

# Agenda

## Solent NHS Trust In Public Board Meeting

Date: Monday 5 February 2024

Timings: 09:30 – 12:40

Meeting details: Highpoint

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Board Requirement
1	09:30	5mins	<b>Chairman's Welcome &amp; Update</b>	Chair	To receive
			<ul style="list-style-type: none"> <li>• Apologies to receive</li> </ul>		
			<b>Confirmation that meeting is Quorate</b> <i>No business shall be transacted at meetings of the Board unless the following are present;</i> <ul style="list-style-type: none"> <li>• a minimum of two Executive Directors</li> <li>• at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair</li> </ul>	Chair	-
			<b>Register of Interests &amp; Declaration of Interests</b>	Chair	To receive
2	09:35	30mins	<b>Patient Story – Young Person's Trans Journey</b>	Chief of Nursing and AHPs	To receive
3	10:05	30mins	<b>Staff Story – Advanced Practice, Hayden Kirk, Sank Rajakaruna, Anna Walker and Ruth Flanders</b>	Acting Chief People Officer	To receive
4	10:35	10mins	<b>Reflection on Patient and Staff Stories</b>	Chief of Nursing and AHPs	To discuss
5	10:45	5mins	<ul style="list-style-type: none"> <li>• Previous minutes, matters arising and action tracker</li> </ul>	Chair	To approve
<b>Quality and safety first</b>					
6	10:50	10mins	<b>Safety and Quality – contemporary matters including:</b> <ul style="list-style-type: none"> <li>• Board to Floor Visits – verbal update</li> <li>• Freedom to Speak Up - verbal update</li> </ul>	Chief of Nursing and AHPs	Verbal update
<b>10-minute break</b>					
<b>Items to receive</b>					
7	11:10	10mins	<b>Chief Executive's Report</b>	CEO	To receive



8	11:20	10mins	<b>Clinical Professional Engagement and Leadership Report (inc. professional strategic framework and nurse revalidation) (Nursing, AHPs and medical workforce) - verbal update</b>	Chief of Nursing & AHPs	To receive
9	11:30	10min	<b>Draft Annual Plan – verbal update</b>	Chief of Transformation	To receive
10	11:40	10mins	<b>System Financial Recovery Plan Update – verbal update</b>	CFO	To receive
<b>Governance</b>					
<b>Reporting Committees and Governance matters</b>					
11	11:50	30mins	<b>Integrated Performance Report</b> <i>Including:</i> <ul style="list-style-type: none"> <li>• Safe</li> <li>• Caring</li> <li>• Effective</li> <li>• Responsive</li> <li>• People</li> <li>• Finance</li> <li>• Research and Improvement</li> <li>• System Oversight Framework</li> </ul>	Executive Leads	To receive
<b>Governance</b>					
<b>Reporting Committees and Governance matters</b>					
12	12:20	15mins	<b>People Committee – January meeting rearranged to 8 February 2024</b>	Committee Chair & Acting CPO	To receive
13			<b>Mental Health Act Scrutiny Committee- no meeting held to report</b>	Committee chair	To receive
14			<b>Audit &amp; Risk Committee – no meeting held to report</b>	Committee chair	To receive
15			<b>Quality Assurance Committee- Exception report from meeting held 25 January 2024</b>	Committee chair	To receive
16			<b>Non-Confidential update from Finance &amp; Infrastructure Committee– non confidential update from meeting held 29 January 2024</b>	Committee chair	Verbal update
17			<b>Charitable Funds Committee – no meeting held to report</b>	Committee chair	To receive



18			<b>Remuneration and Nominations Committee –</b> <i>No meeting held to report</i>	Committee chair	To receive
<b>Any other business</b>					
19	12:35	5mins	<b>Any other business and reflections including:</b>	Chair	-
20			<ul style="list-style-type: none"> <li>• <i>lessons learnt and living our values</i></li> <li>• <i>matters for cascade and/or escalation to other board committees</i></li> </ul>	Chair	
21	12:40	---	<b>Close and move to Confidential meeting</b> 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	-



# Minutes

## Solent NHS Trust In Public Board Meeting

Date: Monday 4 December 2023

Timings: 09:30

Meeting details: Lecture Theatre 2, 4<sup>th</sup> Floor, Block A, St Mary's Hospital, Milton Road, Portsmouth, PO3 6AD

<b>Chair:</b> <b>Mike Watts</b> , Acting Trust Chair (MW)	
<b>Members:</b> <b>Andrew Strevens</b> , CEO (AS) <b>Angela Anderson</b> , Chief of Nursing and Allied Health Professionals (AA) <b>Nikki Burnett</b> , Chief Finance Officer (NB) <b>Debbie James</b> , Chief Strategy & Transformation Officer (DJ) <b>Dan Baylis</b> , Deputy CEO & Chief Medical Officer (DB) <b>Alasdair Snell</b> , Chief Operating Officer (ASn) <b>Sorrelle Ford</b> , Acting Chief People Officer (SF) <b>Gaurav Kumar</b> , Non-Executive Director (GK) <b>Vanessa Avlonitis</b> , Non-Executive Director (VA) <b>Stephanie Elsy</b> , Non-Executive Director (SE) <b>David Kelham</b> , Non-Executive Director (DK)	<b>Attendees</b> <b>Sam Stirling</b> , Corporate Affairs Administrator <b>Jayne Jenney</b> , Corporate Support Manager & Assistant Company Secretary  <b>Apologies</b> <b>Dominic Ford</b> , Governance Programme Lead (DF)
<b>Patient Story (item 2)</b> <b>Ariane Fitch</b> , Governance Lead, Adults Portsmouth (AF)	<b>Staff Story (item 3)</b> <b>Shani Davies</b> , Workforce & OD Transformation Programme Director (SD) <b>Suzanne Flewitt</b> , Student Nurse (SFI)

<b>1</b>	<b>Chairman's Welcome &amp; Update, Confirmation that meeting is Quorate, Register of Interests &amp; Declaration of Interests</b>
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.
<b>2</b>	<b>Patient Story</b>
2.1	Ariane Fitch (AF), Portsmouth Governance Lead joined the meeting to share experiences on behalf of the daughter of a patient (Sally) who received end of life care by the Specialist Palliative Care Team and Specialist Nurses. AF explained that her mother passed away and shortly after her death, her brother (David) took his own life. AF explained the circumstances of her mother being cared for at home and of the care also provided by David who lived with her.  AF shared concerns raised regarding the differences in the approach of care provided and lack of continuity of carers resulting in having to repeat end of life conversations that was distressing.  AF reported that the family felt pressured to have carers and were made to feel inadequate in providing appropriate care. A lack of communication across specialities was also noted.

	<p>AF explained the circumstances of David being told not to lift Sally's mother and of a hoist ordered that did not arrive resulting in the need to continue moving their mother in a way that was considered by the team as inappropriate and without the right equipment.</p> <p>AF explained the conflicting advice given, and adjustments made to sleeping arrangements that were not the wishes of the patient or family.</p> <p>Sally has made it clear that the nursing staff provided excellent care however wanted to highlight her family's experience, in the hope that process changes can be made.</p> <p>AF informed the Board that following Sally's mother's death, David took his own life with the controlled medications left that he had previously assured he would return to the pharmacy.</p>
2.2	MW asked if it would be helpful if the Board send a letter to Sally. It was agreed that a letter would be very welcomed.
2.3	<p>AF briefed the Board on changes made quickly following reflective discussions. The team were distressed by the concerns raised and the impact to the family. An anticipated medication leaflet has been designed with input from Sally.</p> <p>The lack of continuity regarding contact arrangements to raise concerns has been addressed and lessons learnt shared across service lines.</p>
2.4	<p>AA informed the Board of work being undertaken by the End-of-Life Steering Group to look at making changes more broadly and areas of training and education required.</p> <p>The Board were informed that the Clinical Matron has met with the Pharmacy Team to discuss the controlled drug element of concerns raised.</p>
2.5	The need for an increase in awareness of vulnerabilities was acknowledged as well as a missed opportunity to provide support and care to David who was a veteran.
2.6	<p>VA enquired about Solent's controlled drugs after death policy. AF explained that drugs become the property of the family who are asked to return medication to the pharmacy.</p> <p>VA also asked if care plans are discussed with family members. AF confirmed detailed discussions held within the multidisciplinary team however Sally had limited involvement in discussions which has also been acknowledged and process will be improved.</p>
2.7	<p>DB acknowledged the disservice provided to people with long term conditions and end of life care. DB reported that the Life Course Approach Framework will assist in recognising sooner when patients are approaching end of life which will provide more opportunity to prepare for the care required. DB commented that staff are not accountable for the mental health of family members and shared concern that similar issues will happen in the future due to underinvestment in nursing community and challenges in primary care. DB suggested an opportunity within the ICS through fusion to achieve a different approach to community nursing and a focus on proactive care.</p>
2.8	AS commented on the significant impact to staff members and asked what support was available. AF explained time and space given for team support and reflection as well as psychology services support.
2.9	<p>SE suggested that the matter is a system issue. Risk should be balanced between urgent care and end of life care as well as risks associated with a lack of continuity of care. SE suggested that all system partners need to be sighted on risk management across care pathways and asked if there is an infrastructure in place to address.</p> <p>DB described the ambition of the ICS and HIOW to shift care to a proactive community-based approach and redesign community and primary care which will help people in this situation. DB confirmed that an infrastructure is in the process of being created and informed the Board that the</p>

	system is growing maturity in defining risk within ambulance services and acute hospitals however challenging within elective care and community services.
2.10	DK suggested that when resources are tight, there is a need to identify what proactive areas of care are slipping and report the issue. DK shared his personal experience regarding lack of process with drug control.
2.11	The Board discussed changes to the delivery of care going forward and existing challenges within primary care.
2.12	VA explained her role as a trustee in a hospice and contacts with end-of-life care. AF confirmed links with a specialist palliative care team in place however human elements need to be considered and arrangements adjusted off policy to fit with individual circumstances.
2.13	<i>MW thanked AF for sharing the story.</i> AF left the meeting at this point. MW confirmed that the Board will provide a letter to Sally to relay sympathies and to thank her for the story shared. <b>Action: MW/AS</b>
<b>3</b>	<b>Staff Story</b>
3.1	<i>Shani Davies (SD) and Sue Flewitt (SFI) joined the meeting.</i> SF introduced SD and SFI to the Board and explained the purpose of attending to share their personal experiences of the Reverse Mentor Scheme from a mentor and mentee perspective and the difference it has made to them.
3.2	SD explained her reason for joining the scheme to gain insight and understand ways to improve within her fusion role. SD briefed the Board on her experiences within the scheme.
3.3	SFI introduced herself and explained her position as Apprentice Mental Health Nurse. SFI briefed the Board on her reasons for signing up to the programme and how she was asked to be a mentor because of her significant menopausal experiences. SFI shared the learning gained from the programme as well as her increase in confidence and of feeling empowered.
3.4	SD highlighted challenging conversations and language used within the programme as well as the significant culture change. The programme was presented to the Senior Leadership Team event where it was good to listen to others regarding their experiences.
3.5	SFI shared an apparent separation between HCSWs and nurses and as a future nurse, commented on wanting to affect changes in this area. SFI explained being in touch with a coach to gain further experience as a result of the process and shared her wish to pursue leadership experience.
3.6	AS commented on being recently informed that most of Solent's apprentices are aged over 30 which demonstrates the Trust's ability to provide training that can impact lives. AS added that Board members found the Reverse Mentoring Programme fascinating, helpful and beneficial. It is expected to continue through the new organisation and obtain top level sponsorship. AS shared his own personal experience on the programme. <i>GK joined the meeting at this point.</i>
3.7	DB commented on the importance of menopause issues and other conditions such as incontinence that have presented to the Board on occasions. SD reported that the Wellbeing Plan is in the process of being reviewed through the steering group, the ethos of which is to build on strength and look at the feedback on existing gaps and how it can be improved. DB welcomed the opportunity to reframe the plan to better serve the 70% female workforce.  It was noted that Hilary Todd is looking at the plan across HIOW. Whilst the menopause offer is positive, there is a need to translate this into wellbeing support and provide a toolkit for staff and managers to work with.  It was noted however that no work is in progress with regards to incontinence support at this stage.

