

Agenda

Solent NHS Trust In Public Board Meeting

Monday 29th January 2018 10:30 – 13:15

Kestrel 1+2, Top Floor, Highpoint Venue, Bursledon Rd, 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> | Deputy Chair |
| 2 | | | Register of Interests & Declaration of Interests <i>To receive</i> | Deputy 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 | Deputy Chair |
| 4 | | | *Minutes of Last Meeting and action tracker <i>To agree</i> | Deputy Chair |
| 5 | 10:35 | 5mins | Matters Arising | Deputy 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> | Deputy Chair |
| 7 | 10:45 | 10mins | Safety and Quality First | Chief Executive / Interim Chief Nurse |
| Strategy & Vision | | | | |
| 8 | 10:55 | 30mins | Chief Executive's Report <i>To receive</i> | Chief Executive |
| Programme Delivery | | | | |
| 9 | 11:25 | 10mins | Six Monthly Safe Staffing Report <i>To receive</i> | Interim Chief Nurse |
| **5 minute comfort break** | | | | |

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| 10 | 11:35 | 20mins | Portsmouth and South East Hampshire Improvement Plan <i>To approve</i> | Chief Executive |
| | 11:55 | 25mins | <i>To also receive presentation from Mental Health Work-stream –</i> <i>Dan Meron, Chief Medical Officer Solent NHS Trust, Mark Morgan Director of Operations, Southern Health NHS FT; and Suzannah Rosenberg, Director of Quality and Commissioning, PCCG</i> | |
| 11 | 12:20 | 20mins | Performance Report - including <ul style="list-style-type: none"> Operational Performance Quality Performance Financial Performance Workforce Performance NHSI Compliance <i>To receive</i> | Executive Leads |
| *Reporting Committees and Governance | | | | |
| 12 | ----- | --- | *Chairs report on Members Council <i>No meeting since last report to Board</i> | Deputy Chairman |
| 13 | 12:40 | 5mins | *People and OD Group <i>To receive update following 18th Dec 2017 meeting</i> <ul style="list-style-type: none"> Approve amended Terms of Reference | Committee Chair |
| 14 | 12:45 | 5mins | *Charitable Funds Committee Minutes & Chairs update <i>To receive update following 16th Jan 2018 meeting</i> | Committee Chair |
| 15 | 12:50 | 10mins | *Assurance Committee Chair's Update <i>To receive exception report January 2018 meeting (no meeting held in December)</i> | Committee Chair |
| 16 | ----- | ----- | * Mental Health Act & Deprivation of Liberty Safeguards Scrutiny Committee Chairs update <i>No meeting since last report to Board</i> | Committee Chair |
| 17 | ----- | ----- | *Governance and Nominations Committee update <i>No meeting since last report to Board</i> | Committee Chair |
| 18 | ----- | ----- | *Audit & Risk Committee <i>No meeting since last report to Board</i> | Committee Chairs |
| 19 | 13:00 | 5mins | Complaints Review Panel <i>To receive update following Nov 2017 meeting</i> | Committee Chair |
| Any other business | | | | |
| 20 | 13:05 | 5mins | Governor comments and questions | Deputy Chair |
| 21 | 13:10 | 5mins | Any other business & future agenda items | Deputy Chair |
| 22 | 13:15 | ----- | 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: | Deputy Chair |

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| | | | <p>“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)</p> | |
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Supplementary papers are available on request from the Assistant Company Secretary

Date of next meeting: 26th March 2018

Minutes

Solent NHS Trust In Public Board Meeting

Monday 27th November 10:30am-13:35pm

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

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| Chair: Alistair Stokes, Chairman (AMS) | |
| Members: Sue Harriman , Chief Executive (SH) Andrew Strevens , Director of Finance (AS) David Noyes , Chief Operating Officer Southampton and County Wide Services (DN) Sarah Austin , Chief Operating Officer, Portsmouth and Commercial Director (SA) Dan Meron , Chief Medical Officer (DM) Helen Ives , Chief People Officer (HI) Jon Pittam , Non-Executive Director (JPI) Mick Tutt , Non-Executive Director (MT) Mike Watts , Non-Executive Director (MW) Stephanie Elsy , Non-Executive Director (SE) | Attendees: Jayne Edwards , Corporate Support Manager and Assistant Company Secretary (JE) Apologies: Rachel Cheal , Associate Director of Corporate Affairs and Company Secretary (RC) Lesley Munro , Chief Nurse (LM) Francis Davis , Non-Executive Director (FD) Sadie Bell , Data Protection Officer and Head of Information (SB) (item 15 only) |
| 1 | Chairman's Welcome and Update |
| 1.1 | Apologies were received as noted above. |
| 2 | Register of Interests & Declarations of Interests |
| 2.1 | There were no further updates to report. |
| 3 | Confirmation that meeting is Quorate |
| 3.1 | The meeting was confirmed as quorate. |
| 4 | Minutes of Last Meeting and action tracker |
| 4.1 | The following actions were confirmed as complete: 583, 584, 585, 586, 587, 571, 572, 573, 574, 577, 581, 565 and 566. |
| 4.2 | Minutes of the September meeting were agreed as an accurate record. |
| 5 | Matters Arising |
| 5.1 | Item 6.1 –SH asked Board members if they were satisfied with actions taken to achieve resus training compliance and sought clarification that all desired training had been completed or arranged. This was confirmed. |
| 5.2 | JPI queried item 16.1 that referenced a landfill site. MT explained the discussion held at the Charitable Funds Committee. SH requested that further context be included in the September minutes. MT and JE to update minutes. Action: MT/JE |

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| 6 | Any other business |
| 6.1 | AMS reminded the Board of his absence during January, February and March 2018 during which time Mick Tutt is to be the interim Trust Chair. No further business was requested. |
| 7 | Safety and Quality First – including: |
| 7.1 | There were no matters of safety and quality to report. |
| 7.2 | AMS asked if there was consolidated feedback available from the visits undertaken by the Board during the Quality Review week. SH confirmed that a report will be shared when finalised and suggested that the Board take the opportunity to discuss themes and thoughts following the recent visits undertaken. |
| 7.3 | JPi briefed the Board on his visit to the Community Nursing Team in September and of his opportunity to attend a handover meeting. JPi highlighted the main issues raised including workload and staff stress. It was clear that staff work hard to ensure all patients receive a visit and were currently managing expectations. The lack of clinical supervision was highlighted due to patient visits being a priority. Evidence of good Information Governance (IG) control was noted. |
| 7.4 | MT reported on his visit to the Sexual Health Service at St Mary's with SA and of significant changes made to the appointment booking system, achieving a more considered measured approach to the needs of people. SA explained the reasons for changes to the system. Further learning required with regards to appropriate labelling of specimens was noted. A well organised approach to clinical supervision and training was also witnessed. The Board discussed how evidence of good practice is shared with other services within the Trust. |
| 7.5 | MW briefed the Board on his visit to Spinnaker Ward with SE, reporting that some answers to enquiries could have been sharper however some really good practices were witnessed and positive feedback of the Trust received. An issue was raised regarding a broken bedpan macerator however mitigations were in place whilst awaiting repair. AS highlighted a delay in reporting the matter however provided assurance of now being addressed. |
| 7.6 | The Board discussed the reporting of Estates issues. AMS reflected on his visit to the Community Crisis Team at St James' where reluctance to report estates issues was noted as being due to a lack of confidence in achieving a timely resolve. |
| 7.7 | AS reflected on his visit to the Community Crisis Team. Issues with wifi access were highlighted as an irritant to staff that will be resolved as soon as possible. AMS commented on the innovative and impressive approach of the team. |
| 7.8 | MW highlighted the need for management to take a shared responsibility with HR on workforce. SH agreed and reported that the Trust is on transition to support services to develop. |

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| 7.9 | <p>SE reported on her visit to Shirley Health Centre and of being impressed with the System Gold Standard Framework used for planning end of life care.</p> <p>It was noted that a full complement of staff is expected imminently however an agency staff member spoken to was impressed with the Trust induction provided and was very pleased with her experience within the Trust.</p> <p>SE informed the Board that the service was coming out of a period of pressure and had previously felt unable to refuse incoming referrals, causing a rise in pressure and reduction in clinical supervision.</p> <p>SE highlighted current frustrations regarding the timely ordering of dressings that is being reviewed.</p> |
| 7.10 | <p>DM commented on the approach to dealing with partners' pressures being different to similar Trusts in the area by being proactive in looking at what the Trust can do to free up capacity across organisations. It was noted that a more sophisticated governance approach across the system is required.</p> <p>The Board discussed multi-organisational care working across the system.</p> |
| 7.11 | <p>SH reported on her visit to Sexual Health Services in Southampton where workforce progression themes were identified. SH informed the Board of witnessing a difficult patient during the visit that highlighted the extreme situations staff are faced with.</p> <p>HI reported on themes emerging regarding facilities and the sense of frustration that issues are not followed up in a timely way. It was noted that despite daily triage and same day clinics offered, staff remain dissatisfied that this is not the case for some patients, which is eroding well-being and distressing the workforce.</p> |
| 7.12 | <p>MW asked if feedback had been received from services visited by the Board. DN confirmed that visits were received well by those spoken to.</p> |
| 7.13 | <p>It was noted that feedback from visits will be discussed at Executives meeting this week and next steps considered. Key themes to be reported to the Board in January and a consolidated report will be presented to the January Assurance Committee. Action: JE to plan on agenda cycles</p> |
| Strategy & Vision | |
| 8 | Chief Executive's Report |
| 8.1 | <p><u>Winter Preparedness</u></p> <p>SH briefed the Board on winter plan preparations including communications to encourage staff to understand Trust engagement processes and key messages about supporting each other and being flexible as we move through the winter period. A reminder is also to be sent regarding mindfulness training and links to well-being services to encourage people to look after themselves and be mindful of any sensitivity to staff morale and pressure.</p> |

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| 8.2 | <p><u>CQC Reports</u> SH informed the Board that the Children’s Services CQC inspection report is to be published and publically available from tomorrow.</p> |
| 8.3 | <p><u>System Pressures</u> SH highlighted Portsmouth Hospitals Trust as being defined as the most challenging category of tier 4 within the emergency care system. It was noted that the Trust will receive the most support and scrutiny over the winter period. A planned visit on 20th December by Simon Stevens from NHS England was noted.</p> <p>SH reported on urgent responses to additional schemes to deliver and enhance the out of hospital system to increase bed capacity and flow which if successful, could result in significant funding that will translate to our performance and efficient spend. Challenges with improving the flow of medically fit for discharge patients were noted.</p> <p>Phase 2 of the St James redevelopment to be discussed during Confidential Board.</p> |
| 8.4 | <p><u>Trust Management Team Meeting</u> SH briefed the Board on key items considered at the last meeting. It was noted that JPi, Non-Executive Director was in attendance and NEDs are to continue to be invited next year. A clinical supervision workshop focusing on staff morale was held during the meeting. Performance and staff flu vaccination numbers were also discussed.</p> |
| 8.4 | <p><u>Board Assurance Framework (BAF) and Corporate Risk Register (CRR)</u> SH highlighted the need to enhance understanding of the CRR regarding how it is managed and influences decision making as a Board.</p> |
| 8.5 | <p>MT asked how NEDs are to gain assurance that Quality Impact Assessments (QIA) undertaken within the Trust will also ensure there to be no impact to other organisations that would affect Solent as a consequence. SH confirmed considerations in progress to create a system-wide QIA mechanism. It was noted however that not all Trusts are currently committed to the process.</p> <p>SA confirmed initial work being undertaken on integrated governance and QIA process. The Board noted the CEO Report and further updates.</p> |
| Programme Delivery | |
| 9 | Performance Report |
| 9.1 | <p><u>Performance</u></p> <ul style="list-style-type: none"> AS updated the Board on CPMO milestone achievements. It was noted that the majority are to be completed by year end with main highlighted areas being related to IT challenges. AS informed the Board of relationship improvements with CGI following a recent meeting to discuss cost pressures. Estates issues in Dental Services, New Milton were highlighted. AS reported that a new business planning action tracker is in the process of being implemented. |

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| 9.2 | <p><u>Operational - Portsmouth</u></p> <ul style="list-style-type: none"> SA highlighted combined concerns regarding sick children’s nursing vacancy levels. SA informed the Board of a meeting arranged with the Clinical and Operational Directors to consider an action plan to address gaps in medical oversight. SA informed the Board of the continued close monitoring of the Mary Rose School until sustainable improvements are evidenced. SA updated the Board on mitigations at Jubilee House and further consideration being given to address the Mental Capacity Act and Medicines Management issues. It was noted that workforce, particularly within Mental Health continues to be a challenge. SA informed the Board of work to be undertaken to achieve a collective executive perspective on Wheelchair Service issues. A full executive update will be provided over the next couple of weeks. |
| 9.3 | <p><u>Operational - Southampton</u></p> <ul style="list-style-type: none"> DN reported on his recent visit to the integrated bureau that is achieving good visibility across the system. DN highlighted positive feedback received regarding the Trust’s nurse recruitment process. Concerns were raised regarding staffing levels at the Royal South Hants Hospital (RSH). It was noted that vacancies are to be monitored closely. Financial challenges within Adults, Southampton were highlighted. DN provided assurance of no impact to operational matters as a consequence of the Kite Unit move and explained a delay in process, following a change to estates work due to cost. DN updated the Board on Smoking Cessation and provided assurance of an action plan in place in the event of behavioural change as a consequence of the ban. A reduction in waits for the Child and Adolescent Mental Health Service (CAMHs) was noted as well as integration discussions. DN highlighted additional theatre space achieved for the Dental Service and of a resolve to the Isle of Wight Prison staffing issues. |
| 9.4 | <p><u>Quality</u></p> <ul style="list-style-type: none"> The Board was informed of one CDiff incident that was confirmed to be an isolated incident and the first to be reported in over 18 months. A limited improvement in pressure ulcer reporting was noted. An increase in reported numbers is expected due to an increase in complexities of the cohort of patients being look after. |
| 9.5 | <p>JPi queried whether the falls incident reported, occurred within Adult Mental Health (AMH) as reported or Older Persons Mental Health (OPMH). SA confirmed the report to be correct.</p> |
| 9.6 | <p><u>Finance</u></p> <p>AS reported on the Month 07 financial position that remains at £1.1m deficit. To be discussed further during the Confidential Board meeting.</p> <p>AMS commented on page 22 of the Performance Report that details a 0 within the savings box. This was confirmed as an error and will be corrected. Action: AS</p> |

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| 9.7 | <p><u>Workforce</u></p> <ul style="list-style-type: none"> • HI reported an increase in sickness trend to 4.9% however for context, noted the highest rate of 5.5% recorded in December 2014. It was confirmed that steps are being taken to reduce. • A decrease in staff turnover from 17% to 14% and an increase in reported stress levels was noted. • The annual staff survey response rate of 51% was shared. Final communication to be circulated this week to encourage staff to complete. • An 80% compliance of statutory and mandatory training was highlighted and a drive to increase numbers confirmed. • HI briefed the Board on improvements to the Learning and Development service and initial positive feedback received of the People Management Training Programme that is to be rolled out wider. • Focus on a new approach to talent management and the impact on appraisals was shared. |
| 9.8 | <p>AMS referred to the Quality of Care Indicator regarding effectiveness detailed on page 27 and asked if the reported 5% of clients being in employment was low. It was agreed that SA look into the detail and feedback. Action: SA</p> |
| 9.9 | <p>Regarding the NHS Provider Licence Self Certification, Board satisfaction of sufficient personnel in place to appropriately ensure compliance of the licence, AMS asked if more information should be disclosed on system pressure points, particularly within Adult Mental Health. SH also suggested referencing safe staffing limited benchmarking information.</p> <p>The Board discussed amendments to the Single Oversight Framework.</p> <p>SA informed the Board of work on E.coli Bacteraemia that will be reflected in the new framework. The Board acknowledged work being undertaken on the Mental Health matrix issues to ensure that data quality is correct.</p> <p>The Board noted the Performance Report.</p> |
| 10 | Equality and Diversity |
| 10.1 | <p>HI circulated a copy of the EDS2 summary report and briefed the Board on key areas of the summary and Equality and Diversity report.</p> <ul style="list-style-type: none"> • HI explained the committee reporting process from the quarterly Equality Impact Group Sub-Committee up to Board level. • It was noted that all service lines have achieved a silver standard award for the Equality Standards Toolkit. • The Board were informed of a new E&D lead in post and of work ongoing to improve patient access and experience to achieve a better outcome for all. A shift in focus from workforce related matters to services and communities was highlighted. Potential links to the future role of governors and membership involvement going forward were suggested. • It was noted that the Trust has an overall good E&D reputation and is a member of NHS Providers leading on the E&D agenda. |
| 10.2 | <p>JPi enquired if Board members were included on the ethnicity pay-scale. It was clarified that Boards members were not included due to banding levels included in the scale.</p> |

