- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

While an aspirational and commendable target, we have touched on the significance of this as a challenge for an already challenged NHS Estate in particular. At this point in time, it is often not financially beneficially to adopt low carbon technologies, with many of these systems still experiencing rapid development and innovations still emerging, The specialist nature of such technologies also means lifecycle issues in areas such as repairs and maintenance, where skills do not exist within the mainstream. As such it is important to consider both what and when these systems are adopted for greatest and most viable impact.

A Net Zero position is achieved when a Trust reduces its use of fossil fuels as much as possible and then invests in carbon off-setting projects elsewhere to address the remaining emissions. Clearly the most environmentally responsible approach is to reduce energy consumption and supply chain emissions, however there is a danger that carbon offsetting is seen as a cheaper and easier way to achieve Net Zero. This is currently the case, with the NHS now mandated to procure its energy from Carbon Neutral supplies.

Carbon emission from buildings and associated infrastructure is determined by its energy consumption. This in turn can be influenced by factors including energy plant efficiency, building system age and efficiency, occupancy patterns and building envelope performance. The NHS report "Delivering a 'Net Zero' National Health Service" identifies targets for carbon footprint reduction from secondary care estate. With only 15% coming from decarbonisation of the electricity grid, it suggests areas of focus as being:

- **25%** carbon reductions coming from on-site generation of renewable energy and heat.

- **20%** carbon reductions coming from upgrading existing buildings.

- **24%** carbon reductions coming from optimising buildings.

The Trust's Green Plan and associated Decarbonisation Strategy focusses on those areas which can be impacted locally without reliance on offsetting and grid improvements.

Resilience

At the same time as we are asked to change both our estate and the way we operate and supply our clinical services to reduce carbon in an effort to fight climate change, we need to consider its impacts. While society and industry come to terms with and increasingly works to minimise climate and environmental impact, climate change is happening and its effects are being

Consulting room at children's therapies centre, Eastleigh

Stripping out at Maples psychiatric intensive care unit, Portsmouth

Demolition work under way at
Western Community Hospital

performance will also help to off-set a significant increase in energy costs.

All of these and other emerging technolgoies will require an appropriate approach for community based estate. A decarbarbinastion and infrastructure roadmap will therefore be developed which will set out the findings and recommendations of these building level assessmens and necessary programme of works required to achieve the milsteones set out in the Trust's Green Plan. Having this roadmap in place before the end of the financial year 2023/24 will enable this work to inform the Trust's three year capital prioritisation plan.

As has been outlined, the effective management and utilisation of our estate will become increasingly necessary. The more casual booking and use of rooms which allows for this higher utilisation by an increasingly diverse workforce will require more automated management. Through the course of 2022, a new room and desk booking system was introduced and is being rolled out. This Matrix booking system will need to work in conjunction with other occupancy sensors in order to provide real time data on occupancy and utilisation levels. We will continue to roll out this combination of sensors throughout all Trust buildings.

It is understood that through the course of 2024, NHS England will undertake to produce a national NHS Healthcare Infrastructure Plan. This exercise will be

a collation of plans produced by each of the 42 ICS systems, which in turn will describe such aspects as approach to demand and capacity, along with identifying key sites and health infrastructure.

A robust response should properly consider what is needed of the healthcare estate into the future, setting out vision, aspiration and purpose. We have seen that "more of the same" will not solve the problems we now face, and so we can expect that ICS plans should be fundamentally different from what we have seen previously.

With a notable shift of focus and emphasis on community-based providers to move patients from acute hospitals as rapidly as possible, to prevent the escalation of patients to acutes, and play a role in population health and prevention, this will be changing space.

Within the financial year 2023/24, the Solent EFM Team will:

- **Infrastructure 1** – Assess environmental performance including heating and cooling and produce a costed programme of estate improvements.

- **Infrastructure 2** – Produce a costed estate decarbonisation roadmap.

experienced. Increasingly, our healthcare buildings will be required to maintain full operation through extremes of temperature, hot and cold, flooding, high winds and utility interruptions. Buildings will need to be capable of much more than they are now, able to operate outside of typical limits, and be designed to withstand more than they ever have done before.

The Trust will undertake an assessment of risk in relation to climate resilience, to include as minimum those areas set out in HTM00-07 including power, water, drainage and sewage.

The most inefficient and unsustainable buildings however are those that cannot be occupied by their intended occupants for periods of time. Particularly during times of extreme heat, we are increasingly seeing advice for occupants to work from home or locations other than their usual places of work. Natural ventilation, while a sustainability staple, can only cool a space to that of the ambient outside air temperature, which along the south coast now regularly exceeds 30 degrees in the summer months.

The Trust will therefore seek to integrate active cooling into its facilities, while seeking to offset the associated increase in energy consumption locally through use of on-site renewable energy generation. Cooling will be introduced on a priority basis to inpatient and high priority areas, with fabric upgrades including insulation and glazing improvements to spaces also serving to reduce passive heat gain and so reduce cooling loads.

The Trust will work to develop and roll out a significantly improved system of Building and Energy Management System (BEMS). This system will consist of a network of varying environmental sensors and controls, allowing for real-time management of such systems as heating, cooling, and ventilation. Sensors will monitor as a minimum temperature, personnel presence and air quality in order to provide a more responsive built environment.

As a priority, the Trust will assess the fabric performance of its estate and produce an upgrade programme of improvements. Adopting a 'fabric first' approach, this lower cost yet highly effective way of improving building

Behind the scenes at
St Mary's Community Health
Campus, Portsmouth

Access, travel and transport

Our branded vans used by Solent's busy maintenance team

Agile work space at St Mary's Hospital, Portsmouth

As a community Trust with a highly mobile workforce, consideration needs to be given to travel as part of a daily routine.

This includes firstly identifying and, where practical, negating the need to travel through, for instance, working from home or working flexibly from a different site.

Focus needs to be on the ways in which staff are enabled to travel to work in a convenient and as sustainable a way as possible, along with the expectation, necessity and support for staff travel as part of the working day.

With such wide-ranging and interrelated impacts on staff and service delivery, an Access, Travel and Transport Strategy will be produced which assesses and sets out a high-level approach. Alongside this, site specific information will look at how best to implement any necessary measures. This could range from the need to work with a local authority to improve public transport links to a site, the need to implement a car share scheme, or a plan to increase on-site cycle storage.

The Access, Travel and Transport Strategy will detail how it will support the changing nature of the services that the Trust delivers in turn impacted by the changing demographic of the population being served. It needs to be flexible and responsive, able to evolve and adapt to the changing need and the developing nature of the NHS

estate as it changes over time. The strategy will describe the importance of promoting and embedding travel behavioural changes across the Trust and detail the ways in which this will be achieved to support the Trust's Green Plan and to support zero carbon and Green City plans in Southampton and Portsmouth and across Hampshire.

Access

This area of the strategy will consider how staff, patients, visitors, suppliers and goods vehicles access sites. This could include such activities as an assessment of on-site activity, implementation of site and parking controls, increased cycle storage and changing and shower facilities, through to engagement with local authorities around improved cycle and bus routes.

Travel

Covering how - and importantly why - staff travel as part of their roles. This section will consider the need for staff to travel, with actions around, for example, changing job descriptions to not prescribe a need to drive where practical. It will consider and roll out systems which support travel between sites and out in the communities we serve. This in-depth consideration will align with those ambitions set out in the Trust's Green Plan, but importantly will seek to make travel a lot easier for our clinical staff.

Transport

A less prominent but important area to consider is the transport of goods, equipment and personnel. This area is responsible both directly and indirectly for significant carbon emission but is also an area of potential

efficiency improvement. The transport of goods to and from hospital sites is significant, heavy goods vehicles particularly on smaller community sites can be highly disruptive, with many deliveries through the course of a day from different individual services and suppliers, often for goods destined for patient homes. Consideration will be given to how it might be possible to rationalise and improve this experience.

Linking up with local authorities

Producing an Access, Travel and Transport Strategy in isolation is not possible; a significant part of this workstream is around establishing and improving links with local authorities working in partnership and looking outwards into our communities to meet our shared objectives. Portsmouth has government and regeneration city funding for active travel and transport and mobility hub projects which the Trust is currently engaged with.

Hampshire County Council, Southampton and Portsmouth City Councils recognise the emerging demand for healthcare services is likely to continue to generate significant travel requirements to and from healthcare sites. Therefore, for these local authorities to be able to continue to support the Solent NHS Estates

Strategy and planning proposals, the Access, Travel and Transport Strategy will be an important way of articulating demand and capacity, and to demonstrate the need to develop an approach that promotes the accessibility of hospital and healthcare services while endeavouring to minimise any impacts on the surrounding localities and travel networks.

Benefits

- Linking and working in tandem with the construction activities of the Trust
- Promoting sustainable travel with facilities and supporting information for patients, visitors and staff
- Reducing emissions
- Improving wellbeing
- Supporting recruitment and retention
- Leading by example
- Migration to low emission and EV vehicles
- Efficiencies – promoting use of pool cars and car share
- Enable quantified representation to local authority partners around accessibility, travel and transport aspiration and goals.

Within the financial year 2023/24, the Solent EFM Team will:

- **Transport 1** – Produce an overarching Access, Travel and Transport Strategy.

- **Transport 2** – Produce an outline-costed site implementation plan.

Demolition work at Western Community Hospital before our new rehab wing starts to take shape

Estates & Facilities workforce

Our staff memorial garden at St James', Portsmouth

10% ↑

Increase in overall Solent NHS workforce from September 2021 to September 2022

2% ↑

Increase in Facilities Management and Estates (FME) from September 2021 to September 2022

7.2%

FME make up 7.2% of the total Solent workforce against 8% national average in NHSe

25.7%

FME account for 25.7% of total Solent NHS non-pay expenses

5%

FME account for 5% of total Solent NHS pay

1.5%

FME account for 1.5% of total Solent NHS income

42%

42% of FME budget is Pay, 58% non pay

On the back of the NHS People Plan 2020-21, in June 2022 NHS England released its first 'Estates and Facilities Action Plan: Building, developing and engaging our people'.

We have seen how the pandemic served to highlight the importance of a well-maintained, resilient estate to the delivery of clinical services, and the Estates and Facilities staff needed to ensure it is delivered and maintained.

Within Solent, this important function is carried out through a combination of directly employed staff, and a number of outsourced contract packages. This mixed mode of delivery is largely the result of the difficulty in

managing and servicing a relatively small number of geographically disparate sites. For virtually all directly employed staff, it would not be cost effective to spend a disproportionate amount of time travelling for short periods of work. Instead, outsourcing offers the ability for larger contractors to group multiple service contracts from different organisations and so provide greater value with reduced travel.

Over recent years, Solent NHS has undergone a reduction in these satellite sites, instead looking to collocate services on fewer larger sites and reduce leased accommodation. In addition, market conditions particularly through covid, have seen much greater risk to delivery, significant inflation of costs and labour shortages. In 2022 alone, Solent has seen a 30% increase in soft FM contract costs, while having to manage supply chain and labour shortages alongside those outsourced providers.

While it remains true that industry partners can still offer good value and strategic opportunity to the public sector, circumstantial evidence suggests a reduction in market breadth because of the pandemic, there are fewer, larger organisations. These much larger companies are increasingly drawn to larger scale contracts and customers, and unable to offer good value for money for Solent.

Within Solent, as with other NHS organisations, we can observe trends, including the aging of the Estates and Facilities workforce, with more than half of these staff reaching retirement age in the next 15 years, and no established pipeline of future talent. With historic and cyclic outsourcing of services, workforce has become much more mobile, increasingly casual, and less likely to ascend within the NHS environment.

For these and many other nationally recognised systemic issues, Solent along with many other NHS providers find ourselves facing an increasingly technically demanding environment, without the pipeline of a technically capable workforce and future leaders.

The national plan to address these, and many other issues, highlights nine key areas of consideration.

Overarchingly, while options at each contract renewal and service redesign will be appraised on an individual basis, strategic consideration will be made to these legacy benefits, with appropriate weighting towards insourcing of services.

The Estates and Facilities Workforce Plan will then use the national action areas as key strategic workstreams.

Job bandings

Large number of lower bands

B8D
B8C
B8B
B8A
B7
B6
B5
B4
B3
B2
B1

Job type

- Clerical worker
- Cook
- Engineer
- Housekeeper
- Manager
- Officer
- Porter / security
- Senior manager
- Support worker

48% house-keeping

Staff age groups

71+
66-70
61-65
56-60
51-55
46-50
41-45
36-40
31-35
26-30
21-25
<20
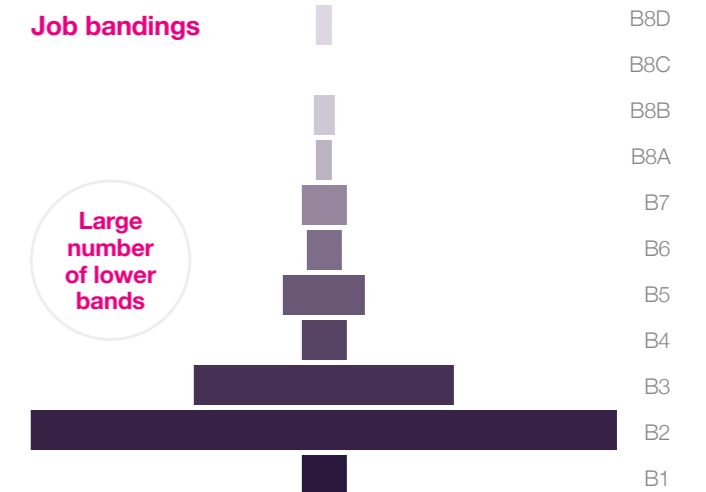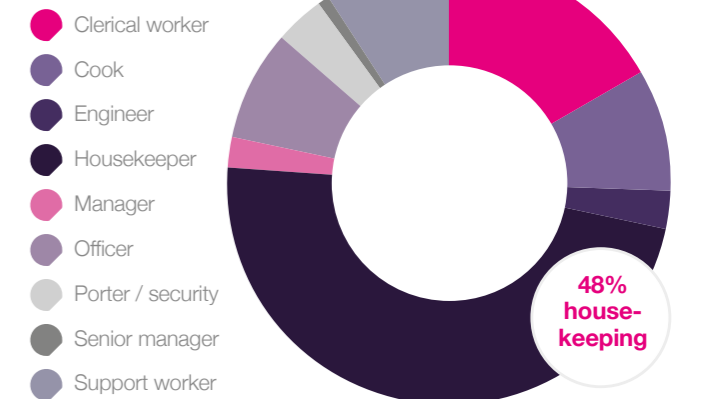
41% within 10 years of national pension. Over half within 15 years
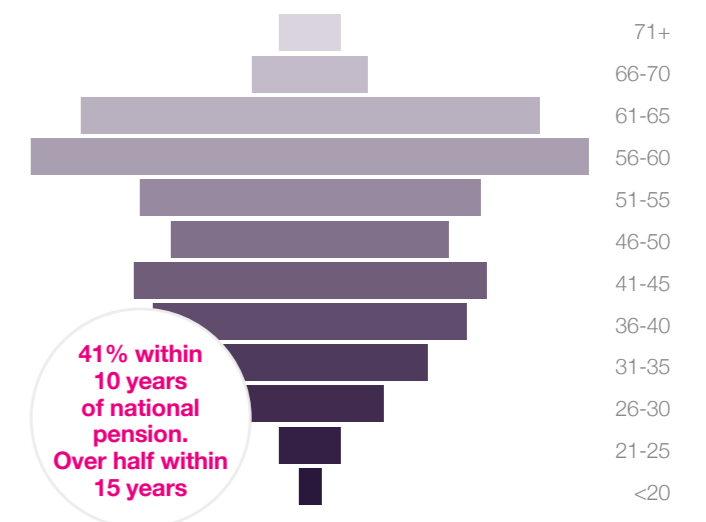
Workforce 1
Recruit the best talent

Through engagement with Education establishments and creation of new learning pathways, we will appeal to a new younger audience. We will enhance the use of specialist apprenticeships, work experience and graduate placements. In doing so we will improve insight into non clinical NHS roles as a viable career path, and establish pipelines of new and more specialist skills within the industry.

- We will appeal to a younger demographic pipeline measured through delivery of a more sustainable age profile

Workforce 2
Boost wellbeing and improve the work environment

The majority of EFM staff within Solent are frontline, working shifts in manual positions. EFM has a higher than average sickness rate with particular concern around musculoskeletal and stress related absences.

- Through engagement with staff we will make available tools and support to address underlying causes of workplace sickness and absence
- Measurable through staff survey and team sickness rate improvements we will also work to create a team-working culture

Workforce 3
Future-proof our skills

The way we use, operate and maintain our buildings is changing. The systems that will integrate within and operate our built environments will become increasingly complex and require a more technically capable workforce.

- We will support accreditation and membership of industry professional bodies, recognising the added skills and quality benefit to the organisation
- We will identify future skills gaps, aligning new roles and evolving existing to meet future demands
- We will align career pathways to continued technical skill development
- We will develop robust succession and learning plans within teams

Workforce 4
Develop our managers

It will be increasingly important in coming years that skills and experience are not lost, but passed on and developed as new generations of EFM leaders come through. We have already identified the ageing workforce within this space, and there is a danger that roles are filled with candidates of progressively lower aptitude.

- We will implement a programme of continuous development within management teams including mentoring and coaching.
- We will explore opportunities for 'deputy' roles in specialist areas to enable the development of natural successors.

People Plan themes	EFM priorities	Actions
Looking after people	Improve the health and wellbeing of our people	Boost and improve the work environment
Belonging in the NHS	Embed equality, diversity and inclusion	Make NHS EFM an inclusive place to work
		Create new career pathways
New ways of working and delivering care	Develop our people	Future-proof our skills
		Embed data-driven decision-making
		Develop our managers
Growing for the future	Build the next generation of EFM people	Recruit the best talent
		Be the UK's EFM employer of choice
		Invest in what matters to our people

Conclusion

Our charity-funded staff
memorial garden at St James' Hospital

Solent NHS Estates and Facilities' Strategic Objectives 2023 to 2025

Workforce 1
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Workforce 2
- Through engagement with staff we will make available tools and support to address underlying causes of workplace sickness and absence
- Measurable through staff survey and team sickness rate improvements we will also work to create a team-working culture

Workforce 3
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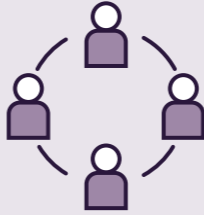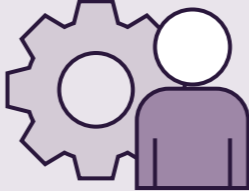- We will identify future skills gaps, aligning new roles and evolving existing to meet future demands
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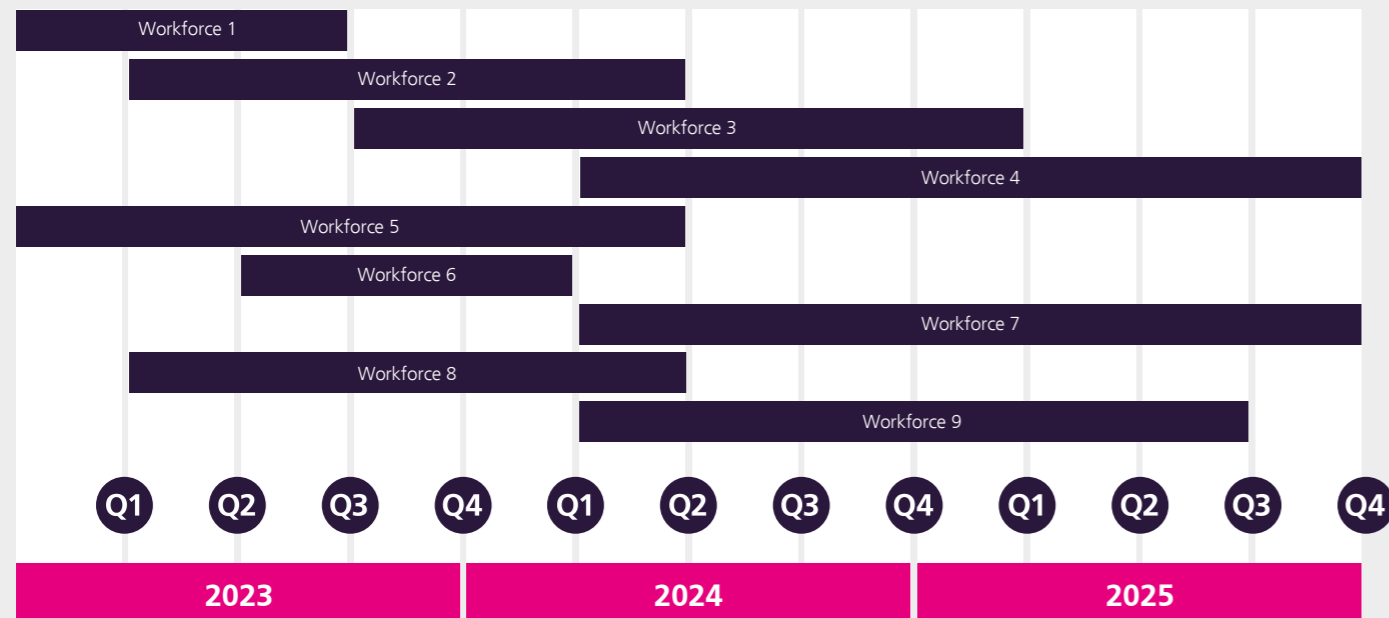
Environment 1
- We will work to make all Estate assets centrally visible and bookable where appropriate. Booking will prioritise utilisation of estate, linking with more generic designs for spaces.

Environment 2
- The built environment will be centrally managed and operated through Estate Locality Teams, removing service or function specific 'ownership' to make best use of our built environments.

Infrastructure 1
- Assess environmental performance including heating and cooling and produce a costed programme of estate improvements.

Infrastructure 2
- Produce a costed estate decarbonisation roadmap.

Transport 1
- Produce an overarching Access, Travel and Transport Strategy.

Transport 2
- Produce an outline-costed site implementation plan.

Estate 1
- Review all leased accommodation for potential economies and relocations.

Estate 2
- Produce costed estate masterplan feasibility studies for all major campus estate.

Estate 3
- Develop system site clinical headline strategies to inform occupancy prioritisation and development plans.
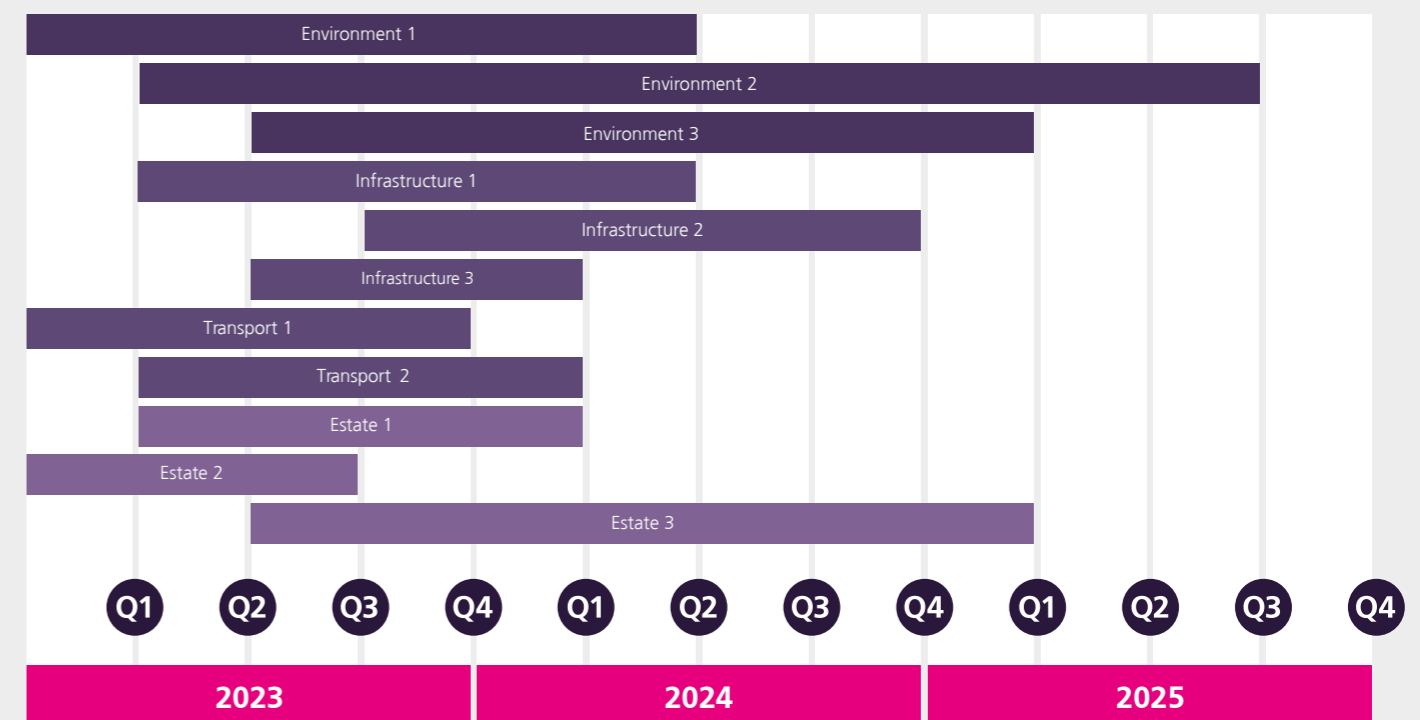
We have discussed how the current context and future prospects for the NHS mean challenges are likely to worsen before they ease. In particular, it is acutely apparent the way that wider market forces can impact in the estates space, not least on the cost of materials and workforce. For these and many more reasons, it has never been more important that we are able to articulate a clear, concise and cohesive way forward, and that our people are able to see how they can impact and deliver the necessary change, and are enabled and empowered to do so.

To achieve what is needed, we will need to act over the short to medium term on many fronts. We have outlined areas including workforce, environment and infrastructure, for each area noting objectives and principles we will need to take forward. Despite the necessity, it is inherently not possible to deliver these goals concurrently, indeed many will need to underpin a wider cultural shift within our Trust workforce and beyond. These objectives instead will form a three-year programme of work, monitored through the Estates and Facilities leadership with clearly defined time bound goals.

In addition, it will be increasingly necessary to influence the way in which the wider Hampshire healthcare system continues to develop. For example, to deliver the necessary built infrastructure will require either notable external investment, or a shift of system capital allocation from acute to community. The implications of this will need significant consideration, but begin to articulate the scale of change that will be required.

The Solent Estates and Facilities team over recent years has achieved a significant amount under pressured circumstances. The coming years undoubtedly come with great challenges, but also offer great opportunity, which we are well placed to take full advantage of.

Mark Young
Deputy Director of Estates and Facilities

2021/22 HIOW capital allocation

- SCAS
- Solent
- SHFT
- IoW
- UHS
- PHU
- HHFT
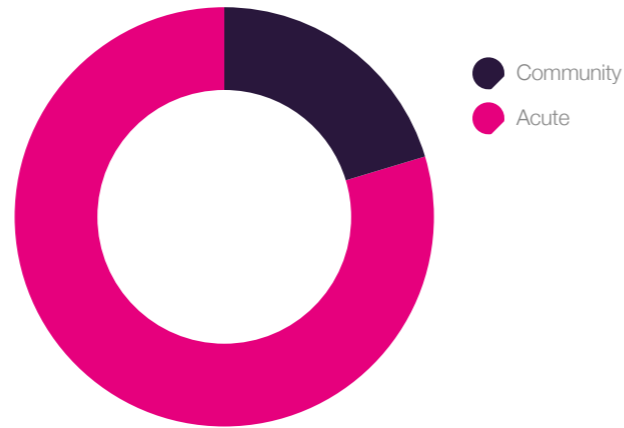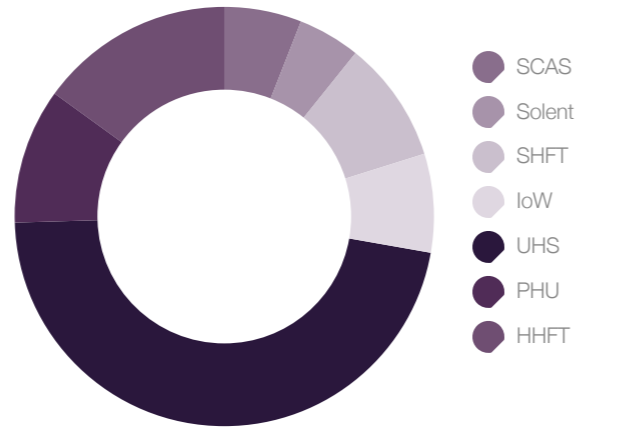
- Community
- Acute

30% **increase in community capital**

30% **reduction in acute capital**

Proposed future capital allocation

- Community
- Acute

Messages of support left by 3rd Test Guides at our charity funded garden, Western Community Hospital

Board and Committees

Item No.		Presentation to	Trust Board – In Public
Date of paper	28 July 2023	Author	Sarah Earl - Head of Performance
Title of paper	Trust Board Performance Report		
Purpose of the paper	The report describes the key operational issues facing the organisation, including the services connected with Urgent and Emergency Care and the increasing demand on our services. It triangulates workforce and other issues and describes the actions that the organisation is taking to mitigate the issues.		
Committees /Groups previous presented and outputs	N/A		

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

Action required	For decision		For assurance		X

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

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

Table of Contents

Trust Board Integrated Performance Report (IPR)
May – June 2023

Our performance is summarised within this report using the following NHS Improvement 'Making Data Count' methodology (where relevant and applicable). A more detailed explanation of the indicators can be found in Annex A.

