Solent NHS Trust

Annual Report and Accounts 2020/21

incorporating the Quality Account 2020/21

Contents

Some of the photos used throughout this document were taken prior to, and during the pandemic, and as guidance regarding Personal Protective Equipment (PPE) evolved.

Statement from the Chair and Chief Executive

We are delighted to share our 2020/21 Annual Report and Quality Account.

This year has been an unprecedented year for the country, the NHS and Solent NHS Trust. It has been dominated by the most significant global pandemic in our lifetime. The commitment and dedication people who work at the heart of Solent have shown has been exceptional. Our teams have approached an incredibly challenging situation with flexibility. They have been overwhelmingly agile in working to respond to the challenges that COVID-19 has bought. Service transformation has happened at pace and people have stepped into roles that they would not otherwise do; ensuring we continue to deliver care, respond to the pandemic and support people in our communities and one another. The difference they make to the people who use our services is evident throughout this report, and our achievements would not be possible without the remarkable people we have in Solent.

As well as responding to the pandemic and ensuring that we continued to deliver the best care possible during exceptional circumstances, the team in Solent have really risen to the challenge; taking a lead provider role in the biggest vaccination programme the NHS has ever seen. Thanks to the dedication and commitment of staff, we have successfully mobilized four large-scale vaccination centres across Hampshire and the Isle of Wight, delivering vaccines to people in our communities to help keep people safe.

At the time of writing, we don't know when the pandemic will end and if, or when, there will be a further wave of infection. We continue to monitor the government modelling to make sure we are as prepared as possible, and work with our partners to ensure we can respond appropriately.

Throughout the year, and even during the most challenging of times, our strategy has remained strong and focused on three organisational priorities: providing great care, making Solent a great place to work and delivering great value for money.

Providing great care, ensuring excellent patient experience and the best possible patient outcomes, is our priority. We are proud of our learning culture which puts learning and improving at the heart of our Trust. When things don't quite go as they should, we learn, so that we can provide the very best care possible.

People in our diverse communities have a wealth of insight into the services we provide; ultimately it is the people we care for who will tell us if we are successful in delivering great care and will help shape our future care. During the year, we launched 'Alongside Communities' – the Solent approach to engagement and inclusion. Developed with people from the community, this describes our ambitions to improve health and reduce health inequalities by working with people who use our services, their families and carers and local communities.

Our Quality Priorities continue to ensure we are constantly improving care. You can read more about our Quality Priorities and programmes in the Quality Account later in this report.

We aspire to become an 'outstanding' trust and look forward to demonstrating the exceptional care we provide at a future Care Quality Commission inspection.

There is a clear relationship between patient and employee satisfaction. Our priority of making Solent a great place to work is underpinned by a strong values-based culture, supported by strong leadership throughout the organisation.

Each year we ask our people in Team Solent to share what it feels like to work in Solent through the NHS Staff Survey. In 2020, 66% of people responded to the survey, our highest ever response rate. The results showed that our scores are amongst the best when compared with other combined community and mental health/ learning disability trusts. The number of people who said they would recommend Solent as a place to work, and for care if a friend or relative needed treatment has risen for the 5th year in a row, and our results show that we are strong in some very important areas, including: putting patients first, our reporting and learning culture, our speaking up culture, and the support people receive from immediate managers.

The survey also highlighted some areas which need attention. Diversity and inclusion remains a top priority for us within Solent; developing a culture where everyone matters. Whilst we have maintained excellent scores in this area, there is still further work to be done. We continue to work alongside our resource groups and external partners to ensure we achieve our ambition to make significant and effective changes for the benefit of everyone. In response to the survey, action planning is happening at a Trust and service level to make sure that we continue to improve.

The wellbeing of our staff and people in our communities, both mentally and physically, throughout the pandemic has been a top priority. We have supported wellbeing through an array of interventions within Solent and through our services and worked to ensure that people are protected through infection, prevention and control measures.

We deliver great value by providing our employees with the resources they need, optimising the use of buildings and technology and working in partnership.

Investment in our buildings to create fresh, modern facilities enhances the patient experience, leading to better patient outcomes and offers improved working environments for our teams. As well as responding to the pandemic by building additional bed capacity, delivering fit for purpose vaccination centres and supporting vaccine trials by converting areas of our buildings, in 2020/21, we continued with our plans to redevelop and extend our estate. In mid-August we launched a consultation for members of the public to have their say on a new state-of-the-art 50 bedded rehab unit at the Western Community Hospital. The new wing will enable a greater number of people to be cared for in fresh, modern facilities.

We also secured additional buildings and areas of land. This included the construction of a new Children's and Sexual Health facility within a former commercial space at the Swan Centre in Eastleigh. The unit has now been unrecognisably transformed from the Chinese restaurant it previously was into a clinic right in the heart of the community.

As well as investment in our estates, during the year we rapidly transformed our digital infrastructure to support our staff to work, and care for people, remotely. This included supporting people with additional laptops and mobile phones, as well as preparing tablets for wards to help patients communicate with loved ones whilst they have been unable to receive visitors. We increased the use of remote video consultations; helping us to care for more people in an accessible and convenient way. We also introduced platforms to enable teams to more easily connect and work remotely and more efficiently.

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

We strongly support an NHS where services are more joined up. At the forefront of this work is our active involvement in the Hampshire and Isle of Wight Integrated Care System. We have also continued to develop our unique mental health partnership with the Isle of Wight NHS Trust to support the Island to improve access to quality mental health services and to help deliver clinically and financially stable mental health and wellbeing services. Our partnership with the Isle of Wight NHS Trust was extended in October 2020 when we were chosen to support the community health services. This opportunity will further enable our Trusts to work together, sharing ideas and supporting one another for the benefit of local people. In 2020/21, we also formed a promising partnership with Southampton Football Club and Saints Foundation to launch a range of health-focused initiatives. You can read more about the work we undertake in partnership throughout this report.

We look to 2021/22 with hope and optimism. At the time of writing, we are beginning to think about what beyond the pandemic looks like for us in Solent. In this piece of work, it is important that we reflect on our learning, hold onto the positive difference which have been made to the way in which we work, and listen to the feedback from staff and patients. We will continue to keep learning and improving. Together, we truly aspire to be an outstanding organisation. We look forward to another year, keeping quality at the heart of everything we do.

Sue Harriman
Chief Executive Officer
Date: 14 June 2021

Catherine Mason
Chair
Date: 14 June 2021

During the year, Sue Harriman, our CEO, was asked to undertake a secondment to the national COVID-19 vaccination programme for six months. We are incredibly proud of Sue and her involvement in the programme.

Whilst Sue was on secondment, we reverted to our succession planning with Andrew Strevens stepping into the position of Acting Chief Executive between September 2020- March 2021. We are very grateful to Andrew and the team who ensured that there was continuity of leadership during an incredibly difficult time.

Section 1
Performance Report

Overview

The purpose of this section is to provide a summary of the Trust 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.

Like all NHS organisations, our year has been dominated by our response to the ongoing Level 4 National Emergency (concerning Coronavirus COVID-19). Throughout the report you will see how we have adapted and learnt through this difficult and challenging time.

Consideration of the Going Concern basis can be found within Section 3.

Statement from the Chief Executive

Welcome to our Annual Report and Quality Account for 2020/21. The performance overview provides a summary of how we performed during the year.
When I wrote this statement last, we had entered the first COVID-19 lockdown. In unprecedented times, it was difficult to predict what the 2020/21 financial year would be like for the NHS as a whole and for Solent NHS Trust.

The past 12 months have continued to be incredibly difficult. The pandemic still presents challenges with many continuing to make sacrifices.

I remain incredibly proud of how our people have responded. From those who have been redeployed, colleagues who have adjusted to working from home, to our volunteers; everyone has shown immense resilience and flexibility. Our people have continued to work tirelessly and, despite the challenges, together. Ultimately, to make a difference.

Our strategy remains strong as we deliver great care, create a great place to work and deliver great value for money. This strategy, along with our HEART values, is deep-rooted within Solent and continues to guide us through times of uncertainty.

Throughout the pandemic, we have had to quickly adapt our services; responding to how we provide care to meet the needs of our patients in an environment of national and regional 'lock down' and differential 'tiers'. This meant that at the height of the pandemic waves, we suspended some services. Where this occurred, we ensured emergency access continued to be available and monitored the clinical risks associated with our waiting lists. The suspension of activity means that, like other organisations nationally, many of our services now have larger waiting lists and longer waiting times. We continue to monitor these to ensure we have oversight. However, the effects of COVID-19 on waiting lists will likely be with us for some time.

Whilst changes to the national guidance meant that the 'Friends and Family test' (a way of collecting honest feedback) was suspended for a portion of the year, our results prior to the changes (between November 2020 and February 2021) demonstrate that the people we care for, their carers and families, continue to tell us how successful we are in shaping the care and the services they require. 94.6% of people recommend Solent as a place to receive treatment for community services and 91.8% for mental health services. This is testament to the way in which people in our teams have adapted to continue to provide great care in different ways.

Organisational performance and patient outcomes have strong links with employee engagement. Creating a great place to work, where people can be at their best, is at the heart of our strategy. Listening to the people who work in Solent is key to creating an environment in which people feel motivated and able to deliver. We have a range of listening and engagement practices in place, including staff stories at Board, Board to floor, Resource Groups, Schwartz rounds and the annual NHS Staff Survey – all of which have continued to operate throughout the pandemic via innovative digital ways. I am delighted that we have again scored amongst the best, when compared with other combined community and mental health/learning disability Trusts, in the NHS Staff Survey.

Whilst the results demonstrate that we continue to build a positive working environment, there is still more to do. The survey highlights some areas which need attention. You can read the detail around our 2020 NHS Staff Survey results, as well as our areas for improvement later in this report.

Diversity and inclusion remains a top priority for us. During the year, given national and internal events, we have focused our efforts to create a culture where everyone counts, where discrimination has no place and where everyone feels they belong – and in particular to improve the experience of people from black, asian and minority ethnic backgrounds.
We have continued to strengthen our diversity resource groups, including networks for DisAbility, LGBT+ Allies, Multi-Faith and BAME staff. We have also formed a WRES Taskforce Group who lead the implementation of a WRES action plan; focusing on the recruitment of people from black, asian and minority ethnic backgrounds, as well as the career opportunities and pathways.
Throughout the year, we monitor key performance indicators to further understand workforce challenges. During 2020/21, these indicators have provided us with good insight into the impact of the pandemic.

Due to COVID-19, and the need to support our four large-scale vaccination centres with additional staffing, we have seen a higher than target spend on agency staff. To help reduce the cost of agency, we have robust processes in place to authorise the costliest 'off-framework' requests. Our bank utilisation over the past year has increased, demonstrating our protocol to fill with in-house temporary staffing options before going to agency.

Our staff sickness target was 4%, which we believe is ambitious and appropriate. Although we did not meet this target (averaging 4.8%), given the impact of COVID-19 on sickness, due to people isolating or symptomatic, this is a good average sickness rate for the year.

I am immensely proud, that despite 2020/21 being financially challenging we were able to achieve a small surplus and performed better than our set Control Total Target of breakeven for the sixth year in a row. Our full accounts can be found within Appendix 2.

I hope this Annual Report will enable you to find out more about our successes and challenges. We pride ourselves on not just being a provider of healthcare, but also being part of the wider community. I look forward to 2021/22 with optimism; a year that will have learning at its core - a year in which we will take the positives from pandemic to help us to continue to develop our services, our partnerships and our organisation; making a difference to the people we serve.

Sue Harriman
Chief Executive Officer
Date: 14 June 2021

About us

Who we are

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 £238m for 2020/21. As of 31 March 2021, we employed 6296 clinical and non-clinical members of staff (including part time and bank staff) this equates to 3289 full time equivalents (FTE) who contribute to providing high quality patient care across our local communities. We delivered over 976,000 service user contacts.

What we do

We specialise in providing high quality, best value, community and mental health services.

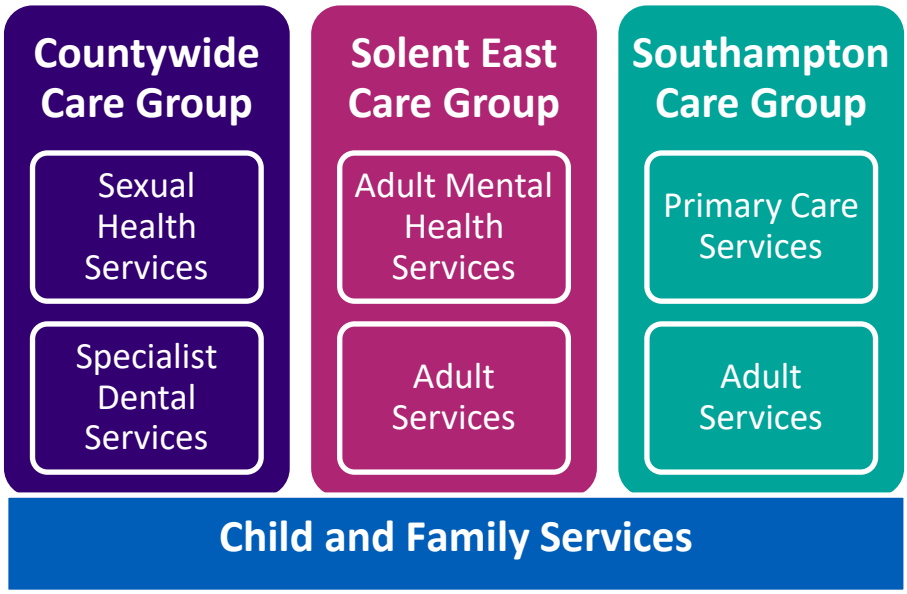
We are the main provider of children and adult community health services in Portsmouth and Southampton and the main provider of adult mental health services in Portsmouth. We also provide a number of pan-Hampshire specialist services including sexual health and specialist dentistry, and also provide these on the Isle of Wight, as well as 0-19, immunisation and vaccination services on the island.

We are proud to have been chosen as the strategic mental health and community services partner to work alongside the Isle of Wight NHS Trust to positively transform services, ensuring their sustainability, for the benefit of local people, and to enable us to learn from each other. The partnership is a great opportunity for both organisations, in line with the NHS Long Term Plan, to

make a difference by focusing on providing care out of hospital, keeping people safe, well and independent at, or close to, home. The Isle of Wight NHS Trust continue to provide and be responsible for mental health and community services on the island. 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.

Significantly during the year we lead the mobilisation and operationalisation of the COVID-19 Vaccination Centres across Hampshire and the Isle of Wight (IOW), we have also launched the High Intensity Service across the SE Region, supporting veterans and their families.

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, service we can. The following diagram illustrates our Care Group Structure:



We are commissioned by NHS England, Clinical Commissioning Groups and Local Authorities in Southampton, Portsmouth, Hampshire and the IOW. 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. The IOW, with its population of over 140,000 has a significant proportion of older residents, and smaller population of economically active adults compared to the South East and national averages. The Island, like our cities also has challenges of deprivation.

Our Services

Primary care

We provide GP services and homeless healthcare in Southampton, as well as specialist services in Southampton and Portsmouth.

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

Our Surgery based in Southampton consist of three branch locations including:

- Nicholstown Surgery at the Royal South Hants Hospital
- The Solent Surgery in Portswood and
- Adelaide Surgery at the Adelaide Health Centre

Adults Southampton

We provide community, nursing, therapy and specialist services to adults in Southampton.

We also provide inpatient services at the Royal South Hants Hospital and the Western Community Hospital, which include:

- The Kite Unit - A Neuropsychiatric Rehabilitation Service for people aged 18 and over who have experienced a brain injury and whose impairments are largely in the cognitive, behavioural or mental health spectrum.
- Snowdon ward – A 14 bed ward which specialises in the treatment of adults with physical and cognitive limitations following a recent neurological event or a long-term neurological condition.
- Lower Brambles and Fanshawe – Two inpatient wards for adults who have been receiving rehabilitation from the community or acute sector, and who are in need of both therapy and nursing support.

Specialist Dentistry Services

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

Child & Family

We provide a range of community-based nursing, therapy and mental health services to children and their families across Hampshire and the Isle of Wight.

Our children's services aim to improve outcomes for children and their families by delivering well-led, safe, effective, caring, and responsive services.

They contribute to positive outcomes in areas such as:

- an individual's physical health
- an individual's psychological wellbeing
- an individual's adaptation to permanent or long-term differences
- the health of the populations we serve

Mental Health

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

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

For patients who live outside of Portsmouth, please visit the Southern Health NHS Foundation Trust website.

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

Sexual Health Services

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

- Sexually Transmitted Infection (STI) testing and treatment
- Emergency contraception and contraception including injection, implant and coils
- Pregnancy testing and unplanned pregnancy services (BPAS)
- HIV testing, treatment and care
- Under 25's Chlamydia testing and treatment
- Psychosexual counselling
- Vasectomy services (only in Hampshire, Portsmouth and Southampton). For services on the Isle of Wight please visit MSI UK Reproductive Choices
- 1 to 1 support

We also provide a variety of online services for appointments, at home STI test kits and condoms.
You can find more information via www.letstalkaboutit.nhs.uk/about-us

Adults Portsmouth

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

- Jubilee House - a 25 bed ward for adults aged 18 or over who are deemed to require a continuing healthcare assessment and who are in the last stages of life
- Spinnaker Ward – a 16 bed ward for inpatient rehab for patients with complex physical disability at St Mary's Hospital Campus

Our vision and goals

Our Story – why we exist

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

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.

We know our vision is ambitious, but we have excellent foundations. Our organisational priorities and quality goals are how we:

- Provide great care
- Be a great place to work
- Deliver great value for money

Our values

Our shared HEART values support the development of a strong working culture. They breathe life into our organisation – 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 employees to work, whilst ensuring we provide the highest quality of care to the people who use our services.

How we work together as a values-based organisation

Our values create the foundation for everything we do – for our employees and people in our communities.

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 draws our values into all that we do, creating a great place to work and a great experience for our service users.

2020/21 - The year in review

Coronavirus COVID- 19 and responding to the national pandemic

Like all NHS organisations, our focus for the last year has been responding to the National Emergency concerning Coronavirus COVID-19. This unprecedented and ongoing situation has resulted in not only an organisational, but a system wide response.

We have had to quickly adapt our services, flexing how we provide care to meet the needs of our patients in an environment of national and regional 'lock down' and differential 'tiers'. This meant that at the height of the pandemic waves, we suspended some services. Where this occurred, we ensured emergency access continued to be available and monitored the clinical risks associated with our waiting lists. We reference pandemic and waiting list management as being significant issues for us within the Annual Governance Statement.

Throughout the pandemic we have continued to learn from our experiences. Via our Academy of Research and Improvement we have formally evaluated and analysed the changes we have made. We have also collected stories from colleagues, patients and our community, as well as establishing tools for our staff to use in order to support the planning and delivery of services in the near future.

You can read more about our COVID-19 learning and evaluation via our Academy website and by clicking on the image.

You can also read how each of our services have responded and adapted within the Great Care section of this report.

To ensure we manage risk, stringent internal governance checks and balances continue to be implemented which has included the establishment of enhanced Quality Impact Assessments concerning service and process changes. An Ethics Panel was also created to consider the complex balancing of duties and sometimes difficult decision making required during the pandemic. Decisions we have made have been fully documented in line with national guidance.

Our NHS Heroes – our staff

Throughout the ongoing pandemic, our people have continued to demonstrate stoic resilience and commitment to our patients and the wider NHS. We are immensely proud of every single member of Team Solent, their contribution and how so many have gone 'above and beyond'.

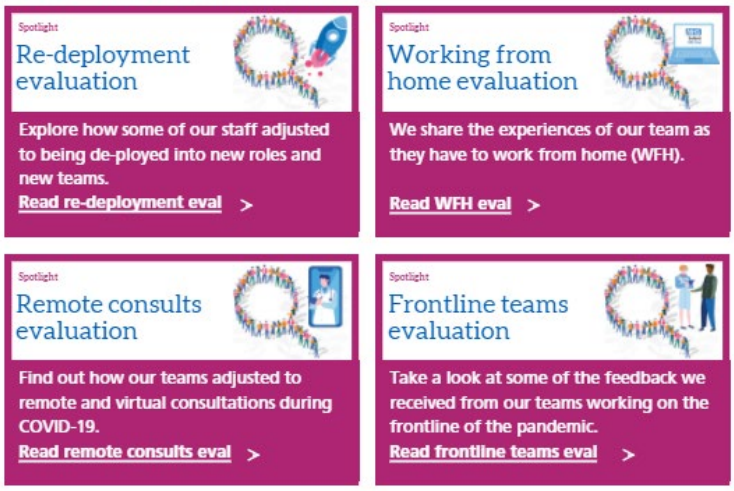
We have had to mobilise our workforce into different roles, as operationally needed, with some needing to retrain and adapt to new working environments: including for some, working at home. This, we recognise, has been incredibly challenging, with many having to make personal sacrifices, balancing work and family life. Sadly, some of our colleagues have been affected by COVID-19, either personally falling ill, and in some cases continuing to suffer Long-COVID effects, or, a family member has fallen sick. Supporting our people and their wellbeing continues to be of paramount importance to us. You can read more about our wellbeing offers within the 'Great Place to Work (Staff Report) section.

You can also learn more about our people's experiences via the 'Solent Voices' section on our Academy including blogs from our staff and a short video.

Click on the icon below to access the site.

Click here

Take a look at our Rapid Evaluation findings:



Click on the icon to access our rapid evaluation findings on:

Click here

- Re-deployment
- Working from home
- Remote consultations, and
- Our frontline teams

Whole system response and emergency preparedness

Obviously, this year has been very different for all NHS organisations. In order to facilitate our response to the pandemic we immediately formed our incident co-ordination using an internal 'Gold command' structure. This enabled all services and staff to continue to escalate any service and care delivery issues, receive information from the wider healthcare system and the local resilience forum to cascade to staff and the public. In line with all NHS services and departments, continuation of Gold command and control procedures has resulted in significant pressure on those involved. However, we have continued to adapt the frequency of the meetings with the virus demands, minimising the impact on staff involved.

We have continued to follow the EPRR principles and guidance throughout the different phases of the pandemic. We continued working in partnership and provided mutual aid through supplies and staffing.

Our preparations for a possible 'no deal' Brexit scenario were suspended in January 2020 when the UK agreed to continue to remain under the EU trade agreements until 31 December 2020. We later recommenced planning for a possible end to the transition arrangements, should these result in disruption to supplies or staffing. We were however well prepared for this potential scenario which formed part of our annual winter planning and resilience process.

It is difficult to anticipate accurately the impact of COVID-19 for the remainder of 2020/21 however, we are confident based on our response to date, that we will be able to continue to adapt and flex as challenges arise and we are particularly cognisant going into the next Winter period.

Principle risks and uncertainties facing the organisation

The ongoing pandemic

Whilst, like in previous years, our aim has been to maintain service quality and sustaining financial recovery, this year has been particularly challenging due to the impact of the national pandemic. Consequently, our waiting times in some of our services have been adversely impacted as a result of needing to adjust and suspend some of our service offers and redeploy our resources. As part of our service recovery plans we have actively recruited an additional 200 staff in Quarter 4 2020/21, which will have a financial impact in 2021/22.
There are risks and uncertainty as we move into 2021/22; particularly regarding supporting the national COVID-19 vaccination programme and the impact this will have on our ability to provide and sustain levels of services as we redistribute our workforce to enable this programme, as well as the relentless toll responding to further waves of the pandemic is having on our people.

Our strategic risks

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

Funding and financial pressures

The national emergency has meant that the basis of revenue received during the year has radically altered, with the basis for FY2020/221being largely block based funding with additional support for COVID-19 and other pressures. This basis will continue for the first half (H1) of FY2021/22 with the funding basis for the second half (H2) of the year being confirmed during H1. Whilst it has been extremely difficult to plan throughout the year, the Trust has delivered a £0.1m adjusted surplus in FY2020/21.

Traditional planning and contractual discussions continue to be paused, and instead the focus has been on system recovery and restoration (following the second pandemic wave) whilst balancing business as usual, responding to subsequent waves, and, supporting the vaccination programme. Contractual discussions are expected to resume during quarter 2 2021/22 in line with the proposed new funding model of paying for services delivered via a fixed value to cover costs and variable value linked to activity. This model should help address the new cost pressures of delivering services post COVID-19, with appropriate funding flowing.

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

As part of our internal financial governance response to the pandemic, we consciously increased the level of financial control risk we are willing to tolerate to enable the swifter payment to our suppliers. This included increasing the tolerance for 3 way matching between Purchase Orders (PO), goods received and invoices.

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 expected in any organisation.

The deficits were incurred in 2014/15, 2015/16 and 2016/17 and as at 31 March 2021, the cumulative deficit stands at £6.4m. The deficits were funded by Department of Health loans with differing repayment dates and in 2020/21 the loans of £9.1m were transferred into Public Dividend Capital.

The future

We acknowledge that the future shape of services for Solent, as they 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 the HIOW ICS footprint. The Department of Health and Social Care's legislative proposals for a Health and Care Bill will undoubtedly have an impact and bring uncertainty in the absence of further guidance of how changes will operate in practice, particularly regarding ICS accountability and financial arrangements and the challenges this will bring to sovereign organisations and their respective Boards. We are committed to collaborative

working between organisations at a system level and are taking an active lead in commencing exciting discussions on co-operation and collaboration.

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, to meet rising demand as well as achieving efficiencies ensuring a sustainable health and care environment. We have learnt much, as an organisation, and as a system in response to the pandemic. Change and transformation can happen at pace when everyone works on a collective goal – this has been proven.

Whilst our front-line services will predominantly remain the same, it is likely that, in the future, we will increasingly be providing these via integrated models with our key partners in place based settings within our Integrated Health and Care Partnership geographies. Services and pathways will be innovative, will be supported by digital advancements and enablers, and will undoubtedly be underpinned by new contractual and governance arrangements.

We also know that during times of change we are open to risk. These include risks concerning ensuring we can 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 or complacent.

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

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

Going Concern

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

Great care

Providing great care

People who use our services will say that their care is personalised, based on their needs and priorities, designed by them and delivered with respect and kindness.

They will experience quality care that is safe, evidence based and responsive.

We are open and honest and we listen and learn with our service users, family members and carers to ensure continual improvement.

We work with our local communities to deeply understand, respect and respond to their diverse needs and tackle barriers to inclusion.

Our learning and improvement is supported by our Solent Research & Improvement Academy with strong service user leadership and participation.

Working differently and adapting to COVID-19

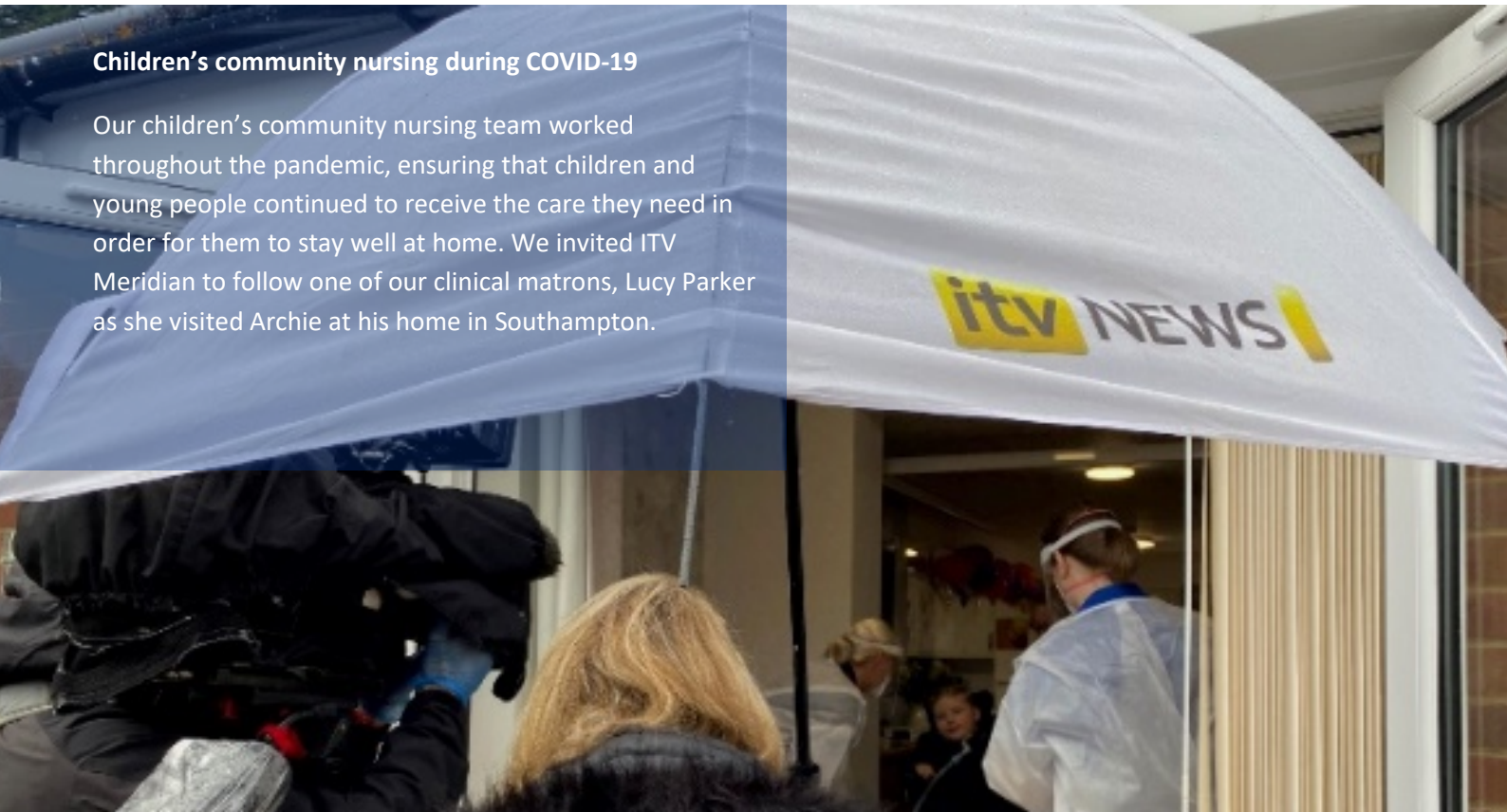
Since the start of the pandemic, we worked to showcased how our services were adapting quickly and effectively for the benefit of service users. A wide range of patient and staff stories appeared across key TV, radio, print and online channels. One report from ITV Meridian (pictured), featured our integrated Learning Disability service and the Art Invisible group talking about art, lockdown friendship and digital communications. Service users Cassie, Josh and Danny shared their story, on BBC Radio 4's Inside Health series, highlighting the work of physiotherapist, Matt Arding, in helping COVID-19 patient, Ros, undergo intensive rehab treatment so she could return home.

Our Queens Nurses

We are so proud to have colleagues working with us who have been awarded the prestigious title of Queens Nurse. Lucy Parker, Children's Community Nursing Clinical Matron and Angela Anderson, Associate Nurse Director (pictured) were given the award by the Queen's Nursing Institute for demonstrating a high level of commitment to patient care and nursing practice. Both Lucy and Angela formally received their title at an on-line awards ceremony on 30 September 2020.

"I'm incredibly proud that two Solent nurses have been given this huge honour by The Queen's Nurse Institute who shine a light on the value of community nursing – a largely unseen profession which helps people to remain at home and out of hospital. Only a small number of nurses, from across the country, receive this award every year. It really is a mark of professional excellence and inspirational nursing. Lucy and Angela's commitment and passion for nursing really shines through. Lucy brings joy to the families she works with and her care and compassion for children and young people is evident in everything she does. Angela, who has a long career in children's nursing, provides outstanding nursing leadership and is a fabulous role model to other nurses in our Trust. They both make a huge difference! We are really lucky to have them working with us in Solent NHS Trust".

Chief Nurse, Jackie Ardley



Children's community nursing during COVID-19

Our children's community nursing team worked throughout the pandemic, ensuring that children and young people continued to receive the care they need in order for them to stay well at home. We invited ITV Meridian to follow one of our clinical matrons, Lucy Parker as she visited Archie at his home in Southampton.

How our services responded to the Pandemic

It's hard to convey the significance of the COVID-19 pandemic. For us, like the NHS at large, the changes were rapid, substantial and continual. Some services were paused, some continued with significant changes and new services were created; all of which happened almost overnight. At its core the changes that were made were about people – our staff and those within our care.
In Appendix 1 you can read reflections from our clinical service teams as well as our corporate colleagues, without whom we would not be able to provide front line care.

In line with our HEART values, we asked our colleagues to be honest, to capture how they felt. Some of these reflections are sadly negative, and 'hold the mirror' up to us as an organisation – this, together with our staff survey results act as insight and intelligence into our people, what's important to them and emphasise the importance of ensuring we continue to listen and engage.

You can read more about our learning and evaluation of the pandemic via our Academy and of Research and Improvement. Click on the icon to access our findings and find out more within Appendix 1.

We have also compiled a short video of what we have learnt during the pandemic – you can access this by clicking on the image below.

Combatting COVID-19 in our Community

Sally-Ann's Redeployment Story – Summer 2020 (during Wave 1 of the pandemic)

During times of uncertainty, extraordinary people can make extraordinary things happen. Nationwide, nurses, doctors, carers, GPs and other healthcare and key workers have re-trained, re-deployed, volunteered and have even come out of retirement to join the effort to help tackle the coronavirus pandemic, and it's no different at Solent.
Our teams of diverse and skilled employees continue to come together, putting themselves on the front line to help the people in our communities throughout Hampshire.

For many, joining this fight is a matter of duty, and for others like Sally-Ann, it's a deeply personal desire to help in any way they can.

Sally-Ann Belward is a trained physiotherapist and Solent's Clinical Lead for Falls Prevention, mostly working with balance problems, treating vertigo and supporting people to stay independent at home. But, at the outbreak of COVID-19, she was one of the first who opted to volunteer her skills and compassion to the cause.

"My usual role means working with older people and I had an inkling that redeployment might be on the cards, it was happening around the Trust. When the request came through, I had such a strong feeling; I knew I had to do something. I don't have any dependents or vulnerable people at home, so my choice wasn't going to impact on anyone else. I was also supposed to be on annual leave the first week, but the holiday had been cancelled - I could be available without having to cancel any patients."

Sally is now working at a testing site in Southampton, as NHS Trusts work together against COVID-19. Here, she is testing the public, staff and their families for the disease, sometimes swabbing colleagues - people with whom she has a personal connection.

"We were provided with training from Solent's Infection Prevention Team and have been supplied with personal protective equipment (PPE) by University Hospitals Southampton NHS Foundation Trust (UHS). Initially, I undertook the supporting role, observing other staff.

"To me this feels very close to home. I have tested family members of people that I know and work with and I'm recognising more and more people as time goes on."

"We work in teams of two so we can rotate and change our PPE. At first, we were mostly testing adults and were unsure when we were going to be testing children. The Children's Hospital used to send a paediatric nurse to take the swab, but now we have developed the competence to swab them ourselves. One boy needed a test in order to proceed with his cancer treatment - I prayed for him when I was back home.

"We have found that we can be a break in the day for people and families in isolation, so we try our best to maintain a cheery disposition and put on a friendly face. Despite the fact these tests can often be quite upsetting, people still share their thanks. It is very humbling to experience the gratitude of these people. They are desperate to be back at work so they can help their colleagues who might be struggling without them.

"It's hard work, and I am exhausted at the end of the day. When I finally arrive home, I put everything in the washing machine, take a shower and then lie down, ready to do it all over again when I'm needed. Despite the long days, the tears from patients and the sore hands from relentless hand washing, I'm grateful that I'm able to make a difference by carrying out this work. Everyone is giving up so much and I feel privileged to be part of the Solent team, working together with other organisations, to help with this battle.

"The whole of the NHS is adapting to whatever is needed in these challenging times. I am merely a cog in the system. One tiny part of a large and diverse health service, working amongst those in intensive care and on the COVID wards; the nurses providing round the clock care, and the respiratory physios who are working to aid lung function. As each of us plays our role, we can be proud to say we are part of the NHS."

Since publishing, Sally-Ann has now returned back to her usual role as a physiotherapist and is enjoying getting back into a 'normal' routine.

Many of our staff were redeployed during the first and subsequent pandemic waves to support the front line.

How can the BAME population even begin to address the issue of health inequalities if we refuse to be vaccinated even though we have an equal opportunity to do so? There is lots of credible and accessible information out there for us to be able to gather trusted information so that we can make informed choices and decisions.

Ophelia Matthias, Communications and Engagement Officer at Solent NHS Trust

COVID-19 Vaccination Programme

We were delighted, in mid-November, to be approached to be lead provider for the creation and mobilisation of COVID-19 vaccination centres across the HIOW region. Whilst this created challenges, this was a great accolade for us.

We rapidly established a Programme Board under the oversight of a Senior Responsible Officer (David Noyes, our Chief Operating Officer for Southampton and County Services and EPPR lead) and identified a number of physical locations to deploy vaccinations from.

We opened the first site at Oakley Road (CCG Offices) in Southampton on 4 January 2021 initially as a Hospital Hub, to vaccinate our own staff, Southern NHS Foundation Trust, Sussex Partnerships and social care staff. We then opened as a wider vaccination centre for the general public on 26 January 2021 complimenting vaccination provisions at GP-led and hospital services within the region.

I want to do everything I can to keep providing care safely, and that's why I felt it was vitally important to take the vaccine.

Abigail Bartlett, Rehabilitation Assistant , Community Neuro Rehab Team at Solent NHS Trust

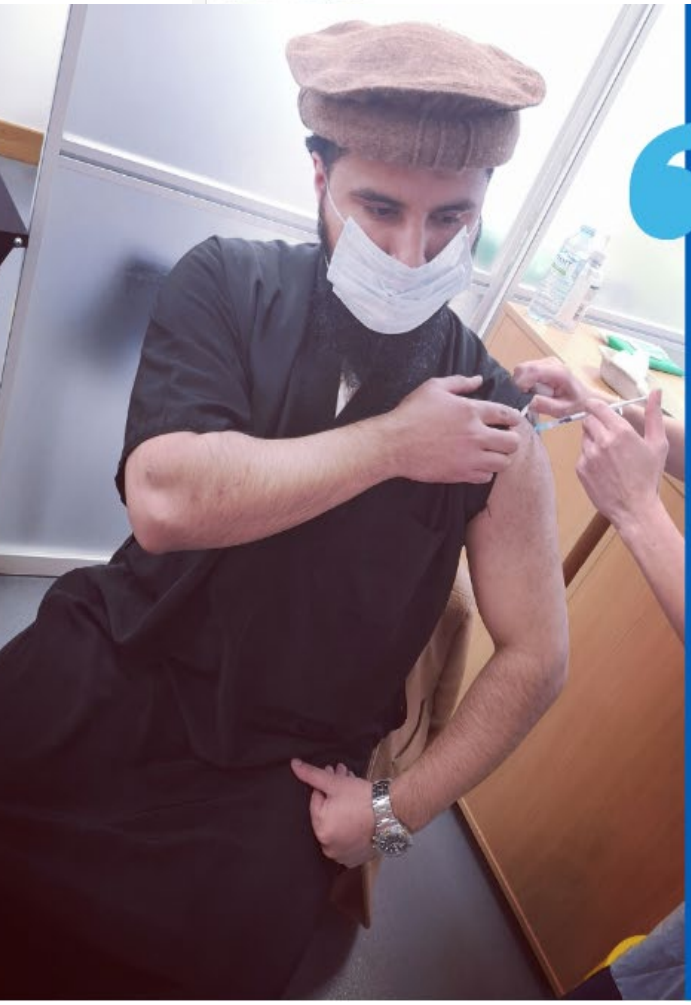
Our centres in Portsmouth, the IOW and Basingstoke then opened 1 February 2021. Vaccinations are offered to people in line with recommendations from the Independent Joint Committee for Vaccinations and Immunisations.

I would strongly encourage everyone to take the opportunity to receive the vaccine when it is available to them.

Doctor Uma Rani Padmanabhi, Child and Adolescent Mental Health Services (CAMHS), Solent NHS Trust

Dr Dan Baylis, our Chief Medical Officer said, on 26 January 2021, “The opening of the centre in Millbrook to the public, which is just one of the four public vaccination centres we will be running across Hampshire and Isle of Wight, is another step towards coming out of the pandemic. Staff at the centre are capable of delivering thousands of life-saving jabs each week. I’m really proud to be part of an NHS community, full of people working really hard to offer vaccines, at the same time as providing care for vital services”.

We worked with local, regional, national and international media to arrange pre-recorded interviews with key colleagues, patients and volunteers, and live interviews on the launch days. The interviews at Basingstoke Fire Station in particular, underpinned the brilliant collaboration and mutual aid work between Solent and the firefighters who were being trained and deployed as vaccinators. The print, online, radio and TV reports, reached millions across the UK and beyond.



I want to send a loud and clear message to my community, the vaccine is permissible, the permissibility of taking medicine or a vaccine to repel an existing disease or prevent an expected one is a matter of consensus amongst the Islamic scholars. The vaccine does not lead to change in the DNA or future genetic changes. As Muslims we believe Allah is the ultimate healer but we are encouraged to do our best to preserve the gift of life, saving lives is an act of worship.

Muhammad Ali Tanveer, Imam at Southampton Medina Mosque

Ndakanzwa kufara mumoyo mangu kuti kubaiwa kwangu kuchashandura upenyu hwangu nehwevamwe pasi rose.

"I was like wow this is going to change not only my life but those of others and the world."

Kuda Mangwende, Early Intervention for Psychosis at Solent NHS Trust

For me having the vaccine is all about safety and having love for my community.

Doreen Roots, PRRT IC Rapid Response Team at Solent NHS Trust

SIREN Study

We began participation in the SIREN (Public Health England) study last summer with the aim of seeing if healthcare workers who became COVID-19 positive had a protective effect against future re-infection of the virus. Over 80 employees were swabbed and had blood tests every fortnight to check for new COVID-19 infections as well as the presence of antibodies, which suggest people have been infected before.

Sarah Williams - Associate Director for Research and Improvement

"We are really proud to have played a part in this significant study which is forging new territory in scientific research. Although the study is ongoing, its overall findings will vitally help in understanding future re-infection of COVID-19 and developing ways in which that can be minimised where at all possible".

"Our Academy of Research and Improvement has a strong and enviable track record in its innovative and pioneering work to improve the health and wellbeing of all. Our contribution to the SIREN study, along with other NHS and public health partners, is a fantastic example of working together to determine how this virus behaves so we can all respond effectively to save as many lives as possible from this awful disease. We urge everyone to continue following the government guidelines, especially Hands, Face, Space".
Chief Medical Officer, Dan Baylis

You can read more about our involvement and work undertaken by our Academy of Research and Improvement at www.academy.solent.nhs.uk

Dr Kayode Osanaiye
Consultant in Old Age Psychiatry and Clinical Director for Adult Mental Health Services, Solent NHS Trust

"I would encourage others to have the vaccine particularly those from the BAME community who may have some reservation about doing so. I am aware that some Christians, and people of other faiths, may have reservations but as a practicing Christian I know that the Bible does not disapprove of using medicine to accomplish healing. So I would like to encourage people to have the vaccine to help them and others to keep well and safe."

Working with our partners

We know that working in partnership is key to providing Great Care -we can't operate in isolation.

We have a range of existing strategic partnerships that have been well established for some time. These help us to provide seamless integrated care pathways for our service users. Boundaries between the NHS and the commercial sector have been brought much closer together because of the global pandemic. There is a recognition that there are range of opportunities to share resources, develop volunteering opportunities and work collectively for the health and wellbeing of the populations we serve.

As well as traditional partnerships with our NHS sector colleagues and in accordance with our ICS and ICPs developments, we have been exploring more formal relationships with our academic institutions. Initial opportunities around sharing estates, developing people, building on research and joint commercial opportunities are being explored. We have also been talking to our Local Enterprise Partnerships (LEP's) as they refresh their commercial strategy to put health and wellbeing at the centre of their planning process.

Hampshire and Isle of Wight Integrated Care Systems (HIOW ICS)

The HIOW system was granted ICS status in December 2020, and inaugural meetings of the ICS Partnership Board and Executive Committee were held in the New Year with new governance structures due to be implemented during the year ahead.

We continue to see the commercial environment evolving and we remain committed to working in collaboration with our health and social care partners within the ICS to deliver the Strategic Delivery Plan (SDP).

The Plan sets out how the local health and care community will deliver the ambitions and commitments set out in the NHS Long Term Plan. It details how together we plan to deliver on the 315 commitments and also how we have prioritised areas that are of particular importance for our population. The Plan describes the ICS strategic objectives, priorities and actions we will collectively take over the coming five years to implement the NHS Long Term Plan (the national transformation strategy) to realise our vision: *'Together, we will be a world class health and care system, enabling people to lead healthy and independent lives'.*

The Plan is developed around a set of programmes that complement each other to deliver the quality of care we aspire to within the financial envelope available**.**

The major programmes are as follows:

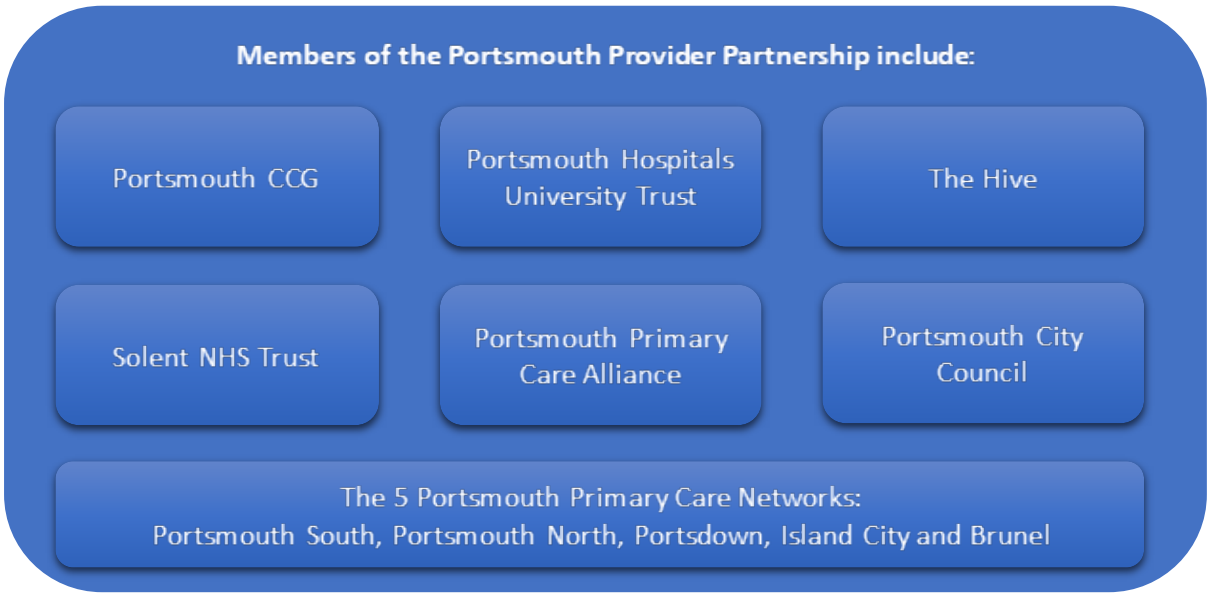
- A radical approach to **prevention** - contributing to the improved health and wellbeing of our population and positively impacting the wider determinants of health. This will in turn contribute to the reduction in growth of activity in A&E, emergency admissions and ongoing care costs particularly for some long-term conditions
- Implementing a new **integrated care model** delivered through the 42 Primary Care Networks to reduce the amount of time people spend in hospital
- An **urgent and emergency care** programme to suppress the forecast growth of A&E through better utilisation and integration
- The development of **networked clinical services** enabling providers to work more efficiently and effectively across organisations, as well as improving access to **cancer diagnosis and treatment**, as well as **transforming outpatient pathways**
- Improved **quality and outcomes** by establishing a Quality Alliance and delivering a service specific improvement programmes including a **Mental Health Delivery Plan**
- Improved ability to manage **capacity and demand,** and,
- Better enablement through a range of **workforce initiatives** and **digital transformation**.

The ongoing pandemic has had devastating consequences for the people of Hampshire and the Isle of Wight and has heightened the need for us all to take collective and decisive action.
The foundation of our response has rested in the strength of our partnerships and the extraordinary efforts of our partners across the system.

The spirit of collaboration and mutual support will be central in ensuring the success of the system and its constituent parts, not only in the continued response to the pandemic but in achievement of the wider system plan.

Portsmouth Provider Partnership

The Portsmouth Provider Partnership is the next iteration of the successful virtual Multi-speciality Community provider (MCP) which has been functioning within Portsmouth city. With a continued focus on discharging responsibilities on place based footprints particularly as detailed in the recent white Paper – Integration and Innovation: working together to improve health and social care for all, health and care partners in Portsmouth are in an excellent position to deliver many of the key aspirations of the Long Term Plan.



We have regular touch points with Healthwatch Portsmouth and are looking to expand our coproduction work going forwards through a series of clinical conversations around specific conditions or services.

The Portsmouth Provider Partnership is committed to continued joint working across the system and there is a shared desire to build a strong primary, community and social care service which will be the foundation for the delivery of the Portsmouth Blueprint. This in turn forms part of a wider Portsmouth and SE Hampshire ICP and Hampshire & Isle of Wight ICS.

The partnership has the scope to seek to impact on the whole Health and Care system in Portsmouth City, including the wider determinants of health and wellbeing and in doing so adheres to the following principles. We will:

To date the programme has delivered on a number of key priorities for the local health and care system including the highly successful establishment of an integrated urgent primary care service which has had a significant impact on ED admissions, Ambulance conveyance and appropriate managements of patients in community and primary care. One of our proudest achievement has been the rapid upscaling and mobilisation of our Multi-disciplinary Care Homes Teams, who have been able to offer training and support to all residential and care homes within Portsmouth throughout the pandemic.

Whilst some of our projects have been paused, with partners having to prioritise a response to the pandemic and implementing the vaccination programme the rate of transformation has not slowed with many lessons learnt that can be applied to how we take things forward in the future.

Southampton & South West Hampshire (S&SWH) Integrated Care Partnership (ICP)

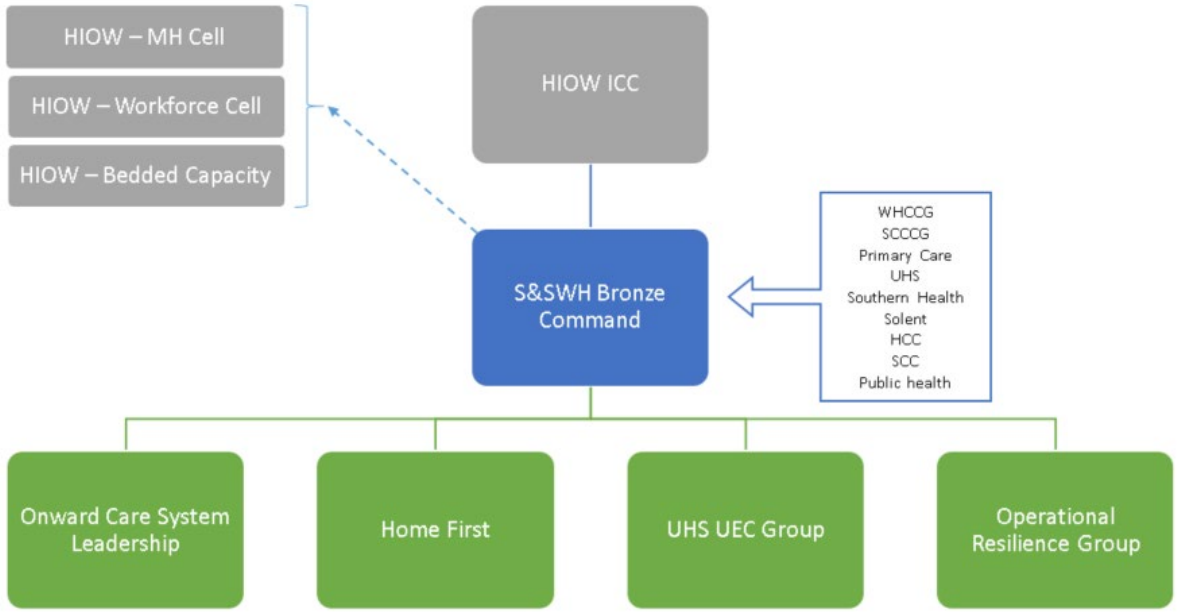
The S&SWH ICP was in its infancy at the start of the pandemic in early 2020 but very quickly came together as a system to ensure a consistent response across the ICP to the challenges of COVID and to enable the collective resources and expertise to work together in support of its population.

There has been a shared set of objectives and deliverables across the geography with a common purpose which has proved to be very effective.

Together we identified key priorities across Primary, Community and Secondary care and we have been able to evidence effective collaboration. Examples include:

- Shared community bed stock management to maximise the use of the existing community beds across Solent & Southern Health NHS Foundation Trust (SHFT), under the banner of '*The best place for the patient regardless of postcode'*.
- Increase in community beds;
    - Repurposing of the Adelaide Health Centre to stand up the capability of up to 72 beds and of the Tannersbrook Wing in the Western Community Hospital to provide capability of up to 25 beds to provide surge capacity
    - An additional 8 beds opened and acceptance criteria flexed at the Royal South Hants to support the discharge pathway from UHS
    - additional beds stood up in existing locations by SHFT in West Hampshire.
- Strengthening of the Urgent Response services across the ICP, additional resources redeployed to create discharge hubs and a move into Crisis Response both for health and social care.
- Move from a medically fit for discharge (MFFD) model (therapy optimised) to a Medically optimised (MOFD) model (therapy ready) which saw patients discharged from hospital earlier than they would have been previously to be cared for at home with higher acuity and care needs.

The Governance model that the ICP works to is illustrated as follows:



Provider Collaboration – "The Triumvirate"

The Three CEOs from Solent, SHFT & University Hospitals Southampton NHS Foundation Trust (UHS) have come together on behalf of their respective Boards to create a provider alliance ("the Triumvirate"). Solent provide operational leadership, SHFT provide nurse leadership and UHS provide medical leadership.

The Triumvirate will	Triumvirate aims	Workstreams	
Act together to **harmonise systems**, optimise collective resources and deliver seamless high-quality care	To develop a sector of the workforce that is able to deliver expert and responsive care out of the acute hospital irrespective of organisational boundaries, that has mobility, capacity and resilience (led by SHFT on behalf of the Triumvirate)	**Emergency Care Village and SDEC** **Home First** **Enhanced Rehab and Bed Strategy**	**Key co-ordination** Unscheduled Care co-ordination • SW Hants Connect Scheduled Care co-ordination • System role
Provide **clear and consistent leadership** across the three provider organisations through the three nominated Directors	Increase the number of patients who receive the next step of their care at home where previously this would have been in ED or another system bed (led by Solent on behalf of the Triumvirate)		**Important Outcomes** • More people supported close to home • Sharing risk & resource across the system • Fewer people attending ED, greater use of SDECs • Shared ownership of elective activity
Design and deliver **integrated models of care**, engaging with wider system partners as required.	Increase the number of patients attending Same Day Emergency Care (SDEC) & Emergency Care Village (ECV) settings who otherwise would have attended ED or another system bed (led by UHS on behalf of the Triumvirate)		**Key Enablers** • Workforce • Governance • Digital • Leadership

Isle of Wight

We provide sexual health, specialist dental services as well as 0-19 year services and vaccinations and immunisations on the island. In late October 2019 we were asked to work alongside the Isle of Wight NHS Trust to positively transform mental health services for the benefit of local people.

This was an exciting new partnership for both organisations and a great opportunity for us, in line with the NHS Long Term Plan, to make a difference by focusing on providing care out of hospital, keeping people safe, well and independent at, or close to, home. Our partnership with the IOW was extended in October 2020 when were chosen to support the community health services on the Isle of Wight. This opportunity, like that with our mental health services, will enable our Trusts to work together, sharing ideas and supporting one another for the benefit of local people.

> "We are excited to be building on our partnership work with the Isle of Wight NHS Trust, sharing best practice and learning for the benefit of all residents on the Island and across the wider Solent region. We have a wealth of experience in providing community services to both children and adults. We believe passionately in a 'Home First' approach which prioritises patient outcomes and experience and keeps people at, or close to, home with their families and loved ones. Solent is committed to supporting Isle of Wight health care, and are looking forward to working with staff and people in the local community"
> **Andrew Strevens, Acting CEO**

Mental health partnership

We have worked together and held several joint events to understand the needs of service users and to identify ways in which services could be enhanced and delivered differently. New models of care will create nurturing inpatient environments as well as ensuring excellent out of hospital care - keeping people at, or close to, home wherever possible.

In accordance with 'No wrong door' the Isle of Wights' strategy for Mental Health and Learning Disability services, we aim to support the island via our partnership to:

- improve access to services
- improve the quality and experience of services
- deliver clinically and financially sustainable mental health and wellbeing services, and
- work with all our partners to make sure people get the support they need

Click on the image to access the strategy.

Community Partnership

We have started to explore areas where we can learn from each other and enhance services – these include; testing and piloting initiatives, working with Primary Care Networks, consideration of our workforce models, as well as supporting the wider enablers such as community engagement and co-production and business intelligence.

The Isle of Wight NHS Trust continues to provide mental health and community services on the island. We look forward to furthering and deepening our partnership during the year ahead.

Southampton FC and Saints Foundation

In December 2020 we formed a promising partnership with Southampton Football Club and Saints Foundation to launch a range of health-focused initiatives. Our colleagues will be working closely with the club to raise awareness amongst fans and wider community of some of the region's key health priorities, with the aim of encouraging people to make sustainable changes that will positively affect their own health. In the summer 2021 we will be launching a mental health campaign with the Foundation, providing support and resources to help men in the Southampton region, particularly within the Saints fanbase.

Click on the icon to find out more.

Click here

Finally, as we head into 2021 and begin planning for the recovery and restoration of our services, partnerships will play a significant part in how we shape our new models care in line with the NHS Long Term Plan. Many of the partnerships already formed have created a solid foundation for us to build on, and the creation of place-based partnerships and provider collaboratives will see the ushering of a new NHS architecture for the provision of care.

Solent Heart Badges

In July, we launched a new way to thank our wonderful colleagues and people in the community for their efforts, help and support during COVID-19. We told the story of Barry Jenkins, one of our security officers at St Mary's and St James' Hospitals, who nominated Dolls House Nursery in Cosham for looking after daughter Ayla during the lockdown. Barry and his wife are both keyworkers and without the nursery they wouldn't have been able to make the additional commitments needed during this time.

The heart is a way of demonstrating a connection and people working together. At the time of writing, almost 1,000 badges had been requested, with many more requests coming in. The story was published in the local media.

The badges have been designed with a rainbow pride of place - a symbol that has become synonymous with the COVID-19 pandemic; started by children, who weren't able to attend school, placing pictures of rainbows in their window.

Lighting Up for Christmas

We designed the Lighting Up for Christmas campaign to recognise and celebrate our people who have made a positive difference to our communities during this difficult year. Our staff had the opportunity to 'nominate' a colleague/patient or member of the public that have played an important role in their lives in 2020.

The rainbow has been a prominent symbol throughout 2020 for the NHS family and beyond. Individual light-up rainbows were used to send out as a thank you to those who have been nominated, with the video clips showing people taking/passing the light to those who they want to celebrate.

Working with our Veterans

Launch of High Intensity Service (HIS)

On 23 November we launched the HIS, in HIOW working in collaboration with our partners.

The pathfinder service for veterans and their families provides access to dedicated mental health and crisis support – including access to the right services to meet their needs during or after the crisis has subsided.

This could be from the Veteran's Mental Health Transition, Intervention and Liaison Service (TILS), or access to a local mental health team, substance misuse team or Armed Forces Charity.

The HIS will be available across Hampshire, Sussex, Kent, Berkshire, Oxford and Buckinghamshire on a phased roll out.

Click on the image to watch a short clip.

Supporting veterans and their families

In October 2020, we worked with NHS England and Breaking Barriers to publicise the, then imminent, publication of a report showing how Solent has worked in collaboration with these organisations over the previous year to study the experience of veterans and their families who require intensive health care services.

Then in mid-October, another release was issued to underline how that report – Trauma in Mind - had been published.

Click on the link to find out more.

Armed Forces Day

In June, Matt Boyle, an army veteran who now works as a wellbeing advisor for the Positive Minds service in Portsmouth, talked about his 24 years' service. Matt described how his father, and he, an army veteran, had serious mental health issues which greatly impacted on him as a child, staying with him and eventually influencing Matt's choice to access mental health support when he knew he needed it. His story was published across our social media channels and in the Portsmouth News and BBC Radio Solent.

Working with our community

We are committed to involving people, from the diverse communities we serve, in the development of the Trust and our services. On the following pages you can read how we have engaged our community.

Alongside Communities – the Solent approach to engagement and inclusion.

In October we published Alongside Communities – the Solent approach to engagement and inclusion. This describes our ambitions to improve health and reduce health inequalities by working with people who use our services, their families and carers and local communities. The pandemic meant we had to work in a very different way to achieve an understanding of what our community wanted from us, but it also highlighted the exceptional strength of local communities to respond to the needs of people in a crisis. We reached out to individuals and groups in Portsmouth, Southampton and Hampshire as well as further afield. Together we wrote our approach based on the strengths of local communities. We have since continued to work with our communities, to develop a plan which will drive the changes we need to make. By focussing on three key areas, people participation, community engagement and health equality we shall extend and expand our relationships with individuals and groups we serve, putting the voice of local people at the centre of everything we do.

Community Partners Programme

Our community partners programme was developed in recognition of the need to better understand the communities we serve. Those communities comprise individuals and groups with extensive experience, knowledge and skills – an asset that we wished to acknowledge and tap into. Starting with less than 40 people, over the last year we have been joined by nearly 200 people and groups, with an estimated reach now of over 10,000 people. Partners include charities and community groups, carers organisations, faith groups and people living with mental ill health to name a few. They are actively involved in a number of groups and projects and are rapidly becoming our “go to” advisers.

Tell Your Story – developing a better understanding people’s experience of using our services

In November 2020 we ran a community-based workshop with patients, families, carers, groups who support them and other health social and care providers. The aim was to create together some new ways of enabling people who use health and social care services to share their experience of care, whether that be great, good or highlighting issues that we need to improve. This resulted in a range of projects which will increase the ways in which people can share their feedback, improving access to those we seldom hear, and developing better ways of providing evidence of acting of that gift of feedback.

Engagement with Health Overview and Scrutiny Forums

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

Southampton (Health and Overview Scrutiny Panel)
July 2020 – Solent's response to the COVID-19 pandemic. This included an update on our plans for reset and recovery and our learning from Wave 1 of the pandemic.

Portsmouth (Health and Overview Scrutiny Panel)
January 2021 - An update on the Trust's COVID-19 response, including the vaccination programme rollout. The update included learning from wave 1 of COVID-19 pandemic.
Solent's role in plans to transform community mental health provision in the city was also shared.

Hampshire (Health and Adult Social Care Select Committee)
July and September 2020: Solent's response to the pandemic was included as part of a wider paper on the COVID-19 NHS response from the Hampshire and Isle of Wight system.
November 2020: A Solent specific update regarding the Trust's response to the pandemic was presented to the committee.

Our volunteers

As a consequence of the pandemic, and needing to reduce and redesign our service offer, our volunteer workforce was significantly depleted. However, we are proud to have re-established our workforce with 185 new volunteer colleagues now active and over 70 prospective volunteers progressing through our enrolment process. This figure is not including the incredible contribution of the hundreds of volunteers who have come to us through other charitable organisations and local NHS Trusts.

We have always been extremely fortunate in being able to call on a number of highly skilled and dedicated volunteers, and recently we have seen the highest enrolment in the Trusts history. Our volunteers, many of whom are from diverse backgrounds, have a range of skillsets and professional backgrounds – for example; Street Pastors, Police Officers, Fireman, Choir members, retired GPs, nurses and warranted officers.

Our colleagues have supported us in a number of different ways and roles including:

Befrienders	Art therapy	Administration
Drivers	Marshalling	Vaccinators
Wellbeing callers	IT	Friends and Family Test /Patient Feedback

Highlights of our volunteer colleagues' activities during 2020-21

We are extremely grateful to our community partners and all who have given their free time and energy in support of the COVID-19 vaccination centres.

Located in Basingstoke, Southampton, Portsmouth and on the Isle of Wight, the four vaccine centres are open to the Public from 8am to 8pm, seven days a week.
The hubs are run by a team of admin staff and clinicians, who are supported by a large team of volunteers covering more than 1,000 shifts a week.
Occasionally our volunteers also support the GP-led vaccine centre at the Royal South Hants Hospital (RSH). The volunteer contribution to Solent's Vaccine programme is phenomenal and critical to the effective operation of the hubs.
The Vaccination Centre volunteer roles are summarised below:

Responsible for signposting people through the site, maintain social distancing and getting feedback from those who have received their vaccination

Helping to signpost and guide people into parking areas and towards the correct hub entrances

Supporting the clinical team in the administration of COVID-19 vaccinations as well as meeting and greeting patients

Comprehensive information for prospective volunteers and details of how to apply are located on our Academy of Research and Improvement website.

Click on the icon to find out more.

We would like to express particular thanks to the voluntary organisations and our partners who have, and continue to support us, including Hive Portsmouth, Basingstoke Voluntary Action, Community Action IW, Southampton Voluntary Services, HANTSAR, SJA and RVS.

Meet Our Volunteers

The faces of our volunteer team

Our volunteers are absolutely crucial to the Solent COVID-19 Vaccination Programme, so we wanted to introduce you to a few of the faces that you may see at one of our Vaccination Centres.

Carolyn Smith and Kate Morris

A mum and daughter team volunteering together at the Riverside Centre. Mum, Carolyn, works part time at Brighstone Landscaping, and Kate is a hairdresser. They started volunteering after hearing from a friend who works in ITU about the impact of the virus, and wanted to do what they could to help

Mark Rooney

Mark owns a number of leisure businesses on the Isle of Wight, including Skates, the indoor roller park and an air soft company. He volunteers as an Outdoor Marshal, and says "I'm loving it, it's so nice to see the happy faces coming out".

Chris Bentley

Chris currently holds two volunteering roles: as a magistrate working with families and at a vaccine centre. Chris has been a magistrate for over 12 years, and she says of the vaccine role: "If you can help this process to a successful conclusion and you're safe enough to do it, why wouldn't you [help out]?".

Mike P

Is retired and loves walking, cycling around Portsmouth every morning and drinking beer. Mike is currently an Outdoor Marshal at the Portsmouth site and he's really looking forward to a post shift pint!

Ruth Spradbury

Volunteers across Southampton and is a recent addition to the Southampton Vaccination team. She's also involved in a joint community food project with Imam Ali.

Imam Muhammad Ali Tanveer

Muhammed Ali Tanveer is the Imam at Southampton Mosque. He has been volunteering at the Southampton Vaccination centre as well as advocating to his community over the safety of the vaccine.

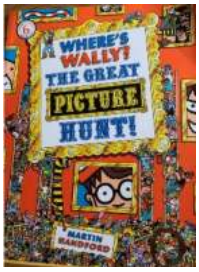
Col Smedley

Col joined as part of the Hampshire Search and Rescue group who are supporting the Vaccination programme. He is volunteering as an Indoor Guide and previous to the vaccine centre, has also been volunteering in Portsmouth at the port/lorry driver testing site.

Sarah Hodnett

Sarah volunteers at the Basingstoke site a couple of times a week and is also a church warden. She is a great lover of hats, and currently owns 55.

We know that visiting restrictions to our inpatient wards has been difficult for our patients. In response, a number of our volunteers made 'comfort stones' enabling family members to write personal messages on the back for their loved ones – these were then delivered to each ward. Patients have also thoroughly enjoyed the games provided and delivered by our volunteers.



During March 2021 a number of volunteers have been busy knitting Easter chicks and putting together easter baskets Each chick will hold a small egg or chocolate (or comfort stone for those who don't eat chocolate) and will be handed out to patients and staff on the wards, by our Trusts Chaplin. The League of Friends at St Marys has kindly donated wool, materials and eggs.

In September 2020 we celebrated National Poetry Day by asking our volunteer colleagues, patients and staff to share their stories via the expression of poetry. Here is an example shared with us.

You've Stuck By Our Side

You have happily stuck by us during times we had it rough.
For this and other kindnesses, we can't thank you enough.
These times have been rough, and other times have been great.
But whenever we need you, you never show up late.
Through thick and thin, you are always there for us.
Yes times have been rough, and times have been great.
But since you stuck with us, I give you my thanks.

Unknown Poet

Debra, one of our volunteer colleagues has continued (when she can) to support Snowdon Ward (our rehabilitation ward for patients with physical and cognitive limitations following a recent neurological event or long-term neurological condition) with Therapy through Art. Here are some examples of the activities Debra has supported patients with:

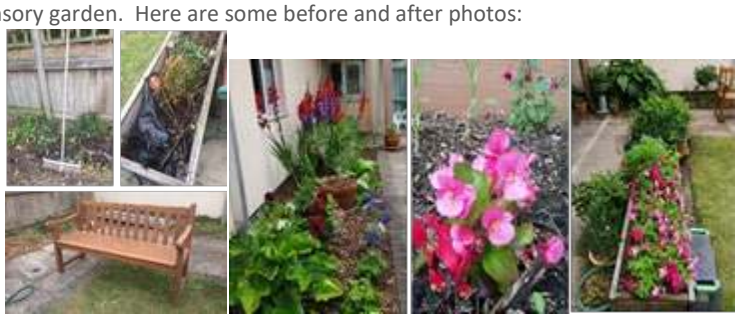
Colour Wheel of Emotions
Aim: To give patients an awareness of the main emotions they feel and in what areas of their lives. This exercise helps patients express themselves through colour and application, with the aim of helping with memory, motor skills and cognition, e.g., putting things into perspective, noticing patterns and bringing their thoughts to the fore.

Self-Love
Aim: This session focuses upon self-love, making simple collage using random images from papers, brochures, catalogues. By learning to love ourselves for who we are, this can promote route to self-acceptance and that of others. For those who are recovering from neurological illnesses or brain injury, it may be crucial to remind them of their positive identity and how valuable they are as individuals.

Self Esteem
Aim: To focus upon the patients' self-esteem through art, to make a collage of things that make them feel good about themselves and also to highlight their positive assets.

Self-Identity
Aim: To look at how patients see the good qualities in themselves despite their injuries. To help the patients connect with their identity and help them realise that they are the same person.

During the year Ray, our volunteer gardener at the Orchards, started to create a sensory garden. Here are some before and after photos:



"It was great to be involved. The team did a wonderful job of looking after me. thank you for the opportunity and I look forward to helping again next week!"
Josie - Volunteer at Oakley Road, Vaccine Centre

Other highlights

Volunteers to Staff - 10 people who joined us as a volunteer have now joined as an apprentice, Bank or substantive members of staff.

Native Language - We know that it is quite hard being in hospital at the best of times let alone during a pandemic. Our volunteers and the community have been offering their time and donating puzzles/games/books/talking books to patients where English is not their first language (Polish, Romanian, Chinese, Panjabi, Arabic etc) to help those patients feel more at home.

Entertainment - 'Fine Voice Academy' provided three outdoor concerts (socially distancing) in the gardens of The Limes and Jubilee House. Listening to their amazing voices was very emotional and brought a lot of happiness to all those who could hear them from the garden area. The beautiful choir sang to a 100 year old patient who was bedbound, through the window.

Wellbeing Volunteers for Dementia – In March 2021, the Wellbeing Dementia Programme was launched. Volunteers have kindly been offering their time to call our families living with Dementia. The wellbeing programme includes:

- Supporting families living with Dementia, to listen, support and direct to other services available
- Replicate the connection our families would normally get when they attend the memory café
- Help our families stay connected during these difficult, challenging, and isolating times

Our journey has started with 12 volunteers, from Caraway (a charity based in Southampton) and our Admiral Nurses to undertake wellbeing calls with up to 20 of our families living with dementia.

"I have enjoyed my opportunities to work with the Volunteering team at Solent NHS. The people I have been involved with at Solent NHS have been very enthusiastic, caring and supportive which has helped me achieve a positive and rewarding experience while contributing to improving the wellbeing of patients".
Eddie - Volunteer

Portsmouth News campaign

Our colleagues worked together to produce a range of clinician-led articles alongside service user case studies as part of the Portsmouth News's *There for Each Other* campaign.

Over the ten-week period articles were published in print and online and included two front pages.

Mental health topics covered included: COVID-19 anxiety, bereavement, stress and domestic abuse, and signposted readers to access our resources online and key phone numbers to use.

Time to Shine Day

In August, we held a day of Q&As, cultural dance classes and mindfulness sessions to celebrate the launch of the newly redesigned Shine magazine. The interactive Zoom sessions were really well attended by members of the public and staff, receiving lots of positive feedback, with the hope to repeat a similar event in the future.

#HyggewithSolent

In the autumn, we launched an online interactive half day of talks and activities centred around the Danish concept of cosiness – Hygge. Speakers included those from the voluntary sector, partner organisations and independent companies, all offering practical advice and resources to boost people's mental health through the autumn and winter months.

Annual General Meeting 2020

We held our first ever virtual Annual General Meeting (AGM) on 24 September which was a real success. A press release was issued and promoted widely on external and internal channels.

The Board hosted the hour-long session and technology was used to broadcast live to around 100 people at any one time, the work and successes of the 2019-20 year. A Review of the Year video was planned, scripted and recorded and played as part of the AGM, before Executive colleagues held a live Q&A session. The video files were then made available for those who could not watch live or wanted to re-watch. Feedback was very positive about the delivery and breadth of the AGM.

Nurses: 'I don't know what we would do without them'

The coronavirus pandemic has hit all types of nursing across the UK, with nurses having to adapt how they give care during the crisis.

On International Nurses Day, patients and their families pay tribute to the efforts being made.

Meet community nurse Yvonne Pullin and ward manager Nikki Whyte in Portsmouth, as they explain how things have changed.

BBC News

Our nurses, Yvonne and Nikki, featured on BBC national television news and online on 12 May. Through their powerful stories, Yvonne and Nikki demonstrated the value of community team and how they have adapted to make sure they can continue providing compassionate care during the COVID-19 pandemic. Their stories were also shared through the eyes of patients and families.

How we have used Charitable Funds to enhance the care

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 of service users and staff. 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 2020/21 amounted to £169k.
Examples of how we spent donations include;

- Developing staff and patient garden areas with seating at St James Hospital and Western Community Hospital sites
- Mindfullness interactive and stress busting sessions for staff
- Mental Health resources for patient activities at the Orchards
- Puzzles and drawing books for patients at St Mary's hospital

Donations during the COVID pandemic and NHS Charities Together

During the COVID-19 pandemic we have been offered unprecedented levels of donations. This show of support from the community has been greatly appreciated. All donations have been properly managed and used for the purpose for which they were intended.

We are grateful to everyone who has donated and supported us during this challenging time.

You can read about our volunteer colleagues later in this report.

Harry's 170-mile bike ride
You can read how Harry White, who was inspired by Captain Tom Moore,
raised over £1,200 by cycling over 170 miles, by clicking on the icon below.

Thank you for your donation Harry!

Click here

We would also like to express our thanks for the generous grants we have received via NHS Charities Together, which has enabled us to fund wellbeing gardens at both our Western Community Hospital Campus (Southampton) and St Mary's Hospital Campus (Portsmouth) for our staff and wider community.

When	Donation received	Spent on
During Quarter 1 2020/21	£59,500 – Stage 1 distribution 1 and 2	Staff and patient external seating areas – located at Western Community Hospital, Southampton and St James Campus, Portsmouth
August 2020	£50,000 – Stage 1 distribution 3	Wellness Garden at St Mary's Hospital, Portsmouth
During Quarter 4 2020/21	£50,000 – Second Wave COVID Response Grant	Funding additional response needs in support of staff, volunteers and patients affected by the recent surges in Coronavirus
Application made	Stage 3 – Recovery Grant The purpose of stage 3 grants is to support recovery plans within the NHS Trust and wider community. Funds have been allocated based on the staff headcount of the NHS Trusts each member charity serves. This would mean £88,000 for Solent NHS Charity.	Application made for funds to support our Staff Resource Groups (DisAbility, BAME, LGBTQ+ and Multi Faith). The aim of each group within the Trust is to create an inclusive workplace culture where staff can bring their whole self and where everybody feels that they have a place and their contribution makes a difference.

