

Agenda

Solent NHS Trust In-Public Board Meeting

30th January 2017 10.30-13:10

Kestrel 1 & 2, Highpoint Venue, Bursledon Road, Southampton, SO19 8BR

**Timings are tentative*

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter
1	10:30	5mins	Chairman's Welcome & Update <ul style="list-style-type: none"> • Apologies to receive <i>To receive</i>	Chair
2			Register of Interests & Declaration of Interests <i>To receive</i>	Chair
3			Confirmation that meeting is Quorate <i>No business shall be transacted at meetings of the Board unless the following are present;</i> <ul style="list-style-type: none"> • a minimum of two Executive Directors • at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair 	Chair
4			*Minutes of Last Meeting and action tracker <i>To agree</i>	Chair
5	10:35	5mins	Matters Arising	Chair
6	10:40	5mins	Any Other Business <i>(not on the agenda but advised and agreed with the Chair for inclusion at this meeting)</i>	Chair
7	10:45	15mins	Safety and Quality First – including feedback from recent Board to Floor Visits <i>To receive</i>	Chief Executive / Chief Nurse
Strategy & Vision				
8	11:00	10mins	Chief Executive Report including the Hampshire & Isle of Wight Sustainability & Transformation Plan (Item 8.2) <i>To receive</i>	Chief Executive
9	11:10	10mins	Quality Improvement Programme – Quarter 3 Update Report <i>To receive</i>	Chief Nurse



10	11:20	10mins	ICT Strategy 2016/17 – 2021/22 <i>To approve</i>	Chief Operating Officer
Programme Delivery				
11	11:30	10mins	Safe Staffing report (6 monthly) <i>To receive</i>	Chief Nurse
12	11:40	10mins	Professional Leadership Report <i>To receive</i>	Chief Nurse
13	11:50	20mins	Performance Report <ul style="list-style-type: none"> • Operations • Quality and Risk • Finance • Workforce • ICT & Transformation • Infrastructure <i>To receive</i>	Executive Leads
14	12:10	10mins	Quarter 3 2016/17 -Business Plan Review <i>To Receive</i>	Director of Finance & Performance
External Relations				
15	12:20	5mins	Current and contemporary conversations with external partners <i>To receive verbal update</i>	All executives
*Reporting Committees				
16	12:25	5mins	*Chairs report on Members Council <i>To receive</i>	Chair
17	12:30	5mins	*Complaints Review Panel <i>To receive update from 8TH December meeting 2016</i>	Panel Chair
18	12:35	5mins	*Charitable Funds Committee Minutes & Chairs update <i>To receive exception report from meeting on 17th Jan 2017</i> <ul style="list-style-type: none"> • <i>Terms of Reference</i> 	Committee Chair
19	12:40	10mins	*Assurance Committee Chair's Update <i>To receive exception report from November meeting and verbal update following January 17th 2017 meeting</i> <ul style="list-style-type: none"> • <i>Amended Terms of Reference appended</i> 	Committee Chair
20	----	----	*Mental Health Act Scrutiny Committee Chairs update <i>No meeting since last</i>	Committee Chair
21	12:50	5mins	*Governance and Nominations Committee <i>To receive exception report 19th December meeting including</i> <ul style="list-style-type: none"> • <i>Amendments to Mental Health Act Scrutiny Committee – to approve</i> • <i>Amendments to Standing Orders – to approve</i> 	Committee Chair

22	12:55	----	Audit & Risk Committee <i>No meeting held since last</i>	Committee Chair
Any other business				
23	12:55	5mins	Items for cascade to other committees <i>To discuss</i>	Chair
24	13:00	5mins	Governor comments and questions	Chair
25	13:05	5mins	Any other business & future agenda items	Chair
26	13:10	-----	Close and move to Confidential meeting The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Board of Directors resolving as follows: “that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960)	Chair

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Date of next meeting: 27th March 2017

Minutes

Solent NHS Trust In-Public Board

Monday 28th November 2016 10:30-13:25

Kestrel 1 & 2, Solent NHS Trust Headquarters, Highpoint Venue, Bursledon Rd, Southampton, SO19 8BR

Chair: Mick Tutt, Non-Executive Director (MT)

Apologies:

Alistair Stokes, Chairman (AMS)

Members:

Sue Harriman, Chief Executive (SH)

Andrew Strevens, Director of Finance (AS)

Alex Whitfield, Chief Operating Officer Southampton and County Services (AW)

Sarah Austin, Chief Operating Officer, Portsmouth and Commercial Director (SA)

Mandy Rayani, Chief Nurse (MR)

Jon Pittam, Non-Executive Director (JPi)

Jane Sansome, Non-Executive Director (JS)

Francis Davis, Non-Executive Director (FD)

Mike Watts, Non-Executive Director (MW)

Julie Pennycook, Director of HR and OD (JPe)

Dan Meron, Chief Medical Officer (DM)

Attendees:

Rachel Cheal, Company Secretary (RC)

1	Chairman's Welcome & Update
1.1	MT in the absence of AMS welcomed members to the meeting. Apologies were received from Alistair Stokes, Chairman. MT formally welcomed Non-Executive Directors Mike Watts and Francis Davis to their first formal Board meeting and formally thanked Julie Pennycook, following her decision to leave the Trust, for her contribution to the Trust and predecessor organisations over the years. Apologies were also noted from Michael North, Lead Governor (observer) and well wishes sent to Jayne Edwards for a speedy recovery from her recent accident.
2	Register of Interest & Declaration of Interests
2.1	Members were asked to declare any updates. No new updates were received.
3	Confirmation that meeting is Quorate
3.1	The meeting was confirmed as being quorate.
4	Minutes of Last Meeting and action tracker
4.1	The minutes of the 26 th September 2016 meeting were agreed subject to a minor amendment to be made to item 10.4 regarding the spelling of 'dual'.
5	Matters Arising
5.1	Regarding Action #531 – SH commented that the issue remains unresolved and will be followed through with the Clinical Director concerned.
6	Any Other Business
6.1	The following item was requested: <ul style="list-style-type: none"> Consideration of the NHS England and Public Health England Letter regarding the healthcare worker flu immunisation programme 2016/17
7.	Safety and Quality First – including feedback from recent Board to Floor Visits and six monthly Board to Floor report

7.1	MT enquired whether there are any pressing quality and safety issues that the Board needs to be aware of. SH stated that there are no additional issues to raise to the attention to the Board other than those already highlighted within the reports.
7.2	AS provided feedback following a visit to the Diabetes Centre at the RSH, 18 th October 2016. The following issues were raised: <ul style="list-style-type: none"> • Staffing and vacancies • IT and connectivity – AS confirmed that issues have been raised with the Chief Information Officer. • Security on site – it was highlighted that improvements can be made and issues have been escalated with the estates team for consideration. • Patient transport - the need to work with partners to improve the situation was highlighted. AW suggested the issue is escalated via CQRM. Action: MR / AW/ SA AS confirmed that a patient they met with was very complementary of the service.
7.3	MR briefed the Board on the Community Neuro Rehab Visit, 31 st October 2016. It was confirmed that the team were positive and proactive and consideration was being given with regards to the specialist epilepsy role due to imminent changes. The following issues were raised: <ul style="list-style-type: none"> • Training • Data and metric monitoring was highlighted as being positive. It was commented that patient feedback suggested the service was well received.
7.4	MR also informed the Board of the visit to CAMHs in Portsmouth, 14 th November 2016. The following issues were raised: <ul style="list-style-type: none"> • Reflection was given in relation to the scale of transition within the service over the last 12 months and the capacity of the clinical and leadership team to support this • Positive recognition was given in relation to the administrative team • The work with the Parenting Voice group and support for staff wellbeing was acknowledged
7.5	With regards to the follow up visit to Snowdon, MR commented on the positive impact of the environmental changes undertaken on the unit and congratulated the estates team for their support. The training implemented in support of the Mental Capacity Act was also highlighted as commendable.
7.6	MR provided an overview of the visits undertaken as summarised by the six monthly report. Key themes were highlighted as IT, staffing, environmental and mandatory training. Assurance was provided that positive progress is being made in each of these areas, however challenges were acknowledged. AW informed the Board on issues associated with the roll out of an Internet Explorer upgrade
7.7	JPi expressed disappointment in relation to the number of cancelled visits and requested that improvements are made in relation to supporting administration. In response, MR confirmed that administration arrangements have recently been changed to support improvements. Specific timings within the schedule to be shared in future to help secure commitment.
7.8	MR commented that reflection will be given on the timing of the visits, to include out of hours, corporate visits and to ensure that patients are available for the Board to meet.
7.9	MW enquired whether there have been other re-visits to services to assess the maturity of the programme. In response MR confirmed that further consideration will be given in January 2017. The Board received the findings from the visits undertaken in the period January to October 2016 and pledged on-going commitment of the Board to Floor Visits programme.

Strategy & Vision	
8	Chief Executive's Report
8.1	SH formally thanked JPe for her contribution on behalf of the Executive Team.
8.2	With regards to the STP, SH acknowledged the publication since the release of the Board papers and confirmed that further consideration will be provided within the Confidential Board, before further discussion within the In Public Board meeting, January 2017. SH confirmed that the governance arrangements associated with the STP, including the Senior Responsible Officer role, is under discussion.
8.3	Concerning the CQC; SH conveyed her personal thanks to staff, stakeholders, partners, governors, patients and carers in relation to their involvement in the process and support provided.
8.4	An overview of the business transacted at the TMT meeting held on 23 rd November was summarised; including discussions held regarding the Operating Plan, the contracting position, the care group governance review and the implementation of the new Trust Ligature Policy. The introduction of Schwartz Rounds were agreed and the Board was informed of the pilot being implemented.
8.5	Changes within the Board Assurance Framework risk scoring were highlighted to the Board.
8.6	MT formally congratulated staff within the Sexual Health Service for the tender outcome. MT also formally acknowledged the receipt of a letter from NHS Improvement regarding agency, which will be discussed further within the Confidential Board meeting.
8.7	The Board received the CEO's report and further update.
Programme Delivery	
9	CQC Report and Actions
9.1	MT provided personal reflection on the CQC report and the acceptance of observations made.
9.2	MR informed the Board that a response will be required to the 18 separate reports and reflected on the Quality Summit held on Friday 18 th November, in particular areas where support from partners will be required.
9.3	An overview of the ownership, monitoring and scrutiny process associated with the action plans was provided. It was acknowledged that there are a number of actions that will require support corporately to ensure implementation and compliance across the organisation.
9.4	MT queried whether the Trust is breaching Single Sex Accommodation Requirements within Maples. In response, MR confirmed that a pragmatic view is required to ensure patient safety and clarification on current status is required. MT reflected on the requirement to report breaches, if these were occurring.
9.5	The continuation of work with lead commissioners in relation to wheelchair provision was highlighted as being essential. The Board were also briefed on key work-streams where partner and commissioning involvement is required in support of addressing CQC recommendations and observations.
9.6	The continued vigilance of the action plans was highlighted, post submission to the CQC on 16 th December.

9.7	AW queried whether internal 'CQC' visits to services will continue into 2017. In response, MR confirmed that a schedule will be implemented to support triangulation including peer review.
9.8	AS queried whether better engagement has occurred with NHS England. SH briefed the Board on the current status and confirmed that further liaison will take place with Dominic Hardy.
9.9	JPi queried whether there will be enough financial resources to cover the training provision and other revenue expenditure associated with the CQC findings. JPi also enquired whether the public health cuts will pose further risks. In response, AW informed the Board of the planned Early Years budget reductions and the need to discuss the integration of early health offerings. JPi commented that consideration of the risk should perhaps be taken in relation to the Board Assurance Framework. SA stated that discussions are being held regarding a taking a view on service quality associated with the financial envelopes and the need to perhaps extend the approach of the Quality Impact Assessments.
9.10	SH commented on the need to be open with commissioners about the financial and quality risk associated with the Substance Misuse Service, within the boundaries of regulation.
9.11	SH confirmed that investment will be made to ensure staff are fully supported to carry out their roles effectively and further debate is needed with the Board regarding the balance of risk, particularly regarding the strategic context. SA commented that a due diligence/ commercial position needs to be considered in light of the strategic environment.
9.12	MT and on behalf of AMS, acknowledged the 'outstanding' rating achieved by the Learning Disability Service. The need to reflect on learning across the organisation from this exemplary service was highlighted.
9.13	SA informed the Board of the celebration event planned for the Learning Disability service on 15 th December. The Board received the report and subsequent update.
10	Quarterly 2 Patient Experience Report 2016/17
10.1	Since presentation at the Assurance Committee, MR confirmed that reference has been made to the outcomes and assurance was provided that mechanisms exist for obtaining feedback.
10.2	The linkage of the report to the Quality objectives was highlighted.
10.3	With regards to the complaints response timeframe; MR informed the Board that national timescales are being reviewed and changes in relation to monitoring arrangements are being considered, particularly for highly complex complaints, to ensure expectations are being managed.
10.4	It was confirmed that a Carers Passport has been implemented and examples of plaudits/feedback were shared.
10.5	JS suggested that there is now an opportunity to review the complaints process, including liaising with the complainant regarding timescales, how complainants wish to receive interactions, and queried the cost effectiveness of the response process. SH stated an end to end review is welcomed. SH commented on the improvements within the report, however suggested that reflection be given to the consideration of service users lived experience within the business of the Trust. Action: MR to undertake an end to end review of Complaints including consideration of service user involvement and provide feedback to future board.
10.6	The Board received the report and supported the recommendations for improvement identified.
11	Performance report

11.1	AS introduced the newly implemented graphical performance summary and rationale for ratings. SH suggested that arrows are added to illustrate an improving or deteriorating position. Action: AS
11.2	<p><u>Operations - Southampton and County Services</u></p> <p>AW highlighted the following exceptions:</p> <ul style="list-style-type: none"> • It was confirmed that discussions are being held with partners in support of the development of an Integrated Provision Strategy • Podiatric Surgery – AW briefed the Board on the history of the service and issues in relation to the lack of theatre space. Assurance was provided that extensive actions and mitigations are being taken, however the risk to the non-achievement of the performance trajectory was highlighted. The Board were also briefed on the financial risk associated with the Spire Contract. JPi queried the impact to patients on the waiting list and AW briefed the Board on alternatives available.
11.3	<p><u>Portsmouth</u></p> <p>SA highlighted the following exceptions:</p> <ul style="list-style-type: none"> • The Board were informed that PCCG are keen to find a way to accelerate partnerships between Primary Care and Solent. It was agreed that a full proposal be shared with the Board in the future. • 136 Suite – the Board were briefed on the latest position. It was confirmed that a collective commissioning position is proposed for a new provider, however further assurance from the proposed providers is required against governance standards. SA stated that the proposed environmental changes are therefore currently on hold. • Frailty interface and discharge to assess service – the Board were informed of the improved sustainability and integrated model, however the full net benefit is yet to be measured. • Children and Families Services – it was confirmed that a joint Head of Early Help Services role between Solent and the Council is proposed which signifies the importance of the integration journey. • Clinical Leadership arrangements – the recent appointment of Tim Treble as Clinical Director, Adults Services Portsmouth was highlighted. The Board were also informed of the forthcoming Operational Director interviews.
11.4	<p><u>Quality and risk</u></p> <p>MR highlighted the following exceptions:</p> <ul style="list-style-type: none"> • Agency – it was stated that ongoing discussions are being held with services to review plans to reduce agency usage • Incidents – MR commented on the delays associated with closures however the quality of reports was acknowledged as improving. The Board were informed of incidents associated with pressure ulcer management and information governance and that these are areas of focus. <p>JS queried whether the impact of staff morale is being monitored in light of sickness and stress data. Action: Executive team to reflect on data</p>
11.5	<p><u>Finance</u></p> <p>AS highlighted the following exceptions:</p> <ul style="list-style-type: none"> • It was confirmed that the Trust is £1.4m ahead of plan at Month 7 and that the £3.5m planned deficit still achievable. However, the Board were informed of the risks associated with telephony costs and podiatric surgery and that further discussion will be held within the confidential meeting

11.6	<p><u>Workforce</u></p> <p>JPe highlighted the following exceptions:</p> <ul style="list-style-type: none"> • Additional staffing (Agency) – it was confirmed that whilst in-month agency has reduced, for the second consecutive month the Trust has however breached the NHSI ceiling. It was confirmed that there is significant internal focus and weekly reporting has been implemented. The additional external reporting requirement to NHSI was acknowledged. • Global Corporate Challenge – the achievements associated with the GCC was highlighted.
11.7	<p><u>ICT & Transformation</u></p> <p>AW highlighted the following exceptions:</p> <ul style="list-style-type: none"> • ICT failures – AW briefed the Board on the recent SIRIs and confirmed that although the root cause is different in each case, each incident relates to the legacy infrastructure. It was confirmed that remaining connections and vulnerabilities are being identified and will be reported to the ICT Committee in January. It was confirmed that the switch over from the RSH, a complex site, is planned over the next few weeks once the risks are currently understood. • Cyber attacks – it was confirmed that a thorough review of defence and preventative measures is to be presented to Board in 2017. The report to be developed by CGI, however JPi queried whether an independent review should be undertaken. Action: JPi and AW to consider testing via internal audit.
12	Data validation assurance report
12.1	AW acknowledged the risk referenced within the Board Assurance Framework associated with data quality (DQ).
12.2	The Board were briefed on the mitigating actions being taken to improve DQ, including support to services to correct their data at source. It was confirmed that additional training is also being implemented.
12.3	The improvements made in relation to KPI validation were highlighted.
12.4	SH questioned whether agency staff have access to systems. AW confirmed the arrangements in place and that SystmOne training is provided when staff are not familiar with the CRS. However, challenges with issuing 24/7 smartcards were acknowledged and it was confirmed that workarounds in place and that the issue is being monitored. Action: AW to check whether the smartcard issue is reflected within the Corporate Risk Register. The Board received the report
13	Quarterly update on nurse revalidation
13.1	The Board were briefed on the status of re-registration and it was confirmed that one staff member had failed to renew their registration. It was confirmed that promotional road-shows are being held across the organisation. MR stated that the finalisation of confirmer arrangements is required. The Board received the report.
External Relations	
14	Current and contemporary conversations with external partners
14.1	AW informed the Board that a paper is to be presented to Southampton City Council regarding Children’s integration in January, further information to be provided at future board. No other exceptions were raised.
*Reporting Committees	
15	*Chairs report on Members Council

15.1	RC reflected on the positive meeting held with Portsmouth Hospital Trust shadow Governors on October 17 th and the proposal to hold joint events in the future.
15.2	The Board were informed of the Governor Deep dive scheduled for 7 th December focusing on STP and the CQC report. SH reflected on emerging views on behalf of Governors regarding the value for money of the CQC process. It was agreed that MT will be in attendance to support this item in respect of his understanding of the CQC's future Inspection and Provider Relationship arrangements.
16	*Complaints Review Panel
16.1	<i>Next meeting 8th December 2016</i>
17	*Charitable Funds Committee Minutes and Chairs update
17.1	MT provided a summary of business transacted at the recent meeting as follows: <ul style="list-style-type: none"> • The current 'holding' position regarding the Committee Chair was acknowledged • The Committee reviewed the draft annual accounts • The Committee received and supported a detailed proposal regarding development of Multi Use Games Area (MUGA) for people detained at Orchards. AW formally thanked Chris Box in support of the proposal.
17.2	FD queried whether Charitable Funds are impacted by the STP. It was confirmed that the Charity is registered in accordance with the Charities Commission and funds assigned accordingly. However, it was confirmed that the use of charitable funds in support of the STP work programme should be considered and clarified. Action: AS to liaise with STP Directors of Finance. The Board received the verbal update.
18	*Assurance Committee Chairs update
18.1	MT informed the Board that the Assurance Committee ratified the following policies at the October meeting: <ul style="list-style-type: none"> • Child and Young Person's Advance Care Plan Policy • Recruitment and Selection Policy • Equality , Diversity and Human Rights Policy • Preloading of Insulin Policy • Central Alert System Policy + Drug Recall SOP • Management of Diarrhoea and Vomiting • Non-Medical Prescribing Policy • Media Policy It was confirmed that Chairs action was taken in relation to the following: <ul style="list-style-type: none"> • Operational Policy for the Use of Seclusion Suite within Maple Ward • Standards of Business Conduct - Register of Interests, Gifts & Hospitality Policy • Complaints Policy • Ligature Risk Assessment • Policy for Medical and Dental Cover for Absent Colleagues

18.2	<p>MT informed the Board that an additional five policies were ratified at the November meeting as follows:</p> <ul style="list-style-type: none"> • Claim Management Policy • Mobile Working Policy • Waiting Time and Patient's Access Policy • Disciplinary Policy • Chaperone Policy <p>The Board received the exception reports acknowledged the ratification of the policies listed above.</p>
19	*Mental Health Act Scrutiny Committee Chairs update
19.1	<p>MT highlighted the following:</p> <ul style="list-style-type: none"> • The retirements of Richard Hibbert and Tom Morton – their individual contribution was acknowledged and appreciated. • Compliance with the expectations of Code of Practice was acknowledged and commended • Report following Coroner's Inquest – DM provided reflection on the judgement and potential implications for practitioners. The Board received the exception report and update.
20	*Governance and Nominations Committee
20.1	<p>The Board were informed of the proposal presented at the Governance and Nominations Committee and subsequent debate held at the Assurance Committee, where support was provided to proceed with the changes concerning the Quality Improvement & Risk Group and Assurance Committee. It was confirmed that an amendment to the QIR Terms of Reference, as submitted in the documentation circulated, was requested, to include the COO's as members. MT confirmed that MR was challenged at the Assurance Committee in relation to ensuring that the changes will not filter out the opportunity for Clinical Directors and others to raise concerns. The Board approved the proposal and Terms of Reference concerning the Quality Improvement & Risk Group and the Assurance Committee.</p>
20.3	<p>JS queried the review of policies and it was confirmed that scrutiny takes place via the Policy Steering Group with ratification remaining with the Assurance Committee. JS enquired whether third party contractors must comply with Solent policies. In response SA described the work being undertaken to provide assurance in relation to contracts and subcontracts, however it was agreed that consideration be deferred to the Commercial Subcommittee in relation to policy compliance. Action: SA.</p>
21	Finance Committee
21.1	<p>JS informed the Board of the review undertaken by the Finance Committee of the Scheme of Delegation, the Standing Financial Instructions and of the Committee's Terms of Reference.</p>
21.2	<p>Regarding the Scheme of Delegation;</p> <ul style="list-style-type: none"> • pg 3, section 3,4 – JPi queried the statement relating to the delivery of financial balance. Action: AS to consider statement and amend as appropriate • pg 32 – JPi queried the reference to 'TDA'. However it was confirmed the TDA still exist as a statutory organisation and that the guidance and processes referenced have not been superseded
21.3	<p>Subject to the amendment / consideration as stated in 21.2, the Board approved the Scheme of Delegation, the Standing Financial Instructions and the Finance Committee Terms of Reference.</p>
22	Audit and Risk Committee

22.1	<p>JPi provided highlights following the meeting held on 16th November;</p> <ul style="list-style-type: none"> • External Audit Plan for 2017/18 –it was noted that the number of risks have reduced which reflecting progress made, however risks associated with the Value For Money conclusion were acknowledged. • The matter of non-audit service due diligence is to be considered by the Finance Committee • Risk Management draft report –it was confirmed that findings are consistent with CQC observations and that a deep dive is planned for the February Committee meeting • Clinical Audit Review - it was confirmed that a report on return on investment and quality improvement will be presented to a future Committee • Income generation – to be deferred to Finance Committee for consideration. <p>The Board received the update.</p>
Any other business	
23	Items to cascade to other committees / organisation
23.1	<p>The Board reflected on the following matters for consideration for cascade throughout the organisation/ teams as appropriate:</p> <ul style="list-style-type: none"> • Commercial subcontract policies – to be deferred Commercial Group • Board to Floor Visits - NEDs acknowledged the importance of visits • Complaints – the end to end review being undertaken • The acknowledgement concerning the need to balance on going risks, particularly in light of the complex external environment • The implications on service provision in relation to Public Health Cuts
24	Governor comments and questions
24.1	No governors in attendance and no questions raised by observer.
25	Any other business & future agenda items
25.1	<p><u>PHE and NHS England Letter re: Healthcare working flu immunisation programme 2016/17</u></p> <ul style="list-style-type: none"> • MT acknowledged the letter received on behalf of the Chairman regarding encouraging immunisation uptake • It was commented that there is strong executive support for the vaccination programme within the Trust and that uptake is higher than this point last year.
26	Close and move to Confidential meeting
26.1	No further business was discussed and the meeting was closed.

Board Part 1

Action no.	Date of Meeting	Agenda item ref:	Concerning	Action detail	Exec Lead / Manager	Completion date	Update for January 2016 meeting
533	28/11/2016	7.2	Patient transport issues (following Board to Floor visit to Diabetes team, RSH)	Patient transport - the need to work with partners to improve the situation was highlighted. AW suggested the issue is escalated via CQRM. Action: MR / AW/ SA	MR/ AW/SA		This was raised at Southampton Contract Review meeting in January and is being taken through CQRM with West Hampshire as they are lead commissioner. Raised at CQRM and individual examples were provided of substandard provision for commissioners to escalate on Solent's behalf.
534	28/11/2016	10.5	End to End review of Complaints Process	Action: MR to undertake an end to end review of Complaints including consideration of service users involvement and provide feedback to future board.	MR		
535	28/11/2016	11.1	Performance summary	AS introduced the newly implemented graphical performance summary and rationale for ratings. SH suggested that arrows are added to illustrate an improving or deteriorating position. Action: AS	AS		Complete
536	28/11/2016	11.4	Monitoring of staff morale / impact on workforce data	JS queried whether the impact of staff morale is being monitored in light of sickness and stress data. Action: Executive team to reflect on data	Exec team		To be considered aligned to staff survey feedback.
537	28/11/2016	11.7	Cyber attacks	<ul style="list-style-type: none"> Cyber attacks – it was confirmed that a thorough review of defence and preventative measures is to be presented to Board in 2017. The report to be developed by CGI, however JPi queried whether an independent review should be undertaken. Action: JPi and AW to consider testing via internal audit. 	Jpi /AW		A review has been completed by the IG lead and ICT Dept and is going to Audit Committee in February.
538	28/11/2016	12.4	Agency smartcards /access to SystemOne	Action: AW to check whether the smartcard issue is reflected within the Corporate Risk Register.	AW		AW has checked. It has not been raised on the risk register as an issue. Teams are collecting data on how often it is a problem.
539	28/11/2016	17.2	Use of charitable funds for wider STP	Action: AS to liaise with STP Directors of Finance (to consider and clarify position)	AS		Complete
540	28/11/2016	20.3	Third party contractor policy compliance	JS enquired whether third party contractors must comply with Solent policies. In response SA described the work being undertaken to provide assurance in relation to contracts and subcontracts, however it was agreed that consideration be deferred to the Commercial Subcommittee in relation to policy compliance. Action: SA.	SA		Due to Commercial Group in January 2017
541	28/11/2016	21.2	Scheme of Delegation	Regarding the Scheme of Delegation; <ul style="list-style-type: none"> pg 3, section 3,4 – JPi queried the statement relating to the delivery of financial balance. Action: AS to consider statement and amend as appropriate 	AS		Complete- amended to: <i>Deliver the control total agreed with NHS Improvement</i>

523	26/09/2016	7.6	Board to Floor Visits - Orchards	AMS enquired about timescales for reviewing the door locking system. MR reported that the current process is to be given a 6 month trial. It was agreed that MR provide an update at the next Board meeting.	MR		November 2016: MR confirmed this will be reviewed in January 2017.
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529	26/09/2016	12.2	Q1 2016/17 Mid Year Engagement Survey and Staff FFT Report	It was agreed that further analysis of the data is undertaken to review the completion rates and actual engagement improvement scores.	SM	November 2016: Jpe confirmed that the survey is still open and closes at the end of this week. It was agreed that further update be provided at the January 2017 meeting.
530	26/09/2016	19.2	Complaints Scrutiny Panel	MR reported that the Group considered the number of complaints to be reviewed and it was agreed that the duration of the Group would need to be lengthened significantly if numbers were increased. It was agreed that the Committee reconsider.	MR	November 2016: MR confirmed that this will be considered at the next meeting (later this week) and feedback to be provided at the January 2017 Board.
531	26/09/2016	22.1	MHASC	It was noted that the young person detained within the 136 suite remains subject to a SIRI process, therefore an update will be provided to the Board in November.	MT	November 2016: To be followed through at November Mental Health Act Scrutiny Committee. Verbal update to be given to the Board. SA confirmed that this issue has been offered for escalation however detail is outstanding from the Clinical Director.

Title of Paper	CEO Report –January 2017		
Author(s)	Sue Harriman, Chief Executive Officer		
Link to strategic Objective(s)	<input checked="" type="checkbox"/> Improving outcomes	<input checked="" type="checkbox"/> Working in partnership	<input checked="" type="checkbox"/> Ensuring sustainability
Link to CQC Key Lines of Enquiry (KLoE)	<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led
Date of Paper	20 th January 2017	Committees presented	N/A
Action requested of the Board	<input checked="" type="checkbox"/> To receive	<input type="checkbox"/> For decision	

1. Statement on quality, finance and performance

This is covered in full within the integrated performance report.

2. Strategic update

Sustainability and Transformation Plans (STP)

The Hampshire and Isle of Wight STP has been subject to Board debate for a number of months and all members of the Executive Team have been involved in the co-production of the final STP. Today the Plan is presented to Board in public following full and final approval, **see Item 8.2**. The STP provides a clear but challenging plan for the transformation of services over the next four years. The plan supports the development of Population Health Integrated Services across our cities and the County as well as emphasising the development of strategies to prevent ill health and enhance wellbeing; this is in line with the established NHS Solent Strategy. It is recognised that the Plan to date has been produced without wider stakeholder involvement and now we must actively engage with citizens to ensure any service developments are coproduced with our local populations. Solent recognises the STP is challenging but also provides significant opportunities for the Trust to realise its ambitions and to achieve its Vision.

STP growth values in contracts

As part of the contracting round for 2017/18 and 2018/19, CCGs have increased the block contracts for the Solent community and mental health services by 3.4% and 1.9% respectively, which is in-line with the Sustainability and Transformation Plan (“STP”) for Hampshire and the Isle of Wight.

Recognising that significant savings need to be delivered by the out-of-hospital sector in reducing the activity going into acute settings, some of the CCGs have set conditions on how the growth money can be used; the conditions range from using the growth money within the overall financial envelope to needing approval for specific investments.

In addition to the growth shown above, the national net tariff uplift of 0.1% has been applied to our contracts.

As part of the requirements of parity of esteem, CCGs are required to make increases in expenditure in mental health services at least equal to their increase in allocations. The allocation growth for our major CCGs amounts to 2.00% for 2017/18 and 1.99% for 2018/19.

CQC inspection

The CQC action plan was delivered on time and included the number of Must/Should Do actions that were already completed (39%), in progress (60%) and yet to be started (1%). The action plan will be monitored in each Care Group by the Chief Operating Officers as part of a single quality action plan and at Corporate Performance Sub Committee for the corporate actions. The exact monitoring arrangements will be confirmed with the Operational Directors and the Head of Performance.

County Services

Mobilisation is well underway for the new sexual health services contract which starts on 1 April 2017.

Southampton System

In December there was a visit of the national Delayed Transfers of Care (DTOC) team to the Southampton and South West System. The "Assess at Home" scheme which has been running in Southampton city was praised. It is aiming to take 10 patients a week home for assessment – providing 7 days of care while the assessment is completed. Between July and November the service has cared for 149 patients and 35% of them were fully independent at the end of the intervention.

As a result of the visit the system set itself a target of reducing DTOCs to fewer than 100 before Christmas. This was achieved with 98 DTOCs in UHS on 24 December 2016. Following Christmas, the number has increased with particular pressures on four times daily domiciliary care packages.

Portsmouth System

We have received a Multi-speciality Community Provider proposal for a partnership between the Portsmouth Primary Care Alliance and Solent to deliver system changes to improve community services and reduce inappropriate acute care demand. The proposal is under discussion and development between the agencies.

The urgent care system has been under pressure over the holiday period with significant pressure on Portsmouth Hospitals Trust, recurrent black alerts, and pressure on Solent services exacerbated by capacity constraints in the domiciliary care market.

Finance

The in-month deficit is £0.2m (£0.2m adverse to plan) with a Year to Date deficit of £2.4m (£0.9m positive to plan). The forecast out-turn remains £3.5m deficit, which is in line with our submitted plan.

ICT

The IT network is not yet at its final configuration and as a result there continue to be occasional priority 1 issues. Disruption to services has been minimised by the use of the remote access solutions, and because the issues are resolved within a few hours. The final connections with legacy systems will be replaced in January 2017. This will increase the stability of the system.

3. Current news

Current Trust news is available on the trust website www.solent.nhs.uk

4. Complaints

There has been an increase in the number of formal complaints received during the last month. This mirrors the increase in informal concerns received as a result of the reported

difficulties with the community nursing service that occurred prior to and during the Christmas period. The Community Nursing Team received four complaints whilst Adult Mental Health (AMH) received five. It should be noted that the two of the cases for AMH related to Older Persons Mental Health that had previously been considered as part of Adults Portsmouth.

The target for formal complaints closed within 30 days is 100%; actual performance stands at 60%. The failure to meet this target is aligned to the complexity of complaints received. As agreed at the Complaint Scrutiny Panel, work is being finalised on agreeing revised timescales and criteria aligned to the complexity and cross organisational complaints.

5. Update from the Trust Management Team (TMT) meeting

TMT met on 23rd November 2016, a summary of business transacted is described below:

- The Committee reflected on the recent CQC Quality Summit and positive learning experience.
- The CEO briefed the Committee on the latest position regarding the Sustainability and Transformation Plan.
- The Committee were informed of the newly developed Ligature Policy and associated communication and engagement plan to assist implementation.
- An update was provided in relation to the development of the Workforce Planning dashboards and the latest position concerning the CPMO.
- The Committee supported the progression of Schwartz Rounds and it was agreed to pilot the programme within Portsmouth.
- Members reflected on the findings of the recent Service Line Governance report and recommendations.

A verbal update of the meeting held on 25th January 2017 will be provided at the meeting.

6. Board Assurance Framework and Corporate Risk Register

Board Assurance Framework

The highest strategic risks to the organisation are summarised below.

Notable changes this month include:

- A reduction in the mitigated score of the financial sustainability risk down to 9 from 12, predominantly due to the month 9 financial position and contract negotiation outcomes.
- The risk associated with Quality Governance and Quality Improvement (#57) has been amended to reflect the key findings of the comprehensive CQC inspection during summer 2016.

		Raw unmitigated score	November Mitigated Score	January Mitigated score	Target risk score
13	ICT	S5X5L = 25	S4 X L4 = 12 ↓	S4 XL3 = 12 ⇔	S3 x L3 = 9
55	Workforce capacity	S5 X L4 = 20	S4 X L3 = 12 ⇔	S4 X L3 = 12 ⇔	S2XL2 = 4
57	Quality Governance and quality improvement	S4 XL4 = 16	S4 X L3 = 12 ⇔	S4 X L3 = 12 ⇔	S3X L2 = 6
58	Future organisational function	S5 XL3 =15	S4 XL4 = 16 ↑	S4 XL4 = 16 ⇔	S3X L2 = 6
59	Business as Usual	S5 XL4 =20	S4 X L3 = 12 ↑	S4 X L3 = 12 ⇔	S3X L2 = 6

KEY: ⇔ = same as previous, ↑ increase in score ↓ decrease in score

Corporate Risk Register

The Risk register is a 'live' register of the risks identified by service lines. New risks are added to the register and existing risks and associated mitigation arrangements are reviewed each month. The following have the greatest prevalence on the risk register:

- Information Technology
- Staffing
- Access to Services
- Estates
- Contracts

Sealings

No items

Signings

No items

Sue Harriman

Chief Executive 20th January 2017

Hampshire and Isle of Wight

Health & Care System STP Delivery Plan

Final Draft
21 October 2016



Introduction

This document is the **Delivery Plan** of the Hampshire and Isle of Wight Health (HIOW) and Care System Sustainability & Transformation Plan (STP). It summaries **the challenges we face, our vision for Hampshire and the Isle of Wight**, and the action we are taking to address our challenges and deliver our vision. The plan sets out the details of our **six core delivery programmes** and our **four enabling programmes** – the priority work that partners in the health and care system are undertaking together to transform outcomes, improve satisfaction of patients and communities, and deliver financial sustainability. Each programme has senior clinical and managerial leadership, detailed programme plans underpinned by robust analysis, clear delivery milestones, and consensus about the priorities and approach to delivery.

Delivering our plan will result in tangible benefits and improvements for local people and communities. We are:

Investing in prevention and supporting people to look after their own health	We are implementing a series of evidence based solutions focused on primary & secondary prevention and behaviour change, supported by technology. This will improve healthy life expectancy, improve cancer survival rates, and reduce dependency on health and care services. Tackling obesity in childhood and improving life choices will deliver long term benefits.
Strengthening and investing in primary and community care	We are implementing the GP Forward View in HIOW. GP practices are collaborating and working at scale to deliver access for urgent needs across an extended 7 day period. Services operating within the currently fragmented out of hospital system are coming together to deliver a single, coordinated extended primary care team for local populations. More specialist care is being delivered in primary care settings. New models of integrated care for children are being delivered across our system.
Simplifying the urgent and emergency care system,	We are simplifying the urgent and emergency care system, making it more accessible to patients. As a result we will consistently deliver the A&E and ambulance standards. We are improving patient flow, ensuring that best practice is implemented in every locality without delay, and investing in home based care capacity. This will mean that Delayed Transfers of Care are lower than the national 3.5% requirement
Improving the quality of hospital services	Acute hospital providers are working as an Alliance to reconfigure unsustainable acute services to improve outcomes and optimise the delivery for the population in Southern Hampshire and on the Isle of Wight. Supporting services will be reviewed to ensure that provision is efficient and cost effective. We will determine the best option for a sustainable configuration of acute services in North & Mid Hampshire and work together to deliver the agreed option. We are implementing the national recommendations , including those in maternity services to improve outcomes and reduce variations in practice.
Making tangible improvements to mental health services	We are making tangible improvements to mental health services for children and adults, and services for people with learning disabilities. We are committed to valuing mental and physical health equally to ensure that support for mental health is embedded holistically across the system and not seen in isolation in order to achieve parity of esteem. The four HIOW Trusts providing mental health services (SHFT, Solent NHST, Sussex Partnership FT and IoW NHST), commissioners, local authorities, third sector organisations and people who use services, are working together in an Alliance to deliver a shared model of care with standardised pathways and enact the Five Year Forward View for Mental Health.
Creating a financially sustainable health system for the future	As we transform services to improve patient experience and outcomes, we are also reducing overall system costs and avoiding future cost pressures from unmitigated growth in demand. We are striving for top quartile efficiency and productivity in all sectors. We are adapting financial flows and contracting and payment mechanisms to align outcomes, metrics and financial incentives to support optimum patient outcomes, improved decision making and financial stability. Through a combination of efficiency savings and transformation set out in this plan, and using £60m of the STP fund, we will deliver at least a break even position by 2020/21. We are working to identify a further £60m of savings to deliver our surplus requirements.

Our plans are underpinned by a new way of working between NHS providers and commissioners and social care, with shared responsibility for delivery and partnership behaviours becoming the new norm. We will manage our workforce as one Hampshire and Isle of Wight system. We are investing together in digital technology. Our leadership and organisational development programme assists us to create the culture necessary for success. Our delivery infrastructure includes robust programme and project management, and clear governance systems. Our plan is overleaf.

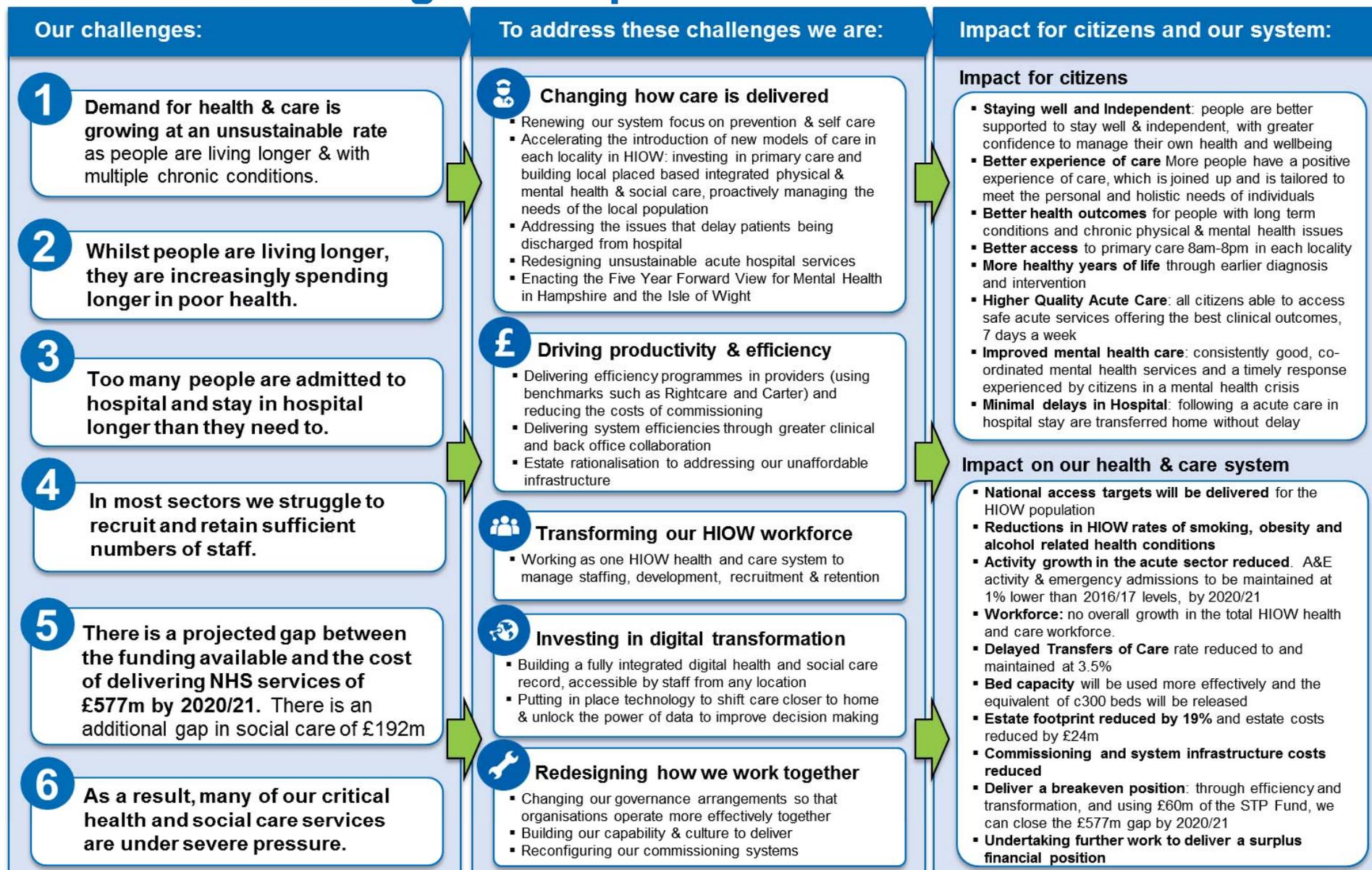
Hampshire & Isle of Wight STP Delivery Plan

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Section 1: Summary

The case for change & our plan



Key components of our new system of care

The core characteristics of the health and care system being created for Hampshire and the Isle of Wight are summarised below.

Characteristics of the new system:

We are designing and introducing a new system of care to address the challenges we face. The figure opposite describes our ambition for the health and care system being developed in Hampshire.

The diagram, below right, illustrates the key components of the future model:

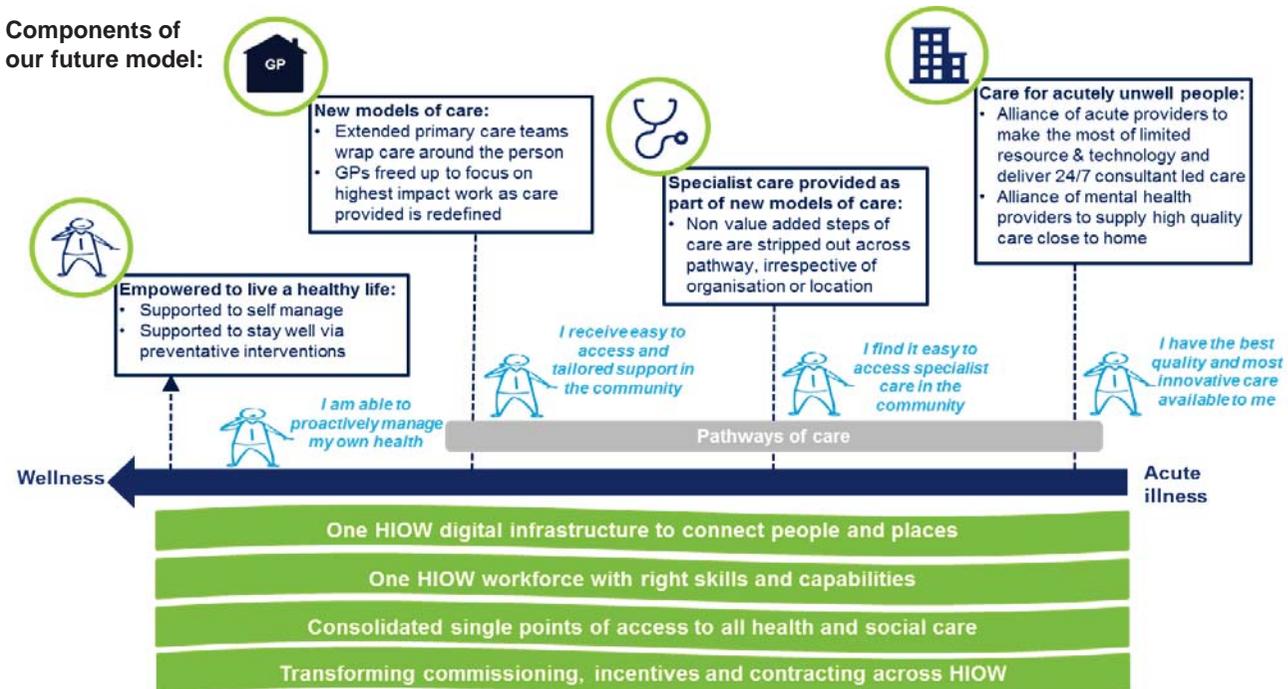
- Citizens are able to proactively manage their own health
- Citizens have easy to access and tailored support in the community
- Citizens find it easy to access specialist care in the community
- Citizens have the best quality and most innovative care available to them
- While these changes will mean fewer and shorter journeys for most, we recognise that some, particularly those on the Isle of Wight, may need to travel further for care than today. Partners are aware of this and will work to minimise the impact.