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| 10.3 | <p>MT commented on the lack of reference to NEDs and Associate Hospital Managers (AHMs) through the report that could result in assumptions of not being included. SH agreed on the need to reference these groups. Action: HI</p> |
| 10.4 | <p>SE asked if there is any less formalised feedback on Trust reputation available from community networks. SA commented that Healthwatch do not represent Solent’s local community and although historically a considerable amount of contact work was undertaken, this was reduced at senior level.</p> <p>HI informed the Board that during service line port-folio reviews to achieve silver awards, it was evident that some are more actively involved in patient groups than others. The Trust’s involvement with members has also reduced. HI reported there to be a live topic around patient and public involvement. SH commented on work to be led by FD to challenge how the Trust engages with people.</p> <p>The Board noted the report and further update.</p> |
| 11 | <p>PSEH ACS Improvement Plan</p> |
| 11.1 | <p>SH informed the Board that the ACS Improvement Plan has been recirculated to ACS leadership to ensure the iteration makes sense. Helpful additions have been provided by David Williams from Portsmouth City Council to ensure local authority style is included within the plan.</p> <p>The Board noted the update.</p> |
| 12 | <p>Smoke Free Implementation Update</p> |
| 12.1 | <p>DN reported that all protocols are in place across the Trust, explaining that new admissions are reminded of the smoke free policy and offered nicotine replacement products to encourage quitting. It was confirmed that people are able to move off site to smoke if necessary. The Board was informed of positive initial feedback received following policy implementation and it was confirmed that there are no issues to report at this stage. It was noted that E-learning training is available to staff to assist with any potential confrontation.</p> <p>It was agreed that a review be undertaken by the Medicines Management Committee and be reported back by exception to the Board. Action: DN</p> |
| 12.2 | <p>MT made reference to a comment raised at the Mental Health Act Scrutiny Committee regarding smoke free being an inaccurate description for the policy due to the use of vapes. It was confirmed that the term ‘smoke free’ relates to smoke only.</p> <p>MT highlighted the need to be clear that the smoke free decision was based on NICE Guidance and NHS Act and not through the Mental Health Act, code of practice or blanket ban.</p> <p>The Board agreed that a review of the Trust’s Smoke free protocol be undertaken by the Medicines Management Committee.</p> <p>The Board agreed the recommendation of moving the monitoring and assurance of compliance to the Performance Management Structures.</p> <p>The Board noted the risk identified around estate compliance for premises operating out of multi-use or tenant / licensed occupier.</p> |

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| 13 | Professional Engagement and Leadership Report |
| 13.1 | SH briefed the Board on the current Trust position on professional leadership and the desire for health professionals and nursing to embed the culture and celebrate successes. |
| 13.2 | AMS suggested that clinical audit could be more joined up with professional engagement and requested the inclusion of lessons learnt within the next report to the Board. Action: LM/SH |
| 13.3 | <p>MT referred to page 4 regarding registration and asked if the Chief Medical Officer has the same confidence that doctors needing to renew s12 approval, will be identified in the same way as nursing staff.</p> <p>DM reported on the Trust being an exemplar for medical revalidation however confirmed that it did not include s12. DM explained the robust regional process in place that manages s12s.</p> |
| 13.4 | <p>MW commented on the need for further outputs and outcomes to understand what has worked. DM shared his preference to work jointly with medics and other professionals rather than separately as is currently the case. SH suggested further consideration is given due to recruitment and retention challenges within the medical workforce.</p> <p>The Board noted the Professional Leadership Report and further update.</p> |
| 14 | Patient Experience Quarterly Report |
| 14.1 | <p>SH presented the Patient Experience Report in the absence of the Chief Nurse. It was noted that the report provides the views of patients, carers, service users and partners of the Trust.</p> <p>SH informed the Board of improvements made to the report.</p> |
| 14.2 | <p>MT commented on the importance of understanding and reporting on changes as a consequence of efforts made in seeking peoples' views and experiences. DN agreed and reported on challenges set to demonstrate change as a result of a complaint or feedback received.</p> <p><i>SB arrived at this point</i></p> <p>The Board noted the report and further update.</p> |
| 15 | Information Governance |
| 15.1 | <ul style="list-style-type: none"> • DN provided assurance to the Board of being on track for achieving compliance and readiness for legislation changes in May 2018. Compliance for toolkit level 2 and progress on three areas of work required to achieve level 3 were noted. • Positive improvements to IG management were highlighted and it was confirmed that ongoing issues are being addressed and minimised. |
| 15.2 | JPI informed the Board of an update received on external IT penetration testing at the Audit and Risk Committee where it was noted that independent testing is to be undertaken. |
| 15.3 | <p>AMS made reference to breaching patient identification being a main issue and asked if this should be considered as a non-clinical event.</p> <p>DM informed the Board that all incidents reported over the last two years have been reviewed and scenarios generated to look at possible mitigations.</p> |

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| | SH enquired about the considered sensitivity of some IG incidents and if there is benchmarking data available from other organisations. SB confirmed that the Performance Team are looking into benchmarking availability. |
| 15.4 | SB briefed the Board on the launch of the 'Your information, your rights' internet page. An increase in information shared was noted. AMS suggested inclusion within the SHINE magazine. It was agreed that SB discuss with the Marketing and Communications Team. Action: SB The Board noted the Trust's current IG compliance with the Data Protection Act 1998, Freedom of Information Act 2000 and IG Toolkit Requirements 2017/18. The Board also noted the Trust's current status to the General Data Protection Regulations (GDPR) 2016 readiness plan to ensure compliance when the law changes in May 2018. <i>SB left the meeting at this point.</i> |
| *Reporting Committees and Governance | |
| 16 | *Chairs report on Members Council |
| 16.1 | The Board noted the minutes of the Members Council meeting. AMS reported that fresh considerations are to be given to the future role of Shadow Governors. |
| 17 | *People and OD Group |
| 17.1 | MW reported on the first meeting held in October that was well attended with good discussions held. It was noted that input of the Workforce paper will be discussed during the lunch time Confidential Board session. |
| 18 | *Charitable Funds Committee Minutes & Chairs update |
| 18.1 | MT briefed the Board on discussions held at the Committee regarding challenges to enhance services whilst significantly spending on auditors. The Board discussed the need for staff to consider how funding can be generated whilst acknowledging that the matter is not a priority due to work pressures. It was noted that FD has made good progress in engagement, particularly in Portsmouth. SH asked if the process had been made overly complicated and bureaucratic. It was agreed to discuss charitable funds further at the next Executive meeting. Action: Execs The Board noted the update. |
| 19 | *Assurance Committee Chair's update |
| 19.1 | <ul style="list-style-type: none"> • MT reported that the Committee was joined by Moira Black and Keith Morris from the CQC, who provided further clarity on the changing approach of the CQC going forward. • The Committee received two agenda updates on clinical supervision and of a further IG breach involving personal identification. • The quarterly Mortality Review report was received and it was agreed that the Board receive a quarterly report in accordance with national quality guidance. • The joint Chief Operating Officer report was received and items discussed including the Wheelchair Service, Jubilee House and third sector providers for equipment. |

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| 19.2 | <p>The Committee ratified the following policies at the October meeting:</p> <ul style="list-style-type: none"> • Data Assurance Policy • Audio Visual Policy <p>The Committee ratified the following policies at the November meeting:</p> <ul style="list-style-type: none"> • Volunteer Policy • Psychiatric Observations and Engagement Policy • Medical Appraisal and Revalidation Policy <p>Chairs action was taken to ratify the following policies at the November meeting:</p> <ul style="list-style-type: none"> • Information Governance and Risk • Registration of Professional Staff Policy • Retirement Policy <p>The Board noted the executive summary of the October meeting and verbal update of the November meeting.</p> |
| 20 | <p>*Mental Health Act & Deprivation of Liberty Safeguards Scrutiny Committee Chairs update</p> |
| 20.1 | <ul style="list-style-type: none"> • MT reported on the attendance of two representatives from the Independent Mental Health Advocacy Service. • The Committee confirmed that arrangements are as robust as possible and training is to be provided for on-call staff to ensure ability to respond to any potential breaches of the new Crime Act. • The Committee received an interim statement on management approach to learning and develop event attendance. • Issues were noted regarding the suggestion of being in contempt of court if hearings were not attended on request. It was noted that following the last Board meeting, the matter has been escalated to the CEO of the NHS Confederation to consider further. • The Committee received assurance that all management reviews of restraint and seclusion were compliant with national and local expectation. <p>The Board noted the update.</p> |
| 21 | <p>*Governance and Nominations Committee update</p> |
| 21.1 | <p>No meeting held to report.</p> |
| 22 | <p>*Audit and Risk Committee</p> |
| 22.1 | <ul style="list-style-type: none"> • Following the Auditor Panel on 2nd November 2017, JPi reported that the Committee agreed to recommend Ernst and Young as External Auditors. • JPi confirmed that an Auditor Panel to consider Internal Audit provision has been arranged for December • It was noted that there is a need to review progress of the Internal Audit recommendations made regarding Safe Staffing due to a lack of inclusion in service line’s respective planning processes and limited progress made. JPi highlighted the need to support further, the embedding of audit recommendations to ensure in place for next year. <p>The Board endorsed the decision to formally appoint EY as External Auditors and noted the executive summary and further update.</p> |

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| 23 | Complaints Review Panel |
| 23.1 | It was noted that SE is to chair the panel for the first time in her new role as NED. |
| 23.2 | <p>MT reported on his concern previously raised with LM regarding the small number of complaints reviewed that could result in the possibility of not achieving a proportional view.</p> <p>The Board discussed the format of the panel and the importance of ensuring lessons are learnt as a consequence of reviews. It was agreed that SE review after a couple of meetings chaired. Action: SE</p> |
| Any other business | |
| 24 | Governor comments and questions |
| 24.1 | No governors were in attendance. |
| 25 | Any other business & future agenda items |
| 25.1 | There was no further business discussed and the meeting was closed. |
| 26 | Close and move to Confidential meeting |

Board Part 1

| Action no. | Date of Meeting | Agenda item ref: | Concerning | Action detail | Exec Lead / Manager | Completion date | Update |
|------------|-----------------|------------------|---|---|---------------------|-----------------|--|
| 591 | 27/11/2017 | 5.2 | Matters Arising - referenced landfill site | JPI queried item 16.1 that referenced a landfill site. MT explained the discussion held at the Charitable Funds Committee. SH requested that further context be included in the September minutes. MT and JE to update minutes. | MT/JE | | Complete |
| 592 | 27/11/2017 | 7.13 | Safety and Quality First | It was noted that feedback from visits will be discussed at Executives meeting this week and next steps considered. Key themes to be reported to the Board in January and consolidated report will be presented to the January Assurance Committee. JE to plan on agenda cycles. | JE | | Complete. Included within CQC update to Assurance Committee. |
| 593 | 27/11/2017 | 9.6 | Performance Report - Finance | AMS commented on page 22 of the Performance Report that details a 0 within the savings box. This was confirmed as an error and will be corrected. | AS | | Complete |
| 594 | 27/11/2017 | 9.8 | Performance Report - Workforce | AMS referred to the Quality of Care Indicator regarding effectiveness detailed on page 27 and asked if the reported 5% of clients being in employment was low. It was agreed that SA look into the detail and feedback. | SA | | |
| 595 | 27/11/2017 | 10.3 | Equality and Diversity | MT commented on the lack of reference to NEDs and Associate Hospital Managers (AHMs) through the report that could result in assumptions of not being included. SH agreed on the need to reference these groups. | HI | | January 2018 update - HI has passed comments from the meeting onto the Equality and Diversity Lead for future inclusion in all reports. This matter has also been passed to Lyn Bicknell to review all policies as they go through the Policy Steering Group. |
| 597 | 27/11/2017 | 13.2 | Professional Engagement and Leadership Report | AMS suggested that clinical audit could be more joined up with professional engagement and requested the inclusion of lessons learnt within the next report to the Board. | LM/SH | | January 2018 update - the Trust is collating a list of lessons we are learning from various sources and this will be fed via QIR to Assurance Committee. |
| 598 | 27/11/2017 | 15.4 | Information Governance | SB briefed the Board on the launch of the 'Your information, your rights' internet page. An increase in information shared was noted. AMS suggested inclusion within the SHINE magazine. It was agreed that SB discuss with the Marketing and Communications Team. | SB | | |
| 599 | 27/11/2017 | 18.1 | Charitable Funds | It was noted that FD has made good progress in engagement, particularly in Portsmouth. SH asked if the process had been made overly complicated and bureaucratic. It was agreed to discuss charitable funds further at the next Executive meeting. | Execs | | December 2017 update - Charitable funds was discussed at Execs with AS being asked to review the process. The process for applying for funds consists of completing a simple form, which is sent to the Charitable Funds Committee for approval. |
| 600 | 27/11/2017 | 23.2 | Complaints Review Panel | The Board discussed the format of the panel and the importance of ensuring lessons are learnt as a consequence of reviews. It was agreed that SE review after a couple of meetings chaired. | SE | | |
| 564 | 30.05.2017 | 7.3 | Deficit position / Breach of statutory duties | Concerning the deficit control total position, it was recommended that the CEO and Director of Finance make formal enquiries with NHSI and NHSE regarding the breach in statutory duties and implications. Action: It was agreed that further consideration /feedback would be sought at the July Board meeting (AS /SH). | AS /SH | | July 2017 - NHSI have confirmed that they are aware of the issue and are considering the matter. November 2017 - still awaiting NHSI considerations. |

| | | | |
|--|--|--|---|
| Title of Paper | CEO Report –January 2018 | | |
| 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 checked="" type="checkbox"/> Well Led |
| Date of Paper | 17 th January 2018 | 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 Partnerships (STP)

[Portsmouth and South East Hampshire Accountable Care System](#)

Sovereign Bodies are being asked to formally take the Portsmouth and South East Hampshire Improvement Plan to their respective Boards for approval at their In Public Board meetings during January / February 2018 - the plan is presented separately for Solent NHS Trust Board consideration and approval.

[Changes in Leadership](#)

Fiona Dalton CEO of University Hospitals Southampton (UHS) will be leaving the Trust at the end of March 2018 to take an exciting new role in Vancouver British Columbia. Fiona has led UHS to an incredibly strong position and has been a supportive system partner; Solent NHS Trust will miss her and her leadership.

Dawn Baxendale CEO of Southampton City Council has also announced that she will be leaving to become the CEO of Birmingham City Council. Dawn has been passionate about system working and in particular the relationships with health partners. With her support and Leadership we have continued to develop and integrate the services between health and care to improve the offer to our citizens.

Update on the Board appointments

In late December Jackie Ardley joined us as Interim Chief Nurse for six months.



Jackie has over 40 years’ experience in the NHS as a nurse. She commenced her career in Critical Care, working across the health system in General Nursing, Primary Care and Mental Health and Community Services. In 2001 Jackie spent seven years working on national service redesign programmes, leading a number of successful initiatives within a number of roles including Director of Service Improvement and a Regional Director post in Improvement

Partnerships. Jackie has worked as Chief Nurse in Leicestershire Partnership NHS Trust. She is passionate about improving patients and their families experience across health and social care.

The substantive post of Chief Nurse is currently being re-advertised and we have every confidence we will secure a high calibre individual.

Southampton and County Services

Adults Southampton

In preparation for and reaction to winter system pressure, our teams have performed strongly and achieved good outcomes as a result. Going in to the festive period, good levels of system working managed to ensure that the Southampton system was well prepared and had both flow and capacity in its services. As system operational pressure grew markedly after the Christmas holiday, we have been able to react accordingly, and while there are undoubtedly high levels of pressure in the system we have been able to maintain flow through our community wards and capacity in community nursing and re-ablement services.

We are continuing to work with our Commissioner colleague on schemes to expand our offer in the community for both palliative care services and the provision of Intravenous Venous therapy.

Primary Care / MSK/Pain and Podiatry (MPP) service line

Staffing challenges continue in our rheumatology service, due to long term sick leave of the clinician that leads the service, and whilst we have a recovery action plan in place, we have agreed to currently divert patients (circa 20 per month) for treatment at University Hospitals Southampton NHS Foundation Trust (UHS). There are no implications for patients as their care continues via an alternative provider, and if we did not do this then waiting times would grow unacceptably.

Performance concerns continue within the Behavioural Change contract; whilst we are enacting the agreed recovery plan along with our partners in Southampton Healthy Living, we remain concerned in this regard. Regular monitoring of performance is in place, and we are in dialogue with our partners about how to best shape our approach in this area, specifically by targeting larger groups for intervention and working with alternatives to tobacco for smoking cessation, such as vaping.

Children and Families (West)

Staffing pressures within children's community nursing services meant we had to temporarily close our COAST (Childrens Outreach) service; this very small team (comprising 3 nurses) is vulnerable to absence and a combination of vacancy, planned leave and sickness has meant that we were unable to deliver a service. We have started a dialogue with Commissioners about how we could change the model or approach to make this a more sustainable service into the future. In periods when the service is unable to operate, we communicate this to all Southampton GPs and our colleagues in UHS, as children who we would usually deal with via this service are seen either by their GPs or go straight into UHS Paediatric Emergency Department.

We have a plan in place to try and improve our communication and performance for Out of Area assessment completion. This is an issue regarding conducting health visits and assessments for Looked After Children from the Southampton area who are placed in care in other parts of the country. We have a dedicated lead nurse for this work who together with a robust administrative process is ensuring that other areas are contacted 3 months before the assessment is due to ask for the appointment to be set up. We have also started discussions with commissioners about investing additional resource into additional staff capacity in Solent, which could enable our staff to travel and complete these assessments.

Sexual Health

The service continues to deliver well and is performing above expectation in both Southampton and Portsmouth. Despite short notice of pharmacy closure from our partners in Lloyds pharmacy, the service rapidly formulated a plan to ensure that all our affected patients (circa 50) were contacted and able to have their medication either delivered to their home or picked up from a suitable alternative outlet. We are in the process of renegotiating our contract with Lloyds, but in the meantime the current alternative arrangements appear to be working well.