In year work has been underway to create two garden areas.
Thanks in part to money raised by the late former British Army officer Captain Sir Tom Moore, and in conjunction with NHS Charities Together, the gardens will provide an oasis of tranquillity for health staff where they can eat their lunch, have a coffee break or just take some time out of their busy day.

The gardens at the Western Community Hospital in Southampton and St Mary's Hospital in Portsmouth will be officially opened in the summer.

Our CQC Inspection Results

You can read about our CQC inspection results in the Quality Account, Appendix 2.

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.

Great place to work (Staff Report)

Providing a great place to work

Team working is at our heart; delivering great care is only possible if people feel connected, involved and supported to do their very best work together.

We have a values-based culture where every interaction matters; if we continue to build a great place to work, outcomes and safety for patients will further improve.

Improved people practices and compassionate and inclusive leadership are key to the development of a just and supportive environment, in which people feel safe to speak up and challenge practices

We will continue to ensure our people are liberated through communities of action to simplify, participate and innovate. Innovation and technology will be at the core of our plans to achieve a sustainable workforce.

We nurture a culture of growth and will ensure that all our colleagues benefit from learning, and career development.

Our People

As of 31 March 2021, we employed 6296 clinical and non-clinical members of staff (including part time and bank staff) this equates to 3289 full time equivalents (FTE) who contribute to providing high quality patient care across our local communities. Most of our people are permanently employed in clinical roles and deliver patient care either directly or indirectly. We also employ a number of administrative and estates staff members who provide vital expertise and support.

During financial year 2020/21 we required additional staff to enable us to continue to respond effectively to the requirements of the COVID-19 pandemic plan. We led the implementation of the COVID-19 vaccination programme in Hampshire and IOW and continue to work to restore clinical services to pre-pandemic levels. We received a fantastic response to our recruitment campaigns from our local communities with many indicating a genuine desire to feel part of the COVID-19 effort. We were delighted to welcome 8 new Mental Health Nurses, who joined us during March and April 2021 following a successful international recruitment campaign. We also welcomed 55 staff from the IOW Children's Services following a service transfer to the Solent Team.

The following table provides a breakdown of our Solent NHS Trust team at the end of the year, March 2021.

	Female FTE	Female %	Male FTE	Male %	Total FTE
Admin and Estates	333.30	76.67%	101.40	23.33%	434.70
Director	4.00	60.61%	2.60	39.39%	6.60
Healthcare Assistants and other support staff	958.90	87.88%	132.20	12.12%	1091.10
Managers and senior managers	57.20	66.90%	28.30	33.10%	85.50
Medical and dental	99.80	75.72%	32.00	24.28%	131.80
Nursing and midwives	776.70	92.48%	63.20	7.52%	839.90
Scientific, Therapeutic and Technical	222.40	89.07%	27.30	10.93%	249.70
Allied Health Professionals	381.10	85.14%	66.50	14.86%	447.60
Qualified Ambulance Service Staff	2.50	100.00%	0.00	0.00%	2.50
Total	2835.90	86.21%	453.50	13.79%	3289.40

Our workforce is largely female (86.21%), and this is the predominant gender in all of our staff groups. We publish our Gender Pay Gap report annually (available on our website). The average (mean) hourly rate for our female employees in this organisation is 16.3% lower than for our male employees. However, the median calculation (the average hourly rate at the mid-point for each gender) is only 0.96% lower for females. Our gender pay gap exists largely because we have a greater number of women in the workforce with a higher proportion in our entry level roles. We remain committed to the Equality, Diversity, and Inclusion agenda and to strengthening inclusive people practices across the Trust and will continue to work on reducing gender pay gaps.

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

Average staff numbers during 2020/21 period	Permanent Number	Other Agency Number (inc. bank staff	Total Numbers
Admin and Estates	410.3	53.8	463.5
Director	7		7
Healthcare Assistants and other support staff	1044		1044
Managers and senior managers	79.1		79.1
Medical and dental	129.8	9.6	139.4
Nursing and midwives	801	120.9	921.9
Scientific, Therapeutic and Technical	220.7		220.7
Allied Health Professionals	427.9	9.7	437.6
Qualified Ambulance Service Staff	2.5		2.5
Other	0	46.8	46.8
Total	**3122**	**240.8**	**3362.8**

Employee Benefits - Gross Expenditure (audited)	Permanent £000s	Other Agency £000s	Total £000s
Salaries and wages	118,203	5,783	123,986
Social security costs	10,852	0	10,852
Apprenticeship levy	544	0	544
Employer Contributions to NHS BSA - Pensions Division	21,027	0	21,027
Other Pension costs	52	0	52
Termination benefits	0	0	0
Total Employee benefits	**150,678**	**5,783**	**156,461**
Employee costs capitalised	398	0	398
Gross Employee Benefits excluding capitalised costs	**150,280**	**5,783**	**156,063**

The overall level of vacancies was 2.7% of the total workforce (March 2021) against our target of 5%. Our vacancy rate decreased from 3.3% in April 2020 to 2.7% in March 2021, this is in part because our staff retention rate improved in 2020/21 but also our recruitment campaigns attracted many high-quality applicants in 2020/21. The prestige attributed to being a part of the NHS response to COVID-19 and the stability of working for a local NHS organisation contributed to an exceptional response to our adverts.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Vacancies %	3.3	3.4	2.9	2.0	2.2	2.4	3.6	4.5	5.2	4.7	3.6	2.7

The demand for bank and agency staff increased during 2020/21 as requirement for our services increased, including the establishment of a number of COVID Vaccine Centres. Our own staff needed to take time away from front-line work to shield, recover from COVID-19 and/or self-isolate. The amount of spend on bank and agency was 8.4% of the total pay bill in financial year 2020/21, with Agency spend making up 47.7% of all bank and agency spend. This is reflective of national staffing shortages across a range of professional groups, particularly GPs, Mental Health Nurses, Child & Adolescent Mental Health Therapists, Occupational Therapists, and facilities staff.

The Trust agency spend is above the typical annual ceiling of 3.3M at £6.3 million in 2020/21. Our Solent Trust in house bank team work hard to ensure that agency usage is reduced to the lowest level possible, their efforts have meant that our own bank staff have filled 72 % of temporary staffing requirements across the year (67% 2019/20).

Our staff are our biggest assets – our staff retention programme and our training offer

Throughout the pandemic, our people have continued to demonstrate commitment to our patients and the wider NHS. We have had to mobilise our workforce into different roles, as operationally needed, with some needing to retrain and adapt to new working environments: including for some, working at home. Supporting our people and their wellbeing continues to be of paramount importance to us. You can read more about our wellbeing offers within the Occupational Health and Wellbeing section.

In 2020/21 we have continued to make good progress with our programme to retain our skilled and experienced team. We were pleased that our annual nursing turnover continues to reduce, building on work we undertook in 2018, from 14.1% in March 2020 to 10.2% in March 2021; a reduction of 3.9%. Solent's overall staff turnover in March 2021 was 10.2%. The annual NHS staff turnover percentage for the year to December 2020 was 9.5% NHS workforce statistics - NHS Digital and overall the NHS expanded overall by 4% in 2020.

We have benefited from a number of recent NHS led initiatives to support former NHS staff to return to clinical work, such as a change to the NHS pension scheme rules which enable retired colleagues work with greater flexibility without negatively impacting their pension and we have responded to the needs of our staff by reviewing our working practices to make balancing work and life easier. We have been working with service lines and engaging with groups of staff across the organisation to understand the root causes of staff turnover. We have made progress on our priorities as follows:

- Recruitment – we continued to improve and promote our brand, working across a range of platforms such as NHS Jobs, LinkedIn, Facebook, and Twitter, to connect with a wider range of potential candidates. We commenced an exercise to improve the accessibility of our job opportunities with the involvement of our Resource Groups, Community Engagement Team and this also included working with the Armed Forces community. We successfully recruited 8 Mental Health Nurses from overseas in March and April 2021 and are looking forward to a further 32 FTE General nurses and MH nurses via our International Recruitment programme to arrive during May, June, and July 21. Our vacancy rate in March 2021 was 2.7% which is favourable against our target of 5%.
- The format of our induction programme has changed in response to the challenges presented by the COVID-19 Pandemic in 2020/21. Our Induction programme moved to on-line in March 2020 and is attended by all new starters, normally on their first day of working with us. It is open to permanent staff as well as bank, contractors, and volunteers. The aim of the session is to ensure people feel valued and welcomed into the Trust.
- Flexible working arrangements - we continue to provide flexible working across the organisation wherever we are able to, without impacting patient care. During the COVID-19 pandemic, we have seen a much higher proportion of working from home and have supported our staff to adapt their working patterns to help manage home and work life as schools and local facilities are closed. We are reviewing our policies in relation to flexible working and working from home to recognise the benefits of working differently using our learning from providing our services throughout the pandemic.

- Staying connected and reducing the risk of isolation - We continue to hold regular Videoconferencing Calls (for all staff and bespoke meetings for managers) on a range of topics – including, wellbeing sessions on anxiety, sleep, fatigue, prioritising, remote working, dealing with loss as well as maintaining / developing motivation.
- Investing in our staff – many of our programmes are organised centrally (such as Leading with Heart), and a number are arranged locally, within care groups and services. This allows programmes to be focussed and personal. The Learning and Development clinical education team have supported our vaccination centres with training, competency sign off in addition to working clinical shifts.
    - We have delivered 13 'Leading with Heart' virtual workshops to 85 of our managers which aligns our HEART values with our leadership behaviours.
    - We undertook a major exercise to upskill our staff to facilitate movement of our staff within Solent and across Hampshire & IOW to support the response to COVID-19 with over 800 sessions attended.
    - To support our managers in developing a strengths, feedback, and coaching approach we delivered six virtual workshops to 98 Managers to support development and enhancement of these vitally important people management approaches.
    - We provided our managers with access to support and advice covering good practice for managing virtual meetings as well as the technical side of operating virtual meeting software.
- Supporting our future workforce
    - A rapid introduction of clinical placements for 2nd and 3rd year nursing students was undertaken in April 2020. Solent hosted over 70 nursing students.
    - The Educator in Practice team have restructured the preceptorship programme for newly qualified nurses. Our first cohort successfully graduated in October 2020.
    - The Apprenticeship Team are currently supporting 145 apprentices on 30 different programmes. Some of the non-clinical apprenticeship programmes available are Business and Administration, HR, Procurement, Finance, Estates, Digital Marketing and Management. Clinical apprenticeship programmes include Registered Nurse Degree (Adult, Child, Mental Health and Learning Disabilities), Nursing Associate, Advanced Clinical Practitioner, Occupational Therapy, Associate Practitioner, Senior Healthcare Support Worker and Pharmacy. We are due to commence Podiatry in September 2021 and are currently exploring options for Physiotherapy, Dental and Speech and Language Therapy. 63 apprentices have started so far in 2020-21 with a further 25 due to start before the end of March 2021. In November 2020 the Apprenticeship Team held a virtual award ceremony to celebrate the successes of the apprentices. This was viewed by over 100 staff members across the Trust raising the profile of apprenticeships and the opportunities available.
- Solent NHS Trust won the Solent University Apprentice Employer of the Year Award 2021 and we were equally delighted that a Solent apprentice won the Health Apprentice of the year award. Comments from apprentices who nominated the Trust highlighted the exceptional support given during their apprenticeship programme.
- We have implemented a brand-new learning management system (LMS) during 2020/21 which is accessible to all of our staff and enables easy recording of all learning activity, whether Trust led or self-led.

- Details of our Reward and Recognition can be found in the ‘Celebrating our Staff’ section.

We will continue to focus on staff recruitment and retention as a priority, supported by measures outlined within the NHS People Plan 2020.

Celebrating our Staff

Over the last twelve months, the skill, dedication and commitment of our employees has shone through in the hardest of times the NHS has faced in its history. We have celebrated those across our organisation in many ways. We have continued to recognise people through the Solent Awards, as well as recognising long service. However, in celebration of the enormous contribution of people in Team Solent, during 2020/21, we have undertaken specific recognition activities.

All employees, no matter what their personal and work situation, have continued to deal with significant challenges. There have been a variety of recognition approaches to try and meet as many people's needs as possible. Service lines and teams have undertaken local recognition in addition to the Trust wide activity and social media was used to test recognition ideas. In addition, staff networks were also used as a thought partner to help us to understand what people would appreciate.

Examples of recognition activity in 2020/21 include:

- A letter from the Chief People Officer, Chief Nurse and Chief Executive to children of people who work in Solent to recognise the contribution of our extended family
- A thank you card from the Chief Executive, along with a Costa card, sent to everyone's home at Christmas time
- HEART rainbow badges – a HEART pin badge accompanied by a letter from Sue Harriman, Chief Executive, thanking people for their ongoing contribution during the pandemic
- Community HEART rainbow badges given to Solent employees to gift to those people in the community who have helped them, personally, during the pandemic
- Service line recognition efforts have included cards, gifts, and baking, badges via online presentation and showcase sessions

We have also celebrated the enormous contribution of the people who work at the HEART of Solent through storytelling, including through the mainstream media and our social channels; contributing to our culture of encouraging pride and celebrating the difference people make.

We continue to seek feedback and input from our employees on what means the most to them in terms of recognition. We will continue to do this through online engagement, idea generating platforms, and we will learn from what has been successful during the pandemic.

During the last year we also continued to develop and strengthen our diversity resource groups, including networks for DisAbility, LGBT+ Allies, Multi-Faith and BAME staff. These are forums for staff to share ideas, come together, and to be a driving change, making a difference to employees.

Black History Month

For Black History Month (BHM) numerous blog posts were written and published online from our BAME colleagues as well as some from those who work closely with us. The posts contained personal reflections on life and work.

These insightful and powerful stories were shared on social media channels as well as on staff platforms.

A Zoom session was also held for staff to share what BHM means to them and learn from their lived experiences.

International Nurses Day

On 12 May we celebrated International Nurses Day, which coincided with what would have been the 200th birthday of nursing pioneer, Florence Nightingale. Throughout the day we helped shine a light on all those at Solent who provide care and compassion through the inspiring profession.

To start the celebrations, Chief Nurse, Jackie Ardley and Trust Chaplain, Emma D'aeth visited the grave of Florence to pay their respects, Emma also delivered a heart-warming sermon which was shared throughout the Trust via social media.

Our International Nurses Day conference on 12 May, was held over Zoom to help everyone celebrate and stay connected with each other. Various speakers took the (digital) floor as part of an engaging programme, to reflect and share their stories, along with discussing how recent challenges have shaped the way we work. We also offered teams the opportunity to nominate colleagues to be gifted with a posie of flowers to pay tribute to their dedication. The posies were delivered to the winners throughout the day. We were also the recipient of a generous donation of 200 meals, from MasterChef winner and owner of Lakaz Maman restaurant in Southampton. The meals served as a sign of gratitude to all employees across Solent for their unwavering dedication

We posted a social media video whereby members of the Solent nursing community offered their reflections as to why they love being a nurse, passing a rainbow to each other as a symbol of these challenging times. An additional video was also shared on our digital channels which featured our nurses thanking everyone for everything that they are doing to support the NHS during COVID-19.

Patient Safety Awards 2020

We were delighted that our Hydrotherapy team, together with Portsmouth University Hospitals NHS Trust received a high commendation award for the Clinical Governance & Risk Management in Patient Safety Award category at the Patient Safety Virtual Awards 2020.

You can read our SHINE Magazine by clicking on the icon.

Click here

Engaging with our Workforce and our Staff Survey Results

As many of our staff have had to work differently this year, in a different way or as part of a secondment, the importance of connection with our workforce has been even more of a priority. In year, our engagement activities have therefore significantly increased to include a range of methods aimed at communicating and generating dialogue; for instance, via online platforms such as Zoom and Microsoft Teams. These platforms have improved accessibility to Trust forums and in turn participation in engagement activities has increased.

Using a variety of platforms has also expanded our reach to our colleagues who may not otherwise have had opportunity to engage with our engagement activities. We know there are a cohort of staff without easy access to technology in their day to day activities and further work is taking place to bridge this gap.

Our 2020/2021 engagement activities have included:

- Weekly COVID-19 sessions for managers and employees via zoom, covering a variety of COVID related topics and Q&A with experts and senior leaders
- Weekly manager sessions via Zoom which started with COVID related subjects, specifically for managers, and developed into broader leadership and management support facilitated by external providers where required, such as: Maximising appraisals and 121s, leading teams remotely and resilience. This forum was also used to engage with employees and seek views on new initiatives.
- Children's special Zoom – To celebrate our extended family, the children who have been really affected themselves by the pandemic. Hosted by Sue Harriman, Helen Ives, and Jackie Ardley, children and young people were able to ask questions about COVID, the pandemic and the NHS generally. We also ran a children's colouring competition which was judged by well-known children's illustrator, Nick Sharrat.
- Grab and Go lunch bags were made available for employees working at our sites.
- Sharing of staff stories on social media to showcase our people doing amazing things in extremely difficult circumstances.
- Regular Chief Executive films, updating people on the latest news. These were incredibly well received.
- Online wellbeing sessions, including Yoga, Mindfulness and mindful drawing sessions.
- Increased staff network activity – Online sessions for carers, for people home schooling and people who are vulnerable to the effects of COVID-19
- Increase in occupational health and wellbeing package (see further our section on Occupational Health and Wellbeing Service)
- Themed online events, in celebration of awareness days, including Nurses' Day and Disability Awareness Day. We also held two wellbeing themed online events, including Time to Shine and Hyggae.
- Fun and interactive quizzes in celebration of LGBTQ+ month and Christmas.

In addition to the above we have continued to engage with our staff to progress transformation and service improvement objectives using online platforms where it was not possible to engage face to face.

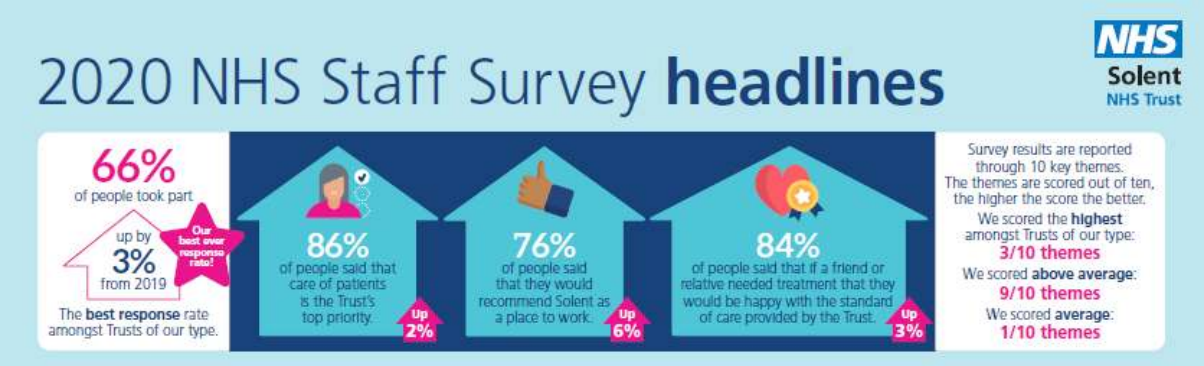
Examples include:

- In support of our IOW colleagues, via the IOW MHLD Partnership, we were also able to introduce online engagement activities to continue the process of service transformation. Very positive feedback was received from service users who reported they felt highly engaged and included.
- Leading with Heart programme – this programme has multiple outcomes, one of which was engaging with all those with management and leadership responsibilities to have "big conversations" about our HEART values, and the behaviours we want to see our leaders and managers living in order to create a compassionate and inclusive culture. As an outcome, we will also be developing Solent's Leadership and Management Behaviour Framework during the year ahead.

In February, the Solent Sessions Podcast was launched. From conversations with wellbeing experts and people in the community – Solent Sessions has been created and curated to help listeners learn what it really means to be your own best friend. Each episode contains real, raw and sometimes difficult conversations to help raise awareness in the world of wellbeing.

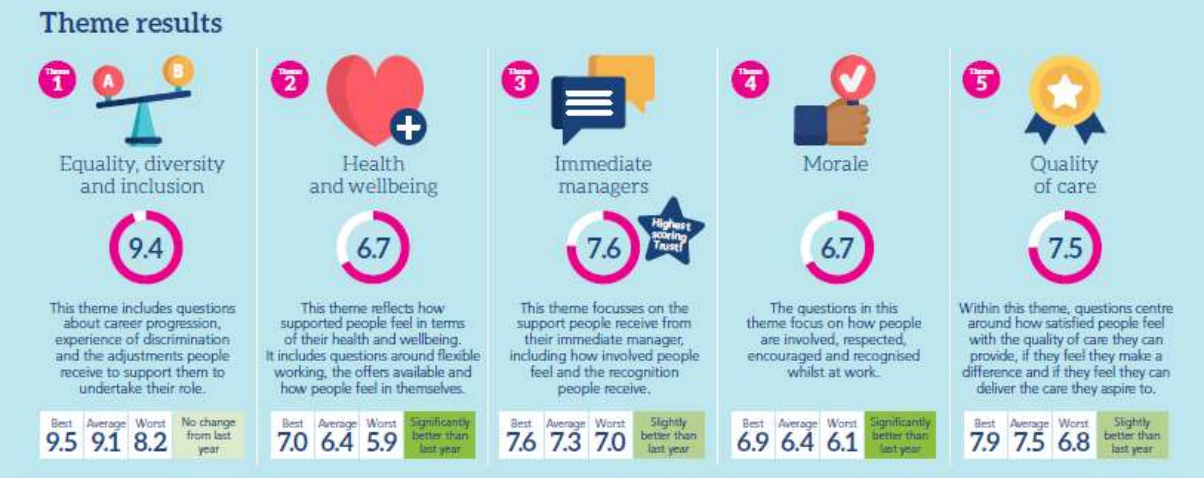
Staff Survey Results

We were delighted with our response to our last Staff Survey- 66% of our people responded, the best rate amongst organisations of our type. Our scores are also amongst the best when compared with other combined community and mental health/learning Trusts.



Headlines from our results:

- We were the top performing trust in three of the 10 key themes and we scored above average in 9 themes and average in 1 theme. We score the best in several questions.
- Our scores improved in 42 questions (11 questions improved by 3% or more), stayed the same in 5 questions and decreased in 24 questions (2 questions decreased by 3% or more).
- Our results show that we are strong in some very important areas including: putting patients first, our reporting and learning culture, our speaking up culture, and the support received from immediate managers.



However, we know we have more to do, and the survey continues to highlight some areas which need attention. Our areas of focus include:

- Diversity and inclusion remains a top priority. Whilst we are amongst the best scoring Trusts in this area, there is still further work to be done
- People shared that it is not always easy to meet the conflicting demands of the job and that they face unrealistic time pressures
- Self-care continues to be a theme which needs attention
- The survey results also suggest that we need to ensure there is genuine involvement across the Trust

We will be developing an overarching action plan focussing our improvement work in the areas which need attention. We will also be working with our services and providing tools to help managers undertake conversations, enabling our people to follow a model of 'celebrate, sustain and grow'.

The survey also included specific questions around experiences of working during COVID-19 and we are feeding these reflections into our 'learning from the pandemic' work.

Diversity and Inclusion and our staff resource groups

Diversity and Inclusion

People who use our services

Although data on protected characteristics is collected by all service lines, we recognise that this is not always done consistently. Work is currently underway within our Children and Family Service Line to ensure that data on protected characteristics is routinely and regularly collected, allowing us to develop and further enhance our service offer to ensure it meets our service user needs. To assist our staff and service users in understanding why this is important, we are developing a short animation which will be launched in early Summer. We will be sharing this across the Trust in order to ensure that all service lines are routinely and consistently collecting data on protected characteristics.

We have also been heavily involved in targeted work in relation to Covid-19 vaccine hesitancy amongst the Black, Asian and Minority Ethnic Communities – this has been a key piece of work since the launch of the national vaccination programme. In February 2021, we commissioned the Hampshire-based social enterprise, Our Version Media CIC, to help address vaccination concerns and tackle the spread of vaccination misinformation within the region's Black British, African and Caribbean communities. Key successes include:

- Directly equipping at least 250 British black and minority ethnic people with credible vaccination information
- Creation of a youth team of COVID-19 vaccination myth-busters whose role was to share credible information within their communities and peer groups.
- Creation of a Black People and COVID-19 Vaccination Q&A podcast episode
- Increased understanding, confidence, and trust in vaccination and in our organisation
- Series of COVID-19 Vaccination Q&A Zoom sessions to link Solent with the region's British Black, African and Caribbean communities. These included bringing the Trust into the communities' private and trusted spaces.
- Providing us as an organisation with insight into vaccination hesitancy within these groups
- Fostering valuable relationships with our organisation and community members

Last year, we did not have Friends and Families test information broken down into protected characteristic groups. However, we plan to include this information in our Diversity and Inclusion Annual Report that will be presented to the Board in August, together with a full narrative.

Our staff and our policies

To ensure that we meet the Public Sector Equality Duties, Equality Analysis (EAs) are completed when writing and revising policies that impact equality decisions. This has the additional benefit of ensuring that the impact of decisions are considered in a fair and proportionate manner whilst considering all protected characteristics groups. We are supplementing understanding of EAs by the launch of an online training package during 2021/22.

Diversity and Inclusion are at the heart our values. The Diversity and Inclusion Strategy has been designed to ensure that all service lines and corporate services are able to demonstrate advancement in equality of opportunity and meeting our obligations and duties under the Equality

Act 2010, Public Sector Equality Duty, Workforce Race Equality Standard (WRES) and the Equality Delivery System 2 (EDS2).

The Strategy has the following overarching objectives:

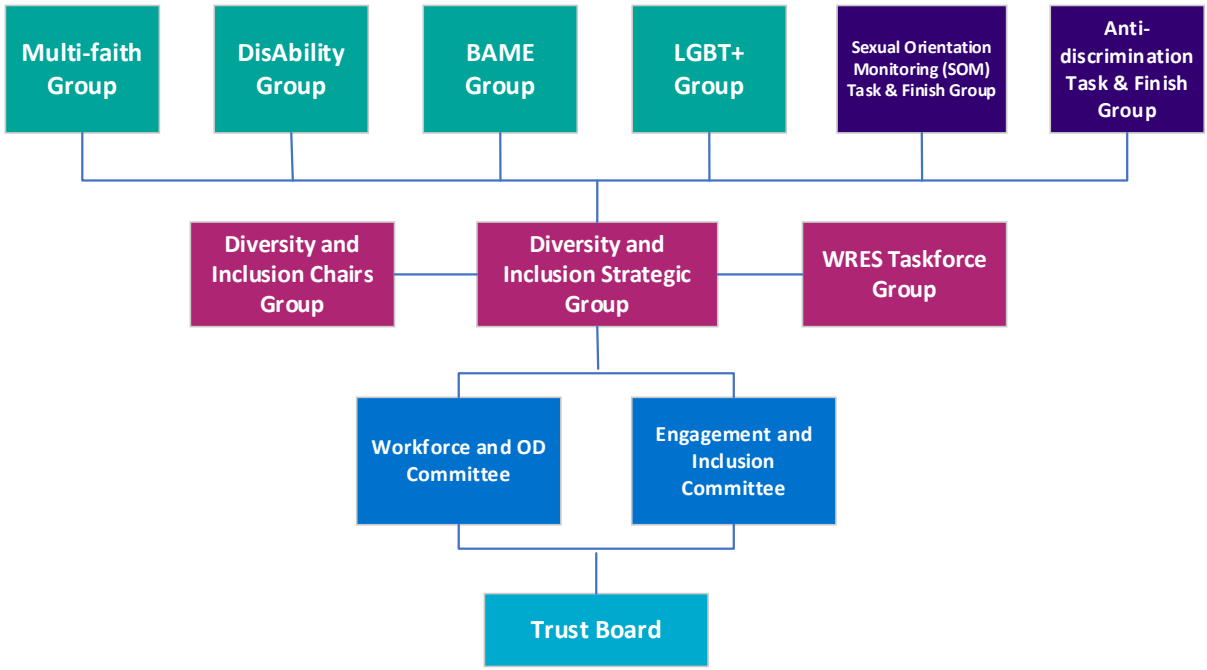
- We want to make it easy for our diverse communities to access our services.
- We want to recruit and retain the right staff from diverse communities.
- We want all our staff and those who use our services to be valued and respected as individuals.
- We want to offer and provide learning and development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

We have continued to invest in the Diversity and Inclusion agenda and in January 2021 the Head of Diversity and Inclusion System Wide post strengthened and expanded the team, all of whom work within the overarching Engagement and Inclusion team and with work programmes aligned to our Community Engagement agenda.

All publicly funded organisations have a duty to adhere to Public Sector Equality Duty, to:

- Eliminate unlawful discrimination
- Advance equality of opportunity
- Foster good relationships on the basis of protected characteristics

These principles underpin the work undertaken by the Diversity and Inclusion team. We have established four staff resource groups (LGBT+, Disability, BAME and Multifaith) that help achieve this alongside specific project work. The following diagram illustrates the groups established.



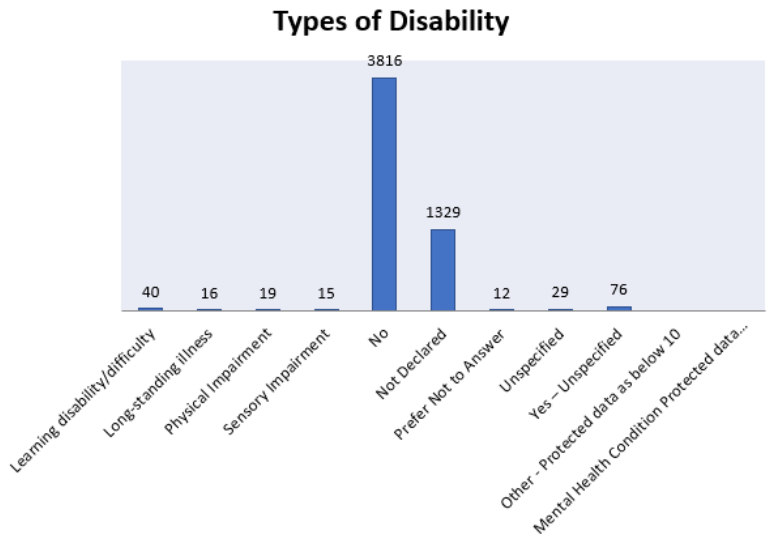
The Workforce Race Equality Standard (WRES) data for 2020-21 is not yet currently available, however, the previous year's data shows an increase in our BAME workforce figures:

Ethnicity of staff					
2019			2020		
White staff	BAME staff	Ethnicity Unknown	White staff	BAME staff	Ethnicity Unknown
91%	8%	0.9%	90%	9.2%	0.8%

Breakdown of staff banding and ethnicity					
Clinical	**White**	**BAME**	**Non-Clinical**	**White**	**BAME**
Under band 1	0%	0%	Under Band 1	0%	0%
1	0.07% (3)	0%	1	0.4% (17)	0.02% (1)
2	3.2% (137)	0.62% (26)	2	6.1% (255)	0.8% (34)
3	7.9% (333)	0.57% (24)	3	7.5% (314)	0.5% (19)
4	4.2% (177)	0.3% (14)	4	2.3% (97)	0.1% (6)
5	8.3% (347)	1.4% (59)	5	2.4% (98)	0.19% (8)
6	15.1% (630)	1% (44)	6	1.3% (53)	0.1% (6)
7	8.6% (361)	0.5% (21)	7	1.3% (56)	0.04% (2)
8a	3.14% (131)	0.16% (7)	8a	0.8% (35)	0.04% (2)
8b	1% (42)	0.04% (2)	8b	0.4% (20)	0.04% (2)
8c	0.2% (9)	0.02% (1)	8c	0.3% (12)	0%
8d	0.2% (9)	0.02% (1)	8d	0.3% (13)	0.02% (1)
9	0.02% (1)	0%	9	0.04% (2)	0%
VSM	0.02% (1)	0%	VSM	0.04% (2)	0%
Medical	White	BAME			
Consultants	0.84% (35)	0.4% (20)			
Of which senior medical manager	0%	0%			
Non consultant career grade	1.3% (50)	0.04% (21)			
Trainee Grades	0.38% (16)	0.2% (7)			
Other	0.4% (15)	0.1% (6)			

In 2020, 99.2% of staff self-reported their ethnicity.

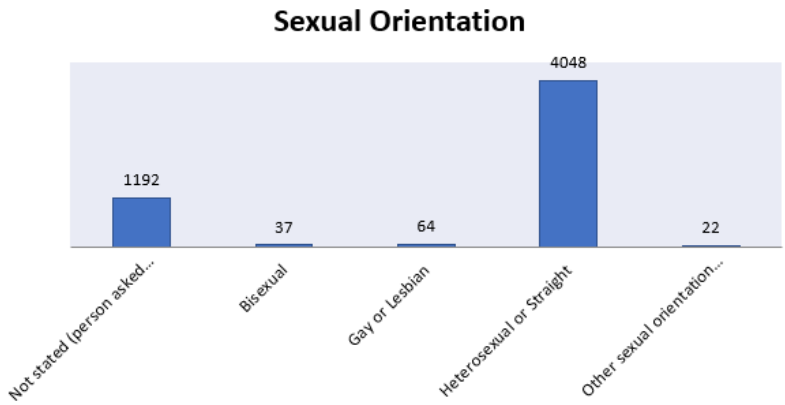
Our WRES data has led to us forming a WRES Taskforce Group, to lead on the WRES action plan. Key areas of focus include focusing on recruitment of BAME staff, identifying stretch opportunities and aiming to increase the amount of BAME Leaders at Band 7 and above. The introduction of Coaching Opportunities for staff with protected characteristics developed in partnership with Hennessy Coaching, the acceptance onto the NHS Leadership Academy's Reciprocal



Mentorship Programme and a deep dive into our recruitment process will also help us advance with these actions.

We are aware that the figures for self-reporting a disability on our Electronic Staff Record (ESR) require some improvement, we have therefore established a Workforce Disability Equality Standard (WDES) Taskforce who focus on this. This group will be supported by the Chairs of the Disability Resource Group and will support the implementation of the actions identified on our WDES action plan. Regarding disabled employees or those who become disabled whilst working for us, we already 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.

We have also recently re-joined Stonewall (who support lesbian, gay, bi and trans people and partner with organisations to make real positive change), which will allow us to participate in the Workplace Equality Index, allowing us to measure, progress and celebrate our LGBT+ Inclusion work as well as being provided with expert support and advice.



Some illustrations of the work the Diversity & Inclusion team are leading on within our organisation are summarised in the following table.

Project concerning	Summary
Equality Analysis	Conducting an Equality Analysis (EA) when writing/revising policies and when making key decisions meets legal duties and had the additional benefits of ensuring that decisions impact in a fair way, are based on evidence, are transparent and provide an opportunity for partnership working. We have trialled and adjusted an internal EA. There is additional work underway to secure an online training package to support staff on the completion of EAs to enable them to feel confident and competent when completing one. This is currently going through the end stages of design phase and should be operational by the Summer 2021.
Reciprocal Mentoring Programme	We applied for and were successfully given a place on NHS Leadership Academy Reciprocal Mentoring for Inclusion Programme. This will allow learning and development for the individuals involved and the organisation. We are currently going through the onboarding process and have had an initial meeting with the Academy. Following confirmation of support from the Board it is anticipated that this programme will commence early Summer 2021.

Group Coaching	An external partner working with us will be running a coaching intervention using an action research approach to provide a meaningful and helpful experience for all the participants that will allow them to gain insight and learning to shape further interventions and self-sufficiency in Solent. The group coaching will be offered to staff with protected characteristics. We will also run development workshops with the line managers of these 48 people, sharing how we are supporting their colleagues through the coaching and how they can support them as line managers – building empathy, inclusion and new ways of managing colleagues from diverse backgrounds. Currently recruiting participants and it is anticipated that this will commence in April 2021.
Parenting Calls	Since the start of the pandemic, our Head of Diversity and Inclusion has been hosting parenting calls for employees with caring responsibilities especially focussed on school closures and the impact it has to work/ life balance. The regularity of zoom calls increased following the announcement of a second school closure at the start of January 2021 when the country went into a further lockdown. The Zoom calls are now supported by colleagues from our People Services Team who have been able to help with specific HR issues. So far 150 people have attended the calls and topics discussed include pressures of home schooling; flexible working; Educational Health and Care Plans and Covid-19 testing process for children. Calls continue even though children have return to school as it is recognised that parents will still face numerous pressures due to the pandemic.
Disabilities Conference	An International Disabilities Day Conference was held online in December. This well attended event covered various topics; the launch of Sunflower Lanyards for invisible disabilities; hate crime and disabilities. It finished with two forum theatre scenarios facilitated by SimCom Academy. One of our Community Partners, Drop the Mask , supported the event by providing live subtitles and technical assistance.
Animation on data recording	The Diversity and Inclusion team are supporting Children and Families team and Operations Director, who required support with collecting equality data for service users. The team are working with Drop the Mask to produce a short animation that explains the importance and benefits of recording this data. This video will be able to be shared across all service lines and will be available in May 2021.
WRES Taskforce	Work continues with the WRES taskforce group to make progress on the objectives identified in the WRES action plan: • Decrease the incidences of bullying and harassment of BAME staff • Increase amount of BAME staff in leadership positions • Decrease the number of incidences of discrimination at work for BAME staff • Support BAME staff and Community through Covid-19 crisis Our staff survey data revealed a 4% increase in the amount of BAME staff who experienced discrimination at work from a manager or team member. A deep dive of this data has been completed and an action plan is being developed to focus interventions on the service lines most affected.
Anti-discrimination task and finish Group	The group have identified the disparity between incidents that occur and what is reported. A scoping exercise has been planned to look in depth at current reporting mechanisms and how to make them more accessible. The focus of the work is enabling our systems to recognise and address hate crime including the healthcare impacts related to discrimination against equality groups & individuals.
Covid-19	The Diversity and Inclusion team helped shape the Covid-19 risk assessment tool and have been instrumental in working with local communities in partnership with Our Version Media to increase the vaccine uptake within the local BAME population.

BAME and Allies Resource Group

Our BAME and Allies Resource Group, which launched in October 2019, went through a very rapid growth period during the year 2020/21 in response to the Black Lives Matter movement, where people came together in the Trust to share their emotions as a result of George Floyd's death.

Our resource group has been supported by the Executive Team, and has been under the interim leadership of Pawan Lall, Elton Dzikiti and Ophelia Matthias. The Groups' activities have included:

- **Increased membership** - by extending invitations to allies, who do not identify as BAME. Current registered membership stands at over 100 colleagues – including a number of our BAME Senior Leaders, who have assisted in the resolution of a number of matters raised and discussed at the meetings.
- **Regular meetings –** these were held fortnightly for the most part for the year, in response to key matters to discuss. The meetings are now held monthly, and open to all. Weekly 'safe space' meetings for BAME only colleagues are offered.
  The group is also aware that some people are unable to attend meetings, due to the different shift patters or locations that they work. As such, the group is **actively reaching out to colleagues** who, for example, work on wards (both clinical and domestic staff) to ensure connections.
- **Black History Month celebrations** – aligned with our Community Engagement and Diversity and Inclusion work programmes, we celebrated in October, with two live panellists from the community, inspirational blogs from a community partner and stories from three staff members from BAME backgrounds. We also featured numerous tweets, published relevant information on the Groups' intranet page, including information on black authors, inspirational film producers and inventors, took part in two live community broadcasts with Voice FM and Unity 101, and we had an article featured in HPMA newsletter
- Used the **power of storytelling** – inspirational blogs from members of the Group were published, including stories of colleagues who have found their voice. Subsequently, a member has since embarked on a project particularly focussing on young people from BAME backgrounds. Storytelling has also generated case studies, including from those who found sharing their experiences cathartic, and has in some cases, allowed the expedition of some issues facing our colleagues.
- Belonging to the group has also created a **sense of community** – somewhere that people feel psychologically safe to raise matters and take advice from fellow colleagues to make brave decisions in respect of their work circumstances.
- **Designed a training leaflet** – to raise awareness of deep-rooted, institutional issues which exist in many workplaces such as the NHS, we are asking our colleagues for their input to design a training leaflet. The leaflet will be designed to help address old behaviour patterns and replace them using the right training to help address and eradicate systemic racism, microaggressions and unconscious bias.

If you would like to join our BAME and Allies Resource Group, or learn more about the work they are doing, please email equality@solent.nhs.uk

Multi Faith Resource Group (MFRG)

Our Multi Faith Resource Group (MFRG) provides a supportive voice for staff of all faiths and no faith supporting our commitment to equality. The group is chaired by Emma D'Aeth our Trust Chaplain and Vice Chair, Louise Keith, Community Engagement Officer. Unfortunately, the planned launch of the Group, to coincide with the launch of our refurbished Multi Faith Rooms, was postponed early in the year due to the pandemic. However, the group has remained active and key activities/ highlights are provided below:

- **Maintenance of the multi faith rooms** in the Trust – at the Western Community Hospital, Highpoint Venue, St Mary's Hospital and Jubilee House. New furniture and soft furniture has also been secured and has been ordered for all three faith rooms.
  A new Multi Faith Room is also to be built during the refurbishment of the Orchards at St. James's Hospital.
- **Launch of new initiatives to raise the profile of the group** - allowing colleagues from all ethnic and faith backgrounds to join us. Activities have included the establishment of an email account (MFRG@solent.nhs.uk) and website, as well as the purchase of three stands to help promote the MFRG
- **Promoting Inter Faith working** and increasing dialogue to raise awareness about different faiths, their practices, festivals and celebrations. We held successful **Inter faith week celebrations** in November 2020 with on-line zoom sessions highlighting the diversity of faiths and cultures within our Trust. More sessions will be taking place during the coming year.
- The group have continued to **provide education, promote understanding and inclusivity** with support and guidance from the Diversity and Inclusion team within the Trust, including promoting the importance of religious identity in the workplace as a protected characteristic.
- The group have also continued to **work collaboratively and support the work of all the our Resource Groups.**

If you would like to join our Multi Faith Resource Group or find out more, please email MFRG@solent.nhs.uk

Lesbian, Gay, Bisexual, Trans, Plus (LGBT+) and Allies Staff Resource Group

Create a Supportive Space & Work Environment

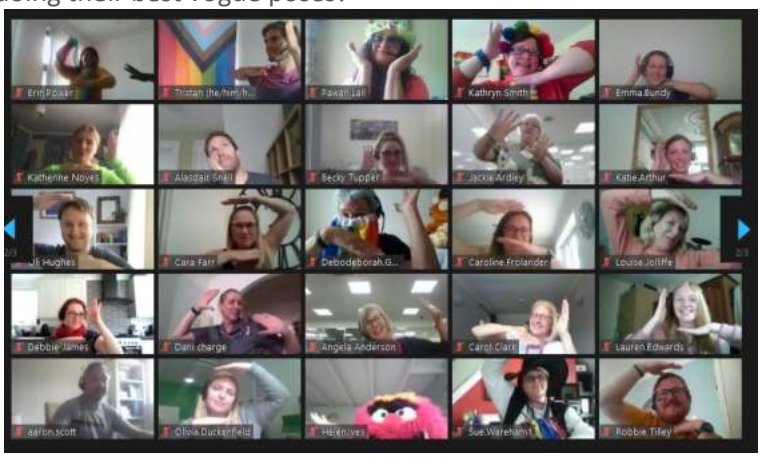
Raise Awareness & Visibility

Influence the Organisation

The LGBT+ & Allies Staff resource group continued to flourish during 2020-2021 despite the COVID pandemic. Awareness activities were run virtually, and they engaged with more individuals across the Trust than ever before.

The group quickly established a virtual network via Whatsapp to support each other remotely through the ever-changing uncertainty that each 'wave' of the pandemic brought. The group was key to reducing isolation and improving inter-staff relationships.

In June 2020, the LGBT+ and Allies resource group marked the month by holding a Pride Month Zoom Quiz, as part of the employee daily Zoom call. 74 staff joined from across the trust and it was fabulous to see so many taking part and doing their best vogue poses!



Rounds were presented by each of the D&I employee network groups (BAME, DisAbility, Multi-Faith and LGBT+&Allies). Rounds included a rainbow round of reversed pride songs, fashion, food, guess that artist, black LGBT+ history and enabled artists.

The group also supported 'Fighting with Pride' by joining a Zoom panel alongside David Noyes (Chief Operating Officer), other Veterans and serving LGBT+ members of the Armed Forces to talk about their mental health experiences and their pathways to better health. Ian Scrase (he/him/his) (Co-Convenor) was invited to share the merits of a staff network for employees who identify as LGBT+ and increasing awareness and support initiatives that positively impact on service delivery.

In August 2020 we supported the Trust to launch its rebranded 'Shine Magazine'. As a feature spread, Dr Joe Bagley (he/him/his) (Convenor of the LGBT+ & Allies Resource Group) wrote an article entitled 'Free to be me' which championed the importance of being out and welcomed in the workplace and the benefits that being part of a staff network can bring personally and professionally.

In September the group welcomed Anna Murray (She/her/hers) who joined as a Co-Convenor. Anna brings a wealth of experience to the group and to Solent as a Trust having previously championed and improved greater access to health services for members of the LGBT+ community on the Isle of Wight.

November saw the resource group as well as members of the executive team (Jas Sohal, Gordon Fowler and Gordon Muvuti) attend the annual Chrysalis 'Why Gender Identity Matters- Authenticity is Awesome'. The conference reignited the group's focus upon lived experience of staff and how we can actively work together to improve this for the future.

> *"For me, what I most got out of this conference is about listening to peoples' individual stories and seeking to understand their experiences. I have learnt that I need to earn the right to be an ally. And an ally is a verb and an action".*
> *(Kathryn Smith (She/her/hers)- Leadership Development*

February 2021 marked LGBT+ History Month where the group ran two virtual events:

'Spill the Tea': Russel T Davies, It's a Sin?…

- To mark LGBT+ History Month by reflecting upon the often forgotten past, the impact and legacy, of the AIDs pandemic of the 1980s and 90s for gay men, represented in the media by Russel T Davies "It's a Sin".
- To raise awareness of health inequalities within the LGBTQIA+ community, both its historic context and the current situation.
- Collaboratively with Sexual Health Services to reduce the stigma around HIV by educating the audience on the advances in the management of HIV.
- Promote the message of U=U; Undetectable=Untransmittable, actively addressing stigma.
- To educate the audience with regards to the accessibility and utilisation of testing and ongoing support provided from Sexual Health and Occupational Health colleagues.

'Spill the Tea': Mind Body and Spirit - How Can We Support LGBT+ Individuals & Gender Identity in the Workplace?

- To listen to LGBTQIA+ employees lived experiences within Solent.
- To enable LGBTQIA+ employees to feel heard and their voices valued

As a result of the month's activities:

- The planned event provided an opportunity to share lived experiences and for others to listen without solutioning was really welcomed and valued.
- LGBTQIA+ staff openly shared their positive experiences of working for Solent in relation to their sexual orientation. This was heightened by an awareness of the Resource Group as a place of safety and support.
- One attendee opened up about their own journey of their gender identity and it was acknowledged in conversation that there is more the Trust can do to support trans colleagues.
- Staff felt safe to open up and 'come out' to the audience, demonstrating a safe space was created by all involved, whilst others took an opportunity to reach out in confidence to members of the Resource Group during and afterwards.
- The EDI Team and other participants actively added their pronouns to their zoom profiles.
- The isolation that our Resource Groups can feel in actively trying to achieve their purpose was acknowledged.
- Strong support and representation from across the Trust was achieved – reflections were captured in a Word Cloud

As a result of the year's activities the groups recommendations for 2021-2022 are:

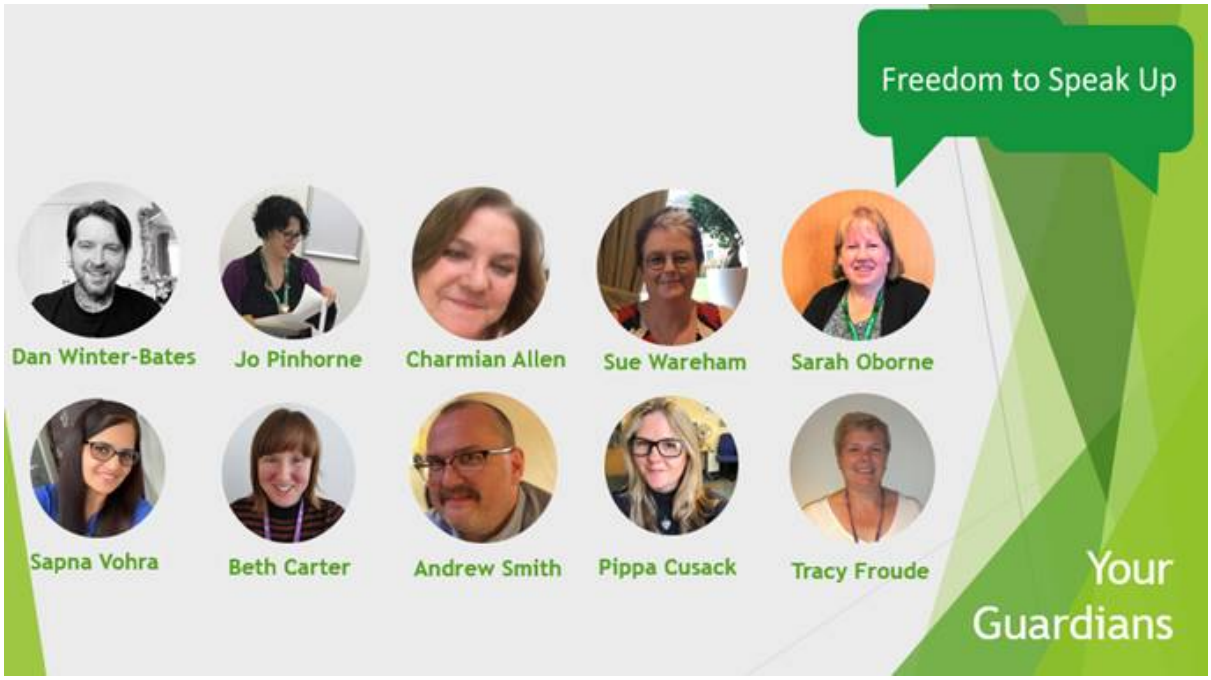
1. For the EDI Team to plan a programme of work to improve the working lives of LGBTQIA, and for the Resource Group to support and influence this.
2. To actively progress working with Stonewall to assess our organisation and help identify areas of improvement to enable greater inclusion. It is envisaged this will also positively impact upon other protected characteristics.
3. To continue to raise the profile of LGBTQIA staff within the organisation and promote a positive working environment free from discrimination.
4. To continue to provide regular safe spaces for employees to raise concerns and seek support, whilst actively listening to marginalised group.
5. To continue to encourage and promote the NHS Rainbow Badge Pledge (to date 1,000+ have been made).

Freedom to Speak Up

Our Guardians and FTSU governance

Since the introduction of Freedom to Speak Up (FTSU) in 2015 and in light of the recommendations made by Sir Robert Francis, we have implemented processes within the Trust to ensure our staff are able to easily raise concerns and seek confidential advice and support.

Our Independent Lead Guardian is supported by a total of ten Guardians, with five guardians who commenced their role in January 2021, helping to ensure we best represent and support our diverse services and colleagues.



We actively promote our guardians throughout the organisation.

Our Quarterly Freedom to Speak Up (FTSU) oversite meeting, which is chaired by a Non-executive Director (Chair of the Audit and Risk Committee) is attended by the Chief Executive, Chief People Officer, Chief Nurse and our Independent Lead FTSU Guardian. Assurance is sought by the Lead Non-executive Director for FTSU on behalf of the Board, that issues raised are dealt with promptly and appropriately by the Trust.

The FTSU Independent Lead Guardian briefs colleagues on:

- themes, current cases and actions taken taking into account confidentiality and anonymity, and
- regulatory/national requirements from the National Guardian Office

The Chief Nurse and Chief People Officer brief members and provide assurance that appropriate actions are being taken where any matters concern patient and staff safety and /or wellbeing. The group also oversees supporting work programmes associated with FTSU including the development of the strategy and associated implementation plan, the completion of the National Board self- assessment and ensuring appropriate promotion and engagement to support an open culture of raising concerns.

The focus during the year ahead will be on the following three workstreams:

- Review model for Freedom to Speak up/Cultural improvement delivery
- Widening agenda to connect with Service lines
- System work, external offer to wider system

Cases during 2020/21

In year our Guardians dealt with the following cases:

- Quarter 1 – 12 cases
- Quarter 2 – 9 cases
- Quarter 3 – 7 cases
- Quarter 4 – 13 cases

Whilst there has been a reduction during 2020/21 in regard to case numbers, the guardians have seen an influx of (non-FTSU) enquiries and have provided a large number of unofficial supportive conversations. Thematically the cases vary but more commonly involve behaviours and cultural issues rather than patient safety concerns. The added pressure of COVID-19 this year has seen a rise in wellbeing, infection prevention and flexibility related concerns.

In year highlights

New leadership

In August 2020 the trust appointed a new independent Freedom to Speak up lead with the stepping down of Pamela Permalloo-Bass. The successful candidate was Dan Winter-Bates formally Wellbeing programme lead at UHSFT.

Speak Up Month

During October 2020 we celebrated 'Speak Up' month. Activities included:

- A blog by our Lead Guardian
- A 'A-Z of Speaking Up' shared internally and externally and recognised by National Guardians office
- Staff making pledges as a commitment to their colleagues and themselves
- Four speak up sessions were held around various topics including discrimination, what stops us speaking up and supporting a culture. The outputs from the sessions have been taken on by the relevant working groups to action change.
- Senior leaders adding a support banner to their signatures, advocating for speaking up.

Vulnerability Sessions

To further develop the speaking up culture our lead guardian has been running vulnerability and wellbeing sessions with services. Based on the works of Brene Brown these are an opportunity for staff to understand and discuss the strength in openness and honesty. To date 8 have been run internally and 2 alongside Hampshire county council. Further work commenced in early 2021 to align the FTSU workstreams with those of the Organisational Development and People Services team enabling us to best support staff with their ability to speak up.

Occupational Health and Wellbeing Service

The health and wellbeing of our staff continues to be of paramount importance to us.

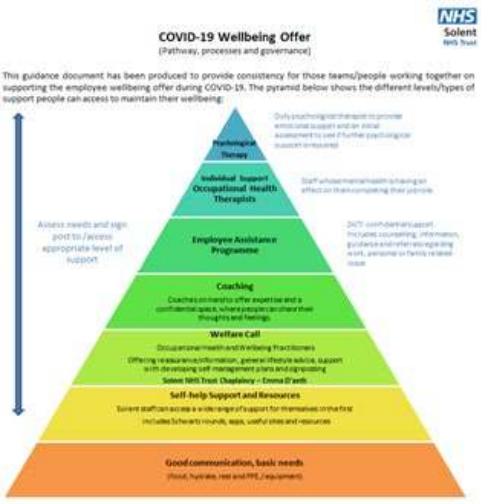
We offer wide-ranging occupational health and wellbeing services provided by our in-house SEQOHS (Safe Effective Quality Occupational Health Service) accredited team, demonstrating our commitment to delivering safe, effective and quality occupational health services.

Our Occupational health professionals proactively support services working alongside employees and managers to create a safe and healthy work environment where the health and wellbeing of employees is highly valued and encourages and supports employees to maintain and adopt healthy lifestyles.

This year has bought new challenges in light of COVID-19 requiring us to adjust and strengthen our Occupational Health and Wellbeing support services, ensuring our people are supported and are able to access resources and support services quickly. We have added additional resources and services to include;

- COVID Risk Assessments and support plans
- Coaching programmes
- COVID Occupational Health helpline
- Welfare calls
- Homeworking support and
- A newly developed Long COVID pathway for people suffering the longer term effects of the COVID-19 virus

We introduced a wellbeing (pyramid) support package in the early stages of the pandemic, providing quick and easy access to resources ranging from low level support to specialist Mental Health services.



These pathways are continuously under development to reflect the changing and ongoing needs of our people.

Colleagues also continue to have access to a wealth of support and information via our intranet including:

- Psychological, mental health and wellbeing support- including, access to mental health specialists, self-help resources, online Apps, audio guides, games, puzzles, toolkits, online singing, and links to national support offers
- Access to our Trust Chaplin, coaching, mental health helplines, welfare calls, access to staff common rooms,
- Support for anxiety, sleep problems, bereavement, domestic violence, key worker and family support, financial wellbeing support
- Physical Health support and fitness platforms
- Support for Managers, and
- COVID-19 recovery support

The pandemic has also emphasised the increased importance of looking out for one another and being kind, including to ourselves.
Our focus has been on connections. Ensuring staff always feel connected to one-another, to their teams, their managers and the organisation, regardless of where they may be working. We continuously communicate via several media to our staff including via our Solent Twitter and Facebook pages.

Our Employee Assistance Programme also offers important external support for people and their families, to include counselling services, resources and information across a wide range of wellbeing subject areas.

We are proud to be able to offer our employees services via our Wellbeing team who provide bespoke health and wellbeing resources and specialist support. Our focus is keeping staff well at work through prevention, early intervention and rehabilitation to create and maintain a healthy lifestyle and encouraging long term behaviour change.

A visual wellbeing tool (wheel) has been developed this year to assist people to navigate to the services and resources available to them. Our wellbeing package is coproduced with our staff and is continually reviewed to reflect the changing needs of our workforce and their wellbeing needs.

We continue to focus on promoting a positive message around people with their own lived experience and this will be ongoing into 2021/22 as part of our health and wellbeing delivery plan. People have shared their stories to help raise awareness and promote positive conversation to help reduce stigma and support an open and honest culture.

Schwartz Rounds

We have continued to hold Schwartz Rounds which provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare.

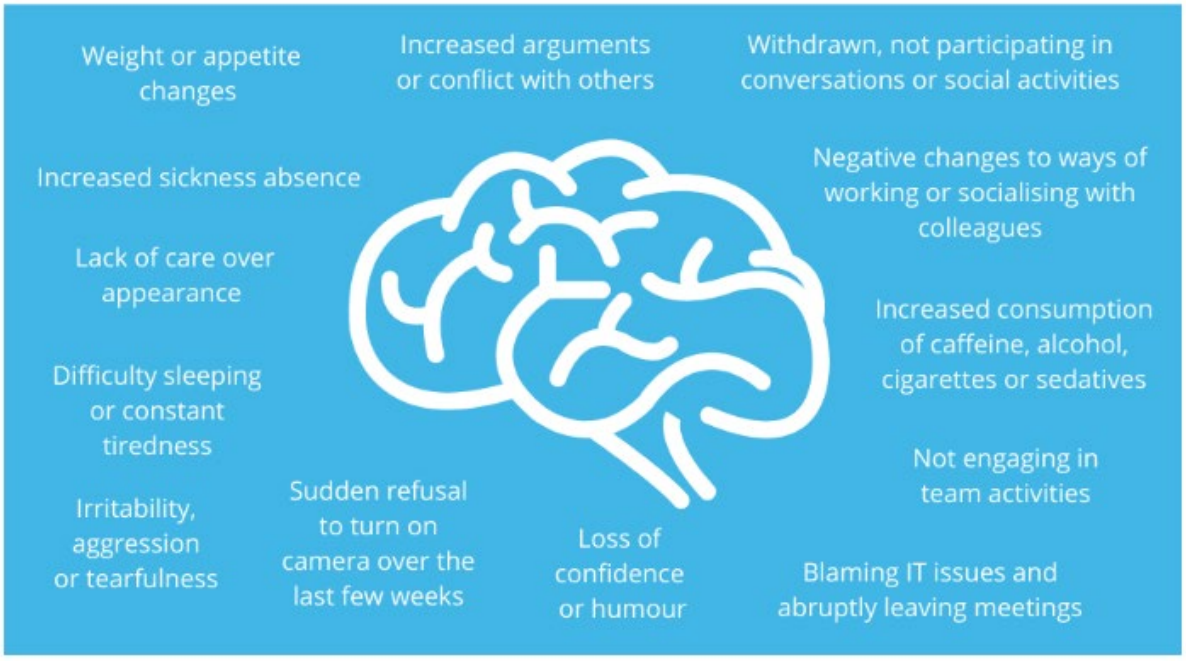
We have also developed a network of Mental Health First Aiders (MHFA) across our organisation. Our Mental Health First Aiders;

- understand the important factors affecting mental ill health
- can identify the signs and symptoms for a range of mental health conditions
- use a step-by-step approach to provide MHFA to someone experiencing a mental health issue or crisis
- listen non-judgementally and hold supportive conversations using the MHFA action plan
- signpost people to professional help, recognising that your role as a MHFA does not replace the need for ongoing support

NHS Solent NHS Trust

Spotting the signs of a mental health issue

Spotting the signs of a mental health issue is the first step to get the support needed. If you notice any of these symptoms in a colleague or friend, try starting a conversation with them about mental health.



Mental Health Awareness Week

We participated and hosted in a variety of events in support of Mental Health Awareness Week 18 – 24 May. In line with the national theme 'kindness,' we created a campaign to help raise awareness on the importance of creating balance between being kind to ourselves and being kind to others, this included a number of social medial and digital platform promotions.

For example, we;

- Held two employee Zooms linked to the topic of 'Be kind'
- Held a men's virtual coffee morning over Zoom supported by our clinical staff, together with representatives from a variety of partners including DadzClub and ManGang who created a safe space to talk about mental health pressures and how to seek support in the current climate. Our partners in Solent Mind and Positive Minds also supported this event.
- Conducted daily mini kindness challenges to encourage people to share love and compassion during this difficult time.
- Produced an illustrated 'be kind to yourself to do list' and visual overview of things people can do to look after themselves
- Created a blog a day from mental health practitioners on the Trust website
- We also promoted positive stories with local press, radio and media.

National Suicide Prevention Day

To mark Suicide Prevention Day (10 September) we featured a blog post by Andriana Petropoulaki a Contact Officer at Solent Mind, the collaborating organisation of our Portsmouth wellbeing service, PositiveMinds. Talking about her own mental health journey, Andriana explains in the article why it's more important than ever to reach out. The blog was shared on our social media, with coverage appearing in the Portsmouth News.

We were delighted to be informed in March 2021 that we successfully renewed our SEQOHS accreditation. Following their assessment, the SHEQOHS assessor stated:

"Solent NHS Trust's Occupational Health Service has continued to maintain the standards to meet the annual reaccreditation requirements. The provision of audit information covered a range of topics and the Service has maintained and developed comprehensive array of clinical policies, procedures and protocols. The depth and quality of audit is impressive, particularly in light of the COVID-19 work pressures in the hospital setting, and helps to contribute to robust clinical governance arrangements. The Service is encouraged to maintain its standards over the coming year."

SEQOHS
Safe Effective Quality Occupational Health Service

We continue to hold regular Videoconferencing Calls (for all staff and bespoke manager meetings) on a range of topics – including, special wellbeing sessions on anxiety, sleep, fatigue, prioritising, remote working, dealing with loss as well as maintaining / developing motivation. The sessions are recorded and available to our staff via our intranet. We also invite colleagues to 'poll' and provide feedback on preferred times for holding sessions as well as future topic suggestions.

You can read our Acting Chief People Officer, Jas Sohal's blog on *'Have a little Hygge in your Life'* by clicking on the icon.

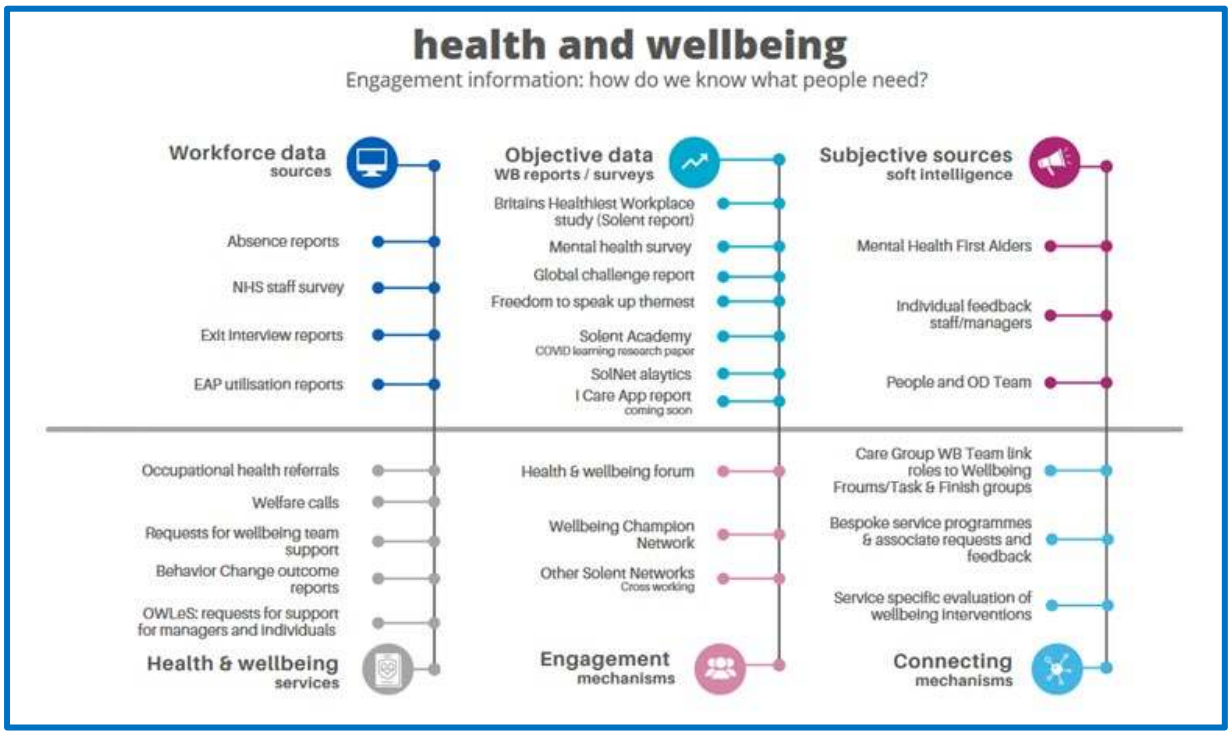
Click here

MenoPause

We have also continued to focus on promoting a positive message around people with their own lived experience. Following the successful Menopause event last year, where our CEO Sue Harriman shared insight into her personal experience, we held similar events this year.

In accordance with the recommendation of the NHS People Plan, we have appointed a Non-executive Director as our 'Wellbeing Guardian', and a Wellbeing Oversight meeting has been established to ensure oversight of our Wellbeing Delivery Plan and its effectiveness. We have also enhanced our formal reporting of wellbeing data to assist with assurance and monitoring.

We successfully delivered a proactive flu vaccination programme for our frontline workers with 89.9% uptake, the highest uptake for the Trust



Our wider NHS Family

Family and support mechanisms have never been more important to us and our staff. Throughout the year we have recognised the contribution our young Team Solent and wider Solent family have made.

Children's colouring competition

In the summer we held a colouring competition to recognise the support Team Solent give to their families during the early months of the pandemic.
Children across four age categories were offered the opportunity to colour in an NHS inspired design. Nick Sharratt, award winning children's book illustrator and author, who has illustrated for Jacqueline Wilson, then judged the children's drawings and picked the winners from each category.

Nick Sharrat said: "Solent is clearly truly dedicated to looking after their employees, key workers and their families. I think it is great that they are reaching out to the children too as they play an important part. I have loved getting involved in helping judge the artwork of the future generation".

Each of the winners were presented with their prizes by our Chief Nurse, Jackie Ardley. Poppy's mum Sam Murduck - an occupational therapist working for the ME/CFS Service - said: "The colouring competition has been a great chance for children to get involved and educated in something that has changed their lives greatly and is difficult for them to understand. Poppy and her sister Amber were so thrilled that Jackie made a special trip to visit them at home"

Children's Zoom – July 2020

Children whose parents or guardians work across Team Solent were invited to join a special Zoom call hosted by Chief Executive Sue Harriman, Chief Nurse Jackie Ardley and Chief People Officer Helen Ives. It was an opportunity for the Trust to personally thank the children for supporting their parents over the lockdown and they told us how proud they were of their mums and dads. The story was featured on ITV Meridian and included an interview with Jackie Ardley.

Click on the image to play the ITV Meridian news clip

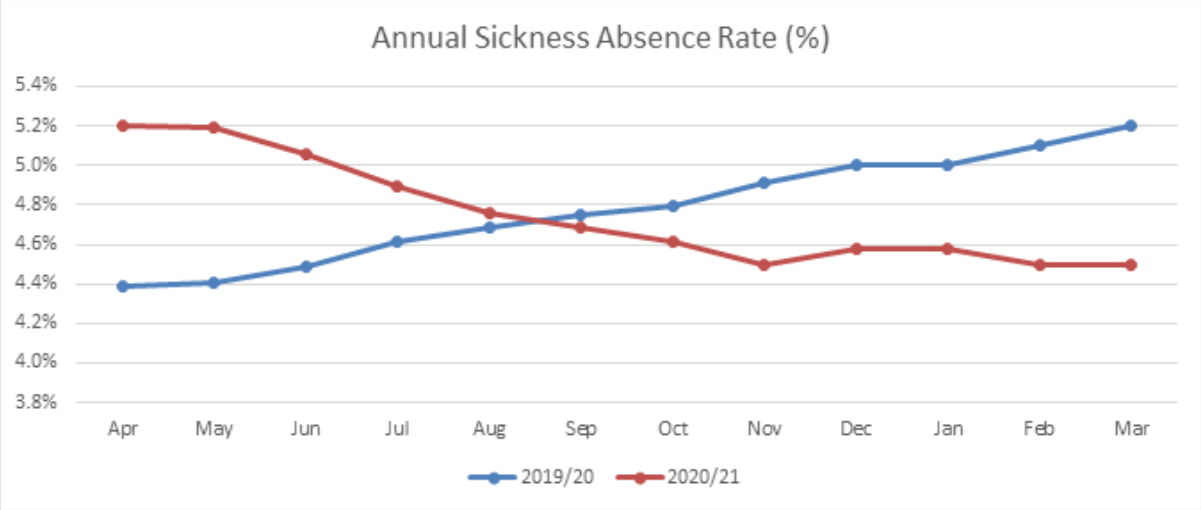
MiniHealthHeroes revealed

We worked with children's book illustrator and author, Nick Sharratt, inviting him to judge the MiniHealthHeroes colouring competition entries. The competition was created to recognise the fantastic support that the children and young people of our staff gave to them during the lockdown. Chief Nurse Jackie Ardley visited each of the category winners to present them with their certificate, medal and prize. Pictured is one of the winners, Ella-Mai with Jackie.

Sickness absence

Sickness rates have fluctuated during the 12-month period between 4.5% - 5.2%, ending the year 2020/21 at 4.5% (March 2021). However, these figures were significantly impacted by peaks in the COVID 19 transmission rate in our local communities. COVID related sickness accounted for 0.8% - 2.1% of sickness over the 12-month period with peaks in absence related to COVID-19 being seen in April, December 2020 and January and February 2021. Mental Health conditions remain the main general cause of sickness representing 30% of all reported absence; this is down 1.48% (from 31.4%) on the previous 12- month period.

The following graph represents sickness data from April 2019 to March 2020 and April 2020 to March 2021. NHS Absence rates across the UK during November 2020 were reported as 4.9% (Solent reported 4.5% sickness absence for the same time period) [NHS Sickness Absence Rates - NHS Digital](#).



We monitor our sickness absence data closely and during 2020/21, to reflect the additional work-related pressures brought about by responding to COVID-19, more wellbeing initiatives have been implemented and evaluated to improve staff health and wellbeing. Our initiatives included A long-COVID support service for staff, utilising our Wellbeing champions within services, self-help tools, wellbeing advice in the workplace, wellbeing and lifestyle checks, personal resilience sessions, a telephone service for psychological support, coaching provision and virtual sessions covering a range of topics such as yoga and guided mindfulness – you can read more in our Occupational Health and Wellbeing Service section. We will continue to develop and evaluate wellbeing provisions in 2021/22.

Working in Partnership with our Unions

Partnership Working - We pride ourselves on having developed excellent partnership arrangements with our staff side representatives. This is formally supported within the Joint Consultative Committee (JCC) and the Joint Consultative and Negotiating Committee (JCNC). The local Doctors and Dentists Negotiating Committee (DDNC) specifically deals with matters for medical staff. We also have a Policy Steering Group to ensure that we continue to develop partnership arrangements

when renewing and considering new policies that affect the workforce and wider external environment to ensure fairness and equity.

Trade Union (Facility Time Publication Requirements) Regulations 2017

Information on the amount and cost of facility time given to Trade Union Representatives as specified within the Trade Union (Facility Time Publication Requirements) Regulations 2017 is shown below:

Table 1: Relevant Union Officials

Number of employees who were relevant union officials during the 2020-21 year	Full time equivalent employee number
26	23.17

Table 2: Percentage of time spent on facility time
The number of employees who were relevant union officials employed during the 2020-2021 year spent a) 0%, b) 1% - 50%, c) 51%-99%, or d) 100% of their working hours on facilities time.

Percentage of time during the 2020-21 year	Number of employees
0%	19
1-50%	6
51-99%	0
100%	1

Table 3: Percentage of pay bill spent on facility time.

First Column	Figures
The total cost of facility time	**£29, 695**
Total pay bill	£157,110,000
The percentage of the total pay bill spent on facility time	0.02%

Table 4: Paid Trade Union Activities.

First column	Figures
Time spent on trade union activities as a percentage of total paid facility time hours	0%

*[(total hours spent on paid trade union activities by relevant union officials during 2020-21 divided by the total paid facility time hours) times 100] .For the purposes of this section paid facility time includes duties as a union learning representative, union representative, health and safety representative, for the purposes of training, consultation, or representation which arises under section 168, section 168A of the 1992 (Trade Union and Labour Relations (Consolidation) Act 1992), section 10 (6) of the Employment Relations Act 1999 and Regulations made under section 2(4) of the Health and Safety at Work Act 1974. Trade Union Activities as specified in section 170 (1) (b) of the Trade Union and Labour Relations (Consolidation) Act 1992. This can include attending Regional or National policy making meetings, voting in Union elections, attending other Branch meetings, executive committee meetings, regional union meetings, and annual conferences, etc.

External consultancy

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. The cost associated with consultancy can be found within the Remuneration Report.

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 undertaken relating to breaches of health and safety legislative requirements, Regulatory Reform (Fire Safety) Order, or the Environmental Protection Act. In addition, we have not received any external visits from any external regulatory agency, as a result of a specific incident or complaint. We did however respond promptly to correspondence from the Principal Regulatory Services Officer (Portsmouth City Council) in relation to a noise complaint concerning a parked refrigerated vehicle. This matter was resolved and closed within 24 hours.

The executive lead for the Health and Safety portfolio is the Chief Financial Officer and Deputy CEO. Our Health and Safety Group meets quarterly to fulfil its statutory requirements with representation of both elected unionised representatives of employee safety and non-unionised employees, in accordance with the Safety Representatives and Safety committee Regulations, and the Health and Safety (Consultation with Employees).

During the height of the Wave 1 pandemic and up until December 2020, meeting frequency was increased to monthly under the chairmanship of the executive lead. This change was in direct response to the frequently changing guidance and in consideration of health and safety implications.

Great value for money

Providing a great value for money

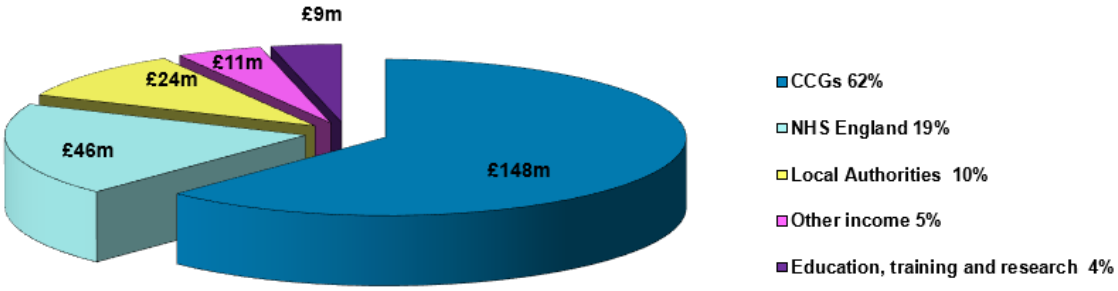
We want to make the best use of every pound invested in the NHS.