New working arrangements between organisations to enable delivery:

As providers and commissioners of care we have agreed to share our resources and risk and to collaborate in a new way to deliver this plan.

Current System	New System
Reactive and focused on treating illness	Proactive, designed to support wellness at every step
Emphasis is on the care professional	People are empowered, supported and encouraged to take responsibility for their own health and wellness
A lot of care is delivered in hospital	An avoidable hospital admission is considered a failure
Services are variable in availability and quality	Removal of unwarranted variation and access to care 7 days a week where there is need
Focused on organisations	New models of care based around the person
Mental wellbeing and physical health considered separately	Holistic needs of individuals considered throughout our whole system

Components of our future model:

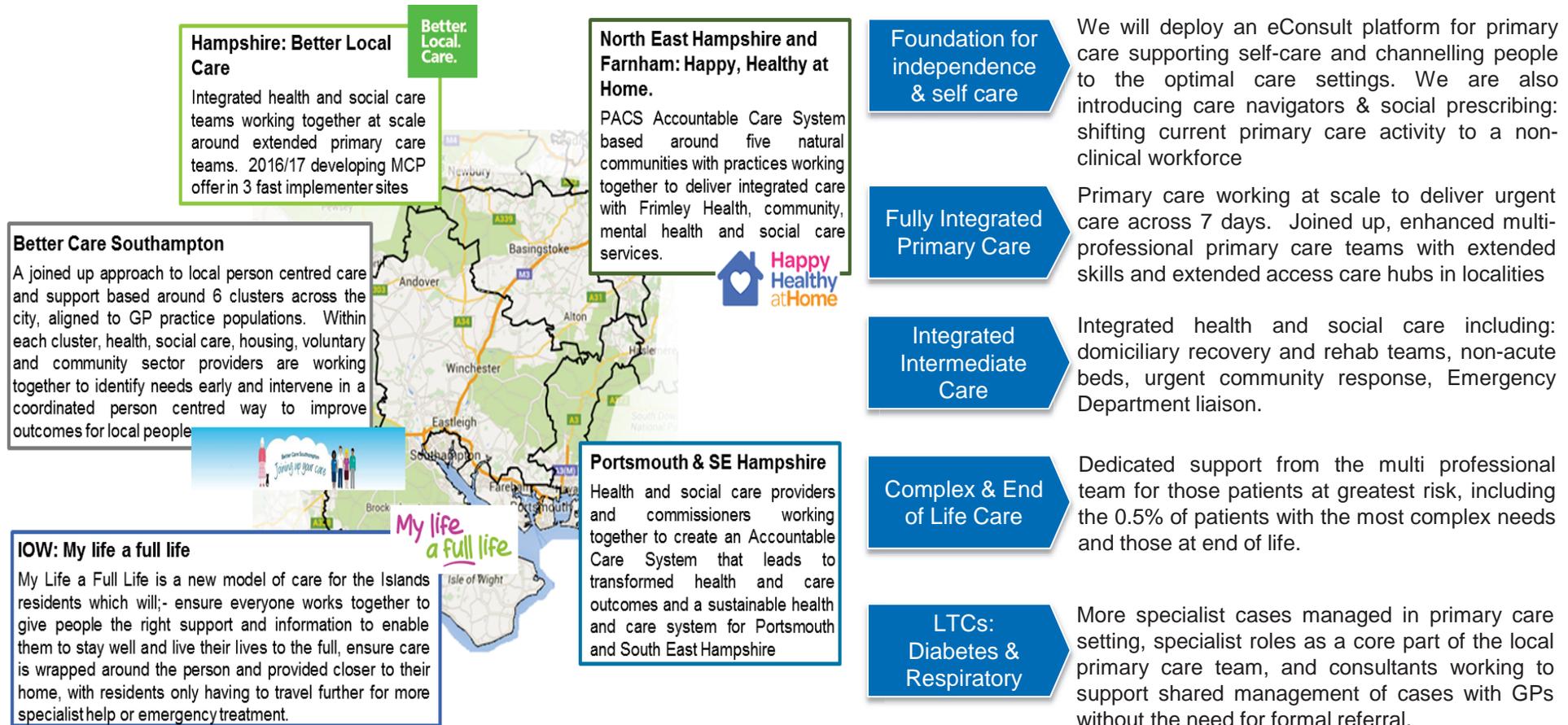


Place based systems of integrated care the bedrock of our plan

Our local place based services in Southampton, Isle of Wight, Portsmouth and in natural communities in Hampshire are the bedrock of our plan, each one brings together primary, community, social, mental health, and voluntary sector services into a multi-disciplinary team providing extended access and simplified care for the local population.

We are delivering this new model through three vanguard programmes and through transformation programmes in Portsmouth & Southampton City, as illustrated below:

These programmes will deliver place based integrated care through consolidated single points of access and sustainable primary care in each locality in HIOW, with 5 'big ticket' interventions consistently implemented:



Our priority actions to transform service delivery

As leaders of the health and care system in HIOW, we are working together to transform outcomes and improve the satisfaction of local people who use our services. We are committed to valuing mental and physical health equally to ensure that support for mental health is embedded holistically across the system. Through the STP we have come together to address our pressing local issues and deliver longer term sustainability by working at scale.

Our priority actions as a health and care system in HIOW are:

By the end of 2016/7:

In 2017/18:

To deliver a radical upgrade in prevention, early intervention and self care

- 1 We are implementing a series of evidence based solutions focused on primary & secondary prevention and behaviour change, supported by technology. This will improve healthy life expectancy & reduce dependency on health and care services. We will be doing more prevent the development of mental health problems and supporting early intervention across primary care.

All NHS organisations will have a MECC plan and acute trusts will have a robust pathway for smoking cessation.

Evidence based programmes will be implemented that impact on smoking rates, cancer screening A&E attendance & sexual health.

To accelerate the introduction of new models of care in each community in HIOW

- 2 We are supporting people to live independently, providing extended access to primary care, delivering the GP Five Year Forward View and ensuring proactive joined-up care for people with chronic conditions. This will reduce demand for acute services & effect a shift towards more planned care.

15% of integrated primary care hubs will be operational.

75% of integrated primary care hubs will be operational. National diabetes pathways fully implemented.

To address the issues that delay patients being discharged from hospital

- 3 We are improving patient flow, ensuring that best practice is implemented in every locality without delay, and investing in home based care capacity. This will mean that Delayed Transfers of Care are lower than the national 3.5% requirement.

Every patient in hospital will have a discharge plan which is understood by professionals; the patient and their carers.

Implementation underway of a collective approach to grow the domiciliary care workforce and capacity.

To ensure the provision of sustainable acute services across HIOW

- 4 Acute hospital providers are working as an Alliance to reconfigure unsustainable acute services to improve outcomes and optimise the delivery for the population. Supporting services will be reviewed to ensure that provision is efficient and cost effective.
- 5 We will determine the best option for a sustainable configuration of acute services in North & Mid Hampshire and work together to deliver the agreed option.

Sustainable solutions will be agreed for priority specialties across Hampshire and the Isle of Wight.

Implementation underway of transformation plans in back office services, pharmacy, pathology, radiology and outpatients.

The best option for configuration of services in North & Mid Hampshire will have been identified.

Consultation on and agreement of option for configuration of services in North & Mid Hants.

To improve the quality, capacity and access to mental health services in HIOW

- 6 The four HIOW Trusts providing mental health services (SHFT, Solent NHST, Sussex Partnership FT and IoW NHST), commissioners, local authorities, third sector organisations and people who use services, working together in an Alliance to deliver a shared model of care with standardised pathways and enact the Five Year Forward View for Mental Health.

We will commission mental health services on an Alliance wide basis initially focussing on out of area placements and crisis response.

A local recovery based solution replacing high cost out of area residential long term rehabilitation will be in place.

To underpin and enable this transformation we are working as one HIOW to manage our staffing, recruitment and retention, with one workforce strategy, building the digital and estate infrastructure to support change, and adapting the way we commission care to enable transformational change.

Impact and benefits for Hampshire and the Isle of Wight

Implementation of our STP will improve both the physical and mental health and wellbeing of citizens in HIOW, and lead to a clinically and financially sustainable health and care system. The impact expected through the delivery of our plan is summarised below.

Impact of our plan for HIOW citizens		Impact of our plan on our system		Impact of our plan on value and affordability	
<p>Staying well and Independent</p> <p>People living in HIOW are better supported to stay well & independent, with greater confidence to manage their own health and wellbeing</p>	<p>Better experience of care</p> <p>More people in HIOW have a positive experience of care, which is joined up and is tailored to meet the personal and holistic needs of individuals</p>	<p>Reduction in presentations of preventable conditions</p> <p>Reductions in HIOW rates of smoking, obesity and alcohol related health conditions</p>	<p>Activity Changes</p> <p>Activity growth in the acute sector will be reduced. A&E attendances and emergency admissions are expected to be maintained at 1% lower than 2016/17 levels, by 2020/21</p>	<p>The Potential Gap</p> <p>If the NHS across HIOW does nothing to deliver efficiencies and cost improvements and change the demand and delivery of health care, it will have a financial gap of £577m by 2020/21</p>	
<p>Better Health Outcomes</p> <p>People in HIOW with long term conditions and multiple chronic physical and mental health issues experience better health outcomes</p>	<p>Better Access to Care</p> <p>All citizens are able to access primary care in their locality between 8am-8pm and at weekends</p>	<p>Workforce</p> <p>There will be no overall growth in the total HIOW health and care workforce. We will decrease reliance on agency workers, and flex staff resources across the system</p>	<p>Bed reductions</p> <p>Bed capacity will be used more effectively to generate 9% efficiency in our acute bed stock (c300 beds).</p>	<p>Using Our Share Of The STF</p> <p>We anticipate receiving £119m of the STF, of which we propose using £60m to fund the underlying model of services and £59m to invest directly in transforming services</p>	<p>Closing The Finance Gap</p> <p>Together with £60m from the STF, our STP will deliver savings of £517m, closing the financial gap and achieving financial balance</p>
<p>More Healthy Years of Life</p> <p>Earlier diagnosis of physical and mental health conditions, leading to improved outcomes & survival rates, & more healthy years of life</p>	<p>Higher Quality Acute Care</p> <p>All citizens able to access safe acute services offering the best clinical outcomes, 7 days a week</p>	<p>Estate</p> <p>Estate footprint reduced by 19% and estate costs reduced by £24m</p>	<p>Access Targets</p> <p>National access targets will be delivered for the HIOW population</p>	<p>Finding The Additional Savings</p> <p>Recent commissioner and provider control totals require a surplus of £50m in 2017/18 and £74m in 2018/19. This requires additional savings and we are exploring further options to achieve this</p>	<p>Social Care And Public Health Pressures</p> <p>Over the next four years, that is further exacerbated by a further £192m social care and public health pressures</p>
<p>Improved Mental Health Care</p> <p>Consistently good, co-ordinated, timely response experienced by citizens in a mental health crisis, and consistently high quality mental health services</p>	<p>Minimal delays in Hospital</p> <p>Patients receive more of their care at home and in their community, and following a acute care in hospital stay are transferred home without delay</p>	<p>Delayed Transfers of Care</p> <p>DTOC rate reduced to and maintained at 3.5%</p>	<p>Financial Breakeven</p> <p>Through efficiency and transformation, and using £60m of the STP Fund, we can close the £577m gap by 2020/21 to deliver a breakeven position</p>	<p>Moving Ahead</p> <p>We are committed to working as one system, focused on reducing and avoiding costs. We will develop suitable planning, financial flows, contracting and risk management processes to enable this</p>	<p>Investing In Estate</p> <p>We anticipate a capital investment of around £195m all such investment will require business case approval by relevant statutory organisation</p>

STP Integration & Governance to support delivery

Strategic Governance and Oversight

As we move from STP development to joint delivery, our governance arrangements have been revised. The arrangements reflect the fundamentally different approach to system leadership that is required to deliver our plans: substantial changes to our roles and relationships with citizens, a joined up approach between agencies, with many partners working together in new ways and building trust and working relationships around a common goal.

A **Hampshire and Isle of Wight Health and Wellbeing Group** will provide strategic political and clinical oversight of the STP: setting the overall direction, delivering system wide organisational agreement and enabling key decisions to be made and implemented that:

- best serve the interests of citizens across HIOW.
- respect the prime importance of 'place'.
- drive a sense of collective corporacy where individual organisational/professional/interest group interests do not trump what is in the interests of the common good (people first, system next, organisation last).
- provide effective, high quality services within available resources.

The Group will be a Joint Committee of the existing four Health & Wellbeing Boards and its membership will include the chairs/vice chairs of the four HWBs, and it will provide a structure to achieve the political and clinical leadership consensus to grip the strategic issues facing health and care services in HIOW.

Our plans enable and support greater integration of health and adult social care in HIOW

The Adult Social Care Alliance of the four Councils Chief Officers for social care have agreed to work together and across boundaries to help deliver the ambition within the STP particularly taking a lead role in the Patient Flow work and in partnership with NHS colleagues in the New Models of Care work. Each Health and Well Being Board working in partnership with A & E Boards, has a plan for reducing Delayed Transfers to at least 3.5% and has embraced the good practice identified in the NHSE Quick Guides and the New Models of Care.

Southampton has a joined up commissioning approach and a joint hospital discharge team which has helped to deliver improved patient flow and timely discharge. This is part of a wider plan to integrate services and commissioning across the NHS and the Council.

Portsmouth has had integrated commissioning for many years and their plans have taken a proactive pull approach to improving patient flow which fits with the Patient Flow Workstream as well as the new models of care. Learning from what works in other care pathways has been key to a new approach as has making changes to the cultural attitudes in clinical and professional staff towards change.

The IOW is a Vanguard area and has a strong integrated approach with joint visible Council and NHS leadership of change and challenge. The link to improved Patient Flow is clear and the development of the vanguard demonstrates implementation of new models of care.

Hampshire is implementing a Transformation Programme which has redesigned the social care service to the Acute Hospital Trusts and has recommissioned domiciliary care from a wider provider base. The HWB Board has overseen this work and it is aligned to the work of the STP workstream.

Accountability across HIOW

The STP does not change the accountabilities held by the statutory Boards / Local Authorities, and four Health and Wellbeing Boards established across the Hampshire and Isle of Wight Sustainability and Transformation Plan footprint.

The Accountable Officers of the constituent organisations are fully accountable to their boards and may work with delegated authority within the limits imposed by the organisation's agreed scheme of delegation. They will be responsible for ensuring that their Boards are able to fully discharge their accountabilities by ensuring there is regular and timely briefing of Boards and Health and Wellbeing Boards on the STP programme, risks, opportunities and decisions.

Detailed business cases for any system investment will be reviewed by the Executive Delivery Board and, if necessary, ratified by the relevant statutory Boards. Moreover, any proposed arrangements for sharing risk and reward at a wider system level will not only require statutory Board sign off, but also the development of a scheme of delegation to be agreed by Boards that sets out how assurance arrangements will be discharged.

In recognition of the challenge of balancing pace and delivery, with a decision making process that requires the input and assent of 20 different statutory bodies and four Health and Wellbeing Boards, the STP governance arrangements will:

- utilise opportunities to discharge accountability by working together.
- establish multi-organisational working groups to collectively develop and make joint recommendations to the Executive Delivery Board.
- explore opportunities to reduce complexity: For example, commissioners in part of Hampshire are developing proposals to appoint a single accountable officer to represent a number of CCG Governing Bodies.
- only take decisions at the HIOW STP level where this adds value. This will include:
 - setting and assuring the overall strategic vision for health and care across Hampshire and the Isle of Wight.
 - developing and assuring the delivery of hyper-acute and specialised physical and mental health services for the citizens of Hampshire and the Isle of Wight.
 - developing and assuring the delivery of the strategic workforce transformation proposals.
 - developing and assuring the delivery of the digital and intelligence transformation proposals.
 - reviewing and making recommendation to statutory Boards on business cases for system wide investment.

STP Delivery Structure

Delivery Model

Hampshire and the Isle of Wight health and care providers and commissioners have worked together to produce an overarching Hampshire and Isle of Wight STP. Given the size and diversity of the STP footprint, it has been agreed that the overarching STP will comprise a number of Local Delivery Systems, which bring the local commissioners and providers together to articulate the changes required at a local system level and how and when they are going to be achieved. In many cases these Local Delivery Systems preceded the STP and have established governance and operational delivery arrangements in place. The footprints for these are as follows:

- North and Mid Hampshire
- Portsmouth and South East Hampshire
- Isle of Wight
- Southampton
- South West Hampshire
- Frimley Health (noting that whilst the Frimley Health system operates as self-contained STP, it continues to have a critical relationship with the Hampshire and Isle of Wight health and care system).

There are a number of key programmes which span Hampshire and the Isle of Wight, including strategic workforce development, acute physical and mental health development, digital transformation and strategic investment models. However, it is recognised that the Local Delivery Systems will be the engine rooms for change, and the route to secure clinical, patient and public engagement.

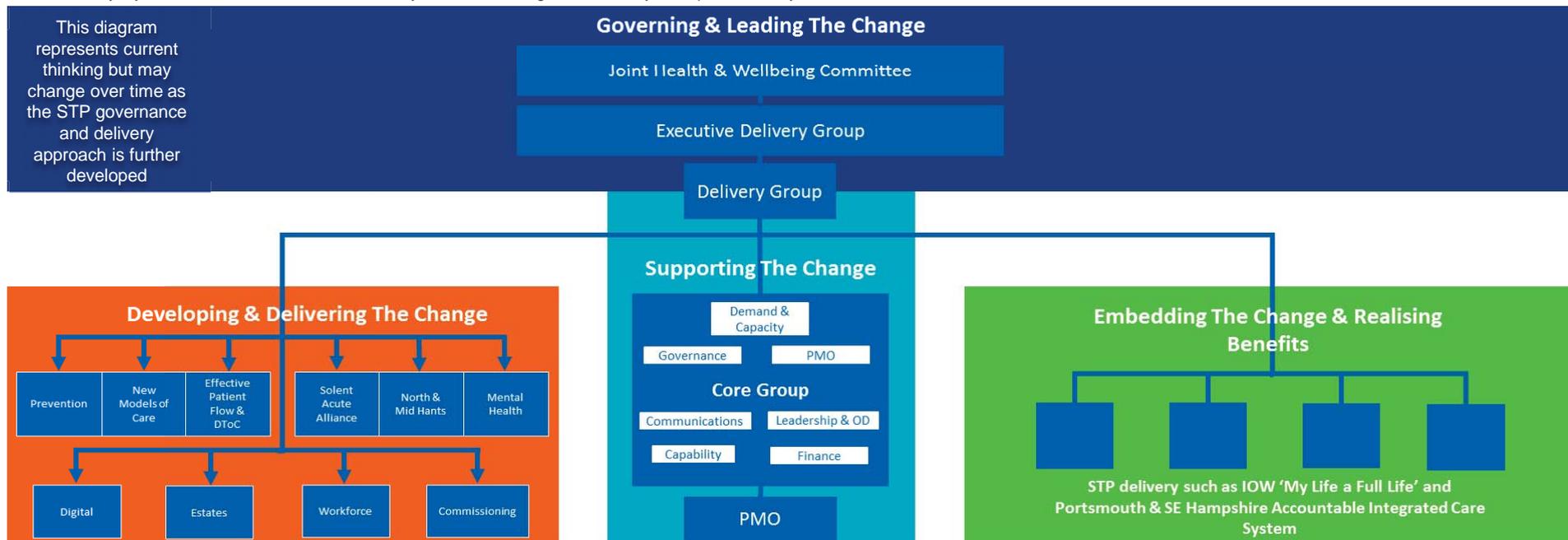
In the Portsmouth and South East Hampshire Local Delivery System, for example, the local commissioning and provider partners will create an aligned two year operating plan, setting out how the STP ambitions will be enacted through a new integrated governance and leadership system: an Accountable Care System. The Local Delivery System's Operating Plan will set out how the local system's share of the overarching STP's financial savings, activity shifts and performance improvement requirements will be met and how risk will be identified, shared and collectively mitigated. Alongside the accountability discharged by the local statutory organisations, the Portsmouth and South East Hampshire Local Delivery System will also be held to account by the overarching STP Delivery Group for delivery that enables the whole STP to deliver.

Executive Governance & Leadership

An **STP Executive Delivery Group for HIOW** is being established, which will:

- Secure agreement of the plan
- Monitor progress of core programmes
- Hold each other to account for delivery of the overall STP
- Agree decisions in relation to the allocation of transformation monies and the STP operating plan
- Enable development and delivery of the agreed operating plan and contracts

The delivery of the STP will be challenging and a long term commitment is required to achieve the desired outcomes. The Executive Delivery Group is therefore being created with OD support to determine purpose, values and behaviours and to 'learn by doing'; working through real examples and scenarios that will develop its capabilities.



Section 2: Our delivery programmes

Delivering our plan: The 6 core programmes

To deliver our shared priorities we are working together across Hampshire and the Isle of Wight in ten delivery programmes: six core programmes focused on transforming the way health both physical and mental health and care is delivered (summarised below), and four enabling programmes to create the infrastructure, environment and capabilities to deliver successfully (summarised overleaf). This portfolio of programmes is our shared system delivery plan for the STP.

Core Programme	Programme Objective	Expected Impact and benefits for patients, communities and services
1 Prevention at scale	To improve healthy life expectancy and reduce dependency on health and care services through a radical upgrade in prevention, early intervention and self care: a sustained focus on delivering prevention at scale in HIOW	<ul style="list-style-type: none"> Improving Health and Wellbeing, with more people able to manage their own health conditions reducing the need and demand for health services More people supported to give up smoking, achieve a healthy weight and drink sensibly (reducing lifestyle related diseases) Efficiencies of £10m by 2020/21
2 New Care Models	To improve the health, wellbeing and independence of HIOW population through the accelerated introduction of New Models of Care and ensure the sustainability of General Practice within a model of wider integrated health and care. This will be delivered through the Vanguard programmes and local health system New Care Models delivery arrangements	<ul style="list-style-type: none"> Improved outcomes for people with long term conditions/multiple co-morbidities Reduced A&E attendances/hospital admissions for frail older people and people with chronic conditions More people maintaining independent home living Sustainable General Practice offering extended access Efficiencies of £46m by 2020/21
3 Effective Patient Flow and Discharge	To ensure no patient stays longer in an acute or community bed based care than their clinical condition and care programme demands and as a result reduce the rate of delayed transfers of care by improving discharge planning and patient flow, and by investing in capacity to care for patients in more appropriate and cost effective settings	<ul style="list-style-type: none"> Patients supported in the setting most appropriate to their health and care needs Improvements in LOS for patients Reduced requirement for hospital beds of up to 300 beds across HIOW Efficiencies of £15m by 2020/21
4 Solent Acute Alliance	To deliver the highest quality, safe and sustainable acute services to southern Hampshire and the Isle of Wight. To improve outcomes, reduce clinical variation & cost through collaboration between UHS, PHT, IoW NHST & Lymington Hospital. Provide equity of access, highest quality, safe services for the population.	<ul style="list-style-type: none"> All patients able to consistently access the safest acute services offering the best clinical outcomes, 7 days a week & delivery of the national access targets for the Southern Hampshire/IOW population Reduced variation and duplication in acute service provision Efficiencies of £165m by 2020/21
5 North & Mid Hampshire configuration	To create a sustainable, high quality and affordable configuration of acute services for the population of North & Mid Hampshire and the out-of-hospital services to support that configuration (linking with the New Models of Care programme)	<ul style="list-style-type: none"> Sustainable access to 24/7 consultant delivered acute care for North & Mid Hampshire population, improved outcomes through care closer to home & delivery of the national access targets Efficiencies of £41m by 2020/21 Improved quality and performance targets
6 Mental Health Alliance	To improve quality, capacity and access to MH services in HIOW. Achieved by the four HIOW Trusts providing mental health services (SHFT, Solent NHST, Sussex Partnership FT and IoW NHST), commissioners, local authorities, 3rd sector & people who use services, working together in an Alliance to deliver a shared model of care with standardised pathways	<ul style="list-style-type: none"> All people in HIOW will have early diagnoses to enable access to evidence based care, improved outcomes and reduced premature mortality Enhanced community care & improved response for people with a mental health crisis. Reduced out-of-area placements for patients requiring inpatient care Efficiencies of £28m by 2020/21

Delivering our plan: 4 enabling programmes

The table below summarises the objectives and expected impacts of our four enabling programmes to create the infrastructure, environment and capabilities to deliver successfully. A ‘plan on a page’ summary of each core and enabling programme is set out on the following pages of this document, providing details of the rationale, the benefits to be delivered, the measurable impacts and metrics, the key milestones, stakeholders, management arrangements and key risks for each programme.

Enabling Programme	Programme Objective	Expected Impact and benefits for patients, communities and services
7 Digital Infrastructure	To give patients control of their information and how it is used, allowing patients to manage their long term conditions safely and enable patients to access care at a time, place and way that suits them. To build a fully integrated digital health and social care record, and the infrastructure to allow staff to access it from any location.	<ul style="list-style-type: none"> ▪ An integrated care record for all GP registered citizens in Hampshire and IoW ▪ Flexible IT systems enabling care professionals to work from any location, with access to citizens health and care records ▪ Citizens able to self manage their health and care plans – eg managing appointments, updating details, logging symptoms ▪ Real time information to support clinical decision making
8 Estate Infrastructure rationalisation	To provide the estate infrastructure needed to deliver the new models of care and to deliver savings by rationalising the public sector estate in Hampshire and the Isle of Wight	<ul style="list-style-type: none"> ▪ Improved collaboration & co-ordination of HIOW estates expertise and information will mean that we can improve our planning capability at STP and local level ▪ Providing estate that can be used flexibly and enable new ways of working ▪ Reducing demand for estate will generate efficiencies and savings through reduced running costs and release of land for other purposes ▪ Improving the condition and maintenance of our estate will mean that citizens can access services in fit for purpose facilities across Hampshire and IOW ▪ Release surplus land for housing and reducing operating costs in our buildings across HIOW
9 Workforce	To ensure we have the right people, skills and capabilities to support the transformed health and care system by working as one HIOW to manage staffing, development, recruitment and retention.	<ul style="list-style-type: none"> ▪ A flexible workforce shared across geographical and organisational boundaries, working in new ways with extended skills to deliver the workforce transformation that underpins the STP core programmes ▪ Health and care roles that attract local people, to strengthen community based workforce ▪ Significant reduction in the use of temporary and agency workers ▪ Increasing the time our staff spend making the best use of their skills/experience ▪ No overall growth in the workforce over the next five years
10 New Commissioning Models	To adapt our methods, tools, resources and architecture for commissioning health and care, to reduce unnecessary duplication of commissioning work and facilitate the delivery of the STP. To generate cost reductions in expenditure on Continuing Health Care and Prescribing through working at scale.	<ul style="list-style-type: none"> ▪ Collaboration across five Hampshire CCGs and the establishment of single leadership across four CCGs, strengthened integration with Hampshire County Council, increasing the ability to unlock savings and reducing unaffordable infrastructure. ▪ Single approach and shared infrastructure for the commissioning of hyper-acute and specialised physical and mental health services for the population of HIOW - driving improved outcomes, service resilience and delivering organisational inefficiencies ▪ Capitated outcomes based contracts procured for at least three places by 2019/20 ▪ Efficiencies of £36m in CHC, £58m in prescribing costs and reduced system infrastructure costs by £10m

Core Programme 1: Prevention at Scale

Programme Objective: To improve healthy life expectancy and reduce dependency on health and care services through a radical upgrade in prevention, early intervention and self care: a sustained focus on delivering prevention at scale in HIOW

Programme Description

Working across the system we will deliver initiatives to prevent poor health consistently and at scale, integrating with public health, CCG and vanguard agendas

The aim of the Prevention workstream is to improve the health and wellbeing of our population by

- Supporting more people to be in good health for longer (improving healthy life expectancy) and reducing variations in outcomes (improving equality)
- Targeting interventions to improve self-management for people with key long term conditions (Diabetes, Respiratory, Cancer, Mental Health) to improve outcomes and reduce variation
- Developing our infrastructure, using technological (including digital) solutions to reduce demand for and dependency on health and care services
- Developing our workforce to be health champions; having 'healthy conversations' at every contact. Improving the health of our workforce as well as the people of HIOW

Outcomes and benefits to be delivered

By 16/17 – Delivery plans for scaled up behaviour change initiatives that will improve health outcomes will be developed

By 17/18 – more people will have; given up smoking prior to surgery, been screened for cancer; access to lifestyle behaviour change support

- Improving Health and Wellbeing – reducing the gap between how long people live and how long they live in good health
- More people able to manage their own health conditions reducing the need and demand for health services
- More people supported to give up smoking, achieve a healthy weight and drink sensibly (reducing lifestyle related diseases)
- Increased proportion of cancers detected early, leading to better outcomes/survival

Revenue investment assumed and financial benefit



Investments Required: £0.6m



SAVINGS: £10m per annum by 2020/21

Projects Timescales

Projects	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
<ul style="list-style-type: none"> • Project baseline analysis – identifying current delivery 	■				
<ul style="list-style-type: none"> • Initiatives at Scale delivery plans developed and implementation prepared • Implementing initiatives at scale 		■	■		
<ul style="list-style-type: none"> • Behaviour change delivery plans developed • Implementing behaviour change 		■	■		
<ul style="list-style-type: none"> • Service redesign and change delivery plans developed • Implementing service redesign and change 			■	■	■

Key personnel

CEO/SRO Sponsor – Sallie Bacon, Acting Director Public Health, Hampshire County Council
 Programme Director – Simon Bryant, Associate Director of Public Health (Interim) | Fiona Harris Consultant in Public Health (Locum), Hampshire County Council
 Public Health leads in Southampton, Portsmouth, IOW & NHS E(W)
 Finance – Loretta Outhwaite, Finance Director IOW CCG
 Quality Lead: Carole Alstrom – Deputy Director of Quality – Southampton CCG

Stakeholders involved

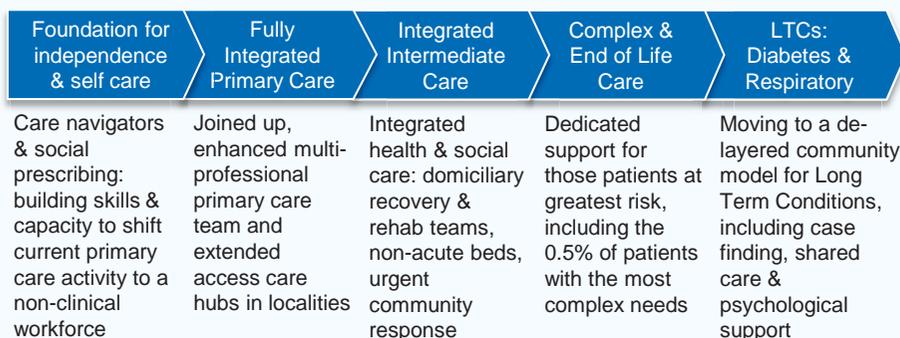
- Acute Trust – Providing emergency and Surgical care
- Public Health Service Providers
- Primary Care
- Community Care
- Mental Health Service providers
- Local Authorities
- STP Partners | Work streams HEE
- NHSE – Screening and Immunisations
- CCG's
- Public and patients

Core Programme 2: New Models of Integrated Care

Programme Objective: To improve the health, wellbeing and independence of HIOW population through the accelerated introduction of New Models of Care and ensure the sustainability of General Practice within a model of wider integrated health and care. This will be delivered through the Vanguard programmes and local health system New Care Models delivery arrangements

Programme Description

The programme will deliver place-based integrated care in each HIOW locality, focusing on the accelerated spread and consistent implementation of 5 'big ticket' interventions



These are driven by the three MCP/PACS vanguards and new care models programme arrangements. with structured clinical engagement and co-production with other STP Workstreams where there are key pathway interfaces (e.g. acute alliance for complex , EOL care and LTCs). Successful delivery will mean patients are enabled to stay independent for longer, have improved experience and engagement in health and care decisions alongside improved access and outcomes facilitated by proven care models

Outcomes and benefits to be delivered



- improved outcomes for people with long term conditions/multiple co-morbidities
- Reduced A&E attendances/admissions for target conditions
- More people maintaining independent home living
- Extended primary care access and increased GP capacity to manage complex care due to improved skill-mix in wider workforce
- More sustainable local health and care economy

Revenue investment assumed and financial benefit

Investments Required: £36m per annum by 2020/21 + funding for national priorities **Savings: £45.6m per annum by 2020/21**

Projects Timescales

Projects	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Foundation for independence & self care	[Bar]				
Fully Integrated Primary Care	[Bar]				
Integrated Intermediate Care (Health & Social)	[Bar]				
Complex Care & End of Life	[Bar]				
LTC - Diabetes & Respiratory	[Bar]				

Key personnel

CEO/SRO Sponsor: Karen Baker
 Programme Director: Alex Whitfield, Chief Operating Officer, Solent
 Programme Director: Chris Ash, Strategy Director, Southern Health
 Finance Lead: Andrew Strevens, FD Solent
 Project manager: Becky Whale
 Clinical Leads: Dr Barbara Rushton, Dr Sue Robinson, Dr Sarah Schofield
 Quality Leads: Sara Courtney, Acting Director of Nursing, Southern Health & Julia Barton Chief Quality, Officer/Chief Nurse, Fareham & Gosport and SE Hants CCG

Stakeholders involved

- NHS Improvement
- UHS, PHT, HHFT, IOWT
- SCAS
- All CCG's
- NHS England
- Public and politicians
- HCC, SCC, PCC and IOW Council
- Public representative organisations
- Solent and Southern
- Primary care
- CQC
- Voluntary and Community Sector

Core Programme 3: Effective Flow And Discharge

Programme Objective: To ensure no patient stays longer in an acute or community bed based care than their clinical condition and care programme demands and as a result reduce the rate of delayed transfers of care by improving discharge planning and patient flow, and by investing in capacity to care for patients in more appropriate and cost effective settings.

Programme Description

To address the issue of rising delayed transfers of care in HIOW we will deliver a 4 project plan focused on the underlying causes:

- To ensure that every patient has a Discharge Plan, informed by their presenting condition & known social circumstances, and which is understood by professionals; the patient; their relatives and carers (where appropriate) and includes plans for any anticipated future care needs
- To improve the value stream and utilisation of existing or reduced acute & community care space and resources, to provide safer, more effective patient and systems flow and resilience.
- To identify patients with complex needs early in their journey and design an appropriate Onward Care support that prevent readmission, eliminate elongated acute spells and minimise patient decompensation
- To develop and provide cost effective Onward Health & Social Care services that where possible , reduces the cost of care whilst maximising patient outcomes

Outcomes and benefits to be delivered

By 16/17 - Every patient in hospital will have a discharge plan which is understood by professionals; the patient and their carers.

By 17/18 - Implementation underway of a collective approach to grow the domiciliary care workforce and capacity

1. Patients supported in the setting most appropriate to their health and care needs leading to improvements in LOS for patients currently residing in acute and community hospital beds (P1)
2. Improvements in LOS for patients staying 7-30 Days through multi agency stranded patient review (P1 & 2)
3. Improvements in LOS for episodes of 2-7 Days through SAFER effective flow management , removal of internal delay and 7 day services (P1 & 2)
4. Improvements in LOS for episodes of 0-2 days though the implementation of ambulatory care front door turnaround teams (P2)

Revenue investment assumed and financial benefit



Investments Required: £1m in 16/17



SAVINGS: £15m per annum by 2020/21

Projects Timescales

Milestone	2016/17	2017/18	2018/19	2019/20	2020/21
Discharge Planning					
Every patient has a Discharge Plan	[Bar from 2016/17 to 2017/18]				
Community notifications are automated (2 way)	[Bar from 2016/17 to 2019/20]				
Care plans shared across community & acute settings	[Bar from 2016/17 to 2017/18]				
Multi- disciplinary teams are established	[Bar from 2016/17 to 2017/18]				
Effective management of patient flow					
SAFER implementation	[Bar from 2016/17 to 2017/18]				
7 day services	[Bar from 2016/17 to 2017/18]				
Live bed state informed by NEWS	[Bar from 2017/18 to 2019/20]				
Workforce development	[Bar from 2016/17 to 2017/18]				
Complex Discharge & hard to place patients review					
Roll out of Care Act Compliance	[Bar from 2016/17 to 2017/18]				
Discharge to assess	[Bar from 2016/17 to 2017/18]				
Revision of CHC processes	[Bar from 2017/18 to 2018/19]				
Increased use of the voluntary sector to support discharge	[Bar from 2016/17 to 2017/18]				
Development of onward care services					
Care home development programme	[Bar from 2016/17 to 2020/21]				
Domiciliary care services development	[Bar from 2016/17 to 2019/20]				
Living well programme	[Bar from 2017/18 to 2019/20]				

Key personnel

Joint SRO: Graham Allen, Director of Adult Services HCC
 Joint SRO: Heather Hauschild, Chief Officer West Hampshire CCG
 Programme Director: Jane Ansell, West Hampshire CCG
 Programme Adviser: Sarah Mitchell, Social Care Consultant (HCC)
 Finance Lead: Mike Fulford, Finance Director, West Hampshire CCG
 Programme Manager: Mike Richardson, SHFT
 Quality Lead: Fiona Hoskins, Deputy Director of Quality, NE Hants & Farnham CCG

Stakeholders involved

- Patients/ Public through Wessex voices
- Primary Care & Community Services
- Voluntary Sector
- NHSI/NHSE/WAHSN
- Crisis care concordat
- HIOW CCGs
- NHS England
- HIOW Adult Social Care Alliance

Core Programme 4: Solent Acute Alliance

Programme Objective: To deliver the highest quality, safe and sustainable acute services to southern Hampshire and the Isle of Wight. To improve outcomes, reduce clinical variation and lower cost, through collaboration between UHS, PHT, IoW NHST & Lymington Hospital. To provide equity of access to the highest quality, safe services for the population.

Programme Description

An Alliance between three hospital trusts to improve outcomes and optimise the delivery of acute care to the local population, ensuring sustainable acute services to the Isle of Wight.

This will be delivered by structured clinical service reviews. A first wave of collaborative transformational supporting services projects will include: Back Office Services Review; Pathology consortia (re-visited); Theatre Capacity Review; Pharmacy collaboration; Estates/Capital ; and Out Patient Digital Services. The Better Birth Maternity Pioneer programme will also be implemented.

The acute alliance support the objectives of the cancer alliance and are linking directly with relevant clinical service reviews and prevention projects, including increased screening uptake and delayering access to increase early diagnosis.

Outcomes and benefits to be delivered

By 16/17 – Sustainable solutions will be agreed for priority specialties across Hampshire and the Isle of Wight.

By 17/18 - Implementation underway of transformation plans in back office services, pharmacy, pathology, radiology and outpatients.

- Reduced clinical variation and improved outcomes
- Sustainable acute service to the Isle of Wight
- Improved length of stay
- Channel shift (digital outpatients)
- Elective demand control (in-line with best practice/guidance)
- Efficiencies of £156m by 2020/21
- Additional opportunities of £9m (elective demand reduction via RightCare). 40% of the estimated opportunity sits with North and Mid Hampshire

Revenue investment assumed and financial benefit

 Investments Required: £0.5m

 SAVINGS: £165m per annum by 2020/21

Projects Timescales

Projects	2016/17	2017/18	2018/19	2019/20	2020/21
Back Office Services Review	█	█			
Pathology consortia (re-visited)	█	█	█		
Clinical Services Review	█		█	█	
Theatre Capacity Review	█	█	█		
Pharmacy collaboration	█	█	█		
OP Digital	█	█	█		
CIP planning and delivery	█	█	█	█	█

Key personnel

The Chair of the Alliance Steering Group – Sir Ian Carruthers
 Chief Exec Lead – Fiona Dalton
 Programme Director – Tristan Chapman
 Finance Lead – David French
 Medical Director Lead– Simon Holmes
 Director of Strategy Lead – Jon Burwell
 Informatics lead- Adrian Byrne
 Quality Leads: Alan Sheward, Director of Nursing & Quality IOW NHS Trust, Cathy Stone, Director of Nursing, Portsmouth Hospitals NHS Trust.

Stakeholders involved

- NHS Improvement
- All CCG's
- NHS England
- Public & patients
- Community Services
- Primary care
- CQC
- Cancer Alliance

Solent Acute Alliance: Clinical Service Review project

Project Objective: To deliver the highest quality, safe and sustainable acute services to southern Hampshire and the Isle of Wight. To improve outcomes, reduce clinical variation and lower cost, through collaboration between UHS, PHT, IoW NHST & Lymington Hospital. Benchmark against rightcare data and investigate clinical flows and outcomes.

Project Description

UHS, PHT and the Isle of Wight Hospital Trusts will work as one to deliver the best health care outcomes delivered at the best value for the whole, collective population. Serving a population of 1.3m we will develop and deliver services that benchmark with the best in the world. Care will be delivered locally where possible, but centrally where this improves outcomes.

We will work with community providers allowing seamless services, and providing care and contact only when it offers best value. The alliance will support changes in clinical pathways or operational structures when these changes provide significant benefits in clinical outcomes, value, safety, resilience, expertise and delivery of national standards.

Trusts will remain sovereign organisations responsible for performance, quality, safety and finance. The alliance will facilitate service reconfiguration whilst maintaining individual financial stability.

Principles for service configuration include providing equal access to the highest quality service to the population, core services being provided at each centre, specialty collaborations using hub and spoke models, support of 24/7 provision and effective use of estate.

The clinical service reviews build on successful joint working in Cancer services across Alliance trusts.

Project Timescales - Clinical service review phasing

Projects	Oct 16-Sept 17	Qu 3-4	Qu 4 – 1 (2017)	Qu 2 - 3
IOW service model - principles		■		
Vascular		■		
Spinal		■		
ENT		■		
Urology		■		
Haematology		■		
Colorectal Surgery			■	
Max Fax			■	
Paediatrics			■	
Neonatal ICU			■	
Renal			■	
Gastroenterology			■	
Dermatology				■
Oncology				■
Cardiology				■
Radiology				■
General surgery				■

Outcomes and benefits to be delivered

By 16/17 – 16 services will start a phased 3 month service review period with clinical and strategy colleague across the trusts	By 17/18 – Business cases developed and approved for each service, estates re-configuration works planned.
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- Reduction in LoS
- Improved outcome metrics
- Reduction in admissions
- Reduction in OP/FU attendances
- Sustainable plan for services on IOW
- Delivery of national standards (RTT, 7 day services)

Key personnel

Simon Holmes- Medical Director PHT	Clinical leads x 16(x3 trusts)
Mark Pugh- Medical Director IOW	Management and strategy leads
Derek Sandeman- Medical Director UHS	Finance lead

Stakeholders involved

- Public & patients
- NHS Improvement
- NHS England
- Primary care
- Community Services
- All CCG's
- CQC

Core Programme 5: North & Mid Hampshire

Programme Objective: To create a sustainable, high quality and affordable configuration of acute services for the population of North & Mid Hampshire and the out-of-hospital services to support that configuration (linking with the New Models of Care programme)

Programme Description

A sustainable, quality configuration of acute services for the population of North and Mid Hampshire will be achieved through 3 key activities:

- Review and deliver the optimum acute care configuration for North and Mid Hampshire
- Deliver new models of care (incorporated in New Care Models programme)
- Deliver of provider CiP plans

Outcomes and benefits to be delivered

By 16/17 - The best option for configuration of services in North & Mid Hampshire will have been identified

By 17/18 - Consultation on and agreement of option for configuration of services in North & Mid Hants

- Sustainable access to 24/7 consultant delivered acute care for the North & Mid Hampshire population and improved outcomes through care closer to home
- Improved quality and performance targets
- Deliver performance targets
- Delayer / remove boundaries between acute/community/primary care/mental health/social care
- Deliver system level savings
- Align incentives in the system to deliver a shared control total
- Efficiencies of £60m by 2020/21

Revenue investment assumed and financial benefit



Investments Required: £TBCm dependant on recommended configuration



SAVINGS: £41m CIP per annum by 2020/21

Projects Timescales

Project	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Review of acute care configuration	■				
OOH models developed in line with new models of care programme	■				
Public consultation		■			
Reconfiguration			■		
Progress population based contracting for outcomes					■

Key personnel

CEO/SRO Sponsor – Heather Hauschild , Chief Officer West Hampshire CCG , Mary Edwards, Chief Exec Hampshire Hospitals & Paul Sly Interim Accountable Officer North Hants CCG
 Clinical Sponsor – Tim Cotton, Andrew Bishop & Nicola Decker
 Programme Director – Heather Mitchell , Director of Strategy , West Hants CCG
 Programme Director - Niki Cartwright, Interim Director of delivery NHCCG
 Finance Lead – Mike Fulford, Finance Director, West Hants CCG; Pam Hobbs, Finance Director North Hants CCG & Malcolm Ace FD HHFT
 Quality Lead: Edmund Cartwright, Deputy Director of Nursing, West Hants CCG

Stakeholders involved

- NHS – GP's Specialist Commissioning, HHFT, UHS, SHFT, CCG's, SCAS
- Public & Patient Groups
- Government – Local authorities, HCC, Public Health, Local Councillors / MP's
- Regulators – NHSE, NHSI

Core Programme 6: Mental Health Alliance

Programme Objective - To improve the quality, capacity and access to mental health services in HIOW. This will be achieved by the four HIOW Trusts providing mental health services (SHFT, Solent NHST, Sussex Partnership FT and IoW NHST), commissioners, local authorities, third sector organisations and people who use services, working together in an Alliance to deliver a shared model of care with standardised pathways

Programme Description

We are committed to valuing mental and physical health equally to ensure that support for mental health is embedded holistically across the system and not seen in isolation in order to achieve parity of esteem. We will ensure that people experience a seamless coherent pathway that incorporates the key principles of prevention, risk reduction, early intervention and treatment through to end of life care. The Five Year Forward View for Mental Health, Dementia Implementation Plan, Future in Mind and the Wessex Clinical Network Strategic Vision provide us with a blueprint for realising improvements and investment by 2020 /21 and the mechanism for mobilising the system.

We will achieve this by working at scale to:

Review and transform :

- acute and community mental health care pathways
- rehabilitation and out of area placements
- mental health crisis care pathways

Transformation of mental health services for children and young people including access to tier four beds for young people will be aligned to the Mental Health Alliance and the STP delivery plan. This transformation programme will be underpinned by integrated approaches to commissioning mental health services on an Alliance wide basis. We are committed to reviewing how money from physical health services can be transferred into mental health services. We will develop the workforce to deliver holistic and integrated services for people.