Special Care Dental Services

We have had good success with recruitment and the Dental service is performing well against expectation. However, unfortunately, due to winter pressures which caused some elective surgery across the county to be cancelled, we lost three days of planned activity which impacted on 11 patients. All patients have now been re-assessed and re-booked on to another list; this has meant that some patients have been slightly delayed.

Portsmouth System

The winter pressures in the Portsmouth and South East system have required a significant operational response. Despite creating additional bed and care capacity, the pressures remain. There are significant issues continuing with the domiciliary care market and that has been a contributor to the capacity problems, along with access to care home beds. The Council and Solent are working incredibly well together and there is a commitment to create a different and more resilient out of hospital system. The pressures within Solent are being monitored continuously and with oversight in the care group and at Trust level.

Staffing pressures continue in all services in the care group, mitigated to an extent by bank and agency use.

New Leadership Arrangements

We have made two important senior appointments to the care group, Andrea Havey into a joint commissioning and Operational Director role in Children and Families as an important step to bring Portsmouth Clinical Commissioning Group (PCCG) and Solent closer together, and Gordon Muvuti an experienced mental health professional into the Mental Health Operational Director role, to release Matthew Hall for more time as deputy Chief Operating Officer.

Relationships:

Significant progress has been made in the relationship and improvement work with the Portsmouth Primary Care Alliance, who are asking Solent to provide some infrastructure support to them; an important step in our strategic journey.

Finance

The Year To Date (YTD) position is a deficit of £1.3m (YTD budget: deficit of £1.4m). The forecast out-turn position has improved by £150k; Solent is now forecasting a deficit of £1.35m (plan: deficit of £1.50m). If delivered, Solent will receive additional Sustainability and Transformation Fund (STF) monies on a £1 for £1 basis and will be able to participate in the distribution of the STF bonus pot; these would improve the reported deficit further.

Estates and Capital

Kite

The refurbishment of Minstead Ward at the Western Community Hospital to enable the relocation of the Kite Unit from Portsmouth has been a very successful project with

significant engagement from key clinical staff from the initial briefing stage through to completion. As part of this scheme it was agreed that backlog maintenance works identified for future years should be incorporated into the refurbishment to minimise any future disruption to the service, this resulted in a delay for handover of 1 week to the original programme. Handover commenced on 15 January 2018 with patients transferring to the new unit on 16 January 2018.

A number of visits to the site have been facilitated throughout the various stages of this project with very positive feedback received on the layout and configuration of the unit.

St James Site

The St James' / St Mary's site redevelopments have been identified as "fast followers" by the Department of Health; this is positive news. This scheme is now likely to commence in the early part of 2018/19.

Oakdene

The process for approval for disposal of this site from the Secretary of State commenced at the end of November, solicitors have been appointed to act for Solent. Portsmouth City Council, the buyers, has confirmed its agreement to the Heads of Terms and has instructed its in-house solicitor to progress with the sale. Oakdene is expected to be used to bring back out of area clients who are currently residing in an institutional setting and will include ten single accommodation units, one 2 bed accommodation unit and five shared specialist accommodation units.

ICT

Work has continued to transition to the Trust's new telephony solution, replacing multiple solutions that were inherited from predecessor organisations. The majority of sites in the Southampton localities are now complete and work is progressing well in the East. The project remains on track to complete late this financial year.

The Trust's new internal intranet site (SOLNET) was launched successfully at the end of November. The project is now focussing on the development of an Extranet portal to share information with our care partners, reviewing how we store our electronic documents and scoping the additional functionality which the system could provide in order for us to realise further benefit with an anticipated decision point in April 2018.

We continue to support Portsmouth City Council with deployment of TPP SystemOne, the patient record system in use by health services in the city, with the current plan being for implementation commencing Jul 2018. We are also supporting Southampton City Council in their Social Care Record system replacement options appraisal. If both health and social care professionals are able to use the same IT system it generates good opportunities for more effective collaborative working.

3. Current news

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

4. Complaints

A total number of 16 formal complaints, MP Queries or Professional Feedback were received in December 2017. The following table summarises these by service line:

| Service Line | Formal Complaint | MP Query | Professional Feedback | Total |
|---------------------|------------------|----------|-----------------------|-------|
| Adults Portsmouth | 4 | | | 4 |
| Sexual Health | 3 | 1 | | 4 |
| Adult Mental Health | 2 | | 1 | 3 |
| Primary Care | 3 | | | 3 |
| Adults Southampton | 1 | | | 1 |
| Children's Services | 1 | | | 1 |
| Total | 14 | 1 | 1 | 16 |

There were 19 themes recorded amongst these complaints and they are detailed in the table below:

| | |
|----------------|---|
| Appointments | 1 |
| Staff attitude | 2 |
| Clinical | 9 |
| Communication | 5 |
| Policy | 2 |

The number of formal complaints received throughout 2017/18 has continued to remain relatively low to previous years. As of the 31 December 2017 136 formal complaints had been received; this compares to 186 complaints received in the corresponding period for 2016/17.

22 service concerns were received in December and, to date in 2017/18, a total of 286 service concerns have been received; this compares to 255 for the whole of 2016/17. Service lines have continued to improve their responses to identify service concerns and deal with these at a local level before they escalate to a formal complaint, however the Complaints Team will identify any service level concern that does then result in a formal complaint.

At the end of December 2017; 27 complaints remained open with 19 complaints closed. Learning from recently closed complaints included the following;

Changes to procedures and processes

Lessons from complaints has resulted in a number of changes to procedures and processes in services, including;

- The development of an updated on-going plan for catheter management within the community
- The implementation of a double appointment system offered to patients requiring the completion of a DVLA form.
- Reviewing the methods that community teams use to enter referral information for GPs
- The review of how patients' property is recorded on Mental Health inpatient wards to ensure that property is not lost especially when patients are transferred between the wards.
- The introduction of system for the triage and management of patients when agreed visits are not able to be made in Portsmouth.

Additional Training

Following a number of issues raised in complaints a number of services have identified additional training requirements for staff at a local level, this includes;

- Specialist information regarding Myotonic Dystrophy for the physiotherapy team in Primary Care
- Handling of difficult conversations within the CRISIS team
- The importance of wound care training and supervision in the community settings

Communication to Patients

Including:

- Ensuring that communication to podiatry patients is clear about what the service can and cannot provide.
- Responses to clinical complaints are now reviewed and signed off by the Interim Chief Nurse or Head of Professional Standards and Regulation

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

There was no TMT meeting in December and a verbal update of the meeting held on 24th January 2018 will be provided at the January Board meeting.

6. Board Assurance Framework and Corporate Risk Register

Board Assurance Framework – the following table summarises the key strategic risks:

| BAF number | Concerning | Lead exec | Raw score | Mitigated score (Current score) | Movement since last reported (and previous score) | Target score |
|------------|--|---------------|--------------|---------------------------------|---|--------------|
| 55 | Workforce capacity | Helen Ives | S5 X L4 = 20 | S4 X L4 = 16 | ⇔ (16) | S3XL3= 9 |
| 57 | Quality Governance and quality improvement | Jackie Ardley | S4 XL4 = 16 | S4 XL4 = 16 | ⇔ (16) | S3 x L2 = 6 |
| 58 | Future organisational function | Sue Harriman | S5 X L4= 20 | S4 X L4 = 16 | ⇔ (16) | S3 X L2 = 6 |

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

Notably Risk #61 - Major Incident and external environmental impact on the organisation has been mitigated to its target risk score of 6.

Corporate Risk Register

Following review of the Trust's risk management arrangements a number of new documents and initiatives will be introduced by 31 March 2018:

- A new Risk Management Framework to replace the Trust's former Risk Management Strategy is currently out for consultation and will begin the formal approval route to Board in February 2018
- New Risk Management Process has been developed. This is a detailed step by step process guide and is being tested with frontline staff in a workshop at the end of January and then launched in February
- New risk management Induction training for all new staff and additional training for managers and twice-yearly refresher has been developed for roll-out in February
- New Corporate Risk Management report to Quality Improvement & Risk Group and Assurance Committee which provides analysis of the Corporate Risk Register has been introduced

The Quality Improvement & Risk Group report identified that as at 7 December 2017 there were:

- 133 open risks on the Corporate Risk Register
- The most prevalent risks related to clinical care in community services (26 risks), estates and facilities (19 risks), information technology (16 risks) and staffing (15 risks)
- Services with the highest number of risks were Adult Mental Health (26 risks), Adults Service Southampton (24 risks) and Corporate services (18 risks)
- 14 risks are scored 15 (extreme risk) or above. Of these 13 relate to risks in clinical services and 1 is a corporate-level risk. The corporate risk relates to the potential for telephony failure in a number of sites and mitigation plans indicate that business continuity plans are in place. Of the clinical service risks, 5 relate to workforce concerns in Adult Mental Health, Adults Services Southampton and Children’s services (vacancy and sickness levels with the potential to impact on service delivery) and 2 relate to estates issues (availability of suitable venues for service provision). These risks are reflected in the Workforce and Estates risks articulated in the Board Assurance Framework. There are also individual risks relating to wheelchair provision, information systems, security systems and a risk concerning the local acute hospital prescribing oxygen to smokers on discharge and the safety risk this presents in the community. Six of the 14 risks are overdue for review, and at least 3 are on-going management issues which Service Lines have been asked to transfer from the Risk Register to local Issue Logs.

Service Lines and Corporate Services are required to address quality control issues in the Corporate Risk Register by 31 January 2018 in order to improve its validity and integrity. This will enable the Trust to develop a more accurate risk profile and thereby more effectively mitigate and manage its risks in future. In February, once quality control issues have been addressed the CEO report will include a more detailed analysis of key corporate risks and their current status.

Sealings

| No. | Date | Concerning |
|-----|------------|---|
| 65 | 07/12/2017 | Provision of Subcontract Services in Relation to Level 3 Sexual Health Services |
| 66 | 02/01/2018 | Counterpart lease relating to Ground Floor Dental Area, Somerstown Health Centre, Portsmouth. |

Signings

None to report

Sue Harriman
Chief Executive

| | | | | | |
|--|--|---|--|--|--|
| 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, Head of Professional Standards and Regulation | Executive Sponsor | Jackie Ardley, Chief Nurse | | |
| Date of Paper | January 2018 | Committees presented | Board | | |
| 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.
- 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

As reported previously the Trust continues to meet the requirements within the regulatory framework for publication of staffing levels. In-patient data is published via an upload to Unify each month and a monthly summary is submitted to commissioners and uploaded to the Trust internet as required. Service Line Professional leads report by exception to the Quality Improvement and Risk, (QIR), group which reports in turn to the Assurance Committee.

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 2017 covering the period December 2016 to May 2017. This report covers the period June 2017 to November 2017.

The National Quality Board guidance previously referenced in this report was originally developed for acute hospitals. However it has been recognised that this did not directly translate to the models of care provided in community settings. Therefore NHSI have developed additional guidance and the Trust participated in a pilot data capture of Care Hours per Patient Day (CHPPD) and the analysis of the results of this will be discussed later in this paper.

Current Position

The Trust remains committed to ensuring that staffing levels are appropriate to meet the identified needs of patient/service users. Nursing and care staff, working as part of wider multidisciplinary teams, play a critical role in securing high quality care and excellent outcomes for patients. National monitoring mandates a focus on appropriate skill mix and the level of nursing staff are appropriate to provide safe and effective care and reflect the acuity and dependency needs of individual patient

groups. However, Solent recognises that safe staffing must also acknowledge the contribution other disciplines within the overall establishment make to ensure that clinical teams deliver safe, effective and high quality care in an increasingly complex environment.

As reported previously the Trust has been reviewing staffing levels against the new NQB guidance of Care Hours per Patient Day (CHPPD). The Trust has participated in a data collection exercise to test the system which NHSI have adapted for use in the community. The report received from NHSI essentially benchmarks the Trust's wards against wards from other Trust's that provide similar care. However it does not state what is desirable and nor does it take into account the acuity and dependency of patients. Initial review of the information suggests that in order to draw conclusions from the data provided, some further analysis is required alongside clinical judgement. The data suggests that the areas which appear in line with similar wards in other Trust's are the physical health wards. There are, however, some data quality issues which Solent will need to consider in relation to some of the data submitted by our wards. Further work will be completed on this in the coming months and update provided in the next reporting period.

Work is continuing to identify a suitable acuity and dependency tool for the Trust in-patient areas. It was previously reported that the Trust would consider implementation of SafeCare module to support delivery of CHPPD and formalise recording of patient acuity and dependency. The provider has delivered two demonstrations of the system and a business case is currently being developed for the introduction of SafeCare. This system will enable the Trust to access real time information about the staffing levels in all clinical areas and will support decision making in relation to redeployment of staff and the need to access temporary staffing through use of bank and agency. While waiting for this system to be agreed and implemented the Chief Nurse is planning to introduce, from March 2018, a manual system as a temporary measure to support the services in appropriate decision making in relation to staffing and to ensure line of sight to the board.

The Trust has also recently joined a network of community providers, the first meeting of which took place in early December 2017. The aim of the group is to share best practice and where it may be appropriate to work together to develop new approaches tailored to community and mental health settings.

In-patient units

The Trust has continued to comply with the requirement to upload to Unify details of the staffing position 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, the data for this reporting period is included in **appendix 1** for reference.

As the data shows there has been a reducing number of red and amber rag ratings in the latter part of the reporting period with October having only one area on red and 3 ambers compared to July where there were 4 areas reported as red and 6 amber. Where areas are green this means that the ward was staffed to the planned level or in some cases, as can be seen from the data, significantly over staffed reflecting patient dependency. Where ward areas were under plan this is as a result of a number of factors and often a combination of factors.

The reasons for areas being under planned levels are in the main due to a combination of vacancies, short notice staff sickness and some long term sickness. All clinical areas are actively managing staff sickness and employing a number of strategies to successfully recruit to vacancies. However as reported previously and reflecting the national picture a number of ward areas are experiencing difficulties as there is not the workforce available to fill the vacancies. The mental health wards are currently working on a plan to introduce band 4 roles which will be underpinned with a clear competency framework in an attempt to target those hard to recruit to areas.

An area which has consistently experienced difficulties in this reporting period is the AMH Crisis resolution team. Whilst the team have been either red or amber each month it should be noted that there has always been one registered nurse on duty and supported by a band 6 social worker. This is the limitation of the unify system as, for example social workers, are not currently reflected in the planned staffing numbers but are a key member of the team and a formal part for the skill mix for the service. The team have recently successfully recruited to their vacancies and are anticipating an improved position over the coming months.

Oakdene is another area presenting as under plan on a number of occasions. The team reviewed their staffing requirements in July 2017 and as a result made changes to the skill mix thereby altering their planned staffing levels. However the changes made were not reflected in the unify data until October 2017 from when it can be seen that they have achieved or have been over plan.

An area of concern in the last reporting period was The Limes and the position continued into this reporting period although it can be seen that they have gone from having 3 red and 3 amber ratings in the first 3 months of this reporting period to 2 red and 2 amber ratings in the second half of the reporting period indicating an improving position. The reasons for the difficulties remain staff sickness combined with difficulty recruiting to vacancies. For this reporting period the vacancy rate has averaged at 29% for the registered nursing workforce. The team have a rolling recruitment process in place and whilst recruitment remains a challenge the turnover in staff appears to have steadied which helps to maintain continuity of care.

In line with the actions identified in the last report a detailed analysis of incidents for the Limes has been undertaken comparing the last reporting period incidents with the current reporting period. Between December 2016 and May 2017 there were 219 incidents reported against 113 incidents for this reporting period. The majority of incidents reported resulted in 'No Harm' with the next highest category being 'Minor non-permanent harm'.

Due to the nature of reporting it is not possible to correlate the incidents to staffing levels on the unit as often the narrative does not reference staffing levels. The analysis of the incidents however raise concerns in relation to the volume of physical and non-physical (verbal) assault the staff working in this environment experience. In the period December 2016-May 2017 staff reported 77 physical assaults the majority of which were patient to staff of which 51(66%) resulted in minor harm. For this reporting period staff have reported 55 physical assaults again the majority patient to staff of which 22 (40%) resulted in minor harm. This may in part explain the challenges with recruiting into this area and highlights a need to consider what additional support the Trust needs to consider for this group of staff in relation to their Health & Wellbeing.

The Kite unit has shown an improved position since last reporting period particularly in the last 3 months, September to November 2017. The unit is due to move to a purpose built unit in January 2018 and has been actively recruiting in anticipation of the move which has contributed to this improved position.

As reported previously some areas continue to achieve above 95% planned staffing on the majority of occasions. This will be achieved through a number of actions such as good roster management, low sickness and turnover rates.