We will deliver value by providing our staff with the resources they need, optimising the use of buildings and technology, reducing waste by removing duplication, openly sharing and constructively challenging cost information, and working in partnerships to deliver cost effective care across systems.

Our finances

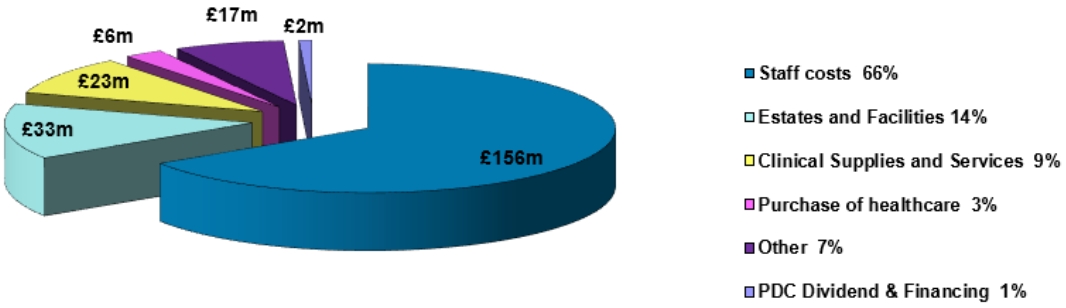
Our income

During 2020/21 we had an income of over £238m. Our income is illustrated below:



Our expenditure

Our expenditure is illustrated below:



You can read more about our finances in Section 3.

Our estate

Our Estates team has been heavily involved in the pandemic, including leading the Portsmouth & South East Hants Community Estates response. This included the rapid deployment of additional bedded capacity within existing locations, and the set-up of further accommodation in which to treat the expected influx of COVID-19 patients. We worked in partnership with support from a range of partners including Local Authority, Education, Leisure and Corporate organisations to assist in sourcing temporary facilities, logistics and support functions necessary to keep a facility equivalent to a Community Hospital running effectively.

In Southampton, within weeks, we repurposed the Adelaide Health Centre into a 72 bedded COVID Inpatient Facility. This included establishing new patient and staff facilities, new bedded ward areas along with 24-hour security, cleaning and catering provision. Whilst the need to utilise this capacity was thankfully for the most part averted, the estates team continued to provide further support and leadership including locating and setting up a high specification facility to enable the Vaccine Trials programme.

Significantly, the team also located and set-up the facilities at our four mass COVID-19 vaccination centres across the Hampshire and Isle of Wight geography, including the repurposed Basingstoke Fire Station.

Other notable COVID-19 related areas of work have included:

- Reception teams working flexibly and from different sites as needed
- Supporting numerous moves of teams and introducing new ways of working
- Putting in processes for sites to work as 'hot' and 'cold' COVID sites
- Supported changes to building operations
- Distributed PPE, posters, guidance, volunteer packs, grab bags, refreshments, flowers and donations across the organisation
- Managed the installation of 40+ reception screens
- Worked on risk assessments to allow teams to return to sites socially distanced
- Installed directional signage and floor signage for returning services at sites
- Supported the setup of PCN vaccination sites including Adelaide Health Centre and the Royal South Hants Hospital

As well as responding to the pandemic, our Estates team have continued with a number of other significant schemes during the year, including delivering over 100 different projects of varying sizes, from office relocations, refurbishments and extensions, through to the purchase of new sites and the roll out of new systems.
Highlights include:

- Delivery of the Western Community Hospital scheme - this project of just under £20m, the largest in Solent history, was successfully designed and sent out for tender. In addition, an Outline Business Case was produced and submitted to NHS England and Improvement and the Department of Health and Social Care with a decision expected in April 2021
- Transformational change of the Solent Estates Maintenance Department - with the decision taken to in-source this service, the past year has seen the mobilisation effort continue. This has included the purchase of equipment and vehicles, the selection and delivery of new systems and processes and the procurement of over 20 different sub-contracts.
- Additional buildings and areas of land have been purchased to support the Trust strategic and operational objectives, and new long-term bases set up for services. In year this included the construction of a new Children's and Sexual Health facility within a former commercial space at the Swan Centre in Eastleigh. The unit has now been unrecognisably transformed from the Chinese restaurant it previously was.
- Significant refurbishment at Bitterne Health Centre – including completely stripping and remodelling over a quarter of the building and replacing with new, modern, high specification office accommodation. The improvement works have enabled multiple teams to reduce their working footprint and supports integrated care delivery.
- The successful bid for £2.4m of Mental Health capital funding - this transformational sum of money has enabled the full refurbishment and extension of the Maples Ward at the Orchards in Portsmouth. Upon completion, the space will be much improved with increased facilities, fewer environmental risks and more conducive to patient centred care.

Western consultation launched

In mid-August, a consultation was launched for members of the public to have their say on a new state-of-the-art 50-bed, rehabilitation unit planned for the Western Community Hospital. The new wing will enable a greater number of people to be cared for in fresh, modern facilities. – enhancing the patient experience and providing an improved working environment for staff.

Technology and digital

The outbreak of the pandemic meant that we had to work rapidly to support our staff to work remotely. Ensuring our staff had the right equipment, software and connectivity to be able to continue working seamlessly, and ensuring ICT stability across the Trust, was a key priority.

Our ICT response to support our staff during the pandemic

Our internal ICT team and CGI teams (our ICT provider) worked closely to establish strong communication and governance during to support business continuity periods, with both teams quickly establishing a joint structured governance framework. This included daily calls and focussed meetings to target key issues, a jointly owned priority action tracker, fast-tracking approvals and authorisation processes to avoid unnecessary delays and dedicated project managers on both sides.

Back in March/April 2020 over 350 extra laptops and 200 mobile phones were deployed at speed and we have continued to provide essential equipment to our users throughout the pandemic. We also prepared tablets for wards to help patients communicate whilst unable to receive visitors. Overall, this has resulted in an increase of c600 new laptops, c1300 new phones and c200 new tablets.

Over the last 12 months, there has also been a significant increase in temporary staff across the Trust, adding pressure to ICT support services.

Another essential response was to ensure staff had the right software for the new way of working remotely. Microsoft Teams was rolled out to the whole Trust within 48 hours in March 2020 to enable staff to communicate effectively using video and audio conferencing, a cloud phone system, instant messaging, shared workspaces and file sharing from anywhere without compromising privacy and security. In addition, 2 medical video collaboration platforms were made available to facilitate virtual patient consultations. By February 2021 over 10,000 medical appointments have been conducted this way since the beginning of the pandemic.

Virtual Private Network (VPN) user licences and simultaneous VPN access were increased and there have consistently been over 1000 extra daily connections throughout the COVID-19 pandemic. Internet bandwidth was quadrupled, to ensure that there would be enough capacity to cover the increased demand of the lockdown periods. The internet usage has far exceeded its previous bandwidth since we upgraded it. Similarly, mobile phone data usage has trebled this last year compared to the previous year.

During Wave 2 of the pandemic we also lead the ICT mobilisation to support the 4 mass vaccination centres across Hampshire and the Isle of Wight.

Whilst COVID-19 impacted and delayed some of our planned programme of works, we were able to progress some of these in between pandemic waves and as the situation improved.

Some highlights include:

During both waves of the pandemic we assisted with setting up multiple extra bedded units to support any possible capacity issues in the acute sector. Alongside Estates, ICT were requested to support this by provisioning the new bed areas with ICT capability. We also provided ICT and Information Systems Team support for the November 2020 launch of Solent South East Veteran's High Intensity service in partnership with Sussex, Surrey, Kent, & Berkshire trusts.

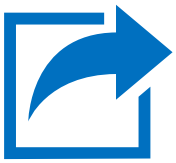
As part of SystmOne optimisation project, Solent Remind service was set up, and Learning Disability, Older Persons Mental Health Community service was also optimised.

The Information Systems Team were also involved in mobilising the Public Health Nursing 0-19 service on the Isle of Wight who transferred to us in November from the IOW Trust. The service and the clinical records of c33,000 children were moved onto our clinical record system, SystmOne as part of this. The records of all 0-19 year olds on the IOW had to be manually registered onto SystmOne which took several months and involved a team of ten temporary data entry clerks. This was completed successfully prior to go live in November 2021. There were c50 staff who were trained and given access to SystmOne and they were provided with 121 'floorwalking' support for the first two weeks after go live to assist them in using the new system by three members of staff from the Information Systems Team. This was despite the fact that the second lockdown happened a few days after go live. The service are successfully using the new system and were positive about the level of help and support they received during the transition period.

In year we have pressed ahead and migrated our users from Microsoft Windows 7 to Windows 10 and also rolled out Microsoft Office 365 throughout the Trust, with steps now being taken to fully move beyond the Office suite to Microsoft 365.

This will allow us to share information seamlessly throughout the organisation and with our partners, utilising products like Microsoft PowerBI.
To help harness the power of this new software we now have an inhouse application development facility and have been working on several projects so far, both internally within the Trust and collaborating with external organisations. Patient facing applications can now also be developed meaning we do not always need to rely on buying third party applications.

Our wide area network replacement project is currently in flight, improving connectivity throughout the Trust not only for our staff, but for other staff working within our buildings. Additionally, the GovRoam WiFi project is now moving forward to improve connectivity for our users across the public sector estate. We are also piloting solutions to deploy seamless connectivity with VPN for staff when moving between sites.



Our team are currently working on a transformation and transition programme incorporating a 5 year digital transformation plan and transition to a Future ICT Operating Model in 2022.

Hampshire and IOW ICS Digital and Data Strategy

We are fully engaged with the ICS Digitisation and Infrastructure Mission - Deploying and improving systems to enable information to be recorded and viewed at the point of care. Enabling professionals to work from anywhere.

We are working with the wider ICS to empower citizens, carers, health and care staff to improve the health and wellbeing of people living in Hampshire and the Isle of Wight through digital transformation. This means providing people with the right information at the right time to make the right health and care choices and equipping health and care professionals with the right tools and insights to inform population-based planning of sustainable services.

NHS Long Term Plan

We are also aligned to the NHS Long Term Plan, which aims to make the NHS fit for the future and get the most value for patients out of every pound of taxpayers' investment. The plan sets out how to overcome the challenges that the NHS faces, such as staff shortages and growing demand for services. It specifically recognises the role that digital has in enabling the delivery of the plan and outlines the practical priorities that will drive digital transformation.

We will continue to develop our Digital Strategy during the year ahead.

Performance Analysis

Performance Measurement

Performance Governance Framework

Our Performance Governance framework has been tailored during 2020/21 due to the exceptional nature of this year, taking a risk-based approach with the Trust's response to COVID-19 at the forefront. As the pandemic developed throughout the year, the manner in which Performance Governance has been carried out was flexed to meet the needs of the organisation.

For the majority of 2020/21, the formal performance governance structure was in place, ensuring the needs of the organisation were met in the most efficient way, optimising escalations to the senior leadership team and Trust Board. The standing agenda items were reduced in April 2020 and focussed on key areas impacting the Trust's ability to respond to COVID-19.

In January 2021 a decision was taken to supercede the formal performance governance framework with exception focussed reporting only, allowing key members of the Trust's senior team to focus on the response to the second wave of COVID-19 and the intoduction of the Vaccination Programme. Exception reporting of performance concerns were identified through a range of forums, but predominently via the meetings of the Gold Command taskforce, which were held three times per week at the height of the COVID-19 response.

You can read more about of performance meeting structures within the Annual Governance Statement.

Business Intelligence

This year has also seen us implement and develop PowerBI, the Trust's business intelligence reporting tool. This was deployed, ahead of schedule in March 2020, to fulfil the need for Executive oversight of a range of up to date information from the clinical, workforce and quality systems in a more timely way than had previously been available. Throughtout the year, PowerBI has been utilised to deliver a range of high profile intelligence relating to COVID-19, but has also published a suite of reports for use across all services within the Trust.

Contractual Performance Monitoring

External reporting of contractual performance information was paused in March 2020, reflecting agreements with our stakeholders that COVID-19 was severely impacting business-as-usual service delivery, and that all efforts should be focussed on delivery of core services during this time. During the year some external reporting was reinstated for key public health contracts such as the Local Authority funded Sexual Health Service and newly mobilised School Aged Immunisations service.

Whilst production of contractual performance information was maintained throughout the majority of the year, the scruitiny of it was reduced significantly, ackowledging that it was expected for performance of business as usual measures to deteriorate where COVID-19 had impacted service delivery. Concerns over performance were highlighted and discussed as appropriate via the exception reporting processes referenced previously.

This year has also seen system-level performance monitoring take strides forward as a direct result of the pressures on the local system caused by COVID-19. We have worked collaboratively with providers across Hampshire and the Isle of Wight to develop integrated demand and capacity tools, and to demonstrate the impact of COVID-19 on a range of key services; such as Community Hospitals, Community Nursing Services, Urgent Response Services, and Mental Health services for all ages. These workstreams are less focussed on the performance of Solent as an individual Trust, but consider the wider impact of demand across all provider trusts within the Hampshire and Isle of Wight system.

Activity review

A breakdown of patient contacts and occupied bed days by service line is illustrated in the following table:

Service Line	Contacts	Inpatient Occupied Bed Days	Total
Adult Mental Health	75,433	12,104	87,537
Adult Services, Portsmouth	166,446	8,838	175,284
Adult Services, Southampton	290,621	15,751	306,372
Child and Family Services	205,510	0	205,510
Special Care Dental Services	23,989	0	23,989
Primary Care and Long-Term Conditions Services	136,722	0	136,722
Sexual Health Services	76,935	0	76,935
Pharmacy Services	770	0	770
	976,426	**36,693**	**1,013,119**

Overall activity levels in 2020/21 have reduced compared to 2019/20 due to COVID-19, the national directives to stand down non-urgent services for some periods of time, as well as the additioanl Infection Prevention and Control measures required to be implemented within all services. The overall decrease to 2019/20 was 12%.

Services adapted rapidly following the first national lockdown in March 2020, implementing technologies to deliver care remotely, via the telephone and video consultations, at a much greater scale than had ever been used before. During 2020/21, almost 30% of all patient contacts were delivered via remote means, reducing the need for patients to travel and physically attend appointments, helping to minimise the risk of unnecessary COVID-19 infection transmission.

There have been some changes to the profile of services delivered by Solent during this period, which contribute to small level of variation seen over the past two years. The Sexual Health Service was awarded the contract to deliver services on the Isle of Wight from 1 April 2020, on top of the exisiting footprint across the rest of Hampshire. Solent's Childrens services also took on both the 0-19 and School Aged Immunisations services on the Island part-way through the year, expanding the service provision already run by Solent in Portsmouth and Southampton.

We successfully achieved the national standards for Referral to Treatment (RTT) within 18 weeks for another year, despite the challenges faced due to COVID-19. This is in part due to some RTT applicable services being required to close to new referrals for short periods of time. Due to the community nature of services provided by Solent, there are limited services applicable to the national RTT standards. Although the standards have been achieved, performance has declined from 2019/20 across both measures, highlighting the pressures on consultant-led community services. A breakdown of performance for 2020/21 is illustrated in the following table:

RTT standard	Number of compliant referrals	Total number of referrals	Performance
Part 1B – Complete Outpatient	5,006	5,122	**97.7%**
Part 2 – Incomplete	7,250	7,483	**96.9%**

NHS Improvement Single Oversight Framework

The NHS Improvement Single Oversight Framework (SOF) provides the framework for overseeing organisations and identifying potential performance concerns by NHS Improvement (NHSI). We continued to assess ourselves against the standards set out, regularly utilising the national Model Hospital tool for benchmarks. During 2019/20, our organisational grading has increased to a Level 1 Maximum Autonomy(out of levels 1-4), the best possible position for any Trust.

The framework covers five themes:

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

NHSI has defined metrics for the first three themes listed above; as such our performance is summarised as follows. Thresholds highlighted in grey are internal and aspirational thresholds, whereas all others are national targets.

Overall, we have performed well against the majority of metrics included within the NHSI SOF. The following commentaries provide detail on areas of exception.

Quality of Care Metrics

The measure of 'Quality of Care' includes the CQC's most recent assessment of whether our care is safe, effective, caring and responsive as well as in-year information where available. NHSI also consider a range of indicators under this domain and our performance is summarised as follows;

Organisational Health

	Indicator Description	Threshold	Apr - 20	May - 20	Jun - 20	Jul - 20	Aug - 20	Sep - 20	Oct - 20	Nov - 20	Dec - 20	Jan - 21	Feb - 21	Mar - 21
Quality of Care Indicators														
Organisational Health	Staff sickness (rolling 12months)	4%	5.2%	5.2%	5.1%	5.0%	4.8%	4.7%	4.6%	4.6%	4.6%	4.6%	4.6%	4.5%
	Staff turnover (rolling 12 months)	14%	13.8%	13.4%	12.9%	12.2%	12.7%	12%	11.9%	11.1%	11.1%	11.0%	10.5%	10.2%
	Staff Friends & Family Test - % Recommended Employer	80%	-	-	-	-	-	-	-	-	-	-	-	-
	Proportion of Temporary Staff (in month)	6%	7.2%	6.4%	6.2%	7.0%	6.7%	6.5%	6.6%	6.6%	6.2%	7.3%	8.7%	11.9%

During 2020/21 Solent have not met the internal target of 4% for sickness, however given the impact of COVID-19 on our workforce this year, an average sickness rate of 4.8% is very positive.

The Trust turnover rate has averaged at 10.2% for a rolling 12 month period. The national data for turnover is published as a monthly rate, for which the national median is 0.93% (as reported by the NHS Improvement Model Community Health Trust for Jan 2021). Solent's average monthly turnover rate for March 2021 was in line with this at 0.92%.

Caring

	Indicator Description	Threshold	Apr - 20	May - 20	Jun - 20	Jul - 20	Aug - 20	Sep - 20	Oct - 20	Nov - 20	Dec - 20	Jan - 21	Feb - 21	Mar - 21
Caring	Written Complaints	15	1	4	13	12	15	17	15	16	13	7	14	21
	Staff Friends & Family Test - % Recommended Care	80%	-	-	-	-	-	-	-	-	-	-	-	-
	Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0
	Community Friends & Family Test - % positive	95%	*	*	*	*	*	*	*	91%	94%	94%	94%	91%
	Mental Health Friends & Family Test - % positive	95%	*	*	*	*	*	*	*	91%	78%	93%	95%	97%

Compliance against the Caring domain is positive overall with no significant concerns. Friends and Family Test surveys for staff were paused throughout 2020/21, and for patients were up until November 2020. Due to the nature of our Mental Health Services, the Friends and Family Test (FFT) scores are generally lower than Community services FFT scores. The Trust average was 94.3% which is above both the England and Hampshire averages (89%), however it is acknowledged that this is still below the recommended 95%.

Effective

	Indicator Description	Threshold	Apr - 20	May - 20	Jun - 20	Jul - 20	Aug - 20	Sep - 20	Oct - 20	Nov - 20	Dec - 20	Jan - 21	Feb - 21	Mar - 21
Quality of Care Indicators														
Effective	Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% clients in settled accommodation	59%	78%	78%	74%	74%	75%	74%	70%	68%	70%	68%	68%	72%
	% clients in employment	5%	5%	5%	5%	5%	6%	5%	5%	5%	4%	5%	6%	6%

The standards required to meet the metrics under the Effective domain were met in most months throughout the year.

Safe

	Indicator Description	Threshold	Apr - 20	May - 20	Jun - 20	Jul - 20	Aug - 20	Sep - 20	Oct - 20	Nov - 20	Dec - 20	Jan - 21	Feb - 21	Mar - 21
Safe	Occurrence of any Never Event	0	0	0	0	1	0	0	0	0	0	0	0	0
	NHS England/ NHS Improvement Patient Safety Alerts outstanding	0	0	0	0	0	0	0	0	0	1	0	0	0
	VTE Risk Assessment	95%	96%	92%	92%	94%	87%	94%	92%	93%	97%	98%	89%	92%
	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	0	0	0	0	0	0
	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0
	Escherichia coli (E.coli) bacteraemia bloodstream infection	0	0	0	0	0	0	0	0	0	0	0	0	0
	MRSA bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0
	Admissions to adult facilities of patients who are under 16 yrs old	0	0	0	0	0	0	0	0	0	0	0	0	0

The standards required to meet the metrics under the Safe domain were met in most months throughout the year, except for the VTE Risk Assessments metric. This is an area where performance is often just below target, and is attributed to the high level of change seen in the medical team providing cover to the Mental Health Inpatient wards.

Operational Performance Metrics

NHSI have determined a number of key metrics in accordance with NHS Constitutional standards. Our performance against these are summarised as follows;

Indicator Description	Threshold	Apr - 20	May - 20	Jun - 20	Jul - 20	Aug - 20	Sep - 20	Oct - 20	Nov - 20	Dec - 20	Jan - 21	Feb - 21	Mar - 21
Operational Performance													
Maximum time of 18 weeks from point of referral to treatment (RTT) – patients on an incomplete pathway	92%	96%	96%	92%	95%	95%	97%	99%	99%	99%	97%	97%	97%
Maximum 6-week wait for diagnostic procedures	99%	100%	65%	79%	82%	80%	66%	73%	65%	54%	65%	64%	86%
Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	0%	0	0	0	0	0	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%	83%	60%	75%	40%	100%	100%	100%	86%	100%	20%	100%	89%
Data Quality Maturity Index (DQMI) - MHSDS dataset score*	95%	92%	92%	92%	92%	92%	92%	92%	92%	90%	-	-	-
Improving Access to Psychological Therapies (IAPT)		-	-	-	-	-	-	-	-	-	-	-	-
- Proportion of people completing treatment moving to recovery	50%	52%	52%	53%	56%	57%	57%	58%	58%	58%	58%	58%	58%
- Waiting time to begin treatment - within 6 weeks	75%	97%	97%	100%	100%	100%	100%	100%	99%	99%	100%	100%	100%
- Waiting time to begin treatment - within 18 weeks	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Overall, compliance against the Operational Performance theme is positive. The biggest area of concern this year has been the impact of COVID-19 on our Diagnostics service provision, and subsequently the detrimental effect this has had against the 6-week target. Solent sub-contract the Diagnostics service out to a third party provider, and this relationship has been closely maintained and monitored throughout the year, and will continue to be so as the service recovers. All patients are appropriately triaged to ensure the waiting times for high risk patients are minimised. Performance against this metric is reflected nationally as all Diagnotics providers have seen the same level of impact.

Strategic Objectives Achievement and our key successes

As part of the Trust's emergency response to COVID-19, the monitoring and development of strategic planning was suspended in February 2020. The Trust's planning for 2020/21 has focused on restoration and recovery to deliver the national programme for restoring treatment capacity that was paused while the number of COVID-19 patients was rising.

In year planning has been coordinated at a Hampshire and Isle of Wight level to support system priorities such as establishing COVID Vaccine hubs. As a consequence many of the schemes and projects planned in 19/20 were not realised and the objectives for services were no-longer relevant during the pandemic. A summary of achievement of business objectives at the end of quarter 4 for 2019/20 (previous year) objectives when service implementation and monitoring was suspended, was as follows:

- 53 Objectives (79%) were rated as green indicating they were on target for completion by intended dates.
- 11 Objectives (16%) were highlighted as amber, indicating that they were experiencing difficulty or delay, however this delay should not be detrimental to the overall success of the objective.
- 3 Objectives (5%) were currently rated as red. This means that these objectives had one or more milestones outstanding that have a significant impact on achieving the intended outcomes of the objective.
- 8 Objectives successfully met all the planned milestones and were complete.

We will be reviewing considering our priorities for 2021/22 and that of the wider ICS in accordance with the National Operating Plan guidance.

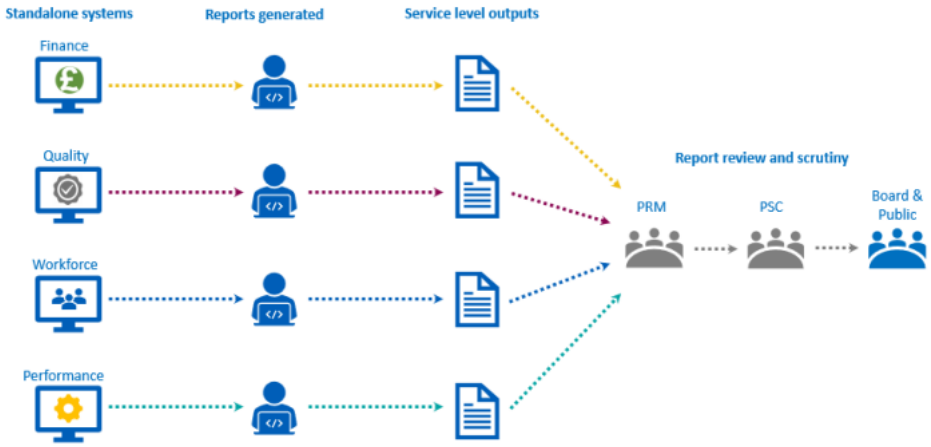
2021/22 – A Look Forward

As we move into 2021/22 we will undoubtedly continue to be responding to the ongoing pandemic. As such, it is likely that we will have to adjust some of our planned activity across all sectors of the organisation.

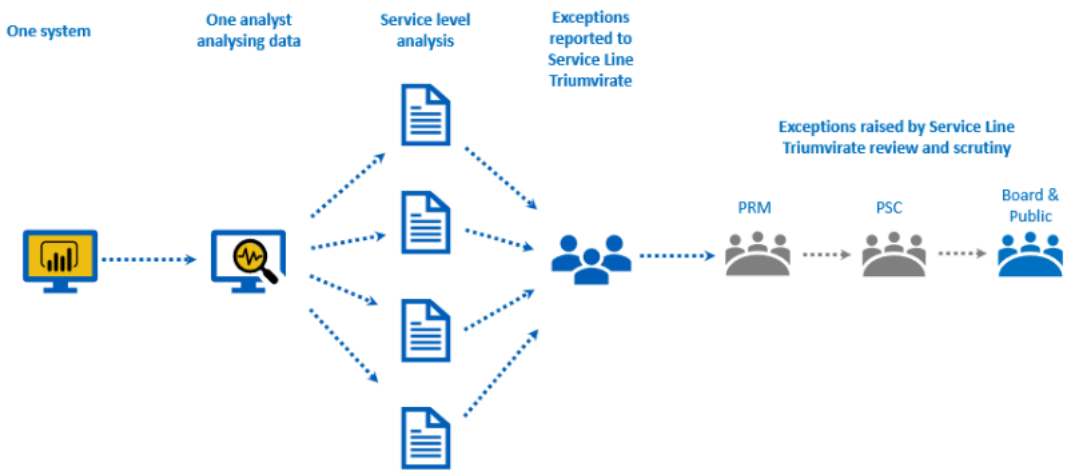
Development of the Performance Governance Framework

The introduction of PowerBI within the Trust has bought with it a range of new possibilities in the way we approach Performance Governance. During 2020/21 a revised version of the Performance Governance framework was approved for implementation, with a six month roadmap to delivery. This was unforunately delayed due to the second wave of COVID-19 and will now likely be delivered in the Summer of 2021. The new framework aims to integrate reporting across Corporate teams to provide a more streamlined suite of information for Clinical Service Lines to review and provide assurance on at the Performance Review Meetings.

The current framework sees a large number of reports created, by individual Corporate Teams, which are all interpreted independently of each other by the services, as shown in the following picture:



The new framework intends to bring all key metrics together in one place (PowerBI) where data can be triangulated across systems, providing intelligence rather than information to services via one dedicated analyst. The services will be expected to have reviewed their data in advance of the Performance Review Meetings and provided detail on exceptions to their Service Line Triumvarate for presentation and discussion at the meeting.



Business Intelligence

The roadmap for the rollout of PowerBI was set back somewhat by the exceptional year we have endured, and as such a new plan for a formal launch and more widespread access across the Trust is planned for 2021/22. The benefits that have been realised from the small element of PowerBI currently in use have been valued and praised by users across the Trust. Whilst it is acknowledged that further work is still required to lay the foundations for PowerBI to change the way we use information and intelligence within Solent, the shift is beginning to be seen.

Environmental reporting

Progress on a number of initiatives and plans linked to the overarching Environmental achievements has been impacted by the COVID-19 pandemic, however progress has still been made in a number of key areas and a number of initiatives have been achieved.

Our Sustainable Development Management Plan, reviewed in May 2020, aligns with the NHS Standard Contract, specifically Service Condition SC18 – Sustainable Development. However, our Plan is currently under review following the publication of the new NHS Standard Contract that introduced changes to Service Condition SC18 including the requirement to develop and publish a Green Plan.

As a Provider we are required to quantify our environmental impacts and publish in our annual report quantitative progress data covering as a minimum, greenhouse gas emission in tonnes, emissions reduction projections and the way in which those projections will be achieved. Our target for 2020/21 was to publish our Green Plan and ensure we are able to provide the level of information required for our 2020/21 annual report. Whilst progress has been made with our Green Plan, we have encountered delays and expect this to be formally published during May 2021.

Our Sustainable Development Management Plan (SDMP) priorities

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 have been amended during 2020/21 and incorporated within our new Green Plan and are shown below:

- 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; and
- To comply with all statutory sustainability requirements and implement national strategy

During 2020/2021, along with many other Trusts, we were impacted by the COVID-19 pandemic, during the period we provided support to the HIOW healthcare system that inevitably had an impact on our sustainability and environmental position. The support we provided included:

- Provision of additional bed capacity to a number of sites in Portsmouth including Hamble House, Jubilee House and Spinnaker and Brooker wards
- Provision of additional bed capacity to a number of sites in Southampton including Snowdon and Lower Brambles wards
- Estates and Facilities support to enable the HIOW Vaccination Centres

- We also created an in-patient facility at Adelaide Health Centre in Southampton with a 72-bed capacity.

The additional bed capacity and changes to guidance in managing our patient and non-patient areas has impacted on waste, energy, staffing and the way in which services and activity were delivered. These changes included an increase in home working, reduced clinics, and virtual consultations. The use of Teams and Zoom for meetings resulted in a reduction in travel.

Our consumables

Following a review of VAT on utilities costs refunds were agreed and received from the utility companies as many of our in-patient areas are classified as residential facilities due to the length of stay of our patients. These sites should be charged pro rata 5% VAT for the ward area with no Climate Change Levy (CCL) payable for the ward proportion of the site. These charges have been able to be re-couped for the last 4 years. This will be an annual saving for Jubilee House of approximately £5,400pa (21%), Western Community Hospital approximately £11,000 (6%) and St James approximately £6,600pa (21%). The rebates have been used to fund LED lighting schemes that will provide further energy reduction benefits.

In year we;

- Reduced our electricity consumption by 7% across the whole of the Trust
- Increased our gas consumption by 9% across the whole of the Trust partly due to windows and doors being open for additional ventilation and partly due to heating remaining on throughout the building even if only a few areas were being used. The increase was also due in part to increased water consumption with a large proportion of this having been to generate hot water used for increased cleaning and handwashing.
- Increased our waste volumes significantly, largely due to increased used of PPE and changes in waste disposal guidance, however we have now re-introduced tiger bags back into inpatient areas. During the period our waste contractor performance remained high at 98% or above.
- We introduced 500 additional dry mixed recycling bins during 2019/20, which were provided free by the waste contractor to assist with improving recycling rates. However, the deployment during 2020/21 was slower than anticipated due to the impact of the pandemic – this has now recommenced.

Our mixed waste recycling (including confidential waste) reduced to 27% across the whole of the Trust from 30% in 2019/20. Our target for 2020/21 was to separate out our waste streams where possible to enable independent recycling of wastepaper and cardboard. However, it was found not to be economical to segregate into each separate recycling stream as this would require an increase in vehicle collection and would increase our carbon footprint as well as increase air pollution. However, three new compactors have been installed on our hospital sites which significantly reduced the number of collections from 3 times a week to once every 3 weeks.

In addition we have:

- Continued to achieve our target of zero waste to landfill.
- Saved, stored, and re-used approximately 10 tonnes of furniture.
- Invested £466K in energy efficiency measures.
- Re-established a Sustainable Action Group to support the required outcomes from our Green Plan, drive sustainability and energy initiatives and raise awareness and generate environmental improvement actions. However, progress in fully establishing this group was impacted by the COVID-19 pandemic and we look forward to this group making a difference in 2021/22.
- Continued to introduce initiatives where possible to make our procurement more sustainable, however PUSH deliveries had an impact on implementing these.
- Committed to purchasing Green Electricity with a new supply contract going live on 1 October 2021
- Appointed an Apprentice Energy Assistant to support the increasing focus and challenges on energy and sustainability and the implementation of our Green Plan
- Applied for funding to the Low Carbon Skills Fund to support the development of our decarbonisation road map, unfortunately this was unsuccessful but the road map is being progressed and a specialist consultant has been appointed.
- Identified a number of energy saving schemes including replacement of existing lighting using LED technology with the first stage complete on 31 March 2021
- Appointed a framework consultant to complete a feasibility study and business case for the provision on an electric vehicle charging infrastructure across our estate, and
- Having signed the trust up to a plastic reduction pledge in 2019/20 we committed to:
    - By April 2020, no longer purchase single-use plastic stirrers and straws, except where a person has a specific need, in line with the government consultation. This was achieved.
    - By April 2021, no longer purchase single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics. This was achieved on 31 March 2021.
    - By April 2021, go beyond these commitments in reducing single-use plastic food containers and other plastic cups for beverages – including covers and lids. This was achieved on 31 March 2021.

Travel

To assist us in our aspiration to reduce single occupancy car travel and increasing cycling in conjunction with our Sustainable Travel Plan, we commenced implementation of our refreshed Access & Transport Policy on a phased basis during 2019/20. This was however unfortunately delayed in its progression due to the impact of COVID-19.

The park and ride facility for our St Mary's Community Hospital Campus has been successful and the provision of pool cars to support staff that used this facility or car shared, has been well supported. We

are currently working with LiftShare to introduce a car sharing scheme to support reduced single journeys. We are also working closely with the 'My Journey' programme across Hampshire, Portsmouth, and Southampton to raise awareness of alternative transport options and secured grant funding to support the implementation of new initiatives including cycle shelters and a Cycle to Work Scheme. Behavioural change and the impact of COVID-19 remain the two key challenges to this being fully and successfully implemented.

Reporting, monitoring and the Sustainable Development Unit (SDU) Report

On an annual basis we completed the Sustainable Development Unit (SDU) report, supported by the ERIC return (Estates Return Information Collection) and from data provided through our energy bureau. The SDU report has been replaced with the Sustainability Development Action Tool (SDAT), and this is being completed for 2020/21. This is in line with our Carbon Reduction Action Plan, to meet our mandatory sustainability reporting requirements. We use the Model Hospital reports to review our performance against published benchmark information and our peer groups.

In addition, on a monthly basis, we monitor our waste disposals and utilities consumption. Our utilities consumption is compared with previous year's usage and adjusted using degree day data[1] to ensure economic efficiencies and to track consumption in line with our carbon reduction targets. Due to the impact of COVID-19 requirements and guidance we saw an increase in water consumption of 20% and this also contributed to an increase in gas consumption of 9%, we did however see a reduction in electricity consumption of 7%.

Our waste disposal locations are monitored to ensure zero 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[2] recovery facilities, instead of previous landfill sites. Recycling has been impacted by the pandemic during the year. Changes to our cleaning methodology, required as a result of the COVID-19 guidance, impacted on waste volumes produced during the year. Medium risk IPC clinical care pathways resulted in most inpatient areas that were previously using Tiger bags to revert back to Clinical waste bags, however tiger bags are now being re-introduced. There was also a significant increase in precautionary PPE in all services that previously produced no waste. In addition, we saw significant increases in clinical waste in patient homes. We are looking forward to getting back on track during 2021/22 as the impact of COVID-19 starts to ease.

[1] Degree day data enables an accurate assessment and comparison of energy consumption to be made, making due allowance for weather conditions in any given period.
[2] R1 recovery facilities use waste to generate energy.

In January 2021 we reached agreement through our current utilities contract to purchase Green Electricity and this will take effect on 1 October 2021. The expected carbon saving to the Trust is approximately 826 tonnes of carbon. This is a significant reduction in our carbon footprint and any future heat decarbonisation would then be 100% carbon saving as the alternative electric plant will be powered from a green source. Continued improved accuracy in monitoring our energy consumption has helped to inform future capital investment decisions to reduce energy consumption and delivery of a sustainable estate. Roll out of AMR (Automatic Meter Readers) has been slowed due to COVID-19, however we have continued with approximately 50% of gas and electricity meters now changed to AMR - this will reduce the burden and carbon footprint of sending out maintenance staff to read meters and has further improved the accuracy of invoices.

Utility contracts

In year, we accessed a framework to run a mini competition to change our water and sewerage supplier. Our water contract, as a result of the increasing competitiveness of the deregulated water markets, has achieved a reduction in cost, improved water loss management and improved visibility of consumption via use of a portal. Through the framework customer service is evaluated against Key Performance Indicators (KPIs) with the potential to enforce Poor Performance Remedies in cases of significant and prolonged poor customer service.

The process to switch is complete and all supplies are now consolidated with one supplier and we look forward to seeing the benefits of the new contract. Site surveys will start early next year on the feasibility of installing AMR water meters, this will improve invoicing, and enable early leak detection. In accordance with the HM Treasury Sustainability Reporting Guidance, our Carbon reduction Plan addresses the minimum requirements concerning Green House Gases (GHG) including Scope 1 (direct 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 through improved route planning and optimisation, reduce the number of deliveries required, minimise congestion and the associated emissions/pollutants.

Sue Harriman
Chief Executive Officer
Date: 14 June 2021

Section 2
Accountability and Corporate Governance Report

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:

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

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 /workshops every other month. All Non-executive Directors take an active role at the Board and board committees.

Whilst our established and existing governance infrastructure continued throughout the National Emergency, we did proactively consider items being reported to ensure appropriate oversight of risk and moved to holding virtual Committee and Board meetings to comply with social distancing guidelines.

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.

However, at the end of September 2020, as a result of the substantive CEOs' and Chief People Officers' secondments to NHS England and Improvement to support the National Vaccination Programme, the

Board adjusted its composition, and that of its Committees. The changes resulted the substantive voting seat (held by the Chief People Officer) remaining vacant, with the Board continuing to be operate in a statutorily compliant manner.

Changes are summarised in the following table:

Board membership 1 April - 27 September 2020	From 28 September – 15 March 2020
Voting members: ○ Independent Chair (Chairperson) ○ Five Non-Executive Members ○ Chief Executive ○ Chief Nurse ○ Chief Finance Officer and Deputy CEO ○ Chief Medical Officer ○ Chief People Officer Non voting members: ○ Chief Operating Officer Portsmouth ○ Chief Operating Officer Southampton and County Attendee ○ Associate Director of Corporate Affairs and Company Secretary	Voting members: ○ Independent Chair (Chairperson) ○ Five Non-Executive Members ○ Acting Chief Executive Officer (CEO) ○ Chief Nurse and Acting Deputy CEO ○ Acting Chief Finance Officer ○ Chief Medical Officer Non voting members: ○ Chief Operating Officer Portsmouth ○ Chief Operating Officer Southampton and County ○ Acting Chief People Officer Attendees ○ Associate Director of Corporate Affairs and Company Secretary ○ Director of Partnerships

Together, the Board members bring a wide range of skills and experience to the Trust. The composition, balance of skills and experience of the Board is reviewed regularly by the Governance and Nominations Committee.

Executive Director appointments

Chief Operating Officer Portsmouth

Sarah Austin, Chief Operating Officer Portsmouth and Commercial Director, left in late April 2020 to join Guy's and St Thomas' NHS Foundation Trust in London as Director of Integrated Care. Suzannah Rosenberg, took up post as our Interim Chief Operating Officer in Portsmouth in April 2020.

Chief Medical Officer

In July 2020, Dr. Jonathan Prosser, Interim Medical Director, retired and Dr. Dan Baylis, joined us from 1 August 2020 as Chief Medical Officer.

Interim leadership changes

Interim leadership changes were implemented in late September 2020 as a result of the CEO and Chief People Officer secondments to NHS England and Improvement and the following were appointed:

- Acting CEO - Andrew Strevens (our substantive Deputy CEO and Chief Finance Officer)
- Chief Nurse and Acting Deputy CEO – Jackie Ardley (our substantive Chief Nurse)
- Acting Chief People Officer – Jas Sohal (our substantive Associate Chief People Officer)
- Acting Chief Finance Officer – Gordon Fowler (our substantive Director of Finance)
- Director of Partnerships – Gordon Muvuti

Sue Harriman returned to Solent on 15 March 2021

Non-executive Director appointment

There were no new Non-executive Director appointments in 2020/21. We did, however, enact the recruitment process in accordance with succession planning arrangements for our Audit & Risk Committee NED Chair, Jon Pittam, whose tenure ended in March 2021. Calum Mercer joined us on 1 February 2021 as Associate NED, as part of the handover process from Jon, prior to his substantive role commencing 1 April 2021.

Our Board members during 2020-21

Catherine Mason
Chair

Appointed: April 2019

Catherine joined us as Chair from 1 April 2019. Prior to this Catherine was a Non-executive Director of University Hospital Southampton NHS Foundation Trust between March 2018 – March 2019.

Catherine has experience of working in the transport, consumer goods and healthcare sectors. She held senior roles within marketing for blue chip companies, was the Group Chief Executive of Translink, a public transport organisation in Northern Ireland and was Managing Director of NATS (National Air Traffic Services) Services division, the leading provider of air traffic control services. Catherine moved into healthcare in 2016 when she was appointed as Chief Executive for Allied Healthcare, the UK's largest provider of care at home, and then joined Spire Healthcare as Chief Operating Officer. Catherine is the also the Chair of Community Health Partnership and is an independent member of the Network Rail System Operator.

Living locally, Catherine is committed to improving the healthcare of local communities and believes there are many opportunities for community and mental health services to drive system transformation.

Jon Pittam
Deputy Chair, Senior Independent Director & Non-executive Director

Appointed: June 2012

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 is also the Lead NED for Freedom To Speak Up / Whistleblowing.

Jon sadly leaves Solent at the end of his tenure, 31 March 2021.

Jon has been one of our longest serving Non-executive Directors and a strong advocate and supporter of our services. We would like to take the opportunity to thank him for his dedication and commitment to the organisation, over the many years, and wish him all the best in the future.

Mike Watts
Non-executive Director

Appointed: October 2016

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 Workforce and OD Committee as well as the Remuneration Committee. He is also the lead NED for Medical and Professional Fitness to Practice cases.

Gaurav Kumar
Non-executive Director

Appointed: October 2019

Gaurav is a Hampshire resident with extensive Global experience. During his career he has worked and lived in India, New Zealand, Australia, U.A.E and the UK. He is presently employed as the Global Chief Information Officer with ASSA ABLOY Entrance Systems where is also an Executive Board member and a member of the ASSA ABLOY IT Board.

Gaurav has a strong background in strategy development, digital transformation, operations management and enterprise performance improvement. His professional experience consists of working in the areas of Engineering, Supply Chain, Information Technology and Major Program Management.

Stephanie Elsy
Non-executive Director

Appointed: September 2017

Stephanie has worked in the delivery of public services for over 30 years. She was a CEO in the charity sector for 15 years managing community and residential services for people recovering from substance misuse, people with disabilities and people living with HIV and AIDS. She then entered local politics as a Councillor in the London Borough of Southwark in 1995, becoming Chair of Education in 1998 and then Leader of the Council in 1999.

After retiring from local government in 2002 Stephanie served on the Board of Southwark Primary Care Trust which had pooled its resources with the Social Services Department and had a joint Director. She also started a consultancy business providing services in health, local and regional government. Serco Group PLC became one of her clients, and in 2004 she was invited to join the company as a senior Director to support its Board and Senior Executives in raising the company's profile in government and business. She was a member of the company's Global Management Team and helped shape the company's business strategy and supported new market entry in the UK and internationally.

Stephanie left Serco in 2012 to establish a new consultancy business, Stephanie Elsy Associates, an advisory consultancy specialising in public sector services and the government contracting markets. She lives in Emsworth where she is Chair of the local Neighbourhood Forum which is developing a Neighbourhood Plan for the town. Stephanie is also the Chair of Bath and North East Somerset, Swindon and Wiltshire STP/ICS. Stephanie joined the Trust in September 2017 and is the Lead NED for Patient Experience and Emergency Planning, Resilience and Response.

Thoreya Swage
Non-executive Director

Appointed: February 2020
(Associate NED from 1st Jan 2020)

Thoreya has several years' experience in the NHS both as a clinician (psychiatry) and a senior manager in various NHS purchasing organisations covering the acute sector as well as primary care development. Her last NHS post was Executive Director of a Health Authority with a remit to develop all types of GP Commissioning including GP Fundholding.

Thoreya has run a successful management consultancy business since 1997 during which time she has developed particular expertise in the field of service reviews and redesign, strategic development, clinical governance, reviews of the evidence, commissioning and procurement with the NHS and independent sector and education and training. In 2006-7 she was Deputy Medical Director at the Commercial Directorate, Department of Health implementing the National Independent Sector Treatment Programme.

Since 2014 she has run a number of leadership development programmes for primary care clinical and non-clinical staff on behalf of the NHS Leadership Academy in the South East area which recently have been supporting development of Primary Care Networks. She has taught at Reading University, Queen Mary, University of London and King's College, London, and has researched and written a number of published articles.

Thoreya is a current Non-executive Director at Frimley Health NHS Foundation Trust, a past Non-Executive Director at Barts Health NHS Trust as well as a member of the Advisory Committee of Clinical Excellence Awards for North East London.

Sue Harriman
Chief Executive
(Secondment to NHSE, 28 September 2020 – 14 March 2021)

Appointed: September 2014

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 joined the National COVID-19 Vaccination programme on secondment with NHS England and Improvement on 28 September 2020 and returned on 15 March 2021.

Andrew Strevens
Deputy Chief Executive and Chief Finance Officer
(Acting Chief Executive 28 Sept 2020 -14 March 2021)

Appointed: August 2015

Andrew joined the Trust in August 2015. His formative years were in Southampton, being educated in local state schools.
He has worked within the health service since 2009 and brings a whole system view, having worked in senior positions for providers (Hampshire Community Health Care and Southern Health) and as a commissioner (NHS England South Region).

He also has a commercial background, having worked for KPMG and B&Q Plc. Andrew is passionate about ensuring the maximum benefit from the resources available.

Andrew is our substantive Chief Finance Officer and Deputy CEO, and was appointed as Acting CEO from 28 September 2020 as a result of Sue Harriman's secondment.

Jackie Ardley
Chief Nurse
(and Acting Deputy CEO 28 Sept 2020 – 14 March 2021)

Appointed: December 2017

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 patients and their families experience across health and social care.

Jackie was appointed as the Acting Deputy CEO from 28 September 2020 as a result of Sue Harrimans' secondment and subsequent leadership changes.

David Noyes
Chief Operating Officer Southampton and County Wide Services

Appointed: July 2017

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 6 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.

Suzannah Rosenberg
Chief Operating Officer Portsmouth

Appointed: April 2020

Suzannah returned to full time work after being a full time mum in 1995 and took a job as administrator at a supported housing project for young people with mental health and substance misuse issues. Her passion to support young people led her to apply for a support worker role in that same project which led to a 25 year career in health and social care. She quickly stepped into a management role as deputy manager of a registered hostel for homeless young people.

In 1999 she led the development of one of the first one stop shops for young people, turning an empty butchers shop in a highly deprived area into a vibrant drop-in with multi agency support. She went on to manage the new service and its sister drop-in, in Portsmouth. In 2001, Suzannah took up her first joint commissioning role in substance misuse and since then has held a number of senior management and Director roles across health and social care spearheading the integration of both services and commissioning.

Suzannah has been a strong advocate of breaking down the barriers between providers and commissioners which facilitated her joining the Trust in 2019 as Deputy Chief Operating Officer whilst retaining a role in Portsmouth CCG.

Helen Ives
Chief People Officer (on secondment from 28 September 2020)

Appointed: April 2017

Helen Ives joined us as 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.

Helen joined the National COVID-19 Vaccination programme on secondment with NHS England and Improvement on 28 September 2020.

In February 2021 it was announced that Helen had secured a new role as the Director of Workforce for Hampshire and the Isle of Wight, part of the joint executive team for the CCG and Integrated Care System. Helen will be starting her new role in April once her secondment to the national COVID-19 vaccination programme ends. We are incredibly grateful to Helen and everything she has achieved at Solent.

Dan Baylis
Chief Medical Officer

Appointed: August 2020

Dan studied medicine in London and graduated with distinctions in surgery and medicine before moving to the south coast to complete his postgraduate specialty training in general and geriatric medicine. He took time out of clinical training when he was awarded and NIHR fellowship to undertake a PhD where he studied the role of the immune system in accelerating age related processes and, separately, was also able to spend some time working in a field hospital on the Thai-Myanmar boarder.

Since qualification he has been appointed as a consultant geriatrician in Southampton which has seen him work across both community and hospital settings. Currently Dan works clinically in the Older Persons assessment within the Emergency Department at University Hospital Southampton and runs a weekly syncope clinic.

Dan has had a number of management roles within healthcare which has included leading the UHS department of medicine for older people where the team were awarded BMJ Older Persons Team of the Year and also the department of emergency medicine. Dan has also had system wide roles in patient flow and worked as a clinical leader within the Solent Adults Southampton service line. In addition to his duties as CMO for Solent, Dan will also provide leadership to UHS via his role as Associate Medical Director for integrated care and thereby step across community and acute organisations which is aligned with his values of partnership working to provide high quality care in the most appropriate settings.

Jasvinder Sohal
Acting Chief People Officer

Appointed: September 2020

Jas has lived and worked in and around Southampton for most of her life, starting her career as an employment law solicitor in private practice. In 2001, after a career break to have her twin boys, she became an in-house lawyer for B&Q plc and then branched out to HR to pursue her real passion for making a positive difference for the people she works with.

Over her 16 year career in retail (during which she also had a daughter!), she undertook a number of roles including strategic partnering to board Directors for various functions, leading HR teams and delivering several change management initiatives. She then moved into the world of aviation joining a company which trained commercial airline pilots, working in an international role.

Jas joined Solent in July 2020 and believes in the importance of making work a fulfilling experience for each individual, knowing how having happy, supported staff inevitably leads to great care for our patients.

Jas was appointed as Acting Chief People Officer from 28 September 2020 as a result of Sue Harrimans' secondment and subsequent leadership changes.

Attendee

Calum Mercer
Associate Non-executive Director

Appointed: February 2021

Calum will be appointed from 1 April 2021 as a substantive Non-executive Director following Jon Pittam's departure at the end of March 2021.

Calum has several years of experience as an executive and Non-executive Director in health and social care and a range of other sectors. Calum is the Finance and Operations Director at the Royal College of Psychiatrists and a Non-executive Director at the Legal Aid Agency (an agency of the Ministry of Justice that manages the legal aid service), Dimensions (the largest not for profit provider of support to people with learning disabilities and autism) and the Housing and Finance Institute (which supports the delivery of more homes and good homes across the country). Calum chairs the Audit and Risk Committees at Dimensions and the Legal Aid Agency. He was previously a governor of Manchester Metropolitan University.

Previous executive roles were in social care sector as Finance Director of one the largest behaviour change charities and previously in infrastructure and utilities. In his roles he has helped transform and improve organisations, helping them deliver better outcomes for people and has raised over £4 billion in funding.

Advisors to the Board - attendees

Gordon Muvuti
Director of Partnerships

Appointed: August 2020

Gordon qualified as a mental health nurse over 20 years ago and spent most of his early career working in front line roles across all clinical areas in mental health from children to older adults before becoming a clinical nurse specialist in Psychosocial Interventions.

Throughout his career, Gordon has taken many senior leadership roles in the NHS, including leadership roles in Governance and Quality Improvement, several senior leadership roles in community and mental health trusts, acute Trusts and clinical commissioning groups. These include Director of Operations North East London Foundation Trust, Programme Director Barking and Dagenham CCG and Operations Director for Mental Health in Solent NHS Trust.

More recently Gordon has been leading on the origination's partnership with the Isle of Wight and is also providing leadership into the Hampshire and Isle of Wight Mental Health Programme.

Gordon was appointed as an interim advisor to the Board from 28 September 2020 as a result of Sue Harrimans' secondment and subsequent leadership changes.

Rachel Cheal
Associate Director of Corporate Affairs and Company Secretary

Appointed: 2008

Rachel joined the NHS back in 2002 to support the establishment of the Patient Advice and Liaison Service. Prior to this she worked in a number of corporate sector industries including banking, recruitment and IT.

Whilst in the NHS, Rachel has worked in a variety of corporate support and management roles and was heavily involved in the programme bringing the provider arms of both Southampton City PCT and Portsmouth City PCT together prior to the establishment of Solent NHS Trust in 2011.
She was appointed as Company Secretary to Solent's predecessor organisation(s) in 2008.

In her current role, Rachel provides support and advice to the Board as well as managing corporate affairs.

Gordon Fowler
Director of Finance
(Acting Chief Finance Officer 28 September – 14 March 2021)

Appointed: September 2020

Gordon Fowler joined Solent in January 2016 and has stepped up from the role of Director of Finance to Acting CFO for 3-6 months from Oct 20.

Gordon joined the British Army at the age of 16 and served for 24 years across various regiments/organisations. While serving in the army he completed accountancy studies and became a Chartered Management Accountant at the age of 28. During his last 12 years in the army he worked on various high-profile strategic projects and acquisitions and has followed a career in finance since leaving the Army.

Gordon left the army and joined the Rural Payments Agency working in Strategic Finance before joining Solent in 2016.

Gordon was appointed as Acting CFO from 28 September 2020 as a result of Sue Harrimans' secondment and subsequent leadership changes.

Board members who left during 2020-21

Sarah Austin
Chief Operating Officer Portsmouth and Commercial Director

Appointed: November 2011

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 most recently was COO for Portsmouth and South East Hampshire (PSEH) and Commercial Director for Solent and had additional responsibilities for the Integrated Care System as Director of System Delivery.

Sarah left us in April 2020 to join Guys and St Thomas' NHS Foundation Trust in London, as Director of Integrated Care leading the combined urgent and emergency care in the hospitals and the community services in Lambeth and Southwark.
We are incredibly proud of Sarah's achievements whilst at Solent.

Jonathan Prosser
Interim Medical Director

Appointed: December 2019

Dr Jonathan Prosser has been a Consultant Child and Adolescent Psychiatrist for 22 years, the last 6 of which have been with Solent NHS Trust. He has been the Clinical Director of the Child and Family Service Line, in addition to which he was fulfilling the role of Interim Medical Director from December 2019 until Dan Baylis, our current Chief Medical Officer joined.

Clinically, his special interests have included brief solution focused and narrative therapeutic approaches, the transformation of neurodiversity pathways and understanding in the region, and the modernisation of Child and Adolescent Mental Health services including optimising the use of digital technology to improve patient care.

In addition to his duties as a Clinical Director and Chief Medical Officer, he was appointed as the organisation's Chief Clinical Information Officer (CCIO) in recognition of his career long interest in the applications of digital technology in healthcare. Latterly this included incorporating exploiting the potential of business intelligence, pursuing the potential of the electronic patient record, and championing the development of the patient held record not only to maximise service user involvement in their care, but also to transform the behaviour of those providing care to be evermore patient centred.

Jonathan retired from the Interim Medical Director role in August 2020 and after a short break, returned as our Chief Clinical Information Officer, supporting the development of our Digital Strategy.

Board development and performance evaluation

The Board of Directors keeps its performance and effectiveness under on-going review.

The Board holds seminar and workshops every two months to focus on educational, developmental and strategic topics. Examples of educational sessions in year include;

- legal briefings on board responsibilities, regulatory responsibilities, implications for the Board in consideration of the pandemic and partnership working
- an informative session hosted by Lord Kamlesh Patel on 'health inequalities and engaging communities'
- a session by Roger Kline on 'Unpacking the role of Board members in Diversity and Inclusion' – this was followed by Staff members recounting their reflections and experience of being a BAME colleague
- Primary Care Networks
- Digital Strategy
- Estate update in the Portsmouth System
- Delivering Social Value as an Anchor Institution
- Integrated Care Systems

During Quarter 3 the Board also commissioned CoCreate as a partner to deliver its Board development programme– this included conducting interviews, surveys and Board observations. We held a Board Development session in Quarter 4 and we will build on findings and recommendations during the year ahead.

We annually conduct an internal evaluation of the Board and its key Committees, the outcomes of which help drive changes and improvements. The Board acknowledges the requirements of the NHSI and CQC *'Developmental reviews of leadership and governance using the Well- Led Framework: guidance for NHS Trusts and NHS Foundation Trusts'* in needing to conduct an independent assessment, and we plan to commence this during Quarter 3, 2021/22, hopefully when the pandemic crisis has abated.

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.

Individual Board members are appraised annually.

Declaration of interests and Non-executive Director Independence

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

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

Name	Interest registered
Catherine Mason Chair	• Directorship: Independent Member Network Rail System Operator Advisory Board • Chair of CHP (Community Health Partnership)
Jon Pittam Non-executive Director (left 31/03/2021)	No interests to declare
Stephanie Elsy Non-executive Director	• Directorship, Membership and Chair: Emsworth Forum Ltd • Directorship and Ownership of business: Stephanie Elsy Associates • Other Employer, Directorship and Membership of statutory bodies: Bath and North East Somerset Swindon and Wiltshire ICS
Mike Watts Non-executive Director	• Directorship Capability and Performance Improvement Ltd (75% ownership and 25% wife's ownership) Does work with other Trusts as declared and limited • Financial Interest – as above • Directorship: The Trojans Club Limited
Thoreya Swage Non-executive Director	• Outside paid employment and membership of statutory bodies: Non-Executive Director of Frimley Health NHS FT • Company ownership: Sole Trader (Healthcare consultancy) - Thoreya Swage
Gaurav Kumar Non-executive Director	• Other employer: Assa Abloy Entrance Systems Ltd, 7 Churchill Way, 35a Business Park, Chapeltown, Sheffield, South Yorkshire, S35 2PY (Chief Information Officer, full time employee)
Sue Harriman Chief Executive Officer	• Directorship: Wessex Academic Health Science Network • Social relationship with the owner of Grants People Solutions. Not involved in any decision making associated with commissioning decisions.
Helen Ives Chief People Officer (seconded 28/09/2020)	• Directorships: In2now Ltd – Director of own limited company providing professional services / consultancy
Jas Sohal Acting Chief People Officer (from 28/09/2020)	• Directorship: Big Rock Estates Limited • Membership: Law Society
Andrew Strevens Deputy CEO and Director of Finance and Performance	• Parents are committee members of Southampton Mencap. Southampton Mencap have been commissioned to support Solent's Community Engagement work programme. Not involved in any discussions or decisions relating to commissioning / procurement.
Gordon Fowler Acting Chief Finance Officer (from 28/09/2020 – 15/03/2021)	No interests to declare
Jackie Ardley Chief Nurse	No interests to declare
David Noyes Chief Operating Officer	• Vice Chair of Southampton Connect • Daughter is a bank staff member – not involved in any assignment placements
Suzannah Rosenberg Chief Operating Officer Portsmouth	• Daughter employed on Solent Bank – not involved in any assignment of placements
Dan Baylis Chief Medical Officer	• GMC, Fellow of Royal College of Physicians and Member of British Geriatrics Society • Employed by University Hospital Southampton NHS Trust as Consultant Physician 16hrs/week and Associate Medical Director • Wife employed on Solent bank as MSK Physiotherapist – not involved in any assignment placements
Jonathan Prosser Interim Medical Director (until June 2020)	No interests to declare

Sarah Austin Chief Operating Officer – Portsmouth & Commercial Director (left 26/04/2020)	• Co-author of the Forces4Change Charter – no personal monetary interest currently • Family owner of ExForcesNet • Daughter unpaid intern BBI • Family friend Senior Officer at CGI – not dealing with Solent account • Family friend working at Capsticks – not dealing with Solent account

The Board's committees

The Board has established the following committees:

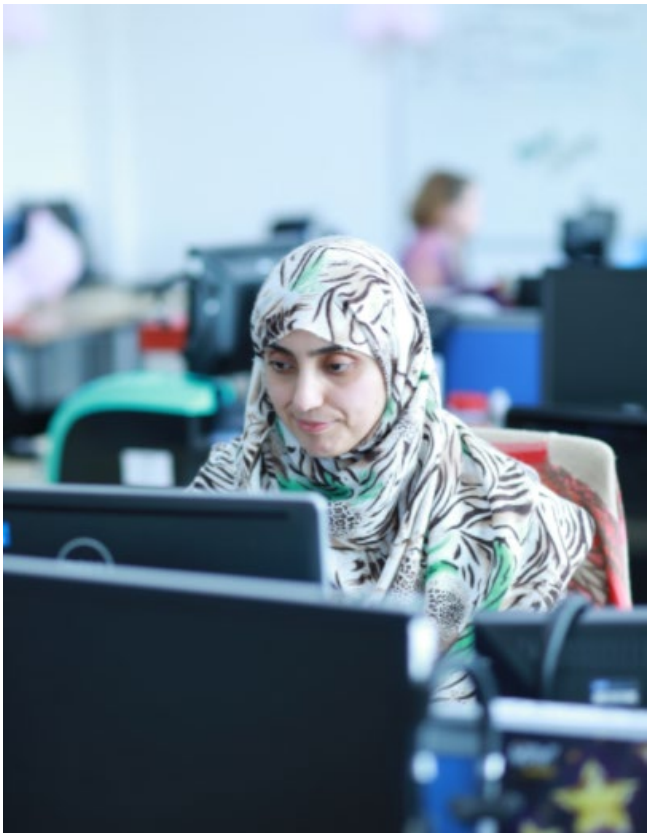
Statutory committees

- Audit and Risk Committee
- Governance and Nominations Committee
- Remuneration Committee
- Charitable Funds Committee

Designated committees

- Quality Assurance Committee
- Finance & Infrastructure Committee
- Mental Health Act (MHA) Scrutiny Committee
- Workforce and Organisational Development (OD) Committee
- Engagement and Inclusion Committee
- Strategic Partnership Committee

Further details can be found within the Annual Governance Statement.



Composition of Board committees at 31 March 2021

Director Name Position	Board	Finance & Infrastructure Committee	Remuneration Committee	Quality Assurance Committee	MHA Scrutiny Committee	Governance & Nominations Committee	Audit & Risk Committee	Charitable Funds Committee	Workforce & OD Committee	Engagement & Inclusion Committee	Strategic Partnership Committee
Catherine Mason Trust Chair	Chair	-	Member	-	Member	Chair	-	-	-	-	-
Stephanie Elsy Non-executive Director	Member	Chair	Member	Member	-	-	-	-	Member	Chair	-
Jon Pittam Deputy Chair and SID	Member	-	Member	As appropriate	Member	Member	Chair	-	-	-	Chair
Mike Watts Non-executive Director	Member	-	Chair	Member	-	Member	Member	-	Chair	-	-
Gaurav Kumar Non-executive Director	Member	Member	Member	-	-	-	-	Chair	Member	-	-
Thoreya Swage Non-executive Director	Member	Member	Member	Chair	Chair	-	Member	-	-	-	-
Calum Mercer Associate NED Appointed 1 Feb 2021	Attendee	-	Attendee	-	-	Attendee	Attendee	-	Attendee	-	-
Sue Harriman Chief Executive Officer Secondment 28/09/2020–15/03/2021	Member	Member	Attendee on invitation	Member	-	Member	Attendee	-	Member	-	Member
Andrew Strevens Chief Finance Officer & Deputy CEO Acting CEO 28/09/2020 – 15/03/2021	Member	Member	Attendee on invitation	Member	-	Attends in CEO absence	Attendee	-	Attendee	-	Member
Dan Baylis Chief Medical Officer Appointed 1/8 2020	Member	-	-	Member	Member	-	-	-	-	-	Member
Jackie Ardley Chief Nurse (and Deputy CEO 28/09/2020-15/03/2021)	Member	-	-	Member	Member	-	Attendee	-	Member	Member	Member
David Noyes Chief Operating Officer Southampton & County Wide	Non-voting member	Shared membership with COO	-	Member	Member	-	-	Member	Shared membership with COO	-	Member
Suzannah Rosenberg Chief Operating Officer Portsmouth Appointed 24/04/2020	Non-voting member	Shared membership with COO	-	Member	Member	-	-	-	Shared membership with COO	-	Member
Jas Sohal Acting Chief People Officer from 28/09/2020	Non-voting member	Attendee on invite	Attendee on invite	-	-	-	-	-	Member	-	Member
Helen Ives Chief People Officer On secondment 28/09/2020	Member	Attendee on invite	Member	-	-	-	-	-	Member	-	Member
Gordon Fowler Director of Finance Acting Chief Finance Officer from 28/09/2020 – 15/03/2021	Attendee	Member	-	Member	-	-	Attendee	-	Attendee	-	Member
Gordon Muvuti Director of Partnerships	Attendee	-	-	-	-	-	-	-	Attendee	Member	Member
Rachel Cheal AD of Corporate Affairs & Company Secretary	Attendee	-	Attendee as minute taker	Member	-	Attendee	Attendee	Attendee	-	-	Member

Due to the interim leadership changes that occurred in year, as described previously, membership at each Board meeting and Committees has been included separately on the following pages

Attendance at Board and committees throughout 2020/21

		Board In-Public and Confidential meeting dates							
Name	Title / Meeting position	02/04/2020	01/06/2020	19/06/2020– EO sign off accounts meeting	03/08/2020	05/10/2020	07/12/2020	01/02/2021	29/03/2021
Catherine Mason	Chair of Board	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Jon Pittam	Member	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Mike Watts	Member	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Stephanie Elsy	Member	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Gaurav Kumar	Member	Attended	Attended	Attended	Attended	Apologies	Attended	Attended	Attended
Thoreya Swage	Member	Attended	Attended	Attended	Attended	Apologies	Attended	Attended	Attended
Calum Mercer Joined 1 Feb 2021	Attendee							Attended	Attended
Sue Harriman	Member	Attended	Attended	Attended	Attended	*On secondment with National Vaccine Programme			Attended
Andrew Strevens	Member	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended	Attended – as CFO and Deputy CEO	Attended – as Acting CEO	Attended – as Acting CEO	Attended – as Acting CEO	Attended – as CFO and Deputy CEO
Jonathan Prosser Left 1st Aug 2020	Member	Attended	Attended	Apologies					
Dan Baylis Joined 1st Aug 2020	Member				Apologies	Attended	Attended	Attended	Attended
Jackie Ardley	Member	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended	Attended – as Chief Nurse	Attended – as CN and Acting Deputy CEO	Attended – as CN and Acting Deputy CEO	Attended – as CN and Acting Deputy CEO	Attended – as Chief Nurse
David Noyes	Member	Attended	Attended	Apologies	Attended	Attended	Attended	Attended	Attended
Sarah Austin Left 24th April 2020	Member	Attended							
Suzannah Rosenberg Took over 24th April 2020	Member	Attended – as Deputy COO	Attended	Apologies	Attended	Attended	Attended	Attended	Attended
Helen Ives	Member	Attended	Attended	Apologies	Attended	*On secondment with National Flu Programme			
Gordon Fowler	Member					Attended – as Acting CFO	Attended – as Acting CFO	Attended – as Acting CFO	Attended – as DOF (attendee)
Jas Sohal	Member					Attended – as Acting CPO	Attended – as Acting CPO	Attended – as Acting CPO	Attended – as Acting CPO
Gordon Muvuti	Attendee					Attended	Attended	Attended	Attended
Rachel Cheal	Attendee	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Apologies

		Audit and Risk Committee dates			
Name	Title / Meeting position	19/06/2020	06/08/2020	05/11/2020	25/02/2020
Jon Pittam	NED Chair of Audit Committee	Attended	Attended	Attended	Attended
Mike Watts	Committee member	Attended	Attended	Apologies	Attended
Thoreya Swage	Committee member	Attended	Attended	Attended	Attended
Calum Mercer *Joined 1 Feb 2021*	Committee attendee				Attended
Sue Harriman	Committee attendee	Attended	Attended	*On secondment with National Vaccine Programme*	
Andrew Strevens	Committee attendee	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as Acting CEO	Attended – as Acting CEO
Jackie Ardley	Committee attendee	Attended – as Chief Nurse	Apologies – as Chief Nurse	Attended – as CN and Acting Deputy CEO	Attended – as CN and Acting Deputy CEO
Gordon Fowler	Committee attendee			Attended – as Acting CFO	Attended – as Acting CFO
Rachel Cheal	Committee attendee	Attended	Attended	Attended	Attended

		Charitable Funds Committee dates			
Name	Title / Meeting position	22/05/2020	06/08/2020	05/11/2020	04/02/2021
Gaurav Kumar	NED Chair of Charitable Funds Committee	Attended	Attended	Attended	Attended
David Noyes	Committee member	Attended	Attended	Attended	Apologies
Rachel Cheal	Committee attendee	Attended	Attended	Attended	Attended

		Engagement & Inclusion Committee dates			
Name	Title / Meeting position	26/05/2020	21/09/2020	28/01/2021	11/03/2021
Stephanie Elsy	NED Chair of Engagement and Inclusion Committee	Attended	Attended	Attended	Attended
Jackie Ardley	Committee member	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as CN and Deputy CEO	Attended – as CN and Deputy CEO
Gordon Muvuti	Committee member	Attended	Apologies	Attended	Attended
Helen Ives	Invitee	Attended	Apologies	*On secondment with National Flu Programme*	

		Finance & Infrastructure Committee dates					
Name	Title / Meeting position	22/05/2020	27/07/2020	25/09/2020	23/11/2020	22/01/2021	22/03/2021
Stephanie Elsy	NED Chair of F&I Committee	Attended	Attended	Attended	Attended	Attended	Attended
Thoreya Swage	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
Gaurav Kumar	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
Sue Harriman	Committee member	Attended	Attended	Apologies	*On secondment with National Vaccine Programme*		Attended
Andrew Strevens	Committee member	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as Acting CEO	Apologies– as Acting CEO	Attended – as CFO and Deputy CEO
Jonathan Prosser *Left 1st Aug 2020*	Committee member	Apologies	Apologies				
Dan Baylis *Joined 1st Aug 2020*	Committee member			Apologies	Attended	*Membership changed – no longer member*	
David Noyes	Shared membership	Attended	Attended	Attended	Attended	Attended	Attended
Suzannah Rosenberg		Apologies	Attended	Attended	Attended	Attended	Attended
Helen Ives	Invitee	Attended	Attended	Apologies	*On secondment with National Flu Programme*		
Gordon Fowler	Committee member	Apologies– as DOF	Attended – as DOF	Attended – as DOF	Attended – as Acting CFO	Attended – as Acting CFO	Attended – as DOF
Jas Sohal	Invitee				Apologies – as Acting CPO	Apologies – as Acting CPO	Apologies – as Acting CPO

		Governance and Nomination Committee dates			
Name	Title / Meeting position	05/06/2020	25/09/2020	11/12/2020	09/02/2021
Catherine Mason	NED Chair of Gov and Noms Committee –	Attended	Attended	Attended	Attended
Jon Pittam	Committee member	Attended	Attended	Attended	Attended
Mike Watts	Committee member	Attended	Attended	Attended	Attended
Calum Mercer *Joined 1 Feb 2021*	Committee attendee				Attended - shadowing
Sue Harriman	Committee member	Attended	Apologies	*Seconded to National Vaccine Programme	
Andrew Strevens	Committee attendee (in CEO absence)		Attended – as CFO and Deputy CEO	Attended – as Acting CEO	Attended – as Acting CEO
Rachel Cheal	Committee attendee	Attended	Attended	Attended – as Board Advisor	Attended – as Board Advisor
Jas Sohal	Invitee			Attended – as Acting CPO	

		Mental Health Act Scrutiny Committee dates		
Name	Title / Meeting position	20/07/2020	27/11/2020	11/03/2021
Thoreya Swage	NED Chair of MHAS Committee	Attended	Attended	Attended
Catherine Mason	Committee member	Attended	Attended	Attended
Jon Pittam	Committee member	Attended	Attended	Apologies
Jonathan Prosser *Left 1st Aug 2020*	Committee member	Apologies		
Dan Baylis *Joined 1st Aug 2020*	Committee member		Apologies	Apologies
Jackie Ardley	Committee member	Attended – as Chief Nurse	Attended – as CN and Acting Deputy CEO	Attended – as CN and Acting Deputy CE
David Noyes	Committee member	Apologies	Attended	Attended
Suzannah Rosenberg	Committee member	Attended	Attended	Apologies
Sue Harriman	Committee attendee	Apologies	*On secondment with National Vaccine Programme	
Andrew Strevens	Committee attendee	Attended – as CFO and Deputy CEO	Attended – as Acting CEO	Attended – as Acting CEO

		Remuneration Committee dates		
Name	Title / Meeting position	28/05/2020	21/09/2020	09/02/2021
Mike Watts	NED Chair of Remuneration Committee	Attended	Attended	Attended
Catherine Mason	Committee member	Attended	Attended	Attended
Jon Pittam	Committee member	Attended	Attended	Attended
Stephanie Elsy	Committee member	Attended	Attended	Attended
Gaurav Kumar	Committee member	Attended	Apologies	Attended
Thoreya Swage	Committee member	Attended	Attended	Attended
Calum Mercer *Joined 1 Feb 2021*	Committee attendee			Attended – shadowing
Sue Harriman	Invitee	Attended	Attended	*Seconded to National Vaccine Programme*
Andrew Strevens	Invitee			Apologies – as Acting CEO
Helen Ives	Invitee	Attended	Attended	*Seconded to National Flu Programme*
Jas Sohal	Invitee			Attended – as Acting CPO
Rachel Cheal	Invitee (as minute taker)		Attended	Attended

		Quality Assurance Committee dates					
Name	Title / Meeting position	21/05/2020	20/07/2020	24/09/2020	19/11/2020	21/01/2021	18/03/2021
Thoreya Swage	NED Chair of Quality Assurance Committee	Attended	Attended	Attended	Attended	Attended	Attended
Jon Pittam	Committee attendee as appropriate	Apologies	Apologies	Apologies	Apologies	Apologies	Apologies
Mike Watts	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
Stephanie Elsy	Committee member	Attended	Attended	Attended	Attended	Apologies	Attended
Sue Harriman	Committee member	Attended	Attended	Attended	*On secondment with National Vaccine Programme		Attended
Andrew Strevens	Committee member	Apologies– as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as Acting CEO	Attended – as Acting CEO	Attended – as CFO and Deputy CEO
Jonathan Prosser *Left 1st Aug 2020*	Committee member	Attended	Attended				
Dan Baylis *Joined 1st Aug 2020*	Committee member			Attended	Apologies	Apologies	Attended
Jackie Ardley	Committee member	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as Chief Nurse	Attended – as CN and Acting Deputy CEO	Attended – as CN and Acting Deputy CEO	Attended – as Chief Nurse
David Noyes	Committee member	Attended	Attended	Attended	Attended	Apologies	Apologies
Suzannah Rosenberg	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
Helen Ives	Committee attendee	Attended	Attended	Apologies	*On secondment with National Flu Programme		
Rachel Cheal	Committee member	Attended	Attended	Attended	Attended	Attended	Attended

		Strategic Partnership Committee dates					
Name	Title / Meeting position	14/05/2020	21/07/2020	14/09/2020	12/11/2020	14/01/2021	16/03/2021
Jon Pittam	NED Chair of SPC	Attended	Attended	Attended	Attended	Attended	Attended
Gaurav Kumar	Committee attendee						Attended – shadowing
Sue Harriman	Committee member	Attended	Attended	Apologies	*On secondment with National Vaccine Programme		Attended
Andrew Strevens	Committee member	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as Acting CEO	Attended – as Acting CEO	Attended – as CFO and Deputy CEO
Jonathan Prosser *Left 1st Aug 2020*	Committee member	Apologies	Apologies				
Dan Baylis Joined 1st Aug 2020	Chief Medical Officer – Committee member			Apologies	Apologies	Apologies	Attended
Jackie Ardley	Committee member	Attended – as Chief Nurse	Apologies – as Chief Nurse	Apologies – as Chief Nurse	Apologies– as CN and Acting Deputy CEO	Apologies – as CN and Acting Deputy CEO	Attended – as Chief Nurse
David Noyes	Committee member	Attended	Attended	Attended	Attended	Attended	Apologies
Suzannah Rosenberg	Committee member	Apologies	Attended	Apologies	Attended	Attended	Attended
Helen Ives	Committee member	Attended	Attended	Attended	*On secondment with National Flu Programme		
Gordon Fowler	Committee member				Attended – as Acting CFO	Attended – as Acting CFO	Attended – as DOF
Jas Sohal	Committee member				Apologies – as Acting CPO	Apologies – as Acting CPO	Apologies – as Acting CPO
Gordon Muvuti	Committee member	Attended	Attended	Apologies	Attended	Attended	Attended
Rachel Cheal	Committee member	Attended	Apologies	Attended	Attended	Attended	Attended

It should be noted that all executives are openly invited to the SPC and may elect to attend for items of relevance. Quoracy is a Non-executive Director, the CEO/Deputy CEO and a representative from the Commercial Team.