Outcomes and benefits to be delivered

By 16/17 - different approaches to commissioning mental health services on an Alliance wide basis initially focussing on out of area placements and crisis response will be agreed

By 17/18 - A local recovery based solution replacing high cost out of area residential long term rehabilitation will be in place

- Adult mental health services will provide timely access to recovery based person centred care in the least restrictive setting for the least amount of time
- People in mental health crisis have access to 24/7 services
- Services will meet the 'Core 24' service standard for liaison mental health
- Out of area placements will be reduced with the aim to eliminate these by 2020/21
- Young people will have improved access to emotional wellbeing services through the Future in Mind Transformation Plans

Revenue investment assumed and financial benefit

 **Investments Required: £45m assumed to include partial funding of 5YFV. Additional funding required from STF to meet full 5YFV**

 **SAVINGS: £28m per annum by 2020/21**

Projects Timescales

Projects	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Acute and community mental health pathway review and redesign	■	■	■	■	
Review and redesign of the HIOW Mental Health Rehabilitation Pathway - Out of Area Placement Protocol	■	■	■	■	
Mental Health Crisis Pathways		■	■	■	■

Key personnel

CEO Sponsor: Sue Harriman, Solent NHS Trust
 Medical Director and SRO: Dr Lesley Stevens
 Programme Director: Hilary Kelly, HIOW STP
 Quality Lead: Mandy Rayani - Chief Nurse, Solent NHS Trust

To support delivery of this programme we have formed a Mental Health Alliance with membership from HIOW Mental Health Providers, CCGs, Local Authorities and the third sector. Over the development of this plan we have sought clinical input and leadership through our STP Mental Health Clinical Reference Group

To support the work of the Alliance and our aspiration for developing new ways of commissioning we have in place an STP Mental Health CCG Planning Group

Stakeholders involved

- NHSI
- Primary care
- CQC
- Voluntary & Community Sector
- Wessex voices: patient & public
- Wessex Mental Health and Dementia Clinical Network
- Crisis Care Concordat
- HIOW CCGs
- Surrey and Borders NHSFT
- NHS England
- HCC, SCC, PCC, IOW Council
- Health Education England
- Wessex Academic Health Science Network

Enabling Programme 7: Digital

For project detail see appendix A

Programme Objective: To give patients control of their information and how it is used, allowing patients to manage their long term conditions safely and enable patients to access care at a time, place and way that suits them. To build a fully integrated digital health and social care record, and the infrastructure to allow staff to access it from any location.

Programme Description

This workstream is designed to:

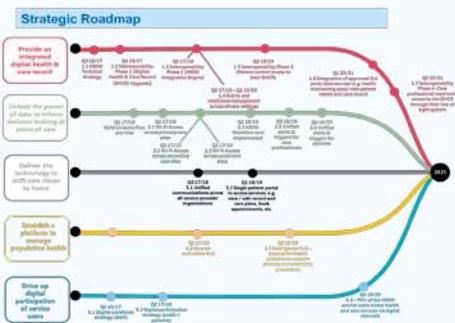
- increase the quality of service provision
- reduce the pressure on care services and
- improve efficiency

The ambitions of this programme are to:

- Provide an integrated digital health and care record
- Unlock the power of data to inform decision making at point of care
- Deliver the technology to shift care closer to home
- Establish a platform to manage Population Health
- Drive up digital participation of service users
- Drive up digital maturity in provider organisations

- In addition the footprint will share the benefits and potential the 'digital centre of excellence' award given to the University Hospital Southampton.

A strategic roadmap for the delivery of the programme has been developed and agreed.



Outcomes and benefits to be delivered

By 16/17 – We would have developed a robust technical strategy, commenced a major upgrade to the integrated care record and rolled out e-consultations to 50% of GP Practices

By 17/18 – Made Wi-Fi available across all care settings, rolled out e-consultations to 90% of GP Practices, deployed the infrastructure to support the care coordination centre and completed the SCAS livelink pilot.

- An integrated care record for all GP registered citizens in Hampshire and IoW
- Flexible IT systems enabling care professionals to work from any location, with access to citizens health and care records
- Citizens able to self manage their health and care plans – eg managing appointments, updating details, logging symptoms
- Real time information to support clinical decision making

Investment required

Investments Required: £35.4m

Revenue: £10m per annum by 2020/21

Projects Timescales

Critical Projects	2016/17	2017/18	2018/19	2019/20	2020/21
HIOW Technical Strategy	█				
Patient Data Sharing Initiative (Phase 1)	█	█			
Patient Portal		█	█	█	
E-Prescribing & Medicine Reconciliation		█	█	█	
Digital Communications across Care Providers		█	█		
Wi-Fi for HIOW & Cyber Security		█	█		
Channel Shift (Phase 1-e-consultations)		█	█		
Care co-ordination centre Infrastructure		█	█		
Optimising intelligence capability		█	█		
SCAS LiveLink Pilot	█				

Key Personnel

- Lisa Franklin - SRO
- Dr Mark Kelsey – Clinical Lead
- Roshan Patel – Finance Lead
- Andy Eyles – Programme Director
- Mandy McClenan – Acting Programme Manager

Stakeholders involved

All HIOW partners and programmes

Enabling Programme 7: Digital

How will Digital enable the core programmes?							
Digital Project	Transformational Benefits	Solent Acute Alliance	New Models of Care	Mental Health Alliance	Effective Patient Flow and Discharge	Prevention at Scale	North & Mid Hampshire configuration
Patient Data Sharing Initiative	A shared record would enable all health and social providers to access a single source of patient information which would reduce the need for patients to repeat information, save professionals time and reduce duplication of diagnostics.	✓	✓	✓	✓	✓	✓
	Integrated complex care plans allow multi-disciplinary teams to develop and deliver plans for identified groups of patients, by providing a single up-to-date record which can be shared and updated across a whole health community.		✓	✓	✓		
	Digital care plans that includes social care information and patients' personal circumstances provide the admitting hospital with the information they need to assess. As a result preparations for complex discharges can begin much earlier in the process.		✓	✓	✓		
	Help clinicians to identify those at risk using intelligent analytics to target brief intervention Link patients directly to their results and advice on treatment, if needed		✓			✓	
Patient Portal	A patient portal will allow patients to co-manage their healthcare online reducing the need for hospital visits. It will offer 24/7 support and information, allow patients to cancel and re-book appointments online, view their record and facilitate online consultations	✓	✓	✓	✓	✓	✓
	Helping to keep relatives/carers informed and engaged.	✓	✓	✓	✓	✓	✓
	Provide patient access to self help interventions for smoking, alcohol interventions, weight self-management and increasing activity levels. Linking to health portal can help personalise information					✓	
E-Prescribing & Medicine Reconciliation	Safer and more effective prescribing through a fully integrated, end to end medicines management which allows automated supply, decision support and real time monitoring. This will comprise EPMA in hospitals including closed loop prescribing for safety, medicines reconciliation and standards for coding (DM+D).	✓	✓	✓	✓		✓
	Ensuring that TTOs are ready and available immediately the patient is discharged from Hospital				✓		
Digital Communications	Instant messaging and telepresence enables professionals in different care settings to interact easily with group video calls enabling multi-disciplinary teams to meet online.	✓	✓	✓	✓	✓	✓
Wi-Fi for HIOW & Cyber Security	Ability for staff to access and update patient records, and for patients to access online resources at all health and social care sites.	✓	✓	✓	✓		✓
	Broadly available Wifi will allow community teams that are either co-located or working in the community to get access to their line of business of systems and the HHR.	✓	✓	✓	✓		✓
Channel Shift (Phase 1-e-consultations)	Provides access online resources 24/7. Reduces need for face-to-face consultations, leading to practice efficiency savings. Provides opportunity to collect comprehensive history and early identification of symptoms leading to more productive consultations.	✓	✓				
Care co-ordination centre Infrastructure	A HIOW level 'flight deck' for co-ordinating health and care service delivery, building upon the infrastructure for 999 and 111 calls, providing routing for primary care appointments, referring to clinical hubs, and improving maintaining a live directory of services.	✓	✓	✓	✓	✓	✓
	Improved decision support directly influencing the effectiveness and efficiency of resource deployment.	✓	✓	✓	✓	✓	✓
Optimising intelligence capability	Unlocking the power of information we have is central to our digital roadmap. The analytics capability will drive improvements in service outcomes at a population health commissioning level as well as at a clinical decision making level. Providing risk analysis, cohort identification & tracking, outcome evaluation and clinically lead intelligence & research.	✓	✓	✓	✓	✓	✓

Enabling Programme 8: Estates

Programme Objective: To provide the estate infrastructure needed to deliver the new models of care and to deliver savings by rationalising the public sector estate in Hampshire and the Isle of Wight

Programme Description

The Estates programme has two core and interdependent objectives:

1. To enable delivery of the STP core transformational workstreams and
2. To drive improvement in the condition, functionality and efficiency of the Hampshire and IOW estate.

Outcomes and benefits to be delivered

- Improved planning through better sharing of information and expertise.
- Reduced demand for estate which will release surplus estate for other uses such as housing. Current estate has been classified to identify key strategic sites to be fully utilised and estate that is no longer providing a high quality environment for staff and patients. The priority is to replace the worst estate.
- Increased utilisation of key strategic sites to meet requirements of core STP workstreams and improve efficiency. This will ensure that services are provided from the best facilities, contributing to improved patient health and wellbeing. A small number of utilisation audits have been completed which have identified scope to increase utilisation by up to 30%.
- Flexible estates solutions that enable new care models to be delivered. A core group of HIOW estates leads is in place and are supporting all STP workstreams and the local estates forums. 4 HIOW estates workshops have been held, including primary care commissioners, to identify the estates solutions which enable new models of care including area and local health hubs. These will provide extended access and an enhanced range of services which reduce the need for patients to travel to the main hospital.
- Redesigned facilities which facilitate increased mobile working, working closely with the digital and workforce enabling teams. We will increase the number of hot desk facilities to enable staff to access bases closer to their patients, reducing travel and increasing productivity.
- Optimised use of estate as part of 'One Public Estate' programmes enabling patients to access a wider range of services as part of one-stop shops that are tailored to meet local needs.
- 19% reduction in estates footprint and £24m revenue saving by 2020/21

Revenue investment assumed and financial benefit



Investments Required: £5.3m



SAVINGS: £24m per annum by 2020/21

Projects Timescales

Milestone	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Reduce Demand	█				
Increased utilisation		█			
Flexible working		█			
Reducing operating costs		█			
One public estate and shared service		█			
STP estates transformation		█			

Key personnel

- Inger Bird (SRO and Programme Director)
- Michelle Spandley (Chief Finance Officer)
- Becky Whale (Programme Manager)
- Strategic Estates Advisors and Estates Leads from provider organisations, CHP and NHS Property Services

Stakeholders involved

- All enabling and core programmes
- Local Estates Forums and Strategic Partnership Board
- One Public Estate programme
- Housing providers
- Elected representatives
- Communications team

Enabling Programme 9: Workforce

Programme Objective: To ensure we have the right people, skills and capabilities to support the transformed health and care system by working as one HIOW to manage staffing, development, recruitment and retention.

Programme Description

To work as one system to develop the right people, skills and capabilities to support the transformed health and care system. By working as one we will ensure we remove organisational and professional boundaries and make better use of resources across the system. We will exploit the potential of new technology and reduce unnecessary competition for limited staffing resources.

Outcomes and benefits to be delivered

By 16/17 – Control of pay costs and use of agency workforce. Detailed plans developed with each work stream

By 17/18 - Implementation underway of workforce transformation plans to deliver the STP core programmes and the HIOW system approach to staffing

- A flexible workforce shared across geographical and organisational boundaries, working in new ways with extended skills to deliver the core STP programmes
- Health and care roles which are more attractive to local people, enabling the development of a stronger community based workforce
- Significant reduction in the use of temporary and agency workers
- Increasing the time our staff spend making the best use of their skills and experience
- No overall growth in the workforce over the next five years

Financial benefits

The workforce financial benefits are quantified within each of the core programmes. However anticipated workforce cost reduction will be:

- Reduce system temporary staff spending costs by 10%
- Reduce corporate costs by 15% through redesigning services for the system rather than each organisation within the system
- No system increase in workforce costs.

Projects Timescales

Projects	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Workforce planning and Information	■				
Recruitment and Retention a) Strategy b) Recruitment hot-spots		■			
System wide use of resources a) Workforce b) corporate back office functions		■			
Technology		■			
Education and Development a) Making best use of our resources b) Ensuring our staff are best equipped for the future			■		
Engagement and Organisational Change			■		

Key personnel

Sue Harriman (CEO/Lead AO for workforce)
 Sandra Grant (Programme Director)
 Ruth Monger (Co Chair of LWAB) Health Education Wessex
 Local Workforce Action Board members
 HR Directors across H&IOW & Staff Side representatives

Stakeholders involved

All enabling and core programmes
 Staff and staff side
 Communications team

Enabling Programme 10: New Commissioning Models

Programme Objective: To adapt our methods, tools, resources and architecture for commissioning health and care, to reduce unnecessary duplication of commissioning work and facilitate the delivery of the STP. To generate cost reductions in expenditure on Continuing Health Care and Prescribing through working at scale.

Programme Description

The Programme aims to align commissioning intentions and planning for the future form and function of commissioning across HIOW, to enable:

- Commissioning activities orientated around tiers
- Closer integration of health and social care commissioning around ‘place-based’ solutions
- Contracting and payment approaches that support the implementation of new models of care & alliance / MCP / PACS or ACO contracting , including progressing:-
 - PACs model in NE Hampshire and Farnham
 - Accountable care system for Portsmouth, SE Hampshire and Fareham and Gosport
 - My Life a Full Life on the Isle of Wight
 - Develop place based systems across Hampshire (building on the Vanguard work of Better Local Care) and Southampton.

Additionally, the Programme aims to improve the delivery of CHC processes and reduce variation in prescribing practices.

Outcomes and benefits to be delivered

- Outcome based commissioning to local populations with aligned incentives within the system to facilitate the delivery of patient-centred integrated services
- Effective Commissioning at scale to allow management of system control total and to develop the role and structure of commissioning within the new contract system, releasing efficiencies .
- Place based solutions to move at pace in the delivery of new models of care and acute alliances.
- Improved performance in timely delivery of CHC processes.
- Improved patient outcomes benefits and savings benefits through reduced variation in prescribing practices.

Financial benefit



SAVINGS: Reduced system infrastructure costs £10m per annum by 2020/21
CHC £36m. Prescribing £58m.

Projects Timescales

Projects	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Commissioning transformation	[Bar chart showing activity from 2016/17 to 2020/21]				
Delivery of CHC processes	[Bar chart showing activity from 2016/17 to 2020/21]				
Reduce variation in prescribing practices	[Bar chart showing activity from 2016/17 to 2020/21]				

Key personnel

CEO Sponsor – Dr Jim Hogan
 Programme Director – Heather Mitchell
 Programme Advisor - Innes Richens & Helen Shields
 Finance Lead – James Rimmer

The eight Clinical Commissioning Groups across Hampshire and the Isle of Wight have established a Commissioning Board and a commitment to collaborate fully on the commissioning of acute physical and mental health services.

Stakeholders involved

NHS - GP's, Specialist Commissioning, Acute Trusts, Community SCAS, Trusts, CCG's, Pharmacies.
 Public and patient groups, Government - Local authorities, HCC, Public health, Local Councillors / MP's
 Regulators – NHSE, NHSI

Section 3: Ensuring successful delivery

Culture, Leadership & OD

Moving from development to implementation

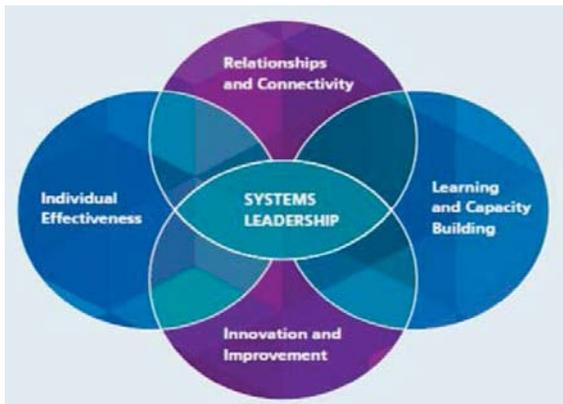
As we move from STP development to implementation and delivery, partnership behaviours will become the new norm. It is acknowledged that no one organisation holds the solution to the system leadership challenge required to transform the health and care. Leaders across the HIOW system recognise that in order to realise the benefits of the transformation STP, we must ensure adequate time and resource is invested in embedding the changes needed. To that end senior leaders have been personally committing time and sharing resource to ensure that across HIOW we are already seeing a culture change, including an increase in partnership working.

An example is the culture change we are delivering in primary care in the Hampshire MCP – ‘Better Local Care’. Dr Nigel Watson MBBS FRCGP, Chair SW New Forest Vanguard, CEO Wessex Local Medical Committees states: ‘GPs provide the vast majority of daily contacts with patients. Practices, supported by a range of health and care professionals, are moving towards working in wider natural communities of care to provide services, including self care and prevention, integrating with community services, using a common health record and looking at better ways to deliver care for patients with long-term conditions or who need urgent care’. A Further example is the moves we have made to fully integrated local delivery models. Simon Jupp, Director of Strategy, Portsmouth Hospitals NHS Trust states ‘The willingness of all partners to create a sustainable health and social care system on behalf of the population we serve is inspiring and liberating’.

We started to develop the STP plan in May 2016 with over 80 leaders including CEO’s Accountable officers clinical chairs and medical directors & met for a 2 day externally facilitated event that resulted in partnership working across the programmes such as, the commitment to the Solent acute alliance. We built on this in June with a further facilitated event with 60 leaders including Directors of Finance. What we have already seen developing as inclusive leaders agreed principles of working, resulting in different behaviours and fostering new ways of working. The failure of strategic change projects is rarely due to the content or structure of the plans put into action, it’s more to do with the role of informal networks in the organisations & systems affected by change. To make transformational change happen we will need to connect networks of people who ‘want’ to contribute.

Developing our culture and OD plan

OD should provide the ability for a system to transform, reflect, learn, and improve systematically. In order to deliver the STP, system leaders at all levels need to build relationships of trust and respect across the system, in order to work effectively together and demonstrate values and behaviours which are consistent and honest. As a framework for System leadership we will use the framework below to start the development conversations



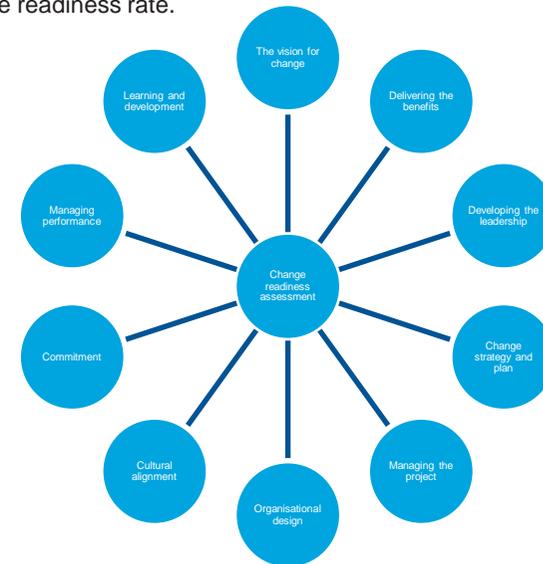
Change model management cycle

To reap the benefits of the transformation of the STP, we must ensure adequate time and resource is invested in embedding the changes at the frontline of service delivery. For change to be effective, in addition to effective leadership, change management capabilities must be embedded within the portfolio, programme and project teams responsible for delivering change across the STP. In delivering the STP, we will use a we will use a framework for change that is based on best practice methodologies.



Change readiness assessment

A change readiness assessment will be conducted to outline the baseline change rate of the STP. Once the portfolio begins the delivery stage, frequent change readiness assessments will be conducted to calculate the change readiness rate.



System Approach to Quality and Equality

System Quality Aims

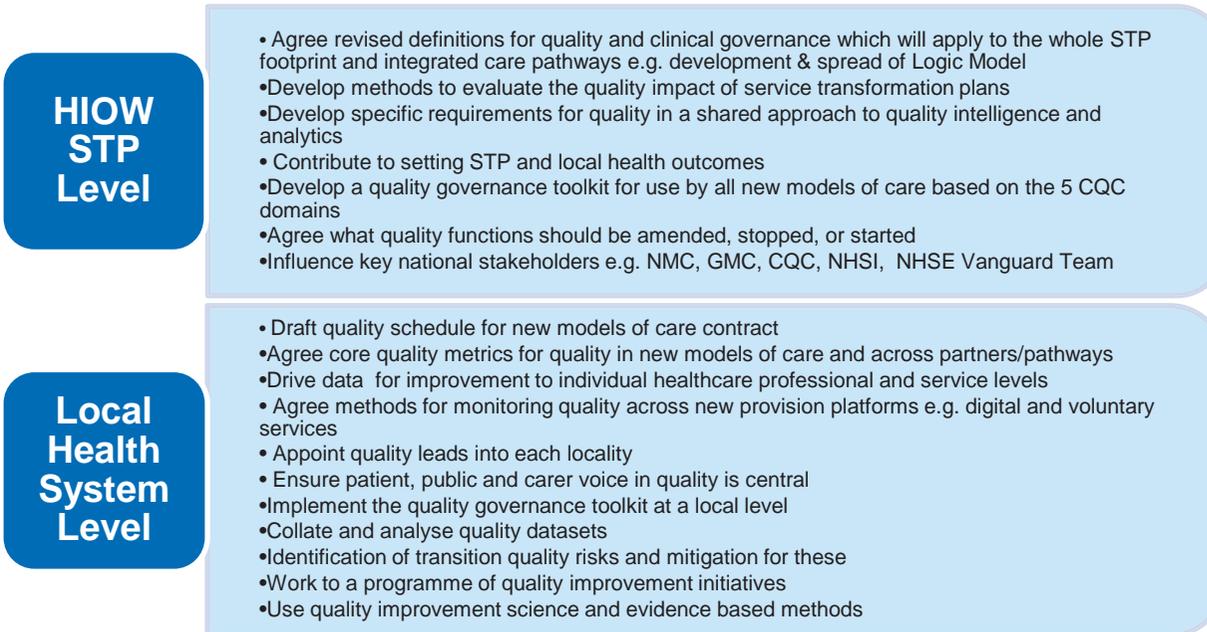
The programme of transformation across HIOW presents clear opportunities for health and social care organisations to work together to fix current quality challenges. Our approach will not replace individual organisations quality duties but aims to deliver:

- A more streamlined and efficient approach to quality measurement and monitoring
- Opportunities to increase the patient/carer voice in defining, measuring and evaluating the quality of services
- Better understanding of quality variation across the entire patient pathway rather than in silos
- The structure, process and guidance needed by teams working on new models of care to ensure regulatory compliance
- Better use of data, including the effective triangulation of multiple sources of data and quality surveillance that focuses on early warning and prevention rather than multiple investigations after the event
- New provider/commissioner alliances and configurations which will support reconfigured services and organisations e.g. accountable care systems
- A real focus on health gains, linking quality to population health outcomes in new and innovative ways
- Agreement on the approach to defining, measuring and monitoring quality which will be required under new contractual arrangements.

Key workstream projects

- 1) STP Quality Impact Assessment process
- 2) HIOW STP/Vanguard quality governance framework & toolkit
- 3) HIOW quality data surveillance and analytics approach
- 4) Draft quality metrics and contract schedules for new care models
- 5) Agree core quality improvement priorities

Immediate Priorities



HIOW STP equality and diversity principles

HIOW STP member organisations are committed to promoting equality in the provision of health care services across the HIOW geography. The STP work streams are underpinned by the belief that it is only by achieving equality and celebrating diversity that we can provide quality services and improve the experience of people who use our services and the staff who care for them. Equality and diversity processes in the STP include:

Equality Delivery System	The public sector equality duty is embedded in each STP NHS member organisation through adherence to the NHS Equality Delivery System (EDS).
Equality Standards compliance	Through the process of individual organisation registration with the Care Quality Commission (CQC), NHS provider organisations are required to demonstrate compliance with the CQC's essential standards for quality and safety.
EQD embedded in STP QIA	All STP work programmes will be subject to assessment at stage 1 and those whose quality or equality impact is deemed moderate or significant will be required to undertake a more in-depth stage 2 review before proceeding.
EQD embedded in consultation processes	The STP work programmes will actively seek opportunities to consult and engage with service users and the public who are representative of the 9 protected characteristic groups as part of its wider consultation and engagement programme.

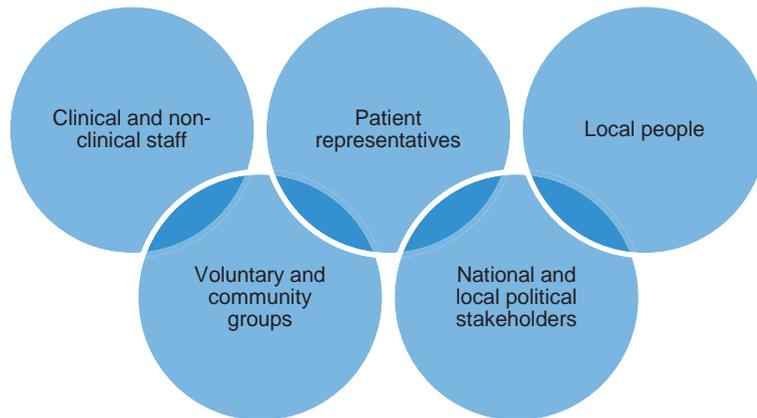
Engagement and consultation on the STP

Our communications and engagement strategy is based on informing, involving, sharing and listening.

Strategic approach

Substantial productive engagement with patients, voluntary and community groups and wider communities has and continues to be carried out across Hampshire and the Isle of Wight in support of the development of local health and care services. We will build on this strong framework in delivering the STP, using existing local channels and relationships within HIOW to engage with people as we develop and implement plans.

We will develop key messages that can be used in all settings to describe and explain the purpose and vision of our STP.



Engaging with our staff

We will target messages at a local level through the relevant organisation to engage with our staff, recognising that 'Hampshire and the Isle of Wight' is not a natural community of care and that staff loyalties are to their employing organisation.



Engaging with our local MPs and Councils

Relationships already exist between health and care organisations in HIOW and local MPs, HWBs and Councils. These relationships will continue to be the conduits for ensuring these key stakeholders are kept informed and involved in delivering the STP.



Engaging with local people and voluntary and community groups

We will continue to use our existing local channels within HIOW to engage and consult with people and local voluntary and community groups as we develop and implement plans. For example, the local population on the Isle of Wight was involved in developing the new vision for My Life a Full Life; there has been extensive engagement with the public in developing West Hampshire CCG's locality plans through public events and focus groups; the Southern Hampshire Vanguard Multi-Specialty Community Provider programme involves local NHS, local government and voluntary organisations in extending and redesigning primary and community care across most of Hampshire.

It is not intended to try to duplicate all the work that is already being carried out locally in the NHS community or to create a whole new suite of communication channels or engagement activity.

Engagement about any proposed changes to existing services will continue to be carried out by the statutory body or bodies responsible for proposing the change, supported by relevant information from the STP. This will ensure that engagement is carried out at a local level and led by an organisation with which local people are already familiar, recognising that 'Hampshire and the Isle of Wight' is not a natural community of care and that people's loyalty is to their own GP and local hospital and then to the wider NHS as a whole.



Formal consultation

It is unlikely that formal consultation would be undertaken on something as all-encompassing as the STP and across such a wide geography. Specific changes such as centralisation of a clinical service on the grounds of quality, safety and sustainability or a reconfiguration of services within a smaller geographical footprint (for example, north and mid Hampshire) are likely to be subject to formal consultation on a case by case basis. In such a case, the relevant statutory body or bodies would be responsible for carrying out any formal consultation on the proposed change.

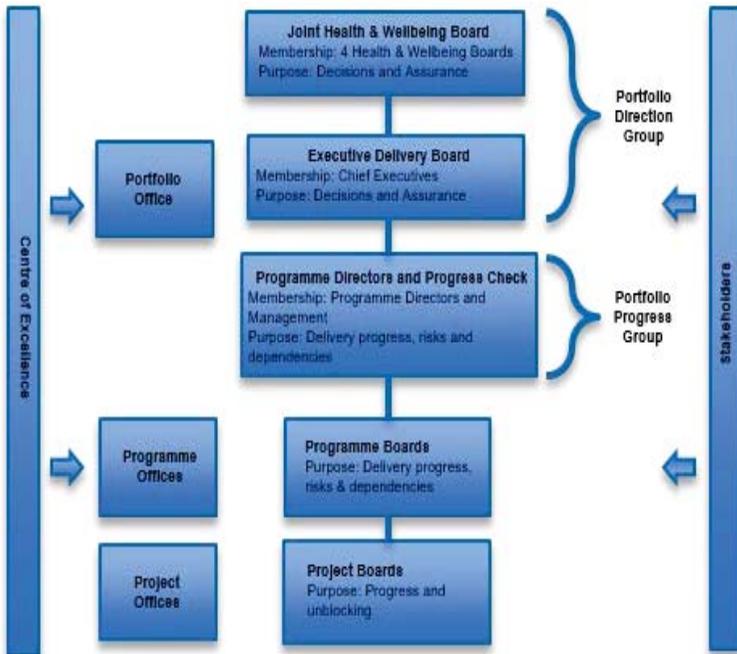
Our Delivery Architecture and Capability

Best Practice Frameworks

To enable and inform effective and collaborative decision making by the STP Steering Board, best practice portfolio (MoP*) and programme (MSP*) management frameworks are being established. This will ensure appropriate visibility and control of all HIOW STP transformation programmes and projects. In particular, as part of the MoP framework, the MoP Definition and Delivery Cycles will help to achieve the portfolio vision by optimising the balance and delivery of all in-scope programmes and projects.

The MoP Definition Cycle defines what initiatives and changes the portfolio is going to deliver and plans for how those can be achieved. The MoP Delivery Cycle identifies practices to ensure the successful implementation of the planned portfolio initiative and to ensure the portfolio adapts to changes over time.

Proposed Portfolio Management Governance Model



The centre of excellence (COE) will be part of the role of the Core Group and will provide the means for programme and project teams to capture lessons. In this way, the organisation can continuously improve programme and project delivery.

As part of the setup phase, the following 10 key principles will be adopted to inform the effective design and implementation of effective portfolio management:

- Single view of the portfolio
- Strategic alignment
- Portfolio sufficiency
- Maximising return on investment
- Managing the delivery constraints
- Balancing the portfolio
- Effective and timely decision making data
- Execution focus
- Dealing with systemic risks
- Focus on things that matter

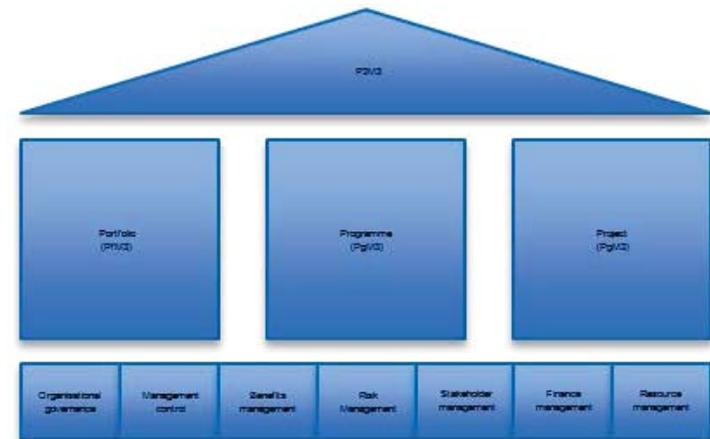
Reporting and Monitoring

The portfolio will be managed using high-level dashboards to outline objectives, items for board attention, major risks and issues, status and delivery milestones. These will be repeated at both programme and portfolio level and be updated monthly for board review.

In addition, to create an effective reporting infrastructure there is intention to plan and role out a web-based project extranet application. This web tool would facilitate engagement across portfolio, programme and project levels.

Delivery Maturity

Whilst HIOW contains individually competent organisations as a system our delivery capability is immature. Partners recognise this and are committed to purposeful investment and measured improvement. To do this we will benchmark ourselves using accepted best practice methodologies such as the Portfolio, Programme and Project Management Maturity Model (P3M3) seek to increase over time our skills base in Transformation and Change.



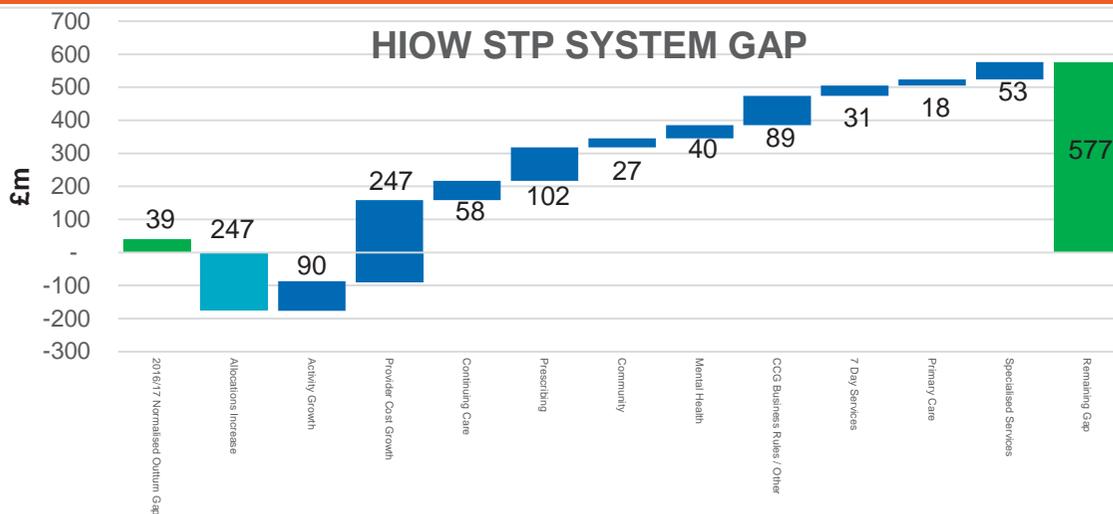
P3M3 allows an assessment of the process employed, the competencies of people, the tools deployed and the management information used to manage and deliver improvements. This enables organisations to determine strengths and weaknesses in delivering change.

*MoP: Management of Portfolios
*MSP: Managing Successful Programmes

Section 4: The Financial Gap

Financial Challenge & Strategy

If NHS organisations across HIOW do nothing to deliver efficiencies and cost improvements and to change the demand for health care services, the way they are accessed and provided, we will have a financial gap of £577m (18% of commissioner allocations) by 2020/21



We will close our financial gap by:

Transforming services to improve patient experience and outcomes, and at the same time reducing both overall system costs and avoiding future cost pressures from unmitigated growth in demand for services

Working with social care to target investment where we will get best value and outcomes for our population;

Striving for top quartile efficiency and productivity (including maximising Carter Review and Rightcare analysis opportunities)

Working with local authorities to focus on prevention, and invest in primary and community services, and where appropriate avoid costly hospital admissions and focus on timely discharge from hospital;

Adapting financial flows and current contracting and payment mechanisms to align outcomes, metrics and financial incentives to support optimum patient outcomes, improved decision making and financial stability.

Changing the Way We Work

The financial plan represents collaborative working between CFOs and FDs in HIOW, working alongside our Local Authority peers. Each programme has senior finance support to ensure the robustness of our plans.

Our future financial sustainability will only be a reality by working together collaboratively, with a relentless focus on overall cost reduction across HIOW.

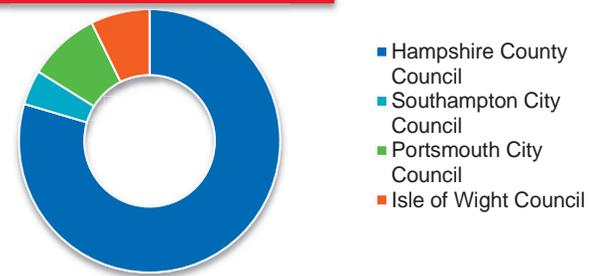
We are reorganising our delivery mechanisms to work together in the overall interests of financial sustainability rather than in organisational silos, developing aligned planning processes, investment decisions and risk management. The senior HIOW finance leadership now reviews in year financial performance and risk management against the overall control total.

We have strengthened links with social care and improve our joint planning processes with our local authorities. An example for our system is Portsmouth's work to develop a joint operating plan for health and social care.

We are also reviewing financial flows and will adapt current contracting and payment mechanisms to align outcomes, metrics and financial incentives to support optimum patient outcomes and financial stability.

The environment is more challenging when the savings from social care are included into the picture

Circa £192m Financial Challenge by 19/20



- Key themes from Social Care savings plans are :
- Review current operating models;
 - Focus on early intervention & prevention, reducing reliance on Social care;
 - Focus on needs and better outcomes, withdrawing low impact services;
 - Improving efficiency & effectiveness;
 - Utilising technology & digital solutions.
- Many themes are common to Health and Social Care. We are committed to working together to maximise synergies in spending and savings opportunities, as well as avoiding unintended consequences of savings plans. As an example, Portsmouth are developing a joint health and social care operating plan.

Investing in Our Future: Revenue

Our plans will require investment in our new model of care, focusing on prevention, out of hospital care and digital technology. Based on a combination of local plans and national guidance received on investment in the 5 Year Forward View, our indicative investment plans are outlined below. Final investment will be subject to an agreed business case and value for money assessment.

Investments	2017/18	2018/19	2019/20	2020/21
Local Investment Assumptions:				
GP £3 per head	4.5	4.5		
Mental Health (incl. 5YFV)	9.4	21.3	32.1	44.6
Community Growth (Support to New Care Models)	9.3	17.5	25.8	35.8
7 Day Services (Support to New Care Models)	-	-	-	31.0
Total Local Investments	23.2	43.3	57.9	111.4
STP Investments				
Anticipated Support to bottom-line (STF)	48.6	48.6	48.6	60.0
Transformation Funding Requested:				
GP Access	15.7	16.2	18.8	20.8
Digital Roadmap	7.8	8.0	9.3	10.3
Mental Health	4.8	5.0	5.8	6.4
Cancer	2.4	2.5	2.9	3.2
Maternity	1.1	1.1	1.3	1.5
Prevention	3.2	3.3	3.8	4.3
New Care Models	6.1	7.6	11.3	12.5
Other (Further Support / Contingency)	0.0	0.0	5.6	-
Total STP Investments	89.7	92.3	107.5	119.0
H&IOW Indicative Share of National allocation	89.7	92.3	107.5	119.0

HIOW indicative share of the STF is £119m. We would like to invest £59m in services and utilise £60m to close the residual financial gap in 2020/21.

Investing in Our Future: Capital

We need to invest in our capital infrastructure to secure our vision, subject to full business case assessment and access to capital funds:

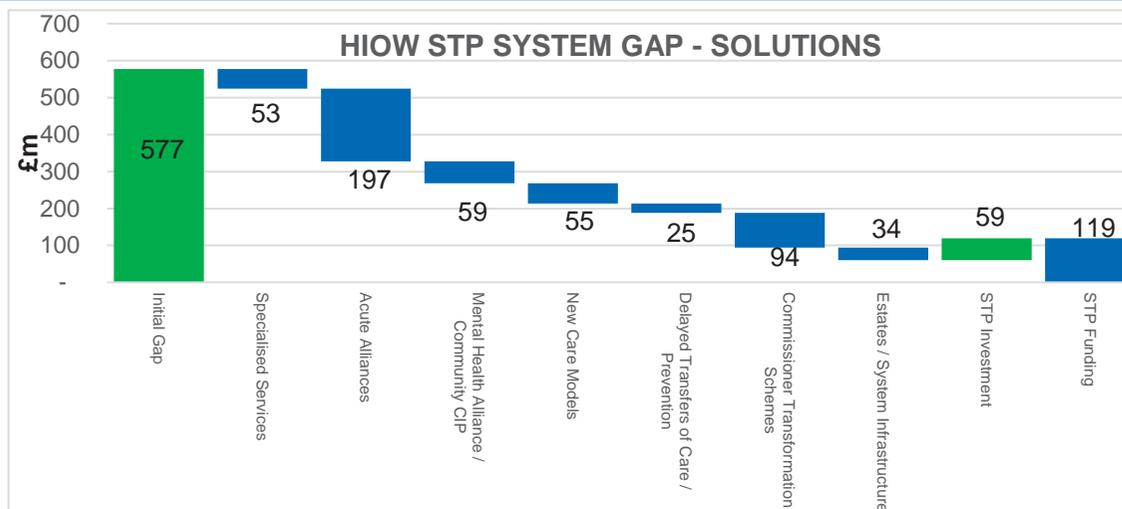
STP Capital investment summary		2017/18	2018/19	2019/20	2020/21	Total
		£m	£m	£m	£m	£m
MH Alliance	Acute & PICU re-design	0.0	0.0	7.7	4.0	11.7
Solent Acute Alliance	New theatres, path, pharmacy	15.5	11.3	1.0	-	27.8
Solent Acute Alliance	Digital maturity	6.2	4.3	2.8	2.0	15.3
Digital	Local Digital Roadmap	9.4	6.0	3.6	1.2	20.1
New Care Models	Primary & Community hubs	43.4	65.1	0.0	0.0	108.5
New Care Models	St Mary's CHC Portsmouth BC	5.9	5.4	0.0	0.0	11.3
HIOW STP Total		80.4	92.0	15.1	7.2	194.7

Foot note:

- As the future configuration of services in North and Mid Hampshire is still in development, the financial plan has not been able to reflect the financial implications of this within the STP. However, it is anticipated that capital and revenue investment will be required, which will be considered as part of a future business case.
- It should be noted that this does not represent a full capital picture for the entirety of the HIOW

Closing the NHS Financial Gap: Work to Date

Through a combination of efficiency and transformation, and using £60m of the Sustainability and Transformation Fund, we can close the £577m gap by 2020/21 to deliver a breakeven position:



Key Metrics

Activity

Our transformation plans will reduce growth in the secondary care sector as follows:

Activity 2017/18 - 2020/21					
Do Nothing	Total	Transformational Solutions	Total	Net Change after Transformation	Total
Non Elective admissions (NEL)	8.9%	NEL	-9.6%	NEL	-0.7%
Elective admissions (EL)	8.7%	EL	-3.5%	EL	5.2%
Out Patient First appointment (OPF)	16.3%	OPF	-7.7%	OPF	8.7%
Out Patient Follow Up (OPFU)	16.3%	OPFU	-20.0%	OPFU	-3.7%
Emergency Department (ED)	9.3%	ED	-10.2%	ED	-0.9%

Beds

We will use our bed capacity more effectively, and will seek to generate 9% efficiency in our acute bed stock (worth c.300 beds).

Workforce

We expect to spend the same amount in four years time on workforce costs (other than cost increases from any future pay and pensions increase), but in different settings and on different staff groups and skill mixes. We will decrease reliance on agency workers, flexing staff resources across the system and making the best use of technology.

Specialised Commissioning

NHS England has prescribed direct commissioning responsibility for specialised services (a range of services from renal dialysis and secure inpatient mental health services through to treatments for rare cancers and life threatening genetic disorders), which accounts for nearly 15% of total NHS spend.

Pathways of care frequently include elements that should only be delivered in a limited number of providers but, across NHS South, there are 49 organisations that provide at least one acute specialised service, with just six providers accounting for half of the total spend; this includes University Hospitals Southampton NHS Foundation Trust, which accounts for an annual specialised commissioning spend of around £275 million (see chart).

Ambition and vision for specialised commissioning

The ambition of NHS England is to bring equity and excellence to the provision of specialised care through patient-centred, outcome-based commissioning. This requires coordination between provider organisations to ensure that care is delivered in specialist departments where necessary, with local repatriation where possible.

Proposal

The drive to meet commissioning specifications, reduce variation and improve value will result in fewer providers of specialist services. New models of care and innovative commissioning models are needed to support networked provision of services to address access and ensure long-term sustainability of high quality specialised care, requiring Specialised Commissioning to work closely with providers and STPs.

Progress to date

NHS England recently held seven triangulation events, which highlighted:

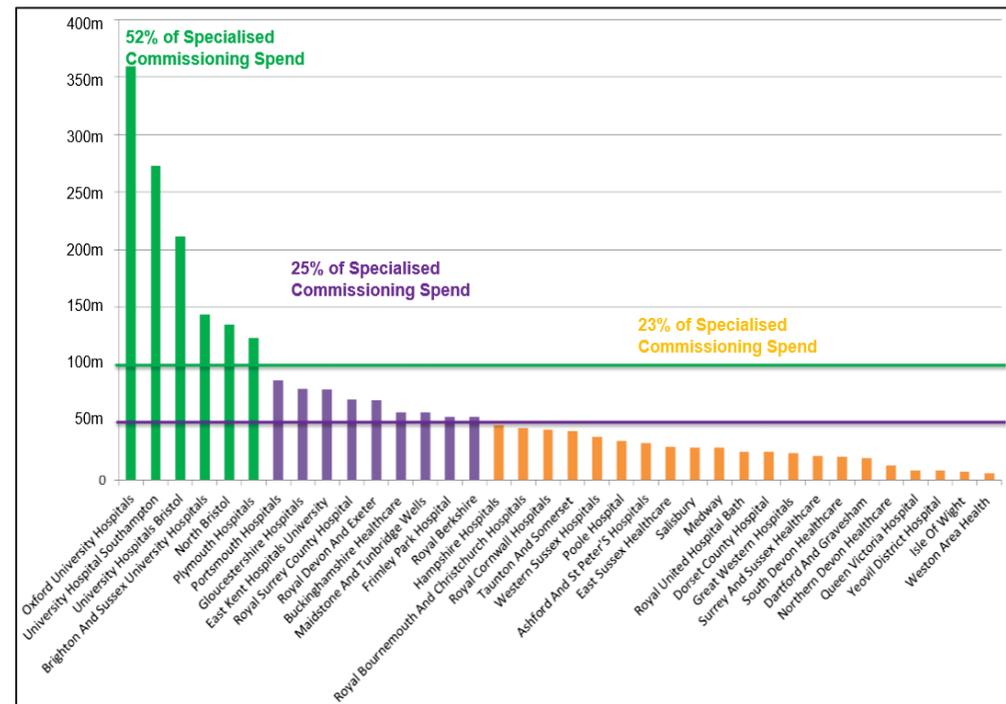
- Areas of alignment between STP planning and Specialised Commissioning
- Areas where further work will be required to coordinate pathways across different STP footprints and NHS England regional boundaries
- Areas where alignment of commissioning within STPs brings about opportunities to improve planning, contract and transformational delivery

Work will continue to address these areas.

Finance and QIPP Delivery

NHS England Specialised Commissioning (South) has calculated financial allocations based on the utilisation of specialised services by the STP (constituent CCGs) population. The 'do nothing' scenario for Specialised Commissioning within the STP sets out the financial impact of assumed growth based on national indicators for population growth for the CCGs in the STP. To close the gap (break even) and deliver against its elements of the financial gap, Specialised Commissioning is planning for both Transactional and Transformational QIPP, which will be cumulative over the duration of the STP.

QIPP has been set at c3% for all providers across the STP (1.5% Transactional and 1.5% Transformational). This amounts to £53 million for the HIOW area. The split is even across providers at the moment but Transformational schemes may have a greater impact on certain services. The accuracy of this figure therefore remains a significant risk for the STP. We will work with Specialised Commissioning to mitigate any risk the plans and the proposed approach may pose.



Closing the NHS Financial Gap: Further Work Underway

In order to achieve the control total surplus position the H&IOW system needs to deliver an additional £63m savings – which are yet to be identified.

