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Solent NHS Trust
Annual Report and Accounts 2017/18
incorporating the Quality Account 2017/18

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Contents

Statement from the Chairman and Chief Executive Officer

We are pleased to present to you our Annual Report and Quality Account for the 2017/18 financial year. The report provides you with an overview of what we do, how well we have done and the challenges we face going forward, as well as a detailed analysis of our activities and accounts.

We have had another busy and challenging year, and we would like to take this opportunity to say 'thank you' to all of our teams who have continued to work so hard to make a difference to the lives of thousands of people across Hampshire, helping them to stay well and be cared for in the community. Within this report, you will read stories of dedicated people giving great care to service users and delivering best value services. We are proud to lead an organisation full of inspiring people.

We are also incredibly fortunate to have support and input from local people. Feedback from people who use our services is core to our culture of continuous improvement. We actively seek views from people who use and access our services and ask them to tell us when things aren't right. In 2017/18, 95.89% of respondents said that they would recommend our services to their friends and family if they needed similar care or treatment. We know there is more we could do to involve people in our services and we are looking forward to launching a new community engagement framework during 2018/19.

Providing safe effective and quality services remains our top priority and we are very proud of our strong improvement culture. We are always reviewing and improving our systems and processes to ensure that we provide the care people should expect of an NHS organisation. However, there are times when we don't get it right, and when that happens we make sure that we do everything we can to learn and improve. Our positive reporting culture was well recognised by our teams in the 2017 NHS Staff Survey. We encourage our employees to speak up when they believe that we are not delivering the care we aspire to. Together, we review what went wrong and take action to make sure we do better in the future.   During 2017/18 we delivered against a wide range of quality targets, including measures of safety, effectiveness and patient experience.   You can read more about our quality performance and our quality priorities for the year ahead in our Quality Account on page 112.

We continue to invest in Solent as a great place to work, creating an environment where people feel engaged in their work and motivated to deliver, embedding our HEART values throughout. For the second year running we saw a positive increase in our Staff Survey results, achieving a higher than average overall engagement score. On page 91 you will find a summary of our survey results and the work we are doing to continue to build our levels of engagement.

During 2017/18 we placed even greater emphasis on working with other organisations and have continued to actively participate in the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP), as well as the developing local integrated care systems (ICS). Within this report you will read many examples of how working with others has ensured that care is joined up and is making a difference to the people who use our services. Public sector funding continues to be limited. Despite ongoing financial constraints and ever-growing demand for services, we achieved a better position than our agreed financial control target of £1.5m deficit, with a year-end outturn of

£0.7m surplus; the improvement was aided by an additional £1.9m of Sustainability and Transformation Funding (STF) due to our £0.3m in underlying finances. This is a huge achievement by our teams. You can read more about our financial position within the Performance Report and Summary Accounts sections.

We are constantly thinking about the future, how to improve the quality of our services and what services need to be like in years to come. Our focus for the coming year is on achieving our ambitious plans to make a difference by keeping more people healthy, safe and independent in, or close to, their own homes. To achieve our plans we will continue to invest in our workforce, and work with local people, commissioners and partner organisations to develop seamless care irrespective of organisational boundaries.

Finally, it is thanks to strong leadership and our team of caring and compassionate people that we can proudly say that Solent is truely a place that aspires to provide great care, be a great place to work and provide great value for money.

Sue Harriman
Chief Executive Officer

Date: 29 May 2018

Alistair Stokes
Chairman

Date: 29 May 2018

Section 1:

Performance Report

Overview

The purpose of this section is to provide a summary of the organisation including our purpose and activities, and our principle risks and uncertainties facing us during the year head. Our Chief Executive, Sue Harriman, also reflects on how we performed over the past year.

Consideration of the going concern basis can be found on pg 111.

Honesty	Everyone counts	Accountable	Respectful	Teamwork
Open & honest	Inclusive and valuing everyone	Accountable for our actions	Showing respect, dignity & compassion	Working together

Statement from the Chief Executive

Our unwavering focus on providing great care, creating a great place to work and delivering great value for money has led to continued improvement in the quality of our services and high levels of performance. This would not have been possible without leadership at all levels throughout the Trust, and by individuals who go above and beyond to make a difference every day, even when faced with significant challenges.

During 2017/18, we were faced with a very difficult winter. By working with partners in the system, we relieved some of the pressures felt by our local acute hospitals. Credit must go to the teams who worked hard to help people remain at, or return, home. Our teams also continued to provide care, and keep people safe and well, whilst faced with challenging weather and working conditions.

Our role in the Southampton and Portsmouth systems has been fundamental in reducing the number of people who are medically fit for discharge from acute care, but who are unable to leave hospital due to other circumstances. By actively transferring these service users to our wards, we have been able to help our acute partners free up beds in their hospitals. At the same time we have been working with our social care colleagues successfully, to reduce the rate of delayed transfers within Solent provided wards, again freeing up beds to allow service users to transfer to us from acute hospitals. Our wards across Portmsouth, including both community and mental health wards, showed a decreased delayed transfer of care rate from previous year, again with an average of 10% in 2017/18. Our Southampton wards also showed improvement over the year and had an average delayed transfer of care rate of 9.6%. This reduces waiting times and helps the flow of service users through the health care system.

We take pride in our commitment to quality, and in our improvement culture. We demonstrated this to our regulators on three separate inspections during the year. On each occasion, we were able to show how learning and action has led to better outcomes for service users. We were proud that the changes made within service were recognised as delivering a better quality of care to people who use our services. Due to the significant improvements made by our teams, two core service ratings were increased to overall 'Good' from 'Requires Improvement', and to our delight, our child and adolescent mental health services were awarded 'Outstanding' in the 'caring' domain. We hope to further demonstrate our continued commitment to improvement in future inspections.

The voice of the people we care for is paramount. Their feedback provides insight to help us understand what we are doing well and to make improvements. I am thrilled that our Friends and Family score has increased for the third year running. In 2017/18, 95.89% of respondents said that they would recommend our services to their friends and family. We encourage our teams to deal with concerns and problems at a local level. This means that if issues arise, they can be resolved quickly and in a way that is responsive to the patient's needs and circumstances. We have seen an increase in the number of concerns raised, and a reduction in the number of formal complaints, received year-on-year.

We have continued to invest in the ways in which we gather feedback. In the year, we introduced more digital methods and have developed the options available for children and young people to share their feedback. You can read more about our performance and achievements in quality, safety and patient experience in our Quality Account

on page 112.

We finished the year financially sound, achieving a surplus of £0.7m against our previously agreed deficit control total of £1.5m. As a result of us performing financially better than our agreed plan by £0.4m, we received £3.0m of Sustainability and Transformation Funding, £1.9m of which related to our improved underlying position. Achieving our financial plan is reliant on the input and support of all leaders and their teams. I am thankful to our team who have been able to make changes, and think innovatively to find savings to help us be as efficient as possible, whilst putting patient care as our top priority. 2018/19 will bring increased financial challenges as further recurrent savings need to be made. In order to realise these, we will need to think differently, working with our partners to deliver major system transformation and safe efficiencies.

I am delighted that, for the second year running, we improved upon our NHS Staff Survey results, and when benchmarked with other Trusts, our scores are higher than average. Listening into Action, who rank trusts based on 32 key findings around culture and leadership, ranked us as the best performing mental health, learning disability and community trust and highlighted that we are demonstrating a positive trend in our results year on year. This reflects our ongoing investment in making Solent a great place to work. The results show that we continue to make service users our most important priority, and I was particularly pleased to read that our team believe we take positive action on their health and wellbeing. We are proud of our many, and varied, health and wellbeing initiatives. Helping people to feel happy and well, whilst at work, and have a positive impact on the care we provide.

I recognise the need to continually invest in our workforce. Our performance measures for staff sickness absence and turnover rate also provide us with a good indication about the health and wellbeing of our staff. Whilst we experienced an increased absence rate towards the end of 2017, through health and wellbeing initiatives we have been able to bring sickness levels back in line with what we would aspire to. Our turnover rate has gradually decreased during 2017/18, meaning that our employee retention rate has steadily improved. However, this is an area we would like to improve further and there is already an improvement programme in place to help with employee retention. Thanks to our culture and reputation as an employer of choice, our vacancy rate is comparatively low against other trusts as a whole. We remain committed to continually valuing, engaging and empowering our people.

We have experienced some performance challenges in our services during the year. Nationally, there is a recognised shortage of band 5 nurses (staff nurses) and, like other providers; we have found it difficult to recruit to these positions in our community nursing teams. In addition, meeting the staffing levels required to safely manage the increasing needs and acuity of some of our service users within our mental health services has been challenging. To ensure we continue to provide a safe level of care we have used temporary staffing solutions which has, in turn, increased our agency rate.

In addition, we have found limiting our access times, for some services, difficult. For instance, limited available theatre space has created longer waiting lists than we aspire to for service users requiring a general anaesthetic in our dentistry services. However, we stringently monitor waiting times for all our services and triage our service users based on clinical need to ensure the best possible quality of care. You can read more about our significant issues in

year within our Annual Governance Statement on page 56.

When our performance is below expected standards, we work with our commissioners, people who use our services and regulatory bodies transparently, openly and collaboratively. Together we resolve any issues as quickly and safely as possible. We learn so that we can do things differently in the future.

What remains clear is the commitment and dedication shown by our team. Year-on-year our people continue to make a difference to those that use our services, often going above and beyond. I end 2017/18 proud of what we have all achieved and the determination our team show when faced with challenges. I look forward to 2018/19, working with the team to keep more people healthy, safe and independent at, or close to, home.

Sue Harriman

Chief Executive Officer

About us

Who are we?

Solent NHS Trust was established under an Establishment Order by the Secretary of State in April 2011.

We are a specialist community and mental health provider with an annual income of over £187m for 2017/18. Last year, we employed 4,086 clinical and non-clinical staff (including part time and bank staff) which equates to 2,899 whole time equivalents (WTE) and delivered nearly 1 million service user contacts.

4,086

We employed 4,086 clinical and non-clinical staff in 2017-18 (2,899 WTEs)
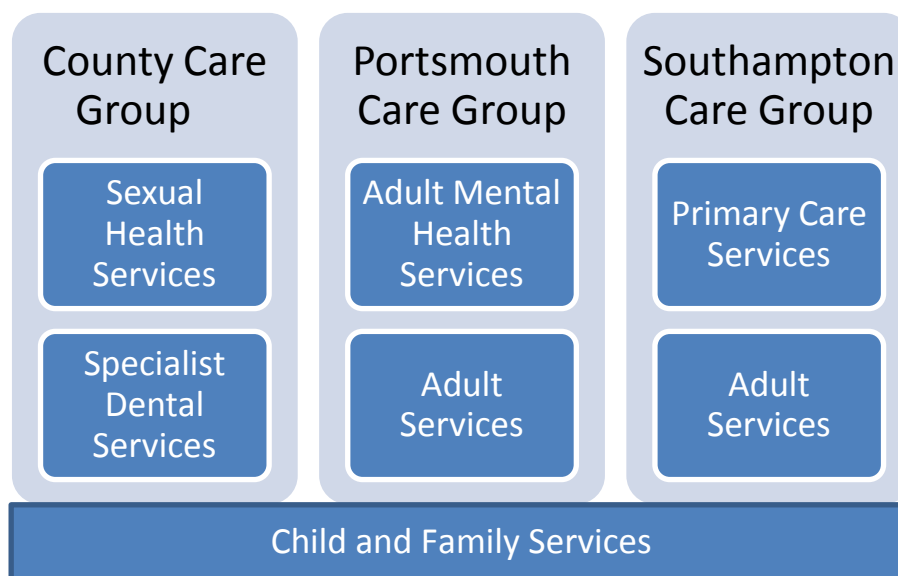
What do we do?

We specialise in providing high quality, best value, community and mental health services to people living in Portsmouth, Southampton and in some parts of Hampshire. Our team of talented staff work from over 100 clinical locations.

We support families to ensure children get the best start in life, provide services for people with complex care needs and help older people keep their independence. We also provide screening and health promotion services, which support people to lead a healthier lifestyle.

We actively promote strong out of hospital services and take an active role in integrating care. Working closely with other trusts, primary care, social care providers and the voluntary sector we make sure care is joined-up and organised around the individual.

We always endeavour to maintain our focus on providing safe, effective and quality services and pride ourselves on being a learning organisation. We are creating a culture of continuous improvement, providing our staff with the tools, capability and capacity to continuously improve to ensure we provide people with the best, and most effective, services we can.

The following diagram illustrates our Care Group Structure:

County Care Group	Portsmouth Care Group	Southampton Care Group
Sexual Health Services	Adult Mental Health Services	Primary Care Services
Specialist Dental Services	Adult Services	Adult Services

Child and Family Services

Who do we serve?

We are the main provider of community health services in Portsmouth and Southampton and the main provider of adult mental health services in Portsmouth. We also provide a number of pan-Hampshire specialist services, including sexual health and specialist dentistry.

We are commissioned by NHS England, Clinical Commissioning Groups and Local Authorities in Southampton, Portsmouth and Hampshire. Southampton and Portsmouth together have more than 450,000 people resident within the cities each covering a relatively small urban geographic area with significant health inequalities, which are generally significantly worse than the England average for deprivation. Hampshire covers a wider geographical area, which is predominantly more rural and affluent, but also has urban areas of higher population density, significant deprivation and health need.

Our story – our vision and goals

At Solent NHS Trust we all share an ambitious vision to make a difference by keeping more people healthy, safe, and independent in, or close to their own homes. People, values and culture drive us.

The best people, doing their best work, in pursuit of our vision.

People dedicated to giving great care to our service users and patients, and great value to our partners.

We aspire to be the partner of choice for other service providers. With them we will reach even more people, and care for them through even more stages of their lives. Ultimately it is the people we care for who will tell us if we are successful and who will help shape our future care.

How we deliver our vision…

We know our vision is ambitious, but we have excellent foundations. We will:

Deliver great care

- Involving service users in shaping care and always learning from their experiences
- Working closely with partners to join up care
- Treating people with respect, giving equal emphasis to physical and mental health
- Ensuring we provide quality services which are safe and effective

Make Solent a great place to work

- Supporting people to look after their health and wellbeing
- Improving the workplace by listening to ideas and acting on feedback
- Developing leaders to support and empower people in making a difference

Deliver the best value for money

- Spending money wisely and by working with partners
- Involving people in decisions about spending money
- Enabling services to have more time to provide care

Our values

Our shared values support the development of a strong working culture – guiding and inspiring all of our actions and decisions. They enable us to be better at what we do and create a great place for our people to work, whilst ensuring we provide the highest quality of care to people who use our services.

Our HEART values are meant to reflect the deep belief that we are a caring organisation at the centre of our community.

How do we work together as a values-based organisation?

Our values create the foundation for everything we do – for our employees and our community. During the annual appraisal process, we asked people to reflect on what the values mean to them personally and how they bring them

to work. We have also reshaped our recruitment and leadership practices to make HEART a part of our daily culture.

We will continue to develop ways of working that draw our values into all that we do, creating a great place to work and a great experience for people who use our services.

Our finances

During 2017/18 we had an income of over £187m.

Our income is illustrated below:

- CCGs 64%
- Local Authorities 13%
- NHS England 12%
- Other income 8%
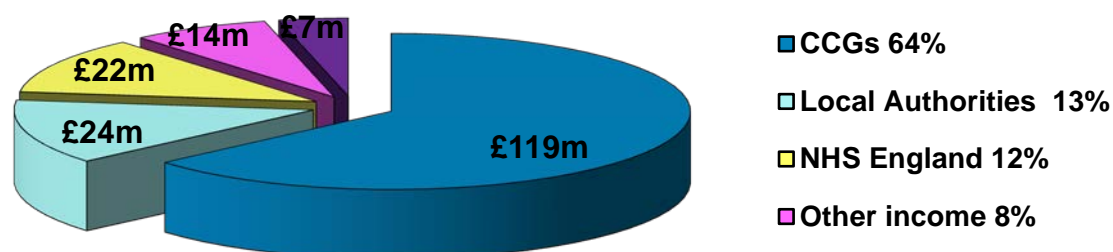
Our expenditure is summarised below:

- Staff costs 67%
- Estates and Facilities 14%
- Clinical Supplies and Services 11%
- Purchase of healthcare 3%
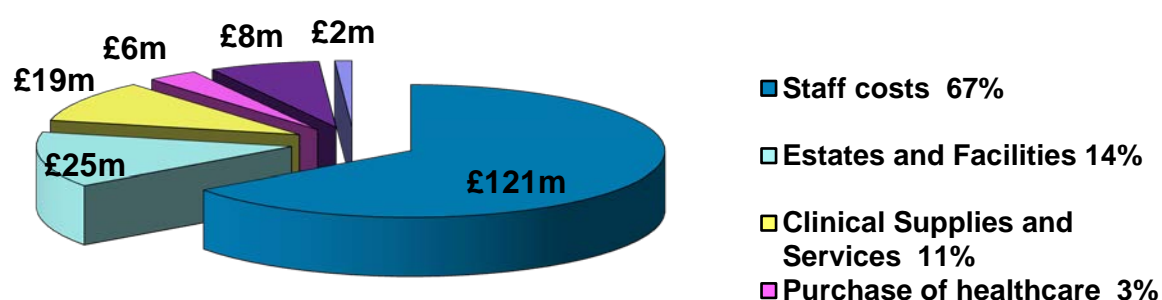
Our 2017/18 business priorities

Every year we focus on a small number of priorities. These guide the work of our teams and are used to set individual staff objectives.

Our priorities for 2017/18 are summarised below:

Great care

1. Improve quality in line with CQC inspection requirements
2. Provide safe staffing
3. Use technology to work differently

Great place to work

4. Plan for long term sustainable staffing
5. Enhance our leadership throughout the organisation
6. Provide training that enables us to deliver great care

Great value for money

7. Further pathway integration with other providers
8. Benchmark our services to improve productivity
9. Change front line and corporate services to live within our income

Our performance against our priorities is detailed on pg 35.

The year in review

Summary of financial performance

A summary of financial performance can be found in Section 4.

Principle risks and uncertainties facing the organisation

Our focus during 2017/18, like the previous year, has been on maintaining service quality and sustaining financial recovery. Despite the financial challenges, service performance generally held up well throughout the year.

We achieved a modest adjusted surplus (excluding revaluations and impairments) of £0.7m for the financial year, representing a favourable variance of £2.2m against the deficit control total of £1.5m agreed with NHS Improvement. This compares to a deficit of £2.1m for the previous financial year. During 2017/18, Solent received £3.0m of Sustainability and Transformation funding, £1.8m of which related to the Trust improving its underlying position by £0.4m.

Our efficiency target (Cost Improvement Plan) was £6.1m, of which £4.2m was delivered; the balance was achieved by other measures.

Our plan for 2018/19 is a deficit of £1.0m.

Our business risks

The great majority of our business is with Clinical Commissioning Groups (CCGs), NHS England, and local authorities, as commissioners for NHS patient care services and preventative services. As CCGs, NHS England and local authorities are funded by Government to buy NHS patient care and preventative services; the Trust is not exposed to the degree of financial risk faced by business entities, apart from the normal contract negotiation/renewal that is normal in any organisation. Cumulative deficits have been incurred over the last three years, which have been funded by Department of Health loans with differing repayment dates. It is anticipated that these are rolled over until the Trust returns to making in-year surpluses.

Commissioning budget reductions

There will be risks to our income in the year ahead with commissioning budgets expected to reduce further in line with the national requirement for greater efficiencies, particularly given the financial pressures being exhibited in both the health provider and commissioner sectors. In addition, the financial constraints within local government are such that significant savings will be required, which will require difficult choices to be made.

The risks are such that solutions that are more radical in nature will be required over the next few years, which may mean that we will have to reduce, or stop, the provision of some services due to insufficient funds to deliver them safely and effectively. In addition, we will need to work more creatively with our partners to find solutions which may involve merging resources and teams, looking differently at our joint estate.

Changes to the commercial environment - Sustainability and Transformation Partnerships (STP)

The commercial environment continues to evolve and the Trust is working in collaboration with our health and social care partners to develop and implement system-wide plans to enable local providers and commissioners improve and manage services within collective budgets.

This includes exploration of integrated care system (ICS) models across our geography, in line with latest national guidance within the 2018/19 joint national planning guidance from NHS England and NHS Improvement.

All organisations with responsibility for health and care in Portsmouth and South East Hampshire (PSEH) have come together to deliver a shared set of objectives, which includes commitment to a single system improvement plan to restore and improve service quality, performance and financial health. We are establishing a new way of working

together, with providers and commissioners increasingly taking collective responsibility for population health and resources. We have 5 programmes in the system that include elective care, new models of community care, children and families and mental health The immediate priority is to deliver significant improvements in urgent and emergency care performance. The priorities for mental health are to create a new emergency front door alongside the physical health emergency services at Portsmouth Hospitals NHS Trust, and a collaborative approach to the management of service users needing acute bed admission.

We are engaged in a Multi-speciality Community Provider (MCP) transformation programme within Portsmouth, underpinned by a partnership agreement between the Trust, the Portsmouth Primary Care Alliance, the local authority and Clinical Commissioning Group (CCG). The programme builds on work already started to integrate community health and social care services at locality level, centred around primary care. Similar work is underway in Southampton, where, as a key partner in the Better Care Southampton transformation programme we are working with partner organisations to formulate a more robust out of hospital operating model that seeks to underpin the STP strategy. By delivering better integrated out of hospital services we will be able to deliver even better patient outcomes, while also operating more efficiently, establishing a new way of working together with common objectives and accepting collective responsibility for the health and care of the people in the areas we serve.

We acknowledge that the future organisational form for Solent, as we are currently constructed, is unclear and that there is significant uncertainty in relation to the medium and long-term configuration of health and social care services within Hampshire and the Isle of Wight STP. We do know that services will need to be radically transformed in order to ensure services are fit for the future – in terms of ensuring enduring quality and safety, meeting demand as well as achieving efficiencies. Whilst the front line services we offer will predominantly remain the same, it is likely that, in the future, we will increasingly be providing these via integrated models with key partners, supported by effective governance models and new contractual arrangements.

We also know that during times of change we are open to risk. These include risks concerning ensuring we are able to maintain 'business as usual', attract and retain an engaged workforce, remain a credible partner and continue to strive to achieve excellence in all we do. We must not get distracted.

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

There have been fewer tender opportunities in 2017/18, but we have continued to respond to those that are aligned to our core business and remain committed to exploring innovative models of integration and contract extension mechanisms to provide continuity for organisations and people who use our services.

Budget pressures and cost efficiency requirements remain a risk and any loss of key services will increase our financial pressure and also potentially destabilise other service contracts where there are significant interdependencies.

Details of our key risks in year are included within the Annual Governance Statement, page 56.

Working with our partners and alliances

As described previously, we continue to be committed to a future of integrated services wherever it makes sense to do so, and will always seek opportunities to work with other organisations to build robust and sustainable out of hospital services, delivering the best possible care to our people at, or close to, their own homes. In the following sections you can read more about our partnership working within our operational care groups.

Southampton and County Services

We remain a key partner in Better Care Southampton, a transformation programme which involves key stakeholders from across the Southampton health and social care community, including the voluntary sector.

The programme aims to:

- put individuals and families at the centre of their care and support, meeting needs in a holistic way
- provide the right care, in the right place, at the right time, enabling individuals and families to be independent and self-resilient wherever possible
- make optimum use of the health and care resources available in the community
- intervene earlier and build resilience in order to secure better outcomes by providing more coordinated, proactive services and
- focus on prevention and early intervention to support people to retain and regain their independence.

During 2017/18, we have continued with our work to design and evolve an operating model to achieve these aims. The model is focussed on wrapping services around the patient. This will allow teams to support more people, with complex needs, to help them to live as independently as possible in their own home, reduce non-elective admissions, as well as lower rates of re-admission post spells of acute care.

We made a number of changes in year which move us towards providing even more joined up services - some examples are illustrated:

Within social care

The Integrated Southampton Urgent Response Service and Community Independence teams bring together teams from the city council and our Solent services under a single management structure. Together they provide reablement and rehabilitation services co-located in bases across the city.

We have made good progress integrating our service provision for children and their families, focussing on 0-19 early help services. We have established a joint leadership team who are working together to deliver a more collaborative service. We have already established partnership arrangements with the council for children with special educational needs, and for services delivering child and adolescent mental health services for looked after children.

Within primary care

Our links with primary care are of key importance as we strive to deliver more community based care. We work very closely with colleagues from Southampton Primary Care Limited, particularly in supporting cluster level work.

Together with colleagues in primary care, we are working on a number of areas to improve the support provided to people in care homes. We are also working in partnership with Southampton Medical Services, supporting them in delivering a Community Wellbeing Service. This service is focussed on prevention and wellbeing in our communities.

Within the secondary sector

We work as a key system partner, supporting colleagues in University Hospital Southampton NHS Foundation Trust (UHS). By establishing strong relationships and transparent partnership working, as well as working in a more integrated way with social care colleagues, we have contributed to the improving position with regards to delayed transfers of care.

Our In- reach Coordinator, based in the hospital actively seeks out service users for discharge and our Community Emergency Department Team works closely with the emergency department and frailty partners to prevent admission through advice and information.

Within our community hospital wards based at the Royal South Hants Hospital, we have implemented a weekly Care Act compliance meeting, which includes colleagues from social care. Together, by sharing information, we evaluate delays to facilitate discharge.

We have also helped to develop the Southampton Integrated Discharge Bureau to become a hub for discharges across the community and acute sector.

Within the voluntary sector

We are working in partnership with Social Care in Action (SCA) Group and Southampton Voluntary Services to provide Southampton Healthy Living, a behaviour change service. The team focus on targeted interventions in smoking cessation, weight management, increasing physical activity and alcohol interventions, as well as provision of mini NHS Health checks and public health campaigns.

We continue to work with our partners to deliver our Homeless Healthcare team, a multi-disciplinary primary care team providing care to homeless people in Southampton.

Portsmouth and South East Hampshire

The priority in 2017/18 has been to further develop partnership arrangements within the city with primary and social care, and to support the creation of the Local Delivery System (LDS).

Multi- specialty Community Provider (MCP)

The Portsmouth MCP Programme is a partnership between the Portsmouth Primary Care Alliance (PPCA), Solent NHS Trust, NHS Portsmouth CCG and Portsmouth City Council (PCC). We have committed to working together to meet the challenges facing the health and care services in the city, through the development of new models of care that dissolve the traditional boundaries between the delivery of primary care, community health, social care and hospital services.

Key transformation programmes include:

Key transformation programme	Description
Community/neighbourhood model	An integrated service based on geography, rather than organisation
Integrated 24/7 primary care	Delivery of round the clock service with consistent capacity and capability provision
Care home team	Provision of regular planned support and improved urgent response
Musculoskeletal triage, emotional wellbeing, paediatric triage	Supporting primary care to help service users access the right services
Unified point of access / clinical assessment service	to simplify access points to services
Pharmacy support	Medicines management support to care homes
Long-term conditions hub	Developing a model of proactive community based
Information and IT	Further expanding the opportunities of the shared care record system support
Organisational development/ Workforce development	Developing shared opportunities for learning and development and designing a new workforce
Communications and engagement	Ensuring our stakeholders and communities are involved in what we do

Within social care

During 2017/18, we worked with Portsmouth City Council to bring together our early help and prevention services. A single leadership structure is now in place, and we are working to integrate our health visiting and family nurse teams, focused on families with children under the age of 5. We are also integrating our school nurses with teams in the local authority who provide services to young people, aged 5-19, and their families.

Services are provided in the community and through Family Hubs, previously known as Children's Centres. These have been rebranded so that they meet the needs of young people up to the age of 19, as well as their families.

As part of the remodelling and integration of the 0-19 services, our Health Visiting Service has been refreshed to offer a targeted response to families who are most in need. We continue to also provide the universal service delivery to everyone; this is core to the health visiting offer.

Our adults teams, who are already collocated, have been working together to provide a single approach to the delivery of adult services. The new neighbourhood model pilots this approach. The model brings together all care delivery, including social care and primary care, to focus on the needs of the population in the neighbourhood. Our integrated approach is not new; we already have this operating in our step down service which has recently partnered with a key domiciliary care provider to make a step change in early supportive discharge from the acute hospital.

Within our mental health services, we continue to operate a successful partnership agreement with social care to ensure we provide joined up care. The team continue to have a positive impact on our clients, and in particular

ensure that they receive services close to home.

Our teams work with teams in Portsmouth City Council to jointly deliver learning disability services in Portsmouth. Through integration, the service has been able to realise its ambitions of providing 'named workers' to all service users, involving people in service design and jointly managing safeguarding adult concerns. The joint team have also developed a housing and support strategy. The changes, brought about by the integration of services, have been really well received by service users and their carers. The achievements of the teams have been noted locally, regionally and nationally.

Within the voluntary and community sector

To ensure people benefit from the wide variety of services available and best suited to their needs, we continue to work in contractual arrangements with a number of community and voluntary organisations, including Society of St James, Solent Mind and No Limits. As an example, we work in close partnership with Solent Mind delivering support and recovery services, helping people to access our mental health services to achieve improved mental health and wellbeing. We also work together with organisations who support children and their families, including Barnardo's and Homestart.

Our role in the Portsmouth and South East Hampshire Local Delivery System

Solent plays an active role in the Integrated Care System which is focussed on four transformation programmes including:

Transformation Programme	Description
Urgent care	Working with our partners, we are providing services to help prevent emergency admissions into hospital and to support people to return home as soon as possible.
Elective care	We are creating local services for the management of long term conditions, and changing pathways to ensure people are triaged before they are referred for surgery.
Community health and care programme (New models of care)	Transforming services to provide an accelerated approach to providing new models of integrated primary and community care.
Mental health	Working with the acute hospital to provide a mental health assessment unit within the emergency department, and working with partners in the provision of mental health services to manage the number of beds available.

Working in the community

Engagement with local people

We always try to ensure that people who use our services and the public are at the heart of everything we do, in line with the NHS Constitution. We believe that by listening to the people who use our services we can understand what matters to people most, and can create, develop and transform services in response. We work with service users and the public to improve services, enhance patient experience and improve quality and safety.

Patient and public involvement (often referred to as engagement or participation) can take place in a variety of ways, for example through social media, formal consultations and meetings. Below you'll find a flavour of some of our involvement activities during the past year;

- The environment in which we provide our services is of the utmost importance to the patient experience. We always seek to ensure that the buildings we provide our services from are fit for purpose. Within the year we asked service users and their families to comment on some of our estates plans, including the proposed move of The Kite Unit (our specialist neuropsychiatric rehabilitation service) to the Western Community hospital and proposed relocation of Podiatry Services from Woolston Clinic to Thornhill Centre for Healthy Living and Bitterne Health Centre. Feedback we received helped shape and inform our plans.
  We have also asked people who use our services to work with us to develop aesthetically pleasing and pyshcologically beneficial surroundings. Recent decoration at both the St Mary's Community Health Campus and The Limes reflects patient feedback we received.
- To help establish a Trust standard for dementia friendly care environments, we asked service users at The Limes, our older person's mental health unit, to help us develop wayfinding that meets their needs. The new signage has been well received and now forms part of our Estates signage portfolio.
- As part of their Quality Improvement project, to reduce the number of HIV patients who do not attend their clinic appointments, our Sexual Health team worked with service users to understand what helps or hinders people from attending appointments and what they could do to make it easier for people to attend. The service will use this information to explore potential changes they can make to better support people to attend.
- Our Homeless Health team have been working with service users to understand why people do not attend their secondary care appointments at hepatology for hepatitis C. Speaking with service users, the team identfied the need to offer additional assistance to help them book appointments. Thanks to feedback, the team are also exploring establishing a mentorship group to offer people peer support.
- Side-by-Side is the name given to a partnership between the Solent Academy of Research and Improvement team and a dedicated group of individuals that give a patient and public perspective to our work. The group meet regularly to help make sure everything that the team do has a patient perspective embedded at the heart of it. This collaboration has been extremely successful and continues to grow. In 2017 Side-by-Side was instrumental in helping us to become one of the first NHS Trusts to gain the internationally recognised 'Patients Included' accreditation for our annual conference. This accreditation is awarded to events which go the extra mile to include service users and ensure that their voice is heard and valued.
- The Board also seeks views directly from service users. Last year we heard service users share their stories from services across the Trust including children's services, Musculo-Skeletal (MSK) physiotherapy, podiatry, sexual health and the falls service – after each story the Board reflects on any learning that could be taken.

You can find more about how we have engaged with people who use our services and our 'Side by Side' Group in our research and quality improvement agenda within our Quality Account, which includes our Research and Improvement Annual Report 2017/18 as an appendix.

Engagement with our Membership

Although we stepped off the Foundation Trust (FT) application pipeline in 2015, and have not held any active recruitment campaigns in the last year, we have remained engaged with our registered membership. Our membership constituencies, as defined when we were on the FT journey, are as follows;

- **Public constituency** – people aged over 14 based in Southampton, Portsmouth and wider Hampshire and includes service users and carers. We have a total of 7,041 public members.
  The public constituency consists of three geographies including Portsmouth City (1,803), Southampton City (2,031) and wider Hampshire(3,207).
- **Staff constituency** –all permanent members of staff, as well as bank staff over 12 months and temporary staff on a contract of over 12 months, unless they opt out. We have a total of 4,080 staff members. You can find more about our Employee Engagement initiatives on page 90.

Over the last year we continued to explore opportunities to engage with our members.
During the year we:

- continued with our programme of Health and Mind events with topics focussing on falls prevention and dementia awareness
- published four, quarterly editions of Shine, our newsletter for both staff and public members
- invited members to attend our Annual General Meeting 2017 and health fair
- shared information on key topics, including our Care Quality Commission inspection and Sustainability and Transformation Plans
- offered members the opportunity to volunteer with us, or to join us as an apprentice
- shared information about various health campaigns including Stoptober and Cover up Mate.

Our volunteers

We recognise the significant contribution volunteers can make to our services; they help to enhance the patient experience and enable communities to participate in the community health agenda. Our volunteers enhance and enrich the work of our employees.

Providing volunteer opportunities and supporting volunteering helps promote active citizenship and social inclusion. In addition, developing volunteer opportunities enables us to foster our relationships and profile with local people.

We continue to actively recruit volunteers into clinical and non-clinical roles. They help to enhance our services by:

- meeting, greeting and directing service users
- gathering patient feedback
- providing clerical assistance
- befriending

- providing peer support
- gardening and tending to flowers

As well as offering traditional volunteer opportunities we also ask people to become volunteers by experience (also known as experts by experience or peer volunteers). Volunteers by experience are recruited to share their own life experience of a health condition or of using a service.

Engagement with Health Overview and Scrutiny Forums

We have continued to regularly attend scrutiny panel/committee meetings in Portsmouth, Southampton and Hampshire.

During the year we provided updates and answered questions on the following subjects:

Southampton (Health Overview and Scrutiny Panel)

- Update on Kite Unit relocation, following some planning delays
- Telephony - moving from BT/Virgin voice phones to free 0300 numbers
- Woolston clinic closure
- Reprovision of services at Thornhill Community Health Centre
- Quality Account
- Substance misuse service (Solent stopping provision of service in the city)

Portsmouth (Health Overview and Scrutiny Panel)

- Update on Kite Unit relocation, following some planning delays
- Telephony - moving from BT/Virgin voice phones to free 0300 number
- St Mary's Community Health Campus redevelopment plans
- CQC inspection update
- CQC National Review of Mental Health Services for Children and Adolescents
- The Trust's Financial Position and Forecast
- Quality Account

Hampshire (Health and Adult Social Care Select Committee)

- Update on Kite Unit relocation, following some planning delays
- Telephony - moving from BT/Virgin voice phones to free 0300 numbers
- Quality Account

The future - our Community Engagement Framework

We know there's a lot more we can do to actively, and meaningfully, engage with our community and to ensure a more consistent approach across our services and interactions with people. During 2018/19 we will be developing a framework for Community Engagement which will focus on four main dimensions for engagement. This will incorporate how we will use our previously registered membership (a requirement of our former Foundation Trust application process) , changes to our Members Council and how we use volunteers.

Investing in our future

We have continued to invest in our infrastructure and in our people. Making the most from our resources will help us deliver great value for money.

Our investment in our estate has been significant during the year, with the single biggest project completed being the move of the Kite Ward from the St James' Hospital site in Portsmouth to the Western Community Hospital in Southampton. This project involved a multi-disciplinary team of people. We have also invested heavily in backlog maintenance to improve the physical condition of our buildings and in anti-ligature adjustments to our mental health facilities; significant spend is earmarked for future years to continue on both these areas.

Having spent significant sums over the last few years on IT equipment, we continue to look at how we can work differently, considering the cultural aspects of change as well as the use of physical assets.

We value our people and recognise that an engaged workforce will deliver great care; we therefore invested significantly in our Organisational Development Programme in year, particularly focusing on our leadership capability and our 'Leading with HEART Programme' for our senior leaders. We recognise the importance of leadership development as being key to creating a great place to work, providing great care and ensuring great value for money. During the year ahead we will be extending our programme to the next tier of leadership.

Charitable funds

Beacon, Solent NHS Charity, raises money for areas not covered or fully supported by NHS funds and aims to make a difference to the experience people have when they come to us. This can be anything from improving a waiting area, buying a more comfortable chair to creating a multi-use outdoor sports area for those staying with us on a longer term basis. Sometimes it is the smallest things that can make the biggest difference.
Whilst we are a relatively small and unknown charity, we are immensely grateful to everyone who has donated money. The donations we received during 2017/18 amounted to £7,081. During the year ahead we will be considering how the charity can make linkages with 'in kind' support opportunities to maximise the social impact and outcomes.

Whole system response and emergency preparedness

The Emergency Preparedness, Resilience and Response (EPRR) for Solent NHS Trust is an ongoing identified work stream which has developed over the past three years.

In 2017/18 we continued to review all of our emergency plans. These are validated as part of the testing schedule within the Trust, often in partnership with the wider health community.

We continue to work with other organisations to prepare for a critical or major incident. Our Chief Operating Officer for Southampton continued to represent us at the Health Resilience Partnership (LHRP), whilst our Emergency Planning Practitioner (EPP) continues to regularly attend local health resilience meetings, sharing information with our Emergency Planning Group.

During 2017/18 we have:

- participated in an incident outbreak planning exercise
- held business continuity exercises to test service business continuity plans
- participated in an exercise in Portsmouth, involving the acute trust and partners
- providing regular training for on call staff
- participated in system wide task and finish groups for flu planning and mass casualty response.

We also implemented a new training plan. The plan, which has been built around the training needs of our employees, using lessons identified from incidents and previous training and included at least one training session for each on-call member of staff during the year.

In preparation for a difficult winter, we reviewed and updated our winter plan ensuring that contingency plans for increased capacity were developed and documented for use during high capacity system challenges.

Each year NHS England (NHSE) assesses us for assurance against the EPRR core standards. In 2017/18, NHSE concluded that we were 'fully compliant' with the EPRR assurance assessment. NHSE acknowledged the work we had undertaken during the year, commending our work to achieve an 'excellent level of compliance'.

Solent news

In the following sections you can read a few examples of our promotional stories.

Southampton and County care group

Helping the homeless for 25 years

Our Homeless Healthcare Team hosted a tea party to mark their 25th birthday in July. The event was attended by service users, stakeholders, staff, the Mayor of Southampton as well as former Southampton Football Club Manager and FA Cup winner, Lawrie McMenemy. The event took place at the self-referral Two Saints Day Centre in Southampton, from where our service is run.

Artwork created by Primary school pupils

Pupils from Thornhill Primary School created a healthy living montage, which takes pride of place in our new children's hub at Thornhill Healthy Living Centre's reception area and upstairs waiting area.
The school's 360 children, with support from local artist Joe Ross and a project officer from Southampton Solent University's School of Art and Design, sketched, modelled and painted their idea of healthy living.

New location for the Kite Unit

In January 2018 our specialist neuropsychiatric rehabilitation service, known as the Kite Unit, moved from St James' Hospital in Portsmouth to a new, purpose-designed area within Western Community Hospital in Southampton. The move followed a £1m investment, which included a complete refurbishment and the creation of bespoke features designed for service users by Solent's Estates team. Specialist features include:

- a 'quiet room', enabling service users to sit in a relaxing space looking out over the unit's gardens
- a fully equipped gym to help service users maintain their fitness and reduce symptoms of depression
- a therapy room and kitchen, enabling service users to re-learn essential life skills, such as cooking, and develop new ones to improve their wellbeing including painting and gardening.

HIV webchat launched

In July our Sexual Health Services launched an online live chat service for people living with, or affected by HIV. HIV Live Chat, funded by Public Health England, is accessible at www.letstalkaboutit.nhs.uk/livechat and is believed to be the first of its kind in England, allowing users to talk directly online with an HIV clinical specialist. The user, whether they are someone diagnosed as HIV positive or someone affected by another with the virus, is given appropriate and confidential clinical guidance, counselling and signposting over the course of the chat.

Elf fundraising

The Special Care Dental Service in the north of the service ran a fundraising event as part of the Alzheimer's Society ELF day in December. The day was arranged to raise vital funds and awareness of the condition.

Portsmouth

Diabetes event

Our Diabetes Specialist Nursing Teams, together with Southern Health NHS Foundation Trust, held an event in May 2017. Attended by over 100 people, information was shared about how to keep healthy while living with diabetes. The teams talked with people about the importance of foot and dental care, and the importance of maintaining a balanced diet.

Praise from parents

Our staff in Children's Services were awarded the 'Parent Appreciation Award' from Portsmouth Parent's Voice (PPV), a forum to support parents and carers find services and support for 0-25 year olds with additional or special needs and/or disability. Sian MacLoed, Specialist Health Visitor, Dr Soha Mina, Dan Bevan, Austism Liaison and Support Worker, and Deborah Burness, from CAMHS, were praised for the difference they have made.

Pulmonary Rehabiliation Week

To mark Pulmonary Rehabilitation Week in June, our Pulmonary Rehabilitation Service teamed up with Breathe Easy, a local British Lung Foundation support group ,and demonstrated exercises in the main reception at the Queen Alexandra Hospital in Portsmouth. The team work with people on the best exercise techniques and education to help them manage their condition on their own.

Trust wide

Baby Buddy App

In November, our health visitors launched a mobile app to help parents and health professionals through pregnancy, birth and the first six months of a baby's life.

The free app,'Baby Buddy', was created with mums, midwives and doctors and is supported by midwives at Portsmouth Hospitals NHS Trust and University Hospitals Southampton NHS Foundation Trust. It acts as a tool to provide people with information that is reliable, accurate and available 24 hours a day.

Solent Mindfulness workshops

Talking Change, a team of psychotherapists and researchers who specialise in the understanding and treament of common mental health conditions, developed mindfulness opportunities for Solent employees. During the year, the team have offered a number of one off sessions, as well as an 8-week mindfullness based stress reduction course.

Premises and Facilities Management (PFM) Awards 2017

Together with Kier Workplace Services, we were shortlisted as finalists for the Premises and Facilities Management Awards at the event held in November.

Research league tables

In August we were named as the top recruiting research Care Trust in England by the National Institute for Health Research. The research was conducted between April 2015 and March 2016 and over 1,800 participated. This was an increase of 48% on the previous year.

Solent regional collaboration housing summit

Sue Harriman, our CEO, hosted a regional housing, health and care summit in September 2017. Senior public sector leaders from housing, health, voluntary sector and care organisations across Hampshire and the Isle of Wight met to agree how they could better work together to consider alternative delivery models and opportunities to:

- use collective assests (including buildings, properties and land to improve the mental health and wellbeing of communities
- utilise and lever greater value from joint workforces to keep people safe and well at home
- building grass-roots community resilience to change and build mental health friendly communities.

Making a difference to employee mental wellbeing

As part of our employee health and wellbeing programme, we worked with people who have experience of mental health problems to develop the OWLES (Optimising the Wellbeing and Lived Experience of Staff) group. The role of the group is to help create a culture where our employees feel comfortable and inspired to talk about mental health, and to encourage everyone to support one another. The group worked together to design and develop a week of activities to help people think about mental wellbeing. As well as 'Power Hour' bite size learning sessions and an online activity pack, the group organised a number of mindfulness workshops, stress buster sessions and roadshows.

Going concern

Our statement on Going Concern can be found in Section 4.

Performance Analysis

Performance Measurement

We record and report a range of data on a monthly basis for all of our services, including team level data in some instances. The information is used to help us provide internal intelligence and assurance that our services are delivering safe, effective and efficient care.

In addition to these internal measures, during 2017/18 we also reported against 550 Key Performance Indicators (KPIs) as well as an additional 952 individual reporting indicators – together these help commissioners monitor our performance against the standards of care expected and services commissioned.

On a monthly basis we hold monthly Performance Review Meetings with our service lines and corporate directorates. At these meetings progress against specific agreed indicators is scrutinised and challenged. Any areas of significant risk that are not appropriately mitigated or where assurances are lacking are escalated to our Performance Subcommittees for additional oversight and scrutiny, before being escalated to our Trust Management Team, if appropriate.

Whilst we seek to address areas of exception, where performance is less than expected, we do of course promote and share performance successes and achievements so that we can spread learning.

The key core areas reviewed at our monthly performance meetings across all of our clinical services are illustrated below – we also scrutinise other service specific information and reports.

Quality	Serious Incidents	Complaints	Pressure Ulcers	Patient Harm
Workforce	Turnover	Sickness	Training	Vacancies
Finance	Income	Pay	Non Pay	Savings
Operations	Business Plans	KPIs	Activity	Data Quality

Performance Dashboards

During 2017/18 we introduced a new form of performance dashboard which triangulates information enabling us to enhance our intelligence. The new dashboards incorporate infographics to simplify data presentation and increase accessibility of the information presented with the aim of enabling managers to better engage in performance reporting.

Our dashboards have been co-created with each of our individual service lines to ensure that the information presented is the most relevant to them. During the year ahead we will further embed our dashboards in our formal performance reports.

Examples of our innovations are below:

NHS Improvement Single Oversight Framework
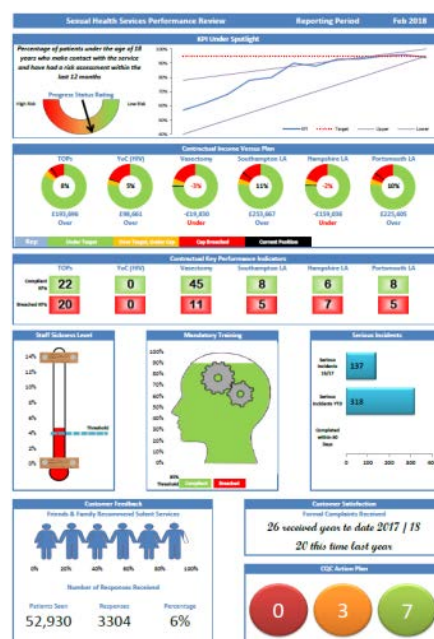
The NHS Improvement Single Oversight Framework (SOF) provides the framework for overseeing organisations and identifying potential performance concerns. We continued to assess ourselves against the standards set out and have maintained our 'Level 2' organisational grading, where Level 1 is the best and Level 4 indicates an organisation that is most challenged. We believe this is a positive position for us and our inability to achieve a Level 1 rating has predominately been caused by our forecasted in-year financial deficit.

The framework covers five themes:

1. Quality of care
2. Operational performance
3. Finance and use of resources
4. Strategic change
5. Leadership and improvement capability (well-led)

Currently NHSI has defined metrics associated with the first three themes listed above; as such our performance is summarised as follows. Thresholds highlighted in grey are internal, aspirational thresholds, whereas all others are national targets. NHSI is working to develop the performance metrics associated with the additional themes, aligning approaches to the CQC Domains where possible.

Quality of Care

Under this domain we monitor ourselves against metrics relating to:
- Organisational Health
- Caring
- Effective and
- Safe

Organisation health

We set ourselves some internal ambitious targets and our performance against these is summarised below. Staff sickness showed a gradual increase through 2017 into the winter period but then fell sharply after the flu season had passed. Staff turnover has gradually decreased over the year which is positive and we hope to continue this trend during the year ahead. The utilisation of temporary staffing has been a challenge at times throughout the year, due to a number of reasons including, difficulties in recruiting due to national staff shortages (particularly within our mental health services and band 5 nurses[1] within our community services) as well as supporting system pressures during the challenging winter period. We are however continuing to actively recruit and aspire to be an employer of choice.