Key

In-month Performance Indicator

● Metric is achieving the target
● Metric is failing the target

Trending Performance Indicator

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

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

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

Variance Indicator

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

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

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

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

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

1. Safe

a. Performance Summary

Indicator Description	Internal /External Target	Target	Jun-23 Current Performance		Jun-23 Trending Performance	Jun-23 Variance	May-23 Current Performance		May-23 Trending Performance	May-23 Variance
Occurrence of any Never Event	E	0	0	🟢	P	L	0	🟢	P	L
NHS England/ NHS Improvement Patient Safety Alerts outstanding	E	0	0	🟢	P	L	0	🟢	P	L
VTE Risk Assessment	E	95.0%	86.0%	🔴	?	L	98.0%	🟢	?	
Clostridium Difficile - variance from plan	E	0	0	🟢	P	L	0	🟢	P	L
Clostridium Difficile - infection rate	E	0	0	🟢	?		1	🔴	?	H
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	E	0	0	🟢	P		0	🟢	P	
Escherichia coli (E.coli) bacteraemia bloodstream infection	E	0	0	🟢	P		0	🟢	P	
MRSA bacteraemias	E	0	0	🟢			0	🟢	P	
Admissions to adult facilities of patients who are under 16 yrs old	E	0	0	🟢	P	L	0	🟢	P	L

b. Key Performance Challenges

VTE Risk Assessments

Compliance on VTE Risk Assessments has dipped in June 2023, predominantly linked to lower performance on the mental health wards. Consideration is being given to whether the process for completion of risk assessments could be altered to support compliance. A review of VTE related incidents identified that none were relating to delayed risk assessments, therefore no harm has occurred as a result of this underperformance. Performance is expected to increase in the coming months.

Incident Reporting

A small reduction in the number of reported incidents (1.8%) has been noted in May/June 2023 when compared with the same time last year. However, this is insignificant as the overall number of incidents reported continues to show an upward trajectory as shown in figure 1 below.
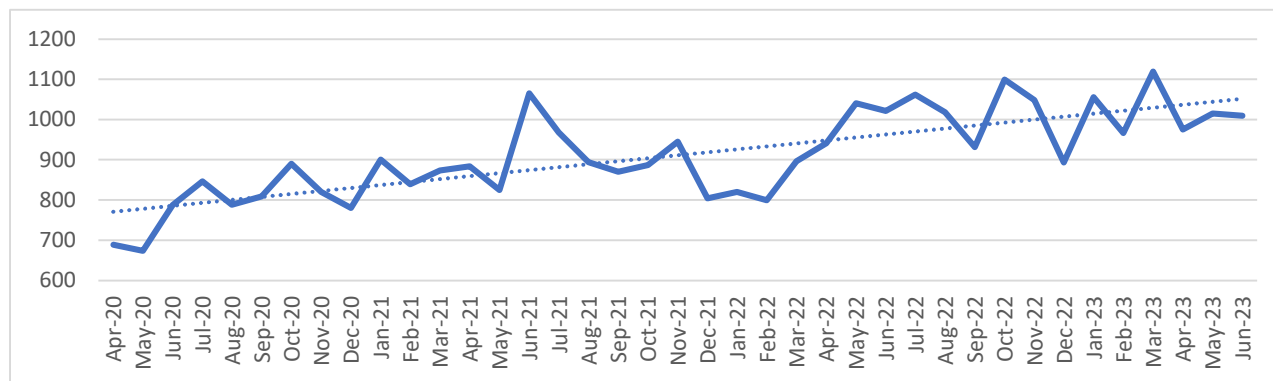
Figure 1: Total number of incidents reported

The number of incidents reported per 1,000 patient contacts continues to exceed the upper control limit and whilst these figures have shown a slight reduction in May/June as shown in figure 2, they remain in line with last year.

Overall, the data has shown a positive shift in reporting culture through last financial year to date, in that incidents per 1000 contacts remain above historical upper control limits. It is however worth noting that whilst the number of incidents reported continue to trend upwards, there continues to be no upward trend in the level of harm resulting from incidents reported. A review of no/low harm incidents has been recently undertaken to ensure there are no emerging themes. The quality and governance team continue to monitor the overall number of incidents reported to determine if the slight reduction noted in May/June is an anomaly or an emerging trend.

It is noted that over the past year there have been several changes to service provision which have generated an increased number of incidents (opening of new Jubilee Unit, ICT cutover, implementation of Pharmacy Electronic Prescribing System), which have not had a corresponding change to the number of patient contacts being delivered. This contributes to the sustained increased level of incidents being reported per 1,000 patient contacts.

During March and April, there was an increase in the number of incidents relating to ICT issues following the cutover to the new ICT provider. It was reported that this was expected to return to usual levels during quarter 2 as the ICT cutover stabilised, however there is already a notable reduction in ICT related incidents in the most recent period (239 in March/April, 161 in May/June).
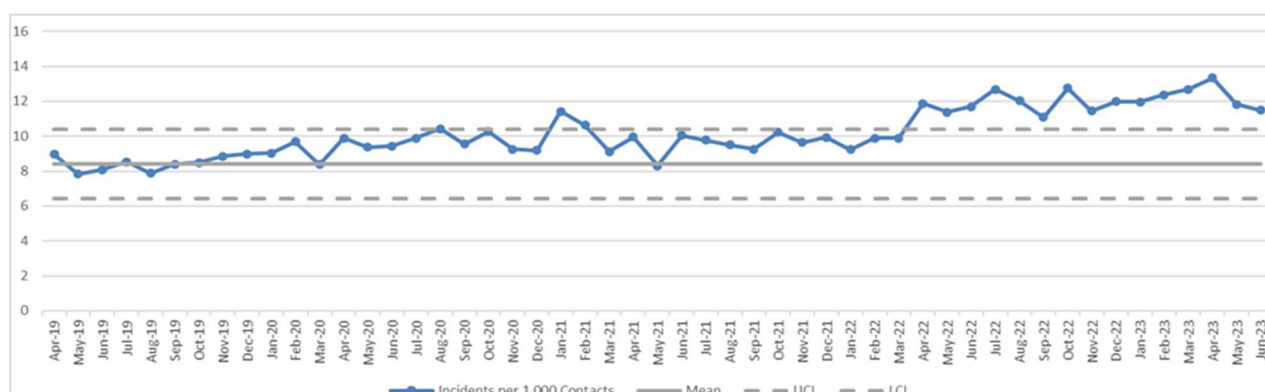
Figure 2: Incidents per 1,000 patient contacts

To maintain and further foster our positive incident reporting culture, the Quality and Governance Team continues to provide regular training to staff on Incident Reporting and Reviewing having delivered 20 hours of training in May and June 2023, including bespoke training to a cohort of International Nurses, the Infection Prevention and Control team and the Mental Health in Schools Team. Further sessions are planned in July for the Child and Family Service Line which should capture approximately 200 staff.

Incident Management Performance

As noted in the previous report, there are a significant number of incidents which are either awaiting review or are under review. Figure 3 below provides a breakdown by Service Line. In June 2023, Quality Improvement and Risk Group approved the bulk closure of incidents reported prior to 1 April 2019. This has now been completed with 969 incidents closed as a result. Each of these incidents has been reviewed by the Quality and Governance Team to ensure the appropriate level of harm is recorded, learning is captured, and any requiring escalation have been considered, including potential Serious Incidents.

Despite this, there remains 5,683 incidents reported awaiting closure. Of these, 4,495 (79%) are for incidents reported between 1 April 2019 and 31 March 2023, whilst the remaining 1,188 (21%) relate to the current financial year. All incidents have been reviewed and there is no material risk associated to these remaining open. Consideration is being given whether to automatically close a further cohort of incidents, and this will be taken to Quality Improvement and Risk group (QIR) for discussion. The breakdown by service line is shown in figure 3:

Service Line	Awaiting Further Information	Under Review	Total
Adult Services - Portsmouth	1,140	386	1,526
Adult Services - Southampton	967	215	1,182
Corporate Services	619	114	733
Child & Family Services	609	75	684
Mental Health Services	569	94	663
FM And Estates	289	10	299
Sexual Health Services	203	60	263
MPP Service	130	35	165
Primary Care	78	23	101
Specialist Dental Services	38	29	67
Total	**4,642**	**1,041**	**5,683**

Figure 3: Number of incidents awaiting closure by service line

The Quality and Governance Team are taking action to discuss the volume of open incidents at each Service Line Quality Review Meeting and are continuing to stress the importance of a continued focus on reviewing and closing incidents promptly as part of a presentation at the Matron's Forum in July. Training for Reviewers also emphasises the need to respond to incidents quickly and the roll-out of Learn from Patient Safety Events in July will provide a further opportunity to encourage staff to review and close incidents within 5 working days, as mandated in the Incident Reporting, Investigating and Learning Policy. Each Service Line Head of Quality and Professions has been provided with a breakdown of the incidents remaining open and tasked with creating a plan to ensure no incidents remain open 3 months post-reporting with the exception of Serious Incidents (including a trajectory for reducing the existing backlog). Open incidents performance will also be a key part of considerations at the service line performance review meetings and at the quality improvement and risk group to enable continued oversight and agreed actions to address.

Learn From Patient Safety Events (LFPSE)
Throughout May and June 2023, work has been ongoing to prepare for the transition to the new Learn from Patient Safety Events (LFPSE) system. Incident reporting will continue using the Ulysses incident reporting system, but extensive work has been required to prepare the system for the changes and reduce the impact on staff. Re-mapping of cause groups has been undertaken, location categories updated, and a new taxonomy incorporated into the Solent Ulysses system. Test incidents were submitted by both the Quality and Governance Team and Service Line representatives, then validated by NHSE who provided final 'go ahead' for our planned 3 July 2023 launch.

The Quality and Governance Team have prepared communications to staff including a dedicated SolNet page, staff and manager briefing, twice weekly drop-in sessions and digital resources. The Team will also be available to attend meetings and forums to discuss the changes following the launch. Implementing this change is a

key national initiative and is a core quality and governance business objective for the financial year, and we are on track to achieve implementation on time.

Tool for Assessing Potential Patient Harm due to Excessive Wait for Treatment

Hampshire and Isle of Wight ICB has introduced a system tool for assessment of patient harm due to excessive wait for treatment, however this was deemed more applicable to acute settings rather than community and mental health services. A working group led by the Associate Director of Quality, Safety, Governance and Risk has adapted the tool for use within Solent, along with a set of guiding principles for implementation. The proposed tool was discussed at the Clinical Executive Group (CEG) on 14 June and has been approved at the July 2023 QIR. The tool has now been rolled out, and is already in use within some service lines, providing a consistent approach and methodology for formal assessment of patient harm due to excessive wait for treatment.

c. Spotlight On: ICT/Digital Incidents and Risks

A recent review of data at the Quality Evidence Meeting has highlighted an increase in the number of risks recorded on the Trust Risk Register (see figure 4 below) relating to ICT along with an overall upward trend in the number of incidents reported relating to ICT and digital information systems (see figure 5 below) as previously reported.
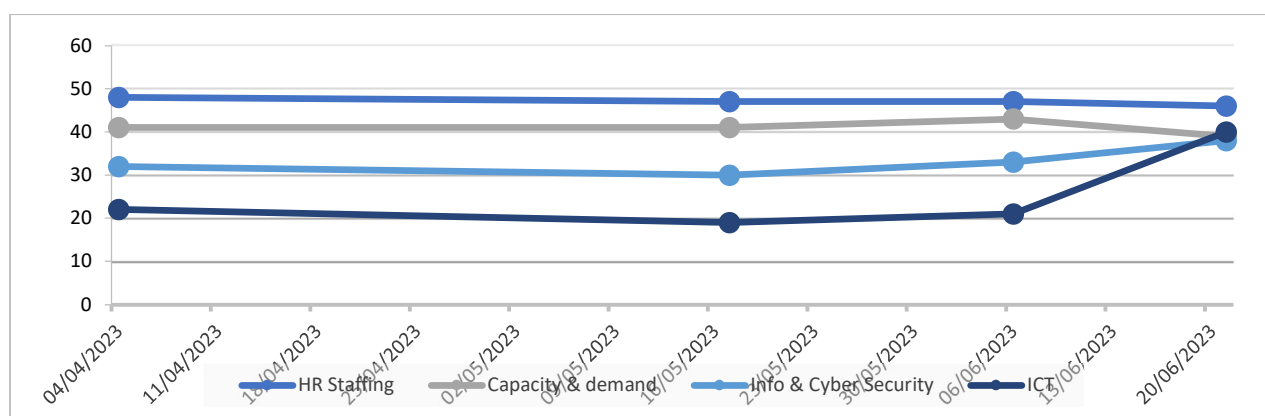
Figure 4: Number of risks recorded on the Trust Risk Register for the top 4 groups
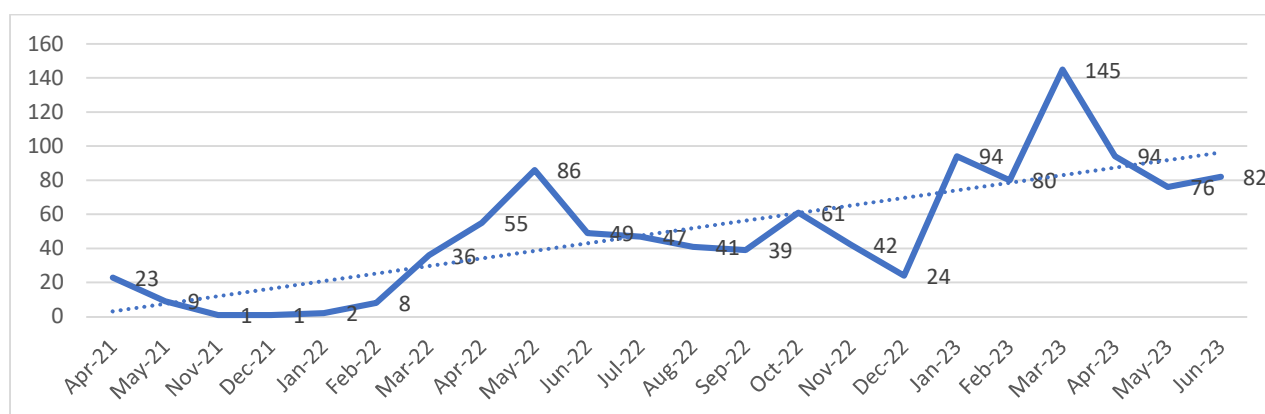
Figure 5: ICT & Digital Info/Systems incidents reported

Analysis of the new risks added to the Risk Register has attributed the increase in ICT risks in June 2023 to a post contract gap analysis of the new Trust ICT contract conducted by the ICT team. The ICT team have raised 14 new risks relating to resources, finances, hardware and software applications, networks and connectivity and team pressures. In addition, clinical service lines have added 11 new risks concerning network connectivity

across Trust and partner sites. This increase in recording of ICT related risks triangulates with the trend analysis of incidents reported since 1 April 2023 with the most reported causes being 'Network/Connectivity', 'Equipment (Hardware) Issues' and 'Clinical Application/Software Issues'. The breakdown by level of harm identified shows most were graded as No Harm/Near Miss.

Whilst the number of incidents reported this period has reduced since the peak in March 2023, the incidents that remain are those with greater impact, and those which have proved challenging to resolve, reflecting the increased number of risks also reported. A concentrated piece of work is underway with our ICT providers to resolve the issues. For further information on specific impacts see section 4c. Service Line Performance Review Meetings (PRMs) – Key Areas of Exception.

This emerging ICT-related risk theme is being escalated by the Quality and Governance Team to QIR (Quality Improvement and Risk Group), and CEG (Clinical Executive Group) for further consideration and wider review of the risk to quality and safety.

a. Performance Summary

Indicator Description		Internal /External Target	Target	Jun-23			May-23		
				Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
Caring	Community FFT % positive*	E	95.0%	98.8% ●	P	H	99.1% ●	P	H
	Mental Health FFT % positive*	E	95.0%	96.6% ●	?		96.7% ●	?	
	People Pulse Survey - Advocacy Theme (Recommended for Care & Employment)	E	0	7.3 ●			-		
	Mixed Sex breaches*	E	0	0 ●	P		0 ●	P	
	Plaudits	I	-	115			85		

b. Key Performance Exceptions

Nothing of statistical significance.

c. Spotlight On: Complaint Debrief Sessions

This year we have been piloting debrief sessions supporting staff who have been named in complaints. The purpose of these sessions is to facilitate learning and to identify areas for improvement from complaints that have been made. The sessions are also used as an opportunity to explore how that learning can be shared with others. We are keen to ensure that staff feel supported through the debrief sessions and do not feel blamed.

The debrief meetings are facilitated by the Governance Lead or Head of Quality and Professions of the service with support from the Head of Experience of Care. We initially piloted these sessions in Adults Portsmouth but have now begun to carry out these sessions in other services, with the intention to rollout across the Trust.

a. Performance Summary

Indicator Description	Internal /External Target	Target	Jun-23			May-23		
			Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
Bed Occupancy - Brambles	I	92.0%	96.9%	🔴	?	H	91.9%	🟢	?	H
Bed Occupancy - Fanshawe	I	92.0%	94.6%	🔴	?	H	96.1%	🔴	?	H
Bed Occupancy - Jubilee	I	92.0%	98.5%	🔴	?	H	98.5%	🔴	?	H
Bed Occupancy - Spinnaker	I	92.0%	92.7%	🔴	?	H	95.6%	🔴	?	H
Bed Occupancy - Brooker	I	85.0%	59.1%	🟢	P		49.1%	🟢	P	
Bed Occupancy - Hawthorns	I	85.0%	86.3%	🔴	?		79.8%	🟢	?	
Bed Occupancy - Maples	I	85.0%	82.3%	🟢	?	H	91.3%	🔴	?	H
Bed Occupancy - Kite	I	92.0%	71.7%	🟢	P		67.7%	🟢	P	
Bed Occupancy - Snowdon	I	92.0%	97.9%	🔴	?		96.5%	🔴	?	
Length of Stay - Brambles	I	24.0	28.3	🔴	?	H	28.0	🔴	?	H
Length of Stay - Fanshawe	I	24.0	24.8	🔴	?	H	21.1	🟢	?	H
Length of Stay - Jubilee	I	18.0	48.0	🔴	?	H	51.2	🔴	?	H
Length of Stay - Spinnaker	I	24.0	17.0	🟢	P	H	17.9	🟢	P	H
Length of Stay - Brooker	I	78.5	14.0	🟢	P		31.4	🟢	P	
Length of Stay - Hawthorns	I	34.9	7.8	🟢	P		20.6	🟢	P	
Length of Stay - Maples	I	48.6	12.5	🟢	?		25.2	🟢	?	
Length of Stay - Kite	-	-	116.8				46.3			
Length of Stay - Snowdon	-	-	27.8				38.1			
Non-Criteria to Reside (NCtR) [patient count]	-	-	23				24			
% clients in settled accommodation	E	59.0%	56.1%	🔴	?	L	59.0%	🟢	P	L

Bed Occupancy and Length of Stay – Brambles, Fanshawe, Jubilee, Spinnaker

As previously reported, Solent's community inpatient wards continue to be pressured, with high occupancy rates and longer than target average length of stays as a result of the support Solent are giving to the wider system to improve patient flow out of the acute hospitals. Budgetary and workforce pressures across the ICB and City Councils will further deteriorate this position, with flow across the system impacted and an increase

length of stay resulting in community wards. This will not improve in the near future, especially with increased pressure as we move into the autumn and winter period, however we continue to do what we can to support our commissioned patient cohort.

The length of stay for the Jubilee Unit is significantly over target as a result of the flexed admission criteria currently being supported on request of the ICB. The target of 18 days was agreed when the Jubilee Unit was first commissioned, and remains an aspiration for Solent to achieve, however this is unlikely unless the admission criteria is limited to that outlined within the commissioned service specification.

Bed Occupancy – Hawthorns, Maples

Occupancy rates within our adult acute (Hawthorns) and PICU (Maples) mental health wards continue to flag a special cause variation due to the continued high levels of occupancy. Further detail on this can be found in section 4c. Service Line Performance Review Meetings (PRMs) – Key Areas of Exception.

Non-Criteria to Reside (NCtR) *(previously known as Delayed Transfers of Care)*

The number of NCtR patients continues to remain high, however the accuracy of this information is currently being assessed following feedback from the Mental Health wards that NCtR information is not being routinely recorded on SystmOne. This is being investigated and rectified and is expected to be resolved by the next reporting period.

b. Key Performance Exceptions

Urgent Community Response (UCR) – 2-Hour Performance

Compliance with the 2-hour urgent community response target continues to be around the target rate for the previous rolling 12-months. Performance in Portsmouth has been impacted by data quality during June. This has been identified and escalated and will be resolved within the next two weeks.

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	YTD
2 Hour Referrals	475	442	410	401	350	418	339	265	292	263	281	265	4201
Compliant	324	359	307	296	246	222	215	186	229	206	226	139	2955
Compliance %	68%	81%	75%	74%	70%	53%	63%	70%	78%	78%	80%	52%	70%
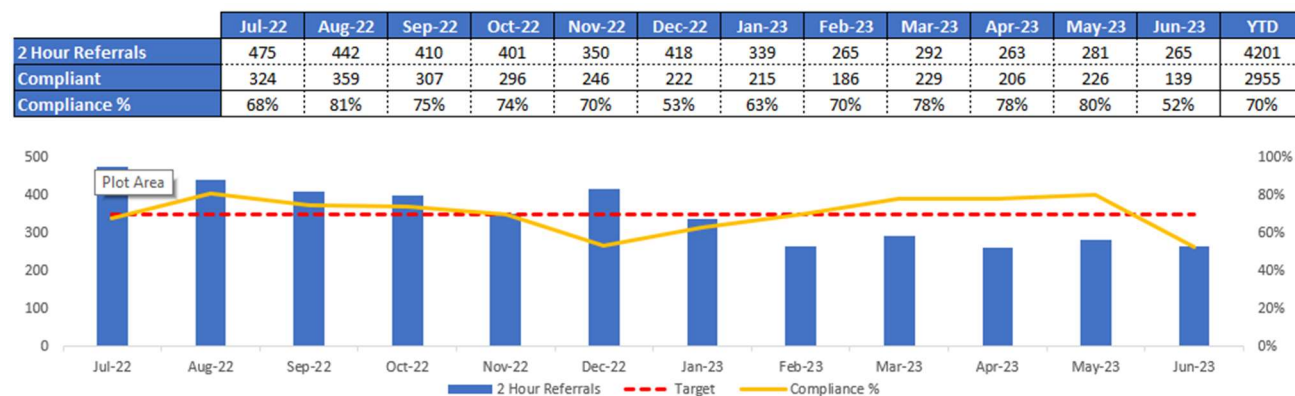
Figure 6: Portsmouth UCR 2-hour compliance, previous 12 months

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	YTD
2 Hour Referrals	348	290	273	287	319	331	379	351	418	384	400	424	4204
Compliant	268	207	207	232	213	219	241	217	242	249	243	265	2803
Compliance %	77%	71%	76%	81%	67%	66%	64%	62%	58%	65%	61%	63%	67%
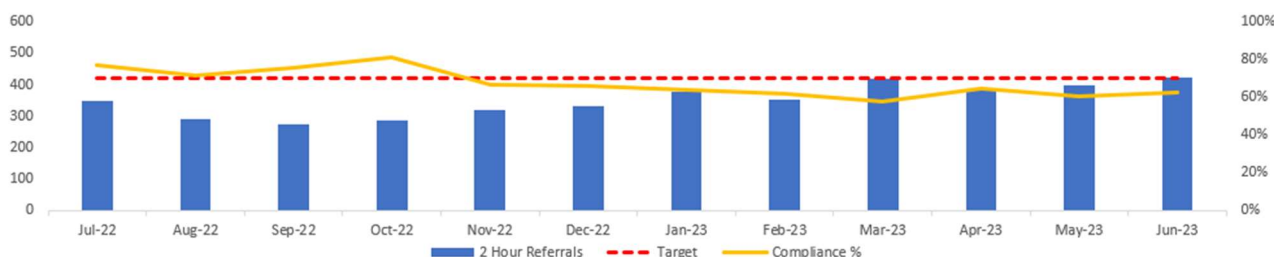
Figure 7: Southampton UCR 2-hour compliance, previous 12 months

There continues to be a discrepancy between the nationally published UCR figures to the locally reported figures. We requested support from the CSU and national team to try to resolve the issues, however this has not yet been forthcoming. We continue to use local data as the single source of the truth on UCR performance both internally and with system partners/ICB.

Virtual Wards

The trust was informed the planned investment in Virtual Ward services for 2023/24 was not continuing and await further engagement with ICB. An evaluation is being undertaken on the effectiveness of Virtual Wards, but early evidence suggests this is an effective way to reduce pressure on acute services and improve the wider system flow.

With planned disinvestments and ongoing workforce pressures, the resource required to meet demand on our Virtual Ward, UCR and Community Nursing services is not sufficient, and performance will deteriorate. Solent have requested a Quality Impact Assessment (QIA) be undertaken to consider the impact of reducing our virtual ward beds in order to sufficiently support our UCR and Community Nursing services.
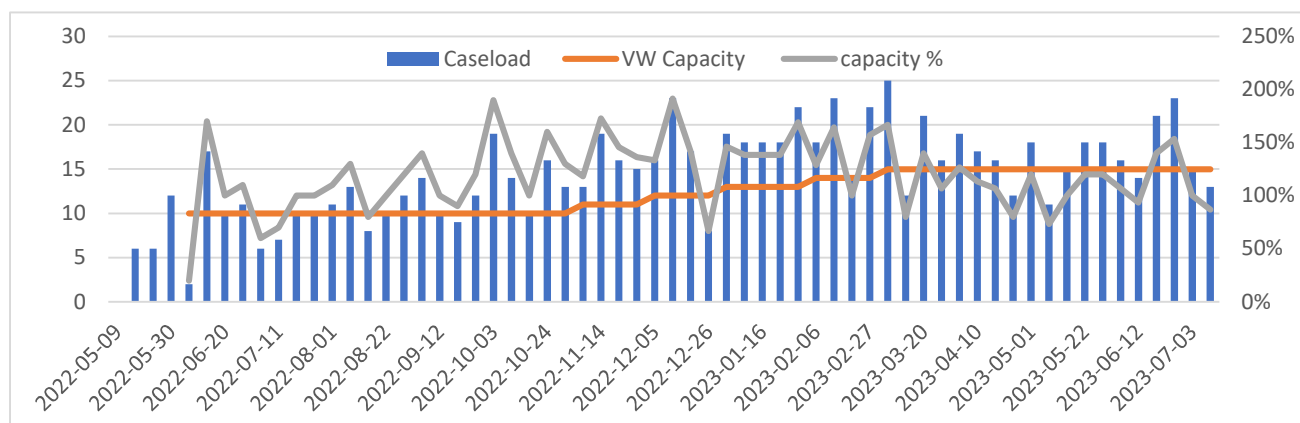
Figure 8: Portsmouth Virtual Ward Capacity and Occupancy
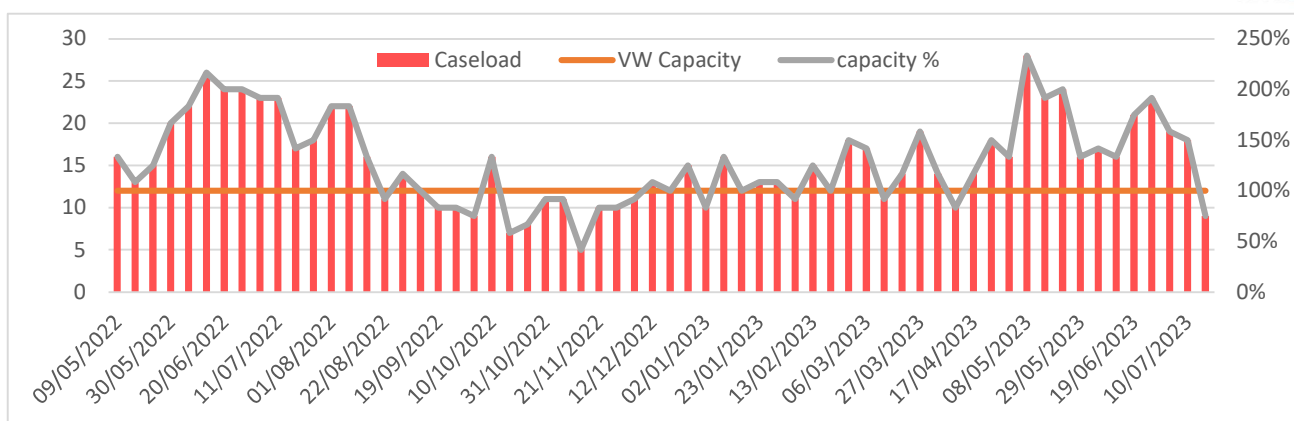
Figure 9: Southampton Virtual Ward Capacity and Occupancy
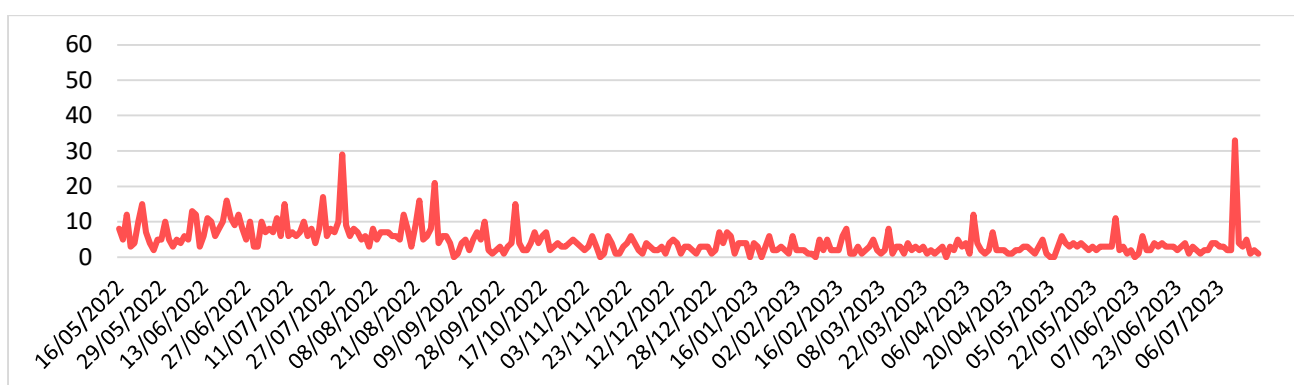
Figure 10: Portsmouth Virtual Ward Average Length of Stay
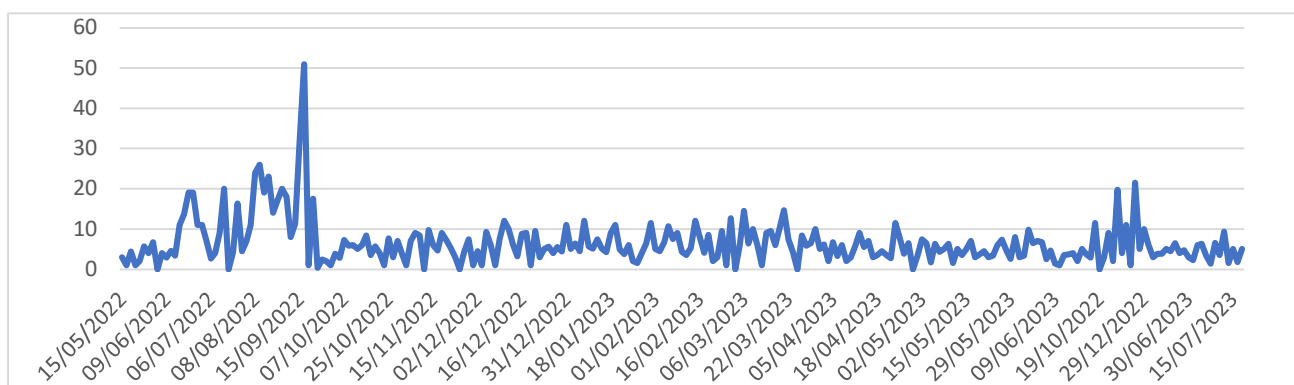
Figure 11: Southampton Virtual Ward Average Length of Stay

Elective Recovery Framework (ERF)

Delivery of ERF is now in progress, with services fully engaged to understand what capacity is required to meet the targets. Work is ongoing to ensure all eligible activity is accurately captured, with service lines currently working through outstanding data quality issues, the Performance Team cross-checking coded activity with all activity, and discussion ongoing about the potential inclusion of activity from the Specialist Advice and Guidance service within the Pain team. It is expected that this will increase the chargeable activity by around £100k, specifically within the Physiotherapy, Trauma and Orthopaedic and Pain specialities.