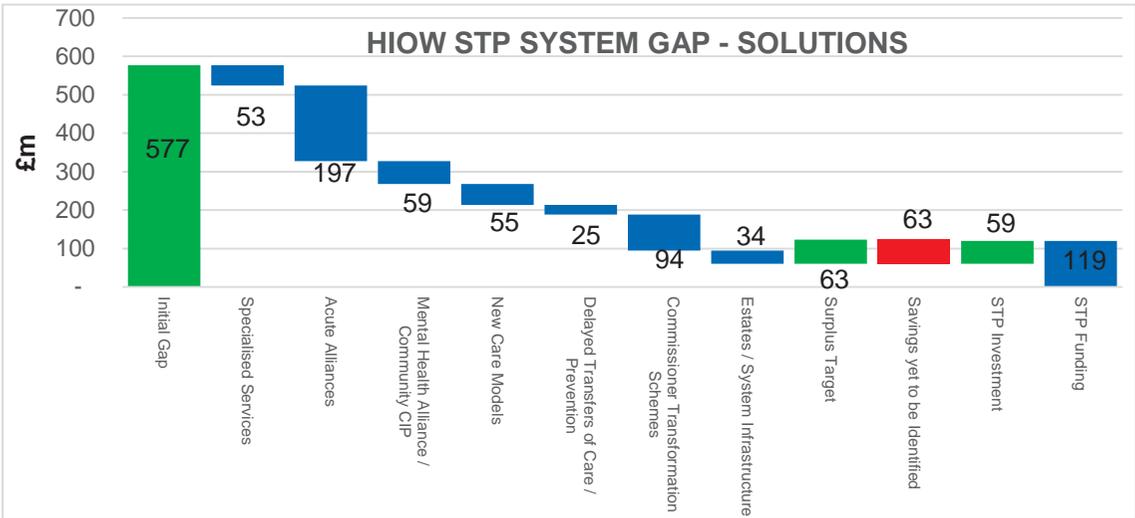
Meeting commissioner and provider control totals

Commissioner and provider control totals have now been allocated and this has increased the 2017/18 and 2018/19 requirement above the previous submission which assumed breakeven was required. The control totals add to the challenge as follows:

SURPLUS REQUIREMENT	2017/18 £m	2018/19 £m
Commissioner	3.7	11.8
Provider	46.2	62.6
Increase in Financial Challenge	49.9	74.4

- HIOW have approved the submission of a financial model that achieves the required surpluses on the basis that we:
- We accelerate the delivery of net benefits consistent with the financial challenge in earlier years of the STP;
 - We explore early access to additional STF transformation funds;
 - All organisations work together to develop further more radical transformation plans to bridge any residual gap;
 - We use CCG non recurring headroom to support the STP in the delivery of its financial obligations.

Provider control totals have been set assuming the impact of introducing HRG4+. As the implementation of HRG4+ has not been adjusted in CCG allocations at the time of submission, we have not yet been able to fully assess the effect on the financial plan and the unidentified savings gap. This is therefore an unknown risk at this time. Should there be a material difference between the nationally modelled impact upon provider control totals and the local CCG allocations to neutralise CCG buying power then further discussions would be needed with our regulators.



The annual profile our the plans requires the following savings to be delivered:

Investments	2017/18	2018/19	2019/20	2020/21
Financial Gap to Break-even	195.1	315.0	435.8	576.6
Provider Surplus Control Total	46.2	62.6	62.6	62.6
Commissioner Surplus Control Total	3.7	11.8	9.4	0.3
STF to support Financial Position	48.6	48.6	48.6	60.0
Total Savings Required	196.3	340.8	459.2	579.5
Savings %	34%	59%	79%	100%

Impacts on Activity

Activity 2017/18 – 2020/21					
Measure	Do Nothing Growth from 16/17	Transformational Solutions Growth Containment	Net Hospital Change after Transformation	Community Impact Planned Potential	
NEL	14,294 8.9%	- 15,388 -9.6%	- 1,094 -0.7%	1540 extra patients managed at home by primary care 9,000 short stay admissions avoided 5000 more complex cases managed in the community	
EL	18,966 8.7%	- 7,702 -3.5%	11,264 5.2%	7702 avoided admissions through shared decision making, clinical thresholds, reduced duplication	
OPF	89,978 16.3%	- 42,215 -7.7%	47,763 8.7%	21,108 fewer hospital appointments through better ways of working 21,108 fewer hospital appointments referred to community alternatives	
OPFU	159,961 16.3%	- 196,249 -20.0%	36,288 -3.7%	98,125 fewer routine face to face follow ups 98,125 follow-ups redirected to community alternatives e.g. stable glaucoma	
ED	54,416 9.3%	- 59,993 -10.2%	5,577 -0.9%	18,000 extra patients managed in primary care 36,000 signposted to 24/7 community urgent care services 6000 people managed via education and web-based directories	
XBD	18866 10%	-49050 -26%	-30184 -16%	50,000 alternative days of care provided out of hospital, at least in the short term. Includes 30,000 extra dom care visits or 82 more per day, and 20,000 extra days of health or social care	

Impacts on Workforce

Workforce Analysis - by 2020/21	Do Nothing – Total pay bill	Solutions – Total pay bill	Do Something – Total pay bill	Comments
GP	0.0%	0.0%	0.0%	We will comply with growth expected in GP 5YFV
GP support staff	0.0%	0.0%	0.0%	
Back office rationalisation	0.0%	-10.0%	-10.0%	Estimate of share of system infrastructure savings target
Qualified Ambulance Service Staff	8.3%	-8.3%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
NHS Infrastructure Support	6.9%	-6.9%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
Support To Clinical Staff	11.0%	-11.0%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
Medical And Dental	9.8%	-9.8%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
Registered Nursing, Midwifery and Health Visiting Staff	10.1%	-10.1%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
All Scientific, Therapeutic and Technical Staff	9.9%	-9.9%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
Total WTE	8.1%	-8.3%	-0.2%	Assumption that provider pay bill will not increase from 16/17 levels

NB: the workforce analysis is presented in this format to comply with NHSE guidance, however it should be noted that the workforce plans within STP have a greater specificity. This graphic representation is extremely broad in nature and must be taken in that context.

- If we continue to deliver care within our current service models (The 'Do Nothing' position) there will need to be a significant increase across the majority of staff groups leading to a 8.1% increase in staff pay bill overall.
- The impact of our delivery programmes (The 'Do Something' position) will maintain overall staffing at current pay bill levels over the next 5 years We expect to spend the same amount in four years time on workforce costs (other than cost increases from any future pay and pensions increase) however the distribution and functionality of the workforce will change significantly. It should be noted that WTE may increase but pay bill will reduce by 0.2%
- In part, this will be achieved through;
 - Decrease reliance on agency workers by creating a HIOW-wide concordat and a county-wide bank system. As a result we will reduce system temporary staff spending costs by 10%.
 - Corporate functions will reduce costs by 15% through redesigning services for rather than each organisation within the system. New roles and competencies will be established and the workforce will be working across organisational boundaries with ease.
- We recognise health and care workforce turnover rates in HIOW are higher than the average for England and a high cost of living creates challenges for recruiting into the domiciliary sector. We will increase the retention of this workforce by increasing the standardisation of training, with the possibility of professional registration for those without academic qualifications and offering individuals the opportunity to deliver care in a variety of settings.
- We will develop a highly skilled integrated primary care workforce with a greater range of healthcare professionals including qualified nurses, allied health professionals and pharmacists, who are equipped with the skills and experience to work in integrated teams. We are developing a Community Provider Education Network to create the infrastructure needed to deliver a highly skilled multi-professional workforce to work alongside our GPs.

System-wide leadership and approach to risk

There is collective agreement across the health and care system to work differently to support transformation and sustain high quality services for local people. Significant progress has been made in developing a number of system-wide approaches to risk sharing and mitigation, including:

- the partners to the Solent Acute Alliance have established core principles of financial risk management to enable greater collaboration between organisations
- local GP practices in Gosport have established a model of clinical collaboration that allows them to work together to provide services (such as same day urgent appointments) for local people. The practices share in the management of financial and clinical risk.
- the eight Clinical Commissioning Groups across Hampshire and the Isle of Wight have established a Commissioning Board and a commitment to collaborate fully on the commissioning of acute physical and mental health services. It is the ambition of the eight CCGs and specialised commissioners in Hampshire and the Isle of Wight to develop a new way of working with provider partners to share the a number of components of risk (including utilisation risk, production cost risk and volatility risk.)

Assurance

The HIOW STP recognises the important of achieving and implementing change under the Five Year Forward View, GP and Mental Health plans. The scope of the HIOW STP will assure that focus is directed upon delivering the objectives of these plans, as well as acting as a key tool in assessing the success of the STP.

Dashboards are being developed which integrate Portfolio, Programme and Project level reporting and will provide 'at a glance' transparency of engagement progress and benefits realisation.

Assurance and reporting will be supported using a cloud based programme and project infrastructure that will capture key information from across the programmes, enable simple and consistent updates and reporting by project leads, and facilitate collaboration across organisations in delivery of shared projects

Identified key portfolio issues and risks

The STP will identify and manage risk in accordance with standard the NHS risk management approach.

Risk scoring = consequence x likelihood (C x L)

Consequence score	Likelihood score				
	1 (rare)	2 (unlikely)	3 (possible)	4 (likely)	5 (almost certain)
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Using this approach the items below have been identified as perceived risks that could potentially have a significant impact upon the STP, and hence will need to be managed accordingly.

- Insufficient engagement with local MPs and Councillors may result in challenge, contradictory messages and potential delays in implementation
- Planning and modelling assumptions are untested and therefore do not make the financial savings
- Impacts of the wider local authority and STP footprints are unconfirmed and may affect the achievement of financial savings
- The scale and nature of some service transformation plans could have a negative impact on clinical outcomes
- Service transformation plans and timescales for implementation could destabilise current service provision if not managed effectively
- Individual providers may be required to focus on regulatory compliance (quality, leadership and/or finance) and have reduced transformation capacity or capability
- Insufficient capital available to deliver changes
- There are insufficient people with the skills and capability to deliver the improvements required (Programmes and service provision)
- Potential for judicial review on any activity
- Insufficient engagement with clinicians may result in challenge, contradictory messages and potential delays in implementation

This risk analysis will be extended to focus on the issues and risks associated with programme and project level.

Our commitment

Over the course of the past months, a number of drafts of the Hampshire and Isle of Wight Sustainability and Transformation Plan [STP] have been considered by the constituent statutory bodies across the STP footprint.

All organisations have received and commented on the content of the STP. The views from Statutory Boards and partner organisations and agencies have been critical and amendments have been incorporated into the submission.

Statutory partners consider that the STP represents the right strategic direction for health and care across Hampshire and the Isle of Wight. Further work will continue beyond 21 October 2016 notably on:

- refining the governance model, including further development of the model of governance between the STP and the sub-STP local delivery systems;
- ensuring that the focus on sustainability does not detract from the drive for innovative transformation
- continued work with Local Authority partners to further understand the impending two year local authority transformation plans and the impact and opportunities these will have on the wider STP
- Translating the strategic intent and impact of the STP into operational plans for each of the STP local delivery systems, defining the specifics around what they will deliver for each of the workstreams at what pace, and the finance, activity, quality and outcome changes.

The STP is therefore submitted, recognising the extent of continued collaborative working across the system. The strategic direction and content of the STP will form the opening basis of the operating planning process for 2017/18 and 2018/19.

NHS Trusts

Frimley Park Hospital NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
Isle of Wight NHS Trust
Portsmouth Hospitals NHS Trust
Solent NHS Trust
South Central Ambulance Service NHS Trust
Southern Health NHS Trust
University Hospitals Southampton NHS Foundation Trust

Clinical Commissioning Groups

Fareham and Gosport CCG
Isle of Wight CCG
North East Hampshire and Farnham CCG
North Hampshire CCG
Portsmouth CCG
Southampton City CCG
South-East Hampshire CCG
West Hampshire CCG

Wessex Local Medical Committees

Local authorities

Hampshire County Council
Isle of Wight Council
Portsmouth City Council
Southampton City Council

Health & Well being Boards

Hampshire Health and Wellbeing Board
Isle of Wight Health and Wellbeing Board
Portsmouth Health and Wellbeing Board
Southampton Health and Wellbeing Board

Thames Valley and Wessex Leadership Academy

Wessex Academic Health Science Network

Wessex Clinical Networks and Senate

Health Education Wessex

NHS England South (Wessex)

NHS Improvement

Glossary

AHSN	Academic Health Science Network (http://wessexahsn.org.uk/)	OD	Organisational Development
CQC	Care Quality Commission	OPE	One Public Estate
ED	Emergency Department Attendances	OPF	Out Patient First Appointments
EL	Elective Care	OPFU	Out Patient Follow Up Appointments
EQD	Equality & Diversity		
ETTF	Estates & Technology Transformation Fund	PACS	Primary Acute Community Services
HCC	Hampshire County Council (www.hants.gov.uk)	PCC	Portsmouth City Council (www.portsmouth.gov.uk)
HEE	Health Education England (www.hee.nhs.uk)	PHT	Portsmouth Hospitals Trust (www.porthosp.nhs.uk/)
HHR	Hampshire Health Record	PICU	Paediatric Intensive Care Unit
HIOW	Hampshire and the Isle of Wight	QIA	Quality Impact Assessment
HWB	Health and Wellbeing Board	SCAS	South Central Ambulance Service NHS Trust (www.scas.nhs.uk)
IOW NHST	Isle of Wight NHS Trust (www.iow.nhs.uk/)	SCC	Southampton City Council (www.southampton.gov.uk)
LoS	Length of Stay	SHFT	Southern Health NHS Foundation Trust (www.southernhealth.nhs.uk)
LWAB	Local Workforce Action Board	Solent NHST	Solent NHS Trust (www.solent.nhs.uk)
MCP	Multispecialty Community Provider (www.england.nhs.uk/ourwork/futurenhs/new-care-models/community-sites)	STP	Sustainability and Transformation Plan
MECC	Making Every Contact Count (www.makingeverycontactcount.co.uk)	TSOs	Third Sector Organisations
MOP	Management of portfolios	TVWLA	Thames Valley and Wessex Leadership Academy (www.tvwleadershipacademy.nhs.uk)
MSP	Managing successful programmes	UHS	University Hospitals Southampton NHS Foundation Trust (www.uhs.nhs.uk)
NEL	Non-Electives admissions	XBD	Excess Bed Days

Definition of terms

Acute care	A branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. Typically this takes place in hospital
Area health hubs	Typically serving a population of 100k-200k, these will be open between 8am and 8pm seven days a week and offer the same range of services as a local health hub plus X-ray services, specialist clinics, access to beds on other NHS sites and, in some cases, a minor injuries unit
Capitated outcomes based contracts	Planning and providing services based around populations rather than treatment
Care navigator	A new role that helps to co-ordinate a person's care and make sure they can gain access to any services and community support they want or need; often based in a GP surgery
Clinical commissioning groups (CCGs)	Statutory NHS bodies led by local GPs that are responsible for the planning and commissioning of health care services for their local area
Continuing health care	A package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' arising as a result of disability, accident or illness
Domiciliary care	Also known as home care, is a term for care and support provided by the local council that allows people to remain in their home during later life, whilst still receiving assistance with their personal care needs
Extended primary care	Teams that include GPs, practice nurses and community nurses (including nurse practitioners and palliative care and other specialist nurses), midwives, health visitors
Hampshire Health Record (HHR)	This is a computer system used in the NHS in Hampshire to share important information safely about a patient with those treating them. This leads to faster and more accurate care. The Hampshire Health Record shows the medication you are currently taking, your allergies, test results and other critical medical and care information. Health and care staff can access your information if they have your permission to do so.
Local Health hub	Typically serving a population of 30k-50k, these will be open between 8am and 8pm on weekdays, offering same day access for urgent primary care, community and specialist clinics, an extended primary care team and wellbeing and illness prevention support
Natural communities	Geographical areas based on a center of population and its surrounding communities that allows health care to be tailored more accurately to local needs and, more importantly, helps identify the main causes of some common and preventable diseases
New models of (integrated) care	Make health services more accessible and more effective for patients, improving both their experiences and the outcomes of their care and treatment. This could mean fewer trips to hospitals as cancer and dementia specialists hold clinics local surgeries, one point of call for family doctors, community nurses, social and mental health services, or access to blood tests, dialysis or even chemotherapy closer to home
Parity of Esteem	Valuing mental health equally with physical health
Place-based services	Where providers of services work together to improve health and care for the populations they serve, collaborating to manage the common resources available to them
Primary care	A patient's main source for regular medical care, such as the services provided by a GP practice
Secondary care	Medical care that is provided by a specialist after a patient is referred to them by a GP, usually in a hospital or specialist center
Social prescribing	This is a way of linking patients in primary care with sources of support within the community. For example, a GP might refer a patient to a local support group for their long-term condition alongside existing treatments to improve the patient's health and well-being.
Tertiary care	Highly specialised medical care, usually over an extended period of time, that involves advanced and complex procedures and treatments in a specialised setting
Third sector organisations (TSOs)	A term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises and co-operatives
Vanguards	Individual organisations and partnerships coming together to pilot new ways of providing care for local people that will act as blueprints for the future NHS

Board Report – In Public Meeting

Title of Paper	Quality Improvement Programme – Quarter 3 Update Report		
Author(s)	Dr Sarah Williams, AD Research & Improvement	Executive Sponsor	Mandy Rayani
Link to strategic Objective(s)	<input checked="" type="checkbox"/> Improving outcomes	<input checked="" type="checkbox"/> Working in partnership	<input type="checkbox"/> Ensuring sustainability
Link to CQC Key Lines of Enquiry (KLoE)	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Well Led
Date of Paper	6 th January 2017	Committees presented	N/A
Action requested of the Board	<input checked="" type="checkbox"/> To receive	<input type="checkbox"/> For decision	
References	N/A		

The purpose of this paper is to provide an update on the Trust's Quality Improvement Programme (QI Programme).

1. Introduction

- 1.1 The Quality Improvement Collaborative was launched in July 2016 with the aim of supporting front line teams to deliver improvement projects via training and individual facilitation
- 1.2 Seven clinical teams formed Cohort One. This cohort is coming to the end of their first project and the collaborative training programme. There are a further seven teams on Cohort Two which launched in December 2016.
- 1.3 The team training programme is supplemented with individual team workshops and coaching. There is also a series of QI workshops for Managers (and the Board), and masterclasses on topics such as 'Coaching for Improvement'; 'QI tools' and 'Social Media in Healthcare'.

2. Teams and projects: Cohort 1

- Corporate services (Infection control team – Trust wide project) *"Improving indwelling urinary catheter care for all patients under the care of Solent NHS Trust"*
- Primary care (Musculoskeletal team) *"An evaluation of musculoskeletal (MSK) diagnostic imaging utilisation across Solent MSK triage teams"*
- Sexual health *"Improving access to Fareham and Gosport sexual health services"*
- Specialist dental *"Improving patient recall for follow up appointments (reducing DNA or was not brought)"*
- Adults Portsmouth (Liaison and Diversion team) *"Improving the community nursing patient allocation process"*
- Adults Southampton (Royal South Hants Hospital team) *"Improving the care pathway to ensure patient length of stay on Fanshawe ward is as short as possible"*
- Children's services team (Trust wide project) *"Creating an effective and co-ordinated process and recording system for Education Health Care Plans"*

3. Impact

- 3.1 All seven teams have made progress or completed their projects, demonstrating improvements in their areas.

- 3.2 Teams continue to demonstrate application of the models delivered through the development days which has led to increases in the use of diagnostic tools for areas needing improvement and measurement of impact.
- 3.3 The majority of teams have involved patients in their improvement work. The Specialist Dental Service Team note, *"We feel that we have moved a long way, however we have realised that we need to involve patients much more in what we do, especially around service design. We get so bogged down by our day job that it is easy to forget about the end user – the patient. In essence this has allowed us to step back and really think how we can improve things for our patients"*
- 3.4 Teams who have come together for the first time are learning from each other, both skills and knowledge about other areas of their service line. The Children's Service's team noted: *"We have been surprised at how useful it has been, it has certainly challenged us, but also allowed us to re-evaluate what we are doing, and refocus our ideas."* The Sexual Health Team add, *"We didn't know what to expect but it has given us time to think as a group. Although we have changed direction slightly with our project, it has helped us to focus. Being out of a clinical environment is essential for this process."*
- 3.5 The progress of each project has generated further enthusiasm for service changes once the programme is complete and some project teams have generated ideas about additional changes they wish to apply to their practice.
- 3.6 Project team members have participated in feeding back their progress and difficulties the rest of the cohort and have been open to challenge and ideas regarding aspects of their projects.
- 3.7 Management support has enabled allocated time for teams to work together to focus on their improvements
- 3.8 The nomination and sponsorship of teams by an Executive Director has enabled recognition of the importance and support for the programme as a whole, as well as individual projects.

4. Celebration

- 4.1 Teams are being encouraged to write up their projects for publication through use of the online tool BMJ Quality.
- 4.2 A celebration/closing event for cohort 1 is planned on the 3rd February 2017. Teams will be presenting their projects. Not all teams will have completed their projects by this date and on-going support will be provided to the teams until project completion. Teams will be expected to produce a project report upon completion.

5. Teams and projects – Cohort 2

- 5.1 Project titles/aims have yet to be fully defined and only preliminary details are given below. By the end of January 2017 workshops will have been facilitated with all teams to support them in scoping and defining their projects.
 - Primary care (Musculoskeletal & Pain team) – Using Quality of Life Outcomes measures
 - Sexual health (service wide) – review of brief interventions for chemsex and smoking in HIV population
 - Adults Portsmouth (The Limes) – reducing rates of falls at The Limes
 - Adults Southampton (Community neuro) – improving new patient referral process
 - Children's services team (Looked After Children's Service West team) – improving processes to ensure all new referrals for assessments are conducted in a timely fashion
 - Corporate services (Research team) – Count Me In project to increase opportunities for patient recruitment to research
 - Adult Mental Health (Physical Health Clinics)

6. Next Steps - Developing a Solent QI Community of Improvement Practice

- 6.1 A programme of work to develop a Solent QI Community of practice includes developing:
- A Trust QI microsite
 - The use of social media as a platform for promoting QI within the Trust
 - A network of QI champions/QI coaches/QI trainers
 - A developmental QI programme (bronze, silver, gold levels of expertise)
 - Integration of the QI programme with other improvement activity, such as research, audit, evaluation and innovation.
 - The development of a Solent Research & Quality Improvement Academy
- 6.2 Projects from Cohort 1 are in their completion stages and the showcasing event in February 2017 will identify individual team and project progress.
- 6.3 A QI Annual Report will be written at the end of the first year in order to facilitate learning both of the projects and programme as a whole. This will be presented to the Board at a future meeting.
- 6.4 The QI Programme has shown considerable impact and engagement with clinical teams. There is now a waiting list for teams with projects. We aim to run 5 more cohorts over the next two years.

Board Recommendation

The Board is asked to note the QI Programme quarter 3 update.

Board Report – In Public Meeting

Title of Paper	ICT Strategy 2016/17 – 2021/22		
Author(s)	Gareth Banks	Executive Sponsor	Alex Whitfield
Link to strategic Objective(s)	<input checked="" type="checkbox"/> Improving outcomes	<input checked="" type="checkbox"/> Working in partnership	<input checked="" type="checkbox"/> Ensuring sustainability
Date of Paper	20 th January 2016	Committees presented	TMT, Executive Team
Action requested of the Board	<input type="checkbox"/> To receive	<input checked="" type="checkbox"/> For decision	

The purpose of this paper is to present the 2016/17 – 2021/22 ICT Strategy for Solent, the strategy aims to describe the ICT capabilities that the organisation will have at its disposal over the coming years to support our objectives and values.

This paper has been compiled over the last 4 months taking into account both the national and local requirements. To ensure the strategy meets the national and local health economy goals, the document covers the initiatives included in the Digital elements of the Sustainability and Transformation Plan (STP), the Local Digital Roadmap (LDR) and the Digital Maturity Index. To ensure the strategy meets the more specific needs of Solent the ICT team held two dedicated strategy sessions and attended the business planning Star chamber event.

Where funding is not already agreed for the local projects detailed in the strategy, business cases have already been or will be developed to secure appropriate funding from capital (e.g. Digital Dictation). Funding for some elements of the STP and LDR work will be dependent on the success of the bids which are being made on behalf of the Hampshire and Isle of Wight health economy.

Board Recommendation

The Board is asked to; confirm it agrees the above strategy accurate reflects the ICT needs of the organisation and to authorise the ICT teams to proceed with delivery on this basis

ICT Strategy

2016/17-2021/22

Version:	V0.11
Approved by:	
Date approved:	
Name of originator/author:	Gareth Banks
Name of responsible committee/individual:	ICT Committee
Responsible Manager	Simon Sturgeon, Chief Information Officer. Jonathan Prosser, Chief Clinical Information Officer
Responsible Executive	Alex Whitfield, Chief Operating Officer
Date issued:	
Review date:	
File Location/Path	L:\IM&T - IT\ICT Business Engagement Team\Management\ICT Strategy 2016-21\ICT Strategy v0.11.docx



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1. Introduction

This document sets out the ICT Strategy for Solent NHS Trust for the next 5 years. It details developments planned between 2016 and 2021 which will benefit the patients and staff of Solent NHS trust as well as contributing to the wider health and well-being agenda in alignment with the Hampshire and Isle of Wight (HIOW) Local Digital Roadmap.

The full HIOW Local Digital Roadmap is available in [Appendix E](#).

A Glossary of Terms is available in [Appendix F](#).

2. Vision

Our vision for ICT in the Trust is twofold. Firstly it must reduce waste and improve the efficiency, quality and experience of the things our staff and our organisation already do. Secondly, it must enable new ways of working to allow staff and the organisation to adapt to a rapidly changing health and social care environment facing multiple challenges.

The ICT strategy will contribute to the provision of great care by:

- enabling the right information to be available at the right time to the right people
- ensuring that information is managed securely and traceably to the highest standards of information governance
- by enhancing existing ways of communicating with colleagues and patients
- by allowing new ways of communicating with colleagues and patients, including new ways of delivering their healthcare
- enabling analysis of patterns within the data in order to monitor, audit and improve outcomes for patients

The ICT strategy will contribute to Solent NHS Trust being a great place to work by:

- improving staff experience of technology through the provision of easier and more intuitive ways of accomplishing tasks
- improving the design and usability of applications offered by the Trust
- improving the systems and processes for managing new requirements and the resolution of problems
- facilitating creativity, curiosity and communication amongst our staff, and with our patients and partners

The ICT strategy will contribute to Solent NHS trust being great value for money by:

- enhancing digital literacy amongst our staff to be more comfortable and confident in using technology
- reducing the overall time spent on information management tasks
- “releasing time to care” through the minimisation of waste, duplication, and inefficient ways of accomplishing tasks
- enabling the identification and evaluation of new ways of delivering health care and working with partners which will take time and cost out of the processes currently in operation, whilst simultaneously improving outcomes for patients
- increasing the availability of “self-service” functionality whereby only one person (be it a member of staff, a partner agency or one of our patients) is required to complete a task that would formerly have required two

3. Strategy

This strategy is split into 4 key areas:

- Data Warehouse, Business Intelligence and Data Assurance
- Infrastructure and Service Management
- Information Systems
- Devices and Staff Experience

Firstly, we will describe the new functionality which these areas will enable before then explaining the underlying projects which are required in order to deliver this.

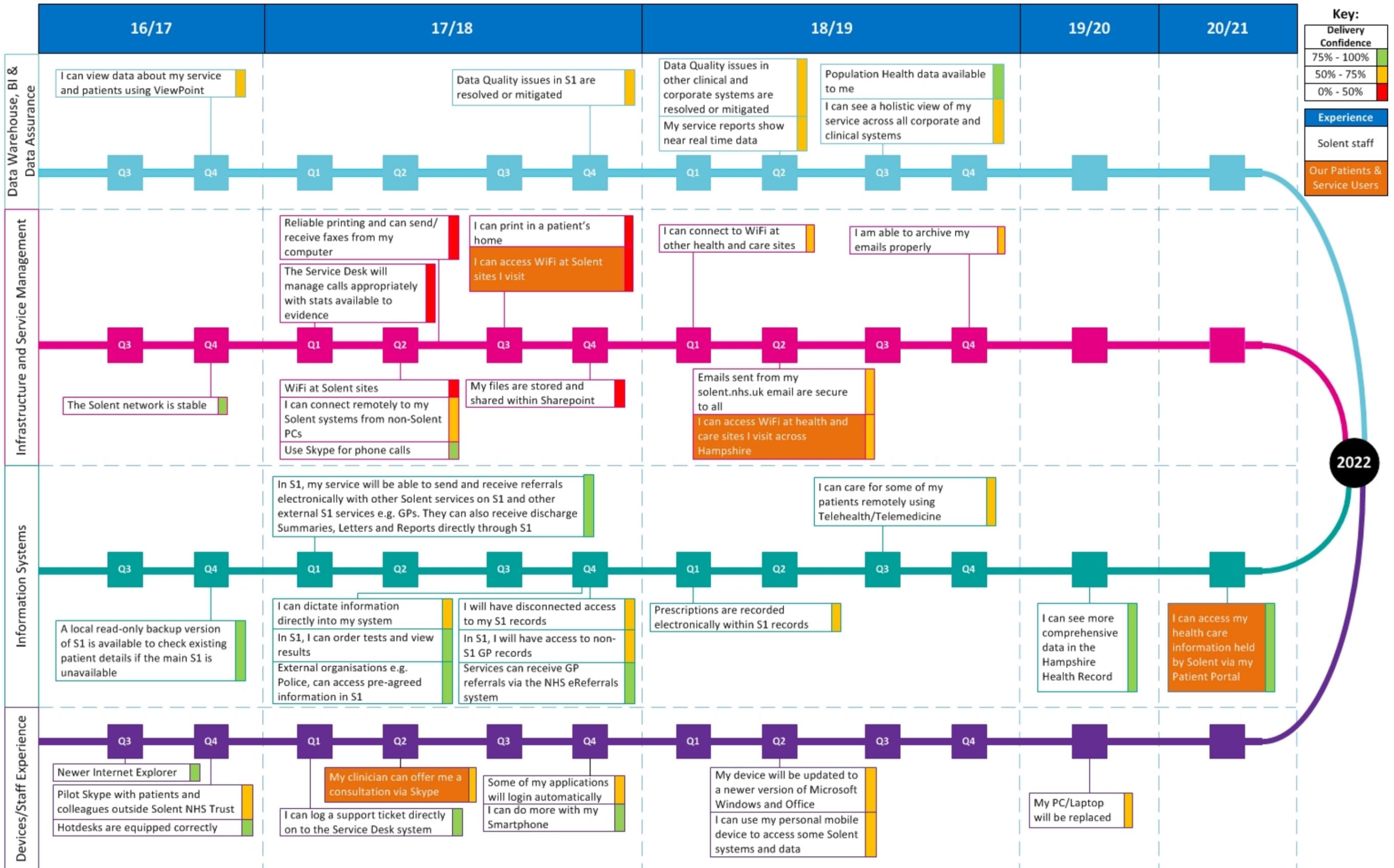
3.1. New Functionality Map

This map is designed to give a high-level view of the timescales for new functionality that our staff and patients can expect as the underlying enabling projects are completed. For more detailed descriptions of the items on the map, see [Appendix A](#).



ICT Strategy 2016/17-2021/22

New Functionality Map



3.2. Data Warehouse, Business Intelligence and Data Quality

Our aim over the next five years is to support Solent NHS Trust and local health and care services across HIOW to provide: the right information; at the right time; to the right people; in the right way in line with the HIOW local digital roadmap (LDR).

We have developed our Analytical Services team to ensure we have the right skills and expertise within the team to fully utilise our Data Warehouse and engage with our Service Lines.

3.2.1. Viewpoint – An intelligent view of Solent

The Information Systems Team, working with our technical partners CGI and CSU have developed the Enterprise Data Warehouse (EDW) infrastructure to enable the Performance and Analytical Services team to support services to access meaningful, trustworthy information and turn data into intelligence.

Currently information is provided in a resource intensive way, reporting disjointed information which is difficult to triangulate due to the differing hierarchical structures within each system.

With the EDW infrastructure in place, ViewPoint has been created in order to be present this information in an interactive and intuitive way to our staff. ViewPoint is based on Microsoft Sharepoint and has been designed around the requirements identified through engagement with Service Lines. Initial testing has been completed and we are planning to roll out to our pilot Service Lines by February 2017 and all remaining service lines by the end of March 2017.

By the end of September 2017, data from our other patients systems including, Inform (Sexual Health) and R4 (Dental) will be added to the EDW. This will give consistent access to information across all major services within the organisation enabling consistent reporting across all services and improving access to information for the County Wide Care Group. It will reduce the volume of manual intervention and resource required in reporting for these services therefore improving the ease of access to data and adding to the single version of the truth.

By the end of March 2018, we will have added data from our Corporate systems (HR, Estates, Finance, and Quality) to the EDW environment. This will ensure a single source of the truth and for the first time this will enable services to triangulate and align information across all aspects of performance turning information into intelligence. This will cross-reference data from all corporate teams across an agreed service hierarchy to allow consistent and reliable productivity monitoring to drive efficiencies, and improve effectiveness and service delivery for patients. It will enable finance and workforce information to be aligned and reduce the discrepancies which occur between the two systems, and allow for triangulation of areas of quality concern with activity, finance and workforce pressures reported together at a glance.

Cube technology will enable self-service triangulation of information from all corporate teams and patient systems. This will finally enable services and front line clinicians, to easily look at information intelligently with less support from the Information Managers, increasing their time to focus on providing more complex analysis and expert advice to the services.

By using our blended approach outlined in [section 3.5.3](#), we will drive up the digital literacy of our staff to maximise the benefits of available technologies through training, support and engagement events. Subject to an approved Business Case, for 2019/20, we will consider the use of a visualisation tool/presentation layer to make data visually available at the touch of a button, improving access to colleagues with limited digital literacy.

3.2.2. Performance and Business Intelligence

The development of the agreed service hierarchy will continue, driven by the services to support operational management and aid reporting, to enable cross-referencing, consistent reporting in a structure familiar to the services and one designed to meet their need as opposed to those dictated by current finance/workforce/performance structures. Pilot service lines have therefore been identified and new hierarchies will be implemented from April 2017 with all service lines being complete by September 2018.

As stated within the LDR, the HLOW partners have identified the need for a population health based approach as a key enabler for addressing local health and care challenges. Therefore, in line with this we will work towards sharing information across platforms with other local NHS providers, charities, social care, government organisations to make data across the system visible and provide clinicians with multi-factorial data to drive effective decision making. It is not yet agreed how this will occur, but the Trust has invested in a Trust Integration Engine through its IT provider, CGI. This may give us the mechanism to share data across platforms and organisations although full implementation will be subject to an approved Business Case.

This will enable us to create heat maps using demographic information & deprivation scores to identify health inequalities based on population, prevalence and service provision. We will be able to undertake true Demand Management at a System-wide level in partnership with our provider colleagues across the area, to effectively manage demand and help ensure the best possible outcomes for patients are delivered.

3.2.3. Improving Data Quality

As part of our commitment to improving the quality of data we record in our information systems, during the first half of 2017/18, we will develop and initiate a data assurance audit programme with service lines to ensure data issues are identified and resolved quickly and efficiently. The main steps involved in this programme will be:

- Develop a Data Assurance Audit cycle across all service lines
- Start to implement the audit cycle with service lines
- Make recommendations based on audit findings engaging with service, performance and patient systems
- Ensure good governance and data management policies and processes are in place supporting the Data Assurance programme

To support this programme, we will extend the existing Data Quality reporting we do with SystemOne to include other clinical and corporate systems by:

- Producing data quality reports highlighting errors
- Engaging with services to receive and action data quality reports

- Creating a suite of data assurance reports linked to specific KPI's
- Success will be measured by demonstrating a reduction in data errors in other clinical and corporate systems by end of September 2018

By undertaking this programme we will ensure that we have good quality data available to support the delivery of safe effective clinical care and the business needs of our Trust. Compliance with this programme will be measured by the number of audits completed in year against plan.

In addition, we will complete a Clinical Coding Audit on an annual basis in order to maintain compliance with Information Governance requirements and help ensure the quality of our data.

3.2.4. Data Quality Maintenance

Throughout the duration of this ICT Strategy, our Data Assurance team will undertake a programme of activities to ensure that continual improvements made to the quality of data in our Information Systems is sustained. These activities will include:

- Identification and resolution of data issues and incidents
- Engagement with Trust services to provide access to reports, handbooks, advice and support regarding Data Assurance issues and best practice
- Data Quality Reporting and Monitoring
- Development and maintenance of Data Assurance policies and procedures

3.3. Infrastructure and Service Management

3.3.1. Network

By the end of Q4 16/17, work to replace the legacy network and server infrastructure will be complete. As a result, we will have a stable and controlled environment with minimal reliance on third parties which will ensure minimal downtime and rapid recovery from any such incidents.

We will work with our Health and Social care partners to support access from each other's locations to support cross-organisational and cross site working for our staff.

As per all NHS organisations, we will be working with NHS Digital to move from the current N3 network to its successor HSCN (Health and Social Care Network). This is how we will continue to access national applications e.g. SystemOne and ESR. The migration to these new connections will be complete by March 2018.

3.3.2. Unified Communications – the future of telephones

We are planning a number of changes to our Telephony and Unified Communications platforms to improve stability, control and support service transformation.

By the end of June 2017, we will have separated our MITEL systems from the legacy clusters and started remodelling them to meet our needs, specifically within call centres, shared areas (e.g. nurse station on a ward) and for other partners requiring telephone services on our sites.

We will also further leverage our Skype for Business system to enable it to become our primary telephony platform for the Trust. Staff will be able to make and receive phone calls via their PCs or laptops. This will be in place by the end of September 2017.

We will move to using 0300 non-geographic numbers for our external service numbers which will give us more flexibility for managing and routing our calls.

By the end of June 2017, we will have migrated to this new telephony system and at this point our ICT provider, CGI, will provide full technical support and we can decommission the remaining legacy infrastructure and circuits.

Another element of our telephony solution to be reviewed is how we record our calls. Currently we record calls which are received by the SPA, but we will review the requirement for recording of calls to other parts of the Trust and if necessary, expand the existing voice recording system accordingly subject to an approved Business Case.

3.3.3. WiFi

WiFi access is crucial to supporting our staff work more flexibly. By the end of September 2017, WiFi will be provided to staff and the public in patient areas within Trust sites. As part of the HLOW LDR deployment, WiFi will be available across all Health and Care sites across the county by the end of September 2018.

3.3.4. Printing and electronic faxing

Reliable printing remains one of the biggest technical challenges we have within the Trust. We will consider a managed print solution which enables us to print efficiently, reliably and cost effectively within our Trust sites and within a community setting e.g. a patient's home. In addition, we will also consider adopting electronic faxing as part of the solution. We expect that Trust site printing and electronic faxing would be, subject to an approved Business Case, implemented by the end of September 2017 and the mobile printing by December 2017.

3.3.5. SharePoint

The SharePoint project will ultimately provide a replacement for the Trust's internal facing Intranet site and file management solution (shared drives – G, R, S etc). The deliverables for this project will be to:

- Deliver a Trust wide information management solution
- Deliver tools for team, department and project based collaboration
- Deliver a Trust wide policies and procedures system
- Enhance business reporting and project management office

The implementation of Sharepoint will then support more remote working and help enable easier collaboration between staff through structured storage and easy searching of information.

Implementation of Sharepoint and migration of all required data across the Trust will be completed by the end of March 2018.

3.3.6. Tasking and Dispatch System

We will evaluate the potential benefit of implementing a Task and Dispatch system to maximise the efficiency of our community services. These systems are designed to automate the process of allocating visits to staff based on their; availability, skill set and geographical location. These systems in theory streamline this process freeing up time to care and avoid excess travel. The evaluation and Business Case will be complete by the end of June 2017. Dates for any implementation would be confirmed at this point.

3.3.7. Robotic Processing

As part of the innovation review work with CGI one of the areas we agreed to progress was the investigation into where we could use Robotic Processing. Robotic Processing is a technology that uses computer algorithms to replace human processes, such as; the validation of form content, automated data input into multiple systems. This technology avoids the need to create costly and complicated technical interfaces between systems by mimicking human processes.

An example of a process that could be supported in this way would be the validation and input of new started forms within HR. The algorithm would open the e-mail from the recruiting manager, open the attachment and check the form for completeness and accuracy. If the form is incomplete in any way, it would automatically be returned to the recruiting manager with an explanation about what details are missing or invalid. When a complete and valid form is received, the system would then automatically input the details into the relevant HR systems.

We will pilot this approach with a couple of processes during Q1 of 2017/18. Depending on the results of this pilot, further implementation would be scheduled following an agreed Business Case.

3.3.8. Project Management Office

The team will manage the documentation and project management process to ensure all ICT related workstreams are appropriately managed. The team will work closely with the Corporate PMO to ensure ICT activities are captured.

By the end of June 2017 the team will be managing projects through the PMO process and any new project engagements will be managed in the same way.

3.3.9. ICT Service Management

SLAs will be reviewed, stretch targets agreed and reported against and improvements will be realised by the end of June 2017.

Standard Operating Procedures for IMACs, Priority 1 impact assessments, Priority 1 communications, ticket trending and escalations will be in place and will continually be followed by the end of June 2017.

A Continuous Service Improvement plan is in place and will continually drive improvements through with the service by the end of March 2017. This will include as examples; improvements in the performance of the Help Desk and their ability to resolve issues effectively at the first point of contact, improvements to speed of provision of kit for new starters. The plan and performance against it will be published on the ICT pages of the intranet from March 2017.

3.4. Information Systems

3.4.1. Electronic Referrals

From April 2017 there is mandated use of the e-Referral system (ERS) and from October 2018, non-payment for activity resulting from non-ERS referrals and the right for providers to return such referrals to GPs. This relates to GP referrals to consultant-led 1st outpatient services only and the availability of services and appointments on the NHS e-Referral Service.

Each clinic that accepts GP referrals will need to be mapped to one - or more - NHS e-Referral services. Additionally, the provider will need to ensure that all First Outpatient Appointments within these clinics has been made available to the NHS e-Referral Service (e-RS).

Where clinics are identified without appropriate mappings to e-RS, the provider will need to identify existing services to map to, or plan for the creation of additional e-RS services.

To support this, NHS Digital will introduce the concept of 'referral only' services to the NHS e-Referral Service in early Q1 2017/18. Referral only services will enable providers to access clinical referral information through e-RS without the need for a booked appointment. This change recognises that, for some services, up front patient booking is not the optimal pathway and may have prevented some services being made available to e-RS to this point. The Provider will be expected to book an appointment for the patient within e-RS after receiving the referral information. Further information on referral only services will be made available by NHS Digital in the coming months.

3.4.2. Disconnected Working

To date, for most of our services, accessing the information stored in our clinical systems (EPRs) has only been possible using an 'Always-On' connection to the live system. This has caused significant challenges for our staff when operating in areas of poor connectivity e.g. the New Forest. Some EPR systems have developed the functionality to enable offline access to records and we will deploy this functionality to as many of our clinical services as appropriate. Specifically, for our services on SystemOne, we will deploy their mobile version to all suitable services by the end of March 2018.

3.4.3. System rationalisation

Transitioning to TPP SystemOne has enabled the Trust to rationalise Clinical Systems. At present no further Clinical System rationalisation is planned. However, if an opportunity arises the Trust must always consider TPP SystemOne first, as the primary clinical system.

3.4.4. Interoperability (HHR & MIG)

Solent NHS Trust is committed to sharing patient data where appropriate. The Trust already submits data to the Local Hampshire Health Record and is committed to maintaining this link.

Solent will also employ use of the Medical Interoperability Gateway to better link with Non TPP SystemOne GP practices and this will be complete by the end of September 2017.

Through TPP SystemOne's Enhanced Data Sharing Model, Solent already shares out all community and mental health data unless otherwise dissented. Solent has Information Sharing agreements with local authority's and General Practice to support this approach. This will be reviewed in light of any new national Information Governance updates.

3.4.5. SystemOne Record Viewer

The SystemOne Viewer will enable external organisations e.g. Police, Social Services and other Health Organisations to access pre-agreed patient information. For the Police and Social Services, this is often required out of 'normal working hours' and would be a great improvement on the current situation.

By March 2018, we will implement the SystemOne Record Viewer facility, which will provide the following functionality:

- Enable Solent staff to see a patient record, without having a referral on their Unit.
- Read only access can be provided to external organisations so they can be up to date on care given by Solent.
- A limited number of Services will be able to write up contacts e.g. Single Point of Access (SPA). This will show other staff that a discussion had taken place, which may be relevant to future care

3.4.6. eCorrespondance

Electronic correspondence, both between internal teams and external organisations, is a key component of NHS England Five Year Forward View.

To enable more seamless care for patients, and as set out in the General Practice Forward View, we are required to strengthen the requirement for transmitting letters to GPs following clinic attendance. The current timescale for production (within 14 days of attendance) will reduce progressively to ten days (from 1 April 2017) and seven days (from 1 April 2018). A new requirement for electronic transmission of clinic letters, as structured messages using standardised clinical headings, will take effect from 1 October 2018. NHS England is also proposing from April 2017, stronger requirements on commissioners to facilitate hospital and discharge and on providers to comply with recent NICE guidance;

We will deliver the following outcomes:

a) Internal Referrals:

- Enable the referral to be written on S1, by the clinician, and sent to the Receiving Team as soon as the record is saved.
- Required Referral forms can be produced as Letter Templates and filed under Communications + Letters.
- The Receiving Team can see the referral on their Task list and action it immediately.
- Saves the need for scanning in the referral letter.
- Electronic referrals can be sent in from external organisations, such as GP's on S1.

b) External Correspondence:

- Referrals and letters to external SystemOne (S1) users can be written on S1 and when the record is saved, the letter would electronically go to the recipient via NHS.net and show as a Task on their Unit.
- Send Referrals and letters to RiO users.
- Non S1/Rio users can be sent letters via DTS or NHS Mail.

This functionality will be delivered by the end of June 2017.

3.4.7. Ordering and Viewing Pathology Results

Ordering and receipt of pathology tests will all be within the primary electronic record, instead of the current mix of Hospital Pathology systems and paper files. This makes the information immediately available to both Solent clinicians and external organisations with access to SystemOne. Automatic texting of normal results provides an improved service to patients, as well as reducing the number of face to face consultations required.

By the end of March 2018, we will enable the following:

- Enable clinicians to order pathology tests direct from a button in S1.
- Results, of tests ordered by Solent, to be returned to the Unit
- View all results for a patient, whether ordered by Solent or not, by accessing the Lab website via a button.
- Enable results to be shown in a Graph.
- Track outstanding requests

3.4.8. Electronic Prescribing

By the end of June 2018, we will implement an Electronic Prescribing and Medicines Administration (EPMA) system to enable electronic prescribing, stock control and recording and the administration of medicines across the Trust.