Organisational Health												Internal aspirational thresholds are highlighted in grey	
Indicator Description	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Staff sickness (in month)	4%	4.0%	4.1%	4.1%	4.3%	4.8%	4.6%	4.9%	5.2%	5.1%	5.2%	4.3%	4.2%
Staff turnover (rolling 12 months)	12%	15.2%	15.3%	15.1%	14.8%	14.8%	14.5%	14.2%	14.3%	14.4%	14.1%	14.4%	14.2%
NHS Staff FFT	40%			64.4%			64.1%						
Proportion of Temporary Staff (in month)	6%	6.3%	5.3%	6.1%	6.1%	6.4%	5.8%	5.7%	6.0%	6.1%	6.0%	5.3%	6.0%

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[1] Band 5 nurses are also known as 'staff nurses'

Caring

Our performance against the caring metrics was strong throughout the year with only the Mental Health Patient Friends and Family Test under-achieving[2]. Despite this being a very challenging target, due to the nature of the service provided, we have consistently achieved 80% or more which benchmarks positively nationally.

Caring													
Indicator Description	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Written Complaints		7	21	22	14	16	17	11	19	16	18	22	20
Staff Friends and Family Test Percentage Recommended - Care	80%			83.0%			82.3%						
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Scores from Friends and Family Test - % positive	95%	96.8%	95.7%	95.1%	97.8%	95.2%	95.0%	96.0%	97.0%	96.6%	96.2%	96.2%	95.9%
Mental Health Scores from Friends and Family Test - % positive	95%	97.2%	88.1%	87.1%	100.0%	90.5%	83.3%	85.4%	91.3%	83.3%	95.6%	84.3%	80.5%

Effective

We performed strongly against the effective domain and metrics throughout the year with the relevant indicators all achieved by our Mental Health Services. Only one month's performance slipped just under the target all year.

Effective													
Indicator Description	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS	95%	100%	100%	100%	100%	100%	100%	92%	100%	98%	100%	100%	100%
% clients in settled accommodation		69%	69%	68%	69%	70%	72%	72%	71%	71%	71%	70%	71%
% clients in employment	5.0%	5.6%	6.6%	6.0%	6.0%	5.0%	5.0%	6.0%	6.0%	5.0%	5.0%	5.0%	5.2%

Safe

We also performed positively against the safe domain. During the second half of the year NHSI introduced 2 new indicators for monitoring – including; the number of incidences of Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias and Escherichia coli (E.coli) bacteraemia bloodstream infection. We met the target of zero for both of these indicators.

Safe													
Indicator Description	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Occurrence of any Never Event	0	0	0	0	0	0	0	0	0	0	0	0	0
NHS England/ NHS Improvement Patient Safety Alerts outstanding	0	0	1	0	0	0	0	0	0	0	0	0	0
VTE Risk Assessment	95%	91%	100.0%	97.0%	99.0%	98.0%	97.0%	100.0%	97.0%	97.0%	96.0%	95.0%	92.0%
Clostridium Difficile - variance from plan	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium Difficile - infection rate	0	0	0	0	0	0	0	1	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA)	0							0	0	0	0	0	0
Escherichia coli (E.coli) bacteraemia bloodstream infection	0							0	0	0	0	0	0
MRSA bacteraemias	0	0	0	0	0	0	0	0	1	0	0	0	0
Admissions to adult facilities of patients who are under 16 yrs	0	0	0	0	0	0	0	0	1	0	0	0	0

[2] The 2016-17 NHS Benchmarking Network: Friends and Family Test results: 85% mean and 88% median

Operational Performance

We performed excellently throughout the year against indicators focussing on our access times, mental health service placements and data quality.

Operational Performance Indicators

Indicator Description	Threshold	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92%	99.3%	100.0%	100.0%	99.9%	99.8%	99.5%	99.7%	99.6%	99.7%	99.4%	99.4%	99.7%
Maximum 6-week wait for diagnostic procedures	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Inappropriate out-of-area placements for adult mental health	0							0	0	0	0	0	0
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	50%	30.0%	71.0%	50.0%	86.0%	67.0%	83.0%	80.0%	88.0%	50.0%	40.0%	83.0%	100.0%
Data Quality Maturity Index (DQMI) - MHSDS dataset score	95%							97.7%			98%		
Improving Access to Psychological Therapies (IAPT) / Talking Therapies													
- Proportion of people completing treatment who move to recovery	50%	61.8%	60.2%	57.4%	57.3%	56.5%	61.1%	60.4%	57.8%	53.4%	57.8%	57.6%	58.2%
- Waiting time to begin treatment - within 6 weeks	75%	100.0%	99.8%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
- Waiting time to begin treatment - within 18 weeks	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Finance

The SOF also measures our financial performance via a set of indicators which calculate a 'finance score'.

Finance Score

Indicator Description		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Capital service capacity	Financial Sustainability	0.0	1.1	1.5	1.4	1.6	1.7	1.7	1.6	1.8	1.7	1.8	2.5
Score		4	4	3	3	3	3	3	3	2	3	2	2
Liquidity (days)	Financial Sustainability	-13.0	-12.9	-12.5	-13.0	-12.9	-13.3	-12.7	-14.4	-15.4	-14.7	-10.7	-6.7
Score		3	3	3	3	3	3	3	4	4	4	3	2
I&E Margin	Financial Efficiency	-0.02%	-1.9%	1.3%	1.4%	1.1%	0.9%	1.0%	-1.0%	-1.0%	-0.9%	-0.7%	0.4%
Score		3	4	2	2	2	2	2	4	3	3	3	2
Distance from financial plan	Financial Efficiency	-0.02%	-0.5%	0.0%	0.1%	0.2%	0.3%	0.1%	0.0%	0.1%	0.1%	0.2%	1.3%
Score		2	2	1	1	1	1	1	1	1	1	1	1
Agency spend	Financial Controls	0.3%	25%	24%	25%	47%	40%	38%	38%	42%	42%	43%	38%
Score		2	3	2	2	3	3	3	3	3	3	3	3
	Finance Score	3	3	2	2	2	2	2	3	3	3	2	2
	RAG	R	R	G	G	G	G	G	R	R	R	G	G

Our score fluctuated through the year between 2 and 3, where 1 is the best rating and 4 the worst. The two main areas of variance in the year were caused by our liquidity and our income and expenditure margin. However, as we achieved better than our agreed deficit control target set at the beginning of the year, we have showed a strengthened financial position on recent years.

There have been no important events since the end of the financial year that have affected our overall performance.

Strategic Objectives Achievement

We began the year with 163 strategic objectives planned for delivery against our 2 year Operating Plan (2017-19). These objectives were further split into 669 respective milestones managed locally by service lines and corporate teams - progress is monitored against agreed objectives.

Solent NHS Trust Priorities and the Solent Story

As part of our business planning process for our Operating Plan, service lines and corporate directorates aligned their own strategic objectives to our 9 organisational priorities to ensure there is a direct relationship between the service we provide and our strategic direction - these are mapped in the following tables.

To provide great care		
Improve Quality in line with CQC Requirements	Provide Safe Staffing	Use Technology to work differently
24	16	16

A great place to work		
Plan for long term sustainable staffing	Enhance our leadership throughout the Organisation	Provide training that enables us to deliver great care
22	19	23

To deliver great value for money		
Further Pathway Integration with other providers	Benchmark our services to improve productivity	Change front line and corporate services to live within our income
24	22	19

Our key successes

The following section illustrates some examples where we can demonstrate we have made a difference.

Service line: Adults Southampton
Objective: To develop inpatient services in line with changing health demands of our community

As a result of reviewing patient pathways into our inpatient services based at our community hospitals we have identified opportunities for service users within Acute Medical Units to be safely transferred to the Royal South Hants Hospital – protocols have subsequently been drafted. We have also promoted access to our sister services including the Community Emergency Department Team (CEDT), Urgent Response Service (URS) and primary care. We are now exploring further opportunities to develop IV antibiotic administration in the community, led by the URS with our acute partners.

Service line: Sexual Health
Objective: Grow our local/regional/national reputation as an innovative provider of integrated sexual health
                    services by expanding our digital offer and research capability

The Sexual Health service has improved the digital services available to our service users in order to help raise the profile and awareness of the services that we offers. This was successfully achieved through an increase in posters, oral presentations and journal articles which helped improve our engagement with our service users. The service also successfully developed a web-chat facility for our service users with HIV, improving access for service users who required advice. Due to the success of the web-chat facility, the Sexual Health service are now looking to roll this out in 2018/19 to the wider service so that this facility is available for all Sexual Health service users.

Service line: Child & Family
Objective: To develop options on how services can deliver differently using interactive platforms, new
                    technologies and intelligent use of patient record systems

By engaging with almost 200 service users, the service ran a digital innovation project to re-develop how our staff engaged with service users, what communication methods we offered and what our current patient facing website offered. Consequently, a new website was launched in November 2017 with reliable up to date information, contact details and interactive media. The service is also planning to commence live question and answer events from May 2018. We will also be launching a new messaging service allowing direct contact with a qualified nurse enabling service users to choose phone, email or text as their method of preferred communication. We have also promoted reliable Apps which we believe will benefit service users.

NHSI Well Led Framework and licencing requirements

You can find more about our compliance with the Well Led and Licencing requirements within our Annual Governance Statement. Any risk to licencing non-compliance would be appropriately reflected within our Board Assurance Framework and appropriate mitigations would be implemented.

There were no confirmed Human Rights violations by us during 2017/18 and the Trust has an agreed Anti-fraud, Corruption & Bribery Policy and procedures. Our policies are available on our public website www.solent.nhs.uk .

Environmental Reporting

We have developed a Sustainable Development Management Plan that aligns with the NHS Standard Contract, specifically the Service Contract item SC18 – Sustainable Development.
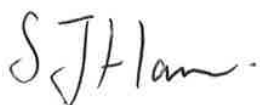
On an annual basis we complete the Sustainable Development Unit report, supported by ERIC returns (Estates Return Information Collection) and from data provided through our energy bureau. This is in line with our Carbon Reduction Action Plan, to meet our mandatory sustainability reporting requirements.

In addition, on a monthly basis, we monitor our waste disposals and utilities consumption. Our utilities consumption is compared with previous year's usage to ensure economic efficiencies and to track consumption in line with our carbon reduction targets. Our waste disposal locations are monitored to ensure minimal waste to landfill, and to track increasing recycling rates. We work with our waste contractor to increase segregation to improve recycling rates, and with their subcontractors to increase clinical waste residues to R1[3] recovery facilities, instead of previous landfill sites. With the agreement of the Environment Agency, the waste contractors permit has been enhanced allowing offensive waste to also be disposed of and recovered, via R1 facilities. In accordance with the HM Treasury Sustainability Reporting Guidance, our Carbon Reduction Action Plan addresses the minimum requirements concerning Green House Gases (GHG) both Scope 1, (direct GHG emissions), Scope 2 (energy indirect GHG emissions), and Scope 3 (Other Indirect GHG emissions) as well as Finite Resource Consumption including estates water consumption, via our ERIC return (measured in cubic meters).

We are committed to sustainable procurement practices and all new contracts are issued in accordance with NHS Terms and Conditions. By ordering our goods via a supply chain we minimise fleet mileage, deliveries, congestion and associated pollutants. During the year we improved the analysis of our environmental information and data across our estate footprint more thoroughly through the use of data available from our energy bureau that will support the ERIC process and requirements under the Sustainable Development Unit, as well as more broadly ensuring sustainability is embedded within business practices across the organisation.

Further information about our environmental responsibilities can be found within the Annual Governance Statement.

The Performance Report is signed by

Sue Harriman
Chief Executive Officer

Date: 29 May 2018

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[3] R1 recovery facilities use waste to generate energy

Section 2:
Accountability and
Corporate Governance

Directors' report

Governing our services

Our Board of Directors

Accountable to the Secretary of State, the Board is responsible for the effective direction of the affairs of the organisation, setting the strategic direction and appetite for risk. The Board establishes arrangements for effective governance and management as well as holding management to account for delivery, with particular emphasis on the safety and quality of the trust's services and achievement of the required financial performance as outlined in its Terms of Reference.

The Board leads the Trust by undertaking the following key roles:

- ensuring the management of staff welfare and patient safety
- formulating strategy, defining the organisation's purpose and identifying priorities
- ensuring accountability by holding the organisation to account for the delivery of the strategy and scrutinising performance
- seeking assurance that systems of governance and internal control are robust and reliable and to set the appetite for risk
- shaping a positive culture for the Board and the organisation.

The business to be conducted by the Board and its committees is set out in the respective Terms of Reference and underpinned by the Scheme of Delegation and Reservation of Powers.

The Board meets formally every other month In-Public. Additional meetings with Board members and invited attendees are held following In-Public meetings to discuss confidential matters. The Board also holds confidential seminar (briefing) meetings every other month and development days every other month. All non-executive directors take an active role at the Board and board committees.

Balance, completeness and appropriateness of the membership of the Board of Directors

The Board of Directors comprises six non-executive directors (NEDs) including the Chairman and five voting executive directors. The executives with voting rights are the Chief Executive Officer, the Deputy CEO and Director of Finance and Performance, the Chief Medical Officer, Chief Nurse and Chief People Officer. Together with the Chief Operating Officer for Portsmouth and Commercial Director and the Chief Operating Officer for Southampton and County Services they bring a wide range of skills and experience to the Trust enabling us to achieve balance at the highest level. The structure is statutorily compliant and considered to be appropriate. The composition, balance of skills and experience of the Board is reviewed annually by the Governance and Nominations Committee.

Appointments

Executive director appointments

In year there were a number of changes to the Executive team as follows;

- Helen Ives was appointed as Chief People Officer in April 2017
- Lesley Munro was appointed as Interim Chief Operating Officer for Southampton and County services between February 2017 and May 2017. From June to November 2017 Lesley was the Interim Chief Nurse.
- From December 2017 Jackie Ardley was appointed as Interim Chief Nurse. A substaintive recruitment process commenced in Quarter 4 2017/18 and following an assessment centre in mid April 2018 we substantively appointed Jackie into the Chief Nurse role permanenty.
- David Noyes was appointed as Chief Operating Officer Southampton and County Services in July 2017.

Executive recruitment consultants, Odgers Berndston, provided executive search assistance with our executive director appointments.

Non-executive director appointment

During 2017/18 Stephanie Elsy was appointed as a Non-executive director supported by Odgers Berndtson. Interview panels were convened of representatives of NHS Improvement, an independent Trust Chair, the Trust's Lead Governor and the Trust's Chairman.

The people

Non-executive directors

Dr Alistair Stokes, Chair

Alistair was appointed to the Trust in April 2011. He has had a wide ranging career in marketing, business development and administration in the chemical and pharmaceutical industries including working as Commercial Director with Monsanto Company and as Managing Director for UK operations and subsequently Regional Director for the Far East and South East Asia for Glaxo PLC. From 2007, Alistair served as Chairman of the Ipsen Group's UK companies, retiring from that role in 2010. Alistair also served as Regional General Manager for the NHS in Yorkshire and for several years as a member and Vice Chairman of a District Health Authority and from 1992 until 1998 as Chairman of an NHS Trust. He is a Fellow of the Institute of Directors and a Chartered Director. Alistair is the lead NED for Health & Safety (including Local Security Management).

Mick Tutt, Deputy Chair and Non-executive Director

Mick was appointed to the Trust in April 2011. He has more than 40 years NHS experience, including 20 years in Senior Management and more than a decade at Executive Director (and equivalent) level. As a qualified nurse Mick has managed mental health and learning disabilities services in a number of different Trusts and has experience of working with the CQC and its predecessors, including chairing comprehensive inspections and taking part in the new Well Led regime during the last year. Mick has also acted as the Nurse/Manager representative on several independent inquiries and has undertaken many investigations into disciplinary and grievance matters and serious incidents. Mick was a former lay member of the Portsmouth Community and Mental Health Service Board before being appointed as Non-Executive Director for Solent NHS Trust. He now acts as a manager for appeals against Mental Health Act detentions and also chairs the Mental Health Scrutiny Committee and Assurance Committee. Mick is also the lead NED for Patient Safety (including mortality).

Jon Pittam, Senior Independent Director and Non-executive Director
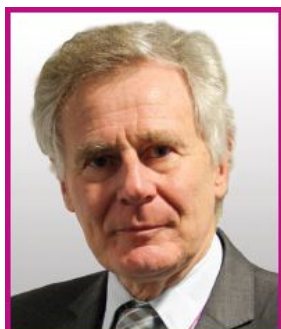
Jon was appointed to the Trust in June 2012. Since 1997 until his retirement in 2010, Jon was the County Treasurer for Hampshire County Council as well as being Treasurer for the Hampshire Police and Fire Authorities. In these roles, Jon provided financial and strategic advice in support of the authorities' corporate strategies and was the chief financial officer for budgets approaching £2 billion. Jon was an elected council member of his chartered accountancy body and the national spending convenor for local government finance during several public expenditure rounds. Jon is an Associate Hospital Manager, the chair of the Audit & Risk Committee and the lead NED for procurement.

Mike Watts, Non-executive Director

Mike grew up and went to school in Southampton. He is a Hampshire resident and has an extensive and wide ranging track record in organisational design and development that has driven business performance. Mike is currently the lead consultant with Capability and Performance Improvement Ltd of which he is a co-owner. He has previously held senior HR roles at Southampton City Council, and the Chartered Institute of Professional Development; Cabinet Office; Lloyds TSB and Scottish Widows. During his time in the Cabinet Office, Mike was recognised by HR Magazine as one of top 30 influencers of HR practice. He has also held a previous Non Executive Director role with the Scottish Executive. Mike was appointed in October 2016 and Chairs the People and OD Committee as well as the Remuneration Committee. He is also the lead NED for Medical and Professional Fitness to Practice issues.

Professor Francis Davis, Non-executive Director

Francis was appointed to the Trust in October 2016. Francis is currently Professor of Communities and Public Policy at the University of Birmingham where he publishes on inclusion, disability, cohesion and teaches post graduate policy and politics. He has, for 20 years, been active in founding, chairing and supporting community groups, voluntary organisations and social enterprises in health and social care. He helped to launch the 'Hampshire Festival of the Mind' and also the first UK 'Mental Wealth Festival'. Formerly a private sector CEO Francis has chaired industry bodies for the South and South East, worked as a senior civil servant at Cabinet level and is an advisor to CIPFA Consulting. He chaired both the Mayor of London's and the Mayor of the West Midlands cohesion summits and has been a member of the Department of Health's cross government Independent Advisory Group on Carers. Francis chairs the Finance Committee and the Charitable Funds Committee and is also an Associate Hospital Manager.

Stephanie Elsy, Non-executive Director

Stephanie has worked in the delivery of public services for over 30 years . She was a CEO in the charity sector for 15 years managing community and residential services for people recovering from substance misuse, people with disabilities and people living with HIV and AIDS. She then entered local politics as a Councillor in the London Borough of Southwark in 1995, becoming Chair of Education in 1998 and then Leader of the Council in 1999. After retiring from local government in 2002 Stephanie served on the Board of Southwark Primary Care Trust which had pooled its resources with the Social Services Department and had a joint Director. She also started a consultancy business providing services in health, local and regional government. Serco Group PLC became one of her clients, and in 2004 she was invited to join the company as a senior Director to support its Board and Senior Executives in raising the company's profile in government and business. She was a member of the company's Global Management Team and helped shape the company's business strategy and supported new market entry in the UK and internationally. Stephanie left Serco in 2012 to establish a new consultancy business, Stephanie Elsy Associates, an advisory consultancy specialising in public sector services and the government contracting markets. She lives in Emsworth where she is Chair of the local Neighbourhood Forum which is developing a Neighbourhood Plan for the town. She also sits on the Board of the Responsible Finance Association, who represent Fair Finance providers that provide finance to customers not supported by mainstream lenders. Stephanie joined the Trust in September 2017 and is the lead NED for Patient Experience and Emergency Planning, Resilience and Response.

Non-executive directors who left in year

Jane Sansome

Jane was appointed to the Trust in June 2015. Jane had an extensive and highly successful 21 year career in the NHS before joining the Ministry of Defence in 2000 to lead the operational planning and delivery of the strategy to transform Defence Medical Services. In 2004 with the first stage of the strategic plan delivered, Jane moved to the private sector to become the Chief Executive Officer of the project company delivering the £1.2billion redevelopment programme for Barts and the London Hospitals. In 2012 Jane joined Skanska UK as a Non-Executive Director where she supported the Managing Director of Skanska Facilities Services to develop the strategy, resource and contract delivery plans for the company. Jane left Skanska at the end of February 2015 to become a freelance management consultant. Whilst at Solent NHS Trust Jane chaired the Finance Committee and Remuneration Committee and was the lead NED for patient experience and oversight of medical fitness to practice issues. Jane left the Trust in May 2017.

Executive Directors

Sue Harriman, Chief Executive

Sue trained as a nurse in the Royal Navy. During her 16 year military career, she worked in both primary and secondary care, including spending five months on board a hospital ship during the 1990 Gulf War conflict.

Sue was a trained critical care nurse for a number of years, and after completing a BSc in Infection Prevention at the University of Hertfordshire, joined the NHS in 2002 to become a Nurse Consultant in Infection Prevention. Sue has developed a management and leadership portfolio that includes attending Britannia Royal Naval College, Dartmouth, and gaining Masters level Management and Leadership qualifications at the University of Southampton.

Sue has been an Executive Board Director for 10 years. Her executive roles have included Director of Nursing and Allied Health Professions, Chief Operating Officer and Managing Director. Sue was appointed to lead Solent NHS Trust as Chief Executive in September 2014.

Sue has lived and worked, locally, in Hampshire since her military career brought her here nearly 30 years ago. She is committed to bringing health and care services together so they work in partnership with the community, and those who use and work with them.

As the Chief Executive, Sue believes her role is to empower the Trust to provide the best care possible, for its team of staff to feel supported and happy at work, whilst ensuring the Trust always offers best value for money.

Sue says, "I feel very privileged to be leading Solent NHS Trust at this time, I will never forget my roots as a nurse, caring for people and their families and friends at such important times in their lives. I became a nurse because I cared deeply about helping others, now as a Chief Executive I will do everything I can to make sure our team at Solent can always continue to care with compassion, and be the best they can whilst providing the care their service users want and need."

Andrew Strevens, Director of Finance and Performance and Deputy Chief Executive

Andrew is the Director of Finance and Performance and joined the Trust in August 2015. He has worked within the health service since 2009 and brings a whole system view, having worked in senior positions for providers (Hampshire Community Health Care and Southern Health) and as a commissioner (NHS England South Region). He also has a commercial background, having worked for KPMG and B&Q Plc.

Chief Medical Officer, Dr Daniel Meron

Dan joined the Trust in January 2016. Dan studied Medicine at the University of Southampton, and completed psychiatry training in Wessex. He went on to become a consultant in general adult psychiatry in Avon & Wiltshire, where he held consultant posts in community teams, Crisis Resolution and Home Treatment, Acute Inpatient, Assertive Outreach, and Primary Care Liaison. Over the years he developed a management and leadership portfolio and continued to combine senior management roles with active front-line clinical work. He is actively engaged in research at the School of Medicine, University of Southampton, where he completed a Doctor of Medicine higher research degree. He has special interest in mood and anxiety disorders, trauma, addiction, recovery, and mindfulness. Dan undertook an Executive-MBA degree at Hult International Business School and graduated with distinction in 2014. Dan believes that integration between mental and physical, primary and secondary, and between health and social care in a community-based system, is the way to improve the lives of the people we are here to serve.

Sarah Austin, Chief Operating Officer Portsmouth and Commercial Director

Sarah originally trained as a nurse in London and specialised in renal care in Portsmouth, undertaking both a teaching qualification and a BSc. Her career to date includes 17 years in Portsmouth Hospitals Trust latterly working as Director of Strategic Alliances leading the merger with Royal Hospital Haslar, five years as Director of Central South Coast Cancer Network and three years in South Central Strategic Health Authority focusing on strategy, system reform and market development. Sarah joined Solent NHS Trust in autumn 2010 as Transforming Community Services Programme Director before being appointed as Director of Strategy in November 2011. Sarah is now COO for Portsmouth and South East Hampshire (PSEH) and Commercial Director for Solent, and has additional responsibilities for the Integrated Care System as Director of System Delivery.

Jackie Ardley, Interim Chief Nurse[4]

Jackie has over 40 years experience in the NHS as a nurse. She commenced her career in Critical Care, working across the health system in General Nursing, Primary Care and Mental Health and Community Services. In 2001 Jackie spent seven years working on national service redesign programmes, leading a number of successful initiatives within a number of roles including Director of Service Improvement and a Regional Director post in Improvement Partnerships. Jackie has worked as Chief Nurse in Leicestershire Partnership NHS Trust.   She is passionate about improving service users and their families experience across health and social care. Jackie joined us in December 2017.

David Noyes, Chief Operating Officer Southampton and County Wide Services

Prior to his life in the NHS, David spent 28 years in the Royal Navy, as a Logistics Officer, serving at sea and ashore in a wide variety of roles, including during hostilities in both the Gulf and in support of operations in the former Yugoslavia. His professional responsibilities spanned a broad range of operational disciplines including all support related operational matters, such as logistics, catering, HR, cash/budgets, medical, equipment support, infrastructure and corporate support functions. During his career, he also served in major Headquarters undertaking strategic planning roles, and also twice worked in the Ministry of Defence in London, directly supporting members of the Admiralty Board, including the First Sea Lord. Towards the end of his military career, David was seconded to the Army, and served with 101 Logistics Brigade, during which time he served as Deputy Commander in the Joint Force Support Headquarters deployed for six months in Helmand province, Afghanistan. Having left the Royal Navy in 2013, David joined the NHS, and initially worked as Director of Planning, Performance and Corporate Services for Wiltshire Clinical Commissioning Group, before joining Solent NHS Trust as Chief Operating Officer for Southampton and County wide services in July 2017.

Helen Ives, Chief People Officer

Helen Ives joined us in May 2016 to lead our organisational development programme and was appointed to the role of Chief People Officer in April 2017. Helen is an organisational psychologist and an HR professional. She is a fellow of the Chartered Institute of Professional Development and member of the British Psychological Society. Prior to joining the NHS, Helen worked in a variety of business sectors, including: technology, logistics and professional services. Helen also runs her own business as an independent consultant, working with organisations to develop their culture and people. As Chief People Officer, Helen is accountable for the development, and successful implementation, of the People and Organisational Development Strategy. She works with our people and teams to develop our culture – our vision, mission and how we create a working environment in which people can thrive, make a difference to the communities we serve and deliver great care. She is also the executive lead for workforce planning, ensuring we have a sustainable workforce plan that enables us to deliver our services.

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[4] Jackie was appointed in December 2017 – April 2018 as our Interim Chief Nurse. In April 2018 following an external recruitment process and assessment centre , Jackie was appointed as our substantive Chief Nurse.

Mandy Rayani, Chief Nurse

Mandy trained in Swansea as a Registered Mental Health Nurse (RMN) and subsequently worked in mental health services for approximately 20 years. In 2005, Mandy became Regional Nurse for Mid and West Wales Regional Office working with the Welsh government, before taking up the role of Deputy Nurse Director at Cardiff and Vale NHS Trust, one of the largest teaching hospitals in the UK in 2007. Following the NHS Wales reorganisation in 2009, she was appointed Deputy to the Executive Nurse Director of Cardiff and Vale University Health Board, a fully integrated healthcare organisation providing primary, community, secondary mental health and tertiary services. Mandy joined Solent NHS Trust in September 2014 as Chief Nurse and left in June 2017 to join Hywel Dda University Health Board in Wales as the Director of Nursing Quality and Patient Experience.

Board development and performance evaluation

The Board of Directors keeps its performance and effectiveness under on-going review.
The Board holds workshops every two months to focus on developmental and strategic topics.

During 2017 the Board commissioned a specialist firm of business psychologists and consultants to support the delivery of the on-going Board Development Programme. This work focused on values and behaviours and the critical role of the Board in ensuring that Solent is a well-led organisation and is able to respond to the varied and complex demands of system working. A comprehensive internal Board appraisal was also conducted in year, the results of which support the on-going development work of the Board.

The Trust also conducted a self- assessment against the NHS Improvement (NHSI) Well Led Framework and in support of the forthcoming CQC Well Led inspection - consequently a robust action plan has been developed to address any areas requiring attention. The Board acknowledges the requirements of the Well Led Framework to conduct an independent assessment and will do so with the prescribed timeframe.

In addition, an annual governance review is conducted by the Governance and Nominations Committee and each Board committee completes a mid-year review against its agreed annual objectives and, at year end, presents an annual report to the Board on the business conducted.

The Board also reflected on the recommendations following external governance reviews, including a review of Risk Management. The Trust is implementing the recommendations identified.

Individual Board members are appraised annually and mid-year reviews are conducted.

Declaration of interests and Non-Executive Director Independence

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The Board of Directors is satisfied that the Non-Executive Directors, who serve on the Board for the period under review, are independent, with each Non-Executive Director self-declaring against a 'test of independence'.

The Board of Directors are also satisfied that there are no relationships of circumstances likely to affect independence and all Board members are required to update their declarations in relation to their interests held in accordance with public interest, openness and transparency.

Name	Interest registered
Dr Alistair Stokes Chairman	No interests to declare
Jon Pittam Non-executive director	No interests to declare
Mick Tutt Non-executive director	• Specialist Advisor /Bank Inspector – Care Quality Commission • Pelican Consulting - sole trader offering management advice and support to health and social care organisations

Francis Davis
Non-executive director
	• Employed by University of Birmingham and St Mary's University , Twickenham
	• Working with Minister of State at Department for Work and Pensions for Disabilities to enhance and develop the disability and enterprise policy. No financial interest or political affiliations (ending 31st March 2018)
	• Advisor to CIPFA
	Directorships
	   • Vivo Care Choices (ended September 2017)
	   • Holocaust memorial Day Trust
	   • Near Neighbours
	   • Power 2 Inspire
	   • St Ethelburga's Centre (ended September 2017)
	   • Aequus International
	   • Chair of Metro Mayor of West Midlands Community Cohesion Process and Conference (1st September to 30th November)
	   • Trustee Cathedral Innovation Centre

Stephanie Elsy	Directorships
	   • Stephanie Elsy Associates Ltd
	   • Emsworth Forum Ltd
	   • Community Development Finance Associate Ltd
	Ownership of business
	   • Stephanie Elsy Associates Ltd

Mike Watts Non-executive director	• Director: Capability & Performance Improvement Ltd • Project work for various external clients
Sue Harriman Chief Executive Officer	Gifts and hospitality – Women in Leadership lunch at the House of Lords 15th March 2018
Helen Ives Chief People Officer	• Director of Helen Ives Ltd
Andrew Strevens Director of Finance and Performance	No interests to declare

Name	Interest registered
Dan Meron Chief Medical Officer	• University Hospitals Southampton NHS Foundation Trust (UHSFT) – Honorary Deputy Medical Director • Southern Health NHS Foundation Trust (SHFT) – Honorary Consultant Psychiatrist • University of Southampton – Honorary Senior Clinical Lecturer at School of Medicine • Care Quality Commission (CQC) – Secondment for occasional CQC inspections • Pinstriped Sandals Consulting Ltd – sole Director. Offering training, research and consultancy services • Member Royal College of Psychiatrists • All non NHS activities conducted outside of NHS contracted time • No shares or direct financial interest in any pharmaceutical company
Jackie Ardley Chief Nurse	• 0.2 WTE Dartford, Gravesham, Swanley and Swale CCG
Sarah Austin Chief Operating Officer - Portsmouth &Commercial Director	• Close family friend works for Capsticks • Close friend works for CGI • Close friend is owner of ExForcesNet and I am co-author of Forces4Change Charter
David Noyes Chief Operating Officer – Southampton	• Vice Chair of Southampton Connect • Trustee of Southampton Healthy Living
Members that have left in year	
Jane Sansome Non-executive director	• Director of Sansome & Co Ltd • Interim Managing Director of MYFM Limited.

Information Governance

Incidents concerning personal data are formally reported to the Information Commissioners Office, in accordance with Information Governance requirements. Further information can be found within the Annual Governance Statement, pg 56.

Statement of Accountable Officers Responsibilities

The Statement of Accountable Officers Responsibilities is located on pg 74.

The Board's committees

The Board has established the following committees:

Statutory committees	Designated committees
• Audit and Risk Committee	• Assurance Committee
• Governance and Nominations Committee	• Finance Committee
• Remuneration Committee	• Mental Health Act (MHA) Scrutiny Committee
• Charitable Funds Committee	• People and OD Committee

Composition of Board committees at 31 March 2018

Director	Position	Board	Finance Committee	Remuneration Committee	Assurance Committee	MHA Scrutiny Committee	Governance & Nominations Committee	Audit and Risk Committee	Charitable Funds Committee	People and OD Committee
Alistair Stokes	Chairman	Chair	-	Member	invited	Member	Chair	-	-	-
Mick Tutt	Deputy Chair/ Non-Executive Director	Member	-	Member	Chair	Chair	Member	-	Member	-
Jon Pittam	Senior Ind. Director / Non-Executive Director	Member	(to attend when available)	Member	Member	Member	Member	Chair	-	-
Francis Davis	Non-Executive Director	Member	Chair	Member	Member	Member	-	-	Chair	-
Mike Watts	Non-Executive Director	Member	Member	Chair	Member	Invited	-	Member	-	Chair
Stephanie Elsy *Started Sept 2017*	Non-Executive Director	Member	Member	Member	(invited initial 6 months)	invited	-	Member	-	Member
Sue Harriman	Chief Executive	Member	Member	Member			Member	Invited	-	-
Andrew Strevens	Deputy CEO & Director of Finance and	Member	Member			-	-	Member	-	-
Dan Meron	Chief Medical Officer	Member	-	-	Member	Member	-	Invited	-	-
Jackie Ardley *Started Dec 2017*	Interim Chief Nurse	Member	-	-	Member	Member	-	Invited	-	-
Helen Ives *Started April 2017*	Chief People Officer	Member	-	-	-	-	-	-	-	Member
David Noyes *Started July 2017*	COO Southampton & County Wide	Non – voting member	-	-	Member	Member	-	-	Member	-
Sarah Austin	COO Portsmouth & Commercial Director	Non – voting member	-	-	Member	Member	-	-	-	-
Members that left this year										
Jane Sansome *Left May 2017*	Non-Executive Director	Member	Previous chair	Previous chair	-	-	-	Member	-	-
Mandy Rayani *Left June 2017*	Chief Nurse	Member		-	Member	Member	-	-	-	-
Lesley Munro *From June 2017 – November 2017*	Interim Chief Nurse	Member		-	Member	Member	-	-	-	-

Membership of Board committees at 31 March 2018

Director	Position	Board (6 meetings)	Finance Committee (12 meetings)	Remuneration Committee (4 meetings)	Assurance Committee (10 meetings)	MHA Scrutiny Committee (4 meetings)	Governance & Nominations Committee (2 meetings)	Audit and Risk Committee (4 meetings)	Charitable Funds Committee (4 meetings)	People and OD Committee (3 meetings)
Alistair Stokes	Chairman	5/6	3/12	3/4	5/10	2/4	1/2	-	-	-
Mick Tutt	Deputy Chair/ Non-Executive Director	6/6	4/12	4/4	10/10	4/4	2/2	-	4/4	-
Jon Pittam	Senior Ind. Director / Non-Executive Director	6/6	2/12	2/4	8/10	3/4	2/2	4/4	-	-
Francis Davis	Non-Executive Director	5/6	11/12	4/4	8/10	1/4	-	-	4/4	1
Mike Watts	Non-Executive Director	6/6	11/12	4/4	8/10	-	-	4/4	-	3/3
Stephanie Elsy *Started Sept 2017*	Non-Executive Director	3/4	3/7	1/1	2/6	-	-	2/2	0/2	0/3
Sue Harriman	Chief Executive	6/6	8/12	2/4	7/10	1/4	2/2	4/4	-	-
Andrew Strevens	Deputy CEO & Director of Finance and	6/6	12/12	2	1	-	-	4/4	-	-
Dan Meron	Chief Medical Officer	6/6	1	-	7/10	3/4	-	-	-	-
Jackie Ardley *Started Dec 2017*	Interim Chief Nurse	2/2	-	-	2/3	0/1	-	1/1	-	1
Helen Ives *Started April 2017*	Chief People Officer	6/6	-	3	2/9	-	-	-	-	3/3
David Noyes *Started July 2017*	COO Southampton & County Wide	3/5	7/9	-	7/7	2/3	-	-	3/3	-
Sarah Austin	COO Portsmouth & Commercial Director	4/6	4/12	-	7/10	0/4	-	-	-	-
Members that left this year										
Jane Sansome *Left May 2017*	Non-Executive Director	1/1	2/2	2/2	-	-	-	1/1	-	-
Mandy Rayani *Left June 2017*	Chief Nurse	1/1	-	-	2/2	0/1	-	1/1	-	-
Lesley Munro *From June 2017 – November 2017*	Interim Chief Nurse	3/4	-	-	6/7	2/3	-	-	1/1	-

Key – blue figures indicate where Board member attended as an invitee, rather than being a member of the Committee.

Audit and Risk Committee

Frequency of meeting: At least quarterly (plus private meeting with External Auditor). During 2017/18 the committee met four times and separately in private.

The purpose of the Audit & Risk Committee is to provide one of the key means by which the Board of Directors ensures that effective internal control arrangements are in place. The Committee operates in accordance with Terms of Reference set by the Board, which are consistent with the NHS Audit Committee Handbook. All issues and minutes of these meetings are reported to the Board. In order to carry out its duties, Committee meetings are attended by the Chief Executive, the Director of Finance and Performance and representatives from Internal Audit, External Audit and Counter Fraud on invitation. The Committee directs and receives reports from these representatives, and seeks assurances from trust officers. The Committee's duties can be categorised as follows:

- Governance, Risk Management and Internal Control
- Internal Audit
- External Audit
- Other Assurance Functions – including Counter Fraud
- Financial Reporting

In year the Committee has received progress reports against recommendations identified by Internal and External Auditors, committee specific health sector updates, and received updates on financial governance processes, including single tenders, losses and special payments, whistleblowing, as well as receiving briefings on clinical audit and counter fraud investigations.

No significant issues in relation to the financial statements of 2017/18, operations or compliance were raised by the Audit and Risk Committee during the year.

Audit and Risk Committee composition and attendance 2017/18 is previously summarised.

Details of other committees of the Board are described in the Annual Governance Statement, page 56.

Internal audit

Our Internal Auditors during 2017/18 were PricewaterhouseCoopers LLP, PwC.
Internal Audit provides an independent assurance with regards to the Trust's systems of internal control to the Board. The Audit and Risk Committee considers and approves the internal audit plan and receives regular reports on progress against the plan, as well as the Head of Internal Audit Opinion which provides an opinion on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes. The Committee also receives and considers internal audit reports on specific areas, the opinions of which are summarised in the Annual Governance Statement, page 56.

The cost of the internal audit provision for 2017/18 was £57,300 (excluding VAT).

As a result of a tendering exercise PwC were reappointed as our internal auditors from 1st April 2018.

External audit

Our External Auditors are Ernst & Young LLP (appointed from August 2012 following the transfer of audit function from the Audit Commission to private organisations). The main responsibility of External Audit is to plan and carry out an audit that meets the requirements of The Code of Audit Practice and the NHS Manual for Accounts.
External Audit is required to review and report on:
   • Our financial statements (our accounts)
   • Whether the trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources
The Audit and Risk Committee reviews the external audit annual audit plan at the start of the financial year and receives regular updates on progress. The Committee also receives an Annual Audit Letter.
The cost of the external audit for 2017/18 was £63k (including VAT).

Our external auditors did not conduct any non-audit services in year.

As a result of a tendering exercise Ernst & Young LLP were reappointed as our external auditors from 1st April 2018.

Disclosure of information to auditors

Please refer to the statement of directors responsibilities in respect of the accounts pg 75.

Countering fraud and corruption

A Local Counter Fraud Specialist (LCFS) is provided by Hampshire and Isle of Wight Fraud and Security Management Service. The role of the LCFS is to assist in creating an anti-fraud, corruption and bribery culture within the Trust; to deter, prevent and detect fraud, to investigate suspicions that arise, to seek to apply appropriate sanctions; and to seek redress in respect of monies obtained through fraud. The Audit and Risk Committee receives regular progress reports from the LCFS during the course of the year and also receives an annual report. Our Counter Fraud provision has received an overall rating of Green (the highest possible rating) from NHS Counter Fraud Authority.
We have implemented agreed policies and procedures, such as the Fraud, Corruption and Anti-bribery Policy as well as a Freedom to Speak Up Policy and issues of concern are referred to the LCFS for investigation. We also ensure that there are various routes through which staff can raise any concerns or suspicions.

Remuneration

Full details of remuneration are given in the remuneration report on page 76.

Members Council

Elections to our inaugural Council of Governors were announced in August 2013. However, further to the announcement to step off the Foundation Trust pipeline back in December 2015, the Governors and Board previously took the opportunity to review their Terms of Reference. Under the revised Terms of Reference agreed in 2016 the name of the Council was amended to reflect the strengthening engagement with the membership to 'Members Council'.

The responsibilities of the Members Council and Governors as previously agreed were to:
- act as a critical friend and advisor, representing the interests of the organisation, staff, members and wider public
- support the Board in the development of the organisation's strategic plans (including the Annual Plan) seeking assurance and continued transparency on its delivery and implementation
- play a role in promoting integrated and partnership working and in assessing its effects
- provide third party expertise and advice, on invitation from Officers of the Trust
- be an advocate for the Trust providing support and bringing to the attention of the Trust any matters of broad concern (not individual cases) raised by constituent members in relation to standards of care, safety, performance, value for money or any matter contrary to the Trust's values and in the spirit of the 'See something, say something' campaign.
- work with the Board to establish a process for handling issues such as; the removal of Council members, dealing with disputes, tenure and other 'constitutional' matters

In addition, Governors have previously been invited to participate in the Board level appointments process and observe a number of Board Committees.

The original Council comprised 14 publicly elected governors and five staff elected governors representing the constituencies of Portsmouth, Southampton and Hampshire, as well as six appointed governors from partner organisations.

The future

During the last year, in light of the council vacancies, the changing external context including the Sustainability and Transformation Partnerships and developing Integrated Care Systems we embarked on a journey, in collaboration with our governors, to further reconsider their role, the Members Council, as well as that of our wider membership. These considerations have been incorporated into the development of our emerging wider Community Engagement Framework, which will be finalised during Quarter 2 of 2018/19.

Composition of Members Council

Constituency		Name	Council Attendance		Declarations of Interest
			10th March 2017	19th October 2017	
Staff	Southampton	Debra O'Brien	✓	X	• Nil
		Sarah Oborne	X	X	• Member of St John Ambulance
	Portsmouth	Jenny Ford	X	X	• Branch Secretary of Unison Portsmouth Health Branch
		Vacancy			
	Hampshire	Vacancy			
Public	Southampton	Clive Clifford	✓	X	• Nil
		Jon Clark	✓	X	• Wife works for Faculty of Medicine at the University of Southampton
		Vacancy			
		Vacancy			
		Vacancy			
	Portsmouth	Narcisse Kamga	✓	X	• The Sickle Cell Society • MENCAP
		Michael North	✓	✓	• Chair of a Patients Participation Group – Drayton, Portsmouth • Chair of a Patients Participation Group – Wootton Street Surgery, Cosham
		Sharon Ward	X	X	• Nil
		David Stephen Butler	✓	✓	• Portsmouth Royal Dockyard Historical Trust
		Vacancy			
	Hampshire	Sharon Collins	✓	X	• Director – Collins Corporate Solution Ltd • Director – Shared Ventures Ltd and facilitator of Solent Region Collaboration Hub – enabling conversations and collaboration opportunities across health, housing and social care across Hampshire, Portsmouth, Southampton and Isle of Wight • Volunteer on the Committee of Hampshire Hornets Wheelchair Basketball (a fully constituted, not-for-profit accessible basketball club with charitable aims)
		Harry Hellier	✓	X	• Nil
		Robert Blackman	✓	✓	• Nil
		Vacancy			
Nominated Governors	Portsmouth City Council	David Williams	X	X	• Board member of Portsmouth CCG • Director of University Technical College Portsmouth (UTC Portsmouth)
	Southampton City Council	Cllr. Warwick Payne	✓	✓	• Labour Party membership
	Hampshire County Council	Cllr. Peter Latham	X	X	• Member of Conservative Party
	NHS Southampton City CCG	Beccy Willis	X	X	• Partner works for Southampton City Clinical Commissioning Group and is involved in the Solent contract
	University of Southampton *	Vacancy			
	NHS Portsmouth City CCG	Vacancy			

(rotational seat with University of Portsmouth)

You can read how we engaged with our membership during the last year on page 23.

Governance Statement

Annual Governance Statement 2017/18

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *Accountable Officer Memorandum*.

### The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Solent NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Solent NHS Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

The Governance Framework of the Organisation

The role of the Board and its duties are explained on page 39 of the Annual Report.
The individuals who serve on the Board and changes to appointments can be found on pg 40 of the Annual Report.

The following diagram illustrates the Board and reporting committees;
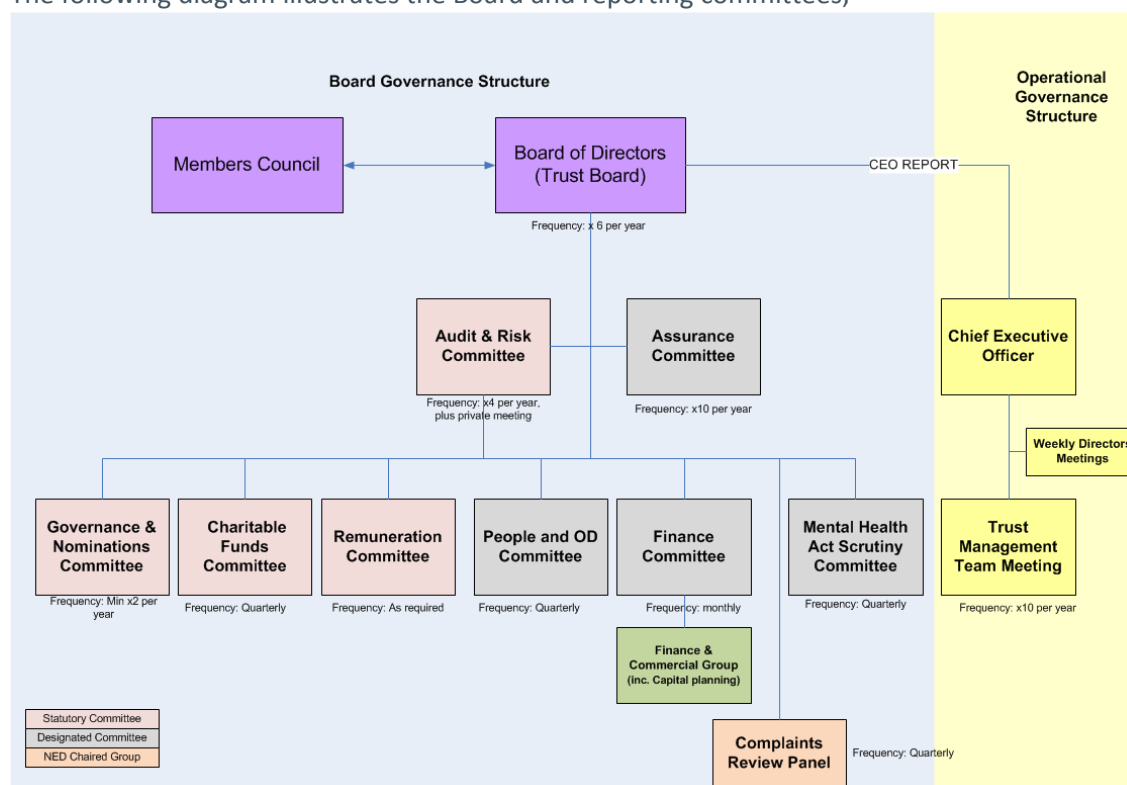
A summary of the role of the Audit & Risk Committee is found on page 52 of the Annual Report and internal audit opinions for the audits carried out in year are as follows:

Audit title	Opinion
Key financial systems	Low risk – Fixed Assets
	Low risk – Capital Expenditure
	Low risk – Cash
	Low risk – Budget Control
General Data Protection Regulations	Medium Risk
Information Governance Toolkit	Medium risk
Clinical Data Quality	Low risk
Clinical Supervision	High Risk[5]
Review of the Assurance Committee	Medium Risk

Significant progress has been made in respect of responding to recommendations made by our internal auditors, as reflected within their Head of Internal Audit Opinion. In particular in response to the Clinical Supervision audit we have reviewed our policy, which will be implemented in Q1 2018/19, and have enhanced our processes.