The table below summarises the incident reporting in relation to key indicators which are considered when looking at safe staffing.

| Row Labels | Assault - Non-Physical | Assault - Physical | Medication Errors / Management | Pressure Injuries | Slips, Trips And Falls | Grand Total |
|---------------------------------|------------------------|--------------------|--------------------------------|-------------------|------------------------|-------------|
| Bramble Ward (Lower) | 0 | 0 | 15 | 11 | 33 | 59 |
| Brooker Ward (The Limes) - OPMH | 6 | 55 | 15 | 1 | 36 | 113 |
| Crisis AMH (Orchards) | 3 | 0 | 0 | 0 | 0 | 3 |

| | | | | | | |
|---|-----------|------------|-----------|-----------|------------|------------|
| Fanshawe Ward | 1 | 0 | 15 | 15 | 38 | 69 |
| Hawthorns Ward - Acute AMH | 16 | 26 | 10 | 0 | 20 | 72 |
| Jubilee House | 1 | 3 | 5 | 12 | 12 | 33 |
| Jubilee Specialist Palliative Care Team | 0 | 0 | 0 | 0 | 3 | 3 |
| Kite Unit - Acquired Brain Injury | 8 | 10 | 3 | 0 | 22 | 43 |
| Maples Ward - PICU | 22 | 73 | 8 | 0 | 1 | 104 |
| Oakdene - Rehab | 3 | 3 | 3 | 0 | 0 | 9 |
| Orchards - Admin AMH | 2 | 2 | 0 | 0 | 0 | 4 |
| Orchards CRHT Team | 1 | 0 | 0 | 0 | 0 | 1 |
| Snowdon At Home | 0 | 0 | 0 | 0 | 4 | 4 |
| Snowdon Therapies | 0 | 0 | 0 | 0 | 2 | 2 |
| Snowdon Ward | 0 | 1 | 10 | 0 | 24 | 35 |
| Spinnaker Ward | 0 | 1 | 6 | 16 | 27 | 50 |
| Grand Total | 63 | 174 | 90 | 55 | 222 | 604 |

In this reporting period work has been undertaken to encourage staff to specifically record incidents where the planned staffing levels are not achieved and bank or agency cover not available. It is hoped to see an increase in reporting to enable greater analysis of the impact of staffing levels on reported incidents.

In the absence of this an analysis has been undertaken in relation to the incidents reported where staffing levels were identified as a contributory factor. In this reporting period there were 55 incidents reported of which 33 (60%) were directly associated with HR and staffing issues. The majority, 12, of the incidents in this category related to community clinics which were cancelled due to lack of staff availability. The next highest (5) was for COAST who had to close the service early on 3 occasions and provide telephone advice only on 2 occasions. There were 4 incidents related to the in-patient area but spread across as opposed to in any one area so no trend has been identified. There were no reports of patient harm as a consequence of these incidents

During the reporting period June to November 2017 there were 77 formal complaints received by the Trust of which 9 related to the inpatient wards. In addition the wards also reported 4 service concerns. The complaints are spread across the services as outlined in the table below with Hawthorns receiving the highest number of complaints and service concerns. However when considering this against the unify data in the first two months June-July they had 3 episodes of amber, i.e. below planned staffing but over the last 4 months, August – November, have been consistently green, i.e. on or above plan for staffing. Therefore it is not possible with the data available to suggest a correlation between staffing levels and receipt of complaints.

The Limes and Jubilee House received low numbers of complaints during this period but experienced periods when they were under plan for staffing which may have contributed to the complaints regarding clinical care. However there is no direct evidence available to confirm this to be the case.

| Ward Area | Number of complaints relating to clinical care | Number of Service concerns | Themes |
|---------------|--|----------------------------|--|
| The Limes | 2 | 0 | The level of care provided |
| Jubilee House | 1 | 0 | Ward did not follow care plan and the care was inappropriate |
| Maples | 0 | 2 | Inappropriate discharge and over medication |

| | | | |
|----------------|---|---|--|
| Hawthorns | 5 | 2 | Level of clinical care; concerns about early discharge; medication |
| Lower Brambles | 1 | 0 | Patient not being looked after appropriately falling |
| Spinnaker | 0 | 0 | |

In all areas 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, in line with NQB guidance, 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 decision making and flexible approach to moving staff to cover areas within the same speciality is based on maintaining quality and patient safety and ensuring patients' needs can be met.

Southampton In-Patients:

Lower Brambles and Fanshawe have sustained their performance in this six month period maintaining staffing levels to plan or above plan where this was clinically indicated. This is in the context of having a high number of vacancies during this time but was achieved by using existing staff doing additional duties and effective use of bank and agency staff on a planned basis. The planned programme of recruitment has resulted in successful recruitment to vacancies the impact of which should be seen in the next reporting period.

Snowdon ward has had periods where they were under plan as a result of long term sickness but have maintained patient safety by using the clinical managers and additional health care support workers to support care delivery.

Portsmouth In-Patients:

Portsmouth adult inpatients, Jubilee and Spinnaker wards have had a small number of instances of Red and Amber ratings during this reporting period. Where considered clinically safe to do so they managed these periods by utilising senior clinical colleagues and going over plan for health care support workers. Both Jubilee and Spinnaker continue to be key partners supporting the wider system during the winter pressures.

Adult Mental Health & Older People's Mental Health inpatient services

These areas continue to experience high levels of patient acuity and dependency as noted in the analysis of the unify data. In addition they continue to experience challenges in relation to recruitment and retention of skilled staff. The risks associated with this are recorded on the service line risk register and they have a plan in place which includes a proactive approach to developing advance practice opportunities for nurses as well as introducing a band 4 role. It is however likely that until vacancies are recruited to and these new roles come into place the service will continue to have a high reliance on temporary staffing to ensure safe staffing levels are maintained.

Community Teams

The Southampton and Portsmouth teams continue to review the national and local information available to support safe caseload management and to identify safe staffing levels. This work is not yet developed nationally and so the Trust is continuing to explore possible caseload allocation tools which could be available through either TPP SystemOne or from Health Assure.

The community matrons in Southampton and Portsmouth have introduced joint meetings to provide the opportunity to share good practice and to develop consistent approaches to both patient care and practice development. They have also agreed common definitions for missed visits which will ensure consistency of reporting and understanding the issues.

Southampton

The community nursing service has successfully recruited 12 new community nursing staff who commenced in September. The new staff have completed induction and is working across the localities. As a result and as demonstrated in the bank and agency data this has led to a significant reduction in the services reliance on temporary staffing.

In this reporting period the team have also reviewed how they manager cover across the localities and have agreed the inclusion of additional admin resource to support better co-ordination of information regarding capacity across the city to enable more flexible movement of staff to cover shortfalls in other teams. These changes were being introduced at the end of this reporting period and an update on impact will be provided in the next report.

Portsmouth

Recruitment and retention within Portsmouth community nursing team is improving with a vacancy level reported in November as 10%. A number of new staff has joined the community nursing team between September and December 2017 some of whom have completed induction and some currently going through induction. There are currently no vacancies at senior clinical level, i.e. band 6 and above in the team.

The development programme which commenced for Band 7 leaders in 2017 continues and a further development day is scheduled in January 2018. The total program consists of 37.5 hrs of staff development with a focus on managing roles and responsibilities of working as a band 7. There will be a focus on performance management and how to increase efficiencies within the nursing establishment.

Portsmouth team have commenced some Quality Improvement work streams focusing on demand and capacity mapping, clinical record systems and allocation of workload. These work streams will have a direct impact on quality and safety of care and are being closely monitored by the Clinical and Operational Directors. Some changes to skill mix and introduction of the liaison SOP has been introduced as a result of this work. It is also planned to do another 'perfect week' exercise during 2018/19.

Children's Services

There have been growing pressures on the community children's nursing team over the last year, becoming significantly more acute in the last two to three months. This has been due to a combination of vacancy, sickness, and maternity in terms of staffing, reported increases in the complexity of the workload (with an increase in end of life care packages at the current time) and the pressures of the requirements for a change from the CQC and the organisation.

One of the main findings of the service review has been that the level of maturity around the recording of demand and activity, and advanced planning of the use of available capacity, has been poor. CCN Teams have traditionally used handovers to allocate work, with team diaries supporting this, but these methods have not allowed scrutiny or verification of capacity concerns in themselves. The service have therefore recognised the need to rapidly evolve data collection tools which both facilitate improved understanding and planning of workflows, whilst simultaneously acting as a record of past activity (for trend analysis purposes), offering assurance and transparency for wider scrutiny, and showing back to staff by way of closing the feedback loop. These have now been developed and are in the initial stages of monitoring within the teams.

Staffing levels across the remaining of the service remain stable, with an improving picture in CAMHS East and West. Staffing positions within Occupational Therapy remain difficult to fill due to a national shortage of therapists.

Specialist Dental Services

The Special Care Dental Service has faced significant challenges recruiting dentists over the last 24 months. Due to the complexity of patient needs, it has not been possible to provide continuing care with the use of bank or locum dentists. The recruitment drive continues however the process often takes 6 months and therefore to minimise the impact where possible patients have been absorbed into existing clinician's workload. This has naturally increased waiting times for appointments and the service has seen a decrease in staff morale.

Nine clinicians are predicted to retire over the coming 24 - 36 months. The Service 2018/19 Business Plan aims to deliver a sustainable workforce model by the end of March 2019, by securing funding to continue with the Specialist Registrar training programme, assessing the current dental workforce, identifying, developing and up skilling individuals in preparation for the future, including leadership roles, and reviewing the current staff profile, identifying where there is a risk of a staff skill mix deficit.

The service continues to experience challenges recruiting suitable experienced dental nurses in the north and the west of the county. Agency nurses are currently being used to avoid cancellation of clinics, whilst further attempts to recruit are made.

Sexual Health Services

The Sexual Health Service continues to face challenges recruiting experienced Sexual Health Nurses. Nurses are very keen to work in the field therefore recruitment into Band 5 Trainee posts is not such a challenge. With an aging workforce the service is planning to develop a rolling band 5 trainee nurse programme and will be working with the workforce team to implement this in 2018.

The current staff turnover rate is 15.7% year to date. In conjunction with HR the service has implemented a band 7 Leadership and Management programme, and aims to deliver this to band 6 staff as well to improve retention.

Over the last six months the service has had experienced staff leave and a number of nurses on maternity leave. The staffing levels have been managed by bank and excess hours and staff being flexible working across different localities. The service has a Patient Access SOP, which prioritises high risk patients when staffing levels are low to ensure urgent cases are seen and routine patients are offered appropriate appointments.

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, Solent continues to restrict agency spend through Bank and substantive solutions. There has been a slight decrease in the total amount of shifts requesting cover over the last 6 months but levels are currently static at around 4000 requests per month. The national shortage of Registered Nurses and AHP professionals continues to hamper the ability to recruit the required levels for both substantive and bank posts.

The area of highest demand currently is mental health services in Portsmouth, this is attributed to hard to fill vacancies for registered mental health nurses, continued high levels of cover required for

patients requiring 1 to 1 nursing and high levels of acute admissions to the mental health wards. Cover of the 136 suite in Mental Health continues to be supplied through agency.

There has been a significant drop in demand for cover required within our Community Nurse teams in both Southampton and Portsmouth. Rolling recruitment exercises have resulted in a good vacancy fill rate, appointing both experienced and newly qualified nurses. Attendance at recruitment fairs and universities has also helped to raise the profile and career opportunities to be found within these services at Solent as an employer of choice.

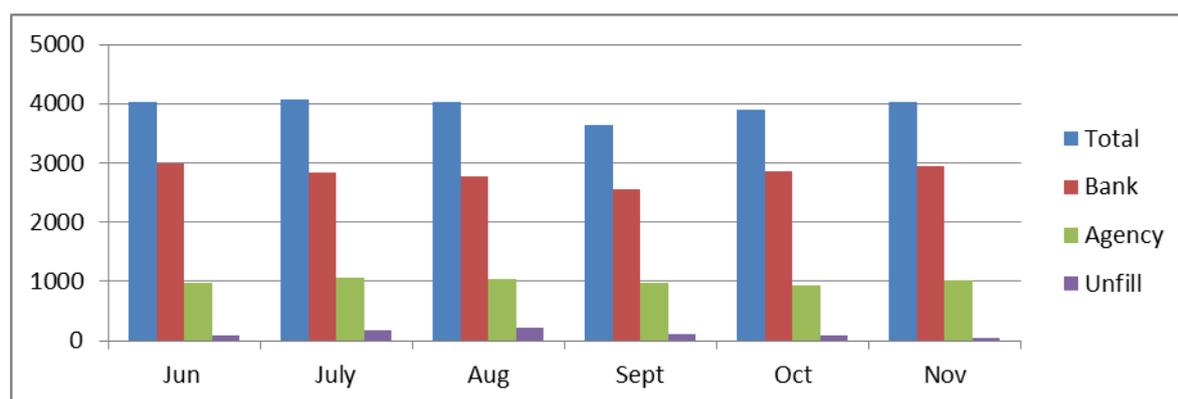
The Bank team continue to have rolling recruitment in place for Nurses and HCA. Progress has been made in increasing the number of staff employed on the bank and we now have a small number of community bank nurses able to assist with covering demand rather than agency.

Although we are beginning to see a reduction in demand from some areas the number of agency RNs we continue to use is still high and more inroads need to be made in further reducing this number.

The below table highlights level of Bank & Agency requests for clinical areas for 1.6.17 – 30.11.2017

| Clinical June - Nov 17 | Req | Bank | % | Agency | % | Unfilled | % |
|--------------------------|--------------|--------------|--------------|-------------|--------------|------------|-----------|
| AMH SERVICES | 6152 | 3641 | 60% | 2245 | 36.5% | 266 | 3.5% |
| PORTSMOUTH ADULT SVS | 3305 | 1805 | 54.5% | 1179 | 35.5% | 321 | 10% |
| PORTSMOUTH CHILDREN SVS | 758 | 758 | 100% | | | | |
| SOUTHAMPTON ADULT SVS | 4534 | 2593 | 57% | 1890 | 41.5% | 51 | 1.5% |
| PRIMARY CARE | 1813 | 1809 | 99.5% | 4 | .5% | | |
| SOUTHAMPTON CHILDREN SVS | 1056 | 843 | 80% | 213 | 20% | | |
| SEXUAL HEALTH SERVICES | 607 | 607 | 100% | | | | |
| TOTALS | 18228 | 12056 | 66.5% | 5531 | 30.5% | 587 | 3% |

This table demonstrates level of Bank/Agency requests over last 6 month period.



Roster Quality

Work continues with services to improve roster quality. Whilst more services are now producing rosters ahead of work time (ideally 6 weeks) there is still improvements to be made to the quality of rosters produced which is evidenced in the high number of emails, in excess of 100 per day, to the Healthroster team. Additional training sessions are now being scheduled throughout the next 3 months to support team to develop their knowledge and understanding of the system. New training sessions for managers will also be introduced from February 2018. Agency spend continues to be a key driver in keeping a focus on the requirement for improvement across our clinical areas.

A review continues into the procurement of an additional element of the rostering software system to monitor safe staffing. This will provide services with real time information on staffing hot spots and will enable better planning for both short term and longer term staffing. The People Services Team is also supporting the community teams who are working towards base-lining the staffing requirement across localities.

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. The system to be introduced by the Chief Nurse will ensure closer scrutiny of staffing levels and will support clinical decision making. The impact of the recruitment strategies in place to ensure timely appointment of staff into current vacancies will also continue to be monitored. All transformation plans which include staffing levels to be reviewed or reduced will require a quality impact assessment (QIA) and will continue to be monitored and issues of concern will be escalated through QIR and into Assurance Committee.

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 remain diligent and are continuing to work with professional and workforce leads to focus on retaining staff with the necessary skills and competence to meet the increasingly complex patient need identified as well as recruiting into current vacancies.

The work on agreeing the appropriate acuity and dependency tool for our services will continue and it is hoped that a solution will be agreed over the next 6 months and will be complimented by the process for achieving professional sign off for establishments already approved by the Trust.