The main aims of implementing an ePrescribing are to improve patient safety by:

- Improving the quality of prescribing and medicines administration processes and records

- Reducing some of the risks associated with prescribing and medicines administration processes
- Reducing the occurrence of adverse events associated with prescribing and medicines administration.

3.5. Devices and Staff Experience

3.5.1. Devices

By the end of December 2016, we will have completed the deployment of Microsoft Internet Explorer 11 to our devices as well as updates to Adobe Flash Player, Java and Microsoft Silverlight. This will ensure that our staff are able to use our browser-based applications correctly e.g. SBS, ESR and Intranet.

Port Replicators are a form of docking station which allows a laptop to connect more easily to multiple peripherals e.g. monitor, mouse and keyboard. By the end of March 2017, we will deploy Port Replicators, monitors, mice and keyboards to all our identified hot-desking areas which means that our staff will have to spend less time connecting equipment and also more consistent access to correctly setup hotdesks.

During 2017/18, we will evaluate our use of Kiosk PCs across the Trust and whether there is a case to increase usage of these in appropriate areas to support patient self check-in, signposting and service feedback e.g. Friends and Family test.

Within the same year, we will begin planning for an upgrade to the Operating System (Microsoft Windows) and Office suite (Microsoft Office) which we will then complete during the following year. This upgrade will ensure that we remain on supported software and will also bring about further improvements around performance, functionality and device management.

As our existing hardware estate approaches the end of its life in 2021, we will continually evaluate the hardware available and what best suits our staff and system requirements. As the Trust adopts a more flexible approach to working, this will inevitably include more of an emphasis on mobility and therefore we should expect to consider increased use of tablets and smartphones across the Trust, where applications can support this.

Expanding on this, starting in 2017, we will also consider the options available to the Trust around staff being able to using their own personal devices to access Trust systems and information securely. The functionality of any solution is likely to be limited to email and calendar initially.

3.5.2. Systems

During 2017, we will implement a Self-Service Portal to our Service Desk system which will allow staff to be able to log new requests and incidents directly on to the system as well as track progress with their existing tickets.

With a view to making the process of logging in to multiple applications simpler, we will be exploring the options to pilot the use of Single Sign-On software during 2017. This software will mean that the staff will be able to log in to some of their applications automatically with the expected benefit being a saving in time and being able to move between applications more easily.

By the end of 2018/19 the Trust will have invested in a fit for purpose Email Archiving system. This will ensure that we are able to store and manage our email records in the most efficient manner and make the best use of our infrastructure.

As the Trust adopts a more mobile approach to working, there will be more opportunity to utilise smartphones as part of the care and services provide. Currently, the functionality we use on these devices is largely limited to email, calendar and internet browsing. By the end of 2017/18, we expect to have optimised our mobile device management platform to expand this functionality including the use of navigation and installation of mobile apps.

3.5.3. Digital Literacy

A key enabler to realising the maximum benefit from our ICT infrastructure is to ensure that our staff have the necessary levels of computer and digital literacy and Information Governance awareness. We will support our staff to achieve this by structuring our training resources appropriately and by providing a range of support materials and methods, including:

- **Native 'Help' function** – encourage staff to use the Help functionality which is provided within applications e.g. Microsoft Office.
- **ICT Learning Zone** – an area on the Intranet which contains Quick Reference Guides and How-To videos
- **eLearning** – interactive content specific to Solent NHS Trust infrastructure including Training Needs Analysis functionality and guided training
- **ICT Roadshows** – Practical demonstrations and workshops which can be tailored to large groups of staff or small teams
- **ICT Service Desk** – available for advice and support

3.5.4. Clinical System Training approach

We will provide 'Business as usual' training for 'New Starters', Students, Rotational Doctors, Trainee Doctors, Bank staff and others, such as Mobilisations of New services into Solent and Go Live Refresher courses.

All new starters will be sent a Computer Skills Training Needs Assessment forms.

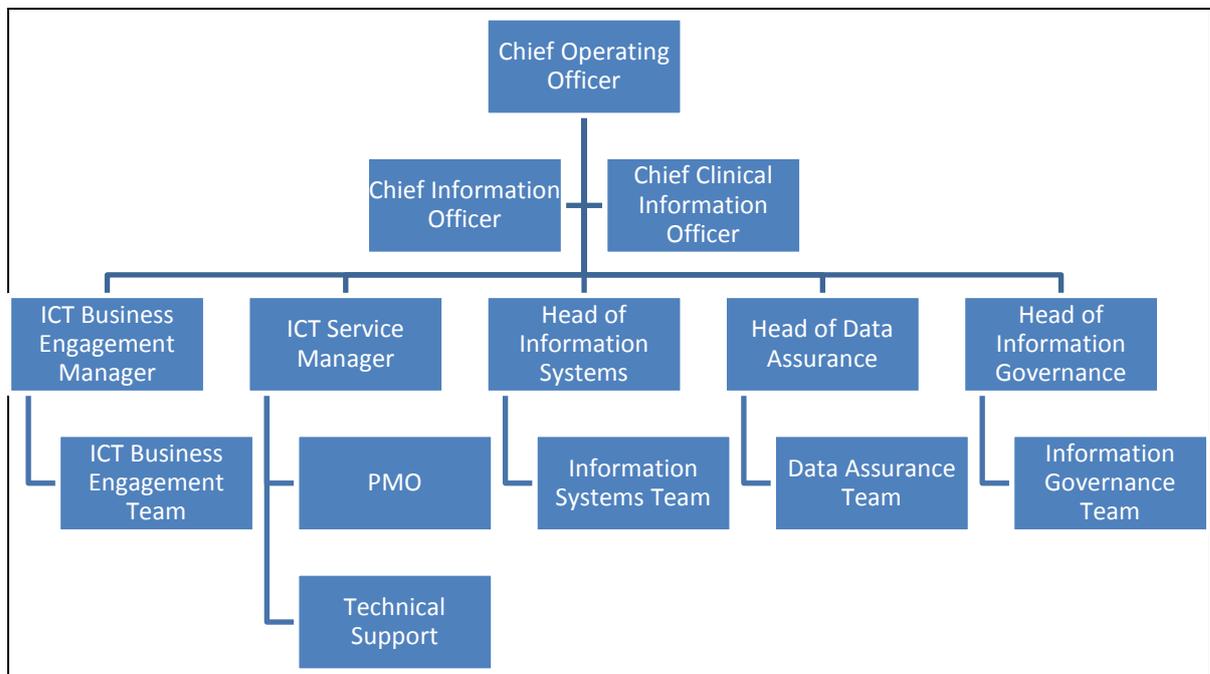
Analysis of all forms will be undertaken and Basic ICT skills courses offered to target these needs. Staff identified with less than 80% of the specified ICT skills will be required to attend one of these sessions prior to attending training. These courses will be tailored to suit the individual attendees' needs.

Classroom sessions are the Trusts preferred method of delivering IT training, due to the amount of information that needed to be imparted to new starters. These sessions will be tailored to suit the needs of the individuals and be service orientated.

4. Governance

The successful delivery of this strategy requires appropriately skilled resource and governance. The resource requirements include:

- Business Engagement
- Business Change
- Programme and Project Management Office
- Service Management
- Technical and Information Analysis
- Operational and Clinical Leadership



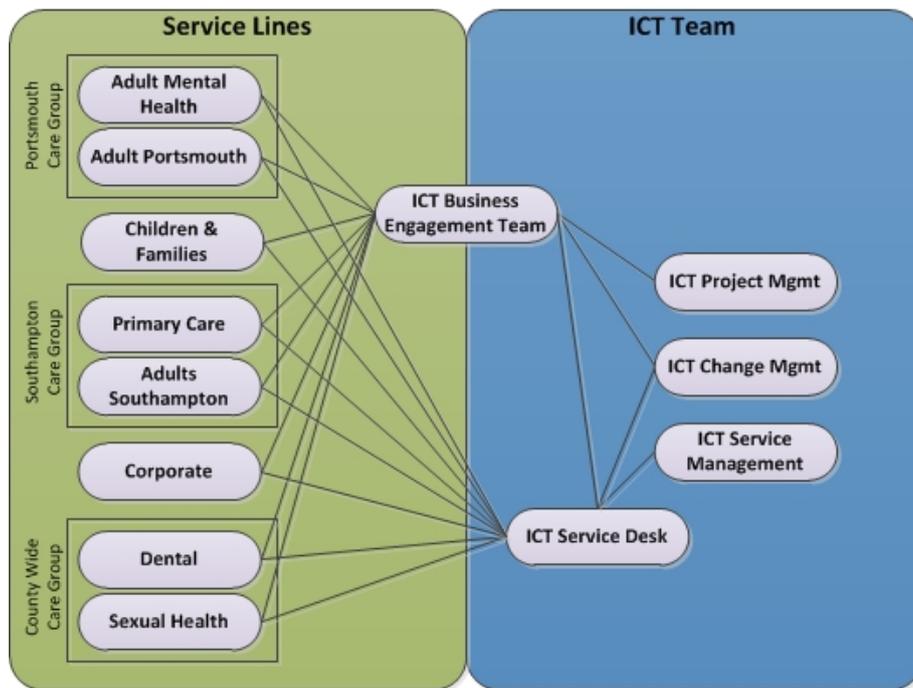
• *ICT Team structure*

4.1. ICT Business Engagement Team

The ICT department will increase its engagement with Trust and our staff in order to build a better understanding of what is happening within the Trust and how our operations affect our staff. Although part of the ICT Team, once firmly established, Trust Service Lines should come to consider the ICT Business Engagement as part of their Service Line and able to report and represent their interests to the ICT Team.

Our ICT Business Engagement Team will support Trust Services at all levels and activities will include:

- Business Planning
- Business Change
- Identifying opportunities for innovation
- Identifying areas of concern/weakness or opportunities for Service Improvement to the ICT Team
- Communications



ICT Business Engagement Team positioning

4.2. Programme Management Office

All major ICT programmes and projects will be managed to the principles of PRINCE2 Project Management methodology. Programmes currently in progress include:

- ICT Transition Programme
- Working Differently Programme
- Information Improvement Programme
- Business as Usual
- Support for Estates Rationalisation Programme
- Local Digital Roadmap

The PMO team will also pick up the management of any other IT project which is deemed as a priority by the Trust.

The ICT PMO will work closely with the Corporate PMO and other PMOs to ensure streamlined working across the Trust. This is to include the creation of corporate document templates and reporting tools to support project governance.

In Q4 2016/17 the Trust Programme Managers are working together to create a central Programme Management Tool which can be managed by individual PMO's, but filter into the wider Trust reporting structure. This will remove the need for duplication and provide a 'joined up' approach to projects ensuring that the ICT team participate in contractual and procurement discussions at the earliest stage.

Further details, including timescale and delivery progress, of these programmes and projects can be found in [Appendix D](#).

5. Risks

Deliver of this strategy will be subject to a number of risks. The main risks to consider include:

Funding – Some elements of this strategy can only be implemented if appropriate funding can be secured. Business Cases will be prepared for those items which are not currently funded, but if sufficient funding is not available then some developments may have to be delayed or withdrawn. This also applies to some of the developments which are part of the HIOW LDR programme as they will be reliant on receiving the appropriate funding from the STP Programme.

Organisational Change – As Health and Care organisations within Hampshire and the Isle of Wight continue to evolve, there is a risk that new organisational goals and objectives are set which don't match with those which this strategy is designed to support. In this scenario, we would re-evaluate the priorities which ICT is to focus on and that may mean de-prioritising/removing some of the projects identified.

Unexpected demands on ICT – Whilst we have made every effort to include the ICT requirements which are currently identified within Service Line Business Plans for 2017/18 and beyond, it is inevitable that other projects e.g. a large service mobilisation, will be identified which need support from the ICT team. This may have an impact on our capacity to deliver some of the developments identified in this strategy.

Appendix A – Tube Map – Detailed Descriptions



Appendix A - ICT
Strategy - Detailed D

Appendix B – Tube Map – Confidence Assessment



Appendix B -
Delivery Confidence /

Appendix C – Mapping to our Vision and Goals



Appendix C -
Strategy outputs and

Appendix D – Swimlanes



DataWarehousePerf
&BI - Swim Lanes v1.0.pdf



Data Assurance -
Swim Lanes v1.0.pdf



Infrastructure - Swim
Lanes v1.0.pdf



Patient Systems -
Swim Lanes v1.0.pdf



Staff Experience -
Swim Lanes v1.0.pdf

Appendix E – Hampshire and Isle of Wight Local Digital Roadmap



Hampshire and Isle
of Wight Local Digital

Appendix F – Glossary

CGI	CGI are a technology provider and a Trust strategic partner in the delivery of ICT infrastructure services
CSU	NHS South Commissioning Support Unit
DTS	NHS Data Transfer Service
EDW	Enterprise Data Warehouse
EPMA	Electronic Prescribing and Medicines Administration System
EPR	Electronic Patient Record
HHR	Hampshire Health Record
HSCN	Health and Social Care Network. The network infrastructure which will replace N3
ICT	Information and Communications Technology
IVR	Interactive Voice Response. Used to describe use of menu systems within telephony design
KPI	Key Performance Indicators
LDR	Local Digital Roadmap
MIG	Medical Interoperability Gateway
MSCP	Multi-specialty Community Provider. A model of care outlined in the NHS Five Year Forward View
N3	The current national network for connecting NHS organisations
NHS	National Health Service
PMO	Programme Management Office
RA	Registration Authority. NHS Smartcard Administration function.
S1	Abbreviation for TPP SystemOne application
SLA	Service Level Agreement
SPA	Single Point of Access
STP	Sustainability and Transformation Plan

Presentation to	<input checked="" type="checkbox"/> In Public Board Meeting	<input type="checkbox"/> Confidential Board Meeting	Solent  NHS Trust
Title of Paper	Safe Nurse Staffing – six monthly report		
Author(s)	Angela Anderson, Interim Head of Professional Standards and Regulation	Executive Sponsor	Mandy Rayani, Chief Nurse
Date of Paper	December 2016	Committees presented	Assurance
Link to CQC Key Lines of Enquiry (KLoE)	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring
			<input checked="" type="checkbox"/> Responsive
			<input checked="" type="checkbox"/> Well Led
Action requested of the Board	<input checked="" type="checkbox"/> To receive	<input type="checkbox"/> For decision	

The purpose of this paper is to provide the required six monthly update on the nurse staffing position within the inpatient wards/units directly provided by the Trust. The staffing position within the community teams is also reviewed within this report.

Introduction

This report aims to provide the Board with;

- Assurance that nurse staffing levels within each ward/unit are appropriate to meet the needs of patients and service users in our care and explains the approaches in place to monitor and manage staffing levels on a day to day basis.
- Details of how appropriate staffing levels are being monitored within our community nursing teams and how potential risks to patient and staff safety are being mitigated.
- Details of the Trusts' progress against the revised National Quality Board (NQB) guidance issued in July 2016.
- The Board is asked to note the current reported position and endorse the action being taken to maintain safe nurse staffing levels.

Background

Previous reports have provided the Board with the background and the regulatory framework behind the requirements for publication of staffing levels.

In-patient data is published via an upload to Unify each month and the Service Line Governance leads report by exception to the Quality Improvement and Risk group which reports in turn to the Assurance Committee. A safe staffing position is provided on a monthly basis and uploaded to the Trust internet. It is a further requirement as outlined in the NQB Guidance, that there is a report on safe nurse staffing provided to the Board every Six months. The last report was presented in July 2016 covering the period December 2015 to May 2016. This report covers the time period June to November 2016.

Since the last report Ruth May, Executive Director of Nursing, NHS Improvement, has written to Directors of Nursing/Chief Nurses in all provider Trusts regarding the production of Safe, Sustainable and Productive Staffing Improvement resources. A number of resources are being developed and providers are being invited to review and provide feedback before they are formally launched. The Trust is currently reviewing the resource developed for learning disability services. Over the coming

months it is expected that resources for mental health services, children's services and community nursing will be available for review.

Current Position

In-patient units

Nursing and care staff, working as part of wider multidisciplinary teams, play a critical role in securing high quality care and excellent outcomes for patients.

The Trust remains committed to ensuring that staffing levels are appropriate to meet the identified needs of patient/service users. Whilst national monitoring mandates a focus on appropriate skill mix and level of nursing staff, including registered nurses and unregistered support workers, are appropriate to provide safe and effective care and reflect the acuity and dependency needs of individual patient groups within clinical ward areas, the Trust recognises that safe staffing must also acknowledge other disciplines within the overall establishment and as a result is taking steps to ensure that clinical teams have the appropriate mix of disciplines to deliver increasingly complex care.

The Trust has continued to comply with the requirement to upload to Unify details of the staffing positions in each of the in-patient areas and since June 2016 the uploading of the reports onto the internet has been consistently achieved. The reports at ward level outline the actual numbers of staff on duty on each shift and compare this with the planned levels awarding a RAG rating which has been nationally defined. For the unify report the information is presented as a percentage compliance against planned, these submissions have been included in **appendix 1** for reference.

The Unify returns do not reflect the availability of other senior nursing staff who provide input to the teams, such as clinical matrons and lead nurses, nor do the returns reflect the input provided by the wider multi-disciplinary team, for example occupational therapists. The data also only provides a RAG rating where expected levels of staff are below the planned and does not highlight times where ward areas have been over the planned levels of staffing as a result of increased acuity of patients at those times.

Over the last 6 months the number of in-patient areas reporting red and amber has remained stable with a slight reduction in numbers of areas reporting red in the last two months of this reporting period. The areas which have had most difficulties are within the Adult Mental Health inpatient areas and this is as a result of inability to fill vacancies coupled with periods of staff short and long term sickness. This is a similar position to that reported in July with these areas continuing to experience increased patient acuity with higher than usual numbers of patient's requiring one to one or two to one care. This has meant there continues to be reliance upon temporary staffing utilisation but also a number of unfilled shifts due to difficulty finding staff with the necessary specialist skills.

The Matrons and Ward managers have confirmed that where the actual nurse staffing did not match the planned level the situation was assessed using clinical judgement to determine whether the staffing was safe for the numbers and dependency levels of the patients on the ward at that time. It is clear from the Matron and Ward manager's reports that the flexible approach to moving staff to cover areas within the same speciality where staffing levels are below what is considered safe is based on a focus on maintaining quality and patient safety and ensuring patients' needs can be met.

In the last six months the Trust has been reviewing staffing levels against the new NQB guidance of Care Hours per Patient Day (CHPPD) which is a shift from the previous ratios. An initial calculation has been completed for each in-patient area and is provided in table 1 below:

Table 1: Please note the figures below are indicative and are for illustrative purposes. The figures below represent Care Hours per day and not Whole Time Equivalent

Ward	Number of Beds	Current Average Nurse to bed ratio		CHPPD based on Ratio (Required care hours)			Actual Average CHPPD (Current care hours)			Gap in care hours
		RN	HCA	RN	HCA	Total	RN	HCA	Total	Total
ADS Jubilee Ward	25	1: 6.25	1: 6.25	3.84	3.84	7.68	3.42	2.98	6.40	-1.28
ADS Snowdon	14	1: 7	1: 4.66	3.43	5.15	8.99	2.86	4.11	6.96	-2.03
ADS Spinnaker	16	1: 5	1: 5	4.80	4.8	9.6	3.59	2.97	6.56	-3.04
ADS Fanshawe	19	1: 6.33	1: 6.33	3.79	3.79	7.58	3.08	3.47	6.55	-1.03
ADS Kite	10	1: 5	1: 2.5	4.80	9.6	14.4	4.00	8.00	12.00	-2.4
ADS Lower Brambles	24	1: 8	1: 6	3.00	4	7	2.44	3.06	5.50	-1.5
MHS Oakdene	14	1: 7	1: 7	3.43	3.43	6.86	3.57	2.86	6.43	-0.43
MHS The Limes	22	1: 7	1: 3.66	3.43	6.56	9.99	3.41	5.82	9.23	-0.76
MHS Hawthorne	22	1: 7.3	1: 11	3.29	2.18	5.47	2.16	2.73	4.89	-0.58
MHS Maples	12	1: 4	1: 6	6.00	4	10	4.58	5	9.58	-0.42
MHS 136 Suite	1	1: 1	1: 1	24.00	24.00	48	24	24	48.00	0

As can be seen all areas, with the exception of the 136 suite, are indicating a gap between current hours available each day and what is expected based on CHPPD. However, this calculation does not include or take account of any acuity and dependency assessment. A number of acuity and dependency tools are currently being considered and a decision will be taken regarding the appropriate tool by the end of March 2016. The Adult Mental Health services have used the Keith Hurst tool and work is taking place to identify how this can be factored into the CHPPD calculations, however the assessment completed in October 2016 has confirmed an increased acuity of patients in the AHM inpatient wards since the previous assessment in 2015.

In addition to acuity and dependency it is also important to look at other indicators of safety to determine if the Trust is operating within safe staffing levels. Therefore, for the areas above the incidents relating to patient safety and the complaints received have been reviewed in order to assess if there is a correlation between them and staffing levels. Table 2 is a summary of patient related incidents from 1st April 2016 to end of December 2016 and highlighted are the areas with the highest levels of incidents. These areas are the areas where more frequently there are fewer staff than planned on duty which would appear to indicate a correlation between staffing levels and impact on patient safety. It is of particular note that there are higher levels of physical assault, the majority of which are patients on staff, experienced in The Limes and Maples and high levels of medication errors in The Limes. On reviewing the incidents it could be considered that staffing levels or skill mix could be a contributing factor however there is no definitive information to support this view.

Table 2:

Count of Incident Number	Column Labels					
Row Labels	Assault - Non-Physical	Assault - Physical	Medication Errors / Management	Pressure Injuries	Slips, Trips And Falls	Grand Total
The Limes	16	106	31	6	93	252
Lower Brambles	1		7	7	48	63
Crisis AMH (Orchards)		2	3			5
Fanshawe		3	13	11	40	67
Hawthorns Ward - Acute AMH	15	16	16		2	49
Jubilee	1	2	2	10	25	40
Kite Unit	4	36	5		60	105
Maples	35	109	9		1	154
Oakdene	6	5	10		6	27
Snowdon	2	1	7	4	32	46
Spinnaker			16	31	31	78
Grand Total	80	280	119	69	338	886

On reviewing the complaints data for the same period there is not the same correlation seen. In this period there were 19 complaints received for the inpatient units. Whilst none of the complaints specifically identify a concern relating to staffing levels there were five complaints where staffing levels may have been a contributory factor. One complaint related to delay in receiving an appointment, one was regarding staff manner and attitude and three referenced quality of care. The complaints with these themes were spread across the wards so no trend has been identified.

Currently the Trust does not have a formal process in place whereby it reviews establishments and considers in the round all of the data in order to determine what safe staffing should be for each inpatient area and the impact on care when not achieved. The recent internal audit completed by PWC has also identified this as an area for improvement in their draft report. The Interim Head of Professional Standards and Regulation has developed a proposal for taking this forward and this will be formally presented to the Chief Nurse by end of January 2017.

Southampton In-Patients:

In Southampton the Royal South Hants wards have recruited band 2 posts, additional to establishment, in an effort to reduce the reliance on use of bank and agency and to ensure cover when sickness occurs, however, due to further staff leaving there continues to be vacancies which require cover until recruitment has been completed. There are currently vacancies for band 5 nurses and work is underway to introduce a rotational band 5 post with the purpose of making a 'Community Nurse Role' which it is planned will rotate between RSH in patients, Urgent Response and community nursing.

In this period a review of staffing levels on nights on Snowdon ward has been completed and due to increased complexity of patients it has been agreed to increase from 1 to 2 registered nurses at night. There have been challenges with recruitment to B5 nurse vacancies but the ward has now recruited 3 new nursing staff who have commenced in November 2016 whilst others are expected to commence employment in December and January 2017. It is aimed that Snowdon will be fully compliant with 2 registered nurses on duty on nights from the end of January 17.

Snowdon and Kite wards are running regular adverts with the aim of recruiting above establishment. They are also working closely with human resources and occupational health to support the

workforce to remain healthy and give consistent attendance, thus reducing the sickness rates and reducing the reliance on bank and agency staff.

Kite ward has experienced increased complexity of the current cohort of patients and one patient in particular has required escort under section 17 leave requirements. The number of staff required to support patients on a 1:1 basis, means additional staff have been needed to keep patients and the service safe, this has resulted in an increase in the minimum safer staffing numbers, particularly at night. The pending relocation of service has also resulted in an increase in turn over, compounded with high sickness levels at Band 2 and 5, which has been challenging for the unit. Staff recruitment has been successful but at the time of reporting the unit are awaiting confirmation of start dates.

Portsmouth In-Patients:

Portsmouth adult inpatients, with the exception of July, have not been categorised as RED status on unify during this six month period. In addition they have not needed to escalate to Red status within their local escalation assessment. There have been occasions when more staff than planned has been required which reflect the acuity and dependency of the patients on the wards at those times. Both Jubilee and Spinnaker have been key in supporting the wider system during the winter pressures.

Portsmouth In-patient units are reviewing the Shelford Safer Nursing tool to assess its suitability as an acuity assessment tool and will consider any modifications required to enable it to be implemented. This work will inform the proposal which will be provided to the Chief Nurse by the end of January 2017.

Community Teams

As stated previously the NICE guidelines on safe staffing for the community were not published and there is an absence of appropriate evidence based safe staffing tools for these services, therefore the use of quality data along with clinical judgement to assess acuity and dependency against capacity is the only way of assessing whether staffing levels are safe. Work has been undertaken in Sheffield to develop a caseload management tool for district nursing and it is planned that Solent will make links with the leads in Sheffield to explore the possibility of adopting their work and providing them with an opportunity to validate the tool they have developed. The Board will receive an update on how this benchmarking activity progresses within the Trust.

Southampton

Adults services Southampton continue to recruit to their current vacancies. The service completed a review of community nursing in July 2016 which identified a need to review the skill mix and the way in which the team are managing their caseloads and workloads. The integrated service manager and the integrated matron continue with the process of implementing the recommendations from this review.

Whilst the service recognises it is in a period of transition and are currently out to recruitment they are confident that they have the capacity to deliver the community nursing service. The service is working closely with commissioners on these plans and the CCG are supportive of the work being taken forward.

There have been no significant changes to numbers of complaints and Serious Incidents during this reporting period with the majority of serious incident investigations relating to pressure ulcers. However a recent review has indicated an improving position specifically in relation to a reduction in numbers of grade 4 and 3 pressure ulcers acquired in our care.

Portsmouth

The community nursing position has improved over the past six months with a current vacancy level of 7%. Recruitment into the Community Nursing Service is continuing and attention has been given

to retention of staff, in particular registered nurses. In this period the service has seen a reduction in numbers of incidents of missed visits. This would suggest that the range of actions to mitigate the impact of rescheduled visits, including direct communication with patients/carers, triaging referrals and allocation of visits, has had a positive impact.

A development programme for the Band 7 clinical leaders has commenced and has been positively received with the initial sessions carried out in November 2016 and these will continue into 2017. There will be further development opportunities provided for Band 6 nurses in 2017.

The quality issues previously identified have been addressed by the service in the Community Nursing Recovery Action Plan (RAP). The RAP was signed off and closed by Commissioners in June 2016 however the position continues to be monitored very closely. A review of staffing levels takes place daily from which a daily report is provided to the senior management team for discussion and action where required. Staffing levels are also reviewed on a weekly basis by the clinical managers and staff moved across localities where this is appropriate and safe to do.

There continues to be high numbers of Serious Incidents with the majority relating to pressure ulcers which impact on patient care. Both Southampton and Portsmouth services have undertaken a review of their pressure ulcer data, attached at appendix 2, which provides more detail and identifies both improvements made and also plans to further improve the position. In addition the Chief Nurse has commissioned a review of the current service model for Tissue Viability Nursing in preparation for a discussion with Directors in February 2017.

Children's Services

In Southampton health visiting teams the position has improved in the past six months following the introduction of the band 5 community staff nurses with caseload sizes reducing. Both Southampton and Portsmouth teams are seeing a positive impact from these roles and Southampton have had a second round of successful recruitment which will see further reductions in caseload size. However there are further reductions in funding expected in April 2017 and the service are working with commissioners to consider the impact and what it will be possible to continue to deliver in relation to the healthy child programme.

The school nursing service in Portsmouth remains under pressure and the position is being monitored closely. However the position is expected to improve from February when two new staff will join the team. There has been a risk to the delivery of the statutory public health programmes and safeguarding activity delivered by the school nursing team; however the service has used staff flexibly across health visiting and school nursing to ensure continued delivery against the statutory requirements.

Paediatric therapies are showing an improving position with the team having some success in recruiting to previously difficult to recruit areas of practice. The service have over recruited to occupational therapy in the north locality as this is a difficult area to recruit into and this will help to ensure the sustainability of service and reduce the current waiting times for children accessing the service.

The children's community nursing team have recruited to the clinical matron post and the clinical team co-ordinator for the Southampton team. These posts were difficult to recruit to and both staff members are now in post and are beginning to have a positive impact on the team. A hot spot for this team however is recruitment of band 3 support workers into the children's continuing care team which has proven problematic. If the current round of recruitment for the Southampton team is not successful it may not be possible to sustain the delivery of this service in the long-term. The service is in the process of entering this on the risk register. In order to maintain patient safety where required they are using appropriate agency staff to cover the gaps and are in dialogue with the

commissioners to ensure a plan is in place to ensure on-going patient safety in the long term.

The Children's Outreach Assessment and Support team (COAST) in Southampton are currently fully established. The team continue to deliver a high quality service and receive positive feedback from families and professionals with no significant incidents or trends reported.

Both Portsmouth and Southampton Child & Adolescent Mental Health (CAMHs) teams have been successful in recruiting new members of staff with their allocation of Future's in Mind funding. Southampton plan to advertise in January 2017 for the remaining unfilled nursing, two psychologist posts, one of which is a new post across CAMHs Learning Disability and pending approval from Royal Collage, a consultant psychiatrist post. The services continue to manage the vacancies and pressures due to sickness levels effectively by using agency cover where appropriate. In order to maintain patient safety all priority cases are seen based on risk assessment and those recruited to vacancies are due to start in February 2017.

Specialist Dental Services

The dental service has had issues recruiting to Dental Officer posts over the last 12 months. The service has gone out to advert with limited success. Dental Officer positions in Special Care Dentistry Services are difficult to cover with bank and locums, due to the complexity of the patients. Staff undertake additional sessions where possible to ensure that patients care is not affected. There has not had a direct effect on safe staffing levels but it has meant that on occasions it has been necessary to cancel clinics which in turn have an impact on waiting times for patients. The service reviews all cases to ensure that impact is kept to a minimum and to limit the impact on patients.

Dental Nurses are also difficult to recruit to and the service is proactively working with local training establishments to promote the special care dental service as a place to work. The service currently is out to recruitment for 2 WTE dentists and 2 WTE dental nurses. The service expects the recruitment challenges to continue as this is consistent with the national position.

Bank and Agency Usage

As reported previously and in line with the government directive for NHS Trusts to drive down the use of agency across all NHS sites all services are working to reduce the reliance on bank and agency usage across all of the service areas. However due to difficulty recruiting to some posts and the impact of sickness levels there continues to be a reliance on bank and agency staff at present. Escalation and authorisation processes are in place for temporary staffing requests.

An area of concern identified in the reports provided by the matron's and lead nurses is the on-going difficulty in filling registered nurse gaps through the use of bank and agency nurses. Some of the shifts where there have been fewer staff than planned have been managed using the flexible approach of moving staff between wards/teams to provide cover based upon patient need and professional judgement.

In the past 6 months there has been a continued high demand on bank and agency with further increases occurring over the last 2 months. The table below shows the number of requests for both bank and agency across the Trust for the period 1 June to 30th November 2016 inclusive.

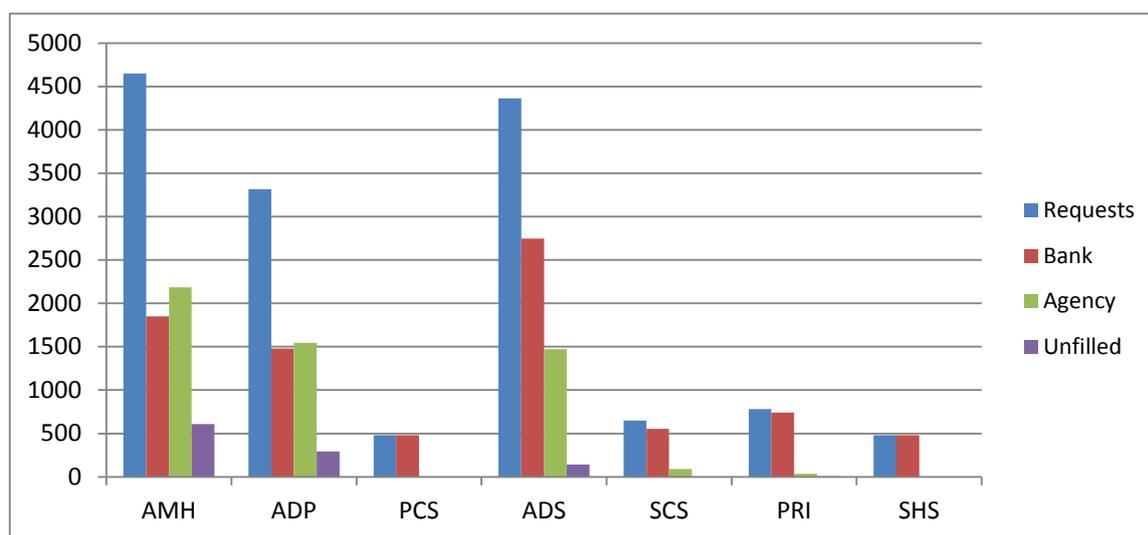
The number of unfilled bank and agency shifts has escalated within AMH Services due to the high demand. This demand has been caused by continued levels of patient's who require 1 to 1 nursing and increased levels of admissions to both Maples and Hawthorn Wards. The AMH team are

proactively working to develop a 'fast-track' staff development and retention plan which it is hoped will provide incentive to existing staff and encourage new recruits to join the team through external recruitment.

Demand within Adults Portsmouth Services has continued to drop slightly in the last six months and with rolling recruitment still in place it is anticipated that this position will continue to decrease over the next 6 month period.

Bank continue to have rolling recruitment in place for Nurses and HCA, and whilst progress has been made to increasing the number of staff employed on the bank, there has been a parallel increase in demand for bank cover which has had an impact on the bank's ability to improve the overall position. With the current substantive recruitment strategies in place it is anticipated that staffing levels within service areas will become more stable, and in turn reliance on Bank and Agency will start to decrease over the coming months. It is anticipating that in the post-Christmas period a reduction in demand will be met with improved cover rates through Bank only staff.

Below graph demonstrates level of bank requests for 1 June to 30 November 2016



Clinical June - Nov 16	Req	Bank	%	Agency	%	Unfilled	%
AMH SERVICES	4641	1849	40%	2184	47%	608	13%
PORTSMOUTH ADULT SVS	3316	1478	45%	1546	47%	292	8%
PORTSMOUTH CHILDREN SVS	481	481	100%				
SOUTHAMPTON ADULT SVS	4362	2747	63%	1473	34%	142	3%
PRIMARY CARE	782	740	95%	35	4.50%	7	1%
SOUTHAMPTON CHILDREN SVS	649	555	86%	92	14%	2	1%
SEXUAL HEALTH SERVICES	482	482	100%				
TOTALS	14713	8332	57%	5330	36.00%	1051	7%

Roster Quality

Roster quality improvement remains high on the agenda as it is a key factor in reducing agency spends. The Portsmouth Community Teams have had continued challenges around the deployment of staff linked to both the process around rostering and their high level of vacancies. As staffing

levels within this area become more stable long term improvement can again be targeted throughout next year.

The Roster team are planning the introduction of specific KPI's during Q4 2016/17 which will be discussed and monitored at the relevant Performance sub committees in order to maintain a focus on this area. A trust wide "Super User" network is also in the planning stage, this is to enable the transfer of skills and knowledge around rostering at an increased pace.

Currently the Roster Manager is working with the Interim Head of Professional Standards and Regulation in reviewing current Safe Staffing methodology across the trust focussing initially on the inpatient areas. This may lead to the procurement of an additional product to report on Safe Staffing alongside our Rostering software.

Conclusion/Next Steps

Whilst significant progress has been made in addressing the staffing challenges faced in specific services across the Trust it is recognised that more work needs to be done.

Concern remains about the staffing levels across both inpatient and community services and the continued reliance on temporary staffing to ensure safe staffing levels. There will continue to be close scrutiny of staffing levels and the impact of the recruitment strategies in place to ensure timely appointment of staff into current vacancies. All transformation plans which include staffing levels to be reviewed or reduced will be monitored and issues of concern will be escalated through the Quality Improvement & Risk Group and into Assurance Committee. The Adult Mental Health inpatient nurse staffing position will continue to be closely scrutinised within the service line to ensure that staffing levels reflect patient acuity and dependency.

Based upon the data and information available it is evident that it is difficult to evidence patient harm as a direct result of staffing levels. However, service managers cannot be complacent and continued attention needs to be given to retaining staffing with the necessary skills and competence to meet the increasingly complex patient need identified. Further detailed analysis is required to interpret the data available and this will be undertaken during the next quarter.

The work on standardising the acuity and dependency tool used across the Trust community services based on published models will be concluded and embedded as business as usual in 2017/18 with a formal process of approval of establishments and regular review being established once agreed by the Chief Nurse.

Board Recommendation

The Board is asked to note this report

Appendix 1

Unify safe staffing Data December 2015 – May 2016

June 2016

Ward Name	Main two specialties	Day				Night				Day		Night	
		Registered Nurses		Care Staff		Registered Nurses		Care Staff		Fill Rate		Fill Rate	
		S1	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Registered	Care Staff	Registered
AMH Crisis Resolution	710 - ADULT MENTAL ILLNESS	1335	1222	1128	1062	300	300	300	300	91.5%	94.2%	100.0%	100.0%
AMH Oakdene	710 - ADULT MENTAL ILLNESS	1125	855	900	758	570	570	285	276	76.0%	84.2%	100.0%	96.7%
AMH Orchards - Hawthorn	710 - ADULT MENTAL ILLNESS	1230	1058	1020	1500	285	352	855	903	86.0%	147.1%	123.3%	105.6%
AMH Orchards - Maples	710 - ADULT MENTAL ILLNESS	1230	1170	1020	1560	285	390	855	1093	95.1%	152.9%	136.7%	127.8%
The Limes	715 - OLD AGE PSYCHIATRY	1350	1208	2700	2880	855	570	1140	1416	89.4%	106.7%	66.7%	124.2%
Jubilee House	315 - PALLIATIVE MEDICINE	1515	1725	1575	1553	820	680	600	810	113.9%	98.6%	82.9%	135.0%
Spinnaker	314 - REHABILITATION	1125	1088	1125	1275	600	600	300	460	96.7%	113.3%	100.0%	153.3%
Lower Brambles	314 - REHABILITATION	1125	1125	1575	1515	630	641	630	599	100.0%	96.2%	101.7%	95.0%
Fanshawe	314 - REHABILITATION	1125	1125	1350	1335	630	620	630	630	100.0%	98.9%	98.3%	100.0%
Snowdon Ward	314 - REHABILITATION	900	833	1125	1380	300	320	600	580	92.5%	122.7%	106.7%	96.7%
Kite	314 - REHABILITATION	900	638	1800	2025	279	279	558	828	70.8%	112.5%	100.0%	148.3%

July 2016

SAFE STAFFING REPORT - UNIFY MONTHLY SUMMARY

Ward Name	Main two specialties	Day				Night				Day		Night	
		Registered Nurses		Care Staff		Registered Nurses		Care Staff		Fill Rate		Fill Rate	
		S1	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Registered	Care Staff	Registered
AMH Crisis Resolution	710 - ADULT MENTAL ILLNESS	1363	1147	1166	1222	310	310	310	310	84.1%	104.8%	100.0%	100.0%
AMH Oakdene	710 - ADULT MENTAL ILLNESS	1163	960	930	833	589	589	295	257	82.6%	89.5%	100.0%	87.1%
AMH Orchards - Hawthorn	710 - ADULT MENTAL ILLNESS	1245	1058	1080	1545	295	409	884	1017	84.9%	143.1%	138.7%	115.1%
AMH Orchards - Maples	710 - ADULT MENTAL ILLNESS	1245	1133	1080	1200	295	409	884	903	91.0%	111.1%	138.7%	102.2%
The Limes	715 - OLD AGE PSYCHIATRY	1395	1140	2790	3030	884	570	1178	1501	81.7%	108.6%	64.5%	127.4%
Jubilee House	315 - PALLIATIVE MEDICINE	1628	1635	1628	1613	930	690	620	860	100.5%	99.1%	74.2%	138.7%
Spinnaker	314 - REHABILITATION	1163	990	1163	1298	620	600	310	330	85.2%	111.6%	96.8%	106.5%
Lower Brambles	314 - REHABILITATION	1163	1133	1628	1590	651	651	651	641	97.4%	97.7%	100.0%	98.4%
Fanshawe	314 - REHABILITATION	1163	1140	1395	1343	651	651	651	609	98.1%	96.2%	100.0%	93.5%
Snowdon Ward	314 - REHABILITATION	930	743	1163	1530	310	310	620	630	79.8%	131.6%	100.0%	101.6%
Kite	314 - REHABILITATION	930	765	1860	1980	288	288	577	865	82.3%	106.5%	100.0%	150.0%

August 2016

SAFE STAFFING REPORT - UNIFY MONTHLY SUMMARY

Ward Name	Main two specialties	Day				Night				Day		Night	
		Registered Nurses		Care Staff		Registered Nurses		Care Staff		Fill Rate		Fill Rate	
		S1	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Registered	Care Staff	Registered
AMH Crisis Resolution	710 - ADULT MENTAL ILLNESS	1382	1241	1166	1213	310	310	310	310	89.8%	104.0%	100.0%	100.0%
AMH Oakdene	710 - ADULT MENTAL ILLNESS	1163	840	930	803	589	570	295	295	72.3%	86.3%	96.8%	100.0%
AMH Orchards - Hawthorn	710 - ADULT MENTAL ILLNESS	1275	1080	1050	1260	295	342	884	960	84.7%	120.0%	116.1%	108.6%
AMH Orchards - Maples	710 - ADULT MENTAL ILLNESS	1275	1058	1050	1403	295	371	884	1045	82.9%	133.6%	125.8%	118.3%
The Limes	715 - OLD AGE PSYCHIATRY	1395	1080	2790	3128	884	589	1178	1435	77.4%	112.1%	68.7%	121.8%
Jubilee House	315 - PALLIATIVE MEDICINE	1628	1673	1628	1875	930	760	620	920	102.8%	115.2%	81.7%	148.4%
Spinnaker	314 - REHABILITATION	1163	1065	1163	1185	620	590	310	310	91.6%	101.9%	95.2%	100.0%
Lower Brambles	314 - REHABILITATION	1163	1155	1628	1613	651	651	651	641	99.4%	99.1%	100.0%	98.4%
Fanshawe	314 - REHABILITATION	1163	1155	1395	1350	651	662	651	641	99.4%	96.8%	101.6%	98.4%
Snowdon Ward	314 - REHABILITATION	930	908	1163	1568	310	310	620	630	97.6%	134.8%	100.0%	101.6%
Kite	314 - REHABILITATION	930	780	1860	1830	288	288	577	791	83.9%	98.4%	100.0%	137.1%

September 2016

SAFE STAFFING REPORT - UNIFY MONTHLY SUMMARY

Ward Name	Main two specialties S1	Day				Night				Day		Night	
		Registered Nurses		Care Staff		Registered Nurses		Care Staff		Fill Rate		Fill Rate	
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Registered	Care Staff	Registered	Care Staff
AMH Crisis Resolution	710 - ADULT MENTAL ILLNESS	1335	1222	1128	1203	300	300	300	300	91.5%	106.7%	100.0%	100.0%
AMH Oakdene	710 - ADULT MENTAL ILLNESS	1125	848	900	713	570	580	285	295	75.3%	79.2%	101.7%	103.3%
AMH Orchards - Haw thorn	710 - ADULT MENTAL ILLNESS	1230	1118	1020	1140	285	352	855	874	90.9%	111.8%	123.3%	102.2%
AMH Orchards - Maples	710 - ADULT MENTAL ILLNESS	1230	1110	1020	1988	285	314	855	1634	90.2%	194.9%	110.0%	191.1%
The Limes Appleby	715 - OLD AGE PSYCHIATRY	1350	1125	2700	2820	855	732	1140	1254	83.3%	104.4%	85.6%	110.0%
Jubilee House	315 - PALLIATIVE MEDICINE	1515	1710	1575	1665	820	800	600	760	112.9%	105.7%	97.6%	126.7%
Spinnaker	314 - REHABILITATION	1125	983	1125	1148	600	600	300	300	87.3%	102.0%	100.0%	100.0%
Lower Brambles	314 - REHABILITATION	1125	1080	1575	1583	630	630	630	609	96.0%	100.5%	100.0%	96.7%
Fanshaw e	314 - REHABILITATION	1125	1133	1350	1313	630	620	630	630	100.7%	97.2%	98.3%	100.0%
Snowdon Ward	314 - REHABILITATION	900	810	1125	1538	300	290	600	690	90.0%	136.7%	96.7%	115.0%
Kite	314 - REHABILITATION	900	825	1800	1755	279	279	558	828	91.7%	97.5%	100.0%	148.3%

October 2016

SAFE STAFFING REPORT - UNIFY MONTHLY SUMMARY

Ward Name	Main two specialties S1	Day				Night				Day		Night	
		Registered Nurses		Care Staff		Registered Nurses		Care Staff		Fill Rate		Fill Rate	
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Registered	Care Staff	Registered	Care Staff
AMH Crisis Resolution	710 - ADULT MENTAL ILLNESS	1363	1288	1166	1269	310	310	310	310	94.5%	108.9%	100.0%	100.0%
AMH Oakdene	710 - ADULT MENTAL ILLNESS	1163	893	930	825	589	589	295	295	76.8%	88.7%	100.0%	100.0%
AMH Orchards - Hawthorn	710 - ADULT MENTAL ILLNESS	1245	1118	1080	1778	295	342	884	1359	89.8%	164.6%	116.1%	153.8%
AMH Orchards - Maples	710 - ADULT MENTAL ILLNESS	1245	1628	1080	2768	295	466	884	2261	130.7%	256.3%	158.1%	255.9%
The Limes	715 - OLD AGE PSYCHIATRY	1395	1238	2790	2828	884	703	1178	1397	88.7%	101.3%	79.6%	118.5%
Jubilee House	315 - PALLIATIVE MEDICINE	1628	1658	1628	1890	930	880	620	670	101.8%	116.1%	94.6%	108.1%
Spinnaker	314 - REHABILITATION	1163	1043	1163	1215	620	600	310	310	89.7%	104.5%	96.8%	100.0%
Lower Brambles	314 - REHABILITATION	1163	1155	1628	1463	651	620	651	641	99.4%	89.9%	95.2%	98.4%
Fanshaw e	314 - REHABILITATION	1163	1178	1395	1343	651	651	651	641	101.3%	96.2%	100.0%	98.4%
Snowdon Ward	314 - REHABILITATION	930	750	1163	1523	310	310	620	620	80.6%	131.0%	100.0%	100.0%
Kite	314 - REHABILITATION	930	840	1860	1845	288	279	577	800	90.3%	99.2%	96.8%	138.7%

November 2016

SAFE STAFFING REPORT - UNIFY MONTHLY SUMMARY

Ward Name	Main two specialties S1	Day				Night				Day		Night	
		Registered Nurses		Care Staff		Registered Nurses		Care Staff		Fill Rate		Fill Rate	
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Registered	Care Staff	Registered	Care Staff
AMH Crisis Resolution	710 - ADULT MENTAL ILLNESS	1335	959	1128	1401	300	280	300	300	71.8%	124.2%	93.3%	100.0%
AMH Oakdene	710 - ADULT MENTAL ILLNESS	1125	900	900	878	570	570	285	285	80.0%	97.5%	100.0%	100.0%
AMH Orchards - Hawthorn	710 - ADULT MENTAL ILLNESS	1230	1118	1020	1733	285	276	855	1359	90.9%	169.9%	96.7%	158.9%
AMH Orchards - Maples	710 - ADULT MENTAL ILLNESS	1230	2228	1020	3548	285	789	855	2784	181.1%	347.8%	276.7%	325.6%
The Limes Appleby	715 - OLD AGE PSYCHIATRY	1350	1380	2700	2745	855	703	1140	1302	102.2%	101.7%	82.2%	114.2%
Jubilee House	315 - PALLIATIVE MEDICINE	1515	1658	1575	1800	820	830	600	830	109.4%	114.3%	101.2%	138.3%
Spinnaker	314 - REHABILITATION	1125	1028	1125	1283	600	600	300	290	91.3%	114.0%	100.0%	96.7%
Lower Brambles	314 - REHABILITATION	1125	1125	1575	1553	630	630	630	630	100.0%	98.6%	100.0%	100.0%
Fanshaw e	314 - REHABILITATION	1125	1118	1350	1328	630	630	630	630	99.3%	98.3%	100.0%	100.0%
Snowdon Ward	314 - REHABILITATION	900	953	1125	1283	300	310	600	600	105.8%	114.0%	103.3%	100.0%
Kite	314 - REHABILITATION	900	998	1800	1425	279	279	558	837	110.8%	79.2%	100.0%	150.0%

Appendix 2: Pressure Ulcer Review

Adult Services Southampton – Pressure Ulcer Report

Jan 2015 – Dec 2015	
Grade 2 in our care	102
Grade 2 out of our care	72
Grade 3 in our care	15
Grade 3 out of our care	32
Grade 4 in our care	28
Grade 4 out of our care	30
total	279

Jan 2016 – Dec 2016	
Grade 2 in our care	71 ↓
Grade 2 out of our care	75 ↑
Grade 3 in our care	21 ↑
Grade 3 out of our care	57 ↑
Grade 4 in our care	13 ↓
Grade 4 out of our care	42 ↑
total	279

Within Adult Service Southampton service line there has been the same numbers of pressure ulcers in 2015/2016 and 2016/2017.