		Workforce and Organisational Development Committee dates					
Name	Title / Meeting position	21/05/2020	16/07/2020	10/09/2020	19/11/2020	21/01/2021	18/03/2021
Mike Watts	NED Chair of WOD Committee	Attended	Attended	Attended	Attended	Attended	Attended
Stephanie Elsy	Committee member	Attended	Attended	Attended	Attended	Attended	*Membership changed – no longer member*
Gaurav Kumar	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
Calum Mercer Joined 1 Feb 2021	Committee attendee						Apologies – shadowing
Sue Harriman	Committee member	Attended	Apologies	Apologies	*On secondment with National Vaccine Programme		Attended
Andrew Strevens	Committee attendee	Attended – as CFO and Deputy CEO	Apologies – as CFO and Deputy CEO	Attended – as CFO and Deputy CEO	Attended – as Acting CEO	Attended – as Acting CEO	Attended – as CFO and Deputy CEO
Jonathan Prosser Left 1st Aug 2020	Committee member	Apologies	Apologies				
Dan Baylis Joined 1st Aug 2020	Committee member			Apologies	*Membership changed – no longer member*		
Jackie Ardley	Committee member	Attended – as Chief Nurse	Apologies – as Chief Nurse	Apologies – as Chief Nurse	Apologies– as CN and Acting Deputy CEO	Apologies – as CN and Acting Deputy CEO	Attended – as Chief Nurse
David Noyes	Shared membership	Attended	Apologies	Attended	Attended	Apologies	Apologies
Suzannah Rosenberg		Attended	Apologies	Apologies	Attended	Attended	Attended
Helen Ives	Committee member	Attended	Attended	Attended	*On secondment with National Flu Programme		
Gordon Fowler	Committee attendee				Apologies – as Acting CFO	Attended – as Acting CFO	Attended – as DOF
Jas Sohal	Committee member			Attended	Attended– as Acting CPO	Attended– as Acting CPO	Attended– as Acting CPO
Gordon Muvuti	Committee attendee				Apologies	Attended	Attended

Remuneration

Full details of remuneration are given in the Remuneration Report.

Our Auditors

Internal audit

Our Internal Auditors during 202/21 were PricewaterhouseCoopers LLP (PwC). Internal Audit provides an independent assurance with regards to our systems of internal control to the Board. The Audit and Risk Committee considers and approves the internal audit plan and receives regular reports on progress against the plan, as well as the Head of Internal Audit Opinion which provides an opinion on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes. The Committee also receives and considers internal audit reports on specific areas, the opinions of which are summarised in the Annual Governance Statement.The cost of the internal audit provision for 2020/21 was £61k (excluding VAT).

External audit

Our External Auditors are Ernst & Young LLP. The main responsibility of External Audit is to plan and carry out an audit that meets the requirements of The Code of Audit Practice and the National Audit Office. External Audit is required to review and report on:

- Our financial statements (our accounts) and
- Whether the trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources

The Audit and Risk Committee reviews the external audit annual audit plan at the start of the financial year and receives regular updates on progress. The cost of the external audit for 2020/21 was £77k (including VAT). Our external auditors did not conduct any non-audit services in year.

Disclosure of information to auditors

Please refer to the 'Statement of Directors' responsibilities in respect of the accounts'.

Countering fraud and corruption

Our Local Counter Fraud Specialist (LCFS) is provided by 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. An annual risk-based fraud workplan is designed by the LCFS and agreed with the Trust and the Audit and Risk Committee. The Audit and Risk Committee receives regular progress reports from the LCFS during the course of the year and also receives an annual report. Our Counter Fraud provision is recorded with the NHS Counter Fraud Authority as being fully compliant against the 'Government Functional Standard GovS 013: Counter fraud - Counter fraud, bribery and corruption' and achieving the highest possible rating against each of the 12 components.

We have implemented agreed policies and procedures, such as the Local Counter Fraud, Bribery and Corruption Policy as well as a Freedom to Speak Up Policy and issues of concern are referred to the LCFS for investigation. We also ensure that there are various routes through which staff can raise any concerns or suspicions. The Acting Chief Finance Officer is the executive lead for counter fraud and bribery and meets regularly with the LCFS to ensure that any learning from incidents and allegations is implemented. The Audit and Risk Committee is also regularly briefed on all allegations / investigations and actions taken. All counter fraud recommendations made throughout the financial year with the aim of addressing identified system weaknesses are considered by the Trust and recorded through the Trusts tracker system. This has ensured that appropriate action is taken, when concerns are identified, to mitigate fraud risk.

Information Governance

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

Statement of Accountable Officers Responsibilities

The Statement of Accountable Officers Responsibilities is located later in this report.

Modern Slavery Act 2015 – Transparency in Supply Chains

Our modern slavery statement can be found within our Publication Scheme on our Public Website.

Annual Governance Statement 2020/21

Scope of Responsibility

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

The Purpose of the System of Internal Control

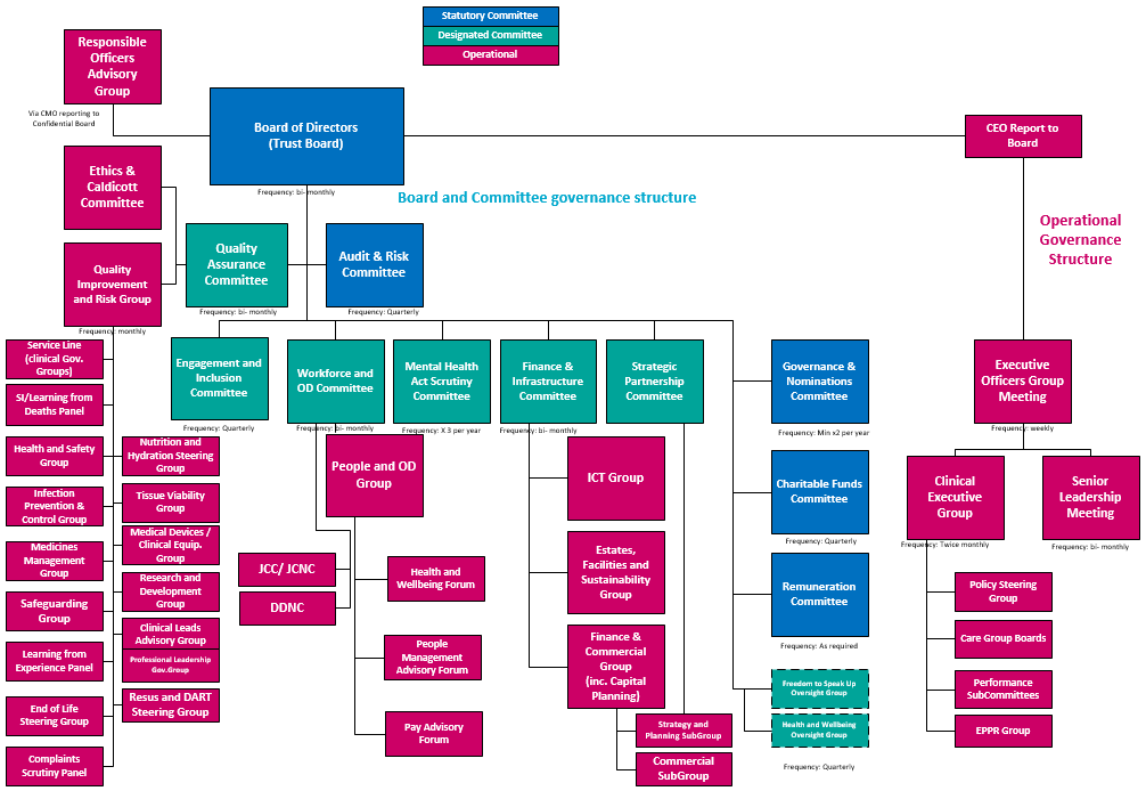
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Solent NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Solent NHS Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

The Governance Framework of the Organisation

Within the Directors Report Section ('Governing our Services') of the Annual Report the following information can be found:

- The individuals who serve on the Board
- Changes in appointments
- Attendance records at Board and Committees meetings

The following diagram illustrates the Board and reporting committees;



Details of each Committee are as follows;

Audit and Risk Committee

Frequency: At least quarterly (plus private meeting with External & Internal Auditor). During 2020/21 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 Chief Finance Officer and representatives from Internal Audit, External Audit and Counter Fraud on invitation. The Committee directs and receives reports from these representatives, and seeks assurances from trust officers. The Committee's duties can be categorised as follows:

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

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

During the last year, as well as the scheduled items for discussion the Committee also considered reports and updates relating to Brexit preparedness, estate updates and assurance reports from associated Internal Audit Recommendations (including emergency planning, IT asset management and E-Rostering).

No significant issues in relation to the financial statements of 2020/21, operations or compliance were raised by the Audit and Risk Committee during the year, however the Committee were informed in relation to issues concerning Asset Management, as described within the 'significant issues' section of this Annual Governance Statement. Committee composition and attendance 2020/21 is previously summarised.

Finance and Infrastructure Committee

Frequency: Bimonthly. During 2020/21 the Committee met six times

The Finance and Infrastructure Committee is responsible for ensuring appropriate financial frameworks are in place to drive the financial strategy and provide assurance to the Board on financial and infrastructure matters (including estate and IT) as directed. The Committee focuses on the following areas; strategic financial planning, business planning processes, annual budget setting and monitoring, treasury management and financial control, infrastructure, business management as well as conducting in depth reviews of aspects of financial performance as directed by the Board. The Committee has been integral to the Board in providing scrutiny and oversight concerning the delivery of the financial plan.

Mental Health Act Scrutiny Committee

Frequency: Three times per year. During 2020/21 the Committee met three times

The central purpose of the Committee is to oversee the implementation of the Mental Health Act (MHA) 1983 (amended 2007) functions within the Trust principally within Adult and Older Persons Mental Health, and Learning Disabilities services. The Committee has primary responsibility for seeking assurance that the requirements of the Act are followed. In particular, to seek assurance that service users are detained only as the Mental Health Act 1983 allows, that their treatment and care accord fully with its provisions, and that they are fully informed of, and are supported in exercising, their statutory rights. In addition, on an annual basis the Trust's external legal advisors provide update training in relation to the Mental Health Act.

Charitable Funds Committee

Frequency: Quarterly (or as required). During 2020/21 the Committee met four times

The Corporate Trustee (Solent NHS Trust), through its Board, has delegated day to day management of the charity (Beacon, Solent NHS Charity) to the Committee. The Committee:

- ensures funds are spent in accordance with the original intention of the donor (if specified).
- oversees and reviews the strategic and operational management of the Solent NHS Charity (or non-exchequer funds as they are sometimes known)
- ensures that all requirements of the Charity Commission are met and all legislation relating to charitable funds is adhered to in the administration and application of funds, and
- ensures co-operation with the external auditors in the regulation of the funds.

Engagement and Inclusion Committee

Frequency: Quarterly (or as required). During 2020/21 the Committee met four times

The purpose of the Committee is to drive the delivery of the community engagement strategy. The Committee:

- provides support, leadership, advice and guidance for staff so that they feel supported and able to make community engagement part of everything they do
- ensures that the Trust is accessible to local people and communities who want to be involved in contributing their knowledge, skills and experiences to improving the Trust. It will also ensure that the Trust does not exploit people's willingness to contribute their time, energy and assets
- ensures the Trusts meet its obligations and duties under equality and human rights legislation as an employer by working collaboratively with the Workforce and Organisational Development Committee
- provides assurance to the Trust Board that community engagement is becoming part of the culture and practice of the Trust as a 'must do', and
- makes recommendations on revisions to the Community Engagement Strategy as required and appropriate.

Governance and Nominations Committee

Frequency: At least twice a year and as required. During 2020/21 the Committee met four times

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

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

Remuneration Committee

Frequency: At least annually and as required. During 2020/21 the Committee met three times (and met separately to confirm virtual agreement on a matter)

The Remuneration Committee is comprised of the Non-executive Directors (and others by invitation) and reports to Confidential Board meetings regarding recommendations and the basis for its decisions. The Committee makes decisions on behalf of the Board regarding remuneration and terms of office relating to the Chief Executive and other Executive Directors. It oversees and approves:

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

Workforce and Organisational Development (WOD) Committee

Frequency: Bimonthly. During 2020/21 the Committee met six times

The Committee is responsible for providing assurances to the Board on all aspects of workforce and organisational development supporting the provision of patient care and the NHS people plan. In particular, ensuring the strategic objectives and trust ambitions are being delivered. The WOD Committee seeks to provide assurance to the Board on the
delivery of the People & Organisational Development strategy, Communications Strategy, Workforce Plans and the recruitment, retention, deployment and development of the Trust's workforce.

Quality Assurance Committee

Frequency: Bimonthly. During 2020/21 the Committee met six times

The Committee is responsible for providing the Board with assurance on all aspects of quality, clinical governance and regulatory compliance. In year the Committee received additional reports on a variety of matters, including oversight on CQC action plans, wheelchair service, medicine management updates, COVID-19 assurance and learning. Quality risks were also reviewed in relation to the Board Assurance Framework (BAF) and the Infection Prevention & Control BAF was also reviewed.

Strategic Partnership Committee

Frequency: Bimonthly. During 2020/21 the Committee met six times

In recognition of the strategic significance of Solent's involvement in the emerging Integrated Care System, Integrated Care Partnerships and potential future provider collaboratives, the Strategic Partnership Committee (SPC) has been established. The SPC seeks assurance that risks concerning strategic partnerships are being appropriately mitigated, including potential competition concerns from other providers as well as having oversight of overarching governance associated with strategic partnerships.

We monitored and reviewed our established governance processes throughout the pandemic, and whilst we continued to hold all Board and Committee meetings (including virtually) we did review the matters for discussion to ensure a risk based approach and most efficient use of time.

Internal Audits during 2020/21

As well as our requirements to ensure the Head of Internal Audit is able to provide an opinion on the Trust's internal control systems, our focus for internal audits remains to be on identified high risk areas, and this year, particularly focusing on the impact of COVID-19.

Internal audit opinions for the audits carried out in year are as summarised below.

Audit title	Report classification
Finance: Financial Data	Low risk
IT: Outsourced IT services tender assurance	Medium risk
Risk Management: Restoration of services/ recovery from COVID-19	Medium risk
Data Security Protection (DSP) Toolkit	Low risk
Health and Safety and Occupational Health	Low risk
E-rostering and payroll	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. The review of our outsourced IT Tender was insightful and has helped tailor our approach to manage any emerging IT risks.

We have also completed a number of actions associated with the audit concerning risk management and the restoration of our services, post COVID-19. However the audit highlighted the need for us to reconsider the appropriateness of all staff undertaking risk management training. This has initiated an in-depth review of our risk management processes in conjunction with our Clinical Directors and overseen by our Clinical Executive Group. We are also developing a policy to support staff in the use of social media, in accordance with our emerging Digital Strategy. In response to the E-Roster audit findings we will be reintroducing the access review process to ensure the level of access individuals have to the system remains appropriate for their role, as well as providing further clarity regarding user responsibilities within the E-Rostering Policy, and corresponding training materials.

Highlights of Board Committee Reports

The Board has an agreed annual cycle of business and receives exception reports via the relevant Chair in relation to recent meetings of its committees. The Board, as a standing item at each meeting, also considers whether additional assurance is sought from its committees on any items of concern.

The Chief Executive Report to Board includes commentary on significant changes recorded in the Board Assurance Framework (BAF) and Corporate Risk Register and each Board Committee also considers relevant BAF risks and progress against internal audit recommendations at each meeting. In addition, a number of internal audits were completed, as described previously and annually each Board Committee presents an annual report to the Board detailing a summary of business transacted and achievements against the agreed Committee objectives. The Committee annual reports are available via the In-Public Board papers on our website.

Performance Evaluation of Board

Further details of the Board's development activities and performance evaluation can be found within the Directors Report section of the Annual Report.

We self-certify against the requirements of the NHS Provider Licence to ensure on-going compliance, in accordance with the NHSI Single Oversight Framework requirements (including Conditions G6 and FT4)– the details of which are incorporated into our Board Performance Report and publicly available. We do not consider there to be any principal risks in relation to compliance with the requirements of the Licence requirements.

We also conduct a self-assessment against the NHS Constitution annually.

Capacity to Handle Risk

Risk management and quality governance arrangements, accountability and leadership

As Chief Executive, I am ultimately accountable for governance and risks relating to the operational delivery of all clinical and non-clinical services provided by the Trust including its subcontracts. The Board regularly considers its risk appetite and reviewed this together with its risk tolerance during the year, particularly in light of the COVID-19 pandemic. Details can be found within our Risk Management Framework (available via our website). The appetite and tolerance sets the parameters of Risk Management for staff to operate within. The Board is informed of current risks via the CEO Report and regular reporting of the Board Assurance Framework.

The Trust has a range of arrangements in place which provide monitoring and assurance on matters relating to quality, safety and regulatory matters. Each Service Line has a governance structure in place which reports through to the Quality Improvement & Risk Group and the Quality Assurance Committee. Corporate Services have governance structures in place to report through to their appropriate Board Committee.

Key roles in relation to risk management and quality governance include;

Roles	Responsibilities
Chief Nurse	Nominated Executive Lead Director for risk management and quality governance. The Chief Nurse is also responsible for ensuring on-going compliance with CQC registration requirements.
Chief Medical Officer	Lead director with responsibility for Learning from Deaths (mortality) agenda (Patient Safety Director as defined by national guidance on learning from deaths, National Quality Board 2017)
Chief Finance Officer and Deputy CEO	Nominated Executive Lead Director for health and safety compliance
Chief Operating Officer for Southampton and County Services	Nominated Executive lead for emergency planning and disaster recovery, ensuring plans are established and regularly tested. This includes leading our Gold Command structure during the pandemic.
Clinical Directors	Accountable for risk and clinical governance within their respective service lines, supported by the Operational Directors and Heads of Quality and Professions.
Operational Directors and Heads of Service	Responsible for managing operational risks originating within their service areas.
Heads of Quality and Professions (HQP)	Each service line has an identified lead for quality safety and assurance who is responsible for supporting the service line Clinical Director in the delivery of the quality, safety and governance agenda. HQPs with the corporate Quality and Professional Standards team to support cross organisational work streams and learning arising from incidents.
Head of Risk and Litigation	Responsible for ensuring the development and oversight of implementation of the Trust Risk Management Framework, risk procedures and administration of the Trust Risk Register

Trust wide arrangements which support robust assurance include:

Meetings

- Care Group Meetings, chaired by Chief Operating Officers, general performance of quality and other operational issues
- Service Line Clinical Governance Groups - 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 Quality Assurance Committee. The service line structure provides high levels of autonomy increasing the effectiveness and accountability of the clinical services.
- Clinical Executive Group - oversees operational responses to risks contained in the Trust Risk Register. The roles of the Quality Assurance Committee and Audit and Risk Committee are described previously.
- Oversight of service performance and risk by the Chief Operating Officers via daily escalation and reporting through to Care Group meetings and the Performance Review Meetings, through to Performance SubCommittees. Oversight of corporate performance and risk via the Corporate Performance Review Meetings, chaired by the Director of Partnerships
- Commissioners attend Performance Review Meetings in Portsmouth, and Contract, Quality & Risk Management Meeting (CQRM) in Southampton

(NB. Whilst it was necessary for some internal meetings to be suspended due to the ongoing crisis, performance continued to be monitored).

Visits and inspections

- Board to Floor visits (includes executives and non-executives) to engage with frontline staff and service users – this year we have had to hold 'virtual' visits due to the national pandemic. During Wave 2 (Jan 2021), the decision was made to place the virtual visits on hold. These have been temporarily replaced by Trust wide virtual compliance discussions held twice monthly with representation from the CEO and/or Chief Nurse alongside our Non-executive Director colleagues. We plan to review these arrangements in April 2021, with the view to reinstating a revised Board to Floor process directly with Service Lines, which pulls on the learning gained during this pandemic period.
- Pre-Pandemic the Solent Regulatory and Compliance team would have facilitated Service review visits with our commissioners present alongside internal (announced and unannounced) visits to Service Line clinical areas. These have not been held during the pandemic period.
- There have been some instances of remote review held during 2020/21, for example within Hawthorn Ward at St James' Hospital in October 2020. The Regulatory and Compliance team have linked with the relevant Service lines to fully implement the action plans developed and disseminate learning across the trust as required.

Feedback mechanisms

- In September 2020 we published our ambition to improve health and reduce health inequalities in Alongside Communities – the Solent approach to engagement and inclusion. This new strategy will frame how we work alongside our communities going forward.
- We procured a new feedback service which commenced in April 2020. This has enabled us to gather feedback via a broader range of methods including QR codes, texting and via electronic devices.
- Friends and Family Test reporting to NHS England was placed on hold between April to December 2020 with reporting commencing in January 2021. We continued to collect feedback during the period of suspension, albeit with reduced response rates and associated reductions in activity, due to the pandemic. Since December 2020 and with the support of electronic systems, the number of returns has increased considerably.
- Patient/carer and staff stories continue to be presented to Board.
- Pleasingly the number of volunteers has increased significantly, with many of these roles linked to support patients directly alongside gathering of feedback. We launched a new recruitment campaign in 2020/21 which emphasises our ambition to recruit people from our diverse communities.

- Where a new scheme is planned or change in existing service provision (including efficiency plans, and importantly changes to practice as a result of COVID-19) are formally assessed through a Quality Impact Assessment process. Within the QIA process, foreseeable or potential risks which could impact on quality, patient safety and experience are considered and key leading indicators are identified to help highlight the realisation of any actual risks. A gateway approach to the agreement 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 Quality Assurance Committee. During the pandemic, Solent have continued to remain committed to the QIA process.
- We established an Ethics Panel in light of the COVID-19 Pandemic and in recognition of the need to consider complex matters (including escalated QIAs) and provide ethical scrutiny of particularly difficult situations or dilemmas
- In year, we amalgamated the Serious Incident (SI) and Learning from Deaths (LfD) Panel meetings to enable cross learning
- An audit programme (Trust wide and service level covering standards and topic specific issues) is in place
- Monthly reporting and publication of safe staffing status (with sign off by matrons and oversight by the Quality and Professional Standards Team) has continued during the pandemic.
- The Board is appraised of any key quality and safety matters at the beginning of each Board meeting and via comprehensive Chief Nurse reporting within the Performance Report
- Our Quality Account is produced annually which outlines the progress made and action taken to improve and maintain quality and safety within and across Trust services. The Annual Quality Account is developed in consultation with key stakeholders and serves as an additional validation mechanism for determining the quality of services. Solent published the Quality Account as planned for 2019/20. More information on the Quality Account is provided in Section 5 of the Annual Report
- The Trust Experience of Care Forum continues to meet and oversees the delivery and implementation of the strategy
- A new Regulatory and Compliance team were established from September 2020. The main priorities during the pandemic period has been as follows:
  - Supporting teams to
    - ensure compliance, embedding within service business as usual
    - embrace opportunities to demonstrate positive delivery and changes within service
  - Responding to enquiries and offer support to Service Lines related to compliance.
  - To complete deep dives across the Trust, priority areas identified based on external learning, internal incident reporting and ongoing discussions with commissioners e.g. Duty of Candour
  - Ongoing support regarding CQC registration processes to ensure compliance
  - Supporting Board to Floor visists

  Post April 2021, the team also plans to support Service Lines with planned compliance visits and dissemination of learning across the organisation.

Risk Management and Incident Training

A range of risk management and incident training is provided to our staff including:

Risk management training;

- All staff complete an online E-Learning module, which includes risk management principles, escalation processes, accountability, risk assessment and hazard identification
- On request face- to- face Risk Management training provided by the Head of Risk and Litigation as an alternative to the E Learning module
- On request Risk Register training for staff who have responsibility in using the Trust's on-line risk register.

Incident training

- Formal Incident reporting and reviewers training
- Bespoke training provided by the Quality and Professional Standards Team, and
- A two-day training package for SI Investigators provided in collaboration with neighbouring organisations. This is provided to new Investigation Officers and provides in depth training on root cause analysis, identification of hazards and the SI process. Due to the pandemic this training was suspended (no new investigators were appointed during this time) however, we will be resuming this during 2021/22 and plan to appoint new Investigating Officers during the year ahead.

Risk Assurance

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

The Risk and Control Framework

I am assured that risk management processes are continuing to be increasingly embedded within the Trust and incident reporting is openly and actively encouraged to ensure a culture of continuous improvement and learning. I am also assured that there are appropriate deterrents in place concerning fraud and corruption. The organisation understands that successful risk management requires participation, commitment and collaboration from all staff.

The Board approved Risk Management Framework provides a clear overarching framework for the management of internal and external risk and describes the accountability arrangements, processes and the Trust's risk appetite.

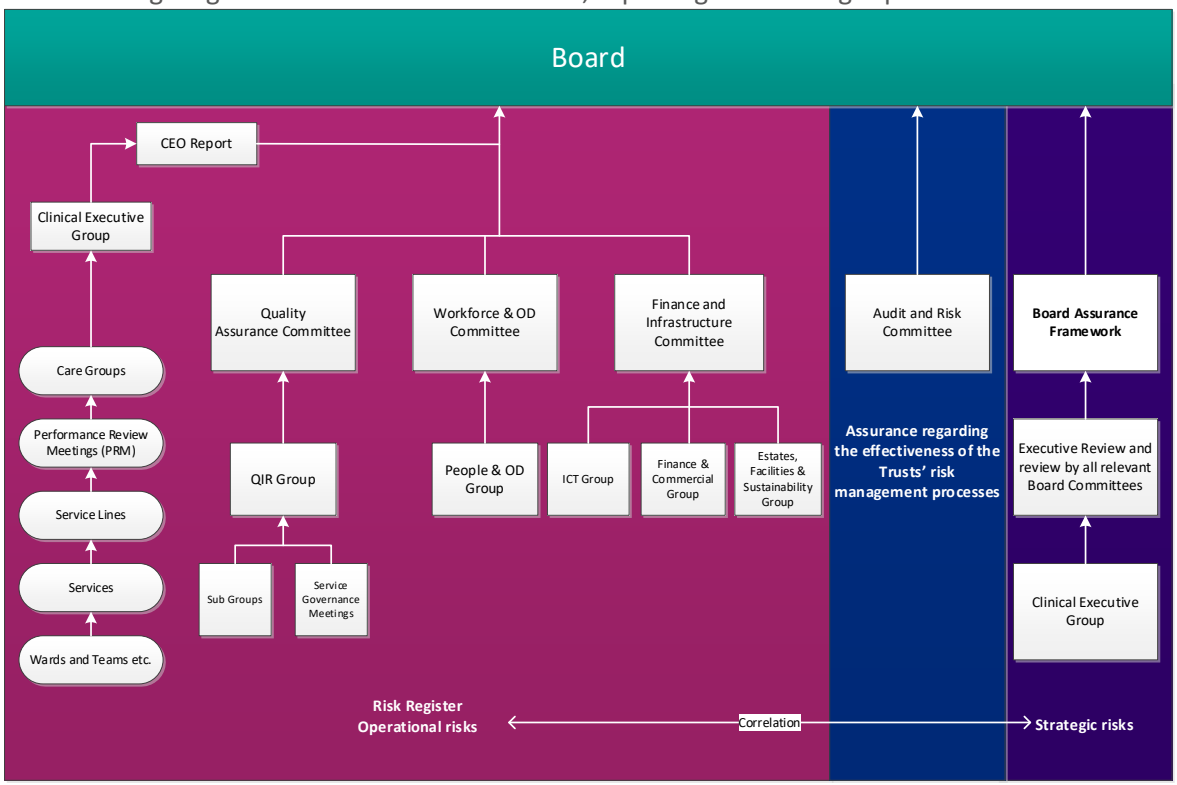
The Trust's approach to risk management encompasses the breadth of the organisation by considering financial, organisational, reputational and project risks, both clinical and non-clinical. This is achieved through:

- an appropriate framework; delegating authority, seeking competent advice and assurance
- a risk culture which includes an agreed risk appetite, as outlined within the framework
- the integration of risk management into all strategic and operational activities
- the identification and analysis, active management, monitoring and reporting of risk across the Trust
- the appropriate and timely escalation of risks
- an environment of continuous learning from risks, complaints and incidents in a fair blame/non-punitive culture underpinned by open communication
- consistent compliance with relevant standards, targets and best practice

- business continuity plans and recovery plans that are established and regularly tested (particularly focus was given this year to ensure plans were updated and relevant to our COVID-19 response and recovery);
- actively analysing and reflecting on key findings from our annual staff survey, staff friends and family test as well as intelligence and feedback from our friends and family feedback to ensure issues are addressed; and
- fraud deterrence including the proactive work conducted by the Local Counter Fraud Service (LCFS) supported by the 'Local Counter Fraud, Bribery and Corruption Policy'. 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. We worked closely with our LCFS to conduct a proactive audit on Conflict of Interest and will be embedding learning into regular audit practice.
  Notifications from the Counter Fraud team improve our knowledge and awareness of the risk of fraud.

Risk Assessment Process

The following diagram illustrates the assessment, reporting and oversight 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 Quality & Professional Standards Team receives and centrally records risk assessments to identify commonalities for organisational risk treatment and escalation.

Risk registers operate at service line level for all identified risks. Risks assessed as scoring 15[3] or above have increased oversight and monitoring by formal committees including the Trust Clinical Executive Group (for all risks scoring 15 or greater that have not met their target score, and do not have actions identified to reduce the score). This is in accordance with the risk appetite, agreed by Board and set out in the Risk Management Framework.

As a result of the ongoing National Emergency we implemented further governance checks and balances at the end of the previous year and retained these throughout this year. We did this to ensure appropriate oversight of emerging risks; including those to service quality and safety including the implementation of an enhanced Quality Impact Assessment processes and the establishment of an Ethics Panel to provide additional scrutiny, as well as ensuring learning is shared.
At our April 2020 Board meeting we also refreshed our Risk Appetite to ensure it reflects the contemporary nature of dealing with such an unpredicted situation, we then reflected again in February 2021 to ensure it remains appropriate and adjusted this as appropriate, as detailed within our Risk Management Framework.

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

The online Risk Register is fully embedded and has provided the ability for real time reporting and escalation; it also aligns existing systems used for incident, complaints and claims reporting. In turn this has enabled the Quality & Professional Standards Team (and service managers) to provide swift response and support to services. The use of the online system supports the triangulation of data from incidents, claims and complaints for further analysis and assurance.

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

There is clear alignment between the Board Assurance Framework and operational risk register and our risk pyramid summarises the top risks and most prevalent risk groups each month.

[3] 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)

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:

- **Business As Usual –Demand and Capacity** – There is a risk that demand in the system outstrips our capacity that we are contracted /funded to provide.
- **Workforce Sustainability** – There is a risk that the COVID-19 pandemic is exacerbating the risk that we are unable to retain and support sufficient numbers of clinical staff, which in turn leads to a higher demand for recruitment and more specifically recruiting clinical staff with the qualifications, skills and experience required in order to deliver our services in a safe and responsive manner.
- **Quality Governance, Safety, Risk and Professional Standards -** there is a risk that we do not have robust systems and processes in place that make it easy for staff to manage and report safe care for our patients, every time.
- **Major Incident and external environment impact on the organisation**- There is a risk in realtion to our ability to respond effectively to the Level 5 National Emergency (Cornoavirus COVID-19)
- **Indirect Commercial Relationship Risks** - There is a risk to patient safety, contractual performance and reputational damage in relation to partnership/third party supplier arrangements that are not under direct control of Solent
- **Future Organisational Function** - There is a risk that due to significant environment changes both nationally and within the local system that the Trust is not able to respond effectively to market forces and emerging opportunities and its ability to lead and influence is diminished
- **System recovery**– there is a risk that the HIOW system is unable to recover from the pandemic and cannot subsequently respond appropriately to meet the evolving needs of the system to deliver the NHS Plan
- **Financial sustainability -** there is a risk that the Trust is unable to demonstrate it can continue to operate as a financially viable standalone entity as well as uncertaintly regarding the national financial regime.

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

Operational Risks

The most prevalent operational risks at the end of the financial year are identified below, however each are being managed by the services with oversight by the Executive Lead to reduce the risk to an acceptable level:

- **COVID-19** – risks associated with changes to care and delivery profiles; capacity and demand; back logs during recovery/ reset; staff wellbeing and safety; and external dependencies
- **Information Technology** – risks associated with IT infrastructure, access to our core systems and Wi-Fi connectivity
- **Clinical (capacity and demand)** – risks associated with increasing demand for our services which is impacting on timely access to treatment and waiting times
- **Staffing and recruitment** – risks associated the staffing requirements, and vacancies which are difficult to fill due to wider system and national staff shortages

We will continue to monitor and mitigate all significant risks associated with efficiency saving plans identified via the Quality Impact Assessment process.

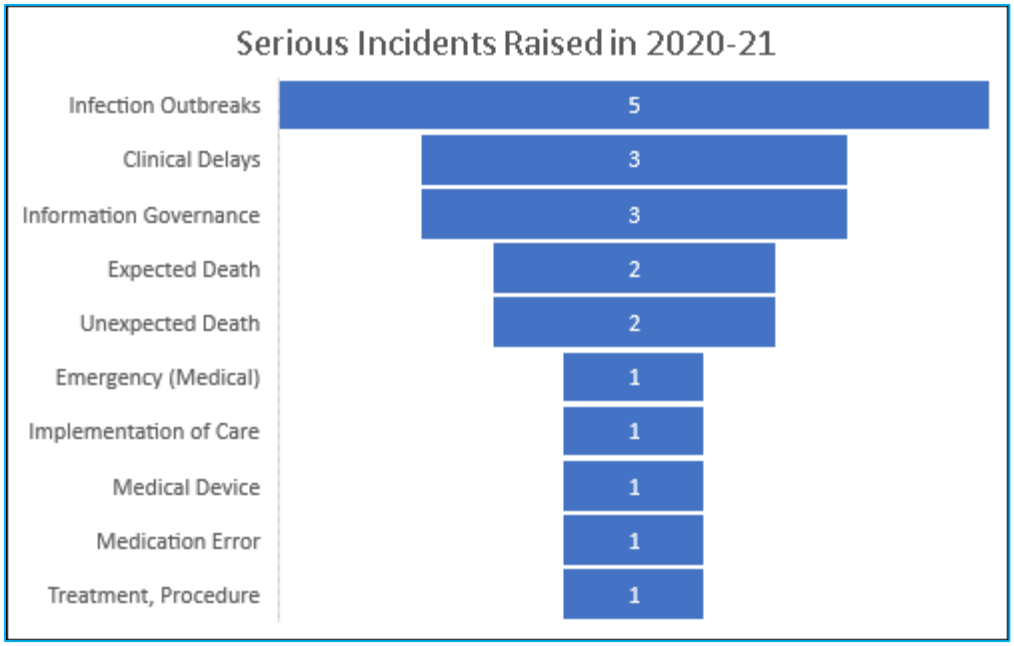
Information Governance and Data Security

Data Security is a significant part of national Data Security and Protection Toolkit requirements as well as ensuring that at least 95% of staff have completed IG training annually, which is nationally recognised as an extremely challenging standard. The submission of the Data Security and Protection Toolkit for 2019/20 was nationally delayed until September 2020, as a direct result of the impact that COVID-19 has had on the NHS. The Trust submitted a return, at the end of September 2020 "Standard Not Met – Plans in Place". The plans submitted to NHS Digital were accepted and it is anticipated that the Trust will achieve full compliance with the 2020/21 submission. However, the commencement of the Toolkit for 2020/21 has been delayed by NHS Digital as a consequence of the pandemic. The 2020/21 Toolkit will now cover the period December 2020 – June 2021.

IG serious incidents are reported and monitored via the Toolkit and where deemed necessary, to the Information Commissioner's Officer as described below. We continue to monitor all incidents and risks associated with IG matters and ensure we learn as a consequence.

Serious Incidents Requiring Investigation

A total of 20 Serious Incidents (SI) were raised during 2020/21 as categorised in the below chart:



As part of our SI process we actively identify opportunities for shared learning.

During the year we investigated and responded to 3 Information Governance (IG) SIs – these incidents all involved the sharing of confidential patient data with an incorrect recipient. None of the incidents resulted in data loss but did constitute a confidentiality breach. The data subjects were informed and confirmed that they were satisfied with the action taken. The Information Commissioner's Office was advised and has subsequently closed all incidents, as they were satisfied that we had taken appropriate action.

Our Caldicott Guardian and Senior Information Risk Officer are consulted 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.

Care Quality Commission (CQC) Compliance

The Trust is fully compliant with the registration requirements of the Care Quality Commission and routinely receives visits and inspections from the CQC. There are no outstanding issues recorded against the Trust. We were inspected back in 2018 against the following eight core services;

- Community Adults
- Community Children & Young People
- Primary Care Services
- Mental Health - Psychiatric Intensive Care Unit (PICU)
- Mental Health - Crisis and Health Based Place of Safety (HBPoS)
- Mental Health - Older Persons Mental Health (OPMH) /Ward
- Mental Health - Older Persons Mental Health (OPMH)/Community
- Mental Health Rehabilitation /Adults/Ward.

We also underwent a "Well Led" inspection. As an outcome of these inspections we were rated as 'Good' across all domains for our Primary Care Services and 'Good' across our core services with an 'outstanding' in the Caring domain.

We were due to be re-inspected in early 2020/21, however in response to the national situation concerning COVID-19, the CQC suspended all routine inspections. Mental Health Act inspections have continued throughout the year and we look forward to welcoming the CQC team back when full inspections resume.

Workforce Strategies and staffing Systems

The Chief Nurse meets with all service lines on a monthly basis to review a range of data and information relating to safe staffing including current establishments, vacancies, recruitment and retention programmes, turnover, roster management, sickness/absence levels and compliance with mandatory and statutory training - all of these areas are identified as key within in the National Quality Board (NQB) guidance: 'Developing Workforce Safeguards'. A six-monthly safe staffing report is provided to Board which reports on progress against NQB guidance.

Since late 2019, these meetings have changed from a service line focus to meetings with teams providing similar services, bringing community nursing teams from Portsmouth and Southampton together, as well as rehabilitation wards together. This enables teams to consider variation and understand if this is warranted or unwarranted and to agree changes needed. This structure also allows the teams to benchmark with Model Hospital data as well as bringing external learning and challenge. Areas where there are concerns or on-going difficulties are reviewed more frequently and the meetings are supported by colleagues from workforce/HR, Learning & Development and the Roster team.

We have retained a focus on safe staffing throughout the pandemic, which has been intrinsically linked to staff wellbeing. During Wave 2 of the pandemic, a greater emphasis was placed on safe staffing within our in-patient and community based services across Portsmouth and Southampton (including Mental Health in-patient wards), in recognition of the additional pressures.
As part of the business planning process, service lines are required to consider their workforce needs and any changes to establishments, skill mix, or the introduction of new roles – these are required to have a full Equality and Quality Impact Assessment completed and presented to the Chief Nurse &

Chief Medical Officer for sign off. However, in light of the national emergency, business planning activity has temporarily been paused.

We have been actively monitoring the impact of the COVID-19 crisis on our workforce, and our ability to ensure service sustainability during periods of absence and in consideration of national guidance regarding social distancing. Where possible and where necessary, we have been making adjustments to the way some services are delivered, including; providing alternative digital mechanisms to that which would have been face to face traditional offers, redeploying, up-skilling and competency training and in some cases scaling down provision to meet urgent demand. In such cases appropriate Quality Impact Assessments have been completed.

NHS Pension Scheme

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

Equality, Diversity and Human Rights

Control measures are in place to ensure that all the organisation's obligations under Equality, diversity and human rights legislation are complied with. Equality Analysis are carried out to assess the impact of the Trust's decisions and design of services as part of the Trust's legal duty under the Equality Act 2010 – we also use Equality Analysis in the development of policies and in consideration of cost improvement plans.

Our commitment is to ensure that leaders keep listening, learning and improving. To help us do this, we have invested in new senior roles for Diversity & Inclusion, Independent Freedom to Speak Up Guardian and Community Engagement and Patient Experience.

You can read more about Equality, Diversity and Inclusion within the Staff Report section of the Annual Report.

Register of Interests

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

We continue to work with our Local Counter Fraud Specialist to enhance our processes wherever possible.

Environmental responsibilities

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust is currently developing a Green Plan to replace the sustainable development management plan as required under the NHS Standard Contract. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. You can read more about our environmental reporting within the Performance Report section of the Annual Report.

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

The following key processes are in place to ensure that resources are used economically, efficiently and effectively:

- 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:
    - Setting and monitoring financial budgets;
    - Delegation of authority;
    - Performance management; and
    - Achieving value for money in procurement
- A financial plan approved and monitored by the Board
- The Trust operates a hierarchy of control, commencing at the Board and cascading downwards to budget managers in relation to budgetary control, balance sheet reconciliations, and periodic review of service level income with commissioners.
- 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
- Efficiency plans which are assessed for their impact on quality with local clinical ownership and accountability
- Strict controls on vacancy management and recruitment
- Devolved financial management with the continuation of service line reporting and service line management
- With the evolution and progression of the Model Hospital, the utilisation and inclusion of its information and benchmarking has been used by Solent NHS Trust to identify areas of outlying performance, both negative and positive, including efficiency opportunities.
- We are also participating in a national pilot programme for Getting it Right First Time (GIRFT) focussing on a range of mental health services, such as psychiatric liaison to review performance, data, efficiencies and patient outcomes
- The Trust has continued with participation in the NHS Benchmarking Network's comprehensive annual programme, covering Community Hospitals, Community Indicators, CAMHS, Learning Disabilities, Mental Health Inpatient and Community, Corporate Functions and Learning Disabilities survey and workforce returns. This year we have also participated in COVID specific monthly returns for Mental Health/CAMHS and Community Services.
- The Trust Board gains assurance from the Finance & Infrastructure Committee in respect of ensuring appropriate financial frameworks are in place to drive the financial strategy and provide assurance to the Board on financial matters as directed, including to review the impact of any efficiency savings on forward financial planning. In accordance with national requirements we have also been monitoring expenditure during the Level 4 National Emergency.
- The Audit and Risk Committee also receives reports regarding losses and compensations, SFI breaches, financial adjustments and single tender waivers. The Board gains assurance from the Quality Assurance Committee regarding the quality of services and compliance with regulatory control. The Audit & Risk Committee test the effectiveness of these systems.

As stated within the Annual Results Report for the year ended 31 March 2021, our external Auditors identified no matters to report by exception in their Value for Money risk assessment.

Performance Reporting

Our performance governance structure has continued to optimise escalations of significant performance to the senior leadership team and Trust Board. The meeting structures are described as follows;

- During 2020/21, we streamlined our Performance Review Meetings in response to the COVID-19 pandemic. The Care Group centric model continued from 2019/20, however the content of the meetings was rationalised to focus on key areas and metrics relating to the impact of COVID-19 on the organisation.
- Chief Operating Officers meet with their service line senior managers on a monthly or bi-monthly basis (depending on performance), to review performance against quality, workforce, finance, operations, data quality and any other issues pertinent at that time.
- The exceptions from these meetings form the agenda at a later monthly meeting chaired by the Deputy CEO and Chief Financial Officer and the Chief Executive Officer, where these are discussed in-depth, necessary mitigations implemented, and assurance sought where appropriate. This was previously run as two separate meetings for Portsmouth and Southampton but was combined into a joint meeting in early 2020/21, providing increased oversight of issues across the trust and opportunity for shared learning. This was initially intended to be a time-limited change; however, it was felt by all Directors that this was a positive move and has subsequently been made permanent.
- Clinical service exceptions are raised to the Clinical Executive Group meeting ensuring oversight and are detailed within the bi-monthly Board Report.
- In addition to standard performance monitoring, other significant areas of risk can be requested for review at the performance meetings, for example, agency spend and contract performance notice remedial action plans. Similarly, the Chief Operating Officers and the Deputy CEO and Chief Financial Officer 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.

During 2020/21, in light of the national emergency, the majority of routine local contractual reporting was paused to focus efforts on critical service provision and reporting as well as new and existing mandatory national and system level reporting as required. You can read more about our performance management governance framework and activity reporting within the 'Performance Analysis' section of the Annual Report.

Data Quality

During 2020/21 we have continued to utilise statistical process control (SPC) analysis within the Trust Board Performance Report within the NHS Improvement Single Oversight Framework, as well as the within the Operations, Workforce, Finance and Quality dashboards.

The implementation of PowerBI this year, the Trust's self-service Business Intelligence tool, has provided an accessible forum for data quality to be championed. The Quality Information and Systems Team created a number of reports providing quality indicator data for use primarily by the clinical service lines to identify trends and outliers and provide assurance via their governance groups and in performance review meetings (PRM).

Following scrutiny by the Clinical Executive Group in Quarter 3, the importance clinical ownership and leadership was further highlighted in relation to waiting time data quality. Subsequently, improvements have been implemented.

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 have 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 Appendix 1 of the Annual Report.

We launched a revised Quality Framework back in September 2018; supporting our vision and focus on making a difference to patients and their families and bringing together how the Trust delivers Great Care in a way that is clear to patients, staff and our stakeholders
At the centre of the Framework is a formula designed to be easy for patients and staff to remember and relate to: SEE (Safe, Effective, Experience).

The Framework sets out:

- what quality means to Solent, its patients and staff in terms of Safe, Effective and Experience (SEE)
- the pivotal role our staff play and how we support them to deliver Great Care
- how we check the quality and standards of care in our services
- how we use innovation, research and organisational learning to continually improve
- governance, risk management and leadership arrangements for quality, and
- how we talk about quality at all levels of the Trust

This framework is now fully embedded within Service line governance reporting structures enabling our further focus now on full alignment of the quality priorities and business objectives.

Reflecting on the Quality Account submission 2020/21 the impact of the COVID-19 pandemic is apparent. A number of projects and schemes have changed, been delayed or have not taken place as the organisation, like all NHS institutions, we have had to refocus our priorities in response to the

global healthcare crisis. Despite this, our services recognise the importance and as such will be retaining many of these schemes into our Quality Account for 2021/22.

We also made significant changes to our quality governance structures, including the establishment of an Ethics Panel and enhanced Quality Impact Assessments.

Co-production is a key principle for our Quality Account for 2020/21, and we have outlined a strong commitment to work alongside our local communities to further strengthen the way in which we identify, develop and communicate our quality priorities.

Significant Issues during 2020/21

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 appraised of real or potential significant issues on a no-surprises basis, both within formal Board meetings and as required between meetings. Electronic briefings are circulated to Non-executive Directors to inform them of any emerging issues in between Board meetings as appropriate. The Board Assurance Framework is updated to reflect significant issues and the mitigation thereof.

In year the following significant issues occurred:

- Our ability to maintain service provision to our normal commissioned levels was significantly impacted by the continued unprecedented national incident concerning Coronavirus COVID-19. Like our acute partners, in order to react appropriately we either ceased providing some services in the early stages of the Wave 1 pandemic, or, significantly adjusted and adapted service offers enabling them to be provided in a flexible way.
  This enabled us to support capability to respond to the anticipated wave of COVID cases, for example, by re-purposing clinic areas to create emergency in-patient capacity.

  During the heightened crisis period in Q4 2020/21 we needed again to reconsider our services, focusing on priority areas identified based on admission avoidance, unscheduled capacity and patient harm criteria, to include:
    - HIOW vaccination programme
    - Inpatient beds
    - Urgent community response services, including Urgent Response Services, Portsmouth Rehabilitation and Reablement Team, and, specialist neurology
    - Mutual aid to partners

  We also ringfenced services affecting the vulnerable including, Mental Health, including CAMHS and our Sexual Assault Referral Centre. These decisions were not taken lightly, and were supported by clinical leadership oversight both internally, as well as within our local systems.

  Where service changes occurred, we completed a Quality Impact Assessment and continue to review and monitor any potential patient safety indicators, ensuring commissioner colleagues are informed. However, as a result of the pandemic our waiting lists in some service areas have been notably impacted and will potentially take two to three years from the end of the pandemic to recover.

  Similarly, our staff have also been affected. Responding to the protracted pandemic has caused our staff to be fatigued, with many colleagues needing to be redeployed and retrained, whilst others have had to adjust to new working patterns and environments, including homework whilst balancing the challenges this brings. As an organisation the wellbeing of our workforce has remained of paramount importance.

  We have also been mindful that some will undoubtedly exploit the situation for their own gain and have continued to work with our Local Counter Fraud Specialist to maintain robust internal

controls during the crisis. We have also ensured stringent risk management oversight processes in light of potential impacts to service quality and safety as a result of operational changes. We elected to conduct internal audits focusing on risk management process as a result of COVID in Q4 of last year, as well as conducting a focused audit this year on risk management oversight associated with COVID recovery.

- Like many NHS organisations, and even before the COVID-19 outbreak, a number of our services experienced staffing pressures due to vacancies and difficulties recruiting due to national staff shortages – particularly within our Mental Health Services and Community Adults teams. This, together with the impact of the pandemic itself, has resulted in a reliance on agency staff, as well as our own bank staff. Workforce controls continue to be implemented including ensuring the vast majority of temporary staff are sourced through our in-house bank, and where necessary block booking agency which has provided additional assurance in terms of the quality of temporary staff supply.
  Where we know we will have continued staff shortages and recruitment challenges, we are considering alternative staffing models and development packages. This includes working with NHSE/I and in collaboration with the International Global Learners Programme to recruit Mental Health nurses from abroad. We have also enhanced our apprenticeship offer including roles funded centrally for implementation in 2021, aiming to increase the number of apprentices we employ and creating a structured pathway into the Trust, for career development as well as supporting support succession planning and talent management.
  We also have programmes in place to engage workforces for the future using links with local schools and colleges to encourage education around the career choices in the NHS as well as provide work placement opportunities.
- We declared six separate Serious Incidents as a result of COVID-19 outbreaks on inpatient wards at Jubilee House (Adult Services Portsmouth), Hawthorn Ward and Brooker Ward (Mental Health), and Snowdon Ward, Fanshawe Ward and the Kite Unit (Adult Services Southampton). On each occasion the wards had to be closed to admissions and there were examples of Nosocomial Infection of patients. Immediate learning from these has been shared across the Trust to ensure our IPC procedures are robust as we continue to operate in a pandemic environment. The Quality & Governance Team have reviewed the investigation process relating to multi-patient outbreaks, with the intention of streamlining this to ensure recommendations can be implemented rapidly and the outcome shared with patients or their next of kin. A thematic review of learning from all six outbreaks will take place, led by the Trust Infection Prevention and Control team. We have declared three separate Serious Incidents relating to individuals who have contracted COVID-19 whilst in our care and are defined as probable or definite healthcare acquired cases where a significant level of harm has occurred.
- We continued to play an active role and constructively support system working as part of our involvement within the Sustainability and Transformation Partnership (STP), which was awarded the status of an Integrated Care System (ICS) during Quarter 3, and within the combined response to relevant Restoration and Recovery workstreams. However, and before the COVID-19 crisis occurred, the system is not yet in financial balance resulting in pressures in some community services.
- We continued to operate in challenging financial times, which included the suspension of the normal financial regime for the entire financial year as a national strategy to ensure organisations had sufficient resources available to operate an effective COVID response. This suspension is extended into the first half of 2021/22.
- Compliance with Clinical Supervision and Statutory and Mandatory Training has increased throughout the year, but some services have found it challenging to bring reported compliance up to the desired levels. We know that ensuring our staff have completed up to date training and contemporary clinical supervision enhances patient safety and quality. We continue to

review levels through both Performance and Quality meetings and we are confident appropriate supervision is taking place, however ensuring this is recorded centrally has proven challenging. Similarly, manual updates are increasing levels of training compliance and the introduction of the new Learning Managing System in 2021 should enhance rates further.

- As referenced earlier, we continue to have concerns regarding the size and length of our waiting lists across many of our services, some of which were disproportionately impacted by the consequences of the pandemic. We review these on a regular basis and have recently developed a new operational waiting times tool to assist services in the management of these and give clear oversight of the waiting lists across the Trust. Operational Performance was impacted in year as summarised as follows;
    - As a result of service closures during COVID-19 wave one, and the restricted capacity we have been able to reintroduce since (with infection prevention measures in place), our waiting lists for Musculoskeletal Service (MSK), podiatry and pain services have grown in size and waiting time.
    - Whilst we made significant progress in reducing waiting times for CAMHS first assessments, we have sadly started to see post COVID-19 (wave one) predicted growth in demand, with the main presentation being anxiety. Similarly, waiting times for A2i (Assessment to Intervention) assessments are increasing and the service is recruiting to create additional capacity.
    - While we continue to do as much as we are able in the circumstances, which remain highly constrained by the pandemic infection prevention measures, we are very concerned about the growth in waiting lists in our Special Care Dental service. We continue to work hard to identify additional capacity to assist, however, the waiting list is large and growing, and, on current assumptions recovery will take years not months.

  We continue to validate our waiters and have processes in place to re-assess and triage those on the lists, but the legacy of COVID-19, in terms of clearing these lists, will likely be with us for some time.
- As well as our investment into our peoples wellbeing throughout the year, we invested heavily to support staff with remote working as the pandemic struck, including investing in additional hardware (laptops and mobile phones) as well as systems and software to enable colleagues to conduct patient consultations and hold remote meetings. However, in the last half of the year we experienced a rise in the number of issues our staff have with their ICT experience. A number of different causes were identified, and a swift action plan was implemented to mitigate issues, including additional investment in helpdesk resource and user-friendly guides to promote self-help. We also know our IT expenditure, even pre-pandemic, identified us as an outlier. We continue to explore opportunities for cost, efficiency and service improvement whilst considering our future IT and digitalisation strategy in accordance with requirements and aspirations of the NHS Long Term plan and via our IT re-procurement process. Wherever possible we will look to work with system partners to maximise efficiencies and accessibility. In year we informed the Audit & Risk Committee of an issue in relation to IT Asset Management – we have initiated an investigation and have tasked our IT department with implementing an action plan to confirm internal control processes are appropriately enforced.
- In order to protect our Staff's data and in accordance with GDPR, we did not release information regarding staff uptake of the flu vaccination as requested via the National Immunisation Vaccine System.

- We note the 2020/2021 reports issued by PWC in relation to NHS Shared Business Services (SBS) and associated qualified opinions. We will be reviewing these for implications to Solent and for any potential internal control weaknesses.

Review of Effectiveness

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

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

The following key processes have been applied in maintaining and reviewing the effectiveness of the system of internal control:

- a review of committee governance by the 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 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 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 from deaths via the amalgamated 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, as previously identified within this report. We are actively adressing all recommendations made by our auditors across all audits conducted and track progress with regular reports to overseeing Committees.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: 14 June 2021

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: 14 June 2021

Statement of Directors' responsibilities in respect of the accounts

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

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

We have complied with HM Treasury's guidance on cost allocation and setting charges for information as required.

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

The Directors consider the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the trust's performance, business model and strategy. A statement regarding the going concern position in relation to the accounts can be found within Section 3.

Disclosure of information to auditors

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

By order of the Board

Sue Harriman
Chief Executive Officer
Date: 14 June 2021

Andrew Strevens
Deputy CEO and CFO
Date: 14 June 2021

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 3 times during 2020/21 (and separately, the Committee confirmed virtual agreement with the CEO's appraisal during July 2020).

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

All Non-executive Directors and the Chair are members of the Committee. The Chief Executive, Chief People Officer, and Chief Finance Officer may attend the meetings by invitation but are not members of the Committee.

The attendance by members is detailed below:

	Date of Meeting		
Member	28/05/2020	21/09/2020	09/02/2021
Mike Watts	✓	✓	✓
Jon Pittam	✓	✓	✓
Stephanie Elsy	✓	✓	✓
Catherine Mason	✓	✓	✓
Gaurav Kumar	✓	x	✓
Thoreya Swage	✓	✓	✓
Calum Mercer*			In attendance as Associate NED

Key: ✓ = in attendance x =apologies
* Calum Mercer held a Trust appointment from 01/02/21 to 31/03/21 as an Associate NED

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:

- Agreed the remuneration level for the Chief Medical Officer
- were consulted on, apprised, and approved the annual inflationary remuneration increased as mandated by NHSE
- considered and agreed temporary leadership arrangements and associated remuneration as a result of the CEO and Chief People Officer secondments to the National Vaccine Programme
- agreed the recommendations (at the February meeting) regarding 2020/21 annual pay increases for Very Senior Managers (VSM) as per the announcement from NHSE and NHSI (23 December 2020)

Senior Managers Remuneration Policy

Our policy on the remuneration of senior managers for the current and future financial year is based on principles agreed nationally by the Department of Health considering market forces and benchmarking. During 2020/21 NHS Improvement reviewed Executive Director pay and issued a pay circular for Trust Boards which was approved for implementation for 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 and Guidance on pay for Very Senior Managers in NHS trusts and Foundation trusts. All elements of the Executive Directors' remuneration package are subject to performance conditions and achievement of specific targets.

No Directors are currently being paid a performance bonus. One Director received a salary in excess of £150,000. Paying a salary above this threshold requires the agreement by the Trust Remuneration Committee, NHS Improvement Remuneration Committee, and the Secretary of State for that Director.

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

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.

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 2020/21 financial year there have been no early terminations of Executive Directors and no non contractual payments have been made. The Chairperson and Non-Executive Directors are appointed on terms

set by the Secretary of State. They are office holders and as such are not employees, so are not entitled to any notice periods or termination payments.

Awards made to previous Senior Managers

There have been no awards made to 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.

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 2020/21 was £170k-£175k (2019/20, £170k-175k).

This was 5.6 times (2019/20, 5.6 times) the median remuneration of the workforce, which was £30,615.06 (2019/20 £30,344.52). In 2020/21 one (2019-20, one) employee received remuneration in excess of the highest paid Director/member. Remuneration ranged from £17k to £186k (2019/20, £17k to £186k). 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 of March 2021 have been excluded; together with employees who left prior to the April 2021, 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. The pay of Very Senior Managers is influenced by the restrictions placed on pay rises for this group of staff.

The majority of Very Senior Managers have only received a small pay increase last year, of 1.03%, whilst other staff groups are receiving annual cost of living pay rises and incremental rises as merited by their contractual terms.

Exit packages (audited)

Changes have continued to take place within the organisation in the 2020/21 financial year and whilst we endeavour to do all we can to ensure the continued employment of our staff there have been no severance payments made in the year. This payment when applied relates to compulsory redundancies. In 2020/21 there were no payments made in lieu of notice. Following an extended period of sickness absence, and appropriate management support, we supported 3 colleagues to retire on the grounds of ill health during 2020/21, with the approval of the NHS Pensions Agency. All payments are made in accordance with the NHS Pension Scheme procedures and National Terms and Conditions, as a result Treasury Approval has not been required.

There were no exit packages or non-contractual payments made or agreed with individuals during the year 2021/21. Redundancy and other departure costs are paid in accordance with the provisions of the NHS redundancy arrangements. 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.

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report, in the event that payments have been made during the financial year.

Off payroll engagements

The Government has reformed the Intermediaries legislation, introducing Chapter 10 Part 2 Income Taxes (Earnings and Pensions) Act 2003 (ITEPA 2003) supporting Chapter 8 Part 2 ITEPA 2003, often known as IR35. The legislation for the off payroll working rules within the Public Sector applies to payments made on or after 6 April 2017. Under the reformed legislation the Trust must determine whether the rules apply when engaging a worker through a Personal Service Company (PCS). Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, Trusts must publish information on their highly paid and senior off-payroll engagements in accordance with the DHSC Group Accounting Manual 2020/21, all public bodies are required to publish the following information within their 2020/21 Annual Report.

Table 1: Length of all highly paid off-payroll engagements.

All off-payroll engagements as of 31 March 2021, for more than £245 per day	
Number of existing engagements as of 31 March 2021	10[4]
The number that have existed for less than 1 year at the time of reporting	0
The number that have existed for between 1 and 2 years at the time of reporting	2
The number that have existed for between 2 and 3 years at the time of reporting	2
The number that have existed for between 3 and 4 years at the time of reporting	2
The number that have existed for 4 or more years at the time of reporting	4

The information contained within Table 1 above has been provided in accordance with the DHSC Group Accounting Manual 2020/21. Of the 10 "Off-Payroll" Engagements meeting the criteria for reporting, 5 are locum General Practitioners (GPs) covering long term gaps in the rota as a result of hard to fill vacancies. Work is ongoing to secure the ongoing stability of the teams within the practices concerned. The remaining "off-payroll" engagements are ad-hoc in nature, triggered as and when there is a requirement for specialist and highly skilled work.

Of those engagements which have been in place for a period exceeding 2 years (8), 5 relate to covering GP vacancies, the remaining 3 engagements are ad-hoc in nature for the provision of specialist and highly skilled work.

[4] This considers all of the criteria included within the DHSC Group Accounting Manual, and those individuals who were engaged as at 31 March 2021 and had been engaged for a period of 6 months or more.

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

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2020 and 31 March 2021, for more than £245 per day	
Number temporary off payroll workers engaged between 1 April 2020 and 31 March 2021	14[5]
Number not subject to off-payroll legislation	2
Subject to off-payroll legislation and determined as in-scope of IR35.	0
Number subject to off-payroll legislation and determined as out of scope of IR35.	6
Number of engagements where the status was disrupted under provisions in the off-payroll legislation	0
Number of engagements that saw a change to IR35 status following review	6

5 "Off-Payroll" engagements which fell within the scope of the intermediaries legislation changed IR35 status when reviewed in preparation for financial year 2020/21. The change in IR35 status was informed by the length of the specific engagements and the frequency of activity undertaken within the engagement.

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

[5] This considers all of the criteria included within the DHSC Group Accounting Manual, and those individuals who were engaged during 2020/21 for a period of 6 months or more.

Table 3: Off-payroll Board member/senior officer engagements

For any off-payroll engagements of Board members and/or senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021	
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility , during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed "board members", and/or senior officers with significant financial responsibility during the financial year. This figure includes both on payroll and off-payroll engagements.	11[6]

Expenditure on consultancy

During the 2020/21 financial year £552k was spent on consultancy.

[6] Calculating includes Executive team members who left in year, as well as those who were Acting up due to interim leadership arrangements.

Salaries and allowances 2020/21 (audited)

	(a)	(b)	(c)	(d)	(e)	Total
	Salary and fees including R&R (bands of £5,000)	Expense Payments (taxable) (total to nearest £100	Performance Pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500	(a to e) (bands of £5000
Name and Title	**£000**	**£00**	**£000**	**£000**	**£000**	**£000**
S Harriman - Chief Executive	85-90	1-2	0	0	47.5-50.0	130-135
A Strevens - Chief Finance Officer	130-135	3-4	0	0	55.0-57.5	190-195
H Ives - Chief Organisational Effectiveness and People Officer	55-60	3-4	0	0	27.5-30.0	85-90
J Prosser - Interim Medical Director (position held until 31 July 2020)	60-65	0-1	0	0	92.5-95.0	150-155
D Baylis - Chief Medical Officer (appointed 01 August 2020)	70-75	4-5	0	0	30.0-32.5	100-105
S Rosenberg - Acting Chief Operating Officer Portsmouth	100-105	12-13	0	0	40.0-42.5	145-150
D Noyes - Chief Operating Officer Southampton	115-120	4-5	0	0	30.0-32.5	145-150
J Ardley - Chief Nurse	120-125	5-6	0	0	0	120-125
J Sohal - Acting Chief People Officer	45-50	1-2	0	0	20.0-22.5	65-70
G Fowler - Acting Chief Financial Officer	50-55	0-1	0	0	12.5-15.0	65-70
C Mason - Chair	35-40	0-1	0	0	0	35-40
J Pittam - Non- executive Director	10-15	0-1	0	0	0	10-15
S Elsy - Non- executive Director	10-15	0-1	0	0	0	10-15
M Watts - Non- executive Director	10-15	0-1	0	0	0	10-15
G Kumar - Non- executive Director	10-15	0-1	0	0	0	10-15
T Swage - Non- executive Director	10-15	3-4	0	0	0	10-15
C Mercer - Associate NED	0-5	0	0	0	0	0-5

Notes to previous table:

- S Harriman – Chief Executive Officer, was seconded to the National Covid Vaccine Team between 28 September 2020 and 15 March 2021 (between 15 March and 31 March colleagues who were acting up transitioned to previous roles).
- A Strevens - Chief Finance Officer and Acting Chief Executive Officer received a temporary allowance whilst acting as Chief Executive Officer between 28 September 2020 and 31 March 2021 and received a temporary allowance during the period
- H Ives – Chief People Officer was seconded to the National Covid Vaccine Team between 28 September 2020 and 31 March 2021
- J Prosser - Interim Medical Director completed fixed term assignment on 31 July 2020
- D Baylis - Chief Medical Officer took up his appointment on 1st August 2020
- S Rosenberg – Acting as Chief Operating Officer from 23 April 2020
- J Ardley - The Chief Nurse received a temporary allowance 2020/21 when acting as Deputy Chief Executive Officer between 28 September 2020 and 31 March 2021 whilst A Strevens was acting CEO. The Chief Nurse is not a member of the NHS Pension scheme or any alternative pension scheme
- J Sohal – Associate Director of People and OD received a temporary allowance 2020/21 whilst acting as Chief People Officer 28 September 2020 to 31 March 2021
- G Fowler - Director of Finance received a temporary allowance 2020/21 whilst acting as Chief Financial Officer between 28 September 2020 and 31 March 2021
- C Mercer held a Trust appointment from 01/02/21 to 31/03/21 as an Associate NED
- S Austin, Chief Operating Officer Portsmouth & South East Hampshire & Director of Commercial Services was paid by the Trust until 26 April 2020 when she took up a new position at Guys and St Thomas NHS Foundation Trust, for further information relating to her remuneration please refer to the annual report of Guys & St Thomas NHS Foundation Trust

Note taxable expenses and benefits in kind are expressed to the nearest £100.

Pension benefits are calculated using the method set out in section 299 of the Finance Act 2004 as amended by the Large and Medium-sized Companies and Groups (Accounts and Reports) Amendment Regulations 2013.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase/decrease due to a transfer of pension rights.

The value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

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

Previous year salaries and allowances – 2019/20 (audited)

Name and Title	**(a)** Salary and fees including R&R (bands of £5,000) £000	(b) Expense Payments (taxable) (total to nearest £100 £00	(c) Performance Pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension-related benefits (bands of £2,500 £000	Total (a to e) (bands of £5000 £000
S Harriman – Chief Executive	170-175	3-4	0	0	75-77.5	245-250
A Strevens – Chief Finance Officer	125-130	1-2	0	0	27.5-30	150-155
H Ives – Director of People Services	110-115	1-2	0	0	25-27.5	140-145
D Meron – Chief Medical Officer* + Resigned 30/11/19	90-95	1-2	0	0	132.5-135	225-230
J Prosser – Interim Medical Director** Commenced 01/12/19	45-50	0-1	0	0	0	40-45
S Austin – Chief Operating Officer Portsmouth & Commercial Director – Resigned 26/04/2020	115-120	0	0	0	22.5-25	140-145
D Noyes – Chief Operating Officer Southampton	110-115	2-3	0	0	25-27.5	140-145
J Ardley – Chief Nurse	110-115	1-2	0	0	0	110-115
C Mason – Chair Commenced 01/04/19	35-40	2-3	0	0	0	35-40
M Tutt – Non-executive Director - Resigned 31/01/20	5-10	4-5	0	0	0	5-10
J Pittam – Non-executive Director	5-10	1-2	0	0	0	5-10
S Elsy – Non-executive Director	5-10	1-2	0	0	0	5-10
M Watts – Non-executive Director	5-10	0-1	0	0	0	5-10
G Kumar – Non-executive Director. Commenced 09/10/19	0-5	0-1	0	0	0	0-5
T Swage – Non-executive Director *** Commenced 01/02/20	0-5	0-1	0	0	0	0-5
F Davis – Non-executive Director Resigned 03/06/19	0-5	0	0	0	0	0-5

+ The total pension's benefits for D. Meron are based on the total pensionable pay for the year and will include pensionable pay received for his new role at Somerset NHS Foundation Trust. This has contributed towards the year on year increase.
* the Chief Medical officer role is combined with clinical duties. These figures include £40-£45k (expressed in bands of £5,000) relating to clinical duties.
** The Interim Medical Officer role is combined with clinical duties. These figures include £20k-£25k (expressed in bands of £5,000) relating to clinical duties.
*** T Swage held a Trust appointment from 01/01/20 to 31/01/20 as an Associate Non-executive Director, before commencing her substantive Non-executive Director position

Pension benefits 2020/21 (audited)

Name and title	(a) Real increase in pension at pension age (bands of £2500) £000	(b) Real increase in pension lump sum at pension age (bands of £2500) £000	(c) Total accrued pension at pension age at 31 March 2021 (bands of £5000) £000	(d) Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5000) £000	(e) Cash Equivalent Transfer Value at 1 April 2020 £000	(f) Real increase in Cash Equivalent Transfer Value £000	(g) Cash Equivalent Transfer Value as at 31 March 2021 £000	(h) Employers contribution to stakeholder pension £000
S Harriman - Chief Executive	2.5-5.0	(2.5)-0	45-50	80-85	755	41	834	0
A Strevens - Chief Finance Officer	2.5-5.0	0	25-30	0	312	37	374	0
H Ives - Chief Organisational Effectiveness and People Officer	0-2.5	0	5-10	0	61	7	85	0
J Prosser - Interim Medical Director (retired May 2020)	2.5-5.0	10-12.5	75-80	235-240	1630	N/A*	N/A*	0
D Baylis - Chief Medical Officer (appointed 01 August 2020)	0-2.5	0-2.5	20-25	40-45	278	18	318	0
S Rosenberg - Acting Chief Operating Officer Portsmouth (April 2020)	2.5-5.0	0	35-40	0	512	41	576	0
D Noyes - Chief Operating Officer Southampton	0-2.5	0	15-20	0	189	18	227	0
J Ardley - Chief Nurse*	0	0	0	0	0	0	0	0
J Sohal - Acting Chief People Officer	0-2.5	0	0-5	0	0	9	21	0
G Fowler - Acting Chief Financial Officer	0-2.5	0	5-10	0	84	5	109	0

Sarah Austin was paid by the Trust until 24 April 2020 when she took up a new position at Guys and St Thomas NHS Foundation Trust, for further information on her remuneration please refer to the annual report of Guys & St Thomas NHS Foundation Trust.

* The Chief Nurse is not in the NHS Pension scheme or an alternative pension scheme.

** The Interim Medical Director commenced drawing of pension benefit during May 2020.

Following the Court of Appeal ruling relating to Age Discrimination in relation to changes to public service pension schemes (known as the McCloud Judgement) the Government published a consultation paper in July 2020 and a response to the consultation in February 2021. To remedy the court ruling, each individual in the NHS pension scheme at the 31st March 2012 and remaining in service on 1st April 2015 will be offered the choice of benefits under the legacy scheme NHS 1995 or

2008 (final salary) sections, and the NHS 2015 (career average) section. Individuals who are retired or are planning to retire before October 2023, will be offered the choice when the benefits become payable, and individuals who retire or plan to after October 2023 will be offered the choice for relevant service over the period 2015-2022. The pension, lump sum and CETV valuations reflect individuals' current scheme membership, and no adjustment has been made to reflect the potential impact of this ruling or its remedy.

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

The method used to calculate CETVs changed, to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2019. This does not affect the calculation of the real increase in pension benefits, column (a) and (b) of the table above or the Single total figure table, column (e) of table above. None of the individuals in the previous table were entitled to a GMP and so the methodology change has no impact for the Trust.

Cash Equivalent Transfer Values (CETV)

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 the Occupational Pension Schemes (Transfer Values) Regulations 2008.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Sue Harriman
Chief Executive Officer
Date: 14 June 2021

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 2021 under the Local Audit and Accountability Act 2014. The financial statements comprise the Trust's Statement of Comprehensive Income, the Trust Statement of Financial Position, the Trust Statement of Changes in Taxpayers' Equity, the Trust Statement of Cash Flows and the related notes 1 to 43. 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 2020/21 HM Treasury's Financial Reporting Manual (the 2020/21 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2020/21 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 2021 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 (as amended by the Health and Social Care Act 2012) 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.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Directors use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability

to continue as a going concern for a period of twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's ability to continue as a going concern.

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 contained within the annual report.

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.

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 course of 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 themselves. 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 National 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 National 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 the NHS Improvement's guidance; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to 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; 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 2021.

We have nothing to report in these respects.

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 and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Directors are 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 they either intend to cease operations, or has 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 ensuring that the financial statements are prepared in a format directed by the Secretary of State and 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.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), as well as relevant employment laws of the United Kingdom. In addition, the Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

We understood how Solent NHS Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Trust's board minutes and through enquiry of employees to verify Trust policies, and through the inspection of HR policies and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance through improper recognition of revenue, inappropriate capitalisation of revenue expenditure and management override of controls to be our fraud risks.

To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed the Trusts manual year end receivables and payables accruals, challenging assumptions and corroborating the income to appropriate evidence. We tested year-end cut-off arrangements by selecting samples of income and expenditure from either side of the 31 March 2021 balance sheet date and corroborating the samples to supporting evidence to ensure these were recorded in the appropriate financial year. We also undertook cut-off testing of expenditure posted to month 6 of the financial year to establish whether the Trust had incorrectly included expenditure relating to later months that would trigger reimbursement and top-up funding for that period of the financial year that it would otherwise not be entitled to.

To address our fraud risk of inappropriate capitalisation of revenue expenditure we tested a sample of the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine.

To address our fraud risk of management override of controls, we tested specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://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 reporting criteria issued by the Comptroller and Auditor General in April 2021, as to whether the Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria 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 2021.

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.

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.

Suresh Patel

Ernst & Young LLP (Local Auditor), Southampton

14 June 2021

Section 3
Our Summary Accounts

Our summary accounts (unaudited)

Foreword and Statement on Financial Performance

We have ended 2020-21 by achieving all four of our financial statutory duties:

- External Financing Limit (EFL) which is an overall cash management control. The Trust was set an EFL of £7.9m cash outflow for 2020-21, actual EFL was £14.9m cash inflow and therefore the Trust achieved the EFL target with a positive variance of £22.8m.

- 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 2020-21 was £11.5m, achieving the target of £11.5m.

- Three Year Rolling Breakeven Duty states that the Trust should achieve a breakeven position over a three-year period. The Trust has achieved this with a £1.7m surplus achieved from 2018-19 to 2020-21.

Whilst the Trust achieved the three-year rolling breakeven duty, the Trust reported a cumulative adjusted retained deficit of £6.4m in 2020-21 due to deficits in earlier years.

The 2020-21 financial statements have been prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020-21. 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: 14 June 2021

Finance Review & Statutory Duties in relation to the Accounts

The statement of Directors' responsibilities in respect of the accounts is detailed separately.

Break-even position (a measure of financial stability)

The Trust has a statutory duty to achieve break-even in the year. The Trust has achieved the breakeven duty in year, reporting a £0.1m adjusted surplus in 2020-21. The Trust has also achieved the three-year rolling breakeven duty, reporting a surplus of £1.7m from 2018-19 to 2020-21. Whilst the Trust achieved the in-year and three-year rolling breakeven duty, the Trust reported a cumulative adjusted retained deficit of £6.4m in 2020-21 due to deficits in earlier years. Our regulators were aware of this position and continue to support us in our delivery of key community and mental health local services.

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

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

External Financing Limit (an overall cash management control)

The Trust was set an External Finance Limit of £7.9m cash outflow for 2020-21 which it is permitted to undershoot. Actual external financing requirements for 2020-21 were £14.9m cash inflow and therefore the Trust achieved the target with a positive variance of £22.8m.

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 £11.5m for 2020-21. The Trust achieved the target as actual fixed asset investment was £11.5m.