Governance and Nominations Committee

Frequency of meeting: At least twice a year and as required. During 2017-18 the Committee met 2 times.
The Committee's main purpose is to lead in the identification and recommendation of candidates to executive vacancies to the Trust Board. The Committee also considers and keeps under review governance arrangements for the Trust including Fit and Proper Person processes, Committee Structure and Committee Terms of Reference and to make proposals to Trust Board as appropriate. The Committee also approves recommendations regarding Associate Hospital Manager appointments and renewals of tenure.

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[5] The audit identified the following recommendations: 1x high risk, 7 x medium risk, 1 x low risk and 1 x advisory point

The Committee is responsible for assessing the size, structure and skill requirements of the Board, and for considering any changes necessary or new appointments. If a need is identified, the Committee will consider if external recruitment consultants are required to assist in the process and instruct the selected agency, shortlist and interview candidates. If the vacancy is for a non-executive director the recruitment process is handled by NHS Improvement. The Chairman, Non-Executive Directors and the Chief Executive (except in the case of the appointment of a new chief executive) are responsible for deciding the appointment of executive directors. The Chairman and the Non-Executive Directors are responsible for the appointment and removal of the Chief Executive. All new appointees received an appropriate induction.

Remuneration Committee

Frequency of meeting: At least annually and as required. During 2017-18 the Committee met 4 times.
The Remuneration Committee is comprised of the Non-Executive Directors (and others by invitation). The Committee reports to Confidential Board meetings regarding recommendations and the basis for its decisions. The Committee makes decisions on behalf of the Board about appropriate remuneration (including consideration of performance related pay and to ratify decisions of the Clinical Excellence Awards Panel), allowances and terms of service for the Chief Executive and other Executive Directors.

Charitable Funds Committee

Frequency of meeting: Quarterly (or as required). During 2017-18 the Committee met 4 times.
The Corporate Trustee (Solent NHS Trust), through its Board, has delegated day to day management of the charity (Solent NHS Charity) to the Committee. The Committee ensures that funds are spent in accordance with the original intention of the donor (where specified), oversees and reviews the strategic and operational management of the Charitable Trust Fund as well as ensuring legislative requirements in accordance with the Charity Commission are met. The Committee is also responsible for developing and managing policies and procedures in relation to the management of Charitable Funds, monitoring the investment portfolio and the development of the fundraising strategy.

Assurance Committee

Frequency of meeting: Ten times a year. During 2017-18 the Committee met 10 times.
The Committee is responsible for providing the Trust Board with assurance on all aspects of quality of care. This includes quality governance systems, ensuring regulatory standards of quality and safety are met and that risk across the organisation is mitigated. In particular the Committee provides assurance to the Board regarding:
- Regulatory compliance (including CQC requirements and Safeguarding) and the provision of services in accordance with statute, best practice and guidance
- High standards of healthcare governance and high quality service provision.
- Risk – ensuring that risks are identified, prioritised and appropriately managed.
- A culture of continuous improvement across the Trust exists and learning is shared and embedded

The Committee also seeks assurance that the development of all clinical governance activities within the service lines improve the quality of care throughout the Trust. A programme of annual assurance reporting and deep dives are scheduled annually.   Deep dives conducted in year included oversight of CQC actions, Medicine Management (which reports by exception to the QIR Group and Assurance Committee), Health and Safety, Research and Development and Safeguarding.

Finance Committee

Frequency of meeting: Monthly. During 2017-18 the Committee met 12 times.
The Finance Committee is responsible for ensuring appropriate financial frameworks are in place to drive the financial strategy, and provide assurance to the Board on financial matters as directed. The Committee focuses on the following areas; strategic financial planning, business planning processes, annual budget setting and monitoring, treasury management and financial control, business management as well as conducting in depth reviews of aspects of financial performance as directed by the Board. The Finance Committee has been integral to the Board in providing scrutiny and oversight concerning the delivery of the financial plan.

Mental Health Act Scrutiny Committee (MHAS Committee)

Frequency of meeting: Quarterly. During 2017-18 the Committee met 4 times.
The central purpose of the Committee is to oversee the implementation of the Mental Health Act (MHA) 1983 functions within the Trust principally within Adult and Older Persons Mental Health, and Learning Disabilities services. The Committee has primary responsibility for seeing that the requirements of the Act are followed. In particular, to seek assurance that service users are detained only as the Mental Health Act 1983 allows, that their treatment and care accord fully with its provisions, and that they are fully informed of, and are supported in exercising, their statutory rights. In addition, on an annual basis the Trust's external legal advisors provide update training in relation to the Mental Health Act. The Committee also seeks assurance on the appropriate application for Deprivation of Liberties Safeguards (DoLS) as well as seeking assurance regarding adequacy of training and development opportunities provided for front-line practitioners and of the monitoring of competence regarding the application of the MHA and DoLS.

People and Organisational Development Committee

Frequency of meeting: Quarterly unless the Chair of the Committee decides it necessary to alter the frequency of the meeting based on the volume or complexity of business that the Committee is asked to consider. During 2017-18 the Committee met 3 times.
The People and OD Committee oversee all matters relating to workforce planning, talent acquisition, learning & development, employee productivity and workforce performance. It is responsible for ensuring that effective People & OD programmes are developed, which align with organisational strategy and deliver continuous improvement in organisational effectiveness -all within the context of system transformation and organisational change.

Attendance records at the Board and its committees are included within the Annual Report pg 51.

Highlights of Board Committee Reports

The Board has an agreed annual cycle of business and receives exception reports via the relevant Chair in relation to recent meetings of its committees. The Board, as a standing item at each meeting, also considers whether additional assurance is sought from its committees on any items of concern. The Chief Executive Report to Board includes commentary on significant changes recorded in the Board Assurance Framework and Corporate Risk Register. Progress on corporate and strategic objectives is reported quarterly within the performance report. In addition, a number of internal audits were completed, as described on page 57 and annually each Board Committee presents an annual report to the Board detailing a summary of business transacted and achievements against the agreed Committee objectives. The Committee annual reports will be available via the Trust website.

Performance Evaluation of Board

Details can be found within the Annual Report of the processes undertaken in year in relation to Board Effectiveness, pg 46.

Capacity to Handle Risk

Risk management and quality governance arrangements, accountability and leadership

As Chief Executive, I am ultimately accountable for governance and risks relating to the operational delivery of all clinical and non-clinical services provided by the Trust including its subcontracts. The Board sets the Trust's risk appetite and is briefed through the CEO report on all significant risks.
The Trust has a range of arrangements in place which provide monitoring and assurance on matters relating to quality, safety and regulatory matters. Each service line has an identified lead for quality safety and assurance who is responsible for supporting the service line Clinical Director in the delivery of the quality, safety and governance agenda. The service line Professional Leads for Quality Safety and Assurance also liaise with the Trust Quality Risk and Professional Standards team to support cross organisational work streams and learning arising from incidents. Each Service Line has a governance structure in place which reports through to the Quality Improvement & Risk Group and the Assurance Committee.

Key roles in relation to risk management and quality governance include;
- Chief Nurse - nominated Executive Lead Director for risk management, quality governance and health and safety compliance
- Chief Medical Officer - Lead director with responsibility for Learning from Deaths (mortality) agenda (Patient Safety Director as defined by national guidance on learning from deaths, National Quality Board 2017)
- Director of Finance and Performance – nominated Executive Lead Director for health and safety compliance
- The Head of Patient Safety working with the Clinical Risk Manager is responsible for ensuring the development and oversight of implementation of the Trust Risk Management Framework, risk procedures and administration of the Corporate Risk Register
- Clinical Directors - accountable for risk and clinical governance within their respective service lines, supported by the Operational Directors and Professional Leads for Quality Safety and Assurance .
- Operational Directors and Heads of Service – responsible for managing operational risks originating within their service areas.
- Executive oversight, via the Chief Operating Officer for Southampton and County Services, ensuring emergency planning and disaster recovery plans are established and regularly tested.

Specific Trust wide arrangements are in place which support robust assurance include:
- Care Group Meetings , chaired by Chief Operating Officers, general performance of quality and other operational issues
- Service Line Clinical Governance Groups, chaired by the Clinical Director -   responsible for the oversight of quality and risks, triangulating performance information to monitor and address service quality. The groups provide exception reporting to the Quality Improvement and Risk Group which is chaired by the Chief Nurse and these are then scrutinised at the Assurance Committee. The service line structure provides high levels of autonomy increasing the effectiveness and accountability of the clinical services.
- Trust Management Team - oversees operational responses to risks contained in the Corporate Risk Register. The roles of the Assurance Committee and Audit and Risk Committee are described previously.

- Contract, Quality & Risk Management Meeting (CQRM) monthly meetings with commissioners
- Care Group and corproate team monthly Performance Reviews Meetings (PRM) are held to seek assurance regarding the management of operational risk. In addition, we monitor quality indicators through service line performance sub-committee meetings.
- Each service line has a documented local Annual Governance Statement which outlines the internal control and risk management processes under the leadership of each Clinical Director, and underpins the Trust wide Annual Governance Statement with regard to the internal control and clinical governance processes within our clinical services.
- Serious Incident requiring investigation (SI) process including Root Cause Analysis (RCA) investigation and SIRI panel arrangement
- Learning from Deaths process for unexpected deaths (mortality reviews)
- An audit programme (Trust wide and service level covering standards and topic specific issues)
- Board to Floor visits (includes executives, non-executives and governors) to engage with frontline staff and service users
- Service review visits by commissioners
- Announced and unannounced visits to clinical areas/teams by the Quality Risk & Professional Standards Team
- Patient and service user feedback (Friends and Family Test and other local mechanisms)
- Patient-Led Assessments of the care environments
- Patient and carer stories to Board
- Monthly reporting and publication of safe staffing status (with sign off by matrons and oversight by the Quality Risk and Professional Standards Team)
- The Board is apprised of any key quality and safety matters at the beginning of each Board meeting
- Our Quality Account is produced annually which outlines the progress made and action taken to improve and maintain quality and safety within and across Trust services. The Annual Quality Account is developed in consultation with key stakeholders and serves as an additional validation mechanism for determining the quality of services. More information on the Quality Account is provided on page 112 (of the Annual Report).
- Our Patient Experience Strategy was approved following consultation with a wide range of service users and partner agencies. The Trust Patient Experience forum continues to meet quarterly and oversees the delivery and implementation of the strategy.
- We also have an established processes to formally assess Cost Improvement Plans (CIPs) and other transformation schemes through a Quality Impact Assessment (QIA) process. Within the QIA process, foreseeable or potential risks which could impact on quality are considered and key leading indicators are identified to help highlight the realisation of any actual risks. A gateway approach to the agreement of CIPs and QIAs has been embedded with sign-off by the applicable service line Clinical and Operational Directors in consultation with services prior to review by the Chief Medical Officer and Chief Nurse. The Service Line Clinical Governance Groups are responsible for the management and monitoring of the leading indicators identified within signed off QIAs and for ensuring that in collaboration with the Chief Medical Officer and Chief Nurse, risks associated with QIAs are escalated to the Assurance Committee.

Risk Management Training

We provide a range of risk management training including;
- At Corporate Induction – where an introduction to risk management, Serious Incidents (SI) and Duty of Candour is provided.
- Risk management refresher training will be provided every two years to all staff from 1 April 2018. The training includes; risk management principles, escalation processes, accountability, risk assessment and hazard identification.

- Risk Register training – for all staff who have responsibility in using the Trust's on line risk register
- A two day training package for SI Investigators - provided in collaboration with neighbouring organisations. This training provides in depth training on root cause analysis, identification of hazards and the SI process.
- Formal Incident reporting and reviewers training, as well as;
- Bespoke training provided by the Quality and Risk Team.

Risk Assurance

The Board Assurance Framework (BAF) provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been identified and where gaps exist, that appropriate mitigating actions are in place to reduce the risk to a tolerable level. The Audit and Risk Committee tests the effectiveness of this system annually.

The Risk and Control Framework

I am assured that risk management processes are continuing to be increasingly embedded within the Trust and incident reporting is openly and actively encouraged to ensure a culture of continuous improvement and learning. I am also assured that there are appropriate deterrents in place concerning fraud and corruption. The organisation understands that successful risk management requires participation, commitment and collaboration from all staff. A new Risk Management Framework has been developed in 2018 to replace the former Risk Management Strategy and provides a clear overarching framework for the management of internal and external risk and describes the accountability arrangements, processes and the Trust's risk tolerance.   The Framework is underpinned by a new step by step guide to the Risk Management Process for frontline staff, and revised induction and refresher training for all new and existing staff.

The Trust's approach to risk management encompasses the breadth of the organisation by considering financial, organisational, reputational and project risks, both clinical and non-clinical. This is achieved through:
- an appropriate framework; delegating authority, seeking competent advice and assurance
- a risk culture which includes an agreed risk appetie, as outlined within the framework
- the integration of risk management into all strategic and operational activities
- the identification and analysis, active management, monitoring and reporting of risk across the Trust
- the appropriate and timely escalation of risks
- an environment of continuous learning from risks, complaints and incidents in a fair blame/non-punitive culture underpinned by open communication
- consistent compliance with relevant standards, targets and best practice
- business continuity plans and recovery plans that are established and regularly tested; and
- fraud deterrence including the proactive work conducted by the Local Counter Fraud Service, policies on fraud, corruption and anti-bribery , debt recovery and the threat of prosecution. Fraud deterrence is integral to the management of risk across the organisation especially as there could be clinical or health and safety implications which could then impact upon the organisation. Staff are encouraged to report any potential fraud using the online incident reporting process appropriately including anonymous reporting if necessary. We are not aware of any specific areas within the organisation that are at risk of material fraud, however we cannot be complacent. One incident of fraud with an immaterial financial impact was handled during the year. Notifications from the Counter Fraud team improve our knowledge and awareness of the risk of fraud.

Equality impact assessments are carried out to assess the impact of the Trust's decisions and design of services as part of the Trust's legal duty under the Equality Act 2010 – we also use assessments in the development of policies

and in consideration of cost improvement plans.

Risk Assessment Process

The organisation has structured risk assessment and management processes in place as set out in the Risk Management Framework. This also includes having trained, service-based risk assessors in place to undertake assessment to support local management. Managers are responsible for managing action planning against identified risks and for escalating those risks with additional resource implications via service risk registers. The Risk Management Team receives and centrally records risk assessments to identify commonalities for organisational risk treatment and escalation.

Risk registers operate at service line level for all identified risks. Risks assessed as scoring 12[6] or above have increased oversight and monitoring by formal committees including the Trust Management Team for all risks scoring 15 or greater. This is in accordance with the risk appetite, agreed by Board and set out in the Risk Management Framework.

The below diagram illustrates the assessment, reporting and oversight process:
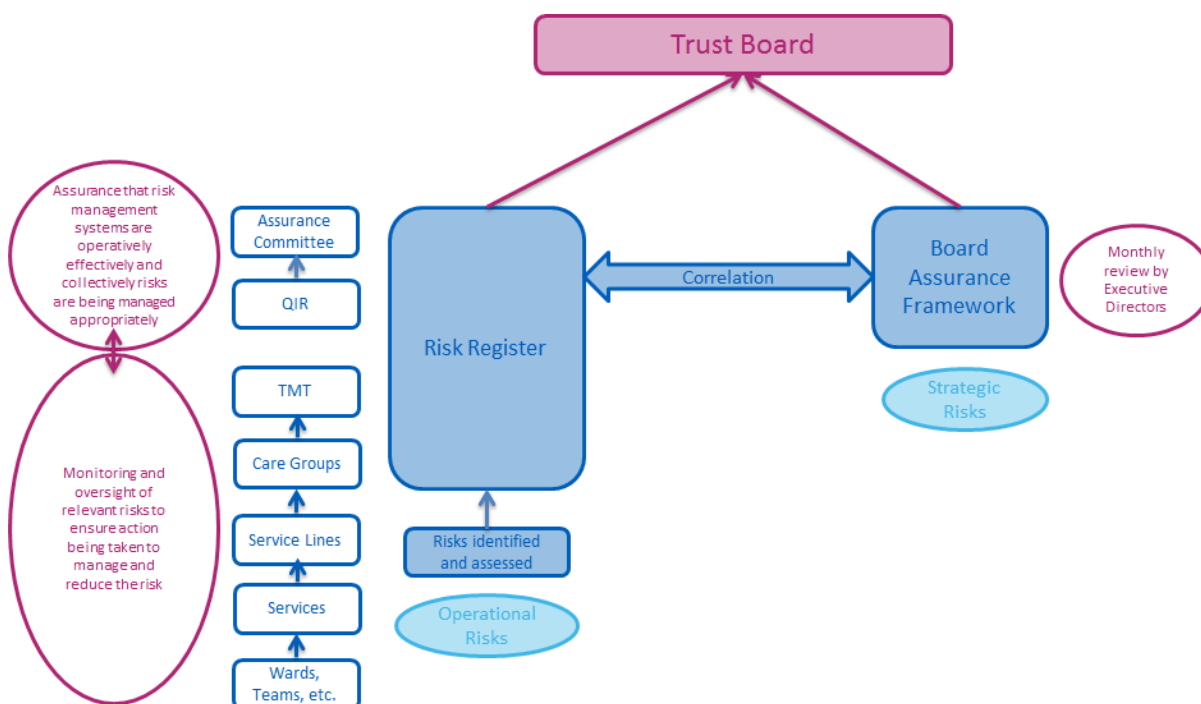
Risk identification and measurement

Risk identification establishes the organisation's exposure to risk and uncertainty. The processes used by the Trust include, but is not limited to; risk assessments, adverse event reports including trends and data analysis, Serious Incidents requiring investigation (SI), learning from deaths, claims and complaints data, business decision making and project planning, strategy and policy development analysis, external/internal audit findings /recommendations and whistle blowing in accordance with the Trusts Freedom to Speak Up policy.

The online Risk Register is now fully embedded and has provided the ability for real time reporting and escalation; it also aligns existing systems used for incident, complaints and claims reporting. In turn this has enabled the Quality &

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[6] Risks are scored against the NHS National Patient Safety Agency risk matrix, which scores risks on a scale of consequence 1-5 (with a score of 5 being catastrophic) and a scale of likelihood 1-5 (with a score of 5 being almost certain)

Risk Team (and service managers) to provide swift response and support to services. The use of the online system supports the triangulation of data from incidents, claims and complaints for further analysis and assurance.

The Trust uses the National Patient Safety Agency likelihood and severity matrix to assign a risk score and we recognise that in all cases it is vital to set the risk into context for evaluation. Risks which fall outside of the remit of routine clinical assessment or are potentially significant for the organisation are approached and managed in line with the Risk Management Framework.   The Trust is aware and encourages a proactive safety culture, good communication and teamwork, all of which are inherent in the improvement of risk and the implementation of good clinical risk assessments. To ensure clinical risk assessments are appropriate they are always reviewed as part of all serious or high risk investigations so that lessons can be learnt and assessments improved if necessary.
The positive risk management culture and risk management processes have enabled the Trust to proactively identify, assess, treat and monitor significant risks in year.

Strategic Risks
The organisations strategic risks (scoring 12 or over), at the end of the current financial year and as detailed within the Board Assurance Framework relate to:

- Workforce Capacity – as described within the operational context. In addition work continues to develop alternative career and learning pathways to support news models of care.

- Quality Governance and quality improvement – the Trust continues to implement action plans to address issues raised as a consequence of the comprehensive CQC inspection and subsequent inspections , and further embed the Solent Quality Improvement Programme.

- Future organisational function – clarification on structure, leadership and multi-agency accountability will be required as the organisation responds to the Sustainability & Transformation Partnership (STP) plans, local delivery systems and associated work streams as a consequence of the rapidly changing external environment.

As these are strategic risks they have longevity and will pose as risks to the Trust into the future – we are actively mitigating these to an agreed tolerable level and, as with operational risks, ensure that any learning is disseminated to reduce the chance of reoccurance .

There is clear alignment between the Board Assurance Framework and operational risks.

Operational Risks

The highest operational risks in year are identified below, however, each are being managed by the Executive Lead to reduce the risk to an acceptable level:

- Workforce Sustainability - there is a risk that we are unable to recruit and / or retain sufficient numbers of clinical staff with the skills and experience required. Particular pressures in our Adult Mental Health, Adults Services Southampton and Children's services have existed throughout the year which pose a risk to service delivery and the quality of patient care. We remain committed to ensuring that staffing levels are appropriate to meet the identified needs of patient/service users. Nursing and care staff, working as part of wider multidisciplinary teams, play a critical role in securing high quality care and excellent outcomes for our service users. Where we have staff shortages we are developing solutions including providing additional training to new and existing cohorts of staff, for example including the introduction of Associate Nurse Practioner roles within our Mental Health Services. In accordance with national requirements we monitor the appropriateness of nursing staffing levels and skill mix to ensure we provide safe and effective care that reflects the acuity and dependency needs of individual patient groups. However, we recognise that safe staffing must also acknowledge the contribution of other disciplines and professions within the overall staffing establishment to ensure that clinical teams deliver safe, effective and high quality care in an increasingly complex environment.

- Telephony – we currently operate out of a number of locations where we do not manage the IT for the site but where staff report telephony issues which could impact on clinical care. This is being actively addressed by IT services with the premise owner so that faults can be effectively reported howeverservice business continuity arrangements are in place should the risk materialise.

- Estates – we are aware that some of our services are operating out of sub optimal sites impacting on service provision. Services have implemented mitigation plans and our estates team continue to actively seek alternative sites.

We will continue to monitor and mitigate all significant risks associated with Cost Improvement Plans identified via the Quality Impact Assessment process.

<u>Well Led</u>

In year we have completed self –assessments against the NHSI Well Led Framework and CQC Key Lines of Enquiry and have implemented action plans to address areas where we know we can improve.

We also assess ourselves monthly against the requirements of the NHS Provider Licence to ensure compliance, in accordance with the NHSI Single Oversight Framework requirements – the details of which are incorporated into our Board Performance Report.

Information Governance Toolkit and Data Security

Data Security is a significant part of the national Information Governance (IG) Toolkit requirements as well as ensuring that at least

97%

We achieved 97% Information Governance Toolkit Compliance

95% of staff have completed IG training annually, which is nationally recognised as an extremely challenging standard. We achieved Level 3 compliance with these requirements.

IG serious incidents are reported and monitored via the Toolkit and to the Information Commissioner's Officer as described below.

In March 2018 we achieved Level 3 (the highest level in compliance) in 42 out of the 45 requirements outlined in the IG Toolkit. We achieved the mandated minimum Level 2 in the remaining three requirements, and our overall compliance level is 97%. We continue to monitor all incidents and risks associated with IG matters and ensure we learn as a consequence.

Serious Incidents Requiring Investigation

A total of 78 Serious Incidents requiring investigation (SI) were raised 36 of which related to incidents concerning pressure ulcer management/care. Other SIs concerned unexpected deaths (20), slips/trips and falls (4), as well as treatment delays, surgical errors, safeguarding adults and children. As part of the SI process we actively identify learning opportunities.

We also investigated and responded to six Information Governance (IG) SIs, all of which are categorised as:

* Staff Breach – investigated through disciplinary processes
* Personally Identifiable Data sent to wrong person / address
* Security of information – changes in processes made

None of the above SIs resulted in data loss.

Our Caldicott Guardian and Senior Information Risk Officer are consulted with whenever there is an IG Serious Incident and our commissioners provide scrutiny to our SI process and confirm closure on investigations once appropriate assurance has been sought.

The Information Commissioner's Officer are also advised of every incident and have confirmed that they are happy with the immediate actions taken and have closed their investigations into all six incidents.

Care Quality Commission (CQC) Compliance

The Trust has reported full compliance with the registration requirements of the Care Quality Commission through the year and routinely receives visits and inspections from the CQC. There are no outstanding issues recorded against the Trust. The Trust is fully compliant with the registration requirements of the Care Quality Commission.

After the comprehensive inspection of the Trust by the CQC in June 2016, the CQC re-visited a number of services that had been identified as 'Inadequate' and re-rated them. Whilst this did not affect the overall rating, all of our services are now either rated as 'Good' or 'Requires Improvement' with the Learning Disability service rated as 'Outstanding'.

There remains a small number of actions associated with the Inspection that are managed though normal governance arrangements. This feeds into the Quality Improvement & Risk Group through to the Assurance Committee. This is supplemented by Board oversight through activities such as Board to Floor visits, Quality Review

Visits, review of performance management information and Friends and Family Test feedback.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employers contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Equality, Diversity and Human Rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Environmental responsibilities

We reviewed the impacts of climate change for delivering our services back in 2015/16 and in response to the Sustainable Development Unit Guidance, implemented a Sustainability and Carbon Management Strategy. The strategy incorporates a Sustainable Development Management Action Plan and a Carbon Reduction Action Plan, which are reviewed at least annually to ensure they remain relevant and reflect the changing estate.

We have developed a Sustainable Development Management Plan that aligns with the NHS Standard Contract, specifically Service Contract item SC18 – Sustainable Development, this is due for submission to our Board for approval in May 2018.

This plan recognises the challenge in meeting our carbon reduction targets and sets out the measures to be taken and establishes our commitment in meeting carbon reduction obligations. A number of initiatives are already in place delivering improvements as part of our management plan, and regular monitoring against our baseline is in place to record the achieved reductions against target.

We are committed to being a leading sustainable healthcare organisation, and to carrying out our business with the minimum impact on the environment. Our Sustainable Development Management Plan (SDMP) priorities are:

- To reduce our carbon footprint by a minimum of 2% year on year, through a combination of technical measures and staff behaviour change.
- To embed sustainability considerations into our core business strategy.
- To work collaboratively with our key contractors and stakeholders to deliver a shared vision of sustainability.
- To comply with all statutory sustainability requirements and implement national strategy.

During 2017/18, across the Trust we:
- Invested over £150K in energy efficiency measures.
- Involved staff in a Green Impact campaign to raise awareness and generate environmental improvement actions.

£150k

We invested over £150k in energy efficiency measures

- Reduced total waste volumes compared with 2016/17, our target for 2018/19 is to achieve zero waste to landfill.
- Improved our mixed waste recycling, our target for 2018/19 is to separate out our waste streams where possible to enable independent recycling of waste paper and cardboard.
- Introduced initiatives to make our procurement more sustainable.

Through the implementation of a new Access & Transport Policy our target for 2018/19 is to effectively monitor travel and identify actions that can be supported to encourage staff to consider alternative means of transport. This will enable us to reduce single occupancy car travel and increase cycling in conjunction with our Sustainable Travel Plan. We are undertaking risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that our organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

The following key processes are in place to ensure that resources are used economically, efficiently and effectively:
- Scheme of Delegation and Reservation of Powers, Standing Orders and Standing Financial Instructions approved by the Board. These key governance documents include explicit arrangements for:
   o Setting and monitoring financial budgets;
   o Delegation of authority;
   o Performance management; and
   o Achieving value for money in procurement.
- A financial plan approved and monitored by the Board.
- The Trust operates a hierarchy of control, commencing at the Board and cascading downwards to budget managers in relation to budgetary control, balance sheet reconciliations, and periodic review of service level income with commissioners. In addition, the Finance Committee provides scrutiny and oversight which has been supplemented this year by independent commissioned reviews.
- Robust competitive processes used for procuring non-staff expenditure items. Above £5,000 procurement involves competitive tendering. The Trust has agreed procedures to override internal controls in relation to competitive tendering in exceptional circumstances and with prior approval obtained.
- CIPs, which are assessed for their impact on quality with local clinical ownership and accountability
- Strict controls on vacancy management and recruitment
- Devolved financial management with the continuation of service line reporting and service line management
- The Trust participated in the National Benchmarking Network's Children's & Adolescent Mental Health Services (CAMHS) project, with separate submissions for our Southampton and Portsmouth services, Corporate Services, Learning Disabilities, Intermediate Care (NAIC), Mental Health, Delayed Transfers of Care, Community Services and Pharmacy and Medicines Optimisation and Diagnostic projects. In addition, Solent NHS Trust has been part of the monthly community indicator workstream and are part of the Model Hospital application.
- The Trust Board gains assurance from the Finance Committee in respect of ensuring appropriate financial frameworks are in place to drive the financial strategy and provide assurance to the Board on financial matters as directed, including to review the impact of CIPs on forward financial planning.
- The Audit and Risk Committee also receives reports regarding losses and compensations, SFI breaches, financial adjustments and single tender waivers. The Board gains assurance from the Assurance Committee regarding the quality of services and compliance with regulatory control. The Audit & Risk Committee test the effectiveness of these systems.

Performance Reporting

During 2017/18 the performance governance structure has continued to mature to optimise escalations of significant performance to the senior leadership team and Trust Board. The meeting structures in operation are described as follows;

- Concerning our clinical service lines: Chief Operating Officers meet with their service line senior managers on a monthly basis and review performance against quality, workforce, finance, business plans, operations, data quality and any other issues pertinent at that time. The exceptions form the agenda at a later monthly meeting chaired by the Director of Finance and Performance where these are discussed in-depth, necessary mitigations implemented, and assurance sought where appropriate.
- Concerning our non-clinical functions: Monthly Corporate Performance Subcommittees meetings review and scrutinise the performance under executive respective areas of responsibility
- A summary of all operational and corporate exceptions are then submitted through to the monthly Trust Management Team Meeting ensuring oversight.

In addition to standard performance monitoring, other significant areas of risk can be requested for review at the performance meetings, for example, progress against the CQC Action Plan, agency spend and contract performance notice remedial action plans. Similarly, the Chief Operating Officers and Director of Finance and Performance have discretion to include agenda items, where appropriate, to ensure all necessary and required items for performance assurance are considered. Specialised forums are also held periodically to provide additional scrutiny and support to managers where escalation is required on finance, quality and workforce.

We have implemented an internal data quality tool that is validating incorrectly reported waiters due to front end data entry issues. In 2017/18, the Trust reduced the number of incorrectly reported 52 week breaches by 1000s across the Trust. During 2018/19, a similar process will be implemented and monitored to validate incorrectly reported waiters between 18-52 weeks.

Our Data Quality Team works collaboratively with our services to validate data including waiting time performance indicators and continue to systemically review all service users on waiting lists to ensure they are accurate and appropriately recorded. Regular reporting and oversight is shared with services and senior management to ensure validations and outcomes are being recorded correctly.

As stated within the Annual Results Report for the year ended 31 March 2018, our external Auditors anticipate issuing an unqualified Value for Money opinion and an unqualified opinion concerning the Trust's financial statements.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to Trusts on the form and content of annual Quality Reports – we have produced our annual Quality Account in compliance with these requirements, and in doing so has consulted with key stakeholders.

The Account includes a summary of the arrangements in place to assure the Board that the reporting of quality presents a balanced view and that appropriate controls are in place to ensure the accuracy of data.

The Trust has in place a number of systems and processes to ensure that we are focusing upon the right quality indicators and that quality reports are integral to the overall performance monitoring of the Trust.   This is led by executive leadership to ensure that quality and other performance information is triangulated and presented in a balanced view.

Quality indicators are based upon a range of sources, including regulatory, national, best practice and locally agreed improvement targets. Many indicators are established internally in collaboration with clinical services to help achieve the highest possible standards of quality and care.

All quality metrics have systems to appropriately capture the information, analyse and onward reporting to the applicable stakeholders, including internally (the Board, Care Group Performance Subcommittees) or externally (for example NHS Improvement and local commissioners). Our Quality Account is available in section 5 of the Annual Report.

The Quality Improvement Strategy is currently being reviewed to reflect the refreshed value statements being developed within the organisation and work is planned for 2018/19 in supporting an enhanced focus on quality improvement linked to embedding cultural change.

Significant Issues during 2017/18

As part of its role in ensuring effective direction of the Trust, the Board continuously seeks assurances on the detection and management of significant issues. As Accountable Officer, I ensure that Board members are apprised of real or potential significant issues on a no-surprises basis, both within formal Board meetings and as required between meetings. Electronic briefings are circulated to non-executive directors to inform them of any emerging issues in between Board meetings. The Board Assurance Framework is updated to reflect significant issues and the mitigation thereof.

In year the following significant issues occurred:
- Like many NHS organisations, a number of our services experienced **staffing pressures** due to sickness, vacancies and difficulties recruiting due to national staff shortages, such as community adults and children staff and mental health nurses. This has resulted in the over reliance on agency staff and the breaching of the mandatory spending cap despite significant development in recruitment and retention approaches and a Solent managed bank. Workforce controls continue to be implemented including ensuring the vast majority of temporary staff are sourced through our in house bank, and where necessary block booking agency which has provided additional assurance in terms of the quality of temporary staff supply.

- We continued to constructively support **system working** as part of our involvement with the Sustainability and Transformation Partnerships (STP) and developing Integrated Care Systems (ICS), particularly in the support of hospital admission avoidance and discharging medically fit patients from the acute sector. However, the system is not yet in financial balance resulting in pressures in some community services - this was particularly evident during the period of the national and well publicised winter pressures.
  We also recognise that despite our increased joint working arrangements with partners we have more to do in relation to developing **robust integrated governance arrangements** across sectors and organisations. We continue to participate in the development of associated governance frameworks to ensure appropriate risk management and internal control arrangements are established relating to the Hampshire and Isle of Wight STP and Local Delivery Systems (LDS).

- **Serious incident reporting** arrangements have been enhanced during the last year to reduce a backlog of closures - the number of serious incident investigation reports that breach the closure deadline has been actively managed with few/minimal breaches of late.

- We were unsuccessful in securing the **necessary funding** from the Department of Health for the redevelopment of the **St James Hospital and St Mary's Health** Campus in the first and second waves of funding application which delayed strategic plans associated with our estates and capital programmes. We have however been successful in the wave 3 application. The delay in securing the necessary funding has resulted in circa £1.7m annual savings not being achieved by the Portsmouth health system and the release of land for housing development being later than expected; operationally it has meant our services being delivered from sub-optimal premises.

- We continued to operate in **challenging financial times** with a deficit target of £1.5m. In year we encountered a number of financial related risks as summarised below:
  - in relation to **VAT partial exemption calculations** concerning changes due to commissioning moving from NHS organisations to local authorities; consequently we are actively working with experts and advisors and the Finance Committee and Board have been fully apprised.
  - In relation to the Hampshire & IOW STP and **related system financial pressures**
    including expectations to work together to reduced costs which could significantly destabilise Solent services and impact on neighbouring system partners as well as adversely affecting the quality of our service offer
  - there have been a number of contract challenges which have been inspired by the significant financial challenges faced by certain Clinical Commissioning Groups, which we have dealt with robustly.

- **Areas rated by CQC as Requires Improvement** – we continued to actively address areas rated by the CQC in their comprehensive inspection as requiring improvement. Whilst significant progress has been made, it is acknowledged that a small number of actions require complex resolution and/or assistance from partner agencies. The areas that remain being actively addressed include;
  - Statutory and mandatory training compliance
  - Wheelchair provision – we are actively working with our CCG partners (as the commissioner of the service) and with the independent provider to ensure systems and processes are in place to ensure a responsive and timely service
  - The environment within our Psychiatric Intensive Care Unit
  - Spiritual support for our service users

We continue to strive to improve services using a Quality Improvement (QI) approach which supports our continuing learning from investigations. You can read more about our QI programme within the Quality Account.

- Having invested significantly in new IT systems and hardware for our staff, and a complete transfer from a complex fragile network to a new and resilient infrastructure, national benchmarking data identified us as an outlier in relation to **IT related expenditure**. Consequently we proactively reviewed our IT programme and agreed to further explore opportunities for cost, efficiency and service improvement whilst continuing to work cooperatively with our outsourced IT provider. We were hit by the **national IT cyber-attack**, Wannacry, however our security systems proved robust resulting in minimal business and service interruption.
- **Operational Performance** was also impacted in year as summarised as follows:
  - **Looked after Children out of area placements** - statutory health assessments and reviews for Looked after

Children continued to breach timescales in year. Although the responsibility for the breaches is multi-organisational, it is still a concern and our Children and Families service line continue to review possible actions to help mitigate this issue.

- **Wheelchair provision delays** - we continue to see delays in the provision of wheelchairs for our patients, particularly our 0-19 service users, from the externally commissioned provider. We are actively engaged with commissioners and the wheelchair provder in seeking resolutions, moving forwards.

- **Dental General Anaesthetic Waiting Lists** - waits are still longer than desirable due to a shortage of available theatre space to undertake our procedures and we continue to work with partners to seek theatre capacity.

Demand on our services at times does create longer than acceptable waiting times in areas such as Child & Adolescent Mental Health services (CAMHs), Speech & Language Theraphy and Psychological Therapies. In all cases, we implement clinical prioritisation processes, continue to monitor this via our monthly performance review meetings and performance reports to the Board, as well as ensuring an issues of a quality nature are escalated via our Quality Improvement & Risk Group through to the Assurance Committee. We are also in constant dialogue with our commissioners via contract review meetings.

Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit & Risk Committee, Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The following key processes have been applied in maintaining and reviewing the effectiveness of the system of internal control:
- a review of committee governance by the Governance and Nominations Committee. The Board consider recommendations made by the committee and is ultimately responsible for approving and monitoring systems to ensure proper governance and the management of risk
- reviews of key governance documentation such as Standing Orders, SFIs, Scheme of Delegation and the Board Assurance Framework
- the oversight by the Audit & Risk Committee of the effectiveness of the Trust's systems for internal control, including the Board Assurance Framework (BAF). In discharging their duties the committee takes independent advice from the Trust's internal auditors (PwC) and external auditors (Ernst & Young). The BAF is also reviewed and challenged by the Board and updates are presented monthly via the Chief Executive's report to the Board
- the internal audit plan, which has been adapted in year to address areas of potential weakness in order that the Trust can benefit from insight and the implementation of best practice recommendations - and the findings of relevant internal audits.
- the scrutiny given to the Clinical Audit Programme by the Audit and Risk Committee
- the Trusts assessment against NHSI's Well Led Framework and associated action plan

- the scrutiny given by the Mental Health Act Scrutiny Committee in relation to the implementation of the Mental Health Act and
- the review of serious untoward incidents and learning by SI and , Learning from Death Panels and Service Line Clinical Governance Groups.

The Head of Internal Audit Opinion (HOIA) concluded an opinion of 'Generally satisfactory with some improvements required'. It was noted however, that there are some areas of weakness and as such the Trust is actively addressing these; particularly concerning those raised within the Clinical Supervision Audit Report (which was rated as 'High Risk'). The HOIA also highlights areas of good practice identified as a consequence of our auditors reviews.

I therefore believe that the necessary arrangements are in place for the discharge of statutory functions, that the Trust is legally compliant and there are no irregularities.

Conclusion

In conclusion, and in acknowledgment of the referenced significant issues, I believe Solent NHS Trust has a generally sound system of internal controls that supports the achievement of its objectives.

Sue Harriman
Chief Executive Officer

Date:29 May 2018
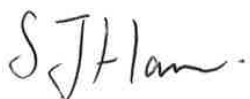
Statement of Chief Executive's responsibilities as the Accountable Officer of Solent NHS Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum.

These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;

- value for money is achieved from the resources available to the trust;

- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

- effective and sound financial management systems are in place; and

- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Sue Harriman
Chief Executive Officer

Date: 29 May 2018

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;

- make judgements and estimates which are reasonable and prudent;

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors and I consider the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the trust's performance, business model and strategy. A statement regarding the going concern position in relation to the accounts can be found on page 112.

Disclosure of information to auditors

The directors and I confirm that, so far as we are aware, there is no relevant audit information of which the trust's external auditors are unaware. We also confirm that we have taken all steps that we ought to have taken as directors in order to make ourselves aware of any relevant audit information and to establish that the auditors are aware of that information.

By order of the Board

Sue Harriman
Chief Executive Officer

Andrew Strevens
Deputy CEO and Director of Finance and Performance

Date: 29 May 2018

Date: 29 May 2018

Remuneration and Staff Report

Remuneration report

Remuneration of the Chief Executive and Directors accountable to the Chief Executive is determined by the Remuneration Committee.   The terms of reference of this Committee comply with the Secretary of State's "Code of Conduct and Accountability for NHS Boards".

The Remuneration Committee met 4 times during 2017/18.

The committee considers the terms and conditions of appointment of all Executive Directors, and the appointment of the Chief Executive and other Executive Directors.

All Non Executive Directors and the Chairman are members of the Committee.   Although the Chief Executive, Director of Human Resources, and Director of Finance & Performance attend the meetings by invitation, they are not members of the Committee.

The attendance by members is detailed below:

Member	15th May 2017	30th May 2017	22nd June 2017	14th December 2017
Jane Sansome *Left 31/05/2017*	✓	✓		
Alistair Stokes	✓	✓	x	✓
Jonathan Pittam	x	x	✓	✓
Mick Tutt	✓	✓	✓ *	✓
Mike Watts (Chair)	✓	✓	✓	✓
Francis Davis	✓	✓	✓	✓
Stephanie Elsy *Appointed 01/09/2018*				✓

*Chaired the meeting

Although the Remuneration Committee has a general oversight of the Trust's pay policies, it determines the reward package of Senior Managers only. All Senior Managers are Executive Directors. Other staff are covered either by the national NHS Agenda for Change pay terms or the national Medical and Dental pay terms.

In year the Committee:

- were kept briefed on appointment processes to executive team vacancies and preferred candidates following assessment centre outcomes
- discussed and agreed remuneration matters concerning executive pay

- considered Mutually Agreed Resignation Schemes (MARS)
- considered the CEO appraisal
- ratified the recommendations made by the Clinical Excellence Awards Panel

Senior Managers Remuneration Policy

Our policy on the remuneration of senior managers for the current and future financial year is based on principles agreed nationally by the Department of Health taking into account market forces and benchmarking. During 2017/18 NHS Information undertook a benchmarking exercise on Executive Director and Non-Executive Director pay, which has been used to review remuneration of the Chief Executive and Executive Directors.

Senior managers pay includes the following elements as set out by the Department of Health: Basic Pay, Additional Payments in respect of Recruitment and Retention, and Additional Responsibilities. All Recruitment and Retention additions are subject to benchmarking, whilst additional responsibilities additions are awarded in line with the requirements of the Pay Framework for Very Senior Managers in Strategic and Special Health Authorities, Primary Care Trusts and Ambulance Trusts. All elements of the executive directors' remuneration package are subject to performance conditions and achievement of specific targets. No Directors are currently being paid a performance bonus.

Two Directors' receive a salary in excess of £150,000. Paying a salary above this threshold has been agreed by the Trust Remuneration Committee and the NHS Improvement Remuneration Committee for one Director. The other Director is paid in accordance with the relevant national Medical and Dental terms as they also perform clinical duties.

Individual annual appraisals assess achievements and performance of Executive Directors. They are assessed by the Chief Executive and the outcome is fed back to the remuneration committee. Individual executive performance appraisals and development plans are well established with in the Trust and follow agreed Trust procedures. This is in line with both Trust and national strategy.

The Chair undertakes the performance review of the Chief Executive and Non-Executive directors.

Our Non-Executive Directors, including the Chairman, are paid the rates set by the Secretary of State and NHS Improvement.

There were no senior managers seconded into the organisation during the year 2017-18.

Service Contract Obligations

All senior manager contracts require them to meet the Fit and Proper Persons requirements specified in Section 7 of the Health and Social Care Act 2008. Failure to do so would be considered a breach of their contractual terms.

Loss of office payment for Senior Managers are determined in accordance with Sections 14-16 and 20 of the NHS Terms and Conditions of Employment. For the year 2017-18 there was no loss of office payments made.

Duration of Contracts

All Executive Directors are employed without term in accordance with the Trust Recruitment and Selection Policy.

All Executive Directors are required to give six months' notice in order to terminate their contract. Termination payments are on the grounds of ill health retirement, early retirement, or redundancy on the same basis as for all other NHS employees as laid down in the National Terms and Conditions of Employment and the NHS Pension scheme procedures.

Within the 2017-18 financial year there have been no early terminations of an Executive Director and no non-contractual payments have been made.

The Chairperson and Non-Executive Directors are appointed on a term set by the Secretary of State. They are office holders and as such are not employees, so are not entitled to any notice periods or termination payments.

Awards made to previous Senior Managers

There have been no awards made to past Senior Managers in the last year and therefore no provisions were necessary.

The Trust's liability in the event of an early termination will be in accordance with the senior managers' terms and conditions.

Off payroll engagements

Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, Trusts must publish information on their highly paid and or senior off-payroll engagements

In accordance with the Manual of Accounts Annual Reporting Guidance 2017-18, all public bodies are required to publish the following information within their 2017-18 Annual Report.

Off payroll engagements in place as at 31/03/18, for more than £245 per day that last longer than six months	
Total number of off pay scale engagements in place as at 31st March 2018	4
Of which, the number that have existed for:	
less than one year at the time of reporting	3
between one and two years at the time of reporting	1
between two and three years at the time of reporting	0
between three and four years at the time of reporting	0
four or more years at the time of reporting	0

A review of all off-payroll engagements has been undertaken, and assurance has been sought on all contracts to ensure the individual is paying the right amount of tax. As a result the Trust believes it is fully compliant with the requirements.

All new off-payroll engagements or those that reached six months in duration between 01/04/17 31/03/18, at a rate of £245 or more per day and that last longer than six months	
Number new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	3
Of which number assessed as:	
within scope of IR35	3
not within the scope of IR35	0
Number engaged directly (via PCS contracted to trust) and on the trust's payroll	0
Number of engagements reassessed for consistency/ assurance purposes during the year	3
Number of engagements that saw a change to IR35 status following the consistency review	0

Notes: All contracts in place prior to the 01/04/17 were reviewed in the light of the Review of the tax arrangements of public sector appointees introduced in the Finance Bill of 2017 relating to off-payroll working (IR35) within the Public Sector.

For all new appointments an IR35 assessment has been undertaken prior to commencement of a contract.

Off payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 01/04/17 and 31/03/18.	
Number of off-payroll engagements of board members, and or senior officers with significant financial responsibility, during the year	0
Number of individuals on payroll and off-payroll that have been deemed "board members, and/or senior officers with significant financial responsibility during the financial year. This figure includes both payroll and off-payroll engagements	8

Period and details of the exceptional circumstances that led to this appointment and period of appointment: There were no off payroll engagements of board members and or senior managers.

Expenditure on consultancy

During the 2017-18 financial year £1,251k was sent on consultancy.

Expenses

During the 2016-17, and 2017-18 financial years, subsistence and travel costs were paid as follows:

	Number	Number making a claim	2016-17 £00	2017-18 £00
Executive Directors	8	8	80-90	111-112
Non-Executive Directors	7	7	30-40	66-67
Shadow Governors	16	2	8-9	2-3
		Total	131-132	180-182

The salary, emoluments, allowances, exit packages, and pension entitlements of the Trust's Senior Managers are detailed in the following sections.

Fair pay multiples (audited)

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director/Member in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director/Member in Solent NHS Trust in the financial year (£000), 2017-18 was £155-£160 (2016-17, £155-160). This was 5 times (2016 - 17, x5), the median remuneration of the workforce (£28,746), which was £28,101 (2016–17, £28,101).

In the 2017-18 one (2016 - 17, two) employee received remuneration in excess of the highest paid director/member. Remuneration ranged from £14k to £185k (2016–17, £15k-£180k)

Total remuneration includes salary, non-consolidated performance related pay, benefits in kind, but does not include severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

When calculating the median figure, individuals employed via a bank contract who did not work on the 31st March 2018 have been excluded; together with employees who left prior to the April 2017, honorary appointments, Non-executive directors who receive allowances only, individuals who are undertaking training in receipt of a training allowance only and individuals who were not directly employed by the Trust.