3.8	AA suggested looking at the national strategy across the country to ensure all components of wellbeing are being considered and to avoid focussing on one area of need.
3.9	NB reported that the system provider resource is non-recurrent and therefore under threat. NB highlighted the importance of continuing to consider systemwide rather than just the new organisation context to champion a healthy system workforce.
3.10	MW thanked SD and SFI for the briefing. <i>SD and SFI left the meeting.</i>
<b>4</b>	<b>Reflection on Patient and Staff Stories</b>
4.1	The Board reflected and shared comments on the patient story heard. NB referred to the lack of hoist reported and shared her personal experience with regards to delivery of equipment that did not get used. NB suggested the need for a forum to be set up to look at route causes to address issues.
4.2	VA asked if there is a system wide End of Life Strategy. AA confirmed that a strategy is being developed and has been worked on with Southern for some time. AA reported that Solent's End of Life Policy has been changed to a strategy and co-produced with people with personal experience. HIOW are currently in the process of finalising the strategy.
4.3	Members of the Board discussed the lack of communication across healthcare professionals with patients and families regarding end-of-life care.
4.4	AS asked that the Team are thanked for their proactive response to concerns raised, of taking ownership of the issues and making changes as a consequence.
4.5	NB referred to David's passing and asked if lessons should be learnt from Ian McCafferty regarding accepting a level of risk that people will harm themselves.
4.6	VA asked if feedback is gathered from family members via nursing services and if services are learning from the information provided.  AA confirmed post bereavement visits are undertaken if wanted by the family which is offered soon after the patient's passing then a little while later on. The information is not collated centrally however this could be introduced to formalise process better.
4.7	MW commented on the need to consider how to influence on a system level and ensure there is a culture that does not impose answers and solutions on to people.
<b>5</b>	<b>Previous minutes, matters arising and action tracker</b>
5.1	The minutes of the In-Public Board meeting held 2 October 2023 and Board in Common meeting held 13 November were agreed as an accurate record.
5.2	DK reiterated previous comments regarding his thoughts about the term 'to note'. MW suggested and it was agreed to continue to use the term 'to note' however meeting chairs are asked to ensure it is noted that the meeting is 'assured' by papers and discussions presented.
5.3	The following actions were confirmed as complete: AC005065, AC005066.
<b>6</b>	<b>Safety and Quality – contemporary matters</b>
6.1	<u>Freedom to Speak Up</u> AA reported new system in place and monitoring of increased number of concerns raised. Ongoing work to improve processes and ensure case learning was shared.
6.2	<u>CQC/Board to Floor Visits</u> AA briefed on formal visit expected and engagement meeting held by Southern Health. Planning to complete a joint session was confirmed.

	VA reflected on recent Board to Floor Visit to Lower Brambles Ward. Exceptional service was highlighted and escalations shared. MW commented on the importance of continued Board to Floor visits for service line contact.
<b>7</b>	<b>Chief Executive Report</b>
7.1	<p>AS presented key highlights from the report.</p> <ul style="list-style-type: none"> <li>• It was confirmed that a joint in public meeting had been held to approve the Full Business Case of the new Hampshire and IOW NHS Foundation Trust. Continued work to progress was noted.</li> <li>• An overview of areas of celebration were shared, including award as employer of the year for apprenticeships.</li> <li>• Positive Staff Survey completion levels were highlighted. Strong promotion and positive early indicators were shared.</li> <li>• AS informed of renaming of Harry Sotnick House and explained justification.</li> <li>• The Board were informed of in-depth review of the BAF as an executive team to ensure appropriateness of scores. Relevant increases were shared.</li> <li>• NB reported tours being held of the Western Community Hospital site and invited Board to attend.</li> </ul> <p><b>The Board received the Chief Executive Report.</b></p>
<b>8</b>	<b>6 monthly progress update on Business Planning</b>
8.1	<p>DJ shared the report providing a 6-month summary of progress against current activity. Role of the Strategy and Partnerships Committee (SPC) for bi-monthly oversight and continuous monitoring of business objectives was highlighted.</p> <p>Regular reporting through performance and business objective meetings was noted. DJ summarised current position, including completion of milestones and business as usual pressures/resource capacity.</p> <p>Completion of mapping exercise to inform future delivery of strategies and build into governance arrangements for the new organisation was shared.</p>
8.2	<p>DJ explained challenges in relation to Dental and MPP services and capacity to support, with significant challenge balancing Project Fusion and business as usual pressures.</p> <p>The Board discussed support provided in terms of project management resource and dashboards. Ongoing IT issues were noted and continued work and escalations to resolve were confirmed.</p>
8.3	<p>DK commented on the importance of focus on delivery requirements and areas that can be stood down/delayed. DK also reflected on considerations of strategy alignment to risks.</p> <p>DJ confirmed discussions at the SPC and continued support of the PMO team to services, with priorities expected to be outlined in the next reporting period. ASn provided an update on live discussions and guidance required, noting significant pressures and importance of ensuring safe and appropriate decisions.</p> <p>Importance of leadership was discussed and the need to manage both with the PMO and individual execs for appropriate decision making, with consideration of business-as-usual activities, future planning, and cost.</p> <p>ASn commented on positive work taking place and usefulness of further considerations in terms of assurance at Board level was emphasised. <b>The Board received the report.</b> <i>SW joined the meeting.</i></p>
<b>9</b>	<b>Information Governance Update</b>
9.1	NB shared key highlights from the report.



	<ul style="list-style-type: none"> <li>• It was confirmed that there were no concerns to raise and provided an overview of position in terms of the data security and protection toolkit.</li> <li>• The Board were informed of increase in Freedom of Information Requests received.</li> <li>• Continued oversight of incidents was reported, with positive auditing and strong culture across the organisation.</li> <li>• NB informed of improvements in terms of cyber security and continued work to ensure optimal risk scoring.</li> <li>• It was confirmed that MESH issues were now resolved. Focus on key issues in relation to patching were shared, with appropriate management/investigations in place.</li> <li>• Challenges in terms of contract specifications were explained and it was confirmed that negotiations were taking place.</li> </ul>
9.2	VA queried potential trend in relation to PID incidents. NB assured of continued review and the importance of ensuring accurate understanding of position. ASn confirmed discussions within PRMs and completion of deep dives. It was agreed useful to consider further and provide an update via QIR. <b>Action- NB.</b>
9.3	GK asked about overview of security dashboards, and it was confirmed that this would be held through Confidential Board.
9.4	<p>MW queried position of Information Governance in readiness for the new organisation. NB explained high level overview and joint working across organisations to map processes.</p> <p>MW asked about potential change in relation to incident numbers and NB assured of continued monitoring, with consideration of focus on access requests and digital elements with associated potential cost pressures.</p> <p>It was confirmed that infrastructure and system mapping had been reviewed via the Project Fusion digital workstream. GK asked about potential use of an enterprise architect for mapping elements and NB commented on continued tactical decisions being made.</p> <p><b>The Board received the Information Governance Update.</b></p>
<b>10</b>	<b>Re-forecast of Solent Financial Plan</b>
10.1	<p>NB provided an overview of the current position. It was confirmed that Solent were at a £2.2m deficit position and live discussions were taking place across the ICS due to reports that not all organisations can deliver to plan. Recalls with national team were explained.</p> <p>Areas of progress were shared and importance of continued engagement with partners regarding response to pressures was noted.</p>
10.2	<p>Significant risks of delivering position and financial risks were emphasised. Challenges as a system were acknowledged and full discussions within Confidential Board were confirmed.</p> <p><b>The update was received by the Board.</b></p>
<b>11</b>	<b>Board Assurance Framework</b>
11.1	<p>The Board were briefed on executive review of the Board Assurance Framework, particularly in relation to score allocations.</p> <p>Significant work regarding assurance of safety for day 1 of the new organisation was explained. Mapping exercise was confirmed and increase in scores shared.</p> <p><b>The Board received the report and agreed that the Board Assurance Framework reflects current key risks.</b></p>
<b>12</b>	<b>NHS Impact Self-Assessment</b>

12.1	<p>DB welcomed SW to the meeting and explained requirements for this report across organisations.</p> <p>SW presented key elements.</p> <ul style="list-style-type: none"> <li>• Vision and consistent approach to continuous improvement was highlighted.</li> <li>• SW explained framework established by NHSE and usefulness in understanding narrative/culture for the new organisation.</li> <li>• The Board were briefed on peer learning identified following the self-assessment and confirmed that results had been shared, with areas of strength and support acknowledged.</li> <li>• SW highlighted scoring and emphasised strong improvement culture across the Trust.</li> <li>• Planning for the new organisation was shared and strong ambitions in terms of quality improvement were confirmed. Intention to build into strategies was noted.</li> </ul>
12.2	<p>MW queried timeline for maturity and SW confirmed that there were no set dates, with importance of building on culture and strong foundations.</p>
12.3	<p>MW asked about clarity in terms of system and organisational level. SW commented on shared ambitions and review of consistent narrative/principles. Usefulness of joint approach was emphasised and DB emphasised key continuous improvement journey.</p> <p>In terms of the self-assessment, DB assured of processes undertaken and considerations of next steps for the new organisation, aligned to the ICS.</p>
12.4	<p>SF reiterated the importance of building strong foundations and leadership and culture development. The need to review as part of the Project Fusion OD workstream was highlighted. SF also suggested link to Satnam Sagoo (Chief People Officer, Southern Health). <b>Action- SF to provide details to SW.</b></p>
12.5	<p>AA reflected on the patient story and key elements of this work to make systematic change, with critical areas within the new organisation. SE agreed, particularly from a quality, safety and financial perspective, acknowledging complexities.</p> <p>SW commented on usefulness of the framework to give principles which can be guided by leadership, as well as service user voice and sharing/learning.</p>
12.6	<p>SE asked about appropriate resourcing. SW confirmed positive in Solent, however highlighted potential further considerations required to ensure that there was not a fragmented approach. MW emphasised considerations required at ICS level, with focus on continuous improvement mindset.</p> <p>DK commented on opportunities and consistent approach. SW agreed and further emphasised the importance of culture, leadership and behaviours.</p>
12.7	<p>DB queried appropriate links to Committees/forums and SW agreed further links required into the Clinical Steering Groups. AA also suggested usefulness of review via the Chief Nurse Officers Working Group. <b>Action- AA to provide details to SW.</b></p> <p><b>The Board formally thanked SW and the team for their hard work and received the report. SW left the meeting.</b></p>
13	<p><b>Integrated Performance Report</b></p>