Want to find out more?

Included on the following pages are the 'summary financial statements' of the Trust and an overall picture of our fiscal performance. A copy of our full accounts are available in Appendix 2.

Financial Statements

Statement of Comprehensive Income for year ended 31 March 2021

	2020-21 £000	2019-20 £000
Operating income from patient care activities	209,426	179,541
Other Operating revenue	36,252	21,256
Operating expenses	(242,650)	(198,997)
Operating surplus	**3,028**	**1,800**
Finance income	3	122
Finance expenses	0	(141)
PDC dividends payable	(2,080)	(2,361)
Other gains and (losses)	6	4
Retained surplus/(deficit) for the year	**957**	**(576)**
Impairments and reversals taken to the revaluation reserve	(1,428)	(1,271)
Revaluations	244	317
Total comprehensive income for the year	**(227)**	**(1,530)**
Financial performance for the year		
Surplus/(deficit) for the period	957	(576)
Impairments (excluding IFRIC 12 impairments)	(364)	999
Adjustments in respect of donated asset respect elimination	(502)	(137)
Prior period adjustment	(3)	0
2018/19 post audit PSF reallocation (2019/20 only)	0	(207)
Adjusted retained surplus/(deficit)	**88**	**79**

Statement of Financial Position as at 31 March 2021

	31 March 2021 £000	31 March 2020 £000
Non-current assets	102,827	96,079
Current assets	49,856	31,132
Current liabilities	(47,475)	(37,251)
NET CURRENT ASSETS / (LIABILITIES)	**105,208**	**89,960**
TOTAL ASSETS LESS CURRENT LIABILITIES	**105,208**	**89,960**
Non-current liabilities	(128)	(83)
TOTAL ASSETS EMPLOYED	**105,080**	**89,877**
FINANCED BY TAXPAYERS' EQUITY	**105,080**	**89,877**

Statement of Changes in Taxpayers' Equity for year ended 31 March 2021

	Public Dividend capital	Revaluation reserve	Retained earnings	Total reserves
	£000	£000	£000	£000
Balance at 1 April 2020	**17,445**	**6,441**	**65,991**	**89,877**
Changes in taxpayers' equity for 2020-21				
Surplus / (Deficit) for the year	0	0	957	**957**
Other Transfers between reserves	0	(177)	177	**0**
Impairments	0	(1,428)	0	**(1,428)**
Revaluations	0	244	0	**244**
Public dividend capital received	15,430	0	0	**15,430**
Balance at 31 March 2021	**32,875**	**5,080**	**67,125**	**105,080**
Balance at 1 April 2019	**12,337**	**7,622**	**66,343**	**86,302**
Prior period adjustment	0	0	(3)	**(3)**
Balance at 1 April 2019 restated	**12,337**	**7,622**	**66,340**	**86,299**
Changes in taxpayers' equity for 2019-20				
Surplus / (Deficit) for the year	0	0	(576)	**(576)**
Other Transfers between reserves	0	(227)	227	**0**
Impairments	0	(1,271)	0	**(1,271)**
Revaluations	0	317	0	**317**
Public dividend capital received	5,108	0	0	**5,108**
Balance at 31 March 2020	**17,445**	**6,441**	**65,991**	**89,877**

Statement of cash flows for the year ended 31 March 2021

	2020-21	2019-20
	£000	£000
Net cash inflow from operating activities	25,882	9,749
Net cash outflow from investing activities	(8,499)	(12,829)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**17,383**	**(3,080)**
Net cash inflow from financing activities	3,801	2,587
INCREASE / (DECREASE) IN CASH	**21,184**	**(493)**
Cash at the beginning of the period	15,172	15,665
Cash at year end	**36,356**	**15,172**

Better Payment Practice Code: Measure of Compliance 31 March 2021

	2020-21		2019-20	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	25,882	66,695	28,737	62,278
Total non-NHS trade invoices paid within target	22,293	59,501	26,951	58,021
% non-NHS trade invoices paid within target	86.1%	89.2%	93.8%	93.2%
Total NHS trade invoices paid in the year	1,403	18,418	1,598	16,355
Total NHS trade invoices paid within target	819	12,438	1,318	13,945
Percentage of NHS trade invoices paid within target	58.4%	67.5%	82.5%	85.3%

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

Challenges ahead

We fully appreciate how difficult this past year has been for our staff.

Delivering safe and effective care, in an environment of ever rising demand, set against a backdrop of responding to COVID-19 will continue to be one of the biggest challenges, we, and all NHS organisations will ever face.

Ensuring we continue to promote and encourage an open culture enabling staff to speak out when things are not right, to create an environment where they feel safe and listened to, is core to our principles and our HEART values.

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

We know there is more to do – both internally within our own organisation, with our partners and within the HIOW Integrated Care System to significantly transform health and care pathways in accordance with the ambition and plans of the NHS Long Term Plan and the ICS Strategic Delivery Plan.

Working as a system will mean at times that we will have to make collective and difficult decisions for the greater good of our service users within our ICS footprint. Some of these hard decisions will undoubtedly be at the detriment of Solent and what we have traditionally done but will be for the benefit of the wider system. However, in accordance with our guiding business principles, we will always endeavour to put our citizens and communities before services, and services before organisations. Doing the right thing, is what is important to us.

We are always vulnerable to risk during times of change and we must ensure we are vigilant to ensure we implement appropriate mitigations. Ensuring we; provide great care - without compromising quality, create a great place to work – where staff feel valued and listened to and ensure great value of money, remain our goals.

The key challenges we face in 2021/22 are:

- Ensuring our, and our system's recovery from the ongoing National Emergency – not only from an operational perspective but also the wider cost to our workforce, and the community at large.
- We know some of our staff will have been deeply affected by the pandemic – ensuring continued investment and focus on wellbeing and support will be key.
- As described in the Annual Governance Statement, our waiting lists have been adversely impacted because of the need to refocus efforts on our front-line support and to system partners during COVID-19. Ensuring the continued monitoring of clinical risk for those patients waiting is critical.
- Delivery of ours and our systems control total, with an increased focus of working as a system, doing the right thing for our patients, whilst delivering great value for money. There will be an expectation to deliver efficiencies as we move through the year and this will need to be balanced with understanding the ongoing financial impact of COVID-19.
- Operating in the Integrated Care System and Integrated Care Partnerships where the financial, quality and corporate governance infrastructure is embryonic, and
- Understanding the National Tariff Payment System and how this will impact funding the Trust and system receives for services delivered.

The internal control processes for managing risks are outlined in the Annual Governance Statement.

Going Concern

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

This year the Trust improved against its financial targets in quarters 3 and 4 and achieved an £88k surplus. Income from Commissioners was largely based on the simplified block payments system introduced in response to the COVID-19 pandemic, which improved liquidity and cash flow during the year. Additional costs due to the pandemic were supported on an actual cost reimbursement basis for the first half the year and on an advance block payment basis for the second half of the year.

In April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSE&I) announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue loans as at 31 March 2020 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow their repayment. The Trust received PDC of £9,109k to repay these loans which was in relation to historical revenue support requirements, strengthening the value of the balance sheet.

For 2021/22 the current financial funding arrangements will remain in place for the first half of the year, with additional funding to support Community and Mental Health Services post COVID. The Trust has produced its financial plan based on these assumptions. National guidance for the second half of 2021/22 has yet to be published, however the Trust expects funding levels will be maintained throughout 2021/22. The Trust and NHSE&I have a clear understanding of the financial position of the Trust and the position is well recognised and understood.

The Trust has prepared a cash forecast modelled on the expectation for funding covering the period to the end of June 2022. The cash balance as at June 2022 is forecast to be £20.9m. The cash forecast shows sufficient liquidity for the Trust to continue to operate. Interim support can be accessed by NHS Providers however the Trust does not foresee this being required.

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

Sue Harriman
Chief Executive Officer
Date: 14 June 2021

Appendix 1
Our COVID-19 Reflections and Learning

Adult Services Southampton

Our COVID-19 Response

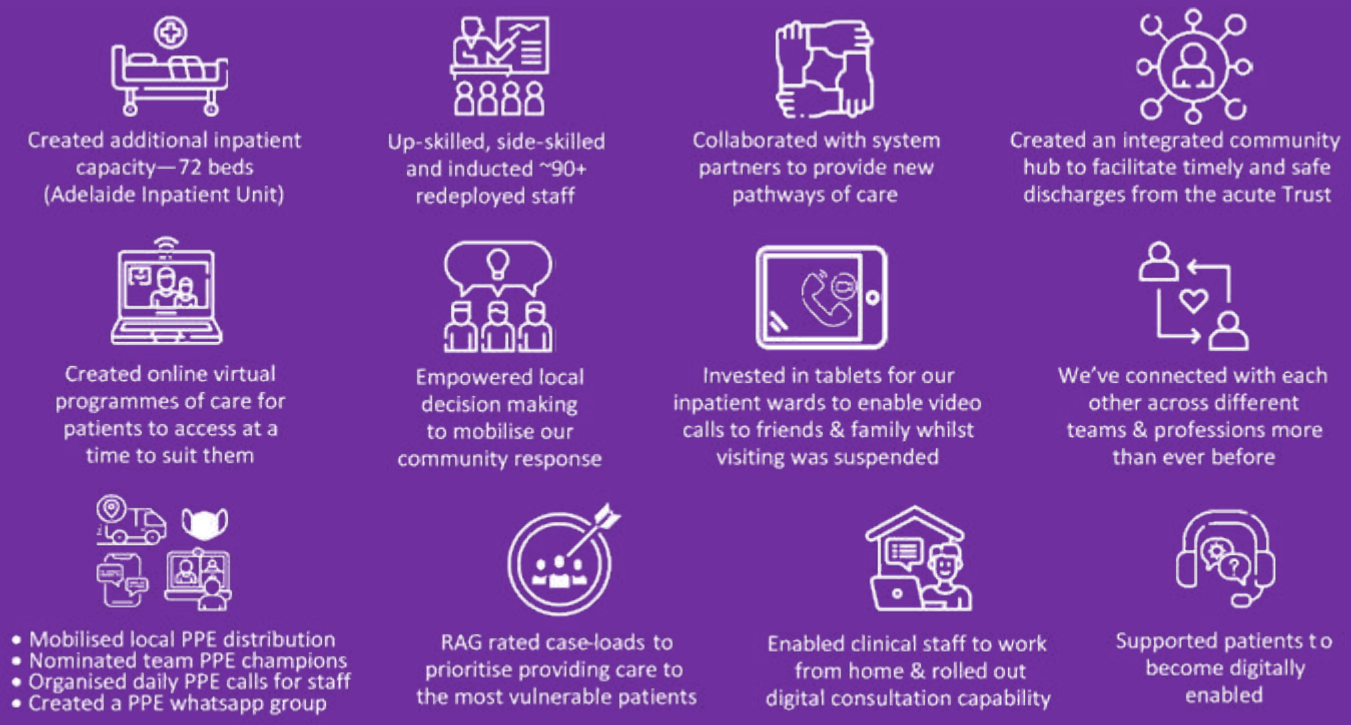
INTRODUCTION - *How has COVID-19 impacted Adult Services Southampton?*

The pandemic presented our teams with many opportunities to demonstrate the values which reflect the NHS constitution, such as compassionate care and responsiveness. In return, it is crucial we celebrate the innovative approaches that our teams have taken, to adapt and thrive.

Our Adult Southampton Service Line teams embraced the need to make positive changes during lockdown. To do this we all had to develop new skills, show a willingness to work outside of our comfort zones and gather feedback from patients.

Now stepping into the future and looking to create a better norm, our aim is to #keepthegoodthings and embrace transformational change with open minds and confidence. There is a real feeling of pride within the teams because they have tried new ways of working, which would have felt impossible pre-pandemic.

OUR RESPONSE – *What have we done differently?*



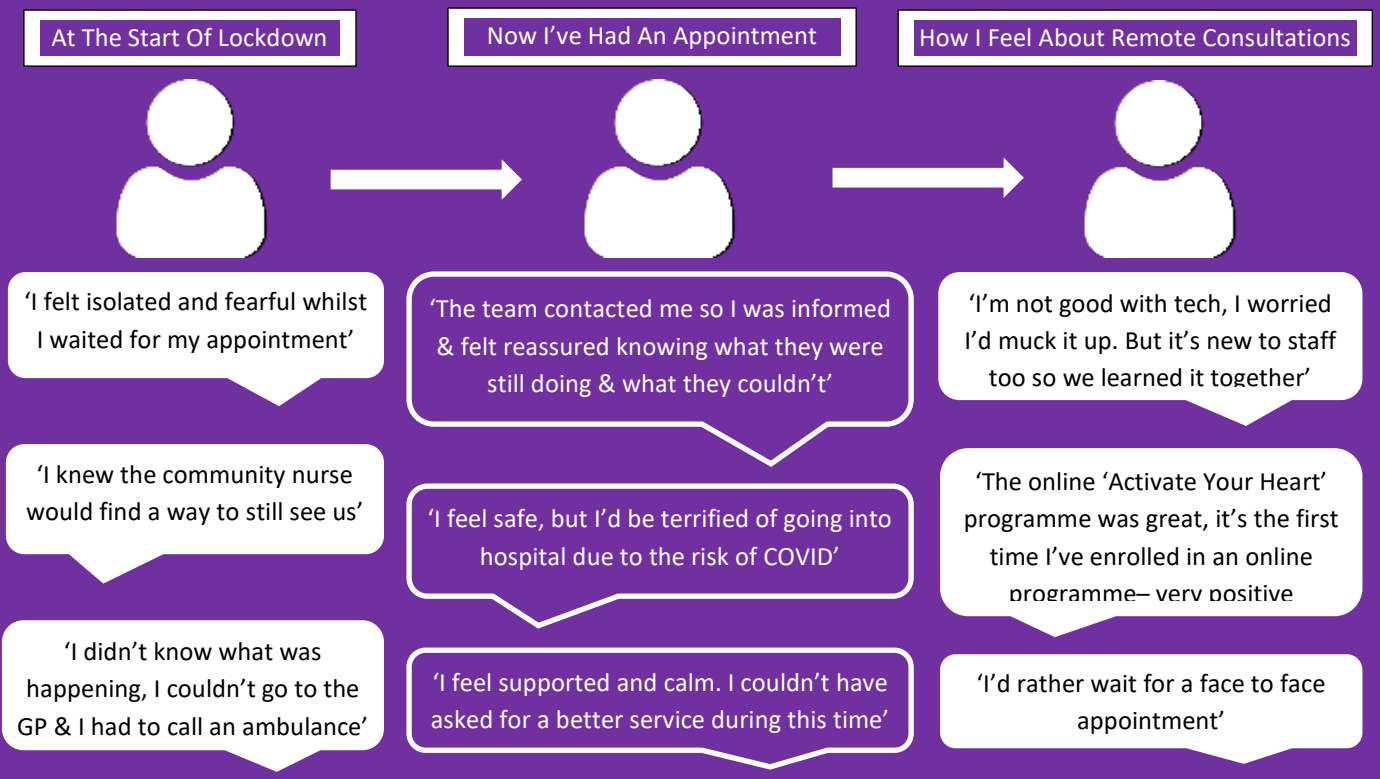
"Continuing to connect with each other will be key to successfully resetting our services, preparing for future challenges and working innovatively to support patients".

OUR HEADLINES – *What Have We Learnt?*

1. *Not All Care Needs to Be Delivered Face-to-Face*
2. *We Realised Our Teams Could Work Better Together*
3. *Our Wellbeing & Acknowledging Staff Concerns Is Crucial*
4. *Staff Benefited from Practical Infection Control/ PPE Training*
5. *We Can Make Rapid Change In A Safe Way By Trusting Our Teams*
6. *Virtual Consultations Require Additional Communication Skills*
7. *Staff Need Digital Up-skilling & Engagement, Not Just Delivery*
8. *Patients Will Embrace New Technologies If They Feel Safe & Supported*
9. *We Can Offer Greater Flexibility To Our Workforce*

CO-PRODUCTION – *What Have Our Patients Said?*

We spoke to our patients to learn about their feelings and experiences at the start of lockdown, during lockdown and how they felt about the future...



WORKING TOGETHER – *How did our colleagues feel?*

'How can I help? What is my role?

'How bad is this going to get?'

'We need to all work together'

I've adapted how I work and have surprised myself in how I can interact with patients differently whilst still providing high quality and safe care.

Working from home has been hard, I've felt isolated & detached'.

I'm physically and mentally exhausted, these past months have really taken their toll on me and my family, I'm not sure I've got much more to give.

Our staff were genuinely scared, fearful and anxious about what was around the corner and what would be expected of them.

Individuals worked differently, were empowered to find new and different ways of working, whilst still supporting each other and patients.

Uncertainty remains as does a tiredness, managing staff fatigue & continuing to support the wellbeing of our staff remains a top priority.

Our Reflection – *What does the future hold?*

The arrival of COVID-19 and the subsequent months that followed has been a period of considerable change within the NHS and our Adult Services Southampton service line. The services we operate and the care we provide has been modified and adapted for the better. COVID-19 has challenged our thinking in how we provide our services, how we engage with patients and how we use technology as an enabler.

Recognising the changes that can occur when there's a genuine shared purpose can be phenomenal; at scale, at pace and innovative. When we know each other as people and feel psychologically safe to contribute, to suggest new or different ways of working- it enables great things to happen.

One size certainly does not fit all, but we can mould, adapt, share and learn from each other and lead local change initiatives to provide services that are safe, effective and equitable.

Our challenge now is how we continue to diversify our service offering and the care we provide to patients, whilst remaining operational and reacting to the ever changing pandemic and national picture.

Adults Services Portsmouth

Our COVID-19 Response

How COVID impacted our team

The pandemic had a significant impact on workforce staffing due to COVID related sickness. There was additional pressure on staffing due to stepping up additional bed capacity and managing a redeployed workforce. The service has been able to maintain safe staffing levels during this time, with colleagues returning to work after sickness.
We have also responded to the COVID in the community by developing a range of COVID specific services and responses, including partnering Long COVID clinics and a Virtual COVID Ward.

OUR RESPONSE – *what have we done differently?*

Wellbeing

Sickness rates increased in service and staff reported COVID anxiety. As a response, a wellbeing lead has been building our wellbeing champion network within Portsmouth and introduced initiatives to support staff such as creating a 'wellbeing space' allowing colleagues to virtually drop in under the banner of 'you matter, we natter'. The Freedom to Speak Up guardian also devised a survey to understand wellbeing requirements and we introduced a weekly communications poster with positive key messages.

Senior Ops Cell

A Senior Ops cell has been set up for senior leaders to be responsive and able to adapt the service according to the ever-changing position.

Patient Isolation

The inpatient wards have been adaptable and reactive to the ever-changing guidance to keep staff, patients and visitors safe. Visiting is risk assessed and visiting is managed to reduce the footfall through the wards.

Community Teams

The Community Locality teams have been reconfigured from three teams to two, to ensure safe staffing levels. The teams have encouraged remote working, preventing the need to return to base for handovers.
The Locality Teams reconfigured from North, South and Central locality to two teams called Nightingale and Seacole.

Discharge Hub

As part of the National 3 hr discharge requirements document a discharge hub was set up within St Mary's this allowed for Solent to develop a 'Pull' model to the community from the acute. This service is manned 7 days a week 8am-8pm. This has been successful in significantly reducing the Medically Fit for Discharge List (MFFD) list. This service is now a permanent service and has subsequently been Quality Impact Assessed.

Redeployments

Staff across the service line responded flexibly to demands for redeployment into inpatient and community roles. They have worked tirelessly learning new skills and adapting to new teams, not once, but twice. Without their support we would not have been able to open additional bed capacity in Jubilee & Spinnaker wards.

PPE and Medical Devices Hub

A hub has been set up to ensure staff have appropriate equipment to carry out tasks. Initially this was solely for PPE but has now evolved into Medical Devices as well as equipment

OUR REFLECTION/ LEARNING – *what does the future hold?*

Incident Reporting

There has been a decrease in incident reporting which is to being monitored and reviewed by the service with the Quality and Governance Team.

Training

There has been a reduced capacity in the provision of face to face training that will continue until restrictions are fully lifted.

Meetings

All non-essential meetings were cancelled, and a streamlined ASP Board introduced for governance. Reduced demands for corporate reporting freed up capacity for planning and mobilising the COVID response.

Survival Packs

The community teams have produced wellbeing packs for clinical staff to provide information on wifi availability, toilet locations and places providing food and drink around the City. This initiative is to be replicated by other service lines.

Quality

Matrons group is now established. This is a monthly professional forum to share, learn and discuss professional standards and focus on quality issues.

Remote consultations

Teams responded quickly in adopting new remote ways of connecting with patients, including telephone assessments and reviews, video consultations via a variety of digital applications. For COPD patients can now engage with online digital group sessions. As we return to BAU, elements of this provision will remain, improving patient choice and efficiency of services. Our Pulmonary Rehabilitation designed a virtual version of their rehab programme using zoom and delivered this to patients throughout the pandemic. They have now been able to prove, through a service evaluation, that this delivers improved outcomes for patients, when compared to national data and venue-based rehabilitation. Patients have found attending online classes removes some of the barriers to participation, and the team is looking to continue a digital offer alongside venue-based courses.

Remote Working

Staff have moved out of offices and into their own homes, connecting with patients and colleagues remotely. We have learnt that tasks can be completed effectively from home, opening up opportunities for more permanent fleixble working.

Children and Families

Our COVID-19 Response

How COVID impacted our team

There has been a significant increase in waiting times due to several activities adjusted/suspended to protect patients and staff as staff were redeployed to urgent COVID focused work or estate was utilized for other purposes. Waiting lists are being scrutinized and risk assessed, based on the implications for patients and for Trust performance against referral to treatment times (RTT). Services have a RAG rating system to identify children who require prioritization for intervention. There has been a continuation of care for all 'red' rated services. The Safeguarding service continues to raise concerns with a rise in domestic violence reported. More have been identified by school nurses, teachers and other professions since returning to schools. Complexities of cases and numbers of abuse are a cause for concern. Mitigation includes arrangements in place to prioritise face to face visits with those most at risk through close collaboration with partner agencies to monitor the most vulnerable. The Child and Adolescent Mental Health (CAMHS) service is seeing an increase in self harm, suicidal ideation and eating disorders. There is also an increase in waiting times for Neuro developmental assessments that was already a service high in demand prior to COVID.

Our response - what we have done differently

Picture Materials

The therapies service has produced excellent materials which can be used with families in order for speech and sound assessments via video links.

Hampshire Equipment Store

Following on from previous escalation relating to the complexity of the equipment ordering process for children, a new pilot has been instigated with Hampshire CCGs which is working well.

0-19 Isle of Wight Services

In November the Children's and Families service line mobilized the induction of staff and services into Solent. Early feedback is good with lots of additional training and support in place for staff transitioning from one provider to another.

Remote Consultations

The introduction of remote consultations has received mostly positive feedback from families and has led to a reduction in DNA rates. Services will be keeping remote consultations in some form as well as some virtual groups which have received positive uptake. The Continence Team have seen similar and some improved outcomes through working remotely.

Virtual Meetings

A number of cross service line meetings have had improved attendance following the introduction of Zoom and MS Teams meetings. Staff feedback indicates that people are more likely to be able to attend when unable to travel. These meetings will be retained in combination with some face to face.

CAMHS Services

An enhanced hours service has been provided to help support the acute hospitals to ensure young people who do not require admission for physical health or are a high risk, can be seen in a community setting.

Our learning

Safeguarding

Mitigation arrangements in place in close collaboration with partners to monitor the most vulnerable during times of limited access to schools and home visits.

Waiting Times

There is a significant increase in waiting times within Neurodevelopmental rehab and continence. There is an expected surge in therapy referrals during the Autumn term.

Communication with Families

Family expectations following wave 1 appear to indicate a lack of understanding relating to increased wait times. There are plans to incorporate communication with families as part of recovery planning from wave 2 to manage expectations.

Understanding from Feedback

CAMHS

There has been a significant rise in the number of children and young people being referred to CAMHS since September. Many of these are children with eating disorders but other mental health issues are also present. This has highlighted a regional and national lack of Tier 4 beds for CAMHS service users which requires support outside of Solent to resolve.

Priorities for the Future

Participation

The service line will be focusing on the participation strategy ensuring the voices of children and families are part of any service line developments.

Digital Strategy

The pandemic has highlighted the need to improve the patient facing digital offer such as websites and use of social media. This will be linked with the participation strategy as a quality objective for 21/22.

Our COVID-19 Response

How COVID impacted our team

Waiting lists have significantly increased due to adjusted/suspended activities following advice from the Office of Chief Dental Officer. Urgent Care hubs were set up in a small number of sites whilst routine care was suspended. Waiting lists are being scrutinised and risk assessed with risks raised on the risk register that looks at both the implications for patients and for Trust performance against referral to treatment (RTT) times for General Anaesthetic (GA) services. Discussions were maintained with providers to ensure urgent GA patients could still be seen. Inhalation Sedation was suspended briefly, and reinstated for anxious patients to mitigate against very limited access to GA. Intravenous Sedation (IVS) fluctuated throughout the pandemic however was reinstated at the earliest opportunity to increase options for special care patients unable to tolerate routine care under local anaesthetic.

OUR RESPONSE – *what have we done differently?*

Routine Swabbing of GA Patients

GA patients must have a negative swab prior to treatment according to elective care pathways. The service introduced a variety of options including swabbing at home for patients who were unable to tolerate swabbing. There was an impact on activity due to a reduced ability to fill slots where patients cancelled at short notice.

Swabbing

This is likely to remain part of the elective care pathway for some time, however periods of self-isolation prior to surgery have gradually reduced from 14 days to 3 days.

Remote Consultations

This has allowed the triaging of urgent care need and will remain as part of the patient journey. It has been a good way to keep in touch with special care patients who find clinic appointments stressful. This has also been used to add value to best interest meetings, allowing more parties to be involved. Remote consultations are also being used to prioritise patients and update clinical information as part of the GA reassessment pathway. Remote consultations will be retained as a method for prioritising clinic and domiciliary patients.

Fallow time

The requirement to leave an hour fallow time between appointments where an AGP has been undertaken has limited throughput significantly. Air exchange units have been purchased and systems of use prepared. Additionally, suction units are being serviced. When complete, fallow time will be reduced to 30 minutes in line with the Office of the Chief Dental Officer guidance.

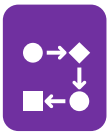
OUR REFLECTION/ LEARNING – *what does the future hold?*

Waiting Lists

First contact with new referrals will be remote. A screening proforma has been developed to ensure only patients who meet our criteria are offered a face to face appointment. Teams have been encouraged to discharge patients at the end of a course of treatment where they would be able to access care within the General Dental Practice setting.

GA Service

Collaboration with secondary care during COVID has been a positive experience for staff and patients. Urgent cases have been managed through emergency theatre pathways. It is hoped that joint cases will continue, offering training opportunities for our special care staff.



Learning Disability Workstream

Accessible information resources have been expanded and updated to reflect COVID changes. Attention has been paid to ensure reasonable adjustments are built into the GA pathway.

Redeployment

Staff experiences during wave 1 were used to shape redeployment in wave 2. Staff felt better supported if they spent time within their own bases. Support mechanisms improved staff health and wellbeing whilst partially redeployed. Placements were chosen to better suit skillset. Training was also shaped to meet their existing skills and learning needs.

Incidents reported over the pandemic have provided learning in the following areas.

Human Factors

Professional Challenge

Shift in mindset and maintaining focus on patient care

Special Care Dentistry Patient Feedback Received


I am so grateful to you both for the highly skilled professionally friendly care given to me by your both yesterday morning. Words are truly inadequate so please be encouraged, you are truly Gods Angels' at this time of great need for sensitive love and compassion.
Just a simple card sent from the heart. I met the dentist and her assistant; well I can't thank them enough. They were wonderful, caring and spoke to me so nice. Two lovely dentist ladies you got there; they are a first class credit to your dental practice.
I would like to say a big thank you to you and all of the team who are there giving hope to people who suffer from such distress from their teeth in such trying times.
Extremely grateful, happy that he was able to eat his breakfast without being in pain as he has not been able to enjoy his food prior to seeing dentist.

Sexual Health

Our COVID-19 Response

How COVID impacted our team

The pandemic brought about some unique challenges for Sexual Health Services. Our Sexual Health Services responded rapidly to constantly changing guidance from national bodies and were able to swiftly implement new robust, safe, and effective ways of working to keep our patients and staff safe.

Staff showed resilience and tenacity when faced with the prospect of redeployment to different areas and working shifts patterns that in some instances they had not worked for many years. They embraced learning new skills and showed tremendous support and unity when working in times of constant uncertainty.

Despite seeing an increase in waiting times for some of our services including Vasectomy and Psychosexual Counselling, the team worked tirelessly to realign services and reduce waiting times to normal parameters within 6 months of the first lockdown ending.

Our response - *what we have done differently?*

British Pregnancy Advisory Service (BPAS)

There has been a reduction in the number of face to face reviews on new patients which presented a risk as part of the medical termination pathway. A national thematic review was conducted and rapid changes to the pathways were implemented to improve patient care. Pathway changes were shared with the CQC and commissioners. The new BPAS pathway is under constant review and we are working with commissioners to confirm ongoing pathways.

SPA

Online booking was suspended to manage demand. This saw an increase in the number of patient's calling SPA to book their appointments. Changes in SPA telephony have affected the ability for them to report against their KPI and for the service to be able to record calls.

Self-Swabbing

Prompt initiation of self-swabbing in SARC and the introduction of telephone consultations with clients except where there was a clinical need for face to face consultation.

Feedback Mechanisms

Staff have embraced new feedback mechanisms initiated during COVID, including a bi-weekly senior leadership huddle, weekly staff Q&A sessions and 'coffee and chat' to support staff wellbeing.

Primary Care Network Collaboration

The service worked with Primary Care Network (PCN) to support with the management of the number of patients requiring appointments for Long Acting Reversible Contraception.

HIV Care

Care continued throughout lockdown, changing from face to face, to telephone appointments for stable patients.

Infection Prevention and Control

Complying with infection control measures has meant a reduction in the number of appointments available with the service.

Our reflection / learning – *what does the future hold?*

Translating Services

Face to face translation services have not been available. This is a key issue in some services for specific procedures and patients and has led to delays and impacts on patient experience.

Quality Impact Assessment (QIA)
A QIA was approved to develop a suite of Tik Tok videos to increase engagement with young people.

Mobilisation
Mobilisation of the Isle of Wight Sexual Health Service was achieved during the first lockdown.

The service was successful in the rapid implementation of medication by post including contraception and treatment for sexually transmitted infections.

Patient feedback on this initiative included:

I loved it – I'd always like to have a consultation like this

Easier, less embarrassing than going into a pharmacy

Very easy – I fully understood what I had to do

Primary Care, MSK, Pain, Podiatry & SPA

Our COVID-19 Response

HOW COVID HAS IMPACTED OUR TEAMS

Our Primary Care Service Line (our GP Surgeries, Single Point of Access (SPA), Musculoskeletal Physiotherapy (MSK), Pain and Podiatry teams) embraced the need to make safe and responsive changes to service provision during the pandemic.

We played to our strengths, lived our HEART values and have worked (virtually) together to deliver care to those most vulnerable, whilst supporting other priority services by means of redeployment within the Hampshire and Isle of Wight System.

Our people have gone above and beyond to embrace new innovative ways of working, learn different skills and change their working practices for the better. This has helped us to grow and develop as a service line, making us stronger and more resilient going into 2021. We are passionate about 'not going back' to the way things were before and using all we have learned and reflected on to move forwards together- for our patients and for our colleagues.

OUR RESPONSE – *what have we done differently?*

Virtual Technology

- We have enabled clinical and non-clinical staff to work remotely- sourcing laptops and hardware.
- 60% of MSK consultations moved from face to face (F2F) to virtual- telephone or video calls.
- Our MSK services have embraced using digital exercise or treatment platforms such as 'physio tools' & 'MSK Assist', enabling us to remotely rehabilitate and manage a patient's treatment pathway.
- Our GP surgery have embraced using 'Econsults' to triage and assess a patient's health needs. The number has risen from a couple of hundred p/month before COVID, to over one thousand now. On average 40% of these can be dealt with on the same day without an appointment- saving clinician appointments and providing a quicker response to patients.
- We have also encouraged the use of 'Accurx' text messaging to communicate with patients (e.g. pathology results or sending pictures of dermatological or visible conditions).
- We have created a library of online resources for patients to access at a time to suit them.

Service Changes

- Staff from across the service line were redeployed: either to the vaccine centres, the acute trust or other priority services within the trust.
- MSK services based at the Queen Alexandra Hospital in Portsmouth moved out of their premises to provide additional capacity. They prioritised providing care to patients triaged as urgent or those that had an uncertain pathology.
- Pain, Podiatry, MSK and the GP Surgery moved out of the Adelaide Health Centre in order to provide additional inpatient capacity within the Southampton system.
- The GP Surgery also moved out of their Portswood site to allow it to become the 'hot' COVID hub for the city's GP surgeries. This allowed suspected COVID patients to be seen separately, from other patients across the city needing primary care.
- All multi-disciplinary team meetings moved to remote/ virtual, meaning we were no longer bound by geographical location. This increased attendance and accessibility.

Vaccine Mobilisation

- Staff were deployed to support the mass vaccination centre efforts in Southampton, Basingstoke and Portsmouth.
- Our GP Surgery supported their Primary Care Network (PCN) with regards to operational support and workforce to mobilise delivering the first Pfizer vaccines in mid-december.
- We collaborated with system partners, other PCNs and internal Solent Teams to allow the use of the Adelaide Health Centre and the Royal South Hants (RSH) estate for vaccine delivery during evenings and weekends. This ensured large volumes of vaccines could be given safely in one go.
- To date South Central PCN has delivered over 10,000 vaccines, both at the RSH and through mobilising pop-up sites at Mosques and Gurdwaras.

Staff Wellbeing/ Support

- We've prioritised staff wellbeing and making use of Occupational Health & Wellbeing support and guidance.
- We've worked with the trust to develop the 'I-care' app and have a say in future wellbeing initiatives.
- Individuals across the service line have become qualified 'Mental Health First Aiders (MHFA), ensuring the mental health of colleagues is supported and signposted to support.
- Teams have structured in time for 'water-cooler' conversations and informal time to talk and listen to each other- enabling experiences to be shared and staff to feel supported in their different ways of working.

'Thank you so much for deploying staff to our service, they have hugely aided patients' recovery. They felt cared for by people who really knew them. We would like to say a huge thank you for the wonderful care provided- it has support both our staff and patients during this challenging time'.

University Hospital Southampton.

OUR HEADLINES- *what have we learnt?*

1. Technology can really help us to work differently and innovatively
2. Patients need support and encouragement from us to try new or different ways of seeking health interventions.
3. Not all clinical interventions need to be face to face- we can provide a large proportion remotely, either over the phone or via video consultations. This increases accessibility for patients, reduces estate usage and creates more flexibility for staff and their work-life balance.
4. 'Front-loading' our referral processes by having senior clinicians earlier on in the pathway can ensure patients get the right diagnosis or care quicker, with fewer repeatable interactions.
5. RAG rating our caseloads and waiting lists ensures patients are kept safe and their needs are prioritised.
6. Our staff and leaders benefit from being brought together and given time to discuss challenges and celebrate successes.
7. Wellbeing must be prioritised and given structured or regular time, occupational heath and wellbeing can really help us support people.
8. Redeploying staff is not necessarily a bad thing- individuals have come back with a new perspective and new skills that we can learn from and imbed in our services going forward.
9. Virtual consultations are not suitable for everything, but they can really help us prioritise those most at need and ensure others are kept safe.

REFLECTION– *what does the future hold?*

Recovery & Restoration

- Redeployed staff will return to service in April 2021
- Regular infection prevention reviews (with regards to PPE or estates) will ensure staff and patients are kept safe.
- An estate usage reviews will assess which sites we need to go back into and which sites we can flex our service model to meet patient need.

Quality Priorities

We will:

- Prioritise bringing services back up to capacity by working differently and being innovative.
- Further digitalise and maximise remote access to increase capacity where appropriate.
- Continue to offer flexible work schedules to include some face to face clinics and working from home to improve the work life balance of staff.
- Continue to involve staff and patients in any changes to services, pathways or provisions.

Waiting Lists

Due to capacity being reduced due to staff redeployment and estate capacity, waiting lists have grown.

- We will continue to prioritise patients according to clinical urgency and need, ensuring safety.
- We will communicate proactively with patients to manage their expectations of wait times.
- We will recruit additional temporary or interim staff to try to decrease waiting lists.
- We will procure additional diagnostic capacity to ensure patients that have waited for scans will now receive them in a timely fashion.

Vaccination Delivery

- We will continue to deliver vaccines within the South Central PCN, moving down through the cohorts to ensure patients receive their vaccinations as soon as possible and our communities are kept safe.
- We will continue to allow our estates to be used collaboratively across the city for the system COVID response.

Mental Health

Our COVID-19 Response

How COVID impacted our team

The same day case and support services for Community Mental Health Team (CMHT) /Learning Disability (LD) patients is no longer open and impacting on patient support and safety as well as an increase in carer stress. The service is linking with the local authority and will escalate issues through the safeguarding process. The position is being reviewed with the council and IPC team however only 50% capacity is possible in most settings.

OUR RESPONSE – *what have we done differently?*

Excellence Award

Staff on the Brooker Ward have received an internal Excellence Award for their improvement in infection, prevention and control measures associated with COVID-19

Board to Floor Visit

A virtual visit was undertaken on Brooker ward which enabled the ward team to meet Board members and discuss their areas of work. This visiting model is to be piloted elsewhere for three months.

Medicines Management Incidents

A deep dive was completed in July 2020 and a full analysis undertaken to review themes, actions and potential blocks in reducing medication incidents.

OUR REFLECTION/ LEARNING – *what does the future hold?*

Incident Reporting

It is evident that there is a reduction in the number of incidents reported within Mental Health, particularly within ward areas. Further analysis against the number of contacts will be undertaken with the Quality and Governance Team.

Staffing Pool

Services were unable to support the wider efforts during the pandemic due to not being able to safely stand down many services or being easily supported by other areas. A staffing pool is being considered for this reason.

Positive Outcomes

- Workforce demonstrated commitment and flexibility. Community services quickly moved to remote working, Psychologists in Intensive Case Management Team, Crisis Resolution Home Treatment (CRHT) was stood up, CRHT and A2i moved sites. Staff had to understand and cope with ever changing PPE guidance whilst rapidly changing usual ways of working. On call managers shifted duties when required to provide significant support to staff groups.
- Increased emphasis on service engagement with a service line COVID mailbox and twice weekly team leader meetings set up to catch up with the Senior Team
- Continuation of CRHT service improvement project throughout the pandemic.
- Closer system working with significant reduction in patients placed in beds outside of the Solent footprint. Providing and receiving mutual aid from other providers including Southern and Isle of Wight. A joint approach to providing services outside of usual challenges.
- Hybrid model of working partially from home with opportunity to work in an office/clinical environment set up for groups previously base working.
- Leadership Team communication is key to staff feeling heard.
- Community staff moved to support inpatient wards during wave 1. Staff provided a good response to support presenting needs, working in CRHT and Community by end of the year.
- Therapies and appointments switched to remote service. Worked with IT to obtain tablets to lend to patients to enable attendance at therapies. A Pompey Centre is being set up to allow patients to attend therapy sessions from our premises.
- Prescription collection intervals for patients receiving substitute prescribing from the Substance Misuse Service were review and delivered to patients where required.

Negative Outcomes

- More staff groups are required to provide support to burnt out workforce, more evident in junior staff although increasing in more experience and senior workforce due to persistent nature of the pandemic and the need to support teams throughout.
- Reduction in face to face may have a negative impact on relationship and training. There has been a significant struggle delivering some training with feedback received that staff have felt disconnected due to remote working.
- Workforce working from home has led to an increase in stress and pressure both to people working at base and those at home.

Integrated Learning Disability Service (ILDS)

Long COVID-19 Clinical Established	Support
The ILDS have responded creatively to the changing physical health needs of its patients during COVID, including arranging access to PCR testing, monitoring patients with COVID and alerting other health professionals to the needs of the group.	The ILDS have been active in supporting its users, carers and providers to understand and cope with changing national guidance and restrictions including: • regular wellness checks with individuals • regular reviews of provider positions • providing accessible information • creatively using social media • delivering a regular newsletter.

Commercial Team

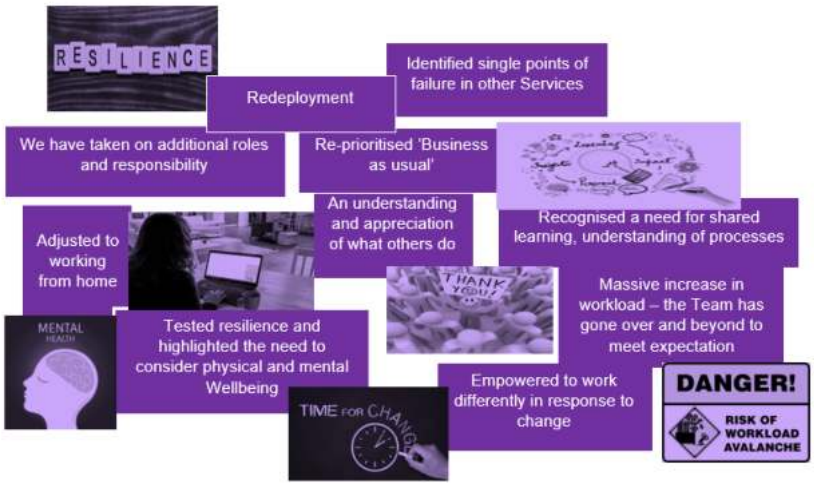
Our COVID-19 Response

How COVID impacted our team

The Commercial Team are enormously proud of our support model which provides commercial support to service lines. During the COVID response it has become even more apparent the vital role provided by our Procurement and Commercial Teams, which has enabled service leads to focus on COVID operational delivery including setting up of vaccinations hubs and surge bed capacity.

COVID has tested the Commercial Team - it has tested our resilience, our processes, our stamina, our ability to adapt to change, tested our use of technology, tested us to be unified as a team; remotely and tested to us to recognise and support each other unconditionally.

Now, pausing and reflecting our achievements provides an opportunity to see how far we have come, and importantly, where we are going and how we will get there.



Our response - what we have done differently

We introduced team wellbeing checks including Commercial Coffee Breaks

We completed risk assessments and re-prioritised BAU.

We suspended non-essential work

We worked remotely, with different virtual methods for meetings and internal/external communications.

We upskilled team members to new processes and process – e.g. retrospective approval

Many colleagues stepped out of their comfort zone and took on additional roles and projects

Our reflection – what we learnt

Working from home can be convenient, it can also be very lonely

We are reminded that everyone responds to new circumstances and challenges differently

I have learnt that I know more than I thought

We now have a better understanding of some of the clinical management processes

Non clinical functions are really important in terms of supporting frontline staff in their clinical roles

How did our colleagues feel?

Sometimes it felt like others are praised for all their hard work and efforts and the people that have helped them get there have been forgotten

I soon realised that I was able to complete work to a good standard while working from home

I felt really lost and have struggled to feel as though I am doing anything beneficial

Initially it all felt very isolating working from home. It has become "normal" to work from home

It has been tough, working longer hours, and there was a sense of unfairness of those redeployed – as they got paid for additional hours, but we haven't had that opportunity

What the future holds

Working arrangements
Flexible working arrangements and virtual meetings even when we can go back into the office

Development opportunities
Continue to provide opportunities and develop Team who have grown in confidence and excelled with autonomy

Skills and sharing knowledge
Ensuring our team are multi-skilled and there are opportunities for sharing knowledge

Appreciation
Continue to appreciate each other and adapt and work towards becoming an even better team

Communications Team

Our COVID-19 Response

How COVID impacted our team

Whilst the pandemic really kicked off for people in March time, we had been supporting communication efforts, at pace, since early 2020. On 12 March 2020, we were told by the Director of Communications at NHS England, as a collective communications team across the nation, that the COVID-19 pandemic was our priority and that nothing should come before it. Members of the Communications Team are not clinically front-line but they have certainly been at the forefront of the pandemic supporting internal and external communications.

The pandemic has tested our communication channels, activities, and made the best use of the skills within the team. The trust in the team has been welcomed. It's allowed us to be creative and to think outside of structures to respond appropriately and quickly. In the process we have capitalised on a challenging situation to further develop relationships and proactive stories. By playing to our individual strengths, we have excelled at supporting our people within Solent and those we serve in our communities.

The impact of the COVID-19 on the team has been enormous. Whilst it has bought us closer as a team, shown us just how professional we are and provided us with many opportunities to celebrate Team Solent, we have often reflected how difficult it is to turn off – with the pandemic being the main part of our day jobs and our home lives. And, in a role where news and social is so important, turning off from the pandemic when not at work has been almost impossible.
Through the waves, the work has intensified. However, in between waves, the COVID-19 communications work continues and the downtime from the pandemic does not stop for us as a team. In addition, our business as usual work has also intensified, as services have become increasingly aware of the importance of effective communications. In many ways we've raised our own profile through our successes.

However, through our support for one another and by building our resilience together, we have been able to put our best foot forward and are really proud of what we have achieved as a team; showing the value of communications and our ability to think proactively and reactively – a constant juggle.

Our response - what we have done differently

We **introduced daily huddle** meetings

We **suspended non-essential communication** messages during wave 2 and we have **supported services and partners in adapting their communications** to ensure vulnerable groups were still engaged with

We **worked remotely from many different locations**, depending on where we were needed. We offered a **24/7 communications service** – often with weekend requirements and ongoing social media monitoring

We **upskilled members** of the team and invested in team members who are able to quickly develop content

We **developed communication channels** to share messages and connect with people in a virtual environment

We **supported executive and senior leaders** more directly

We **worked collaboratively** with teams across the Trust and we worked even more closely with system and regional colleagues to support joined up messages.

Our learning

Our message is incredibly powerful and has a real impact on our service users and how they access support and services. Communications add a huge amount of value that is now recognized within the Trust

We can work effectively remotely and in multiple locations, we can be more creative when not sat in an office environment

We need to constantly prioritise work and work with colleagues to understand priorities – the work we need to deliver for the wider benefit, it's ok to say 'no we cant quite get to that at the moment' with an explanation

We need to utilise real-time channels to communicate better – rather than relying on all staff emails or communications. People want quick bites of information served to them through platforms such as Facebook

We don't need to spend too much time on email and phoning/teamsing people if to get responses is far better – do not expect immediate responses by email

The different skills within the team and using our personal strengths is key to our successes

How did our colleagues feel?

It's been an emotional rollercoaster, but I wouldn't have changed the way in which we have responded and we shouldn't take away from the immense

Communications has been under such demand and in such a big response mode. I'm really proud of how we have responded for the benefit of Solent as a whole and our patients.

This has been the most exhilarating, rewarding, and tiring year.

The pandemic has been a massive juggling act, bringing priorities to forefront – juggling education, work and happiness. The most important thing is happiness

It's been tough balancing home and work.

Everything we have done has been linked to our bigger purpose of supporting our employees and protecting and promoting the reputation of the Trust and the NHS.

As individuals and as a team, we've travelled through the … performing to a higher standard than ever, whilst staying resilient and keeping pace with a rapidly changing scenario. Every Zoom call, every communique, every social media message answered out of hours has been worth it. Team Solent has shone throughout the last year and there is sense of renewed optimism for the future. We, as a team, have benefited from recognition for our efforts, gaining the respect of our colleagues and the wider NHS community, which is incredibly rewarding. I am proud of our achievements and humbled to be part of a much greater cause.

This year has taught me how important comms is and has shown me how I make a difference within Solent. It has been challenging but we have worked so well together as a team, recognising each other's strengths and using them to provide amazing work.

What the future holds

We will continue to review and refresh our strategy, taking on board our learning from the pandemic, whilst maximising the potential of the relationships we have built with colleagues in the system, with NHS E and I.

Whilst taking a fresh look at how we ensure we support the future priorities of the Trust, we will also continue to develop the thought leadership and reputational success we have seen over the last year.

Our team response to the pandemic will continue in line with the needs of our services. We will communicate about our vital services whilst continuing to respond in an agile way to the demands from COVID-19.

Performance & Business Intelligence Team

Our COVID-19 Response

How COVID impacted our team

The impact of COVID-19 has had a significant impact on our delivery this year. Including:

- the urgent implementation of PowerBI solution – including the technical development and supporting services to use Power BI
- reduced commissioner-led demands
- increased national reporting requirements (i.e. SITREPS) on information never previously reported
- 7 day working to cover daily mandated reporting
- Like other teams, we needed to adapt to working remotely, with many team members need to balance work/life and home-schooling demands. We have had to quietly adapt to utilizing video calling and lost the ability to have opportunistic conversations in the office
- multiple staff redeployed to help services under pressure
  requests have been more fast paced and changeable dependent on the developing situation

Our response

New Workstreams

- Rapid rollout (ahead of schedule) of PowerBI, and retrospective development of foundations to future proof it
- Collaborated with system partners across HIOW to model the impact of COVID-19 demands on our services and how Solent supports the acutes
- Lead on the implementation of reporting for the Vaccination Centres, utilising new systems and processes

Business as Usual

- Negotiated the reduction of commissioner performance reporting for the majority of contracts
- Flexed the traditional lines of responsibility within the teams to enable staff to be redeployed to priority services
- Stood down/de-prioritised some internal programmes of work
- Stood up additional COVID-19 related reporting processes at pace
- Prioritised areas of work that would support services in understanding their immediate risks and pressures

Workforce

- Flexed the workforce to enable 7-day reporting
- Supported staff to work from home
- Ran weekly coffee break sessions to encourage staff to maintain their relationships and have an opportunity to catch up with colleagues
- Weekly emails to teams sharing thoughts, observations and light-hearted stories
- More frequent team catch ups to check in on wellbeing, workload and pressures
- Continued to progress work to support the transition of all reporting to PowerBI where possible

Our learning

Workforce

- Staff are so much more flexible than you would anticipate, with people working additional shifts, weekends and late at night to get things done (often off their own backs)
- Staff are willing to go outside their comfort zone to support other people or services when in need
- Flexible working does work, and people can be trusted to deliver what is expected of them, even if this is outside of the usual 9-5
- We learnt that it is important to check in on colleagues individually to make sure they are coping – group conversations are not always the best way to do this

Processes

- Things move much more quickly when there is less 'red ' and managers are empowered to make own decisions and take accountability for them
- We learnt that it is important to keep connected to core stakeholders – communication can easily get lost when you're not all in one room
- Commissioning organisations' acknowledged that our focus had shifted, and agreed that we can cease non-critical reporting activities
- Office 365 and MS Teams have been essential tools to keep connected

New tasks

- We realised the importance of getting requirements for new reports right before embarking on any projects. Missing the detail initially causes project to take much longer and use up far more resource
- The team have all adapted to PowerBI and have learnt to use this new tool during pressured times.

How did our colleagues feel?

Redeployees reported they felt supported and valued the opportunity to keep in touch via regular team catch ups and communications

Some colleagues struggled to deal with such a lot of change in such a short period of time, but all adapted well in the long term

Acknowledgement that each individual felt they had a useful part to play and could use their expert knowledge to the Trust's advantage

Felt valued when receiving their rainbow heart badges and costa voucher at Christmas

Some colleagues reported feeling anxious about the frequent changes in direction to workload dependent on whether the trust was focusing on COVID-19 pressures or on recovery

Some were overwhelmed by the volume of communications coming our centrally, and felt confused by the frequent changes in guidance

Overall, the team reported that they felt supported in the main, at both a team level and by Solent as an organisation during some very uncertain and worrying times.

What the future holds

Workforce

- We recognise that we will need to consider flexible working and how we embed this into our culture
- We will continue with weekly check-ins to connect with staff, personally.
- We will continue to consider personal circumstances with working patterns and allowing teams more flexibility in the way they deliver

Task focused

- We will continue to take time to reflect and reconsider projects that were stepped down / delayed – are they important and/or required in the post-COVID landscape?
- We will continue to develop relationships and shared learning across the HIOW system, building on the foundations developed during COVID
- We will refocus efforts on the Trust-wide transition to PowerBI, re-implementing the formal launch plan and gaining buy-in from across the Trust

Estates and Facilities Management Team

Our COVID-19 Response

How COVID impacted our team

The pandemic presented our teams with many opportunities to demonstrate the values which reflect the NHS constitution, such as respect and dignity, everyone counts and delivering best value. We can celebrate the innovative approaches that our teams have taken to enable our clinical services to adapt and thrive during these challenging times.

Our FM & Estates teams embraced the need to make positive changes during lockdown. To do this they all had to develop new skills, show a willingness to work outside of their comfort zone and gather feedback from clinical services and the wider healthcare system to ensure we provided the level of support required and created the opportunity to add value in terms of innovation.

We were appointed as the estates lead for the system but the approach in the early days was fragmented and created many challenges, however, those challenges were overcome through a willingness to collaborate and work together.

Looking forward to the future our aim is to retain the good things and embrace transformational change with an open mind and confidence whilst continuing to be innovative. There is a real feeling of pride within our teams and a feeling that they have really made a difference through the support that has been provided, and played a small part in the new ways of working that clinical services have been able to adopt, knowing that this would have probably been impossible prior to the pandemic.

Our response - what we have done differently

- Created additional inpatient bed capacity e.g. 72 beds at AHC
- Modified our retail catering (restaurant) solution to support Grab & Go bags for staff
- Developed risk assessments in conjunction with Quality & IPCC colleagues
- Implemented 'What's App' to enable teams to maintain communication
- Upskilled existing staff and inducted a significant number of Bank and Agency FM staff
- Modified our cleaning regimes to meet COVID-19 guidance
- Implemented clinical briefings for teams to minimise their fears and concerns and improve morale and provide robust assurance regarding their wellbeing
- Implemented daily leadership team briefings
- Empowered local decision making to reduce delays to meet the pace of change against a frequently changing situation taking place
- Created temporary morgue facilities
- Enabled project and admin staff to work from home and rolled out Teams and Zoom
- Increased our security and portering resources to meet additional COVID-19 guidance
- Adapted a number of our workplaces for new and emerging operating models, new patient flows and additional capacity

Our reflection – what we learnt

Communication
Not all communication needs to be delivered face to face

New technology
Staff will embrace new technology if they feel supported and confident in its use

Working relationships

Our teams and colleagues can work better together, we saw improved working and relationships with clinical and corporate colleagues and other providers, we also noted a recognition that we all work better together and need each other. Improved relationships were key to the successes achieved.

Adapting to Change

People can, and do, react, and adapt quickly to change when required

We can make rapid change safely and successfully by working with and trusting in our teams, our clinical and corporate colleagues, and the wider system

System coordination

We learnt that there is need for greater system coordination and understanding of estates responses and capabilities across respective organisations and partners.

Benefits of working collaboratively

Our acute colleagues working in FM and estates informed us that they have seen a real benefit to working closely with our teams and we recognise this as being a real benefit to delivering the NHS Long Term Plan.

Staff Wellbeing

We can work differently and offer greater flexibility to our workforce, and this provided improved moral and reduced sickness.

Acknowledging the impact on staff wellbeing with the uncertainty that COVID-19 brought was critical in providing assurance, confidence and maintaining morale.

Estate rationalization and Environmental agenda

To use the opportunity to rationalise our estate and deliver on the requirements of the Green Plan as set out in the NHS Standard Contract given acceptance to different ways of working

How did our colleagues feel?

I don't want to let anyone down. We all need to work together

We have been recognized for the role we provide. I think people now see us differently

What else can I do to help?

I am proud of what we have achieved

The focus on training and new equipment has really made a difference

Working from home has been hard, at times I have felt lonely and disconnected

The flexibility provided has been a lifeline and made me feel less stressed and I feel that I am trusted

Our staff were genuinely fearful of the unknown and scared as to what this may mean to them.

Staff enjoyed the flexibility introduced and felt trusted and empowered.

Uncertainty remains an issue, staff are tired and supporting their wellbeing remains a key priority.

What the future holds

The onset of COVID-19 and the months that followed were a period of considerable change for the FM & Estates service, with changes occurring on a frequent and often 'last minute' basis and this provided some significant challenges to our teams. We had to adapt to the changes made by clinical service lines in the way they delivered their services, not only in terms of the estate provision but also in terms of the FM support services that were fundamental to providing safe care and a safe environment for our patients.

We adapted, shared, and learnt from each other and led on a number of local change initiatives - which improved relationships on many levels within our own organisation but also within the wider healthcare system.

The challenges going forward are to retain and continue to build on the improved relationships whilst managing a changing workplace as the 'new normal' is implemented. Maintaining a number of the changes and new ways of working implemented across the system may require a different appetite to risk than the one we were previously used to. System understanding and acceptance of change will be essential moving forward.

The future provides many differing challenges, however we recognize that it will be an exciting time and will provide a real opportunity to effect innovation and change to the benefit of all.

Finance Team

Our COVID-19 Response

How COVID impacted our team

COVID has impacted the Finance team in many ways, from working from home, to being redeployed, to having to liaise remotely with external organisations such as auditors, to not seeing colleagues and friends face to face. The team have embraced the challenges they have faced and delivered everything that has been asked of them, sometimes with very quick turn around and tight deadlines. All this whilst dealing with the external work pressures of lockdown such as home schooling and not being able to see close relatives and friends.

Our response - what we have done differently

Financial Controls

Reviewed, QIA'd (Quality Impact Assessed) and implemented changes to financial controls on day 1 of lockdown, easing pressure on service lines by diverting Non-Po invoices to finance rather than service lines and reviewing Purchase Order (PO) tolerances to reduce notifications whilst still maintaining control.

Budget Preparation

Stopped the budgeting process at the start of lockdown and moved to preparing budgets on a completely different basis with minimum service line involvement as they were responding to wave 1 of the virus and therefore had limited capacity.

Financial Planning

Completing a second half planning process within extremely short timescales and with ever moving deadlines. Conversations were held with ICPs to agree investments required for the second half of the year and we obtained agreement from the STP to have a planned deficit due to the investments.

Working remotely

The whole team have worked remotely for a year. This has worked well for some and not so well for others. It has been important to understand the impact this has had on each team member and supporting them through this period to ensure their physical and mental health has not deteriorated. For some, this meant coming into the office for social interaction and borrowing equipment so that they have the tools at home to fulfil their roles.

Maintaining connections

Keeping in touch has been important and we have achieved this with regular smaller and whole team meetings at least twice a week, coffee breaks to just have a chat on a regular basis and checking in individually with the team members, just to see if they are ok.

Completing remote year end and audit to original timescales.

Only a couple of weeks into working from home came one of the busiest times in the financial year. We worked through this, learning different ways of working, what worked and what did not. A remote audit was much harder than face to face audit as there was less opportunity to have conversations about queries, with lots of email traffic. We learned that this was not the most productive way of working and calls via MS Teams worked much better. We are just approaching our second remote audit and feel much more prepared, with agreed ways of working and communicating with the auditors.

Monitoring our COVID expenditure

In a very short period we set up controls to monitor and report COVID spend, completing financial returns to tight deadlines and understanding the impact of COVID on the Trusts finances. This resulted in all the COVID expenditure being funded by NHSE/I.

Changing contractual arrangements

We have needed to understand changes in contracting mechanisms, moving to a block contract payment and the impact this had on the Trust.

Our learning

Remote Working

Can work with appropriate support – meetings can be more efficient; we have seen productivity increase in some areas. However, there are challenges - some colleagues felt isolated, email traffic increased and working whilst home schooling has been difficult for some.

Redeployment of staff

During both pandemic waves, members of our team were redeployed into Occupational Health Team, Adelaide Ward, Vaccine Centre and supported vaccine short call appointments work.

The team have enjoyed the redeployments, especially when it has given them opportunities to work with colleagues outside of the finance team and gives them a sense of helping.

Our team are amazing!

They have learnt quickly how to work remotely and the best ways to get results. They have worked non-social hours at times to get the job done and for some whilst also home-schooling children. We can work remotely, although we miss the physical interaction and banter that happens face to face.

How did our colleagues feel?

- Working from home and flexibility in hours a positive – others miss the office environment, some felt guilty and others isolated from services they support
- Understanding wider issues and the impact this has on mental health and wellbeing
- Immediate team meetings and 1:1 crucial during crisis
- Anger towards national handling of the pandemic
- Equipment need to work from home – e.g. monitors, desks and chairs, reliable ICT
- Improvement in BAME Risk Assessment required as it can be anxiety inducing
- Team bonding sessions a great relief and more wanted
- Redeployment was good in reality, scary in prospect

What the future holds

Strategic Planning/Business Planning

We are unclear as yet as to where we go from here, strategically.
We recognize that there is likely to be major transformation ahead and there is a need to standardise processes.

Working arrangements

We know working arrangements need to be reviewed and clarity is needed regarding how and when teams can return to the office, and to enable flexible working to meet business requirements

Commissioners & Contracts

We are unclear what commissioning and contractual arrangements will be post COVID and whether these will return to pre-COVID processes.

People Services Team

Our COVID-19 Response

How COVID impacted our team

The pandemic has meant that we have had to put aside some of our planned projects, and we compressed some of our processes to ensure more efficient ways of working and supporting our colleagues. All our core 'people operation' functions remained a priority and we remained committed to ensuring 'business as usual'.

The introduction of the Vaccine Hubs meant that we needed to provide significant support; ensuring we supported intensive recruitment and transactional processes, as well as processing new staff via our Electronic Staff Record (ESR).

Our response

Working remotely

Like many of our colleagues – we have had to embed new ways of working, including working remotely.

Connecting with each other

Working remotely, also meant that we have had to learn to connect remotely too. Our teams introduced 'Mindful Monday' and 'Fun Friday'. This included guess the baby photo or school photo, and 'guess the shelfie'.

Our team has been extremely supportive of each other during challenging times.

Employee Relations

We de-escalated Employee Relation/change cases and responded to the need for remote meetings. When absolutely necessary (because colleagues did not wish to meet virtually) we held COVID-secure meetings ensuring appropriate PPE guidance was followed.

Responsive processes

We fast-tracked and risk assessed processes to act in more responsive ways to changing Trust needs.

Our learning

Welcoming new team members

We recognised quickly that we needed to ensure our new People team employees, who joined just before the pandemic or during, did not feel lost in the new world of remote working. We have learnt that is it challenging to onboard new starters and provide adequate training and support, and we continue to work hard to address this by ensuring people feel connected, are regularly communicated with and feel part of the team.

Friday Fun Day photo – guess the 'shelfie'

Response times and connections

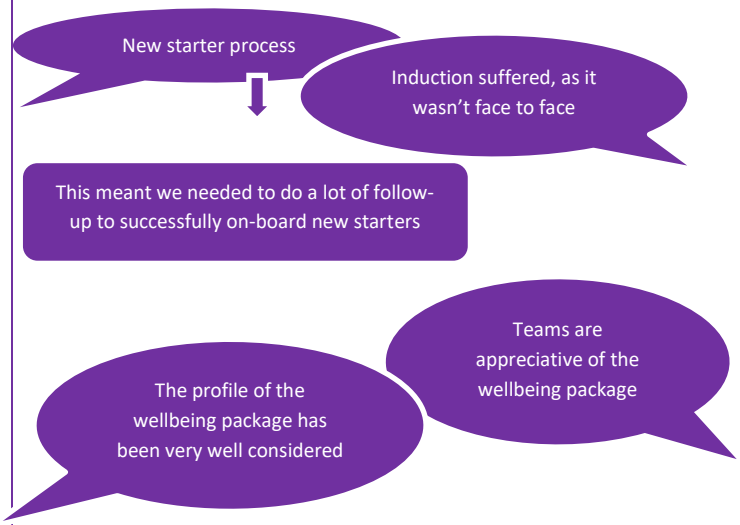
Remote working has increased volumes of emails and the number of meetings, however, with the mobilisation of IT solutions our colleagues have become more accessible, response times have reduced in some cases, and some colleagues actually 'see' more of each other than pre-COVID times (as some teams were working separately).

We also recognise that we can think differently and fast track processes when required.

Supporting colleagues

Some team members stepped in and supported other teams so were able to broaden their skill sets and develop further.

How our People Services team colleagues felt



Our Reflection – *what does the future hold?*

We know that we will need to retain the flexibility of home working and escaping the daily commute, ensuring we provide colleagues with a better work/life balance. We also know that we will need to consider options for those who prefer working in an office; and ensuring their continued safety is a priority. Some colleagues may also believe that career progression may also be impacted, if employees are not 'seen' in person so regularly. We will need to address this and allay colleagues' fears.

The pandemic has meant that we have had to make rapid decisions – and we wish to continue this; we need to ensure we have the right people in the 'room' to make our decisions.

Ultimately, we know that our colleagues are feeling fatigued – we need to ensure we pause and rest before business as usual returns.

Medicines Management Team

Our COVID-19 Response

How COVID impacted our team

Staff have disclosed that in response to guidance and infection control, changes were made to the way the main dispensary functions and how ward based teams could access support and advice.
The more limited interactions that kept the team as safe as possible were supported by new ways of working at a distance. Staff report that they have felt valued and appreciated with the ability/ option of working at a distance.

Staff do however, miss attending the Multi-disciplinary Team (MDT) meetings to represent Pharmacy in person and sadly some student activities have had to be paused, lessening those students learning experiences.

Where we were able we embraced flexible working initiatives which have had a positive impact on recruitment and the productivity of staff.

The Department was intrinsic in the set-up of Hamble House and Vaccine Hubs supply, aiding the estates team to plan and procure the needed equipment and storage, liaising with the CCGs, UHS, PHT and the regional Pharmacy team for additional needs and support.

Several staff have worked extra hours according to department needs to cover on call duties related to the new vaccine centres.

Our response - what we have done differently

Close collaboration
We have worked in closer collaboration with other services and with national bodies and regional advisors.

Review of our working practices
In consideration of infection prevention procedures, we have had to adapt the way we work. This included considering what footfall at each site was necessary, for example, Pharmacists who would in normal times been asked to come and work within the dispensary, have not been asked to do so.
The consistency that Pharmacy has provided to other teams helped other teams to adapt and address staff shortages.

Communication and wellbeing
Our teams have been kept well informed with a combination of briefings, newsletters, training to upskill nurses, emails and encouragement from senior management to reach for the best in ourselves and each other and to prioritise our wellbeing ensuring we use our leave and toil to maintain our stamina and resilience.

Our learning

Resilience and flexibility
We are proud of our resilience and flexibility and while infection control measures have reduced all seasonal illnesses recorded; and Staff are comfortable using TEAMS and Sharepoint and One Drive.

Relationships and valuing each other
The value of our colleagues has been highlighted and our responses and relationships have significantly improved.

How did our colleagues feel?

There were times when staff felt a disconnect from the wider general public who were not following guidance, and as a consequence were feeling helpless

Many staff felt uncomfortable during the NHS clapping movements.

Staff reported initial anxiety which faded to overtiredness over time.

All staff are juggling homelives which may be more challenging due to either economic impact on household income or the C19 governmental expectations.

While some staff teams have come out feeling stronger and proud to have taken on new responsibilities, others are feeling increasingly isolated.

New starters are finding it difficult but are embracing the challenges well, helping us to continue with the progress on our corporate projects.

What the future holds

Certainly, in the near future support to the Vaccine hubs will need to be ongoing.

Our team will continue to push for exceptional patient care and kindness in our interpersonal relationships.

Teams are looking forward to an increase in face to face patient care and being more accessible to patients.

We know there is still some uncertainty and those who caught COVID-19 are mindful of the lack of clarity in relation to longer term symptoms at this point.

Quality, Safety and Risk Team (Corporate Services)

Our COVID-19 Response

OUR RESPONSE – *What have we done differently?*	OUR REFLECTION/ LEARNING – *What does the future hold?*
Pressure Ulcer Review Process During Wave 1, we enhanced the role of Tissue Viability Nurses as well as reviewing processes to reduce the frontline clinical time needed to complete Pressure Ulcer Review Forms and attend Pressure Ulcer Panels whilst maintaining learning opportunities for our teams.	On reflection, we have not continued this adjustment into Wave 2. We have re-established our Pressure Ulcer panels to strengthen the learning within our services.
Ulysses – Incident Reporting Forms We condensed and reviewed our incident reporting forms, both on-line and in hardcopy version, and increased the accessibility of support from the Quality and Safety team via telephone, email alongside weekend assistance.	We understand the shortened incident form is preferred by our services and this will remain in place. The support from the team has returned to Monday -Friday 9am -5pm as there was minimal demand for support out of hours.
Incident Review Meetings Process We reviewed our processes and only booked review meetings for incidents where we believed they would be classified as a Serious Incident or High Risk Incident. All other incidents were reviewed outside of a meeting in discussion with our Heads of Quality and Professions.	This process was welcomed by our services and has continued during Wave 2 and remains in place.
Other reflections	
Workload of the Quality Team We underestimated the workload on the Quality and Safety Team during the pandemic – which actually increased as we sought to remove the burden of reporting and response from front line services. A number of the team were redeployed which caused an increase of workload for those remaining in the team	**Regulatory and Statutory Reporting** We acknowledged that whilst the response within the NHS was to reduce bureaucracy, administrative and reporting burdens we still had to deal with the Information Commissioner Office, the Parliamentary and Ombudsman Service Officer, Coroners and Legal / Litigation services with the expectation that we would respond to pre-pandemic timescales.

Additional activities introduced

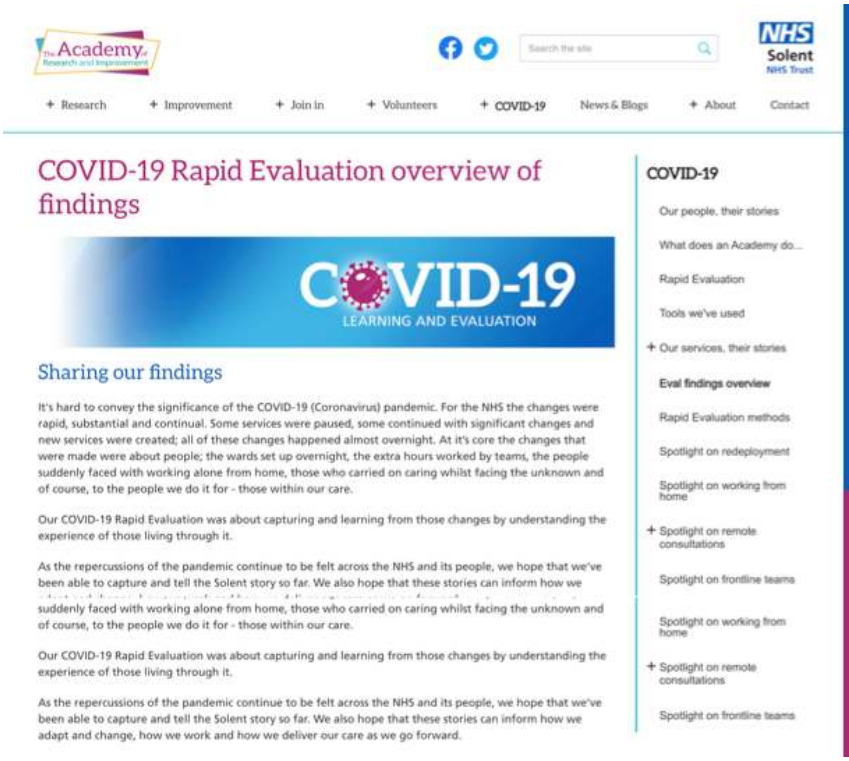
- Introduced Mini Quality Impact Assessments
- Established an Ethics Panel
- Serious Incident & Learning from Deaths Panel Merged together
- Enhanced focus on Staff Safety
- Captured lived experience from service users via a Programme of Community Conversations (alongside Friends and Family feedback)

All activities continue into 2021/22

Solent's COVID Evaluation
Learning in Action

Solent's COVID Evaluation Series

COVID-19 LEARNING AND EVALUATION	· 112 in-depth interviews · 1256 survey responses · Observation	· Patients · Staff	Apr 2020 - Sept 2020
COVID-19 SECOND LEARNING AND EVALUATION	· 23 in-depth interviews · 11 hours of observation	· Staff	Feb 2021 - Apr 2021
COVID-19	· 70 interviews · 49 hours of observation · 39,500 survey responses	· 'Clients' · Staff · Volunteers and partners	Jan 2021 - ongoing
NHS Solent NHS Trust	· 99 service level evaluations/audits specific to COVID-related service change	· All service lines	2020/21



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COVID-19 Rapid Evaluation overview of findings

COVID-19
LEARNING AND EVALUATION

Sharing our findings

It's hard to convey the significance of the COVID-19 (Coronavirus) pandemic. For the NHS the changes were rapid, substantial and continual. Some services were paused, some continued with significant changes and new services were created; all of these changes happened almost overnight. At it's core the changes that were made were about people; the wards set up overnight, the extra hours worked by teams, the people suddenly faced with working alone from home, those who carried on caring whilst facing the unknown and of course, to the people we do it for - those within our care.

Our COVID-19 Rapid Evaluation was about capturing and learning from those changes by understanding the experience of those living through it.

As the repercussions of the pandemic continue to be felt across the NHS and its people, we hope that we've been able to capture and tell the Solent story so far. We also hope that these stories can inform how we

suddenly faced with working alone from home, those who carried on caring whilst facing the unknown and of course, to the people we do it for - those within our care.

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As the repercussions of the pandemic continue to be felt across the NHS and its people, we hope that we've been able to capture and tell the Solent story so far. We also hope that these stories can inform how we adapt and change, how we work and how we deliver our care as we go forward.

COVID-19

- Our people, their stories
- What does an Academy do...
- Rapid Evaluation
- Tools we've used
- + Our services, their stories
- **Eval findings overview**
- Rapid Evaluation methods
- Spotlight on redeployment
- Spotlight on working from home
- + Spotlight on remote consultations
- Spotlight on frontline teams

- Spotlight on working from home
- + Spotlight on remote consultations
- Spotlight on frontline teams

> All staff are desperate to work... it's a privilege to be doing this work and it's very humbling.

> There is a strong sense of duty but trepidation.

COVID-19
LEARNING AND EVALUATION

- Compassionate leadership is central to people's experience of change
- Connectedness with team and peers, as well as with organisation is key to a sense of wellbeing
- Strong 'can-do' attitude to solution finding; but an interplay between autonomy, trust and risk
- The pandemic has facilitated a 'digital revolution'
- Evidence of a mature learning organisation

Spotlight on **frontline teams**

Autonomy and Enablement

"The empowerment and ability to just get on has been refreshing. Local solution-finding has led to so much more connectivity; understanding different professions, different stressors, different ways of working. Much closer relationships with teams."

Collaboration and Integration

"Looking at issues and patient need from a city wide perspective, rather than one locality, has been really positive.

It has removed barriers between services.

Networks and collaborations have worked well. There are better pathways and improved services."

Spotlight on **remote consultation**

Before COVID, as an organisation, Solent was on an ambitious journey of digital transformation.

A number of factors made this challenging, not least the hesitancy of clinicians who were concerned about the impact on their care and how patients would perceive it.

COVID took this decision out of many people's hands, and enabled a revolution in the perception of different types of consultation.

Many reported how positive this felt, and that there was a chance to rethink many of the ways in which clinical interactions could take place.

> From a professional point of view, exploring how we can do things remotely and have good therapeutic connection - perhaps (we should) offer more choice in the future as some people prefer to communicate remotely we have recently discovered.

> Feels like the NHS is in a period of 're-set' for example moving to use virtual consultations/ appointments. No waffle, things just get done and implemented quickly. When forced into rolling things out or making changes, it has gone really well.

Spotlight on **remote consultation**

- The pandemic has resulted in a 'digital revolution' in Solent, with the rapid acceptance of remote consultations as an acceptable element of clinical care.
- The delivery of care remotely isn't a 'lift and shift' exercise. Consideration needs to be given to both technical and emotional factors.
- Training in IT skills is necessary and there are additional training needs in communication and other clinical conversations when working remotely.
- Remote consultations are highly acceptable to patients, and should be considered by all clinicians. There is a significant opportunity to further personalise care by discussion remote options for patients rather than assuming 'clinician knows best'.

Spotlight on **working from home**

Blurred boundaries between home and work

Physical and psychological wellbeing

Connection and team "togetherness"

Autonomous working

Rapid Learning; Cultural Revolution

The transition to working from home or working differently happened very rapidly and with little ability to advance plan.

It took place in a time of heightened national and personal anxiety and uncertainty.