Exit packages (audited)

Changes have continued to take place within the organisation in the 2017-18 financial year and whilst we endeavour to do all we can to ensure the continued employment of our staff there have been 4 severance payments totalling £147k made in the year. All of these payments relate to compulsory redundancies. None of these payments relates to senior managers as detailed in the accounts and all payments have been made in accordance with the NHS Pension Scheme procedures and National Terms and Conditions, as a result Treasury Approval has not been required.

Exit Packages agreed in 2017-18

Exit Package cost band (including and special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	2017-18 Cost of special payment element included in exit packages
	Number	£s	Number	£s	Number	£s	Number	£s
Less than £10,000	1	6,816	0		1	6,816	0	
£10,000 - £25,000	2	37,950	0		2	37,950	0	
£25,001 - £50,000	0		0		0		0	
£50,001 - £100,000	0		0		0		0	
£100,001 - £150,000	1	102,667	0		1	102,667	0	
£150,001 - £200,000	0		0		0		0	
>£200,000	0		0		0		0	
Totals	**4**	**147,433**		**0**	**4**	**147,433**		

This note provides an analysis of Exit Packages agreed during the year. Redundancy and other departure costs have been paid in accordance with the provisions of the NHS redundancy arrangements. Exit costs in this note are accounted for in full in the year of departure. Other departures have been paid in accordance with the Mutually Agreed Resignation Scheme (MARS). Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year.

Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

The table below reports the number and value of exit packages agreed in the year.

Analysis of Other Departures		
		2017-18
	Agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs	0	
Mutually agreed resignations (MARS) contractual costs	0	
Early retirements in the efficiency of the service contractual costs	0	
Exit payments following Employment Tribunals or court orders	0	
Non-contractual payments requiring HMT approval **	0	
Total	0	

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total number in table 1 which will be the number of individuals.

*: any non-contractual payments in lieu of notice are disclosed under "non contractual payments requiring HMT approval".

**: includes any non-contractual severance payment made following judicial mediation, and no amount relating to non-contractual payments in lieu of notice.

No non-contractual payments were made to individuals where the payment value was more than 12 months' of their annual salary. The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.

Salaries and allowances (audited)

Name and Title	2017-18						
	(a)	(b)	(c)	(d)	(e)	(f)	Total
	Salary and fees including R&R (bands of £5,000)	Expense Payments (taxable) (total to nearest £100	Performance Pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	0ther payments (bands of £5,000)	All pension-related benefits (bands of £2,500	(a to f) (bands of £5000
	£000	£00	£000	£000	£000	£000	£000
S Harriman – Chief Executive	155-160	0.2-0.3	0	0	0	20-22.5	175-180
A Strevens – Director of Finance and Performance	120-125	0.1-0.2	0	0	0	17.5-20	135-140
H Ives – Chief People Officer	100-105	0-0.1	0	0	0	12.5-15	115-120
D Meron – Chief Medical Officer*	135-140	0-0.1	0	0	0	17.5-20	155-160
M Rayani – Chief Nurse Resigned 17/06/17	20-25	0-0.1	0	0	0	2.5-5	25-27.5
S Austin – Chief Operating Officer Portsmouth	105-110	0	0	0	0	15-17.5	102-125
D Noyes – Chief Operating Officer Southampton & County Commenced 03/07/17	80-85	0.1-0.2	0	0	0	10-12.5	90-95
J Ardley – Chief Nurse Commenced 18/12/17	30-35	0.1-0.2	0	0	0	0	30-35
A Stokes – Chairman, (Non- Executive Director 01/01/18-31/03/18)	25-30	0	0	0	0	0	25-30
M Tutt – Non Executive Director (Acting Chairman from 01/01/18 to 31/03/18)	10-15	0.4-0.5	0	0	0	0	10-15
F Davis – Non Executive Director	5-10	0	0	0	0	0	5-10
J Pittam – Non Executive Director	5-10	0.2-0.3	0	0	0	0	5-10
M Watts – Non Executive Director	5-10	0-0.1	0	0	0	0	5-10
J Sansome – Non Executive Director Resigned 31/05/17	0-5	0-0.1	0	0	0	0	0-5
S Elsy – Non Executive Director Commenced 01/09/17	0-5	0-0.1	0	0	0	0	0-5

For individuals who joined or left the Trust part way through the year, the full time equivalent salary plus any additional remuneration, excluding severance payments have been used to calculate the rate of payment.

The expenses shown column (b) are different to those shown in the Expenses section as column (b) relates solely to taxable expenses, compared to all expenses shown in the Expenses Section.

* The Chief Medical officer role is combined with clinical duties. These figures include £45k-50k (expressed in bands of £5,000) relating to clinical duties.

Previous year salary and allowances

Name and Title	2016-17						
	(a)	(b)	(c)	(d)	(e)	(f)	Total
	Salary and fees including R&R (bands of £5,000)	Expense Payments (taxable) (total to nearest £100	Performance Pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	0ther payments (bands of £5,000)	All pension-related benefits (bands of £2,500	(a to f) (bands of £5000
	£000	£00	£000	£000	£000	£000	£000
S Harriman – Chief Executive	155-160	0.2-0.3	0	0	0	20-22. 5	175-180
J Pennycook- Director of Human Resources & Organisational Development Resigned 31/12/16	75-80	0-0.1	0	0	40-45	10-12.5	125-130
A Strevens – Director of Finance and Performance	100-105	0.1-0.2	0	0	0	12.5-15	115-120
D Meron – Chief Medical Officer*	135-140	0.2-0.3	0	0	0	17.5-20	155-160
A Whitfield – Chief Operating Officer Southampton and Hampshire Wide Resigned 12/03/17	100-105	0.1-0.2	0	0	0	12.5-15	115-120
M Rayani – Chief Nurse	105-110	0.2-0.3	0	0	0	15-17.5	120-125
S Austin – Chief Operating Officer Portsmouth	105-110	0	0	0	0	15-17.5	120-125
A Stokes – Chairman	15-20	0	0	0	0	0	15-20
D Batters – Non Executive Director Resigned 31/07/16	0	0	0	0	0	0	0
F Davis – Non Executive Director Commenced 01/10/16	0-5	0	0	0	0	0	0-5
J Pittam – Non Executive Director	5-10	0.2-0.3	0	0	0	0	5-10
J Sansome – Non Executive Director	5-10	0-0.1	0	0	0	0	5-10
M Tutt – Non Executive Director	5-10	0.4-0.5	0	0	0	0	5-10
M Watts – Non Executive Director	0-5	0	0	0	0	0	0-5

* The Chief Medical officer role is combined with clinical duties. These figures include £45k-50k (expressed in bands of £5,000) relating to clinical duties.

Pension benefits 2017-18 (audited)

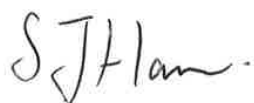| Name and Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2018 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000)	Cash equivalent Transfer Value at 1 April 2017	Cash Equivalent Transfer Value at 31 March 2018	Real increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension to nearest £100
	£000	£000	£000	£000	£000	£000	£000	£000
S Harriman – Chief Executive	0.0 -2.5	(2.5) - 0.0	30 - 35	70 - 75	489	52	540	
A Strevens – Director of Finance and Performance	2.5 -5.0	0	15-20	0	151	53	203	
D Meron – Chief Medical Officer*	0.0-2.5	2.5 -5.0	30 -35	100-105	612	76	688	
D Noyes – Chief Operating Officer Commenced 03/07/17	0.0 -2.5		5-10		78	27	105	
M Rayani – Chief Nurse Resigned 17/06/17	5.0-7.5	20.0 – 22.5	50-55	160-165	852	217	1,069	
S Austin – Chief Operating Officer Portsmouth	0.0- 2.5	(2.5) – (5.0)	50 -55	95-100	784	67	852	

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No. 1050 the Occupational Pension Schemes (transfer Values) Regulations 2008.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Sue Harriman
Chief Executive Officer
Date: 29 May 2018

Staff Report

Our Staff

Last year, we employed 4,086 clinical and non-clinical members of staff (including part time and bank staff) which equates to 2,899 whole-time equivalents (WTE), all of whom contribute to providing high quality patient care across our local communities. Our team members work hard to improve efficiency, to meet national and local quality targets and to bring innovations in care to people who use our services. Most people are permanently employed in clinical roles and directly deliver patient care. We also employ a significant number of scientific, technical and administrative staff who provide vital expertise and support. The following table provides a breakdown of our workforce at the end of the year (March 2018).

Staff Group	Female FTE	Female %	Male FTE	Male %	Total FTE
Admin & Estates	559.07	88.26%	74.37	11.74%	633.45
Director	4.00	57.14%	3.00	42.86%	7.00
Healthcare Assistants and Other Support Staff	562.11	80.82%	133.43	19.18%	695.54
Managers and Senior Managers	42.28	60.13%	28.03	39.87%	70.31
Medical & Dental	98.32	71.26%	39.65	28.74%	137.97
Nursing & Midwives	702.55	92.05%	60.68	7.95%	763.23
Scientific, Therapeutic & Technical	528.44	89.26%	63.55	10.74%	591.99
Total	**2496.77**	**86.11%**	**402.72**	**13.89%**	**2899.49**

Our workforce is predominately female (86%) and this is the predominant gender in all of the staff groups, except for the managers and senior managers group/Directors. We published our Gender Pay Gap reporting (available on our website) and remain committed to the Equality and Diversity agenda working to strengthen inclusive people practices across the Trust.

The following tables provide detail on staff numbers and expenditure. The expenditure is for the full year and the staff numbers represent average figures for the year.

Employee Benefits – Gross Expenditure (audited)	Permanent £000s	Other Agency £000s	Total £000s
Salaries and wages	94,757	4,960	99,717
Social security costs	8,784		8,784
Apprenticeship Levy	465		465
Employer Contributions to NHS BSA Pensions division	12,211		12,211
Other pension costs	5		5
Termination benefits	148		148
Total employee benefits	**116,370**	**4,960**	**121,330**
Employee cost capitalised	95		95
Gross Employee Benefits excluding capitalised costs	**116,275**	**4,960**	**121,235**

Average Staff Number	Permanent Number	Other Agency Number (inc. Bank Staff)	Total Numbers
Medical & Dental	141	4	145
Admin & Estates	700	33	733
Healthcare Assistants and Other Support Staff	691	85	776
Nursing, midwifery and Health Visiting Staff	751	56	807
Nursing, midwifery and Health Visiting Learners	13		13
Scientific, Therapeutic & Technical	590	9	599
Other			
Total	**2886**	**187**	**3,073**

Despite on-going challenges with regards to recruitment in certain professional disciplines and particular areas such as specialist nursing and mental health, the overall level of vacancies are around 2.8% of the total workforce. The demand for bank and agency staff remains high and the amount of spend on bank and agency is 8% of the total pay bill. This is reflective of demand for Mental Health and Community services and national staffing shortages in some key roles.

The Trust Agency ceiling is £3.6 million and our spend for the year is above our threshold at £4.9 million. There is an improvement plan in place to continually drive down the use of Agency, however, winter pressures have created significant challenges that have impacted our progress.

Our in house bank continues to fill 68% of requested shifts with internal bank staff and works hard to ensure that we use as little Agency as is possible.

Staff retention programme

As part of the work we are doing around Quality Improvement, we have been working with service lines and engaging with groups of staff across the organisation to understand the biggest issues and root causes of staff turnover. This activity has highlighted the following areas as the prioritised delivery areas for focus and action planning:

- Recruitment - attraction and brand: Employer Value Proposition & Distinctive Brand
- Flexible working arrangements
- Training for our managers in people development
- Reward and recognition
- Career progression: defined progression routes
- Induction – the root into Solent

In addition, we have a strategic initiative underway to implement the 6 step methodology for workforce planning. This is a critical success factor for recruitment and retention, and much more broadly, organisational effectiveness.

Although we will continue to improve in our day to day operational delivery, we have a strategic action plan in place that focuses on the above 6 areas, with the aim of delivering a significant reduction in turnover by the end of 2019.

Equality and Diversity

Every effort is made to ensure that all our staff are treated fairly, inclusively and equitably regardless of their individual characteristics and circumstances. All new employees are given training in relation to our values and the principles of treating others with dignity and respect. Robust arrangements are also in place to deal with any reports of non-compliance and we continue to monitor trends and take action where necessary.

With regards to disabled employees or those who become disabled whilst working for us, we provide support, training and make reasonable adjustments as necessary to ensure our staff can enjoy a fulfilling career with us. We continue to encourage and support applications for employment from all individuals. For applicants who disclose a disability, reasonable adjustments are put in place upon request and all appointments are based on merit.

Progress continues with the implementation of our Equality and Diversity Strategy. We annually review our performance against the Workforce Race Equality Standards and are working through our action plan for the Equality Delivery System. We have participated in the NHS Employers Diversity & Inclusion Partners Programme. We are engaging through our internal and external networks on the Workforce Disability Equality Standard and the Sexual Orientation Monitoring Standard. We ensure that all of our policies are developed with equality and diversity as one of the main considerations.

During the year ahead we are also planning on establishing closer links with our veteran community. Working with Forces4Change, we will be holding an event in April 2018 to launch our initiatives bringing together a passion for supporting veterans and for enabling military to civilian transition and creating a network of colleagues within the organisation who can support veterans and their families.

Partnership Working

We pride ourselves on having developed excellent partnership arrangements with our staff side representatives. This is formally supported within the Joint Consultative Committee (JCC) and the newly introduced Joint Consultative and Negotiating Committee (JCNC). The local Doctors and Dentists Negotiating Committee (DDNC) specifically deals with matters for medical staff. We also have a Policy Steering Group to ensure that we continue to develop partnership arrangements when renewing and considering new policies that affect the workforce and wider external environment to ensure fairness and equity.

Sickness Absence

We have seen our annualised sickness absence rise during the year from 4.51% to 4.80%. Mental health-related conditions are the main cause of sickness at 28.4%; this is up 5% on the previous 12 month period. The following graph shows sickness absence rates for April 2017 to March 2018. Sickness rates have fluctuated throughout the period, with a peak of 5.38% in Jan 2018. The average for community and mental health trusts for the same period was 4.53%.

The graph below represents data between April 2017 and March 2018
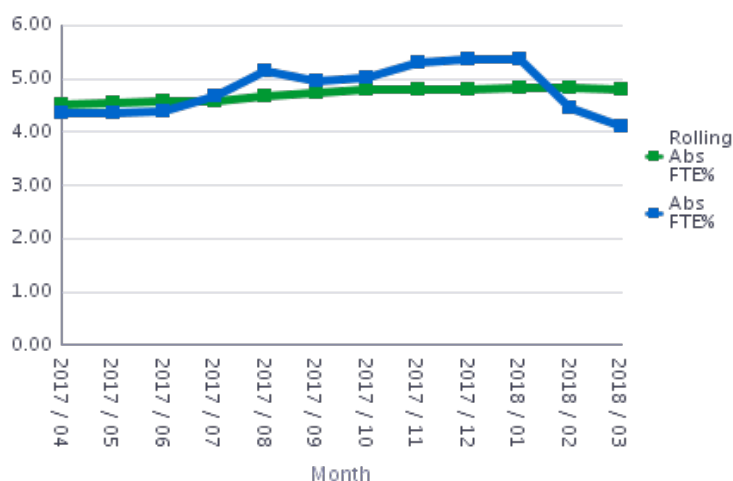
In response to sickness absence data, various initiatives have been implemented and evaluated to improve staff health and wellbeing. The 2017 staff survey shows that people's satisfaction with action taken around health and wellbeing has improved by 5% since the 2015 survey. More on specific action taken to improve levels of organisational health and wellbeing can be found in the Occupational Health section of this report, on page 95.

Employee Engagement

There is a clear relationship between employee satisfaction and patient satisfaction and we recognise that the highest quality of care for people who use our services is delivered through a high quality and engaged workforce where staff feel empowered to really make a difference. We operate a number of employee engagement and patient care measures throughout the year as demonstrated in figure 1, all with the primary purpose of measuring and enhancing employee engagement.

We have a variety of employee engagement initiatives in place within our Great Place to Work programme, which was launched in 2016, the elements of which are illustrated below.

Figure 1 – Employee Engagement
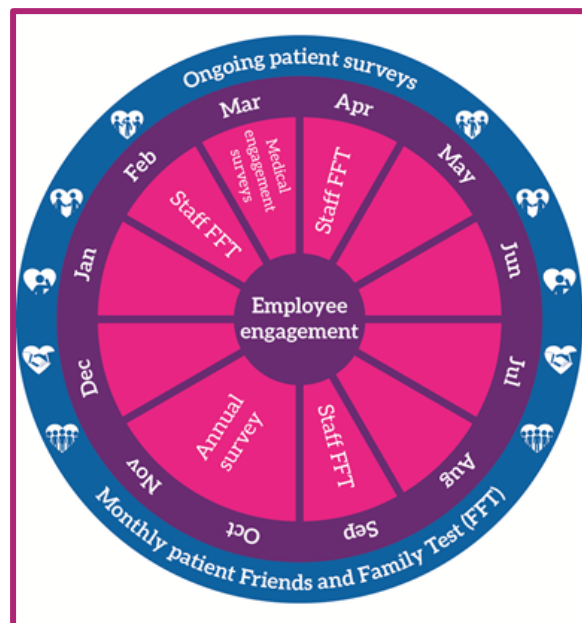

Figure 2 – Great place to work

A summary of each element is outlined as follows:

Leading with Heart

- Leading with Heart Senior Leadership and Board development programme
- Management development programmes and workshops
- Back to the Floor – members of the Board spend time working with teams
- Director drop-in sessions – Executive Directors join teams informally to listen and learn

At the Heart

- Engagement Forums – organised by Occupational Group to explore key workforce issues
- Focus Groups – in response to specific concerns raised by employees
- At the Heart team sessions – team engagement programme to strengthen the Heart values
- Communications Champions – employee communication and engagement network
- Power Hours – hour-long webinars to share knowledge and expertise

The Way Forward

- Strategy communications - connecting employees with our vision, priorities and progress
- Monthly "Ask Sue" forums – staff are invited to contact the CEO in an online Q&A

The Difference

- Communication and Engagement programme – using the power of storytelling to involve people and recognise the difference our care makes
- Weekly Employee newsletter and regular Manager newsletter

People First

- We are working to continually improve our employee experience from the moment people express an interest in joining Solent throughout their entire career with us, see Figure 3.

Being Agile

- Continual quality improvement and innovation are supported through Dragon's Den (where staff can apply for funds to fast track new initiatives) and the Quality Improvement (QI) Programme (development to support teams on their own quality improvement projects).

Figure 3 - Employee experience model

- Involvement and consultation with employees facing or affected by change is integral to the way we lead the organisation. With adherence to our Organisational Change Policy we seek to ensure our consultations are meaningful, fair, transparent and consistent. Our consultations are carried out in partnership with our staff side colleagues and we adhere to our policies throughout.

Staff Survey

The 2017 Annual Staff Survey was carried out by Quality Health with a total of 1876 people taking part. This is a response rate of 56% which is above average for combined mental health / learning disability and community trusts in England (45%), and compares with a response rate of 55% in 2016.

Trust engagement shows a marginal increase of .3% when compared with last year, as detailed below. However, this is still .7% higher than the national average for community trusts.

Figure 4: Overall Staff Engagement

(The higher the score, the better)

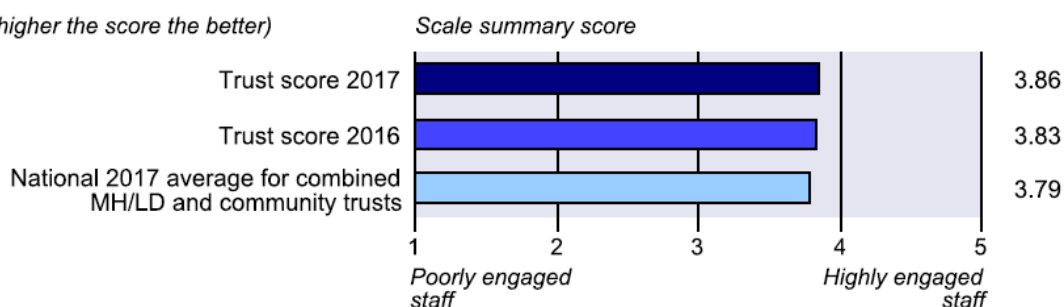## OVERALL STAFF ENGAGEMENT

(the higher the score the better)   Scale summary score

	Scale summary score
Trust score 2017	3.86
Trust score 2016	3.83
National 2017 average for combined MH/LD and community trusts	3.79

1   2   3   4   5
Poorly engaged staff   Highly engaged staff

Table 1: Top 5 ranking scores compared with combined Mental Health, Learning Disabilities and Community Trusts in England

Key findings	Solent 2017	Average MH /LD / Community Trusts
Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	9%	14%
Staff confidence and security in reporting unsafe clinical practice	3.9	3.72
Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.92	3.76
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	16%	20%
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	95%	92%

In addition to the above improvements, there are a number of areas where we have maintained a positive level of engagement over the year;
- Effective team working
- The quality of our non-mandatory training
- The provision of Equal opportunities for progression regardless of background
- Positive action taken around health and wellbeing

Table 2: Bottom 5 ranking scores compared with combined Mental Health, Learning Disabilities and Community Trusts in England

Key findings	Solent 2017	Average MH /LD / Community Trusts
Staff satisfaction with resourcing and support	3.33	3.33
Staff satisfaction with the quality of work and care they are able to deliver	3.82	3.85
Percentage of staff working extra hours	71%	71%
Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse	58%	57%
Percentage of staff / colleagues reporting most recent experience of violence	89%	88%

There is still more work to do around satisfaction with levels of resource and support; action around sustainable staffing levels, safe staffing and productivity improvement remains an on-going priority for the coming year. Each service line business plan has clear deliverables against these priority areas which will be monitored through the Board Performance Reporting process

We will also continue the work we have been doing around our Great Place to Work programme, specifically the further development of our leaders, teams and culture through the HEART values.

2017 NHS Staff Survey
headlines

NHS Solent NHS Trust

55.8% of people took part

3.86* Engagement score (increase from 3.83* in 2016 and above the average of other comparable trusts: 3.79*)

Out of 22 NHS key findings we had:

15 better than average

0 worse than average

The majority of the questions show an improvement on last year

Here are some areas where the improvement is significant

The care of patients/ service users is my organisation's top priority
79%
Increase of **4%**

I would recommend my organisation as a place to work
59%
Increase of **3%**

The team I work in have a shared set of objectives
77%
Increase of **3%**

My organisation takes action around errors, near misses or incidents
79%
Increase of **3%**

I am satisfied with the support I get from my immediate manager
76%
Increase of **4%**

My immediate manager can be counted on to help me with difficult tasks
78%
Increase of **3%**

I have had training, learning or development in the last 12 months
77%
Increase of **5%**

My immediate manager asks for my opinion before making decisions that affect my work
63%
Increase of **3%**

My immediate manager is supportive in a personal crisis
80%
Increase of **3%**

Areas which people scored the same:

The way we work together in our teams

The quality of our non-mandatory training

The opportunities we give for career progression, regardless of background

The difference you feel you make to patients

The action we take to help you manage your health and wellbeing

Areas which people scored lower:

I am satisfied with my level of pay
32%
Decrease of **6%**

I am working additional unpaid hours
66%
Decrease of **3%**

I had the opportunity to talk about the Trust values and my development needs during my appraisal
63%
Decrease of **2%**

Next steps

Look out for your team reports. Your manager will talk with you about next steps and the actions you can take as a team.

Over the coming weeks we will be communicating the Trust results with you in more detail. You can find all the survey reports on SolNet within Staff Zone.

Exit Packages

Details of exit packages can be found on page 80.

Off payroll engagements

Details of off payroll engagement can be found on page 78.

External consultancy

At times it is necessary for us to make use of the skills of external consultants and at these times, we ensure that the arrangements comply with our standing financial instructions and offer good value for money. External consultancy is used within the Trust when we require objective advice and assistance relating to strategy, structure, management of our organisation, for example. This year we have sought advice and assistance from external consultants relating to Organisational Development and property related issues. The cost associated with consultancy can be found within the Remuneration Report on page 79.

Occupational Health and Wellbeing Service

Our Health and Wellbeing Steering Group is held bi-monthly and is attended by key stakeholders involved in supporting staff and who take an active role in supporting the delivery of our health and wellbeing plan. In support of employee experience, we have a robust Occupational Health and Wellbeing service in place that proactively supports the health of our employees through initiatives. These initatives include; the Global Challenge - a 100 day step challenge, health and wellbeing events as well as our Optimising Wellbeing & Lived Experience of Staff (OWLES) group, aimed at spreading the word on mental health. This year we held a launch event to promote the active participation in this group and spread the word on support available to our people.

Our physiotherapy service has worked proactively with services to support staff with musculoskeletal (MSK) problems and to work with managers to review and consider the challenges associated with our people working in some of our community environments that pose higher levels of risk in terms of MSK injury.

In response to sickness absence data, various initiatives have been implemented to improve staff health and wellbeing. These include easy access to occupational health and fast track physiotherapy services. Targeted support has been made available for services with high sickness rates and health and wellbeing support programmes to include; emotional resilience workshops and self-care support and resource material designed to motivate and empower staff to promote self-care approaches that will help them to improve their lifestyle. Managers are supported by HR, Occupational Health and our Employee Assistance Programme (EAP) to manage sickness absence in line with our policy and to support staff in attending work regularly or to sustain their return to work following a period of absence.

NHS Constitution

The NHS Constitution was established in 2009 and revised in summer 2015. The constitution sets out the principles and values of the NHS. It also sets out the rights to which patients, service users, the public and staff are entitled, a range of pledges to achieve and the responsibilities which patients, service users, the public and staff owe to one another to ensure that the NHS operates fairly and effectively. We operate in accordance with the principles and pledges as set out in the NHS Constitution and undertake an annual review of our compliance, which is reported to our In-public Board meeting.

Health and Safety

We are committed to the health, safety and welfare of our colleagues, and third parties that work within our operational footprint and have remained compliant with Health and Safety legislation in year. We have not had any investigative proceedings being undertaken in regards to breaches of health and safety legislative requirements, Regulatory Reform (Fire Safety) Order or the Environmental Protection Act and have not received any external visits from any external regulatory agency, as a result of a specific incident or complaint. The executive lead for the Health and Safety portfolio is the Deputy CEO and Director of Finance & Performance. The Associate Director of Estates and Facilities chairs the Health and Safety Group, which meets quarterly.

NHS Foundation Trust Code of Governance

Although as an NHS Trust, the NHS Foundation Trust Code of Governance does not directly apply to us, the principles are seen as good governance practice. We have, therefore, applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis, where applicable. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Enhanced quality governance reporting

Care Quality Commission (CQC)

You can find more about our compliance with CQC registration requirements and our response to CQC findings in the Annual Governance Statement and Quality Account.

Quality governance reporting

Our quality governance structure is well-established within the organisation. Each clinical service line has a dedicated forum within which clinical governance matters are discussed. The forum, chaired by a Clinical Director, monitors the progress and impact of local quality improvement schemes, including lead quality indicators, and takes appropriate action to mitigate any areas of clinical risk at the earliest opportunity. This is supplemented by a monthly performance review in each Care Group which undertakes an overall 'healthcheck', looking at financial, workforce and activity data alongside quality metrics, and taking remedial action as required. All clinical governance groups

report monthly to the Quality Improvement and Risk Group.

The Trust's Quality Improvement and Risk (QIR) Group is chaired by the Chief Nurse who has lead executive responsibility for quality improvement. This group has oversight of the full quality, safety and risk agenda across the Trust and provides appropriate direction and guidance to care groups and corporate functions, including the dissemination of shared learning within the Trust and with partner organisations. Our Corporate Performance Management Office (CPMO) continues to support the quality team to monitor performance against the action plans developed in response to the CQC inspection findings, enabling escalation to executives and the Assurance Committee and through to Board as necessary.

The QIR group seeks updates and assurance from a range of sub-groups that collectively shape and influence the Trust's quality agenda. This includes, but is not limited to:

- Service-Line Clinical Governance Groups
- Serious Incidents Requiring Investigation (SIRI) Panel
- Learning From Deaths Panel
- Health and Safety Group
- Medicines Management Group
- Clinical Audit and Effectiveness Group
- Safeguarding Steering Group
- Emergency Planning and Resilience Group
- Research and Development Group
- Quality Impact Assessments and review process
- Infection Prevention & Control Group

The QIR group is responsible for ensuring compliance with all statutory and regulatory requirements, including publication of the Quality Account and monitoring of progress against the associated priorities. It reports directly to the Trust's Assurance Committee and will make recommendations on quality improvement requirements in addition to highlighting key areas of risk that need visibility and response at Board level. The Assurance Committee reports to the Trust Board in turn.

The Quality Account provides more detail of the governance arrangements in place and reflects the achievements against the quality priorities set for 2017/2018 as well as outlining our priorities for the year ahead, 2018/19.

Quality Improvement

During 2017/2018 we have seen a high level of activity focused on improving patient and service user experience and outcomes. Implementation of the Friends and Family Test (FFT) has continued to be supported across all of our service lines. Overall feedback received through FFT and other local feedback mechanisms has been positive. In

addition, feedback received through the formal complaints process has been used to inform further improvement initiatives such as a review of our Customer Care Training programme.

We run a formal Quality Improvement programme to provide staff with the skills and confidence to identify and deliver improvements in their own services. A core element to this programme is partnership working with patients, service users and colleagues. Teams work in partnership to identify areas for improvement, identify and test changes and share findings. In some instances, service users or carers lead the improvement work.

We were invited to join NHS England's Always Events® as part of cohort five. Always Events® focus on the experiences that our service users, carers and service users identify that they should always have when accessing our services. The emphasis of, Always Events® is focused on relationships rather that clinical processes. The work with NHS England marks an exciting opportunity to focus our learning from patient experience through co-production and we will be progressing this further during the year ahead to working side-by-side and in partnership with our patients, carers and service users.

Our public and patient representative group (Side by Side) support the day to day running of our improvement work. We have jointly developed a charter for joint working and the group support the planning and running of events as well as award schemes to share learning.

A number of our teams and individual staff members have once again received recognition for their work in supporting patient care and progress has also continued to be made against clinical audit, research and development plans at service and corporate levels; the details of which are outlined in the Quality Account. It is particularly pleasing to note that we have continued to be an exemplar organisation in the level and quality of research and development activity being undertaken with contribution recognised through national publications.

Accessible information

The Accessible Information Standard (AIS) applies to service providers across the NHS and adult social care system. The aim of the Standard is to establish a framework and set a clear direction such that patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss receive;

- Accessible information - information which is able to be read or received and understood by the individual or group for which it is intended'; and
- Communication support - support which is needed to enable effective, accurate dialogue between a professional and a service user to take place

We conducted an audit during Quarters 3-4 2017/18; and whilst our compliance with the AIS continues to improve, we will be working during the year ahead to further promote the AI Awareness film we have developed, roll out specilaist workshops and guidance across the Trust.

Commissioning for Quality and Innovation (CQUIN)

A proportion of our income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between ourselves and our commissioners through the Commissioning for Quality and Innovation payment framework (CQUIN). You can find more about CQUINs within the Quality Account.

Complaints and compliments

Receiving feedback about the services we provide is really important to us – it's how we learn and make improvements. We have embedded processes in place to allow the people we treat,their families and carers, to provide feedback to us. You can find more about our compliants and compliments procedures via our website at www.solent.nhs.uk and how we learn from complaints within the Quality Account.

Innovation

You can read about our Dragons Den iniative and the innovation projects we have supported within the Research and Improvement Annual Report appended to our Quality Account.

Trade Union (Facility Time Publication Requirements) Regulations 2017

Since the introduction of the Trade Union (Facility Time Publication Requirements) Regulations 2017 the Trust is required to publish the following data.

The total number of employees who were relevant union officials between period 1st April 2017 to 31st March 2018:

Number of employees who were relevant union officials between 1st April 2017 to 31st March 2018	Full time equivalent employee number
24	19.80

Percentage of time spent on facility time:

Number of employees who were relevant union officials employed between 01/04/17 and 31/03/18 spent a) 0%, B) 1%-50%, c) 51-99% or d) 100% of their working hours on facility time:

Percentage of time	Number of employees
0%	17
1-50%	6
51-99%	0
100%	1

Percentage of pay bill spent on facility time:

Cost	£000
The total cost of facility time	£31
The total pay bill	£121,235
Percentage of total pay bill spent on facility time*	0%

*Percentage calculated as (total cost of facility time divided by total cost of pay bill) times 100

Paid trade union activities:

As a percentage of total paid facility time hours, the number of hours spent by employees who were relevant union officials between 01/04/17 and 31/03/18 on paid trade union activities:

Time spent on paid trade union activities as a percentage of total paid facility time hours *	100%
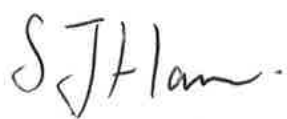
* Calculated as (total hours spent on trade union activities by relevant union officials between 1st April 2017 and 31st March 2018 divided by total paid facility time hours) times 100

Note:

Facility time = Total time paid by the employer to undertake Union activities as specified in the Trade Union and Labour Relations (Consolidation) Act 1992 excluding time not paid by employer.

Paid trade union activities = Time take off under section 170(1)(b) of the Trade Union and Labour Relations (Consolidation) Act 1992.

The Accountability and Corporate Governance Report is signed by;

Sue Harriman
Chief Executive Officer
Date: 29 May 2018

Section 3:
The Auditors Report

Independent auditors report to the Accountable Officer of Solent NHS Trust

Opinion

We have audited the financial statements of Solent NHS Trust for the year ended 31 March 2018 under the Local Audit and Accountability Act 2014. The financial statements comprise the Comprehensive Income and Expenditure Statement, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 41.4. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2017-18 HM Treasury's Financial Reporting Manual (the 2017-18 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2017/18 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England (the Accounts Direction).

In our opinion the financial statements:

- give a true and fair view of the financial position of Solent NHS Trust as at 31 March 2018 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the National Health Service Act 2006 and the Accounts Directions issued thereunder.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of the trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Use of our report

This report is made solely to the Board of Directors of Solent NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014 and for no other purpose. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors, for our audit work, for this report, or for the opinions we have formed.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact. We have nothing to report in this regard.

Opinion on other matters prescribed by the Health Services Act 2006

In our opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with the Health Services Act 2006 and the Accounts Directions issued thereunder.

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the governance statement does not comply with NHS Improvement's guidance; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014; or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

We have nothing to report in these respects.

In respect of the following we have matters to report by exception:

- Referral to the Secretary of State

We referred a matter to the Secretary of State under section 30(1)(b) of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

On 25 May 2017 we referred a matter to the Secretary of State under Section 30(1)(a) of the Local Audit and Accountability Act 2014 on the basis that the Trust breached its break-even duty. That was on the basis that the unaudited financial statements for 2016/17 showed an in year £2.084 million deficit with a cumulative breakeven position of £8.923 million deficit. For 2017/18 the Trust has reported an in year £757,000 surplus with a cumulative breakeven position of £8.186 million deficit.

The Trust has therefore incurred a deficit in financial years 2014/15, 2015/16, 2016/17 with a surplus in 2017/18 and remains in a cumulative deficit position of £8.186 million. On 22 May 2018 we made a further referral to the Secretary of State under Section 30(1)(b) to confirm that the Trust is still in breach of its break-even duty.

Responsibilities of the Directors and Accountable Officer

As explained more fully in the Statement of Directors' Responsibilities in respect of the Accounts, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. In preparing the financial statements, the Accountable Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accountable Officer either intends to cease operations, or have no realistic alternative but to do so. As explained in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and

are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at ttps://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in August 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

We certify that we have completed the audit of the accounts of Solent NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Suresh Patel
Ernst & Young LLP (Local Auditor), Southampton
29 May 2018

The maintenance and integrity of the Solent NHS Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Section 4:

Our Summary Accounts

Our summary accounts

Foreword and Statement on Financial Performance

We have ended 2017-18 by achieving three of our four financial statutory duties:

- External Financing Limit (EFL) which is an overall cash management control. The Trust was set an EFL of £6.5m cash outflow for 2017-18, actual EFL was £2.1m cash inflow and therefore the Trust achieved the EFL target with a positive variance of £8.6m.

- Capital Cost absorption rate is based on actual (rather than forecast) average net relevant assets and therefore the actual capital cost absorption rate is automatically 3.5%.

- Capital Resource Limit (CRL) which represents investments in fixed assets throughout the year. The Trusts fixed asset investment for 2017-18 was £3.6m a £0.3m underspend against the target of £3.9m.

- Whilst the Trust achieved an in year adjusted surplus of £0.7m, the Trust did not achieve is cumulative breakeven duty, a measure of financial stability, with a cumulative adjusted retained deficit of £8.2m reported in 2017-18.

The 2017-18 financial statements have been prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2017-18. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS. Where the Group Accounting Manual permits choice of accounting policy, the accounting policy which is judged to be the most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected.

Sue Harriman
Chief Executive Officer
Date: 29 May 2018

Finance Review & Statutory Duties in relation to the Accounts

The statement of directors responsibilities in respect of the accounts can be found on page 75.

Break-even position (a measure of financial stability)

The Trust has a statutory duty to achieve break-even in the year. The Trust has achieved the breakeven duty in year, reporting a £0.7m adjusted surplus in 2017-18. As the Trust has previously reported deficit results, the cumulative breakeven position has not been achieved, with a cumulative adjusted deficit of £8.2m. Our regulators were aware of this position and continue to support us in our delivery of key community and mental health local services.

Capital Costs Absorption Rate (a measure of Statement of Financial Position Management)

The Trust is required to absorb the cost of capital at a rate of 3.5% of actual average relevant net assets. The average net relevant assets exclude balances held in the Government Banking Service bank accounts. The dividend payable on public dividend capital is based on actual (rather than forecast) average relevant net assets and therefore the actual cost absorption rate is automatically 3.5%.

External Financing Limit (an overall cash management control)

The Trust was set an External Finance Limit of £6.5m cash outflow for 2017-18 which it is permitted to undershoot. Actual external financing requirements for 2017-18 were £2.1m cash inflow and therefore the Trust achieved the target with a positive variance of £8.6m.

Capital Resource Limit (Investment in fixed assets during the year)

The Capital Resource Limit is the amount that the Trust can invest in fixed assets during the year; a target with the Trust is not permitted to overspend. The Trust was set a capital resource limit of £3.9m for 2017-18. Our actual fixed asset investment was £3.6m, an £0.3m underspend against target.

Want to find out more?

Included on the previous pages are the 'summary accounts' of the Trust and an overall picture of our fiscal performance. A copy of our full accounts are available in Appendix 1.

Financial Statements

Statement of Comprehensive Income for year ended 31 March 2018

	2017-18 £000	2016-17 £000
Employee benefits	(121,235)	(117,630)
Other costs	(58,276)	(64,454)
Revenue from patient care activities	166,882	162,247
Other Operating revenue	20,122	18,428
Operating surplus/(deficit)	**7,493**	**(1,409)**
Investment revenue	24	23
Other gains and (losses)	(4)	(11)
Finance costs	(151)	(159)
Surplus/(deficit) for the financial year	**7,362**	**(1,556)**
Public dividend capital dividends payable	(2,305)	(2,314)
Retained surplus/(deficit) for the year	**5,057**	**(3,870)**
Impairments and reversals taken to the revaluation reserve	(546)	(4,032)
Revaluations	351	0
Total comprehensive income for the year	**4,862**	**(7,902)**

Financial performance for the year

Retained surplus/(deficit) for the year	5,057	(3,870)
Impairments (excluding IFRIC 12 impairments)	(4,310)	1,740
Adjustments in respect of donated asset respect elimination	(10)	46
Adjusted retained surplus/(deficit)	**737**	**(2,084)**

Statement of Financial Position as at 31 March 2018

	31 March 2018 £000	31 March 2017 £000
Non-current assets	86,435	82,958
Current assets	24,625	19,909
Current liabilities	(26,447)	(24,213)
NET CURRENT ASSETS / (LIABILITIES)	**(1,822)**	**(4,304)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**84,613**	**78,654**
Non-current liabilities	(5,223)	(4,126)
TOTAL ASSETS EMPLOYED	**79,390**	**74,528**
FINANCED BY TAXPAYERS' EQUITY	**79,390**	**74,528**

Statement of Changes in Taxpayers' Equity for year ended 31 March 2018

	Public Dividend capital £000	Retained earnings £000	Revaluation reserve £000	Total reserves £000
Balance at 1 April 2017	**6,435**	**59,930**	**8,163**	**74,528**
Changes in taxpayers' equity for 2017-18				
Retained surplus/(deficit) for the year		5,057		**5,057**
Impairments and reversals			(195)	**(195)**
Transfers between reserves		259	(259)	**0**
Net recognised revenue/(expense) for the year	**0**	**5,316**	**(454)**	**4,862**
Balance at 31 March 2018	**6,435**	**65,246**	**7,709**	**79,390**
Balance at 1 April 2016	**6,435**	**63,438**	**12,557**	**82,430**
Changes in taxpayers' equity for 2016-17				
Retained surplus/(deficit) for the year		(3,870)		**(3,870)**
Net gain / (loss) on revaluation of property, plant, equipment				**0**
Impairments and reversals			(4,032)	**(4,032)**
Transfers between reserves		362	(362)	**0**
Net recognised revenue/(expense) for the year	**0**	**(3,508)**	**(4,394)**	**(7,902)**
Balance at 31 March 2017	**6,435**	**59,930**	**8,163**	**74,528**

Statement of cash flows for the year ended 31 March 2018

	2017-18 £000	2016-17 £000
Net cash inflow/(outflow) from operating activities	7,830	4,308
Net cash inflow/(outflow) from investing activities	(3,730)	(4,002)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**4,100**	**306**
Net cash inflow/(outflow) from financing activities	(790)	410
INCREASE / (DECREASE) IN CASH	**3,310**	**716**
Cash at the beginning of the period	6,291	5,575
Cash at year end	**9,601**	**6,291**

Better Payment Practice Code : Measure of Compliance 31 March 2018

	2017-18		2016-17	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	24,989	50,562	28,529	56,003
Total non-NHS trade invoices paid within target	23,479	47,509	26,648	48,637
% non-NHS trade invoices paid within target	94%	94%	93%	87%
Total NHS trade invoices paid in the year	1,230	17,446	1,912	16,365
Total NHS trade invoices paid within target	1,067	16,514	1,589	15,630
Percentage of NHS trade invoices paid within target	87%	95%	83%	96%

*The **Better Payment Practice Code** requires the Trust to aim to pay all undisputed invoices by the due date, or within 30 days of receipt of goods or a valid invoice, whichever is later.*

Challenges ahead

The challenges we face as we head in to the new financial year include ensuring we deliver safe and effective services whilst balancing financial efficiencies and within a financial envelope which is subject to year on year cost reductions. We ended 2017/18 achieving a £0.7m surplus with Board recognition that there are more challenging years ahead.

Our efficiency target for 2017/18 (Cost Improvement plan) was £6.1m and we delivered cost savings of £4.2m (the balance was achieved by other measures) but we recognise that there is more to do – both internally within the organisation and with partners to radically transform health and care pathways in accordance with the ambition and plans of the Hampshire and Isle of Wight STP. Working differently and with our partners as part of a 'system' may, at times, mean we need to make difficult decisions for the greater good of our service users and the wider NHS – we will always endeavour to put our citizens and communities before services, and services before organisations, in accordance with our guiding principles.

We are vulnerable to risk during times of change – we must ensure we are vigilant to ensure that we are able to maintain 'business as usual' and that the quality of care we provide, our performance and ultimately our organisational values are not compromised as a consequence.

The key challenges we face in 2018-19 are as follows:
- Delivery of the deficit target of £1.0m
- Delivery of the efficiency savings programme – including significantly reducing our agency spend in order to be compliant with the agency ceiling cap. However, the quality and safety of our services must always remain our highest priority.
- Delivery of key programmes including estates rationalisation – including significantly the St James Hospital and St Mary's Hospital campus
- Working within the Sustainability and Transformation Programme, developing Local Delivery Systems and Integrated Care Systems
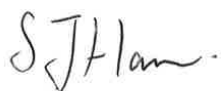
The internal control processes for managing risks are outlined in the Annual Governance Statement found on page 56.

Going Concern

The financial statements have been prepared on a going concern basis, as management have no significant reasons to believe otherwise. This is supported by the recent contract negations with NHS and Local Authority organisations to provide continuing services throughout 2018/19 within an agreed Control Total.

In conclusion, having considered the challenges we face, particularly with reference to our operating plan for the next twelve months, and having reviewed with our external auditors, the Board has a reasonable expectation that the Trust has access to adequate resources to continue in operational existence in the foreseeable future. For this reason the Trust continues to adopt the going concern basis in preparing the annual accounts. However, as the Trust has not achieved a cumulative breakeven position over the last four years, it is acknowledged that our Auditors have referred a matter to the Secretary of State in accordance with Section 30 of the Local Audit and Accountability Act 2014.

The statement of financial position is signed by:

Sue Harriman
Chief Executive Officer

Date: 29 May 2018

Section 5:
Quality report incorporating the Quality Account 2017/18

Part One

Statement of Quality from Sue Harriman, Chief Executive

Thank you for taking the time to read our Quality Account.

Each year all providers of NHS healthcare services are required to produce an annual Quality Account for publication. We welcome the opportunity to share how we performed during 2017/18, as well as the opportunity to reflect on the areas for further improvement. I hope that you find this report a useful guide to our performance and achievements in quality, safety and patient experience over the past year, and our plans and priorities for the year ahead.

Why we exist - 'The Solent Story'

At Solent NHS Trust we all share an ambitious vision to make a difference by keeping more people healthy, safe and independent in, or close to, their own homes.

People, values and culture drive us. The best people, doing their best work, in pursuit of our vision. People dedicated to giving great care to our service users, and great value to our partners.

We aspire to be the partner of choice for other service providers. With them we will reach even more people, and care for them through even more stages of their lives. Ultimately it is the people we care for who will tell us if we are successful and who will help shape our future care.

We know our vision is ambitious, but we have excellent foundations. Our priorities are what we do all of the time, they are how we:

Deliver great care
- Involving service users in shaping care and always learning from their experiences
- Working closely with partners to join up care
- Treating people with respect, giving equal emphasis to physical and mental health
- Ensuring we provide quality services, which are safe and effective

Make Solent a great place to work
- Supporting people to look after their health and wellbeing
- Improving the workplace by listening to ideas and acting on feedback
- Developing leaders to support and empower people in making a difference

Deliver the best value for money
- Spending money wisely and by working with partners
- Involving people in decisions about spending money
- Enabling services to have more time to provide care

To us, **Great Care** means care that is safe, joined up, simple and easy to access, and based on the best available evidence.

We talk about **Great Care** in the context of:

- Patient Safety

- Patient Experience

- Clinical Effectiveness

Providing **Great Care** is at the heart of everything we do.

It's the most important thing to us and to our patients, and as part of the NHS family, the quality of the care we provide reflects on the whole of the NHS, so it's vital we get it right.

Because we have many aspects of quality to share with you, we have provided signposts/hyperlinks to more detailed information.

Great Care in Action

Sally Griffin - Children's Asthma Nurse, Southampton

 "I make a difference by supporting children and their families in all aspects of asthma management through offering advice, support and education.

Empowering children and young people to manage their condition safely, aims to reduce hospital admissions, promote better quality of life, and produce better health outcomes.

In addition to carrying out home visits and telephone support, I use social media to communicate relevant public health advice and health tips to service users, which keeps children and young people engaged, and informed, about the safe management of their condition".

I am proud to be the Chief Executive of a Trust that puts quality at the centre of everything we do. We have a team of dedicated and committed staff, who each make a difference and strive to deliver consistently great care.

Sue Harriman

Chief Executive Officer   115 | P a g e

Statement from our Chief Medical Officer and Chief Nurse

Developing, delivering, and maintaining strong and effective, high quality services is the core priority for Solent NHS Trust. We are continually reviewing and improving our systems and processes to ensure that the quality of our services is at the heart of what we do every day, and how we do it.

We are committed to providing care that is safe, effective and efficient. It is important that service users, patients and their families have a positive experience of our services, and can clearly see the ways in which we strive, year on year, to improve what we offer. As such, we continue to gather feedback using the Friends and Family Test (FFT) which asks patients and users of our services, as well as our people, to tell us to what extent they would recommend our services to their friends and families.