Key Priorities for the next six months:

- To formally agree an interim safe staffing monitoring tool for use across the organisation and to facilitate greater scrutiny on a more frequent basis
- To formally approve the business case for implementation of SafeCare
- To develop, agree and implement the appropriate acuity and dependency tool for each area as part of the SafeCare implementation plan

Board Recommendation

The Board is asked to note this report and support the priorities identified

Appendix 1

| | | June | | | | July | | | | August | | | |
|-------------------------|----------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Ward Name | Main two specialties S1 | Day | | Night | | Day | | Night | | Day | | Night | |
| | | Fill Rate | | Fill Rate | | Fill Rate | | Fill Rate | | Fill Rate | | Fill Rate | |
| | | Registered | Care Staff |
| AMH Crisis Resolution | 710 - ADULT MENTAL ILLNESS | 77.50% | 105.80% | 100.00% | 100.00% | 82.10% | 99.20% | 93.50% | 100.00% | 74.10% | 104.80% | 100.00% | 96.80% |
| AMH Oakdene | 710 - ADULT MENTAL ILLNESS | 81.30% | 99.20% | 100.00% | 96.70% | 63.90% | 107.30% | 75.80% | 141.90% | 72.50% | 137.90% | 96.80% | 138.70% |
| AMH Orchards - Hawthorn | 710 - ADULT MENTAL ILLNESS | 90.80% | 128.30% | 81.70% | 138.90% | 89.50% | 154.80% | 88.70% | 132.30% | 94.40% | 135.50% | 96.80% | 107.50% |
| AMH Orchards - Maples | 710 - ADULT MENTAL ILLNESS | 195.00% | 89.60% | 223.30% | 151.10% | 171.00% | 91.90% | 225.80% | 143.00% | 147.60% | 117.30% | 196.80% | 160.20% |
| The Limes | 715 - OLD AGE PSYCHIATRY | 88.90% | 110.80% | 74.40% | 120.80% | 85.50% | 107.00% | 75.30% | 118.50% | 86.00% | 108.10% | 72.00% | 122.60% |
| Jubilee House | 315 - PALLIATIVE MEDICINE | 113.40% | 118.10% | 92.70% | 123.30% | 100.00% | 132.70% | 75.30% | 150.00% | 94.90% | 137.30% | 73.10% | 200.00% |
| Spinnaker | 314 - REHABILITATION | 100.00% | 101.30% | 98.30% | 100.00% | 96.10% | 108.40% | 98.40% | 100.00% | 96.80% | 98.70% | 98.40% | 106.50% |
| Lower Brambles | 314 - REHABILITATION | 100.00% | 99.50% | 98.30% | 98.30% | 99.40% | 99.10% | 98.40% | 100.00% | 97.40% | 100.00% | 98.40% | 100.00% |
| Fanshawe | 314 - REHABILITATION | 102.70% | 98.90% | 98.30% | 100.00% | 96.80% | 100.00% | 100.00% | 100.00% | 96.80% | 102.20% | 96.80% | 100.00% |
| Snowdon Ward | 314 - REHABILITATION | 73.30% | 146.70% | 113.30% | 140.00% | 87.10% | 129.00% | 125.80% | 133.90% | 79.80% | 127.10% | 129.00% | 135.50% |
| Kite | 314 - REHABILITATION | 100.00% | 75.40% | 100.00% | 100.00% | 93.50% | 81.00% | 100.00% | 100.00% | 104.80% | 81.50% | 100.00% | 100.00% |

| | | September | | | | October | | | | November | | | |
|-------------------------|----------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Ward Name | Main two specialties S1 | Day | | Night | | Day | | Night | | Day | | Night | |
| | | Fill Rate | | Fill Rate | | Fill Rate | | Fill Rate | | Fill Rate | | Fill Rate | |
| | | Registered | Care Staff |
| AMH Crisis Resolution | 710 - ADULT MENTAL ILLNESS | 78.70% | 104.20% | 100.00% | 100.00% | 75.30% | 111.30% | 100.00% | 96.80% | 68.30% | 111.70% | 100.00% | 100.00% |
| AMH Oakdene | 710 - ADULT MENTAL ILLNESS | 65.70% | 101.70% | 100.00% | 100.00% | 81.10% | 100.00% | 100.00% | 98.40% | 117.00% | 95.80% | 103.30% | 101.70% |
| AMH Orchards - Hawthorn | 710 - ADULT MENTAL ILLNESS | 92.50% | 135.00% | 95.00% | 102.20% | 96.00% | 130.10% | 100.00% | 98.90% | 98.30% | 127.80% | 96.70% | 100.00% |
| AMH Orchards - Maples | 710 - ADULT MENTAL ILLNESS | 145.80% | 109.20% | 200.00% | 144.40% | 145.20% | 123.00% | 200.00% | 188.20% | 150.00% | 115.40% | 200.00% | 186.70% |
| The Limes | 715 - OLD AGE PSYCHIATRY | 92.20% | 100.80% | 70.00% | 120.80% | 95.70% | 95.40% | 82.80% | 106.50% | 89.40% | 102.80% | 76.70% | 118.30% |
| Jubilee House | 315 - PALLIATIVE MEDICINE | 100.00% | 128.10% | 86.40% | 176.70% | 101.40% | 157.10% | 95.20% | 214.50% | 98.00% | 137.60% | 85.40% | 183.30% |
| Spinnaker | 314 - REHABILITATION | 86.70% | 109.30% | 98.30% | 96.70% | 98.70% | 112.90% | 100.00% | 96.80% | 96.00% | 103.30% | 100.00% | 110.00% |
| Lower Brambles | 314 - REHABILITATION | 99.30% | 100.50% | 98.30% | 98.30% | 99.40% | 115.70% | 98.40% | 101.60% | 101.30% | 114.30% | 100.00% | 103.30% |

| | | | | | | | | | | | | | |
|--------------|----------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Fanshawe | 314 - REHABILITATION | 98.00% | 100.60% | 95.00% | 106.70% | 98.70% | 102.20% | 98.40% | 100.00% | 100.00% | 98.90% | 100.00% | 98.30% |
| Snowdon Ward | 314 - REHABILITATION | 85.00% | 112.70% | 123.30% | 123.30% | 87.10% | 109.70% | 122.60% | 130.60% | 86.70% | 118.70% | 140.00% | 126.70% |
| Kite | 314 - REHABILITATION | 110.80% | 79.60% | 100.00% | 105.00% | 100.80% | 97.20% | 100.00% | 106.50% | 108.30% | 96.30% | 100.00% | 143.30% |

| | | | |
|--|---|---|---|
| Presentation to | <input checked="" type="checkbox"/> In Public Board Meeting | <input type="checkbox"/> Confidential Board Meeting |  |
| Title of Paper | Portsmouth and South East Hampshire Improvement Plan | | |
| Author(s) | PSEH ACS | Executive Sponsor | Sue Harriman, CEO and System Convener |
| Date of Paper | 9 th January 2018 | Committees presented | ACS Board |
| 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 type="checkbox"/> Well Led | |
| Action requested of the Board | <input type="checkbox"/> To receive | <input checked="" type="checkbox"/> For decision | |

Purpose

Commissioners and providers across health and care in Portsmouth and South East Hampshire have been working together over the last 12 months to develop an Accountable Care System Partnership and greater integrated and collective working.

As previously reported in November 2017, part of this work has been the development of an improvement plan for Portsmouth and South East Hampshire. This is a collective plan to improve health and care outcomes, operational performance and service quality for the residents of Portsmouth and South East Hampshire, and to manage within the available budget. This plan has been developed with the involvement of all governing bodies of local organisations.

The plan describes the priority actions we are taking as a partnership to deliver our vision.

The plan focuses around four key programmes of service transformation and improvement with a single system plan:

- Urgent and Emergency Care
- New Models of Out of Hospital Care
- Elective demand and capacity
- Mental Health

The purpose of the document is to secure support to deliver the plan from the leadership and decision-making bodies of the NHS and Local Authorities in the Portsmouth and South East Hampshire health and care system.

Board Recommendation

As described on page 27, the Board is asked to:

1. Confirm their commitment to working together in Portsmouth and South East Hampshire, and to the shared objectives of the system set out in chapter 3 of this plan
2. Confirm their agreement to the collective focus on the delivery of the single system improvement plan and priorities set out in chapter 4 of this plan
3. Confirm the Board's commitment to deliver the actions and initiatives for which it is responsible. As a next step, a clear written agreement will be reached with each organisation confirming its role and responsibility in delivery of the plan (a Memorandum of Understanding) based on the responsibilities set out in Appendix 3 (page 30), and;
4. Confirm support for the proposed actions to establish a new way of working together as set out in chapter 6, and for the leadership and governance arrangements to manage the delivery of the Portsmouth and South East Hampshire Local Delivery System.



Hampshire
County Council



Portsmouth
CITY COUNCIL



Portsmouth and South East Hampshire Health and Care System

Portsmouth and South East Hampshire Improvement Plan

Our collective plan to improve health and care outcomes, operational performance and service quality for the residents of Portsmouth and South East Hampshire, and to manage within the available budget.

20 November 2017

Final

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1 Introduction and Executive Summary

1.1 Introduction

This is our collective plan to create an excellent health and care system for the residents of Portsmouth and South East Hampshire, which supports people to stay well and in which, when people are ill or need support, they receive the best possible joined up care.

The plan describes the priority actions we are taking together to deliver this vision, improving health and care outcomes, improving the performance and quality of services, and managing within the available budget. It also describes how the local NHS organisations are working together, with local government, to overcome the organisational boundaries that can get in the way of delivering joined up care.

The NHS is moving from an approach characterised by markets and competition to one based on collaboration and managed care. *Sustainability and Transformation Partnerships¹* were established nationally as a way of facilitating collaboration among local leaders and organisations to redesign services, increase the value derived from every pound of public money, and support the implementation of the Five Year Forward View. The overall direction of travel is towards the systematic integration of health and care in England.

Local leaders recognise that health and care services need to be planned at a number of different levels, and on a number of different geographies. In Hampshire and the Isle of Wight, implementation of the Sustainability and Transformation Plan (STP) is organised and managed through five Local Delivery Systems. This is our plan for the Portsmouth and South East Hampshire Local Delivery System, which covers the 650,000 people for whom acute services are provided by Portsmouth Hospitals NHS Trust.

The purpose of this document is to secure support to deliver the plan from the leadership and decision-making bodies of the NHS and Local Authorities in the Portsmouth and South East Hampshire health and care system.

1.2 Background and Context

Many residents report high levels of satisfaction with the care they receive. However, health and care services in Portsmouth and South East Hampshire face significant challenges. There is a rising burden of preventable illness, an ageing population, variation in the life chances of people living in our most deprived areas, and increasing numbers of people with long-term conditions and vulnerabilities, including social isolation. As a result, demand is increasing in all sectors. More people are going to hospital, and often stay longer than they need to. Urgent improvements in operational performance are required, there are quality and safety issues, and the system has a large financial deficit as the gap widens between the available resources and the rising costs of delivering care. Restoring and sustaining high performance is now of the highest priority, with national and local attention on our efforts to improve.

The organisations primarily responsible for health and social care in this system are:

- Portsmouth Hospitals NHS Trust; Solent NHS Trust; Southern Health NHS Foundation Trust; South Central Ambulance Service NHS Foundation Trust; 73 General Practices who work together through the Portsmouth City Primary Care Alliance and the South Eastern Hampshire & Fareham and Gosport Primary Care Alliance and a number of community care providers (the NHS and social care providers)
- NHS Fareham & Gosport CCG, NHS South Eastern Hampshire CCG, NHS Portsmouth CCG and NHS England (the NHS commissioners)
- Portsmouth City Council and Hampshire County Council (the local authorities).

¹ delivering *Sustainability and Transformation Plans*.

Despite best efforts, this system hasn't yet been able to bring about and sustain the changes needed to deliver the required improvements for patients and populations. A new approach is needed, and as the leaders of this system we have committed to work together to design and implement that new approach. Whilst the NHS is organised with independent statutory bodies for commissioning and provision, all partners in the Portsmouth and South East Hampshire health and care system recognise their mutual interdependence, and agree that working together in a systematic way will deliver more effective results for the local population.

1.3 Our objectives

In this context, as the organisations with responsibility for health and care in Portsmouth and South East Hampshire we have come together to deliver the following objectives:

- ① To **deliver long-term improvements in health and care outcomes**, supporting residents to stay well, reducing inequalities and reducing avoidable illness.
- ② To **improve the quality and safety of health and care services**, with all services assessed by the CQC and Ofsted to be 'good' or better, and increasing proportions of people reporting a positive experience of, and greater involvement in their care.
- ③ To **deliver the agreed waiting time standards² for health and care services**, by making fast and tangible progress in urgent and emergency care reform, strengthening general practice, community and social care services, improving mental health and planned care services.
- ④ To **manage services within the money available**, delivering substantial system efficiencies and moderating the growth in demand for health and care services.

In order to deliver these objectives we committing to:

- ① **Agree and deliver a single system improvement plan** to restore and improve service quality, performance and financial health, with clear and agreed priorities. The immediate priority is to deliver significant improvements in urgent and emergency care performance.
- ② **Establish a new way of working together**, where our organisations and teams are aligned around a common purpose, with clarity about roles and responsibilities, with stronger operational 'grip' and a culture that enables leaders and frontline staff to work together to drive and deliver the improvement plan. As providers and commissioners we are increasingly taking collective responsibility for population health and resources in Portsmouth & South East Hampshire.

1.4 Our service vision

In order to respond to the challenges we face, we are working together to improve the way care is delivered. The model we are seeking to introduce has the following four components:

First, our care model will have a strong focus on prevention and population health management. We will systematically address lifestyle risk factors. We will engage with wider stakeholders to influence the wider determinants of health as these impact on the most vulnerable members of our community. We will strengthen the resilience and self efficacy of vulnerable families and individuals, and use social models of care, such as social prescribing, to enable patients to address their wider needs.

Secondly, we will provide urgent care that is integrated with primary, community, mental health and social care, reducing the need for emergency or unplanned interventions.

Patients who need hospital care for their physical or mental health conditions will be able to access it quickly and safely, and be confident of receiving the very best treatment. Patients will be discharged safely and promptly once they are medically fit, and will receive the ongoing care they need.

² Including those set out in the NHS Constitution

Thirdly, we will ensure that people with ongoing care needs receive better coordinated care, with more services provided in the home and community settings. We will deliver this through integrated, multi-disciplinary community teams, by linking hospital specialists to community-based care, and by making greater use of technology to deliver care remotely. We will use data, combined with the insights of care professionals to systematically identify those at greatest risk of future ill health, and take action to reduce risks. There will be clear, agreed care plans for all those at risk.

Fourthly we will do all we can to manage people with the most complex health needs in the community, bringing together expertise from hospital, community and primary care. Through these measures, we expect to be able to slow the growth in hospital utilisation and reduce hospital length of stay, meeting future demand without the need to increase the number of hospital beds, with inpatient care only for those who need intensive or complex care.

In order to be successful, citizens and care professionals will be able to **access a shared care record** wherever and whenever required. This means that care professionals will be able to access and share patient information, between primary, community and acute care, in the out-of-hours primary care service, and in locality based extended primary care teams.

1.5 A single system improvement plan

A programme of service transformation and improvement is in place to deliver this vision. We have organised our improvement activity in four programmes:

| | |
|---|---|
| Urgent and Emergency Care | To improve urgent care access and performance, reduce demand, reduce harm, and manage clinical variation, enabling the system to meet A&E and Delayed Transfers of Care targets |
| New models of out of hospital care | To prevent ill health, increase early intervention and build the strong, sustainable primary and community care services required to proactively manage the needs of the population at home and the community |
| Elective demand and capacity | To improve how we manage demand for elective care, and to redesign how we provide elective care, ensuring demand and capacity are in balance to enable constitutional targets to be met. |
| Mental Health | To improve the quality of and access to mental health care for adults and children |

In order to ensure clarity of focus and have maximum impact, the priority actions in each programme have been identified and are described in more detail in chapter 4 of this plan:

| Programme | Priorities |
|------------------------------------|---|
| Urgent and Emergency Care Reform | <ol style="list-style-type: none"> 1. Improving patient flow at Queen Alexandra Hospital, in order to reduce ambulance queuing at A&E and reduce A&E waiting times 2. Clearing the backlog of patients who are medically fit for discharge 3. Putting in place a consistent primary and community care response for frail elderly patients, for people who fall, and for people at the end of life. 4. Improving the quality of life and healthcare for people in care homes, with the impact of fewer emergency admissions from care homes |
| New Models of Out of Hospital Care | <ol style="list-style-type: none"> 1. Improving care for frail patients and those with ongoing care needs by fully implementing extended primary care teams, with person centred co-ordinated care such as the 'Extensivist' model, and Long Term Condition hubs in each locality of 30-50,000 population 2. Implementing the prevention workplan for Portsmouth & South East Hampshire in order to reduce ill health 3. Fully delivering GP Extended Access providing more general practice appointments at the beginning and end of the day and at weekends 4. Improving the utilisation of non-acute inpatient beds. |

| | |
|------------------------------|--|
| Elective Demand and Capacity | <ol style="list-style-type: none"> 1. Improving waiting list management processes to address the issues highlighted by the recent external review. 2. Improving referral management and outpatient care, with a focus on surgery, urology and musculo-skeletal services. 3. Address the demand/capacity imbalance in urology services 4. Fully implement e-Referrals to reduce waste and improve demand management. |
| Mental Health | <ol style="list-style-type: none"> 1. Reduce out of area treatments and length of stay by managing the Solent and Southern Health mental health beds as a single resource 2. Improve mental health and wellbeing support in Primary Care 3. Improve the urgent and emergency care service at Queen Alexandra Hospital for people with mental health needs 4. Ensure full coverage across Portsmouth and South East Hampshire of a 24/7 all age community based crisis resolution service 5. Implement the 'Future in Mind' transformation plans to strengthen mental health provision for children and young people |

These priority actions are expected to have greatest impact on improving performance for local residents. As we deliver these first priorities, the next priorities are being proactively identified. Delivery of the service improvement plan also requires collaboration in terms of workforce, estate and information technology, and the actions in these areas are set out in the plan.

1.6 Establishing a new way of working together to deliver

Multiple attempts have been made in Portsmouth and South East Hampshire to deliver service and performance improvement. However, the approaches we have taken to date have not brought about transformational change, improvement or financial savings quickly enough to respond to the challenges we face. To support us to deliver our plan to improve performance we have agreed practical action that will change how we work together, overcoming the barriers to delivery. The intention is to simplify governance, help us to make better decisions and to make more rapid progress once decisions are made. Specifically we are committing to:

1. **Develop a single operating plan for the Portsmouth and South East Hampshire Local Delivery System for 2018/19.** In the past we have tried to 'add together' the individual plans of each organisation in the system, once they are finalised, to create a system plan. This time we will start by creating an overall system plan, setting out the system priorities, key transformation programmes, and financial strategy, which will inform the development of the operating plans of each provider and commissioner.
2. **Ensure that CCG funding for providers for 2018/19, and the incentives in contracts, are consistent with the agreed system plan.**
3. **Build a coherent clinical leadership body for the system,** bringing together clinicians from providers and commissioners; acute, mental health, primary and community care, with social care, to take overall responsibility for the development of a clear and compelling clinical vision, aligning care professionals with the delivery of that vision, and providing clinical leadership to the redesign of services and pathways, across the system.
4. **Create a single, shared business intelligence function in Portsmouth and South East Hampshire,** and where it makes sense establish shared back office functions, in order to simplify processes, and to reduce duplication and waste.