13.1	<p><u>Effective</u></p> <p>ASn reported critical incident declared within the Portsmouth/South-East system in relation to length of stay due to number of patients in acute services, ambulance queues and general flow challenges. Pressure to support was noted, with Solent already delivering over funded capacity. Strong executive level oversight within the system was confirmed and significant challenges explained. The Board were informed that a summit was being planned to review risk appetite, with focus on safety.</p> <p>DB reflected on discussions at CEG in relation to impact on community teams and support being reviewed. AS confirmed that further discussions in relation to capacity would be held in Confidential Board.</p>
13.2	<p>The Board were briefed on significant unexpected increase in breaches. ASn explained areas identified and challenges within services, with extensive capacity and demand issues acknowledged. Full discussions within Confidential Board was confirmed.</p>
13.3	<p>ASn provided an overview of challenges in relation to Cardiac Echos, as discussed extensively at the Quality Assurance Committee. Continued proactive work was explained and ongoing engagement with partners, with consideration of future pathways, was noted.</p>
13.4	<p>The Board were informed that Sharon Lewry (Advanced Clinical Practitioner) had achieved Approved Clinician (AC) status. Major achievement and strengthening of Solent's mental health provision for inpatients was highlighted.</p>
13.5	<p>Risks in relation to dental workforce were shared. Review together with the clinical director was assured, with considerations of solutions to ensure best result for patient care.</p>
13.6	<p>ASn provided an overview of the current position in relation to discharges and explained mutual aid offer, with proactive work in this space.</p> <p>DB commented on positive changes, with greater number of patients cared for within the community.</p>
13.7	<p><u>People</u></p> <p>SF briefed the Board on challenges in relation to sickness absence and explained increase over the winter period. Continued monitoring was assured and SF informed of initiatives, such as 'wellbeing bubbles', to consider health of staff and pressures faced.</p> <p>SE asked about personal pressures identified and queried links to cost of living/caring. SF explained issues and support being provided. VA queried links to Freedom to Speak Up and SF confirmed continued discussions within the People Committee.</p> <p>In relation to grievances, VA asked about work to support staff on both sides of the process. SF emphasised work within People Practices and support offers available.</p>
13.8	<p><u>Quality</u></p> <p>Ongoing discussions were confirmed regarding increased number of reported incidents of aggression. Work to raise profile and link in with the system was highlighted and review of how reporting was confirmed.</p>
13.9	<p><u>Finance</u></p> <p>NB provided an overview of the month 7 position and confirmed that the Trust was holding position. Forecast for month 8 was explained and review of controls shared.</p>
13.10	<p><b>The Board received the Integrated Performance Report.</b></p>
<b>Exception Reports</b>	
<b>14</b>	<b>People Committee</b>

14.1	MW presented the report and key exceptions were noted.
<b>15</b>	<b>Mental Health Act Scrutiny Committee</b>
15.1	VA shared the exception report. <ul style="list-style-type: none"> <li>• High levels of assurance provided following changes to the Mental Health Act Report was noted.</li> <li>• Increase in the number of Associate Hospital Managers with lived experience was confirmed.</li> <li>• VA also informed of increase in section 136 cases and positive elements of care.</li> </ul>
<b>16</b>	<b>Audit &amp; Risk Committee</b>
16.1	DK provided an overview of the Committee meeting held. <ul style="list-style-type: none"> <li>• Appointment of external auditors for Southern Health and Solent was reported.</li> <li>• Position in relation to audit fee was noted.</li> <li>• An update in relation to Counter Fraud was shared.</li> <li>• Internal audit activity was highlighted.</li> <li>• The Board were informed of end of year planning taking place.</li> </ul>
<b>17</b>	<b>Quality Assurance Committee</b>
17.1	VA summarised key escalations agreed by the Committee, specifically: <ul style="list-style-type: none"> <li>• Regulation 28 prevention of future deaths notice received. Circumstances were explained and assurance of full learning provided across organisations.</li> <li>• Following reports at the Audit and Risk Committee, an update was shared in relation to identification of a fraudulent case and full review of systems/processes. Continued monitoring, together with the Local Counter Fraud Specialist, was noted.</li> </ul>
<b>18</b>	<b>Non-Confidential update from Finance &amp; Infrastructure Committee</b>
18.1	There were no escalations to raise.
<b>19</b>	<b>Charitable Funds Committee</b>
19.1	GK shared key escalations and commented on focus on resource considerations, together with Southern Health. The Board were briefed on review into legal elements prior to commencement of the new organisation.
<b>Any other business</b>	
<b>20</b>	<b>Any other business and reflections including:</b> <ul style="list-style-type: none"> <li>• <i>lessons learnt and living our values</i></li> <li>• <i>matters for cascade and/or escalation to other board committees</i></li> </ul>
20.1	The date of the next meeting was confirmed as follows: <ul style="list-style-type: none"> <li>• Monday 5 February 2024</li> </ul>
20.2	No other business was discussed and the meeting was closed.
<b>21</b>	<b>Close and move to Confidential meeting</b>

# Action Tracker

Overall Status	Source Of Action	Date Action Generated	Minute Ref	Action Number	Title/Concerning	Action Detail/ Management Response	Action Owner(s)	Latest Progress Update
Open	In Public Board	04/12/2023	2.13	AC005067	Patient Story	MW confirmed that the Board will provide a letter to Sally to relay sympathies and to thank her for the story shared. Action: MW/AS	Mike Watts/Andrew Strevens	
Open	In Public Board	04/12/2023	9.2	AC005068	Information Governance Update	VA queried potential trend in relation to PID incidents. NB assured of continued review and the importance of ensuring accurate understanding of position. ASn confirmed discussions within PRMs and completion of deep dives. It was agreed useful to consider further and provide an update via QIR. <b>Action- NB.</b>	Nikki Burnett	
Open	In Public Board	04/12/2023	12.4	AC005069	NHS Impact Self-Assessment	SF reiterated the importance of building strong foundations and leadership and culture development. The need to review as part of the Project Fusion OD workstream was highlighted. SF also suggested link to Satnam Sagoo (Chief People Officer, Southern Health). <b>Action- SF to provide details to SW.</b>	Sorrelle Ford	Closed- Confirmed SW will connect with Satnam once the designate Board are in place.
Open	In Public Board	04/12/2023	12.7	AC005070	NHS Impact Self-Assessment	DB queried appropriate links to Committees/forums and SW agreed further links required into the Clinical Steering Groups. AA also suggested usefulness of review via the Chief Nurse Officers Working Group. <b>Action- AA to provide details to SW.</b>	Angela Anderson	

# CEO Report – In Public Board



Date: 26 January 2024

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

### 12 Solent Nurses receive prestigious national title

We celebrated how a dozen of Solent's nursing members of staff were awarded the Queen's Nurse title. The national recognition is open and applicable to nurses, health visitors and midwives working in the community, reflecting their commitment to patient-centred values, excellent patient care and continual improvement within the NHS. We shared the welcome news through internal publicity and a press release.



### Improving mental health support and access

We actively showcased the development of work being done in Solent communities to widen people's access to mental health support. This was seen through our announcement of the arrival of new [mental health access facilitators](#) as well as the success of the [phoneline of the Portsmouth Mental Health Hub](#), and how the hub's website offer is now live.



### Enhancing people's special care dental experiences

We have worked to highlight the important work of Solent's special care dental services in a) through the [voice of Vicky Watkinson from the team](#) and b) detailing our collaboration with Autek CIC to produce [virtual tour videos](#) to support people ahead of and during their appointments.



## Recognising Solent's volunteers



Solent's volunteers do a fantastic job, day in, day out, supporting the Trust's work so we soak up every opportunity to share the stories of our dedicated and passionate volunteers. One example is [the account of Terry Quarrington](#), a Procurement team member who volunteered on the Fanshawe Wing in Royal South Hants Hospital in Southampton on Christmas Day.

## Open mindsets for 2024

We have deliberately framed our content about the year ahead to be as positive and meaningful as possible for the maximum benefit of our communities. We shared a blog post from Adele Sales – an Occupational Health Wellbeing Practitioner at Solent, who, in [this blog post](#), speaks about setting new year intentions rather than resolutions.

## Industrial action

We have further deepened our working relationships with communications teams across the Hampshire and Isle of Wight Integrated Care System (ICS) by actively discussing and planning collaborative comms tactics to best support the two recent episodes of industrial action by members of the British Medical Association (BMA). We all joined together in issuing an open letter to media from all HIOW ICS Chief Medical Officers, calling on members of the public and wider stakeholders to seek the most appropriate healthcare needed, particularly at those times to help ensure care and treatment is prioritised to those most in need.

## New Trust – 1 April 2024

Work is continuing across all Solent service lines in readiness for the entire organisation to be a part of a newly created Trust on 1 April 2024 – Hampshire and Isle of Wight Healthcare NHS Foundation Trust. Key activity recently has been confirming the preferred option for the new Trust's branding as well as seeking people's views on the values which will be at the heart of the organisation. Currently, interviews are taking place to appoint an Executive Team, and the outcome of these interviews will be shared in due course.

A thread running throughout all our communications work is a clear commitment and action to ensure that people's voices are heard – internally and publicly – and that they feel fully supported and informed during this period of change.

## Section 2 – Internal matters (not reported elsewhere)

There are no matters to flag to the Board which are not reported elsewhere.



Great Care

## Safety matters

We are seeing increasing levels of viruses across our communities and workforce. We are reviewing our Infection and Control guidance and will be considering any additional measures we need to implement.



## Great Place to Work

### Workforce matters

There are no matters to flag to the Board which are not reported elsewhere.



## Great Value for Money

### Estates and infrastructure

The trust was successful on being granted a national decarbonisation bid to support the movement to LED lighting across the estate. Works are due to be completed covering various sites across the trust estates portfolio reducing annual running costs by more than £300k per annum.