Our Quality Improvement (QI) programme continues to grow in strength and impact, aiming to support all who work with us (patients and colleagues) to develop the skills and confidence to identify, deliver and sustain improvements across our services. Our QI programme has been extended this year to include a 'Foundation Level' one day training to provide an introduction to Quality Improvement methodology, as well as bespoke QI sessions within Trust leadership and development programmes.

A core part of the programme is the involvement of patients, service users and families in identifying what could be improved, and in delivery and testing of changes. This is part of the Foundation training and of the core programme.

Looking ahead, we will maintain our focus on the quality of care, safety and the wellbeing of people who use our services and our staff. This remains our highest priority. The purpose of this Quality Account is to confirm this pledge and to hold our organisation to account to deliver these standards across all those services we directly provide and in those services where we work in partnership with others.

Dan Meron   Jackie Ardley

Chief Medical Officer   Chief Nurse

Part Two: Priorites for Improvement and statement of assurance from the Board

2.1 Quality Themes and Priorities

Quality Themes

Our quality themes next year are linked with our strategic corporate aims, and focused on the integration of these into a continuously- monitored improvement loop. Each statement is both stand-alone and concomitant. They can inter-weave to create a sustainable dynamic framework of co-operative working, with outcomes of a truly shared vision and measureable parameters of improvement.

Theme 1: Involving People

In order to continue to deliver great care, we will further-develop a community engagement framework, which is inclusive of patients, people who live within our communities and our local organisations and stakeholders.

In 2018/19 we will:
- Embed a sustainable community engagement framework, which is inclusive of patients, people who live in our communities, local partner organisations and external stakeholders.
- This will incorporate the use of assistive technology to successfully access "hard to reach" groups such as the frail, elderly and housebound.
- We will seek out and work with patient groups such as MH patients and their families, used as subject-experts to ensure we meet their highly specific needs to make our environments as safe as possible for them. This will be in part evidenced by the accurate and contemporaneous ligature risk assessment in our inpatient wards. We will also be able to demonstrate learning from their experiences, and from the very precise knowledge they can be enabled to share with us.
- We will increase our engagement with our local Healthwatch groups, to ensure they are aware of our most up to date quality work. A measurable outcome will be held within records of these meetings and their opportunity to feedback real-time quality comments to further improve our relationship and functional work dynamic with our partners.

Theme 2: Ensuring Safe Care

To ensure we provide quality services which are safe and effective, we will further embed quality improvement. Our key safety message will be that, "It is everyone's business," and this will be embedded from Induction, and evidenced through supervision, one to one conversations and annual appraisals.

In 2018/19 we will:
- Launch the Research and Improvement Academy. By using different learning approaches, our staff will be able to access high quality, research-led learning over the 24 hour period, at home or at work. The safety of care will improve as a direct result of staff working within an active safety culture, where the everyday norm is looking for improvement.

- Roll out the QI Leaders programme. This is aimed at all staff, both clinical and non clinical .
- Ensure safety is a parameter integrated and evidenced through documented one to one supervision conversations and pre-set personal outcomes for learning.

Theme 3: Learning and Improving

We continue to strengthen our reputation as a learning organisation, delivering real and measureable change that makes a difference to people we care for and treat. These changes are made as a result of collating and actively utilising lessons from positive and negative events and from feedback.

In 2018/19 we will:
- Utilise the Learning from Deaths and serious incidents panels to learn, implement and disseminate positive change
- Launch a change and improvement data base
- Develop a toolkit for learning from excellence
- Evidence the improvements as a result of learning and change

Theme 4: Sharing excellence

Our organisation has several areas of outstanding practice, excellent multidisciplinary teamwork and quality improvement facilitators.

In 2018/19 we will:
- Continue to present at local or national conferences on subjects of interest and expertise
- Work with system partners to ensure they are fully briefed on our most up to date improvement work
- Work towards identifying all people with cognitive disability accessing any of our services and provide appropriate adjustments to their care plans
- Replicating outstanding success factors from the cognitive disability service across other service lines

Theme 5: Supporting vulnerable people

We will continue to help vulnerable people in our communities live safer lives.

In 2018/19 we will:
- Further embed Mental Capacity Act (MCA) and Safeguarding training across our services
- Develop our capabilities in the application of the MCA and safeguarding principles
- Ensure senior managers and the Executive attend MHA -specific training to use as a senior information resource for staff

Theme 6: Looking after each other

In order to ensure Solent remains a great place to work, we will continue to develop and support our people.

In 2018/19 we will continue to promote wellbeing in the workplace:
- By promoting equality and diversity initiatives
- Supporting openness about mental health challenges

- Developing our apprentices and reviewing their planned progression
- Increase mindfulness course availability
- Running bespoke information and training session to specific work groups
- Creating internal and external opportunities for professional and personal development; this will sometimes involve working with system partners to identify unique opportunities for individuals to explore latent talents. We also use talent management identification for accelerated career progress
- Rewarding excellence in our people, by the use of nominations for national award schemes, monthly internal awards for colleague/team/manager of the month, and an "Outstanding contribution" award. We also hold larger Annual Award celebrations.

2.2 Statements of assurance from the Board

Contracts

We have a total of 99 contracts that are related to healthcare and of these, 52 related to where we purchase health services.

We have reviewed all the data available to us on the quality of care in these contracts. The income generated by these contracts represents 100% of the total income generated from the provision of these relevant health services by the Organisation for 2017/18.

Participation in local and national clinical audits and national confidential enquiries

National Clinical Audits

During 2017/18, we participated in 11 out of 12 national clinical audits and national confidential enquiries, covering health services that we provide. The audits and enquiries that we were eligible to participate in during 2017 /18 are included in Appendix A, together with the number of cases submitted to each audit or enquiry.

National audit reports are distributed on publication to the relevant service line and local audit leads along with a summary of recommendations and an action tracker to measure compliance. National audit reports are also highlighted at the Trust learning and improvement group to promote cross-service learning for improvement.

Local Clinical Audits and Service Evaluations

109 local audit and service evaluation project reports have been completed and reviewed during the 2017/18 financial year. These projects are determined by each service, based on their priorities, and are as a result of patient and staff feedback, business plans, complaints investigations, serious and high risk incident investigations, as a means of measuring compliance with NICE guidance and as a baseline measure for Quality Improvement projects.

Audit plans and actions are reviewed at service line audit groups with key learning and improvements shared at the Trust learning and improvement group. Audit and evaluation action planning for improvement is also increasingly

integrated into the Trust Quality Improvement programme. Specific training on audit and evaluation is also provided.

Examples of some of the improvement outcomes achieved and actions planned as a result of local audits and service evaluations are detailed in the tables below:

Audit title	Improvement as a result of audit
Re audit of Nutrition and Hydration for in patients (Royal South Hants).	An improvement was demonstrated to achieve 100% compliance with standards in comparison to 76% in the previous quarter.
Re-audit of pelvic inflammatory disease care in sexual health services.	Improvements were shown in comparison to the 2015 audit in exclusion of pregnancy (from 45% to 72%), correct antibiotics given (from 57% to 98%) and attendance for treatment of partners (from 1% to 16%).
Re-audit of Patient Group Directive (PGD) compliance in sexual health.	Documentation of expiry date and batch numbers of medication improved from 21% errors in 2016 to 6.7% errors in 2017 re-audit.
Re-audit of recording parental consent in specialist dental.	Compliance with the standard increased from 44% in the previous audit to 65%.
Re-audit in Mental Health services of short-term risk assessment of a self-harm episode on or during admission (NICE NG16).	Compliance with the NICE criteria was 100% from previously less than 8% in the original audit conducted in 2014.
Re-audit in Child and Family of CAMHS "was not brought" (WNB) children.	This re-audit demonstrated an improvement in attendance rates for appointments at Southampton CAMHS since September 2016, from 13% WNB to 7.9%. The most marked change was in initial assessments, from 47% WNB in 2016 to 5.6% in 2017.
Re-audit in Primary Care services of retinal screening of diabetic patients registered at Solent GP.	The percentage of patients who had documentation of retinal screening had improved since the initial audit from 71% to 76%.
Re-audit of pressure ulcers comparison with NICE guidance.	June 2017 compliance with standards was 94-100% except use of at risk care plan (88%). Re-audit in August 2017 shows similar high scores and increase use of care plans to 100%.
Re-audit of triage and prioritisation of referrals into adult speech and language therapy (east).	A previous audit highlighted that receipt of referrals was slow and the use of triage and prioritization was limited as was use of the single point of access (SPA). The re-audit shows significant improvement in all areas measured with the majority now achieving 100% compliance. The average time from sending to triage of referrals had reduced from 8 to 3 days.
Re-audit of Podiatry use of PGD (Patient Group Directions) for provision of antibiotic therapy.	Comparing 2016/17 to 2015/16 audit results there have been significant improvements. Appropriate provision increased from 63% to 100%. Adherence to treatment increased by between 16% for antibiotics and 28% for Doxycycline to reach 100%. In all cases where antibiotics have been provided, signs of clinical infection have been well documented
Re-audit of antibiotic prescribing in Solent Special Care Dental Service.	Antibiotic training in staff meetings has resulted in an improvement in record keeping and compliance. 100% compliance with standards indicated that appropriate antibiotics are being selected and dose regimes are correct. Very few antibiotics were prescribed in the audit period by the dental service which suggests that appropriate surgical management of dental infections is being carried out.
Re-audit of completion of discharge summaries for adult inpatient services (West).	Both inpatient wards demonstrated an overall improvement in compliance percentage. Fanshawe scored 94% in quarter 1 and 100% in quarter 3. Lower Brambles scored 94% in quarter 1 and 99.7% in quarter 3.

Audit/Evaluation title	Example actions planned as a result of audits and evaluations
Evaluation of parental satisfaction with autism assessment pathway (LD services).	Parents were concerned about waiting time and uncertainty of process for feedback. A feedback clinic has been set up to address this.
Evaluation of 'ADAPT' Pain Management Programmes (PMP).	Maintain on-going review of the PMP working with the local IAPT service and pain clinic; review how the initial screening service dovetails with subsequent assessments of suitability for PMP or 1:1 self-management; look into the longevity of giving patients pre-group preparation sessions. Reduce the number of sessions for PMP to 10 from the current 12; change from 1 month and 9 month follow-ups, to just one follow-up at 6 months.
Evaluation of clinical discussions regarding Domestic Violence (DV) (Health Visiting).	Provide further training to explore the nature of DV conversations (for disclosure and public health information) and how to enable effective early intervention to improve outcomes and safe discussions around DV; change of electronic records to incorporate healthy relationships, discussion questions and DV on every template; review individual staff record keeping and provide feedback regarding conversations about DV, interventions offered and the outcome evident; review current practice guidance to update insert that is attached to each Parent Held Record.
Evaluation of paediatric saturation probes in GP Surgeries within Portsmouth COAST catchment (NICE Clinical Knowledge Summary).	The majority (76%) of GP surgeries had at least one paediatric oxygen saturation probe; 82 % did not have paediatric saturation probes available in all consultation rooms; 72% felt that this was a problem. Some surgeries have indicated that they will change practice. Audit findings were sent to GPs to encourage them to invest in sufficient paediatric probes.
Impact of the introduction of CAMHS East Crisis Role.	Introduce another clinician to increase the amount of children and young people offered duty appointments and risk reviews; develop an urgent distress tolerance group to ensure they receive fast, effective treatment to manage their emotions and mental state.
Re-audit of Infection Prevention and Control (multi-service).	Staff training provided to highlight issues around use of hand moisturiser; hand hygiene; waste knowledge.
Routine sexual history consultation of patients presenting with a new diagnosis of sexually transmitted infection at the Royal South Hants Hospital.	Create a patient information collection tool to use with the current sexual history tool, to simplify partner notification and risk assessment and for use with the geospatial mapping software to highlight locations where there is a cluster of STIs to target health promotion; create posters for staff rooms to remind clinicians to follow the BASHH guidelines; present audit findings at monthly staff meeting.
Risk assessment for self-harm (longer term management) (NICE CG 133) in adult mental health.	Raise awareness of the importance of maintaining compliance with standards by presenting the audit at Solent's 2017 Research & Improvement Conference; set up psycho-education in coping strategies for self-harm patients on Orchards ward.
Re-audit of "Was Not Brought" children to CAMHS.	Develop a reminder service (text message) as clinicians who carried out telephone reminders had low WNB rates. Educate staff on completing appointments on electronic records; introduce pro-forma text on records to assist with the process of recording outcome / reason for WNB.
Prescriptions of Tramadol or Pregabalin with antidepressant drugs in a pain service outpatient clinic (NICE-CSK Analgesia).	Develop a process to ensure concomitant use of SSRI, SNRI and TCA and Tramadol are always included in GP correspondence; create a patient information leaflet & process; recommend to GPs that they repeat the GAD score to consider appropriate treatment; create a service standard to document if patient reports euphoria/internet buying, add record alerts to warn of concomitant use of these medications as risk factors for addiction.
Audit of Pressure Ulcers (2017-18 Quarter 3) (NICE CG 179 / QS 89) Southampton.	Introduce measures to reduce pressure ulcers by: (i) Roll out of Intentional rounding to all localities once new community nursing structure is embedded, (ii) Consideration of extension of Purpose-T pilot to community teams (Purpose-T = Pressure Ulcer Risk Primary Or Secondary Evaluation Tool); Launch updated "TIMES" wound assessment tool on records.

Audit/Evaluation title	Example actions planned as a result of audits and evaluations
Audit of Family Nurse's use of Ages and Stages Questionnaires (ASQ) and Family Nurse Partnership (FNP) tools with evaluation of training needs.	Meet with nurses to provide them with the FNP guidelines and a quick start guide provided to use whilst administering ASQs; order the most up to date ASQ 3rd edition resources; arrange for NHS Digital to amend FNP Information System cut-off scores, to reflect those shown on paper assessments; establish an ASQ Pathway to ensure consistent use.
Re-audit of triage and prioritisation of referrals into adult speech and language therapy (east).	Form a centralised triage team and process to ensure that referrals are triaged equitably across the three general caseload areas. Develop a tool for demand and capacity.
Completion of diabetic foot assessment tools by GP's and nurses (Podiatry).	Attend meeting between podiatry and the nursing team to discuss findings and get feedback about DFA forms from nurses; a new DFA is now available online which may increase accuracy and completeness of forms.
Re-audit of retinal screening of diabetic patients registered at Solent GP.	Set up a batch report to ensure texts are sent to all patients who have not had retinal screening, on a six monthly basis (and check the rate of screening six monthly to ensure uptake does not drop below 75%).
Re-audit of Nutrition and Hydration for in patients (Royal South Hants).	Feedback audit results to staff with discussion around critical completion times; a mitigating circumstances box was entered onto electronic records for staff to record the reason why a MUST assessment wasn't completed, inform senior staff that they need to monitor compliance; remind staff that a care plan is needed for a MUST score of 1 or more.
Response time to safeguarding team advice line, since introduction of Lync system.	Undertake customer satisfaction evaluation; share information with the Adult Safeguarding Lead Nurse that data collecting tool should include the service that had contacted the team to make the data collection more streamlined.
Re-audit of Dental Recall Interval (NICE CG 19) (2017-18).	Share results with all staff via "Newsbites", discuss in locality meetings, discuss in general anaesthetic clinic meeting; seek clarification as to whether NICE tab used for audit data collection and the new compulsory field could be combined.

Research

In 2017/18, 2310 patients, receiving relevant Solent health services, were recruited and participated in research ethics committee approved research programmes.

The Trust continues to be the highest recruiter of participants in research for Care Trusts in England and further information on research activity can be found within our Research and Improvement Annual Report annexed to the Quality Account and at http://www.academy.solent.nhs.uk/.

Commissioning for Quality and Innovation

A proportion of our income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between ourselves and our Commissioners through the Commissioning for Quality and Innovation payment framework.

Service Line	Scheme	Achievement			
		Q1	Q2	Q3	Q4
Portsmouth Care Group	#1 – Improving Staff Health and Wellbeing				G
Southampton Care Group	#1 – Improving Staff Health and Wellbeing				G
Adult Mental Health	#3 – Improving Physical Health for people with Severe Mental Illness	G	G	G	G
Adult Mental Health	#4 - Improving services for people with Mental Health needs who present to A&E	G	G	G	G
Childrens East	#5 – Transitions out of Children and Young People's Mental Health Services (CYPMH)	G	G		A*
Childrens West	#5 – Transitions out of Children and Young People's Mental Health Services (CYPMH)	G	G		G
Adults Portsmouth	#8b – Supporting proactive and safe discharges - Community		G		G
Adults Southampton	#8b – Supporting proactive and safe discharges - Community		G		A*
Portsmouth Care Group	#9 – Preventing ill health by risky behaviours – alcohol and tobacco	G			
Primary Care	#9 – Preventing ill health by risky behaviours – alcohol and tobacco	G			
Adults Portsmouth	#10 – Improving of Wounds Assessment		G		G
Adults Southampton	#10 – Improving of Wounds Assessment		G		G
Adults Portsmouth	#11 – Personalised Care and Support Planning		G	G	G
Adults Southampton	#11 – Personalised Care and Support Planning		G	G	G
Sexual Health Services	#1.1 – Activation System for Patients with Long Term Conditions (LTCs)				R**

*final CQUIN figures will not be available until beginning of June

**It should be noted that the evidence to support the achievement of the Activation System for Patients with Long Term Conditions (LTCs) by Sexual Health Services was outside the contractual timeframe

Flu Vaccinations

This year we were set a target of vaccinating 70% of front line staff against the Flu. This was a significant challenge to us as the previous year we achieved 54%. Our Occupational Health Team initiated a number of new approaches including the introduction of peer vaccinators within service lines, incentive schemes/competitions to encourage uptake and a proactive communication strategy. This has had a significant effect and by the end of the year we vaccinated 71% of our front line staff and over 2300 staff in total.

Care Quality Commission (CQC)

We are required to register with the Care Quality Commission (CQC). Our current registration status is "registered without conditions"; we are therefore licenced to provide services. The Care Quality Commissioner has not taken any enforcement action against us during 2017/18.

The CQC registers and licences us as a provider of care services as long as we meet the fundamental standards of quality and safety. The CQC revisited a number of services in 2017/18. As we reported in last year's Quality Account, there were a number of services rated 'Inadequate', and it was these services that were re-inspected:

Children and Young Peoples Service were revisited by CQC in October

The Inspectors noted substantial improvements in the service delivered through the specialist schools we inspected on this occasion, and evidenced through the pre-inspection presentation.

They re-rated the service 'Requires Improvement' from 'Inadequate' as the Service had:

- Medicines management processes, although showing improvements, were not yet fully embedded for safe practice
- Records were, in the main, stored correctly but not consistently and some contained out of date information

They also commented on the highly personalised care, record keeping and process assurance at one of the schools, and that the services had completed the actions we required it to take following the inspection in June 2016.

Child and Adolescence Mental Health Services were revisited in May

The Inspectors rated the services 'Good' from 'Requires Improvement' as the Service had:

- Completed the actions we required it to take following the inspection in June 2016
- Staff understood how to assess and manage the risk to young people
- Staff completed care plans to support the safe and effective care of young people on their caseload
- Staff demonstrated empathy, kindness and caring when working with young people.
- Staff actively encouraged young people and their carers to be engaged in making plans of care and to provide feedback on the service they received.

Substance Misuse Service was also visited in May

The Inspectors rated the service 'Good' from 'Requires Improvement' as the Service had addressed the issues identified following the June 2016 inspection. This included:

- Putting protocols in place for those who regularly did not attend appointments or disengaged from the service.
- There was clear and visible leadership and oversight across both services.
- Managers ensured staff attended mandatory training and received supervision and appraisals.

- Local and senior managers worked together to ensure the staff were supported in their roles to achieve positive outcomes.

The CQC have also carried out a number of unannounced visits to our Mental Health Wards and we have taken actions to address any issues they found which have included:

- Ensuring we promote, review and oversee patient collaboration with staff regarding its reducing restrictive interventions programme
- Ensuring that patient care plans are patient specific, reviewed and updated regularly, contain patient views, and that patients are given copies,
- Ensure that there is evidence regarding the approved/responsible clinicians' assessment of the patients' capacity to consent or otherwise

We welcomed a specific visit to our new Kite ward by the CQC Registration Team to ensure that the facilities were suitable for the patient cohort we look after there. More news about the new Kite Ward can be found on page 156 We also participated in two systematic reviews by CQC Teams. The first was a review of services for looked after children and safeguarding in Portsmouth in June. This included our Sexual Health, Mental Health and Community services. In March this year, we participated with colleagues in a Local System Review in Hampshire, to enable the CQC to have a better understanding of the pressures and challenges across the Hampshire system and identify any areas for improvement needed in health and social care services. The review focused on services for people over 65 and whether people using local services are provided with safe, timely and high quality care.

Our ratings posters can be found at:

http://www.cqc.org.uk/provider/R1C/posters

Information Governance

Information Governance Toolkit attainment - the organisation has completed an annual Information Governance Toolkit Assessment achieving 97 percent compliance. Further information about the IG Toolkit can be found www.igt.hscic.gov.uk

Freedom of Information (FOI) Requests – the number of FOI requests received within a financial year was 294. This remains consistent when compared to the number of requests received the previous year (2016/17).

This year we have achieved 91.9 percent compliance with the 20 working day response target, which is an increase in compliance when compared to 2016/17's compliance level of 87.1%. At this time, 9 requests are not currently due and have therefore been excluded from these figures.

We made significant changes to the way in which we process FOI requests in quarter three and four of this financial year and identified a dedicated resource to process these requests; this has improved compliance, which in these quarters rose to 99.3 percent.

Subject Access Requests (SARs) – the number of subject access requests received within a financial year has increased by 18 percent when compared to the number of requests received the previous year (2016/17).

This year we achieved 87 percent compliance with the mandated 40 day response target, with 67 percent of requests being responded to within the best practice timeframe of 21 days. Compliance has increased when compared to 2016/17's compliance level of 83 percent. At this time, 49 requests are not currently due and have therefore been excluded from these figures.

We also made significant changes to the way in which we processSAR requests in quarter three and four of this financial year and identified a dedicated resource to process these requests. This has improved compliance, which in these quarters rose to 95.5 percent compliance with the mandated 40 day response target, with 77 percent of requests being responded to within the best practice timeframe of 21 days.

Payment by Results (PbR)

The Trust was not subject to a PbR clinical coding audit during 2017/18.

Clinical Coding

Clinical coding is the translation of written medical terminology into alphanumeric codes. Each code from a source document is assigned the appropriate codes that represent the complete picture of a patient spell in hospital. This is in accordance with the NHS Data Dictionary and World Health Organisation standards set out in the Clinical Coding Instruction Manual - International Classification of Diseases version 10.

Clinical Coding is important for local and national monitoring of incidences of diseases and in acute Trusts it is used in the development of reference costing for contractual purposes. We are responsible for providing accurate, complete and timely coded clinical information to support commissioning, local information requirements and the information required for the Commissioning Data Set (CDS) and central returns.

Each year the coding process is audited by an external accredited auditor. We have achieved a top level three rating for the last three years. The audit examines the quality and completeness of clinical information available for coding as well as the completeness and accuracy of the coding itself.

Data Quality

During 2017/18, a new Data Quality Team was established to assist our services in the validation and improvement of their patient data. After the transition of our clinical record system in recent years, a high number of data quality legacy issues were created. Many of these issues have been resolved to date but work is still required in a number of areas to improve our data quality.

The first focus of the team was to validate patients who were being reported as waiting over 52 weeks for their first appointment for all services to ensure that there was clear oversight of the waiting list position across the Trust. Between October and December 2017, the team managed to reduce the number of incorrect waiters by over 3000 and have implemented monthly processes with services to help maintain a good standard of data quality in this area and to further reduce the existing data quality issues.

Data Quality Report
52 Week Waiters by Service Line

Service Line	Week Commencing														
	02/10/2017	09/10/2017	16/10/2017	23/10/2017	30/10/2017	06/11/2017	13/11/2017	20/11/2017	27/11/2017	04/12/2017	11/12/2017	18/12/2017	25/12/2017	01/01/2018	08/01/2018
Adults Southampton	644	638	629	371	339	261	188	155	141	129	72	44	30	19	7
Primary Care	643	512	510	298	73	74	66	66	55	25	27	25	17	15	11
West Child & Family	1082	789	779	736	710	654	594	399	277	271	262	144	70	70	63
Adults Portsmouth	217	207	206	122	113	64	55	47	48	38	30	12	12	7	7
Mental Health	121	148	147	133	135	136	135	136	67	66	49	22	10	9	0
East Child & Family	806	743	741	677	653	542	542	535	334	321	98	102	48	45	34
Special Care Dental	5	5	3	3	0	TBC	TBC	0	4	0	0	0	0	0	0
Grand Total	3518	3042	3015	2340	2023	1731	1580	1338	926	850	538	349	187	165	122

The second part of the waiting list validation project for the Data Quality Team was to work with our services again to validate any patient reported to have been waiting between 18-51 weeks for their first appointment. Again, really good progress has been made by reducing the number reported by over half in Quarter 4 2017/18. Work will continue to reduce these further and validation will commence on all other waits during 2018/19.

Data Quality Report
18 - 52 Week Waiters by Service Line

Service Line	Data correct as of											
	02/01/2018	01/02/2018	01/03/2018	02/04/2018	01/05/2018	01/06/2018	02/07/2018	01/08/2018	03/09/2018	01/10/2018	01/11/2018	03/12/2018
Adults Southampton	724	635	455	464	-	-	-	-	-	-	-	-
Primary Care	356	359	326	274	-	-	-	-	-	-	-	-
West Child & Family	493	140	110	136	-	-	-	-	-	-	-	-
Adults Portsmouth	287	270	169	126	-	-	-	-	-	-	-	-
Mental Health	170	153	146	138	-	-	-	-	-	-	-	-
East Child & Family	665	200	161	125	-	-	-	-	-	-	-	-
Sexual Health	20	10	4	7	-	-	-	-	-	-	-	-
Grand Total	2715	1767	1371	1270	-	-	-	-	-	-	-	-

Learning from Deaths

Recognising the importance of the National Quality Boards Learning from Deaths report, we implemented a Mortality Policy in July of this year. This has provided regular reports to our Assurance Committee and to our Board both in Public and Private.

We also acknowledged the importance of involving the bereaved family and our Policy describes:

- How we will support people who have been bereaved by a death at the Trust, and also how those people should expect to be informed about and involved in any further action taken to review and/or investigate the death.
- It also describes how the Trust supports staff that may be affected by the death of someone in the Trust's care.
- It sets out how the Trust will seek to learn from the care provided to patients who die, as part of its work to continually improve the quality of care it provides to all its patients.

This policy has been reviewed and amended following the publication of the NHS Improvement Framework which was published to help standardise and improve how Trusts identify, report, investigate and learn from deaths. This has become the Learning from Deaths Policy which can be found at

http://www.solent.nhs.uk/page.asp?fldArea=1&fldMenu=12&fldSubMenu=5&fldKey=592

Our Policy includes:

|			
The trust's case record review process, including the method used, how the scope of deaths for potential review is determined and how deaths are selected for review.	How the trust responds to the death of someone with a learning disability or severe mental health needs, of an infant or child, or a stillbirth or maternal death.	How the trust decides which deaths – whether reviewed or not – require an investigation under the Serious Incident framework.	How the trust engages with bereaved families and carers, including how they are supported by the trust and involved in investigations where relevant.

We have also recognised the importance of completing a case record review, where clinicians review individual case notes to determine whether there were any problems in the care provided to a patient or if in any way the death was due to a problem in care. If problems are identified, we then use our Serious Investigation or High Risk criteria to complete an investigation. In order to ensure a systematic approach to these reviews, we have adapted the Royal College of Physician's National Mortality Case Record Review methodology. This will commence and be reported on from April 2018.

The Board has received regular reports and the aggregated report produced at the end of the year is detailed below
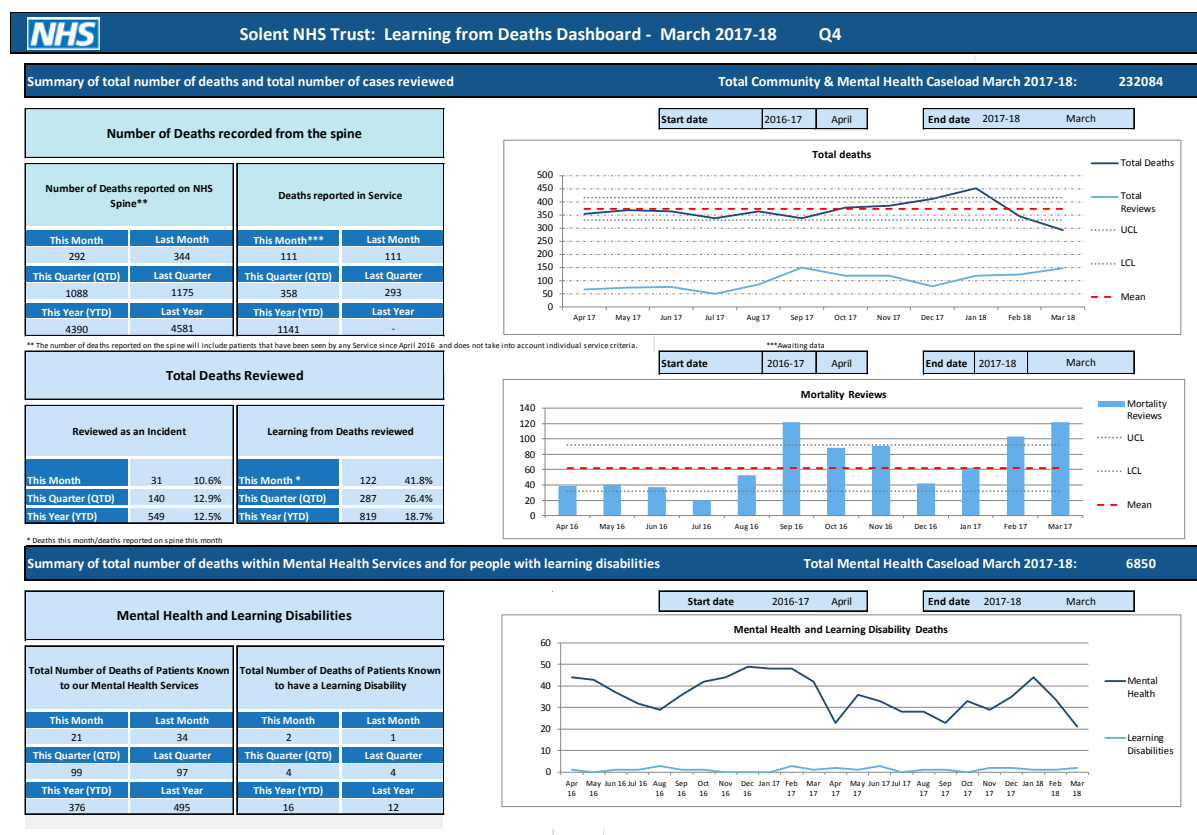
If you require a separate copy of the above image please contact us at communications@solent.nhs.uk

The Learning from Deaths Policy demonstrates how we identify lessons and make changes following a patient's death. In this context, 'learning' means taking effective, sustainable action to address key issues associated with problems in care.

 These lessons have included:

Lesson Identified	Action Taken
Delegation and accountability- systems and process are not in place to guide decision making in relation to delegating care to a non-registered colleague.	We developed a Standard Operating Procedure (SOP) to support staff and to improve understanding
Need to keep the patient and family view in mind when writing reports	We changed the reporting template and way in which we present information in SI/HRI reports to ensure that it is easily understood
Positive learning: The most recent resuscitation in adult mental health services was managed well with the patients airway managed well including using non-rebreathe bag and mask	
Patient did not receive the appropriate or timely care following a fall	The service has implementing a falls 'toolbox' which will include an accessible checklist for Adult Mental Health (AMH) wards.
Information on what to do if the patient felt they were getting worse was not available	We are working to provide easy to understand advice to patients and record what has been provided in the patients records

There needs to be clear guidance and support to teams who provide end of life care in settings where this is not normally provided	The End of Life framework will ensure that we develop a resource package to provide information, support and supervision to teams to enhance end of life care in these environments
There is not a clear process for triggering a VTE Reassessment on AMH wards	The AMH teams will agree what point in a patient's journey will trigger review for Venous Thromboembolism (VTE) assessments. A template/proforma supported by a SOP will be assessed through an audit later in the year.
Positive Learning :Patients in community inpatient rehab wards benefit from seeing the same consultants through the pathways of care	

The Policy ensures that Board and Non-Executive Director responsibilities are met and ensure that the Organisation:

- learns from problems in healthcare identified by reviews or investigations as part of a wider process that links different sources of information to provide a comprehensive picture of their care.
- Providing visible and effective leadership to support their staff to improve what they do.

2.3   Reporting against Core Indicators

Department of Health Mandatory Quality Indicators

We have reviewed the required core set of quality indicators which we are required to report against in our Quality Accounts and are pleased to provide you with our position against all indicators relevant to our services for the last two reporting periods (years). These indicators are specific to our Mental Health Services.

Indicator	2016-17	2017-18
Preventing People from Dying Prematurely - Seven Day Follow-Up	100%	99%
Enhancing Quality of Life for People with Long-term Conditions – Gatekeeping	100%	100%
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	77%	64%
Improving access to psychological therapies (IAPT):		
a) proportion of people completing treatment who move to recovery (from IAPT dataset)	53%	58.6%
b) waiting time to begin treatment (from IAPT minimum dataset) i. within 6 weeks of referral	99.5%	99.8%
ii. within 18 weeks of referral	100%	100%
Care programme approach (CPA) follow-up: proportion of discharges from hospital followed up within seven days	98%	99%

Cardio-metabolic assessment

The Physical Healthcare Matron is the lead who ensures that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the service areas:
a) Inpatient wards
b) Early intervention in psychosis services
c) Community mental health services (people on care programme approach)

Staff are trained to assess physical healthcare and use the following tool:
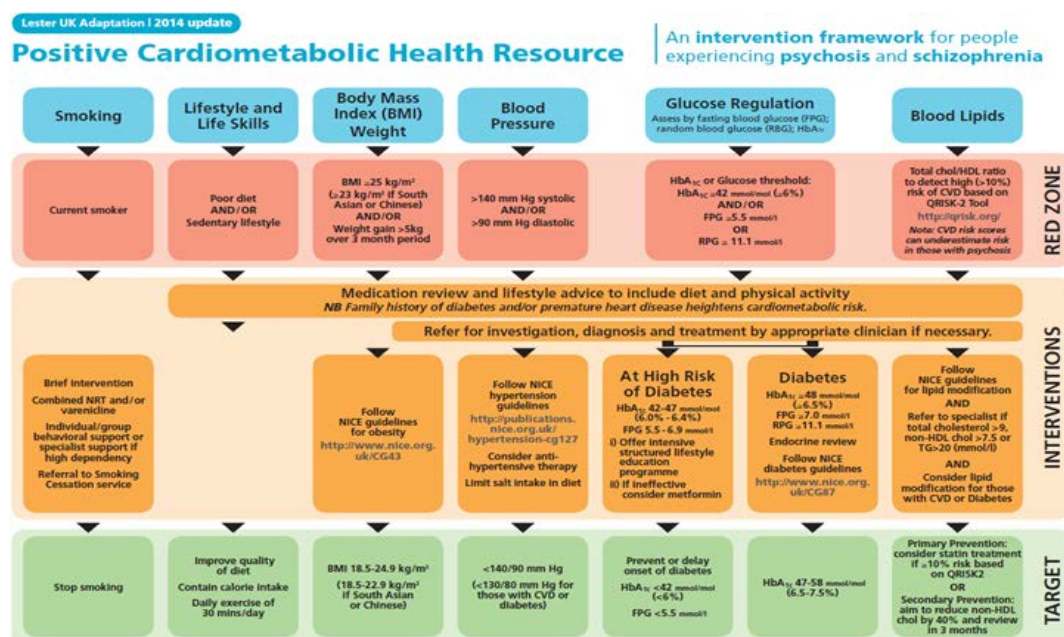
If you require a separate copy of the above image please contact us at communications@solent.nhs.uk

Admission of Young People into Adult Mental Health Wards

During the year, we admitted 2 young people into our adult wards. Both were over 16 and were with us for less than 3 days. In each case we reported the admissions as a Serious Incident and completed an investigation. Neither young person came to any harm as a result of the admission and were well cared for by CAMHS specialists whilst an inpatient.

Ensuring that People have a Positive Experience of Care – Community Mental Health Patient Survey

The Health and Social Care Information Centre (HSCIC) provides patient experience indicator data for the annual national Community Mental Health (CMH) Survey. The CQC does not provide a single overall rating for each Trust for this survey, as it assesses a number of different aspects of people's care and results vary across the questions and sections.

In the patient survey report published by the Care Quality Commission (CQC), the results are presented as standardised scores on a scale of 0 to 10. The higher the score for each question, the better the Trust is performing. As can be seen from the table below, we have been rated as 'about the same' as most other Trusts in the survey by the CQC.

We consider that this data is as described as this Care Quality Commission (CQC) national survey was developed and

coordinated by the Picker Institute Europe, a charity specialising in the measurement of people's experiences of care.

The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.
The full survey is published at:

http://www.cqc.org.uk/provider/R1C/survey/6#undefined

Friends and Family Test (FFT)

Patient FFT

	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
17/18	**95.89%**	1.46%	**18506**	14127	3617	367	131	139	125
16/17	**95.79%**	1.65%	**15335**	11711	2978	264	96	157	129
15/16	**94.95%**	2.17%	**13927**	10474	2749	263	116	186	139

Positive feedback received from carers and service users has continued to grow and improve over the last 3 years, with an increase in the proportion of respondents who would be 'extremely likely/likely' to recommend Solent services to Friends & Family. The proportion who responded they would be 'unlikely/extremely unlikely' to recommend has also improved year on year (target is a low score on this measure).

During 2017/18, additional methods for providing feedback via the Friends and Family test have been introduced, including email in settings where this is appropriate, and monkey survey for children and young people. This has resulted in an encouraging increase in the response rate overall. The number of free text comments has also increased from 12243 (during 2015/16) to 20818 (during 2017/18). These comments provide us with the insight to know what we do well and where we need to make improvements based on patient feedback. Comments related to 'caring and professional staff' and 'feeling listened to' are recurring themes.

Services share the feedback with staff that is often personally named by service users. The most frequently used words to describe Solent services have been aggregated below:

These are examples of complimentary comments

'The team help in a quiet and friendly way; I feel that I can rely on their services.'

Adults Portsmouth

'The service is very professional and friendly.'

Primary Care

'Very supportive and give great advice.'

Child and Family

'The dentists involved and her assistant are extremely friendly / helpful and supportive. This is an excellent service.'

Specialist Dental Services

'The nurse was very friendly and helpful and explained everything to me.'

Adults Southampton

'Extremely thorough personal service. Thank you!'

Sexual Health

'Great understanding of my situation; great eye contact. Overall great experience here as I feel listened to and respected like my views were valid.'

Adult Mental Health

Examples of 'YOU SAID - WE DID' learning and actions:

You said ……..	We did…….
Can never get appointments, change the way they accept calls.	The surgery is working hard to release more capacity and have reviewed the impact on the growing surgery list. This is an ongoing project and will keep the patients informed via the PPG Group
The process is timely and very frustrating, I feel it's a shame that it feels like a postcode lottery for different services and care that can be provided. The staff despite these pressures has been fantastic & we cannot fault their commitment.	The service is currently undergoing a transformation plan which aims to reduce the wait times for assessment and therapy. We are actively implementing wait list initiatives to reduce wait times and looking at staffing levels to help reduce wait times.

Feedback from children using Monkey Wellbeing:

What we have learnt…

1. It is important to agree clear expectations with patients about their care.
2. 'Same day appointment' works better than 'waiting to be seen' in Sexual Health.
3. On-going need for customer care training in some settings.

Staff Survey

For the second year running, we improved upon our NHS Staff Survey results, and when benchmarked with other Trusts, our scores are higher than average. Listening into Action, who rank Trusts based on 32 key findings around culture and leadership, ranked us as the best performing mental health, learning disability and community Trust and highlighted that we are demonstrating a positive trend in our results year on year.

A total of 1876 people took part in this survey. This is a response rate of 56% which is above average for combined mental health and community trusts in England (45%), and compares with a response rate of 55% in the 2016 survey.

Compared to last year, we saw a significant improvement on 12 individual question scores and a worsening of scores on only 2 questions. Out of 22 NHS key findings across comparable trusts, we scored better than average on 15 and none worse than average. Our results show that we have maintained the positive levels of engagement achieved in 2016/ 17 through the continuation of our Great Place to Work Programme and focus on improving the 'Top 3': Learning & Development, Effective Leadership and Genuine Involvement.

The opportunity in the year ahead will be to firmly embed our purpose at the heart of our strategy through our narrative, 'The Solent Story'. Engaging people from the bottom up in sharing their stories of how they make a difference in keeping more people independent, safe and well in the community.

You can read more about our staff survey results within our Annual Report.

Part Three: Other information

Achievements in 2017/18

We identified a number of priorities which are detailed below, however Services were involved in many other quality initiatives.

Priority 1: We will implement the Trust's professional frameworks so that our nurses and allied health professionals (AHPs) continue to deliver great care.

We will do this by: publishing a career framework and strategies by December 2017

We met this priority by delivering a number of actions for both nurses and AHPs:
- Our Nursing Conference in May launched the nursing strategy and we established Professional Advisory Groups
- Task and Finish Groups met and took action to progress each of the strategic commitments
- Launched a Career framework

This priority was met and we will develop it further as part of our business as usual and are now considering the development of a multi-disciplinary clinical strategy During the year
- We have delivered leadership and management development programmes for band 6 & 7 nurses across our community nursing and MH teams in Southampton and Portsmouth. Within this programme we have included sessions on professional responsibility and accountability linked to the code of practice and also covered professionalism. This strengthens supervision and support to clinical staff and therefore impacts on the quality of care received by patients
- We have developed a range of competencies and have a system for assessment, for example we have retrained support workers on administration of insulin in the community and all have been reassessed as competent to undertake this delegated task
- We currently have two trainee ANPs within our mental health services which are new developments and contribute to enhanced patient care
- We have introduced ANP roles in primary care in Southampton which enables us to triage patients and ensure they are seen by the most appropriate person and we also have ANPs undertaking home visits thereby ensuring more complex patients get seen sooner and their care appropriately managed. We are also offering training posts for nurses who wish to be practice nurses
- We have a pilot running in Southampton where patients who meet criteria re fast tracked to physiotherapy rather than taking a GP appointment. This frees up appointments for people who need to see the GP
- We have 8 support workers just embarking on the Nursing Associate programme
- We have developed Band 4 positions within AMH to support career development for this group of staff and to be in a state of readiness for progression to the degree nurse apprenticeships

Priority 2: We will deliver the Quality Improvement Programme to enhance patient experience and make a difference to people's health and wellbeing.

We will do this by: having 2 groups of staff completing the programme and publishing newsletters and programme outcomes every quarter

Quality Improvement Programme (QIP) has become embedded within the Organisation and we are now on Cohort 5. We have recruited both clinical and corporate teams to make a difference in a number of areas including:

This has been met and the Solent Quality Improvement (QI) Programme has been established to equip our staff with the confidence and skills to deliver improvements in their areas, and to be able to demonstrate how these have made a difference.

Those on the programme are encouraged to work with patients to identify and deliver improvement.
The programme has the following elements:
• A graduated programme of skills development (see below)
• A series of add-on masterclasses
• Bespoke facilitation and support to deliver Quality Improvement projects
• Support in placing the patient voice at the heart of improvement

Further information is available about the number of clinical teams that have participated, what changes have been put in place as a consequence of the QI programme, how it has improved the quality of care is detailed in our Research and Improvement: 2017-18 Annual Report which can be found as an appendix to the Quality Account.

http://www.academy.solent.nhs.uk/improvement/

Priority 3: We will continue to improve our services by using the learning from incidents, complaints and feedback.

We will do this by: launching an Organisational Learning Framework by September 2017

The delivery of this priority has been reframed to ensure that lessons are identified and learning is disseminated throughout the organisation. Clear actions and learning points are identified at the end of
  • The Serious Incident Panel.
  • The Learning from Death Panel (which was launched in July 2017) and the
  • Complaints Scrutiny Panel

We also record what changes we would expected to see in Services and by when. Examples of learning from Serious Incidents can be found at page 144

The Organisation has invested in an electronic recording system which will capture these details, which will be in place from April 18

The Organisation is exploring all avenues of communication to share the learning; this includes newsletters, presentations, Solet and the normal Service Line governance processes.

Priority 4: We will implement the Trust's competency assessment framework to support our staff to consistently deliver safe and effective care.

We will do this by: developing a Trust library of competencies for Nursing and AHP workforce by July 2017

This priority was met by delivering the following
- We established a core framework of job descriptions across all bandings
- We developed a Trust library of competencies for Nursing and AHP workforce
- to date we have finalised a Band 5, 6 and 7 JD

With regard to competencies they cover a range of areas including:
- nutrition and hydration competency
- Insulin administration for support workers
- Competencies for band 3 support workers
- Competencies for staff in sexual health

The competencies are based on best evidence and so should lead to consistency of quality and standard of care delivered and thereby impact on improved outcomes for patients?

With the implementation of SolNet, these competencies can be published on this intranet to make them more accessible to all staff.

Priority 5: We will have a consistent approach to involving people in the development of our services.

We will do this by: launching our volunteer strategy and web site for volunteers by December 2017

This priority has been met by delivering the following:
- We launched our volunteer strategy and actively recruited volunteers.
- We developed and issued protocols to our services for the recruitment and deployment of volunteers
We launched the Volunteers website: http://www.solent.nhs.uk/page_sa.asp?fldKey=815

We currently have 105 volunteers (that includes the League of Friends in Portsmouth) with a further five currently going through the process .We currently have volunteers helping with the following roles.
- Meet & Greet volunteers (this includes gaining FFT and feedback)
- Memory Café volunteers
- Gardener – Snowdon Ward
- Front of house volunteer (Jubilee House)
- Befriender (Snowdon ward)
- Drinks volunteer (Jubilee House)
- HIV Peer support
- Pain Team Peer support
- Health Club Volunteer
- Trolley Service (League of Friends)
- Shop at St Marys (League of Friends)

The main service lines who have volunteers are Adults Southampton, Sexual Health Service and Adults Portsmouth .We will continue with this priority as business as usual next year by developing a community engagement strategy which we will launch in Q1 2018/19

Patient Experience Indicators

Complaints

The approach to complaints handling in the Trust is based on the principles published by the Parliamentary and Health Service Ombudsman (PHSO). Their principles outline the approach the PHSO believe public bodies should adopt when delivering good administration and customer service, and how to respond when things go wrong. They underpin their assessment of performance, vision of good complaint handling and our approach to putting things right.

These are:

- getting it right
- being customer focused
- being open and accountable
- acting fairly and proportionately
- putting things right
- seeking continuous improvement.

Training is provided on a regular basis to staff to ensure that anyone making a complaint is supported; receives honest, timely communication; and is clear about the actions we are going to take next as a result of our learning from complaints.The Trust encourages the staff closest to the people receiving our services to, wherever possible and with the service user's consent, deal with concerns and problems at the local level, aiming to ensure that issues are resolved wherever possible at the earliest stage possible and in a way that is responsive to the service user's needs and circumstances.

Timely intervention can prevent an escalation of the issues raised and achieve a more satisfactory outcome for all concerned. However, if the complaint is initially dealt with as a service concern[7], it does not prevent the complaint being escalated formally should the patient remain dissatisfied with the initial outcome.

Total of Service Concerns Received

Number of Service Concerns received by Year

This chart shows that the number of service concerns received has increased year on year which, with the ongoing emphasis on resolving issues as early as possible as service concerns and preventing escalation to the formal complaints process, is an encouraging trajectory. Services are required to report all service concerns to the PALS and Complaints team so that there is a corporate overview to identify themes and ensure appropriate escalation and adherence to the Trust policy and procedures for managing complaints and concerns.