In order to translate these intentions into reality, to enable organisations to hold each other to account and to increase operational 'grip', clear governance arrangements are required:

1. **The implementation of the single system improvement plan will be led by the Accountable Officers of the statutory bodies in Portsmouth and South East**

Hampshire³. The Accountable Officers will meet on a regular basis to review progress, overcome barriers to delivery and hold each other to account. They will deploy their combined workforce, estate and financial resources to deliver the plan. The System Convenor will chair the meetings of the Accountable Officers.

2. **A Senior Responsible Officer (SRO) has been designated to lead each of the four Service Improvement Programmes**, supported by a Chief Executive sponsor and a clinical lead, with rigorous programme management through a system programme management office. Each SRO will have a clear mandate to act in the system to deliver the objectives of the transformation programme, on behalf of, working to, and supported by the Accountable Officers Group. Collectively we will focus on delivery of milestones on time, escalating barriers to change and non-delivery through the system as required.
3. **The Portsmouth and South East Hampshire Accountable Care Board will provide strategic leadership to the Portsmouth and South East Hampshire Local Delivery System**. With executive and lay/non-executive membership, and with an independent chair, it will be the mechanism through which partners align themselves to deliver the system objectives. Whilst the Board is not a statutory body, it supplements the ongoing role of individual boards and organisations. The Board will operate within the framework of the Hampshire & Isle of Wight STP, as the delivery vehicle for the Portsmouth and South East Hampshire Local Delivery System. A lay/non-executive director working group has been established to support the system wide oversight of the programme.

The longer term direction of travel for the NHS is emerging, with local health and care systems evolving over time into Accountable Care Systems. However, contemplating possible longer-term business models runs the high risk of distracting us from delivery. **Our current and immediate focus is to take the action described in this plan to deliver improvements in performance and to establish a new way of working together to ensure we succeed.**

1.7 Recommendations

Boards and Governing Bodies are invited to:

1. Confirm their commitment to working together in Portsmouth and South East Hampshire, and to the shared objectives of the system set out in chapter 3 of this plan and summarised in paragraph 1.3 above.
2. Confirm their agreement to the collective focus on the delivery of the single system improvement plan and priorities set out in chapter 4 of this plan and summarised in paragraphs 1.4 and 1.5 above.
3. Confirm the Board's commitment to deliver the actions and initiatives for which it is responsible. As a next step, a clear written agreement will be reached with each organisation confirming its role and responsibility in delivery of the plan (a Memorandum of Understanding), based on the responsibilities set out in Appendix 3.
4. Confirm support for the proposed actions to establish a new way of working together as set out in chapter 6 and summarised in paragraph 1.6, and for the leadership and governance arrangements to manage the delivery of the Portsmouth and South East Hampshire Local Delivery System.

Sue Harriman
System Convenor, Portsmouth and South East Hampshire Health and Care System
21 November 2017

³ The Chief Executives of Portsmouth Hospitals NHS Trust, Solent NHS Trust, Southern Health NHS Foundation Trust, South Central Ambulance Service and the Hampshire CCG Partnership; the Clinical Chief Officer of Portsmouth City CCG; the Directors of Adult Social Services, Children's Services and Public Health for Portsmouth City Council and Hampshire County Council

2 National and Local Context

2.1 National Context

The pressures on the NHS are greater than they have ever been: a growing and ageing population, the increasing prevalence of long term conditions, medical advances which extend the range of treatments available, challenges recruiting and retaining staff, a necessity to consider health and care jointly, and limited financial resources. Despite these challenges, treatment outcomes are far better - and public satisfaction higher - than twenty years ago.

The *Five Year Forward View*, published in 2014, set out the policy response to the challenges facing the NHS. It proposed a radical upgrade in prevention, the implementation of new models of care, and the delivery of significant efficiencies. There is now good evidence from the vanguard programme and elsewhere that new models of care can lead to significant improvements for patients, and can moderate growing demand. *Next Steps on the Five Year Forward View*, published in March 2017, described in more detail how these changes will be implemented across the NHS.

However, sustaining the improvements that have been made in waiting times – particularly in A&E, for cancer treatment and for discharge from hospital - is proving difficult across the NHS. Restoring performance in these key areas is now one of the highest priorities for the NHS, not least because performance against the A&E 4-hour target is an indicator of the quality and safety of the urgent and emergency pathway in a local health system.

There is also widespread consensus that the organisational arrangements of the NHS have increased fragmentation and have often made it more difficult to implement the system wide service redesign required to deliver sustained improvements. We now see a shift from an NHS characterised by markets and competition to one based on collaboration and managed care. Whilst the NHS is comprised of independent statutory organisations for commissioning and provision, health and care organisations increasingly recognise that they are mutually interdependent, and that working together in a systematic way will deliver more effective results for the local population.

Local Government is also facing huge financial and service pressures. The populations requiring local government services are increasing as a consequence of an aging population and medical advancement, whilst the funding of local government has reduced significantly over the last 8 years. Instability in the care market makes the availability of domiciliary and residential care problematic and there are concerns over future workforce availability. No national political settlement has yet been reached about how social care should be funded in the long term.

As within the NHS, local government has both commissioners and providers. However, the administrative geographies differ as does the accountability, which is provided through democratically elected local politicians and statutory officers. We need to address the management and provision of health and social care in an integrated way, without any mandate to change statutory accountabilities or geographies.

Sustainability and Transformation Partnerships (STP) were established across England as a way of facilitating collaboration between leaders and organisations to deliver the redesign of services and the efficiencies needed in the NHS. In Hampshire and the Isle of Wight, health and care organisations must plan service on a number of different geographies, at the same time. Some services are best planned and organised at a very local, community level, others in geographies consistent with local authority boundaries. Many services benefit from planning in geographies that bring together the organisations serving patients and populations in the catchment of an acute hospital. This is important because a key challenge for the NHS is to strengthen out of hospital care, reduce hospital utilisation and improve hospital discharge. The

most specialist services require planning to be undertaken at a higher level, across whole STPs.

In Hampshire and the Isle of Wight, implementation of the Sustainability and Transformation Plan (STP) is managed through four Local Delivery Systems. **This document describes our plan for the Portsmouth and South East Hampshire Local Delivery System**, which covers the population for whom acute services are provided by Portsmouth Hospitals NHS Trust.

Eight STPs in England, including the Frimley STP, are being supported nationally to go further, and more fully integrate their services and funding, by establishing an Accountable Care System. Accountable Care Systems are an evolved version of an STP, in which providers and commissioners take collective responsibility for resources and population health. A small number of mature Accountable Care Systems may in time evolve into Accountable Care Organisations, where commissioners hold a longer term contract with a single provider entity to manage the health of and healthcare provision for the whole population. The overall direction of travel is to towards the systematic integration of health and care in England.

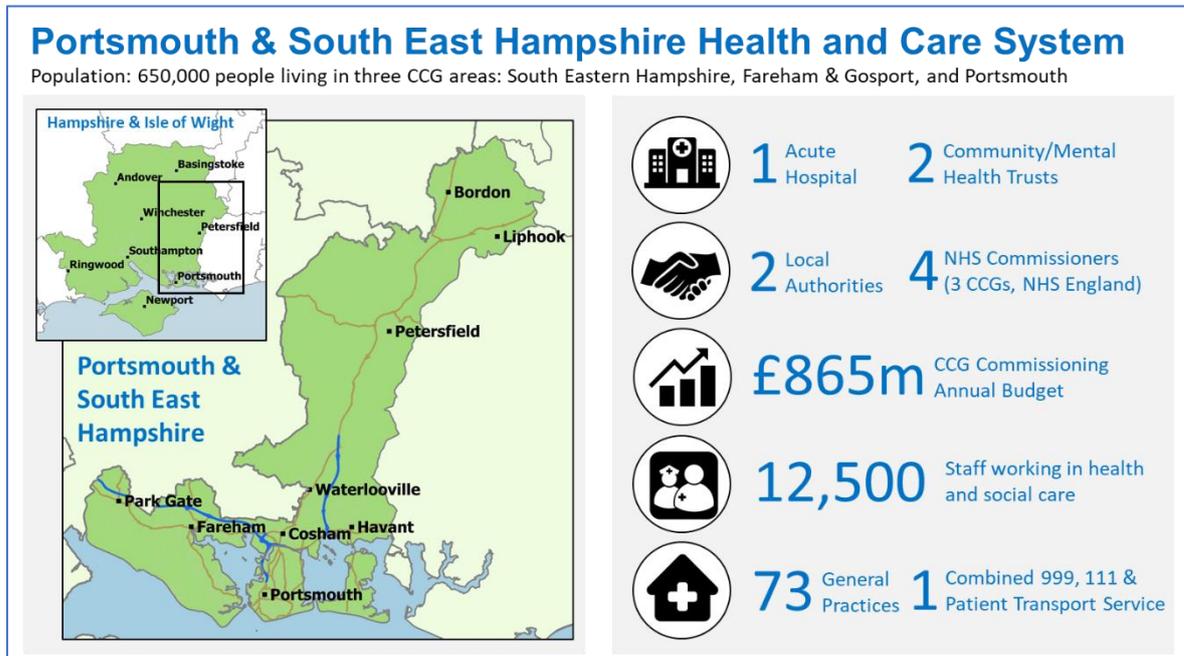


Sustainability and Transformation Partnerships, focussed on delivering service improvement, and evolving over time into Accountable Care Systems, integrating health and care delivery

Our plan has been developed in this context, recognising the priority is to restore operational performance, financial control and service quality.

2.2 Local Context

The Portsmouth and South East Hampshire healthcare system serves a population of approximately 650,000 people living in the predominantly urban areas of Portsmouth City, Fareham, Gosport and Havant, and in rural communities in Petersfield and Bordon.

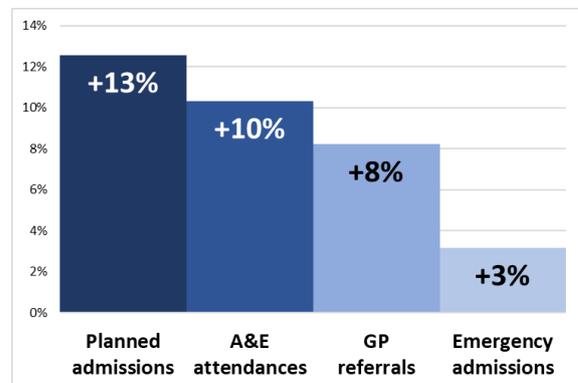


The challenges facing the health and care system in Portsmouth and South East Hampshire reflect those which can be seen across the NHS:

- **A rising burden of preventable illness.** A significant proportion of the population have one or more lifestyle risk factors. These risk factors are influenced by deprivation and impact on morbidity and mortality, increasing health inequalities.
- **An ageing population, areas of deprivation, and increasing numbers of people living with Long Term Conditions:** Portsmouth and South East Hampshire includes areas of affluence as well as some of the most deprived communities in England. Taken as a whole, the population is slightly older than average and growing more quickly than average. Recorded prevalence of long term conditions is rising quickly – Respiratory disease prevalence rising at 5-6% per annum, dementia at 3-4% per annum diabetes at 3.5-4.5% per annum – and is still lower than expected prevalence. Outcomes for people with long term conditions here are stubbornly ‘middle of the pack.’ This means that there are increasing numbers of people with long term conditions, for whom clinical outcomes could be improved.

- **Rising demand in all sectors, and more people going to hospital:** There is rising demand for primary care, and patients want easier and more convenient access to general practice. This is one of the best systems in England for managing people with ambulatory sensitive conditions at home, however the system is experiencing rising numbers of hospital admissions for emergency and elective treatment, and rising A&E attendances. In hospital, patients experience delays in A&E awaiting admission.

Hospital activity growth for CCGs in Portsmouth & South East Hampshire: 2014/15 - 2016/17



- **People stay in hospital longer than they should:** Unnecessarily extended stays in hospital lead to reduced independence, patients acquiring secondary problems, and increased costs. Currently⁴ there are c230-250 patients in hospital who are medically fit for discharge, and patients with less complex needs also experience delays being discharged. The average length of stay in hospital has increased as a result.
- **Variation in health outcomes:** There is more to do to improve health outcomes in all areas of our system. Whilst people are living longer, they are spending more years in ill-health. There is unacceptable variation in the life chances of people living in our most deprived areas, compared to those in the most affluent areas.
- **Most sectors in health and social care are struggling to recruit and retain sufficient staff.** In 2017 there are approximately 12,500 people working locally in the NHS and social care. The challenges recruiting GPs is leading to primary care being increasingly fragile.
- **There is a widening gap between the available resources, which are limited, and the costs of delivering care, which are rising quickly.** Most organisations face significant financial pressures in 2017/18 and beyond.

The challenge facing every health care system in England is to change - to improve - sufficiently quickly to stay ahead of these demographic, social and economic pressures.

⁴ October 2017

However, despite the best efforts of talented clinical and managerial leaders, excellent examples of innovative service redesign, and the preparation of a number of system wide plans over the last 8-10 years, the Portsmouth and South East Hampshire healthcare system has so far been unable to deliver its ambition to bring about and sustain the scale of improvement needed. As a consequence, the system now faces major operational, quality & financial pressures:

| | |
|-------------------------|--|
| Operational Performance | <ul style="list-style-type: none"> • Constitutional targets not met consistently for prolonged period • A&E 4 hour wait (target 95%) 79%; Delayed Transfers of Care 10.4% (July 2017) • Significant outlier in terms of ambulance queuing at Queen Alexandra Hospital • RTT: 91.5%; Cancer 62 day referral to treatment 76% (July 2017) |
| Service Quality | <ul style="list-style-type: none"> • Urgent care delays have resulted in patient safety incidents, long ambulance waits, delayed assessment and treatment with potential impact on clinical outcomes. • Poor access to CAMHS services and variation in quality of mental health care • Safety concerns and poor experience associated with prolonged stays in acute and community hospitals |
| Finance | <ul style="list-style-type: none"> • Financial challenge for 2017/18 of c£76m, compounded by in year financial pressures • Approximately £72m of schemes in place, with significant risks to delivery • All organisations are experiencing deteriorating financial positions |

These unacceptable standards of operational, quality and financial performance can only be addressed by all parts of the system working together. During 2017 the local leaders of the healthcare system have been working together in a new approach to tackle the challenges we face. This document sets out:

- What we plan to do to bring about and sustain improvements in service and financial performance for the local population
- How we will work together, as one system, to deliver these improvements

3 Our shared ambition and objectives

As providers and commissioners of health and care, our shared ambition and collective responsibility is to create an excellent health and care system for the population of Portsmouth and South East Hampshire, which supports people to improve their health and wellbeing, and in which, when people are ill or need support, they receive the best possible, joined up care.

As the Boards with responsibility for health and care in Portsmouth and South East Hampshire, we have now come together as a system to deliver the following objectives:

Our Objectives for residents of Portsmouth and South East Hampshire

- 1 To **deliver long-term improvements in health and care outcomes**, supporting residents to stay well, reducing inequalities and reducing avoidable illness.
- 2 To **improve the quality and safety of health and care services**, with all services assessed by the CQC and Ofsted to be 'good' or better, and increasing proportions of people reporting a positive experience of, and greater involvement in their care.
- 3 To **deliver the agreed waiting time standards for health and care services** (including those set out in the NHS Constitution), by making fast and tangible progress in urgent and emergency care reform, strengthening general practice, community and social care services, improving mental health and planned care services.
- 4 To **manage services within the money available** by delivering substantial system efficiencies and moderating the growth in demand for health and care services.

To deliver these system objectives and outcomes, we are committing to work together, to:

- a) **Implement a shared service transformation plan**, delivering service improvements in urgent and emergency care, primary & community care, planned care and mental health care. Our service improvement plan is set out in chapter 4 of this document. Delivery of the plan requires collaboration in terms of workforce, estate and information technology; our plans for these areas are also summarised in chapter 4. The expected impact of these plans on finances, activity and performance trajectories is set out in chapter 5.
- b) **Establish a new way of working together to deliver**, where our organisations and teams are aligned around a common purpose, with clarity about roles and responsibilities, with stronger operational 'grip' and a culture that enables leaders and frontline staff to work together to drive and deliver change. The rationale for this approach, and the underpinning leadership and governance arrangements are set out in chapter 6.

We have agreed value based principles which will underpin how work together:

- The commitment to work as one system - sharing outcomes, resources, challenges and solutions to collaboratively improve the health and social care for local people
- The need to focus on improving our services, not structural change;
- The need to focus on service effectiveness and efficiency and not just money;
- The need for Health and Care to be equal partners.
- The opportunity for clinicians across primary, secondary and community care to work together to resolve problems and transform services;
- The need to embed an empowered and innovative culture
- The requirement that delivery and recovery are improved immediately and sustained.

As a next step these will be developed into agreed description of how we behave together as a whole system.