As previously reported, the target has not yet been confirmed by the ICB, however further conversations suggest our suggested adjustments are likely to be accepted. Activity reported below therefore assumes this position. At month 3, performance is positive, with a year-to-date surplus of £87k.

	Activity actual	Activity Plan	Activity variance	Income actual	Income Plan	Income variance
Cardiology	329	309	20	£59,878	£56,238	£3,640
CPMS Child Protection/LAC	325	197	128	£61,425	£37,233	£24,192
CPMS General Paediatrics	27	19	8	£6,372	£4,484	£1,888
CPMS Neuro-disability	214	224	-10	£40,446	£42,336	-£1,890
Diabetes	1	25	-24	£137	£3,425	-£3,288
Pain Management	202	232	-30	£44,440	£51,040	-£6,600
Physiotherapy	4219	4387	-168	£797,391	£829,143	-£31,752
T&O	2577	1987	590	£443,244	£341,764	£101,480
Total	**7894**	**7380**	**514**	**£1,453,333**	**£1,365,663**	**£87,670**

Figure 12: Cumulative ERF performance at M3, pending validation and confirmation of targets

It is however noted that there is still a chance the adjustments will not be accepted, and as such, performance is also being monitored against the unadjusted target, which at the end of Month 3 shows a deficit position of -£168k (a swing of £255k).

It was reported by the HSJ that nationally the target level of delivery for ERF had been reduced from 107% of 2019/20 actuals, to 105% for systems due to impact of industrial action. It is likely the ICB will apply a proportional reduction to our target, however further clarification on this will be sought over the coming weeks.

c. Corporate Business Review Meetings (CBRMs) – Key Areas of Exception
There were no new significant exceptions reported.

a. Performance Summary

Indicator Description	Internal/External Target	Target	Jun-23 Current Performance	Jun-23 Trending Performance	Jun-23 Variance	May-23 Current Performance	May-23 Trending Performance	May-23 Variance
Patients waiting > 18 weeks	-	-	4964		H	4914		H
Accepted Referrals	-	-	28322			27390		
Formal complaints per 1000 WTE	-	-	4.8			4.8		
Number of complaints	I	15	10 ●	P		10 ●	?	
Number of complaint breaches	-	-	10		H	5		
RTT incomplete pathways*	E	92.0%	78.5% ●	?	L	79.9% ●	?	
Maximum 6-week wait for diagnostic procedures	E	99.0%	98.9% ●	?	H	100.0% ●	?	
Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	E	0	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%	100.0% ●	P		80.0% ●	?	
Talking Therapies - Proportion of people completing treatment moving to recovery	E	50.0%	50.0% ●	P		51.0% ●	?	
Talking Therapies - Waiting time to begin treatment - within 6 weeks	E	75.0%	85.0% ●	P	L	87.0% ●	?	
Talking Therapies - Waiting time to begin treatment - within 18 weeks	E	95.0%	99.0% ●	P	L	99.0% ●	?	
Data Quality Maturity Index (DQMI) - MHSDS dataset score*	E	90.0%	87.2% ●	?		90.6% ●	?	

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

b. Key Performance Exceptions

Patients waiting > 18 weeks

The number of patients waiting for a first contact for more than 18 weeks continues to rise, is outside of the upper control limit, and has been on an increasing trend for 6 months (figure 12), making this a Special Cause Variation which suggests the position will not recover unless a change is implemented into the management of waiting lists.
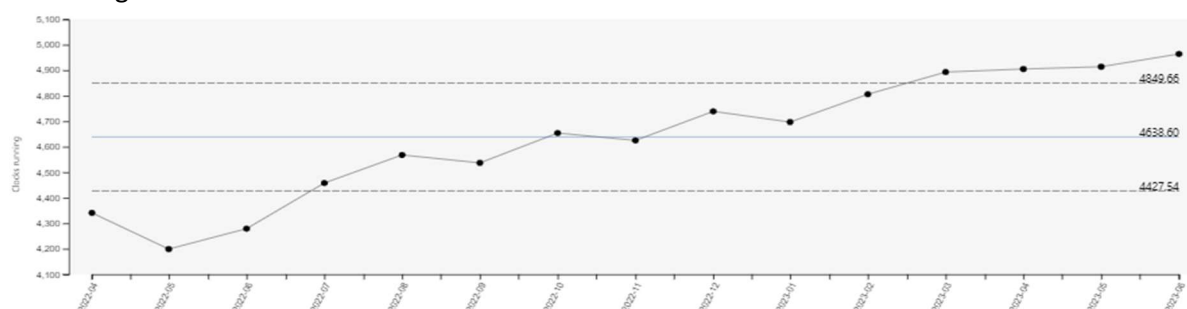
Figure 13: Monthly snapshot of the number of clocks running (>18 weeks) – Trust-wide (excluding Dental Services)

The service lines with the most patients waiting more than 18 weeks are Children and Families (1800 patients, 42% of all children waiting), and Musculoskeletal, Pain and Podiatry (MPP) Services (1064 patients, 11% of all patients waiting). For further detail on Podiatry waits within MPP services, see section 4c. Service Line Performance Review Meetings (PRMs) – Key Areas of Exception.

Figure 14: Monthly snapshot of the number of clocks running (>18 weeks) – Trust-wide (excluding Dental Services)

Waiting list reductions are unlikely to occur due to the lack of investment and continued pressure on our services, and therefore the trust will need to consider a range of initiatives, including restricting referral criteria into services to focus resource where there is the most impact. Despite this, the proportion of patients waiting more than 52 weeks is showing a stabilising trend (figure 14).
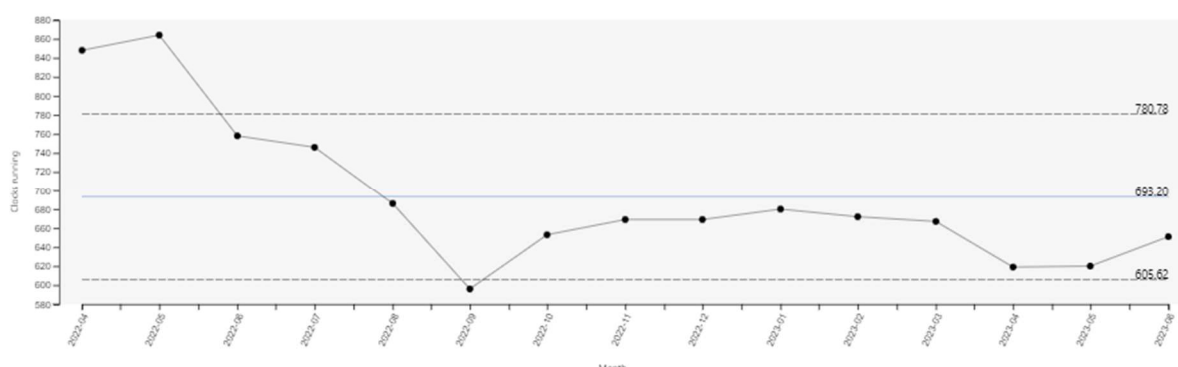
Figure 15: Monthly snapshot of the number of clocks running (>52 weeks) – Trust-wide (excluding Dental Services)

A deep dive is to be carried out to review which services have the most significant waiting lists, what the impact of long waiting times are on patients, and what the trajectory looks like for waiting lists in future. This will be taken to the next QIR meeting and exceptions and assurance provided to the Trust Board.

Number of Complaint Breaches

During this reporting period, 24 complaints had a response date scheduled for May-Jun 2023. Nine (37.5%) of these were responded to within the 30-day agreed timeframe. In comparison, in Mar-Apr 56% of the complaints at that point were responded to within the 30-day timeframe. 15 complaints breached the agreed timeframe although 12 of these have now been concluded 3 are still ongoing. The reasons for the breaches are:

- Complexity (4) – Due to the complex nature of the complaint and the number of different facets involved it was not possible to complete within the agreed response time. However, we
re negotiated a new response date with the service and spoke to the person making the complaint to ensure that the new proposed time scale suited them. The senior PALS & Complaints co Ordinator also kept the person updated throughout the duration of the complaint process
- Delay (3) - Reason to be determined
- Service Delay (4) - due to delays within the service and we are working to support the services through the process and to try and prevent breaches.

- Enquirer Delay (2) – these delays were caused by the enquirer not responding on time.
- Executive Letter Review/Information Request (2) – Executive team requests further information from Service. The team are reviewing the process to ensure there is sufficient time built in for the information to be considered and returned for final sign off.

As part of project Fusion, the complaints policy is currently being reviewed and will consider the timeframes for response and will introduce a more flexible approach in order to reduce the likelihood of breaches in the future taking into consideration the complexity of some cases.

RTT Incomplete Pathways

Patients waiting for an RTT eligible service continue to breach the 92% target to be seen within 18 weeks and performance continues to be below the lower control limit. Further detail on RTT performance can be found in section 4c Service Line Performance Review Meetings (PRMs) – Key Areas of Exception.

6-week wait for Diagnostic Procedures

As previously forecast, patients are now being referred to Solent's Cardiology GPSI service or diagnostic echocardiograms due to a change in commissioned service provision by the ICB. Solent's echocardiogram activity has previously been excluded from the national diagnostics reporting (DM01) as it is used for surveillance of our existing commissioned patients. This new diagnostic activity is not yet flowing through into the national DM01 (diagnostics) submission as processes are still being implemented to differentiate performance for the diagnostic tests from the surveillance tests to ensure accurate reporting of our diagnostic waiting times. Once it is flowing, we expect to see a reduction in our performance against the 6-week target as this new activity has not been resourced and is putting pressure on the existing service.

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

Adults Community Services (Portsmouth)

Bladder and Bowel Service Waiting List Reduction

Progress to reduce the waiting list in the Bladder and Bowel service has continued at a positive pace since previously reported in January/February. This significant progress is due to recruitment within the service and the return to practice of a previous member of staff who had retired. The longest waits are now at 37 weeks, a 21-week reduction from 4 months ago. Additionally, the majority of patients waiting over 20 weeks now have an appointment date scheduled with the service.
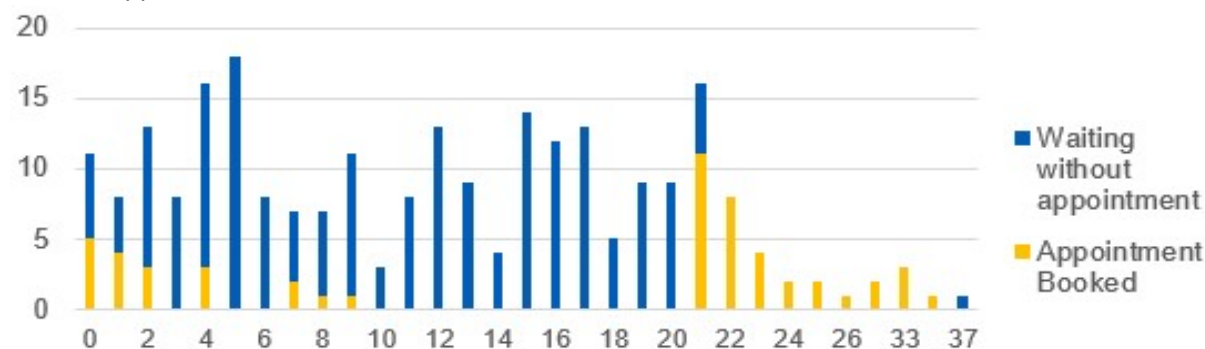
Figure 16: Number of patients waiting by week

Not only have the waiting times reduced, but the overall size of the waiting list has significantly decreased, more rapidly than the original trajectory had planned.
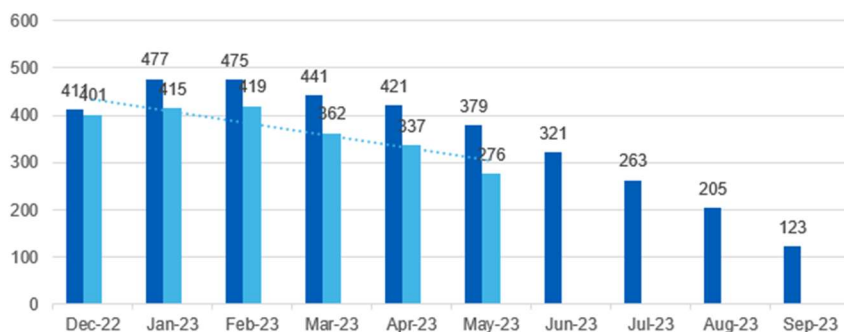
Figure 17: Number of patients on the waiting list compared to the planned trajectory

The team have been nominated for a Solent HEART award in recognition of their efforts to improve access into this service.

Adults Community Services (Portsmouth)

Reduction in Agency Spend

Use of bank and agency staffing across the service line is beginning to reduce following a period of significant use over the winter months and is now in line with the same period in 2022/23. The inpatient units have got a better grip on rostering through daily reviews with the bank team, and with recent positive recruitment into the Community Nursing teams the reliance on expensive, short-notice agency staff has reduced. It is noted, however, that whilst the reduction is positive, there is still further work to be done to enable Adults Portsmouth to meet their agency usage target.
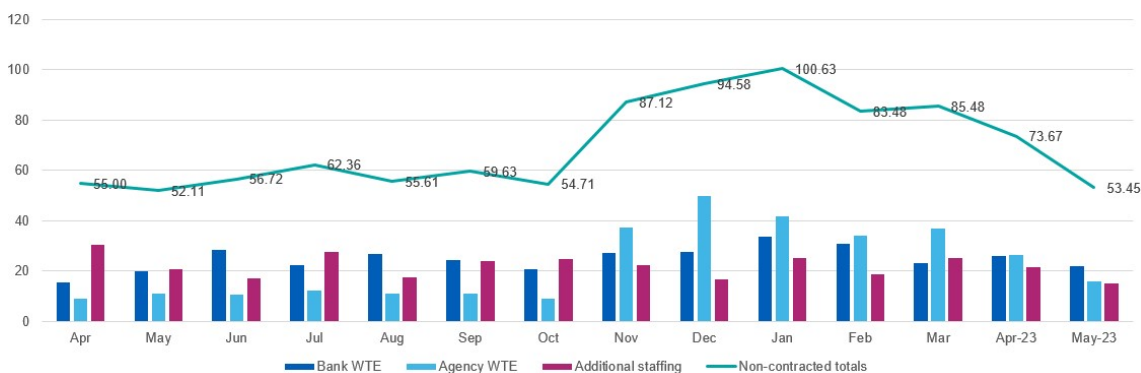
Figure 18: Bank and agency usage by month for Adults Portsmouth

Mental Health Services

Inpatient Beds

There is increasing pressure on Solent's mental health inpatient wards (AMH, OPMH and PICU) to provide additional bedded capacity to the wider Integrated Care System to relieve pressure on acute trust partners and provide a more appropriate setting to patient needs. The service line has been providing significant capacity to Southern Health NHS FT (SHFT) patients, causing additional pressure on our ability to meet the needs of our commissioned service for the Portsmouth population and negatively impacting our financial position through the use of additional staffing to cover SHFT patients.

As a consequence of the pressure on beds we have seen an increase in breaches in our 136 suite over the last few months; the two most recent were SHFT patients that were unable to be admitted to a ward due to limited bed availability.

The OPMH ward is experiencing an increase in the number of patients not meeting the criteria to reside, due to delays in sourcing appropriate packages of care with Hampshire County Council for SHFT patients, however the average length of stay has not yet been impacted by these delays.

The reduced capacity in the wards will affect our ability to admit Portsmouth patients if the numbers are not capped. The volume of SHFT patients being accepted onto our beds has not been historically captured, however during April to June there have been a total of 16 patients utilising our bed space.

Mental Health Services

A2i Waiting Times

Waiting times for the A2i service have risen to 11 weeks in May and are continuing an increasing trend, significantly above the 4-week target. There has been an increase in referrals to the service, however the number of appointments being offered has also increased. Two remote Practitioners employed to support a reduction in wait times have left the service. This has led to a learning exercise and improvements in the induction and recruitment process have been applied and the roles are currently back out to advert. Overtime is currently being offered and an agency nurse with previous experience of the team has been recruited to support the service for 3 months.

Musculoskeletal, Pain and Podiatry (MPP) Services

Podiatry Waiting Times

As previously reported, waiting times within the Podiatry service continue to be a challenge, with the service focussing resource on patients with a greater acuity, meaning access for patients with lower risk is significantly longer and the overall waiting list continues to grow. The service is actively recruiting new staff to fill vacancies and manage high levels of turnover.
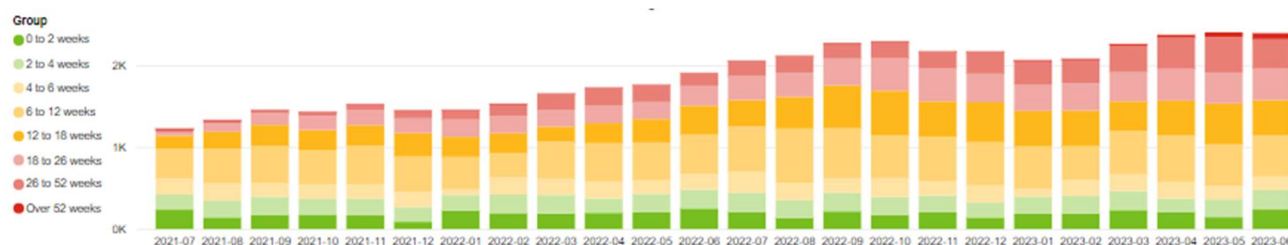
Figure 19: Patients waiting as at month end for Podiatry services

A new national framework for Podiatry is being launched in September which will open the service up to self-referrals. This poses a huge risk to our services and will increase the demand and capacity imbalance further. Conversations are underway with the ICB to determine how to manage this change to service scope, with initial strategies being considered to open up self-referral to specific elements of the service only.

Musculoskeletal, Pain and Podiatry (MPP) Services

IT Connectivity

There is currently no internet connectivity at the Stoneham site where MSK physiotherapy and specialist teams operate from, including Vodafone and Gov roam. A risk has been added to the risk register as staff are unable to access patient records whilst on site. The site is owned by Southern Health NHS FT and our ICT team are exploring options to resolve the issues.

Specialist Dental Services

Clinic Waiting Times and Sickness Impact

There is unwarranted variation in the waiting time for new patients across the different clinic locations due to varying levels of clinician sickness and IT issues which have resulted in cancelled appointments. Patients are offered alternative sites with shorter waits; however, this is not always suitable for this cohort of patients.

	Aldershot	Andover	Basingstoke	Bitterne	Cowes	Eastleigh	Gosport	Havant	Hythe	Millbrook	Petersfield	Poswillo	RSH	Somerstown	Total Waiting
Referrals Received	382	153	447	558	302	249	505	483	352	507	103	28	443	632	5144
Previous Month Wait Time	13	9	19	28	12	13	20	16	24	22	12	7	21	25	
Current Wait Times	13	10	19	27	11	13	21	16	24	24	13	8	22	23	

Figure 20: Maximum waiting time for new patients by clinic location (months)

Sickness absence has been above the Trust target for the last 12 months, with several long-term sickness cases causing significant impact. This is an improving picture with 4 dentists returning from long-term sick leave during June, however pressure is still felt across the service line due to short-term sickness. The leadership team are proactively completing stress risk assessments across all teams to enable early interventions to be made before any impact on patient care is seen.

Children and Family Services

Community Paediatric Medical Services (CPMS) RTT Performance

As previously reported CPMS performance against the 18-week RTT standard continues to be challenging and continues to decline. The service are giving consideration to the use of PIFU (patient-initiated follow ups) and the national CYP elective care toolkit to optimise the RTT pathway and find the right balance between capacity for new patients and for ongoing follow-ups.

The growth of the waiting list has been due to a variety of factors including staff absence, increased referrals and reprioritisation of capacity into child protection medical and children looked after, which have both seen a significant growth in demand.
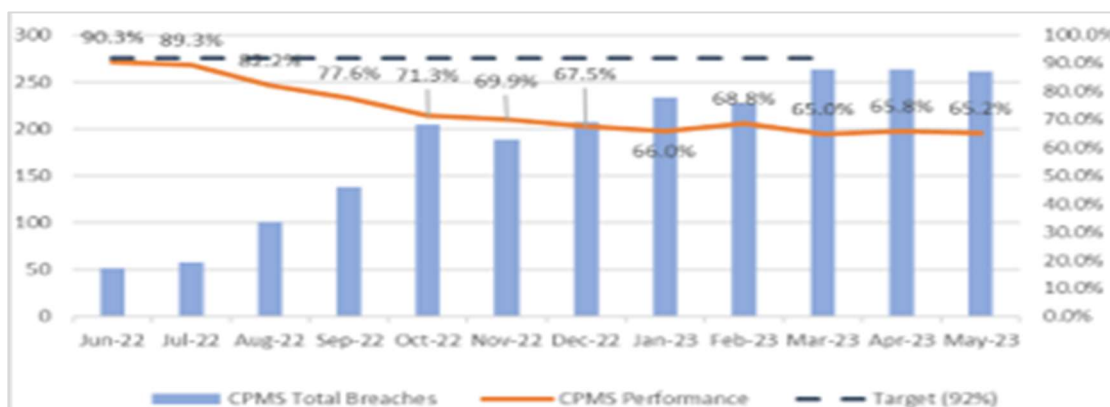
Figure 21: CPMS RTT Incomplete Pathway Performance (patients waiting less than 18 weeks)

Primary Care

GP recruitment and retention

Recruitment of salaried GPs continues to put pressure on the Solent GP Surgeries; however two new GPs are due to start providing six sessions from September and initial enquiries following an advert in the HSJ have been positive. It is acknowledged that work needs to be undertaken to articulate Solent's primary care strategy, giving consideration to creative options for retaining GPs.

The risk on GP workforce is currently scored as 20 on the risk register, however this requires review as it is considered to be too high. An action plan has been put in place following a meeting with members of the practice, the Chief Operating Officer, Chief Medical Officer and Chief Nursing Officer and is being owned by the practice, although requires support and input from corporate colleagues.

Access

Solent's Primary Care surgeries have recently received media coverage reporting the surgeries to have the worst access in Southampton. Whilst it is acknowledged that there are challenges around access, 2% of patients waited more than 28 days for an appointment at one of our surgeries in February, compared to 3.1% across HIOW ICB and 3.2% nationally, and the majority of patients continue to be seen within 1-2 days. Work is underway to redesign the access model, providing a structure in which patients are allocated appointments within a timeframe which best suits their needs and allows them to see the most appropriate clinician.

This is the first time we have been able to report Primary Care access data through to Board, providing assurances of the services being deliver through our surgeries.
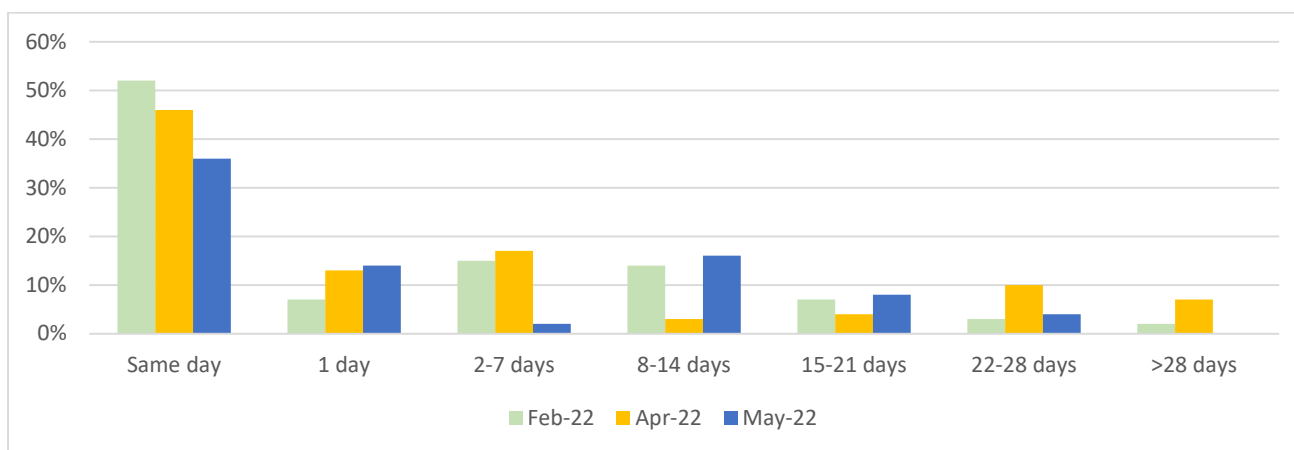
Figure 22: Number of patients accessing appointments at Solent GP Surgery within specified timeframes for February, April, and May 2023

a. Performance Summary

Indicator Description		Internal /External Target	Target	Jun-23			May-23		
				Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
People	Sickness (annual)*	I	4.5%	5.4% ●	?	H	5.5% ●	?	
	Sickness (in month)	I	4.5%	4.9% ●	?		4.9% ●	?	
	Turnover (annual)*	I	14.0%	13.5% ●	?	H	13.9% ●	?	
	Turnover (in month)	I	1.2%	1.1% ●	P		0.6% ●	?	
	New starters (FTE)	-	-	42.1			25.1		
	Proportion of Temporary Staff (in month)	I	6.0%	4.2% ●	P	L	3.9% ●	?	

b. Key Performance Exceptions

In line with normal seasonal trends, the in-month sickness is remaining steady at (4.9%), which is slightly ahead of the target of (4.5%). In the Southeast Region, the Trust is performing well benchmarked against the other 27 providers. The Trust is within the top quartile, coming 4th overall measured against key indicators in areas of sickness and vacancy. Whist this is positive, the Trust has a higher proportion of sickness related to anxiety, stress and depression (1.87%) in comparison to other providers in the HIOW system, averaging at (1.23%). The People Team with the support of Occupational Health are conducting a review into this, considering cases being managed by the employee relations team and those actively receiving support through formal occupational health referral. The Trust has an excellent provision of wellbeing support, but the continued struggle of operational pressures and burnout are noted as ever present. With targeted management of long-term sickness cases, the forecast for sickness is expected to fall to near target over the next few months.

c. Spotlight On: Vacancy Levels

The Trust is performing well to reduce outstanding vacancies, using attraction strategies in difficult to recruit areas, for example on the Isle of Wight and Dental services. The recruitment team have been out to record content for social media and are connecting with services to provide aligned advertising messages. In the latest exit survey data, the top ranked primary reasons for leaving are Work/Life Balance (21%), Working environment (19%) and Personal Development (19%). The People team are driving an improved response rate to the NHS Quarterly Pulse Survey to provide us with timely engagement intelligence across the workforce, particularly important to manage change effectively with Project Fusion

6. Finance

a. Performance Summary

	Indicator Description	Internal /External Target	Target	Jun-23			May-23		
				Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
Finance	Year to date surplus/(deficit) Actual v budget	-	-	-1.8%		L	-2%		
	Agency spend % pay	I	3.5%	3.9% ●	?		3.9% ●	?	
	Cash balance	-	-	£17.9		L	£16.8		
	Aged debt (over 90 days)	-	-	288.775			443.357		
	Use of Resources Score	-	-	2			2		

b. Spotlight On: Month 3 Results

The plan for 23/24 is a £2.2m deficit, with an expectation that we end the year with a breakeven run rate.