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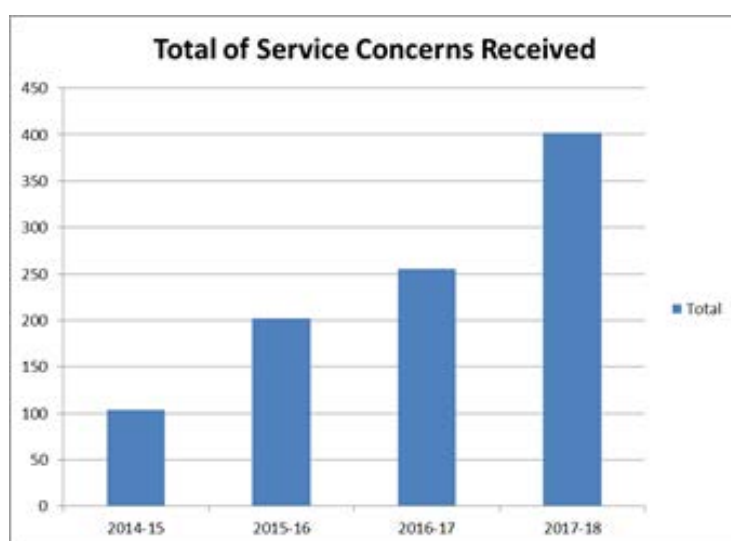
[7] We define service concerns as matters that can be resolved locally. A complaint follows a formal investigation process in order to gain resolution.

By placing an emphasis on resolving issues as they arise at the local level by the staff closest to the person receiving the service, we have seen a gradual reduction in the number of formal complaints received . Local resolution meetings are offered as part of both the complaints and service concern resolution processes and a Quality Improvement project is currently in progress working with people who have experienced these meetings to identify learning and improvements.

During 2017/18 there was a reduction in the number of people making contact with our Patient Advice and Liaison Service (PALS) for advice, signposting and general queries. We received 590 contacts compared to 682 in 2016/17.
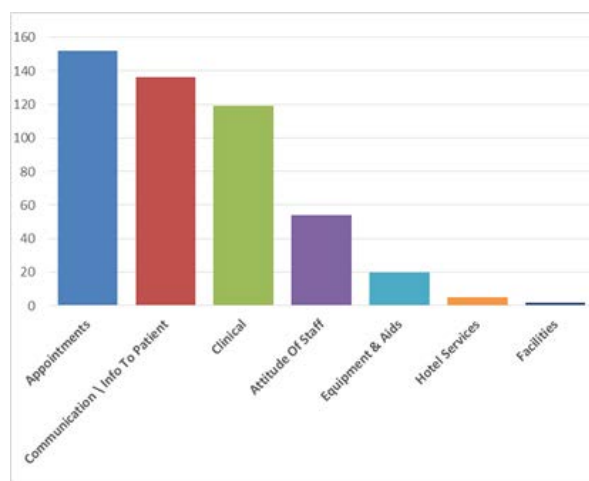
Service level concerns by category for 2017/18

This chart shows the range of categories for the service concerns received with appointments and communication being the most prevalent issues resolved via the service concern process in contrast to clinical issues which is the most prevalent complaint category.

Number of Complaints Received

As detailed above under service concern numbers, there has been a year on year reduction in the number of complaints in contrast to the increase in service concerns. This is the desired outcome with increased emphasis on resolving issues raised early to improve patient experience. Our Trust Board receives regular monthly reports and updates on the number, themes and learning from complaints and a member of the Executive team personally reviews each complaint response. In addition our quarterly Patient Experience Report, which includes details of complaints received and the associated learning and outcomes, is made available to the public via our website.

Formal Complaints Received By Category
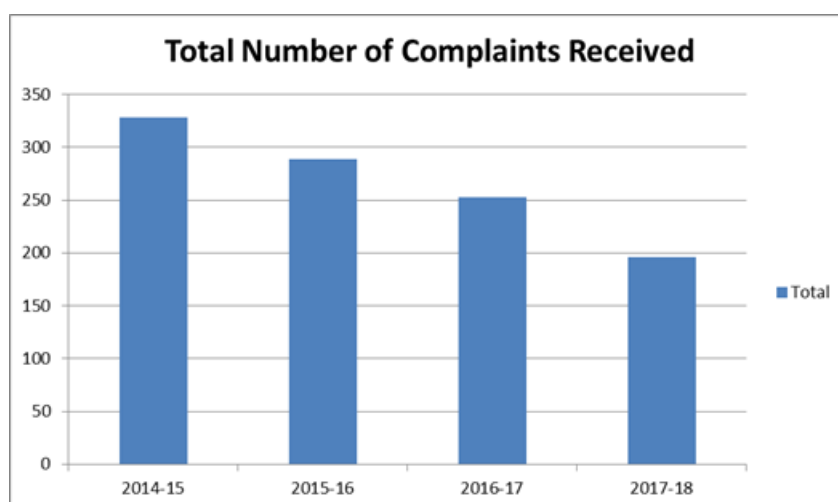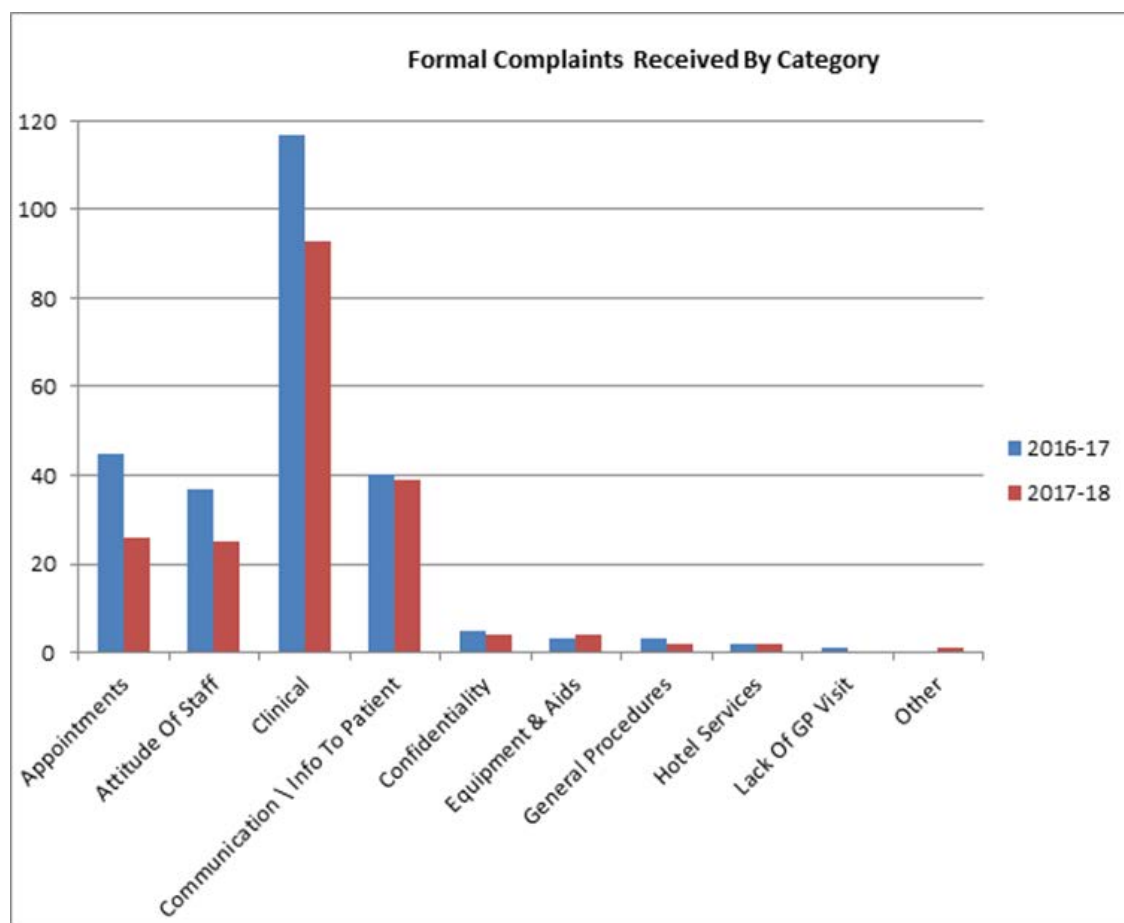
As an organisation we strive to embed and sustain the changes made as a result of complaints and concerns to enable long term improvement. Changes and outcomes are monitored within the services concerned and, to ensure learning across service lines, are shared at our quarterly complaints scrutiny panel. This was introduced to drive quality improvement and act as a mechanism for Trust-wide learning. This panel is chaired by one of our Non-executive directors and our Chief Nurse with members including a Healthwatch colleague (the consumer champion for health and social care) and senior clinical representatives from each of our service lines.

Some examples of learning shared through the panel include:

- Ensuring that patients' are provided with adequate amounts of medication, upon discharge from wards to home, to hopefully minimise the effects of what can already be a stressful situation
- When a formal complaint has been de-escalated to a Service Concern the Executive team should still be made aware of the outcome so that they are kept fully aware of the complaints resolution process.

Clinical issues is the highest category for complaints in 2017/8 and we will be carrying out a deep dive in 2018/9 to looking at the range of themes within this category and cross organizational learning.

Patient Led Assessment of the Care Environment (PLACE)

We had the highest scores for the South of England in the category registered for all of the assessment areas and improved on the scores achieved in 2016. However, this does not mean we cannot improve further.

National Overview

	Solent Score	National Score
Cleanliness	99%	98%
Food Score	98%	90%
Organisation Food Score	98%	88%
Ward Food	98%	90%
Privacy, Dignity and Wellbeing	91%	84%
Condition, Appearance and maintenance of buildings	97%	94%
Dementia	92%	77%
Disability	93%	83%

In Summary for our Organisation

- All our wards improved in one area or another from last year
- We want to improve in the areas of Privacy, Dignity and Wellbeing , Dementia and Disability
- All locations continue to monitor and review action plans following the visits in 2017 and progress will be monitored

Future Plans

Looking forwards, the Trust will continue to improve/maintain high standards in all assessment areas to the benefit of patients and maintain its position as one of the highest achievers in the assessment areas for the PLACE inspections.

We will be looking to:

- Identify how we can further improve dementia awareness in all locations including
  - what learning can be identified from areas that achieve higher scores;
  - Involvement of patients and service users.
  - Reflecting on the dementia awareness improvements that have been implemented since the visit which should lead to an improvement in the scores in the planned 2018 inspection.
- Improve the Privacy, Dignity and Wellbeing and Disability scores on the wards at the Royal South Hants.
- Improve the condition, appearance and maintenance of buildings-in areas where Solent are not the landlord. This is a challenge and we will continue to support services to challenge the landlord regarding the general appearance and up keep of buildings that our patients are seen in.

Same Sex Accommodation Requirements

There have been no reported breaches during this year.

Avoidable Healthcare Associated Infections (HCAI's)

We continue to be committed to a zero tolerance approach to any avoidable Healthcare Associated Infections (HCAI's). Through a variety of forums and processes, we are able to ensure that all aspects of infection prevention and control remain embedded in practice.

As a community organisation, we are not given reduction targets for HCAI but if and when they occur, each case will undergo careful scrutiny to ensure that any lapses in care are addressed and actions put in place and monitored. There was one case of a MRSA bacteraemia across multiple providers this year, that including Solent NHS Trust, which was attributed to the CCG and one case of Clostridium Difficlie (C.difficile) that was fully investigated and actions for learning shared. We have taken part in the investigation and any learning from this event will be embedded within in our Organisation. The prominent learning was the common theme of communication. The MRSA case was particularly complex as it involved multiple providers from different areas of the country. Therefore actions are focused on how we can be more efficient at sharing key information across the health economy. We are looking internally at improving electronic systems and creating templates specific for infection.

With regards the C. difficle case we provided in-house training on obtaining good quality samples and how it is the clinicians responsibility to follow up any test results they have requested. In addition to this our current organisational work on NEWS and deteriorating patient aims to assist in the follow up actions of both cases.

There have been no ward closures due to any outbreaks of infection during the year.

MRSA & C.difficile infections within Solent NHS Trust
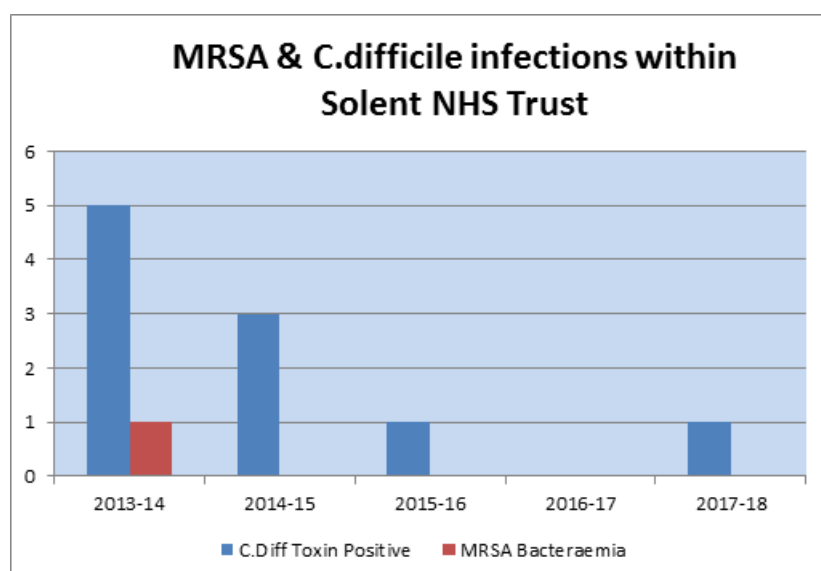
# Patient Safety Indicators

Reducing Patient Harm

What it means in Practice

We have continued to invest in ensuring there is a culture of reporting incidents and issues within the Organisation, and we use an electronic system to capture and report incidents from all areas. We have improved our reporting culture and we have developed Serious Incident Panels to ensure that staff feel able to learn from mistakes.

Incident Reporting Trends - April 2016 to December 2017
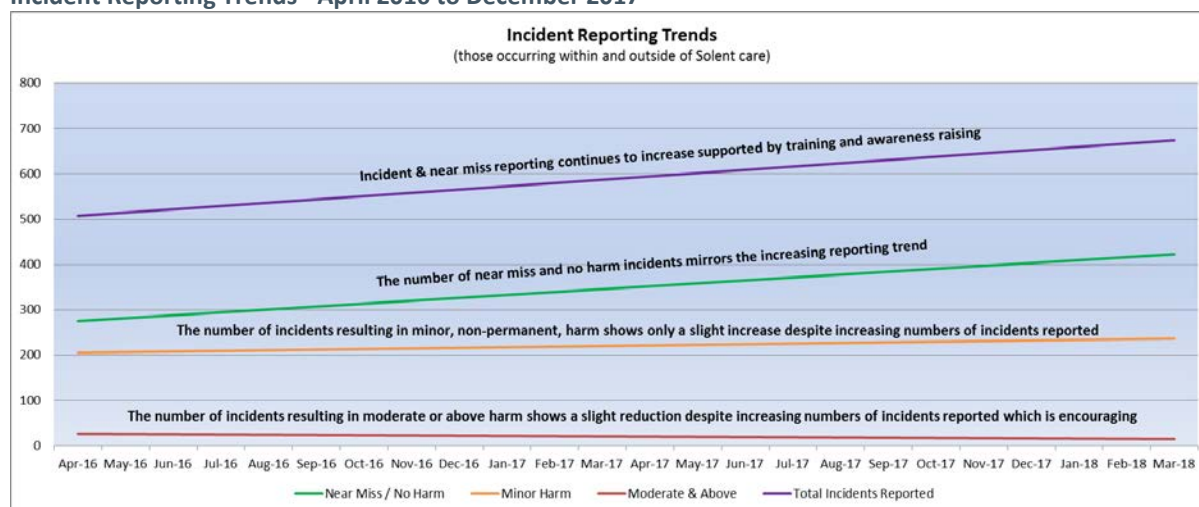
Serious Incidents (SI)

A total of 78 Serious Incidents, all were subject to a full investigation and were heard at the Trust SI panel which is held monthly. The lessons learnt from each SI are shared with the service line and commissioners. These have included:

Lessons identified	Action taken
Documentation needs to be complete, accurate and contemporaneous	This has also been highlighted in several reports and challenges noted regarding the collation of evidence as recording has not always been completed effectively. The importance and professional responsibility of all staff to ensure that patient records are accurately maintained and updated has been re-iterated to staff and within Service lines.
Staff must ensure that they adhere to policy and procedures either local or national (or both)	Services have taken an action to ensure that staff are aware where to access SOPs/policies/ national guidance and the importance of following as per service guidance. The implementation of our new Intranet has provided a place where all clinical teams and services can store documents and where staff can easily access them
Ensuring that patient wishes in regard to Do Not Resuscitate (DNR) are recorded correctly.	The importance of discussing, documenting and highlighting the DNR status of a patient and communication with the teams who are providing care to that patient to avoid unnecessary and distressing attempts at resuscitation has been reiterated to services
Care plan management is paramount when organising care and visits	Staff have been reminded that they should ensure that appropriate care plans are created to support the safe delivery of care and to ensure that subsequent visits are plotted according to the need identified from the care plan(s). They check that the electronic record is maintained as an up to date and accurate reflection of care provided

Importance of ensuring that staff have attended training regarding tissue viability and have signed competencies, including the understanding that a TIME assessment is completed on the patient's first visit	Staff have been reminded that the specialist Tissue Viability Teams can be contacted to review new PU's and support in the grading of Pressure Ulcers, and that value of a photograph of the wound is an effective way of monitoring improvement or deterioration (with patient consent).

Number of SI raised per month
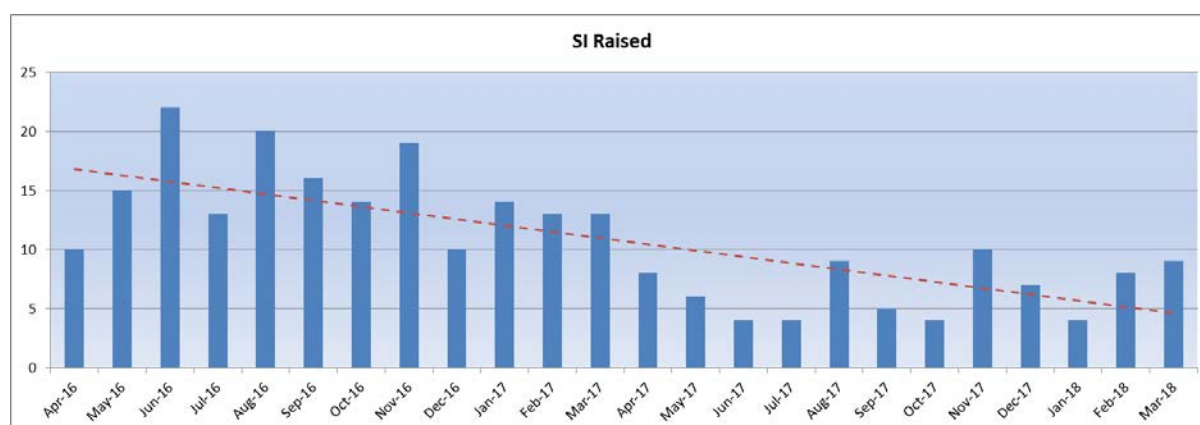
There have been no incidents that have resulted in the death of a patient.

Incident and Near Miss Impacts
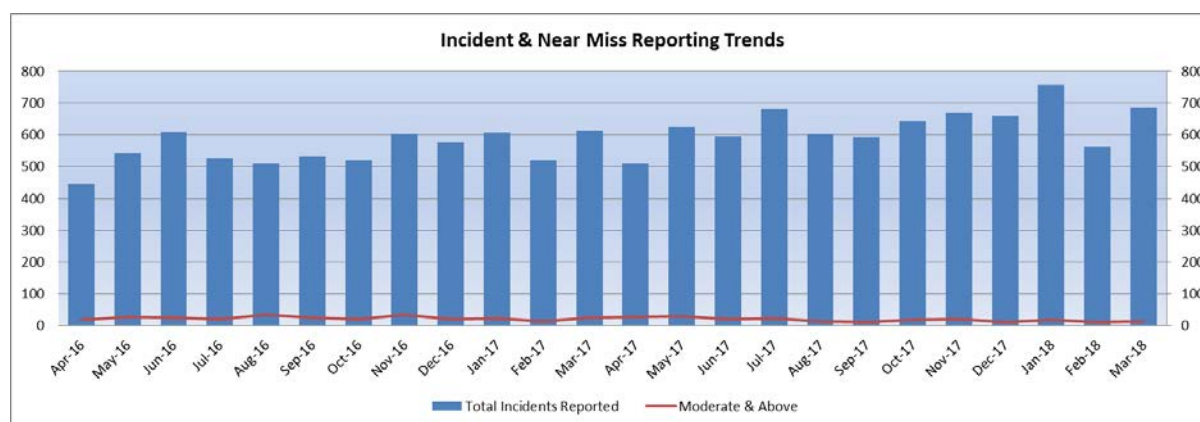
The increase in the number of incidents reported as moderate and above can be attributed to the consistent validation of incidents following the reintroduction of incident reporting training for staff.

Total Incidents & Near Misses Reported
(occurring within and outside of Solent care)
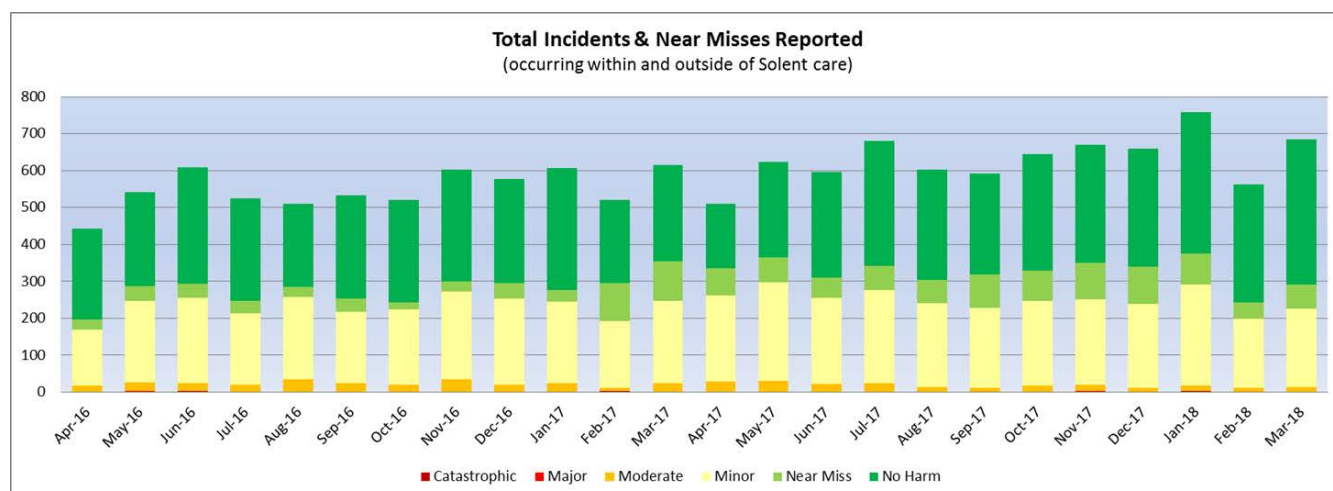
Reduction in Harm

Reporting levels are showing a steady increase since April 16. The number of moderate incidents reported this quarter has decreased and the number of no harm incident has increased, this indicates a positive and open reporting culture.

Total number of Incidents reported April 2016 to December 2017
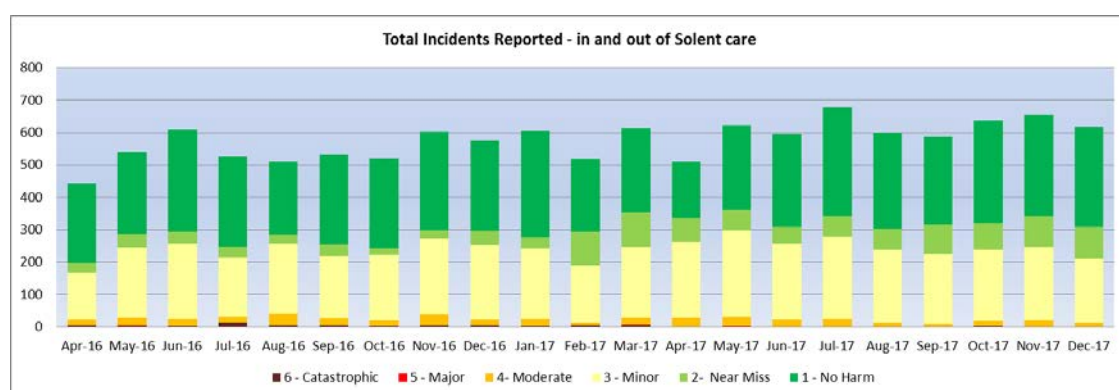
Pressure Ulcers (PUs)

The number of PUs reported as incidents has increased over the year to 242 of which 79 were initially indicated as being Grade 4 PUs. All Grade 4 PUs are validated and undetermined or " in our care" are reviewed at the PU Panel . The number of validated Grade 4 PUs is identified below.

Service Line	Pressure Ulcer	16-17	17-18*	Trend
Mental Health	Avoidable	2	0	↓
	Unavoidable	1	0	↓
	To Be Determined	0	0	N/A
Adults Portsmouth	Avoidable	22	14	↓
	Unavoidable	31	7	↓
	To Be Determined	0	7	N/A
Adults Southampton	Avoidable	9	4	↓
	Unavoidable	39	4	↓
	To Be Determined	0	0	N/A

* new process introduced – only undetermined or avoidable PU go to panel

Portsmouth Services - Avoidable Pressure Ulcers
(Date raised)
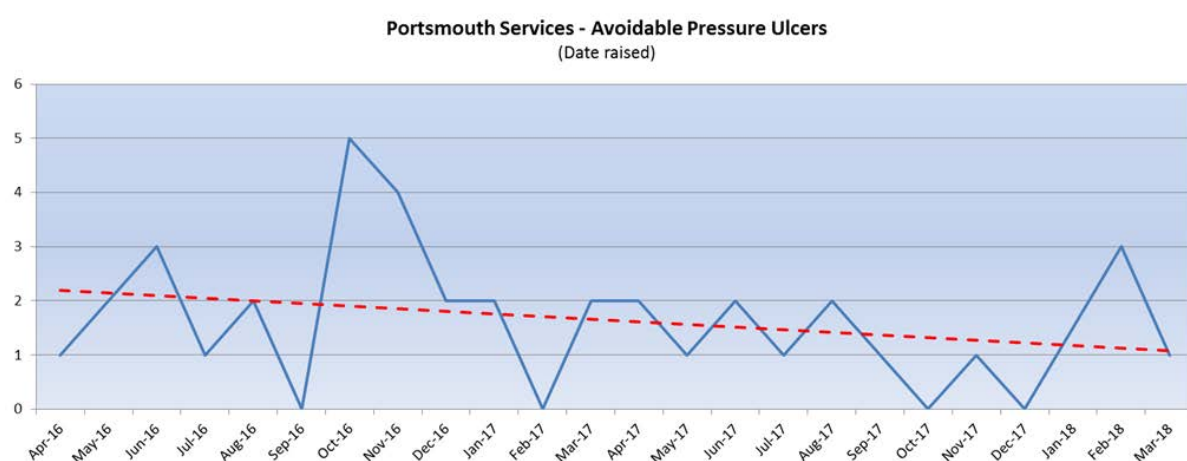
It should be noted that the 'spike' in Oct 16 was due to a backlog of incidents being reported

The majority of pressure ulcers "out of our care" occur while the patient is in hospital or a care home. The Trust is working with Fareham and Gosport CCG to plan how to triangulate data for the pressure ulcers that have occurred out of the Trust's care and how to improve outcomes for patients.

Reporting Trends - Pressure Ulcers acquired outside Solent care

By Grade	16-17	17-18	Trend
Grade 2	154	191	↑
Grade 3	133	110	↓
Grade 4	118	150	↑
Total reported	405	451	↑

Reporting Trends - PU acquired outside Solent care – Portsmouth & Southampton

Pressure Ulcers Acquired Outside Solent Care - Reported by Portsmouth Services

Pressure Ulcers Acquired Outside Solent Care - Reported by Southampton Services
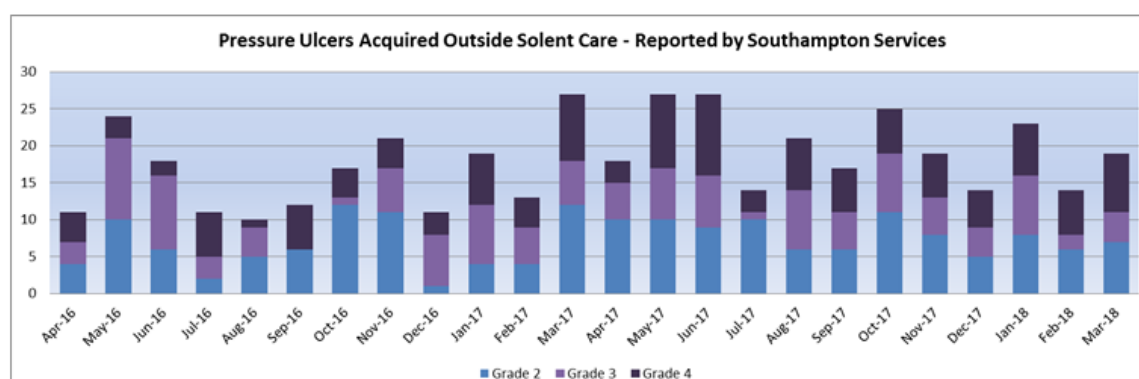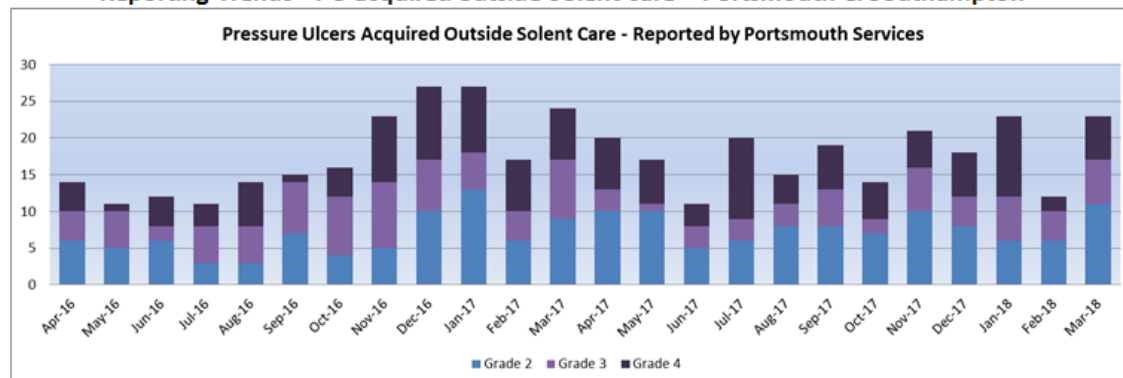
Falls graded minor or above

Adults Portsmouth, Adult Mental Health and Adults Southampton, continue to report the greatest number of patient falls. Moderate incidents remain low and minor incidents are on the decline.

Number of patient falls, per month April 2016 to December 2017
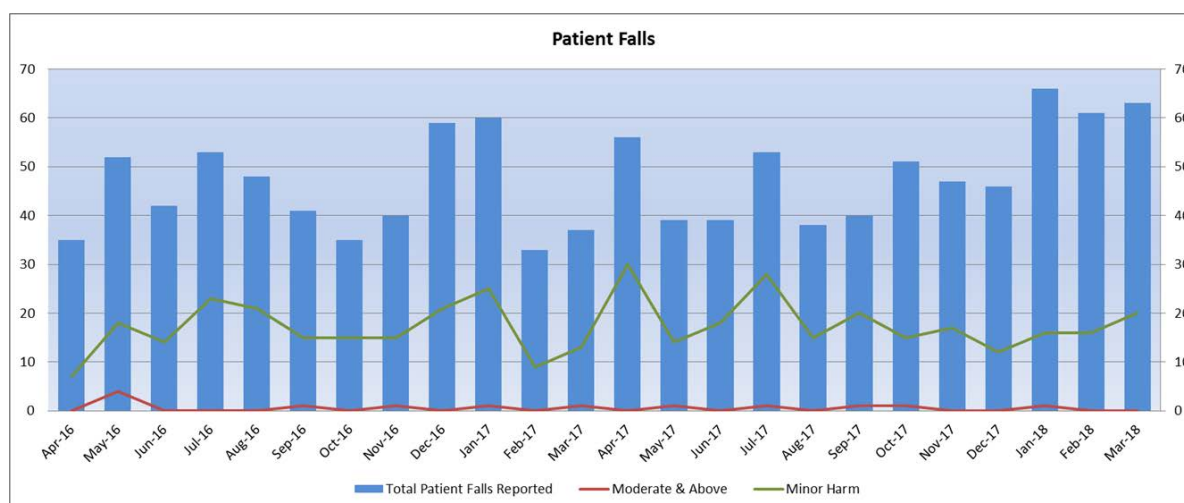
Falls reduction

A Falls Thematic Lead is now in post and the Trust Slips, Trips & Falls policy has been updated and made available for staff. This policy includes plans for Falls Champions and an E-learning module on falls in addition to a cascade training model for staff in falls prevention and management.

Patient falls resulting in harm

	16-17	17-18	Change	Trend
Portsmouth	97	115	19%	↑
Southampton	106	111	5%	↑

Further review of the Portsmouth data has shown a reduction in the number of 'No harm' or 'Near miss', however there has been a rise in the 'minor' harm category.
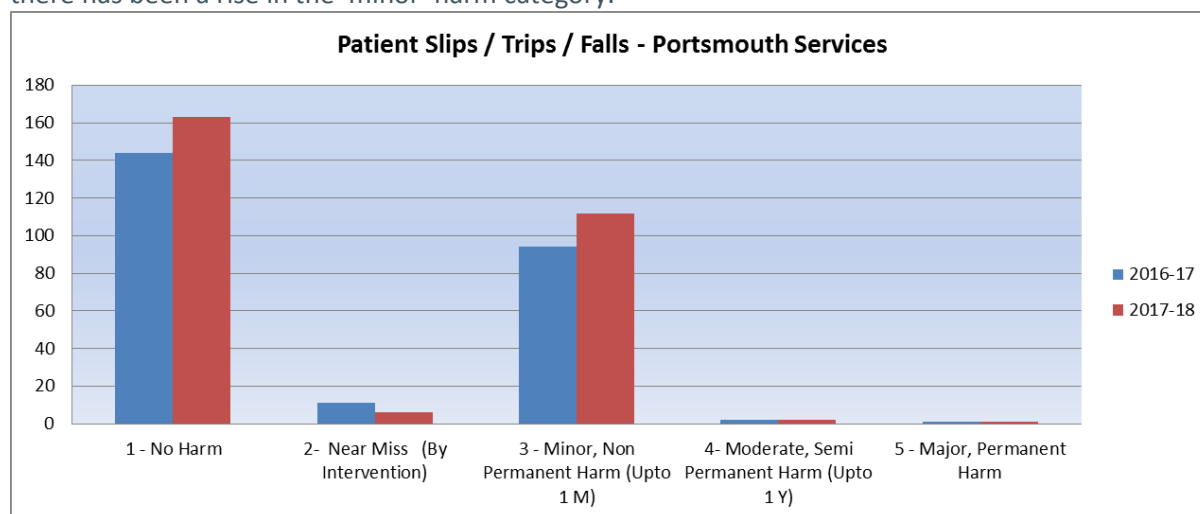
Further analysis shows that the increase in minor / non- permanent harm relates to an increase in the reporting of unwitnessed falls.

Patient Slips / Trips / Falls - Portsmouth Services
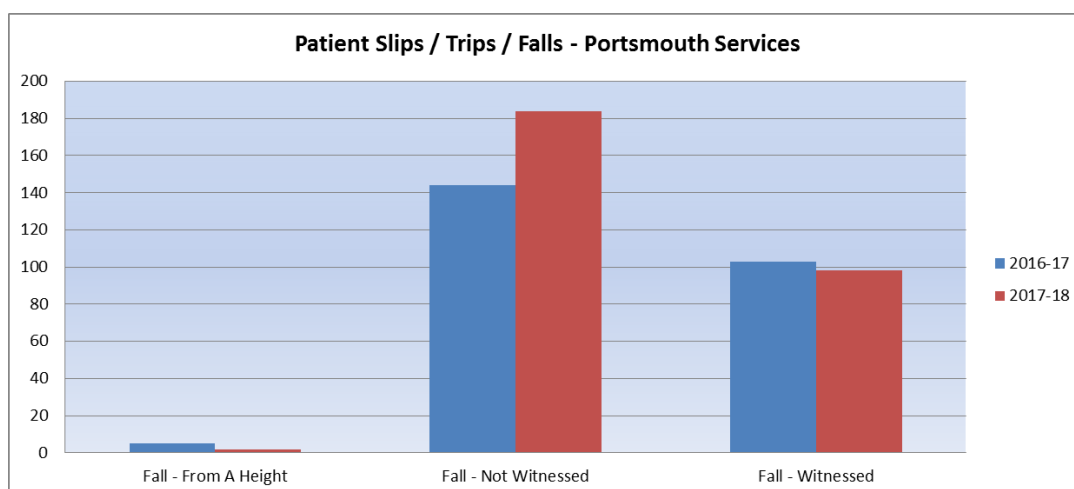
Medication incidents resulting in minor or above harm

There has been a slight increase in medication errors in Solent care; however the majority continue to be reported as no harm.

Solent NHS Trust - Medication Errors
(within and outside of Solent care)
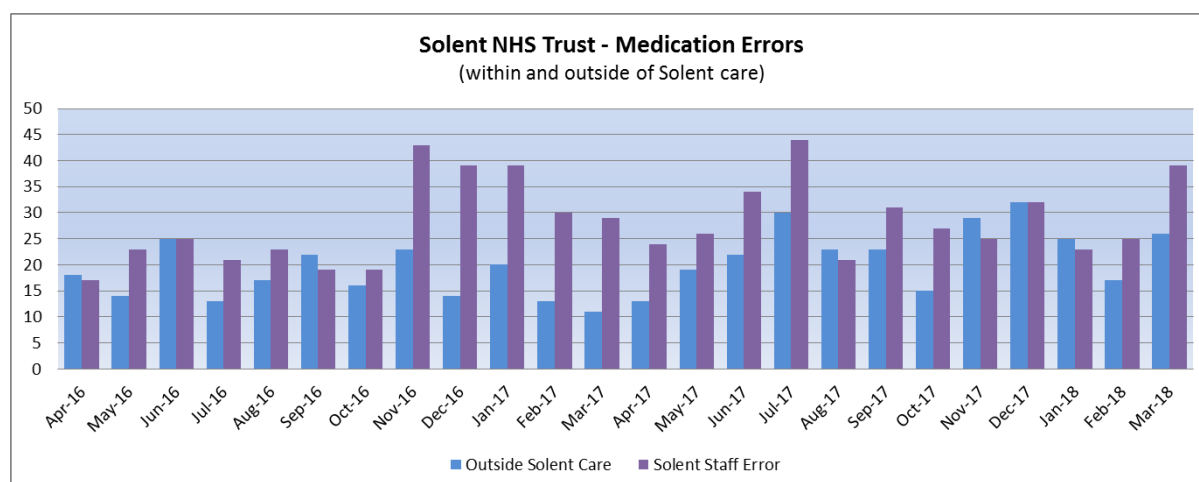
The medication errors resulting in all levels of harm has decreased this year.

Solent NHS Trust Meds Errors 16-17

- No Harm 59%
- Near Miss 20%
- Minor 17%
- Moderate 4%

Solent NHS Trust Meds Errors 17-18

- No Harm 65%
- Near Miss 16%
- Minor 18%
- Moderate 1%
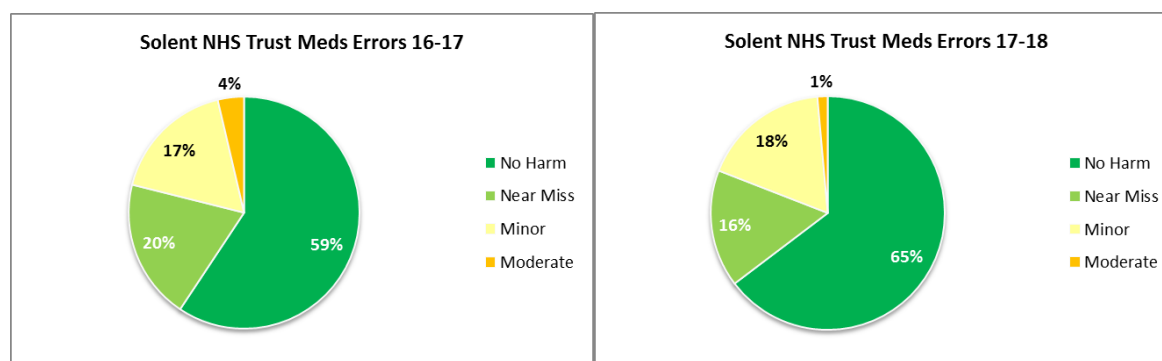
Always Events®

In January 2018, Solent NHS Trust joined NHS England Always Event® as part of cohort 5. Always Events® focus on the experiences that our patients, carers and service users identify that they should always have when accessing our services. As emphasis is placed on experiences, Always Events® are generally relationship orientated, rather than related to clinical processes. To date, Always Events® have taken place in our Sexual Health service to explore the experience of adults with learning disabilities getting help with sex and relationship; and within our Complaints services to explore the experience of people who have been through the complaints process. More activity is planned throughout the year.

Clinical Effectiveness Indicators

We have already reported on our clinical effective indicators which were:

- The implementation of the Trust's professional frameworks so that our nurses and allied health professionals (AHPs) continue to deliver great care.
- The delivery of the Quality Improvement Programme to enhance patient experience and make a difference to people's health and wellbeing.
- Implementation of the Trust's competency assessment framework to support our staff to consistently deliver safe and effective care.

Spot light on other Quality Improvements

Spot light on other Quality Iniaitives

Accessible Information (AI)

The impact of the compliance of the Accessible Information Standard (AIS) supports our Trust values - 'Everyone counts' and 'Respectful' of people with communication and information needs. Across the Trust, the increase in the availability of AI has:

- Improved patient and carer experience illustrated in feedback and plaudits.
- Increased concordance with treatment and care plans.
- Provided person-centered care for people with communication and information needs.

We have also have improved the provision of Easy Read resources produced in line with the corporate standards, and co-produced accessible self-help resources for CAMHS and LD. It is hoped that there will be multiple impacts including improved patient satisfaction and improved productivity. Our external engagement continues to promote our national reputation.

Our stepwise approach to the implementation of the AIS is supported through the on-going commitment for Trust-wide leadership and dedicated assistant time.

More staff are discussing communication and information needs with their patients and recording the outcome – System One data reports illustrate that in 2016/17 there were an average 31 screens completed per month. In 2017/18 the average to date is 146, and there has been a steady increase throughout the year. Findings from the AI screening illustrated that Easy Read was the second highest format of information requested by patients in 2017/18 (needing information verbally was the most common). Funding for a part-time accessible Information assistant and the up-skilling of staff has meant that Easy Read resources have been produced in-house, which is a cost effective and sustainable model.

Trust-wide AI audit:

The survey received 494 responses therefore the findings are representative of 16% of the total workforce across the service lines.

• 61% of the respondents are aware of the AIS requirements.

• 61% of the respondents are routinely screening patients' communication and information.

• 49% of staff who use informal methods to identify patients' communication and information needs do so through conversation.

• 87% of the respondents reported that they were able to meet the communication and information needs of their patients.

Until all staff have access to electronic screening and are routinely completing the screen with patients and carers who access our services, information and communication needs will remain potentially hidden. Promotion of a consistent approach to the conversation that safeguards against limiting the options that should be made available to someone remains an on-going objective. The roll out of electronic screening on all electronic patient record systems will hopefully improve compliance.

Falls

We have a number of Thematic Leads that work across all service lines and across both cities. The prevention of falls continues to be a priority for us and our thematic lead is working with many services to reduce the occurrence and

impact of falls, especially in our frail and elderly patient groups who are the most vulnerable. This year, we have updated and re-written the Prevention and management of Patient Slips, Trips and Falls Policy and commenced Trust-wide Inpatients' staff falls meetings with matrons and champions.

Our training has also been focussed on the management of patients post-fall and bespoke face to face falls training. We are also developing a Screening tool for community staff in Portsmouth which signposts staff as to correct referral processes for falls risk assessment and links to the Multifactorial Falls Risk Assessment

End of Life

An End of Life Trust Wide Audit was completed and collated data collected in relation to the decision making and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and reviewed the Trust wide audit. The audit raised awareness of the importance of decision-making documentation and observing patients' wishes in relation to DNACPR. The results from the audit have formulated an action plan around training

The development of the end of life policy and strategy will provide all professionals, who work in Solent NHS Trust who have a responsibility for providing end of life care, with support to provide the best care to patients and those important to them at the end of their lives.

Recovery & Peer Workers

Previously there has been an identified need for additional peer workers and in order to address this we have:

- Promoted the Peer Volunteer procedure within the Volunteer Policy
- Developed the Peer Volunteer Role descriptions & Peer Worker (paid) role to ensure progression pathway
- Developed the recruitment process
- Developed the framework for a Peer Volunteer training package

The thematic lead has promoted and raised awareness within and external to Trust about the nuances and value of coproduction as a means to engaging with people who use services. A replacement of Patient Reported Outcome Measure in Adult Mental Health Services has also been implemented.

Homeless Healthcare

During 2017, it was the 25th Anniversary of the commencement of the Homeless Healthcare Service within Southampton City. The team has evolved over the years however what remains at its core is the commitment to support the vulnerable service users who may experience discrimination and inequality in their lives due to their current situation.
The Homeless Healthcare Service works in partnership with local charity, Two Saints, as well as Southern Health Foundation Trust who support the mental health provision for the service. The team are also supported by Health Visitors. In partnership, the services aim to provide healthcare, with onward referrals to secondary services, support with accommodation, encouragement and guidance to support service users to find employment.

In conjunction with the above teams, a celebration event was held in July with previous members of staff and

supporters of the service as well as past and current service users invited to attend. A major supporter of the service, Laurie McMenemy (former Southampton FC Manager), was in attendance and gave a rousing speech; he also spoke to service users who were keen to have their shirts signed by Laurie. Whilst the event was a celebration, it was widely acknowledged that the challenges faced by the homeless were still as current today as they were 25 years go. Solent NHS Trust staff supported a Christmas campaign for the Homeless, with shoe boxes being filled by members of staff with items such as toiletries, gloves, socks and food not only for the service users but for those who have pets-especially dogs. In excess of a 100 boxes were donated and this was much appreciated.

The Homeless Healthcare Team also participated in 2017 / 2018 the Solent NHS Trust Quality Improvement Programme in order to utilise improvement methodology to increase the conversion of referrals to secondary care for the Homeless. This is traditionally an area of challenge and the programme helped to identify areas for improvement in the pathway.

Primary Care Services

We host three GP Surgeries based throughout the Southampton City. The GP Surgeries functioned as individual surgeries each with their own ways of working and had no shared functionality although the operational and professional leadership was shared across the three. Recognising the benefits of extending the sharing of staff and processes, the surgeries merged from April 2017. Whilst the official merging was completed and patients informed within April 2017, work continues to merge the processes and standardising ways of working.

The Solent GP Surgery has developed a "back office" to ensure that documentation, reports and results are actioned from secondary services as well as internal communications. There are plans for this to be extended and this will, in turn, support the Reception Staff to be released to concentrate on patient facing activities.

The Surgery also continues to develop its workforce and has developed a trainee Advanced Nurse Practitioner programme and will develop a similar programme for Practice Nurses.

The GPs within the Surgery are also keen to develop their ability to support "trainee" Registrar GP capacity acknowledging that GPs are challenging to recruit.

Whilst the merger has been positive, there continues to be work on-going throughout the coming months to further embed the single surgery identity.

Sexual Health Services

Staff identified there was an increasing number of men who have sex with men disclosing that they participated in chemsex (chemicals to enhance sexually intercourse). They identified that the service was not meeting the needs of this population so set up a QI project to address this.