However, when further analysing the grades and frequency of pressure ulcers the following was noted:

There has been a **reduction** by 30% in grade 2 pressure ulcers in our care in the current year. There has been a 29% **increase** in grade 3 pressure ulcers in our care, but at the same time a **reduction** of 53% in grade 4 pressure ulcers during the same period. Due to additional training and introduction of the '4 eyes' approach staff are able to better distinguish between grade 3 and 4 pressure ulcers and more deemed grade 3 rather than grade 4.

During 2016 of the 34 grade 3 pressure ulcers, only 3 were deemed avoidable at Pressure Ulcer Panel and required full SI investigation.

There has been an increase of patients admitted into our care with existing pressure ulcers, which would reflect our patients having higher acuity being cared for in the community.

There is evidence of 4 patients who had grade 2 pressure ulcers reported over the past 12 months - of deterioration to a grade 3 pressure ulcer and 3 patients who had a grade 2 reported deteriorated to a grade 4 pressure ulcer. However, we do not keep direct records of these patients and the information was gained from manually reviewing all pressure ulcer Ulysses reports.

The figures reflect work undertaken within the service line around pressure ulcer prevention and management:

- Increased awareness training – majority of staff have undertaken pressure ulcer awareness training and refresher training
- Staff undertaking their own RCA reporting of all grade ¼ pressure ulcers, therefore the learning is embedded in teams earlier
- Strengthening of the Tissue Viability team within the Service Line, review of skill mix within the team and strengthening the resource available for support of community nursing teams
- Introduction of '4eyes' before grading/reporting pressure ulcers to ensure a consistent and accurate reporting of pressure ulcer grading.
- Review of Pressure Ulcer Panel, made into a more learning environment – staff present their own cases and learning discussions which then allows staff to take learning back to teams
- Tissue Viability Steering group – focus on learning and then learning reflected in future TV training.

There has been an improvement in staff completing RCA and presenting to PUP in a timely manner, however, this still needs to improve as there are occasions when they are not completed in time and result in a breach of the SI process.

New Integrated Service Manager and Integrated Service Matron now in post and they are working to improve this situation, however, once new Manager in post for Community Nursing in early February, this will free the Integrated Service Matron to work with teams to ensure these are completed in a more timely manner to prevent future breaches.

Adult Services -Portsmouth

Review of pressure ulcers reported over 2 calendar years by comparative analysis

2015:

Total reported: 232- **out of care: 139**

In our care: 93

Grade Jan-March April-June July-Sept Oct-Dec

Grade 2	16	4	7	7
Grade 3	5	5	5	11
Grade 4	10	2	7	14

2016 Total reported: 353- **out of care: 232** (increase of 56% from 2015)

In our care: 121 (increase of 28% from 2015)

Grade Jan-March April-June July-Sept Oct-Dec

Grade 2	8	12	14	14
Grade 3	5	8	6	10
Grade 4	5	11	12	16

In our care:

Grade 2- For period Jan-Dec 2015 we recorded **34**, for the same period 2016 we recorded **48**

An increase of 40%

Grade 3- For period Jan-Dec 2015 we recorded **26** for the same period 2016 we recorded **29**,

An increase of: 11%

Grade 4- For period Jan-Dec 2015 we recorded **33**, for the same period 2016 we recorded **44**,

An increase of: 33%

To consider in context:

Client contacts for the service including specialist services have risen sharply in the two comparable periods as indicated:

2015 - 132,310	93 "in our care" PU's were reported
2016 – 183,506	121 "in our care" PU's were reported

This represents an increase of 51,196 extra client contacts for the year or 39%

For 51,196 extra client contacts the service has seen a rise of 28 reported pressure ulcers in our care

Open client caseloads for the teams has risen too- defined as having one or more contact visits:

2015 – 23281
2016 – 29615

This represents an increase of 6334 or 26%

Calculations:

If we define the incidence of pressure ulcers (acquired in our care) as pressure ulcers per contacts:

- 2015- $(93/132310) \times 100 = 0.07\%$
- 2016- $(121/183506) \times 100 = 0.07\%$

Only considering cat 3 & 4:

- 2015- $(59/132310) \times 100 = 0.04\%$
- 2016- $(73/183506) \times 100 = 0.04\%$

If we define the incidence of pressure ulcers (acquired in our care) as pressure ulcer per open clients:

- 2015- $(93/23281) \times 100 = 0.04\%$
- 2016- $(121/29615) \times 100 = 0.04\%$

Only considering cat 3 & 4:

- 2015- $(59/23281) \times 100 = 0.03\%$
- 2016- $(73/29615) \times 100 = 0.02\%$

For noting:

- Over the last 12 months patients admitted into our care with an existing pressure ulcer has increased 63% indicating there is an increase in acuity of patients

- Vacancy rates for the community nursing team (largest reporter of pressure ulcers) during 2015 ran at an average of 40%, many shifts being covered by bank and agency staff the service were unfamiliar with- current vacancy rate is now circa 7%
- Uptake and availability of tissue viability training was limited during early and mid-2015. Training is now rolled out across all localities and staff are mandated to attend
- Clinical supervision was often cancelled in 2015 when capacity was limited and patient acuity was high- all staff are now receiving regular supervision to ensure safe and consistent practice
- “lessons learned” are now core to monthly reporting to ensure ethos is embedded into team culture
- Attendance at pressure ulcer panel is better managed and team members encouraged to attend
- Tissue viability steering group is a shared practice approach across both cities to enable learning to be shared
- During 2015- paper reporting of incidents was the norm and there was inconsistent reporting- Reporting processes have since been enhanced to ensure staff have appropriate access to safeguard/Ulysses reporting systems

Presentation to	<input checked="" type="checkbox"/> In Public Board Meeting	<input type="checkbox"/> Confidential Board Meeting	Solent 		
Title of Paper	Professional Leadership Report				
Author(s)	Ann Rice, Head of Patient experience & Allied health professionals Angela Anderson, Head of Professional Standards and Regulation	Executive Sponsor	Mandy Rayani, Chief Nurse		
Date of Paper	January 2017	Committees presented			
Link to CQC Key Lines of Enquiry (KLoE)	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
Action requested of the Board	<input checked="" type="checkbox"/> To receive	<input type="checkbox"/> For decision			

The purpose of this paper is to provide an update on the current position with regards to professional leadership activity across the nursing and allied professions including the implementation and monitoring of Solent NHS Trust's Allied Health Profession (AHP) and Nursing strategies and launch of the two national frameworks, one for AHP's and the other for nursing.

There is significant activity taking place within the Trust and in collaboration with external education providers. To ensure that the work is prioritised and progress monitored the new interim Head of Professional Standards will work with the Chief Nurse to develop a clear work programme for the coming year. The work programme will focus on ensuring that the strategic frameworks for nursing and AHPs are effectively implemented and the professional workforce is developed in line with national standards and STP (sustainability and transformation plan) developments.

Board Recommendation

The Board is asked to receive the report and note the work being undertaken to highlight the contribution being made by the nursing and AHP workforce.

Background

There are a range of professional activities across the Trust which impact on the delivery of care and the development of the nursing and Allied Health Professional (AHP) workforce. The individual work streams continue to feed into their relevant sub-committee structures. In addition a number of developments at a national level will have a significant impact on the future workforce and on how the Trust approaches nurse and AHP training and recruitment in future. This paper will summarise the recent announcements made by the Secretary of State for Health and the Trust activity and progress to date on current work streams and response to the announcements.

Current Position

Allied Health Professional Strategic Framework:

The AHP Strategy outlines the priorities and direction for the Allied Health Professions (AHPs) that are employed in Solent NHS Trust: Art Therapy; Occupational Therapy, Physiotherapy, Speech and Language Therapy, Podiatry, Social Work, Practitioner Psychologists (Clinical Psychologists). These professions are registered with and regulated by the Health & Care Professions Council (HCPC).

In November 2016 Solent NHS Trust Chief Nurse, Mandy Rayani and the Trust AHP lead, Ann Rice were delighted to welcome Suzanne Rastrick, Chief Allied Health Professions Officer for NHS England to the Trust for Solent's first AHP Conference where the Trust AHP strategy was launched by Sue Harriman, Chief Executive. The professionals attending considered the Trust strategy in conjunction with the national AHP mandate for change to ensure alignment in delivery. The event was very well attended, energetic and generated enthusiasm and engagement from professionals across the organisation.

On 17th January at Westminster Sir Bruce Keogh, National Medical Director, NHS England will formally launch and endorse 'AHPs into Action: Using AHPs to transform health, care and wellbeing'. This is a product to inform and inspire leaders and decision makers across the system by offering a clear view regarding transformative potential of AHPs. The Head of AHPs has been invited to attend the launch.

Nursing Strategic Framework:

The Trust Nursing strategic framework clearly outlines the organisations expectations of the nursing professions, both registered and non-registered, working in Solent NHS Trust and is underpinned by the Solent values. The nursing strategy builds on the principles laid out in the revised Nursing and Midwifery Councils Code and links clearly to the Compassion in Practice (6Cs) Strategy. In addition the Chief Nurse for England published the national framework for nursing, Leading Change; Adding Value, in July 2016 which reflects the principles within the Trust strategy.

The Trust Nursing Strategic Framework was formally launched during November and December through a series of road show events across the Trust. The events were interactive and asked colleagues to consider what was important to them about being a Nurse, what was it about nursing which attracted them to and kept them in the profession. The word cloud below provides a flavour of the responses shared.



The road shows only reached a small percentage of the total nursing workforce but it is intended that those who attended will be asked to champion the strategy across their teams and to build momentum so that we can ensure delivery against the strategy. It is also planned to hold a Nursing conference in May 2017 to coincide with National Nursing Day.

Training Bursary

From September 2017 nursing students will no longer receive a bursary and this is expected to have an impact both on the numbers entering nurse training and the profile of those accessing nursing programmes at university. Nursing or AHP careers are likely to be less attractive to the mature students and universities are already seeing a drop in numbers applying for their programmes. If this is the position, and given current challenges with recruitment to some nursing posts, this will impact on the Trusts ability to fill vacancies in the future.

Traditionally mental health nursing attracts more mature students who have some life experience and who can continue with their financial commitments while training and receiving the bursary. It is anticipated that this branch of nursing will be the hardest hit and given the current challenges with recruiting to this workforce it will be necessary to consider the strategies which will be needed to ensure the continued and sustainable delivery of safe mental health services in the future.

Therefore the work that the Trust is doing in terms of enhancing its current placement offer to both Southampton and Portsmouth university students and the development of the new nursing apprenticeships and Associate practitioners is vital in order to be in a position to provide safe and sustainable services in the future.

The position in relation to Therapy professions is less clear but at present the universities are not seeing a drop in numbers applying for Physiotherapy or Occupational therapy, however there are concerns regarding Podiatry. This is currently an area where universities struggle to fill commissioned places. With the removal of the bursary it is expected to make this position worse.

The service are considering the impact this is likely to have and are reviewing skill mix and other opportunities in order to have a sustainable workforce for the future.

The Trust is working closely with both Higher Education Institutions (HEI's) and NHS England in order to both plan for future workforce requirements and to inform and influence the decisions being taken at the centre.

National Developments:

There are a number of initiatives and decisions which have been taken which will have an impact on all of our professional workforce, Nursing, AHP and Medical staff. On 30th November 2016 the secretary of state for health, Jeremy Hunt made a series of announcements which will affect our future workforce. It is essential that the Trust considers these areas and makes decisions regarding how the Trust will engage with the changes. Below is a summary of the announcements made:

Nursing Associate

The new Nursing Associate role is intended to bridge the gap between health and care support workers (all of whom are required to have a care certificate) and the graduate registered nurse. It offers opportunities for support workers to progress into nursing roles. They will work across a range of settings and will play a key role in the delivery of patient care.

Health Education England (HEE) has agreed 1000 training places across the country and has identified the pilot sites for delivery of the first wave. The programme will take an individual 2 years to complete. In addition HEE announced a further 1000 additional training places which will be provided by what they have called 'fast followers' and Solent will be part of this wave.

Trainee nursing associates will work under the direction of a fully qualified Registered Nurse (RN) and will be able to take on some of the duties currently undertaken by the RN.

It was confirmed by Jeremy Hunt in November 2016 that this role will be regulated under the NMC and discussions are now underway with the NMC to establish the appropriate legislation to enable this to happen. Consultation will commence in 2017 on whether the physician associate role should also be regulated.

As a Trust, Solent will need to consider the implications of introducing these roles, the impact on existing staff and how they can support the trainees alongside other new roles which are in development.

Nursing Apprenticeships

A 'skills escalator' to progress staff through entry-level apprenticeships to a nursing degree level has been announced. The Department of Education has approved a degree-level nursing apprenticeship standard which once ratified/endorsed by the Secretary of State for Health can be offered by employers to new or existing staff from September 2017. The Trust is in discussions with HEI's to consider how this can be supported and the Trust will need to consider how many places it is able to support on this kind of programme and when it could start to offer this as an option for staff. It is critical that this role is not confused with the Associate Practitioner role described above and that there is clear differential between both expectations and the required education level to support both opportunities.

Clinical Leadership

The secretary of state also announced the development of a new programme and review to encourage more clinicians to move into senior management roles. One aspect of the programme

will be supported by the NHS Leadership Academy who plan to send 30 students each year to world-leading universities, for example Yale, as part of a fast-track development programme. HEE are considering whether doctors should be able to take clinical leadership as a specialism. They are also planning to double the number of places on the graduate management scheme by 2018. Finally it is hoped that the NHS in partnership with British universities will be in a position to offer an NHS MBA for senior NHS professionals with first students enrolling for a programme in September 2017.

Advanced Practice

National proposals are being developed for a progression pathway to support nurses and AHPs to achieve Advanced Practice levels. As part of the career framework and in response to service need and workforce transformation the Trust is considering the role of advanced practice and how it can support and develop these roles across a range of services and specialties. Health Education Wessex (HEW) has produced a helpful framework for advanced practice which will inform these developments within the Trust.

Professional Advisory Forum

At present the Chief Nurse does not have a formal forum where she meets with senior professional staff across the organisation. In order for the Chief Nurse to represent the professional view both internally and externally it is essential that she has the opportunity to discuss and debate issues which impact on the nursing and AHP professions. Therefore a professional advisory forum is being established with its first meeting scheduled to take place on 7th February 2017. Terms of Reference have been developed and shared with service line leaders. Service lines are in the process currently of identifying their senior nurse and professional leads that will represent their areas on this forum. Response has been very positive to date.

This forum will play a key role in ensuring delivery of the Trust strategy and national frameworks for the respective professions and for driving improvements in care across the organisation.

Solent Quality Improvement (Solent QI, #solentQI)

The first cohort of teams who embarked on the QI programme are nearing completion and will be presenting their progress at an event later in the year. The second cohort has commenced their programme. To date the programme has been well received and the enthusiasm of the participants has been exceptional. The feedback on sessions has been very positive and will help to improve the programme for future cohorts. Please refer to separate board paper for more detail.

Career Framework and Competency Development

The Chief Nurse and the nursing and AHP leadership team have been reviewing the approach to career development and development of both new roles and competencies within the Trust. In July 2016 a Careers Framework and Scrutiny panel was established and has met on two occasions. At the most recent meeting the competency framework for the Trust was approved and will be taken to Trust Management Team prior to formal launch.

An initial draft career framework for nursing and AHP staff has been developed and shared with the group for initial feedback. The emphasis in the career framework is on the need to support lifelong learning and supports the view that career development/progression can take a vertical or a horizontal route with opportunities to step on and off the pathway as both services and individuals' needs and ambitions change. It is planned that a completed framework will be available for wider comment by the end of Q4.

Collaboration with Higher Education Institutes (HEI's)

The Trust continues to work closely with both Portsmouth and Southampton Universities at what is

an exciting time in developing new approaches to nurse and allied health professional training. Portsmouth University recently held an open evening for providers to share their exciting new simulation suite. This is a technologically advanced suite which fully embraces the move toward moving more care delivery into community settings. The suite has a fully furnished flat which can be used for scenario based training with a community focus. There is also an area set you to resemble a GP practice, a care home and also ward areas including theatre and high dependency rooms. There are a range of technology based aids which will support interactive training opportunities for our nurses and AHP's in the future.

Quarterly meetings with Southampton University are in place where opportunities for improving student experience and placements are discussed and innovative approaches to student placements are being explored.

National Recognition

Siobhan West a Family Nurse within the family Nurse Partnership team in Southampton was shortlisted for the Poster award at the Nursing Times Team Leaders Congress held in October 2016. In addition she also presented at the Community Practice Health Visiting association event.

Revalidation

The Nursing and Midwifery Council (NMC) introduced revalidation for nurses and midwives from April 2016. To support compliance with the requirement of revalidation for the nursing workforce the Trust continues to monitor and provide support to staff to ensure they revalidate within timescales. A process is being established to ensure the Trust is aware of any staff that has been requested to submit additional information as part of the validation process.

Discussions continue with the Trust workforce team to develop revalidation monitoring reports and these outcomes will be reported formally to Board when available.

Recommendation

There is significant work taking place within the Trust to develop the nursing and AHP professional workforce and ensure that it is fit for purpose and ready to meet the challenges of the changing healthcare environment. This report has provided a summary of the key activities being undertaken since the last report.

The Board is therefore asked to note the progress being made

December 2016 Performance Report Part I

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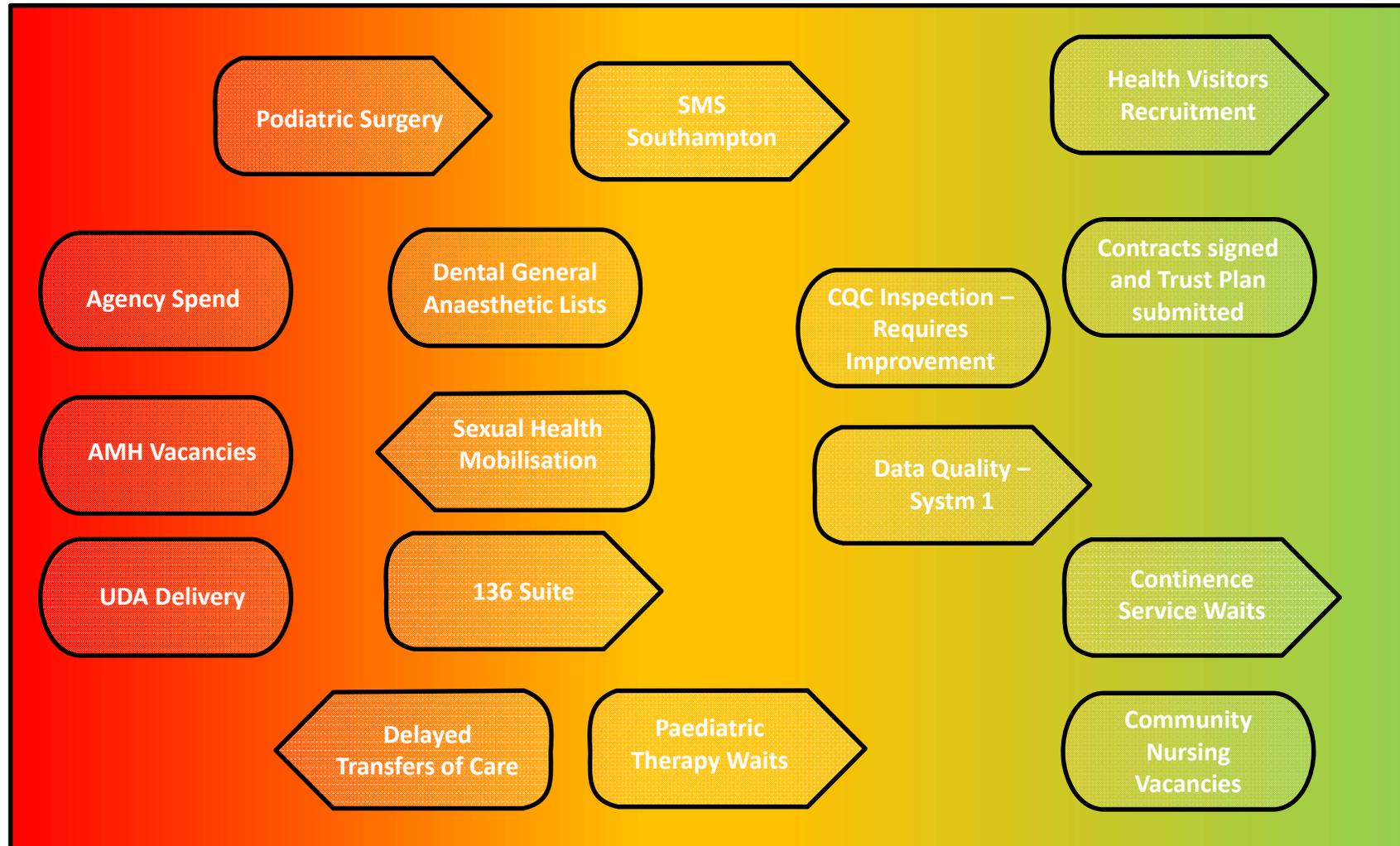
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1. Operations Performance Report

1.1 Solent Hotspot Report



1.2 Southampton and County Services – Month 9 Update

Service Developments

Behaviour Change Service - Solent has successfully bid to retain behaviour change services in Southampton City. The bid was submitted by SCA (a large voluntary sector provider in the city), with Solent and Southampton Voluntary Services as sub-contractors to the bid. The partnership was a finalist in the 3rd sector awards as an innovative way of working between the statutory and voluntary sectors.

Wellbeing Nursing Service - This is a predominately primary care nursing service for the city, and Solent have been successful in bidding to provide it as a sub-contractor to Solent Medical Services. This is replacing the Over 75 nursing service which Solent ran for the West of the city as part of a pilot. The new service covers the whole city.

Contract Discussions

Contracts have been signed with Southampton City CCG, and have been agreed with WHCCG and NHSE.

Service Line Leadership

Alex Whitfield has been appointed as CEO of Hampshire Hospitals. Lesley Munro, Operations Director for Adult Southampton services, will take up the role of Chief Operating Officer for Southampton and County Services on an interim basis, pending substantive recruitment. Lesley's back fill is under review.

Gary Young, Operations Director for Primary Care & Long-Term Conditions, left Solent at the end of December. Cathy Price is interim Clinical Director for the service line, and Jo Pinhorne is Head of Service for the service line.

Mandy Sambrook is moving to Adults Portsmouth, and Debbie Zimmerman and Lisa Dugan will step up as Heads of Service for Sexual Health and Special Dare Dentistry respectively.

David Paynton has been appointed as Clinical Lead for Solent for the Better Care Southampton Programme, and Phil Gregory has been appointed as Clinical Lead for the Solent primary care practices.

CQC Reports and Action Plans

Action plans have been fully developed in response to the CQC reports, and are being monitored at service line and care group level.

Hotspots

Southampton City consultation on budget proposals - This consultation is currently ongoing. There are significant reductions proposed on spending for Adults and Children's services. Solent is responding to the consultation through the appropriate routes.

Podiatric Surgery – The number of patients waiting has reduced from 275 in April 2016 to 167 as of the end of December. The plan was to treat all patients on the podiatric surgery waiting list by March 2017. A number of unanticipated issues have arisen so that the confidence in hitting this target is reduced. Lynton Theatres had given notice to the service, but have now retracted this and offered some additional

lists which are being resourced by the service. The service is increasing the work around options for patient care and it is likely that all patients will have been treated by June 2017.

Units of Dental Activity (UDAs) - A business case has been submitted to NHS England, requesting that the UDA tariff is updated to reflect the additional complexity of the current dental activity. A response was expected before Christmas.

Work is ongoing to increase UDA delivery. The IT issues in dental have been much improved since the teams migrated on to the new infrastructure and that is expected to have a positive impact on UDA performance.

Dental General Anaesthetic Lists at University Hospitals Southampton (UHS)- Theatre lists at UHS for paediatric special care dentistry have reduced from 4 to 2 a month. Children that cannot be treated at UHS are being referred to Poswillo in Portsmouth. Adult lists have also been reduced and this is impacting on waiting times for General Anaesthetic treatments.

Continence Services - There continues to be waiting times in some elements of the continence service, most especially children's services in Portsmouth city, where the commissioned service is very small (0.3 WTE) and this provides insufficient capacity to meet demand. Agreements have been reached with commissioners over temporary additional funding, service specification and key performance indicators for further review in quarter 2 this year.

Children's Therapy Waits - The children's therapy services across Hampshire, continue to work on reducing the number of children waiting over 18 weeks for appointments and the numbers waiting, and length of waits have improved overall in recent months.

Health Visitors - Performance against some current contractual targets is improving as per an incremental improvement action plan. This is primarily the recruitment of Band 5 nurses to work alongside the Band 6 health visitors. A second cohort of Band 5's started work in December. The service is still feeling the impact of Public health funding cuts and challenges recruiting to all Band 6 vacancies.

CAMHS Services - The CAMHS service have responded quickly to recommendations from the CQC around changes to risk management processes. The service is reviewing waiting list management processes. CAMHS KPI improvement has also been sustained.

Continuing Healthcare Packages for children - Solent provide these packages for four children in Southampton who require 'round the clock' care at home. There have been difficulties recruiting carers to these packages which has, at times, meant parents not receiving as many hours support as planned. Discussions are under way with commissioners as to the best model to provide this highly specialised service.

1.3 Portsmouth Care Group – Month 9 Update

Service developments

The Portsmouth Care Group is working with GPs to implement the Multispecialty Community Provider (MCP) proposals from the Clinical Commissioning Group (CCG) with a key workshop to be held 20th January.

The joint appointment of a Head of integrated Early Help is an important step on the road to more integrated Health and Social Care (HASC) services.

CQC action plans

Good progress has been made with the Substance Misuse Services (SMS) action plan with regard to care planning, however the prescriber review standard has not yet been achieved.

Contractual matters

The Care Group has established a joint group with the CCG and Council to plan together, the transformation of ageless mental health services.

A good contractual settlement has enabled historic deficits to be mitigated and the services are now in a position to transform services further from a strong foundation.

Performance Hot Spots

There has been continued high use of agency in Adults, to cover sickness absence over Christmas although subsiding during January.

Excellent case management before Christmas ensured that the acute mental health wards had manageable occupancy over the holiday period. Reliance on agency locums will be mitigated following substantive recruitment (applications awaited). However, agency spend in November and December for the Mental Health wards were still the highest all year, but also appears to be reducing during January.

Length of Stay and Delayed Transfers of Care have increased in Spinnaker ward due to the absence of a substantive named social worker, impacting the ability to arrange essential packages of care to enable safe discharge. Social Care has now implemented a temporary named social worker and are in the process of substantive recruitment which should improve the situation.

There are also continuing concerns about the sustainability of the Substance Misuse Services in Southampton, and discussions continue with commissioners about the future provision of the service.

The 136 suite remains open with Registered Mental Nurse (RMN) cover and support from a secure ambulance provider.

2. Quality, Risk and Professional Standards Performance Report

2.1 Quality Performance

Overall, Solent NHS Trust showed positive movements across most elements of Quality measurements in December. In line with National Quality Board (NQB) requirements, a detailed 6 month report on Safe Staffing is reported in the Trust Board Agenda separately to provide assurances on performance.

There was a 12% decrease from November of the number of incidents that occurred in December with 513, less than the monthly average this year. Of this comprised 327 patient incidents, which again was a significant decrease from November's 384 and also were the lowest proportion graded as moderate or above of the whole year.

Following a high number of Serious Incidents (SIs) in November, there were 20 fewer in December with 13, only 2 of which were not Pressure Ulcers (further detail provided in section 2.2). This total was the lowest since April 2016/17 and below the average of both this year and last. However, an area requiring improvement is the concluding of investigations of SIs within the statutory 60 day timeframes, with 11 breaches in December. However, this has been addressed in January, with the appointment of two investigators.

Regarding Pressure Ulcers (PUs), December saw the second lowest total in a month during 2016/17, with 16 and the lowest number of Grade 2 PUs in a month this year. This was a significant improvement on November's performance, where there were less across all the grades during December. However further improvement is required and both Adults Portsmouth and Southampton service lines have undertaken a review and the details of this are provided within the six monthly safe staffing paper. The Chief Nurse has also commissioned a review of the model of tissue viability nursing expertise/services across the Trust with a recommendations to be presented to the Directors in February 2017.

There were 13 information governance breaches of significance during December, the lowest in a month since January 2015/16 and below both the monthly average of this and last year's monthly average.

Patient experience also saw an improvement over December, which is pleasing considering winter and system pressures. With 19 formal complaints received, the second lowest this year, coupled with the second highest number of plaudits received in a month at 110 and all patient Friends and Family Test targets met, the improvement of the Trust's Quality performance in December has been reflected by our valued service user feedback.

2.2 Serious Incidents Requiring Investigation (SIs)

SI's December 2016

A total of 13 incidents occurred in the month of December 2016 which met the threshold for serious incident investigation. The table below outlines the areas where the incidents occurred and a reference to the type of the incident:

Directorate	Category	Number of Incidents
Adults Portsmouth	Unexpected Death	1
Adults Portsmouth	Pressure Ulcer	9
Adults Southampton	Pressure Ulcer	2

Adults Mental Health	Self-Harm	1
	Grand Total	13

In addition to the incidents identified above, 7 incidents classified as High Risk incidents requiring investigation took place as tabled below:

Directorate	Category	Number of Incidents
Adults Mental Health	Unexpected Death	2
Children and Family	Patient Accident/Incident	1
ICT	Information Governance	1
Adults Portsmouth	Treatment Delay	1
Adults Mental Health	Security Threat	1
Primary Care	IT Failure	1
	Grand Total	7

All incidents are being investigated in line with Trust policy.

3. Finance Report – Month 09

3.1 Month 09 2016-17 Financial Performance

Trust position						
	Annual budget £m	YTD Budget £m	YTD Actual £m	Variance £m	FOT £m	Variance to annual budget £m
Income	175.03	131.73	133.26	1.53	178.72	3.69
Pay	(112.54)	(84.66)	(87.89)	(3.23)	(117.57)	(5.03)
Non pay	(58.13)	(44.65)	(42.56)	2.09	(57.44)	0.69
Financing	(7.82)	(5.75)	(5.20)	0.55	(6.97)	0.85
Adjusted surplus/(deficit)	(3.46)	(3.33)	(2.39)	0.94	(3.26)	0.20
Impairment	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
Donated Asset	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
Retained surplus/(deficit)	(3.46)	(3.33)	(2.39)	0.94	(3.26)	0.20

- The resubmitted plan for 2016-17 is a deficit of £3.5m.
- The month 9 position is an in-month deficit of £0.2m (plan was breakeven in month).
- The financial position at the end of December, month 9, is a year to date (YTD) deficit position of £2.4m, a favourable variance of £0.9m to plan (£3.3m).
- The YTD resubmitted capital plan at month 9 is £4.3m, the actual YTD spend is £3.0m.
- The delivery of CIP in month is £1.3m compared with a target of £1.3m.
- The forecast outturn has changed to reflect the aspiration to do better than plan and take advantage of the NHS Improvement STF Incentive Scheme, whereby any improvement on the control total is rewarded on a £1 for £1 basis. The FOT improvement is before any additional STF payments.

3.2 Cashflow

	Actual Dec-16 £000	FCST Jan-17 £000	FCST Feb-17 £000	FCST Mar-17 £000	FCST Apr-17 £000	FCST May-17 £000	FCST Jun-17 £000	FCST Jul-17 £000	FCST Aug-17 £000	FCST Sep-17 £000	FCST Oct-17 £000	FCST Nov-17 £000
OPENING BALANCE	8,923	7,739	6,021	5,816	2,954	4,618	3,871	3,428	2,978	2,195	1,593	2,365
Income	17,678	14,494	14,478	14,760	14,506	14,491	14,773	14,506	14,506	14,599	14,506	14,506
RWCF / Loan	0	0	0	0	0	0	0	0	0	1,400	1,400	1,400
Loan	0	0	0	0	0	0	0	0	0	0	0	0
STF	36	285	0	285	0	0	0	300	0	0	0	0
Capital programme funded from Capital Investment Lo	0	740	723	460	786	786	786	786	786	786	786	786
Capital Receipts - Disposals/Asset Transfers Out	0	0	0	0	2,073	0	0	0	0	0	0	0
TOTAL INCOME	17,714	15,519	15,201	15,505	17,365	15,277	15,559	15,592	15,292	16,785	16,692	16,692
Expenditure	(18,897)	(16,546)	(14,371)	(16,039)	(14,579)	(14,600)	(14,579)	(14,579)	(14,579)	(14,579)	(14,579)	(14,579)
Capital	0	(691)	(1,003)	(937)	(1,123)	(1,423)	(1,423)	(1,464)	(1,464)	(1,464)	(1,342)	(1,315)
PDC Dividend	0	0	0	(1,344)	0	0	0	0	0	(1,344)	0	0
RWCF Interest	0	0	(33)	(46)	0	0	0	0	(32)	0	0	0
TOTAL EXPENDITURE	(18,897)	(17,237)	(15,407)	(18,367)	(15,702)	(16,023)	(16,002)	(16,043)	(16,075)	(17,387)	(15,921)	(15,894)
CLOSING BALANCE	7,739	6,021	5,816	2,954	4,618	3,871	3,428	2,978	2,195	1,593	2,365	3,163

3.3 Better Payment Practice Code

	2015-16 Outturn Number Of Invoices	2015-16 Outturn Financial Value £000s	December 2016 Number Of Invoices	December 2016 Financial Value £000s	Year to Date Number Of Invoices	Year to Date Financial Value £000s
TOTAL INVOICES						
Total invoices paid	27,794	70	3,012	9,598	22,295	52,605
Total invoices paid within target	25,012	60	2,915	8,756	20,571	44,849
Percentage of invoices paid within target	90.0%	86.5%	96.8%	91.2%	92.3%	85.3%
TOTAL NON NHS INVOICES						
Total Non NHS invoices paid	26,399	51	2,795	5,439	21,373	41,918
Total Non NHS invoices paid within target	23,804	45	2,718	4,712	19,862	35,660
Percentage of Non NHS invoices paid within target	90.2%	88.6%	97.2%	86.6%	92.9%	85.1%
TOTAL NHS INVOICES						
Total NHS invoices paid	1,395	18	217	4,159	922	10,687
Total NHS invoices paid within target	1,208	15	197	4,045	709	9,189
Percentage of NHS invoices paid within target	86.6%	80.7%	90.8%	97.3%	76.9%	86.0%

In line with the CBI's prompt payment code and Government accounting rules, we aim to pay non-NHS creditors within 30 days of receipt of goods or a valid invoice (whichever is later) – unless other terms have been agreed.

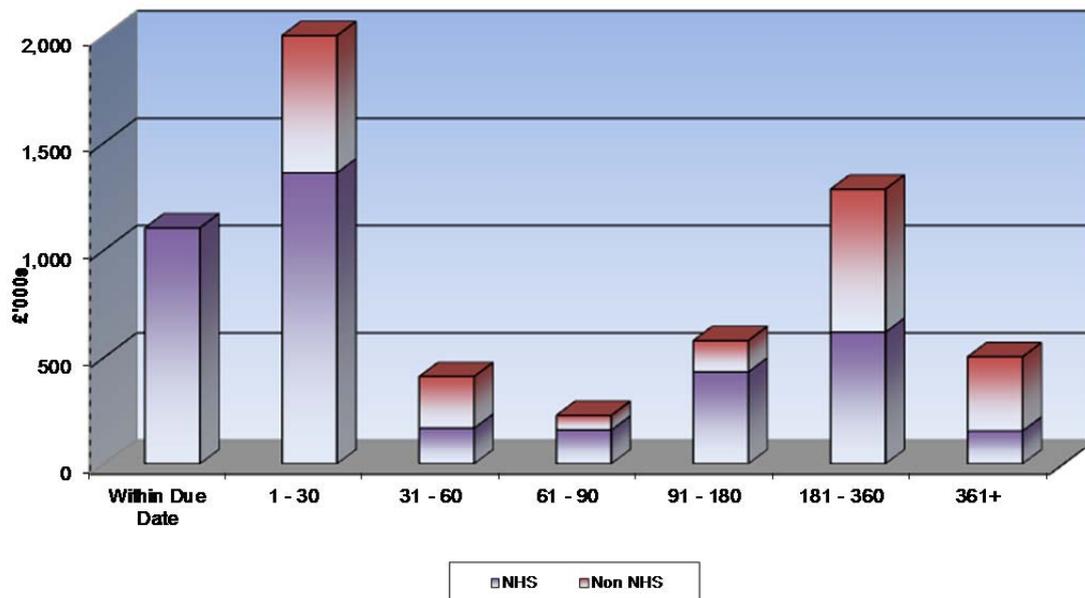
- Trade creditors (particularly small suppliers) are given priority.

3.4 Aged Debt

Total debt has decreased in the month by £1.1m.

Aged debt has reduced month on month with debt over 90 days overdue reducing by 16%. The Trust continues to work with debtors to resolve outstanding queries so that outstanding invoices can be paid.

Aged Receivables Analysis



Receivables Analysis £'000	Total	Within Due Date	Over Due (days)					361+	Aged Debt
			1 - 30	31 - 60	61 - 90	91 - 180	181 - 360		
December NHS	4,007	1,104	1,361	171	162	433	618	158	2,903
December Non NHS	2,416	(53)	1,004	240	68	146	666	345	2,469
Total For December	6,423	1,051	2,365	411	230	579	1,284	503	5,372
Percentage			44%	8%	4%	11%	24%	9%	100%
November NHS	3,716	1,714	267	219	335	211	754	216	2,002
November Non NHS	3,843	488	1,298	240	168	476	894	279	3,355
Total For November	7,559	2,202	1,565	459	503	687	1,648	495	5,357
Percentage			29%	9%	9%	13%	31%	9%	100%
Month on Month movement									
NHS	291	(610)	1,094	(48)	(173)	222	(136)	(58)	901
Non NHS	(1,427)	(541)	(294)	0	(100)	(330)	(228)	66	(886)
Total	(1,136)	(1,151)	800	(48)	(273)	(108)	(364)	8	15

3.5 Capital

This table represents the allocation of the Trust's Capital Resource limit (CRL):

	Year to Date Plan £'000	Year to Date Actual £'000	Variance Under/(Over) £'000	Full Year Plan £'000	Full Year Forecast £'000	Variance Under/(Over) £'000
Capital Projects						
Enterprise Data Warehouse	261	274	(13)	284	288	(4)
Medical Equipment	259	49	210	450	211	239
ICT End User Devices	1,030	369	661	1,049	538	511
CRS Phase 3	206	55	152	280	158	122
Backlog Maintenance 2015-16	0	0	(0)	0	0	0
Backlog Maintenance 2016-17	676	1,017	(341)	1,404	1,404	0
Estate Infrastructure 2016-17	844	659	185	1,118	1,151	(33)
St James Hosp phase 1	136	134	2	136	134	2
AHC Backfill	0	5	(5)	0	5	(5)
St James Oven	0	22	(22)	0	22	(22)
Portsmouth Estates Reconfiguration Phase 2	798	407	391	2,514	1,162	1,351
Various 2014-15 Projects	0	(0)	0	0	(0)	0
Capital Reserve	61	0	61	150	79	71
Total Capital Expenditure	4,271	2,990	1,281	7,385	5,151	2,235
YTD Actual as a percentage of the YTD plan		70%			70%	

The month 9 year to date capital spend was £3.0m, an under spend against plan of £1.3m.

4. Workforce Performance Report

4.1 Workforce

Overall staffing in-month at December was 142.5 WTE over the Trust plan. This figure includes bank and agency staff.

Staff in Post (substantive staff in post) decreased from 2824 to 2816 WTE which is 158.4 WTE above plan due largely to the planned delay of some workforce reductions compared with original phasing, and changes in year budgets.

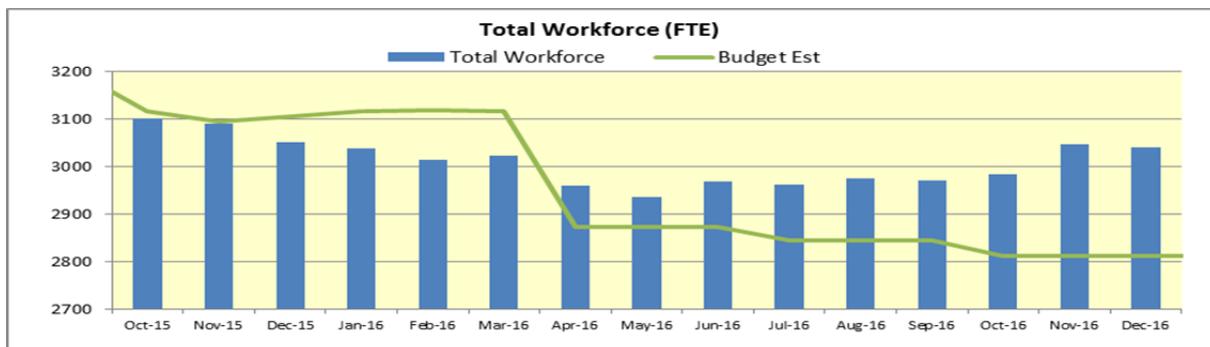
Additional Staffing in month remains high, with a static figure of 69.3 WTE for M9.

Overtime and excess hours remain stable and within plan.

Staff cost, based on the submitted NHSi Plan, is £3,231k overspent YTD and £678k in month, an increase of £86k from M8.

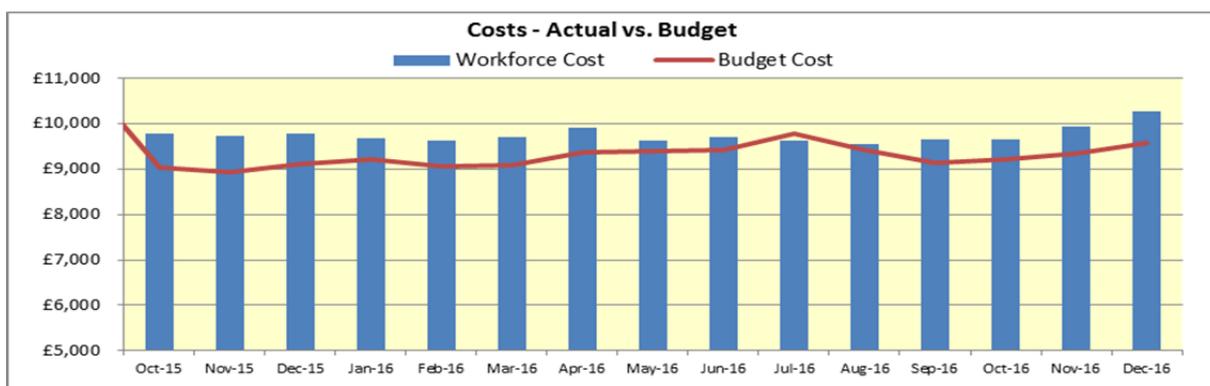
Note: The NHSi Submitted Plan includes a cost equivalent reduction of 85 WTE (approx. £500k) which covers unidentified Cost Improvement Plans (CIP), attributed to workforce reduction

Table 1: Total Workforce (WTE) against Budgeted Establishment



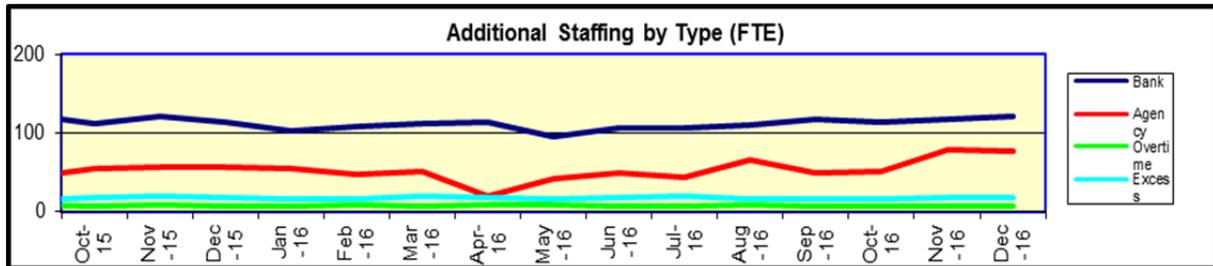
Concerns remain regarding closing the gap this year between the total workforce and the budgeted establishment. This is primarily due to high levels of additional staffing and non-delivery of saving schemes.