### Our key risks

#### Operational Risk Register

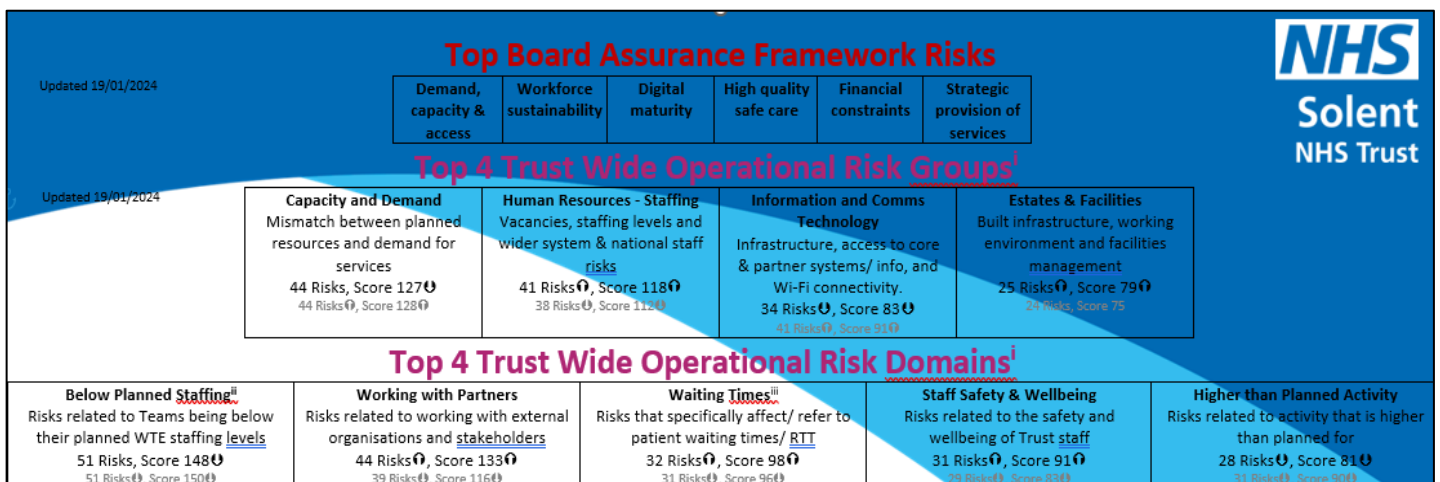
The risk pyramid summarises key strategic and trust wide operational risks, the top risk groups are:

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

The top Risk Domains are:

1. Below Planned Staffing
2. Working with Partners
3. Waiting Times
4. Staff Safety & Wellbeing
5. Higher than Planned Activity

All operational risks are being actively managed through care and governance groups and assurance is sought at the relevant Board Committees.





### Board Assurance Framework (BAF)

During January 2024, executive leads reviewed the detail within their respective BAF entries and provided relevant updates. The Committees of the Board 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	L4 X S4 = 16 End Q4 2023/24
#4 - Workforce sustainability	L4 X S5 = 20	L4 X S4 = 16	L4 X S3 = 12 End Q4 2023/24
#1 -High quality safe care	L4 X S5 =20	L3 X S4 = 12	L3 X S4= 12 End Q4 2023/24
#5 -Financial Constraints	L4 X S5 = 20	L3 X S4 = 12	L2 X S4 = 8 March 2024
#8- Strategic provision of services	L5 X S5 =25	L5 X S4 = 20	L4 X S3 = 12 End Q4 2023/24
#6 -Digital maturity	L4 X S4 = 16	L3 X S3 = 9	L3 X S3 = 9 End Q4 2023/24

## Section 3 –System and partnership working


### Project Fusion

The review of the Project Fusion Full Business Case (FBC) by NHS England is ongoing and has recently included meetings with key individuals from across the Trusts and a site visit to all three Trusts in early January. The process to appoint to all Executive posts on the Board will be completed towards the end of January, except for the Director of Quality Improvement and Engagement, which will be appointed mid-February.

### HIOW ICS

UEC within HIOW ICS remains severely stretched, with PHU returning to a critical incident status. HHFT, UHS and IOWT also have significant operational issues. As a system, we are collectively trying to resolve the issues and are increasing capacity where possible. This will impact on the deliverability of the year end financial forecast out-turn.

# Board and Committees

Item No.		Presentation to	Trust Board – In Public		
Date of paper	26 January 2024	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: <ul style="list-style-type: none"> <li>Note the report</li> </ul>				
To be completed by Exec Sponsor - Level of assurance this report provides :					
Significant		Sufficient	X	Limited	None
Exec Sponsor name:	Andrew Strevens, Chief Executive Officer.		Exec Sponsor signature:		

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# Trust Board Integrated Performance Report (IPR) November – December 2023


Our performance is summarised within this report using the following NHS England’s ‘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

 Target has been consistently achieved, for more than 6 months


 Target has been consistently failed, for more than 6 months

 There is a variable and inconsistent performance against the target


### Variance Indicator

 Special Cause Variation, for improved performance. The trend is either:


- Above the mean for 6 or more data points
- An increasing trend for 6 or more data points
- Near the control limit for 2 out of 3 data points
- The value exceeds the upper control limit

 Special Cause Variation, for poor performance. The trend is either:


- Above the mean for 6 or more data points
- An increasing trend for 6 or more data points
- Near the control limit for 2 out of 3 data points
- The value exceeds the upper control limit

 Special Cause Variation, for improved performance. The trend is either:

- Below the mean for 6 or more data points
- An decreasing trend for 6 or more data points
- Near the control limit for 2 out of 3 data points
- The value exceeds the lower control limit

 Special Cause Variation, for poor performance. The trend is either:

- Below the mean for 6 or more data points
- An decreasing trend for 6 or more data points
- Near the control limit for 2 out of 3 data points
- The value exceeds the lower control limit

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

## Executive Summary

As we move closer to the formation of Hampshire and Isle of Wight Healthcare NHS Trust on 1 April 2024, the performance governance structure for the new organisation is being reviewed. Feedback is being drawn from NHS England on the proposals submitted within the Full Business Case for the new trust; from the Making Data Counts team to the HIOW ICS, which awarded Solent's IPR as the Best in Class; and from external recommendations by the independent Good Governance Institute on what makes an effective IPR.

One of the recommendations outlined that the inclusion of an Executive Summary improved the digestibility of the document, guiding the reader to the main issues. This has been included below for the first time.

The key points of note arising from the performance exceptions raised during the November and December period are the ongoing critical incidents and sustained pressure within the Southampton and, more significantly, Portsmouth and South-East Hampshire (PSEH) systems. A further 3 surge beds have been opened on the Summerlee ward. Patient care is being prioritised, however more risk is being taken by transferring patients into the community sooner. The situation remains live, and the services are managing well despite the sustained pressure. Further detail can be found in section 4c. Service Line Performance Review Meeting Escalations.

The waiting lists in the Special Care Dental Service are escalating, and significant decisions are being made to control demand and ensure safe services are maintained. The service has been given dedicated operational support, and the Executive Triumvirate (Chief Medical Officer, Chief Nurse, Chief Operating Officer) are working collaboratively with the Service Line Triumvirate (Clinical Director, Head of Quality and Professions and Operational Director) to improve the position. A detailed overview of the position can be found in section 4c. Service Line Performance Review Meeting Escalations.

# 1. Safe

## a. Performance Summary

Indicator Description	Internal /External Target	Target	Dec-23			Nov-23				
			Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance		
Occurrence of any Never Event	E	0	0				0			
NHS England/ NHS Improvement Patient Safety Alerts outstanding	E	0	0				0			
VTE Risk Assessment	E	95.0%	96.0%				98.0%			
Clostridium Difficile - variance from plan	E	0	2				2			
Clostridium Difficile - infection rate	E	0	2				2			
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	E	0	0				0			
Escherichia coli (E.coli) bacteraemia bloodstream infection	E	0	0				0			
MRSA bacteraemias	E	0	0				0			
Admissions to adult facilities of patients who are under 16 yrs old	E	0	0				0			

## b. Key Performance Challenges

### Clostridium Difficile – infection rate / variance from plan

There were two cases of Clostridium Difficile on the Lower Brambles ward in November 2023. Both cases were more than 48 hours after admission and were therefore identified as hospital acquired infections. On investigation, the infections were identified to be different strains, so the timing of the cases was coincidental. Minor learning was identified and fed-back to the ward at Post-Infection Review meeting.

### Incident Reporting

As reported last period, there is a known increase in incidents from the start of 2022, reflecting the inclusion of safe staffing incidents, and increased acuity of patients within our mental health services. The control limits have been recalculated to reflect this and now show that variation in performance for this financial year has been due to common cause. This is also the case when looking at the number of incidents per 1,000 patient contacts.

There was a reduction in the number of patient contacts in December in line with seasonal variation. This, paired with the known increasing rate of incidents, has seen the number of incidents reported per 1,000 patient contacts increase towards the top of the normal upper limit. This is expected to reduce next month as the number of patient contacts returns to within the normal range.

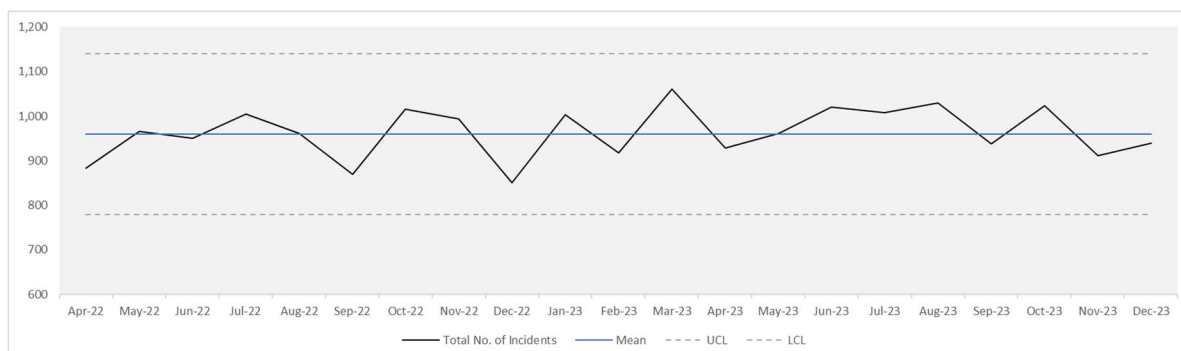


Figure 1: Total number of incidents reported by month

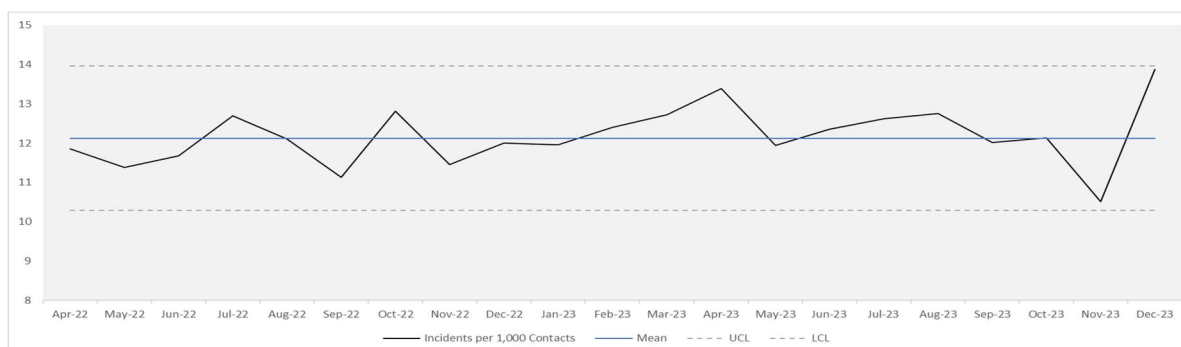


Figure 2: Number of incidents reported per 1,000 patient contacts

The largest number of incidents raised during November/December 2023 were attributed to the Mental Health service line. The same small cohort of patients account for the overall increase of incidents of Assault - Physical and Slips, Trips & Falls within both this period and the previous reporting period. In addition, strong governance processes have picked up missed observations on Hawthorn Ward during December which are reported as Clinical Management incidents. The service has plans in place to address this issue with staff on the ward. Finally, staffing levels in a small number of teams are being reported as incidents under HR & Staffing Issues, which has also contributed to the increase.

In order to understand the impact of the change to harm grading implemented in October 2023, the total number of incidents reported, and the number of incidents graded as Low Harm or above in November and December has been compared to the same period in 2022/23. This analysis indicates that there has been a 3.6% increase in the number of incidents reported overall, but with an increase of 10.6% in those categorised as Low Harm or Above.