Teams and individuals had to adapt rapidly to a very different working environment.

Spotlight on **working from home**

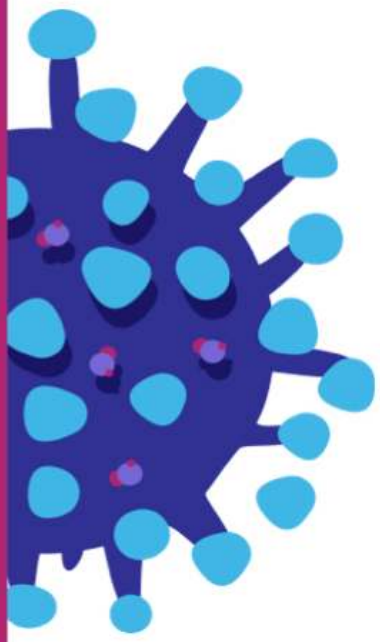
- There has been a significant cultural shift in the acceptability and ability to work effectively from home
- Most people in Solent have coped with rapid learning and adaption to digital technologies. However, there is an ongoing need for training and support around IT literacy, and easy support around connectivity.
- Many people enjoy working at home, or having the option for flexibility – the ability to fit in family demands and not spend many hours travelling has improved work-life balance
- Consideration of 'safe' space at home for working is important, particularly with vulnerable clients. Many clinicians felt that their psychological safety was often compromised by letting patients into their home. In some situations, increased clinical supervision may be beneficial
- The ability to feel connected to the Trust and to a team is critical.

COVID-19
SECOND LEARNING AND EVALUATION

- Business as usual? All people spoke of significant changes to their services. Almost all reported an increase in service demand and complexity, often with reduced staffing.
- Response and Communication - most said that they felt better prepared for the second wave and spoke favourably about Solent's response, particularly access to vaccines, occupational health and communication.
- Digital reality - many people spoke of a sense of being separated from their team due to an increase in technologies, particularly for team handovers. Many reported mixed responses from people who use our services with an increased expectation of face to face as well as for some areas increase in DNA during the second wave.

COVID-19
VACCINE PROGRAMME EVALUATION

- Quality and pride. Most people reported great pride in working in the vaccine centres. People spoke favourably of the leadership, team working and of the culture of training, learning and improvement.
- Partnership and communication. Many have spoken positively of the huge diversity of people, professions and organisations working as part of the vaccine hubs. There have however, been challenges with cross-partnership communications and ways of working. In some areas this has lead to different working processes and particular frustrations around shift availability, booking and cancellation and HR process.
- Looking to the future. Many people have spoken about wanting to join the NHS whether this is in un-registered professions, or exploring options to re-train as registered healthcare professions.
- Huge untapped resource in voluntary sector.



Key takeaways:

- Pride
- Autonomy and enablement
- Personalised care
- Team and belonging
- Curiosity & critical thinking

Appendix 2
Quality Report incorporating the Quality Account 2020/21

NHS
Solent
NHS Trust

Solent NHS Trust
Quality Account 2020/21

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Part One: Statement on Quality from the Chief Executive

Each year all providers of NHS healthcare services are required to produce an annual Quality Account for publication. The Quality Account sets out our commitment towards continuous quality improvement and showcases what we have achieved in the past year. It reflects and emphasises the importance our Board, and the people who work in Solent, place on quality.

I am so very proud to be the Chief Executive of a Trust that always puts quality at the centre of everything we do. I have a fantastic team of dedicated and committed staff who work incredibly hard, always striving to deliver consistently great care. The 2020/21 year has been a year like no other in the NHS. During this time, Andrew Strevens provided Chief Executive leadership for a period of six months prior to my return in March 2021. This support was pivotal in enabling me to provide leadership and support to the national programme of work in response to Covid-19.

The commitment and dedication all our teams have shown during the pandemic, and such unprecedented times, have been exceptional. We are extremely proud of how our teams have continued to respond to the COVID-19 pandemic. People in Team Solent have approached an incredibly challenging situation with flexibility and have been overwhelmingly agile in working to respond to the challenges that COVID-19 has bought us. Service transformation has happened at pace and people have stepped into roles that they would not otherwise do; ensuring we continue to deliver care, respond to the pandemic and support people in our communities and one another. Alongside this, I must acknowledge our significant contribution towards the Hampshire and Isle of Wight Covid-19 vaccination programme. Whilst this inevitably presented challenges, I continue to be extremely proud of the approach taken by our teams in the delivery of such pivotal care to ensure the ongoing support of our patients and their families, our teams and services, our colleagues and local communities.

The wellbeing of our staff, both mentally and physically, throughout the pandemic has been a top priority. We have supported wellbeing through an array of interventions and worked tirelessly to ensure that people are protected through the availability of appropriate personal protective equipment.

I remain incredibly grateful for the exceptional support from people in our communities and our partners.

Whilst we do not know quite what the future holds, we look to 2021/22 with hope and optimism. At the time of writing, we are beginning to think about what *beyond the pandemic* looks like for us in

Solent. In this piece of work, it is important that we reflect on our learning and on the feedback of staff and patients, holding onto the positive changes which have come about as a result of the pandemic. We look forward to another year, keeping quality at the heart of everything we do.

This is our tenth Quality Account since the Trust was established in 2011 and it is divided into three sections:

- **Part one** contains introductory statements from myself, the Chief Nurse and Chief Medical Officer
- **Part two** contains a review of our progress in delivery of our quality priorities for 2020/21, alongside our priorities for improvement outlined for 2021/22. This information is supported by the additional mandated quality statements and indicators as detailed within the national guidance provided by NHS Improvement.
- **Part three** contains details of other quality initiatives, not covered elsewhere in the report, and includes examples of quality improvement projects from across our clinical servies to further share how we have made a difference to patients. This also includes a focus on the changes made and subsequent learning our services have gained during the Covid pandemic.

The purpose of this report is to provide people with a useful insight into our approach to quality, our performance and achievements alongside our plans and priorities for the year ahead.

We confirm that to the best of my knowledge the information in the Quality Account is accurate.

Sue Harriman

Chief Executive

Statement on Quality from the Chief Nurse & Chief Medical Officer

The Quality Account is our annual report about the quality of services that we deliver across Solent NHS Trust. It allows us to demonstrate our commitment to continuous, evidence based improvement and learning alongside our continued focus on embedding a culture of quality and safety. It is our opportunity to share details of how we have progressed our quality priorities over the last 12 months and our Quality plans for the coming year (2021/22).

We are an organisation of professional, skilled, committed and caring staff working hard in challenging times. We work to deliver safe, responsive and effective care ensuring that quality remains at the centre of everything we do. We are able to do this by supporting and strengthening our learning, by being open, honest and transparent about what we can do. We are always seeking ways to work differently and more productively but most importantly, at all times we work to continuously engage with our patients, service users, families, carers, staff and local communities to inform this pivotal work.

The outstanding professionalism and commitment of our teams is demonstrated further in response to the extraordinary situation we continue to face in relation to Covid-19. It has been truly inspirational to witness the dedicated, responsive, flexible and caring approach adopted by all our teams. Alongside the support from our system-wide colleagues and local communities, we are able to continue to provide the best possible care for our patients.

Looking back over the last 12 months, despite the challenges surrounding the Covid pandemic, we have continued to deliver improvements in the services we provide. We are proud to be able to share with you news of the progress we have made during 2020/21.

With reference to our **Quality Improvement Priorities** for 2020/21, during extremely challenging times, we have successfully delivered a number of changes including:

- Acceleration of virtual clinical appointments and reviews and working collaboratively with our system partners to establish a multi-disciplinary team approach to the support of our communities were put in place to the demands resulting from the Covid pandemic.
- Continued fostering of a climate for learning, improvement and innovation across our organisation and community
- Continued progress in developing a strengthened safety and learning culture, supported by

our fully embedded governance structure.

- The launch of our "Alongside Communities" document – the Solent approach to engagement and inclusion. we have continued to drive this forward working with our communities to develop and finalise a delivery plan for 2021/22 and beyond. This is an exciting and ambitious plan to continue our work in strengthening our engagement with our communities in improvement activity across the organisation

Quality Improvement Priorities

Despite challenging times presented by the Covid pandemic, we are proud of the progress we've made in delivering the priorities we set out for last year. These were framed around our corporate strategic goals and were designed to provide a foundation for future quality improvements with many of the projects are expected to continue in the coming year.

To drive our commitment to quality further, we have developed six strategic Quality goals for 2021/22 building on the learning from last year. Our Trust-wide priorities for 2021/22 continue to be written with consideration of patient and carer feedback alongside feedback from our workforce.

Our Quality Goals are as follows:

1. Engage with our communities
2. Safety and learning culture
3. Digital strategy and delivery of care
4. Supporting development and delivery of the learning disability strategy
5. Working with all system partners in the delivery of care
6. Caring for our teams

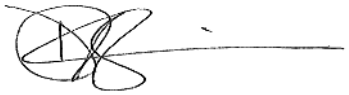
As an organisation Solent will still be aiming for an ambitious program of quality improvements but we must also acknowledge the impact that the Covid 19 pandemic has had on all of our teams and services. Many of our priorities will need to focus on recovery and restoration of our core activities. Looking forward to the priorities in 2021/2022 though we will not lose sight of some of the significant improvements that have already been put in place during the pandemic that we will seek to retain in the long term. We have not sought to outline a dedicated Quality priority concerning recovery and restoration following the Covid pandemic, instead we recognise that the learning from Covid will be threaded through all of our strategic quality goals and service line quality priorities. The overarching aim of our approach is to create a sustainable dynamic framework of co-operative working which will deliver a shared vision and provide foundations for future improvement.

Each of our clinical services has identified local, service-led priorities, linked to the Trust wide quality goals. The local priorities also reflect patient feedback, alongside national and local drivers. Written in consultation with employees, their service-led priorities resonate strongly with people working on the frontline. These priorities will make a real difference to patients and their families and we look forward to progressing this work during 2021/22.

Through this Quality Account we pledge our commitment to continue to support our staff to deliver the highest standards of quality across all the clinical services we provide and in those clinical services where we work in partnership with others. We continue to be so proud of the commitment our staff have to support each other and the people we serve, during such challenging times. Going forward, we are excited that our plans for our future Quality Account to be co-produced with our communities, ensuring they reflect what is important to the people we serve in terms of quality. We are pleased to confirm that plans are now in place to initiate this pivital work following this publication.

We do hope you find our Quality Account helpful and informative. Thank you once again for taking the time to read our Quality Account and we look forward to working with our communities this coming year to come together in providing exciting improvements to the way in which we share our progress with you again next year.

Jackie Ardley
Chief Nurse



Dr Daniel Baylis
Chief Medical Officer

Part Two: Priorities for improvement and statements of assurance from the Board

2.1 Priorities for Improvement

2.1.1 Progress against Priorities for Improvement 2020/21

The following outlines the progress we have made in the delivery of our quality priorities set out for 2020/21. We recognise that due to the challenges of the Covid-19 pandemic, delivery of some projects has been slower paced than anticipated. Equally, we recognise that in some instances the delivery of specific projects such as implementation of digital solutions had advanced significantly in order to support the challenges of the pandemic.

QA Objective	Delivery	Additional Commentary
Trust Wide Freedom to Speak Up - All leaders and teams prioritise safety, are open and honest and uphold Duty of Candour. People are actively involved and feel able to speak up and to report risks and incidents.	**GREEN** – delivered Q3	The self-assessment review documentation has been maintained nationally, leading to the self-assessment process being completed in Q3. To support this work, survey and service analysis has been compiled and is due for review at next Oversight Scrutiny Committee. A recommendation from the self-assessment was to complete a case study review which remains pending. There is a need to identify appropriate cases in 21/2 & await new Guardians in post. Following this, plans in place to develop the revised strategy, communications plan and action plan going forward.
	GREEN – on target for 20/21	Following the appointment of a new Freedom to Speak Up lead, following a brief delay, the key objective was to then review and refresh the existing self-assessment tool. A revised timeline for delivery will be determined for 20/21 and 21/22. This is likely to include service review.

QA Objective	Delivery	Additional Commentary
	GREEN	E-Learning launched but requires revision. Greater awareness for staff to be raised at Learning from incidents panel. Further audit of staff awareness delayed due to Covid but no DoC breaches to date. Deep Dive into DoC compliance was presented at QIR in Dec 2020
Trust Wide Health and Wellbeing - We will deliver appropriate communication and wellbeing programmes for employees and managers that generate interest and motivation using a range of strategies, media platforms and leadership support to address a range of individual and service level wellness needs detailed in our Delivery Plan. The Trust will also seek to assess and sustain measures put in place to support staff during the period of challenging practice during and after the global Covid 19 pandemic	**GREEN** – on target delivered with review of required delivery in line with need (during Covid)	Staff Wellbeing remains a key priority. Our delivery plans continue to be informed by a range of feedback mechanisms and objective data reports identifying health and wellbeing needs. Our priorities have needed to be swift and responsive during the pandemic ensuring people are supported and able to access resources and support services quickly, helping to maintain a safe and healthy work environment where the health and wellbeing of employees remains highly valued and encourages and supports people to maintain and adopt healthy lifestyles. Key priorities remain: - Self-care and facilitating teams and managers to establish sustainable wellbeing support with their service - Easy access to mental health support services and reducing workplace stigma - Home working: physical and psychological impacts and different ways of working - Supporting long covid-19 impacts through wellbeing support interventions Delivery to date includes: - We have developed our self-help resource suite and support services to help raise awareness and provide better access to preventative resources and knowledge of how to access additional support and services when required. There has been an increased use of different media to include e-communications, social media platforms in addition to face to face opportunities which is critical for Solent given its wide-spread geographical area and the high importance of messaging about wellbeing. - New pathways of support; A wellbeing (pyramid) support package was put in place in the early stages of the COVID-19 pandemic, providing quick and easy access to resources ranging from low level support to specialist Mental Health services. These pathways are continuously under development to reflect the changing and ongoing needs of our people and a simple visual (wheel) is available to help raise awareness of what people can access to support their health and wellbeing.

QA Objective	Delivery	Additional Commentary
		- Trust funded a Wellbeing programme `Global Challenge' in 2020 to complement in-house wellbeing provision and focused on promoting healthy lifestyles and behaviour change. Over 1000 participants. - WFH: Self risk checklist for home working includes environment, ergonomics and wellbeing. Purpose is to stimulate conversation about what risks can be managed to improve their working from home position. - Trained over 60 Mental Health First Aiders in local teams. Two MHFA Instructors are now trained and the first programme launches in April 21 to ensure continued support, implementation in practice and continued momentum for local mental health support at team level. - Identified over 80 service Wellbeing Champions and established a Trust network to support the Champions - Individuals can access a personal intervention programme to help them work on specific wellbeing goals and behaviour changes they want to make - Established a Long COVID pathway to support people suffering the longer-term effects of COVID-19 - We have continued to focus on promoting a positive message around people with their own lived experience and this will be ongoing into 2020/21 as part of our health and wellbeing delivery plan. This has included a number of people sharing their stories to help raise awareness and promote positive conversation to help reduce stigma and support an open and honest culture.
Trust Wide Information Technology - We work with service users to understand how we can enhance their experience of care using digital solutions; ultimately improving patient outcomes.	**AMBER – Delivery of key projects with some projects which remain ongoing**	Key projects were identified for delivery during 2020/21 as follows: • Electronic allocation of community nursing clinical workload through existing clinical systems. Paused due to Covid initially. • Electronic whiteboard to digitalise monitoring of specific patient groups - No activity has taken place due to Covid. • Mobile Phone App which enables patients to have more access to their clinical records. Remained a priority during Covid. The App has now launched.

QA Objective	Delivery	Additional Commentary
		• Integration between Community Clinical System and GP System (S1 and EMIS) to view a slice of GP record each way. Switched on for Adults Services Southampton. Enhanced ability to share between GP and Community Services. Electronic Prescription Service. Switched on by Community Clinical System (SystmOne) during Covid. Work to push forward within Community. Reducing need to travel to pharmacy, supports repeat meds being delivered. **Community Nursing Clinical Workload –** Awaiting a go live date. Data Quality work underway to ensure all care plans are appropriately linked. Dedicated resource from team to support this work. Plan of work outlined. Community clinical system updates required and expected in April 2021. Project is progressing, anticipate pending actions to be completed and look to pilot Q2 2021/22. Look to pilot for specific caseload initially. **Personal Health Records Sexual Health –** go live 01/04/21 Sexual health Service Line wide. Could slip to May 2021 pending outcome of initial testing. **Community Clinical System (SystmOne) Video Consultation** **Integration with GP and Community Clinical System (S1 and EMIS) now complete**. Positive feedback from services. **Electronic Prescribing Services** – Now live and operational within specific services. Positive impact from Service Lines. **Electronic-consent project:** Within 0-19 Service. School aged Immunisations. Due to go live April 21.
Trust Wide Learning & Development - We recognise that we don't always get it right and we strive to learn and make positive changes. Sharing excellence, research and learning are at the heart of quality improvement. An overview of all learning and improvements made during pandemic, including positive learning.	**GREEN (on target)– being delivered 1st Phase complete. Learning event in November. Report drafted to outline learning**	• In April 20, started evaluation of trust response to Covid. Q1 data collection methods, interviews, blogs, surveys. Peoples experiences and cross checked with events/timelines. Usage of consultation tech. Target patients, carers, staff etc at different points to gather narrative including corporate and support services. • **Remote consultation –** Feedback highlighted ongoing connectivity issues; however the overarching feedback confirmed a positive experience. Enabled digital revolution. Concerns re giving difficult news. • **Working Differently/ Home** – practicalities with kit and wellbeing, interchange between home and office, trust improved and flexibility, isolating, benefit of clinical team in same space, privacy (working from home space)

QA Objective	Delivery	Additional Commentary
	.	• **Redeployment** – setting expectation and ongoing communication. Matching skills with need. Helping receiving teams on who they were getting rostered. Equity of training (as well received by redeployees). • Quality & Risk Committee/Gold command update on how people feeling. How do we accept learning as learning and not criticism • End Phase 1. Presented at Conference and Forums. • Remote Consultation will continue and change as we become more familiar (society and us). • Working from Home – might need some investment. • Series of evaluations. Service Lines completed themselves. 10 x services completed and continuing to do so. • Good level of interest and engagement. Good feedback from Conference with 30-35% patient attendees. Feedback acknowledged based on feelings. Shared initial findings at Board/Execs. • Learning Group – direct Services about potential ideas/shared learning. Phase 2 scheduled pending 2nd Wave.
Trust Wide: Community Engagement (13/10) Patients, families and carers are partners in care, and we understand and respond to the diverse needs of people from all communities.	**AMBER – behind target with robust plan**	**Recognise 6-month delay in delivery. Project now progressing well.** Q1 – Strategy was approved on 05/10/20. Planned launch between Oct – Dec 20. Comms via Hampshire and IOW Comms Engagement Group, CCG Community Engagement Groups & Community Partners. Purpose being to initially be informed of the 3 key ambitions. Next plan in place is to focus on development of the delivery plan to describe ways to measure and deliver the 3 ambitions, 14 objectives and 4 enablers. Q2 – Stakeholder group will form part of the strategic development to Community Engagement Committee on 17/12/20 (a 5-year delivery plan). Following feedback from the community that they are not looking for stakeholder groups, Q3-4 will focus on the development and approval of the strategic development plan. There has been a 6-month slide in delivery timescales due to Covid, with the CE Committee approving a 6:9-month slide in delivery timescales. Project has progressed well and anticipate a 6-month delay in total.

QA Objective	Delivery	Additional Commentary
		Q1/2 – Aligned to delivery plan. Expect sign off on 17/12/20 following which implementation will commence working with Service Lines as part of this process. Have delivered within timeframe the Experience of Care Tool: Over 200 staff have now attended the training to adopt the use of the tool to access, review and analyse patient feedback. Ongoing milestone.
To ensure assurance tools and governance processes are in place to ensure that those at risk at Child Sexual Exploitation (CSE) are identified and appropriate interventions put in place	**GREEN -**	Completed. Audit showed good compliance and plans in place to continue use of tool.
To improve young people's access to and understanding of their health care plan (Looked After Children) and Care plans within the Children Community Nurse (CCN) team including special schools which may include sustaining access via electronic resources put in place to support care in period of the Covid 19 Pandemic	**Roll over to 21/22 as part of Quality Priorities**	Delays due to children not being in schools due to Covid 19. Within Special Schools joint plan written with families and sent back to school for CYP to sign. Looked after children the same. Looking to do audit to assurance that this occurs and sustained across the service. Decision taken to carry over Quality Priority into 21/22.
To develop a career pathway in the child and family service line for Advanced Clinical Practice (ACP)	Roll over to 21/22 as part of Quality Priorities	Following review, agreed that priority needs to link in with trust strategy for Advanced Clinical Practice. Plans in place to link this together following revised Quality Priority outlined for 21/22.
Effective - To improve the pathway for children and young people with depression	Roll over to 21/22 as part of Quality Priorities	Remains a priority but revised timeframe for delivery of audit by July 2021. Decision taken to carry over Quality Priority into 21/22.
To develop the offer for children and families service delivery to include Remote Consultation (Skype), telephone and texts and use of translation services	**Delivered**	In Place. Virtual platforms in place. Don't always work with the older phone handsets so issues with accessibility. Service are seeing a proportion via platform. Positive feedback from CYP. Youth Participation Forum and engaging patient voice to look at a model we can sustain

QA Objective	Delivery	Additional Commentary
as required. This will include ensuring sustainable changes put in place during the Covid 19 are able to support this type of service provision in the long term		
To develop client involvement in their treatment plan, developing choice within the pathway of care delivery.	Propose revise to Q4 21/22	Requires joint work with UHS and Portsmouth Hospital University. Remains a priority. CAMHs pathways have been co-produced but we need to do across the board. Covid revised Q4 21/22. Decision taken to carry over Quality Priority into 21/22. Work completed to revise priority to reflect current position. Participation lead in post for SL and project moving forward.
Introduce Intraoral Radiography into Dental General Anaesthetic (GA) Sessions	**GREEN**	**Q4 20/21 Update:** Pending IOW and Winchester. Unit has been delivered to Winchester with plans in place to install and service. IOW should follow shortly after following site reopening in early April 2021 ICT provision delayed due to windows 10 upgrade, now resolved and working well. All other sites have been implemented and working well.
Introduction of an Intravenous (IV) Sedation Service for patients on the Isle of Wight (IOW) as an alternative option for some patients who would otherwise only be able to access dental treatment under general anaesthesia	**Delivered**	IV sedation service suspended. Unable to audit. Auditing in a very different world. Complete retrospective audit by Q4 20/21 to inform further milestones thereafter. Awaiting completion of audit which has now been completed. Report finalised and service have developed an action plan alongside specific working groups to work through and implement outcome of learning within the audit across the Service line.
Introduction of a treatment package for oral health care and carer training for use in nursing and residential care homes	Milestones ceased. Implement 21/22.	Had to stop going into care homes except for urgent care. Package of training ready to go. Look to implement to same timeframes for 21/22. Linked with CCG to develop secondment role to address oral health need.
Develop community engagement with patients	Milestones ceased. Implement 21/22.	Linked with CE team. Placed on hold with Covid. Plan to have F2F discussion. Look to move timescales to 21/22.

QA Objective	Delivery	Additional Commentary
Improve patient experience for people with dementia	**AMBER** – Some milestones delayed.	QI Group met and completed training. Improving clinic environment, some changes have implemented. Signage changed, types of clocks used, background and colours used, breakout space. Staff have had training. Approach may vary now in post Covid world. Project is progressing but at a slower pace due to Covid-19, in part related to patient numbers attending and in part due to demand placed on clinicians to drive this project.
Implement strategies to reduce waiting times	SUSPEND PRIORITY	Screening procedure developed and due for launch April 2021 to determine appropriateness of referrals prior to initial F2F assessment. A second workstream is targeted at the discharge process to facilitate transfer of appropriate patients to GDPs. Considering Covid, service line to review current status and consider plans to address waiting lists going forward.
By 2022/2023 we will deliver services within our financial envelope through service review and the development of income generation schemes. This will be underpinned by our quality priorities to ensure services remain safe.	Defer - Aim for delivery 21/22	Revised for delivery 2021/22 subject to Business Planning processes. Likely to incorporate Musculo-skeletal services (MSK).
We will diversify our workforce and introduce clear development and career frameworks by 2022/2023. Recognising that a quality staff experience is a key driver in implementing our quality priorities.	**AMBER**	Recruitment into one Podiatry position, to start in Sept 21 with newly qualified podiatry cohort. Work within service and strengthen career progression/sustainability of workforce by opening training pathways.
We will increase patient, public, stakeholder and staff engagement to ensure effective use of our services and	**AMBER**	Aim to roll over into 21/22. To consider functionality of the Civica Patient Feedback system during 2021/22 to maximise patient feedback. Community Engagement will follow on from this post Covid.

QA Objective	Delivery	Additional Commentary
positive, safe, and effective use of services by 2022/2023		
By 2022 we will optimise our estate to deliver our quality priorities for our patients and staff ensuring a safe and positive experience.	Propose cease priority 20/21	Work around transformation within GP surgery has progressed. Reduced sites for Podiatry following moves due to Covid. Work to reduce estates within GP surgery footprint to be reviewed prior to take further steps. Solent have moved from Portswood due to CCG Systems Hot Site which will remain in place during 2021/22.
By 2022 we will have a digitalisation strategy to improve accessibility and effective use of resources for staff and patients.	**Delivered**	. Progressed website to the stage we can and identified need for bigger piece of work. Visual/Attend Anywhere across all services. Video Consultation Platforms. Group work in our Pain services. Extended use of e-consult in GP Surgery. Social Media for education within primary care commenced. All meetings online. Training delivered digitally (recorded) within Musculo-skeletal services (MSK) – huge success. Working with SHFT to attend with a fee.
Urgent response services: Working collaboratively with SCAS to establish, grow and expand admission prevention within Southampton City and build on the integrated pathways introduced as part of the response to Covid 19	Propose cease priority 20/21	Co-located with the team (not possible due to Covid). Hub and Spoke model, continue to work and demonstrate admission avoidance. Multi agency Hub (Covid initiative) to support patients coming out of hospital. Focus on cross working. Working around IT issues to gain access to SCAS systems. Falls training from SCAS was not a priority during Covid. Winter period not appropriate time to initiate project. Expected to be carried over to 21/22. Aspiration is that the hub allows us to work at system wide working to expand to include aspects of care not just falls.
Implementation of a risk stratification tool and escalation pathway for Community Diabetes patients to support diabetes management within the Community Nurse (CN) caseload.	Propose cease priority 21-23	Using CRASH Tool within CN Diabetes team. In reach into UHS and management significant demand increase has meant that the service has had to deliver care in a different way during Covid. Mass roll out and validation work to be placed on hold with view to roll out 21/23. Tool to evolve across localities/Services.

QA Objective	Delivery	Additional Commentary
Optimise red/green days Length of Stay (LOS) for RSH inpatient wards and utilised digital solutions to support	**GREEN**	Completed for Fanshawe and implemented consistently. Look to embed within lower Brambles and Neuro wards into 21/22 and forms part of Quality Priorities. All milestones completed.
To improve prescribing pathways for Community Specialist Services	**On Hold**	Remains ongoing. Block contracts to remain until Oct 21 with no flexibility re change in funding. Pre-work completed in readiness for discussions with commissioners.
To improve the delivery of personalised care and supportive self-management.	**GREEN**	Diabetes team started WASP Diabetes team on 06/10 – 12/01/21. Started before Covid. Outcomes anticipated. 6-9 months behind schedule at this point. Utilising WASP programme within teams. Delay on milestones, met in places but will continue to move this forward. This feeds into system wide service delivery models. Delivering diabetes service in a different way with a revised model of care, re-prioritisation in line with wider recovery and restoration plans.
To improve the patient held information within the Neuro Early Supported Discharge (ESD) services through a co-design group: Improving rehabilitation engagement and self-management through the co-design of patient material	Carry over to 21/22 Quality Priorities.	National programme co-production placed on hold. Actively chasing up. Newly agreed timeframes finalised. Carried over to Quality Priorities for 21/22.
Improving quality and care provision for patients who require a medium acuity bed in Portsmouth	Cease and review for 21-23 pathway	Jubilee House move has been delayed until April 22. St Mary's Hospital will eventually become the Physical health campus and St James Hospital the Mental Health Campus if proposed plans progress. Cease as a Quality Account objective. Reconfigured and suspend for reconsideration in 20/23 pathway.
To continue to develop a sustainable workforce in Portsmouth whilst ensuring that staff skills, knowledge and expertise are maximised to improve patient outcomes and experience.	**GREEN**	Daily System Demand & Capacity meeting, driven by Solent NHS Trust now fully established. Works seamlessly with the discharge hub. Identified need to upskill staff CCG pilot proposed exploring a clinic model within frailty hub.

QA Objective	Delivery	Additional Commentary
		Rolled out Practitioner Model. Development pathway in place to support transition and complete. Team and development of Advanced Practice being developed.
Working with partners in an integrated system to meet the needs of our local community in Portsmouth and build of the system wide support networks implemented in March 2020	On hold until 21-23	Pilot for 3 months. Standard Operating Procedure (SOP) developed. Outcomes identified there wasn't a need for this service provision. No need to extend pilot. Practitioner Team in place. Withdrawal of PHT doctors. New model for frailty hub in place and being reviewed. Step Up Provision. SCAS interface within PRRT successful but funding ceased in Sept 20. Place on hold. Review 21-23. Work underway to develop frailty hub. (Mar 21) Discharge Hub: 0800 – 20.00. PULL model. Integrated with Portsmouth City Council (PCC). Substantial service model. In reach continues into PHT.
Using data and digital technology to help support the future provision and delivery of specialist services in Portsmouth building strongly on the enhanced changes made during the early stages of the Covid 19 pandemic	**GREEN**	Remote access for healthcare provision. Respiratory Practitioner completed a review of MyCOPD. Pre pandemic usage minimal, good uptake and feedback from patients positive. AccuRx – Remote consultation in patient's home. To improve efficiency of clinical time. Plans in place to continue. Visionable – Same as above
Community Engagement	For note	Invited patients to our Governance Meetings and interview panels on 8a and above. Care Group appointed a comms lead to support becoming more outward facing and interact with community. Focus on work to understand families that complain more than once: placed on hold during pandemic. To pick up again 2021/22. We have patient representatives invited to IP Governance. Patients invited to sit on interview panels/assessment centres. Comms lead seconded to Comms team during Pandemic to understand wider comms approach.
By involving service users and their families, we work with partners to make sure everyone, including people with learning disabilities, has equal access to healthcare services.	**GREEN**	Despite being affected by Covid 19 much progress has been made in terms of Task & Finish groups, work plan and remaining in contact with LD patients throughout Wave 1 and plans in place for Wave to continue to provide support. See full report at end of table.

QA Objective	Delivery	Additional Commentary
Collaborative assessment and management of suicidality (CAMS)	**Delivered**	Cohorts are receiving training in June 21. Delivery of the service continues. Building on this further, Service line are looking to develop a small course for HCAs to support this model. Recognising challenges in light of Covid, the service is looking to review feedback from trainees to inform the training provision. Work to further embed this model remains ongoing. Actions complete.
High Quality Risk Assessments	**Delivered**	Work now underway to adopt the CAMs risk assessment using CAMs framework. Audit framework developed and initial audit is now underway, this will form part of the audit cycle moving forwards. Findings of initial audit will be reviewed on completion of the audit. Actions now complete.
To implement the use of a patient recovery outcome measure within Mental Health Services (Dialog)	**Rolled over to 2021/22**	Community Intensive Rehab Team have now returned following redeployment. Q4 data being reviewed to present report in April 2021. Slipped by 12 months but now underway.
Patient Feedback – Discharge Experience	**Rolled over to 2021/22**	CRHT experienced based design project now underway. Similar methodology for community teams. Remains a priority for Mental Health but due to Covid aim to deliver next Financial Year
To embed Solent's quality and governance processes within the IOW service	**GREEN**	Service commenced 1st April 2020. 2-week induction period planned. Quality and Risks are submitted to Quality & Governance and evidence reporting incidents. Training scaled back. Received Ulysses training. Quality checks underway.
To improve the treatment pathway for non-complex Chlamydia treatments by introducing treatment by post	**AMBER** - delayed but robust plan in place	Introduced Chlamydia treatment by post. Not linked to PHR which hasn't gone a live due to Covid 19. Remains a priority. Propose implementation Stage 1 by end December 20 and review remaining milestones.
Update the online booking system to improve access for patients	Delay start date to 2021 - 2022	Online booking off due to Covid. Expect to turn on April 21.
Improve health and well-being of staff	**For note**	Mental Health Champions established within the service linking with OH. Teams are participation in L&D feedback. Priority to focus on anxiety/depression and support mechanisms, referral processes, Return to Work, Occupational Health and interventions to support.

2.1.2 Quality Priorities 2021/22

To outline our continued commitment to quality, we have developed six strategic Quality goals for delivery during 2021/22. Aligned to the six strategic goals, we have outlined our key priorities for delivery across the trust alongside the key priorities for delivery within service lines. The quality priorities have been developed to clearly outline actions required to deliver future improvement. Alongside this, work outlined within 2020/21 quality priorities continues where required and in some cases has been carried over for delivery due to the impact on delivery during the Covid pandemic.

As an organisation we will still be aiming for an ambitious program of quality improvements but we must also acknowledge the impact that the Covid 19 pandemic has had on all of our teams services. Many of our priorities will need to focus on recovery and restoration of our core activities in delivering care. Looking forward to the priorities in 2021/2022 though, it is important that we do not lose sight of some of the significant improvements that have already being put in place to support the teams during the pandemic that we will seek to retain in the long term. We have not sought to outline a dedicated Quality priority concerning recovery and restoration following the Covid pandemic, instead we recognise that the learning from Covid will be threaded through all of our strategic quality goals and service line quality priorities. The overarching aim of our approach is to create a sustainable dynamic framework of co-operative working which will deliver a shared vision and provide foundations for future improvement.

1. Engage with our Communities

Patients, families and carers are partners in care, and we work to ensure we understand and respond to the diverse needs of people from our communities.

2. Safety and Learning Culture

Our leaders and teams will continue to prioritise safety, remain open and honest and fully embrace learning culture to inform improvements in the delivery of care.

3. Digital Strategy and Delivery of Care

In accordance with the evolving and emerging Digital Strategy, we will work with services to develop and adopt digital solutions which enable improvements in the delivery of care.

4. Supporting development and delivery of the Learning Disability Strategy

Building on the work already underway we will continue to implement the Learning Disability Strategy, enabling equal access to healthcare services.

5. Working with our System Partners in the delivery of care

We will utilise opportunities to work with our system partners to make improvements in the delivery of care we provide.

6. Caring for our teams

We will place our teams' health and wellbeing at the centre, ensuring we create a positive and supportive workplace.

Quality Priorities for Improvement 2021/22

This year in addition to identifying specific Trust-wide priorities, each of our clinical services have developed their own quality improvement priorities. Many of these service level priorities were developed through extensive consultation with staff and communities. The priorities remain framed around our Quality Framework domains of Safe, Effective and Experience and take into account local and national priorities, our business plan objectives. It is to be noted that the development and ongoing delivery of many of these objectives will be affected , both adversely and positively by the huge challenges related to Covid 19. Services will need to be responsive and flexible to meet the changing landscape of recovery and restoration of services as we enter the 2021/2022 period. This will potentially cause delays or acceleration of some priorities during this time.

Our Quality Priorities are aligned to our business objectives, with clear timescales, milestones and outcomes for delivery. Progress will continue to be monitored through governance meetings in clinical services and the Trust's Quality Improvement & Risk Group and reported to our Quality Assurance Committee and the Trust Board. Where appropriate, alongside this work will continue around specific priorities identified in 2020/21 to enable a successful conclusion.

TRUST WIDE PRIORITY 1 - Engage with our Communities	
Title:	Patients, families and carers are partners in care, and we work to ensure we understand and respond to the diverse needs of people from our communities.
Details of Project – What we plan to do:	To work alongside our communities to determine our trust wide priorities for 2022/23, ensuring our priorities focus on what matters to our communities. To ensure we understand how our patients, families and communities would prefer to receive communication, working to remodel the Quality Account to meet these expectations.
Overall Expected Outcome (including impact on patients and how you will know you're successful):	To publish a Quality Account from 2022/23 onwards which outlines quality priorities which directly link with what matters most to our community and shares the fantastic improvements in service we have delivered in a meaningful way.

No.	Service Line	Quality Priority Title	Expected Outcome
1.1	**Adults Southampton**	**To improve the patient held information within the Neuro Early Supported Discharge (ESD) services through a co-design group:**	- Improved patient materials - Increased engagement from the patient in their rehabilitation pathway - Improved self-management - Reduced failed discharges or reduced experience post

		The project aims to deliver improved engagements of patients in the process of rehabilitation and self-management of their health journey during their time with the Early Supported Discharge Team and onward through the use of improved patient materials.	discharge.
1.2	**Adults Southampton**	**To work in partnership with our patients and population in the relocation and service design of specific specialist services.** - People, patients, and our communities to support and guide in the relocation and design of new facilities - To ensure the patient voice is at the heart of service delivery, by working together to deliver the service strategy.	- Deliver a patient care environment which provides patient and clinical need - Deliver key components of the service strategy.
1.3	**Child and Family Services**	**To develop client involvement in their treatment plan, developing choice within the pathway of care delivery**.	Clear clinical pathways in place that are co-produced with families, young people and children
1.4	**Dental Services**	**To enhance our community engagement with patients** To work with our community, patients and families to design and create a series of questions to gather feedback and understanding of their experiences within service to inform developments in the future.	To work with the Solent Community Engagement Team, to create an established community/patient group to engage with and work alongside to actively inform service developments and outputs (ensuring patient representation is aligned to those that access and utilise the dental service). Any information gained from engaging with patients will be used to educate staff and make choices for the strategy of the service.
1.5	**Mental Health Services**	**Patient Feedback – Discharge Experience** We will seek to obtain feedback from patients discharged from acute/PICU wards regarding their	• improvement in patient and carers experience of the discharge process

		discharge (both from ward and their subsequent post discharge support provided).	• appropriate support in place for patients on leaving the ward • reduction in readmissions
1.6	**Mental Health Services**	**Development of an Engagement Pathway for Mental Health Services** Mental Health Services are looking to engage patients, carers and the community in service provision and development, ensuring that the service user voice is included in governance and future design.	• Improving patient and carer engagement • Involvement in service line governance • Involvement in service line developments
1.7	**Mental Health Services**	**Development and improvement of call handling in assessment services to improve patient satisfaction**	• Source customer service-type training for staff answering the crisis phone • Create standards for call handling
1.8	**Primary Care**	**Increase our engagement with stakeholders and patients to make sure that services are delivering right care at the right time in the right place in line with service specifications.** Understand how patient and public involvement and engagement can become a key asset in the development and delivery of services, including: • GP community engagement programme - feeding into the trust community engagement strategy • Active GP PPG group • Clear management and use of feedback systems including F&F across services	• Increased patient satisfaction • Increased commissioner and stakeholder satisfaction • Safe and effective delivery of services • Increased understanding of the needs of patient groups and local communities in service delivery. •

		• Engagement programmes within MPP to support decision making Engagement of peer advocated and patient volunteers within Pain and HHC	
1.9	**Sexual Health**	**To explore methods to engage further with, understand and gather feedback around patient experience of the Sexual Assault Referral Centre (SARC).** To design a specific survey within Solent's patient feedback system which seeks to understand experience of the SARC service 6 weeks post contact, to establish the impact of recent changes in response to Covid and to inform the model of service going forward.	• To gather and understand honest feedback from patients on their experience • To establish a network of patients that may support any future service redesign.
1.10	**Sexual Health**	**To develop, enhance and embed Peer Mentor roles within Sexual Health Services.** **The Peer Mentor roles are to support HIV+ patients in supporting others following diagnosis and/or living with HIV.** Postholders will receive a training and mentorship programme to then support patients through the HIV journey, including discussion around specific challenges (some of which they will have experienced personally).	• Additional support for patients during and post HIV+ diagnosis. • Reduce stigma around HIV • Improved co-ordination of care • Enhanced support to understand and support patient experiences • Creating a long-term network of support for patients with HIV+ diagnosis

TRUST WIDE PRIORITY 2 - Safety and Learning Culture	
Title:	Strengthening the Safety culture across Solent - Our leaders and teams will continue to prioritise safety, remain open and honest and fully embrace learning culture to inform improvements in the delivery of care.

<table>
<tr><td>Details of Project –

What we plan to do:</td><td colspan="4">The Governance and Quality Improvement teams will take an integrated approach to strengthening the safety culture across Solent, embedding the key objectives of the Patient Safety Strategy.

This will include:

- the implementation of the Patient Safety curriculum
- the introduction of Patient Safety Champions
- the introduction of Patient Safety Partners
- the connection to the Patient Safety Incident Management System (PSIMS)
To support the above, the QI team will continue to work with services to develop targeted quality improvement programmes of work which seek to further strengthen our Patient safety culture.</td></tr>
<tr><td>Overall Expected Outcome (including impact on patients and how you will know you’re successful):</td><td colspan="4">Embedding of the new requirements outlined within the Patient Safety Strategy</td></tr>
<tr><td>How will you measure successful delivery?</td><td colspan="4">Continued oversight of the key patient safety indicators

Feedback from the established patient safety champions (staff and patient representatives)

Outcomes outlined within the Service Line QI programmes of work</td></tr>
<tr><td rowspan="2">Key Milestones</td><td>Timescale</td><td>Action</td><td>Target</td><td>Lead</td></tr>
<tr><td>Q1 21/22</td><td>Outline the role of a Patient Safety Champion.

QI Implementation Plan drafted</td><td>Patient Safety Champion role confirmed

QI Implementation Plan drafted</td><td>Gina Winter-Bates</td></tr>
</table>

	Q2 21/22	Outline the Patient Safety Partners role. QI Implementation Plan – Progress Report	Patient Safety Partner role confirmed. QI Implementation Plan – Progress Report	Gina Winter-Bates
	Q3 21/22	Appointment of Patient Safety, Champions and Partners	Patient Safety Champion and Partners in Post	Gina Winter-Bates
	Q4 21/22	Review the current resource of Patient Safety Investigators	Ensure the Trust is equipped to respond to patient safety incidents, using Patient Safety 11	Gina Winter-Bates
	Q4 21/22	Connect to the new PSIMS system	Patient Safety Incident reports will be shared PSIMS instead of NRLS.	Gina Winter - Bates

No.	Service Line	Quality Priority Title	Expected Outcome
2.1	**Adults Portsmouth**	**To develop and enhance the education, training and support package for designated roles within Adults Portsmouth.** 1) To support the Matron roles across the Service Line to support and embed a strengthened Governance Structure, to include: o Education and Training o Revised, shared Job Description o Fully embed Governance reporting processes o Develop and establish an Adults	To facilitate established roles as key leaders for Service Line and support embedded Governance framework Matrons to lead key aspects of the Governance framework including chairing Governance Meetings and submission of a quarterly Matron report to HQP • The Practitioner roles are upskilled to target their ability to be empowered, taking action and reducing level of support required from GPs.

		Portsmouth Matron network to link with trust wide forums To support a Practitioner Model review, establishing the education and support to enable an advanced practice pathway.	
2.2	**Adults Southampton**	**Develop our 'Future Model' of clinical leadership** **Enhancing existing processes to learn alongside and from others to shape our future model of care with an underpinning safety culture.** - **Training and Clinical Pathways – aligning with Advanced Practice and whole system/Place Based model of care** - **Re-modelling of Clinical Update days and learning events to strengthen learning from events including professional curiosity, safeguarding, mental capacity**	• Consistency of staff engagement which captures & represents all specialist services across Adults Southampton.
2.3	**Adults Southampton**	**Red and green days stage 2** Embed into RSH units across both wards – explore applicability into other inpatient units across Southampton.	Further reduction in length of stay on RSH wards. Improved patients' satisfaction and rehabilitation outcomes as a result of a reduction in red days. Data from audit to feed into governance and operational decision making to support patient pathway improvement. • Continued development of the Systm One reporting tool with possible application across Southampton.

2.4	**Children and Families**	**To focus on Integrated Childrens Community Nursing Services (CCN) provision of care plans**	• Childrens care will be delivered by CCN Service according to responsive, timely and person-centred care plans to ensure the ongoing delivery of safe care.
2.5	**Children and Families**	**To improve the pathway for children and young people with depression** Assess our service delivery against the National Institute for Health and Care (NICE) guidance and remodel service delivery as appropriate.	Services that meet best practice guidelines to ensure safe and effective outcomes for children and young people
2.6	**Dental Services**	**To engage with our emerging leaders across Dental Services to provide a designated leadership programme, to facilitate the embedding of these key leadership roles to drive and inform key processes around safety, quality and learning.** In response to Covid, dental services leadership team have put in place a number of additional support and communication mechanisms including frequent debrief sessions and Management huddles. These sessions are to enable our workforce to raise concerns and be part of developing and implementing solutions. Dental Services are looking to retain this model, building further to provide a designated leadership programme for our emerging leaders (newly appointed Deputy Governance Leads and Deputy Practice Managers). Embedding an additional layer of support within dental governance and operational structures and processes to inform and drive improvements in safety, quality and learning.	To streamline the turnaround time to deliver changes, develop operational frameworks and communicate with our teams. Responding to issues more efficiently. Consistent communication and messages to teams. Staff remain supported, informed and engaged. Flexible communication methods, strategies determined.

2.7	**Dental Services**	**For incidents and excellence reports that have an impact on patient care, Service Line to embed a framework and process to facilitate case reviews which enable enhanced learning amongst the MDT** Initially to embed the process of case reviews where incidents and excellence reports could be explored, discussed to gather greater understanding and learning as a team. To take this a step further to promote as a supportive process which teams actively engage with to promote learning from specific incidents**.**	Case reviews to be established part of the process Enhance learning (inform changes) Teams to be supported in process and be fully engaged in the process of discussion, understanding and learning.
2.8	**Mental Health Services**	**To implement the use of a patient recovery outcome measure within Mental Health Services (Dialog)** Use patient reported outcome measure- Dialog- to determine impact from treatment within the community rehab team.	Patients report an improvement in their recovery and wellness following intervention from the community rehab team.
2.9	**Mental Health Services**	**Suicide Strategy – increase number of staff having received training to expand the service provided to patients presenting with suicidality.** **Low level suicidal awareness training to roll out to other Service Lines** **Exploring training provision re risk to others (current focus on risk to self)** **Collaborative Assessment and Management of Suicidality Strategy (CAMS) – increase number of CAMS Practitioners to increase capacity and address Waiting Lists**	- Enable immediate support to patients identified within suicidal thoughts within other Service Lines. Service Lines are then confident in how to respond and signpost appropriately. - Increasing staff skills of assessment and management of risks to others - Reduced waits for access to Collaborative Assessment and Management of Suicidality Service (CAMS)

2.10	**Mental Health Services**	**Research, design and implement a plan to address long-covid within the Integrated Learning Disabilities Team.**	People with a learning disability are disproportionately affected by Covid19, and the impacts of long-Covid are just beginning to be seen. By planning how people with a learning disability and long-Covid can be supported, the impacts may be lessened and appropriate care provided.
2.11	**Sexual Health**	**To develop and introduce Advanced Clinical Practice (ACP) Roles within Sexual Health –** Subject to funding, to establish senior roles within the service, to provide career progression, develop the workforce and enhance senior clinical leadership and service provision.	Improved patient pathway Increased capacity within service leading to reduced waits Career progression Enhanced training and progression opportunities, utilising support & expertise to wider programme.
2.12	**Sexual Health**	**To complete a deep dive across all incidents reported and investigated across Sexual Health Services (over a designated period).** To discuss the findings across all Service Lines and embed the learning within Service. **In support of the above, to complete a benchmarking exercise of incident themes, volumes, actions taken and learning gathered when compared with similar NHS Sexual Health services.** To determine any learning and actions to be taken to further enhance the capture, reporting investigation and learning from incidents within SHS.	Enhance the learning across Sexual Health, understanding how service sits against other similar models of care Benchmarking service with a specific focus on patient safety to further strengthen the quality of care we provide.

TRUST WIDE PRIORITY 3 – Digital Strategy and Delivery of Care	
Title:	In accordance with the evolving and emerging Digital Strategy, we will work with services to develop and adopt digital solutions which enable improvements in the delivery of care.
Details of Project – **What we plan to do:**	To design and implement a digital strategy which improves the digital maturity of the Trust and the wider environment in which it operates. Specifically, projects which improve: • ICT – Networks, Facilities and Infrastructure, End User Devices, Applications, Interoperability with our health and care partners • Information – The collection, organisation and use of information and knowledge across the Trust • People – Digital literacy and competencies for our workforce, digital expectations and enablement of the communities that we serve • Governance – The way we capture, assess, prioritise and manage the delivery of digital initiatives and innovations
Overall Expected Outcome (including impact on patients and how you will know you're successful):	The expected outcomes from successful implementation of the digital strategy include: • Understanding, governance and exploitation of the Trust information management function improves • Staff, from board to floor, become increasingly trusting, competent and innovative with digital solutions to improve outcomes • Public engagement and codesign increasingly drives customer focused digital delivery • Infrastructure, applications, systems and processes and increasingly simplified, well designed and efficient
Engagement and consultation underway or planned:	Engagement is planned with the different stakeholder groups who should help shape its content and define the requirements for the projects to be delivered. A number of workshops have taken place with representatives from colleagues who operate in the areas of ICT, Information and People. Weekly workshops are currently underway, initially focussed on ICT re-procurement with representation from service lines and corporate services. Plans are in place to develop these discussions around a digital strategy and to convene a group with external representatives from our digital communities for a similar purpose.

No.	Service Line	Quality Priority Title	Expected Outcome
3.1	**Adults Portsmouth**	**Recognising the significant use of digital solutions now in place in response to Covid, the Service line are looking to audit the uptake of patient technology, the impact and appropriateness of its use for patients with the view to embedding technological solutions on a substantive basis.**	Patients will be able to access services through virtual mediums as appropriate. The service line has fully audited existing processes to ensure use of virtual solutions remains appropriate.
3.2	**Adults Southampton**	**Auto-Planner for allocation of work, linked to demand and capacity planning in Community Nursing** Explore potential application across service line	Release capacity within clinical community team to see patients, currently used to allocate work. To also support more effective allocation of work which takes consideration of patient need, staff skill set and maximising capacity.
3.3	**Adults Southampton**	**To understand the innovative impact and appropriateness of the use of technological solutions within community service delivery.**	Scope Remote patient monitoring/consultation Patients having the ability to own their own care through remote digital monitoring
3.4	**Children and Families**	**To enhance our existing patient facing digital offer to improve access and understanding of our services to strengthen our connection with our communities.** **This should include:** • **enhancement of our existing service websites** **introduction of a dedicated digital post linked closely with patient participation work underway**	• Improved access to services and information available via digital platforms. • Access to information 24/7 based on individual patient requirements Improving referral pathways for key stakeholders utilising digital functionality and access to information/signposting
3.5	**Dental Services**	**To work with other services to identify, evaluate and adopt remote consultations which enable improvements in the delivery of care and improve productivity.**	Enhance the patient experience and allow waiting list management to be more effective by fully embedding remote consultation in patient pathways

3.6	**Dental Services**	**Safe Electronic Communications:** Improve systems of communication between patients and teams to enable patients to contact us in a way that suits their individually identified accessibility needs.	Ensure that electronic communications with patients have the necessary safeguards in place to protect staff health and well-being.
3.7	**Dental Services**	**To further develop and adopt an existing App "Little Journey" across all Dental GA sites which supports patients to virtually visit hospital sites prior to their appointment. For designated patients in need, to support them to understand alternative environments and manage expectations prior to their visit (to include exploration of more service specific information as the functionality of the App develops)**	Support patients with complex needs Closer working with system partners to share details of the experience of service.
3.8	**Mental Health Services**	**Improve resources and equipment available to staff for heightened digital care delivery.** Procure and remote Bluetooth speakers and HD internet cameras in clinical group rooms. Procure noise cancelling headsets for 1:1 work in A2i, CRHT and Recovery Teams.	• The use of high quality visual and audio equipment allows for shared virtual/physical meetings, including psychology led sessions Noise cancelling headsets allows for 1:1 assessments and therapy to be given when working in busy environments, aiding patient engagement.
3.9	**Mental Health Services**	**Improve how patients are able to access services and therapies remotely.** Accessible tablets to be procured, for services to lend to patients to enable access to therapies and appointments. Expand the use of Attend Anywhere for outpatient appointments.	• Allow for remote consultations to be possible, successful and avoid discrimination against patients with limited IT access. Provide virtual access with an intuitive software specifically designed for health care with waiting rooms etc. This is the package used in primary care and will allow patients to be familiar
3.10	**Primary Care**	**Continue to development of digitalisation and digital interoperability across the service line to increase patient and staff experience**.	• Increased patient engagement through digital services e.g. E-consult • Increased ability to provide safe care through digital delivery • Increased positive patient and staff experience through digital delivery

3.11	**Sexual Health**	**To update the online booking system to improve access for patients.** In response to patient feedback, Sexual Health will implement a patient portal to streamline the online booking system. The system will also enable the service to: - Develop ability to share images alongside a two-way messaging service - To invite patients to an enhanced consultation held remotely for appropriate appointments such as treatment reviews. - Patients have access to provide their own history and details via the system (linked to EPR)	Patients will be able to log-in to their own health record on INFORM which they will be able to book appointments through. This system will be superior to the current online booking system because patients will not need to input their demographics each time they want to book an appointment and it will reduce the number of duplicate records on the EPR. The system will provide more appropriate use of appointments.
3.12	**Sexual Health**	**To further develop and embed delivery of Health Promotion and Counselling services, to provide training provision remotely for specific groups.**	- Improving access to Health Promotion and Counselling services for the designated groups in need. - Increased overall capacity within service - Improved patient experience - Capture and improve engagement with hard to reach patient groups in need of these services

TRUST WIDE PRIORITY 4 – Supporting development and delivery of the Learning Disability Strategy	
Title:	Building on the work already underway we will continue to implement the Learning Disability Strategy, we will work with partners to ensure everyone, including people with learning disabilities have equal access to healthcare services.

Details of Project – What we plan to do:	Patients with a learning disability are more likely to have poorer health and die at a younger age than the general population. This is mainly due to unmet health needs associated with difficulties in identifying and addressing health concerns. We have developed our 3-year Learning Disability Strategy to enable us to build on existing good practice of providing support to this vulnerable group and to improve engagement and co-production. The Strategy is also an enabler to support delivery of the new national *Learning Disability Improvement Standards* and performance indicators introduced in June 2018. This strategy also seeks to understand the lived experience of people with Learning Disabilities during the time of a global pandemic.
Overall Expected Outcome (including impact on patients and how you will know you're successful):	• To hold staff awareness sessions and Expert by Experience training • Update resources for all staff around "reasonable adjustments" with clearer access within SolNet and the introduction of "grab guides" for common issues • Review how clinical services are making their information accessible and explore the benefits of existing resources (e.g. Books beyond Words) • Explore how our electronic patient records can improve the "flagging" of patients with a learning disability that results in consideration of vulnerabilities and the need for reasonable adjustments • Make links to local external learning disability support networks with the support of Healthwatch • Develop, and trial, a system of "quality checking" that includes patients with a learning disability • Liaise with local external specialist services to explore voluntary work, paid work, or apprenticeships for people with a learning disability within our teams • Recognise that many of our staff will have family members and friends who have a learning disability and include "signposting" information within SolNet.
How will you measure successful delivery?	There is a clear 3-year delivery plan that the Trust is working towards. This is managed by the Learning Disability Strategy delivery board and the delivery of the outcomes monitored. These are recorded within the board minutes and reported quarterly and within the annual quality account.

No.	Service Line	Quality Priority Title	Expected Outcome
4.1	**Adults Southampton**	**Strengthen links with Southampton LD Provision, capitalising upon the LD expertise within Adults Southampton alongside this.**	Clinical update dates Staff knowledge/skills

		Links with Community Engagement which would need to be completed via joint providers for LD provision.	Inpatient environments accessible to all at WCH/and future new build as standard in design.
4.2	**Sexual Health Services**	**Development of a joint role between Learning Disabilities and Sexual Health Services.** To train a qualified LD Nurse in Sexual Health Services to support meeting the needs of LD patients accessing SHS.	LD patients needs are met when accessing SHS Services Improved LD patient experience Enhanced training and improved links with LD Services

TRUST WIDE PRIORITY 5 – Working with all System Partners in the delivery of care	
Title:	Learning from existing system wide working we will seek out opportunities to work with our system partners to make improvements in the delivery of care we provide.
Details of Project – What we plan to do:	Integrated care has continued to be a priority within Solent. In response to the Covid pandemic, we have come together with our system partners more frequently than previously and successfully implemented changes to service in response to the needs of our local community. We aim to continue to work with our system partners to harness learning from this period and build on these opportunities to make further improvements in the delivery of care we provide to benefit all areas of our local community. The below summaries a series of quality priorities across Solent Service lines which seek to achieve this.
Overall Expected Outcome (including impact on patients and how you will know you're successful):	Improvements in the delivery of care we provide Further integration of care across the patch. Closer working with our system partners Wider learning and sharing, education, support and wellbeing offers open to those within our community

No.	**Service Line**	**Quality Priority Title**	**Expected Outcome**
5.1	**Adults Portsmouth**	**To work with our system partners across SHFT and PHU to establish a Frailty Hub alongside a fully**	- Improved patient care, streamlined working with system partners to support improved patient outcomes with the

		established Rehabilitation pathway to support step-up and step-down activity. The inpatient unit will be located on one site, within St Mary's Hospital planned for completion by Spring 2022 (revised date due to Covid pandemic).	benefits of safety, co-location and improved workforce morale.
5.2	**Adults Portsmouth**	**To develop and implement an integrated Service for Breathlessness** Recognising a change in demand for services, we will be working with our Primary Care colleagues to establish a revised pathway of care for all patients experiencing the effects of long Covid that would benefit from specialist support. Bringing together the integration of Specialist Services including Pulmonary Rehabilitation, Heart Failure Team and Home Oxygen Service to provide a streamlined service for Breathlessness.	The expected outcome is that patients can be referred from GP to access a specialist fully integrated breathlessness support service. - Patients will be identified via primary care to receive support via an integrated model to enable patients remaining in the community.
5.3	**Adults Portsmouth**	**With reference to Community Nursing and Portsmouth Rehabilitation and Reablement Team (PRRT), to further enhance how our services link with system partners to support our patients to remain within the community/their own homes.** 1) Expanding the role of PRRT to look after more medically complex patients to support patients to remain within the community. 2) Re-aligning the Community Nursing locality teams with the Primary Care Networks to then focus on developing/establishing a Virtual Ward model.	Provision to support patients to remain safely within their own home. Supports home first model and hospital avoidance Further steps to integrate community service provision. To enable close working between, Primary Care, Community Nursing services and PRRT (when identifying patients) -
5.4	**Adults Portsmouth**	**To work with our system partners to ensure a sustainable, well trained workforce that holds the competencies to respond to the changing landscape**	- To upskill the Adults Portsmouth workforce across Community Services and Community Hospitals to provide

		of patient complexity. upskill our workforce to give IV fluids, IV antibiotics – Community Hospitals (CH), Community Nursing (CN) and Practitioners.	IV fluids and antibiotics, supporting a broader patient caseload complexity.
5.5	**Adults Southampton**	**Urgent response services: Working collaboratively with SCAS to establish, grow and expand admission prevention within Southampton City and build on the integrated pathways introduced as part of the response to Covid-19** To further develop the SCAS and Urgent Response Service (URS) Clinician Helpdesk Pilot	- Increase in patients having immediate access to admission prevention services - Increase in patients avoiding inappropriate admissions - Better Care planning through care assessments being carried out in patient's own home
5.6	**Adults Southampton**	**Clear and embedded End of Life Care pathway across Hampshire – clarification of roles and responsibilities and promoting integrated provision of care.** - **Shared road map in the delivery of End of Life Care** - **Linked to 24/7 Pathway & provision.** - **Stakeholders for End of Life Care to include Mountbatten Hospice & PHL. Learning from historical SI and recent experiences following adjustment in service and challenges.** - End of Life Care Pathways during Covid - Change in commissioning Palliative Care support to the community	Clarification of roles and responsibilities around the delivery of end of life care. More streamlined provision of care to patients.
5.7	**Adults Southampton**	**Urgent Response Service:- Collaborative working with UHS in the emergency department and**	- A clear understanding of the roles and expectations of the staff in the ED/SDEC/OPDU.

		SDEC/OPDU to build a "community front door" providing a resilient, quantitative model of working supporting the admission prevention strategy. To develop SOP's/policies for both UHS and Solent staff and to support the development of the staff from both organisation to meet the needs of the developing roles (emergency department and community)	- Increase in patients avoiding inappropriate admissions. - Seamless pathway development for discharge into the community. Relationship building between secondary care and the community with an understanding of the risk profile achievable in the community.
5.8	**Adults Southampton**	**Collaborative working with the IOW to develop specialist rehabilitation services on the Island.**	- Provision of 4 sessions of a Consultant in Rehabilitation Medicine to guide service development and start clinic activity Support provision of botulinum toxin injections as part of a specialist pathway to manage spasticity.
5.9	**Dental Services**	**Collaboration with Oral Surgery Providers to develop informal training opportunities for our clinical teams.**	Upskilling workforce & supporting continuation of care within the community for the more complex cases (as appropriate) with supportive engagement between acute and community.
5.10	**Children and Families**	**Further Integration of 0-19 Service provision to facilitate safe and effective care in the community.**	Ensure consistent clinical pathways across geographical locations to ensure the best outcomes for children and families.
5.11	**Childrens and Families**	**Further integration of Community CAMHS teams with system partners**	Improving pathways for children accessing MH care. Ensuring access to alternatives to a CAMHS tier 4 admission are available (where appropriate) Where children require tier 4 admission, to ensure safe discharge pathways to facilitate care closer to home.
5.12	**Mental Health Services**	**Working with CCGs, Solent MIND and other voluntary sector to Implement the Community Mental Health Framework**	To work on 4 key areas, working with PCNs to improve: **Access** – health inequalities, **Integration** – gaps, pathways, links between pathways **Community Engagement –** co-production

5.13	**Primary Care Services**	**By 2022/2023 we will deliver services within our financial envelope through service review and the development of income generation schemes. This will be underpinned by our quality priorities to ensure services remain safe.** Through the close management of service specifications make sure that services are delivering to specification and within a financial envelope that supports service delivery and the service line.	A clear understanding of the delivery models for future delivery of services including: • Understanding of the minimum standards for service delivery and safe delivery of services • Understanding of where income generation can and should be used to support patient experience • Understanding of where efficiencies can be made to support the best way of delivering services Maintenance of the quality drivers for services whilst understanding the financial drivers for service delivery.
5.14	**Primary Care Services**	**Review of the service line estate to establish how to best utilise space and provide positive and safe experiences for staff and patients.**	The expected outcomes to optimisation of estates is to: • Increase positive experiences by staff leading to positive outcomes linked to recruitment & retention. • To make sure that all estates are utilised in the best way possible, leading to better experiences for patients • To make sure that all estates provide safe environments for care - To make sure that any environmental changes are needs lead and have been influenced by patient and staff engagement.
5.15	**Sexual Health**	**To work with the wider system to explore opportunities to work together in supporting patients to access and receive sexual health advice and support.**	Improved patient care, streamlined working with system partners to support improved patient outcomes and access to care

TRUST WIDE PRIORITY 6 – Caring for our Teams	
Title:	We recognise the challenges our teams have faced and continue to face during the global Covid pandemic. It is therefore essential as we continue to work through the impact of Covid that we place our teams' health and wellbeing at the centre, ensuring we maintain a positive and supportive workplace with a dynamic, flexible and varied health and wellbeing package of support. This package of support must be developed in response to our teams needs and responsive to changes in need.
Details of Project – What we plan to do:	Building on the work already underway, we will work with our Service Lines and teams to develop an enhanced health and wellbeing package of support linked to the delivery of Health and Wellbeing Strategy.
Overall Expected Outcome (including impact on patients and how you will know you're successful):	Developing behaviours and practice that ensure wellbeing is part of everyone's working life and builds a sustainable workforce fit for the future. Teams have access to a wealth of tools, techniques, support which respond to the challenges our teams are facing pre and post the global Covid pandemic.

No.	Service Line	Quality Priority Title	Expected Outcome
6.1	**Adults Portsmouth**	**In response to feedback from staff, working alongside occupational health, we will work to develop a personalised Wellbeing Package of care and support to our staff.** The package of support will include: - Provision of Wellbeing rooms - Regular communication with staff - Established MH First Aider and Wellbeing Champions - Regular temperature checks for staff morale and wellbeing alongside improved feedback mechanisms. - Established Wellbeing role within service	A revised Wellbeing package will provide greater support to our staff to: - Improve health and wellbeing - Improved sickness across the teams - Improve staff morale

		alongside support network for newly appointed champions.	
6.2	**Adults Southampton**	**Implementation of Professional Nurse Advocate roles within Community Nursing** To include integration of clinical supervision, cross professional support	Strengthen the Professional advice and support within service
6.3	**Child and Families**	**To develop a career pathway in the child and family service line for Advanced Clinical Practice (ACP)** This needs to be managed with a Project Plan for 4 years; the milestones will include a clear plan of what the workforce will look like in 4 years including a forecast of how many ACP positions in post and the training that will be required to meet the competencies.	There will be a clear career framework in place for the child and family workforce
6.4	**Child and Families**	**To prioritise the wellbeing of our workforce and embed a consistent offer across the Service Line.**	Maintain and embed further the Wellbeing Support across C&F Service Line. Fully establish and strengthen the network of wellbeing champions to represent and support the Service Line
6.5	**Dental Services**	**Over 3-year timeframe, embed a Mentorship framework for accreditation of clinical dental workforce, supporting the transition to Tier 2 (in line with regional commissioning arrangements and requirements).**	Dental clinical workforce being fully supported to achieve the accreditation.

6.6	**Mental Health Services**	**To prioritise the wellbeing of our workforce and embed a consistent approach across the Service Line.** **Development of the Professional Nurse Advocate Role within In Patient Services and LD Services**	Share learning re wellbeing agenda and embed consistent approach across MHS Maintain and embed consistent Wellbeing Support across Service Line. Fully establish and strengthen the network of wellbeing champions to represent and support the Service Line
6.7	**Mental Health Services**	**Improve staff access to IT resources, such as widescreen monitors and wireless headsets for staff utilising IT for long periods of time**	Allow for extended periods of remote working to be carried out with less risk of MSK injury
6.8	**Primary Care Services**	**We will diversify our workforce and introduce clear development and career frameworks by 2022/2023. Recognising that a quality staff experience is a key driver in implementing our quality priorities.** Across the service line there will be a development of staff and workforce management to support the retention and recruitment of a diverse workforce.	The aim of this activity is to support our workforce through: - Increased recruitment opportunities - especially linked to workforce's recruitment that has been challenging such as GP and Podiatry. - Increased retention of quality staff through clear development frameworks. - Increased delivery of multi-disciplinary workforces. - Staffing establishment to be maintained at safe levels with sufficient training and expertise
6.9	**Sexual Health**	**In response to feedback from staff, working alongside occupational health, we will work to develop and embed the MH First Aider roles across SHS which will provide support alongside a continued Wellbeing Package of care and support to our staff.** The additional support will include: - Regular communication with staff - Established MH First Aider and Wellbeing Champions	A revised Wellbeing package will provide greater support to our staff to: - Improve health and wellbeing - Improved sickness across the teams - Improve staff morale

		- Regular temperature checks for staff morale and wellbeing alongside improved feedback mechanisms. - Support network for newly appointed champions. - Continuation of appropriate OH referrals, 121 support, RTW discussions and maintaining appropriate staff break out rooms to support teams within work base.	

2.2 Statements of assurance from the Board

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

Review of services

During 2020/21 Solent NHS Trust provided and/or sub-contracted 131 relevant health services.

Solent NHS Trust has reviewed all the data available to them on the quality of care in 131 (100%) of these relevant health services. Data relating to the quality of care in our services is reviewed at Service Line governance and business meetings, Service Line and Care Group Performance Review Meetings, at Quality Improvement & Risk Group, Quality Assurance Committee and the Trust Board.

The income generated by the relevant health services reviewed in 2020/21 represents 85% of the total income generated from the provision of relevant health services by Solent NHS Trust for 2020/21.

National Clinical Audits & Confidential Enquiries

During 2020/21, 11 national clinical audits and 3 national confidential enquiries covered relevant health services that Solent NHS Trust provides. This does not include national clinical audits that were delayed until 2021-22.

During that period, Solent NHS Trust participated in 91% national clinical audits which it was eligible to participate in. There were no relevant cases for 2 out of 3 national confidential enquiries.

The table below shows:

- The national clinical audits and national confidential enquiries that Solent NHS Trust was eligible to participate in during 2020/21
- those it did participate in
- the number of cases submitted to each audit or enquiry shown as a percentage of the number of registered cases required by the terms of that audit or enquiry if applicable.

National Clinical Audits & Confidential Enquiries that Solent NHS Trust was eligible to participate in during 2020/21 are as follows:	**Did Solent participate?**	**Number of cases submitted to each audit or enquiry** (as a % of no required or * if not applicable)
National Clinical Audits		
Falls and Fragility Fractures Audit Programme: National inpatient falls audit (NAIF)	Yes	Clinical: N/A (no cases) Organisational: submitted in Aug-20
Falls and Fragility Fractures Audit Programme: Fracture Liaison Service Database	Yes	Continuous data collection

National Asthma and COPD Audit Programme (NACAP): Pulmonary Rehabilitation	Yes	ADP – 30* ADS - 81*
National Audit of Cardiac Rehabilitation	Yes	Continuous data collection
National Audit of Seizures / Epilepsies in Children & Young People (Epilepsy12)	No	No cases submitted by Solent this year
National Clinical Audit of Psychosis (NCAP) - Early Intervention in Psychosis (2020-21)	Yes	76*
National Diabetes Audit – Adults: National Core	Yes	925*
National Diabetes Audit - Adults: National Footcare	Yes	Continuous data collection
Prescribing Observatory for Mental Health Quality Improvement Programme: 9d - Antipsychotic prescribing in people with a learning disability	Yes	18 (100%)
Prescribing Observatory for Mental Health Quality Improvement Programme: 20a - Sodium Valproate prescribing in adult mental health	Yes	21 (100%)
Sentinel Stroke National Audit Programme (SSNAP)	Yes	275*
National Confidential Enquiries		
Learning Disability Mortality Review Programme (LeDeR)	Yes	Submitted as required
MBRRACE: Maternal morbidity and mortality confidential enquiry (including psychiatric morbidity)	N/A	No relevant clinical cases in 20-21
Mental Health NCISH: Suicide, Homicide & Sudden Unexplained Death	N/A	No relevant clinical cases in 20-21

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

100% of national clinical audit reports published were reviewed by Solent in 2020/21. An example of actions we now intend to take, in order to improve the quality of healthcare following the NCAP-EIP audit are provided below:

NCAP-EIP: The National Clinical Audit of Early Intervention in Psychosis

Data was collected for 83 patients during 2019. The report once published was reviewed by senior clinical audit and mental health staff in September 2020. Two staff members also attended an NCAP Quality Improvement national workshop.
Solent NHS Trust was the top performing trust for first episode psychosis 0-17yrs and for the start of CBT alongside a supported employment programme. There was also significant improvement in completion of outcomes measures after introduction of the DIALOGUE outcomes system.
Service user feedback was high with 100% reporting they felt listened to.
Key areas for improvement included:

- Request additional resource from commissioners to develop a service for people with at risk (of first episode psychosis) mental state (ARMS)
- Further increase physical health monitoring. Although this has improved from 10% to 77% compliance in the last five years, 80% plus is anticipated target.
- Although improved, to further increase the use of completed outcome measures so that service users have had at least 2 cycles completed 6 months apart.

Local Clinical Audit

The reports of *84* local clinical audits and service evaluations were reviewed by the provider in 2020/21. These projects are determined by each service, based on their priorities, and are as a result of patient and staff feedback, business plans, quality priorities, 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 increasingly integrated into the Trust Quality Improvement programme. Specific training on audit and evaluation has had a high uptake alongside a wide range of other research and improvement workshops. The development of virtual training and resources has contributed significantly to this.

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

Audit title	Improvement as a result of audit
Child and Family Services	
Re-audit of record keeping for looked after children	There was an overall improvement in record readability now that secondary paper records are not kept.
Re-audit of compliance to NICE guidelines for monitoring ADHD medication	This audit showed particular improvements in recording of physical health parameters. Other areas maintained 100% compliance.
Re-evaluation of the ECHO early help programme for health visiting	This programme showed positive outcomes, better understanding of family needs and a significant increase in the number of families with early help plans. Families were identified earlier with more receiving the correct level of support. Where parents engaged, improvements were seen in mental health and less repeat incidents of domestic abuse.
Audit of record keeping by health visitors	This was conducted in response to a serious incident and based on 45 records. Results show some excellent and improved practice such as 95% of

Audit title	Improvement as a result of audit
	practitioners evidencing timely care plan follow-up with clear documentation and 100% with evidence of a plan.
Adult Services	
Re-audit of the level 1 frailty strength and balance physiotherapy programme	This audit showed that triage was reducing returned referrals whilst enhanced screening increased success rates from attendance, better identifying those most likely to benefit.
Re-audit of system1 physiotherapy records	This audit showed an increase in compliance for the majority of areas including general documentation, assessment & treatment documentation, problems, interventions & goal documentation, and patient transfer documentation.
Re-audit of discontinuation prescribing for Kite Unit (Acquired Brain Injury)	17 drugs charts from 10 patients were audited, highlighting 13 drugs stopped from 156 prescribed. Using a marking system, 51 points were scored out of a possible 52 (98%), an improvement on previous audits.
Re-audit of the implementation of stratified care for lower back pain (STarT) in physiotherapy	This audit showed an increase in the use of the StarT tool from 7% to 70%.
Mental Health	
Cardiometabolic risk factors for Older Persons Mental Health inpatients (OPMH)	This audit was conducted twice during 2020 for OPMH inpatients. The majority of patients were prescribed antipsychotics. The Lester tool was used and audited against NICE and RCP guidance. The first audit showed abnormalities were not consistently acted on. There was a significant improvement between audits with the majority of standards 100% compliant and all at least 90% compliant in the second audit.
Development and evaluation of a psychology readiness for therapy questionnaire (RTQ)	The evaluation suggested acceptability from patients and face validity with clinicians. Therapy outcomes suggest an RTQ score could potentially predict likelihood of drop out from therapy. High RTQ scores also predicted recovery and reliable improvement. This result held even after controlling for demographics and baseline symptom severity.
Primary Care, MSK Pain and Podiatry	
Evaluation of patients with fibromyalgia using a combination of the pain service and the chronic fatigue service	This evaluation identified that involvement with both services led to reduced disengagement in comparison to those accessing only the chronic fatigue service.
Audit of a new workflow team and letter management processes in primary care	This audit demonstrated significant improvements in the number (greater than 80%) of letters processed as adequate or good. The team report this has made the processing of letters safer and timelier.
Specialist Dental	
Evaluation of the use of “Visionable” software for dental video appointments during COVID	This evaluation found that clinicians were more often able to obtain a provisional triage diagnosis using Visionable (97%) in comparison to conducting a non-Visionable triage (78%) highlighting the effectiveness of the Visionable system for dentistry.
Evaluation of suspected cancer recognition and onward referral in dentistry	A questionnaire to 31 dentists showed good knowledge of the appropriate action to take if suspicious lesions are identified. Staff knowledge on the way to complete a two-week urgent referral was 90%, improved on the last audit result of 75%.
Sexual Health	
An evaluation of confidentiality maintenance in sexual health	141 records were reviewed for patients with Chlamydia between May 2019 and January 2020. 100% of patients had at least 1 form of contact provided, an improvement from the previous 98%. 10 (7%) had contact permissions breached, a reduction of 4.6% compared to the previous cycle.