Table 2: Staff Costs against Budget



Additional Staffing

Use of additional staffing is over plan due to high acuity, vacancies and sickness particularly in AMH, Adults Portsmouth and Adults Southampton.



Agency - Compliance with NHSi Ceiling

Until M6, the Trust had sustained agency spend below the NHSi ceiling. However, since September, usage within the Mental Health wards has increased, due to high acuity. The result of this is that in month ceilings in both Month 8 and Month 9 have been exceeded.

It is highly likely that the overall ceiling will be breached in Month 10. (274k remaining & Average spend YTD of £367k)

Immediate actions are underway within services to reduce use of agency and mitigate the risk of breaching the ceiling, such as:

- Targeted HCA recruitment drive to support community and adult mental health services
- Review of bank pay rates and premium pay to ensure the Trust offers an attractive package for bank staff
- Additional training programmes delivered to support staff within Mental Health
- Focus on quality of e-rostering

Table 4: Monthly Agency Spend against NHSi Ceiling

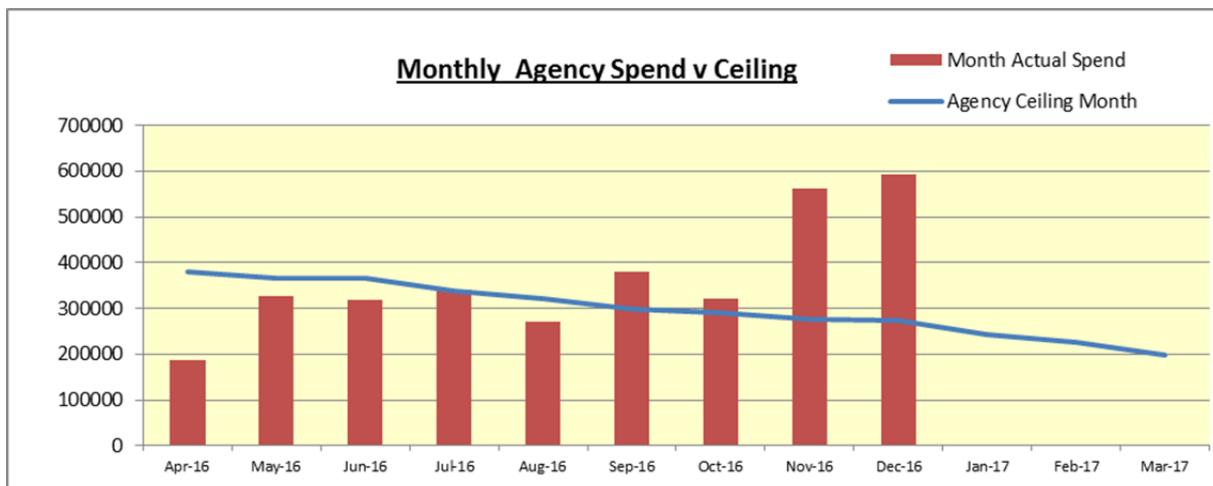
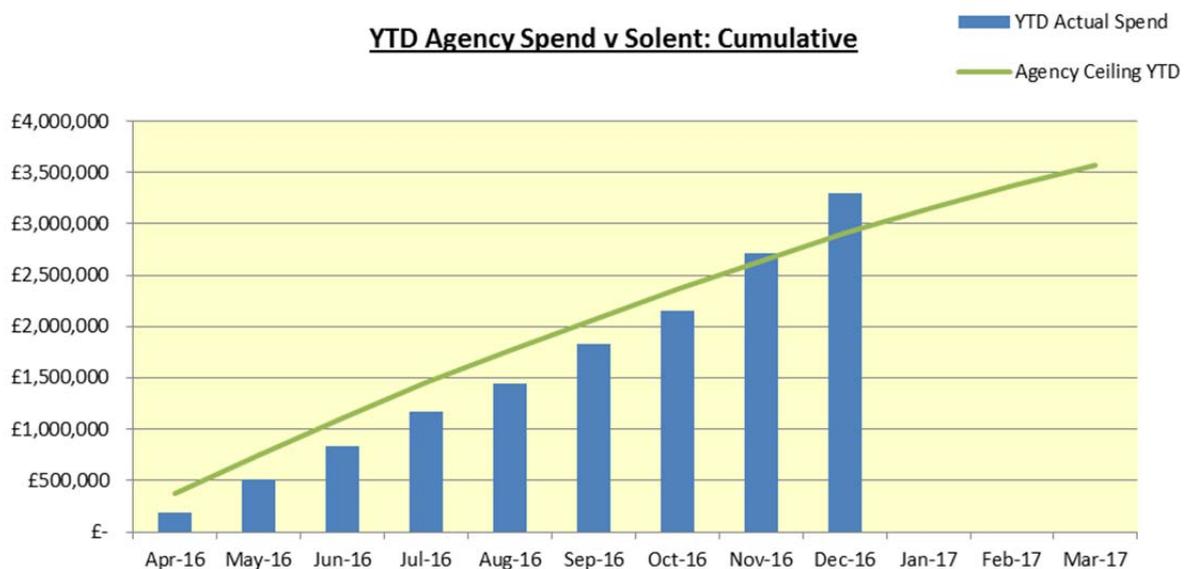


Table 5: Planned Vs Actual Spend as a %

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	2016/17
£'000	9,343	9,335	9,335	9,214	9,218	9,218	9,124	9,122	9,120	9,117	9,118	9,115	110,379
Agency Planned Spend %	4.07%	3.93%	3.93%	3.66%	3.48%	3.25%	3.17%	3.04%	2.99%	2.66%	2.47%	2.19%	3.24%
Agency Actual Spend %	1.99%	3.51%	3.43%	3.71%	2.95%	4.13%	3.52%	6.15%	6.49%				

Table 6: YTD Agency Spend against NHSI Ceiling



Agency – Regional Agency Performance Report

Monthly regional agency performance reports are provided to our Trust with an update on how we and other Trusts are doing on key agency metrics.

Nationally, the NHS are on track to save approximately £600 million from agency expenditure this year. The South region is £62 million above the aggregate ceiling this financial year.

Commencing in February 2017, weekly reporting requirements will be established in all Trusts to inform NHSi of the five longest serving agency staff working and five highest cost agency staff working during the reporting period.

This month regional report notes that Solent NHS Trust has dropped its ranking from 8 to 12 for spend % of total staff costs and ranks 21 of 55 of agency spend vs ceiling %.

The movement in our ranking correlates with our increased spend on agency in Mental Health during November and December 16.

4.2 Sickness

The monthly sickness rate decreased from 4.9% to 4.8%. The top two reasons for sickness are Stress – 20.9% and Cold, Cough or Flu – 18.1%. The 12 month rolling absence remains at 4.3% (0.3% above the target of 4.0% for 2016-17), and is just below the Community FT benchmark of 4.7%.

All service areas have absence levels over 4% with the exception of Primary Care (3.1% and Children's West (2.9%) with Adults Services Southampton (6.2%) & Adult Services Portsmouth (5.7%) being highest. Case by case management is in place.

4.3 Staff Turnover

Turnover decreased to 16.3% and remains above the 12% target (12 month rolling %). The monthly variance and net effect of lower starter numbers compared to leavers is likely to see turnover remain above plan throughout 16/17, however, under consideration is implementing a retention premium. Corporate, Primary Care, Children's East and West, Adult Services Portsmouth, Adult Services Southampton and Mental Health Services have turnover rates above the benchmark.

4.4 Appraisals

Appraisals have increased to 91% for M9.

4.5 Mandatory Training

Statutory and Mandatory Training compliance has increased by 1% to 83%. The annual target of 95% compliance with IG training is currently 85%. Alternative training arrangements are in place to increase compliance to assist reaching the target by year end.

4.6 OD Programme

Creative proposal for development of brand and value proposition has been finalised. This will go forward to Executive Directors at the end of January and then on to TMT and Board. An action plan incorporating storytelling, social media and marketing communications has been crafted. This work will continue to strengthen Solent's reputation and bring alignment to our internal and external brand.

4.7 Staff Survey

The final response rate for the Annual Staff Survey was 55.3% which was over a 10% increase on last year. A higher response rate is an indicator of an engaged workforce. Draft results from our survey provider indicate a positive upturn in results and we will be able to provide full reporting in February.

5. ICT & Transformation

5.1 Clinical Records System Replacement

The Patient Systems project team has initiated phase 3 of the Trust's Clinical Records System programme to help staff to maximise the benefits of the electronic patient record providing enhanced SystemOne functionality. The team will be working with each applicable clinical service to implement:

- Internal referrals
- External electronic communications – for example electronic ordering and receipt of pathology tests
- SystemOne Viewer

Delivering more enhanced SystemOne functionality has pushed on this month, specifically:

1. The team attended Portsmouth City's SystemOne GPs User Group meeting. Three Portsmouth GP Practices have agreed to start working on this project;
2. Similar contact has been made with Southampton CCG. As yet, there no GP practices identified to participate;
3. The team is in discussion with the 3 Pathology Labs on planning next steps;
4. Two fixed term members of staff have started work on the aforementioned projects and are contacting Portsmouth and Southampton Solent teams to identify their requirements;
5. Fixed term SystemOne configuration lead commenced on 1st December.

Next month the procurement of the SystemOne Core Viewer application will be finalised. More demonstrations will be arranged for services and the order finalised.

5.2 ICT Transition

Applications and Network Migration

A pragmatic approach is being taken with the Wi-Fi rollout and will initially cover patient areas. Site surveys are currently underway and where power and network connectivity allows, Wi-Fi will be rolled out by end of February 2017.

Where additional network points are required, and there are no significant estate implications, this work will be completed by the end of March 2017. For areas requiring significant work such as asbestos removal, this will be considered within the estates capital plan for 2017/18.

SharePoint

The SharePoint project, which will ultimately provide a replacement for the Trust's internal facing Intranet site and file management solution, has formally been initiated. Cloud2 have been agreed as the Trust's SharePoint supplier. The project team has submitted the Trust's requirements to our supplier and received a proposal back on Monday 7th November. The document was rejected and amendments fed back. The Trust is currently awaiting a revised version before the project can progress further.

Whilst the formalities are progressing, the Project team is engaging with each of the services to ensure they are aware of what is required from each team. Early priorities have been to ensure that an appropriate support model is in place and that teams are doing all they can to complete the required housekeeping activities on their electronic files, including archiving and removing duplicates. This work is essential to ensure the migration to the new solution is as efficient as possible.

5.3 Business as Usual

There were 4775 new tickets logged in December; 12 priority 1s, 9 priority 2s, 418 priority 3s and 4336 priority 4s. Of the 12 priority 1 tickets, 2 related to SystemOne outages, 1 related to; Telephony, Internet Access, Incoming External Email, Printing Unavailable, R4 Dental, PACS, and Skype.

For one of the SystemOne outages, there was planned maintenance scheduled at the Royal South Hants (RSH) to make network improvements to separate the site from the reliance on other health partners. As a result of a communication error, the fault wasn't identified at the earliest possible stage and consequently, the outage extended longer than planned on the day.

Processes and procedures have been implemented to mitigate any subsequent risk. Also, University Hospital Southampton (UHS) completed some planned works on their firewall, which prevented Solent staff accessing PACS.

Now the remaining major network changes are due to be completed by end of February 2017 and this is expected to stabilise the network and significantly reduce the risk of Priority 1 incidences.

5.4 Patient Systems

Business as usual work continues to dominate monthly activity, with the team working closely with clinical services to deliver against the requests.

The Trust has, through its strategic IT partner CGI, started working with a Single Sign-on (SSO) vendor to understand the benefits for healthcare professionals. The aim would be to include SystemOne in the rollout.

The Trust has begun discussions with all local commissioners regarding greater use of NHS eReferrals. This involves examining how we enable it for some of our services and ensuring it still gives a streamline referral process for patients and referrers and ensure quality of service isn't compromised.

Smartcard access to the Portsmouth City Council's Wellbeing Service's SystemOne unit has been resolved.

GP record sharing continues to require greater use. The team continue to work with Portsmouth City CCG to better educate staff in handling consent and dissent.

5.5 Enterprise Data Warehouse and Data Assurance

EDW Project

ViewPoint's roll out to Service Line pilots is back on track with the Project Team building service profiles before rolling out to the pilot sites. The Solent Service Delivery Manager is now fully engaged with his CGI counterpart to progress the ongoing issues. Go live dates for the two pilot Service Lines has been agreed as week commencing 13th February 2017 for Adults Southampton & Children (East and West). The outstanding service Lines are to go live by 31 March 2017

Key Performance Indicators (KPI) project status

As the KPI project is now in its final stages, the Team are in the process of formally closing down the project. Recommendation for this took place at the Working Differently Board on Tuesday 3rd January and was agreed. A lesson learned and closure report will be issued with the papers for the Working Differently Board week commencing 23rd January 2017.

5.6 Information Governance

Information Governance (IG) training compliance continues to improve and now sits at 81% (as of 13/01/17) of staff having been trained in IG since the 1 April 2016. This is a 32.2% increase compared to November (last reporting date). The IG Team is working with Governance Leads and services to increase compliance and achieve 95% **before** the end of the financial year and now weekly sends out the training tool and assessment to all non-compliant staff.

The IG Team also continues to support the Trust in archiving electronic records, ahead of the implementation of SharePoint. Meetings have already taken place with Corporate services, Primary Care and Dental to assist and facilitate this and will the team will soon be meeting with clinical service lines to undertake the same piece of work.

The Head of IG has also written a paper and action plan, setting out the implications of the new General Data Protection Regulations and how these will be achieved. The action plan must be fully implemented by May 2018 or the organisation could face fines up to €20,000,000. The paper will be presented at Assurance Committee and key actions escalated to Trust Board.

6. Infrastructure Report

6.1 Portsmouth Community Care Estate Rationalisation

Phase 2 Works for SJH & SMH

The business case has been approved by the Solent Board subject to a couple of minor amendments. The project Programme is being reviewed and updated.

Board Report – In Public Meeting

Title of Paper	Annual Operating Plan Quarter 3 Review			
Author(s)	Alasdair Snell	Executive Sponsor	Andrew Strevens	
Link to strategic Objective(s)	<input checked="" type="checkbox"/> Improving outcomes	<input checked="" type="checkbox"/> Working in partnership	<input checked="" type="checkbox"/> Ensuring sustainability	
Link to CQC Key Lines of Enquiry (KLoE)	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive
Date of Paper	17/01/2017	Committees presented	N/A	
Action requested of the Board	<input checked="" type="checkbox"/> To receive	<input type="checkbox"/> For decision		
References	<i>Cross reference here to any additional information / papers (inc. those that may have been presented elsewhere)</i>			

The purpose of this paper is to inform the Trust Board of Solent NHS Trust of the progress against delivering the 2016/17 Business Plan. Each Service Line and Corporate Function has its own respective Business Plan against which progress is monitored.

The overall assessment is that for many objectives and milestones, good progress has been made. However, there are a significant number of objectives and milestones where progress is behind schedule. For the organisation as a whole, progress should be rated Amber (partial achievement).

Board Recommendation

The Board is asked to note the Trust's progress against the Operating Plan at the Quarter 3 of 2016/17.

Solent NHS Trust 2016/17 Annual Operating Plan Quarter 3 Review

For 2016/17, Solent NHS Trust formulated their Annual Operating Plan from the alignment of individual Service Line and Corporate Function Business Plans to the Trust's 3 key priorities in order to deliver the Trust Vision:

"To provide great care, be a great place to work and deliver great value for money."

Each of the 3 Trust Priorities, Great Care, Great Place to Work and Great Value for Money have 4 key objectives that each individual business objective has been aligned to. These are:



In total, 13 individual Business Plans were produced by the Trust's Service Lines and Corporate Functions. At the end of December 2016, Business Plans are comprised collectively of 154 separate 'live' Objectives with a total of 440 related Milestones due by the end of Quarter 3.

To summarise achievement, 59 Business Objectives have been completed and delivered. There are a total of 290 milestones that have met their planned date for delivery as at the end of December 2016.

Examples of key business objectives that have been delivered or are on schedule are:

- Increasing access and participation in research for patients and service users through the 'Count Me In' opt out model.
- A 'Dragons' Den' initiative successfully re-launched, providing any staff member the opportunity to request funding for innovative projects to enhance quality care or make efficiencies.
- The Child and Family Services Service Line successfully developed a user engagement strategy that an

October audit showed an upward trend in engagement.

- A new Information Governance training methodology has been developed and implemented, ensuring staff are up to date with national guidelines and regulations with training that meets the needs of the organisation.
- The successful tender for the provision of the Behavioural Change Service and the integrated Sexual Health Services.
- A new nurse revalidation monitoring process has been implemented and monitored routinely to ensure all nursing staff are compliant.
- The action plan derived from the 2016 Care Quality Commission (CQC) inspection was successfully agreed and submitted as required.
- To improve talent management and succession planning, Thames Valley and Wessex Leadership Academy coaching and mentoring now available.
- Supporting the development of Southampton Multispecialty Community Provider (MCP) model through the national Vanguard programme and discussions progressing in a local options approach for Accountable Care Organisations (ACO) and MCP development.

Key business objectives that are behind trajectory are:

- Reducing the Trust's estate footprint by 10% as part of the three year estate rationalisation plan due to a number of unexpected delays such as disposals and stakeholder engagements.
- The development of a single point of access (SPA) for both the east and west Child and Family localities was not delivered as quickly as planned to ensure all risks of clinical safety could be addressed adequately.
- Although progress has been made in the provision of integrated health and social care, unforeseen delays with partners has caused the objective to run into 2017/18.
- The Southampton Community Nursing redesign has been unable to meet its deadlines but a new management structure in the service has been implemented and the redesign will now be completed in 2017/18.
- Increasing acuity in Mental Health Services has resulted in the Bank being unable to fill at least 90% of requests and subsequently reduce agency spend.

Of the 3 Priorities, the most progress has been made against the Great Place to Work Priority, with 31 objectives delivered. The Great Care Priority has made good progress and has met over three quarters of expected milestones at Quarter 3. The Great Value for Money Priority has achieved over half of the milestones due but has 79 outstanding.

Although overall progress is behind schedule, this needs to be put in the context of the significant demands of a Care Quality Commission (CQC) inspection and overcoming the obstacles caused by the recent transition of a clinical record system (CRS), across the region, the expedited contract sign-off date and IT migration. Additionally, external system environments in health and social care are under review as part of Sustainability and Transformation Plans (STP) and the direction and priorities outlined have impacted the validity, pace and delivery of a number of Business Objectives.

In the final quarter of 2016/17, it is expected that many of the Business Objectives outstanding will be met during Quarter 4 that are still relevant and in line with the regional and trust priorities. Any objectives that require changing or timeframes amending will be enveloped in the Business Planning process for 2017-19. A year-end review of progress will be submitted at the end of the business year.

A breakdown of progress against Trust Priorities is provided below:

Solent NHS Trust - Trust Summary

Number of Business Objectives:	154	Number of Business Objectives Met:	59
Number of Milestones:	440	Number of Milestones Met:	290



Number of Business Objectives:	41	Number of Business Objectives Met:	11
Number of Milestones:	126	Number of Milestones Met:	85

● **Design care based on people's needs using best evidence**

Number of Business Objectives:	17	Number of Business Objectives Met:	8
Number of Milestones:	42	Number of Milestones Met:	32

● **Support people to be safe and well in our community**

Number of Business Objectives:	9	Number of Business Objectives Met:	1
Number of Milestones:	38	Number of Milestones Met:	28

● **Treat people with respect, giving equal emphasis to physical and mental health**

Number of Business Objectives:	7	Number of Business Objectives Met:	0
Number of Milestones:	21	Number of Milestones Met:	12

● **Ensure services are safe and effective, and give good experience**

Number of Business Objectives:	8	Number of Business Objectives Met:	2
Number of Milestones:	25	Number of Milestones Met:	13



Number of Business Objectives:	53	Number of Business Objectives Met:	31
Number of Milestones:	126	Number of Milestones Met:	96

● **Focus on employee health and wellbeing**

Number of Business Objectives:	6	Number of Business Objectives Met:	5
Number of Milestones:	12	Number of Milestones Met:	9

● **Behave in accordance with our core values**

Number of Business Objectives:	13	Number of Business Objectives Met:	8
Number of Milestones:	36	Number of Milestones Met:	27

● **Provide our staff with the opportunity to learn and develop**

Number of Business Objectives:	22	Number of Business Objectives Met:	11
Number of Milestones:	53	Number of Milestones Met:	39

● **Value staff opinion and carefully listen and respond to what our staff say**

Number of Business Objectives:	12	Number of Business Objectives Met:	7
Number of Milestones:	25	Number of Milestones Met:	21



	Number of Business Objectives:	60	Number of Business Objectives Met:	17
	Number of Milestones:	188	Number of Milestones Met:	109
● Deliver joined-up health and social care				
	Number of Business Objectives:	9	Number of Business Objectives Met:	0
	Number of Milestones:	30	Number of Milestones Met:	9
● Collaborate with our partners to spend public money effectively				
	Number of Business Objectives:	30	Number of Business Objectives Met:	11
	Number of Milestones:	87	Number of Milestones Met:	57
● Involve our community in decisions about how services could be redesigned				
	Number of Business Objectives:	10	Number of Business Objectives Met:	3
	Number of Milestones:	29	Number of Milestones Met:	24
● Enable services to have more time to provide care				
	Number of Business Objectives:	11	Number of Business Objectives Met:	3
	Number of Milestones:	42	Number of Milestones Met:	19

Board Report – In Public Meeting

Title of Paper	Chairman’s report on Members Council		
Author(s)	Rachel Cheal, Company Secretary	Executive Sponsor	Dr. Alistair Stokes, Chairman
Date of Paper	January 2017	Committees presented	n/a
Action requested of the Board	<input checked="" type="checkbox"/> To receive <input type="checkbox"/> For decision		
Link to CQC Key Lines of Enquiry (KLoE)	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led		

Sadly, David Lickman, public elected governor passed away on Thursday 15th December – our thoughts are with his wife and family at this difficult time.

Since the report to the November 2016 Board the following governor activities have taken place:

- Governor Open Forum held on 7th December 2016 where governors were briefed on the outcome of the comprehensive inspection conducted by the CQC in June 2016 together with actions being taken to address issues identified. The governors were also briefed on the Hampshire and Isle of Wight Sustainability and Transformation Plan; the rationale for the plan and key challenges facing the local health and social care system.

Forthcoming meetings

- Falls prevention workshop being held 25th January 2017, all governors are invited
- Membership Engagement Group meeting to be held on 31st January 2017 where the development of the Membership Engagement Framework will be further discussed.
- Following major strategic changes, a refreshed Planning and Strategy meeting is to be arranged for March and will be led by Claire Budden, Head of Commercial for the Commercial Team.

There are no other matters concerning the Members Council to be brought to the attention of the Board.

Recommendation

- The Board is asked to receive the update above in relation to Members Council activities.

Board Report – In Public Meeting

Title of Paper	Complaints Review Panel		
Author(s)	Stuart Bloom	Executive Sponsor	Mandy Rayani
Link to strategic Objective(s)	<input type="checkbox"/> Improving outcomes	<input type="checkbox"/> Working in partnership	<input type="checkbox"/> Ensuring sustainability
Link to CQC Key Lines of Enquiry (KLoE)	<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Well Led
Date of Paper	12/01/17	Committees presented	
Action requested of the Board	<input checked="" type="checkbox"/> To receive	<input type="checkbox"/> For decision	
References	<i>Cross reference here to any additional information / papers (inc. those that may have been presented elsewhere)</i>		

The purpose of this paper is to update the Board on the complaints review panel and plans for going forward.

Board Recommendation

The Board is asked to receive and note this report.

1. SITUATION

In order to drive quality improvement in relation to managing complaints, and to provide a mechanism for cross organisational learning from complaints, the Chief Executive and Chief Nurse gave approval for the complaints review panel to be formed.

The panel is chaired by the Non-Executive Director who has responsibility for patient experience. The Executive lead on the panel is the Chief Nurse. Membership includes a designated representative, or their nominated deputy, from each service line, a trust Governor, the PALS and Complaints Manager and Head of Patient Experience.

Healthwatch have been invited to attend so as to provide independent external scrutiny from the perspective of the patient, representatives from Portsmouth and Southampton Clinical Commissioning Groups have also been invited to attend.

2. ASSESSMENT

Prior to the panel meeting on 8 December 2016, the Chair had been provided with the reference numbers of complaints from the previous quarter and four were randomly selected for review at the meeting. The complaints selected concerned Adult Mental Health, Adults Portsmouth, Children's Services and Primary Care. The service representatives presented a summary of each complaint, the response and learning/ outcomes. The PALS and Complaints Manager provided detail in relation to the complaints handling process.

Learning was identified from each of the complaints reviewed and is summarised as follows:

Adult Mental Health

This complaint concerned the transfer of a patient to our Services when they moved into our area. The main concerns can be summarised as follows:

- The complainant felt that care from the Crisis Team, which had been available through their previous provider, had been denied to the patient
- No care co-ordinator was appointed
- There were concerns about the medication prescribed
- The patient felt dismissed by the doctor and wanted to change psychiatrist

It was confirmed that there had been communication errors when the patient transferred in. In respect the lack of care from the Crisis Team, it was acknowledged that this was a failure by the service and a formal apology was sent to the complainant.

The learning identified was in relation to the transfer process, which has been improved and a Policy written to address the issues that arise. The patient was offered a reassessment in respect to the medication and change of psychiatrist.

Adults Portsmouth

Concerns were raised by a family member as the patient had been discharged from the Community Nursing Service as the patient was deemed to not be housebound. This decision was made on the basis that the family member was able to take the patient out of the home.

The complaint was upheld and learning surrounded identifying the care needed from the beginning and being clear about the definition of housebound.

It was identified that a holistic approach to each individual patient should be taken. It was agreed that the patient would continue to be seen by the Community Nursing Service.

Children's Services

This was a complaint received from an MP after they had been approached by family of a patient with complex medical needs. The Complaint was in respect to the level of physiotherapy input provided by the Service, the family were expecting more than what could be given.

As part of the Complaints resolution process a meeting was held with the family in order to explain the care pathway and clarify the level of service commissioned by the CCG.

The learning from the complaint is in relation to patient expectations and the need to ensure that they are given information that sets out the level of service available. A way forward was agreed with the family in order to resolve this case.

Primary Care – Podiatry (Tiptoe Service)

The concerns were raised by the patient following an appointment they were still experiencing discomfort and wished to raise a formal complaint.

The Service confirmed that when they received the complaint they called the complainant and apologised for her experience, arranging a further appointment free of charge. This second appointment addressed the patient's condition and they withdrew the complaint advising that they were happy with the manner in which it had been resolved.

The learning from this complaint is that early attempts at resolution may result in a de-escalation of a complaint.

3. DISCUSSION

As part of the minutes of the meeting there was a discussion around two subjects that regularly arise as a result of complaints.

Persistent Complainants

The group discussed the potential requirements for guidance in responding to persistent/unreasonable complaints. It was agreed that there is a need to strengthen the current policy. This will be presented to the next meeting of the panel

Complaints Management

The group discussed the targets for responding to complaints and the current processes to ensure that an adequate investigation takes place within the timescales. Reasons why this is not always possible were discussed and include the issues such as the complexity of the investigation required. Setting deadlines on a case by case basis was suggested and a review of response times was agreed. The head of Patient Experience will produce draft guidance which will be presented to the Chief Nurse for review and consideration.

4. REVIEW

It was agreed that the meeting had provided a valuable opportunity to review the complaints, their outcomes and learning.

Exception and recommendation report

Committee /Subgroup name	Charitable Funds Committee	Date of meeting	17 th Jan 2017
Chair	Francis Davis, NED	Report to	Board

Key issues to be escalated

There are no matters to escalate to the Board.

Decisions made at the meeting

The following points summarise the business transacted and decisions made:

- This was the first meeting chaired by Francis Davis, NED.
- An update was provided on the development of a programme plan to support the Multi Use Game Area planned for the Orchards; it was confirmed that a communication campaign in relation to fundraising will be drafted.
- The Committee received the Quarter 3 Finance Report, noting that there had been little activity.
- The Annual Report and Accounts were approved and co-signed by Mick Tutt (previous Committee stand-in NED Chair) and Francis Davis, newly appointed substantive Committee NED Chair. It was noted that there had been an increase in relation to charitable related spend in support of clinical services to that of previous years.
- The Letter of Representation was agreed and also co-signed.
- The Committee received the Independent Examination Report from Ernst & Young LLP.
- The Committee approved the proposal to progress the Beacon Charity microsite (website)
- Governor Clive Clifford observed the meeting and posed a number of questions for the Committee Chair to consider.
- The Committee formally thanked Alex Whitfield, Chief Operating Officer Southampton and County Services, and executive sponsor, for her commitment to the Committee.

Recommendations

- The Committee reviewed the Terms of Reference and a number of minor amendments were agreed. The tracked changes are presented to the Board for approval.

Other risks to highlight (not previously mentioned)

There are no risks to highlight

Solent NHS Trust Charitable Funds Committee – Terms of Reference

1 Constitution

- 1.1 The Charitable Funds Committee (The Committee) is a Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference. These Terms of Reference will be reviewed at least annually by the Trust Board to ensure they remain appropriate.
- 1.2 The Charitable Funds Committee exists to carry out functions delegated to it by Solent NHS Trust, which is the Corporate Trustee of the Charity that is registered with the Charity Commission as Portsmouth & South East Hampshire Charitable Fund (number 1053431), now Solent NHS Charity.
- 1.3 The Corporate Trustee, through its board, has delegated day to day management of the charity to the Committee, including delegable functions as defined in regulation 16 of the NHS Trusts (Membership & Procedures) Regulations 1990 [*and under section 11 of the Trustee Act 2000 once authorised as a Foundation Trust*].
- 1.4 The Corporate Trustee may at any time review and alter any aspect of the delegation.

2 Purpose

- The Committee will ensure that funds are spent in accordance with the original intention of the donor (if specified).
- The Committee will oversee and review the strategic and operational management of the Solent NHS Charity (or non-exchequer funds as they are sometimes known).
- The Committee will ensure 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.
- The Committee will ensure co-operation with the external auditors in the regulation of the funds.

3. Duties

3.1 Policies & Procedures regarding Charitable Funds

- 3.1.1 To establish policies and procedures required for the effective day to day management of the Charitable Funds.
- 3.1.2 To ensure that the Trust's policies and procedures for charitable funds and investments are followed.

3.1.3 To review and approve the Trust's policies and procedures for the use and investment of charitable funds.

3.1.4 To approve the Charity accounts on behalf of the Board, as Corporate Trustee.

3.2 Investment Portfolio

3.2.1 To ensure that all Trust Fund monies are properly managed and invested in accordance with current charity legislation and in accordance with the investment and reserves policy approved by the Charitable Trust Funds Committee.

3.2.2 To monitor the performance of the charitable funds investment portfolio.

3.3 Brand Development and Fundraising

3.3.1 To support brand development in relation to the charity taking into consideration the views of stakeholders

3.3.2 To develop and recommend new strategies to the board as Corporate Trustee and implement when approved.

3.3.3 To regulate fund raising and donations and determine the appropriateness of these activities, ensuring all activities are legal, liabilities are covered and trading activities are accounted for accordingly

3.3.4 To ensure that the generosity of the Trust's benefactors and the purposes to which funds are put, are appropriately publicised and recognised.

4 **Membership**

4.1 The Committee is appointed by the Corporate Trustee and comprises;

- Two Non Executive Directors
- Chief Operating Officer
- Financial Controller

4.2 The Chairman of the Committee shall be a Non-Executive Director (NED) appointed by the Trust Board.

5 **Attendees**

5.1 Attendees invited to the Committee will be;

- Finance Lead for Charitable Funds
- Company Secretary
- Other persons as required and invited by the Chairman
- Service Line Operational Directors
- **Representative from the Communications team**
- **Observer: Governor**

5.2 When appropriate, the advisors as appointed by the Trust will be invited to attend meetings in order to provide professional advice on the investment portfolio.

6 Secretary

- 6.1 The Executive Assistant to the CEO shall act as the secretary of the committee.
- 6.2 The administration of the meeting shall be supported by the Executive Assistant to the CEO who will arrange to take minutes of the meeting and provide appropriate support to the Chairman and committee members.
- 6.3 The agenda and any working papers shall be circulated to members at least five working days before the date of the meeting.
- 6.4 The Finance Lead will ensure that the delegated approvals for expenditure are recorded and reported to the next Charitable Funds Committee, when these are above the limits noted in Financial Regulations, and approved by the Chief Executive.

7 Quorum

- 7.1 The Committee shall be quorate if two members are present of which one shall be a Non Executive Director and one shall be an Executive Director. **A finance representative must also be in attendance.**

8 Frequency

- 8.1 Meetings shall be held at least Quarterly.
- 8.2 Additional meetings can be called by the Chairman of the Committee as deemed necessary.

9 Notice of meetings

- 9.1 Meetings of the committee shall be summoned by the secretary of the committee at the request of any of its members, or at the request of external or internal auditors if they consider it necessary.
- 9.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the committee, any other person required to attend and all other non-executive directors, no later than 5 working days before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees as appropriate, at the same time.

10 Minutes of meetings

- 10.1 Minutes of the meeting will be circulated to members once agreed by the Chairman.

11 Authority

- 11.1 To make decisions involving the use of charitable funds for investments with regard to existing and subsequent legislation, policy and guidance.
- 11.2 To receive the Annual Accounts and Annual Report of the Trust's Charitable Funds

for consideration and recommendation for final approval, or otherwise, to the Trust Board (the Corporate Trustee).

11.3 To receive and review the quarterly charitable funds income and expenditure accounts and other supporting financial information as requested by the Committee.

~~11.4 To appoint the External Auditor, once authorised as a Foundation Trust. Whilst an NHS Trust, the Charity Auditors/Independent Examiners will be appointed to the Trust.~~

11.4 The Committee will be responsible for establishing delegated authorisation limits to be implemented within the Trust regarding the expenditure of Charitable Funds.

11.5 The Committee is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of external expertise with relevant experience if it considers this necessary.

12 Reporting

12.1 The minutes of Charitable Funds Committee meetings shall be submitted to the Trust Board.

12.2 The Chairman of the Committee shall draw to the attention of the Trust Board any issues that require disclosure to the Board, or require executive action.

12.3 The Chairman will ensure that at each Charitable Committee, the Trust Board receive a report which sets out the overall financial position, review of sample funds and issues of significance.

12.4 Members attendance at Committee meetings will be disclosed in the Trust's Annual Report

Version
Agreed at Charitable Funds Committee
Date of Next Review

8
Date: January 2017
Date: January 2018

Exception and recommendation report

Committee /Subgroup name	Assurance committee	Date of meetings	17 th January 2017
Chair	mick tutt	Report to	Trust Board

Key issues to be escalated

This was the first meeting of a – substantially – revised Assurance committee; following discussion generated by a series of governance reviews and other comments regarding our approach to the seeking assurance of high quality service delivery and regulatory compliance – on behalf of the Board. We began by reviewing the Terms of Reference (ToR), for both the committee and the Quality Improvement & Risk group; to which a number of items of an operational nature were remitted. There were further revisions to those ToR presented to the Board at the end of November 2016 and those revised versions are attached to this Report; for endorsement by the Board

CQC Action Plan, arising from the Comprehensive Inspection during June 2016

We received an up-date on the actions being pursued; at both Service Line and Corporately and noted that over 30% of the required action had been assessed as complete

We considered further assurances which should be provided and agreed a further interim report would be received in February 2017 with more detailed assurance; focussed on achievement and embeddedness of action arising from Recommendation, being available – via the Chief Operating Officers – from March 2017

We received the first in a ‘rolling-programmes’ on deep-dives – into specific aspects of governance. At this meeting we focussed on **Health & Safety compliance**, the work of (sessional) dedicated **‘Thematic Leads’** and **Safeguarding arrangements**

We attempted to ensure that we were focussed on the strategic implications of the information provided – and received:-

- assurances regarding the regulatory compliance of our Health & Safety arrangements
- valuable insight into the work being undertaken, across the Trust, by practitioners tasked with bringing clinical expertise to the interventions necessary for people with dementia and those at risk of falling. We also acknowledged other thematic leads focussing on accessible information, end-of-life care and the recovery approach, and remitted a series of operational issues to our Executive Director colleagues; for further consideration
- heard that the CQC concerns, regarding practitioner-specific training for Safeguarding for Children (around the focussed training required for practitioners engaged with working with vulnerable children), were being addressed; but that further attention was required to ensure that operational detail to ensure the concerns were, completely, addressed

Where-as, previously, we would have received ‘Deep Dive’ presentations from Service Lines we now looked to Chief Operating Officers (COOs) to identify the **major risks to high quality services and continued compliance with regulatory requirement, in the two Care Groups**

We were briefed on continuing concerns with regard to the operation of the s136 Suite at the Orchards, in Portsmouth; some of which will be followed-through at the Mental Health Act Scrutiny committee in February 2017, together with the continuing concerns regarding the adequate availability of permanent staff with Portsmouth services

We agreed that some form of 'balanced score card', in addition to the narratives provided by COOs, would be helpful

We looked for the **Quality Improvement & Risk group** to both underpin and enhance the assurance received from the COOs, and made some suggestions about how this could, further, be improved

We received some guidance, from our **Information Governance (IG)** lead, regarding changing expectations in this area; particularly around:-

- General Data Protection Regulations
- National Reviews of Data Compliance

and the sanctions which may apply to individual Directors and the Board of Directors, collectively, if these expectations are not met

We also received up-dates with regard to the Trust performance around:-

- q4 (IG) compliance
- the revised arrangements for IG training – which were endorsed by the committee

We received a report outlining the **Quality Impact Assessment** process, historically, and some revisions made as a consequence of challenge around whether this had been sufficiently sensitive to ensure 'unintended consequences' did not happen

The use of the process, to assess service change other than that associated with Cost Improvement, was emphasised

Decisions made at the meeting

We ratified the following policies:-

- Isolation Policy
- Staff Reward and Recognition Policy
- Organisation Change and Consultation Policy
- Policy on Obtaining and Providing References
- Anti-Fraud, Corruption and Bribery Policy
- Urinary Catheter Policy
- Management of Allegations of Abuse Against Staff Under Safeguarding Procedure
- Consent to Examination and Treatment Policy
- Information Governance Policy

We agreed that the policy submitted, regarding Recruitment & Selection, required further work; which, if completed prior to the next meeting, could be ratified via Chair's Action

Recommendations to the Trust Board

- the Board are asked to note the issues set out above

Other risks to highlight (not previously mentioned)
none of note

Committee /Subgroup name	Governance and Nominations Committee	Date of meeting	19 th December 2016
Chair	Alistair Stokes	Report to	Board

Key issues to be escalated

No issues to be escalated.

Decisions made at the meeting

- The Committee reviewed Non-Executive Director (NED) membership of the Board's Committees following the appointment of two new NED colleagues during Q3 2016/17. A summary of the proposed membership is illustrated below:

Director	Board	Finance Committee	Remuneration Committee	Assurance Committee	MHA Scrutiny Committee	Governance and Nominations Committee	Audit and Risk Committee	Charitable Funds Committee
Alistair Stokes	Chair	-	Member	(to attend when available)	Member	Chair	-	-
Mick Tutt	Member	-	Member	Chair	Chair	Member	-	Member
Jon Pittam	Member	-	Member	Member	Member	Member	Chair	-
Jane Sansome	Member	Chair	Chair	-	-	-	Member	-
Francis Davis <i>(joined 1st Oct)</i>	Member	Member	Member	Member	Member	-	-	Chair
Mike Watts <i>(joined 1st Oct)</i>	Member	Member	Member	Member	TBC	-	Member	-
Quorum	At least 2 NEDs inc. Chair or nominated Deputy	1 NED	3 NEDs	2 NEDs	NED chair +1 other NED	1 NED	At least 2 NEDs	1 NED

- The Committee also reviewed Lead Non-Executive roles, these are summarised as follows:

Director	Deputy Chair	Senior Independent Director	Health & Safety (inc. security)	Associate Hospital Manager	Patient Experience	Safeguarding (Adults & Children)	Whistleblowing / Freedom to Speak Up lead	Procurement	NED oversight of Medical Fitness to Practice issues
Alistair Stokes			✓	✓		✓	✓		
Mick Tutt	✓			✓			✓		
Jon Pittam		✓		✓			✓ *(nominated)	✓	
Jane Sansome					✓		✓		✓
Francis Davis				✓			✓		
Mike Watts							✓		

- Notably the roles of Deputy Chair and Senior Independent Director were proposed with roles being allocated to March 2018
- An update was provided by the CEO in relation to the changes in executive team portfolios concerning the interim arrangements to cover Human Resources, following the planned departure of the Director of HR & OD, as well as changes to the Company Secretary role and the Deputising arrangements for the CEO. The Committee was supportive of the proposals.
- The Committee reviewed and agreed the amended Standing Orders and with the exception of a further amendment to be made concerning the scope of the Mental Health Act Scrutiny Committee (Chairs action to be taken following the further amendment due post February's MHASC meeting).
- The Committee agreed that consideration is required by the Board concerning the current governor vacancies (to be discussed at the 16th January 2017 Board workshop).
- The Committee noted the Non-Executive Director tenure log
- The amendments to the Mental Health Act Scrutiny Committee Terms of Reference were agreed

Recommendations to the Board

The Committee recommend the following :

- That the Board approve the Non-Executive Director Committee membership as summarised
- That the Board approve the Lead Non-Executive Director role as summarised, including the Deputy Chair and Senior Independent Director.
- That the Board approve the Standing Orders, acknowledging that Chairs action will be required following a further amendment to the scope of the MHASC following the February Committee meeting (Item 21.2).
- That the Board approve the revised MHASC Terms of Reference (Item 21.3).

Other risks to highlight (not previously mentioned)

No risks to raise

Solent NHS Trust

Standing Orders

V4

Version	Approved by	Date	Amendment summary	Date of next review
V4	Board of Directors	Jan 2017	Document review and updated to reflect new terminology. Amendments presented to Dec 2016 Governance and Nominations Committee.	Nov 2018

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Section Two: Standing Orders

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Appendix 1: Committee Structure

Appendix 2: Board Code of Conduct

Appendix 3: Use of Company Seal

The Standing Orders, Standing Financial Instructions and Scheme of Delegation, provide a regulatory framework for the business conduct of the Trust. Each is a separate document, but should be read in conjunction with one another.

All executive and non-executive directors, and all members of staff, should be aware of the existence of these documents and, where necessary, be familiar with the detailed provisions.

Failure to comply with Standing Orders and Standing Financial Instructions is a serious disciplinary matter

Section One Interpretation and Definitions

Save as otherwise permitted by law, at any meeting the Chairman of the Trust shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Chief Executive or Secretary to the Board)

"Accountable Officer" means the NHS Officer responsible and accountable for funds entrusted to the Trust. The officer shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive

"Board of Directors" (also known as the Trust Board) means persons formally appointed to sit on the Board of Directors (including the Chairman, Non-Executive Directors and Executive directors of the Trust)

"Chief Executive" means the chief officer of the Trust

"Committee" means a committee or sub-committee created and appointed by the Board of Directors

"Committee members" means persons formally appointed by the Board of Directors to sit on or to chair specific committees

"Contracting and procuring" means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets

"Deputy Chairman" means the non-officer (**Non-executive**) member appointed by the Board to take on the Chairman's duties if the Chairman is absent for any reason

"Director of Finance & Performance" means the Director of Finance & Performance of the Trust

"Employee" means an employee of the Trust or any other person holding a paid appointment or office with the Trust

"Executive member" means an executive member of the Board of Directors who is either an executive member of the Board of Directors or is to be treated as such by virtue of regulation 1(3) (i.e. the Chairman of the Trust or any person nominated by such a Committee for appointment as a Trust member).

"Funds held on trust" shall mean those funds which the Trust holds on date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under S.90 of the NHS Act 1977, and now contained under Schedule 2, paragraph 12; Schedule 6, paragraph 8; and Schedule 5, paragraph 8 of the NHS Act 2006, as amended. Such funds may or may not be charitable.

“Member” means an executive or non-executive member of the Board as the context permits. Member in relation to the Board does not include its Chairman.

“Membership and Procedure Regulations” means National Health Service Trusts (Membership and Procedure) Regulations (SI 1990/2024) and subsequent amendments.

“Nominated employee” means an employee charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

“Non-executive member” means a non-executive member of the Board of Directors and is not to be treated as an officer by virtue of the Membership, Procedure and Administration Arrangements Regulations 2000 (as amended).

“Officer” means employee of the Trust or any other person holding a paid appointment or office with the Trust.

“Officer member” means a member of the Trust who is either an officer of the Trust or is to be treated as an officer by virtue of regulation 1(3) (i.e. the Chairman of the Trust or any person nominated by such a Committee for appointment as a Trust member).

“Assurance Committee [Safety and Quality Committee]” means a committee whose functions are concerned with the arrangements for the purpose of monitoring and improving the quality of healthcare for which the Trust has responsibility

“SFIs” means Standing Financial Instructions

“SOs” means Standing Orders

“Trust” means Solent NHS Trust

Section Two Standing Orders

1.1 Statutory Framework

1.1.1 Solent NHS Trust (the Trust) is a statutory body which came into existence on 1 April 2011 under The Solent National Health Service Trust (Establishment) Order 2011 No 804.

1.1.2 The principal place of business of the Trust is:

Solent NHS Trust Headquarters,
Highpoint Venue,
Bursledon Rd,
Southampton,
SO19 8BR

1.1.3 NHS Trusts are governed by Act of Parliament, mainly the National Health Service Act 1977 (NHS Act 1977), the National Health Service and Community Care Act 1990 (NHS & CC Act 1990) as amended by the Health Authorities Act 1995, the Health Act 1999 and the National Health Service Act 2006.

1.1.4 The functions of the Trust are conferred by this legislation.

1.1.5 As a statutory body, the Trust has specified powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable as well as to the Secretary of State for Health.

1.1.6 The Trust also has statutory powers under Section 28A of the NHS Act 1977, as amended by the Health Act 1999 and as now contained under Sections 256 and 257 of the NHS Act 2006 (and Health & Social Care Act 2012), to fund projects jointly planned with local authorities, voluntary organisations and other bodies.

1.1.7 The Code of Accountability requires the Trust to adopt Standing Orders for the regulation of its proceedings and business. The Trust must also adopt Standing Financial Instructions (SFIs) as an integral part of Standing Orders setting out the responsibilities of individuals.

1.1.8 The Trust will also be bound by such other statutes and legal provisions which govern the conduct of its affairs.

1.2 NHS Framework

1.2.1 In addition to the statutory requirements the Secretary of State through the Department of Health issues further directions and guidance. These are normally issued under cover of a circular or letter.