Service	Variation between Nov/Dec 2022/23 and Nov/Dec 2023/24	
	All incidents	Incidents - Low harm or above
Mental Health Services	24.0%	34.6%
Adult Srvs Portsmouth	6.6%	7.6%
Adult Srvs Southampton	14.1%	15.7%
Child & Family Services	-22.4%	1.5%
Corporate Services	17.1%	43.8%
FM And Estates	38.5%	-40.0%
Primary Care	-41.0%	-52.6%
Sexual Health Services	-58.2%	-128.6%
Specialist Dental Services	-85.5%	-162.5%
MPP Service	-26.4%	-66.7%
<b>Grand Total</b>	<b>3.6%</b>	<b>10.6%</b>

Figure 3: % variance of incidents and those graded Low Harm or above – Nov/Dec 2022 compared to Nov/Dec 2023

The Quality and Safety team are working with Service Lines to understand if there are specific cause groups or teams that are driving the changes noted alongside further analysis of those graded with moderate or above levels of harm. Targeted discussions are to be held at service line Quality Review Meetings (QRM) during January 2024 from which relevant actions will be agreed.

The increase in corporate incidents, and associated increase in low harm incidents, related predominantly to the Pharmacy service. The incidents have originated within clinical service lines but are reported within Pharmacy when linked to medication errors. These percentages represent a very small number of incidents, with an increase of only 7 incidents between 2022/23 and 2023/24.

There has also been an increase in the number of incidents graded as Moderate or Severe, predominantly linked to patient harm resulting from Pressure Ulcers. Previously, any Pressure Ulcer which originated outside of Solent's care was automatically categorised as Low Harm. Now harm is graded based on the individual patient and circumstances, and this has resulted in an increase in the number of Pressure Ulcers graded as Moderate Harm compared to last year.



## 2. Caring

### a. Performance Summary

Indicator Description	Internal /External Target	Target	Dec-23			Nov-23					
			Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance			
Caring	Community FFT % positive*	E	95.0%	98.4%				98.1%			
	Mental Health FFT % positive*	E	95.0%	96.8%				93.2%			
	People Pulse Survey - Advocacy Theme (Recommended for Care & Employment)	E	0	-				-			
	Mixed Sex breaches*	E	0	0				0			
	Plaudits	I	-	188				148			

### b. Key Performance Exceptions

#### Plaudits

A significant increase in plaudits has been seen over the past two months, predominantly linked to the Snowdon Ward. The ward has seen its patient participation group re-established recently, and the team have also focussed on improved recording practices to ensure all compliments are documented and recognised.

### 3. Effective

#### a. Performance Summary

Indicator Description	Internal /External Target	Target	Dec-23			Nov-23					
			Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance			
Bed Occupancy - Lower Brambles (Community)	I	92.0%	96.1%				98.2%				
Bed Occupancy - Fanshawe (Community)	I	92.0%	94.3%				97.0%				
Bed Occupancy - Summerlee (Community)	I	92.0%	100.8%				98.9%				
Bed Occupancy - Spinnaker (Community)	I	92.0%	100.6%				98.1%				
Bed Occupancy - Brooker (OPMH)	I	85.0%	55.4%				62.1%				
Bed Occupancy - Hawthorns (Adult MH)	I	85.0%	87.1%				88.2%				
Bed Occupancy - Maples (Adult MH)	I	85.0%	62.9%				58.0%				
Bed Occupancy - Kite (Acquired Brain Injury)	I	92.0%	79.7%				66.3%				
Bed Occupancy - Snowdon (Neuro Rehab)	I	92.0%	100.0%				96.2%				
<b>Effective</b>	Length of Stay - Lower Brambles (Community)	I	24.0	26.4				34.9			
	Length of Stay - Fanshawe (Community)	I	24.0	25.3				24.8			
	Length of Stay - Summerlee (Community)	I	18.0	28.2				22.1			
	Length of Stay - Spinnaker (Community)	I	24.0	22.1				21.1			
	Length of Stay - Brooker (OPMH)	I	78.5	48.2				39.1			
	Length of Stay - Hawthorns (Adult MH)	I	34.9	8.6				11.2			
	Length of Stay - Maples (Adult MH)	I	48.6	8.9				7.2			
	Length of Stay - Kite (Acquired Brain Injury)	-	-	0				127.3			
	Length of Stay - Snowdon (Neuro Rehab)	-	-	30.7				38.6			
	Non-Criteria to Reside (NCR) [patient count]	-	-	32				19			
	% clients in settled accommodation	E	59.0%	43.9%				43.9%			

#### Bed Occupancy – Lower Brambles

The bed occupancy rate on Lower Brambles ward has flagged a special cause variation as the occupancy rate has been consistently above the target for more than 6 consecutive months. Whilst not unexpected, it demonstrates the sustained high levels of occupancy being managed across our community wards in response to the pressure being seen throughout the HIOW system.

## Clients in Settled Accommodation

Performance against the Mental Health standard for clients in settled accommodation is showing a low trend special cause variation, reflecting a decline in performance over the past 6 months. The collection of settled accommodation information has changed in recent months as SystmOne templates have been updated in line with the Community Mental Health Framework (replacing CPA), resulting in fewer patients' accommodation statuses being recorded. Work is underway to ensure the data collection is mandated within the system and ensure the quality of data being collected is robust.

## b. Key Performance Exceptions

### Elective Recovery Framework (ERF)

In November, NHS England wrote to all providers and commissioners with plans to address the significant financial challenges created by industrial action during 2023/24. One element of this letter detailed a reduction to elective targets to account for the potential loss of activity due further planned industrial action planned. This saw a further set of targets published (version 9), which saw our financial target reduce by around £60k. Local data indicates performance remains at 120% of the target value. There is no anticipated change to the baselines for 2024/25, although the target level of growth has yet to be defined.

TFC Desc	Activity Actual	Activity Plan	Activity Variance	Income Actual	Income Plan	Income Variance
Cardiology Service	938	904	34	£179,158	£172,664	£6,494
CPMS - CP/LAC	820	539	281	£158,260	£104,027	£54,233
CPMS - General Paediatrics	136	56	80	£33,592	£13,832	£19,760
CPMS - Neurodisability	818	603	215	£157,874	£116,379	£41,495
Diabetes Service	47	88	-41	£6,721	£12,584	-£5,863
Pain Management Service	837	664	173	£192,510	£152,720	£39,790
Physiotherapy Service	15399	13559	1840	£2,972,007	£2,616,887	£355,120
Trauma and Orthopaedic Service	9111	6681	2430	£1,639,980	£1,202,580	£437,400
<b>Total</b>	<b>28106</b>	<b>23094</b>	<b>5012</b>	<b>£5,340,102</b>	<b>£4,391,673</b>	<b>£948,429</b>

Figure 4: Cumulative ERF performance (local data) at M9 compared to baselines v9

### Urgent Community Response (UCR) – 2-Hour Performance

Performance in the Southampton UCR team continues to be higher than the 70% target for the fifth consecutive month despite pressures within the system resulting in the wider community workforce being flexed based on need and sustained vacancies within the team.

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD
2 Hour Referrals	381	350	417	384	401	430	455	434	334	321	353	309	4569
Compliant	241	217	242	249	243	273	285	317	272	274	284	224	3121
Compliance %	63%	62%	58%	65%	61%	63%	63%	73%	81%	85%	80%	72%	68%



Figure 5: Southampton UCR 2-hour compliance, previous 12 months

In Portsmouth, a training programme is being implemented to improve the accuracy of the reported data. The true level of performance is expected to be greater than the reported 40% for December, however still lower

than target as PHU remains in critical incident and the team are working flexibly across UCR and virtual wards to support system pressures. All patients are triaged to ensure care is centred around the patient needs and managed safely.

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD
<b>2 Hour Referrals</b>	336	266	291	264	281	259	300	303	270	330	311	287	3498
<b>Compliant</b>	215	186	229	206	226	171	212	215	171	225	169	116	2341
<b>Compliance %</b>	64%	70%	79%	78%	80%	66%	71%	71%	63%	68%	54%	40%	67%

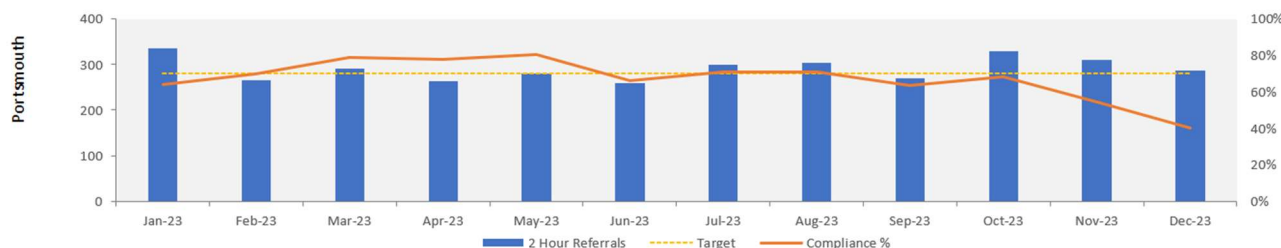


Figure 6: Portsmouth UCR 2-hour compliance, previous 12 months

### Virtual Wards

The position on our virtual wards remains consistent with that previously reported, with occupancy rates being stretched above funded capacity to support the areas of greatest need. Workforce continues to be flexed across the Community Nursing and Urgent Community Response teams as required.

Whilst the occupancy rates in both cities are still variable from week to week, the Southampton virtual ward has seen a decreasing trend over the past 4 months, and the Portsmouth virtual ward has stabilised somewhat, as shown by the black trend line in figures 7 and 8.