Audit title	Improvement as a result of audit
Evaluation of complication rates with vasectomy operations	Of the 1618 vasectomy operations performed within Solent vasectomy service between April 2019 and March 2020, there were only 13 (0.80%) reported complications, well under the quoted consent form complication rate of 5%. This was an improvement on previous audits.
Evaluation of success and failure rate of vasectomy operations	An Evaluation of 3983 patients' samples provided after 6607 vasectomies by 16 different surgeons identified a failure rate of 0.7% which is within the national guidance. This was an improvement on a 2016-17 audit which identified a failure rate of 1.5%.

Research

The number of patients receiving relevant health services provided or subcontracted by Solent NHS Trust in 2020/21, that were recruited during that period to participate in research approved by a research ethics committee is 868 recruited to 21 NIHR portfolio studies.

This year, across the NHS, clinical research has played a pivotal role in identifying ways to treat and prevent COVID-19. Solent research staff have actively supported this effort by recruiting 525 participants to three COVID related studies, including two Urgent Public Health (UPH) studies.

In addition, the team has worked collaboratively within Wessex Research hubs in Southampton and Bournemouth to help deliver COVID vaccine research. As a region, to date, Wessex has recruited close to 2000 participants to randomised controlled trials to determine the effectiveness of a range of COVID vaccines.

The SARS-COV2 immunity and reinfection evaluation (SIREN) study is an Urgent Public Health study led by Public Health England. More than 100 Solent staff are participating in this trial, which involves fortnightly swabs and blood tests checking for current infection and presence of antibodies indicating past infection and/or response to the COVID vaccine. This study has helped to answer questions about the immune response and the extent to which this provides protection against future infection. We have gathered and acted upon regular feedback from participants to improve the way we deliver the SIREN trial.

The ISARIC Clinical Characterisation Protocol study involves review of notes for people who have been hospitalised due to COVID to understand the nature and extent of symptoms, treatment, and associated outcomes.

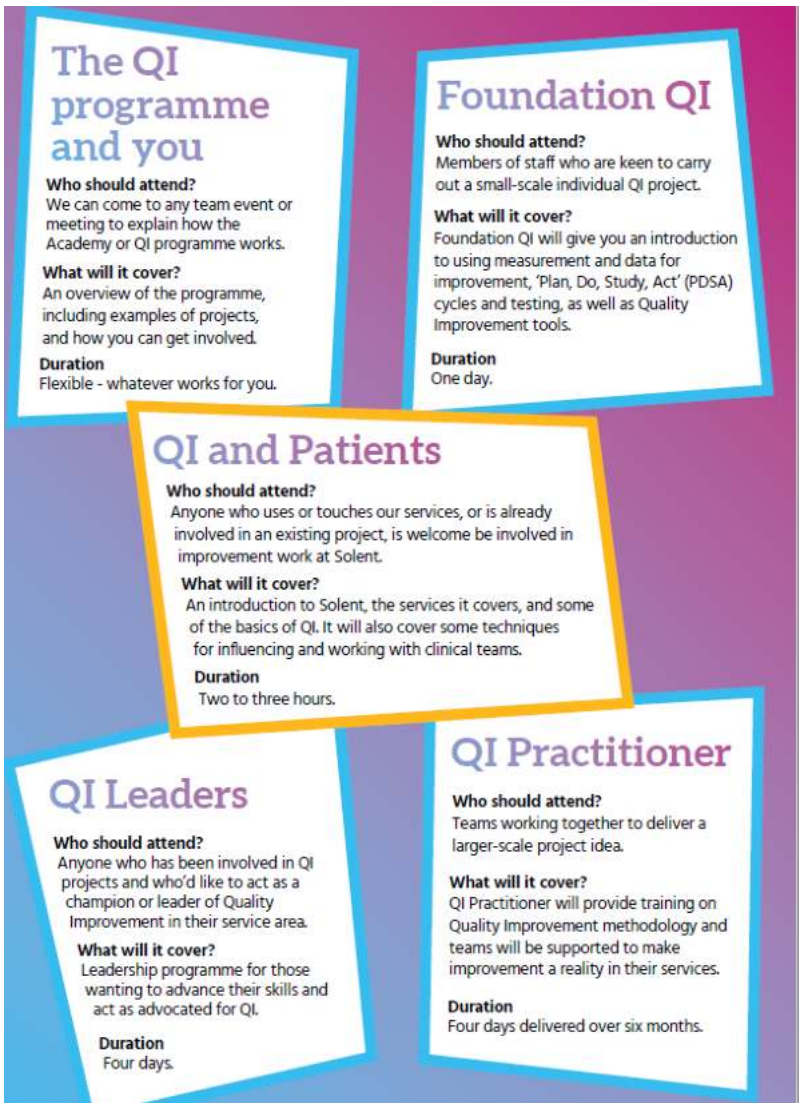
The Psychological Wellbeing in COVID study involves a questionnaire to gauge the impact of the pandemic on the nation's mental health.

We have continued to work in partnership with our community partners in care homes and local Universities during the pandemic. Through these partnerships we have helped to facilitate VIVALDI, an UPH study relating to COVID outbreaks at care homes.

During the initial and second wave of the pandemic, members of the research team volunteered to be redeployed to a range of roles to help support clinical services. This included conducting research to rapidly appraise and inform the response to the impact of the pandemic on Solent staff and patients. Results can be found on COVID 19 pages the Academy website https://www.academy.solent.nhs.uk/research/

Quality Improvement Programme

Solent's Quality Improvement (QI) programme, launched in July 2016, is designed to support individuals and teams to develop the skills and capability to successfully identify and implement QI projects within their workplace. The QI team provides support and facilitation during and between QI training sessions.



This year approximately 314 staff and patients have participated in 34 QI training sessions. This has been supplemented by 321 staff attending 61 research and improvement workshops.

From June 2020 we adapted our QI training and workshops to be delivered virtually via Zoom with new resources added to an enhanced intranet site.

We have a dedicated co-designed with patients for patients QI training package. Patients and public representatives attending QI training are also supported by our dedicated patient participation team.

At our virtual conference in September 2020, patients and public representatives joined us to present example of QI projects as well as local research and evaluations.

Our current QI leaders programme includes 16 staff and patients who have already participated in the QI practitioner programme. The programme develops their coaching and leadership skills in order that they can support QI projects in the wider services and their areas of interest.

The following example projects are taken from our foundation and practitioner programmes:

Improving the experience of people with dementia attending special care dental services.
A patient representative, together with a team member and a representative from the estates department, carried out 'Dementia Walkthroughs' at two clinics. They used the "Is your health centre Dementia friendly?" assessment tool from The King's Fund to assess the environment and collected feedback from patients, carers, and staff. The main areas for improvement identified included signage, clocks, music, artwork, and colour contrast of doors and walls. Improvements to the environment are currently being carried out.

Improving night-time care planning on rehabilitation wards.
This project aimed for all patients on the Spinnaker rehabilitation ward to be involved in forming an individualised night-time action plan "NAP", supported by the MDT, within 24 hours of admission. Staff feedback enabled the project team to

develop a process and accompanying resources. A night-time care plan, progress chart and mock bedroom layout were trialled with 4 patients. The process has been introduced on the ward for all patients with feedback indicating that it is working well with the setting of night-time goals, improved handover between the night and daytime care teams, and better planning for discharge. This approach will be evaluated over the longer term and has already been shared with other inpatient wards in Portsmouth and Southampton.

Improving basic IT skills for new starters in district nursing.
New staff in district nursing were starting work with varying levels of IT skill and reporting difficulty accessing support. Good IT skills are essential for effective communication, planning and clinical care. Staff were asked for examples and their top 5 IT skills. Responses were used to develop a survey which was completed by 19 staff. Key areas of difficulty identified included: accessing machines, accessing NHS Net, recording supervision, using e-mail, and managing meeting requests. The survey was modified to form a baseline and outcome competencies tool accompanied by a set of training resources. New starters are now allocated a "buddy" to support them. The combination of a competencies checklist, resource pack and buddy system has now been shared with other services including inpatient services, care home and end of life care teams.

Enhanced care for lower back pain.
The MSK services were not completely adhering to national guidelines for the management of persistent low back pain by not offering a combined physical and psychological programme which incorporated cognitive behavioural therapy. Feedback from patients showed they would be interested in attending such a programme. After evaluating a range of options, the team implemented the accredited Best Back programme. This is a physiotherapy led programme which has now been delivered with the assistance of a clinical psychologist. The first 6-week course was delivered remotely in November 2020. Patient feedback was positive. Further courses are planned.

Reducing rates of aggression and violence in adult mental health inpatients (Maples Ward).
Maple Ward is a secure 10 bed psychiatric intensive care inpatient unit. This project aimed to reduce weekly incidents of aggression and violence by 50%. Patients and staff were asked why incidents occurred and when. Key themes of activities, communication, environment, and smoking were identified. The same patients and staff were then asked for possible solutions. New training and activities were introduced as well as a new tool for situational appraisal. Changes were made to improve the environment. A separate initiative to address smoking issues was established. Data indicates a sustained reduction in rates of aggression and violence since the project commencement though there was no evidence of fewer restrictive practices during the same period. Alongside this project, additional training was delivered on the Prevention and Management of Violence and Aggression training which emphasised least restrictive practices.
During 2021 we are planning a specific cohort for our QI practitioner teams-based programme that will prioritise experienced based co-design with patients and the public.

Our current QI foundation for individuals programme for is exploring the following areas:

- Older Peoples Mental Health are working to reduce by the number of inappropriate referrals (relating predominantly to mental health concerns) to the Care Home Team.
- The Admiral Nursing Team are reviewing processes to ensure they provide timely, equitable and appropriate support to families/carers of people living with dementia.
- Child and Family physiotherapists in SW Hants are trialling a virtual group therapy programme for children who require physiotherapy.
- Child and Family health visitors are developing a process to ensure health visitors follow up all antenatal and new birth contacts with digital information sent via text links from S1.
- Community Emergency Department Team are trialling supporting carers by offering virtual access to a multi-disciplinary team of healthcare professionals, who can provide timely advice.
- Specialist Dental (community dentists) are creating a directory of Community Dental Services across the UK and an outward referral form to allow a seamless transfer of care to other trusts.

Commissioning for Quality and Innovation (CQUIN)

A proportion of our income as an NHS Trust is conditional on achieving quality improvement and innovation goals agreed between ourselves and any person or body that enters into a contract, agreement or arrangement with us for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

In 2020/21 CQUIN schemes for all contracts were suspended nationally to enable Trusts to focus on the COVID-19 pandemic response**.**

Care Quality Commission (CQC)

Solent NHS Trust is required to register with the CQC and the Trust is registered with no conditions. We meet with the CQC on a quarterly basis to provide an update on performance and discuss progress within the trust. This has continued via virtual meetings during Covid.

The last CQC inspection was October 2018 (Published on 27/02/2019). An action plan is in place to address several issues raised and 37 of the 40 actions have been closed. The remaining three relate to the access to training for staff which is under review with new on-line training systems due to go live in April 2021 and Duty of Candour understanding across staff groups. The Compliance team completed a Deep Dive into Duty of Candour at Solent and have established an action plan with recommendations under review with milestones outlined for delivery during 2021/22. The Compliance team will be working with services to ensure delivery of these actions during 2021/22.

The CQC has not taken enforcement action against Solent NHS Trust during 2020/21.

We have participated in three Remote Mental Health Act (MHA) monitoring reviews by the CQC during the reporting period. The MHA Reviews took place on Hawthorn and Brooker during October 2020 with a further review completed on Kite Ward in February 2021 – March 2021. The approach used for each review involved discussions with members of staff, patients, relatives and the Independent Mental Health Advocate (IMHA). The findings are detailed below:

Findings from CQC Monitoring Reviews:

Area	Findings	Actions
Brooker	No actions raised	No actions raised
Hawthorn	1. The patients nearest relatives had not been notified of their relatives' discharge	1. Discharge pathway audit form has now been amended to include a record of the need to notify the patients nearest relatives. This also includes a clear audit trail to document where in some cases the reason(s) why notification had not occurred and any actions taken. Service are planning to audit this during 21/22 to ensure this process is fully embedded.
	2. The advance statements of wishes appear not to be taken into	2. The advance statement of wishes is now linked to the clinical system (SystmOne) to

	consideration when care and treatment decisions are being made	ensure this is readily available to staff and roll out of its use including staff training remains ongoing. This has been included as part of an audit plan to ensure compliance.
	3. There is a lack of therapeutic activities available for patients on the ward.	3. Following the visit, the Activity Co-ordinator has now returned from maternity leave is now working with the OT and Physio leads to develop and enhance the planned activities. Patients are engaged in planning this schedule on an ongoing basis and immediate action had been taken to implement an initial activity schedule for patients.
Kite	Patients should support patients having more involvement in their care plans, when requested.	To be incorporated into the clinical system and audit cycle to ensure compliance.

For those actions which remain ongoing, action plans are in place and the Compliance team are working with the services to monitor delivery during 2021/22.

Information Governance

The Solent NHS Trust *Data Security and Protection Toolkit for 2020/21* is not now due for submission, until the 30th June 2021. Due to the impact of Covid-19 on the NHS, NHS Digital delayed the release of the 2020/21 Toolkit until December 2020 and revised the deadline to the 30th June 2021. Solent NHS Trust is currently Partially Compliant with the 2020/21 Toolkit and has plans in place to achieve full compliance, by the revised deadline of 30th June 2021.

Same Sex Accommodation Breaches

The Trust has not had any Same Sex Accommodation breaches during 2020/21.

Payment by Results (PbR) Clinical Coding

Solent NHS Trust was not subject to the Payment by Results clinical coding audit by the Audit Commission during 2020/21.

Data Quality

In 2020/21 Solent NHS Trust has demonstrated improvement in the Data Quality Maturity Index (DQMI) for the Mental Health Minimum Dataset (MHSDS) increasing compliance from 90.6% to 92.2%.

It is still recognised that there is a long way to go in improving the quality of data at the Trust, and the implementation and advancement of Microsoft PowerBI, the Trust's self-service Business Intelligence (BI) tool, has provided an accessible forum to enable local ownership and accountability for data quality .

Over the past year our data improvement journey has been hampered – but not eradicated - by the COVID -19 pandemic. The redeployment of the central data quality team at the beginning of the year, and service efforts primarily (and rightly) focussed on undertaking rapid transformation & development, has lengthened this journey. Despite this, progress has been made. The Trust has integrated data across multiple data sources, progressed in developing standard definitions for activity, developed consistently structured patient information drawn in from multiple Electronic Patient Record systems (EPRs), as well as triangulating information across corporate systems such as workforce, finance, estates, incident reporting and patient experience. Operational analysis is now available through the Trust's BI tool enabling services access to information that is updated daily on information such as (but not limited to):

- Referral numbers
- Activity information
- Quality information (Incidents/complaints)
- Workforce mobilisation (sickness rates/WTE numbers)

With each report that is provided through the BI tool, additional validation datasets are also provided to enable easy access for services to correct any inconsistencies, and data quality concerns on the information system at source. The Clinical Executive Group has taken a keen interest in these developments and the quality of data within reports provided through this tool. This has laid the path for making positive change towards the trust's approach to data quality and emphasises the importance of clinical leadership in progressing data assurance.

With the dissolution in Q4 2021 of the Trust's central data quality team, the Trust is currently reviewing the strategy of data quality and data assurance for 2021/22, ensuring that consideration is given to the technological developments, and evolution of roles within the Performance & BI team.

Publication of Hospital Episode Statistics

Solent NHS Trust submitted records during 2020/21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data (held at patient level) are as follows:

Those which included the patients valid NHS number were:

- 99.79% for admitted patient care
- 99.87% for out-patient care

Those which included the patients valid General Medical Practice Code were:

- 99.79% for admitted patient care
- 99.87% for out-patient care

Learning from Deaths (LfD)

During 2020/21 1,831 people who have been in receipt of services provided by Solent NHS Trust patients died. This comprised of the following number of deaths having occurred within each quarter of that reporting period:

- 459 in the first quarter;
- 371 in the second quarter;
- 450 in the third quarter;
- 551 in the fourth quarter;

By end of year, 503 structured judgement reviews and 49 serious incident investigations have been carried out in relation to 1,831 of the deaths included above

In 503 cases, a death was subjected to a structured judgement review and or an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 135 in the first quarter;
- 48 in the second quarter;
- 123 in the third quarter;
- 197 in the fourth quarter;

The Family Liaison Manager continues to offer and provide support to bereaved families. This role has proven to be extremely well received by those bereaved and for staff who require guidance during what can be a very distressing time.

When learning is identified, this is discussed and outcomes are monitored at the monthly LfD panel. The panel continues to use the Trust learning framework database as appropriate

Below is a summary of the learning we have identified by undertaking reviews of deaths, and the subsequent actions taken. Delivery of actions has been monitored through the Trust Learning Database and the learning from deaths panel:

Service	Summary of Identified Learning	Actions/Improvements Made
Adult Mental Health	An SI Investigation highlighted the importance of obtaining a patient's prior medical history, risk assessing their likelihood of absconding and carrying out medication reviews.	A formal handover of care and request for prior medical history will be carried out when a patient moves locations and therefore, NHS Trusts.
		The Service are reviewing the crisis pathway to ensure medication reviews are undertaken when appropriate.
		Risk assessing a patient's likelihood of absconding and ensuring the appropriate number of escorts are provided is vital to maintaining patient safety.
	A review of the death of a homeless patient demonstrated the difficulties the IAPT service have in providing treatment and ensuring participation when the patient is homeless. It also highlighted the need to consider previous suicide attempts when providing therapy.	The service provided a good standard of care to this patient, under difficult circumstances, and were commended by the local CCG for taking on a homeless person.
		The service has reviewed the most appropriate method for considering previous suicide attempts when providing IAPT therapy.
	A report presented to the Learning from Deaths Panel identified good use of professional curiosity to build a strong, long-term relationship with a patient and their family.	This positive learning was fed back to the team to promote wider adoption of this approach in other teams and services.

Child and Family Services	A cluster of child deaths experienced by the 0-19 Early Help and Prevention Service prompted a review which identified that none of the mothers had had antenatal contacts before the birth of their babies.	Clinical Team Coordinators (CTCs) now review the antenatal waiting lists and if the practitioner is concerned about not being able to achieve the contact due to capacity, the practitioner will seek supervision from their CTC. Health Visitors capacity has increased due to closer monitoring by CTC's.
		A more robust data collection process has been implemented to alert managers when there was a significant decrease in antenatal contacts.
	The potential dangers in the use of a 'Sleepyhead' device for infants also highlighted the importance of giving consistent advice in the event of an emergency incident.	Clinical Team Co-ordinators are now located in the same office as the duty Health Visitor to ensure parents receive consistent advice.
		Advice regarding 'Sleepyhead' devices is now on the Wessex Healthier Together website, in the sudden infant death advice which is given to new parents and has been shared nationally.
	An incident reinforced the dangers of parents and children co-sleeping.	Rapid learning about the dangers has been shared and staff are receiving advice and support to change the focus of conversations with parents when discussing this subject.
Adult Services Southampton	The importance of anticipating a patient's care needs early, so that the correct care plans can be put in place, was highlighted by a Serious Incident investigation	Changes have been implemented in the ordering and sign-off process for equipment.
		A gap in the provision of out of hours personal care, when advanced care plans cannot be put in place, has been raised with commissioning managers by Southampton CCG.
Adult Services Portsmouth	An incident demonstrated the challenges in providing care to patients with certain disabilities and adhering to PPE guidance during the Covid-19 pandemic. New and innovative methods of communication are needed.	Alternative methods of communication including the use of whiteboards and laminated, pictorial advice cards have been shared between services.
		The Speech and Language and Learning Disability Services Teams provided information which was disseminated to all Service lines within the Trust in the form of a Rapid Alert.
		Regular, monthly training on PPE donning and doffing, along with updates on Infection Control procedures is being completed.

The LfD process across the Trust continues to develop and a working group has been identified to review the policy. The use of the updated structure judgement tools continues and is enabling an honest and objective review of deaths which require further consideration for learning as per our agreed inclusion criteria (but not requiring an SI investigation).

Freedom to Speak Up

Since the introduction of Freedom to Speak Up in 2015 and in light of the recommendations made by Sir Robert Francis, we have implemented processes within the Trust to ensure our staff are able to easily raise concerns and seek confidential advice and support.

Our Quarterly Freedom to Speak Up (FTSU) oversight meeting, which is chaired by a Non-executive Director (Chair of the Audit and Risk Committee) is attended by the Chief Executive, Chief People Officer, Chief Nurse and our Independent Lead Freedom to Speak Up Guardian. At the meeting, the Independent Freedom to Speak Up Lead Guardian and Executives provide assurance to the Lead Non-Executive Director for Freedom to Speak Up on behalf of the Board that issues raised are dealt with promptly and appropriately by the Trust. The Freedom to Speak Up Independent Lead Guardian briefs colleagues on:

- themes, current cases and actions taken taking into account confidentiality and anonymity,
- regulatory/national requirements from the National Guardian Office

The Chief Nurse and Chief People Officer brief members and provide assurance that appropriate actions are being taken where any matters concern patient and staff safety and /or wellbeing. In year our Guardians dealt with the following cases:

- Quarter 1 – 12 cases
- Quarter 2 – 9 cases
- Quarter 3 – 7 cases
- Quarter 4 – 13 cases

Whilst there has been a reduction this financial year with regards to case numbers, the guardians have seen an influx of (non-FTSU) enquiries and have provided a large number of unofficial supportive conversations.

Thematically the cases vary but more commonly involve issues related to behaviours and/or culture rather than patient safety concerns. The added pressure of Covid this year has seen a rise in wellbeing, infection prevention and flexibility related concerns.

The Freedom to Speak Up Oversight Group also supports work programmes associated with Freedom to Speak Up including the development of the strategy and associated implementation plan, the completion of the National Board self-assessment and ensuring appropriate promotion and engagement to support an open culture of raising concerns. Our Independent Lead Guardian is now supported by 10 Guardians, an increase since last financial year alongside a full time Freedom to Speak Up Lead Guardian.

The oversight committee developed and agreed upon the future objectives for the department to focus on 3 key workstreams

- **Review model for Freedom to Speak up/Cultural improvement delivery**
- **Widening agenda to connect with Service lines**
- **System work, external offer to wider system**

Following the initial experiences within the Covid pandemic, the team have focused on a number of proactive areas of work to support our workforce. This has included:

- During the celebration of Speak up Month in October, an A-Z blog of Speaking-Up (recognised and shared by the National Guardians Office)
- Speak Up Sessions were held around topics including discrimination, what stops us speaking up and supporting our culture (working groups having taken forward learning outcomes from these sessions)
- Vulnerability and Wellbeing Sessions held directly with services.

Doctors and Dentists in Training

The Trust produces quarterly and annual Guardian of Safe Working Reports and these indicate we are doing well in ensuring all the provisions and Terms & Conditions from the 2019 revised Junior Doctors' Contract are being followed.

Gaps are mainly evident within two rotas, as follows:

- Child and Adolescent Mental Health (CAMHS) Rota (On-Call)
- Adult Mental Health & Older Peoples Mental Health Rota (AMH-OPMH)

These rotas are held jointly with other Trusts and the longer-term management of the rotas will involve wider systems including other Trusts, CCGs and ICS systems. An overview and details of actions being taken to address are detailed below.

CAMHS – Out of Hours On-Call Rota

This relates to the CAMHS out-of-hours rota shared with other Trusts, though Solent employs the majority of trainees and consultants on the rota (other trusts involved include Southern Health NHS Foundation Trust (SHFT) for Consultants, University Hospital Southampton (UHS) for Consultants and Sussex NHS Foundation Trust for trainees; Solent employs the rota co-ordinator on behalf of all organisations.

There has been a significant improvement in the recruitment to Core Psychiatry and CAP (Child & Adolescent Psychiatry) ST4-6 placements. However, due to the revised Junior Doctors' Contract Terms and Conditions, and a proportion of trainees being LTFT (Less Than Full Time), some gaps still exist (though substantially reduced than the last few years). The gaps are managed by offering locums to trainees – who can cover on-call for Trust locum rates (rota coordinator manages a list of NHS 'bank' medical trainees). Where appropriate, the use of locums follows the Trust's 'acting down' Policy to support gaps identified which are then filled with trainees (as recruited nationally). The CAMHS Service has also taken a longer-term view regarding recruitment and retention, with steps now taken to engage with commissioners, and counterparts in partner Trusts to consider how we approach this need long term.

The CAMHS rota is a 2 -tier rota, with trainees at the 1st tier and CAMHS consultant psychiatrists as the '2nd' on call to provide advice and consultation. The consultants on the rota are employed by Solent (the majority), UHS and SHFT. However due to retirement and lack of success in recruiting to vacant posts, there is a shortfall of 3 consultants on the rota currently – which is being managed by all the involved trusts (so the weeks not being covered are being managed as locum weeks for the consultants).

AMH & OPMH Rota

This rota covers the East Hants patch, is a 'shift rota' system and staffed jointly by medical trainees and consultant psychiatrists from Solent & SHFT. Rota coordinator and management is predominantly held by SHFT and supported by a coordinator administrator from Solent NHS Trust. The junior (core) trainees undertake a shift-rota pattern, whilst senior trainees and consultants undertake an 'on-call' pattern.

The current status of the AMH-OPMH Rota is detailed below:

- The previous significant gaps have been largely reduced to almost 100% recruitment to Core Psychiatry. However, current gaps are linked with Ts & Cs (especially linked with trainees who are LTFT) and due to some IMGs (international medical graduates) being unable to take up their posts because of COVID-19 pandemic related reasons. The rota for senior trainees has not shown as much improvement in recruitment, and the hope (also nationally) is that the high recruitment to core training will feed into higher training in a few years. Consultant retirements have also been a factor

- Gaps are managed through locums – with trainees in the area taking up locum slots.

Placements in AMH & concerns regarding Quality of training – the DME has moved some training posts from the inpatient Orchard Unit in the context of there not being a sufficient number of substantive accredited consultant trainers. The situation is being monitored.

The Deanery (HE Wessex) undertook an online quality assurance visit in Aug 2020 due to the above concerns. The DME has submitted all the reports and follow-up reviews and the risk was closed by the Deanery in Feb 2021.

Similar issues of induction and supervision are currently being monitored between CD, People Directorate, HR and DME for LEDs (Locally Employed Doctors).

Trainee redeployment for COVID:

During 2020, as part of the initial response to the Covid pandemic, we experienced more large-scale trainee redeployment with a number of trainees within Community Paediatrics being redeployed to the acute hospitals across the patch. During the second wave of the Covid pandemic, we have experienced fewer trainees being redeployed. Following discussions with the trainees, they have now all reverted back to their training posts.

Positive developments:

- Within CAMHS, the DME has secured an additional new funded Core Psychiatry training post for Portsmouth CAMHS from Wessex Deanery – to start August 2021.
- The annual Trainees' Showcase (of QI/ Audit/ Research activity undertaken) was held (online) in Jan 2021. Despite COVID – there were 10 presentations of exceptionally high quality – and it was very good to see the excellent work in QI/ Audit/ Research being carried out by trainees despite the pandemic – and getting excellent support from supervisors and service leads to do so.

2.3 Reporting against Core Indicators

NHS Trusts are required to report performance against a core set of mandated indicators using data made available to the Trust by NHS Digital. The target threshold for indicators 1 – 5 are being met. Indicator 6 is just below the threshold at 94.5%. There are no target thresholds for indicator 7.

Indicator 1: The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period

Number of users followed up within 7 days of discharge from inpatient care													
Annual Threshold	YTD Actual	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Indicator 2: The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period

Number of home treatment episodes gatekept by crisis home treatment services													
Annual Threshold	YTD Actual	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Indicator 3: The percentage of people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral.

Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral													
Annual Threshold	YTD Actual	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
50%	78%	83%	60%	75%	40%	100%	100%	100%	86%	100%	20%	100%	89%

Indicator 4a: Improving Access to Psychological Therapies; Proportion of people completing treatment who move to recovery

Improving access to psychological therapies (IAPT); Proportion of people completing treatment who move to recovery													
Annual Threshold	YTD Actual	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
50%	58%	55%	52%	56%	59%	62%	61%	60%	60%	56%	59%	57%	63%

Indicator 4b: Improving Access to Psychological Therapies; Percentage of people who begin treatment within i) 6 weeks of referral and ii) 18 weeks of referral

Improving access to psychological therapies (IAPT); Waiting time to begin treatment within 6 weeks of referral													
Annual Threshold	YTD Actual	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
75%	99%	97%	97%	100%	100%	100%	100%	100%	99%	99%	100%	100%	-

Improving access to psychological therapies (IAPT); Waiting time to begin treatment within 18 weeks of referral													
Annual Threshold	YTD Actual	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-

Indicator 5: The percentage of patients aged (i) 0 to 15 and (ii) 16 or over re-admitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period

(i) Percentage of patients aged 0 to 15 re-admitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust													
Annual Threshold	YTD Actual	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
5%	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

(ii) Percentage of patients aged 16 or over re-admitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust													
Annual Threshold	YTD Actual	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
5%	4%	3%	3%	8%	3%	6%	4%	4%	3%	3%	1%	6%	3%

Indicator 6: 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

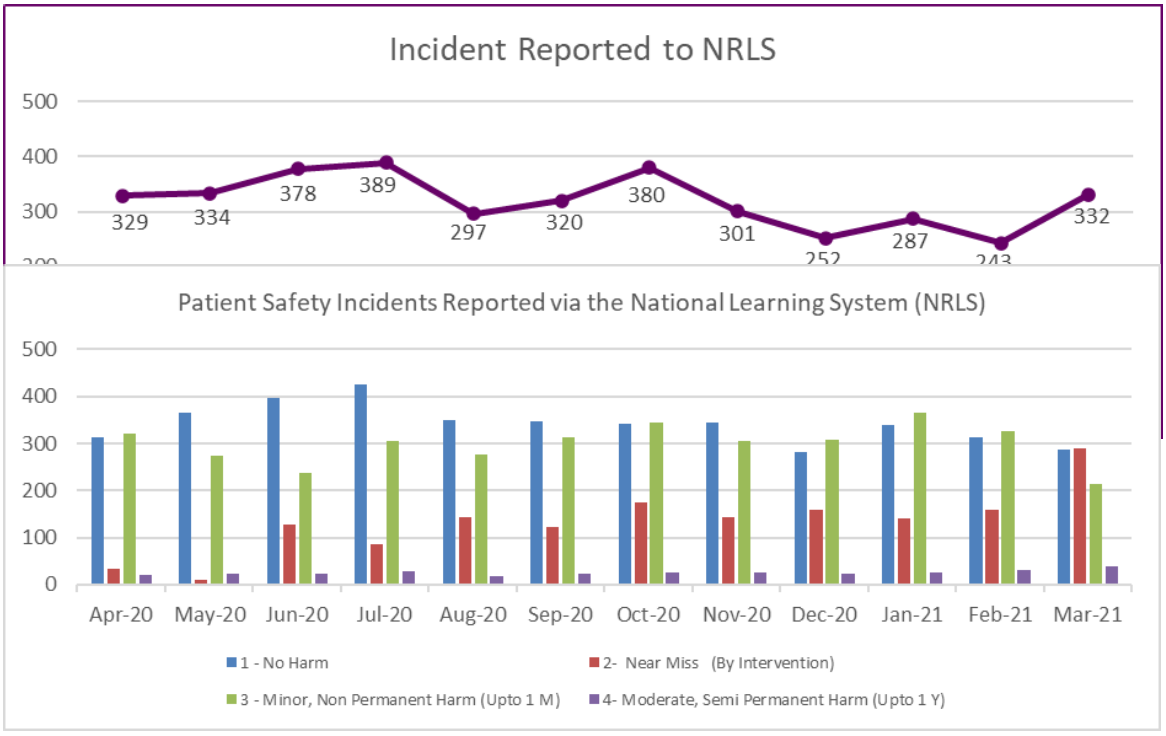
Percentage of patients 'Extremely Likely' or 'Likely' to Recommend Solent Services													
Annual Threshold	YTD Actual	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
95%	94.5%	97.1	96.1	90.3	96	90.9	95.4	96.6	87.1	91.5	93.9	96.0	89.0

Indicator 7: The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Indicator	2017-18		2018-19		2019-20		2020-21	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Patient safety incidents reported	4857	N/A	5056	N/A	6422	N/A	3842	N/A
Patient safety incidents resulting in severe harm or death	0	0%	0	0%	1*	0.01%	0	0%

**The number of severe harm or death incidents does not directly equate to the number of serious incidents (LfD section). Many of the Trust's serious incidents are moderate harm incidents and are sometimes downgraded following investigation.*

Incidents Chart 1: Incidents reported to the NRLS 1st April 2020 to 31st March 2021



Incidents Chart 2: Degree of harm for NRLS reported incidents from 1st April 2020 to 31st March 2021

Part Three: Other Information

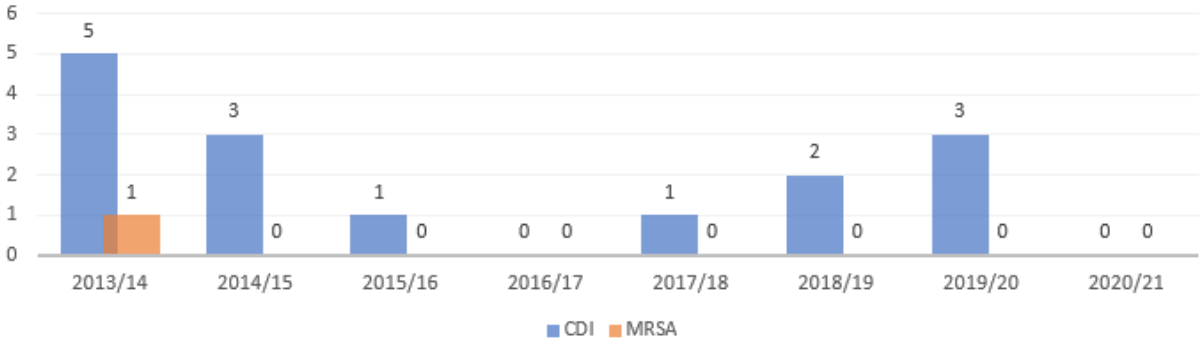
3.1 Quality Initiatives

Avoidable Healthcare Associated Infections (HCAI's)

Healthcare Associated Infections (HCAIs) can develop as a direct result of healthcare interventions or from being in contact with a healthcare facility. The term HCAI covers a wide range of infections including the most well-known such as Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile Infection (CDI).

We remain committed to a zero-tolerance approach to any HCAI. If any such infections occur a full investigation takes place so that any learning can be shared and implemented. The following graph illustrates numbers of MRSA bloodstream infections (MRSA BSI) and cases of CDI that have occurred within the Trust since 2013 to the end of 2019/20.

Chart 1: MRSA and CDI infections 2013 – 2021



During the continued Covid-19 pandemic, the specialist resource and expertise held within the Infection Prevention team (IPT) has continued to be heavily focused on supporting the Trust response and ongoing management of the situation. An aspect of this includes ensuring we have systems in place to identify incidents that may be considered health care transmission.

During the course of 2020/21, 9 inpatient SARS-CoV-2 outbreaks were declared which identified 5 probable healthcare onset cases, diagnosed at day 3 – 7 after admission, and 34 definite healthcare onset cases identified, diagnosed >15 days post admission. SI's are completed and lessons and learning identified is shared in order to prevent outbreaks from occurring again.

The Infection Prevention and Control (IPC) team continue to work collaboratively across the CCGs as well as the wider system and are members of the recently established STP Antimicrobial Resistance group. This model of collaborative working is recognised as a positive factor in the constant drive to reduce HCAI across the local and wider health economy.

The ability to access microbiological results in real time and disseminate these to the appropriate healthcare professionals and ensure timely actions are put in place demonstrates compliance with at least four areas within the NHS Outcomes Framework Domains and Indicators (Dec 2010). Due to the ongoing pandemic the IPT have had to adapt their ways of working. They have kept an oversight of community infections and prioritized timely follow up and review of MRSA Bacteremias. Mitigations in place are; any sample or test requested by a GP or Practice Nurse will have the result returned to them and for any inpatient being discharged the result should be noted on discharge paperwork. Overall there appears to have been a reduction in community infections. What is not yet clear is if this is a direct impact of the pandemic and the precautions that are in place, or if it is due to the public not wishing to access healthcare during these times.

For the purpose of ensuring compliance with the current MRSA policy the IPT undertake Point Prevalence Surveillance (PPS) each quarter. This is a named patient to screen match and demonstrates actual compliance with MRSA admission screening. Due to the demands of the pandemic this has been done every other quarter. There has been some areas with lower than normal compliance and extra support and training has been provided in order to remind teams of the need and importance to complete this screening process alongside the COVID-19 screening process.

The IPC team remains focused on quality improvement and use a variety of tools and measures to monitor compliance with the Health and Social Care Act (2008). To help us achieve this we have developed a valuable resource known as infection prevention link advisors (IPLA). The IPT strongly support the role of the IPLAs within all clinical areas with visits, additional training and workshops. 147 IPLAs currently work across our organisation completing spot checks within their service areas as well as keeping staff compliant with hand hygiene competencies. During the SARS-CoV-2 pandemic the IPT have continued to provide virtual workshops for the link advisors and have also provided a virtual train the trainer session with additional support identified and provided for new link advisors.

There are challenges with regards to the continued emergence of resistant bacteria and growing resistance to antibiotics so it continues to be more important than ever to reduce the spread of avoidable infection with good and safe practice within healthcare. We will continue to push the infection prevention agenda and enhance this by working collaboratively with neighbouring organisations.

Infection Prevention Team – Response to Covid-19

Over the course of the year the infection prevention team (IPT) have continued their significant response to the ongoing Covid-19 (SARS-CoV-2) pandemic.

The team have had to quickly adapt to become responsive and reactive to all situations. Covid-19 guidance has frequently and rapidly changed, often at short notice, and has required analysis and review before being implemented in a safe and effective manner. These were communicated out in a variety of ways and we saw an exponential rise in the amount of email and phone queries we received with a particular focus on staff fears and anxieties in relation to the pandemic. We approached this with empathy and understanding to enable us to respond appropriately, to allay fears and offer reassurance that all processes being followed would keep them safe.

Some of the work that has been undertaken in the response to the pandemic include;

- minimum weekly visits to inpatient wards,
- education sessions including upskilling, PPE, bespoke sessions for service lines,
- link advisor workshops and train the trainer programme, hand hygiene champion training
- training sessions for redeployed and international nurses,
- FIT testing across the Trust,
- weekly managers calls and the head of IPT has supported the interim CEO on weekly zoom calls.

Alongside the above, a positive shift to the use of virtual technology has meant the team have remined widely accessible to all staff within the Trust.

During periods of Covid-19 outbreaks daily outbreak meetings were held and incidents were reported where probable or definite healthcare acquired cases were identified. Provisional learning from these outbreaks include;

- Relying on infection control and not infection prevention measures will fail.
- Failure to prevent, prepare, detect, and manage leading to outbreaks that perpetuated.
- Lack of adherence to guidance remained.
- Frequently changing guidance.
- Learning linked to training and education.
- Managers not aware of and not enforcing guidance.
- Fear to challenge poor practice.
- Estate available.
- A passive attitude towards the spread of Covid-19

Surge capacity beds:

The IPT have worked closely with the estates and facilities department in the planning and implementation of surge capacity beds throughout the pandemic. This has often meant a focus to create the safest environment and facilitating the appropriate application of mitigating factors to ensure high quality, safe and effective care can be delivered whilst also maintaining staff safety.

Collaborative working:

Collaboration and communication across services has been key to successful working throughout the pandemic. We have worked extremely closely with the school nurses, children's services, teaching staff and local councils to find safe ways to facilitate children with complex medical needs returning to the classroom. This has been extremely challenging as education guidance has often differed from that of healthcare. With a collaborative approach, taking into consideration the needs of the child, other pupils, staff and the families, innovative ways of working have enabled to children to return in some capacity, even if requiring procedures such as aerosol generating procedures to support their return.

Portsmouth City CCG Service Level agreement:

As part of this service we have provided training and education to a number of care homes, nursing homes, domiciliary and care agencies in response to the pandemic as well as providing a FIT testing service to some. We have visited and offered advice to general practices regarding 'hot' and 'cold' sites, completed treatment room audits, monitor daily results, investigated two MRSA bacteraemias and provided multiple support to a newly appointed member of the CCG quality team in the way of emails, telephone conversations, meetings, signposting of guidance and joint visits.

Incident Reporting and SIs

Despite the challenge of the COVID-19 pandemic, the Quality & Safety Team have been able to make some significant improvements to the Solent incident reporting process.

As with other areas, there has been a need to prioritise resources and this includes our process of reviewing incidents.

All incidents requiring review are overseen by senior Trust leadership, either by our Associate Director for Quality & Governance, Chief Nurse, or Chief Medical Officer.

In the year 2020/21 more aspects of the review process are now undertaken through better use of Ulysses, our electronic reporting system:

All incidents continue to be managed via Ulysses, but this has been expanded through the year to include Serious Incident investigation reports, with action plans directly inputted into the system. As a direct result of COVID-19, changes to the incident reporting process were also implemented bringing further advantages, including:

- For our staff, reporting an incident is easier, and;
- For our patients, they can have greater confidence that an incident receives the most appropriate response and any identified learning is shared.

Analysis of incident reporting for 2020/21 to date, shows a drop in the number reported which coincides with the initial impact of COVID-19 in March to May 2020. Since then reporting rates have increased. However, figures for October to December 2020 are still below those reported in the equivalent period of October to December 2019 (as can be seen in Figure 1). Despite the temporary reduction during the first lockdown phase of the pandemic, there is an overall increase in incident and near miss reporting rates since April 2018. Further work is underway to investigate this further with consideration of the impact of the Covid pandemic.

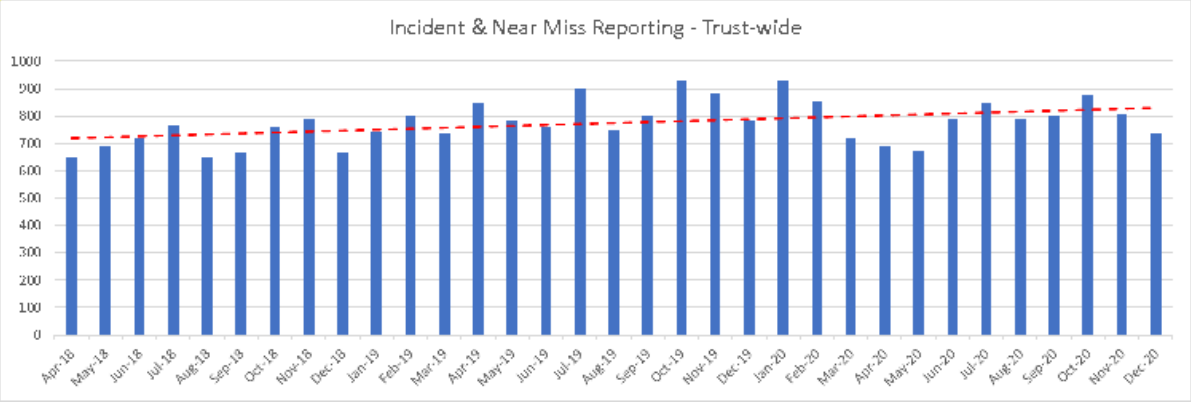


Figure 1 - Incident Reporting Trend – Trust Wide

Serious Incidents

There has been a reduction in the number of SI's declared in the current year (24), when compared with 2019/20 (49). This corresponds with reduced incident reporting and the effect that COVID-19 has had on service provision in Solent. The underlying causes of the reduction can be attributed in part to the following:

- A re-focus on the purpose of the Serious Incident Framework
- A greater use of alternative ways to review incidents, i.e. case reviews, high-risk incident investigations and Structured Judgment Tools.
- The reduction in some of Solent's services due to COVID-19.

Never Events

In Q2, a Serious Incident investigation was conducted on behalf of the Special Care Dental Service after a child had a wrong tooth extracted whilst under general anaesthetic. This incident constituted a Never Event.
In February 2021 NHS England published revised guidance on the classification of 'Never Events'. The amended list of incidents categorised as a Never Event no longer includes Wrong Tooth Extraction. However, the change is not retrospective, so this incident will still stand as a Never Event.

Excellence reporting

Excellence Reporting is available for all staff on the Ulysses System. Staff are invited to use this function to promote and praise excellent practice. There has been an increase in the number of Excellence Reports submitted in 2020/2021.

For example, by Q2 there had been 120 excellence reports submitted compared with just 100 in the entire 2019/20 year. Below is a pictorial representation of the main themes from the Excellence Reports received in Q2 (NB. the size of each word reflects the frequency it was highlighted).

Service	Summary of Identified Learning	Actions/Improvements Made
Adult Mental Health Services	Medication requirements not written-up in accordance with Solent Policy. Subsequently, not all staff were able to evidence competency in administration of medications and oversight/monitoring of medication.	All staff have received medications retraining, all medication administration records are now checked daily to ensure clarity and the newly appointed Chief Registrar will support the Service in a medications review.
	Referrals not always actioned due to the way they were processed in SystmOne.	The Crisis Resolution Home Treatment (CRHT) Team have changed the process for reviewing referrals from outside organisations. The SystmOne folder where these referrals are received is now checked daily by the Administration Team and three times a week by the Data Quality Lead.

Service	Summary of Identified Learning	Actions/Improvements Made
	After a patient experienced a fall at The Limes, communication and information sharing problems between disciplines was highlighted.	The Service has introduced a daily board review which will be multi-disciplinary to include a Doctor, Physiotherapist and Occupational Therapist to improve communication and accountability.
		Observation forms have been changed by consolidating 3 separate forms into 1 and have included patient sensor (bed beams or alarms) information.
	Inconsistency between prescribing approaches of different medics was not challenged when patient began to deteriorate.	The Service has implemented a strategy to support staff in raising concerns, helping them to feel empowered to escalate where appropriate, and ensure they understand the escalation process.
	A patient's Care Program Approach documentation did not reflect recent history of admissions, leading to staff dealing with each event in isolation.	Staff now take a more holistic approach to assessment in order to prevent re-admittance.
	There was not a robust procedure for ensuring action plans arising from Sis were monitored for completion.	The Service has instigated a monthly meeting with Portsmouth CCG to discuss the Action Plans from Serious Incident Investigations. The CCG representative described the progress made in completing the actions as fantastic and felt the approach taken was "really helpful".
Adult Services (Portsmouth and Southampton)	An Information Governance related incident highlighted that decontamination procedures were being followed inconsistently by a community team.	Changes were made to the procedures for handling syringe driver bags when they are returned to the Personal Protective Equipment (PPE) Hub. A decontamination algorithm has been shared with all teams and is displayed in the PPE Hub. A Learning poster was created to inform staff and has been posted on noticeboards and given to new starters as part of the induction process. An audit of the new processes has also been completed.
	When more than one syringe driver is in use, the possibility of mistakes occurring due to human factors is greatly increased.	The Community Nursing Team now number syringe drivers and create separate care plans to provide clarity when the same patient requires multiple drivers.
		The Community Nursing Team also ensure two staff members attend patients with dual syringe drivers and have reviewed their capacity plans for late shifts to accommodate this change.
	An investigation into a patient's DVT highlighted the importance of re-assessing Venous Thromboembolism risk and utilising VTE prophylaxis when clinical factors change.	Investigation led to an information poster being developed which was then shared with the patient. This poster was then shared more widely to cascade relevant learning.
Child & Family Services	Discrepancy in approaches to clinical procedures using nasal bridles was noted between East and West Teams, identifying a	The use of nasal bridles in a community setting requires appropriate training and competency. Training and competency have therefore been assessed and a new SOP was developed and is now in place.

Service	Summary of Identified Learning	Actions/Improvements Made
	gap in competency and training needs.	Accessible information for parents re. nasal bridles have been reviewed and is now available for parents.
	Legal options regarding treatment when a patient with mental capacity refuses care are sometimes unclear and therefore limited for staff across Solent, UHS and other statutory services.	Work on a pathway of care between CAMHS, UHS & 111 is ongoing, alongside the police, for situations where a young person has taken an overdose and is refusing emergency, lifesaving, treatment. This pathway will be shared across Solent's other Service Lines.
		Specialist Mental Capacity Assessment workshops, led by a forensic CAMHS consultant psychiatrist, are provided for Solent Teams and Police.
	Human error resulted in a referral process not being correctly followed, resulting in a delay in the treatment of a patient with an Eating Disorder.	Staff are now having regular updates on the eating disorders pathway. Initial assessments will be carried out by Band 6 or above registered professional.
		Plans have been in development to help families access support when under the care of the Eating Disorders Service.
	Safeguarding procedures were considered but not followed when a disclosure was made, and despite the concern being noted by the practitioner.	The Child & Adolescent Mental Health Service (CAMHS) Team have undertaken additional safeguarding training and have shadowed members of the Local Authority's Multi-Agency Safeguarding Hub to understand their roles.
Sexual Health Service	Investigation identified the Police inadvertently shared a Sexual Offences Examiner's (SOE) home address with a defendant. This was caused because the pro-forma documents included a field for the staff members home address rather than the address of the SARC Unit.	The pro-forma documentation has been changed to reflect the SARC address. Learning from this local incident was then subsequently shared nationally through the SARC network, to shape best practice.
Special Care Dental	As a re-count was conducted after clinicians changed positions a young person had the wrong tooth extracted. The protocol was found to be inadequate. NB, this is the only Never Event recorded in Solent NHS Trust in 2020/21. National guidance has since been changed to remove wrong tooth extraction from the list of Never Events.	The LocSIPPS for Invasive Dental Procedures have been amended to indicate that counting of teeth prior to extraction should be checked and re-checked if the following apply: a) the dentist has moved or, b) there is an interruption between the counting and the extraction, or c) s/he did not have a sufficiently clear view of the patient's mouth to confirm the tooth to be extracted.
		Administrative duties should be undertaken by staff in support roles and not by clinical staff to ensure they are fully focussed on the procedure they are about to undertake.
		Consent to treatment should be undertaken by the dentist who will undertake the procedure and the same dentist should obtain further consent if additional treatment is required following examination under anaesthesia.
	Staff response to an incident highlighted a lack of knowledge within this service of monitoring using NEWS2.	All staff will have NEWS2 training every 6 months and Clinical Medical Scenario training will be carried out regularly to ensure they are better prepared to deal with medical emergencies during or immediately after procedures.

Service	Summary of Identified Learning	Actions/Improvements Made
	There was an insufficiently robust process for checking medications taken by a patient prior to attending a clinic for treatment.	To avoid the potential impact of sedation on information provided by patients, a clear protocol has been established requiring clinicians to ask and record details of medications taken prior to attending clinic.
	A radiology incident demonstrated a communication error which resulted in a patient requiring additional x-ray treatment.	When a patient is referred to a different site for radiography, or a clinician is not in attendance, a radiograph request form is to be completed and an x-ray session opened on R4 for the radiography qualified Dental Nurse, to avoid errors being made.

Following a review of the Serious Incidents reported during 2020/21, key priorities for 2021/22 have been identified as:

- Quality improvement of the incident reporting and management process
- Meaningful compliance with Duty of Candour
- Training for staff
- Closure of actions and following up of learning to include analysis of impact on service provision

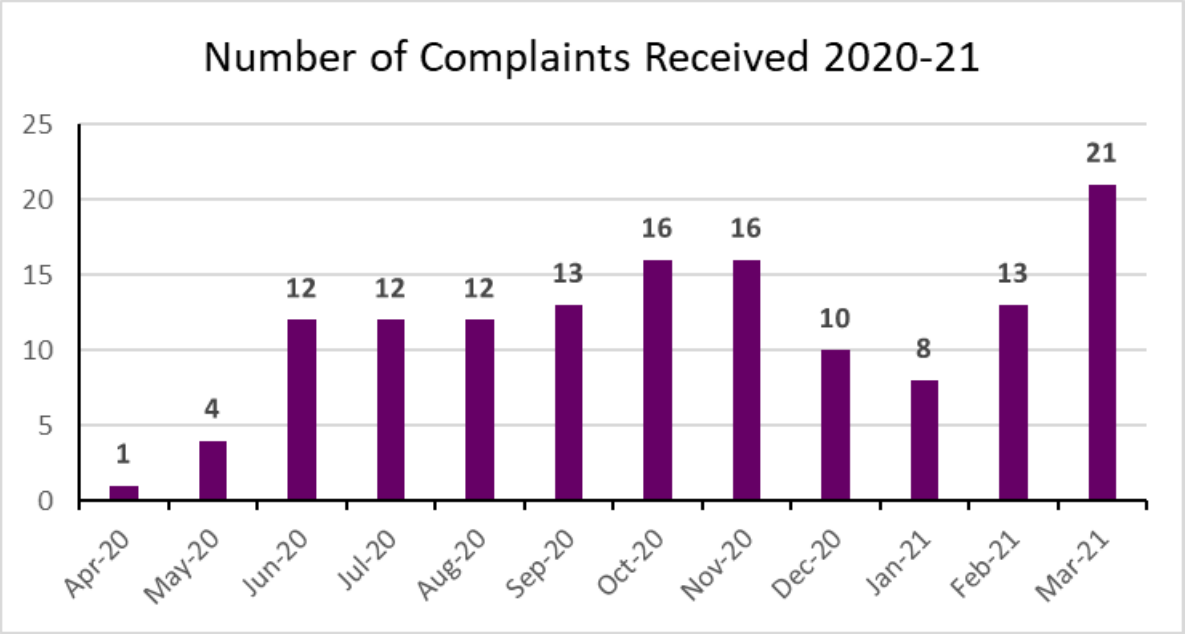
Complaints and Concerns

The Trust's approach to complaint handling is based on the principles published by the Parliamentary and Health Service Ombudsman (PHSO). These 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. These principles are:

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

During 2020/21 the Covid-19 pandemic meant that we had to make quick decisions and adaptions to the way in which we work and respond to formal complaints. During Wave 1, a high number of staff were redeployed within service lines; staff within the Solent PALS & Complaints Service also offered to be redeployed to help with the fight against the pandemic. We therefore made the difficult decision to suspend investigations into those complaints which did not involve a patient or staff safety incident. The team managed to close a large number of complaints in a short amount of time. Those complaints which did not involve a patient or staff safety incident were written to and were advised that we would be pausing the investigation into their complaint whilst staff were redeployed. Complainants were informed that we would write to them again when the situation eased and would be advised when we would be able to respond to their complaint.

Only a small number of new complaints were received into the organisation during this period. New complaints were logged and acknowledged. Anything involving a patient or staff safety incident was investigated, whilst the rest were paused and then resumed when normal services were able to return. This can be seen in the table below which shows the number of complaints we have received in the last 12 months:



We were only able to pause the complaints process once during the Covid-19 three waves; this was in line with the PHSO and NHS England guidance meaning that the complaints service resumed from September 2020. The service was required to adapt to new ways of working in response to ongoing restrictions.

Local Resolution Meetings (LRM's) were cancelled during this period, and services were unable to meet with complainants face to face due to government guidelines. We noticed a higher number of re-opened complaints during this timeframe. This could have been due to patient's receiving a written response from the Trust, rather than having face to face contact with services where complaints can be discussed and resolved in person.

We have had to adapt the way in which we work as a team due to working remotely and not at Headquarters. All new complainants are asked for an email address that we are able to send their signed response to, due to the team not having easy accessibility to a printer. The Acting Chief Executive Officer is also receiving all letters and complaints electronically by email for review, where as before, this was all done by paper. During Q4, particularly February and March, there has been a rise in the number of complaints being received by the organisation; some of these have been complex cases involving Adult Mental Health.

A summary of complaints received by category is summarised below:

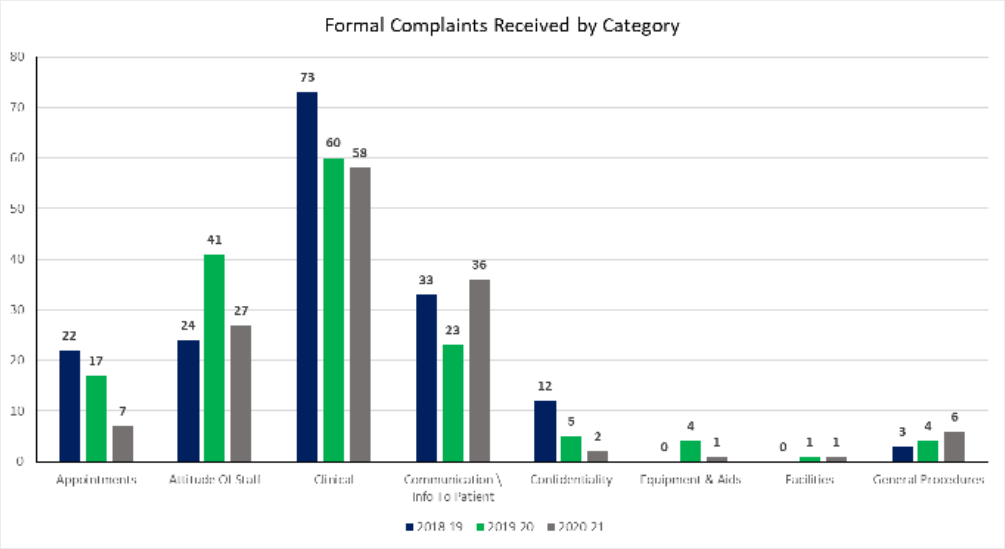


Table 1: Number of Complaints by Category type from 2018-2021 breakdown

	2018-19	2019-20	2020-21	Total
Appointments	22	17	7	**46**
Attitude Of Staff	24	41	27	**92**
Clinical	73	60	58	**191**
Communication \ Info To Patient	33	23	36	**92**
Confidentiality	12	5	2	**19**
Equipment & Aids	0	4	1	**5**
Facilities	0	1	1	**2**
General Procedures	3	4	6	**13**
Total	**167**	**155**	**138**	**460**

Key Learning from complaints is summarised below. The learning from complaints and concerns alongside ongoing monitoring, reporting to ensure learning is embedded is reviewed within the Experience of Care Forums.

Service	Learning from Complaints
Adults Portsmouth	As several members of nursing staff were involved in the patient's care, the complaint highlighted that there was unfortunately a lack of co-ordination and communication between staff members. As a result, processes were reviewed, and a more robust system has since been put in place. Learning from the complaint has also been shared within the team, and staff have been reminded on Trust policies. Admin staff have also been reminded of the importance of passing on medication enquiries to nursing staff as a priority, and these should be highlighted to a case manager.
Child & Family	Following a child incorrectly being giving the flu vaccination whilst at school when the parent did not consent to this, complaint was investigated as an incident and all staff involved in the immunisation programme have commenced refresher training. The service is

	also moving towards using an E-Consent system, where the forms are completed and triaged electronically; these measures should reduce the risk of this error reoccurring.
Adults Portsmouth	Following a patient being refused a home visit and feeling discriminated against as they are Muslim, the member of staff involved reflected on their communication style and how their approach and use of terminology was unacceptable. Member of staff will write a formal reflection with learning, which will be included in their personal file. All staff reminded of Heart values when communicating with patients.
Sexual Health	Following concerns raised about how a Dr treated a patient at their appointment and their communication style, Dr has reflected on the appointment and apology offered if the terminology used was not understood. The service will provide additional training and support for staff to ensure they are using correct terminology, in a way in which patients understand their treatment.
Child & Family	Following concerns raised about the advice given by staff member and delays in equipment being received for the patient, member of staff was asked to reflect on communication style. Service will be working with Hampshire County Council Therapy Team & Housing Department to resolve the issue. Service have also implemented a new template within their computer records to monitor ordering equipment and delays, giving staff better oversight to manage the experience more smoothly.
Adults Southampton	Following concerns being raised by patient's advocate about their dual referral into the team, service are currently in the process of working with Southampton City Council who will be purchasing and setting up a new system which will be more compatible with the Solent NHS Trust. In the interim, Solent staff are reminded to check both systems when answering queries for patients accessing the service.
Adults Portsmouth	Following concerns raised about lack of PPE being used by redeployed staff visiting a patient at home and not following Government guidelines, staff reminded that they should be calling the patient, prior to a home visit to triage and informing them of their visit. Staff also reminded of the importance of social distancing, and providing information on the correct disposal of PPE. Service line will also review any future redeployment of staff into the team, to ensure staff are fully briefed with expected standards and processes.
Adult Mental Health	Following concerns about the way in which a patient was treated by a therapist during an assessment, service reminded practitioners to have explicit and clear conversations with patients around their expectations. This information has also been added to the Terms and Conditions of Therapy document that patients receive, prior to commencing treatment. Manner of Therapist was explored further in clinical supervision, with support from their line manager.
Sexual Health	In response to concerns regarding treatment a patient was provided which caused them significant scarring, service have made changes to the post treatment care discussions undertaken, prior to treatment being received. This learning was communication to the wider team, through Locality Team Meetings.

Child & Family	Following concerns from parent that they did not feel listened to by staff about the patient, staff agreed that they should have listened to their concerns more, and communicated with them more effectively, particularly ensuring that there was an agreed plan, instead of assuming the family was happy with what had been discussed. This will be reflected on when treating future patients so families feel listened to.

The Complaints and Patient Advice and Liaison Service are now amalgamated with the Patient Experience Team as the Patient Experience Partnership. A new Experience of Care Lead has been appointed and will be leading on 3 key areas of Quality Improvement for the team: feedback, learning from complaints and training and support for staff and they will consider patient representative involvement.

Experience of Care

Our aim is to improve the experience of care of every patient, family member and carer of people who use our services by gathering, hearing and acting on feedback. In essence we simply want to involve people in ***everything*** we do.

We have three main core objectives:

Objective 1	Objective 2	Objective 3
Come to us – your patients: we shall provide a broader and more creative range of face to face feedback opportunities with a focus on people we seldom hear.	***Hear our story – and that of our families and carers:*** we shall develop the concept of community conversations, increasing the number and scope to enable more people to have their say.	***Do something with what we tell you - and tell us about what you have changed:*** we shall implement a system of recording and reporting what services have done with the gift of feedback from people who use our services.

To enable this to happen we have some supporting projects which will underpin this vital work:

- Working with the National Complaints Standard Framework to ensure that what people tell us is as the heart of everything we do
- We are currently piloting an Experience of Care lead to bridge the gap and provide synergy and a holistic approach towards gathering and receiving patient and community feedback. The hope is that this role will also help to improve our collection and use of experience of care data alongside safety and quality data
- Supporting family carers – working with Portsmouth Hospitals, Carers Centre Portsmouth and Adult Social Care pilot a way to improve early identification of carers and improve our understanding of the experience of carers.
- Experience of Care Pathways – lead the development of a system wide, local people, health, social care and third sector partnered approach to gathering and using feedback to improve the services we provide.

On 1 April 2020 – we purchased the new patient feedback system (CIVICA). This interactive system has allowed us to collate and analyse patient feedback. Regular training sessions have been developed to enable service lines to feel confident in using the system and a guide was produced to further support colleagues. In addition, a Task and Finish Group has recently been set up to identify what individual services need and want from CIVICA.

There is no denying that Patient Experience is further enhanced by the time and commitment given by volunteers and the kind gifts generously donated by individuals and businesses in the community. As a result some ward based activities have continued and as restrictions lift this will allow for more activities to commence. To ensure that patients from diverse

backgrounds are also catered for we have made a specific call out for people to donate puzzles/games/books/talking books to patients where English is not their first language.

Patient Led Assessment of the Care Environment (PLACE)

What is PLACE?

Good environments matter. Every NHS patient should be cared for with compassion and dignity in *a clean, safe environment*. PLACE assessments provide opportunities for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced. Introduced in April 2013, PLACE is the system for assessing the quality of the patient environment. The assessments primarily apply to hospitals providing NHS-funded care in both the NHS and private/independent sectors. The assessments, which focus on the environment and *not* clinical care, take place every year, and results are published to help drive improvements in the care environment.

PLACE 2019 Results

2019	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity & Wellbeing	Condition Appearance & Maintenance	Dementia	Disability
National Average	98.60%	92.19%	91.92%	92.62%	86.09%	96.44%	80.70%	82.52%
Trust Overall Average	96.36%↓	94.98 ↑	99.22%↑	92.02% =	89.50%↑	92.74%↓	88.04%↑	87.13%↑

The 2019 PLACE Report was published in February 2020. The report comprised of 8 domains (see table 1). Our local assessment reported our care environments as being above the average in 5 domains, about the same in 1 and below the average in 2 (cleanliness and condition; appearance and maintenance). The action plan to deliver the improvements in the required domains, and to share and learn from our areas of great practice is monitored and reported though the Experience of Care Forums.

NHS Digital informed the regular national PLACE collection would not go ahead in 2020 and the support from independent assessors would not be available. Approval to amend the position in 2020 was granted by Sir Simon Stevens; *we are sure you will appreciate that this is the best way forward given the risk to patient assessors and staff in undertaking the full assessment programme while the Covid-19 pandemic continues*.

NHS Digital announced: further work to develop and improve PLACE-lite mobile has been underway; An update to the module and guidance will be issued to reflect all changes made as a result of the review, and we will email out to announce when is launched. We are working on the assumption that this will form the basis of the 2021 assessments and will constitute improvements to data entry flow and refinements to the questions rather than any substantive changes to questions.

Safeguarding

Despite the new challenges created by the pandemic and the dramatic surge in safeguarding activity across the Trust, the safeguarding service continued to fulfil all of its roles and responsibilities throughout the duration of the pandemic; technology was used, as required to support the continuation of the service. During the year numerous developments were made to improve the quality of the safeguarding service. These included:

- Extension of the safeguarding advice line in recognition of the additional pressures and increased risk of safeguarding concerns being identified by staff
- The introduction of workbooks to enable staff to maintain their safeguarding knowledge and competencies. Training was subsequently revised and provided remotely to facilitate group work and improve transfer of learning
- The safeguarding team successfully responded to staffs' increased requests for case reviews, for increasing complex cases, to promote the best possible outcomes for children and families
- Safeguarding supervision was provided virtually to enable clinicians to reflect and learn from safeguarding concerns and to keep children and families as safe as possible.
- The Safeguarding Team provided quarterly professional practice half days to maintain staff knowledge and competencies; themes included domestic abuse in older people, training provision, case review, feedback on individual training, recent new documentation and the revised 4LSAB Policy and Guidance Procedures
- A bespoke awareness session was provided to Southampton's Enhance Emotional Wellbeing Practitioners. This provided a platform for the practitioners to further develop their safeguarding knowledge and competencies. NHS England lead for Emotional Wellbeing Practitioners was present and commended the safeguarding team on the presentation.
- During the first wave of the pandemic the safeguarding team made themselves available to provide advice to a local volunteer group on safeguarding issues
- During safeguarding week, two Zoom sessions were provided to further embed the Family Approach into practice, the sessions were also provided to the Community children Nurse team and the 0-19 service on the Isle of Wight. Lunch time awareness sessions were provided on Domestic abuse in the elderly and on Community Partnership Information Forms which are used to share information with the Police.
- Continuous adaptations to service provision were made in line with the national changes to the Prevent agenda

During the year the Safeguarding team also received two plaudits:

- NHS England's Head of Safeguarding recognised Solent's Safeguarding team's development of training workbooks to supplement remote training
- Southampton's Head of Service for Childrens, nominated the MASH team for their commitment, continued work and dealing with complex cases throughout Covid

Alongside Communities

Our approach to engagement and inclusion was published in October 2020. It was co-created with people from our local communities, patients, families, carers and members of our clinical teams across Solent.

During 2020, we set out to understand what matters most to local people about their community and mental health trust. Our efforts to engage with people was not hampered by the pandemic, but in fact helped us develop much easier ways for people to have their say. We worked with people of all ages and backgrounds, those of faith and those with none, and heard the stories of people with a range of abilities and disabilities, about how we could and should do things differently. As part of our discussions, our communities shared with us their health ambitions; that being to improve health, reduce health inequalities and improve the experience of using the services we provide. These have formed our three ambitions.

The ambitions are underpinned by the three things our communities have told us we need to do to achieve these ambitions:

1. **People participation** – involving patients, families, carers and people from the local community in everything we do.
2. **Community engagement** – reaching out to our local community to understand their strengths rather than just their needs

3. **Health equality –** making changes to make access to health and care services easier for all

With the support and guidance of local people, we have now developed our plan with our community to deliver those ambitions. This comprehensive plan provides a framework for us to work to, and a way in which we can effectively monitor and report progress. We are pleased to confirm that the implementation of our plan commenced in April 2021, and each quarter progress will be reported to the Engagement and Inclusion Committee, a sub-group of the Trust Board.

Covid-19 Vacinnation Programme

We were delighted, in mid-November, to be approached to be the lead provider for the creation and mobilisation of Covid-19 vaccination centres across the HIOW region. Whilst this in inevitably created challenges, we are extremely proud of the contribution we have made to support our local communities.

Following a period of planning, we opened the first site at Oakley road (CCG offices) in Southampton on 4th January 2021, initially as a Hospital hub, to vaccinate our own staff, Southern Health NHS Foundation Trust, Sussex Partnerships and social care staff. Following this, we then opened as a wider vaccination centre for the general public on 26th January 2021, complimenting vaccination provisions at GP-led and hospital services across the region. This has been followed by the opening of a number of centres across Portsmouth, Isle of Wight and Basingstoke.

The full details of the delivery of this programme can be found within the Solent NHS Trust Annual Report 2020/21.

Learning during the Covid Pandemic

Recognising the unprecedented times, we have been working through as a result of the Covid pandemic, the following captures the learning we have identified and shared across our Service Lines and Corporate Services over the last 12 months. Work to understand both the impact and opportunity for learning continues.

Adults Services Portsmouth

Our COVID-19 Response

How Covid impacted our team

The pandemic had a significant impact on workforce staffing due to COVID related sickness. There was additional pressure on staffing due to stepping up additional bed capacity and managing a redeployed workforce. The service has been able to maintain safe staffing levels during this time, with colleagues returning to work after sickness.
We have also responded to the COVID in the community by developing a range of COVID specific services and responses, including partnering Long COVID clinics and a Virtual COVID Ward.

OUR RESPONSE – *what have we done differently?*

Wellbeing
Sickness rates increased in service and staff reported COVID anxiety. As a response, a wellbeing lead has been building our wellbeing champion network within Portsmouth and introduced initiatives to support staff such as creating a 'wellbeing space' allowing colleagues to virtually drop in under the banner of 'you matter, we natter'. The Freedom to Speak Up guardian also devised a survey to understand wellbeing requirements and we introduced a weekly communications poster with positive key messages.

Senior Ops Cell
A Senior Ops cell has been set up for senior leaders to be responsive and able to adapt the service according to the ever-changing position.

Patient Isolation
The inpatient wards have been adaptable and reactive to the ever-changing guidance to keep staff, patients and visitors safe. Visiting is risk assessed and visiting is managed to reduce the footfall through the wards.

Community Teams
The Community Locality teams have been reconfigured from three teams to two, to ensure safe staffing levels. The teams have encouraged remote working, preventing the need to return to base for handovers.
The Locality Teams reconfigured from North, South and Central locality to two teams called Nightingale and Seacole.

Discharge Hub
As part of the National 3 hr discharge requirements document a discharge hub was set up within St Mary's this allowed for Solent to develop a 'Pull' model to the community from the acute. This service is manned 7 days a week 8am-8pm. This has been successful in significantly reducing the Medically Fit for Discharge List (MFFD) list. This service is now a permanent service and has subsequently been Quality Impact Assessed.

OUR REFLECTION/ LEARNING – *what does the future hold?*

Incident Reporting
There has been a decrease in incident reporting which is to being monitored and reviewed by the service with the Quality and Governance Team.

Training
There has been a reduced capacity in the provision of face to face training that will continue until restrictions are fully lifted.

Meetings
All non-essential meetings were cancelled, and a streamlined ASP Board introduced for governance. Reduced demands for corporate reporting freed up capacity for planning and mobilising the COVID response.

Survival Packs
The community teams have produced wellbeing packs for clinical staff to provide information on wifi availability, toilet locations and places providing food and drink around the City. This initiative is to be replicated by other service lines.

Quality
Matrons group is now established. This is a monthly professional forum to share, learn and discuss professional standards and focus on quality issues.

Remote consultations
Teams responded quickly in adopting new remote ways of connecting with patients, including telephone assessments and reviews, video consultations via a variety of digital applications. For COPD patients can now engage with online digital group sessions. As we return to BAU, elements of this provision will remain, improving patient choice and efficiency of services. Our Pulmonary Rehabilitation designed a virtual version of their rehab programme using zoom and delivered this to patients throughout the pandemic. They have now been able to prove, through a service evaluation, that this delivers improved outcomes for patients, when compared to national data and venue-based rehabilitation. Patients have found attending online classes removes some of the barriers to participation, and the team is looking to continue a digital offer alongside venue-based courses.

Children and Families

Our COVID-19 Response

How Covid impacted our team

There has been a significant increase in waiting times due to several activities adjusted/suspended to protect patients and staff as staff were redeployed to urgent Covid focused work or estate was utilized for other purposes. Waiting lists are being scrutinized and risk assessed, based on the implications for patients and for Trust performance against referral to treatment times (RTT). Services have a RAG rating system to identify children who require prioritization for intervention. There has been a continuation of care for all 'red' rated services. The Safeguarding service continues to raise concerns with a rise in domestic violence reported. More have been identified by school nurses, teachers and other professions since returning to schools. Complexities of cases and numbers of abuse are a cause for concern. Mitigation includes arrangements in place to prioritise face to face visits with those most at risk through close collaboration with partner agencies to monitor the most vulnerable. The Child and Adolescent Mental Health (CAMHS) service is seeing an increase in self harm, suicidal ideation and eating disorders. There is also an increase in waiting times for Neuro developmental assessments that was already a service high in demand prior to Covid.

Our response - what we have done differently

Picture Materials

The therapies service has produced excellent materials which can be used with families in order for speech and sound assessments via video links.

Hampshire Equipment Store

Following on from previous escalation relating to the complexity of the equipment ordering process for children, a new pilot has been instigated with Hampshire CCGs which is working well.

0-19 Isle of Wight Services

In November the Children's and Families service line mobilized the induction of staff and services into Solent. Early feedback is good with lots of additional training and support in place for staff transitioning from one provider to another.

Remote Consultations

The introduction of remove consultations has received mostly positive feedback from families and has led to a reduction in DNA rates. Services will be keeping remote consultations in some form as well as some virtual groups which have received positive uptake. The Continence Team have seen similar and some improved outcomes through working remotely.

Virtual Meetings

A number of cross service line meetings have had improved attendance following the introduction of Zoom and MS Teams meetings. Staff feedback indicates that people are more likely to be able to attend when unable to travel. These meetings will be retained in combination with some face to face.

CAMHS Services

An enhanced hours service has been provided to help support the acute hospitals to ensure young people who do not require admission for physical health or are a high risk, can be seen in a community setting.

Our learning

Safeguarding
Mitigation arrangements in place in close collaboration with partners to monitor the most vulnerable during times of limited access to schools and home visits.

Waiting Times
There is a significant increase in waiting times within Neurodevelopmental rehab and continence. There is an expected surge in therapy referrals during the Autumn term.

Communication with Families
Family expectations following wave 1 appear to indicate a lack of understanding relating to increased wait times. There are plans to incorporate communication with families as part of recovery planning from wave 2 to manage expectations.

Understanding from Feedback

CAMHS

There has been a significant rise in the number of children and young people being referred to CAMHS since September. Many of these are children with eating disorders but other mental health issues are also present. This has highlighted a regional and national lack of Tier 4 beds for CAMHS service users which requires support outside of Solent ot resolve.

Priorities for the Future

Participation

The service line will be focusing on the participation strategy ensuring the voices of children and families are part of any service line developments.

Digital Strategy

The pandemic has highlighted the need to improve the patient facing digital offer such as websites and use of social media. This will be linked with the participation strategy as a quality objective for 21/22.

Dental Services

Our COVID-19 Response

How Covid impacted our team

Waiting lists have significantly increased due to adjusted/suspended activities following advice from the Office of Chief Dental Officer. Urgent Care hubs were set up in a small number of sites whilst routine care was suspended. Waiting lists are being scrutinised and risk assessed with risks raised on the risk register that looks at both the implications for patients and for Trust performance against referral to treatment (RTT) times for General Anaesthetic (GA) services. Discussions were maintained with providers to ensure urgent GA patients could still be seen. Inhalation Sedation was suspended briefly, and reinstated for anxious patients to mitigate against very limited access to GA. Intravenous Sedation (IVS) fluctuated throughout the pandemic however was reinstated at the earliest opportunity to increase options for special care patients unable to tolerate routine care under local anaesthetic.