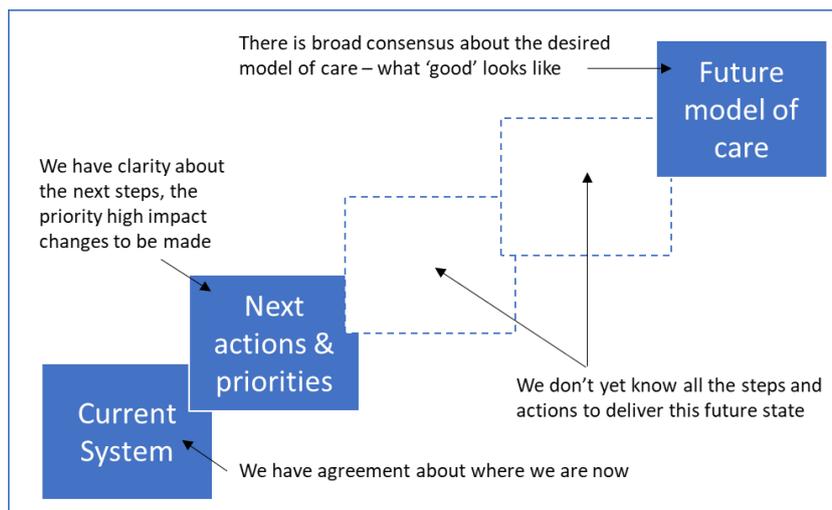
4 Our Service Transformation Plan

4.1 Overview of our approach

In order to respond to the challenges we face, and to improve our collective performance, we are working together to deliver changes to the way care is delivered.

We are not pretending that we know every step, every action, every detail of the work that needs to be done over the next three years. What we do have is a good deal of clarity and alignment around where we are heading – the future model of care that is needed for our population, and which is described in 4.2 below. We also have a clarity about the next things we need to do – our priorities – which are those initiatives which will make the biggest

immediate impact for patients and service performance, and which move us towards the desired endpoint. Our task is to deliver these actions, with the strongest possible operational grip. As we deliver these priorities, the next priorities are being proactively identified, and in some cases (for example in the urgent and emergency care programme) are already clear and understood.



The following sections describe the future model, and the priority actions to deliver the next phase of implementation of the model.

4.2 The clinical model of care

The new model of care builds on the work developed locally in the STP and in our system, and reflects the outputs of the national vanguard programme. It is designed to enable us to improve outcomes, streamline pathways, halt the growth in hospital utilisation, and reduce overall costs. It has the following four core components:

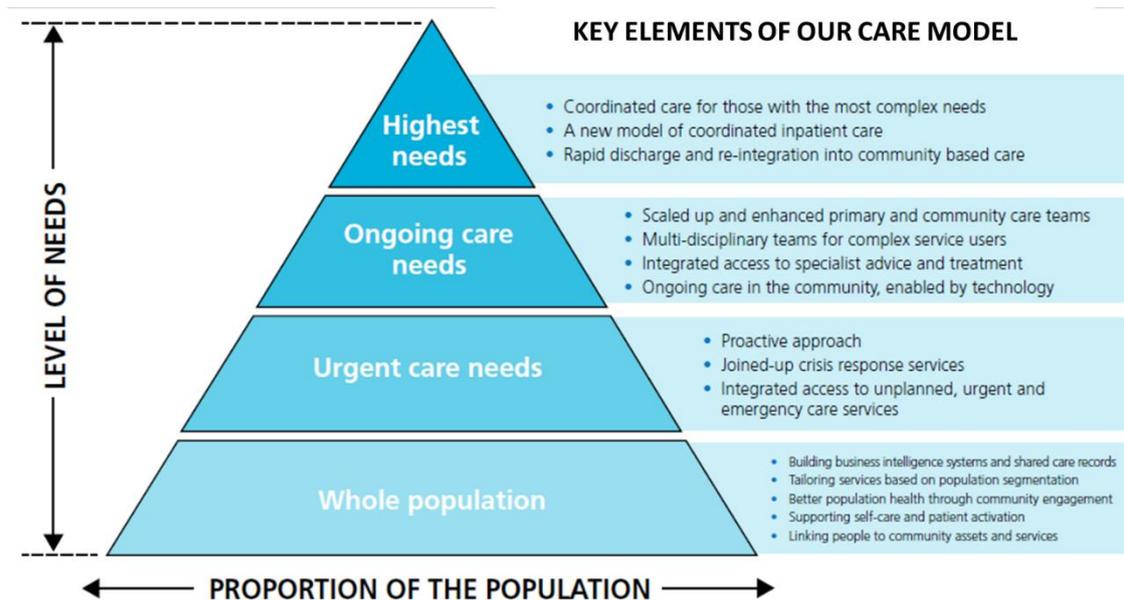
First, our care model will have a strong focus on prevention and population health management. We will systematically address lifestyle risk factors. We will engage with wider stakeholders to influence the wider determinants of health as these impact on the most vulnerable members of our community. We will strengthen the resilience and self-efficacy of vulnerable families and individuals, and use social models of care, such as social prescribing, to enable patients to address their wider needs.

Secondly, we will provide urgent care that is integrated with primary, community, mental health and social care, reducing the need for emergency or unplanned interventions. Patients who need hospital care for their physical or mental health conditions will be able to access it quickly and safely, and be confident of receiving the very best treatment. Patients will be discharged safely and promptly once they are medically fit, and will receive the ongoing care they need.

Thirdly, we will ensure that people with ongoing care needs receive better coordinated care, with more services provided in the home and community settings. We will deliver this through integrated, multi-disciplinary community teams, by linking hospital specialists to community-based care, and by making greater use of technology to deliver care remotely. We will use data, combined with the insights of care professionals to systematically identify those at greatest risk of future ill health, and take action to reduce risks. There will be clear, agreed care plans for all those at risk.

Fourthly we will do all we can to manage people with the most complex health needs in the community, bringing together expertise from hospital, community and primary care. Through these measures, we expect to be able to slow the growth in hospital utilisation and reduce hospital length of stay, meeting future demand without the need to increase the number of hospital beds, with inpatient care only for those who need intensive or complex care.

In order to be successful, citizens and care professionals will be able to **access a shared care record** wherever and whenever required. This means that care professionals will be able to access and share patient information, between primary, community and acute care, in the out-of-hours primary care service, and in locality based extended primary care teams.



As set out in the Hampshire and Isle of Wight STP, the **estate and facilities** in which NHS care will be delivered to enable this model will be:

| | |
|---|--|
| Acute Hospital | <ul style="list-style-type: none"> • 1 Acute Hospital, Queen Alexandra Hospital |
| Area Health Hubs serving 100-200,000 population | <ul style="list-style-type: none"> • 5 Area Health Hubs: St Mary's Hospital Portsmouth, Petersfield Community Hospital, Gosport War Memorial Hospital, Fareham Community Hospital, Oak Park Community Clinic (Havant) • Each operating 8am-8pm 7 days/week and providing same day access to urgent primary care, community based alternatives to acute hospital based care, diagnostics, specialist services. The hubs in Petersfield & Gosport will also provide minor injury units and step up beds. |
| Local Health Hubs serving 30-50,000 population | <ul style="list-style-type: none"> • 11 Local Health Hubs: Stubbington, Gosport North, Gosport South, Fareham Central, Emsworth, Havant/Leigh Park, Hook, Whitehill & Bordon, Portsmouth North, Portsmouth Central and Portsmouth South • Each operating 8am-8pm 5 days per week with same day access for urgent primary care, community and specialist clinics, integrated, proactive management of high risk/vulnerable clients. |
| GP Practices | <ul style="list-style-type: none"> • Family medicine delivered through the network of general practices across Portsmouth and South East Hampshire. |

4.3 Delivering service transformation

In order to deliver and sustain service improvements, we have organised our improvement activity in four programmes, each with clear priorities:

| | |
|---|---|
| Urgent and Emergency Care | To improve urgent care access and performance, reduce demand, reduce harm, and manage clinical variation, enabling the system to meet A&E and Delayed Transfers of Care targets |
| New models of out of hospital care | To strengthen prevention and build the strong, sustainable primary and community care services and support required to proactively manage the needs of the population at home and the community |
| Elective demand and capacity | To improve how we manage demand for elective care, and to redesign how we provide elective care, ensuring demand and capacity are in balance to enable constitutional targets to be met. |
| Mental Health | To improve the quality of and access to mental health care for adults and children |

Our traditional approach to delivering service change in this system is no longer fit for purpose. The challenges faced in this system require collective effort, focussing the talents and resources of the whole system on the action that will have the greatest impact. Together, through this plan, providers and commissioners are committing to take a new approach.

The redesign programme for each service improvement area will be led by a Chief Executive Sponsor, managed by a Senior Responsible Officer (SRO) with authority and a mandate to act, and supported by a Clinical Lead. There will be clarity about the roles of responsibility of each part of the system to deliver successfully. The roles of the chief executive sponsor, SRO and clinical are summarised in the table below:

| | |
|-----------------------------------|---|
| Chief Executive Sponsor | <ul style="list-style-type: none">▪ Role undertaken by one of the system Chief Executives▪ Provides overall leadership and direction to the programme▪ Supports the SRO to deliver the programme objectives▪ The point of escalation to the Chief Executives Group through the system convenor▪ Involves approx. 2 hours per week of time |
| Senior Responsible Officer | <ul style="list-style-type: none">▪ Role undertaken by an Executive Director of one of the statutory bodies in the system▪ Accountable for the delivery of the programme▪ Recognised as the leader of the change▪ Ensures strategic alignment and that the planned benefits of the programme are realised▪ Makes certain that risks are managed and that recommendations or concerns from Gateway reviews are addressed▪ Involves approx. 2 days per week of time |
| Clinical Lead | <ul style="list-style-type: none">▪ Provides clinical leadership to the improvement programme▪ Creates a clinical vision for the change which is shared by clinicians and care professionals from providers, commissioners and social care and provides guidance on redesign priorities▪ Ensures the models of care implemented are robust, patient focussed and deliver real benefits Engages and works collaboratively with other clinical and professional groups, to ensure support and commitment▪ Promotes an evidence based approach to the programme |

The following paragraphs describe the **initial priorities** for each of the four service improvement programmes.

4.3.1 Urgent and Emergency Care Redesign

A comprehensive workplan for urgent and emergency care has been developed and is being managed by the A&E Delivery Board. The workplan (a summary of which can be found in Appendix 2) describes action in four areas:

- Preventing admissions
- Front door and improved patient flow
- Integrated discharge pathways
- System resilience

We can't do everything at the same time, and so our workplan tackles the improvements in phases. A new medical model was introduced in A&E in September 2017 and is now being embedded. A revised and enhanced GP streaming service is in the process of being implemented, to release capacity for type 1 A&E patients. The next four key initiatives prioritised for action by the A&E Delivery Board are underway, to deliver improved performance in the key A&E waiting time target. These initiatives are:

1. **Improving patient flow at Queen Alexandra Hospital**, in order to reduce ambulance queuing at A&E and reduce A&E waiting times by **improving simple discharges** through the full implementation of the SAFER patient flow bundle – a practical tool being utilised across the NHS to reduce delays for patients in adult inpatient wards. *Implementing the SAFER bundle is the responsibility of Portsmouth Hospitals.*
2. **Clearing the backlog of patients who are medically fit for discharge** in order to create acute capacity and enable escalation beds to be closed. *Responsibility for clearing the backlog in Portsmouth rests with Solent NHS Trust and Portsmouth City Council, utilising funding agreed by Portsmouth CCG. Responsibility for clearing the backlog in Fareham & Gosport and South Eastern Hampshire rests with Southern Health NHSFT and Hampshire County Council, with funding agreed by Fareham & Gosport and South Eastern Hampshire CCGs. The roles and responsibilities of each partner in delivery are set out in more detail in an Accountability Agreement for this initiative.*
3. To put in place a consistent primary and community care response across the system **for frail elderly patients, for people who fall, and for people at the end of life.** *Responsibility: CCGs with Solent NHS Trust, Southern Health, Primary Care Alliances and Local Authorities.*
4. **Implementing the Enhanced Health in Care Homes model**, to improve care for residents, improve anticipatory care planning and reduce emergency admissions from care homes, as demonstrated by the Care Home Vanguard. *Responsibility: CCGs with Solent NHS Trust, Southern Health, Primary Care Alliances and Local Authorities.*

Portsmouth Hospitals has developed an Urgent Care Plan describing the action required to sustainably deliver the performance targets and maintain patient flow. This Urgent Care Plan and the A&E Delivery Plan will be aligned during November 2017.

The Chief Executive of Portsmouth Hospitals will sponsor this programme. Sarah Austin (Chief Operating Officer, Solent NHS Trust) is the system SRO for this programme, with Dr Elizabeth Fellows (Clinical Chair, Portsmouth CCG) the clinical lead.

4.3.2 New models of Out of Hospital Care

The priority actions we will undertake together as a system are to:

1. **Implement the prevention and early intervention workplan for Portsmouth and South East Hampshire.** This includes action to educate families and communities about self care; to support family resilience and self-efficacy; to increase the rates of cervical screening; improve diabetes education, prevention and support; reduce smoking rates; and improve self-management including the 'Making Every Contact Count' initiative and use of

the Patient Activation Measure tool. *Delivery is the responsibility of the three CCGs and local authorities.*

2. **Fully deliver GP Extended Access for Portsmouth and South East Hampshire** – providing out of hours access to general practice at the beginning and end of the day and at weekends, in Fareham & Gosport and South Eastern Hampshire, by the end of September 2017 and in Portsmouth with phased implementation concluding by June 2018. *Delivery is the responsibility of the respective CCGs and GP Alliances.*
3. **Improving care for frail patients and those with ongoing care needs by fully implementing extended primary care teams, an Extensivist model and Long Term Condition hubs in each locality of 30-50,000 population.** *Delivery is the responsibility of Solent NHS Trust in Portsmouth, and Southern Health NHSFT in Fareham & Gosport and South Eastern Hampshire, with the respective GP Alliances and Local Authorities.*
4. **Improve the utilisation of non-acute inpatient beds** with a single bed management system in order to reduce extended stays in hospital, reduce costs and reduce out of area placements. *Responsibility: Solent NHS Trust and Southern Health NHS FT*
5. **Agree and implement the next phase of delivery of the model of integrated out of hospital care in Portsmouth and South East Hampshire.** This requires us to describe how services need to be organised to deliver the model, including the workforce requirements, estate and other infrastructure, within the available resources, and then to work together to implement that model. *Responsibility: CCGs to lead*

The leadership of the out of hospital service for the Portsmouth & South East Hampshire population by multiple independent sovereign organisations - operating with different objectives, policies and governance arrangements - increases complexity and hinders the delivery of the required transformation of services. Our medium term aim is to establish a single leadership model for the out of hospital system, through the introduction of a Multi-Speciality Community Provider. As a next step, and without changing the employment contracts of staff, or the contracts between CCGs and providers, it is proposed to implement a single leadership and governance structure for community services for the Portsmouth and South East Hampshire population as soon as practically possible. This will enable the management of the community workforce as a whole within a single set of policies, a single strategic plan and a single operational delivery plan.

The new models of out of hospital care programme is managed through the New Models of Care Board. Innes Richens (Portsmouth CCG & Portsmouth City Council) will be the Executive Sponsor for the programme. Sara Tiller, (Director of Primary Care, Hampshire CCG Partnership) is the system SRO for this programme. Dr Rumi Chhapia, GP, is the clinical lead.

4.3.3 Elective Care Redesign

The priority actions in the elective care redesign programme are set out below. Each initiative involves and requires input from a number of different partners. Overall responsibility for delivery of each initiatives has been identified and an elective care board will be established to oversee delivery of the priorities and ensure there is no duplication of effort.

1. **Improve waiting list management processes to address the issues highlighted by the recent external review.** *Responsibility: Portsmouth Hospitals*
2. **Improve referral management and access to specialist care, with a focus on surgery, urology and musculo-skeletal services.** The aim is to ensure that the right patients are referred to hospital, to simplify access to care, to ensure that outpatients is used as effectively as possible, and that repeat visits to hospital are minimised wherever possible. *Responsibility: Portsmouth Hospitals, CCGs and the Primary Care Alliances*

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3. **Identify, agree and implement the preferred solution to address the surgical demand/capacity imbalance in urology services.** *Responsibility: Portsmouth Hospitals with the three CCGs.*
 4. **Fully implement e-Referrals**, starting with 2 week wait referrals and moving on to advice and guidance, and routine referrals, in order to reduce waste, improve patient experience and assist with the management of demand. *Responsibility: Portsmouth Hospitals and the three CCGs.*

Dr Linda Collie, Clinical Chief Officer at Portsmouth CCG is the Chief Executive Sponsor for this programme. An Executive Director (tbc, Portsmouth Hospitals) will be the system SRO; Dr Richard Jones, Portsmouth Hospitals, will be the clinical lead.

4.3.4 Mental Health Care Redesign

The priority actions we will take in the local mental health redesign programme are:

1. **To manage the Solent NHS Trust and Southern Health NHS Foundation Trust acute adult mental health and older people's mental health beds as a single resource**, aligning the admission and discharge criteria, reducing length of stay and eliminating the need for patients to travel out of the area for adult mental health inpatient care. *Responsibility: Solent NHS Trust and Southern Health NHS Foundation Trust.*
2. **Improve mental health and wellbeing support in Primary Care.** *Responsibility: CCGs.*
3. **Improve the urgent/emergency care service at Queen Alexandra Hospital for people with mental health needs.** *Responsibility: Southern Health and Portsmouth Hospitals.*
4. **Agree and implement a common pathway across Portsmouth and South East Hampshire for patients with emotionally unstable personality disorders**, with the objective of improving the care providing to these patients and reducing the number of patients with these conditions in hospital beds. *Responsibility: CCGs*
5. **To ensure full coverage across Portsmouth and South East Hampshire of a harmonised crisis resolution service**, resourced to offer 24/7 community crisis response and intensive home treatment as a genuine alternative to admission. *Responsibility: Southern Health and Solent NHS Trust.*
6. Implement the 'Future in Mind' transformation plans to **strengthen mental health provision for children and young people.** *Responsibility: Local Authorities*

Julie Dawes, Southern Health NHS Trust is the Executive Sponsor for this programme. Suzannah Rosenberg, Portsmouth CCG, is the system SRO; Dr Dan Meron, Solent NHS Trust is the clinical lead.