The Trust is reporting an in month adjusted deficit of £643k, £361k adverse to plan. The main driver of this variance is the underachievement of the trusts cost improvement plans (CIP). M3 also included £0.4m of backdated pay award pressure because of the £1.6m gap between the actual cost of the pay award against the national funding received. Agency spend remains consistent despite the reduction reported for Adults Community Services Portsmouth (see section 4c. Service Line Performance Review Meetings (PRMs) – Key Areas of Exception), as a result of increase locum usage in Primary Care and Mental Health services.

Cost Improvement Plans (CIP)

The trust has an efficiency programme of £25.6m, made up of 27 schemes. Most of the high value schemes are phased to gain impact from M4/M6 onward. Year to date whilst there has been positive progress against a range of schemes the full monthly targets are not being met. Remedial actions are in place to increase delivery into M4 and to maximise traction as new elements of the plan are phased in.

Capital

The capital plan for 23/24 is £21.9m, consisting of £4.1m internally funded, £13.1m Public Dividend Capital (nationally) funded, and £4.7m Integrated Care System funded.

Month 3 capital spend was £0.8m, £0.5m overspent against plan. Q1 spend totalled £1.5m, £0.1m overspent compared with plan, we have seen more spend than usual due to several planned projects being approved early in this financial year. There is no risk of an overall programme overspend anticipated in the year.

Cash

The cash balance was £17.9m as at 30 June 2023, £0.2m higher than May. The increase in cash was primarily due to lower agency and non-pay costs.

Aged Debt

The Trust's total debt was £4.3m at the end of June, an increase of £1.3m from May, due to some high value invoices being raised and not yet due. 91+ days overdue debt at the end of June was £0.3m, slightly better than May, due to PHU paying overdue debt. SBS continue their normal procedures to chase, along with finance

assistance.

Aged Creditors

The Trust aims to pay its creditors on receipt of undisputed, valid invoices within 30 days or payment terms, whichever is later. Performance against this metric is monitored nationally by NHS England against a target of 95% achievement.

For June 2023 the Trust paid 86.7% of volume of invoices within target and 85.1% of value. This dropped from May due to SBS backlog, which is now resolved, and late approval of invoices. Education has been provided to those staff involved of the impact of late payment.

7. Research & Improvement

a. Performance Summary

Since April 2023, we have recruited 99 participants in 15 studies, comparable with similar size Trusts across the Wessex region. A further eight are due to open in the in next couple of months
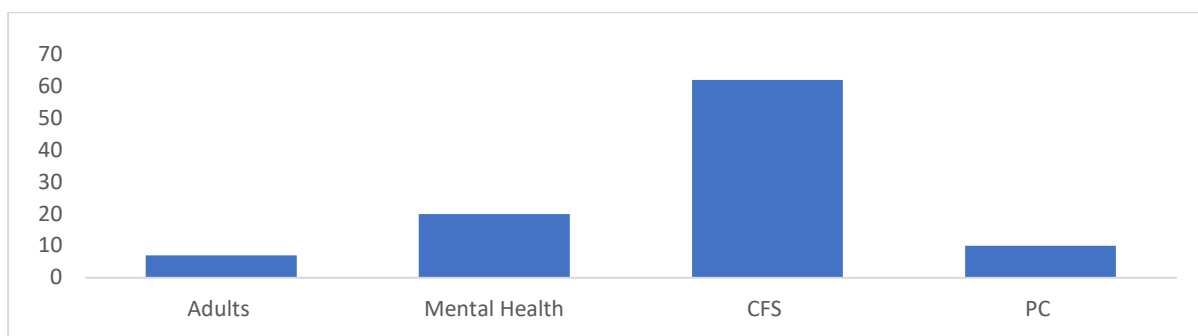
Figure 23: Research Participant Recruitment by service

Research Studies Currently Underway

Mental Health - ADEPP Study

This is our first Clinical Trial of an Investigational Medicine (CTIMP) being run through our Clinical trial pharmacy. The aim to establish the effectiveness and cost-effectiveness of sertraline (an anti-depressant) for the prevention of a depressive episode following first episode psychosis. Participants in the trial will receive either sertraline or placebo 50mg a day for 6 months.

Sexual Health - GSK A study on the reactogenicity, safety, immune response, and efficacy of a vaccine against HSV-2 in participants with recurrent HSV-2 genital herpes.

GSK is currently developing a vaccine against genital herpes caused by HSV-2. It will test to see if the study vaccine is well-tolerated and could possibly decrease the number of genital herpes recurrences (i.e., reappearances of genital herpes symptoms and lesions) in this population.

Primary Care - PROMPPT Study

This study will test a new pain review for people who are prescribed opioids long term for persistent pain. The pain review will be delivered within a patient's GP practice, by the practice pharmacist. The study wants to

find out whether proactively inviting patients to a practice pharmacist delivered pain review reduces opioid use without worsening pain or pain-related interference with quality of life.

Childrens and Families - The ELSA Study

This study is exploring the feasibility and benefits of screening for type 1 diabetes in children aged between 3-13 years old. A finger prick blood test is used to find markers in the blood (autoantibodies), that tell us if a child is at risk of getting type 1 diabetes in the future, before they become unwell.

MSK - Prognostic and diagnostic assessment of shoulder pain- PANDA-S trial

Painful shoulder conditions impact on sleep, social activities, work productivity and health utilisation. The aim of the PANDA trial is to overcome current uncertainty and delay in treatment decision-making and improve patient outcomes, patients' experience of care and healthcare resource use by offering more personalised care and self-management support based on diagnostic and prognostic information for patients presenting with shoulder pain in physiotherapy services.

Process control	Variation Indicator	Trending Performance Indicator	Recommended action
In control		P	**Do nothing** _your process is working perfectly!_
In control		? Capability within acceptable levels	**Do nothing** _Your process is working well enough_
In control		? Capability outside of acceptable levels	**Consider process redesign** _If no other areas to prioritise_
In control		F	**Process redesign** _Your current process is designed to fail_
Out of control	H L Cause unknown	F OR ?	**Investigate special cause origins BEFORE tackling process capability** _Try to understand what is happening before responding redesigning out of control processes is not advisable_
Out of control	H L Cause known	F OR ?	**Root cause corrective action BEFORE tackling process capability** _Seek to restore process control redesigning out of control processes is not advisable_
Out of control	H L Cause unknown	P	**Investigate special cause origins** _Try to understand what is happening before responding_
Out of control	H L Cause known	P	**Consider root cause corrective action** _Seek to restore process control_
Out of control	H L Cause unknown	P	**Investigate special cause origins** _Try to understand what is happening before responding_
Out of control	H L Cause known	P	**Celebrate achievement (if intentional) and share learning** _Seek to restore process control_
Out of control	H L Cause unknown	F OR ?	**Investigate special cause origins BEFORE tackling process capability** _Try to understand what is happening before responding redesigning out of control processes is not advisable_
Out of control	H L Cause known	F OR ?	**Celebrate achievement in improvement (if intentional) and share learning** _Seek to restore process control - redesigning out of control processes is not advisable_

Solent NHS Trust - System Oversight Framework

The NHS System Oversight Framework is aligned with the ambitions set out in the NHS Long Term Plan and the 2023/24 NHS operational planning and contracting guidance. The framework describes how the oversight of NHS trusts, foundation trusts and integrated care boards will operate. This supports our ambition for system-led delivery of integrated care in line with the direction of travel set out in the NHS Long Term Plan, Integrating care: next steps to building strong and effective integrated care systems across England and the government's white paper on integration – Joining up care for people, places and populations.

A set of oversight metrics are used to support the implementation of the framework at a system level. The Hampshire and Isle of Wight Integrated Care System (HIOW ICS) that Solent is part of, has been moved into System Oversight Level 4, highlighting the addional support being received from NHS England with regards to managing the financial deficit of the ICS through a Recovery Support Programme.

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 below. 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.

Indicator Description		Internal /External Target	Target	Jun-23				May-23			
				Current Performance		Trending Performance	Variance	Current Performance		Trending Performance	Variance
Quality, Access & Outcomes	S038a: Potential under-reporting of patient safety incidents	E	100.0%	100.0%	🟢	?	H	100.0%	🟢	?	H
	S039a: National Patient Safety Alerts not completed by deadline	E	0	0	🟢	?	L	0	🟢	?	L
	S040a: Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	E	0	0	🟢	?		0	🟢	?	
	S041a: Clostridium difficile infections	E	0	0	🟢	?		1	🔴	?	H
	S042a: E. coli blood stream infections	E	0	0	🟢	?		0	🟢	?	
	S081a: IAPT access (total numbers accessing services)	E	366	395	🟢	P		461	🟢	P	
	S086a: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (3 months rolling)	E	0	72	🔴	F	H	101	🔴	F	H
	S086b: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (external only)	-	-	100.0%				100.0%			
	S101a. Outpatient follow-up activity levels compared with 2019/20 baseline	E	75.0%	105.5%	🔴	F		105.2%	🔴	F	
	S105a. Proportion of patients discharged to usual place of residence	-	-	65.6%				59.2%			
	S107a. Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	E	70.0%	59.0%	🔴	F	L	69.0%	🔴	F	L
	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	8	🟢	?	H	6	🟢	?	H
	S013a: Diagnostic activity levels - Imaging	E	545	434	🔴	?	H	627	🟢	?	H
	S013b: Diagnostic activity levels - Physiological measurement	E	77	89	🟢	?		81	🟢	?	
Preventing Ill Health	S117a: Proportion of patients who have had a first consultation in a post-covid service more than 15 weeks after referral	-	-	11.5%			L	3.5%			L
Looking after our people	S071a: Proportion of staff in senior leadership roles who are from a BME background	I	12.0%	8.0%	🔴	F		8.1%	🔴	F	
	S071b: Proportion of staff in senior leadership roles who are women	I	62.0%	72.4%	🟢	P		72.1%	🟢	P	
	S071c: Proportion of staff in senior leadership roles who are disabled	I	3.2%	4.6%	🟢	P	H	4.7%	🟢	P	H
	S067a: Leaver rate	I	14.0%	13.5%	🟢	?	H	13.9%	🟢	?	H
	S068a: Sickness absence (working days lost to sickness)	I	5.0%	4.9%	🟢	?		4.9%	🟢	?	
Finance and Use of Resources	S118a: Financial Stability	E	-	Data not currently available							
	S119a: Financial Efficiency	E	-	2.1%				2.3%			
	120a: Finance – Agency Spend vs agency ceiling	E	100.0%	Data not currently available							
	120b: Agency spend price cap compliance	E	100.0%								

Performance Summary:

The majority of metrics showing a negative trend or variance have been covered within this months, or previous iterations of the Trust Board Integrated Performance Report . Other areas of exception worth noting are as follows:

Outpatient Follow-Up Activity

Numbers of follow-up contacts continue to be a higher proportion of all contacts than desired by NHS E/I. With the introduction of the Elective Recovery Framework at Solent in 23/24, we should start to see a reduction in the proportion of follow up contacts, as first contacts increase.

Key

In-month Performance Indicator

- Metric is achieving the target
- Metric is not achieving the target

Trending Performance Indicator

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

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

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

Variance Indicator

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

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

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

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

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

Board and Committee Summary Report

NHS Solent NHS Trust

Title of Paper	People Strategy Update
Date of paper	13.07.23
Presentation to	Public Board
Item No.	15.1
Author(s)	Anna Rowen – Associate Director EDIB Shani Davies – Workforce & OD Transformation Programme Director Hilary Todd - Associate director OH&WB and ICS Programme Manager
Executive Sponsor	Sorrelle Ford – Acting CPO
Executive Summary	• This paper outlines update on the People Plan priorities and strategic objectives as of July 2023

Action Required	For decision?	N	For assurance?	Y

Summary of Recommendations	The People Committee and the Board is asked to: • Confirm if they are assured by the contents of the report and progress to date .

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

Positive / negative inequalities	This report outlines the activity since the launch The People Strategy – through all aspect of the strategy we aim to address inequalities and increase diversity and improve inclusion and belonging for the workforce in Solent.

Previously considered at	*This update has not been presented at any other meeting.*

Strategic Priority this paper relates to	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	
	3. Outcomes that matter		10. New ways of working	x	14. Supportive Environments	
	4. Life-course approach		11. Growing for the future	x	15. Partnership and added value	x
	5. One health and care team					
	6. Research and innovation					
	7. Clinical and professional leadership	x				

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

Level of Assurance *(tick one)*	Sigificant		Sufficient	x	Limited		None	

Assurance Level	Concerning the overall level of assurance, the In-Public Board 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	

1. **Purpose, Situation, Background**

In December 2022 the Great Place to work – Solent People Strategy was approved by the Trust Board. This paper outlines progress to date.

The strategy sets out immediate People Focused Priorities that we will act on over the next 3 months and has aligned 4 longer term objectives with the 4 pillars of the NHS People Plan.

Alongside this a set of KPIS was also agreed. The baseline KPIs that was accurate as of December 2022 and pulls through form the most up to date data source available. In the case of the data source being The National Staff Survey, the base line data source would have been the survey data that was carried out in 2021 and results released in 2022. The current data source is from the 2022 staff survey whereby the results released in 2023.

2. **Actions and Update**

I. **Looking after our people**

People Focused Priorities

   o   *To improve the reach, ease of access, and desired impact of targeted health and wellbeing interventions across the Organisation*

Agreed Priority	Three-to-six-month progress update
Cost of Living	
Secure access to Vivup Portal and engage with finance and payroll to develop a plan for rollout of the portal.	This has been achieved and rolled out to all staff. Closed.
Develop food banks and Solent Pantry.	Since the Solent Pantry was launched, we have had generous donations from staff in most locations and the pantry has been accessed in these locations, but we have also had requests from some staff who have visited the pantry to find it empty, and therefore using donations from other sites, we have provided them with a care package, with assistance from the Estates team. Ongoing
Develop a programme to address period poverty.	We have been reviewing the costs of this, in line with our commitment for sustainability. We have a final proposal to be brought to Exec for consideration of a one-off support package for Solent, with discount vouchers included available for staff to purchase their own 'green' products. In Progress
Develop a hardship fund.	Unfortunately, this has not been progressed, due to the way in which the Solent Charity is set-up and legal restrictions around this, as advised by Rachel Goldsworthy. Closed – not able to progress.

Access to Occupational Health and Wellbeing (OHWB)	
Develop a permanent location for accommodating the OH and WB Service.	The location for a permanent home has been identified but is reliant on other Estate moves. Current timeline of occupancy is Oct/Nov. This remains on the risk register In Progress
Improve access to OH and HWB Service	We continue to offer both Face to Face and remote consultations. The move to G2 has enabled better access for managers (for referrals) and the People Services Teams (for recruitment). Ongoing

Strategic Focussed Priorities:

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

Agreed Priority	Six-to-twelve-month progress update
Renew the recruitment, training and profile of health and wellbeing champions across the organisation.	The newly rebranded Health and Wellbeing Champions were launched with an accompanying comms plan in June 2023. The launch has been successful and currently there are 70 names on our new health and wellbeing champion database, obviously this is a lower number than previously, but the key thing is that they are active in their roles. There have been ~20 new champion inductions since the launch, following their induction 10 of those have completed the survey (which provides the information for the new database) We have secured Charity Funds that Champions will be able to bid for to provide wellbeing resources for their teams, for example, a wellbeing board, microwave, bean bags for time out spaces
Upgrade the OH clinical record system enabling data insights and feedback to support continuous OH and HWB service improvement.	The upgrade project was implemented and the move to G2 was successful in April this year Support emails and helplines, as well as training guides, have been developed by the OHWB team to support our managers, recruiters and workforce in navigating the new G2 system and these will be circulated via an ongoing comms plan into May and June 2023. The 3 guides will be circulated to coincide with launch on 26th April are: 1) How to make a Management Referral (for Managers) 2) New Starter Health Questionnaires (for Recruiters) 3) How to Self-Refer to OHWB services (for Staff)
Integrate and develop a new, combined and innovative Occupational Health and Wellbeing	A proposal has been developed with Southern Health colleagues and the proposal will be discussed for approval at the Southern Health People Committee on 18th July.

service across Solent and Southern Health.	
Implement the Hampshire and Isle of Wight Growing Occupational Health Programme.	The programme is in development and Solent teams are actively involved in the development of a Project Initiation Document which will be presented to all the HIOW CPOs for discussion and approval in September
Continue our annual delivery of staff flu vaccination programme.	The delivery of the flu programme has been discussed with the Executive Team and the Health and Wellbeing Guardian. This year's approach will take lessons from previous years as well as reflecting on the pre covid delivery.

KPI Measure	Source	Data Dec 22 (staff survey 21/22)	2023 goal	Current Measure	2024 goal
Recommendation as a place to work	Annual NHS Staff Survey question	73.4%	75%	72.6%	75%
Staff engagement	Annual NHS Staff Survey theme	7.4 Index Score	7.6 Index Score	7.6 Index Score	7.6 Index Score
We are recognised and rewarded	Annual NHS Staff Survey theme	6.7 Index Score	6.8 Index Score	6.6 Index Score	6.8 Index Score
My organisation takes positive action on health and wellbeing	Annual NHS Staff Survey question	75.3%	78%	73.7%	78%
Sickness absence	ESR	5.7%	5.6%	5.4%	5.6%

II. **Belonging in the NHS**.

People Focused Priorities

o *We will make it easy for people with a Disability or Long-Term Condition (physical and mental health) to get the access and support needed at the earliest opportunity.*

o *Further strengthen our engagement with and support for Staff Networks to ensure that the voices of people from diverse groups influence the way the People Strategy is implemented.*

Agreed Priority	Three-to-Six-month progress update
	Access and support for people with a disability or long-term condition
Ensure more inclusive and accessible arrangements are in place for colleagues with a disability and long-term health conditions.	• Work has been undertaken with the estates team to develop an accessibility audit of our premises. This has been piloted and further changes to the audit are being made. • Solent are working with the Employment Disablity Advice (EDNA) Service to ensure better signposting and support for colleagues with LTH and disability • Key actions have been agreed with the DisAbilty network and are embedded in the EDIB action plan for 23/24 In Progress
Review, simplify and centralise guidance funding for accessibility arrangements. Ensure guidance and training for managers with regards to supporting reasonable adjustments in place	• A reasonable adjustment framework has been co created with the network, EDNA, Occ Health and Finance to ensure improved ease of accessing funding for reasonable adjustment Closed
Engagement and support for staff networks	
Confirm funding for Staff networks.	Each network has been developed £k and have action plans in place as to how they will use this to support network activity. Closed
Support network involvement in delivery of our People Strategy	Networks have been engaged and supported he creatin of the 23/24 EDIB action plan that details how the People strategy aspirations will be achieved. Ongoing

Strategic Focussed Priorities:

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

Agreed Priority	Six-to-twelve-month progress update
Ensure our attraction and recruitment processes are equitable and inclusive.	A work stream has been established to ensure a review of our attraction and recruitment practices can be more inclusive. Inclusion champions are being used on recruitment panels and different more inclusive ways of assessing talent are being used across the trust.
Proactively review human resource policies to ensure they are fully inclusive and accessible.	Networks are involved in the review of people policies and the development of the kind life programme and guides that aims to support a more inclusive culture that enables speaking up and kinder feedback. Case reviews have been piloted with network colleagues brining the perspective of lived experience to our learning and reflection.
Support leadership, development and coaching for colleagues with protected characteristics.	Signposting to the ICS and national programmes proactively targets underrepresented groups. Coaching is available for colleagues with protected characteristics. A reverse mentoring programme has lunch and is due to complete Oct 23
Support colleagues across the organisation to have a deeper understanding of inclusion and belonging.	A Series of OD and Cultural programmes have been delivered – *full details can be found in annual report*. Subjects covered - Activating Allyship - Hate crime - Inclusive Language - When patient choice becomes discrimination - DisAbilty awareness - Staff network events All session has been impact evaluated and have been shown to deliver high impact
Support culture review as part of our well led audit actions.	This has now been replaced with culture and OD work pertaining to Fusion. There are a number of Culture and OD programmes being delivered in service lines and across the Trust.

KPI's

KPI Measure	Source	Data Dec 22 (staff survey 21/22)	2023 goal	Current Measure	2024 goal
NHS Staff Survey: We are compassionate and inclusive	Annual NHS Staff Survey theme	7.9 Index score	8.1 Index Score	7.9 Index Score	8.5 Index Score
NHS Staff Survey: We each have a voice that counts	Annual NHS Staff Survey theme	7.4 Index score	7.7 Index Score	7.4 Index Score	8.0 Index Score
Reduce the disproportionate impact of bullying and harassment at work on BAME colleagues	WRES (By patients) WRES (By staff)	18.7% 16.4%	16.7% 14.4%	19.1% 16.7%	14.7% 12.4%
Reduce the disproportionate impact of bullying and harassment at work on colleagues who are disabled, or have long term conditions	WDES (By patients) WDES (By staff)	25.8% 15.9%	23.8% 13.9%	25.9% 14.7%	21.8% 11.9%
Reduce gender pay gap	GPG/finance	11.83%	9.83%	11.80%	7.83%

III. Growing for the future

People Focused Priorities

o *Enhance the work of the existing attraction and recruitment team to ensure that recruitment and onboarding is a swift, efficient and positive experience*

Agreed Priority	Three-to-Six-month progress update
Develop an escalation process to support prioritisation of vacancies which require urgent attention.	It is questioned if this is now needed as urgent needs are picked up by the team through escalation to Head of People Operations. By putting a procedure in place every advert and piece of recruitment is deemed urgent so will cause us more issues than it resolves. Not to be progressed.
Delivery of line manager training.	Manager training on Oleeo has again taken place over the last 3 months with drop-in sessions advertised via comms for managers to come along for further training covering all the actions that they have within Oleeo. This has been paused now for the summer but will be picked up again in September. Ongoing.
Provide professional development for Recruitment & Attraction team, to ensure compliant with the NHS Standards.	Training of the team has taken place again in the last 3 months on all aspects of pre-employment checks and Right to Work training by and external 3rd party is currently being booked. Closed.
Conduct self-audit assessment of Oleeo system gathering feedback on user experience.	100% audit checks are being carried out by our new team leader in the recruitment team with escalation where needed. Results are being looked at by team member to identify any further training needs or performance management issues where appropriate. We have further enhanced our ID checks by tightening procedures that were adapted last year. Closed.

Strategic Focussed Priorities:

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

Agreed Priority	Six-to-twelve-month progress update
Recruitment of 97 apprentices (Solent trust target 22/23)	Due to reduced centralised funding this target was not hit. What has been achieved so far for 22/23 has been 8. The government target for our trust is 102 (based on Solent headcount) which differs from the 97 Trust target we estimated. We do have 49 more due to start in September 23' (when their course starts) so if they all start as planned, we will be at 57 against a target of 97 or 102.

Support a whole system approach to international recruitment.	Recruitment and People Partnering teams have been working together to identify early and target hard to fill roles supporting safer staffing. Collaboration between SHFT and Solent started early 2023 combining their recruitment ways of working to share resources informally as part of Fusion principles. The team are working with EDIB to support a meaningful integration to increase the retention rates for international nurses and sense of belonging and inclusion.
Deliver 350+ project to highlight NHS careers.	The 350+ NHS Careers Education Outreach programme has reached over 40,000 school and college pupils across HIOW during the 22/23 academic year, and we have identified various funding streams which will enable us to continue to deliver this project and the T-Level placement project for another 12 months.
Support delivery of Solent's learning and development programme.	New line mgmt. training programme launched April 2023. New Managers Induction Pilot (17 attendees from People & OD Directorate). A two-hour session delivered to test out the format plus receive feedback on what to improve and include. Now in process of making some small updates and is now available for new line managers.
Ensure delivery of the national NHS Generational Vanguard Programme.	This is ongoing BAU work that relates to the retention initiatives and interventions carried out throughout the trust, such as the implementation of the 50+ staff network group, menopause awareness raising and training, the reverse mentoring programme, early preceptorship training and feedback, and T-Levels placement project education to employment activity.

KPI Measure	Source	Data Dec 22 (staff survey 21/22)	2023 goal	Current Measure	2024 goal
NHS staff survey: We are always learning	Annual NHS Staff Survey theme	5.9 Index Score	6.2 Index Score	6.0 Index Score	6.5 Index Score
I have opportunities to improve my knowledge and skills	Annual NHS Staff Survey question	75.6%	78%	78.3%	80%
Vacancy rate: All staff	ESR	8.2%	6%	9.1%	4.5%
Vacancy rate: Registered nurses	ESR	12.2%	10%	12.8%	8%
All staff turnover	ESR	13.5%	12.5%	13.5%	12%
Apprentices in post	ESR	179	190	145	196

New ways of working and delivering care

People Focused Priorities

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

Agreed Priority	Three-to-Six-month progress update
Develop a proposal for an Ask the People Team Service.	We have not developed the 'ask HR' service in the way we scoped out at the start of the year, mostly because of the limited capacity and funding to do so. The Inboxes for People Partnering and People Services are being monitored closely by our HR Apprentice who is signposting if unsure of anything. The People Services inbox has recently gone on a rota basis, and this seems to be working well. In Progress
Generate resources to support Ask the People Team Service.	One thing we are doing is the drop-in sessions, which is the provision of an 'ask-hr' type of service across the people team holistically collaborating with services as one team. In Progress
Agree targets and performance measures for new services.	This has not started yet. Not Started.
Develop a Chatbot service to enhance delivery.	There is some scoping to do with Hilary Todd in terms of the 'chat bot', which is something she is doing for OH and has some funding for. Not Started.

Strategic objective:

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

Agreed Priority	Six-to-twelve-month progress update
Develop a Workforce Planning Programme which will use data insights to support services to plan ahead and address identified workforce gaps.	Greater collaboration of corporate teams (Finance and Workforce) has been instigated to support triangulation of information. It is intended that this will inform our workforce planning programme and ensure that our service lines have insights to support decision making and forecasting. In month the Trust launched and presented its first interactive workforce dashboard, which will provide the Trust and service lines will regular workforce insights. As part of our workforce planning rounds our quarterly workforce summits will be re-established commencing in September.

Enhance and embed an agile working programme to support Solent staff with versatile new ways of working.	An agile working staff handbook was created and launched alongside the estates agile working environment policy. Further agile working is captured in the culture aspects of Fusion for the new organisation and how to harmonise the different trust approaches to this concept.
Support implementation of the workforce elements of Solent's Digital Strategy to provide more intuitive systems – improving the user experience and data quality.	Due to the new IT provider and Fusion a lot of the development initiatives have had to be postponed due to capacity and building the work in to Fusion. What has been delivered is a Digital tile on LMS with tools and resources and accessibility specific software procured, and a draft digital champions framework has been created. Digital competency frameworks have also been identified and need to be reviewed as part of Fusion to see what is the preferred and fit for purpose option to use. A communication plan was created and has been delivered to support the digital strategy workstreams. A digital maturity self-assessment has therefore not been created or launched.
Enable staff to adopt sustainable practices at work and at home by developing our people and clinical leaders to understand their role in the Green Plan.	Corporate green induction plan status has not yet started. Engagement has been made with Jo Warwick in Estates requesting information and content to be provided to the L&D team to enable them to build a green plan LMS tile. Lack of response and no content provided has meant this priority has not been progressed yet.

KPI Measure	Source	Data Dec 22 (staff survey 21/22)	2023 goal	Current Measure	2024 goal
NHS staff survey: We work flexibly	Annual NHS Staff Survey theme	6.9 Index Score	7.1 Index Score	6.9 Index Score	7.1 Index Score
Satisfaction of working environment / agile working	Annual NHS Staff Survey theme	66.7%	60%	67.2%	65%
We are safe and healthy	Annual NHS Staff Survey theme	6.4 Index Score	6.6 Index Score	6.5 Index Score	6.9 Index Score
Digital maturity self-assessment	Annual NHS Staff Survey question	-	70%	None	75%

Title of Paper	Equality Diversity Inclusion and Belonging (EDIB) Annual Report
Date of paper	12.07.23
Presentation to	Board
Item No.	15.2
Author(s)	Anna Rowen – Associate Director EDIB
Executive Sponsor	Sorrelle Ford – Acting CPO
Executive Summary	This Item is the 2023 Equality Diversity Inclusion and Belonging Annual Report and is being presented to the Board for assurance and to confirmation that subject to any feedback or changes made by the People Committee and The Board it is ready for publishing in line with our duty under the Public Sector Equality Duty Act. Please note that due to a change of dates for people committee this report may have received feedback that it not reflected in this copy. All feedback from People Committee and The Board will be collated and the report amended accordingly before publishing.