The project aim was to:

- Decrease harm from chemsex
- Support staff within sexual health teams to ask appropriate questions about chemsex as part of the sexual history
- Provide brief interventions to reduce risk

Outcome:
- Questions added to the sexual history in the integrated service and the online testing service to identify men that use chemsex
- Training provided to staff on new assessment questions
- Pathway put in place for at risk patients to be referred to the health advisor for brief intervention to reduce risks

Adult Services in Portsmouth

The Portsmouth Enhanced Care Home Team Pilot is a service developed collaboratively with Solent NHS Trust (Solent), Portsmouth Primary Care Alliance (PPCA), Portsmouth Clinical Commissioning Group (PCCG) and Portsmouth City Council (PCC). The pilot service is provided jointly by Solent and PPCA and Portsmouth City Council PCC Medicines Management Team.

The pilot was based upon the seven core elements for success within the NHS Framework for Enhanced Health in Care Homes:

1. Enhanced primary care support
2. Multi-disciplinary team (MDT) support including coordinated health and social care
3. Reablement and rehabilitation
4. High quality end-of-life care and dementia care
5. Joined up commissioning and collaboration between health and social care
6. Workforce development
7. Data, IT and technology

The service was designed to improve the quality of life for individuals and improve the care and support they receive whilst living in one of the Portsmouth Care Homes. The following outcomes were designed to be monitored throughout the pilot implementation:

- A reduction in urgent care resources utilised by the Care Homes receiving the Medical Model of Care
- A reduction in urgent care resources utilised by the Care Homes receiving the Clinical Model of Care
- Releasing capacity within Primary Care
- All residents to have a Care Plan in place and an Advance Care Plan where appropriate
- A reduction in the number of patients on oral medications and a reduction in the prescribing costs
- Increased satisfaction of residents and their carers within the services
- To provide equitable access for all residents in Care Homes to community Services and NHS Primary Care Survives.

The new model started to be delivered in 7 homes in Portsmouth in July 2017. Two of the seven homes are receiving a fully integrated model with increased GP support. Five homes are receiving enhanced nurse led support.

Early analysis of data showing differences in the pilot homes in the year before implementation and the first six

months of implementation shows a 32% reduction in 999 calls in the pilot homes and a 26% reduction in conveyances. Homes that were not included in the pilot showed a 90% increase in 999 calls and a 60% increase in conveyances.

The project has also shown a saving of £8, 121 in medicines for the pilot homes as a result of medicines review.

A business case is being written to roll out the model to all 27 Portsmouth Homes.

Adult Services in Southampton

Kite Unit

After many months of consultation, engagement and planning, we are delighted that the 10 bedded Kite Unit, previously situated on the St James' Hospital site in Portsmouth has now moved to its new home at the Western Community Hospital in Southampton. The unit provides specialist neuropsychiatric and neuro behavioral rehabilitation services for patients across the health economy.

Although care delivery in Portsmouth was excellent, the previous building was no longer fit for purpose with ligature risks, inhibited lines of sight, and a dated environment with limited space for treatment intervention and limited provision for female patients. Our new unit has been purpose built to address all of the issues mentioned above and we now have an environment that strikes the right balance between being calming and stimulating to aid patient rehabilitation.

Internally we now have a fully equipped patient kitchen and a laundry room where patients are encouraged to be as independent as possible. There are designated spaces for therapeutic interventions and a small gymnasium. Patients have good connection to outdoor spaces and the unit is light and airy with careful design features for signage and use of colour incorporated. These factors have known positive benefits in terms of reducing medication and challenging behavior.

Staff too are benefitting from co-location with colleagues, having an area where they can take much needed breaks and also, from a safety perspective, have access to newly designed door controls and alarm systems for emergency use.

The successful relocation has already demonstrated positive benefits for patients, their families and staff and we look forward to building on these over the coming year.

Children and Families Services

Our Child and Family Teams are currently working with young people in Portsmouth and Southampton to look at how services are currently delivered and how we can together shape the future of the service for children, young people and families in the delivery of care. The meetings sparked a wealth of discussion and debate between professionals and young people about preferences for NHS provision and their opinions as to what is essential to young people's lives. The young people brought a lot of questions and plenty of their own experiences and

perspectives of our services to the meetings.

Following on from the inspiring meeting with the 'Solent Young Shapers,' 7 young people are helping the service review their environment that children and young people are seen in by completing the '15 Steps Challenge'. The information gained from these visits to service delivery sites will be used to redesign the environments and also link into the Always Events. This is a national programme that the Child and Family service have engaged with to develop consistent ways to meet the individual needs of patients to make sure that care is patient centred and delivered in partnership with them and their families.

Children and Family teams have also been running a digital innovation project in the 0-19 School Nursing and Health Visiting service. As part of this project, engagement with parents, young people and the public has been a central theme; listening to feedback and using this to drive improvement. We engaged with 83 parents and 91 young people during this process; their feedback included how they wanted the service to communicate with them, digital options which they wanted available to give choice, what they did and did not like in website design and content, what they thought of virtual face to face contact and how they wanted to provide feedback to us. Based on this feedback, we designed a new website, built a bespoke SMS Text service for clinical advice and queries, promoted apps which are reliable with features to help parents and young people, created new feedback mechanisms and commenced live interaction sessions through the website which are advertised on social media.

Mental Health

In Adult Mental Health in-patient wards, we have developed the psychological skills and knowledge of our staff. A series of psychological skills workshops were delivered to staff by our psychology team. The topics covered in these workshops were:
- Essential counselling and validation skills
- Anxiety Management
- Dialectical Behavioural (DBT) skills
- Motivational Interviewing
- Behavioural activation and problem solving.

Feedback from staff has been extremely positive with increased staff knowledge and confidence in using psychological tools. Staff have told us that they are using the interventions taught to better support service users in our care.

Due to the success of this, we are continuing this programme of workshops into the coming year, with 90% of Adult Mental health inpatient staff (bands 2-6) either already completed a set of workshops or booked to attend one.

Special Care Dental Services

National Guidelines, Public Health and Domiciliary Dental Teams have long identified that oral care for patients in Rest/Care homes is not comparable to other settings. Staff turnover in domicillary settings is rapid and there is no existing organised training. Originally commissioned in 2013, this quality project was re-commissioned in 2017. The

Oral Health Promotion team based in the Eastern Locality are leading with this pilot study that aims to be rolled out to the whole of Portsmouth

Aims of the Project:

- This project aims to `train the trainer' so that staff trained can cascade their knowledge to their colleagues.
- This meets the challenge of limited NHS resources educating many carers in various Rest/Care homes across the city.
- A pilot study in one Rest Home to be undertaken, then adaptations made before larger scale training. This includes auditing care plans and gathering other information.

Outcomes of the Project:

- An `oral assessment' tool has been developed.  There is an existing `Australian' tool that is used in the community setting. This is found to be too complicated and the new tool will have more visual guidance.

- A `train the trainer' book has been written to support `face to face' training. This encompasses
    o   what is expected for good oral care according to national guidance;
    o   other medical conditions that poor dental health can cause;
    o   causes of tooth decay;
    o   good tooth brushing; denture care; problems and causes in soft tissues/tongue and
    o   how alcohol and smoking affect oral health.

Annex 1:

Statements from commissioners, local Healthwatch organisations and overview and scruitny committees

Healthwatch Southampton Comments on Solent NHS trust Quality Account 2017/18

Healthwatch Southampton welcomes the opportunity to make formal comment on the draft of Solent NHS Trust Quality Account 2017/18 as it applies to the services provided by the Trust in Southampton. This includes in-patient care at the Western and Royal South Hants hospitals as well as GP practice surgeries and several outpatient clinics and community services.

The Quality themes and priorities section is clear and are welcomed, but given the importance of these priorities we would have wished to see a little clearer narrative rather than the bulleted statements and we would have liked them to be put in context by referring to progress made in meeting the priorities for improvement set out for 2017/18 in last year's quality account. As it is, these are given Part 3 Other Information

The decision by the CQC to improve the rating of CAMHS is of course welcomed however our information is that the waiting time to access this service is long and we would hope to see this improve in the coming year. We are also concerned that there are no beds for children with mental health issues in Southampton in which means that young people may be admitted to an adult ward. **

We understand the importance of accurate clinical coding and it is pleasing that the Trust has achieved level three rating.

The friends and family test is rather a blunt tool but nevertheless it is good that the rating for the Trust has continued to show improvement. Similarly, it is good that the staff survey results also show an improvement in rating.

It is good to see that the trust achieved many of the priorities set last year. Launch of the website and the recruitment of volunteers is a good initiative and these volunteers can make a big difference to the patient experience.

Handling complaints is important, and it Is quite right that the trust is emphasising the need to resolve the concern at the earliest opportunity and at a local level; the fact that this approach has resulted in fewer formal complaints show the value of the approach. This is reinforced by the creation of the complaints scrutiny panel with Healthwatch as a member. However, we note that there is almost no reduction in the formal complaints associated with communication / information to patients and this is a cause of concern.

Healthwatch Southampton has been involved for several years in the PLACE process in Southampton. We are not surprised that the Trust scored so highly, and this reflects our observation. We will continue to play our part in these assessments and are pleased that they are taken as a positive learning opportunity. We are particularly pleased that special mention has been made in improving the condition, appearance, and maintenance of buildings where Solent is not the property owner.

It is very important for all trusts to take the Accessible Information Standard seriously and it is pleasing to read that by doing so it has increased the patient experience resulting in improved feedback. Healthwatch Southampton continues to pursue this cause and will assist where we can. Similarly, we continue to receive comments from the public about the lack of clarity surrounding DNACPR and we will work with Solent NHS trust to improve communication on this subject.

We were delighted to be invited to the 25th anniversary of the Homeless healthcare project within Southampton

City. This is a great, caring, project supporting the most vulnerable people and we wish those associated with the project well in the future.

Now that the three primary care practices run by Solent are co-ordinated, we are surprised that there is no mention of a Patient Participation Group either in the quality account or in their website and we would encourage them to develop their PPG. Healthwatch Southampton have started a PPG network that is beginning to show good results in getting patient involvement in primary care.

The description of the new Kite unit at the Western hospital suggests it is good facility. It is not clear if this facility has an increased number of beds from the one it replaced in Portsmouth. We look forward to including it in our list of venues to visit as part of the PLACE process.

We look forward to continuing an effective relationship with the Trust and will do what we can to help the trust achieve its objectives.

Harry F Dymond MBE   Steve Beale
Chairman Healthwatch Southampton   Healthwatch Southampton

*** We are working with our system partners and in particular Southern Health NHS Foundation Trust to ensure Southampton's citizens are able to access CAMHS services, including beds locally ,in a timely manner. Solent NHS Trust does not provide bed based CAMHS services.*

Healthwatch Hampshire response to Solent NHS Trust Quality Account

As the independent voice for patients, Healthwatch Hampshire is committed to ensuring local people are involved in the improvement and development of health and social care services.

Each year, we are asked to comment on seven Quality Accounts from NHS Trusts. In the past, we have allocated scarce time to read drafts and give guidance on how they could be improved to make them meaningful for the public.

We recognise that this process is imposed on Trusts. However, as the format has largely continued to remain inaccessible to the public, we have concluded that it is not a process that benefits patients or family and friend carers unless the format is changed. So we will no longer comment on Quality Accounts individually.

This will release time for us to use our resources to challenge the system with integrity, so we can create more opportunities for local people and communities to co-producing service change. For example, this year, we are again running our "Community Cash Fund" to offer local organisation and charities the opportunity to carry out projects that help people to stay well both now and in the future. We are currently accepting applications until the end of May.

If you have not already done so, we would ask you to look at the guidance on involvement from Wessex Voices (www.wessexvoices.org.uk) which aims to make sure local people are involved in designing and commissioning health services. Five Local Healthwatch alongside NHS England (Wessex) have produced a Wessex Voices toolkit to support patient and public involvement in commissioning. You can use this to ensure that your quality processes are in line with patients' views, and with the guidance from NICE (www.nice.org.uk/guidance/ng44) and Healthwatch England. (www.healthwatch.co.uk/reports/5-things-communities-should-expect-getting-involved)

If we can help you in planning co-design and participation in future activities, we'd be pleased to hear from you. We will continue to provide feedback to the Trust through a variety of channels to improve the quality, experience and safety of its patients.

Thank you for inviting us to comment

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11 May 2018

Sue Harriman
Chief Executive
Solent NHS Trust
Highpoint
Bursledon Road
Southampton
SO19 8BR

Dear Sue

Solent NHS Trust Quality Account 2017/18

Southampton Clinical Commissioning Group (CCG) is pleased to comment on Solent NHS Trust's Quality Account for 2017/18; for the services that they commission. The CCG has continued to work with the Trust over the past year in monitoring the quality of care provided to the local population of Southampton and identifying areas for improvement.

The account reports that achievement has been made against four out of the five 2017/18 priorities, with priority three, improving services by using the learning from incidents, complaints and feedback, being reframed for continue into 2018-19. The Quality Account provides details of how the priorities have been met and outlines how priority three will be taken forward in 2018-19.

Solent's 2018/19 priorities have been set under headings of six key themes including involving people, safer lives and spreading excellence. However the Quality Account does not include key milestones or measureable key performance indicators for each of the priorities, which makes it difficult to understand exactly what the priorities are trying to achieve and how the Trust will know it has been successful. It is noted that the priorities do cover areas that will support improvements where there have been recent key concerns.

It is positive to note the Trust's participation in national clinical audits and confidential enquiries by being involved in 11 out of 12 they were eligible for. There were also 109 local audit and service evaluation projects completed with the report providing some clear examples of learning and improvements made.

The Trust also demonstrated a positive performance against the Commissioning for Quality and Innovation schemes (CQUIN), including a significant improvement with the influenza vaccination rates for front line staff.

The CCG notes the improvements seen in the Care Quality Commission ratings in 2017/18 for both Child and Adolescent Mental Health Services and the Substance Misuse Service, which is a move in the right direction.

The Quality Account includes required adherence to the new requirements around learning from deaths. The Quality Account regulations also require Solent to report performance against a specific set of core indicators; these are included, although some of the 2017/18 performance data is not yet available in the draft report, so we are unable to comment further on this.

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It is positive to note the Patient Led Assessment of the Care Environment (PLACE) results which were all scored above 90% and the Trust's continued committement to further improve in the areas of Privacy, Dignity and Wellbeing, Dementia and Disability.

Patient falls resulting in harm increased in 2017/18 compared to the previous year. There is now a Falls Thematic Lead in post and the Trust Slips, Trips & Falls policy has been updated and made available for staff. The CCG is pleased this is a continued priority and looks forward to seeing improvements over the coming year.

In terms of patient and staff feedback, the Trust has continued to improve the Friends and Family Test percentage of patients that would recommend Solent. The Trust should also be proud of the continued improvements in the staff survey responses, with a significant improvement in 12 questions and being ranked as the best performing mental health, learning disability and community trust.

The Trust should be congratulated on the continued development of the Homeless Healthcare service which is now in its 25th year. This service demonstrates positive partnership working and the CCG is keen to see Solent's community services continue to engage with the wider local health and social care system to drive improvements for all patients across Southampton City. To support the Trust's overarching theme of "involving people", for community development it will be key for Solent to work alongside others in the many initiatives already underway

The Quality Account meets the minimum national requirements, although the CCG would like to have seen some further narrative regarding how the Trust is working to improve the quality of services. The Quality Account refers to services being involved in many other quality initiatives, but these are not discussed within the report.

The Quality Account would also be strengthened through the inclusion of patient stories and this is something the CCG would like to see in future reports.

Overall Southampton CCG, are satisfied with the Quality Account for 2017/18 and as previously stated is keen to see the detailed measures behind the priorities for 2018/19 so that next year's Quality Account can provide more robust metrics to demonstrate how priorities have been achieved against the measures identified.

The CCG looks forward to continue working closely with Solent NHS Trust over the coming year to further improve the quality of service for the people of Southampton.

Yours sincerely

John Richards
Chief Officer
Southampton CCG

CC: Stephanie Ramsey – Director of Quality and Integration / Chief Nurse
     Carol Alstrom – Associate Director of Quality / Deputy Chief Nurse

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18 May 2018

PRIVATE & CONFIDENTIAL
Sue Harriman
Chief Executive
Solent NHS Trust
By Email

Dear Sue,

NHS Portsmouth Clinical Commissioning Group (Response in 17/18 Quality accounts)

NHS Portsmouth CCG supports the Trust in its publication of the 2017/18 Quality Account. Having reviewed the mandatory detail of the report, we are satisfied that the Quality Account incorporates the mandated elements required, based on available data.

The CCG welcomes the six quality themes identified for 2018/19 linked to the Trusts strategic aims which includes this year the development of a learning framework, and the replication of the excellent elements from the outstanding LD service across the organisation as part of its 'Spreading excellence' theme. A recent visit to the LD service by Commissioners support the CQCs decision to rate as outstanding with clear evidence that the service user is the absolute focus of what they do and a team which is cohesive, motivated and innovative.

During 2017 the Trust was re-inspected by the CQC as a result of three service lines receiving an overall rating of 'inadequate' in 2016. The CCG are pleased to acknowledge the positive outcomes of the robust action plan put into place to address these issues and that the re-inspection resulted in two services being rated 'good' and the third inadequate to 'requires improvement'.

Achievement of identified priorities for 2017/18 have been noted in particular to the Quality Improvement Programme (QIP) which commissioners have been both invited to the organisations celebration of completed programmes and also to partake in a QIP alongside the Home Oxygen Team and the implementation of an Organisational Learning framework which is ongoing.

During the Portsmouth CQC CLAS inspection inspectors identified some good practice across Solent Services. Solent NHS Trust engaged well with the inspection and took on board and addressed the recommendations from the inspection.

The CCG recognises the ongoing work to embed the Patient safety agenda into practice across all its services and the continuing improvement in the management of its risk and incidents. There is continued progress with the quality and timeliness of investigations. This includes the additional assurance provided by representation at the CCG SI panel. The Trust has a robust review process for Learning from Deaths and the CCG welcomes the proactive and innovative approach; one which commissioners are openly invited to attend.

The CCG notes the progress made with IG toolkit assessment and is delighted with 97% compliance. It is evident that the learning from SI is being embedded across the organisation following a 'cluster' of IG SIs.

The CCG welcome the organisations PLACE outcomes and its accolation of highest score in its assessment areas in the South of England. This is also evident when commissioners visit sites as part of our assurance visits.

The Trust continues to engage positively and proactively with the CCG. The changes to joint management processes between both organisations have also seen a reduction in duplication of work and data submissions working towards a much more efficient way of working and both organisations will develop this further in the coming year.

Overall, NHS Portsmouth CCG is content with the Quality Account and look forward to working with Solent in the coming year.

Yours sincerely

Dr Linda Collie
Clinical Leader and Chief Clinical Officer, NHS Portsmouth CCG

Councillor Sarah Bogle
C/O Mark Pirnie, Democratic Services
Southampton City Council
Civic Centre
Southampton SO14 7LY

Direct dial: 023 8083 3886
Email: mark.pirnie@southampton.gov.uk   Date: 14 May 2018

Sue Harriman
Chief Executive
Solent NHS Trust
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Bursledon Road
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SO19 8BR

Dear Sue,

Solent NHS Trust Quality Account 2017/18

The Southampton Health Overview and Scrutiny Panel welcomes the opportunity to comment on the Solent NHS Trust Quality Account for 2017/18.

The Panel were pleased to see positive progress reported against a number of priorities set for 2017/18, including delivering the Quality Improvement Programme to enhance patient experience and make a difference to people's health and wellbeing.

The Panel welcomes the findings following the re-inspection by the Care Quality Commission of Child and Adolescent Mental Health Services and Substance Misuse Services in 2017/18. Having both services now rated as 'Good' from 'Requires Improvement' represents a positive development and reflects well on the Trust.

Progress continues to be made in terms of patient and staff feedback.   The Trust has once again improved the Friends and Family Test percentage of patients that would recommend Solent. The Panel were also informed at the meeting that the Trust is now the best performing mental health, learning disability and community trust with regards to staff survey results. This is a significant achievement and the Trust should be applauded for the work that they have undertaken actively encouraging employer engagement and supporting staff development.

The Southampton HOSP look forward to working closely with Solent NHS Trust over the coming year to ensure that progression is maintained and that the quality of services continues to improve.

Yours sincerely

Cllr Sarah Bogle
Chair of the Health Overview and Scrutiny Panel
Southampton City Council

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Annex 2: Board confirmation of Quality Account preparation

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

• the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance

• The content of the Quality Report is not inconsistent with internal and external sources of information including:

- board minutes and papers for the period April 2017 to 17th April 2018

- papers relating to quality reported to the board over the period April 2017 to 17th April 2018

- feedback from commissioners dated 11th May 2017

- feedback from local Healthwatch organisations recevied on 4th May2018 and 11th May 2018

- feedback from Overview and Scrutiny Committee dated 14th May 2018

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, as shared with the Board on 31st July 2018

- the latest national staff survey – as reported to the 26th March 2018 Board

- the Head of Internal Audit's annual opinion of the trust's control environment – as reported to the 24th May 2018 Audit & Risk Committee

- CQC inspection report dated 30th November 2017

• The Quality Report presents a balanced picture of the trust's performance over the period covered

• The performance information reported in the Quality Report is reliable and accurate

• there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

• the data underpinning the measures of performance reported in the Quality Report is robust and reliable,

conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

• the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

Deputy Chairman (on behalf of the Chairman)

Date: 29 May 2018

Appendix A - National Clinical Audits and Confidential Enquiries

National Clinical Audits & Confidential Enquiries that Solent NHS Trust was eligible to participate in during 2017-18 are as follows:	Solent participated?	Number of cases submitted to each audit or enquiry as a percentage of the number required (or just number if percentage not applicable)
National Audits		
National Chronic Obstructive Pulmonary Disease (COPD) Pulmonary Rehabilitation ORGANISATIONAL Audit	Yes	Adults Portsmouth & Adults Southampton submitted as required
National Chronic Obstructive Pulmonary Disease (COPD) Pulmonary Rehabilitation CLINICAL Audit	Yes	Adults Portsmouth (21 cases) Adults Southampton (52 cases)
Prescribing Observatory for Mental Health Quality Improvement Programme: 17a - Use of depot / Long-acting antipsychotic injections for relapse prevention	Yes	Mental Health (10 cases)
Prescribing Observatory for Mental Health Quality Improvement Programme: 15b - Prescribing valproate for bipolar disorder	Yes	Mental Health (15 cases)
National Clinical Audit of Psychosis (NCAP) (NICE CG 178)	Yes	92 / 100 (92%)
Physiotherapy Hip Fracture Sprint Audit (PHFSA)	Yes	Clinical audit: 5 cases Home rehab 2 cases Next Step Facilities audit: East - Spinnaker Ward West - Royal South Hants
NHS Bench-marking network: "National audit of Intermediate Care" (NAIC)	Yes	Adults Portsmouth – two teams submitted as required
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Stroke ESD Team - 149 cases Stroke 6 month Reviews - 129 cases (Most recent official figures available for August 2016 – July 2017)
National Diabetes Audit - Adults: National Footcare Audit	No	Data collection using electronic records was not possible during the audit period. This has now been set up for 2018/19.
National Confidential Enquiries		
NCISH: The assessment of risk and safety in mental health services	Yes	Survey completed
Child Health: Chronic Neurodisability Clinical Review	Yes	1 / 1 Clinical case note questionnaire completed
Child Health: Young People's Mental Health Clinical Review	Yes	2 / 3 Clinical case note questionnaires completed

Appendix B – Research and Improvement: 2017-18 Annual Report

Research and Improvement: 2017-18

Annual report

Trust overview

Activity in numbers

Research		Quality Improvement	Dragons' Den	Audits and Evaluations	
55 studies	2356 participants	22 teams/projects	16 projects underway	19 national audits	93 local audits/ evaluations

Solent Academy of Research and Improvement

The Spring of 2018 sees the launch of the Solent Academy of Research and Improvement. This will provide a hub for innovation, learning and improvement across our Trust.

The academy will support:
- *Research*
- *Quality Improvement*
- *Clinical Effectiveness (Audit, Evaluation, NICE, Outcomes measures)*
- *Dragon's Den*
- *Involving patients in improvement*

- *Shared learning and using evidence*

We both develop and deliver these activities, and support our teams and patients to do the same. We provide training, showcasing events, bespoke facilitation and an annual conference. Our aim is to equip our staff and patients with the skills and confidence to identify areas that could be improved, employ techniques to manage projects and measure impact, and share and celebrate learning.

A prospectus and website have been developed as supporting resources. A new strategy has also been co-written with our patients, staff and partners.

Community and patient engagement

Working in partnership with patients, service users, their families and community colleagues sits at the heart of all research and improvement activity.

The Research and Improvement team have a well established patient and carer leadership group, Side-by-Side, who in the past year have:

- co-designed our annual conference, helping us to become the first NHS organisation to achieve international "Patients Included" Accreditation
- run our annual awards scheme
- helped write our business plan and strategy, setting priorities and vision
- written a charter for partnership working
- started to support growth in partnership working in other areas of the Trust, and particularly the QI programme

This work is extending across the Trust – there is currently a mapping exercise underway to assess the extent and types of activity across the organisation. This will feed into case studies and the development of a toolkit to support staff across the Trust to work increasingly with patients and colleagues to continuously improve their services.

sidebyside

Understanding patient outcomes from Vocational Rehabilitation through Co-production

The Vocational Rehabilitation Service (VRS) supports people with neurological conditions to return to work. The service has been working together with its patients to develop outcome measures for the service. This work started in June 2017 and so far, the outcome measure has been written and tested.The group have now been to Dragons' Den and successfully bid for funding to put this into a web-based format that can link to Systm1 and the clinical record.

The service have also held sessions with the group on how the service might be improved, co-writing a vision and priorities.

"Listening and involving patients in our service development has provided clarity in the vision and direction of the service. Co-production, working together with patients has been really empowering for us all."

Embedding a learning culture

The Research & Improvement team are supporting the cultivation of an organisation that can capture on-going learning and improvement. We are committed to supporting staff to be able to demonstrate that as a result of events, projects and feedback, we have made changes that have led to improvement for people.

This worksteam includes:
- A review of the sources of learning, how we capture them, analyse them and measure improvement
- Changes necessary to extend opportunties for learning, and to make processes simple and engaging
- Increasing opportunities for patients and staff to give ideas for improvement
- Skills training via the QI and other programmes in measurement and demonstrating improvement
- Changes to governance processes, including meeting templates to ensure the focus is on learning rather than task.

- -

Learning from Excellence

We spend a lot of time on what goes wrong, often at the expense of learning from the many more events that go very well in our care. We are supporting the launch of a focus on learning from excellence – this is in its set up and planning stage, but will include:
- Reverse SIRIs (IRISs) – appreciative enquiry of what has gone very well. Our first IRIS will take place in Children's Services with another identified in Adults Services Southampton
- Favourable/positive event reporting – a pilot planning group is working on a process for staff and patients to report events that go well and others can learn from.

Research

Solent continues to grow its research activity and opportunities for involvement, increasing both the scope and number of studies that we run.

Portfolio activity	2016/17	2017/18
Studies	48	55
Partcipants	1513	2356

Not year end figures

In Solent we both host (act as a research site) and lead trials. There is often rather a lag between the running of those that we host and having access to published results and so impact is not always direct. There is a wealth of evidence, however, that by just being research active, Trusts have better general patient outcomes and higher quality services. It raises awareness of evidence in practice, of innovation, and it gives staff opportunities to learn new skills. It also often gives patients access to interventions that would not otherwise be available. In recognition of the impact on quality, in 2018/19, research activity will be incorporated into the CQC frameworks. As a Trust we are linked into the development of this.

We are increasing both the number and type of studies that we host, and importantly also have an increasing number of Solent led research, generated via our Clinical Academic Programme.

Community Research Partnership
In 2016, we formed a Care Home Research Partnership in Portsmouth. This was designed to increase access to research, and was a reciprocal agreement where we provided training and all governance of research, and in return the Care Homes supported us with the delivery of trials. This was phenomenally successful, and has led to a national interest in Care Home Research at Solent, and the design of a number of studies with this population. It has also resulted in changes to consent processes, making research easier to access and better designed around the patient. These are now being shared with the national Health Research Authority.

This year, we have extended this model to other community partners, and created a Solent Community Research Partnership model – this includes local schools, care agencies, private nursery providers, dental practices, children's play groups and community groups across health and social care including charity partners.

This has resulted in successful recruitment to a number of studies across our different partners in ways that are mutually beneficial. Care homes, for instance, have received training in Dementia and Falls; the University of Portsmouth Dental Academy has access to research delivery expertise and training; and we have held interactive science events on antibiotic resistance and 'the workings of a microbiology lab' in schools.

We intend to continue to grow this partnership together with colleagues in our communities.

Count Me In
Over the past year, the Count Me In initiative has been rolled out across the Trust. This aims to increase access to research, and ensure that our clinicians will know if their patients are participating in studies. It has two interlinked elements:
a. A research unit on Systm1 which links with other clinical record systems to flag patients in studies
b. A process where patients can opt out of being contacted about opportunities to participate.

Trust-wide research

Carriage Rates and Antibiotic Resistance

This in an on-going study across multiple sites, which is sampling bacteria from the upper respiratory tract (URT), in order to determine community carriage levels of common respiratory pathogens and the prevalence of antibiotic resistance. Antibiotic disc diffusion tests are being used to analyse the antibiotic resistance of bacteria to commonly prescribed antibiotics.

This was a proof of concept study last year, using the 'community' for the first time, and sampling healthy participants. It explored feasibility of collecting samples across a county from a variety of populations (babies to care home residents to those that are homeless).

The success has led to interest from both large research centres and Industry partners to work more with Community Trusts, with particular interest in our Community Research Partnership. To date we have recruited over 1500 participants, and started an education project between the lab and schools and colleges in the county on antibiotic resistance, part of the current science curriculum.

Adults Services Research

Falls intervention trial for patients with Parkinson's disease (PDSAFE)

The PDSAFE study was a national trial run by the University of Southampton, which investigated the effectiveness of a personalised, home based exercise programme to reduce falls in patients with Parkinson's Disease. 131 patients had access to a novel intervention, which was found to reduce falls in those with moderate disease progression. Patients also reported increased confidence, motivation to stay mobile and coping skills.

LIBRE – a diabetes monitoring device

Only two years ago, Solent were part of a trial of a device to improve the quality of life and safety of diabetic patients. This device is inserted under the skin, and measures blood glucose automatically, saving patients the need to do constant finger prick tests. Our patients and the community diabetes team were part of the testing for safety and efficacy. This year, this device has been commissioned locally and the Solent Diabetes team are able to offer it to their patients.

Implementing and evaluating the Genie tool in the Southampton Integrated COPD Team The GENIE study is led by a Solent clinical academic PhD student, and offers patients with COPD the chance to use a social mapping tool to increase opportunities to socialise and get day to day support outside of the health service. If successful, this has the potential to be extended to others with long term conditions. This piece of work is also informing a redesign of methods for gaining consent for research, increasing accessibility.

Intrathecal Baclofen Study

Hayden Kirk, Clinical Director for Adults Services, is leading research on a home based model for monitoring patients with neurological conditions who are receiving intrathecal (directly into the spine) baclofen. This was in response to a concern that it may be placing some patients at risk of respiratory difficulties. The study is investigating ways to monitor patients overnight in their own homes rather than in a sleep lab and has resulting in the identification of a number of patients with significant night-time breathing difficulty. This suggests patients with neurological conditions should be routinely assessed for respiratory capacity – a larger study is now being put forward for national funding.

Musculoskeletal, Podiatry, Pain

Nerves – treatment for back pain

The NERVES study aims is to find out if local anaesthetic and steroid injection (TFESI) can provide a faster, cheaper and more effective treatment for patients with persistent sciatica than an invasive surgical procedure. It compares both approaches – this is a complex study for a community organisation, and is being carried out collaboratively across Wessex, led locally by Dr Cathy Price, Clinical Director. Despite being a community organisation, we are one of the highest recruiting centres in the country.

Prove

Patients suffering with osteoporotic vertebral fractures have been able to take part in the PROVE study and trial different physiotherapy interventions in an attempt to ease pain and get back to normal activities of daily living. This study has been done with the PHT orthopaedic surgery department – we have co-ordinated the study and provided the physiotherapy. Formal results are awaited, but patients report increased mobility and reduced pain:

"It was great to be on the PROVE course. I did the exercises which I found really useful and have improved my back pain. As with many patients I'm sure, I have multiple mobility problems and various ops throughout my time but I certainly feel my quality of life is improving."

Diagnosis and treatment of forefoot neuroma

A Solent podiatrist has used her clinical academic PhD programme to develop and validate a clinical assessment protocol for diagnosing forefoot neuroma in clinical practice. She has recently been awarded her PhD and been part of developing a research delivery team within podiatry.

CAPTOE – a new device study

This is the first trial of a new medical device that Solent has led and sponsored. A commercial group has developed a plasma device, which in this first phase is being used to treat fungal nail infections. If this proves to be safe (we have had no adverse incidents in 79 patients), this device has implications for tissue repair. Solent will be supporting the group to further develop the device.

Ageing

Preventing Falls in Care Homes

As part of the Community Research Partnership, we have been working with Care Homes in Portsmouth to deliver and evaluate a specialised Falls Prevention Programme (GtACH). As part of being involved care home staff receive training to use the GtACH tool, how to manage and prevent falls and develop research knowledge and skills.

Tai Chi for People with Dementia

Patients with mild to moderate dementia and their carers are able to try a free 6 month course of Tai Chi as a way to prevent falls as part of the TACIT trial.

Adult Mental Health

Voices Impact
The VIS study offers patients a chance to try out a new patient reported outcome measure assessing the effectiveness of psychological interventions for hearing/distressing voices. The measure focuses on capturing the impact of interventions on reducing distress and improving quality of life rather than just how loud or frequent the voices are. A recent participant said

"I've never been asked these sorts of questions before and I feel empowered by talking about it and knowing I am contributing to a change in the way clinicians work"

Smoking Cessation (SCIMITAR)
A bespoke intervention to support those with severe mental health illness to stop smoking has been trialled in our mental health services. This is a population for whom quitting is particularly difficult, but who often suffer physical health problems. The formal results are yet to be published, but anecdotal evidence from the Solent participants are positive, including one gentleman being able to quit after many years of trying. This study has also explored recruitment to trials in a previous seldom heard population, and Solent's contribution has been recognised with a national publication for our Clinical Trials Assistant.

Veteran Occupation Evaluation
This study aims to explore if military service has an impact on health and wellbeing in later life with a view to possible adaptations to working practice. We have worked with over 100 veterans on this project and are awaiting the formal results. Early indications are that this population would benefit from more intervention to support mental health.

Liaison and Diversion Service Evaluation
These services are part of a national evaluation of impact on reconviction, health service utilisation and diversion from the criminal justice system. This is a joint service with SHFT, and team in this service delivered this delivered this study independently, managing to recruit nearly 300 clients into the study.

Sexual Health Research

Text messaging to promote safer sex behaviour in young adults
A national trial investigating whether using text messaging to promote safe sex behaviour is effective in reducing infection. This study fits within the service ambition to deliver more of its service digitally, in line with the needs of its key demographic.

HIV prevention study
PrEP Impact is a high profile national trial looking at people who are at high risk of acquiring HIV, taking a tablet to reduce their risk. It is open in all three of our sexual health service hubs, and has been very enthusiastically received by both service users and staff. In just two months, we have recruited 55 participants.

Evaluating a new point-of-care test for gonorrhoea
The Southampton team are supporting the evaluation of a new point-of-care (instant results) test for a number of Sexually Transmitted Infections including gonorrhoea.

Research with children

100,000 genomes

Solent is one of the only Community Trusts to be participating in this national initiative to sequence 100,000 genomes from approx. 70,000 patients with rare diseases. The aim is to create a genomic medicine service for the NHS. It offers the chance of diagnosis and treatment where this wasn't available before. Solent is running this through their paediatric services, offering families a unique home based service for seriously ill children. It is popular, with 14 families having participated. To date, it has led to one new diagnosis (intractable epilepsy) and treatment plan.

Drooling Reduction Intervention

Children with serious disabilities often suffer from extreme drooling. This study trialled a medicine, which was found to be effective and provided evidence to help GPs prescribe appropriately. This has acted as a catalyst for other paediatricians to support research in the Trust, and was very positively received by parents.

Strength and resistance training for children with Cerebral Palsy

Children with CP were offered a novel physiotherapy programme to improve strength and resistance, to aid walking and mobility. Following participation in this programme, an 8 year old boy was chosen to participate in a junior swimming team.

Supporting Vaccine Development

Following the success of our community partnership, Solent is now part of a programme looking at the effectiveness of or development of childhood vaccinations. The first one is evaluating the meningitis vaccine by investigating commonly carried bacteria in our noses and throats. To date, we have recruited 260 children to this study. We anticipate this will be the first in a series of studies in collaboration with the University of Southampton and UHS.

New Forest Parenting Programme

Solent's Children and Adolescent Mental Health Services developed a parenting programme to support parents with children who had challenging behaviour (or ADHD). This programme has been the subject of a range of research studies, both in the UK and internationally (Japan, Denmark, South Africa). The programme has been found to be effective in managing behaviour, and is used both in clinical practice locally, but now all over the world.

It has led to related work, such as the establishment of an ADHD register and tissue bank, and some emergent work on Adults with ADHD.

It is now moving into a phase to develop an online/ app version of the programme.

Quality Improvement

Extended Quality Improvement Programme

Solent launched a Quality Improvement Programme in July 2016. This aimed to bring teams together to work on improvement ideas of their own, with training in QI methods and support to deliver their projects. To date we have run 4 cohorts of 8 teams from across the organisation. A core element of the programme is working in partnership – both with patients and service users, and with colleagues from partner organisations.

In response to feedback and demand, the QI programme has now been extended into a stepped programme of skills development. The amended programme offers 4 stages to the QI development (see diagram below).

Since the creation of the QI programme, we have seen just shy of 120 people come through the QI practitioner stage and 60 through the Foundation QI stage

Alongside this sits:
•	Bespoke facilitation to carry out QI projects at team level
•	Analytic support for more advanced QI techniques
•	A series of master-classes on QI tools, presentation skills, social media and much more
•	Facilitation to utilise QI tools to maximise the outcome from audit and
•	evaluation projects

On-going showcase and celebration events are held to share learning and congratulate teams on their progress.

The four levels of skills development

QI Fellow
More information - Spring 2018
4

QI Practitioner
Advanced classroom based training in QI methods and tools with facilitated larger scale project work.
3

Foundation QI
For all Solent staff, individually or as teams. A broad introduction to QI methods. Includes a small scale project.
2

Introduction to QI
Ask us to come to your team meeting to introduce 'What is QI'
1

Foundation QI

Projects under this programme, and improvements include:

- Introduction of a ted tabbard with 'Drug Round in Progress, Do Not Interrupt' printed on, to be worn during drug rounds on Snowdon Ward to reduce drug errors that were occurring as a result of staff being interrupted.
- Admiral Nursing standardised the completion of Nursing Assessment Forms to comply with standards set out by Dementia UK. Completeness of documentation has risen from 57% to 97%.
- The Palliative Care Team in Southampton held a tea party with families to discuss how the service was delivered, and provide ideas for improvement. The outcomes of this were a need for information following a death on what to do next. This has been put into place. Two of the attendees of the tea party have since attended the Foundation QI training and are working with the clinical team on further aims for improvement.

Quality Improvement Programme (QI Practitioner)

Improving indwelling urinary catheter care for all patients under the care of Solent NHS Trust: Infection Prevention team, Corporate Services

Data demonstrated that indwelling urinary catheter care documentation for many patients across the Trust was either not in place or of poor quality. The project aimed for 100% of Solent NHS Trust patients with indwelling urinary catheters to have readily accessible and accurately completed catheter care documentation. Standardised catheter care paperwork was developed and implemented on Systm1.   The paperwork was tested with Adults Southampton services. Data collection indicated a 28% improvement in the accessibility and standard of documentation. The documentation is now being spread to Adults Portsmouth services. Key learning for the team was the need to continually reinforce changes to ensure they are embedded into practice. The variable quality of handover paperwork from acute services further contributes to the problems regarding catheter management.

Improving processes for recalling patients for follow up appointments: Special Care Dental Services

Special Care Dental Services did not have a service process for recalling patients to attend regular dental appointments. The project aim was for 100% of patients registered at Gosport Dental Clinical to receive a recall letter. Data showed that for the 24 months prior to September 2017, 28.7% of Gosport patients had not received a recall appointment. The team developed an accessible information patient questionnaire and asked their patients how they would like to receive their recall appointment. They used this information to design accessible information patient letters within the dental records system. The new patient recall process has been fully tested. 100% of vulnerable patients are now being contacted to ensure that they are recalled as necessary.

Key learning for the team was the importance of consulting their patients and using an appropriate communication format.

Improving access to Fareham and Gosport sexual health services: Sexual Health Services

A range of data sources for the Fareham and Gosport sexual health services, including the patients' Friends and Family feedback, complaints, patient redirection rates, patient waiting times from booking in to being seen and staff feedback, indicated the service model of wait-to-be-seen clinics was not adequately meeting patients' or staffs' needs. The project aim was to improve access to the Fareham and Gosport sexual health services. Results of a token system asking patients to vote on their preferred service model showed

an appointment based model was preferred. This model was implemented and review of the data sources listed above show it has resulted in improved patient and staff experience. This service model has now been rolled out to Aldershot Centre for Health, Oak Park and Winchester, Eastleigh and Andover sexual health services. It was found that in larger hubs this service model required a nurse in charge role for the day to support the running of the clinic and ensure good patient flow.

Reducing rates of falls and the seriousness of falls related injuries on Brooker ward: The Limes, Older Persons Mental Health

Brooker ward cares for patients with acute organic dementia. Ward staff were concerned about the high rate of patient falls. The project aimed to reduce the rates and seriousness of falls related injuries on the ward. Following consultation with staff and patient's families/carers a number of changes were made. These included discussing falls in ward rounds, improved recording of the date of the last fall, amended care plans, linking risk events and highlighting them in Systm1. Data analysis using Statistical Process Control charts showed that in the 6 month period prior to these changes the mean number of patient falls per 100 bed occupancy days was 3.2 per week. Analysis of the 6 month period following the changes shows the mean number of falls has reduced to 1.8 falls per week. This project was led by a multi-disciplinary team and this resulted in the whole ward team engaging in the changes so that there is now an integrated daily review of patient falls.

"I think we did things that we didn't know were possible. I didn't know it was possible to get together a team from a big diverse team and

actually make this happen. I didn't think we could do it but we did and that was great. The QI programme gave us more credibility when we were feeding back our results to the rest of the MDT"

"From the beginning we felt very privileged to be given this chance which increased our motivation, to be here, to be in Solent and to be supported to do this."

Improving Attendance: a journey to improve health outcomes for Looked After Children aged 11-16yrs: Looked After Children's service, Children and Families

The Looked After Children's health team identified that a high rate (35%) of children aged 11-15yrs were not being brought (WNB) for initial and review health assessments. The project aimed to reduce the percentage of children aged 11-15 years not being brought to health reviews. Staff consulted service users (young people), foster carers, social care staff, and all the Looked After Children team members to gain their ideas on why this was a problem and to suggest potential solutions. Changes made included later appointment times, sending a personalised invitation to attend to the young people, extending the notice period for appointments from 2 to 4 weeks and developing a Clinic Support Worker role to support this process. Results show a reduction in the children aged 11-15 years not being brought to health reviews from 36% to 25.18%. Extensive patient engagement underpinned the success of this project with the team working outside of their normal hours to visit youth groups and consult with young persons.

Hepatitis C patient journey: Homeless Health service, Primary Care

Rates of Hepatitis C are high amongst the Homeless Health service patients. Data showed that of the 26 patients referred by this service to Hepatology following a positive blood test in the past year, 14 had booked to attend treatment, 12 hadn't booked and only one patient was in treatment. The project aimed to increase the number of patients attending their appointments. Patients were contacted and interviewed to get an understanding of their individual journey. Patients were also asked what the service could do to support them to attend their appointments. All Homeless Health service staff members were also invited to identify potential barriers and enablers.

Changes currently being tested include weekly reviews by the team to look at hepatology referrals and their booking status, using a separate folder for Choose and Book referrals to hepatology so they don't get mixed with other mail, offering patients a further appointment with the Homeless Health service to support with booking the hepatology appointment. The Homeless Health team have identified that a positive working relationship with partner agencies and the hepatology service is crucial in being able to effectively support patient to book and attend appointments.

Reducing rates of patient falls in a Portsmouth Care Home: Care Home Team, Adults Portsmouth

Solent's Care Home Team is a new and innovative multi-disciplinary team working in partnership with residential and nursing care homes in Portsmouth. The team observed that these care homes were experiencing regular patient falls and that these falls often have a significant negative impact upon patient outcomes. The team are working with a specific residential care home with the aim of reducing rates of falls. They are currently in the diagnostic phase of the project in which they are using a range of quality improvement methods and data analysis to explore and understand why, when and where patients are falling. This

is being conducted in partnership with care home staff. Potential solutions are also being identified.

Improving the referral process to Solent Neurological Rehabilitation Service: Snowdon Neurological Rehabilitation Service, Adults Southampton

Service staff identified that clinicians were spending an excessive amount of time processing referrals from external referrers. A staff survey asked staff members to identify why this was the case and to suggest potential solutions. Results identified the problem as being due to the poor quality information on the forward facing website for external referrers and potential patients, the lack of a standardised referral form and lack of a standardised referral process. Changes to date include development of a generic electronic referral form which has been implemented on Systm1 for internal referrals. A successful application was made to Dragon's Den for funding for website development and this is currently underway. This will include addition of the generic referral form to the website. A project aim is now for 100% of referrals to follow an electronic process. Additional key indicators of success for this project will be a reduction in administration time processing referrals and a reduction in time from referral to the processing of referrals. Follow up data collection is planned.

"For us it's been a fantastic opportunity, to put the focus back on quality in our practice again and to look at measuring that. It's also been a great opportunity to feel accountable for making change happen in our practice.
Most importantly it's been an opportunity to develop our skills as leaders and co-leaders, to think about how people experience us and to make the most of our team and their considerable talents".

Clinical Effectiveness (Audit and Evaluation)

Clinical Effectiveness relates to both assurance of the standard of care via clinical audit, and review against NICE guidelines, and improvements where standards aren't being met. Evaluations are used to measure effectiveness and patient experience of either current or new services.

Planning for Improvement

Each year, the Trust is required to produce a Clinical Audit Plan. This is then monitored for improvement and outcomes.

This has traditionally been done by service lines in isolation, and for 2018/19, a slightly different approach was taken. To support shared learning and priorities, an afternoon workshop was held with representation from each service line. Information was collated and reviewed from:

• NICE guidance and the need for any re-audits
• incidents, SIRIs, complaints
• patient feedback
• staff ideas (via a survey)

This has resulted in a number of Trust wide priorities for the organisation 2018/19. These include:
• increased patient and community engagement
• a focus on record keeping
• clinical supervision
• development of demand and capacity tools

Clinical outcome measures

During 2017-18 we have conducted a survey of outcome measures in the trust. This has received 114 responses and identified examples of outcome measure use and development across the organisation. Developments have concentrated on the use of patient reported as opposed to clinical rated outcomes and the integration of outcome measures into system 1.

In 2018/19, we will produce a summary of outcome measures, support services to use Systm1 to automate the monitoring of outcomes and develop a guide to the development of measures.

Developing Single Point of Access processes improved the speed and quality of referrals for Adult Speech and Language Therapy

A 2016 audit identified that SLT referrals were slow to be received and the quality of information within them was poor. The service increased the promotion of the Single Point of Access and made modifications to the referral form. This included mandating certain fields. The 2017 re-audit showed significant improvements:

	2016	2017
Time to respond to referral	8 days	3 days
% requiring follow up calls	58%	10%
Use of SPA for referral	29%	60%
Urgency included in referral	29%	65%
Patient History included in referral	65%	80%

This audit and re-audit highlights the value of using SPA with referrals placed directly into the clinical records system. It also highlights the potential to prioritise patients more accurately from higher quality referral information. Future actions include the development of a centralised triage to ensure this is conducted more equitably across areas.

Staff and case based evaluation of a new risk stratification tool confirmed it was reliable and sensitive to frailty rather than age

The existing risk stratification tool used to identify complex cases for referral to community matrons and case managers in

Southampton was old and based on a patient's age rather than their frailty. It was also thought to be overly weighted towards chronic diseases. A new tool was developed with staff and trialled alongside the existing one for 53 cases. Staff reported a preference for the new tool and that they appreciated being involved in its development.