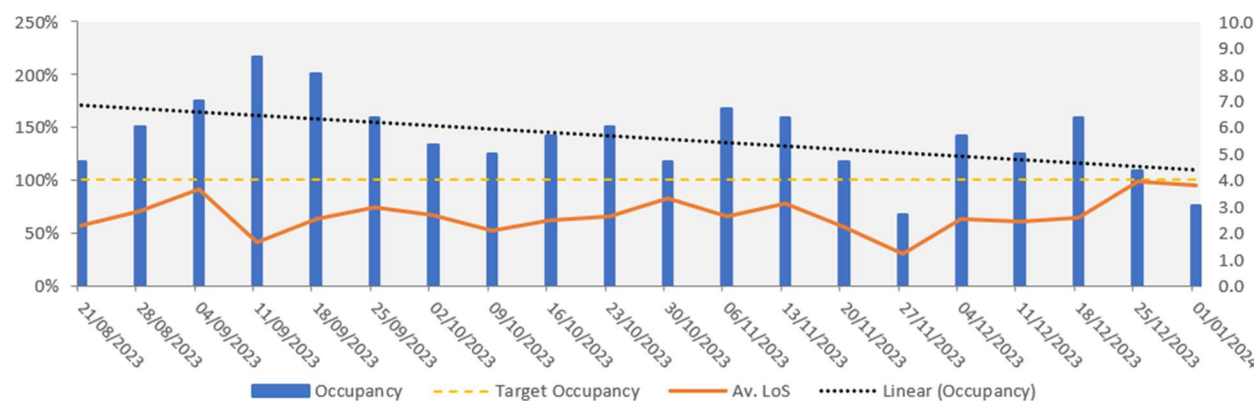


Figure 7: Southampton Virtual Ward Occupancy and average Length of Stay

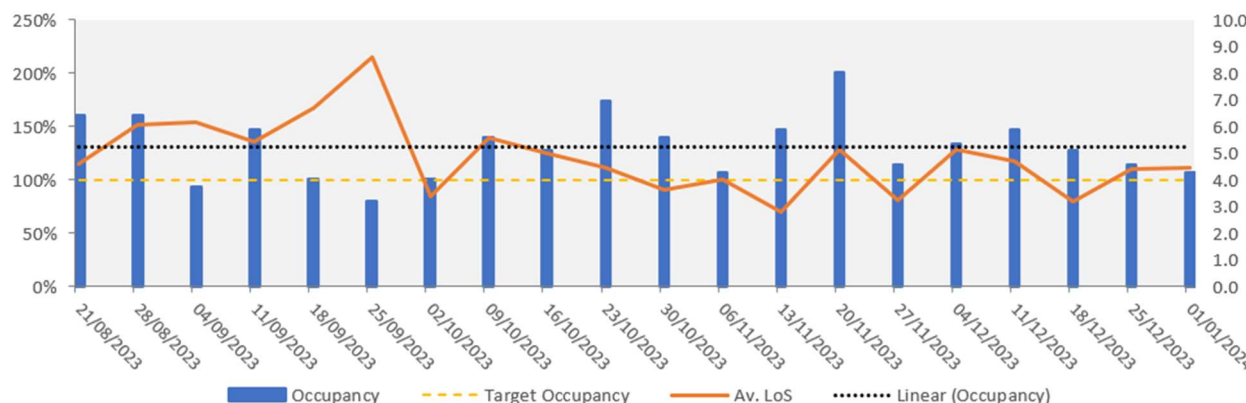


Figure 8: Portsmouth Virtual Ward Occupancy and average Length of Stay

## c. Corporate Performance Review Meetings (CPRMs) – Key Areas of Exception

### Areas of concern

The Estates team have reported that there is a forecast 7-week delay on the build of the new Western Community Hospital due to legal issues with SSE and the contractor, Brymor. The delay is unmitigated at this stage and is hoped it will be recoverable through alternative routes.

The Commercial team highlighted that there is a risk to governance processes during the transition to the new organisation and whilst new processes are being embedded. The risk is mitigated by the governance processes being developed within the Fusion Programme, however this needs to be paired with a suitable communications plan to socialise this with the new workforce.

### Areas of celebration

The People Services team have been working to reduce the time to hire, and this is now down to 24 days, which is favourable compared to peer organisations.

The Occupational Health (OH) team have successfully moved from the Royal South Hants Bungalow to Woolston Health Centre, just weeks before taking on the provision of OH for Southern Health NHS Foundation Trust from January. The transition has gone relatively smoothly, with a few initial challenges now overcome. Further work is ongoing to transition the Sussex CAMHS staff into the service from 1 February 2024, followed by the IOW staff on 1 April 2024 as the new organisation is formed.

The Temporary Staffing team have done a fantastic job of reducing the spend on agency staffing, moving the majority of bookings on-framework, and the overall usage back down to 2019/20 levels. The spend on off-framework in December was £19k compared to £191k in December 2022, a 90% reduction. The utilisation of on-framework staff provides greater assurance, quality and safety for our patients as the calibre of candidates is higher, as well as some financial savings. Further detail on agency spend can be found in section 5. People.

## 4. Responsive

### a. Performance Summary

Indicator Description	Internal /External Target	Target	Dec-23			Nov-23		
			Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance
Patients waiting > 18 weeks	-	-	6537			6369		
Accepted Referrals	-	-	23532			28844		
Formal complaints per 1000 WTE	-	-	3.7			3.7		
Number of complaints	I	15	12			12		
Number of complaint breaches	-	-	2			3		
RTT incomplete pathways*	E	92.0%	75.6%			77.3%		
Maximum 6-week wait for diagnostic procedures	E	99.0%	40.0%			47.0%		
Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	E	0	0			0		
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	E	50.0%	100.0%			80.0%		
Talking Therapies - Proportion of people completing treatment moving to recovery	E	50.0%	53.0%			57.0%		
Talking Therapies - Waiting time to begin treatment - within 6 weeks	E	75.0%	95.0%			95.0%		
Talking Therapies - Waiting time to begin treatment - within 18 weeks	E	95.0%	100.0%			100.0%		
Data Quality Maturity Index (DQMI) - MHSDS dataset score*	E	95.0%	87.1%			87.1%		

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

### b. Key Performance Exceptions

#### Patients waiting > 18 weeks

The position of our waiting lists continues to deteriorate for the reasons previously detailed.

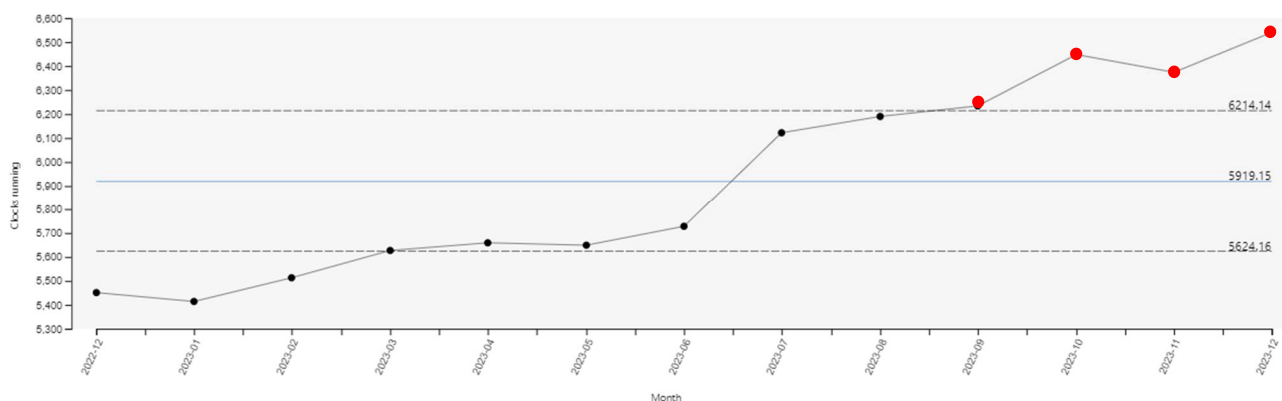


Figure 9: Monthly snapshot of the number of patients waiting for more than 18 weeks – Trust-wide (excluding Dental Services)

As part of the ICB planning process for 2024/25, waiting lists for a range of Community Services are reviewed and trajectories are being projected. With the exception of a few services with specific plans to address their waiting lists, the overall position sees waiting lists continuing to grow at a similar rate to this year, as no further investment is expected and a challenging savings target to be met.

### RTT Incomplete Pathways

Performance against the national RTT Incomplete pathway standard continues to decline, with performance now having been below the 92% target for 17 consecutive months. As previously reported, the majority of breaches continue to be within the Community Paediatrics Medical Service (CPMS). Further information on this can be found in section 4c. Service Line Performance Review Meeting Exceptions.

### Maximum 6-week Wait for Diagnostic Procedures

The 6-week wait for diagnostic procedures continues to decline as predicted, specifically relating to echocardiograms, following the closure of the previous third-party provider contract and subsequent unfunded increase in activity within the Solent service. As forecasted, performance has continued to decline and is now at 40%, outside the lower control limit. Further detail on the wider demand and capacity issues within the Cardiac service can be found in section 4c. Service Line Performance Review Meeting Exceptions.

### Talking Therapies - Proportion of People Completing Treatment and Moving to Recovery

It was reported last period that the proportion of patients completing treatment and moving to recovery had dropped below the mean level of performance for more than 6 consecutive months. This has since been recovered and, whilst the target has always been maintained, an increased recovery rate has been reported for the past 2 months reflecting efforts from the service to bring this back in line with their previous levels of performance.

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

### Adults Community Services – Portsmouth

#### Response to PSEH System Pressure

The Adults Portsmouth service line has been focussed primarily on supporting the Portsmouth and South-East Hampshire (PSEH) system response to the critical incidents raised at PHU. An additional 3 escalation beds have been opened across the Spinnaker and Summerlee (formerly named Jubilee Unit) wards, on top of the 10 surge beds already open on Summerlee for D2A patients.

There has been a noted reduction in admissions to the community wards (see figure 10), despite the occupancy levels remaining high, so a focussed exercise is reviewing the length of stay of patients to ensure these are appropriate. The PRRT team are supporting patients requiring therapies on the wards to help increase the rate of discharge.

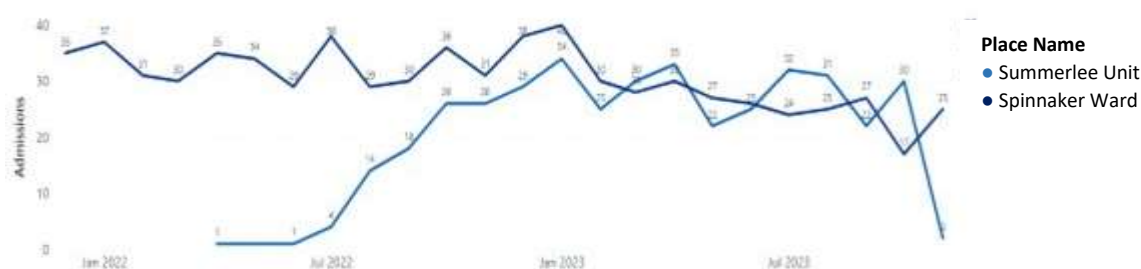


Figure 10: Number of admissions per month by ward

The Transfer of Care Hub (TOCH) team have done some fantastic work focussing on discharges from PHU, supporting more than 100 discharges in the week leading up to Christmas.

The community teams are working hard to release capacity by reducing the frequency of visits (e.g. QDS down to TDS. TDS down to BDS) which is anticipated to provide the equivalent of 10 extra bed days capacity in Portsmouth UCR as well as increasing the VW capacity from 15 to 20 virtual beds at the end of December.

The teams continue to manage the situation well despite working under significant levels of pressure.

## Adults Community Services - Southampton

### *Demand for Cardiac Service*

There is currently a backlog of patients waiting for surveillance and diagnostics, with demand exceeding capacity within the service. There has been an offer of one additional session per week from UHS, however even with this additional capacity the backlog would take 2 years to clear. Work is underway, supported by the ICS, to review current processes as well as a caseload review to ensure all patients still requiring the service. Options are being explored to outsource the backlog of patients at cost. Further consideration needs to be given to the future of the GPSI service within Solent, as it is not typically a community delivered service.

## Childrens Services

### *Community Paediatrics Medical Service Waiting Times*

As reported in previous months, the waiting times, and subsequent RTT performance for the CPMS has been declining, due to increased demand, long term vacancies and sickness within the workforce across both cities. The size of the waiting list is now outside of the upper control limit and flagging a significant trend with six consecutive increasing data points as shown below.