Action Required	For decision?	N	For assurance?	Y

Summary of Recommendations	The People Committee title is asked to: • Confirm if they are assured by the contents of the report • For it to be published in line with our obligations under the Public Sector Equalities Duty Act and our moral and social responsibility as a health care provider, employer and anchor organisation.

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

Positive / negative inequalities	This report outlines the activity over the past year and planned activity for the next year that aims to address inequalities and increase diversity and improve inclusion and belonging for the workforce in Solent.
Previously considered at	People Committee

Strategic Priority this paper relates to	Great Care		Great Place to Work		Great Value for Money	
	1. Safe effective services	x	8. Looking after our people	x	12. Digital transformation	
	2. Alongside Communities	x	9. Belonging to the NHS	x	13. A greener NHS	
	3. Outcomes that matter		10. New ways of working	x	14. Supportive Environments	
	4. Life-course approach		11. Growing for the future	x	15. Partnership and added value	
	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)*	Sigificant		Sufficient	X	Limited		None	

Assurance Level	Concerning the overall level of assurance the In-Public Board is asked to consider whether this paper provides: Significant, **sufficient,** limited or no assurance

Executive Sponsor Signature	*[signature]* Sorrelle Ford, Acting Chief People Officer

Item 15.3

Equality Diversity, Inclusion and Belonging Annual Report 2023

Author
Anna Rowen
Associate Director Diversity, Inclusion
and Belonging
June 2023

Contents

Delivering Actions to Improve Equality Diversity, Inclusion and Belonging at Solent NHS

Introduction

This paper provides an update on Equality, Diversity Inclusion and Belonging (EDIB) to the People Committee and Trust Board.

The Trust has a statutory obligation under the Equality Act 2010 to publish a range of monitoring information relating to patients and staff. This report is one of the ways in which the Trust fulfils itsobligations.

This report provides the People Committee and the board with an update and progress report in relation to the EDS3 (Equality Delivery System3, NHSE workforce standards, Gender Pay Gap and contributes to meeting our PSED [Public Sector Equality Duties]).

By publishing our annual data on the Trusts main functions in relation todversity and inclusion we are adhering to our Public Sector Equality Duties (PSED) obligations and our moral and social responsibility as a health care provider, employer and anchor organisation.

People Strategy

The national NHS People Plan sets out an ambitious vision for the NHS, with more staff, working differently, in a compassionate and inclusive culture. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people, and work together differently to deliver care.

In 2022 Solents' 'Great Place to Work' strategy was agreed and launched. It aims to create a highly motivated, engaged workforce that has a positive impact on patient care and outcomes.

Equality Diversity, Inclusion and Belonging (EDIB) within our People Strategy

Our EDIB strategy is embedded and integral to Solents People Strategy.

Solents People Strategy has 4 themes:
1. **Looking after our People:**
   - Strategic Objective: *We are committed to raising the health and wellbeing within the organisation – so that our people are supported to 'Be here, Be Happy and Be Healthy*
2. **Belonging in the NHS:**
   - Strategic Objective: *We want to enable every person working in Solent NHS Trust to bring their authentic self to work each day, ensuring we all feel visible, and our identity and contribution is validated and valued.*
3. **New Ways of working:**
   - Strategic Objective: *We will work closely with our services to support programmes of improvement, change and innovation in the way we manage our workforce. We will embed strategic workforce planning in everything we do so we can harness the talents of our people through effective talent management conversations.*
4. **Growing for the future:**
   - Strategic Objective: *We are committed to developing a sustainable workforce and will attract, develop, reward and retain diverse talent who want to be part of a great place to work & thrive.*

Whilst equality diversity, inclusion and belonging runs through all the strategic themes it is theme 2, ***Belonging in the NHS*** that is the primary strategic pillar that strategically drives our Equality Diversity Inclusion and Belonging (EDIB) Action Plan.

The People Strategy will drive us forward in our commitment to an inclusive culture acrossthe organisation to ensure that all members of our staff, patients, carers, volunteers, and visitors feel valued when they connect with our services.

- We want to make it easy for our diverse communities to access our services
- We want to recruit and retain staff from diverse communities
- We want all our staff and those who use our services to be valued and respected as individuals
- We want to offer and provide learning and development opportunities to our diverse workforce

Our Board and senior leadership team support this agenda by:
- modelling the behaviors from our HEART values to promote a positive inclusive culture in the organisation
- providing the resources required to deliver on Trust wide Diversity, Inclusion and Belonging programmes
- working in collaboration with our systems partners and communities
- having oversight to ensure that our PSED (Public Sector Equality Duties) are

being effectivelyimplemented

- actively sponsoring our staff networks and empowering staff voice

The Associate Director of Equality Diversity, Inclusion and Belonging has a key role in:
- helping to raise the profile of Diversity, Inclusion and Belonging internally and externally at Solent NHS Trust
- providing expertise and senior leadership to the Trust Board and Executives and other senior managers across the Trust
- supporting senior leaders to develop inclusive cultures within their service lines
- providing robust and accountable leadership to ensure that successful outcomes are delivered in line with those laid out within the Diversity, Inclusion and Belonging Plan
- ensuring robust performance, accountability and governance systems are in place
- modelling active allyship and inclusive leadershipThe Trust is committed to ensuring that the NHS England's workforce equality standards (WRES and WDES) are embedded into its People Strategy and Diversity, Inclusion and Belonging Action Plan.

It has, and continues to engage with third sector organisations, regional & national networks, to learn and share best practice. This strategy runs parallel with the Alongside Communities Strategy and the deliverables of both plans dovetail to further strengthen the outcomes of each.

Equality Diversity Inclusion and Belonging in Solent NHS

> *The EDIB action plans aim to ensure every person working in Solent NHS Trust is able bring their authentic self to work each day, ensuring we all feel visible, and our identity and contribution is validated and valued.*

Solents Workforce

Solent NHS Trust has continued to make advances on building an inclusive and engaged culture and this was evidenced in this year's staff survey results where our engagement score rose again to our highest yet to 68.4% from 67.7% last year. By comparison benchmark trusts having an average response rate of 50%.

In 2021 Solent scored amongst the best performing trusts of our type in 3 out of 9 themes, those being:

- We are compassionate and inclusive
- We each have a voice that counts
- Staff Engagement

However, Solent this year has now ranked top for 5 of the 9 key metrics, an improvement from 3 last year.

	We are compassionate & inclusive	We are recognised & rewarded	We each have a voice that counts	We are safe & healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
Solent 2021	7.9	6.7	7.4	6.4	5.9	6.9	7.3	7.4	6.3
Solent 2022	7.9	6.6	7.4	6.5	6.0	6.9	7.4	7.4	6.3
Best 2022	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average 2022	7.5	6.3	6.9	6.2	5.7	6.7	7.1	7.0	6.0
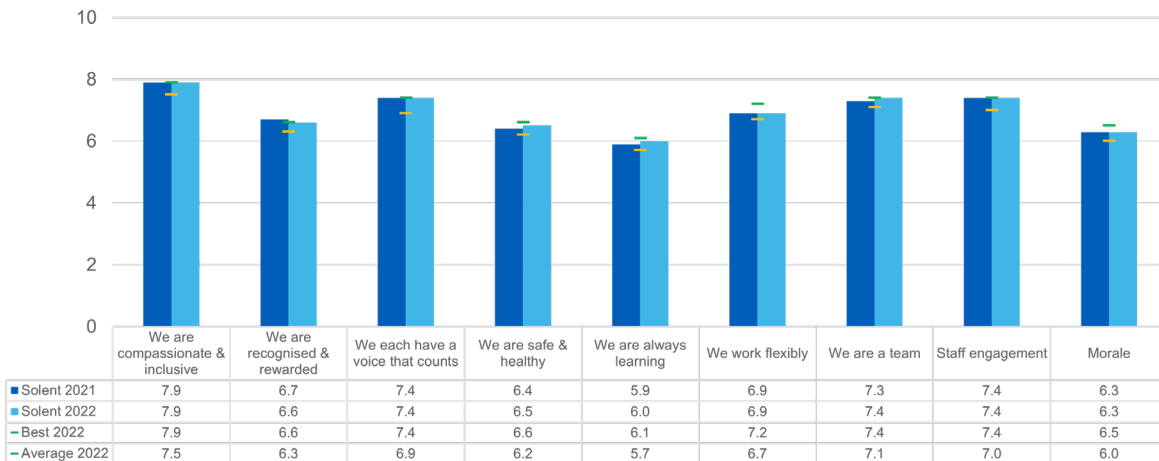
Research shows that if we make improvements on race equality, we will make advances on all nine protected characteristics.

Therefore, we have used the Workforce Race Equality Standard (WRES) methodology at Solent with the aim of improving on the following as part of our commitment to the 10-year WRES plan:

- Increase our talent pool of BAME staff
- Ensure there is an equitable process for BAME staff in relation to Disciplinary and Grievance
- Improve our understanding on blind-spots in the recruitment process

We have also worked to use the Workforce Disability Equality Standard (WDES) with the view to ensuring our commitment to improving diversity, inclusion and belonging.

For the first time this year 2 new metric frameworks have been introduced.

1. BANK Only Workers WRES

- There are an estimated over 150,000 bank-only workers in NHS trusts.
- Bank WRES has been designed to support NHS England's strategic aim of improving the quality of bank provision as a flexible option for staff.
- The WRES team have developed a set of indicators for NHS bank only workers, designed to explore the experiences of this group, the indicators are aligned to the People Promise and People Plan.
- There are nine indicators for the bank-only workers WRES. The indicators will measure the following:
    - Representation by ethnicity and gender
    - Experience in the workplace, including disciplinaries, dismissals, bullying and harassment
    - Route of entry into the NHS.

to read more about the WRES indicators for the NHS bank only workforce click here

2. Medical WRES
- The Medical Workforce Race Equality Standard (MWRES) was launched in 2020 to analyse national race equality for medical and dental workforce.
- The Medical Workforce Race Equality Standard (MWRES): the first five sets out practical actions based on data and evidence to tackle existing inequalities in the medical workforce.
- It is jointly developed alongside royal medical colleges, regulators and key stakeholders.
- The 2020 MWRES report found that BME doctors are:
    - Underrepresented in Consultant posts
    - Underrepresented in academic and leadership positions
    - Less likely to progress through postgraduate exams and Annual Review of Competency Progression
    - More likely to experience discrimination, harassment, bullying and abuse from patients and other staff.
- MWRES compliments the work of WRES in evidencing NHS compliance with the Public Sector Equality Duty (EqA2010) to advance race equality for the dental and medical professional groups.
- MWRES data and analysis is used to inform actions to advance race equality and

develop targeted interventions to address structural and organisational disparities that result from race.

- MWRES data will help providers to develop tailored programmes for BME staff to break down barriers to advancement and improve experience in general.
to read more about MWRES click here

Solents Community

We aim to ensure that our community partners reflect our diverse communities in areas we work in andhave been involved in creating the Alongside Communities Strategy.

We intend to continue to improve our data collection by offering support through our learning and developmentteam with self-identification and refreshing data for our workforce and patients.

The Venn diagram below outlines the connection and collaboration of the Community engagement and experience and the EDIB Team in Solent.

Community Engagement and Experience

Ensure the active engagement and involvement and engagement of patients, families, carers and the wider community in the development of the new organisation.

Support clinical and non clinical services to apply a strengths based approach to working with people and communities to service, development, design and delivery.

Further develop our community partner programme with a focus on those seldom heard and those most affected by health inequalities.

Expand the accessible opportunities for feedback about experience of care, facilitating learning from that feedback.

Improve the early identification and support of unpaid family carers.

Deliver Alongside Communities

Community as our WF

Community as part of our recruitment process

Community as part of our service development design and delivery.

Workforce EDIB

Increase our talent pool of BAME staff

Ensure there is an equitable process for BAME, Disabled and other marginalised staff in relation to Disciplinary and Grievance

Improve our understanding on blind-spots in the recruitment process and ensure Inclusive recruitment practices are embedded

Proactively deliver improvement through all 3 pillars of EDS

Reverse Mentoring programme

Network engagement and empowerment

Measurable high impact education, awareness and organisational development and culture a change programmes (fusion, trust and service line level)

Ensure kind life and restorative practice and revision of people practices are embedded and support inclusive culture

Support cultural transformation for fusion

Remove barriers of reasonable adjustment

Deliver agreed actions – aligned to metrics to improve workforce EDIB

Key Activities

See appendix for Solent Community Engagement Annual Report

Delivering on Standards for Equality Diversity, Inclusion and Belonging

NHS Standards - EDS3 Pilot Progress

Solent NHS Trust provides services across richly diverse communities, and this should influence how we provide our services as well as how we treat our staff, both current and future.

All NHS organisations are encouraged to use the EDS (Equality Delivery System). The Equality Delivery System (EDS) was officially launched in 2011, and updated in 2013, with the aim of embedding equality within the current and future NHS – for both commissioner and provider organisations. It is an improvement tool for patients, staff, and leaders of the NHS.

In order to maximise the opportunities that EDS can offer, organisations are encouraged to engage in active conversations with people who use services, patients, public, staff, staff networks, community groups and trade unions to review and develop their approach in addressing health inequalities.

The tool is split into three domains, all driven by data, evidence, engagement, and insight.

- **Domain 1: Commissioned or provided services**
- **Domain 2: Workforce health and well-being**
- **Domain 3: Inclusive leadership**

Implementation of the Equality Delivery System (EDS) is a requirement of both NHS commissioners and NHS providers. It can support compliance with the Public Sector Equality Duty (PSED) and will increase the profile and consideration being given to equality within organisational and governance processes.

Each outcome is scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Domain scores are then added together to provide the overall score, or the EDS Organisation Rating. Solent NHS Trust working with staff and the people who use our services assess their position against the standards and use that to help set improvement aims for the future

The scoring system allows organisations to identify gaps and areas requiring action

Undeveloped activity – **organisations score 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Summary Conclusion – See appendix for full report and action plan

Domain	Outcome	Score
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	1
	1B: Individual patients (service users) health needs are met	1
	1C: When patients (service users) use the service, they are free from harm	2
	1D: Patients (service users) report positive experiences of the service	2
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	2
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	1
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment, and physical violence from any source	2
	2D: Staff recommend the organisation as a place to work and receive treatment	3
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	3
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	3
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	2
Overall Score for Solent NHS Trust	**Achieving Activity**	**22**

As a result of completing the EDS review an action plan for 23/24 with objectives was co-created and the following areas of improvement identified (for full detail see appendix)

- **Objectives for Domain 1: Commissioned or provided services**
  - To better understand the differing levels of access for different demographic groups and to ensure services are targeted on this basis to and promote inclusion and improve under representation.
  - Service line leads will carry out further stakeholder mapping and engagement activities with diverse communities to ensure health needs are understood and met through service design and provision.
  - To ensure that Co-production continues in a sustained way to support the development and delivery of services.
  - To improve the way we collect and use data to ensure that feedback is effectively collected, and that patient feedback is reviewed through an equality and diversity lens to ensure that underrepresented groups are being treated equitably.

- **Domain 2: Workforce health and well-being**
  - To understand the extent to which different groups of people access health offers, particularly where prevalence of certain health conditions is higher and to use this information to proactively address any inequalities identified.
  - To support staff who experience harassment and improve accessibility to appropriate specialist support and advice.
  - To improve the reach of access to mental health services for all staff groups
  - To continue to raise awareness of specialist support e.g., Musculoskeletal/physiotherapy access, menopause 1-1 support, Employee Disability and Neurodiversity Advice service (EDNA)

- **Domain 3: Inclusive leadership**
  - To further develop the role modelling and voice of senior leaders and increase activated allyship
  - To further develop the role modelling and voice of senior leaders and increase activated allyship
  - Further engagement and ownership EDIB Plan and People Strategy- so to ensure that actions are owned and acted on at service line level

NHSE Workforce Race Equality Standard (WRES)

Evidence shows that a motivated and inclusive workforce results in better patient care and increasedpatient satisfaction and safety. The Workforce Race Equality Standard (WRES) is a set of 9 indicators that are used to measure workforce race equality and has been mandated through the NHS standard contractsince 2015-16. The metrics for indicators 1 – 4 are taken from ESR data, 5 – 8 from the NHS staff survey results and metric 9 from Trust Board.

All workforce data has been taken from the ESR records dated 1st April 2021 to 31st March 2022. This data is then fed into the WRES report for 2020. The data covers staff categorised under the Agenda for Change.*Please note that the WRES team only ask for data on substantive staff.*

In 2023 there were 4,430 members of substantive staff, of which 12.8% (10.7% on 31/3/22) were from a Black Asian Minority Ethnic background. The 2021 Census data shows that there are 1,400,899 residents in total of which 186,090 are from BAME background – this equates to circa 13%, therefore illustrating good representation at board level.

Board Representation

WRES Category	Headcount	Headcount %	Board Headcount	Board Headcount %
BME	569	12.84%	3	23.08%
White	3810	86.00%	10	76.92%
Z Not Stated/Not Given	51	1.15%	0	0.00

As of reporting of 31st March 2023 - 23% of the board are from BAME backgrounds

Clinical / Non-Clinical	WRES Banding	Headcount (%)		
		BME	White	Z Not Stated/Not Given
Clinical	Band 2	18.3%	81.1%	0.6%
	Band 3	7.5%	91.8%	0.7%
	Band 4	10.8%	88.4%	0.8%
	Band 5	23.5%	74.3%	2.2%
	Band 6	10.5%	89.0%	0.5%
	Band 7	6.9%	92.8%	0.4%
	Band 8a	6.4%	91.3%	2.3%
	Band 8b	13.6%	86.4%	0.0%
	Band 8c	7.1%	92.9%	0.0%
	Band 8d	11.1%	88.9%	0.0%
	Band 9	0.0%	100.0%	0.0%
	Medical & Dental Consultant	36.4%	60.6%	3.0%
	Medical & Dental Non-Consultant Career Grade	34.0%	60.8%	5.2%
	Medical & Dental Trainee Grades	26.5%	64.7%	8.8%
Non Clinical	Band 2	23.5%	75.5%	1.0%
	Band 3	6.3%	93.7%	0.0%
	Band 4	3.2%	92.1%	4.8%
	Band 5	12.2%	86.6%	1.2%
	Band 6	3.6%	94.6%	1.8%
	Band 7	7.2%	92.8%	0.0%
	Band 8a	4.3%	91.5%	4.3%
	Band 8b	9.5%	90.5%	0.0%
	Band 8c	4.2%	95.8%	0.0%
	Band 8d	0.0%	100.0%	0.0%
	Band 9	0%	100%	0.0%
	Director	66.7%	33.3%	0.0%

Across our total workforce we are broadly representative of the population we serve, with 12.8% of colleagues from Black Asian minority ethnic backgrounds versus 13.00% of the Hampshire population.

Colleagues from Black Asian minority ethnic groups makeup 2/3 of our Board Level Directors. Our Diversity inclusion plan aims to address this inequality and under representation throughout all bandings.

Over a 1/3 of the consultants and non-consultant are from BAME background and over a ¼ medical dental trainees.

There is however unrepresented in bands 3-9 (given latest census data shows approx. 13% BAME)

There is also an under-representation of colleagues in band 4 with only 3.2 % of colleagues in this band of Black Asian minority background. However, there was an increase in band 5 indicating internal promotion.

It is only grade band 2 where BAME are over-represented and in all medical and dental grades.

Table -   Breakdown of staff banding and ethnicity

Workforce Race Equality Standard 2022/2023

NHS Solent NHS Trust

⬆ **Areas of improvement**   ⬇ **Areas that have worsened**

Relative likelihood of white staff accessing non-mandatory training and continuous professional development compared to BAME staff
0.67 ⬆

⬆ **12.8%** Percentage of BAME staff

1.21 ⬆ Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff

⬇ **1.43** Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants

⬇ **56.9%** Percentage of staff believing the Trust provides equal opportunities for career progression or promotion

19.1% ⬇ Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months — STOP BULLYING

16.7% Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months ⬇

BAME Board membership
23% ⬆ BAME Board members
22% ⬆ Voting BAME Board members

Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues
10.2% ⬇

Work themes in place to address these issues include (please see full action plan for further detail):

- Reverse Mentorship for Inclusion Programme
- Sharing job opportunities with Community Partners
- Overhaul and debiasing of our attraction and recruitment practices
- Working with specific workstreams across HIOW ICS (Hampshire Isle of Wight Integrated CareSystem) focusing on recruitment, retention, and talent management and Leadership development
- Anti-Discrimination Taskforce and introduction of a 2steps hate crime reporting system
- Education, awareness and allyship programs
- Greater engagement with the networks in co creating new people policies and practices that are free from bias

Where we have seen improvement:

1	Percentage of BAME staff **Target: Increase by 2% (total 11.3%) by July 2022.**			Revised target for Sept 23 In line with local census data
2019/20 9.2%	2020/21 9.3%	2021/22 10.7%		**2022/23** **12.8%**

9.	BAME board membership - Percentage difference between the Board's voting membership and its overall workforce **Target: Increase diversity of board membership when vacancies arise.**			Revised target for Sept 23 TBC
2019/20 15.4% BAME Board members 18.2% Voting BAME Board members	2020/21 21.4% BAME Board members 18.2% Voting BAME Board members	2021/22 16.7% BAME Board members 20.0% Voting BAME Board members		23% 22%

- The BAME network is a safe space for people to share their experiences and learn from others. Ongoing promotion of Freedom to Speak Up for BAME staff continues, which enable staff the opportunity to raise concerns in a confidential and safe environment.

- Board diversity is important to avoid group think, and it allows more nuanced discussions that will reflect the colleagues that work for Solent and the communities we serve.

From our staff survey results published in March 2022 we can see that staff satisfaction levels are comparable across both white and BAMA staff. Two exceptions are BAME staff rating the trust higher for both 'we are always learning' and 'staff engagement' – recognition for all the great work done by the trust over the last year.

	We are compassionate & inclusive	We are recognised & rewarded	We each have a voice that counts	We are safe & healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
White 2022	8.0	6.6	7.4	6.5	6.0	6.9	7.4	7.4	6.3
BAME 2022	7.9	6.6	7.5	6.7	6.6	6.9	7.5	7.7	6.5
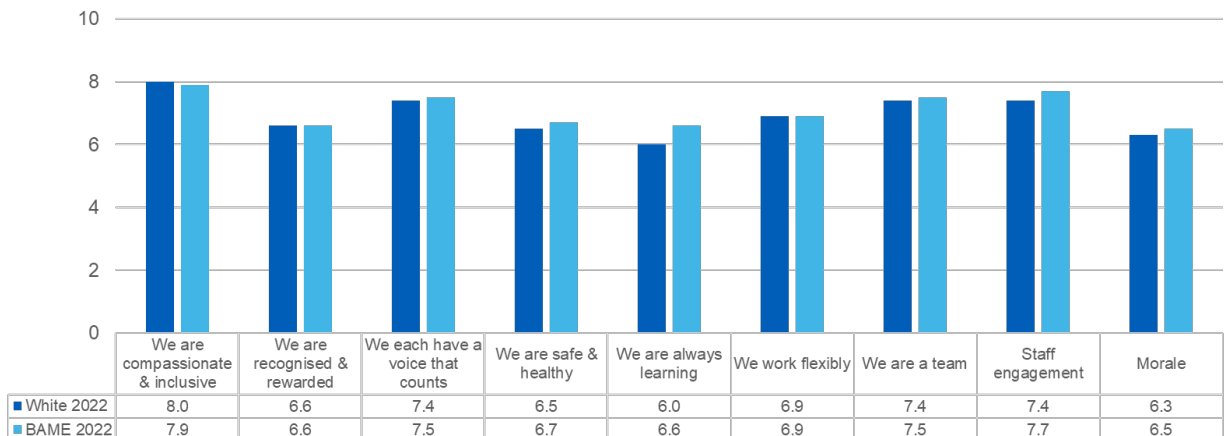
Where we need to improve

Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants **Target: decreased to 1.2 by July 2022**			**Revised target for Sept 23** **1.2**
2019/20 1.40	2020/21 1.36	2021/22 1.41	**2022/23** **1.43**

- There is ongoing work to ensure our attraction and recruitment process are free from bias. It is worthwhile to note, that there is a better % better at Offer – at offer there is a ratio of 1.27.

- However less BAME offers convert to appointments - 30% of those BAME offered do not become appointed, vs 22% White. This drop off is due to Right To Work checks being carried out after offer – also worth noting there was a large scale NHSE event that recruited and offered but high % did not translate into new starters and this impacted on conversion rate and lowered due to RTW.

- It's worth considering the impact of the recent HCSA visa that came out last years that enables overseas on sponsorship for visa. This will also have impacted on recruitment stats. More people will have applied and been SL and offered but the reality is the NHS does not financially sign off recruitment of internationally recruited HCAs.

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months **Target: Decrease percentage to below 15% by July 2022.**			**Revised target for Sept 23** **-15%**
2019/20 18.2%	2020/21 18.1%	2021/22 **16.4%**.	**2022/23** **16.7%**

- We have seen an increased response rate from 214 to 246 with this indicator and we have also seen a marginal increase in the number of staff experiencing harassment, bullying or abuse from staff in last 12 months – an increase of 0.3%. The median benchmark average for this indicator is 22.8% and has remined stable for past 2 years.

- This year's EDIB action plan includes the introduction of the Kind Life model – an evidenced based approach that reduces bullying and harassment and supports early restorative resolution when conflict does arise

Percentage of staff believing that trust provides equal opportunities for career progression or promotion *NB the data collection and calculation formula have been changed by the national team, to now includes 'don't know' in the base – new figure in brackets for 2019/2020.* **Target: Increase percentage to** 85% by July 2022. Revised target – proportional increase – **60%**			**Revised target for Sept 23** **+60%**
2019/20 82.4% (47.9%)	2020/21 80.3% (56.1%)	2021/22 **57.7%**	**2022 /23** **56.9%**

- This is an area that continues to be a recognised challenge and have lunched the reverse mentoring programme with the aim to address this further.

- The national benchmark average is currently 49.6% but it is clear through this data and staff voice in the networks further needs to be actioned to address the inequalities here.

- This will remain a clear priority and focus in this year's EDIB action plan.

• Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues • Target: Decrease percentage to below 10% by June 2022.			• Revised target for Sept 23 TBC • -10%
• 2019/20 • 9.5%	• 2020/21 • 13.8%	• 2021/22 • 9.6%	• 2022/23 • 10.2%

- The national average this year is benchmarked by comparison at 13.6%.

- In Solent there has been an increase or 0.6% for ethnic minority colleagues experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.

- The response rate for this indicator has gone from 219 to 246, an increase of 27.

- A spotlight needs to remain on this to ensure that this does not continue to climb and a deeper look by People Partners needs to consider service line data so that targeted interventions can be put in place.

NHS Workforce Disability Equality Standard (WDES)

The WDES are a set of ten specific metrics that compare the workplace experience of staff with a disability and non-disabled staff. It allows the Trust to understand the experiences of their staff with a disability and plan to create a more inclusive work environment. As with the WRES the metrics are taken from both ESR and staff survey results.

All workforce data has been taken from the ESR records dated 1st April 2022 to 31st March 2023. *Please note that the WDES team only ask for data on substantive staff.*

In 2023 there were 4,430 members of substantive staff, of which 4.4% had a known disability. We have seen an increase in colleagues declaring their disability from 81.3% in 2022 to 83.8% in 2023. However there remains 16% undeclared in ESR.

By comparison of the staff survey returns there appears to be 19% discrepancy ratio – with a much higher declared disability rate, indicating that many colleagues will only declare through the anonymity of the staff survey.

This data is being collected as part of the 2023 data collection for the Workforce Disability Equality Standard (WDES). The aim of WDES is to improve the working and career experiences of Disabled staff in the NHS. The WDES is mandated through the NHS Standard Contract and has been approved as a data collection by the NHSX Data Alliance Partnership. It has also been subject to a data protection impact assessment.

This year's survey suggests we have work to do in meeting the needs of staff with disabilities. Staff with disability rates Solent lower for all 9 measures, with the biggest discrepancy for 'we are safe and healthy'. This is driven by dissatisfaction with both burnout and negative experience with the trust.