OUR RESPONSE – *what have we done differently?*

Routine Swabbing of GA Patients

GA patients must have a negative swab prior to treatment according to elective care pathways. The service introduced a variety of options including swabbing at home for patients who were unable to tolerate swabbing. There was an impact on activity due to a reduced ability to fill slots where patients cancelled at short notice.

Swabbing

This is likely to remain part of the elective care pathway for some time, however periods of self-isolation prior to surgery have gradually reduced from 14 days to 3 days.

Remote Consultations

This has allowed the triaging of urgent care need and will remain as part of the patient journey. It has been a good way to keep in touch with special care patients who find clinic appointments stressful. This has also been used to add value to best interest meetings, allowing more parties to be involved. Remote consultations are also being used to prioritise patients and update clinical information as part of the GA reassessment pathway. Remote consultations will be retained as a method for prioritising clinic and domiciliary patients.

Fallow time

The requirement to leave an hour fallow time between appointments where an AGP has been undertaken has limited throughput significantly. Air exchange units have been purchased and systems of use prepared. Additionally, suction units are being serviced. When complete, fallow time will be reduced to 30 minutes in line with the Office of the Chief Dental Officer guidance.

OUR REFLECTION/ LEARNING – *what does the future hold?*

Waiting Lists

First contact with new referrals will be remote. A screening proforma has been developed to ensure only patients who meet our criteria are offered a face to face appointment. Teams have been encouraged to discharge patients at the end of a course of treatment where they would be able to access care within the General Dental Practice setting.

GA Service

Collaboration with secondary care during Covid has been a positive experience for staff and patients. Urgent cases have been managed through emergency theatre pathways. It is hoped that joint cases will continue, offering training opportunities for our special care staff.

Learning Disability Workstream

Accessible information resources have been expanded and updated to reflect Covid changes. Attention has been paid to ensure reasonable adjustments are built into the GA pathway.

Redeployment

Staff experiences during wave 1 were used to shape redeployment in wave 2. Staff felt better supported if they spent time within their own bases. Support mechanisms improved staff health and wellbeing whilst partially redeployed. Placements were chosen to better suit skillset. Training was also shaped to meet their existing skills and learning needs.

Incidents reported over the pandemic have provided learning in the following areas.

Human Factors **Professional Challenge** **Shift in mindset and maintaining focus on patient care**

Special Care Dentistry Patient Feedback Received

I am so grateful to you both for the highly skilled professionally friendly care given to me by your both yesterday morning. Words are truly inadequate so please be encouraged, you are truly @Gods Angels' at this time of great need for sensitive love and compassion.

Just a simple card sent from the heart. I met the dentist and her assistant; well I can't thank them enough. They were wonderful, caring and spoke to me so nice. Two lovely dentist ladies you got there; they are a first-class credit to your dental practice.

I would like to say a big thank you to you and all of the team who are there giving hope to people who suffer from such distress from their teeth in such trying times.

Extremely grateful, happy that he was able to eat his breakfast without being in pain as he has not been able to enjoy his food prior to seeing dentist.

Mental Health

Our COVID-19 Response

How Covid impacted our team

The same day case and support services for Community Mental Health Team (CMHT) /Learning Disability (LD) patients is no longer open and impacting on patient support and safety as well as an increase in carer stress. The service is linking with the local authority and will escalate issues through the safeguarding process. The position is being reviewed with the council and IPC team however only 50% capacity is possible in most settings.

OUR RESPONSE – *what have we done differently?*

Excellence Award

Staff on the Brooker Ward have received an internal Excellence Award for their improvement in infection, prevention and control measures associated with Covid-19

Board to Floor Visit

A virtual visit was undertaken on Brooker ward which enabled the ward team to meet Board members and discuss their areas of work. This visiting model is to be piloted elsewhere for three months.

Medicines Management Incidents

A deep dive was completed in July 2020 and a full analysis undertaken to review themes, actions and potential blocks in reducing medication incidents.

OUR REFLECTION/ LEARNING – *what does the future hold?*

Incident Reporting

It is evident that there is a reduction in the number of incidents reported within Mental Health, particularly within ward areas. Further analysis against the number of contacts will be undertaken with the Quality and Governance Team.

Staffing Pool

Services were unable to support the wider efforts during the pandemic due to not being able to safely stand down many services or being easily supported by other areas. A staffing pool is being considered for this reason.

Positive Outcomes

- Workforce demonstrated commitment and flexibility. Community services quickly moved to remote working, Psychologists in Intensive Case Management Team, Crisis Resolution Home Treatment (CRHT) was stood up, CRHT and A2i moved sites. Staff had to understand and cope with ever changing PPE guidance whilst rapidly changing usual ways of working. On call managers shifted duties when required to provide significant support to staff groups.
- Increased emphasis on service engagement with a service line Covid mailbox and twice weekly team leader meetings set up to catch up with the Senior Team
- Continuation of CRHT service improvement project throughout the pandemic.
- Closer system working with significant reduction in patients placed in beds outside of the Solent footprint. Providing and receiving mutual aid from other providers including Southern and Isle of Wight. A joint approach to providing services outside of usual challenges.
- Hybrid model of working partially from home with opportunity to work in an office/clinical environment set up for groups previously base working.
- Leadership Team communication is key to staff feeling heard.
- Community staff moved to support inpatient wards during wave 1. Staff provided a good response to support presenting needs, working in CRHT and Community by end of the year.
- Therapies and appointments switched to remote service. Worked with IT to obtain tablets to lend to patients to enable attendance at therapies. A Pompey Centre is being set up to allow patients to attend therapy sessions from our premises.
- Prescription collection intervals for patients receiving substitute prescribing from the Substance Misuse Service were review and delivered to patients where required.
-

Negative Outcomes

- More staff groups are required to provide support to burnt out workforce, more evident in junior staff although increasing in more experience and senior workforce due to persistent nature of the pandemic and the need to support teams throughout.
- Reduction in face to face may have a negative impact on relationship and training. There has been a significant struggle delivering some training with feedback received that staff have felt disconnected due to remote working.
- Workforce working from home has led to an increase in stress and pressure both to people working at base and those at home.

Integrated Learning Disability Service (ILDS)	
Long Covid-19 Clinical Established	**Support**
The ILDS have responded creatively to the changing physical health needs of its patients during Covid, including arranging access to PCR testing, monitoring patients with Covid and alerting other health professionals to the needs of the group.	The ILDS have been active in supporting its users, carers and providers to understand and cope with changing national guidance and restrictions including: • regular wellness checks with individuals • regular reviews of provider positions • providing accessible information • creatively using social media • delivering a regular newsletter.

Primary Care, MSK, Pain, Podatry & SPA

Our COVID-19 Response

HOW COVID HAS IMPACTED OUR TEAMS

Our Primary Care Service Line (our GP Surgeries, Single Point of Access (SPA), Musculoskeletal Physiotherapy (MSK), Pain and Podiatry teams) embraced the need to make safe and responsive changes to service provision during the pandemic.

We played to our strengths, lived our HEART values and have worked (virtually) together to deliver care to those most vulnerable, whilst supporting other priority services by means of redeployment within the Hampshire and Isle of Wight system.

Our people have gone above and beyond to embrace new innovative ways of working, learn different skills and change their working practices for the better. This has helped us to grow and develop as a service line, making us stronger and more resilient going into 2021. We are passionate about 'not going back' to the way things were before and using all we have learned and reflected on to move forwards together, for our patients and our colleagues.

OUR RESPONSE – *what have we done differently?*

Virtual Technology

- We have enabled clinical and non-clinical staff to work remotely – sourcing laptops and hardware.
- 60% of MSK consultants moved from face to face (F2F) to virtual telephone or video calls.
- Our MSK services have embraced using digital exercise or treatment platforms such as 'physio tools' & 'MSK assist', enabling us to remotely rehabilitate and manage a patients treatment pathway.
- Our GP surgery have embraced using 'Econsults' to triage and assess a patient's health needs. The number has risen from a couple of hundred pcm before Covid, to over one thousand now. On average 40% of these can be dealt with on the same day without an appointment – saving clinician appointments and providing a quicker response to patients.
- We have also encouraged the use of 'Accuryx' text messaging to communicate with patients (e.g. pathology results or sending pictures of dermatological or visible conditions).
- We have created a library of online resources for patients to access at a time that suits them.

Service Changes

- Staff from across the service line were redeployed: either to vaccine centres, the acute trust or other priority services within the trust.
- MSK services based at the Queen Alexandra Hospital in Portsmouth moved out of their premises to provide additional capacity. They prioritised providing care to patients triaged as urgent or those that had an uncertain pathology.
- Pain, Podiatry, MSK and GP Surgery moved out of the Adelaide Health Centre in order to provide additional inpatient capacity within the Southampton system.
- The GP Surgery also moved out of their Portswood site to allow it to become the 'hot' Covid hub for the city's GP surgeries. This allowed suspected Covid patients to be seen separately, from other patients across the city needing primary care.
- All multi-disciplinary team meetings moved to remote/virtual, meaning we were no longer bound by geographical location. This increased attendance and accessibility.

Vaccine Mobilisation

- Staff were deployed to support the mass vaccination centre efforts in Southampton, Basingstoke and Portsmouth.
- Our GP Surgery supported their Primary Care Network (PCN) with regards to operational support and workforce to mobilise delivering the first Pfizer vaccines in mid-december.
- We collaborated with system partners, other PCNs and internal Solent Teams to allow the use of the Adelaide Health Centre and the Royal South Hants (RSH) estate for vaccine delivery during evenings and weekends. This ensured large volumes of vaccines could be given safely in one go.
- To date South Central PCN has delivered over 10,000 vaccines, both at the RSH and through mobilising pop-up sites at Mosques and Gurdwaras.

Staff Wellbeing & Support

- We've prioritised staff wellbeing and making use of Occupational Health & Wellbeing support and guidance.
- We've worked with the trust to develop the 'i-care' app and have a say in future wellbeing initiatives.
- Individuals across the service line have become qualified 'Mental Health First Aiders' (MHFA), ensuring the mental health of colleagues is supported and signposted to support.
- Teams have structured in time for 'water-cooler' conversations and informal time to talk and listen to each other – enabling experiences to be shared and staff to feel supported in their different ways of working.

'Thank you so much for deploying staff to our service, they have hugely aided patients' recovery. They felt cared for by people who really knew them. We would like to say a huge thank you or the wonderful care provided – it has supported both our staff and patients during this challenging time'.

University Hospital Southampton

OUR HEADLINES- *what have we learnt?*

1. Technology can really help us to work differently and innovatively
2. Patients need support and encouragement from us to try new or different ways of seeking health interventions.
3. Not all clinical interventions need to be face to face- we can provide a large proportion remotely, either over the phone or via video consultations. This increases accessibility for patients, reduces estate usage and creates more flexibility for staff and their work-life balance.
4. 'Front-loading' our referral processes by having senior clinicians earlier on in the pathway can ensure patients get the right diagnosis or care quicker, with fewer repeatable interactions.
5. RAG rating our caseloads and waiting lists ensures patients are kept safe and their needs are prioritised.
6. Our staff and leaders benefit from being brought together and given time to discuss challenges and celebrate successes.
7. Wellbeing must be prioritised and given structured or regular time, occupational heath and wellbeing can really help us support people.
8. Redeploying staff is not necessarily a bad thing- individuals have come back with a new perspective and new skills that we can learn from and imbed in our services going forward.
9. Virtual consultations are not suitable for everything, but they can really help us prioritise those most at need and ensure others are kept safe.

REFLECTION– *what does the future hold?*

Recovery & Restoration

- Redeployed staff will return to service in April 2021
- Regular infection prevention reviews (with regards to PPE or estates) will ensure staff and patients are kept safe.
- An estate usage reviews will assess which sites we need to go back into and which sites we can flex our service model to meet patient need.

Quality Priorities

We will:

- Prioritise bringing services back up to capacity by working differently and being innovative.
- Further digitalise and maximise remote access to increase capacity where appropriate.
- Continue to offer flexible work schedules to include some face to face clinics and working from home to improve the work life balance of staff.
- Continue to involve staff and patients in any changes to services, pathways or provisions.

Waiting Lists

Due to capacity being reduced due to staff redeployment and estate capacity, waiting lists have grown.

- We will continue to prioritise patients according to clinical urgency and need, ensuring safety.
- We will communicate proactively with patients to manage their expectations of wait times.
- We will recruit additional temporary or interim staff to try to decrease waiting lists.
- We will procure additional diagnostic capacity to ensure patients that have waited for scans will now receive them in a timely fashion.

Vaccination Delivery

- We will continue to deliver vaccines within the South Central PCN, moving down through the cohorts to ensure patients receive their vaccinations as soon as possible and our communities are kept safe.
- We will continue to allow our estates to be used collaboratively across the city for the system Covid response.

Sexual Health

Our COVID-19 Response

How Covid impacted our team

The pandemic brought about some unique challenges for Sexual Health Services. Our Sexual Health Services responded rapidly to constantly changing guidance from national bodies and were able to swiftly implement new robust, safe, and effective ways of working to keep our patients and staff safe.

Staff showed resilience and tenacity when faced with the prospect of redeployment to different areas and working shifts patterns that in some instances they had not worked for many years. They embraced learning new skills and showed tremendous support and unity when working in times of constant uncertainty.

Despite seeing an increase in waiting times for some of our services including Vasectomy and Psychosexual Counselling, the team worked tirelessly to realign services and reduce waiting times to normal parameters within 6 months of the first lockdown ending.

Our response - *what we have done differently?*

British Pregnancy Advisory Service (BPAS)

There has been a reduction in the number of face to face reviews on new patients which presented a risk as part of the medical termination pathway. A national thematic review was conducted and rapid changes to the pathways were implemented to improve patient care. Pathway changes were shared with the CQC and commissioners. The new BPAS pathway is under constant review and we are working with commissioners to confirm ongoing pathways.

SPA

Online booking was suspended to manage demand. This saw an increase in the number of patient's calling SPA to book their appointments. Changes in SPA telephony have affected the ability for them to report against their KPI and for the service to be able to record calls.

Self-Swabbing

Prompt initiation of self-swabbing in SARC and the introduction of telephone consultations with clients except where there was a clinical need for face to face consultation.

Feedback Mechanisms

Staff have embraced new feedback mechanisms initiated during Covid, including a bi-weekly senior leadership huddle, weekly staff Q&A sessions and 'coffee and chat' to support staff wellbeing.

Primary Care Network Collaboration

The service worked with Primary Care Network (PCN) to support with the management of the number of patients requiring appointments for Long Acting Reversible Contraception.

HIV Care

Care continued throughout lockdown, changing from face to face, to telephone appointments for stable patients.

Infection Prevention and Control

Complying with infection control measures has meant a reduction in the number of appointments available with the service.

Our reflection / learning – *what does the future hold?*

Translating Services

Face to face translation services have not been available. This is a key issue in some services for specific procedures and patients and has led to delays and impacts on patient experience.

Quality Impact Assessment (QIA)

A QIA was approved to develop a suite of Tik Tok videos to increase engagement with young people.

Mobilisation

Mobilisation of the Isle of Wight Sexual Health Service was achieved during the first lockdown.

The service was successful in the rapid implementation of medication by post including contraception and treatment for sexually transmitted infections.

Patient feedback on this initiative included:

Adult Services Southampton

Our COVID-19 Response

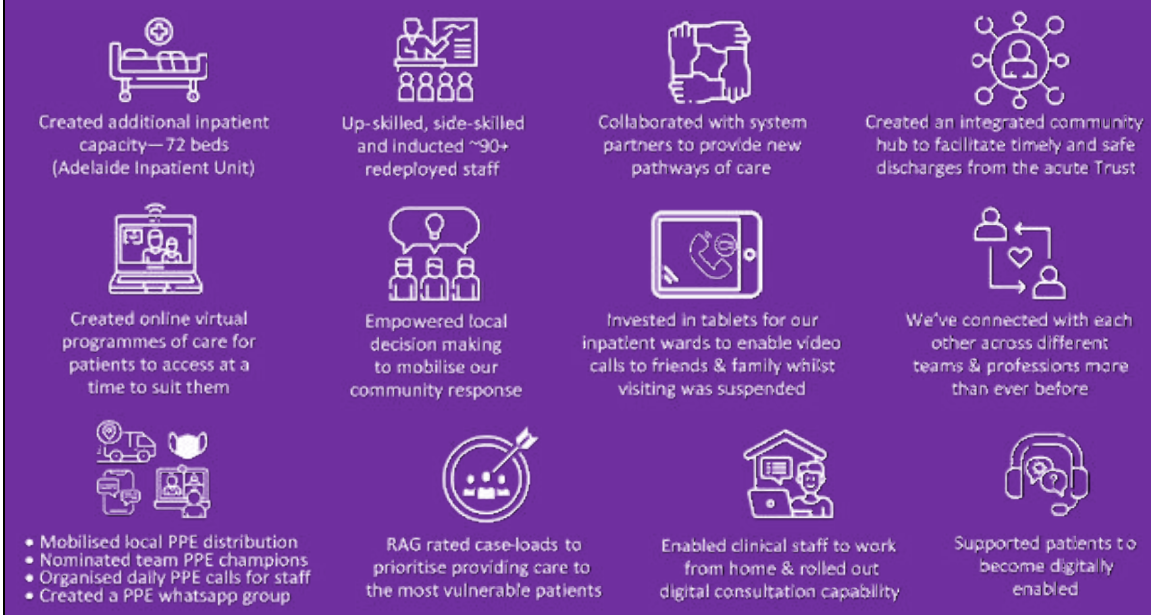
INTRODUCTION - *How has COVID-19 impacted Adult Services Southampton?*

The pandemic presented our teams with many opportunities to demonstrate the values which reflect the NHS constitution, such as compassionate care and responsiveness. In return, it is crucial we celebrate the innovative approaches that our teams have taken, to adapt and thrive.

Our Adult Southampton Service Line teams embraced the need to make positive changes during lockdown. To do this we all had to develop new skills, show a willingness to work outside of our comfort zones and gather feedback from patients.

Now stepping into the future and looking to create a better norm, our aim is to #keepthegoodthings and embrace transformational change with open minds and confidence. There is a real feeling of pride within the teams because they have tried new ways of working, which would have felt impossible pre-pandemic.

OUR RESPONSE – *What have we done differently?*



"Continuing to connect with each other will be key to successfully resetting our services, preparing for future challenges and working innovatively to support patients".

OUR HEADLINES – *What Have We Learnt?*

1. *Not All Care Needs to Be Delivered Face-to-Face*
2. *We Realised Our Teams Could Work Better Together*
3. *Our Wellbeing & Acknowledging Staff Concerns Is Crucial*
4. *Staff Benefited from Practical Infection Control/ PPE Training*
5. *We Can Make Rapid Change In A Safe Way By Trusting Our Teams*
6. *Virtual Consultations Require Additional Communication Skills*
7. *Staff Need Digital Up-skilling & Engagement, Not Just Delivery*
8. *Patients Will Embrace New Technologies If They Feel Safe & Supported*
9. *We Can Offer Greater Flexibility To Our Workforce*

CO-PRODUCTION – *What Have Our Patients Said?*

We spoke to our patients to learn about their feelings and experiences at the start of lockdown, during lockdown and how they felt about the future...

At The Start Of Lockdown	Now I've Had An Appointment	How I Feel About Remote Consultations
'I felt isolated and fearful whilst I waited for my appointment'	'The team contacted me so I was informed & felt reassured knowing what they were still doing & what they couldn't'	'I'm not good with tech, I worried I'd muck it up. But it's new to staff too so we learned it together'
'I knew the community nurse would find a way to still see us'	'I feel safe, but I'd be terrified of going into hospital due to the risk of COVID'	'The online 'Activate Your Heart' programme was great, it's the first time I've enrolled in an online programme– very positive experience'.
'I didn't know what was happening, I couldn't go to the GP & I had to call an ambulance'	'I feel supported and calm. I couldn't have asked for a better service during this time'	'I'd rather wait for a face to face appointment'

WORKING TOGETHER – *How did our colleagues feel?*

'How can I help? What is my role?

'How bad is this going to get?'

'We need to all work together'

I've adapted how I work and have surprised myself in how I can interact with patients differently whilst still providing high quality and safe care.

Working from home has been hard, I've felt isolated & detached'.

I'm physically and mentally exhausted, these past months have really taken their toll on me and my family, I'm not sure I've got much more to give.

Our staff were genuinely scared, fearful and anxious about what was around the corner and what would be expected of them.

Individuals worked differently, were empowered to find new and different ways of working, whilst still supporting each other and patients.

Uncertainty remains as does a tiredness, managing staff fatigue & continuing to support the wellbeing of our staff remains a top priority.

Our Reflection – *What does the future hold?*

The arrival of COVID-19 and the subsequent months that followed has been a period of considerable change within the NHS and our Adult Services Southampton service line. The services we operate and the care we provide has been modified and adapted for the better. COVID-19 has challenged our thinking in how we provide our services, how we engage with patients and how we use technology as an enabler.

Recognising the changes that can occur when there's a genuine shared purpose can be phenomenal; at scale, at pace and innovative. When we know each other as people and feel psychologically safe to contribute, to suggest new or different ways of working- it enables great things to happen.

One size certainly does not fit all, but we can mould, adapt, share and learn from each other and lead local change initiatives to provide services that are safe, effective and equitable.

Our challenge now is how we continue to diversify our service offering and the care we provide to patients, whilst remaining operational and reacting to the ever changing pandemic and national picture.

Quality, Safety and Risk Team (Corporate Services)

Our COVID-19 Response

OUR RESPONSE – *What have we done differently?*	OUR REFLECTION/ LEARNING – *What does the future hold?*
Pressure Ulcer Review Process During Wave 1, we enhanced the role of Tissue Viability Nurses as well as reviewing processes to reduce the frontline clinical time needed to complete Pressure Ulcer Review Forms and attend Pressure Ulcer Panels whilst maintaining learning opportunities for our teams.	On reflection, we have not continued this adjustment into Wave 2. We have re-established our Pressure Ulcer panels to strengthen the learning within our services.
Ulysses – Incident Reporting Forms We condensed and reviewed our incident reporting forms, both on-line and in hardcopy version, and increased the accessibility of support from the Quality and Safety team via telephone, email alongside weekend assistance.	We understand the shortened incident form is preferred by our services and this will remain in place. The support from the team has returned to Monday -Friday 9am - 5pm as there was minimal demand for support out of hours.
Incident Review Meetings Process We reviewed our processes and only booked review meetings for incidents where we believed they would be classified as a Serious Incident or High-Risk Incident. All other incidents were reviewed outside of a meeting in discussion with our Heads of Quality and Professions.	This process was welcomed by our services and has continued during Wave 2 and remains in place.

Other reflections

Workload of the Quality Team

We underestimated the workload on the Quality and Safety Team during the pandemic – which actually increased as we sought to remove the burden of reporting and response from front line services.

A number of the team were redeployed which caused an increase of workload for those remaining in the team

Regulatory and Statutory Reporting

We acknowledged that whilst the response within the NHS was to reduce bureaucracy, administrative and reporting burdens we still had to deal with the Information Commissioner Office, the Parliamentary and Ombudsman Service Officer, Coroners and Legal / Litigation services with the expectation that we would respond to pre-pandemic timescales.

Additional activities introduced

- Introduced Mini Quality Impact Assessments
- Established an Ethics Panel
- Serious Incident & Learning from Deaths Panel Merged together
- Enhanced focus on Staff Safety
- Captured lived experience from service users via a Programme of Community Conversations (alongside Friends and Family feedback)

All activities continue into 2021/22

Annex 1: Statements from Commissioners, Healthwatch & Overview and Scrutiny Panel

The guidance from NHS Improvement states that Quality Accounts should be shared with commissioners and local scrutineers including the local authority Overview & Scrutiny Committee and Healthwatch organisations.

A draft version of the Quality Account was shared, with all parties detailed above during mid-March 2021 requesting further comments.

The draft Quality Account was sent to the following stakeholders for comment:

Portsmouth City CCG

Southampton City CCG

West Hampshire CCG

Portsmouth Healthwatch

Southampton Healthwatch

Hampshire Healthwatch

Following feedback received, changes were made to the Quality Account prior to finalising.

Responses received from stakeholders are set out in the following pages

NHS Portsmouth CCG Headquarters
4th Floor, 1 Guildhall Square
Civic Offices
Portsmouth PO1 2GJ
Tel: 023 9289 9500

By Email

Faye Prestleton
Senior Programme Lead
Chief Nurse Team/Chief Nurse Directorate
Solent NHS Trust

12th April 2021

Dear Faye

Re: NHS Portsmouth Clinical Commissioning Group (Response in 20/21 Quality Account)

Portsmouth Clinical Commissioning Group (PCCG) welcomes the opportunity to comment on the draft, Solent NHS Trusts' Quality Account. Whilst not all the data fields in the Quality Account were complete, a range of indicators in relation to quality, safety and performance are presented and discussed at regular meetings between the trust and PCCG. The information presented within the Quality Accounts is consistent with information supplied to the commissioners throughout the year. We are satisfied that in line with current reporting requirements, it gives a detailed account of the quality of services the trust has provided.

It is only right that, whilst it does not form part of the services reported on in this account, we mention the role Solent have played in delivering the Covid-19 Vaccine. We wish to take this opportunity to express our gratitude to them for their commitment and application to being part of the largest vaccination programme in the history of the NHS. The CCG places on record its recognition and thanks to all their staff who have been involved.

Over the last year the country and the NHS has faced an unprecedented challenge from Covid-19 and we understand the difficulties the trust has faced. It has, and remains, incredibly difficult to manage expectations and demands whilst maintaining and committing to improving the quality and safety of the patient journey. We commend the trust and their staff for their continued efforts and desire to adapt and change services to ensure they provide safe care as well as making the trust a safe place to visit or work in.

Through this report, the trust has outlined its performance against the quality priorities from 2020-2021, and at the time of writing, they are either, on target, have robust action plans to bring them back on target or have been completed. Naturally Covid-19 has had an impact on some of the priorities but it is reassuring to see revisions and plans in place to point them toward completion. Among the

many achievements already made are; improving the patient experience for people with dementia; development of remote consultation service in children and families services and the training and delivery of Mental Health First Aiders across the trust.

Other areas of note, which are pleasing to read, are; that the patient's experience of care remains positive; there has been the successful establishment through joint working with the CCG of a new initiative "Positive Minds" and the research team continues its headlining work, this time with research staff having been active in three Covid-19 studies.

Whilst many of the necessary changes to working practices over the last year have been positive, commissioners and providers across the country have found problems where services have been sub-contracted. This has included services being impacted by closure of the sub-contractor and in some cases where the quality assurance and governance arrangements aren't as embedded as the partner organisation. Solent are no exception to using sub-contractors and where other providers are used, we will be seeking assurance that same standards apply across the sub-contractors. We shall also be asking that Solent ensure that any other organisations they are working with have values and priorities that are aligned to their own.

We will continue close engagement with Solent to look at the reported underlying increase in incident and near miss reporting since April 2018. Although purely by looking at the data this might be a concern, it can also be viewed as a positive in that the trust operates an open and honest culture where staff are not afraid to report incidents. We have worked closely with Solent at their incident panels and are assured that they continue to look at incidents in depth and recognise where changes can be made. We have found the focus is very much on learning and not blame. The new systems they have in place should also help us see that and ensure that learning is embedded and is shared across the trust.

Looking forward, we note the six strategic quality goals Solent have planned for delivery during 2021/22. Amongst the many projects that have been set, it is pleasing to see in mental health that you are looking at new ways to engage patients and carers. As well as seeking more detail on peoples experience in the service to help guide improvements. The development of education, training and support for the community nurses will not only upskill them but help alleviate some pressure on GPs. Working with Southern Health Foundation Trust and Portsmouth University Hospital Trust to establish a frailty hub can only improve outcomes for this patient group. The further integration of community CAMHS teams with system partners will help the pathway be better joined up and across all areas the continued use of digital platforms will give options in accessibility. PCCG fully endorse the priorities to achieve improvements for year 2021/22 and will seek to help and contribute to the achievement of the Trust strategic objectives.

It is recognised that the focused areas for improvement in clinical quality have the potential to have a significant impact on improving safety, effectiveness and experience. As commissioners we believe that the trust's values will focus their drive to meet their objectives and they will continue to improve quality across the breadth of services commissioned.

Finally, the coming year will bring a range of challenges and opportunities both from the impact of Covid-19 and the creation of the Hampshire and Isle of Wight Integrated Care System. Fortunately, the foundations for more integrated working in Portsmouth have already been laid, through the

Health and Care Portsmouth programme. We look forward to continue our close working partnership with the trust and jointly seeking continued quality of care for Portsmouth residents.

Yours sincerely

Tina Scarborough
Director of Quality and Safeguarding, NHS Portsmouth CCG

NHS
Hampshire, Southampton and
Isle of Wight
Clinical Commissioning Group

Ground Floor, The Castle
Castle Avenue
Winchester
Hampshire
SO23 8UJ

10th June 2021

Sue Harriman
Chief Executive
Solent NHS Trust
Highpoint
Bursledon Road
Southampton
SO19 8BR

Dear Sue

Solent NHS Trust Quality Account 2020/21

NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (CCG) welcomes the opportunity to comment on Solent NHS Trust's Quality Account for 2020/21.

The CCG would like to offer its thanks to Solent and all the staff for their ongoing participation and contributions to supporting the system wide response to the Covid-19 pandemic. This includes the responsiveness, adaptability and creative working of staff and services along with the effective mobilisation and implementation of the local Covid-19 vaccination programme. Despite the challenges, staff have continued to review and evaluate the quality of services being delivered to patients and the ambition to continue to learn and improve.

The report outlines the Trust's position against priorities set for 2020/21 and clearly notes those areas yet to be completed and the plans in place to aim to deliver during 2021/22. Despite the challenges of the last year, which affected the delivery of planned objectives, it is of note that the Trust has reported progress with a number of its improvement plans and identified areas for continued improvement during 2021/22. The report continues to provide details and transparency of the learning from deaths reviews undertaken and results of local clinical audit initiatives.

Among the achievements reported for 2020/21, the CCG would like to draw particular attention to the work regarding improved digital capabilities and implementation of virtual clinics, strengthening a safety and learning culture and the ongoing engagement of local communities to coproduce plans for service improvement.

The information in the account reflects that shared and discussed with CCG colleagues throughout the past year.

Whilst a very challenging year, throughout it the CCG has continued working with the Trust as part of the local health system, in monitoring the quality of care provided to the local

populations, and in identifying areas for improvement and system wide learning. The Trust remains an active and valued member of the Covid-19 Hampshire and Isle of Wight Sharing and Learning Network.

The CCG is supportive of the six strategic quality goals for 2021/22, including a specific focus on staff health and wellbeing. The CCG will continue to support the Trust with the delivery of the individual service lines priorities including the ongoing challenge of managing risk and the wellbeing of patients delayed for test and/or treatment as further exacerbated by the Covid-19 pandemic.

The CCG also looks forward to working with the Trust on the delivery of the Patient Safety Strategy and implementation of the objectives within the Patient Safety Incident Response Framework.

It is clear that 2021/22 will continue to bring new challenges from the ongoing impact of the Covid-19 pandemic and the development of the Hampshire, Southampton and Isle of Wight Integrated Care System. As such, the CCG looks forward to working together to build on the quality initiatives developed as part of our system learning with priorities to include reducing health inequalities, improving accessibility for all and further progress to continue to improve the end of life care pathways for patients and their families.

Yours sincerely

Julie Dawes

Julie Dawes
Chief Nurse

cc: Stephanie Ramsey – Managing Director – Southampton
Carol Alstrom – Interim Director of Quality and Nursing – Southampton

Healthwatch Southampton Comments on Solent NHS trust Quality Account 2020/21

Healthwatch Southampton (HWS) welcomes the opportunity to make formal comment on the draft of Solent NHS Trust Quality Account 2020/21. Solent NHS trust is a complex organisation, delivering Community and mental health services for Southampton, Portsmouth and parts of Hampshire and the Isle of Wight. Our comments are limited to those parts of the quality accounts that deal with services provided by Solent NHS trust in Southampton.

Solent NHS trust is to be congratulated for consulting stakeholders on an early version of the Quality Account. This approach has led to significant changes and improvements in the final version sent out for formal consultation. We are aware that it was the trust's intention to work with community partners to develop a preferred format for this publication but understandably, due to Covid, this could not happen this year. We hope to be involved if the trust decides to review the format next year.

As a result of the diverse services, the Quality Account is complex, dealing with each major service line as well as Trust-wide objectives. Regrettably, this makes reading and understanding more difficult, and we wonder if, resulting from the proposed review, future reports could be simplified so that just major objectives for quality improvement were documented; possibly placing more detailed service line objectives into an internal working document. This would certainly make the document more accessible to patients and the public.

The introductions by the Chief executive and Chief Nurse and Chief Medical officer give a good overview of the attitude towards quality by the Trust. They are particularly relevant this year as the trust has had to deal with the changing situation bought about by Covid-19. HWS has congratulated the trust on maintaining a highly professional and caring attitude in difficult circumstances.

The early section dealing with the progress against priorities for improvement 2020-21 sets the priorities for improvement for 2021-22 into context. Given that the format this year is unchanged, it is helpful that trust wide objectives for each priority are dealt with before the service line objectives. We will not comment in detail on each of the priorities but are pleased that, despite Covid-19, much progress has been made. A focus on improving quality has been maintained and where appropriate activity is planned to continue into 2021-22.

The six strategic Quality goals for delivery during 2021/22 are well set out with the Trust-wide priorities listed first followed by key priorities for delivery within service lines. It would have been helpful if it were made clearer which services apply to the various locations served by the trust.

We support the concept that lessons from the Covid pandemic should be embedded into all strategic Goals and service priorities rather than provide a dedicated quality priority concerning recovery and restoration. It makes sense to align quality priorities to the business objectives, with clear timescales, milestones, and outcomes for delivery. We support the selection of the six priorities and acknowledge that the effect of Covid-19 may still influence progress. We are pleased to see community engagement as the first strategic goal and recognise that caring for the teams is vitally important especially post covid.

Naturally, we are disappointed that PLACE inspections could not go ahead in 2020 and we hope they will be able to resume in 2021.

The trust is to be congratulated for its part in the creation and mobilisation of vaccine centres. Patients have been incredibly positive about the efficient management of the centres.

In additions to the changes brought about by the pandemic, Solent NHS Trust will need to adapt to creation of the Hampshire and Isle of Wight Integrated Care System and the integrated CCG. Much of the groundwork is already in place and the trust has shown flexibility in cooperating with other organisations in the health and care system.

The quality account is detailed and thorough and as far as we can judge there are no serious omissions. We look forward to another year working with the trust to ensure that patients and the public are well served.

Harry F Dymond MBE
Chair Healthwatch Southampton

Annex 2: Statement of Directors' Responsibilities for the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare a Quality Account for each financial year.

NHS Improvement has issued guidance to NHS Trust boards on the form and content of annual quality accounts (which incorporate the above legal requirements) and on the arrangements that NHS Trust boards should put in place to support the data quality for the preparation of the quality account.

In preparing the quality account, directors are required to take steps to satisfy themselves that:

1. the content of the quality account meets the requirements set out in the NHS Improvement Letter 'Quality Accounts: reporting arrangements for 19/20" dated 29 January 2020 and the Detailed Requirements for Quality Accounts 2019/20

2. the content of the quality account is not inconsistent with internal and external sources of information including:

– board minutes and papers for the period 1 April 2019 to 24 May 2020

– papers relating to quality accounted to the board over the period 1 April 2019 to 24 May 2020

– feedback received from Portsmouth, Southampton and West Hampshire Clinical Commissioning Groups

– feedback received from Southampton, Hampshire and Portsmouth Healthwatch organisations

– the Trust Friends & Family Test results which are submitted to NHS England monthly and Staff Friends & Family Test results which are submitted quarterly

– the 2019 NHS Staff Survey Results published

– the Head of Internal Audit's annual opinion of the Trust's internal control environment
– the quality account presents a balanced picture of the NHS Trust's performance over the period covered

3. the performance information reported in the quality account is reliable and accurate

4. there are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm that they are working effectively in practice

5. the data underpinning the measures of performance reported in the quality account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject

to appropriate scrutiny and review

6. the quality account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality account.

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

By order of Solent NHS Trust Board

Sue Harriman
Chief Executive Officer
Solent NHS Trust
June 2021

Catherine Mason
Trust Chair
Solent NHS Trust
June 2021

Solent NHS Trust

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Appendix 3 – Full Accounts

Solent NHS Trust

Annual accounts for the year ended 31 March 2021

Statement of Comprehensive Income for year ended 31 March 2021

	Note	2020/21 £000	2019/20 £000
Operating income from patient care activities	4	202,946	179,541
Other operating income	5	35,631	21,256
Operating expenses	7, 9	(235,549)	(198,997)
Operating surplus from continuing operations		**3,028**	**1,800**
Finance income	11	3	122
Finance expenses	12	0	(141)
PDC dividends payable		(2,080)	(2,361)
Net finance costs		**(2,077)**	**(2,380)**
Other gains / (losses)	13	6	4
Surplus for the year from continuing operations		**957**	**(576)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(1,428)	(1,271)
Revaluations	15.5	244	317
Total comprehensive income / (expense) for the period		**(227)**	**(1,530)**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		957	(576)
Remove net impairments not scoring to the Departmental expenditure limit		(364)	999
Remove I&E impact of capital grants and donations		(502)	(137)
Prior period adjustments		(3)	0
Remove 2018/19 post audit PSF reallocation (2019/20 only)		0	(207)
Adjusted financial performance surplus		**88**	**79**

Statement of Financial Position for year ended 31 March 2021

	Note	31 March 2021 £000	31 March 2020 £000
Non-current assets			
Intangible assets	14	3,293	2,509
Property, plant and equipment	15	99,327	92,534
Receivables	19	207	1,036
Total non-current assets		**102,827**	**96,079**
Current assets			
Inventories	18	291	292
Receivables	19	13,209	15,668
Cash and cash equivalents	20	36,356	15,172
Total current assets		**49,856**	**31,132**
Current liabilities			
Trade and other payables	24	(35,512)	(25,358)
Borrowings	26	0	(9,181)
Other liabilities	25	(11,963)	(2,712)
Total current liabilities		**(47,475)**	**(37,251)**
Total assets less current liabilities		**105,208**	**89,960**
Non-current liabilities			
Other liabilities	25	(128)	(83)
Total non-current liabilities		**(128)**	**(83)**
Total assets employed		**105,080**	**89,877**
Financed by			
Public dividend capital		32,875	17,445
Revaluation reserve		5,080	6,441
Income and expenditure reserve		67,125	65,991
Total taxpayers' equity		**105,080**	**89,877**

The notes on pages 5 to 35 form part of these accounts.

The financial statements on pages 1 to 4 are scheduled to be approved by the Board on 14 June 2021 and signed on its behalf by:

Chief Executive: S J Hams. Date: 14th June 2021

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**17,445**	**6,441**	**65,991**	**89,877**
Surplus for the year	0	0	957	**957**
Other transfers between reserves	0	(177)	177	**0**
Impairments	0	(1,428)	0	**(1,428)**
Revaluations	0	244	0	**244**
Public dividend capital received	15,430	0	0	**15,430**
Taxpayers' and others' equity at 31 March 2021	**32,875**	**5,080**	**67,125**	**105,080**

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**12,337**	**7,622**	**66,343**	**86,302**
Prior period adjustment	0	0	(3)	**(3)**
Taxpayers' and others' equity at 1 April 2019 - restated	**12,337**	**7,622**	**66,340**	**86,299**
Deficit for the year	0	0	(576)	**(576)**
Other transfers between reserves	0	(227)	227	**0**
Impairments	0	(1,271)	0	**(1,271)**
Revaluations	0	317	0	**317**
Public dividend capital received	5,108	0	0	**5,108**
Taxpayers' and others' equity at 31 March 2020	**17,445**	**6,441**	**65,991**	**89,877**

Information on reserves

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

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

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

Statement of Cash Flows for the year ended 31 March 2021

	Note	2020/21 £000	2019/20 £000
Cash flows from operating activities			
Operating surplus		3,028	1,800
Non-cash income and expense:			
Depreciation and amortisation	7	3,723	3,722
Net impairments	8	(364)	999
Income recognised in respect of capital donations	5	(603)	(232)
Decrease in receivables and other assets		3,628	931
Decrease in inventories		1	54
Increase in payables and other liabilities		16,469	2,475
Net cash flows from / (used in) operating activities		**25,882**	**9,749**
Cash flows from investing activities			
Interest received		3	122
Purchase of intangible assets		(1,876)	(318)
Purchase of PPE and investment property		(7,235)	(12,880)
Sales of plant property, equipment and investment property		6	15
Receipt of cash donations to purchase assets		603	232
Net cash flows from / (used in) investing activities		**(8,499)**	**(12,829)**
Cash flows from financing activities			
Public dividend capital received		15,430	5,108
Movement on loans from DHSC		(9,109)	0
Capital element of finance lease rental payments		(50)	(214)
Interest on loans		(22)	(137)
Interest paid on finance lease liabilities		0	(4)
PDC dividend paid		(2,448)	(2,166)
Net cash flows from financing activities		**3,801**	**2,587**
Increase / (decrease) in cash and cash equivalents		**21,184**	**(493)**
Cash and cash equivalents at 1 April - brought forward		**15,172**	**15,665**
Cash and cash equivalents at 31 March	20	**36,356**	**15,172**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

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

This year the Trust improved against its financial targets in quarters 3 and 4 and achieved an £88k surplus. Income from Commissioners was largely based on the simplified block payments system introduced in response to the COVID-19 pandemic, which improved liquidity and cash flow during the year. Additional costs due to the pandemic were supported on an actual cost reimbursement basis for the first half the year and on an advance block payment basis for the second half of the year.

In April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSE&I) announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue loans as at 31 March 2020 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow their repayment. The Trust received PDC of £9,109k to repay these loans which was in relation to historical revenue support requirements, strengthening the value of the balance sheet.

For 2021/22 the current financial funding arrangements will remain in place for the first half of the year, with additional funding to support Community and Mental Health Services post COVID. The Trust has produced its financial plan based on these assumptions. National guidance for the second half of 2021/22 has yet to be published, however the Trust expects funding levels will be maintained throughout 2021/22. The Trust and NHSE&I have a clear understanding of the financial position of the Trust and the position is well recognised and understood.

The Trust has prepared a cash forecast modelled on the expectation for funding covering the period to the end of June 2022. The cash balance as at June 2022 is forecast to be £20.9m. The cash forecast shows sufficient liquidity for the Trust to continue to operate. Interim support can be accessed by NHS Providers however the Trust does not foresee this being required.

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

Note 1.3 Acquisitions and discontinued Operations

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

Note 1.4 Charitable Funds

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

As the corporate Trustee of Solent NHS Charity, the Trust has the power to exercise control. However the transactions of the charity are immaterial and have not been consolidated. Details of the transactions with the charity are included in Note 38 Related parties.

Note 1.5 Revenue from contracts with customers

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

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

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.

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the Trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Sustainability and Transformation Partnership level (STP), Integrated Care Systems (ICS) from 1st April 2021. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

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

Comparative period (2019/20)

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, health care generally aligned with paragraph 22(b) of IFRS 15 entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

For 2020/21 and 2019/20

Revenue from research contracts

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

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit.

Note 1.6 Other forms of income

Grants and donations

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

Apprenticeship service income

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

Note 1.7 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

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

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

Note 1.8 Expenditure on other goods and services

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

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

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

Measurement

Valuation

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

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

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

Land and non-specialised buildings – market value for existing use.

Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

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

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

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

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

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

Depreciation and amortisation

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

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Freehold land, assets in the course of construction or development are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

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.

De-recognition

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

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

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

Donated and grant funded assets

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

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

In 2020/21 this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Note 1.10 Intangible assets

Recognition

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

Internally generated intangible assets

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

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

Software

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

Measurement

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

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

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

Amortisation

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

Note 1.11 Private Finance Initiative (PFI) Transactions

The Trust has no PFI transactions.

Note 1.12 Inventories

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

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.13 Investment properties

The Trust has no investment properties.

Note 1.14 Cash and cash equivalents

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

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

Note 1.15 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

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

Loans from the Department of Health and Social Care are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

Financial assets and financial liabilities at amortised cost

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

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

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income as a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

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

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

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

Impairment of financial assets

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

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

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

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

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

Derecognition

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

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

Note 1.16 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 a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position 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.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The Trust as a lessor

Finance leases

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

Operating leases

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.

Note 1.17 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021.

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 29 Provisions for liabilities and charges analysis but is not recognised in the Trust's accounts.

Non-clinical risk pooling

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

Note 1.18 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the Trust's control) are not recognised as assets, but are disclosed in Note 30 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 30 Contingent assets and liabilities, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the Trust's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.19 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated and grant 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,
(iii) any PDC dividend balance receivable or payable, and
(iv) PDC funded assets purchased in response to Covid-19.

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

Note 1.20 Value added tax

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

Note 1.21 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

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

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

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

Note 1.22 Third party assets

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

Note 1.23 Losses and special payments

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

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

Note 1.24 Gifts

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

Note 1.25 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.

Note 1.26 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been adopted early in 2020/21.

Note 1.27 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Note 1.28 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.

Note 1.29 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.

Note 1.30 Sources of estimation uncertainty

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

Note 2 Operating Segments

In 2020/21 Trust activity was organised into eight service lines. Details of the eight service line are as follows;

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, learning disabilities.
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, care home support, heart failure, admission avoidance and supported discharge services.
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.
Adults Southampton	Neuro rehab services, specialist palliative care, rehab and re-ablement, community nursing, neuro inpatient unit, elderly frail inpatient unit, occupational therapy, physiotherapy, speech and language therapy, care home support, heart failure, admission avoidance, stoma care and supported discharge services.
Primary Care & LTC	TB, homeless healthcare, GP services, pain, rheumatology, physiotherapy, specialist physiotherapy, translation and interpretation services and podiatry.
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.

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

	2020/21			
	Revenue	**Employee Benefits**	**Other Operating Costs**	**Operating surplus / (deficit)**
	£000s	**£000s**	**£000s**	**£000s**
Mental Health Services	524	(20,659)	(2,906)	**(23,041)**
Adults Portsmouth	(522)	(16,061)	(1,112)	**(17,694)**
Children's East	5,545	(13,423)	(1,110)	**(8,988)**
Children's West	7,961	(18,552)	(2,067)	**(12,658)**
Adults Southampton	1,502	(21,926)	(2,774)	**(23,197)**
Primary Care & LTC	831	(11,859)	(2,805)	**(13,832)**
Sexual Health Services	16,247	(8,115)	(13,133)	**(5,001)**
Dental	305	(6,696)	(1,659)	**(8,050)**
Total Services	**32,393**	**(117,290)**	**(27,565)**	**(112,462)**
Infrastructure	3,990	(8,320)	(26,681)	**(31,011)**
Corporate Costs*	191,322	(25,115)	(11,474)	**154,734**
COVID & Vaccine centres	10,874	(5,339)	(10,405)	**(4,870)**
Depreciation, amortisation, impairment & financing	0	0	(6,075)	**(6,075)**
Operating surplus/(deficit)	**238,580**	**(156,064)**	**(82,200)**	**316**

	2019/20 restated			
	Revenue	**Employee Benefits**	**Other Operating Costs**	**Operating surplus / (deficit)**
	£000s	**£000s**	**£000s**	**£000s**
Mental Health Services	29,923	(19,300)	(2,950)	**7,673**
Adults Portsmouth	22,001	(14,683)	(3,368)	**3,950**
Children's East	16,833	(11,995)	(809)	**4,029**
Children's West	24,418	(16,138)	(1,406)	**6,874**
Adults Southampton	31,066	(21,578)	(2,925)	**6,563**
Primary Care & LTC	15,884	(11,563)	(1,347)	**2,974**
Sexual Health Services	25,927	(7,494)	(13,347)	**5,086**
Dental	11,160	(6,481)	(1,792)	**2,887**
Total Services	**177,212**	**(109,232)**	**(27,944)**	**40,036**
Infrastructure	7,185	(7,133)	(21,633)	**(21,581)**
Corporate Costs*	16,118	(21,150)	(6,782)	**(11,814)**
COVID & Vaccine centres	417	(40)	(378)	**(1)**
Depreciation, amortisation, impairment & financing	0	0	(7,216)	**(7,216)**
Operating surplus/(deficit)	**200,932**	**(137,555)**	**(63,953)**	**(576)**

The two financial years are not directly comparable due to the changes to the NHS Financial Regime described in note 1.5. In 2020/21 block contract income from NHS commissioners was reported centrally.

2019/20 figures have been restated reflecting the current service line reporting hierarchy, and to report COVID and vaccine centre comparative costs.

*Revenue and employee benefits within corporate costs have been grossed up to include the additional employer pension contributions of £6,365k, paid by NHS England on the Trust's behalf in 2020/21. The comparative figure for 2019/20 was £5,827k.

Note 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.

Note 4 Operating income from patient care activities

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

Note 4.1 Income from patient care activities (by nature)

	2020/21 £000	2019/20 £000
Mental health services		
Block contract / system envelope income*	36,723	35,941
Community services		
Block contract / system envelope income*	135,378	112,350
Income from other sources (e.g. local authorities)	24,295	23,924
All services		
Private patient income	0	201
Additional pension contribution central funding**	6,365	5,827
Other clinical income	185	1,298
Total income from activities	**202,946**	**179,541**

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

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

Other clinical income includes DWP injury compensation scheme income received and Dental patient income for those patients who are not exempt from free NHS dental care. The 19-20 comparator also included £417k covid income and £645k centrally funded agenda for change income.

Note 4.2 Income from patient care activities (by source)

Income from patient care activities received from:	2020/21 £000	2019/20 £000
NHS England	31,176	28,222
Clinical commissioning groups	147,205	126,959
Other NHS providers	86	1,194
Local authorities	24,295	22,730
Non-NHS: private patients	57	201
Injury cost recovery scheme	65	19
Non NHS: other	62	216
Total income from activities	**202,946**	**179,541**
Of which:		
Related to continuing operations	202,946	179,541

Note 5 Other operating income

	2020/21			2019/20		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	2,269	0	**2,269**	1,592	0	**1,592**
Education and training	6,660	544	**7,204**	4,824	362	**5,186**
Non-patient care services to other bodies	3,061		**3,061**	2,454		**2,454**
Provider sustainability fund (2019/20 only)			**0**	1,710		**1,710**
Financial recovery fund (2019/20 only)			**0**	949		**949**
Reimbursement and top up funding	14,230		**14,230**			**0**
Receipt of capital donations		603	**603**		232	**232**
Other contributions to expenditure		2,487	**2,487**		0	**0**
Rental revenue from operating leases		1,141	**1,141**		1,020	**1,020**
Other income	4,636	0	**4,636**	8,113	0	**8,113**
Total other operating income	**30,856**	**4,775**	**35,631**	**19,642**	**1,614**	**21,256**
Of which:						
Related to continuing operations			35,631			21,256

Other contributions to expenditure is the centrally provided PPE consumables notional income. Other contract income includes mental health grants catering income, property rentals, seconded staff, occupational health income and pharmacy sales.

Note 6 Additional information on contract revenue (IFRS 15) recognised in the period

	2020/21 £000	2019/20 £000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end.	2,181	793

Note 7 Operating expenses

	2020/21	2019/20
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,868	3,875
Purchase of healthcare from non-NHS and non-DHSC bodies	2,277	1,508
Staff and executive directors costs	156,064	137,558
Remuneration of non-executive directors	105	80
Supplies and services - clinical (excluding drugs costs)	14,544	9,575
Supplies and services - general	3,247	1,974
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	8,476	8,534
Inventories written down	0	48
Consultancy costs	552	440
Establishment	5,200	4,762
Premises including IT costs*	23,623	14,362
Transport (including patient travel)	891	603
Depreciation on property, plant and equipment	3,189	3,208
Amortisation on intangible assets	534	514
Net impairments	(364)	999
Movement in credit loss allowance: contract receivables / contract assets	(11)	(178)
Audit fees payable to the external auditor		
audit services- statutory audit	77	61
Internal audit costs	61	69
Clinical negligence	648	490
Legal fees	168	215
Insurance	5	2
Research and development	1,479	900
Education and training	4,072	1,381
Rentals under operating leases	4,920	5,141
Car parking & security	531	79
Hospitality	3	7
Losses, ex gratia & special payments	22	0
Other	1,368	2,790
Total	**235,549**	**198,997**
Of which:		
Related to continuing operations	235,549	198,997

2020-21 Other expenditure includes external contractor costs including costs to produce outline business case and VAT partial exemption liability.

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

	2020/21	2019/20
	£000	£000
COVID response		
Staff costs	3,688	40
Other Expenditure	8,807	377
Vaccination Centres		
Staff costs	1,651	
Other Expenditure	1,598	
	15,744	**417**

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

Note 7.1 Other auditor remuneration

The Trust has no other auditor remuneration.

Note 7.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2019/20: £2 million).

Note 8 Impairment of assets

	2020/21 £000	2019/20 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(364)	999
Total net impairments charged to operating surplus / deficit	**(364)**	**999**
Impairments charged to the revaluation reserve	1,428	1,271
Total net impairments	**1,064**	**2,270**

No impairment on donated assets included above.

Note 9 Employee benefits

	2020/21 Total £000	2019/20 Total £000
Salaries and wages	118,203	103,799
Social security costs	10,852	9,667
Apprenticeship levy	544	502
Employer's contributions to NHS pensions	21,027	19,169
Pension cost - other	52	32
Temporary staff (including agency)	5,783	4,665
Total gross staff costs	**156,461**	**137,834**
Recoveries in respect of seconded staff	0	0
Total staff costs	**156,461**	**137,834**
Of which		
Costs capitalised as part of assets	398	276

Note 9.1 Retirements due to ill-health

During 2020/21 there were 2 early retirements from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £42k (£192k in 2019/20).

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

Note 9.2 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 for Health and Social Care 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 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Employees that are not eligible to join the NHS Pensions Schemes can join the National Employment Savings Scheme (NEST). NEST is a defined contribution workplace pension scheme and the expense is recognised in the SOCI. The expenditure recognised in SOCI for the financial year to 31 March 2021 was £53k (financial year to 31 March 2020 £32k).

Note 10 Operating leases

The Trust occupies properties using operating lease arrangements with NHS and non NHS organisations.

Note 10.1 Solent NHS Trust as a lessor

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

	2020/21	2019/20
Operating lease revenue	**£000**	**£000**
Minimum lease receipts	1,141	1,020
Total	**1,141**	**1,020**

	31 March 2021	31 March 2020
Future minimum lease receipts due:	**£000**	**£000**
- not later than one year;	1,121	1,020
- later than one year and not later than five years;	1,414	1,118
- later than five years.	1,249	1,229
Total	**3,785**	**3,367**

Note 10.2 Solent NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where the Trust is the lessee.

	2020/21	2019/20
Operating lease expense	**£000**	**£000**
Minimum lease payments	4,920	5,141
Total	**4,920**	**5,141**

	31 March 2021	31 March 2020
Future minimum lease payments due:	**£000**	**£000**
- not later than one year;	6,080	5,142
- later than one year and not later than five years;	8,551	7,337
- later than five years.	15,027	1,728
Total	**29,658**	**14,207**

Note 11 Finance income

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

	2020/21	2019/20
	£000	**£000**
Interest on bank accounts	3	122
Total finance income	**3**	**122**

Note 12 Finance expenditure

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

	2020/21	2019/20
Interest expense:	**£000**	**£000**
Loans from the Department of Health and Social Care	0	137
Finance leases	0	4
Total interest expense	**0**	**141**
Total finance costs	**0**	**141**

Note 13 Other gains / (losses)

	2020/21	2019/20
	£000	**£000**
Gains on disposal of assets	6	4
Total gains / (losses) on disposal of assets	**6**	**4**
Total other gains / (losses)	**6**	**4**

Note 14 Intangible assets - 2020/21

	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2020 - brought forward	**5,072**	**878**	**5,950**
Additions	0	1,318	**1,318**
Reclassifications	1,005	(1,005)	**0**
Valuation / gross cost at 31 March 2021	**6,077**	**1,191**	**7,268**
Amortisation at 1 April 2020 - brought forward	**3,441**	**0**	**3,441**
Provided during the year	534	0	**534**
Amortisation at 31 March 2021	**3,975**	**0**	**3,975**
Net book value at 31 March 2021	**2,102**	**1,191**	**3,293**
Net book value at 1 April 2020	**1,631**	**878**	**2,509**

Revaluation reserve balance for intangible assets

The Trust does not hold any revaluation reserves for intangible assets. No revaluation of intangible assets was carried out in the period.

Note 14.1 Intangible assets - 2019/20

	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2019 - bought forward	**4,818**	**211**	**5,029**
Additions	145	667	**812**
Reclassifications	109	0	**109**
Valuation / gross cost at 31 March 2020	**5,072**	**878**	**5,950**
Amortisation at 1 April 2019 - bought forward	**2,927**	**0**	**2,927**
Provided during the year	514	0	**514**
Amortisation at 31 March 2020	**3,441**	**0**	**3,441**
Net book value at 31 March 2020	**1,631**	**878**	**2,509**
Net book value at 1 April 2019	**1,891**	**211**	**2,102**

Note 14.2 Intangible assets

The economic lives of intangible assets range from :

	Min life Years	Max life Years
Internally generated information technology	5	10

Note 15 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**13,670**	**74,642**	**2,209**	**4,303**	**40**	**5,780**	**1,594**	**102,238**
Additions	477	0	9,392	470	0	465	0	**10,804**
Impairments	(800)	(2,866)	0	0	0	0	0	**(3,666)**
Reversals of impairments	0	2,438	0	0	0	0	0	**2,438**
Revaluations	67	(1,631)	0	0	0	0	0	**(1,564)**
Reclassifications	0	5,693	(7,222)	371	0	706	452	**0**
Disposals / derecognition	0	0	0	0	0	0	(2)	**(2)**
Valuation/gross cost at 31 March 2021	**13,414**	**78,276**	**4,379**	**5,144**	**40**	**6,951**	**2,044**	**110,248**
Accumulated depreciation at 1 April 2020 - brought forward	**0**	**1,180**	**0**	**3,186**	**40**	**4,655**	**643**	**9,704**
Provided during the year	0	2,354	0	224	0	460	151	**3,189**
Impairments	0	(164)	0	0	0	0	0	**(164)**
Revaluations	0	(1,808)	0	0	0	0	0	**(1,808)**
Accumulated depreciation at 31 March 2021	**0**	**1,562**	**0**	**3,410**	**40**	**5,115**	**794**	**10,921**
Net book value at 31 March 2021	**13,414**	**76,714**	**4,379**	**1,734**	**0**	**1,836**	**1,250**	**99,327**
Net book value at 1 April 2020	**13,670**	**73,462**	**2,209**	**1,117**	**0**	**1,125**	**951**	**92,534**

	Purchased	Donated	Total
Additions to assets under construction in 2020/21	**£000**	**£000**	**£000**
Buildings excluding dwellings	8,019	558	8,577
Plant & machinery	13	0	13
Information technology	791	0	791
Furniture and fittings	0	11	11
Total	**8,823**	**569**	**9,392**

Note 15.1 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - bought forward	**13,715**	**72,383**	**8,168**	**3,970**	**70**	**4,995**	**536**	**103,837**
Prior period adjustments	0	(8,259)	0	0	0	0	0	**(8,259)**
Valuation / gross cost at 1 April 2019 - restated	**13,715**	**64,124**	**8,168**	**3,970**	**70**	**4,995**	**536**	**95,578**
Additions	0	18	10,034	334	0	560	0	**10,946**
Impairments	(40)	(2,622)	0	0	0	0	0	**(2,662)**
Reversals of impairments	(5)	397	0	0	0	0	0	**392**
Revaluations	0	(1,508)	0	0	0	0	0	**(1,508)**
Reclassifications	0	14,404	(15,993)	162	0	225	1,093	**(109)**
Disposals / derecognition	0	(171)	0	(163)	(30)	0	(35)	**(399)**
Valuation/gross cost at 31 March 2020	**13,670**	**74,642**	**2,209**	**4,303**	**40**	**5,780**	**1,594**	**102,238**
Accumulated depreciation at 1 April 2019 - bought forward	**0**	**9,378**	**0**	**3,074**	**58**	**4,025**	**433**	**16,968**
Prior period adjustments	0	(8,259)	0	0	0	0	0	**(8,259)**
Accumulated depreciation at 1 April 2019 - restated	**0**	**1,119**	**0**	**3,074**	**58**	**4,025**	**433**	**8,709**
Provided during the year	0	2,211	0	275	1	630	91	**3,208**
Revaluations	0	(1,825)	0	0	0	0	0	**(1,825)**
Reclassifications	0	(154)	0	0	0	0	154	**0**
Disposals / derecognition	0	(171)	0	(163)	(19)	0	(35)	**(388)**
Accumulated depreciation at 31 March 2020	**0**	**1,180**	**0**	**3,186**	**40**	**4,655**	**643**	**9,704**
Net book value at 31 March 2020	**13,670**	**73,462**	**2,209**	**1,117**	**0**	**1,125**	**951**	**92,534**
Net book value at 1 April 2019	**13,715**	**63,005**	**8,168**	**896**	**12**	**970**	**103**	**86,869**

Gross cost and accumulated depreciation on buildings excluding dwellings has been restated by £10,084k to reflect the impact of the revaluation that took place. When assets are revalued accumulated depreciation is netted off with gross cost, with the carried forward balance reflecting the value of the asset. The NBV has remained unchanged and only the disclosure notes have been affected. The bought forward gross cost and accumulated depreciation on buildings excluding dwellings in note 15.1 have been restated by £8,259k, and the revaluations in gross cost and depreciation have been restated by £1,825k. This error was corrected from 2015/16 and for each subsequent year.

Note 15.2 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021								
Owned - purchased	13,414	76,017	4,295	1,380	0	1,801	1,228	**98,135**
Owned - donated	0	697	84	354	0	35	22	**1,192**
NBV total at 31 March 2021	**13,414**	**76,714**	**4,379**	**1,734**	**0**	**1,836**	**1,250**	**99,327**

Note 15.3 Property, plant and equipment financing - 2019/20

	Land	excluding	construction	machinery	equipment	technology	fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020								
Owned - purchased	13,670	73,306	2,071	819	0	1,036	951	**91,853**
Finance leased	0	0	0	128	0	45	0	**173**
Owned - donated	0	156	138	170	0	44	0	**508**
NBV total at 31 March 2020	**13,670**	**73,462**	**2,209**	**1,117**	**0**	**1,125**	**951**	**92,534**

Note 15.4 Donations of property, plant and equipment

The Trust received donated assets from NHS England, Hampshire County Council, Health Education England and League of Friends in the year.

Note 15.5 Revaluations of property, plant and equipment

Land and buildings are held at revalued amounts. A desktop exercise was carried out on these assets in March with a valuation date of 31 March 2021. The exercise was carried out by the District Valuers who are RICS qualified.

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

The impact of the full valuation exercise is:

	Land	**Buildings excluding dwellings**	**Total**
	£000	**£000**	**£000**
Increase to revaluation reserve	67	37	104
Decrease to revaluation reserve	0	(1,428)	(1,428)
Impairment charge to SOCI	(800)	(888)	(1,688)
Reversal of impairment charge to SOCI	0	1,411	1,411
	(733)	**(868)**	**(1,601)**

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

	Min life Years	Max life Years
Buildings, excluding dwellings	2	99
Plant & machinery	1	30
Transport equipment	4	5
Information Technology	2	10
Furniture & fittings	5	10

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

Note 16 Investment Property

The Trust has no investment property.

Note 17 Disclosure of interests in other entities

The Trust has no interest in other entities.

Note 18 Inventories

	2021	**2020**
	£000	**£000**
Drugs	174	165
Consumables	117	127
Total inventories	**291**	**292**

Inventories recognised in expenses for the year were £5,481k (2019/20: £3,637k) of which £2,487k (2019/20: £0k) were items purchased by the DHSC in response to the COVID 19 pandemic. The Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. The Trust was required to recognise the expenditure and associated income. Write-down of inventories recognised as expenses for the year were £0k (2019/20: £48k).

Note 19 Receivables

	31 March 2021 £000	31 March 2020 £000
Current		
Contract receivables	8,362	12,695
Allowance for impaired contract receivables / assets	(864)	(875)
Prepayments (non-PFI)	3,281	2,739
PDC dividend receivable	340	0
VAT receivable	1,629	758
Other receivables	461	351
Total current receivables	**13,209**	**15,668**
Non-current		
Prepayments (non-PFI)	207	1,036
Total non-current receivables	**207**	**1,036**
Of which receivable from NHS and DHSC group bodies:		
Current	4,895	9,897

Note 19.1 Allowances for credit losses

	2020/21 £000	2019/20 £000
Allowances as at 1 April - brought forward	**875**	**1,150**
New allowances arising	125	401
Changes in existing allowances	0	10
Reversals of allowances	(136)	(589)
Utilisation of allowances (write offs)	0	(97)
Allowances as at 31 Mar 2021	**864**	**875**

Note 20 Cash and cash equivalents movements

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

	2020/21 £000	2019/20 £000
At 1 April	**15,172**	**15,665**
Net change in year	21,184	(493)
At 31 March	**36,356**	**15,172**
Broken down into:		
Cash at commercial banks and in hand	4	33
Cash with the Government Banking Service	36,352	15,139
Total cash and cash equivalents as in SoCF	**36,356**	**15,172**
Patient's money held by the Trust, not included in above	3	3

Note 20.1 Third party assets held by the trust

Solent NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	2021	2020
	£000	£000
Monies on deposit	0	2
Total third party assets	**0**	**2**

Note 21 NHS LIFT investments

The Trust has no NHS LIFT investments.

Note 22 Other financial assets

The Trust has no other financial assets.

Note 23 Other current assets

The Trust has not other current assets.

Note 24 Trade and other payables

	31 March 2021	31 March 2020 restated
Current	**£000**	**£000**
Trade payables	5,470	5,551
Capital payables	5,304	2,293
Accruals	19,673	13,472
Social security costs	1,765	1,392
Other taxes payable	1,054	686
PDC dividend payable	0	28
Other payables	2,246	1,936
Total current trade and other payables	**35,512**	**25,358**

Other payables includes pension liability.

Of which payables from NHS and DHSC group bodies:		
Current	3,816	6,679

Note 25 Other liabilities

	2021	2020
Current	**£000**	**£000**
Deferred income: contract liabilities	11,963	2,712
Total other current liabilities	**11,963**	**2,712**
Non-current		
Deferred income: contract liabilities	128	83
Total other non-current liabilities	**128**	**83**

Note 26 Borrowings

	2021	2020
Current	**£000**	**£000**
Loans from DHSC	0	9,131
Obligations under finance leases	0	50
Total current borrowings	**0**	**9,181**

Note 26.1 Reconciliation of liabilities arising from financing activities - 2020/21

	Loans from DHSC	Finance leases	Total
	£000	£000	£000
Carrying value at 1 April 2020	**9,131**	**50**	**9,181**
Cash movements:			
Financing cash flows - payments and receipts of principal	(9,109)	(50)	**(9,159)**
Financing cash flows - payments of interest	(22)	0	**(22)**
Carrying value at 31 March 2021	**0**	**0**	**0**

Loans from the department of Health and Social Care were converted to public dividend capital during the year.

Note 26.2 Reconciliation of liabilities arising from financing activities - 2019/20

	Loans from DHSC	Finance leases	Total
	£000	£000	£000
Carrying value at 1 April 2019	**9,131**	**264**	**9,395**
Financing cash flows - payments and receipts of principal	0	(214)	**(214)**
Financing cash flows - payments of interest	(137)	(4)	**(141)**
Non-cash movements:			
Application of effective interest rate	137	4	**141**
Carrying value at 31 March 2020	**9,131**	**50**	**9,181**

Note 27 Other financial liabilities

The Trust has no other financial liabilities.

Note 28 Finance leases

Note 28.1 Trust as a lessor

The Trust has no finance lease receivables as lessor.

Note 28.2 Trust as a lessee

Obligations under finance leases where the Trust is the lessee.

	2021	2020
	£000	£000
Gross lease liabilities	**0**	**50**
of which liabilities are due:		
- not later than one year;	0	50
Net lease liabilities	**0**	**50**
of which payable:		
- not later than one year;	0	50

Note 29 Provisions for liabilities and charges analysis

The Trust has no provisions.

At 31 March 2021, £5,441k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (31 March 2020: £7,865k).

Note 30 Contingent assets and liabilities

	31 March 2021 £000	31 March 2020 £000
Value of contingent liabilities		
NHS Resolution legal claims	0	(17)
Gross value of contingent liabilities	**0**	**(17)**
Net value of contingent liabilities	**0**	**(17)**
Net value of contingent assets	**0**	**0**

Note 31 Contractual capital commitments

	31 March 2021 £000	31 March 2020 £000
Property, plant and equipment	1,400	3,494
Intangible assets	128	220
Total	**1,528**	**3,714**

Note 32 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 2021 £000	31 March 2020 £000
Not later than 1 year	4,984	4,804
After 1 year and not later than 5 years	1,706	1,416
Total	**6,690**	**6,220**

Note 33 Financial instruments

Note 33.1 Financial risk management

Financial reporting standard IFRS7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with 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 and Social Care (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2021 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.

Note 33.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	7,959	**7,959**
Cash and cash equivalents	36,356	**36,356**
Total at 31 March 2021	**44,315**	**44,315**

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	11,831	**11,831**
Cash and cash equivalents	15,172	**15,172**
Total at 31 March 2020	**27,003**	**27,003**

Note 33.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Total book value
	£000	£000
Trade and other payables excluding non financial liabilities	28,499	**28,499**
Total at 31 March 2021	**28,499**	**28,499**

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	9,131	**9,131**
Obligations under finance leases	50	**50**
Trade and other payables excluding non financial liabilities	23,076	**23,076**
Total at 31 March 2020	**32,257**	**32,257**

Note 33.4 Maturity of financial liabilities

	31 March 2021 £000	31 March 2020 £000
In one year or less	28,499	32,257
In more than one year but not more than five years	0	0
In more than five years	0	0
Total	**28,499**	**32,257**

Note 34 Losses and special payments

	2020/21		2019/20	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	1	0	1	0
Total losses	**1**	**0**	**1**	**0**
Special payments				
Ex-gratia payments	11	38	1	1
Total special payments	**11**	**38**	**1**	**1**
Total losses and special payments	**12**	**38**	**2**	**1**
Compensation payments received		0		0

The Trust received no gifts during the year

Note 35 Third party assets

The Trust held £2,749 cash and cash equivalents at 31 March 2021 (£2,749 at 31 March 2020)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.

Note 36 Prior period adjustments

The Trust has a £3k prior period adjustment in the income and expenditure reserve relating to accumulated rounding. There is a further prior period adjustment disclosed in note 15.1.

Note 37 Events after the reporting date

There are none to report.

Note 38 Related parties

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

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

These entities are:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000s	£000s	£000s	£000s
NHS England	19	40,159	4,692	753
Clinical Commissioning Groups				
NHS Portsmouth CCG	6	62,120	1,170	86
NHS Southampton CCG	111	47,426	1,602	206
NHS West Hampshire CCG	0	10,962	283	30
NHS South Eastern Hampshire CCG	20	17,173	577	225
NHS Fareham and Gosport CCG	0	5,687	0	1
NHS North East Hampshire and Farnham CCG	0	1,573	0	0
NHS North Hampshire CCG	41	2,337	0	1
NHS Trust and Foundation Trust				
Hampshire Hospitals NHS Foundation Trust	1,603	484	662	79
Portsmouth Hospitals University NHS Trust	2,874	1,677	872	508
University Hospital Southampton NHS Foundation Trust	2,140	1,747	454	129
Southern Health NHS Foundation Trust	1,172	1,651	335	560
Isle of Wight NHS Trust	518	131	322	101
Local Authorities				
Hampshire County Council	28	6,761	1	62
Portsmouth City Council	1,563	7,688	139	747
Southampton City Council	581	7,979	0	778
Isle of Wight council	8	1,683	0	55
NHS Resolution	657	0	66	0
Health Education England	0	6,757	706	1,262
NHS Property Services	3,443	13	781	3
Community Health Partnerships	3,093	0	26	0
Solent NHS Charity	17	112	0	0

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

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

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

Note 39 Better Payment Practice code

	2020/21 Number	2020/21 £000	2019/20 Number	2019/20 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	25,882	66,695	28,737	62,278
Total non-NHS trade invoices paid within target	22,293	59,501	26,951	58,021
Percentage of non-NHS trade invoices paid within target	86.1%	89.2%	93.8%	93.2%
NHS Payables				
Total NHS trade invoices paid in the year	1,403	18,418	1,598	16,355
Total NHS trade invoices paid within target	819	12,438	1,318	13,945
Percentage of NHS trade invoices paid within target	58.4%	67.5%	82.5%	85.3%

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

Note 40 Capital cost absorbtion 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%.

Note 41 External financing limit

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

	2020/21 £000	2019/20 £000
External financing limit (EFL)	7,903	17,777
Cash flow financing	(14,914)	5,387
External financing requirement	**(14,914)**	**5,387**
Under spend against EFL	**22,817**	**12,390**

Note 42 Capital Resource Limit

	2020/21 £000	2019/20 £000
Gross capital expenditure	12,122	11,758
Less: Disposals	(2)	(11)
Less: Donated and granted capital additions	(603)	(232)
Charge against Capital Resource Limit	**11,517**	**11,515**
Capital Resource Limit	11,518	11,667
Under / (over) spend against CRL	**1**	**152**

Note 43 Breakeven duty rolling assessment

	2011/12 to 2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000
Breakeven duty in-year financial performance	4,497	(6,274)	(5,062)	(2,084)	737	1,370	286	88
Breakeven duty cumulative position	4,497	(1,777)	(6,839)	(8,923)	(8,186)	(6,816)	(6,530)	(6,442)
Operating income	573,837	187,240	178,854	180,675	187,219	193,119	200,797	238,577
operating income	0.8%	(0.9%)	(3.8%)	(4.9%)	(4.4%)	(3.5%)	(3.3%)	(2.7%)

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF SOLENT NHS TRUST

Opinion

We have audited the financial statements of Solent NHS Trust for the year ended 31 March 2021 under the Local Audit and Accountability Act 2014. The financial statements comprise the Trust's Statement of Comprehensive Income, the Trust Statement of Financial Position, the Trust Statement of Changes in Taxpayers' Equity, the Trust Statement of Cash Flows and the related notes 1 to 43. 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 2020/21 HM Treasury's Financial Reporting Manual (the 2020/21 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2020/21 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 2021 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 (as amended by the Health and Social Care Act 2012) 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.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Directors use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's ability to continue as a going concern.

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 contained within the annual report.

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.

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 course of 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 themselves. 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 National Health Service Act 2006

In our opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with the National Health Service 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 the NHS Improvement's guidance; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to 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; 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 2021.

We have nothing to report in these respects.

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 and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Directors are 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 they either intend to cease operations, or has 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 ensuring that the financial statements are prepared in a format directed by the Secretary of State and 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.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), as well as relevant employment laws of the United Kingdom. In addition, the Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

We understood how Solent NHS Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Trust's board minutes and through enquiry of employees to verify Trust policies, and through the inspection of HR policies and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance through improper recognition of revenue, inappropriate capitalisation of revenue expenditure and management override of controls to be our fraud risks.

To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed the Trusts manual year end receivables and payables accruals, challenging assumptions and corroborating the income to appropriate evidence. We tested year-end cut-off arrangements by selecting samples of income and expenditure from either side of the 31 March 2021 balance sheet date and corroborating the samples to supporting evidence to ensure these were recorded in the appropriate financial year. We also undertook cut-off testing of expenditure posted to month 6 of the financial year to establish whether the Trust had incorrectly included expenditure relating to later months that would trigger reimbursement and top-up funding for that period of the financial year that it would otherwise not be entitled to.

To address our fraud risk of inappropriate capitalisation of revenue expenditure we tested a sample of the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine.

To address our fraud risk of management override of controls, we tested specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we

tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://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 reporting criteria issued by the Comptroller and Auditor General in April 2021, as to whether the Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria 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 2021.

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.

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.

Suresh Patel for & on behalf of Ernst & Young LLP

Suresh Patel

Ernst & Young LLP (Local Auditor), Southampton

14 June 2021