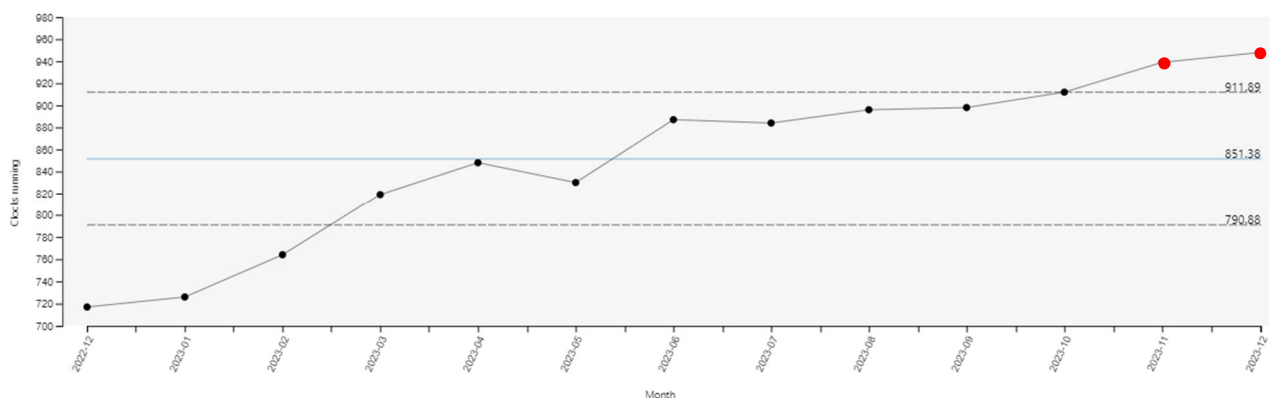


Figure 11: Number of patients waiting for the CPMS service

The service presented at deep dive at the Performance Review Meeting in January and reported that the impact so far has been predominantly on the Neurodiversity pathway, as resource has been redirected towards Children Looked After and Child Protection cases due to the statutory nature of these services. A named doctor has been appointed and is due to start within the next few weeks, who is familiar with the service, so will be working independently very quickly. This additional recruitment should allow for the neurodiversity capacity to return to expected levels, meaning the waiting times should begin to stabilise, however this recruitment alone is not enough to see a reduction in waits.



Demand and capacity analysis is ongoing, exploring leaner ways of working using Quality Improvement (QI) processes and optimisation of SystmOne templates. Consideration is also being given to the scope of the service offer, and the clinical pathways available within the current funding. Referrals have increased by an average of 20 per month compared to 2 years ago. If this continues to rise, there will be a further increase in waiting times, even with the efficiencies being explored at present.

## Mental Health Services

### *A2i Capacity and Demand*

As recently reported, the waits for the A2i service have been above the 5-week target for more than 18 months and the service have made a range of attempts to improve the position, with little impact on waiting times. The service is taking a multi-faceted approach to address the issues and reorganise this complex provision and acknowledge it will take time to work through and see a sustained positive shift in the waiting times. Although turnover is high within the service, recruitment is ongoing, and the capability and skill mix of the team is on an upward trend.

There has been a specific focus on two areas; reviewing patients with a long length of stay on the caseload and moving them on if appropriate, noting this will require a cultural shift within the workforce which will take time to embed. Also, trialling the 'first meaningful contact' through the new Mental Health Hub ensuring that only appropriate patients make it onto the A2i waiting list and others are referred onto more relevant services. Patients are reviewed using the patient harm tool regularly and to date not harm has been identified. Detailed feedback on this will be shared at QIR.

## Special Care Dental Service

### *Waiting Times and Staffing*

The waiting times within the Dental service continue to be an area of concern. Following a meeting of the Executive Triumvirate (Chief Medical Officer, Chief Nurse, Chief Operating Officer) and Service Line Triumvirate (Clinical Director, Head of Quality and Professions and Operational Director) in December, proposals are being worked up and there is a further meeting scheduled for the end of January to review the quality impact assessments of these and agree next steps. In the meantime, the waiting lists continue to grow for both GA procedures and clinic assessments.

The waiting times for GA procedures has extended from 57 weeks in October to 65 weeks at the end of December. A further 37 patients have been added to the waiting list and there are now 5 adults and 3 children who have been waiting for more than 52 weeks (from 2 adults and 2 children in October).

The waiting list for clinic assessments continues to rise by around 100 patients per month, see figure 12, and the forecast waiting times at year end has lengthened by 1-2 months for all clinic sites since reported in September, see figure 13.

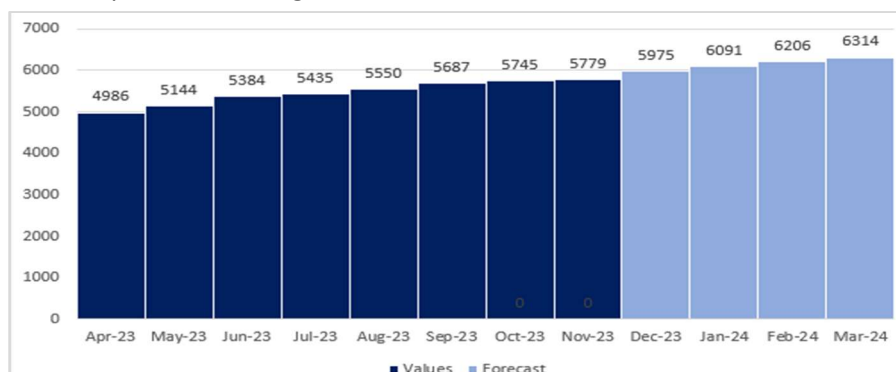


Figure 12: Number of patients waiting for a clinic assessment and forecast year-end position

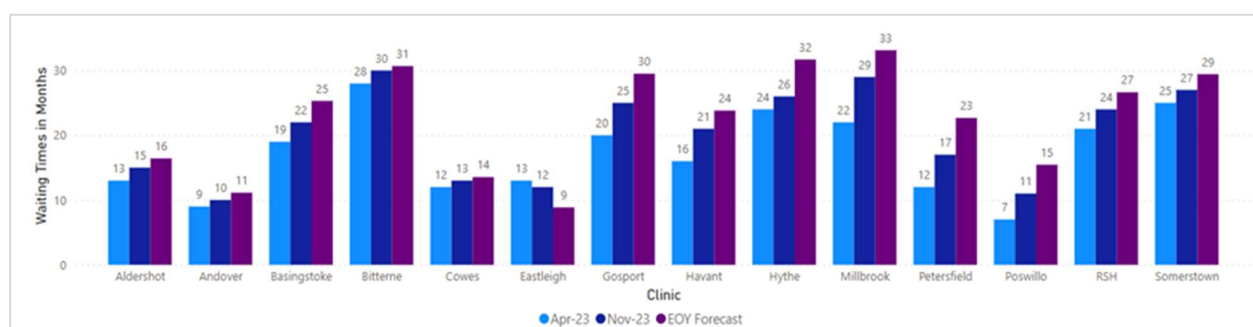


Figure 13: Waiting time for assessment (months) by clinic in April 2023, now (November 2023) and the forecast position at year end

## Primary Care Services

### GP Recruitment

Recruitment has successfully continued within the Primary Care service, and the practice are on track to have 10wte in place by April, which will give a ratio of 1 GP to 2100 patients, which is positive. Whilst still a way off from the national average of 1700 patients per GP for large cities, this is vastly improved and will enable the service to further reduce locum costs significantly and forecast to achieve their financial target for this year.

Recruitment has been a long-standing challenge within the primary care service, and this is the culmination of years of hard work. This will have a significant positive impact on the stability of the service. The service has used a number of innovative ways to attract staff to the service which have resulted in this improved substantive workforce:

- Recruitment approaches
  - promotion of the services unique selling point (USP)
  - broad advertising
  - utilising agencies which are specifically for staff looking for temporary to permanent arrangements
  - allow recruits opportunities to meet the team, test out the workplace and member of staff
  - Offer trials, allow staff to start as a locum first to get a feel for how they would 'fit'
- Incentives
  - annualised hours contracts

- competitive salary
  - retainer roles
- Disincentivise bank working
  - reduce hours
  - consistent rate
  - no guarantee of ongoing work
- Onboarding
  - personal touch
  - frequent check-ins
  - comprehensive induction
- Fit
  - not appointing someone if they are not the right fit
  - be prepared to flex approach if not getting what is needed
  - have confidence to be consistent

## 5. People

### a. Performance Summary

Indicator Description	Internal /External Target	Target	Dec-23			Nov-23					
			Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance			
People	Sickness (annual)*	I	4.5%	5.3%	●	?	?	5.3%	●	?	?
	Sickness (in month)	I	4.5%	5.5%	●	?	?	5.5%	●	?	?
	Turnover (annual)*	I	14.0%	12.3%	●	?	?	12.5%	●	?	?
	Turnover (in month)	I	1.2%	1.0%	●	?	?	0.8%	●	?	?
	New starters (FTE)	-	-	38				33.25			
	Proportion of Temporary Staff (in month)	I	3.6%	4.7%	●	?	?	4.4%	●	?	?

### b. Key Performance Exceptions

#### Sickness Absence

The sickness profile for December 2023 was in line with the expected seasonal peaks but did not increase from the previous month, which was good as it was assumed that our sickness could peak to over 6%. In comparison with December 2022, where we saw a sharp increase to over 7% due to COVID prevalence at the time. We are anticipating sickness to remain around 6% in January due to outbreaks of viral infections in our communities but decreasing to 5% from February. We are conducting a review of our managed cases to consider whether appropriate interventions are being made and putting in action plans to return staff to the workplace where feasible.

Our Winter Flu vaccination campaign has been successful again and Solent has performed as a top provider in the South-East Region regarding uptake, with 61% of staff vaccinated.













#### Temporary Staffing

The usage of temporary staffing continues to be a focus area for the Trust in supporting the financial recovery plan. There are multiple programmes of work led by both the ICB and internally at the Trust to look at managing agency use more effectively with providers as well as placing tighter controls in place for the booking of shifts. The temporary staffing team have made good progress in managing the rates we pay to our framework agencies, creating a tier system to disperse bookings. In December 2022 £777k was spent between bank, on-framework and off-framework agency use. In December 2023 the figure has reduced to £544k. The most significant difference is the reduction in off-framework agency, which is in-line with measures in our financial recovery plan.

A continued focus on rostering optimisation will be a key focus of the last quarter and objective for 2024/25. The temporary staffing team are utilising the insight available from Health Roster to provide a check and challenge to service lines, focusing on timetabling and utilisation.

## 6. Finance

### a. Performance Summary

Indicator Description	Internal /External Target	Target	Dec-23			Nov-23				
			Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance		
Year to date surplus/(deficit) Actual v budget	-	-	-0.4%			-1%				
Agency spend % pay	I	3.5%	3.6%				3.9%			
Cash balance (£m)	-	-	£7.65			£10.05				
Aged debt (over 90 days) (£m)	-	-	£2.32			£0.69				
Use of Resources Score	-	-	3			3				

### b. Spotlight On: Month 9 Results

The plan for 2023/24 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 £121k, £126k favourable to plan. Year to date, the Trust is £330k adverse to plan. The main drivers behind the variance are inflationary pressures across our leasehold estate and the underachievement of the trusts cost improvement plans (CIP).