	We are compassionate & inclusive	We are recognised & rewarded	We each have a voice that counts	We are safe & healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
Disability 2022	7.7	6.3	7.1	6.0	5.8	6.6	7.1	7.1	6.0
No Disability 2022	8.0	6.7	7.5	6.7	6.1	7.0	7.4	7.5	6.4
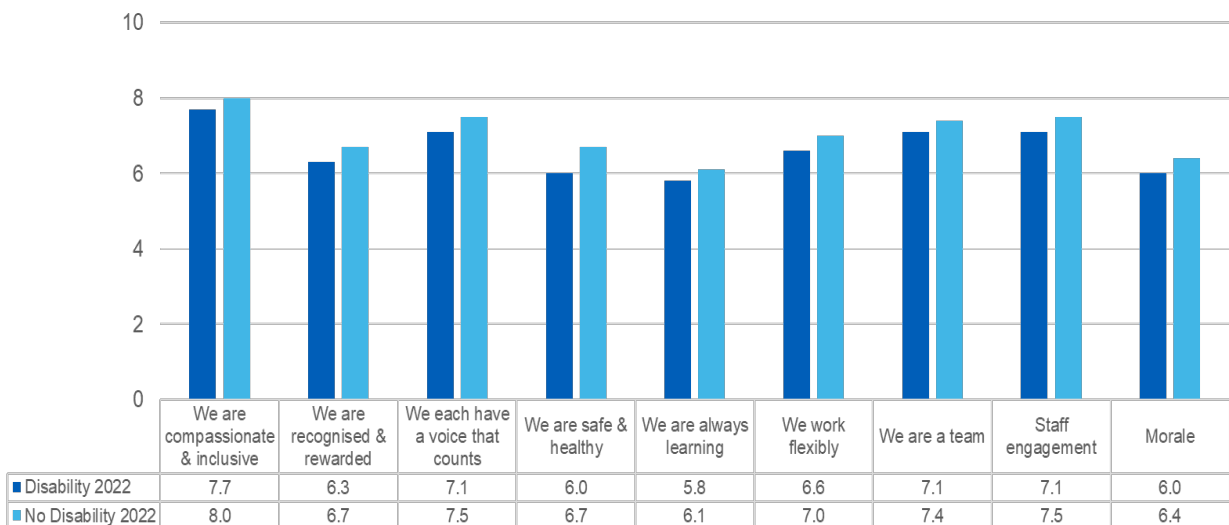
Below is an infographic that shows the results of the WDES

Workforce Disability Equality Standard 2022/2023

NHS Solent NHS Trust

Areas of improvement   Areas that have worsened   Areas that have stayed the same

Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts
1.11

52.2% of disabled staff that are satisfied with Trust valuing their work across all posts

22% of staff saying they have felt the pressure from manager to come into work, despite not feeling well enough to perform their duties

7.1/10
Staff engagement score for disabled staff

82% of disabled staff saying their employer has made adequate adjustments to enable them to carry out their work

Board members with a disability:. 11 non-disabled members and 2 with unknown disability status

64% of staff believing Solent will provide equal opportunities for career progression

% of staff experiencing harassment, bullying or abuse

• from patients/service users, their relatives, or other members of the public in the last 12 months
25.9%

• from managers
9.8%

• from other colleagues
14.7%

60.1%
staff reported harassment, bullying or abuse at work

Where we have seen improvement

• The percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. • **Target** • **Increase disability declaration rates on ESR across** Solent to 60% by July 2022 – **revised target 90%** • **Increase the number of staff with a disability in bands 8a or above to 4%**			• **Revised target for Sept 23** • **+90%** • **+4%**
• 2019 • Unknown	• 2020 • Disability status not declared 20.64%	• 2021 • Disability status not declared 18.7% **(81.3% declared)** • 524 staff in 8A or above out of those 15 are disable= **2.8%** • n.b 3.9% of total WF have a disability	• **2022/23** • **16.2% (83.7% declared)** • **570 of which 20 = 3.5%** • **4.4% of total WF**

- Engagement work was undertaken with the network to encourage declaring and understanding the barriers to declaring – this has had a positive impact. However, there is further work that is being undertaken to ensure greater psychological safety around declaring disability as well as better and more inclusive leadership and management support and process being in place. When we compared responses (in April 23) of staff survey replies to that declared on ESR there showed to be 18% disparity ratio

- It is worth while noting that national NHS ESR categories (employee records) are outdated in language and do not effectively cover the range of disabilities, therefore it is difficult for staff to change their declaration if they can't see themselves represented in the categories available.

Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts Target: • **Equal likelihood of non-disabled staff being appointed from shortlisting across all posts**			Revised target for Sept 23 1
2019 1.20	2020 1.06	2021 **1.28** *(It is possible the 2020 the anomaly)*	**1.11**

- There has been a small positive shift here and the introduction of a new system has helped to support debiasing

- There is further improvement requited here and there will be a number of actions in this year EDIV plan to ensure greater inclusivity in Solents approach to attraction, assessment and selection

i. Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public in the last 12 months • **Target: Decrease percentage to below 25%** ii. Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months • **Target: Decrease percentage to below 10%** iii. Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months • **Target: Decrease percentage to below 12%**			**Revised target for Sept 23 TBC** i. **Below 25%** ii. **Below 10%** iii. **Below 12%**
2019 i. 29.1% ii. 12.6% iii. 15.8%	2020 i. 27.2% ii. 13.9% iii. 16.7%	2021 i. **25.8%** ii. **9.2%** iii. **15.9%**	**2022/23** I. **25.9%** II. **9.8%** III. **14.7%**

- We have had an increased response to this indicator from 589 to 649 colleagues with LT health condition and or disability.

- This is in line with the national median benchmark in so far as the trend has remained stable – we are significantly above the national benchmark average that currently is 32.0%

- We currently sit above the national benchmark, that indicates 12.3% of staff experiencing harassment, bullying or abuse from managers in the last 12 months – however the small increase here indicates that more work is be done with raising awareness – this remains a people priority for Solent. This year we have procured bespoke manager sessions with SimComm academy, and neurodiversity elearning for managers and colleagues from Lexxic, there is additional manager information to be coming from Genius Within.

- A strong improvement of 1.2% from 15.9% to 14.6% staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months – the national benchmark currently at 18.9%. This year we are introducing a new respectful resolution framework and training that will address and support to build a kinder culture and reduce micro aggressions

Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work **Target: Increase percentage to over 90% by July 2022**			**Revised target for Sept 23 TBC**
2019 83.3%	2020 86.4%	2021 **81.2%**	**2022/23** **82.0%**

- This remains a priority as part of the people strategy and the EDIB plan –the national average for this is 78.8%

- This is an area that remains a priority for this year – A comprehensive reasonable adjustments guidance and provision menu is to be rolled out which will be used to improve our performance in this area.

- This is informed by staff voice and an engagement activity that has been lead and coordinated through the Disability network. The EDNA (that stemmed from the network)

currently has a 13-week waiting and business case being written to extend service to meet demand.

- Education and support for our Managers, People Partners and Occupational Health will be arranged where they can further gain insight and learn from the lived experience.

Where we need to improve

Further work to improve our people polices and practices are required for this year – specifically capability and absence policies.Further education of managers and colleagues around supporting disability and neuro diversity in the workplace is required and ongoing and the voice of lived experience embedded in to policy and practice review.

	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months **Target: Increase percentage to 75% by**			**Revised target for Sept 23 TBC** **+ 75%**
2019 59.7%	2020 58%	2021 **65.3%** This is a notable increase and also goes against the benchmark trend which is pretty stable.		**2022/23** **60.1%**

- A decrease of 5.2% of colleagues who reported harassment bullying or abuse at work – albeit in line with national benchmark.

-

- The staff survey results, specifically the 'we are safe and healthy' domain show that our colleagues are feeling less psychologically safe to raise these issues due to attitudes and behaviors of our colleagues and managers who are often the source of the issue in the first instance. This will need to remain a priority in this this year's EDIB plan to ensure colleagues feel safe to speak up.

6	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties **Target: Decrease percentage to below 20%**			**Revised target for Sept 23 TBC**
2019 27.8%	2020 25.9%	2021 **20.3%**		**2022/23** **22.0%**

- We are below the national average of 18.9% with regards to this indicator and that is trending in a positive direction. Given that in Solent this is increased and gone against national trend further investigation is needed to ensure appropriate action can be embedded in to the EDIB action plan to address this.

- We are currently reviewing the absence management people practise framework to ensure a more inclusive approach – this return only furthers strengthens the need for this piece of work and for co creation of this with colleagues with lived experience.

- We are also rolling out a reasonable adjustment framework and reviewing the way these adjustments are funded so that managers can access a central fund.

- The DisAbilty Network have been and will be continue to be, key to ensuring staff voice comes through around this metric and with raising awareness around the health and wellbeing of colleagues with disability and long term health condition

Disability in the Workforce

Clinical / Non-Clinical	WDES Banding	Headcount (%)		
		Disability	No Disability	Unknown
Clinical	Band 2	4.3%	80.5%	15.2%
	Band 3	4.2%	83.8%	12.0%
	Band 4	6.3%	80.2%	13.5%
	Band 5	4.1%	84.2%	11.7%
	Band 6	5.5%	81.3%	13.2%
	Band 7	5.0%	77.9%	17.1%
	Band 8a	5.2%	73.4%	21.4%
	Band 8b	2.3%	79.5%	18.2%
	Band 8c	3.6%	60.7%	35.7%
	Band 8d	11.1%	77.8%	11.1%
	Band 9	0.0%	80.0%	20.0%
	Medical & Dental Consultant	1.5%	42.4%	56.1%
	Medical & Dental Non-Consultant Career Grade	2.1%	67.0%	30.9%
	Medical & Dental Trainee Grades	0.0%	29.4%	70.6%
Non Clinical	Band 2	1.5%	74.5%	24.0%
	Band 3	3.6%	80.2%	16.2%
	Band 4	1.6%	76.2%	22.2%
	Band 5	2.4%	86.6%	11.0%
	Band 6	5.4%	75.0%	19.6%
	Band 7	5.8%	79.7%	14.5%
	Band 8a	4.3%	83.0%	12.8%
	Band 8b	4.8%	76.2%	19.0%
	Band 8c	8.3%	87.5%	4.2%
	Band 8d	0.0%	76.9%	23.1%
	Band 9	0.0%	83.3%	16.7%
	Director	0.0%	100.0%	0.0%

Solent NHS Trust's workforce is made up of 4.4 % of staff with a known disability, although there has been a drop from 18.7% in 2022 to 16.2% that have not declared their status.

There is clearly a need to encourage more people declaring their disability status, particularly amongst the medical and dental community. Only 1.5% declared with disability, 46% not stated.

In the non-clinical workforce there is under-representation in bands 2-5.

Table - Breakdown of staff banding and disability

Actions that have been taken to improve the work experience of staff with a disability and long-term health condition include:
- Reverse Mentorship for InclusionProgramme being developed
- Anti-discrimination Taskforce and the implementation of a 2-step hate crime reporting system
- Solents Disabilities Awareness Day Conference
- Managers training and guidance
- Lunch of Employment Disablity Neurodiversity Advice Service
- Neuro Diversity eLearning
- Coaching for neuro divergent colleagues
- Refreshed Terms of reference and Executive sponsorship
- Delayered accountability and assurance framework that supports actions and outcomes and empowers staff voice
- Creation of Reasonable adjustments Framework and transparent funding process
- Accessibility audits for our Solent Sites
- Planned and well-advertised events
- Inclusion of lived experience representation in case review of People Cases/ Employee Relations cases

Gender Pay Gap 2023

Analysing Diversity & Inclusion Workforce Data at Solent NHS Trust

The following staff data is as of 31 March 2023 where the total number of substantive staff was 4,430 and provides a snapshot of our staff. Data below is for substantive staff only.

Occupations by Ethnicity

Ethnicity	% Workforce
BAME	12.8%
White	86.0%
Not Stated	1.2%

Table Ethnicity of staff

A deep dive into recruitment has been carried out to ensure that Solent is truly inclusive in its recruitment, and subsequent action plan developed. A working group has been established to now take the findings along with national guidance to change the way attract, assess and select.

Solent are also working with colleagues across the ICS to address recruitment and retention of BAME staff, as well as focusing on a service line level.

Workstream 1 of the diversity and inclusion plan aims to:
Re – design the attraction, recruitment and onboarding process to increase diversity and improve inclusion

Key Success indicators outputs and outcomes will be:
- Working with community partners to access underrepresented communities
- Working with Networks for co-production
- Redesigning Job adverts and JDs
- Implementing Oleeo system
- Redesign of assessment process
- Development and implementation of a diverse Bank of Inclusion Ambassadors *(LH)
- Implementation of comply and explain
- Increase of shortlisted and successful applicants from diverse back grounds
- Train the trainer scalable inclusive recruitment workshop to embedded new ways of working / recruitment
- Improved more accessible volunteering pathways to recruitment (Community Engagement)
- Positive impact on WRES, WDES, MWRES indictors

Age of workforce

Age	% Workforce 2022	% Workforce 2023
<=20 Years	1.6%	0.7%
21-25	6.2%	5.9%
26-30	9.5%	10.5%
31-35	12.9%	13.7%
36-40	11.7%	12.8%
41-45	11.8%	12.6%
46-50	12.0%	11.6%
51-55	12.6%	12.6%
56-60	11.8%	11.3%
61-65	7.7%	6.4%
66-70	1.5%	1.3%
>=71 Years	0.8%	0.6%

Table Age of workforce

There has been a decrease at both ends of the age profile indicating a more centrally distributed age profile. However there has been an increase in headcount across the whole WF and this has impacted on the %. There has been an increase headcount in the range 26-55 of 308, indicating a stable age range. The largest loss of headcount is 42 in the age range 61- 64.

In the age 26- 60 we have increased from 82.3% to 85.2% and the age range 26- 55 we have 70.5% to 73.9%. Increase the central age range of 3.4% increase across 26- 55, as such we have a younger work force that we did a year ago – under 60s have increased by 2.7%

There remains a large proportion of our staff working for the Trust are aged between 51- 60. The Trust has over the past year put plans in place to support an ageing workforce.   There has been a successful for first year for the 50+ Staff Network.

This network is a proactive space for connection, support, advocacy, action and education for staff aged 50+. They meet regularly throughout the year and collaborate to explore issues that have been raised and that are important to our colleagues. They are about inspiring change and making sure our Trust is age inclusive, with a focus on health and wellbeing, addressing inequalities and challenging stigma.

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

The lowest age group that is represented is those who are aged 71 or over and for those aged 20 or younger.

Sexual Orientation Monitoring - SOM

Sexual Orientation	% Workforce 2022	% Workforce 2023
Heterosexual or straight	79.3%	80.5%
Bisexual	1.3%	1.8%
Gay or Lesbian	1.6%	1.7%
Undecided	Not recorded	0.1%
Other sexual orientation not listed	Not recorded	0.2%
Other/Not stated (person asked but declined to provide a response)	17.7%	15.7%

Table Sexuality of workforce

The LGBTQ+ Staff Network provides a space for LGBT+ staff and allies to come together and talk, share and connect with each other in a safe and positive environment. The network promotes a working environment where all LGBTQ+ staff feel supported, valued and able to be themselves without fear of prejudice. They also enable staff to achieve their potential, challenge discrimination and positively promote equality and acceptance.

The data indicates that a significant proportion of the workforce have not provided an answer to this question. The reasons for this are, of course, multifaceted, but we need to ensure that our staff are not leaving this question unanswered because they fear discrimination.

In response to a Stonewall's Workplace Equality Index for 2021/22, which identified some gaps in how the Trust is supporting the Lesbian, Gay, Bisexual, Transexual Plus (LGBT+) community in the Trust, we developed an action plan covering eight core areas.

These were:
1. Policies and benefits
2. The employee life cycle
3. The LGBT+ Staff Network
4. Empowering individuals
5. Leadership
6. Monitoring
7. Supply chains
8. External Feedback

Work to date to address improvement in these areas included:

- A new Trans Inclusion Policy that explicitly clarifies the Trust's commitment to trans and non-binary staff

- Consistency of policies to avoid confusion and to provide clarity of access to all employees, including LGBTQ+ community, on benefits such as those contained in the Family and Leave
- Support of the new/updated policies by the LGBTQ+ Staff Network
- Public facing policy that explicitly bans biphobic, homophobic and transphobic discrimination in your services written and implemented
- Wider publicity/promotion of new policies
- Staff provided with training around homophobia, transphobia and biphobia; advice on how staff can challenge and report such incidences
- Providing opportunities for all non-LGBT employees to become LGBTQ+ allies to embed LGBT inclusion across the organisation.
- Wider use of the rainbow badge to be promoted and take up documented

Work that is ongoing and still required is:

- Roles flighted on LGBTQ+ inclusive website and diversity fairs
- Share info on LGBTQ+ Staff Network on NHS Jobs and Oleeo
- Recruiting managers are provided with 'inclusive' training
- LGBTQ+ awareness days/events are promoted and well attended. The network will hold a minimum of four events, open to members and allies, each financial year.
- Revised TOR to show how the network provides confidential support to all employees on LGBT issues a
- TOR to provide clarity on how staff report biphobic, homophobic or transphobic bullying and harassment incidents
- Implementation of a formal mechanism, by the LGBTQ+ network, for bi and trans issues to be engaged with, promoting itself as inclusive of all LGBTQ+ identities, including those with multiple marginalisations
- Introduction of specific spaces (safe spaces) for underrepresented LGBT groups to encourage people to share experiences
- Engagement events for LGBTQ+ community within the Trust to provide even more opportunities to hear from those who seldom speak at/attend meetings
- Reporting/escalation e.g., to People Committee of issues raised by LGBT Staff Network
- Exploring change of ESR and other work systems to use the term 'bi' as an umbrella term instead of 'bisexual' when collecting protected characteristics data/monitoring questionnaires
- Adding 'I use another term' as a free text option so that all LGBTQ+ staff can correctly identify themselves

Occupation by Gender

Gender	% Workforce
Female	85.9%
Male	14.1%

Table Gender of workforce

Solent has a predominantly female workforce, and this has also been highlighted in the Gender Pay Gapreport. However, currently the national ESR (Electronic System Recording) system only allows individuals to categorise themselves as male or female and there is no option for non-binary staff. This is something that needs to be addressed at a wider level and raised through the HIOW.

Disability

Disability	% Workforce 2022	% Workforce 2023
Yes	3.9%	4.4%
No	77.3%	79.3%
Not stated	18.7%	16.2%

Table Disabled and non-disabled staff

Type of Disability	% Disabled Workforce 2022	% Disabled Workforce 2023
Unspecified	40.3%	48.2%
Learning disability/difficulty	22.8%	16.2%
Long standing illness	15.7%	11.7%
Physical impairment	9.9%	9.6%
Sensory impairment	5.3%	5.6%
Mental health condition	4.3%	6.1%
Other	1.8%	2.5%

Table Type of Disability disclosed

A large proportion of staff have not answered this question. Solent are committed to ensuring that staffwith a disability are supported and that staff feel able to declare their disability without fear of judgement or discrimination. As previously noted the National ESR system has outdated categories which may prevent colleagues from updating their records if they feel the choices available to them are not applicable.

> Solent's People Strategy has 4 key themes – one of which is
> **'Belonging within the NHS'.**
>
> The key focused priority for this theme is to:
>
> ***"Enable access and inclusion for all with an initial focus on disability and long-term conditions with aim of widening to other groups as we make progress."***

Religion

Religious Belief	% Workforce 2022	% Workforce 2023
Christianity	45.7%	45%
Atheism	18.0%	19%
Islam	1.8%	1.8%
Hinduism	1.0%	1.1%
Sikhism	0.6%	0.5%
Buddhism	0.5%	0.5%
Judaism	0.1%	0.1%
Other	9.4%	10.2%
Unspecified	0.6%	0.1%
I do not wish to disclose my religion/belief	22.3%	21.8%

Table Religion of workforce

- Our Multifaith Staff Network supports human flourishing in our workplaces. Bringing staff together to celebrate all our diversity of faiths or none, beliefs and cultures in our Trust.
- This network shares knowledge and encourages staff to feel safe to express their faith in the workplace. They offer a safe space for everyone to have a time for reflection and stillness, paying attention to our spirituality is a key element of on-going mental wellbeing.
- The multifaith resource group has been particularly active and supportive to staff throughout thepandemic. Solent's Chaplain has provided a lot of support of staff of all faiths and none.

NHS Jobs – applications, shortlisted and appointed

Solent's recruitment data and WRES shows the relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants as follows:

2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants Target: decreased to 1.2 by July 2022		Revised target for Sept 23 1.2
2019/20 **1.40**	**2020/21** **1.36**	**2021/22** **1.41**	**2022/23** **1.43**

- It is worthwhile to note, that there is a better % better at Offer – at offer there is a ratio of 1.27.

- However less BAME offers convert to appointments - 30% of those BAME offered do not become appointed, vs 22% White. This drop off is due to RTW checks being carried out after offer – also worth noting there was a large scale NHSE event that recruited and offered but high % did not translate into new starters and this impacted on conversion rate and lowered due to RTW.

- It's worth considering the impact of the recent HCSA visa that came out last years that enables overseas on sponsorship for visa. This will also have impacted on recruitment stats. More people will have applied and been SL and offered but the reality is the NHS does not financially sign off recruitment of internationally recruited HCAs.

Solent's recruitment data and WDES shows the relative likelihood of non-disabled applicants being appointed from shortlisting across all posts compared to applicants with a disability as follows:

2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts Target: • **Equal likelihood of non-disabled staff being appointed from shortlisting across all posts by July 2022**		Revised target for Sept 23 TBC 1
2019 **1.20**	**2020** **1.06**	**2021** **1.28** *(It is possible the 2020 the anomaly)*	**1.11**

Workstream one of the action plan continues to relate to overhauling attraction and recruitment and implementing an inclusive recruitment toolkit for recruiting managers.

Equality Diversity, Inclusion and Belonging (EDIB) Action Plan

Last year's EDIB plan action plan was co-designed with colleagues from networks and across the Trust with the aim of supporting the Belonging and Inclusion section of the NHS People plan.

The plan focuses on two specific aspects of the People Promise:
- Promise 1: We are compassionate and inclusive
- Promise 3: We each have a voice that counts

The success of the plan has been measured through various metrics such as WRES, WDES, Staff Survey, Impact Evaluations, KPIS and EDS reporting.

In March 2023, the 2022/23 plan was assessed and scored by NHSE using CQC scoring methodology.

All action plans were carefully and thoroughly reviewed by senior members of the national WRES team, and the scores were based on:
  i. *understanding and targeting the most pressing data pinch points,*
  ii. *using approaches with an evidence base of success and,*
  iii. *with defined measurables*

The 2023/ 23 Solent EDIB plan was scored as 'good'.

Network chairs and members were both instrumental in the design and agreement of the plan and were engaged in the co creation of the plan. Colleagues from the community engagement team and representation from both clinical and corporate service lines were also involved from point of concept through to point of delivery. A collaborative approach to embedding diversity inclusion and belonging is what sits at the heart of the plan.

This plan is positioned in the context of supporting the Delivery of the NHS People and Operational Plan, The People Promise and Solent's People Strategy, as well as aligned to ensure the delivery of positive improvement of the WRES and WDES indicators and ensure that we fulfil our requirements under the Public Sector Duty Equality Act.

The WRES and WDES Data from the 2022 staff survey shows whilst we remain significantly higher than our comparable Trusts across both the WRES and the WDES indicators there has been some small decline indicators - this decline is broadly in line with national trends.

- There has been a very small, almost stable position with regards the 4 WRES indicators and response are in line with national trends.
- There has been a small decline across 5 of the 9 WDES indicators with the other 4 seeing improvement. These shifts are broadly in line with national trends.
- The most significant shift is that of WDES 4B: Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months – which has changed from 65.3% to 60.1%.

Our delivery on the people promise1 and 3 remains strong, with Solent being in top performing Trusts for both promises.

The Plan aims to ensure that in Solent we

'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'.

The Action Plan for last year had 3 workstreams – all with specific deliverables which are aligned to ensuring delivery of positive progress against the WRES and WDES indicators as well as addressing and taking action considering the well led recommendations as outlined above. This Years plan is currently being finalised with the networks. A summary of the workstreams are detailed below:

> **Attraction, Recruitment and Onboarding**
>
> **People Development and People Practices**
>
> **Education, Awareness, Allyship and Engagement**

This year's action plan has been developed in a similar way as described above. The aim of the actions outline in the plan are aligned with supporting the delivery of the recent [NHS England » NHS equality, diversity, and inclusion improvement plan](#) and the 6 high impact actions outlined in it and detailed below. This plan prioritises the following six high impact actions to address the widely known intersectional impacts of discrimination and bias.

High impact action 1:
- Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

High impact action 2
- Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

High impact action 3:
- Develop and implement an improvement plan to eliminate pay gaps

High impact action 4:
- Develop and implement an improvement plan to address health inequalities within the workforce

High impact action 5:
- Implement a comprehensive induction, onboarding and development programme for internationally recruited staff.

High impact action 6:
- Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Significant projects that aim to improve Diversity, Inclusion and Belonging in Solent.

Celebrating cultural and religious festivals
Celebrating cultural and religious festivals is important for our staff and our patients. Our Multi-Faith staff network has held events through the year celebrating St David's Day, Easter, Ramadan. In April 2023 we held an Iftar event at Western Community Hospital. This was attended by a local Imman and representative from the Central Southampton Mosque. Staff were invited to attend to learn more about the month of Ramadan, the Muslim faith and break fast together with a special meal prepared by the catering team.

Disability History Month
In November and early December, we held two-events mark Disability History Month.
The Managers event on 8 November was aimed at helping people to 'Effectively support and manager disability within the workforce'. It was an online event attended by about 80 people with 61% of attendees reporting they had enjoyed the length and pace of the two-hour event.

- **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.**

When asked what went well, over 50% remarked on how the interactive nature of the session stimulated their thinking and ability to reflect on the situations unfolding. The remaining comments praised the depth and complexities of the experiences portrayed and how this helped explore different perspectives and uncover unconscious ablism.

 Some quotes from attendees:

"I especially enjoyed the way that it was very interactive and allowed us to rewrite the conversations in real time - instead of being left with an uncomfortable unresolved experience."

"I think the session as a whole went well and I think the format and mode of delivery made it accessible to a wider audience perhaps. The SimComm element was powerful and created immediate reactions followed by thoughtful discussions. I liked the fact that I could participate as much or as little as felt comfortable and that even for those who prefer to observe and think there was still impact of the session and learning through others who were more active. The session was facilitated well by the lead facilitator and supported by the network chairs which I think went well as they brought a realness in sharing which complimented the structure. It was good to see so many people join. Thank you for offering this session."

The Disablity Awareness Conference on 2 Dec, which was hybrid, was called Disability Wellbeing in the Workplace. The 6-hour event was attended by 60 people in person with a further 20 online.

Feedback from the event was positive with 88% saying they had enjoyed the length and pace of the event while 94% felt that they have a better understanding of DisAbility Wellbeing in the Workplace because of attending the event. Some comments from attendees were:

"I felt that it met all my needs. It was the most accessible event I've ever attended."

"I love how much thought went into the accessibility, like having a quiet room. I considered it a couple of times through the day, in the end I didn't feel like I needed to use it but I think that was because the option was there, rather than me looking for my nearest exit."

"Really well laid on event. Really interesting content and clearly a lot of thought had gone into making it accessible for everyone."

The evaluations from the conference showed:

- **94.5% felt more confident do you feel in having conversations around reasonable adjustments and supporting colleagues with LTH and Disabilities**

- **100% felt their had a better understanding of Disability Wellbeing in the Workplace as a result of attending the Disablity Conference**

Turning the Tide

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 andmonitored via assurance.

Equality Impact Assessment

During the year, we have reviewed and revised the Equality Impact Analysis (EIA) template (previously called Equality Impact Assessment). The EIA now focuses more on the quality of analysis and how it is used in the decision making and less on the production of a document, which some may have taken as an end in itself.

EIA is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion.

We are encouraging all workstream leads for Project Fusion to undertake EIAs as it is one sure way of ensuring that understand how people, particularly those with protected characteristics, will be affected and what needs to be done to reduce or completely remove any negative harm.

Anti-discrimination and Hate Crime Reporting

At the heart of everything we do in Solent NHS Trust is the health & wellbeing of those who we provide services to & the staff who work for us. We all have a responsibility to help the Trust fulfil its obligation to minimise risks, by identifying & supporting adults & children who may be prone to or at risk of hate crime.

We are doing this by:
- responding to hate crime & incidents and the threat from those who promote it
- preventing individuals being targeted and ensuring they're given appropriate advice/support
- working with Police & other agencies to report & support
- sign posting to Occupational Health, EAP, Victim Support, Restorative Justice Solutions & PCC

Solent recently launched the 'Ripple' model whereby staff can indicate on any incident report that they require additional support

Over the past year we have launch the #HateHurts Campaign and the 6 step multiagency reporting and support process for colleagues to report and access support when victim of hate crime 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.

#ITSNOTOK

FOLLOW THESE STEPS
report hate crime at work, you will be supported

1 INCIDENT OCCURS
Staff member experiences hate crime, abuse, or assault from another staff member or patient.

2 REPORT THE INCIDENT
Victim reports the incident by filling out internal form within Ulysees on SolNet (this can be anonymous). It can be found here. A Ulysees number will be emailed to victim - keep this safe. If victim wants to they can discuss with Line Manager and/or Accredited Security Management Specialist (ASMS).

3 Report triggers notifications to safeguarding team, Line Manager, ASMS and service leads. They can log correspondence and review the incident and if required, close the incident.

4 INCIDENT ESCALATED
The reviewer can escalate to the service lead, ASMS or Health & Safety lead. If case requires reporting to police, the request will be made to the victim.

5 VICTIM MAKES DECISION
The victim decides if they would like to report to police via Op Cavell form, or if they require more information about the process from Line Manager, service lead or ASMS. To report - form can be found here

6 POLICE WILL INVESTIGATE
Ensure that when reporting to police via Op Cavell, form is sent to email address on the form. A single point of contact will need to be chosen by victim. The ASMS is the best choice, but it can be either ASMS or a Line Manager. They will keep victim updated.

Reverse Mentoring

- In March 2023 our Reverse Mentoring programme began in partnership with Southern Health and facilitated by the Reverse Mentoring Practice.

- 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.

- There are 18 Reverse Mentoring relationships underway with 12 mentors from Solent Health.

- The programme is for six months and will conclude in October 2023 with reflective workshops and a full evaluation of the learning from both mentors and mentees.

Leadership Development for colleagues from ethnic minority

The Leading with Confidence Pilot was designed to focus directly on enabling BAME members of staff to effectively lead their team; being confident in flexing their own style and equipping them with the tools to deliver team objectives successfully. After a targeted advertising campaign, we had nine staff who enrolled on to the programme

The delegates learnt to confidently role model leadership behaviors and values, getting the best out of their team and how to manage change effectively. The modules are:

- Building the Future
- Leading with Confidence
- Empowering the Team
- Managing the Successful Change
- Delivering Results

Delegates reported new ways of thinking, understanding, relating to others and behaving included.