This evaluation has led to an improved tool which is sensitive to frailty (a more relevant index than age) and less weighted towards chronic disease. Further action is planned to encourage use of the new tool across referrers.

Bi-annual audit of parental consent for dental treatment shows continuous improvement across the last three audits

It is important that dental records accurately record who (e.g. with looked after children) is able to consent to treatment.

This audit was conducted across 16 specialist dental clinics. Accurate record of parental responsibility for consent has improved at each audit period from an average of 44% in January 2017, then 65% in June to 83% in December 2017. Improvement has been demonstrated in each clinic.

Improvement and further action rely mostly on communication highlighting the importance of this information in team and individual consultation. Further re-audit is planned.

Introducing a physiotherapy led MSK telephone triage service into GP surgeries can reduce the number of GP consultations required and the time taken to refer into MSK physio

Patients with MSK conditions make up between 25-30% of GP consultations. Approximately 60% of these cases are referred for advice or intervention from the MSK Physiotherapy service. Potentially, access to MSK via GP services results in additional consultations, increased administrative tasks for referral and appointment booking, delayed treatment and poorer patient satisfaction.

This project, conducted in two GP surgeries over 6 months, evaluated the impact of a physiotherapist-led telephone triage and advice service. Patients with MSK conditions were directed by the GP receptionist to the triage service. 63% of patients with MSK complaints who contacted the surgery for GP appointments were managed effectively by the MSK physiotherapist without any GP involvement. This equated to a 35% (136 patients) reduction in GP consultations. The number of overall referrals into MSK remained unchanged. 50% of patients given self-referral advice actually went through the self-referral process, and of these 80% attended the MSK Physiotherapy department.

Based on this evidence of effectiveness, a plan to continue providing this route for referral into MSK has been developed.

Awareness of and processes for managing high rates of children who were not brought (WNB) to initial appointments in CAMHS leads to significant improvements one year later

A 2016 audit investigated the prevalence and management of children not brought to appointments at Solent CAMHS (West). Following the audit, the service adopted the Trust guideline for management of WNB children in paediatrics, and this has led to a significant reduction in the numbers of children not bought to appointments.

WNB	2016	2017
Initial appointment	47%	5%
Follow up appointment	9%	8%
Overall	13%	8%

Future actions include the development of a text based reminder service and further staff education on the use of system 1.

Raising awareness across a wide range of professionals as well as credit card sized prompt cards contributed to a significant improvement in assessment of self-harm (and compliance with NICE clinical guidelines)

Self-harming inpatients in acute mental health wards are at high risk of increased self-harm and suicide at the time of and during admission. In the original audit conducted in 2014, compliance with NICE criteria for self-harm assessment was 44%. On re-audit in 2017, compliance had increased to 100%.

Guidelines developed from an initial audit on the management of pelvic inflammatory disease have contributed to significant improvements in diagnosis and treatment within Sexual Health Services

The aim of this audit was to identify if the diagnosis and management of patients with pelvic inflammatory disease had improved in accordance with the recommendations and standards and BASHH guidelines since an initial audit in 2016.

	2016	2017
Pregnancy was excluded	45%	72%
Offer of written information documented	11%	12%
Correct antibiotics prescribed	57%	98%
Partners attended treatment	<1%	16%

Results from this audit have been shared broadly and individually with staff. Further actions include education to staff to improve documentation, signposting and partner notification.

Physical Health monitoring and medication review in people with Learning Disability

A national Prescribing in Mental Health Audit in 2015 showed that in some areas of physical health monitoring for those with learning disabilities were not being met. In January 2018, this audit was repeated, and improvements have been made across all of the standards.

	2015	2018
Indications for treatment with antipsychotic medication documented	96%	100%
Annual reviews for patients on antipsychotics undertaken	98%	100%
Antipsychotic side effects reviewed annually	80%	97%
Patients with measurement of		
a. Weight	40%	90%
b. Blood pressure	30%	83%
c. Blood Glucose / or HbA1C	20%	57%
d. Lipid Profile	30%	50%

Dragons' Den

Dragon's Den is a fund for small scale innovation projects identified and designed by staff. Applicants can apply for up to £10,000 to invest in, pilot and evaluate an innovative idea in their service. Each funded project is assigned a corporate sponsor to support them with issues such as IT, procurement and evaluation.

Dragon's Den has run eight panels since June 2016, received 37 applications and approved 22 projes. This has resulted in 16 funded projects that have been delivered or are underway – a number of projects have been signposted for support elsewhere.

Feedback on Dragon's Den has been positive – as a result of suggestions, we are putting in easier processes and guidelines on how to claim funding, and the procurement process.

"Brilliant support and encouragement. Really great, very motivating to have this to develop new innovative services. Great to involve a whole team as well."

"Everyone on the panel and since have been very encouraging and positive and although it may appear a little scary I would encourage others to have a go if they have an idea for service improvement "

"We have been really pleased to be able to deliver this treatment for a condition for which there is very little to offer in terms of treatment".

Health passports for adults with learning disability
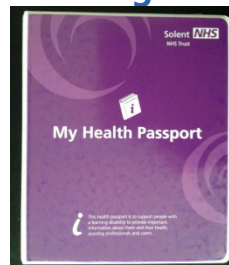
Health Passports in accessible formats have been developed in partnership with service users and carers in the learning disability service. The aim is to help service users co-ordinate care they receive from multiple agencies, and to have information readily available at additional hospital appointments. The passport was piloted, and now been printed up professionally for full distribution.

Lending libraries for sensory integration equipment in Learning Disability Services

A lending library of sensory integration equipment has been established to enable service users to trial equipment to see what is most suitable before they invest themselves. An accessible version of a lending agreement has been written, the equipment purchased and the library set up

Other services (Spinnaker, Jubilee, OPMH and Adult Mental health) are exploring the possibility of adopting a similar service.

Extra Corporeal Shockwave Therapy for the treatment of Plantar Fasciitis (Podiatry)

This bid was for a piece of equipment to deliver a new therapy (Extra Corporeal Shockwave Therapy) to patients with

"plantar fasciitis" that weren't responding to conventional conservative treatment had previous been offered either a corticosteroid injection or surgical opinion/ secondary care referral. This offered only short term relief of symptoms and included risks such as: infection, pain, rupture, skin depigmentation, fat pad atrophy and the potential for it to not work at all.
The team have used Dragon's Den to buy a machine to deliver extra corporeal shockwave (ECSW) therapy. This provides patients with a viable alternative and reduces the number of secondary care referrals. Currently the outcomes are being evaluated. To date, 28 patients have been treated, with no adverse events.

Community Outreach Bus – Sexual Health

The Sexual Health Promotion team have a bus which previously was covered in purple spots with 'Sexual Health' written all ove r it. It was rather conspicuous and they were getting feedback that this was preventing people using it. They have now used Dragon's Den money to make it white, and to buy some shelter so it can be used more widely across their services in community outreach. It has been used for community health promotion events, and also in partnership with the police to identify working girls and give them support and advice.

Positive Behavioural Support, CAMHS (Portsmouth)
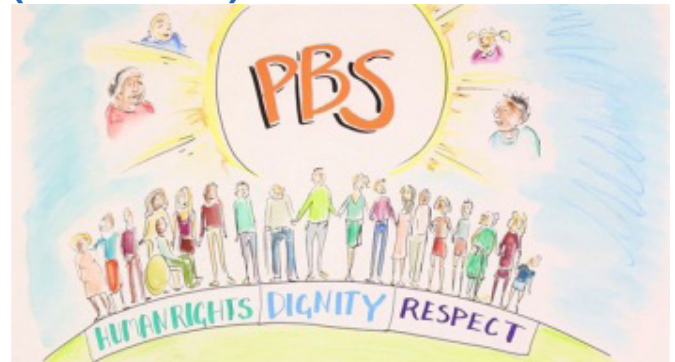
The PBS (Positive Behavioural Support) approach has evidence-base as an intervention for reducing challenging behaviour (Gore et al, 2013), included in NICE guidelines. The team sought training to be able use this innovative approach with their young people, and then to deliver training to other local professionals. It was hoped that it would also support the development of the new clinical care pathway for challenging behaviour with integrated multi-agency teams.

The clinical team are currently undergoing the training – when finished, they plan to run courses to other professionals in the city. They are already running the parent workshop.

Pedometers in COPD

Some COPD patients struggle to attend their Pulmonary Rehab programmes as a result of agoraphobia, work/home commitments transport difficulties and dislike of group interventions.
The team wanted to offer these COPD patients a way of monitoring and encouraging physical activity at home with the use of pedometers. Pedometers can also be used for those patients being discharged from hospital and also for those attending Pulmonary Rehab to encourage them to continue with their exercise when not supervised.

The pedometers have been purchased and are being used – an evaluation of use and impact is underway in partnership with a research team at UHS. The pedometers are being used during Pulmonary Rehab . Several patients to date have purchased their own

after seeing the benefits of using something visual. From March the team hope to extend this as encourage pedometer use with post hospital discharge patients .

Production of a Mindfulness CD for staff and patients

A CD with 22 mindfulness tracks was produced in a professional recording studio at Solent University, involving a number of staff as the 'actors'. The cover was designed from the results of an art competition for service users.

To date, 2,309 double CDs have been ordered and distributed, and the CD put on Youtube. These videos have been played nearly 10,000 times all around the world

Students from Solent University will also be making short films of two former service users on 'How mindfulness helped me' to add to youtube. They will be doing this for dissertation projects so this will be free of charge for the trust.

Children's Eating and Drink Assessments in Clinic

Speech & Language Therapists receive referrals to assess children's ability to eat and drink safely (reduce risk of choking and food and drink entering the airway) and to develop their skills in eating and drinking. These children were traditionally all seen in the child's home, school or nursery. They used Dragon's Den to move the some assessments into clinic so that they could see more children in a day (5 rather than 3).

These clinics are now running in three locations across Hampshire, and attendance is good. Parents have been willing to come into clinic rather than have a home visit. A full evaluation is forthcoming.

Development of virtual reality to enhance exposure work in adult mental health

Many people experience phobias or other mental health conditions that make their inclusion in 'real life' difficult. Exposure to these 'real life' situations is key to therapy – this currently happens slowly because it involves real situations. This project proposes virtual reality for a first step to prepare people to cope with fears/ anxieties/ phobias. This is controllable, can happen anyway, can use real film and is very cost effective.

Before making the bid, Tom, the applicant did a small case study pilot on Sue. Sue is 54 and suffers from complex anxiety, suicidal thoughts and agoraphobia. She has barely left her house for 7 years. She has severe physical health problems and is obese. The ultimate goal was to get Sue out more, but the first step was proving very difficult. In this pilot, VR was used in her home (with real video of the doorstep and street outside her house. Early input of VR has seen that it becomes easier with time, and helps Sue cope with her anxiety. Tom says it means he has been able to speed up recover and therapy by a considerable margin, as it starts in the safety of the home.

Sue: "It's frightening, but once my anxiety is under control I'm more focused on what I can see with new eyes. I can appreciate the little things and I want to be in that place. It could do a lot of good"

The VR equipment has been sourced, and the Pt Systems team are working with the applicant to roll this project out.

Appendix 1 – Full Accounts

Solent NHS Trust

Annual accounts for the year ended 31 March 2018

Statement of Comprehensive Income for year ended 31 March 2018

	Note	2017/18 £000	2016/17 £000
Operating income from patient care activities	4	**167,059**	163,019
Other operating income	5	**20,160**	17,656
Operating expenses	6	**(179,726)**	(182,084)
Operating surplus/(deficit) from continuing operations		**7,493**	**(1,409)**
Finance income	9	**24**	23
Finance expenses	10	**(151)**	(159)
PDC dividends payable		**(2,305)**	(2,314)
Net finance costs		**(2,432)**	**(2,450)**
Other gains / (losses)	11	**(4)**	(11)
Surplus / (deficit) for the year		**5,057**	**(3,870)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	13.3	**(630)**	(4,032)
Revaluations	13.3	**351**	0
Total comprehensive income / (expense) for the period		**4,778**	**(7,902)**
Financial performance for the year			
Retained surplus/(deficit) for the year		**5,057**	(3,870)
Impairments (excluding IFRIC 12 impairments)	13.3	**(4,310)**	1,740
Adjustments in respect of donated asset reserve elimination		**(10)**	46
Adjusted retained surplus/(deficit)		**737**	**(2,084)**
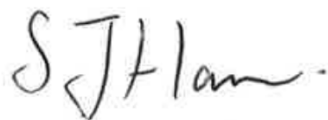
Statement of Financial Position as at 31 March 2018

	Note	31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	14	2,422	2,844
Property, plant and equipment	13	81,276	77,001
Trade and other receivables	19	2,653	3,113
Total non-current assets		**86,351**	**82,958**
Current assets			
Inventories	18	394	407
Trade and other receivables	19	13,533	12,011
Non-current assets held for sale / assets in disposal groups	24	1,100	1,200
Cash and cash equivalents	23	9,601	6,291
Total current assets		**24,628**	**19,909**
Current liabilities			
Trade and other payables	25	(20,338)	(18,552)
Borrowings	27	(4,792)	(4,623)
Other liabilities	26	(1,320)	(1,038)
Total current liabilities		**(26,450)**	**(24,213)**
Total assets less current liabilities		**84,529**	**78,654**
Non-current liabilities			
Trade and other payables	25	-	-
Borrowings	27	(5,098)	(3,980)
Other liabilities	26	(125)	(146)
Total non-current liabilities		**(5,223)**	**(4,126)**
Total assets employed		**79,306**	**74,528**
Financed by			
Public dividend capital		6,435	6,435
Revaluation reserve		7,625	8,163
Income and expenditure reserve		65,246	59,930
Total taxpayers' equity		**79,306**	**74,528**

The notes on pages 5 to 25 form part of these accounts.

The financial statements on pages 1 to 4 were approved by the Board on 29 May 2018 and signed on its behalf by

Chief Executive: S J Hlam.   Date: 29-May-18

Statement of Changes in Equity for the year ending 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	**6,435**	**8,163**	**59,930**	**74,528**
Surplus for the year	0	0	5,057	**5,057**
Other transfers between reserves	0	(259)	259	**0**
Impairments	0	(630)	0	**(630)**
Revaluations	0	351	0	**351**
Taxpayers' equity at 31 March 2018	**6,435**	**7,625**	**65,246**	**79,306**

Statement of Changes in Equity for the year ending 31 March 2017

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2016 - brought forward	**6,435**	**12,557**	**63,438**	**82,430**
(Deficit) for the year	0	0	(3,870)	**(3,870)**
Other transfers between reserves	0	(362)	362	**0**
Impairments	0	(4,032)	0	**(4,032)**
Taxpayers' equity at 31 March 2017	**6,435**	**8,163**	**59,930**	**74,528**

Statement of Cash Flows for the year ended 31 March 2018

	Note	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus / (deficit)		7,493	(1,409)
Non-cash income and expense:			
Depreciation and amortisation	6	3,954	4,206
Net impairments	13.3	(4,310)	1,740
Income recognised in respect of capital donations		(56)	0
(Increase) / decrease in receivables and other assets		(1,436)	(2,258)
(Increase) / decrease in inventories		13	51
Increase / (decrease) in payables and other liabilities		1,965	1,978
Net cash generated from operating activities		**7,623**	**4,308**
Cash flows from investing activities			
Interest received		24	23
Purchase of intangible assets		(141)	(511)
Purchase of property, plant, equipment and investment property		(3,406)	(3,514)
Net cash used in investing activities		**(3,523)**	**(4,002)**
Cash flows from financing activities			
Movement on loans from the Department of Health and Social Care		1,595	3,460
Capital element of finance lease rental payments		(393)	(306)
Interest paid on finance lease liabilities		(38)	(39)
Other interest paid		(106)	(120)
PDC dividend (paid) / refunded		(1,848)	(2,585)
Net cash used in financing activities		**(790)**	**410**
Increase / (decrease) in cash and cash equivalents		**3,310**	**716**
Cash and cash equivalents at 1 April - brought forward		**6,291**	**5,575**
Cash and cash equivalents at 31 March	23	**9,601**	**6,291**

Notes to the Accounts

1. Accounting policies and other information

1.1 Basis of preparation
The Department of Health and Social Care has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

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

These accounts have been prepared on a going concern basis. This is supported by the recent contract negations with NHS and Local Authority organisations to provide continuing services throughout 2018/19. Having considered the challenges the Trust face, particularly with reference to the operating plan for the next twelve months, and having reviewed with the external auditors, the Board has a reasonable expectation that the Trust has access to adequate resources to continue in operational existence in the foreseeable future. For this reason the Trust continues to adopt the going concern basis in preparing the annual accounts.

1.3 Acquisitions and discontinued operations
Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.4 Movement of assets within the DH Group
Transfers as part of reorganisation fall to be accounted for by use of absorption accounting in line with the Treasury FReM. The FReM does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the SOCI, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.5 Charitable Funds
Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. In accordance with IAS 1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact.

As the corporate trustee of Solent NHS Charity, the Trust has the power to exercise control. However the transactions of the charity are immaterial and have not been consolidated. Details of the transactions with the charity are included in Note 38, Related Party Transactions.

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

1.7 Critical judgements in applying accounting policies
The Trust has made critical judgements in applying accounting policies. Any critical judgements made are detailed in the relevant accounting policy.

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

1.9   Revenue

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services. Income relating to patient treatment plans that are part-completed at the year end are apportioned across the financial years on the basis of percentage of treatment completed at the end of the reporting period compared to expected total treatment planned.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit.

Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.10   Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they are defined contribution schemes: the cost to the NHS body if participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

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

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Employees that are not eligible to join the NHS Pensions Scheme can join the National Employment Savings Scheme (NEST). NEST is a defined contribution workplace pension scheme and the expense is recognised in the SOCI. The expenditure recognised in SOCI for the financial year to 31 March 2018 was £4,680 (financial year to 31 March 2017 £4,023).

1.11   Expenditure on other goods and services

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

1.12   Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:
● Land and non-specialised buildings – market value for existing use.
● Specialised buildings – depreciated replacement cost, modern equivalent asset basis.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

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

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

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

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.13   Intangible Assets

Recognition

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

Intangible assets acquired separately are initially recognised at cost. Software that is integral to the operation of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:
● the technical feasibility of completing the intangible asset so that it will be available for use;
● the intention to complete the intangible asset and use it;
● the ability to sell or use the intangible asset;
● how the intangible asset will generate probable future economic benefits or service potential;
● the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
● the ability to measure reliably the expenditure attributable to the intangible asset during its development

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.14   Depreciation, amortisation and impairments

Freehold land, assets under construction or development, and assets held for sale are not depreciated.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, on a straight line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful lives.

At each financial year-end, the Trust checks whether there is any indication that its property, plant and equipment or intangible non-current assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

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

1.15   Donated assets
Donated non-current assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are treated in the same way as for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

1.16   Non-current assets held for sale
Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.17   Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions
The Trust has no PFI or LIFT transactions.

1.18   Inventories
Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

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

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

1.20   Carbon Reduction Commitment Scheme (CRC)
The Trust is not part of the Carbon Reduction Commitment Scheme.

1.21   Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term

Contingent rentals are recognised as an expense in the period in which they are incurred

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.22 The Trust as lessor

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

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

1.23 Provisions

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

1.24 Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS resolution on behalf of the Trust is disclosed at Note **30** but is not recognised in the Trust's accounts.

1.25 Non-clinical risk pooling

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

1.26 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value

1.27 Financial assets

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories: financial assets at fair value through profit and loss; held to maturity investments; available for sale financial assets, and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition

Financial assets at fair value through profit and loss

The Trust has no financial assets at fair value through profit and loss.

Held to maturity investments

The Trust has no maturity investments.

Available for sale financial assets

The Trust has no available for sale financial assets.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.28 Financial liabilities

Financial liabilities are recognised on the statement of financial position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Loans from the Department of Health and Social Care are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

Financial guarantee contract liabilities

The Trust has no financial guarantee contract liabilities.

Financial liabilities at fair value through profit and loss

The Trust has no financial liabilities at fair value through profit and loss.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.29 Public dividend capital (PDC) and PDC dividend

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32 as PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated assets (including lottery funded assets),
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

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

1.30 Value added tax

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

1.31 Foreign exchange

The Trust's functional and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise.

1.32 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. Details of third party assets are given in Note 37 to the accounts in accordance with the requirements of HM Treasury's FReM.

1.33 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.34 Gifts

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

1.35 Subsidiaries

Material entities over which the Trust has the power to exercise control are classified as subsidiaries and are consolidated. The Trust has control when it is exposed to or has rights to variable returns through its power over another entity. The income and expenses; gains and losses; assets, liabilities and reserves; and cash flows of the subsidiary are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the NHS trust or where the subsidiary's accounting date is not co-terminus.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to

1.36 Associates

The Trust has no associates.

1.37 Joint arrangements

The Trust has no joint arrangements.

1.38 Research and Development

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SOCI on a systematic basis over the period expected to benefit from the project. It should be revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

1.39 Accounting standards that have been issued but have not yet been adopted

The DHSC GAM does not require the following Standards and Interpretations to be applied in 2017-18. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 and IFRS 17 still subject to HM Treasury consideration.

● IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
● IFRS 15 Revenue from Contracts with Customers – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
● IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
● IFRIC 22 Foreign Currency Transactions and Advance Consideration – Application required for accounting periods beginning on or after 1 January 2018.
● IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

2.   Operating Segments

In 2017-18 Trust activity was organised into eight service lines. Details of the eight service line are as follows;

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

Each service has its own senior management team. The Chief Operating Decision Maker (COMD) of the Trust is the Trust Board
The monthly performance report to the COMD reports the performance of each services operating contribution towards infrastructure

	2017-18			
	Revenue £000s	Employee Benefits £000s	Other Operating Costs £000s	**Operating surplus / (deficit) £000s**
Children's East	16,015	(11,651)	(627)	**3,737**
Children's West	22,363	(15,041)	(1,408)	**5,914**
Sexual Health Services	27,374	(6,898)	(14,614)	**5,862**
Dental	8,926	(5,161)	(1,537)	**2,228**
Adults Southampton	28,197	(19,853)	(2,872)	**5,472**
Primary Care & LTC	16,247	(11,256)	(2,218)	**2,773**
Adults Portsmouth	20,280	(13,883)	(1,832)	**4,565**
Mental Health Services	29,457	(19,374)	(3,518)	**6,565**
Total Services	**168,859**	**(103,117)**	**(28,626)**	**37,116**
Infrastructure	6,462	(8,013)	(22,572)	**(24,123)**
Corporate Costs	11,922	(10,012)	(7,741)	**(5,831)**
Depreciation, amortisation, impairment			(2,105)	**(2,105)**
Operating surplus/(deficit)	**187,243**	**(121,142)**	**(61,044)**	**5,057**

	2016-17			
	Revenue £000s	Employee Benefits £000s	Other Operating Costs £000s	**Operating surplus / (deficit) £000s**
Children's East	16,551	(11,493)	(677)	4,381
Children's West	22,071	(14,385)	(1,339)	6,347
Sexual Health Services	27,550	(7,114)	(14,856)	5,580
Dental	8,328	(4,811)	(1,513)	2,004
Adults Southampton	27,207	(18,372)	(3,018)	5,817
Primary Care & LTC	16,243	(10,814)	(2,651)	2,778
Adults Portsmouth	18,801	(13,582)	(1,692)	3,527
Mental Health Services	27,761	(18,593)	(4,204)	4,964
Total Services	**164,512**	**(99,164)**	**(29,950)**	**35,398**
Infrastructure	7,679	(8,025)	(22,954)	(23,167)
Corporate Costs	8,507	(10,098)	(6,280)	(7,668)
Depreciation, amortisation, impairment			(8,433)	(8,433)
Operating surplus/(deficit)	**180,698**	**(117,287)**	**(67,617)**	**(3,870)**

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

4.   Operating income from patient care activities

4.1   Income from patient care activities (by nature)

	2017/18 £000	2016/17 £000
Mental health services		
Block contract income	35,478	32,256
Community services		
Community services income from CCGs and NHS England	105,783	102,603
Income from other sources (e.g. local authorities)	25,355	27,585
All services		
Private patient income	251	193
Other clinical income	192	382
Total income from activities	**167,059**	**163,019**

4.2   Income from patient care activities (by source)

	2017/18 £000	2016/17 £000
NHS England	22,372	21,784
Clinical commissioning groups	118,881	113,075
Other NHS providers	962	722
Local authorities	24,392	27,072
Non-NHS: private patients	251	193
NHS injury scheme	20	27
Non NHS: other	181	146
Total income from activities *	**167,059**	**163,019**
Of which:		
Related to continuing operations	167,059	163,019

5.   Other operating income

	2017/18 £000	2016/17 £000
Research and development	3,028	2,384
Education and training	4,147	4,180
Receipt of capital grants and donations	56	0
Non-patient care services to other bodies	2,605	2,537
Sustainability and transformation fund income	3,027	2,208
Income generation (Other fees and charges)	2,896	2,674
Rental revenue from operating leases **	970	791
Other income	3,431	2,882
Total other operating income	**20,160**	**17,656**
Of which:		
Related to continuing operations	20,160	17,656
Total operating revenue	**187,219**	**180,675**

* Income from patient care 2016/17 restated as further analysis work has been carried out.
** Rental revenue 2016/17 - service charge income moved to other income.

6.   Operating expenses

	2017/18 £000	2016/17 £000
Purchase of healthcare from NHS and DHSC bodies	4,782	4,778
Purchase of healthcare from non-NHS and non-DHSC bodies	1,337	1,445
Staff and executive directors costs	121,142	116,951
Remuneration of non-executive directors	67	45
Supplies and services - clinical (excluding drugs costs)	9,024	9,583
Supplies and services - general	1,842	1,850
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	10,203	10,943
Consultancy costs	101	120
Establishment	5,463	4,877
Premises	13,977	12,987
Transport (including patient travel)	702	618
Depreciation on property, plant and equipment	3,391	3,519
Amortisation on intangible assets	563	687
Net impairments	(4,310)	1,740
Increase/(decrease) in provision for impairment of receivables	(272)	23
Audit fees payable to the external auditor		
audit services- statutory audit	65	73
other auditor remuneration (external auditor only)	0	0
Internal audit costs	59	55
Clinical negligence	449	381
Legal fees	71	591
Insurance	5	0
Research and development	2,024	1,685
Education and training	1,015	1,152
Rentals under operating leases	5,458	6,155
Redundancy	148	679
Car parking & security	83	0
Hospitality	5	14
Losses, ex gratia & special payments	138	0
Other	2,194	1,133
Total	**179,726**	**182,084**
Of which:		
Related to continuing operations	179,726	182,084

7.   Operating Leases

The Trust occupies properties using operating lease arrangements with NHS and non NHS organisations.

7.1   Trust as lessee

	2017/18 £000	2016/17 £000
Operating lease expense		
Minimum lease payments	5,458	6,155
Total	**5,458**	**6,155**
Future minimum lease payments due:		
- not later than one year;	5,596	6,062
- later than one year and not later than five years;	1,668	2,934
- later than five years.	691	2,428
Total	**7,955**	**11,424**
Future minimum sublease payments to be received: £nil		

7.2   Trust as lessor

The Trust receives rental income from a number of tenants for rental of properties.

	2017/18 £000	2016/17 £000
Operating lease revenue		
Minimum lease receipts	970	791
Total	**970**	**791**
Future minimum lease receipts due:		
- not later than one year;	976	791
- later than one year and not later than five years;	2,244	2,091
- later than five years.	2,893	2,911
Total	**6,113**	**5,793**

8.   Employee benefits

8.1   Employee benefits

	2017/18 Total £000	2016/17 Total £000
Salaries and wages	94,812	92,161
Social security costs	8,784	8,536
Apprenticeship levy	465	0
Employer's contributions to NHS pensions	12,211	11,760
Pension cost - other	5	4
Termination benefits	148	679
Temporary staff (including agency)	4,960	4,706
Total gross staff costs	**121,385**	**117,846**
Recoveries in respect of seconded staff	**0**	0
Total staff costs	**121,385**	**117,846**
Of which		
Costs capitalised as part of assets	95	216

8.2   Retirements due to ill-health

During 2017/18 there were 6 early retirements from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £348k (£45k in 2016/17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

8.3   Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

Employees that are not eligible to join the NHS Pensions Scheme can join the National Employment Savings Scheme (NEST). NEST is a defined contribution workplace pension scheme and the expense is recognised in the SOCI. The expenditure recognised in SOCI for the financial year to 31 March 2018 was £4,680 (financial year to 31 March 2017 £4,023).

9.   Finance income

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

	2017/18 £000	2016/17 £000
Interest on bank accounts	24	23
Total	**24**	**23**

10. Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money

	2017/18 £000	2016/17 £000
Interest expense:		
Loans from the Department of Health and Social Care	113	120
Finance leases	38	39
Total interest expense	**151**	**159**
Total finance costs	**151**	**159**

11. Other gains / (losses)

	2017/18 £000	2016/17 £000
Gains on disposal of assets	0	32
Losses on disposal of assets	(4)	(43)
Total gains / (losses) on disposal of assets	**(4)**	**(11)**
Total other gains / (losses)	**(4)**	**(11)**

12. Auditor disclosures

12.1 Other auditor remuneration

The Trust has no other auditor remuneration.

13.1 Property, plant and equipment - 2017/18

Cost or valuation:	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
At 1 April 2017	12,115	65,070	1,076	3,446	70	5,858	451	88,086
Additions	0	0	3,149	370	0	135	0	3,654
Impairments	0	(657)	0	0	0	0	0	(657)
Reversals of impairments	2,460	1,977	0	0	0	0	0	4,437
Revaluations	90	261	0	0	0	0	0	351
Reclassifications	0	2,969	(3,041)	0	0	72	0	0
Disposals / derecognition	0	0	0	0	0	(1,096)	0	(1,096)
Valuation/gross cost at 31 March 2018	**14,665**	**69,620**	**1,184**	**3,816**	**70**	**4,969**	**451**	**94,775**
Depreciation:								
At 1 April 2017	0	4,915	0	2,587	44	3,117	422	11,085
Provided during the year	0	2,098	0	234	11	1,043	5	3,391
Disposals / derecognition	0	0	0	0	0	(977)	0	(977)
Accumulated depreciation at 31 March 2018	**0**	**7,013**	**0**	**2,821**	**55**	**3,183**	**427**	**13,499**
Net book value at 31 March 2018	14,665	62,607	1,184	995	15	1,786	24	81,276
Net book value at 1 April 2017	12,115	60,155	1,076	859	26	2,741	29	77,001

Asset financing:	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018								
Owned - purchased	14,665	62,558	1,184	703	15	1,407	24	80,556
Finance leased	0	0	0	186	0	379	0	565
Owned - donated	0	49	0	106	0	0	0	155
NBV total at 31 March 2018	**14,665**	**62,607**	**1,184**	**995**	**15**	**1,786**	**24**	**81,276**

Revaluation reserve balance for Property, Plant & Equipment

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
At 1 April 2017	381	7,782	0	0	0	0	0	8,163
Movements	89	(627)	0	0	0	0	0	(538)
At 31 March 2018	**470**	**7,155**	**0**	**0**	**0**	**0**	**0**	**7,625**

Additions to Assets Under Construction in 2017-18

	£000
Buildings excluding dwellings purchased	3,119
Buildings excluding dwellings donated	30
Total	**3,149**

13.2   Property, plant and equipment - 2016/17

Cost or valuation:	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
At 1 April 2016	**12,500**	**68,634**	**1,335**	**3,325**	**70**	**5,363**	**435**	**91,662**
Additions	0	0	3,277	113	0	275	0	**3,665**
Impairments	325	(5,797)	0	0	0	0	0	**(5,472)**
Reclassifications	0	3,132	(3,536)	8	0	225	16	**(155)**
Transfers to / from assets held for sale	(710)	(790)	0	0	0	0	0	**(1,500)**
Disposals / derecognition	0	(109)	0	0	0	(5)	0	**(114)**
Valuation/gross cost at 31 March 2017	**12,115**	**65,070**	**1,076**	**3,446**	**70**	**5,858**	**451**	**88,086**
Depreciation:								
At 1 April 2016	**0**	**2,859**	**0**	**2,357**	**33**	**1,969**	**413**	**7,631**
Provided during the year	0	2,125	0	230	11	1,148	5	**3,519**
Reclassifications	0	(4)	0	0	0	0	4	**0**
Disposals/ derecognition	0	(65)	0	0	0	0	0	**(65)**
Accumulated depreciation at 31 March 2017	**0**	**4,915**	**0**	**2,587**	**44**	**3,117**	**422**	**11,085**
Net book value at 31 March 2017	**12,115**	**60,155**	**1,076**	**859**	**26**	**2,741**	**29**	**77,001**
Net book value at 1 April 2016	**12,500**	**65,775**	**1,335**	**968**	**37**	**3,394**	**22**	**84,031**

Asset financing:	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2017								
Owned - purchased	12,115	60,115	1,076	721	26	1,944	29	**76,026**
Finance leased	0	0	0	0	0	797	0	**797**
Owned - donated	0	40	0	138	0	0	0	**178**
NBV total at 31 March 2017	**12,115**	**60,155**	**1,076**	**859**	**26**	**2,741**	**29**	**77,001**

13.3   Property, plant and equipment
The Trust received donated assets from Southampton Clinical Commissioning Group and Leagues of Friends in the year

Land and buildings are held at revalued amounts. A desktop revaluation exercise was carried out on these assets as at 31 March 2018 using optimisation methodology (delivery of services from modern facilities) and indicies relevant to the asset class. The exercise was carried out by the District Valuers who are RICS qualified. The impact of the exercise is:

	Land £000	Buildings excluding dwellings £000	Total £000
Increase to revaluation reserve	90	261	351
Decrease to revaluation reserve	0	(630)	(630)
Impairment charge to SOCI	0	(27)	(27)
Reversal of impairment charge to SOCI	2,460	1,977	4,437
	2,550	**1,581**	**4,131**

The economic lives of property, plant and equipment range from:

	Min Life (yrs)	Max Life (yrs)
Buildings excluding dwellings	2	94
Plant & machinery	5	25
Transport equipment	5	10
Information technology	4	10
Furniture & fittings	9	10

14.   Intangible non-current assets

14.1   Intangible non-current assets - 2017/18

	Internally generated information technology	Intangible assets under construction	Total
Cost or valuation:	**£000**	**£000**	**£000**
At 1 April 2017	**3,952**	**641**	**4,593**
Additions	0	141	**141**
Reclassifications	749	(749)	**0**
Gross cost at 31 March 2018	**4,701**	**33**	**4,734**
Amortisation:			
At 1 April 2017	**1,749**	**0**	**1,749**
Provided during the year	563	0	**563**
Amortisation at 31 March 2018	**2,312**	**0**	**2,312**
Net book value at 31 March 2018	**2,389**	**33**	**2,422**
Net book value at 1 April 2017	**2,203**	**641**	**2,844**
Asset financing:			
Owned - purchased	2,389	33	2,422
NBV total at 31 March 2018	**2,389**	**33**	**2,422**

Revaluation reserve balance for intangible non-current assets
The Trust does not hold any revaluation reserves for intangible non-current assets. No revaluation of intangible assets was carried out in the period.

14.2   Note 14.2 Intangible assets - 2016/17

	Internally generated information technology	Intangible assets under construction	Total
Cost or valuation:	**£000**	**£000**	**£000**
At 1 April 2016	**3,992**	**0**	**3,992**
Additions	0	455	**455**
Reclassifications	(31)	186	**155**
Disposals / derecognition	(9)	0	**(9)**
Gross cost at 31 March 2017	**3,952**	**641**	**4,593**
Amortisation:			
At 1 April 2016	**1,062**	**0**	**1,062**
Provided during the year	**687**	**0**	**687**
Amortisation at 31 March 2017	**1,749**	**0**	**1,749**
Net book value at 31 March 2017	**2,203**	**641**	**2,844**
Net book value at 1 April 2016	**2,930**	**0**	**2,930**

14.3   Intangible non-current assets
The Trust received no donated intangible assets in the year.

The economic lives of the intangible assets range from:	Min Life (yrs)	Max Life (yrs)
Internally generated information technology	2	10

15.   Analysis of impairments and reversals

	2017/18 £000	2016/17 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(4,310)	1,740
Total net impairments charged to operating surplus / deficit	**(4,310)**	**1,740**
Impairments charged to the revaluation reserve	630	4,032
Total net impairments	**(3,680)**	**5,772**

No impairment on donated assets included above.

16.   Investment property
The Trust has no investment property.

17. Commitments

17.1 Capital commitments
Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	494	887
Intangible assets	80	51
Total	**574**	**938**

17.2 Other financial commitments
The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement)for ICT services. The payments to which the Trust is committed are as follows:

	31 March 2018 £000	31 March 2017 £000
Not later than 1 year	5,078	4,522
Later than 1 year and not later than 5 years	1,976	1,089
Total	**7,054**	**5,611**

18. Inventories

	31 March 2018 £000	31 March 2017 £000
Drugs	202	223
Consumables	192	184
Total inventories	**394**	**407**

Inventories recognised in expenses for the year were £11,863k (2016/17: £11,969k). Write-down of inventories recognised as expenses for the year were £0k (2016/17: £0k).

19.1 Trade receivables and other receivables

	31 March 2018 £000	31 March 2017 £000
Current		
NHS receivables - revenue	4314	5082
NHS prepayments and accrued income	3572	3076
Non-NHS receivables - revenue	3281	1606
Non-NHS prepayments and accrued income	2545	2677
PDC Dividend prepaid to DH	0	374
Provision for the impairment of receivables	(1,346)	(1,480)
VAT	986	524
Other receivables	181	152
Total current trade and other receivables	**13,533**	**12,011**
Non-current		
Prepayments (non-PFI)	2,653	3,113
Total non-current trade and other receivables	**2,653**	**3,113**
Of which receivables from NHS and DHSC group bodies:		
Current	7,886	8,532

19.2 Provision for impairment of receivables

	2017/18 £000	2016/17 £000
At 1 April 2017	**1,480**	**1,471**
Increase in provision	(272)	(1,065)
Amounts utilised	138	(14)
Unused amounts reversed	0	1,088
At 31 March	**1,346**	**1,480**

Other trade receivables are reviewed on a regular basis with the person responsible. Provisions are established if debtors exceed the following time intervals past their agreed terms - after 90 days 100%. Any overdue debts are actively pursued by specialist teams.

19.3   Credit quality of financial assets

	31 March 2018	31 March 2017
	Trade and other receivables £000	Trade and other receivables £000
Ageing of impaired financial assets		
0 - 30 days	374	560
30-60 Days	206	139
60-90 days	0	16
90- 180 days	118	194
Over 180 days	648	571
Total	**1,346**	**1,480**
Ageing of non-impaired financial assets past their due date		
0 - 30 days	4,929	3,281
30-60 Days	634	670
60-90 days	613	327
90- 180 days	168	212
Over 180 days	165	380
Total	**6,509**	**4,870**

The great majority of trade is with Clinical Commissioning Groups, Local Authorities and NHS England, as commissioners for NHS patient care services. As Clinical Commissioning Groups, Local Authorities and NHS England are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

20.   NHS LIFT investments
The Trust has no NHS LIFT investments.

21.   Other financial assets
The Trust has no other financial assets.

22.   Other current assets
The Trust has no other current assets.

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

	2017/18 £000	2016/17 £000
At 1 April 2017	**6,291**	**5,575**
Net change in year	3,310	716
At 31 March 2018	**9,601**	**6,291**
Broken down into:		
Cash at commercial banks and in hand	10	15
Cash with the Government Banking Service	9,591	6,276
Total cash and cash equivalents as in SoCF	**9,601**	**6,291**
Patients' money held by the Trust, not included in above	**3**	3

24.   Non-current assets held for sale

	2017/18 £000	2016/17 £000
Balance at 1 April 2017	**1,200**	**0**
Assets classified as available for sale in the year	0	**1,500**
Assets sold in year	0	**0**
Impairment of assets held for sale	(100)	**(300)**
Balance at 31 March 2018	**1,100**	**1,200**

The assets held for sale are the land and buildings of the area at St James Hospital, Portsmouth, know as Oakdene. The asset has been marketed and interest has been shown. The sale is expected to complete within the first quarter of 2018-19 financial year.

25.   Trade and other payables

	31 March 2018 £000	31 March 2017 £000
Current		
NHS payables - revenue	325	586
NHS accruals	3,836	4,542
Non-NHS payables - revenue	3,130	2,958
Non-NHS payables - capital	240	248
Non-NHS accruals	9,159	6,593
Social security costs	1,267	1,219
Accrued Interest on DH Loans	22	15
Tax	581	608
PDC dividend payable	83	0
Other payables	1,695	1,783
Total current trade and other payables	**20,338**	**18,552**
Of which payables from NHS and DHSC group bodies:		
Current	4,266	5,143
Included above:		
- outstanding pension contributions	1,673	1,610

26.   Other liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Deferred income	1,320	1,038
Total other current liabilities	**1,320**	**1,038**
Non-current		
Deferred income	125	146
Total other non-current liabilities	**125**	**146**

27.   Borrowings

	31 March 2018 £000	31 March 2017 £000
Current		
Loans from the Department of Health and Social Care	4,554	4,304
Obligations under finance leases	238	319
Total current borrowings	**4,792**	**4,623**
Non-current		
Loans from the Department of Health and Social Care	4,805	3,460
Obligations under finance leases	293	520
Total non-current borrowings	**5,098**	**3,980**

28.   Other financial liabilities

The Trust has no other financial liabilities.

29.   Finance leases

29.1   Finance lease obligations as lessor

The Trust has no finance lease receivables as lessor.

29.2   Finance lease obligations as lessee

Obligations under finance leases where the Trust is the lessee.

	31 March 2018 £000	31 March 2017 £000
Gross lease liabilities	**551**	**882**
of which liabilities are due:		
- not later than one year;	282	345
- later than one year and not later than five years;	269	537
Finance charges allocated to future periods	(20)	(43)
Net lease liabilities	**531**	**839**
of which payable:		
- not later than one year;	238	319
- later than one year and not later than five years;	293	520

30.   Provisions

The Trust has no provisions.

At 31 March 2018, £894k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Solent NHS Trust (31 March 2017: £929k).

31.   Contingent assets and liabilities

	31 March 2018 £000	31 March 2017 £000
Contingent liabilities		
NHS Resolution legal claims	(23)	(18)
Net value of contingent liabilities	**(23)**	**(18)**

Contingent assets

The Trust has no contingent assets.

32.   Financial Instruments

32.1   Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups, Local Authorities and NHS England and the way those Clinical Commissioning Groups, Local Authorities and NHS England are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

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

Currency risk

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

Interest rate risk

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

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2018 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

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

33.   Financial assets

	Loans and receivables £000	Total book value £000
Trade and other receivables excluding non financial assets	4,314	**4,314**
Other investments / financial assets	3,281	**3,281**
Cash and cash equivalents at bank and in hand	9,601	**9,601**
Total at 31 March 2018	**17,196**	**17,196**
Trade and other receivables excluding non financial assets	7,661	**7,661**
Other investments / financial assets	1,383	**1,383**
Cash and cash equivalents at bank and in hand	6,291	**6,291**
Total at 31 March 2017	**15,335**	**15,335**

34. Financial liabilities

	Other £000	Total book value £000
Borrowings excluding finance lease and PFI liabilities	9,359	**9,359**
Obligations under finance leases	531	**531**
Trade and other payables excluding non financial liabilities	18,491	**18,491**
Total at 31 March 2018	**28,381**	**28,381**
Borrowings excluding finance lease and PFI liabilities	7,764	**7,764**
Obligations under finance leases	839	**839**
Trade and other payables excluding non financial liabilities	16,785	**16,785**
Total at 31 March 2017	**25,388**	**25,388**

35. Maturity of financial liabilities

	31 March 2018 £000	31 March 2017 £000
In one year or less	23,312	16,785
In more than one year but not more than two years	213	4,455
In more than two years but not more than five years	4,856	4,148
Total	**28,381**	**25,388**

36. Losses and special payments

	2017/18	
	Total number of cases Number	Total value of cases £000
Bad debts and claims abandoned	158	128
Ex-gratia payments	1	10
Total losses and special payments	**159**	**138**
Compensation payments received		

	2016/17	
	Total number of cases Number	Total value of cases £000
Bad debts and claims abandoned	5	14
Compensation under court order or legally binding arbitration award	1	354
Ex-gratia payments	4	1
Total losses and special payments	**10**	**369**
Compensation payments received		

The Trust received no gifts in 2017-18.

37. Third party assets

The Trust held £2,728 cash and cash equivalents at 31 March 2018 (£2,728 at 31 March 2017) which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

38. Related party transactions

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

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

	Payments to Related Party £000s	Receipts from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
NHS England	81	25,769	20	4,099
Clinical Commissioning Groups				
NHS Portsmouth	0	56,177	235	635
NHS Southampton	0	38,283	98	542
NHS West Hampshire	0	9,421	37	79
NHS South Eastern Hampshire	281	6,189	131	354
NHS Fareham & Gosport	0	5,294	163	115
NHS North East Hampshire & Farnham	0	1,386	0	8
NHS North Hampshire	35	2,262	0	24
NHS Trust and Foundation Trust				
Hampshire Hospitals Foundation Trust	927	18	124	4
Portsmouth Hospitals NHS Trust	3,124	1,692	373	486
University of Southampton NHS Foundation Trust	1,466	1,586	489	522
Southern Health NHS Foundation Trust	1,971	2,707	223	224
NHS Business Services Authority	564	0	0	0
NHS Resolution	449	0	0	0
NHS Property Services Ltd	4,657	141	2,144	498
Community Health Partnerships	2,018	0	145	0
Solent NHS Charity	0	23	0	0

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

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

39.   Events after the reporting date
There have been no events after the end of the reporting period.

40.   Better Payment Practice code

	2017/18 Number	2017/18 £000	2016/17 Number	2016/17 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	24,989	50,562	22,744	45,625
Total non-NHS trade invoices paid within target	23,479	47,509	21,345	42,703
Percentage of non-NHS trade invoices paid within target	94%	94%	94%	94%
NHS Payables				
Total NHS trade invoices paid in the year	1,230	17,446	1,090	14,465
Total NHS trade invoices paid within target	1,067	16,514	938	13,609
Percentage of NHS trade invoices paid within target	87%	95%	86%	94%

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

41.   Financial performance targets

41.1   Breakeven duty financial performance
the Trust has a duty to achieve breakeven or a surplus in each accounting period.

	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000
Operating income	193,935	192,146	187,756	187,240	178,854	180,675	187,219
Retained surplus/(deficit) for the year	1,863	776	1,858	(6,500)	(15,164)	(3,870)	5,057
Adjustment for:							
Impairments	0	0	0	423	10,165	1,740	(4,310)
Impact of policy change re donated assets	0	0	0	(197)	(63)	46	(10)
Breakeven duty in-year financial performance	**1,863**	**776**	**1,858**	**(6,274)**	**(5,062)**	**(2,084)**	**737**
Breakeven duty cumulative position	**1,863**	**2,639**	**4,497**	**(1,777)**	**(6,839)**	**(8,923)**	**(8,186)**
Cumulative breakeven position as a percentage of operating income	0.96%	1.37%	2.40%	(0.95%)	(3.82%)	(4.94%)	(4.37%)

41.2 Capital cost absorption rate

The dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets based on the pre audited accounts and therefore the actual capital cost absorption rate is automatically 3.5%.

41.3 External financing

The trust is given an external financing limit against which it is permitted to undershoot:

	2017/18 £000	2016/17 £000
External financing limit (EFL)	**6,518**	7,783
Cash flow financing	**(2,108)**	2,438
External financing requirement	**(2,108)**	2,438
Under / (over) spend against EFL	**8,626**	5,345

41.4 Capital Resource Limit

The Trust is given a capital resource limit which it is not permitted to exceed.

	2017/18 £000	2016/17 £000
Gross capital expenditure	3,795	4,120
Less: Disposals	(119)	(58)
Less: Donated and granted capital additions	(56)	0
Plus: Loss on disposal of donated/granted assets	0	0
Charge against Capital Resource Limit	3,620	4,062
Capital Resource Limit	3,944	4,926
Under / (over) spend against CRL	324	864