#### Cost Improvement Plans (CIP)

The Trust has an internal efficiency programme of £23.9m, made up of 27 schemes. M9 CIPs underperformed by £344k and are £4.8m underperforming year to date. Much of the underperformance is being driven by schemes developed post-planning as part of the Trust's financial recovery plan.

#### Capital

The capital plan for 2023/24 is £21.9m, consisting of £4.1m internally funded, £13.1m Public Dividend Capital (nationally) funded, and £4.7m Integrated Care System funded.

The capital spend in month 9 was £1.7m, £0.6m under plan, and the year to date spend is £7.8m, £6.4m underspent compared to plan. The forecast spend for months 10-12 is expected to be above plan by £3.9m, taking the year end position to a £2.5m underspend, as a result of the PDC spend on the WCH project and Highclere being deferred to next financial year.

#### Cash

The cash balance was £7.6m as at 30 December 2023, a £2.4m decrease from November, primarily due to higher capital expenditure in month and a slight increase in debt. The cash balance has reduced throughout the year, returning to similar levels pre-COVID and are forecast to remain at these lower levels.

#### Aged Debt

The Trust's total debt was £7.8m at the end of December, a decrease of £1.5m from November, due to payment of invoices up to 30 days. 91+ days overdue debt at the end of December was £2.3m, £1.6m increase from November. The increase is due to rental invoices outstanding from providers within the ICS. Queries on the invoices are being worked through and payment being chased.

### 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 December 2023 the Trust paid 96% of volume of invoices within target and 91.1% of value.

Scan date to payment date was 31.9 days, 12.1 days longer than November, due to staff leave over the Christmas period.

## 7. Research & Improvement

### a. Performance Summary

Since April 2023, we have recruited 384 participants in 31 studies, comparable with similar size Trusts across the Wessex region. A further 3 studies are due to open in the in next couple of months. Recruitment has been slower than expected this year: two high recruiting studies that should have opened by now, have been delayed by the study teams.

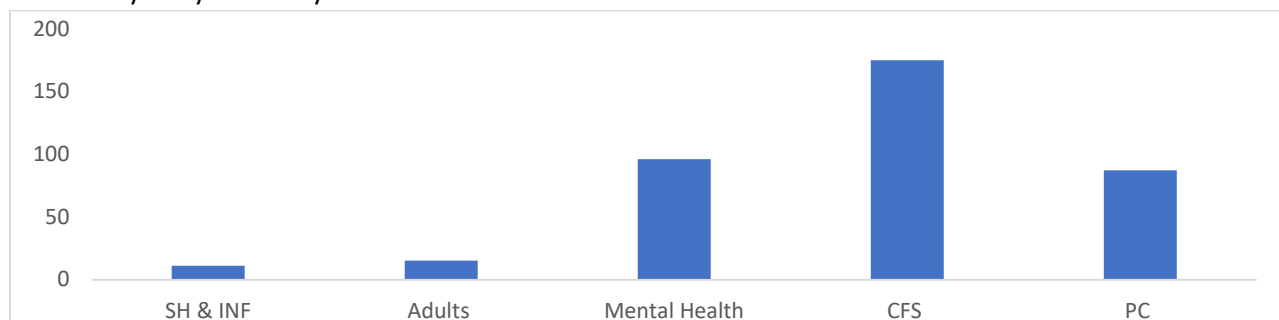


Figure 14: Research recruitment by Service Line since April 2023

### b. Spotlight on: Care Home Research Studies

We currently have in total 30 Care Homes signed up to Solent NHS Trust's Care Home Research Partnership across Portsmouth, Southampton, and Isle of Wight.

#### Studies currently underway

##### *SONNET – Social Connection in long-term care home residents*

This research is taking place in both the UK and Canada. Solent is one of five sites in the UK and will be looking to recruit residents living with or without dementia, as well as staff members. The study aims to find out how a person's social life changes when they move into a care home, what are the important aspects of social connection in long term care and what can care homes do to improve the social lives of residents. So far, we have recruited 20 participants.

##### *DISCO-UTI*

This is a study being run by the University of Southampton. It is a 6-month feasibility study on the predictors of diagnosis and prognosis of urine infections in care home residents. The study involves a baseline urine sample then if a participant has a suspected UTI over the course of the six months, another urine sample will be taken at both 14 and 28 days. So far, we have recruited 15 residents against a target of 50.

#### Studies currently in setup

##### *Prevent-IAD*

This research project is being carried out by a team of researchers at King's College London and the University of Southampton. Incontinence-associated dermatitis (IAD) is skin damage caused by repeated contact with urine, faeces, or both. It causes pain, discomfort, infections, and pressure sores. The aim of the project is to develop and test a package of care to prevent and/or treat incontinence associated dermatitis.

The study is aiming to recruit around 100 residents per care home that have either urinary or faecal incontinence. The research team will train the care home staff how to use the IAD care package. 7 Care homes in Portsmouth are interested in taking part in this study and a further 2 on the Isle of Wight.

**Annex A: Making Data Count Icon Crib Sheet**

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



## Solent NHS Trust - 2023/24 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, is in System Oversight Level 4, highlighting the additional support being received from NHS England with regards to managing the financial deficit of the ICS through a Recovery Support Programme. The metrics reported below are those included within the 2023/24 updated technical guidance, for which Solent contributes towards the HIOW ICS performance.

Indicator Description	Internal /External Target	Target	Dec-23			Nov-23				
			Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance		
S035a: Overall CQC rating (provision of high-quality care)	-	-	Annual Metric							
S007c: Elective Activity - Value weighted elective activity growth (ERF Income v Target v6)	E	100.0%	118.0%				120.1%			
S009d: Patients waiting more than 65 weeks to start consultant-led treatment	E	0	0				0			
S109a: Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	E	100.0%	58.4%				59.7%			
S121a: NHS Staff Survey compassionate culture people promise element sub-score		0	Annual Metric							
S121b: NHS Staff Survey raising concerns people promise element sub-score	I	0.0%	Annual Metric							
S124a: Percentage of occupied adult beds occupied by patients who no longer meet the criteria to reside	-	-	Metric under development							
S125a: Long length of stay for adult acute mental health (discharges with LOS over 60 days / all discharges)	E	0.0%	0.0%				0.0%			
S125b: Long length of stay for older adult mental health (discharges with LOS over 60 days / all discharges)	E	0.0%	30.8%				11.1%			
S126a: Diagnostic activity waiting times – percentage of patients who have been waiting more than 6 weeks	E	95.0%	40.0%				47.0%			
S128a: Virtual wards – percentage occupied	-	-	Metric under development							
S038a: Potential under-reporting of patient safety incidents	E	100.0%	100.0%				100.0%			
S039a: National Patient Safety Alerts not completed by deadline	E	0	0				0			
S040a: Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	E	0	0				0			
S041a: Clostridium difficile infections	E	0	0				2			
S042a: E. coli blood stream infections	E	0	0				0			
S081a: Talking Therapies access (total numbers accessing services)	E	542	348				550			
S084a: Children and young people (ages 0-17) mental health services access (number with 1+ contact)	-	-	Metric under development							
S086a: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (3 months rolling)	E	0	0				0			
S107a: Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	E	70.0%	57.0%				68.2%			

Quality, Access & Outcomes

Indicator Description	Internal /External Target	Target	Dec-23			Nov-23					
			Current Performance	Trending Performance	Variance	Current Performance	Trending Performance	Variance			
Looking after our people	S072a: Proportion of staff agree their organisation acts fairly on career progression, regardless of ethnic background, gender, religion, sexual orientation, disability or age	I	58.6%					Annual Metric			
	S063a: NHS Staff Survey Safe environment - Bullying and harassment theme score	I	790.0%					Annual Metric			
	S063b: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues	I	0.0%					Annual Metric			
	S063c: Proportion of staff who say they have experienced harassment, bullying or abuse at work from patients/service users, relatives or other members of the public	I	0.0%					Annual Metric			
	S067a: Leaver rate	I	14.0%	12.3%				12.5%			
	S068a: Sickness absence (working days lost to sickness)	I	5.0%	5.3%				5.3%			
	S071a: Proportion of staff in senior leadership roles who are from a BME background	I	12.0%	8.3%				8.1%			
	S071b: Proportion of staff in senior leadership roles who are women	I	62.0%	71.4%				72.1%			
	S071c: Proportion of staff in senior leadership roles who are disabled	I	3.2%	7.1%				7.0%			
S133a: Staff Survey – We Are Compassionate and Inclusive People Promise element score	I	0.0%								Annual Metric	
Finance and Use of Resources	S118a: Financial Stability	E	-								Metric under development
	S119a: Financial Efficiency	E	-	6.3%			6.0%				
	120a: Finance – Agency Spend vs agency ceiling	E	100.0%								Metric under development
	120b: Agency spend price cap compliance	E	100.0%								Metric under development

**Performance Summary:**

The majority of metrics showing a significant 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:

**Long Length of Stay for Older Mental Health patients**

There were 3 patients with a reported length of stay of more than 60 days at the point of discharge in this period. These were all patients that had been transferred to PHU for elongated periods of time during their inpatient stay on the MH ward. Processes have been updated within the MH service to discharge patients from the system upon transfer to another hospital in future, rather than leave them open to continue the episode of care upon return.

**Key**

**In-month Performance Indicator**

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

**Trending Performance Indicator**

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

**Variance Indicator**

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

Title of Paper	Quality Assurance Committee Exception Report				
Date of paper	January 2024				
Presentation to	In Public Board				
Item No.	15				
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 25 January 2024.				
Action Required	For decision?	N	For assurance?	Y	
Summary of Recommendations	The In Public Board is asked: <ul style="list-style-type: none"> <li>To receive the report from the Committee</li> </ul>				
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)	Significant		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:

- There were no **Freedom to Speak Up Concerns** to report. Changes in Freedom to Speak Up leadership arrangements were reported and an update of current position provided.
- **Urgent Matters of Safety-** The Chief of Nursing and AHPs briefed the Committee on matter identified relating to a patient that had a prolonged period of absence from Kite Ward. Complexities and ongoing work to identify the correct long-term solution were shared. The Committee were assured of review under the Patient Safety Incident Response Framework and full collaboration with safeguarding, police and ICB designates.
- There were no **Partnership Governance Arrangements** to share. An update in terms of position with Project Fusion was provided.
- The Committee **noted** the following regular reports presented:
  - **Patient Safety Quarter 2 Report including Learning from Deaths, Learning from Sis and Incidents**
  - **Safeguarding Quarter 2 Report**
  - **Health & Safety Quarter 2 Report**
- **Performance & Quality Exception Report-** key escalations were presented, including:
  - Cardiac Echo wait times- continued oversight, mitigations and current position were explained.
  - Insulin demand increase- support across the system was noted.
  - System pressures- An update was provided on contemporary issues relating to acute flow of patients and ambulance delays. Considerations of options to support were explained and continued oversight assured.
- There was no **Ethics and Caldicott Panels** held to report.
- There were no **Regulatory Compliance matters (including CQC matters, recent visits and any NHSE/I items)** to report. Continued engagement with the CQC was noted.
- The **Committee Annual Effectiveness Review** was noted. Considerations of improvements and discussions in relation to structure within the new organisation were held.
- The **Board Assurance Framework (BAF) consideration and oversight of risks Report** was reviewed and it was confirmed that scores had remained the same. The Committee discussed considerations of links to the ICP strategic objectives and importance of profile within the new organisation.