"I am encouraging members of the team and my manager to focus on the importance of soft skills when successfully leading a team and how a cohesive, well supported team can feel more empowered to work hard and remain with the organisation. "

"I am a lot more confident with my approach to dealing with stakeholder when managing projects as this is where I believe I can put my leadership skills to use."

"I am more confident in asking for feedback and pushing for future opportunities. I have become more assertive and have a better idea about what I would like my future role to be."

"I also feel more supported in my role based on the skills I gained and how enthused other members from around the Trust felt about my service improvement project."

"Fantastic course that has given myself and underrepresented groups a rare opportunity to show our talents and drive to progress. Shahida created a safe space to discuss and share experiences and was very helpful and supportive outside of the course."

When the delegates were asked to rate the following statements, all agreed or strongly agreed.

- I have met my original goal / fulfilled the reasons for enrolling onto this programme
- I am a better / more confident leader
- I am more productive/efficient in my role
- I am approaching my work and interactions with others differently

The only neutral comment was in answer to the question "The programme has helped me progress in my career/opened up new opportunities?"

Further to this, targeted communications have been sent to Solent staff promoting the Racial Equality Programme, including "Rising Tide" led by the Hampshire and Isle of Wight Integrated Care Board.

Activating Your Allyship

This programme has run now since March 2023 and took in to meeting the recommendations of the well led review and support workstream 3 – Education and Awareness of the EDIB action plan

- '*To ensure that we put greater focus around equality diversity and inclusion*'
- '*Ensure that the workstreams secure parity of profile to other successful campaigns*'
- '*To ensure you do not remain behind the curve*'

A series of face to face and virtual roadshow presentation and discussion have been delivered. Clinical and corporate service lines have hosted these sessions within their teams' meetings and in many cases the presentation has been redelivered to the wider team.

The aim of the roadshow was to increase awareness and understanding of allyship, privilege and bias, to provide feedback from the big conversation and the action plan and to create engagement and increase the profile and understanding around diversity, inclusion and belonging, so that it is owned by all.

Around a reach of 200 plus colleagues have engaged in these sessions and the evaluations show that:

- **100% of those attending them found the session to be effective in raising their awareness of EDIB**

- **100% of them had a better understanding of how privilege effects them and others**

- **100% of them had a better understanding of what it is to be an ally**

Inclusive Language - # AskDont Assume Campaign and workshops

A Poster campaign was lunch on social media and through internal communications along with a serries of high impact conversational workshops around inclusive language. Due to the success and the high demand for these workshops the running time of this programme was extended. Around 35 workshops have been delivered to date reaching approximately 613 colleagues.

The impact evaluations show:

- **71% found the inclusive language sessions highly effective**

- **74% had a significantly better understanding and 26% a little more understanding of how inclusive language affects you and others**

- **94.5% felt more confident around speaking up and having conversations around Inclusive Language**

Improving Education, Awareness and Allyship – An Organisational Development approach to improving inclusive culture

As well as the programs detailed above there have been a number of other Learning and development and organisational development type offers. 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. We had an approx. reach of 3500 plus colleagues through delivering the following:

- Inclusive Language workshops
- Network events
- Activating your Allyship
- Neuro Diversity Coaching workshops
- Prevention of Violence and aggression
- Organisational Belonging
- Service line specific EDIB and Anti Racist interventions
- Unconscious Bias workshops
- Cultural Awareness
- Disablity Awareness
- Positive Action leadership development
- Disablity Awareness conference
- Disability Awareness for managers
- Inclusive and accessible IT Solutions
- Creating Personal and Health Wellbeing Systems for Success
- When does patient choice become discrimination?

The EDIB and the Learning and Development team have worked closely with The People Partnering team to design and deliver specific organisational and cultural development improvement programme to support the development of more inclusive cultures. Approximately 83 support and development offers have been rolled out across different clinical and corporate services lines.

There has been a wide range of reasons as to why these sessions have been commissioned, examples are:

- To ensure all managers who undertake ER investigations are trained and developed to a consistent level, ensuring the thread of best practice and just culture is present, and all policies and processes are adhered to
- To upskill managers and ensure they have the necessary skills and awareness to recruit safely and legally, ensuring best practice and consciousness of EDIB
- To improve inclusion and employee engagement and experience after issues were raised
- To enhance organisational culture
- To enhance and promote an inclusive culture linked to patient experience feedback
- The Workforce Wellbeing Bubble Meeting established by the Heads of People, to provide a platform to discuss, identify and enable improvements to the health and wellbeing, inclusion & belonging of our workforce through a collaborative approach between Service leads, People Partners and Occupational Health and Wellbeing.

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. https://mylearning.solent.nhs.uk/totara/dashboard/index.php?id=158

Staff Networks

Our Trust currently has six active staff networks, supported by the Diversity and Inclusion Team. The networks are:
- 50+
- Black, Asian and Minority Ethnic (BAME) & Allies
- Carers
- DisAbility & Allies
- LGBTQ+ and Allies
- MultiFaith

Networks provide a space for connection, support, conversation, and reflection. Anyone who works for Solent NHS Trust, either in substantive role or on a bank contract, is welcome to join any or all the networks. The networks host safe spaces for core members only and group meetings for all members, colleagues and allies.

These spaces are there:
- for everyone and anyone within the organisation to come together to discuss issues, without judgement being passed

- to raise awareness of challenges people with protected characteristics are facing so as to push for change

- to offer a supportive 'net' to individuals who for example, are being discriminated against, and need help with either getting it resolved or just share experiences
- as a collective body that holds the Trust to account when it comes to addressing inequities within the organisation

- to celebrate successes, achievements, and important events

As part of workstream 3 of the diversity, inclusion and belonging action plan, we have increased our membership by 40% across all six networks from April 2022 to March 2023 (50+, LGBTQ+ and DisAbility seeing the biggest increases).

We have supported several internal events which have grown the networks, such as events for Disability History Month, which included Effectively Supporting and Managing DisAbility within the Workforce (interactive, online session with scenarios from SimComm Academy aimed at managers) and Disability Wellbeing in the Workplace Event (in-person event in which there were several guest speakers looking at all the connection between disability and wellbeing in the workplace).

These events saw an increase of DisAbility Network membership rise by 45%. During LGBT+ History Month, three online events were held which increased LGBTQ+ Network membership by 52%.

We have increased our membership by:

- regular meetings being held which are sent as calendar invites to members but also advertised in Staff News with a link to the meeting and included on Daily Zoom emails from comms

- creating safe spaces in meetings where colleagues feel they can be themselves, this is evident in the monthly DisAbility Network meetings and where colleagues regularly attend and recommend to their colleagues

- engaging with managers and team leaders to help them release staff for meetings

- ensuring events are being sent as calendar invites to members but also flyers, which are used to promote the networks via comms channels such the closed Facebook group, Staff News and Managers Matters

- through all staff emails from the executive sponsors

- increased level of comms and promotion of events leading to well attended meetings/events

- ensuring each network has a dedicated email address which is checked regularly. These email addresses are used on any comms that is produced for member requests or other queries

- Solnet pages updated to reflect new logo's and information on chairs and Exec Sponsor's

Review of accessibility arrangements

Working in partnership with the Estates team we have developed an Accessibility Building Equality Impact Assessment. This toolkit has been developed using the social model of disability and Access by Design models to support 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.

The document has taken a 'snapshot' view of the current position to identify works that might reasonably be required under the Equality Act (2010) for our owned and managed building stock.

It identifies budget remedial costs, health and safety risks and has outlined a phased 'Accessibility Plan' to remove all physical barriers over the next 3 years, commencing in Q2 of 2023 with the St Mary's Campus:

- Items which present a Physical Barrier Year 1
- Items which prohibit or limits the service Year 2
- Other Items Year 3

This assessment tool is to be incorporated into the Estates strategic plan and is reported through the Quality Assurance Committee.

In addition, we have designed an audit tool to be used by Managers in their work areas.
- This tool focuses on adjustments and considerations that can be made to create an

accessible, inclusive and welcoming workplace/clinical environment.
- This is due to be piloted in June 2023 in one area, to review and further develop in partnership with staff and patients/service users.

Revised EDIB Policy and new Transgender Inclusion Policy

- The Equality, Diversity, Inclusion and Belonging policy has been updated and refreshed to reflect current practice and processes.

- Inclusive language has been used and it has been reviewed to ensure it complies with accessibility tools, including images with text descriptions and a full explanation of acronyms.

- This policy provides guidance to the organisation on how to meet its statutory and contractual obligations with regard to equality.

- A new Transgender and Non-Binary workforce policy has been developed in partnership with the Solent LGBTQ+ staff network, using best practice examples from Stonewall, Co-Operative Society and Unison.

- This policy provides guidance for staff members and their managers, including toolkits for inclusive conversations and signposting to support mechanisms within the organisation and is due to be published in July 2023.

Embedding of Just Culture and early resolution principals

We recognise that the majority of people do not come to work to intentionally cause harm. In a just and fair culture, it is reasonable to expect that unintended actions and consequences should not be blamed or punished as we recognise that this rarely has positive outcomes.

A respectful resolution approach underpins all our People Practices and the way we manage all interactions and Employee Relations matters.

When unexpected issues arise, they are objectively assessed to understand the whole context of a situation to identify whether there are alternative positive, corrective and/or learning opportunities before any formal action is considered.

People Partnering have regular team case reviews to support and review progress, to appropriately challenge and reflect on whether a just and fair culture is being adopted, to identify themes and to identify whether changes or modifications to practices are necessary.

Reflection and Learning Reviews are held on closed cases where any concerns or challenges have arisen, to objectively reflect on and identify learning and improvements to people practices.

We are currently rolling out a programme call Kindness into Action and Respectful Resolution.

Kindness into Action is blended learning approach that covers the following modules
- Creating kindness: what kindness looks like, and why it's essential, in healthcare
- Undoing unkindness: the true meaning of incivility and its impact on patients and staff
- Kinder feedback: amplifying the positive and speaking up to reduce the negative

Respectful Resolution is blended approach that has been developed which reduces poor behaviors through awareness, reflection, discussion and de-escalation.

Using global best-practice and with clinicians, managers, unions and frontline staff, The Kind life have created a suite of helpful reflection, discussion and decision guides.
In a co-creation workshop with Solent Colleagues, we have tailored and aligned these resources to support better practice around respectful and Early Resolution and further develop a string culture of speaking up.

Respectful Resolution	Respectful Resolution	Respectful Resolution	Respectful Resolution	Respectful Resolution	Respectful Resolution
Overview of the approach	Step 1. Creating a safe culture	Step 2. Reflect	Step 3. Direct feedback	Step 4. Supported resolution	Step 5. Formal process

Occupational Health and Wellbeing

Within Solent, the Occupational Health and Wellbeing (OHWB) service has continued to focus on health inequalities, the health and wellbeing risks of specific groups and the equity of access to professional health and wellbeing services.

The OHWB service is involved in the onboarding process and assesses fitness for duty of all individuals joining the Trust. The service advises and supports managers in implementation of work adjustments for all new or existing staff that may have short- or long-term health issues, mental or physical impairment or disability.

All new starters, and those moving to a new post with different workplace risks, are individually assessed for fitness for duty accounting for their individual health needs, any work adjustments or equipment support they require, any modifications to work patterns, hours or the work environment and any additional specialist support that will enable them to perform their job role to the best of their abilities e.g. Access to Work, Neurodiversity support, Mental Health support.

From a legal perspective, the OHWB service advises the organisation and individual managers on their health and safety duty to individuals to carry out individual risk assessments to minimise the risk of harm to individuals in the workplace e.g. New and Expectant Mothers, Manual Handling, Skin Health Surveillance.

The service maintains clear routes of access to services for all Solent staff and managers who experience illness or absence from work. The management referral process exceeds 150 referrals per month currently and supports staff and managers on the promotion of illness recovery, appropriate work adjustments to achieve this, tailoring returning to work during illness or with disability, and signposting to targeted interventions.

To support the progress of individual cases, Occupational Health (OH) practitioners meet monthly with the People Partnering team to continue to link with employee relation (ER) cases, where health issues arise, and long-term health support and disability.

This collaboration is successful and has been shown to support early identification of barriers, discussions around appropriate work adjustments, identification of further holistic support and supports timely progression of all cases. The monthly meetings enable early intervention and the timeliness and transparency in these cases has shown to lead to early resolution of ER cases and positively impact on a reduction in extended sickness absence, a reduction in presenteeism, a reduction in work-related sickness absence and an increase in workforce availability.

It is known that musculoskeletal (MSK) ill health continues to be a top contributor to both short- and long-term sickness absence in the organisation, and in the last year the OHWB service have reviewed clinical roles ot ensure the correct skill mix to enable maximisation of appointments to address the increase in MSK cases.

The OHWB team have upskill physiotherapy colleagues to increase numbers of targeted appointments for MSK issues and improve response times and give all staff referred for MSK health issues access to specialist MSK support.

Since the pandemic the OHWB service have identified an increase in mental health related cases and also complexity of management referrals to the service. To provide an additional tier of support for these cases, and to continue to maximise on the available

appointments with Occupational Health practitioners, a new extended service providing individual support to individuals with complex health needs has been implemented to complement the existing management referral model.

The model releases the OH practitioners from continuing to manage such cases but provides a lifeline for individuals with long term or complex needs or disability in their successful rehabilitation back to work.

In April 2023, the OHWB service successfully launched the new OPAS G2 portal dashboard. OPAS G2 is an Occupational Health clinical record system that is web based and gives all managers and individuals access to the system 24 hours a day through a dashboard view. This new system will enable more robust data analysis of protected characteristics that are relevant to process as part of the OHWB core services. This data will be gathered as a combination of the data feed from ESR each week and also from data that is recorded by OHWB interventions. This will help to inform where there possible areas of inequality and allow us to identify areas that may need positive action to be taken to reduce inequality.

The OHWB team coordinated a communications plan that was rolled out across the Trust to keep managers and individuals up to date with new functionality, including the provision of 'quick reference guides' and simple training videos.

The Solent Health and Wellbeing Plan (HWBP) was developed and launched in October 2022 and was based on the NHS E Health and Wellbeing Framework. The HWB Plan is an ongoing programme of analysis of staff health needs and the prioritisation of needs for 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.

All Health and Wellbeing Plan pillars in the HWB Plan are under continually review the using a Diagnostic Tool' to capture work being done, highlight any risks of areas potentially being side-lined (especially as Project Fusion gathers pace and we are in a transitionary period) and which areas are successfully progressing. This has shown overall improvement in most of the pillars and continue to work collaboratively across the Trust.

We are currently targeting Relationships and Fulfilment at Work pillars as well as Improving Personal Health and Wellbeing that support our EDIB work.

The staff survey indicates an increase of staff with disabilities and long-term illness feeling pressurised to come to work. It is suggested that health and wellbeing conversations may not be happening as much as they should be due to time constraints and other pressures. This will be addressed through the re-launch of the Health and Wellbeing Champions (Champions) supported by People Partners in People Services, through the networks and other methods to reignite health and wellbeing conversations as well as education and awareness sessions and guides for managers that will be delivered by the Employment and Disablity Advisory Service (EDNA). Since the launch, the response has been very positive and new Champions and MHFA have already been recruited into teams where there was little or no representation.

We have been aware from survey data that marginalised groups do not feel comfortable speaking up or voicing concerns and perhaps health and wellbeing conversations were not happening. The OHWB service and the Champions and MHFA will continue to support health and wellbeing conversations at team level and ensure that speaking up and voicing concerns is a focus and positive action is taken to improve engagement or minoritised and

marginalised groups. April 2023 has seen the introduction of a Kind Life and the building of a model launched to further support for psychological safety.

The Champions and MHFA are supported both individually and at a 6 weekly network meeting with the OHWB service's Health and Wellbeing Leads.

The staff networks have been developed over the past year, with a significant increase in membership and attendance. This is a significant area of progress. The OHWB service continue to support staff networks to represent workplace health and wellbeing in their groups and to provide health and wellbeing advocacy and guidance for any issues that are raised. The OHWB service also attend the network chair groups of LGBTQA+, BAME, multi-faith, disability, carers and 50+ to continue this support and advocacy.

The Wellbeing team are currently developing a HWB Support Booklet that aims to collate all HWB information/resources/offers available to Solent staff to increase awareness and accessibility. It will include psychological support services, MSK support, menopause and energy management content, and the staff networks have also had input into this to ensure that it is as inclusive as possible.

To support mental health and wellbeing, our Cognitive Behavior Therapists (CBT) continue to support staff psychological health and maintain workforce availability. All mental health cases to the OHWB service are triaged and an appropriate intervention pathway is established e.g. high or low intensity CBT.

The access to CBT has now been improved for staff who would otherwise wait for Improving Access to Psychological Therapies (IAPT) services. The OHWB offer is now improved and clarified giving greater choice and access to treatment or support available both within Solent and beyond these interventions.

The Learning and Development team are currently working in collaboration with OHWB to develop a website dedicated to all current OHWB services and how to access them. Manager and staff will be able to access guides and training guides are currently in production and will be uploaded for the launch of the site in July 2023.

The site has an easy to navigate layout focusing on the 4 core elements of OHWB service, which are Occupational Health, Physiotherapy, Health and Wellbeing and Vaccinations.

- Lack of awareness of potential cultural areas of friction
- Visibility of the service
- Fear of stigmatisation
- Lack of awareness of available mental health support.
- Failure to self-identify mental health need
- Lack of representation in the mental health workforce

Recommendations:

- Talking Change Service to strengthen its relationship with local ethnic minority communities in Portsmouth
- Increased cultural awareness training for staff
- Increase visibility of the service
- Addressing lack of awareness of local mental health services amongst ethnic minority communities
- Addressing job security fears
- Self-identifying the need for mental health services

Chaplaincy Service
Promoting Excellence in Pastoral, Spiritual and Religious care.

The term 'chaplaincy' is not affiliated to any one religion or belief system. Modern health care chaplaincy is a service and profession working within the NHS that is focussed on ensuring that all staff, patients, their, families and carers, be they religious or not, can access pastoral, spiritual or religious support when they need it. Chaplaincy focus continues to provide high standard of pastoral, spiritual care and religious care for all staff, our patients and carers.

What does the Chaplain Provide in Solent NHS Foundation trust?
- **They seek to implement** our Trust's Spiritual, religious and pastoral care strategy in line with national guidelines.
- **Promote and uphold** the Trust's HEART values in providing an excellent chaplaincy service that is responsive, inclusive, holistic and person centred.
- **Support and co-ordinate** spiritual, religious and pastoral needs of service users, carers, staff and visitors irrespective of faith or belief.
- **Ensure faith needs** across the range of faiths are met-connecting with the wider community.
- **Raising awareness** of the importance of faith and culture in the workplace for staff and for our patients and families.
- **Facilitating and promoting events** for staff of differing faiths and religions within the Trust. Celebrating major festivals.
- **Working with D&I team to promote human flourishing and belonging** in the workplace, including promoting and supporting religious identity in the workplace and meeting the spiritual and faith needs of our patients.
- **Chair of the Multi Faith Staff Network Group**. Continues to grow in membership.
- **Visiting patients and staff** on a weekly basis across our hospital sites.
- Responding to needs of staff and patients within 24 hours.
- **Forge relationships** and develop networks and partnerships across the Trust that serve the spiritual needs of patients, staff, and carers.
- **Act as a resource** for ethical issues arising in the Trust.
- **Support staff** by regular visits, reflective practice sessions, Schwartz rounds, one-to-ones, mentoring, working as part of the MDT, debriefing sessions after difficult situations and End of Life Support.
- **Develop and provide** training for all staff in relation to spirituality, pastoral and religious care. Working with the Community Engagement Team on the End of Life Care Strategy.
- **Working and collaborating with other chaplains in Southern Health** NHS Foundation trust, UHS, QAH in Portsmouth, IOWH and Hampshire Hospitals to provide a high standard chaplaincy service across the ICB.
- Working with other chaplains on the **Wellbeing Hub for staff.**
- Working in partnership with chaplains to provide a **robust, evidence-based e-learning on spiritual care** for staff to access across the ICB, some funding has been provided.
- **Provide or facilitate** provision of sacramental ministry when required.
- Working as part of recruitment team for International Nurses, supporting them prior to arrival and in post. Part of the team **facilitating the International Nurses'** Forum.
- Working **with D&I team to promote human flourishing and belonging** in the workplace, including promoting and supporting religious identity in the workplace and meeting the spiritual and faith needs of our patients.
- Responding in a timely and professional manner to **staff crises** and providing support to Teams who are experiencing challenging circumstances.
- **Conducting funerals** for staff who have passed away, supporting their colleagues and families.
- Planning for a small team of volunteers to support chaplaincy provision.

Appendices

EDS Summary Report

NHS Equality
Delivery System Rep

WRES and WDES data Table

WRES WDES 4 Year
Table March 23 V4.do

Working with People and Communities Engagement Report 2022- 2023

PDF

Working with people
and communities Ann

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

If you have a compliment, concern or complaint, please contact the Patient Advice and Liaison (PALS) and Complaints Services on:

0800 013 2319

or email:
snhs.solentfeedback@nhs.net

Alternatively, visit:
www.solent.nhs.uk/contact-us

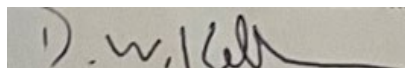For a translation of this document, an interpreter or a version in

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☎ 0300 123 3267

Board and Committee Summary Report

Title of Paper	**Audit and Risk Committee Exception Report**
Date of paper	Thursday 22 June 2023
Presentation to	In Public Trust Board – August 2023
Item No.	17
Author(s)	Michelle Carstairs – Finance and Performance Business Support Manager
Executive Sponsor	David Kelham - Non-Executive Director & Committee Chair
Executive Summary	The aim of this paper is to update the In Public Trust Board on key items discussed at the June 2023 Audit and Risk Committee meeting.

Action Required	For decision?		For assurance?	Y

Summary of Recommendations	The In Public Trust Board is asked to: • Note the Public Disclosure items escalated to the Extra Ordinary Trust Board on 21 June 2023. • Note the escalations from the standard Audit and Risk Committee meeting.

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

Previously considered at	Audit and Risk Committee - June 2023

Strategic Priority this paper relates to

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				

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

Level of Assurance *(tick one)*	Sigificant		Sufficient	x	Limited		None	

Assurance Level	Concerning the overall level of assurance, the Confidential Trust Board 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	David Kelham, Non-Executive Director & Committee Chair

Audit and Risk Exception report

The Audit and Risk Committee agreed the following matters for escalation and recommendation

Part 1 – Public Disclosure Section

Below escalations recommended for *approval* at the Extra Ordinary Trust Board on Wednesday 21 June.

- Initial External Audit Results Report for the year ended March 2023 was agreed for escalation, subject to finalisation of the audit conducted by EY.
- The Draft Management Letter of Representation was agreed for escalation, acknowledging the areas of finalisation required following completion of the audit.
- Draft Annual Accounts for financial year 2022/23 were agreed for escalation subject to finalisation of the audit conducted by EY. In addition, the committee request delegated authority for Solent's CEO, AS, to provide final approval, on the assumption there are no material changes to the financial position.
- The Draft Annual Report, including governance statement and quality accounts, were approved for escalation, subject to minor amends, audit completion and final confirmation of accounts within the financial summary statement.

Below escalations for *noting* at the Extra Ordinary Trust Board on Wednesday 21 June EO Trust Board

- The Committee received and noted the Initial External Audit Annual Report.
- Draft Audit completion certificate to follow post audit completion.
- The committee noted the Going Concern assessment paper.
- The draft Internal Audit Annual Report was approved, subject to final confirmation of the outstanding areas on the DSP Toolkit, recognising the Head of Internal Audit Opinion will follow.

*All the above items were approved or noted, as requested, at the Extra Ordinary Trust Board on Wednesday 21 June***

Part 2 - Standard A&R Meeting escalations

Below escalations for noting at the In-Public Trust Board on 07 August 2023

- The committee noted the External Audit Planning Report.
- The Committee noted the section 30 referral letter, shared by EY.
- The committee noted the 22/23 Internal Audit Progress Report, and the HR core controls, pre-employment checks report.
- The committee approved the 23/24 Internal Audit Risk and Assessment plan.
- The Committee noted the Single Tender Waivers Report, the Losses and Special Payments Report and the Better Payment Practice Code report.
- The committee approved the 23/24 Fraud, Bribery, Corruption, Counter Fraud Work Plan.
- The committee noted the following Fraud, Bribery, Corruption update reports
  - Progress Report (June 2023)
  - Annual Report - 2022-2023
  - Benchmarking Report 21-22 (National data)
  - Error and Loss Risk Assessment 2023 – 2024
  - Risk Descriptors Report 2023 – 2024
- The committee noted the unannounced visits update.
- The Committee noted the Clinical Audit Annual Plan, Year-End Summary.
- In relation to the Code of Governance, the committee noted the analysis undertaken and agreed with the evidence in support of compliance.

NHS Solent NHS Trust

Title of Paper	Quality Assurance Committee Exception Report
Date of paper	July 2023
Presentation to	In Public Board
Item No.	18.1
Non-Executive Sponsor	Vanessa Avlonitis, Non-Executive Director (Committee Chair)
Executive Summary	Paper presented to summarise the business transacted at the Quality Assurance Committee held on Thursday 20 July 2023.

Action Required	For decision?	N	For assurance?	Y

Summary of Recommendations	The In Public Board is asked: • To note the report from the Committee

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

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	
	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 Non-Exec Sponsor

Level of Assurance *(tick one)*	Sigificant		Sufficient	X	Limited		None	
Assurance Level	Concerning the overall level of assurance the In Public Board 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)							
Non-Executive Sponsor Signature	*V.Avlonitis*							

Summary of business transacted:

- The Committee was not quorate on this occasion and therefore a condensed meeting was held, with no decisions or approvals made.

- There were no **Freedom to Speak Up Concerns, Urgent Matters of Safety or Partnership Governance Arrangements** to report.

- A **Jubilee Unit – Falls Briefing** was presented. An overview of the background/purpose of the report was provided and key actions shared. Commitment to change and strengthened leadership was commended.

- The Committee **noted** the following reports presented:
  - **Patient Safety Quarterly Report including Learning from Deaths, Learning from Sis and Incidents Q4/Annual Report** *(included as Board item 8)*
  - **Professional Leadership 6 Month Report** *(included as Board item 9)*
  - **Health & Safety Q4/Annual Report**
  - **Infection Prevention & Control Q4/Annual Report** *(item 18.2)*
  - **Safeguarding Q4 Report** *(item 18.3)*
  - **QIA Annual Report**
  - **Learning Disabilities Progress Report** *(item 18.4)*
  - **Ethics and Caldicott Panel Exception Report**

- **Performance & Quality Exception Report-** key escalations were shared, including QIR approval of the proposed Assessment Tool for Potential Patient Harm whilst Waiting for Treatment.

- There were no **Regulatory Compliance matters (including CQC matters, recent visits and any NHSE/I items)** to report. An update regarding recent Mental Health Act Review Visit was shared.

- The Committee were briefed on **Hawthorns Ward, Mental Health Services action plan**. A high level of assurance in relation to actions and continued oversight was provided.

- The **Board Assurance Framework (BAF) consideration and oversight of risks Report** was reviewed and contempory update noted.

- The Committee formally acknowledged the high standard of reports presented, despite pressures, and agreed to cascade formal thanks to teams/services for their hard work and dedication.

Solent NHS Trust Learning Disability Strategy: Progress report and updated delivery plan for 2022/23

Introduction

Solent NHS Trust introduced its Learning Disability Strategy in January 2019. It was intended that much of the initial activity in support of the strategy would be achieved within a 3-year timeframe. Unfortunately, due to the impact of COVID-19, much of the planned activity was either delayed or delivered in different ways. A copy of the strategy is attached for reference (Appendix A).

This report intends to give a summary of where we are with the current delivery plan (2022/23) and update it as required for 2023/24. Unfortunately, we were unable to progress a number of actions within the delivery plan due to an extended period of absence for myself because of ill health.