1.2.2 The Code of Accountability requires that, inter alia, Boards draw up a schedule of decisions reserved to the Board, and ensure that management arrangements are in place

to enable responsibility to be clearly delegated to senior executives (a scheme of delegation). The code also requires the establishment of Audit and Remuneration Committees with formally agreed terms of reference. The Codes of Conduct make various requirements concerning possible conflicts of interest of Board members.

- 1.2.3 The Code of Practice on Openness in the NHS sets out the requirements for public access to information on the NHS and should be considered in conjunction with the Freedom of Information Act 2000.

1.3 Delegation of powers

The Trust has powers to delegate and make arrangements for delegation. The Standing Orders set out the detail of these arrangements. Under the Standing Order relating to the Arrangements for the Exercise of Functions (Section 5) the Trust's Board of Directors is given powers to "make arrangements for the exercise, on its behalf, of any of its functions by a committee, sub-committee or joint committee appointed by virtue of Standing Order 4 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit (or as the Secretary of State may direct)". Delegated powers and Schemes of Delegation are available separately.

2. Board of Directors: composition, tenure and role

2.1 Composition of the membership of the Board of Directors

In accordance with the Membership and Procedure Regulations the composition of the Board shall be:

- (i) Up to 6 non-executive members, including the Chair appointed by **NHS Improvement (previously the** Trust Development Authority and the Appointments Commission).
- (ii) The Chairman of the Board of Directors appointed by **NHS Improvement (previously the** Trust Development Authority and the Appointments Commission).
- (iii) Up to 5 executive members (but not exceeding the number of non-executive members) including:
 - Chief Executive;
 - Director of Finance & Performance;
 - **Chief Medical Officer**;
 - Chief Nurse.
- (iv) Solent NHS Trust is established with 11 members in total; 5 executive members (below), a Chairman and 5 non- executive members
 - Chief Executive
 - Director of Finance & Performance and Performance
 - **Chief Medical Officer**
 - Chief Nurse

- Chief Operating Officer ([Southampton & County Services](#))

The Board of Directors shall have not more than 12 and not less than 8 members (unless otherwise determined by the Secretary of State for Health and set out in the Trust's Establishment Order or such other communication from the Secretary of State).

[The Board of Directors shall, at its discretion, appoint a Deputy Chief Executive Officer at which point the voting arrangements will be considered.](#)

2.2 Appointment of Chairman and members of the Board of Directors

Appointment of the Chairman and Members of the Board of Directors - paragraph 3 of Schedule 3 to the NHS Act 2006, provides that the Chairman is appointed by the Secretary of State, but otherwise the appointment and tenure of office of the Chairman and members are set out in the Membership and Procedure Regulations. The [Terms and Conditions of the Chairman and Non-Executive members](#) are set out by the [NHS Improvement \(previously the Trust Development Authority and the Appointments Commission\)](#).

2.3 Terms of office of the Chairman and members of the Board of Directors

The regulations setting out the period of tenure of office of the Chairman and members and for the termination or suspension of office of the Chairman and members are contained in the Membership and Procedure Regulations. [The terms of office of the Chairman and Non-Executive members are available via the NHSI document referenced above.](#)

2.4 Appointment and Powers of Deputy Chairman

2.4.1 Subject to Standing Order 2.4.2 below, the Chairman and other members of the Board of Directors may appoint one of their number, who is not also an officer member, to be Deputy Chairman, for such period, not exceeding the remainder of his term as a member of the Trust.

2.4.2 Any member so appointed may at any time resign from the office of Deputy Chairman by giving notice in writing to the Chairman. The Chairman and other members of the Board of Directors may thereupon appoint another member as Deputy Chairman in accordance with the provisions of Standing Order 2.4 1.

2.4.3 Where the Chairman of the Trust has died or has ceased to hold office, or where he has been unable to perform his duties as Chairman owing to illness or any other cause, the Deputy Chairman shall act as Chairman until a new Chairman is appointed or the existing Chairman resumes his duties, as the case may be; and references to the Chairman in these Standing Orders shall, so long as there is no Chairman able to perform those duties, be taken to include references to the Deputy Chairman.

2.5 Role of the Board of Directors

2.5.1 The Board of Directors provides proactive leadership of the Trust towards achievement of corporate objectives and oversight of the framework of sound internal controls, risk management and governance in place to support their achievement.

The Board of Directors is responsible for:

1. Setting the Trust's strategic aims;
2. Setting the Trust's values and standards;
3. The safety and quality of services;
4. Holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of internal control are robust and reliable;
5. Ensuring that the necessary financial, human and physical resources are in place to enable the Trust to meet its priorities and objectives and periodically reviewing management performance; and
6. Ensuring that the Trust complies with the Code of Conduct, Standing Orders, Standing Financial Instructions, Scheme of Delegation and statutory obligations at all times.

2.5.2 All members of the Board of Directors have joint responsibility for every decision of the Board regardless of their individual skills or status. This does not affect the particular responsibilities of the Chief Executive as the Trust's Accountable Officer. All directors, executive and non-executive, have a responsibility to constructively challenge the decisions of the Board of Directors and help develop proposals on priorities, risk mitigation, values, standards and strategy.

2.5.3 Executive members shall exercise their authority within the terms of these Standing Orders and Standing Financial Instructions and the Scheme of Delegation.

2.5.4 **Chief Executive**

The Chief Executive shall be responsible for the overall performance of the executive functions of the Trust. The Chief Executive is the Accountable Officer for the Trust and shall be responsible for ensuring the discharge of obligations under Financial Directions and in line with the requirements of the Accountable Officer Memorandum for Trust Chief Executives.

2.5.5 **Director of Finance & Performance**

The Director of Finance & Performance shall be responsible for the provision of financial advice to the Trust and to its members and for the supervision of financial control and accounting systems. He shall be responsible along with the Chief Executive for ensuring the discharge of obligations under relevant Financial Directions.

2.5.6 **Non-executive members of the Board of Directors**

The non-executive members of the Board of Directors shall not be granted nor shall they seek to exercise any individual executive powers on behalf of the Trust. They may however, exercise collective authority when acting as members of or when chairing a committee of the Trust which has delegated powers.

2.5.7 Chairman of the Board of Directors

The Chairman shall be responsible for the operation of the Board of Directors and chair all Board meetings when present. The Chairman has certain delegated executive powers. The Chairman must comply with the terms of appointment and with these Standing Orders.

The Chairman shall liaise with the Appointments Team of **NHS Improvements** over the appointment of non-executive members of the Board of Directors and, once appointed, shall take responsibility either directly or indirectly for their induction, their portfolios of interests and assignments and their performance.

The Chairman shall work in close harmony with the Chief Executive and shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

2.7 Corporate role of the Board

2.7.1 All business shall be conducted in the name of the Trust.

2.7.2 All funds received in trust shall be held in the name of the Trust as corporate trustee and accountability for these funds is to the Secretary of State for Health

2.7.3 The powers of the Trust established under statute shall be exercised by the Board meeting in public session except as otherwise provided for in paragraph 3 of these Standing Orders.

2.7.4 The Board shall define and regularly review the functions it exercises on behalf of the Secretary of State.

2.8 Schedule of Matters Reserved to the Board and Scheme of Delegation

The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These powers and decisions are set out in the 'Schedule of Matters Reserved to the Board'. Those powers which it has delegated to officers and other bodies are contained in the Scheme of Delegation.

2.9 Lead roles for members of the Board of Directors

The Chairman will ensure that the designation of lead roles or appointments of Board members as required by the Department of Health or as set out in any statutory or other guidance will be made in accordance with that guidance or statutory requirement (e.g. appointing a Lead Board Member with responsibilities for Infection Control or Child Protection Services etc.).

3. Meetings of the Trust

3.1 Calling meetings

- 3.1.1 Ordinary meetings of the Board of Directors shall be held at regular intervals at such times and places as the Board may determine.
- 3.1.2 The Chairman of the Trust may call a meeting of the Board of Directors at any time.
- 3.1.3 One third or more members of the Board of Directors may requisition a meeting in writing. If the Chairman refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

3.2 Notice of meetings and the business to be transacted

- 3.2.1 Before each meeting of the Board of Directors a written notice specifying the business proposed to be transacted shall be delivered to every member, or sent by post to the usual place of residence of each member, so as to be available to members at least three clear days before the meeting. The notice shall be signed by the Chairman or by an officer authorised by the Chairman to sign on their behalf. Want of service of such a notice on any member shall not affect the validity of a meeting.
- 3.2.2 In the case of a meeting called by members in default of the Chairman calling the meeting, the notice shall be signed by those members.
- 3.2.3 No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under paragraph 3.6 of these Standing Orders.
- 3.2.4 A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chairman at least **15** clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than **15** days before a meeting may be included on the agenda at the discretion of the Chairman.
- 3.2.5 Before each meeting of the Board of Directors a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at the Trust's principal offices at least **three** clear days before the meeting (section 1(4)(a) Public Bodies (Admission to Meetings) Act 1960).

3.3 Agenda and supporting papers

The Agenda will be sent to members no later than **five** working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than four clear days before the meeting, save in emergency.

3.4 Petitions

Where a petition has been received by the Trust the Chairman shall include the petition as an item for the agenda of the next meeting.

3.5 Notice of motion

- 3.5.1 Subject to the provisions of paragraphs 3.7 and 3.8 of these Standing Orders, a member of the Board wishing to move a motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chairman.
- 3.5.2 The notice shall be delivered at least fifteen clear days before the meeting. The Chief Executive shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

3.6 Emergency motions

Subject to the agreement of the Chairman, and subject also to the provision of Standing Order 3.7, a member of the Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Board of Directors at the commencement of the business of the meeting as an additional item included in the agenda. The Chairman's decision to include the item shall be final.

3.7 Motions: procedure at and during a meeting

3.7.1 Who may propose

A motion may be proposed by the Chairman of the meeting or any member present. It must also be seconded by another member.

3.7.2 Contents of motions

The Chairman may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- (i) The reception of a report;
- (ii) Consideration of any item of business before the Board of Directors;
- (iii) The accuracy of minutes;
- (iv) That the Board of Directors proceed to next business;
- (v) That the Board of Directors adjourn;
- (vi) That the question be now put.

3.7.3 Amendments to motions

A motion for amendment shall not be discussed unless it has been proposed and seconded.

Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board of Directors.

If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

3.7.4 **Rights of reply to motions**

(i) Amendments

The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

(ii) Substantive/original motion

The member who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

3.7.5 **Withdrawing a motion**

A motion, or an amendment to a motion, may be withdrawn.

3.7.6 **Motions once under debate**

When a motion is under debate, no motion may be moved other than:

- (i) An amendment to the motion;
- (ii) The adjournment of the discussion, or the meeting;
- (iii) That the meeting proceeds to the next business;
- (iv) That the question should be now put;
- (v) The appointment of an 'ad hoc' committee to deal with a specific item of business;
- (vi) That a member/director be not further heard;
- (vii) A motion under section 1(2) or section 1(8) of the Public Bodies (Admissions to Meetings) Act 1960 resolving to exclude the public, including the press.

In those cases where the motion is either that the meeting proceeds to the 'next business' or 'that the question be now put' in the interests of objectivity these should only be put forward by a member of the Board of Directors who has not taken part in the debate and who is eligible to vote.

If a motion to proceed to the next business or that the question be now put, is carried, the Chairman should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

3.8 **Motion to rescind a resolution**

3.8.1 Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the member who gives it and also the signature of three other members, and before considering any such motion of which notice shall have been given, the Board of Directors may refer the matter to any appropriate Committee or the Chief Executive for recommendation.

3.8.2 When any such motion has been dealt with by the Board of Directors it shall not be competent for any director/member other than the Chairman to propose a motion to the

same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

3.9 Chairman of meeting

3.9.1 At any meeting of the Trust Board the Chairman, if present, shall preside. If the Chairman is absent from the meeting, the Deputy Chairman (if the Board has appointed one), if present, shall preside.

3.9.2 If the Chairman and Deputy-Chairman, if there is one, are absent, such member (who is not also an Officer Member of the Trust i.e. a Non-Executive Director) as the members present shall choose shall preside.

3.10 Chairman's ruling

The decision of the Chairman presiding at the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

3.11 Quorum

3.11.1 No business shall be transacted at a meeting of an NHS trust unless the following are present:

- a minimum of two Executive Directors and
- at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair

3.11.2 A senior employee in attendance for an executive member of the Board of Directors but without formal acting up status may not count towards the quorum.

3.11.3 If the Chairman or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

3.12 Voting

3.12.1 Save as provided in paragraphs 3.13 and 3.14 of these Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of members present and voting on the question. In the case of an equal vote, the person presiding (i.e. the Chairman of the meeting shall have a second, and casting vote).

3.12.2 At the discretion of the Chairman all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chairman directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.

- 3.12.3 If at least one third of the members present so request, the voting on any question may be recorded so as to show how each member present voted or did not vote (except when conducted by paper ballot).
- 3.12.4 If a member so requests, their vote shall be recorded by name.
- 3.12.5 In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.
- 3.12.6 A senior employee who has been formally appointed to act up for an executive member of the Board of Directors during a period of incapacity or temporarily to fill an executive director vacancy shall be entitled to exercise the corresponding voting rights.
- 3.12.7 A senior employee attending a meeting of the Board of Directors to represent an executive member during a period of incapacity or temporary absence without formal acting up status may not exercise the corresponding voting rights. Their status of such attendees shall be recorded in the minutes.

3.13 Suspension of Standing Orders

- 3.13.1 Except where this would contravene any statutory provision or any direction made by the Secretary of State or the provisions of these Standing Orders with respect to a quorum, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board of Directors are present (at least 8 including at least one member who is an executive member and one member who is a non-executive member) and that at least two-thirds of those members present signify their agreement to such suspension. The reason for the suspension shall be recorded in the minutes of the meeting.
- 3.13.2 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chairman and members of the Trust.
- 3.13.3 No formal business may be transacted while Standing Orders are suspended.
- 3.13.4 The Audit and Risk Committee shall be advised of and review every decision to suspend Standing Orders.

3.14 Variation and amendment of Standing Orders

These Standing Orders shall not be varied except in the following circumstances:

- (i) Upon a notice of motion under paragraph 3.5 of these Standing Orders;
- (ii) Upon a recommendation of the Chairman or Chief Executive included on the agenda for the meeting;
- (iii) that two thirds of the Board members are present at the meeting (i.e at least 8 members) where the variation or amendment is being discussed, and that at least one half of the Trust's non-executive members vote in favour of the amendment; or
- (iv) Providing that any variation or amendment does not contravene a statutory provision or direction made by the Secretary of State.

3.15 Minutes

- 3.15.1 The nominated secretary shall record the minutes of every meeting.
- 3.15.2 The secretary shall submit the draft minutes to the Board of Directors in advance of its next meeting for agreement, confirmation or otherwise.
- 3.15.3 The record of the minutes shall include:
- (i) The names of:
 - (a) Every member present at the meeting;
 - (b) Any other person present; and
 - (c) Any apologies tendered by an absent member;
 - (ii) The withdrawal from a meeting of any member on account of a conflict of interest; and
 - (iii) Any declaration of interest.
- 3.15.4 Minutes shall record key points of discussion. They shall not, however, attribute comments to specific members unless this is specifically required by the Chairman presiding at the meeting. Where personnel, finance or other restricted matters are discussed, the minutes shall describe the substance of the discussion in general terms.

3.16 Admission of public and the press

3.16.1 Admission and exclusion on grounds of confidentiality of business to be transacted

The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Board of Directors resolving as follows:

“that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960)

3.16.2 General disturbances

The Chairman (or Deputy Chairman if one has been appointed) or the person presiding at the meeting shall give such directions as he thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust’s business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Board of Directors resolving as follows:

“That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Trust Board to complete its business without the presence of the public” (Section 1(8) Public Bodies (Admissions to Meetings) Act 1960)

3.16.3 Business proposed to be transacted when the press and public have been excluded from a meeting

Matters to be dealt with by the Board of Directors following the exclusion of representatives of the press, and other members of the public, as provided in 3.16.1 and 3.16.2 above shall be confidential to the members of the Board.

Members of the Board of Directors or any employee of the Trust in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Trust without the express permission of the Trust. This prohibition shall apply equally to the content of any discussion during the Board meeting which may take place on such reports or papers.

3.16.4 Use of mechanical or electrical equipment for recording or transmission of meetings

Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Board of Directors or Committee thereof. Such permission shall be granted only upon resolution of the Board of Directors.

3.17 Observers at meetings of the Board of Directors

The Board of Directors will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Board of Directors' meetings and may change, alter or vary these terms and conditions as it deems fit.

Requests from personnel to observe the meeting must be made to the Company Secretary, and where appropriate sponsored by an Executive member. All requests will be referred to the Chairman and CEO for consideration and wider Board as appropriate.

4. Appointment of Committees and sub-Committees

4.1 Appointment of Committees

4.1.1 Subject to such directions as may be given by the Secretary of State for Health, the Board of Directors may appoint committees of the Board of Directors.

4.1.2 The Board of Directors shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires to, receive and consider reports of such committees.

4.2 Joint Committees

4.2.1 Joint committees may be appointed by the Board of Directors by joining together with one or more other Trusts consisting of, wholly or partly of the Chairman and members of the Board of Directors or other health service bodies, or wholly of persons who are not members of the Board of Directors or other health bodies in question.

4.2.2 Any committee or joint committee appointed under this Standing Order may, subject to such directions as may be given by the Secretary of State or the Trust or other health bodies in question, appoint sub-committees consisting wholly or partly of members of the committees or joint committee (whether or not they are members of the Board of Directors or health bodies in question) or wholly of persons who are not members of the

Trust or health bodies in question or the committee of the Trust or health bodies in question.

4.3 Applicability of Standing Orders and Standing Financial Instructions to Committees

The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall as appropriate apply to meetings of, and any committees established by the Board of Directors. In which case the term “Chairman” is to be read as a reference to the Chairman of other Committees as the context permits, and the term “member” is to be read as a reference to a member of other committee also as the context permits. There is no requirement to hold meetings of committees established by the Board of Directors in public.

4.4 Terms of reference

Each such committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board of Directors shall decide and shall be in accordance with any legislation and regulation or direction issued by the Secretary of State. Such terms of reference shall have effect as if incorporated into the Standing Orders.

4.5 Delegation of powers by Committees to Sub-Committees

Where Committees are authorised to establish sub-committees they may not delegate executive powers to the sub-Committee unless expressly authorised by the Board of Directors.

4.6 Approval of appointments to Committees

The Board of Directors shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither non-executive nor executive members, shall be appointed to a committee the terms of such appointment shall be within the powers of the Board of Directors as defined by the Secretary of State. The Board of Directors shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

4.7 Appointments for statutory functions

Where the Board of Directors is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State, and where such appointments are to operate independently of the Board of Directors, such appointment shall be made in accordance with the regulations and directions made by the Secretary of State.

4.8 Committees established by the Board of Directors

The committees, established by the Board are:

4.8.1 Audit and Risk Committee

In line with the requirements of the NHS Audit Committee Handbook, NHS Codes of Conduct and Accountability, an Audit and Risk Committee will be established and constituted to provide the Board of Directors with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS. The terms of reference will be approved by the Trust

Board and reviewed on a periodic basis. The duties of the Committee will include Governance, Risk Management and Internal Control, Internal Audit, External Audit, Other Assurance Functions, Management and Financial Reporting.

4.8.2 **Remuneration Committee**

In line with the requirements of the NHS Codes of Conduct and Accountability, and more recently the Higgs report, a Remuneration Committee will be established and constituted. The Higgs report recommends the committee be comprised exclusively of Non-Executive Directors, a minimum of three, who are independent of management.

In accordance with Standing Orders the Board shall establish a Remuneration Committee with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

The Remuneration Committee make decisions on behalf of Solent NHS Trust Board and where necessary make recommendations to **NHS Improvement** about appropriate remuneration, allowances and terms of service for the Chief Executive and other executive directors, to include:-

- Salary
- Performance related pay
- Provision of other contractual terms and benefits
- Approval of compromise agreements/severance pay or other occasional payments to individuals and out of court settlements, taking account of national guidance

The Committee will also receive and note decisions of the Clinical Excellence Awards (CEA) panel.

4.8.3 **Charitable Funds Committee**

In line with its role as a corporate trustee for any funds held in trust, either as charitable or non charitable funds, the Board of Directors will establish a Charitable Funds Committee to administer those funds in accordance with any statutory or other legal requirements or best practice required by the Charity Commission. The provisions of this paragraph must be read in conjunction with paragraph 2.7 above and Standing Financial Instruction, Section 18.

4.8.4 **Assurance Committee**

The Board shall establish an Assurance Committee to seek assurance on all aspects of Quality (including patient safety & experience, infection control, health and safety, safeguarding, risk management, research & development, clinical effectiveness and audit) as well as Regulatory Compliance.

The Committee will also review the exception performance report alongside the Quality report to ensure the triangulation of information.

The Committee will seek assurance and scrutinise exception reporting from the clinical service lines (and their clinical governance subcommittees) and its reporting subcommittees, being:

- Emergency Planning Committee

- Medicines Management Committee
- Health & Safety Committee
- Infection Prevention & Control Committee
- Quality & Risk Subcommittee (including exception reporting on SIRIs and Complaints)
- Dignity & Safeguarding Subcommittee
- Research & Development Subcommittee
- Clinical Audit & Effectiveness Subcommittee
- The SIRI Panel
- The IM&T and Information Governance Subcommittee – will be required to provide assurance reports on IG matters.

4.8.5 **Mental Health Act Scrutiny Committee (MHASC)**

A Mental Health Act Scrutiny Committee will be established and constituted to oversee the implementation of the Mental Health Act 1983 functions within Solent NHS Trust principally within Adult and Older Persons Mental Health, and Learning Disabilities services.

The Scrutiny Committee has primary responsibility for seeing that the requirements of the Act are followed within the Trust. In particular, to seek assurance that patients 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, the remit of the MHASC has been expanded during 2016 to include oversight and scrutiny of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs).**

4.8.6 **Governance & Nominations Committee**

A Governance & Nominations Committee will be established and constituted to lead on the identification, nomination and recommendation of appointments (in accordance with their Terms of Reference) to the Board. The Committee will also keep under review the corporate governance arrangements for the Trust including Committee Structure, membership and Terms of Reference, making appropriate proposals and recommendations to the Board as appropriate.

4.8.7 **Finance Committee**

The Finance Committee will be established and constituted to ensure appropriate financial frameworks are in place to drive the financial strategy, and provide assurance to the Board on financial matters as directed. Specifically the Committee will make recommendations to the Board in relation to its duties of; strategic financial planning, annual budget setting and monitoring, treasury management, business management and may on request from the Board review specific aspects of financial performance where the Board requires additional scrutiny and assurance.

4.8.8 **Other Committees**

The Board of Directors may also establish such other committees as required to discharge their responsibilities.

5. Arrangements for the exercise of Trust functions by delegation

5.1 Delegation of functions to Committees, Executive Directors or other bodies

5.1.1 Subject to such directions as may be given by the Secretary of State, the Board of Directors may make arrangements for the exercise, on its behalf, of any of its functions by a committee, sub-committee appointed by virtue of Section 4 of these Standing Orders, or by an Executive Director or senior employee of the Trust, or by another body as defined in paragraph 5.1.2 below, in each case subject to such restrictions and conditions as the Board of Directors thinks fit.

~~(i) By another Trust;~~

~~(ii) Jointly with any one or more of the following: NHS Trusts, Strategic Health Authorities or PCTs;~~

~~(iii) By arrangement with the appropriate Trust or Primary Care Trust (PCT), by a joint committee or joint sub-committee of the Trust and one or more other health service bodies;~~

~~(iv) In relation to arrangements made under S63 (1) of the Health Services and Public Health Act 1968, jointly with one or more Strategic Health Authorities (SHA), NHS Trusts or PCTs.~~

5.1.3 Where a function is delegated to another Trust **in accordance with the respective provisions of the NHS Act 2006, (and subsequent amendments) and Health and Social Care Act 2012**, then that Trust or health service body exercises the function in its own right; the receiving Trust has responsibility to ensure that the proper delegation of the function is in place. In other situations, i.e. delegation to committees, sub-committees or Executive Directors or senior employees of the Trust, the Board of Directors delegating the function retains full responsibility.

5.2 Emergency powers and urgent decisions

The powers which the Board of Directors has reserved to itself within these Standing Orders (see paragraph 2.8 of these Standing Orders) may in emergency or for an urgent decision be exercised by the Chief Executive and the Chairman. A proposal will be recommended by the Chief Executive and approved under 'Chairs action' and noted at the next formal meeting of the Board of Directors in public session.

5.3 Delegation to Committees

5.3.1 The Board of Directors shall agree from time to time to the delegation of executive powers to be exercised by other committees, or sub-committees, or joint-committees, which it has formally constituted in accordance with directions issued by the Secretary of State. The constitution and terms of reference of these committees, or sub-committees, or joint committees, and their specific executive powers shall be approved by the Board of Directors in respect of its sub-committees.

5.3.2 When the Board of Directors is not meeting in public session it shall operate as a committee and may only exercise such powers as may have been delegated to it by the Board of Directors in public session.

5.4 Delegation to Executive Directors and senior employees

- 5.4.1 Those functions of the Board of Directors which have not been retained as reserved by the Board of Directors or delegated to other committee or sub-committee or joint-committee shall be exercised on behalf of the Trust by the Chief Executive.

The Chief Executive shall determine which functions they shall perform personally and shall nominate officers to undertake the remaining functions for which they shall still retain accountability to the Board of Directors.

- 5.4.2 The Chief Executive shall prepare a Scheme of Delegation identifying their proposals which shall be considered and approved by the Board of Directors. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board of Directors.

- 5.4.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Director of Finance & Performance to provide information and advise the Board of Directors in accordance with statutory or Department of Health requirements. Outside these statutory requirements the Director of Finance & Performance shall be accountable to the Chief Executive for operational matters.

5.5 Schedule of Matters Reserved to the Board and Scheme of Delegation of Powers

The arrangements made by the Board of Directors as set out in the Schedule of Matters Reserved to the Board and Scheme of Delegation of powers

5.6 Duty to report non-compliance with Standing Orders and Standing Financial Instructions

If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board of Directors for action or approval. All members of the Board of Directors and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

6. Overlap with other Trust policy statements/ procedures, regulations and Standing Financial Instructions

6.1 Policy statements: general principles

The Board of Directors will from time to time agree and approve policy statements and procedures which will apply to all or specific groups of staff employed by Solent NHS Trust. The decisions to approve such policies and procedures will be recorded in the minutes of the Board meeting in question and will be deemed, where appropriate, to be an integral part of the Trust's Standing Orders and Standing Financial Instructions.

6.2 Specific policy statements

Notwithstanding the application of paragraph 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following policy statements:

- (i) the Code of Conduct Appendix 2 to these Standing Orders
- (ii) the staff disciplinary and appeals procedures adopted by the Trust, both of which shall have effect as if incorporated in these Standing Orders.

6.3 Standing Financial Instructions

Standing Financial Instructions adopted by the Board of Directors in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

6.4 Specific guidance

Notwithstanding the provisions of section 6.1, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following guidance and any other issued by the Secretary of State for Health:

- (i) Caldicott Guardian Report 1997 (and all subsequent guidance);
- (ii) Human Rights Act 1998; and
- (iii) Freedom of Information Act 2000.

7. Duties and obligations of members of the Board of Directors and senior employees under these standing orders

7.1 Declaration of Interests

7.1.1 Requirements for declaring interests and applicability to members of the Board of Directors

The NHS Code of Accountability requires members of the Board of Directors to declare interests which are relevant and material to the NHS Board of which they are a member. All existing Board members should declare such interests. Any Board members appointed subsequently should do so on appointment.

7.1.2 Interests which are relevant and material

- (i) Interests which should be regarded as "relevant and material" are:
 - (a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies);
 - (b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;

- (c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;
 - (d) A position of authority in a charity or voluntary organisation in the field of health and social care;
 - (e) Any connection with a voluntary or other organisation contracting for NHS services;
 - (f) Research funding/grants that may be received by an individual or their department; and
 - (g) Interests in pooled funds that are under separate management.
- (ii) Any member of the Board of Directors who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in paragraph 7.3 below and elsewhere) has any pecuniary interest, direct or indirect, shall declare his/her interest by giving notice in writing of such fact to the Chairman of the Board of Directors as soon as practicable.

7.1.3 Advice on Interests

- (i) If members of the Board of Directors have any doubt about the relevance of an interest, this should be discussed with the Chairman of the Board of Directors, the Chief Executive or the Company Secretary.
- (ii) Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

7.1.4 Recording of interests in minutes of meetings of the Board of Directors

- (i) At the time Board members' interests are declared, they should be recorded in the minutes of the Board of Directors.
- (ii) Any changes in interests should be declared at the next meeting of the Board of Directors following the change occurring and recorded in the minutes of that meeting.

7.1.5 Publication of declared interests in Annual Report

Board members' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Trust's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

7.1.6 Conflicts of interest which arise during the course of a meeting

During the course of a meeting, of the Board of Directors if a conflict of interest is established, the member concerned should withdraw from the meeting and play no part in the relevant discussion or decision.

7.2 Register of Interests

7.2.1 The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Board or Committee members. In particular the Register will include details of all directorships and other relevant and material interests (as defined in paragraph 7.1.2 above) which have been declared by members of the Board of Directors.

7.2.2. These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.

7.2.3 The Register will be available to the public and the Chief Executive will take reasonable steps to bring the existence of the Register to the attention of local residents and to publicise arrangements for viewing it.

7.3 Exclusion of Chairman and Members of the Board of Directors in proceedings on account of pecuniary interest

7.3.1 Definition of terms used in interpreting 'pecuniary' interest

For the sake of clarity, the following definition of terms is to be used in interpreting this Standing Order:

- (i) "Spouse" shall include any person who lives with another person in the same household (and any pecuniary interest of one spouse shall, if known to the other spouse, be deemed to be an interest of that other spouse);
- (ii) "Contract" shall include any proposed contract or other course of dealing.
- (iii) "Pecuniary interest"

Subject to the exceptions set out in this Standing Order, a person shall be treated as having an indirect pecuniary interest in a contract if:

- (a) he, or his nominee, is a member of a company or other body (not being a public body), with which the contract is made, or to be made or which has a direct pecuniary interest in the same, or
- (b) he is a partner, associate or employee of any person with whom the contract is made or to be made or who has a direct pecuniary interest in the same.
- (iv) Exception to pecuniary interests

A person shall not be regarded as having a pecuniary interest in any contract if:

- (a) Neither he or any person connected with him has any beneficial interest in the securities of a company of which he or such person appears as a member; or
- (b) any interest that he or any person connected with him may have in the contract is so remote or insignificant that it cannot reasonably be regarded as likely to influence him in relation to considering or voting on that contract; or
- (c) those securities of any company in which he (or any person connected with him) has a beneficial interest do not exceed £5,000 in nominal value or one per cent of the total issued share capital of the company or of the relevant class of such capital, whichever is the less.

Provided however, that where paragraph (c) above applies the person shall nevertheless be obliged to disclose/declare their interest in accordance with paragraph 7.1.2 (ii) of these Standing Orders.

7.3.2 Exclusion in proceedings of the Board of Directors

- (i) Subject to the following provisions of this paragraph, if the Chairman or a member of the Board of Directors has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board of Directors at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.
- (ii) The Secretary of State may, subject to such conditions as he may think fit to impose, remove any disability imposed by this paragraph in any case in which it appears to him in the interests of the National Health Service that the disability should be removed.
- (iii) The Board of Directors may exclude the Chairman or a member of the Board of Directors from a meeting of the Board of Directors while any contract, proposed contract or other matter in which he has a pecuniary interest is under consideration.
- (iv) Any remuneration, compensation or allowance payable to the Chairman or member of the Board of Directors by virtue of paragraph 11 of Schedule 4 to the National Health Service Act 2006 (pay and allowances) shall not be treated as a pecuniary interest for the purpose of this paragraph.
- (iv) This paragraph applies to a committee or sub-committee and to a joint committee or sub-committee as it applies to the Trust and applies to a member of any such Committee or sub-Committee (whether or not he is also a member of the Board of Directors) as it applies to a member of the Board of Directors.

7.3.3 Waiver of Standing Orders made by the Secretary of State for Health

(i) Power of the Secretary of State to make waivers

Under the Membership, Procedure and Administration Arrangements Regulations 1990 and subsequent amendments (“the Regulations”), there is a power for the Secretary of State to issue waivers if it appears to the Secretary of State in the interests of the health service that the disability in regulation 11 (which prevents a chairman or a member from taking part in the consideration or discussion of, or voting on any question with respect to, a matter in which he has a pecuniary interest) is removed. A waiver shall be agreed in line with sub-paragraphs (ii) to (iv) below.

(ii) Definition of ‘Chairman’ for the purpose of interpreting this waiver

For the purposes of paragraph 7.3.3 (iii) below, the “relevant chairman” is:

- (a) At a meeting of the Board of Directors, the Chairman presiding at the meeting;
- (b) At a meeting of a Committee:
- in a case where the member in question is the Chairman of that Committee, the Chairman of the Board of Directors;
 - in the case of any other member, the Chairman of that Committee.

(iii) Application of waiver

A waiver will apply in relation to the disability to participate in the proceedings of the Trust on account of a pecuniary interest. It will apply to a member of the Trust, who is a healthcare professional, within the meaning of regulation 5(5) of the Regulations, and who is providing or performing, or assisting in the provision or performance, of:

- (a) services under the National Health Service Act 2006; or
- (b) services in connection with a pilot scheme under the National Health Service Act 2006;

For the benefit of persons for whom the Trust is responsible.

Where the ‘pecuniary interest’ of the member in the matter which is the subject of consideration at a meeting at which he is present:-

- (a) Arises by reason only of the member’s role as such a professional providing or performing, or assisting in the provision or performance of, those services to those persons;
- (b) has been declared by the relevant chairman as an interest which cannot reasonably be regarded as an interest more substantial than that of the majority of other persons who:

- are members of the same profession as the member in question; and/or
- are providing or performing, or assisting in the provision or performance of, such of those services as he provides or performs, or assists in the provision or performance of, for the benefit of persons for whom the Trust is responsible.

(iv) Conditions which apply to the waiver and the removal of having a pecuniary interest

The removal is subject to the following conditions:

- (a) the member must disclose his/her interest as soon as practicable after the commencement of the meeting and this must be recorded in the minutes;
- (b) the relevant chairman must consult the Chief Executive before making a declaration in relation to the member in question pursuant to paragraph 7.3.3 (ii) (b) above, except where that member is the Chief Executive;
- (c) in the case of a meeting of the Board of Directors:
 - the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded;
 - may not vote on any question with respect to it.
- (d) in the case of a meeting of the Committee:
 - the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded;
 - may vote on any question with respect to it; but
 - the resolution which is subject to the vote must comprise a recommendation to, and be referred for approval by, the Trust Board of Directors.

7.4 Standards of Business Conduct

7.4.1 Trust policy and national guidance

The Board of Directors and all employees must comply with the Trust's Code of Conduct. Full requirements are set out Appendix 2

7.4.2 Interest of executive directors and employees in contracts

- (i) Any executive member of the Board of Directors or employee of the Trust who comes to know that the Trust has entered into or proposes to enter into a contract in which he or any person connected with him (as defined in paragraph 7.3 above) has any pecuniary interest, direct or indirect, the Officer shall declare their interest by giving notice in writing of such fact to the Chief Executive or the Company Secretary as soon as practicable.
- (ii) An executive director other than the Chief Executive or a senior employee should also declare to the Chief Executive any other employment or business or other relationship of his, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.
- (iii) The Trust will require interests, employment or relationships so declared to be entered in a register of interests of staff.

7.4.3 Canvassing of and recommendations by, members of the Board of Directors in relation to appointments

- (i) Canvassing of members of the Board of Directors or of any Committee of the Board of Directors directly or indirectly for any appointment by the Trust shall disqualify the candidate for such appointment. The contents of this paragraph shall be included in application forms or otherwise brought to the attention of candidates.
- (ii) Members of the Board of Directors shall not solicit for any person any appointment by the Trust or recommend any person for such appointment; but this paragraph shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

7.4.4 Relatives of Members or Officers

- (i) Candidates for any staff appointment by the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any member of the Board of Directors or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him liable to instant dismissal.
- (ii) The Chairman of the Board of Directors, every member of the Board of Directors and senior employees shall disclose to the Board of Directors any relationship between himself and a candidate of whose candidature that member or officer is aware. It shall be the duty of the Chief Executive to report to the Board of Directors any such disclosure made.
- (iii) On appointment, non-executive members of the Board of Directors, and in the case of executive members of the Board Directors, prior to appointment, should disclose to the Board of Directors whether they are related to any other member or holder of any office in the Trust.
- (v) Where the relationship to a member of the Board of Directors is disclosed, the provisions of paragraph 7 shall apply.

8. Custody of seal, sealing and signature of documents

8.1 Custody of seal

The common seal of the Trust shall be kept by the Chief Executive or a manager nominated by him in a secure place.

8.2 Sealing of documents

Where the Trust (or supplier) decides that a document shall be sealed, the senior authorised person recommending the sealing shall make sure appropriate checks are made and the documents are correct.

The common seal shall be affixed in the presence of, and the document signed by:

- the Chief Executive (or Director acting CE) or Finance Director
- plus one other Director or Associate Director.

The signatories must be different to the senior authorised person recommending the sealing.

The administrator witnessing the sealing must sign the supporting paperwork. Appendix 3 summarises when the Company Seal should be used.

8.3 Register of sealing

The Chief Executive shall ensure that a register is maintained in which he, or another manager authorised by him, shall enter a record of the sealing of every document.

8.4 Signature of documents

Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by:

- the Chief Executive or any other executive member of the Board of Directors.

In land transactions, the signing of certain supporting documents will be delegated to senior employees and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer, for example, sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed.

9. ~~Miscellaneous~~

9.1 ~~Joint finance arrangements~~

~~The Board of Directors may confirm contracts to purchase from a voluntary organisation or a local authority using its powers under sections 256 and 257 of the NHS Act 2006. The Board of Directors may confirm contracts to transfer money from the NHS to the voluntary sector or the health related functions of local authorities where such a transfer is to fund services to improve the health of the local population more effectively than equivalent expenditure on NHS services, using its powers under sections 256 and 257 of the NHS Act 2006.~~

Solent NHS Trust
Mental Health Act Scrutiny Committee - Terms of Reference

Reference to “the Committee” shall mean the Mental Health Act Scrutiny Committee.

Reference to “the Board” shall mean the Trust Board

1 Constitution

- 1.1 Solent NHS Trust Board resolves to establish a Committee of the Board to be known as the Mental Health Act Scrutiny Committee (the Committee). The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. These Terms of Reference will be reviewed at least annually by the Trust Board to ensure they are still appropriate.
- 1.2 As a Committee of the Board, the Standing Orders of the Trust shall apply to the conduct of the working of the Committee.
- 1.3 The Committee will work closely with the Assurance Committee for those aspects of assurance associated with action plans, developed by services, derived externally from significant policy developments, changes in law and reports from the Mental Health Act Reviewer visits and internally through comments and recommendations from the Trust Board – in particular those related to Serious Incidents Requiring Investigation (SIRIs) and Complaints involving people detained under the Mental Health Act 1983 (MHA).
- 1.4 The Committee will work closely with the Deprivation of Liberties Safeguards (DoLS) governance group for those aspects of assurance associated with the appropriate applications for DoLS Authorisations from Local Authorities. The DoLS governance group will lead on the operational and administrative duties in relation to the Deprivation of Liberty Safeguards in Solent NHS Trust, reporting through the Quality Improvement & Risk group to the Assurance committee.
- 1.5 The Committee will also work closely with the Governance & Nominations Committee for those aspects of assurance associated with the appointment of Associate Hospital Managers (AHM). These people are drawn from Non-Executive Directors (NEDs) and independent lay members of the public, with the recruitment and training process being led by the MHA & Mental Capacity Act (MHA & MCA) lead. Appointments shall be formally made by the Governance & Nominations Committee, with periods of service equating to those of NEDs (with whom they make-up the composition of the MHA Managers’ Hearing Panels).

2 Purpose

- 2.1 The Committee is responsible for seeking assurance and scrutinising all matters relating to the implementation of the Mental Health Act 1983 and DoLS functions within Solent NHS Trust.
- 2.2 The Committee has primary responsibility for seeing that the requirements of the MHA and DoLS are followed within the Trust. In particular, to seek assurance that patients are detained only as the MHA allows, that their treatment and care accord fully with its provisions, 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.
The Committee also has a responsibility to ensure that all Non-Executive Directors and AHMs, who act as Mental Health Act managers for the purposes of hearing appeals against

detention, are recruited, up-dated and subject to regular appraisal as appropriate to their role.

2.3 The Committee has a third responsibility; with regard to receiving assurance of the adequacy of training and development opportunities provided for front-line practitioners and of the monitoring of competence regarding the application of the MHA and DoLS.

3 Duties

3.1 Objectives: -

- To be assured that processes are in place to assess and monitor performance concerning the application of the MHA and DoLS
- To be assured that effective processes are in place to recruit, train, manage and retain AHMs
- To be assured that effective processes are in place to maintain the relevant competencies of front-line practitioners

3.2 The Committee will:-

- through an annual report and quarterly updates, ensure that the Solent NHS Trust Board is aware of the experience of people detained on its behalf and seek to give assurance that the requirements of the MHA and the associated Code of Practice, and the provisions of DoLS, are complied with
- receive reports and information on the experience of people detained under the MHA, including those detained under Community Treatment Orders, who are the responsibility of Solent NHS Trust including statistics with regard to people detained
- receive a report from the MHA & MCA Lead, on the use of key powers of the MHA including sections 2, 3, 4, 5, 17A, consent to treatment provisions, informing patients of their rights and use of the Act in relation to ethnic origin. The committee will scrutinise this information in line with guidance produced by the MHA & MCA Lead, from time to time.
- oversee the scheme of delegation by which the Trust exercises its powers and duties under the MHA and seek assurance that the people acting on behalf of the Trust are competent to do so
- seek assurance, from the MHA & MCA Lead, relevant Directors and others, as decided by the Directors, that the Trust has all the up-to- date policies in place that are required by the MHA and its associated Code of Practice and the provisions of DoLS
- seek assurance from the MHA & MCA Lead that the recruitment, training, re-appointment and performance of AHMs meets the requirements of the MHA and its associated Code of Practice; which will be subject to further scrutiny, as necessary, by the Governance & Nominations Committee
- receive statistics on the frequency and outcome of appeals by people detained under the Mental Health Act 1983 – including those associated with renewal of detention

- receive statistical information regarding Authorisations under DoLS and a summary report, from the DoLS governance group
- review reports from the Care Quality Commission following the visits of MHA Reviewers to ward areas and other locations where people may be subject to the provisions of the MHA and/or DoLS; which will be subject to formal monitoring of achievement of Action Plans through the Quality Improvement & Risk group, reporting to the Assurance Committee.
- seek assurance that issues identified by the Committee in relation to quality standards and expectations - both in environmental and service provision terms - for people detained and their carers and family are brought to the attention of and monitored by the Assurance Committee
- via information from the MHA & MCA Lead, monitor the application of the MHA against local and national trends and benchmarks
- via information from the relevant Chief Operating Officer, seek assurance that the use of restraint, under the MHA, is monitored and strategies put in place to reduce the use of restraint.
- via information from the relevant Chief Operating Officer receive information on the frequency of the use of seclusion and that key legal duties were met.
- receive information regarding national developments relating to the MHA and/or DoLS, including any changes to legislation, changes due to case law or Codes of Practice and seek assurance these are implemented from the MHA & MCA lead, and relevant Directors
- via information from the MHA & MCA Lead and DoLS governance group, monitor the number of DoLS Authorisations and their outcomes within the Trust.
- Ensure the DoLS Governance Group oversees the scheme of delegation in relation to DoLS applications.
- Ensure the DoLS Governance Group receives information on national trends and developments in relation to DoLS.
- via information from the Learning and Development team seek assurance that staff are compliant with training requirements in relation to DoLS and the MHA

4 Membership

4.1 The Committee is appointed by the Trust Board and comprises:-

- a Non Executive Director (Chair)
- other Non Executive Directors who act as AHMs
- relevant Executive Directors:-
 - Chief Operating Officers
 - Chief Nurse
 - Chief Medical Officer

5 Attendees

5.1 Attendees to the Committee shall be:-

- the MHA & MCA lead
- the lead consultant psychiatrists and operational managers from those services which support people subject to the provisions of DoLS and the MHA, as required by the relevant Executive Director
- a representative of the Learning & Development Team
- other attendees as required and invited by the Chair
- the Committee will meet in two parts. The second part will be to ensure AHM receive training, update and support as required, and will be supported by the MHA&MCA lead. AHM will only be required to attend this part of the meeting and it will not be a requirement for any member that does not act as an AHM – although other attendees may remain; subject to the matters under discussion and the consent of the AHM.
- AHM may attend the first part but this is not a requirement on them.

6 Secretary

6.1 The Executive Committee Secretary or their nominee shall act as the secretary of the Committee.

6.2 The administration of the meeting shall be supported by the Executive Committee Secretary who will arrange to take minutes of the meeting and provide appropriate support to the Chairman and Committee members.

6.3 The agenda and any working papers shall be circulated to members five working days before the date of the meeting.

7 Quorum

7.1 To ensure appropriate balance, no business shall be transacted at the meeting unless the following are present:-

- the Chair or a nominated deputy, who shall be a Non-executive Director
- a minimum of one other Non-Executive Director
- a minimum of two Executive Directors – being either Chief Operating Officers, Chief Nurse, Chief Medical Officer or nominated deputies.

8 Frequency

8.1 Meetings will be held on a quarterly basis.

8.2 Additional meetings can be called by the Chair of the Committee if it is deemed necessary.

9 Notice of meetings

9.1 Meetings of the committee shall be summoned by the secretary of the Committee at the request of the Committee Chairman.

8.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, any other person required to attend and all other non-executive directors, no later than 5 working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

10 Minutes of meetings

10.1 Minutes of the meeting will be shared with the members following agreement by the Chair.

11 Authority

11.1 The committee is authorised:

- to seek any information it requires from any employee of the Trust in order to perform its duties

- to call any employee to be questioned at a meeting of the committee as and when required

11.2 To hold Executive Directors accountable for the legal, quality and regulatory compliance of services.

12 Reporting

12.1 The Committee Chairman will submit the minutes to the Trust Board and will highlight any issues the Board should be informed of or areas where assurance is insufficient/of concern.

12.2 The Committee will present an Annual Report to the Trust Board against its duties as outlined in the Terms of Reference.

12.3 The committee shall make whatever recommendations to the Trust Board it deems appropriate on any area within its remit where action or improvement is needed.

12.4 Members attendance at Committee meetings will be disclosed in the Trust's Annual Report

Version
Date of Next Review

8
Date: December 2017