Update on the current delivery plan

Theme 1. Respecting and Protecting Rights			
What is needed?	**How do we achieve this?**	**Sub-actions**	**Progress report**
We need to ensure that all Solent services and clinicians are able to make "Reasonable Adjustments" in their	**1a.** Seek to implement a clear intranet resource site by June 22.	**1a.** Include grab guides in the intranet resource site.	**Intranet resource site developed. Further work required across all service areas to agree and populate content**

care of patients with a learning disability.	1b. Maintain Accessible Information and Inclusive Communication forums and share resources on the intranet.	1b. Include Accessible Information and Inclusive Communication resources in the intranet resource site.	As above
	1c. Maximise LD flagging process compliance that links to a generic reasonable adjustment care plan within S1 and consider application across all EPS's.	1c. Further audit required around LD flagging and use of reasonable adjustment care plans and guides	**System processes are in place but practitioner awareness and compliance is variable. Guidance on the process re-issued. Regular data reports requested so that service lines can monitor compliance.**
	1d. Launch reasonable adjustment guides for services and practitioners in June 22.		**Guides launched and usage is prompted within the service line delivery plan template.**
	1e. To ensure patient experience and outcome measures for patients with a learning disability are considered against feedback from non-disabled peers		**Not progressed in 22/23. To roll over into next delivery plan.**
	1f. To maintain regular strategy board update meetings.	1f. To revisit meeting structure and review reporting process commencing in April 22.	**Service line reporting templates introduced and will be mandated in 23/24.**
		1f. Reporting routes from LD partnership boards to the strategy	**Feedback from Learning Disability**

		board need clarifying by April 22.	**Partnership Boards still needs collecting.**
		1f. To maintain regular LeDeR reports to the strategy board update meetings.	**Item included in standing agenda and feedback will be sought in 23/24.**
		1f To require each service line to submit their individual strategy action plans covering defined areas for consideration (template to be designed by April 22) by July 22. These will be updated at each board update meeting.	**Template produced and shared. Completion to be mandated in 23/24.**

Theme 2. Inclusion and Engagement			
What is needed?	**How do we achieve this?**	**Sub Actions**	**Progress report**
We need to engage with people with a learning disability to learn from their experiences in order to co-produce further service improvements. **We need to include people with a learning disability in the Solent community as well as reaching out into**	**2a.** To embed the Quality Checkers process within service thinking and extend the reach into all service lines. To seek to ensure that each service line has used the quality checking service at least once in 22/23.		**Awareness of the service shared and usage is prompted within the service line delivery plan template. To seek to ensure that each service line has used the quality checking service at least once in 23/24.**

What is needed?	How do we achieve this?	Sub-actions	Progress report
learning disability communities. **We need to demonstrate our continued commitment to people with a learning disability by providing transparent quality data to Solent's Assurance Board**	**2b.** Establish a Solent wide user and carer consultation forum.	**2b.** To ask the Experience of Care team to consider how the views of patients with a learning disability are proactively sought. **2b.** To ensure all clinical areas have access to an Easy Read complaints leaflet.	**Not progressed in 22/23. To roll over into next delivery plan.** **Not progressed in 22/23. To roll over into next delivery plan.**
	2c. To look at paid and non-paid work within Solent for people with a learning disability.		**Not progressed in 22/23. To roll over into next delivery plan.**
	2d. To explore apprenticeships within Solent for people with a learning disability		**Not progressed in 22/23. To roll over into next delivery plan.**

Theme 3. Workforce

What is needed?	How do we achieve this?	Sub-actions	Progress report
We need to ensure that staff understand the needs of patients with a learning disability and are able to make reasonable adjustments to the care they deliver	**3a.** To widen the knowledge of the availability of Expert by Experience training and better co-ordinate access.		**Awareness raised and access now available on the training site. To review uptake. Benefits to be considered once level 2 Oliver McGowan training is introduced.**
	3b. To put the e-learning LD Awareness training materials onto the My Learning platform and agree the status of the training		**Training materials launched on training site. To review uptake. This resource will still be available but focus**

	(i.e. mandatory or not).		**will change to level 1 Oliver McGowan training.**
	3c. To prepare for the mandatory requirement for Autism awareness training during 2022 ([Autism Awareness - elearning for healthcare (e-lfh.org.uk)](#)).		**Preparations have been made to introduce level 1 Oliver McGowan training on 01.04.23. As per national requirements this will be mandatory.** **We are involved in the regional planning of level 2 training.**
	3d. To develop a Trust wide learning disability nurse practitioner forum for those clinicians not working in specialist learning disability services to help maintain their LD practice competencies.		**Not progressed in 22/23. To roll over into next delivery plan.**
	3e. To seek opportunities to use learning disability recruitment volunteers to influence the selection of staff.		**Not progressed in 22/23. To roll over into next delivery plan.**

Theme 4. Specialist Learning Disability Services

What is needed?	How do we achieve this?	Sub-actions	Progress report
We need to ensure we are actively engaged in regional and national developments in addressing health inequalities for people with a learning disability.	**4a.** To continue to meet key Solent stakeholders around STOMP/STAMP to monitor progress every 4 months.		**Achieved and ongoing.**
	4b. To support Solent GP services in further developments around their LD Friendly Practice status from within the newly established "Southampton Learning Disability Healthcare Focus Forum" which has membership from Solent GP services.		**Not progressed in 22/23. To roll over into next delivery plan.**
	4c. To support Solent GP services in further developments required around Annual Health Checks/Health Action Plans from within the newly established "Southampton Learning Disability Healthcare Focus Forum" which has membership from Solent GP services.		**Not progressed in 22/23. To roll over into next delivery plan.**

Delivery plan going forwards

The strategy needs to focus on a number of key issues across 23/24:

- Embedding LD flagging across our patient records
- Delivering Oliver McGowan training
- Developing intranet resource content
- Enhancing user engagement learning

In addition, there are a number of emerging ambitions that need to be added to the strategy (e.g. supporting learning disability nurse practitioners not working in specialist learning disability services, seeking opportunities to use learning disability recruitment volunteers to influence the selection of staff, etc). These are additions to the original delivery plan, whilst activity that has already been achieved have been removed.

The revised delivery plan is attached (Appendix B).

Additional good practice

During 2022/23 there have been multiple examples of good practice that demonstrate a clear determination by services to better meet the needs of people with a learning disability. This has included:

- We relaunched many of the key elements of the strategy within the framework of the national Learning Disability Week (June 22). This included a series of themed seminars covering:

• An overview of the Learning Disability Strategy and the new delivery plan and what this means for your services: 20 June at 4-4.45pm
• How reasonable adjustments to care can look like in services and exploration of the prompt guides: 21 June at 2-2.45pm
• How awareness of the needs of people with a learning disability and/or autism can improve care and even prevent avoidable deaths: 22 June at 10-10.45am
• What we have learnt from the national learning disability mortality review (LeDeR) and what we need to do in response: 23 June at 4-4.45pm
• An introduction to our Learning Disability Quality Checkers Team and how they can help your services: 24 June at 10.30-11.15am

- Portsmouth Adult Services successfully creating a volunteers admin post for someone with a learning disability. This has been hugely beneficial both to the service and to the post holder.
- Supporting an Inclusive Communication Awareness week in November 22.
- Primary Care Services achieving over 90% uptake of Annual Health Checks and developing accessible resources around these reviews as well as cancer screening.
- Considering the physical environment of new services within Specialist Dental Care as well as the Lead LD Liaison Nurses presenting the use of 'story telling' to support a service level concern at the Trusts "Learning from Experience Panel". The Associate Director Community

Engagement and Experience lead is putting forward example this example to potentially present at the National 'Story Telling' Conference.

- Mental Health Services have had services evaluated by the "Quality Checking" service with helpful outcomes.
- Developing a clear service level delivery group across children's services and being actively involved in the STOMP/STAMP agenda.
- Service lines have been accessing "Talking Mats" training as facilitated by Rebecca March (Senior Specialist SLT).
- Most service lines now have clear delivery action plans.

Ian Chalcroft
March 2023

Appendix A

Solent NHS Trust's Strategy in Supporting People with a Learning Disability

Introduction

- At Solent NHS Trust, we are proud of our focus upon equity in our care delivery across all of our patient groups, particularly those at greatest risk of receiving poor healthcare. This strategy is intended to build upon the current good practice in support of people with a learning disability within the family of services provided by Solent and move towards a more ambitious position of co-production with this vulnerable patient group.
- This strategy covers all patients be they children, young people or adults.
- At Solent we are also aware of our responsibilities to meet the Learning Disability Improvement Standards as set out by NHS Improvement in June 2018 (https://improvement.nhs.uk/resources/learning-disability-improvement-standards-nhs-trusts/). The first 3 improvements are applicable to all of Solent's clinical services whilst the last is only for consideration by the Integrated Learning Disability Service based in Portsmouth. Details of the improvement standards are provided in **appendix A**.
- We are also aware of the outcomes and improvement metrics that will be introduced to all trusts. The strategy and its implementation group will oversee the data returns for this. A draft of the metrics is attached.

Improvement
Standards: Draft Met

Why develop a strategy for patients with a learning disability?

Patients with a learning disability are more likely to have poorer health and die at a younger age than the general population. This is mainly due to unmet health needs due to difficulties identifying and addressing health concerns. The difference in prevalence is to a large extent avoidable and is therefore considered to be due to health inequalities.

The most recent research into the health of people with a learning disability shows us that:

- Life expectancy from birth is 19.7 years less than the general population
- A third of all deaths were amenable to treatment
- Causes of death are circulatory disease (22.9%), respiratory disease (17.1%) and neoplasms (13.1%)
- People with learning disabilities are 58 times more likely to die of preventable disease before 50
- 26% of people are admitted to hospital each year

- Epilepsy rate is at least 20 times higher

To deliver a more equitable service, it is necessary for services to make reasonable adjustments to the way care is provided. To understand the difficulties encountered by patients with a learning disability and to enable patients to be heard as equal partners in their care, we must consider proactive ways to engage with this patient group, both for individual patients and this vulnerable group as a whole. Opportunities for co-production and feedback are available from existing forums such as Learning Disability Partnership Boards. It is also recognised however that Solent may need to develop other engagement forums and processes to really listen to the views of its learning disability patients.

Context

At Solent we have been actively looking at how we support vulnerable patients since the organisation's beginnings in 2010. Current additional supports available to patients with a learning disability using our services include:

- Whilst clinical work can only be provided by Solent's Integrated Learning Disability Service with patients who have a Portsmouth GP, the service is available to support all of Solent's services to improve their care of patients with a learning disability. Consultation, support, training, shadowing opportunities or advice can be offered.
- Learning disability resource packs have been provided for all departments across Solent.
- Accessible information support is available.
- Hospital passports are available for in-patient wards.
- Health passports are available.
- Some services, e.g. Dentistry, have made significant and innovative adjustments in their care delivery to people with a learning disability.
- Some services, e.g. sexual health, have developed bespoke service delivery models to improve care delivery to people with a learning disability.

Core ambitions of the strategy

These are fundamentally:

- ✓ To ensure all patients with a learning disability receiving care from Solent NHS Trust are not disadvantaged by having a learning disability. This requires the consideration and delivery of "Reasonable Adjustments".
- ✓ Our staff will feel competent and confident in supporting patients with a learning disability and in making "Reasonable Adjustments".
- ✓ We will develop "grab guides" for clinicians in collaboration with NHS Improvement.

- ✓ We will seek to positively engage with our patients with a learning disability in a proactive manner to seek feedback on our care delivery and work with them to co-produce service improvements.
- ✓ We will reach into the existing learning disability forums to ensure we are effectively engaging in reducing health inequalities faced by people with a learning disability.
- ✓ We will ensure that we transparent and accountable in our performance and delivery against a co-produced "quality charter" designed with our patients who have a learning disability.
- ✓ We will engage with people with a learning disability as members of our communities as well as being potentially patients of ours. This will include looking at employment and volunteering possibilities, as well as recognising that many of our staff may have family or friends with a learning disability and that we can signpost to external resources and supports.
- ✓ We will ensure that our services are aware of, and engaged in, national and regional initiatives to reduce health inequalities for people with a learning disability.

Delivering the Strategy

A delivery plan has been agreed (**appendix B**) and from this a delivery timetable has been developed across a 3 year period, commencing January 2019 (**appendix C**). The delivery plan will be facilitated by a Strategy Implementation Group that will include representation from all relevant services e.g. Clinical Leads, Communications, Patient Systems, Accessible Information Lead, PALS, HR, L&D, Users, Carers, etc.

Appendix A: Learning Disability Improvement Standards

1. Respecting and Protecting Rights

Improvement measure	What this means in practice
Trusts must demonstrate they have made reasonable adjustments to care pathways to ensure people with learning disabilities, autism or both can access highly personalised care and achieve equality of outcomes	This typically includes things like using modified communication, flexible appointment systems and modified triage assessments, and ensuring due regard to the content of hospital passports.
Trusts must have the mechanisms to identify and flag patients with learning disabilities, autism or both from the point of admission through to discharge; and where appropriate share this information as people move through departments and services.	This might be done using electronic flags in patient administration systems and ensuring the necessary reasonable adjustments are recording in a person's summary care record.
Trusts must have processes to investigate the death of a person with learning disabilities, autism or both while their services, and to learn lessons from the findings of these investigations.	Both local investigations and full engagement with the national LeDeR programme. Also, acting to address findings of investigations.
Trusts must demonstrate that they vigilantly monitor any restrictions or deprivations of liberty associated with the delivery of care and treatment to people with learning disabilities, autism or both.	Trusts have arrangements to ensure any restrictions and deprivations of liberty are correctly and lawfully authorised, with checks that these are always necessary and proportionate. Trusts are transparent about what they do and why, and are open to challenge.
Trust must have measures to promote anti-discriminatory practice in relation to people with learning disabilities, autism or both.	Trusts have effective safeguarding arrangements to ensure that diagnostic overshadowing and value judgements about a person's quality of life do not detract from their care. Trusts compare outcomes and experiences of people with learning

	disabilities, autism or both with those of non-disabled peers.

2. Inclusion and Engagement

Improvement measure	What this means in practice
Trusts must demonstrate processes that ensure they work and engage with people receiving care, their families and carers, as set out in the NHS Constitution.	Trusts involve people, families and carers in all aspects of planning and evaluating care and treatment, and use their feedback and experiences to improve services. Trusts tell people if their care has raised safety concerns and what will be done to prevent recurrences.
Trusts must demonstrate that their services are 'values-led'; for example, in service design/improvement handling of complaints, investigations, training and development and recruitment.	Trusts make clear the attitudes, behaviours and communication they expect from their staff. Trusts support people whose complaints and concerns are being looked into. Trusts involve people with learning disabilities in staff recruitment.
Trusts must demonstrate that they co-design relevant services with people with learning disabilities, autism or both and their families and carers.	This includes involvement of people, families and carers in reviewing services/pathways that affect them and planning improvements. Some organisations ensure that people with learning disabilities, autism or both are fully involved in strategic decision-making and designing approaches to continuous learning
Trusts must demonstrate that they learn from complaints, investigations and mortality reviews and that they engage with and involve people, families and carers throughout these processes.	This might include, for example, adopting NHS England's initiative 'Ask Listen Do' In line with the LeDeR reviews, trusts should invite the input of people and

	families affected, to maximise learning from untoward events.
Trusts must be able to demonstrate they empower people with learning disabilities, autism or both and their families and carers to exercise their rights.	This might include commissioning people with learning disabilities, autism or both to independently review services, and paying them for any work they do. Trusts actively inform people of their rights, in a manner that is meaningful to them.

3. Workforce

Improvement measure	What this means in practice
Based on analysis of the needs of the local population, trusts must ensure staff have the specialist knowledge and skills to meet the unique needs of people with learning disabilities, autism or both who access and use their services, as well as those who support them.	Trusts understand patterns of local need among people with learning disabilities, autism or both and use this knowledge to determine what skills are required and then recruit the right staff in the right numbers.
Staff must be trained and then routinely updated in how to deliver care to people with learning disabilities, autism or both who use their services, in a way that takes account of their rights, unique needs and health vulnerabilities; adjustments to how services are delivered are tailored to each person's individual needs.	This is likely to include ensuring staff have been trained in: learning disabilities and autism awareness; health issues associated with learning disabilities; supporting people with challenging needs; safeguarding; human rights and mental capacity and best interests.
Trusts must have workforce plans that manage and mitigate the impact of the growing, cross-system shortage of qualified practitioners with a professional specialism in learning disabilities.	This might include supporting new, emerging roles such as advanced practitioners, apprenticeships, consultant allied health professionals and nurses, clinical academic roles and non-medical prescribers and employing experts by experience/peer workers.
Trusts must demonstrate clinical and practice leadership and consideration of	This includes trusts having a designated lead for learning disabilities, as well as

the needs of people with learning disabilities, autism or both, within local strategies to ensure safe and sustainable staffing.	provided induction, mentorship, supervision and appraisal that explore how people with learning disabilities, autism or both are being supported.

4. Specialist Learning Disability Services

Improvement measure	What this means in practice
Trusts must have plans for the development of community-based intensive support, including treatment and support for people accessing mental health services and the criminal justice system.	This includes developing new specialist community services or up skilling existing teams and expanding their remit. Trust may also agree collaborative and co-ordinated joint working arrangements with local partners.
Trusts use the care and treatment review (CTR) and care and education treatment review (CETR) to ensure a stringent assessment is made if admission is anticipated or requested and that discharge arrangements ensure no individual stays longer than necessary.	Trusts fully comply with the national standards for CTRs and CETRs; providing the treatments that are needed and having an assertive approach to discharge planning.
Trusts have processes to regularly review the medications prescribed to people with learning disabilities, autism or both. Specifically, prescribing of all psychotropic medication should be considered in line with NHS England's programme stopping over medication programme STOMP.	Specialist practitioners contribute to medication reviews. A person's past experience of adverse reactions and their preferences are considered, including psychosocial alternatives to medication and people have the right support when their medication is reduced.
Trusts providing impatient services have clinical pathways that adhere to evidence-based assessment and treatment, time-limited interventions and measureable discharge processes to ensure inpatient episodes are as short as possible.	This means ensuring that there are clear discharge pathways, which are initiated on admission and shared with people and their families. It also means National Institute for Health and Care Excellence (NICE) guidelines are appropriately applied to people with learning disabilities, autism or both.
Trusts have governance processes for measuring the use of restraint and other	This includes having a clearly designated executive-level lead for

restrictive practices, including detailed evidence-based recommendations to support the discontinuation of planned prone restraints and reduction is unwarranted variation in use of restrictive practices. They can demonstrate that alternative approaches are being deployed.	restrictive intervention reduction and an overarching restrictive intervention reduction policy. Data on restrictive interventions is collected, analysed and made publicly available

Appendix B: Learning Disability Strategy Delivery Plan

Theme 1. Respecting and Protecting Rights			
What is needed?	**How do we achieve this?**	**What does success look like?**	**Lead for task and timeframe**
We need to ensure all Solent services are aware of the need to make "Reasonable Adjustments" in their care of people with a learning disability. **We need to ensure that all Solent clinicians are able to make "Reasonable Adjustments" in their care of patients with a learning disability.**	**1A.** Strategy awareness events. **1B**. Intranet resources. **1C.** Developing grab guides. **1D**. Accessible information considerations. **1E.** Patient flagging in S1. **1F**. Development of a vulnerable patient checklist. **1G.** Generic Reasonable Adjustment care plans in S1.		

	1H. Compliance audit based upon anticipated metrics. **1I**. To ensure patient experience and outcome measures for patients with a learning disability are considered against feedback from non-disabled peers. **1J.** To ensure Solent has a designated Learning Disability Lead within its organisation. **1K.** To introduce a network of Learning Disability Strategy Implementation Leads across all service lines. **1L**. To have a process wherein services proactively raise concerns about anticipated non-compliance around reasonable adjustments so that they can be supported to overcome these issues.		

Theme 2. Inclusion and Engagement			
What is needed?	**How do we achieve this?**	**What does success look like?**	**Lead for task and timeframe**
We need to engage with people with a learning disability to learn from their experiences in order to co-produce further service improvements. **We need to include people with a learning disability in the Solent community as well as reaching out into learning disability communities.** **We need to demonstrate our continued commitment to people with a learning disability by providing transparent quality data to Solent's Assurance Board**	**2A**. Set up user engagement events across services and areas. **2B**. Link with existing feedback forums (e.g. learning disability partnership boards). **2C.** Develop quality checking across Solent services. **2D.** Seek support from Healthwatch in gathering the views of people with a learning disability. **2E.** To learn from the feedback received and demonstrate clear resulting change. **2F** To seek to support people with a learning disability to be included in the oversight of the Trust. **2G**. To develop a Solent wide feedback forum for people with a learning disability. **2H**. To look at paid and non-paid work within Solent for people with a learning disability.**2I**. To explore apprenticeships within		

What is needed?	How do we achieve this?	What does success look like?	Lead for task and timeframe
	Solent for people with a learning disability. **2J**. To proactively engage in local partnership boards and self-advocacy forums.		

Theme 3. Workforce	

What is needed?	How do we achieve this?	What does success look like?	Lead for task and timeframe
We need to ensure that staff understand the needs of patients with a learning disability and are able to make reasonable adjustments to the care they deliver	**3A.** Expert by experience training. **3B.** On-line staff training. **3C.** To undertake audit of compliance in making reasonable adjustments. **3D.** To develop Learning Disability Champions network across service lines.		

	3E. To provide signposting information on our website for staff who may need advice for a family member or friend who may have a learning disability..		

Theme 4. Specialist :Learning Disability Services			
What is needed?	**How do we achieve this?**	**What does success look like?**	**Lead for task and timeframe**
We need to ensure we are actively engaged in regional and national developments in addressing health inequalities for people with a learning disability.	**4A.** STOMP – reducing over-prescribing of psychiatric medication for people with a learning disability. **4B.** To ensure Solent's GP services are supported to become "GP Champions". **4C.** Hospital passports. **4D.** Annual Health Checks – for Solent's GP services to be positively engaged with annual health checks. **4E.** Health Action Planning - for Solent's GP services to be positively engaged		

	with health action planning. 4F. LeDeR engagement. **4G**. Transforming Care.		

Appendix C: Delivery timeline

Year 1 deliveries:

- Staff awareness sessions and expert by experience training
- Update of resources for all staff around "reasonable adjustments" with clearer access within Solent and the introduction of "grab guides" for common issues
- To review how services are making their information accessible and explore the benefits of existing resources (e.g. Books beyond Words)
- To explore how our electronic patient records could improve the "flagging" of patients with a learning disability that results in consideration of vulnerabilities and the need for reasonable adjustments
- Make links to local external learning disability support networks with the support of Healthwatch
- Develop, and trial, a system of "quality checking" that includes patients with a learning disability
- To liaise with local external specialist services to explore voluntary work, paid work, or, apprenticeships for people with a learning disability in Solent
- To recognise that many staff will have family members and friends who have a learning disability and to therefore include "signposting" information within Solent

Year 2 deliveries:

- Roll out of mandatory on-line learning disability awareness training with competency demonstration
- Further develop the resources on Solent and liaise with each service line around specific "grab guides"
- To support all service lines in ensuring all commonly used patient information is accessible to patients with a learning disability
- To develop a user experience forum for patients with a learning disability to share their experience of Solent's services
- To demonstrate change in services following patient feedback
- To have developed a range of voluntary and paid jobs, alongside apprenticeships, across Solent's family of services

Year 3 deliveries:

- To consider positively engaging with a person with a learning disability as an expert by experience, possibly via the route of Governors
- To have a clear and tested pathway for work opportunities for people with a learning disability within Solent
- To hold a celebration event, co-produced by people with a learning disability, highlighting the achievements of the strategy

Appendix B

Updated Learning Disability Strategy Delivery Plan for **2023/24**

Theme 1. Respecting and Protecting Rights			
What is needed?	**How do we achieve this?**	**Sub-actions**	**Progress report**
We need to ensure that all Solent services and clinicians are able to make "Reasonable Adjustments" in their care of patients with a learning disability.	**1a.** Seek to maintain a clear intranet resource site.	i. For Ian Chalcroft (IC) and Julie Chapman (JC) to arrange focus groups with service line leads to review content and how to maximise benefit. ii. For Catherine Morrow (CM) to finalise text and tile for the intranet site. iii. For IC/CM to explore how these resources can be made publicly available.	
	1b. Maintain Accessible Information and Inclusive Communication forums and share resources on the intranet.	i. For Rebecca March (RM) to re-establish IC & AI forums with clear Terms of Reference. ii. Sarah Balchin (SB) is exploring a new role leading on Inclusive Communication. iii. RM to liaise with JC regarding intranet resources.	

	1c. Maximise LD flagging process compliance that links to a generic reasonable adjustment care plan within S1 and consider application across all EPS's.	i. Further audit required around LD flagging via regular reports to the strategy board. Paul Wolf (PW) leading with the support of Pete Grimley (PG). ii. Once reliable reports are established, we will further explore how this links to the use of reasonable adjustment care plans and guides. iii. Improved reporting of the Learning Disability flags will be reviewed during the annual Learning Disability Improvement Standards data return as led by Emma Buck (EB).	
	1d. To embed reasonable adjustment guides within services.	i. To review benefits within service lines. ii. For IC and Jo Ball (JB) to explore how sensory processing support, as noted in the reasonable adjustment guides, can be cascaded into services.	
	1e. To ensure patient experience and outcome measures for patients with a learning disability are considered against feedback from non-disabled peers	i. IC/SB/JB to consider how this can be progressed.	

	1f. To maintain regular strategy board update meetings.	i. To ensure reporting process are used by service lines by April 23. ii. Ophelia Watson (OW) to ensure regular reporting routes from LD partnership boards to the strategy board need from April 23. iii. To maintain regular LeDeR reports to the strategy board update meetings from April 23. iv. To require each service line to submit their individual strategy action plans using the agreed template for consideration by June 23. These will be reviewed at each board update meeting. v. IC to review standing agenda for strategy board meetings.	
Theme 2. Inclusion and Engagement			
What is needed?	**How do we achieve this?**	**Sub Actions**	**Progress report**
We need to engage with people with a learning disability to learn from their experiences in order to co-produce	**2a.** To embed the Quality Checkers process within service thinking and extend the reach into all service lines. To seek to ensure that each service line has used the quality	i. To track uptake of this service across services within the strategy board meetings across 23/24.	

What is needed?	How do we achieve this?	Sub-actions	Progress report
further service improvements. **We need to include people with a learning disability in the Solent community as well as reaching out into learning disability communities.** **We need to demonstrate our continued commitment to people with a learning disability by providing transparent quality data to Solent's Assurance Board**	checking service at least once in 23/24.		
	2b. Establish a Solent wide user and carer consultation forum.	i. To ask the Experience of Care team to consider how the views of patients with a learning disability are proactively sought. ii. To ensure all clinical areas have access to an Easy Read complaints leaflet.	
	2c. To look at paid and non-paid work within Solent for people with a learning disability.		
	2d. To explore apprenticeships within Solent for people with a learning disability		

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What is needed?	How do we achieve this?	Sub-actions	Progress report
We need to ensure that staff understand the	**3a.** To widen the knowledge of the availability of Expert by Experience	i. To continue to promote availability (Matthew Hunt).	

needs of patients with a learning disability and are able to make reasonable adjustments to the care they deliver	training and better co-ordinate access.	ii. To monitor uptake and benefit (MH/IC) iii. To consider alongside Level 2 Oliver McGowan training once defined.	
	3b. To prepare for the mandatory requirement for Autism awareness training during 2022 ([Autism Awareness – elearning for healthcare (e-lfh.org.uk)](#)).	i. Training materials available for launch as a mandatory requirement as of 01.04.23. ii. MH to monitor and report compliance. iii. MH and JC to review other incidental training resources/opportunities.	
	3c. To develop a Trust wide learning disability nurse practitioner forum for those clinicians not working in specialist learning disability services to help maintain their LD practice competencies.	i. IC to explore links to the Learning Disability Consultant Nurse network for support. ii. To approach HR services to identify Learning Disability Nurses working within the Trust. iii. IC to scope interest in such a professional forum.	
	3d. To seek opportunities to use learning disability recruitment volunteers to influence the selection of staff.		

Theme 4. Specialist Learning Disability Services

What is needed?	How do we achieve this?	Sub-actions	Progress report
We need to ensure we are actively engaged in regional and national developments in addressing health inequalities for people with a learning disability.	**4a.** To continue to meet key Solent stakeholders around STOMP/STAMP to monitor progress every 4 months.	Jenna Szymanski (JSz) to re-establish regular progress meetings and report back to the strategy board meetings.	
	4b. To support Solent GP services in further developments around their LD Friendly Practice status from within the newly established "Southampton Learning Disability Healthcare Focus Forum" which has membership from Solent GP services.	i. IC/JC to re-establish "Southampton Learning Disability Healthcare Focus Forum".	
	4c. To support Solent GP services in further developments required around Annual Health Checks/Health Action Plans from within the newly established "Southampton Learning Disability Healthcare Focus Forum" which has	i. As above	

	membership from Solent GP services.		

Ian Chalcroft
March 2023

Title of Paper	Remuneration and Nominations Committee Non-Confidential Report
Date of paper	July 2023
Presentation to	In Public Board
Item No.	21
Non-Executive Sponsor	Vanessa Avlonitis, Non-Executive Director (Committee Chair)
Executive Summary	Paper presented to summarise the business transacted at the Remuneration and Nominations Committee held on 13 July 2023.

Action Required	For decision?	N	For assurance?	Y

Summary of Recommendations	The In Public Board is asked: • To note the report from the Committee

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

	Great Care		Great Place to Work		Great Value for Money	
Strategic Priority this paper relates to	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	
	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 Non-Exec Sponsor

Level of Assurance *(tick one)*	Sigificant		Sufficient	X	Limited		None	

Assurance Level	Concerning the overall level of assurance the In Public Board 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)
Non-Executive Sponsor Signature	*V.Avlonitis*

Summary of business transacted:

- The Committee was provided with an updated **Executive Team Portfolio** following the departure of the Chief of Staff on 26 July and changes in the remits of the Associate Director of People Partnering to Acting CPO and Associate Director of People Services to Workforce & OD Transformation Programme Director. Risks associated with the loss of a Chief of Staff role was noted. Expectations regarding corporate governance / corporate affairs was noted to be tempered to align with team skills and abilities.

- The Committee received a **succession planning** and delegation arrangements for the Solent Executive Team report and were asked to consider the recommendations and approve a decision in relation to options of actions to be taken if an executive member was absent on a temporary and permanent basis.

- A verbal update was provided on the **Executive Appraisal Process and Outcomes.** It was noted that all appraisals have been completed except for the Chief Medical Officer which is planned.

- The Committee noted the completed Chair and NED Appraisal Process. It was noted that David Kelham is yet to be appraised however it was confirmed that appraisals and objective settings are up to date for his role within Southern.

- The Committee received an update on the **Project Fusion Appointment Process** of the new Trust Chair and Chief Executive Officer.

- The Committee are to hold an EO meeting during August to take a view of the organisational design and roles that may be recruited to.