4.4 **Our collective plans for workforce, estate and information**

Delivery of the service improvement plan also requires collaboration in terms of workforce, estate and information technology. Our priority actions in these areas are summarised here:

4.4.1 Workforce

In 2017, the Portsmouth and South East Hampshire health and care system employs c12,500 people. There are many challenges to ensure we have the right numbers of staff with the skills we need caring for our population. Some issues are best resolved locally but many require a wider approach within the Hampshire and Isle of Wight area. The Hampshire and Isle of Wight STP workforce workstream brings together workforce leaders across the system. They have agreed the following four priorities areas of action:

-
1. **Workforce planning and transformation** – each Local Delivery System will have a named lead who's role is to work in partnership with clinical and service leaders to develop a workforce plan for their area. Each Local Delivery System plan will come together to form a Hampshire and Isle of Wight system-wide workforce plan.
 2. **Removing barriers to staff mobility.** 24% of staff leaving us move to a different health/social care employer within Hampshire and the Isle of Wight. Each time requiring retraining, rechecking and passing through the usual recruitment/induction process. By agreeing standardised processes which are portable across the system, staff will be able to move more flexibly and access training more suitable to their location. This will reduce costs to the employer and increase time staff can spend with the people they care for.
 3. **Taking a collaborative approach to temporary staff management.** We have staff shortages in many areas and currently compete for hard-to-recruit staff. Where this requires use of agencies and other temporary staff providers this can lead to an increase in costs and poor rota planning. The Workforce leaders are agreeing a Hampshire and Isle of Wight concordat to ensure we share workforce and control costs across the system.
 4. **Workforce retention.** Hampshire and Isle of Wight has a 5% higher turnover than average within health services and for workers such as those within domiciliary care our turnover can be as high as 24%. We are developing a local employee retention policy which will offer further rotational and career development opportunities for staff in addition to other retention/engagement initiatives.

In addition to these STP wide activities, workforce leaders in the Portsmouth and South East Hampshire system are also establishing a plan to work collaboratively to resolve some of our key local workforce challenges.

4.4.2 Estate

Strategic estate plans are in place for each of the CCG areas in Portsmouth and South East Hampshire. The immediate estate priorities are to:

1. Complete the disposal of St James' Hospital, generating revenue savings of c£2.5m, and the associated development of the Area Health Hub at St Mary's Hospital.
2. The development of the health campus at Bordon New Town.
3. Delivery of the action plan to minimise void and underutilised space in existing estate

4.4.3 Information

Good availability and use of Business Intelligence and Technology is pivotal to the success of the system and early progress in this area is critical to support the analysis of current and future activity for each of the service improvement programmes. Currently the information supporting this activity is 'owned' and managed by multiple organisations with no centralised function with the capacity or authority to combine and analyse this data to an appropriate level of detail.

To appropriately support the delivery of this plan the immediate priorities are as follows:

1. **Business Intelligence and analytical support for the priority programmes.** The A&E reporting sub group which is staffed by members from each of the provider and commissioner organisations has been broadened to provide information analytical support for each of the service transformation programmes, with nominated leads for each key area. The initial objective for this group is to prototype then automate the provision of pan system data and support analysis. Work to support the Emergency Care work stream is already underway with new reporting process already prototyped and automation due for completion in October. The same process will be followed for the remaining areas by the end of December.
2. **There is a clear need to share information from across the system to facilitate the required change.** Agreement from the system leaders to support the central analysis and

provision of data to support each of the work streams (including formalising the resource allocation from each member organisation) is needed and will be achieved by October.

- 3. Review of applications and infrastructure to support longer term integration.** In addition to the immediate actions above, there is the need to review the current applications and underlying infrastructure used across Portsmouth and SE Hampshire and wider STP patch. This will enable decisions to be made around rationalising and standardising on applications and infrastructure to remove duplication as well as simplify support and integration. This review will take into account current and future IT strategies for all member organisations.

Following on from the above work the model will have to develop rapidly to provide data analysis to facilitate decision making around changes to patient flow and new ways of working. This will be a significant piece of work which will require substantive resources to complete. Building on the early collaborative work in the system it is essential and duplication of effort is removed across teams to enable existing staff to be freed up to commit the appropriate level of resource to this work. Options to centralise data warehousing, performance analysis and statutory returns will be explored in Q3. Following on from the review of applications and infrastructure it is likely that there will be a significant programme of work to rationalise the number of applications and technology infrastructure currently in use to free up costs and improve access for all.

5 NHS finance, activity and performance plan⁵

5.1 Summary of the system financial position and savings plan

The total NHS financial resources in the Portsmouth and South East Hampshire system are in the order of £1.1b⁶. This comprises CCG allocations of £865m and c£240m of other income received by providers in the system, primarily from NHS England.

The opening financial gap for the Portsmouth and South East Hampshire system in 2017/18 was £76.2m. At the end of July 2017, QIPP and CIP schemes had been identified totalling £71.8m. The table below summarises the opening financial gap, the organisations in which this gap sits, and the total identified schemes to close the gap.

| | FGSEH CCGs £m | Ports CCG £m | PHT £m | SHFT £m | Solent NHST £m | Total £m |
|------------------------------|---------------------|--------------------|-------------|-------------|----------------------|--------------|
| Opening System Gap | 26.36 | 9.20 | 34.60 | 2.80 | 3.20 | 76.16 |
| Identified QIPP/CIP at M4 | 24.76 | 9.05 | 34.20 | 1.90 | 1.90 | 71.81 |
| Unidentified QIPP/CIP | 1.60 | 0.15 | 0.40 | 0.90 | 1.30 | 4.35 |

The savings plans in place drive cost reduction in a variety of areas, for example - reduced length of stay; closing additional capacity; reduce waiting list initiatives and outsourcing; workforce; theatres productivity; cost control; benefits from the aligned incentive contract; estates; prescribing; community bed remodelling; prevention; continuing health care; ambulance handovers; back office.

Savings schemes have been risk assessed and the system is facing emerging cost pressures. Together this has resulted in an unmitigated risk to the system of £47m in 2017/18.

A system wide approach is now being taken to reduce the risks of delivery in the identified schemes, and to find further savings. A baseline review has been completed; system savings plans have been stress tested; an aligned incentive contract with agreed ways of working has been set up; a financial framework is being finalised and agreed with Boards. In addition, a System Savings Programme Director has commenced working at the start of August; we have obtained 160 days of project support from a national QIPP programme; we are developing a system 'resource map' to pull together current vs anticipated activity, beds and workforce; we are establishing governance processes around taking forward 'unpalatable' options.

A Chief Operating Officer Leadership team has been developed, and in addition a Finance Board has been established to manage and co-ordinate the system wide financial recovery.

Further options to generate savings and close the financial gap are being identified. Options will then be discussed by member organisations and overseen by the Finance Board.

⁵ Information about relevant local authority finance, activity and performance will be presented in future versions of this plan

⁶ Source: PWC analysis summer 2017

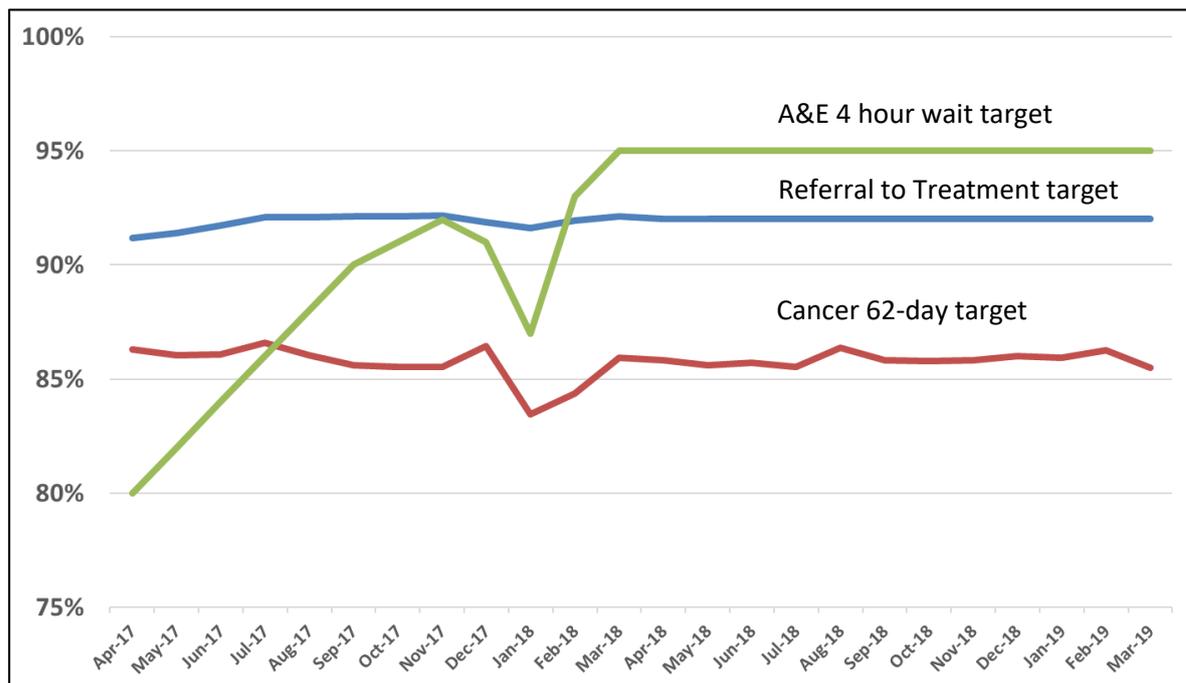
5.2 Summary of the system activity plan

The table below summarises the system activity plan for 2017/18, and the underpinning assumptions. The plan assumes a significant moderation in growth in A&E attendances, elective admissions, and outpatient attendances, and a reduction in emergency admissions as a result of delivery of the service improvement plan.

| | 2016/17 Outturn | 2017/18 Plan | 2016/17- 2017/18 Planned Change (%) | 2014/15- 2016/17 Actual change (%) |
|--------------------------------------|--------------------|-----------------|--|---|
| A&E attendances | 178,178 | 180,416 | +1.3% | +10% |
| Emergency admissions | 61,780 | 59,627 | -3.5% | +3% |
| Elective admissions | 71,852 | 72,597 | +1.0% | +13% |
| Excess bed days | 31,817 | 28,778 | -9.6% | N/A |
| First outpatient appointments | 136,981 | 139,894 | +2.1% | N/A |
| Critical Care bed days | 5,937 | 6,512 | +9.7% | N/A |

5.3 Performance Trajectories

The graph below summarises the performance trajectories that have been agreed for A&E waiting times, Referral to Treatment waiting times, and Cancer 62-day waiting times targets.



PSEH system performance trajectories 2017/18 – 2018/19

6 A new way of working together: Accountable Care

6.1 The case for a new approach

Multiple attempts have been made in Portsmouth and South East Hampshire to align providers and commissioners and deliver service and performance improvement. However, even with the best efforts of individual members of staff, clinical and managerial leaders, the approaches we have taken to date have not brought about transformational change, improvement or financial savings quickly enough to respond to the challenges we face.

Agreeing *what* we need to do is a necessary, but not sufficient step to deliver transformation in this system. Our conclusion is that we are not able to bring about the changes required for our population without also changing *how* we work together, and overcoming the organisational boundaries that hinder change. These issues are faced by systems across the NHS, and whilst any changes to the Health and Care Act are a number of years away, all providers and commissioners recognise that their roles will evolve, as we move from a system characterised by markets and independence, to one of collaboration and interdependence.

Our aim is to move from the current ways of working in which:

- Individual organisational interests tend to 'trump' system interests. Each organisation has its own goals and objectives, measures its own success differently, and is assured using different measures, rather than there being a shared goal, and common purpose
- Incentives are not aligned in the system to deliver the common purpose. A range of different payment and contract mechanisms exist, which are not aligned to the new models of care, and with risk held in the system in inappropriate places.
- Acting alone organisations don't have sufficient leverage, strength and influence to drive transformation, and multiple opinions about the right approach leads to misalignment and confusion.
- Patients experience disjointed, sub optimal care, and costs spiral, because there are multiple sovereign organisations working to deliver care to individuals, in particular for individuals with complex needs, which increases hand-offs and service fragmentation.



To a new approach which will:

- Give us common purpose, aligning the goals and incentives for all parts of the system to deliver the service transformation plan and performance improvements, and a single set of operational, quality and financial objectives.
- Nurture collaboration and teamwork, overcoming organisational and professional silos to deliver co-ordinated care, and to actively help rather than hinder staff to do the right thing
- Drive cost savings by reducing duplication, improving efficiency, treating patients earlier, and reducing transaction costs
- Overcome fragmentation between providers and between provision and commissioning. The aim is to create a system where all parts of the system work together in a seamless way, focussed on what is best for the local population.
- Provide the ability to make and implement decisions to reshape services across the whole system.

From:

- Market and competition, buying and selling
- Winners and losers
- Sovereign organisations
- Independent assurance of providers and commissioners



To also:

- Building successful well led integrated systems
- Collective responsibility
- Blurring boundaries between commissioning and provision
- Accountable Care

6.2 Establishing a new way of working together to deliver

To support us to deliver our plan to improve performance we have agreed practical action that will change how we work together, overcoming the barriers to delivery. Specifically we will:

1. **Agree a Memorandum of Understanding for each organisation setting out its role and responsibilities in the delivery of the single system plan and priorities.** The MoU will be based on the responsibilities set out in this plan and summarised in Appendix 3.
2. **Develop a single operating plan for the Portsmouth and South East Hampshire Local Delivery System for 2018/19.** In the past we have tried to ‘add together’ the individual plans of each organisation in the system, once they are finalised, to create a system plan. This time we will start by creating an overall system plan, setting out the system priorities, key transformation programmes, and financial strategy, which will inform the development of the operating plans of each provider and commissioner. *The Director of Planning and Performance for the 3 CCGs will take responsibility for developing the system plan. The plan will require the support and approval of all system partners.*
3. **Ensure that CCG funding for providers for 2018/19, and the incentives in contracts, are consistent with the agreed system plan.** *Responsibility: CCGs, working together.*
4. Build a **coherent clinical leadership network for the system**, bringing together clinicians from providers and commissioners; acute, mental health, primary and community care, with social care, to take overall responsibility for the development of a clear and compelling clinical vision, aligning care professionals with the delivery of that vision, and providing clinical leadership to the redesign of services and pathways, across the system. This will bring together a number of existing groups, reducing duplication, strengthening the clinical voice and bringing consistency and greater clarity.
5. **Create a single, shared business intelligence function in Portsmouth and South East Hampshire**, and then as a next step establish shared back office functions, in order to simplify processes, and to reduce duplication and waste. *Responsibility: Chief Information Officer, Solent NHS Trust.*

In order to translate these intentions into reality, to enable organisations to hold each other to account and to increase operational ‘grip’, clearer governance arrangements are required. It is therefore proposed that:

1. **The implementation of the single system improvement plan is led by the Accountable Officers of the statutory bodies in Portsmouth and South East Hampshire⁷.** The Accountable Officers will meet on a regular basis to review progress, overcome barriers to delivery and hold each other to account. They will deploy their combined workforce, estate and financial resources to deliver the plan. The System Convenor will chair the meetings of the Accountable Officers. When they meet the Accountable Officers will:
 - Review the delivery of the system transformation plan, together addressing barriers to change and taking action where delivery is not in line with agreed milestones
 - Review system performance, agreeing collective action where performance improvement is not in line with the agreed trajectories
 - Review the delivery of the system financial recovery plan
 - Provide leadership to create the cultures and behaviours required to ensure success

⁷ The Chief Executives of Portsmouth Hospitals NHS Trust, Solent NHS Trust, Southern Health NHS Foundation Trust, South Central Ambulance Service and the Hampshire CCG Partnership; the Clinical Chief Officer of Portsmouth City CCG; the Directors of Adult Social Services, Children’s Services and Public Health for Portsmouth City Council and Hampshire County Council

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2. **A Senior Responsible Officer (SRO) will be designated to lead each of the four Service Improvement Programmes**, supported by rigorous programme management through a system programme management office. Each SRO will have a clear mandate to act in the system to deliver the objectives of the transformation programme, on behalf of, working to, and supported by the Accountable Officers Group. The SRO will be responsible at system level for delivery of the programme, recognised as the leader of the change, will hold programme leads to account for delivery of all projects, ensure the outcomes of change are fully exploited, and will ensure strategic fit and benefits realisation. Collectively we will focus on delivery of milestones, on time, escalating barriers to change and non-delivery through the system.
 3. **The Portsmouth and South East Hampshire Accountable Care Board will provide strategic leadership and oversight to the Portsmouth and South East Hampshire Local Delivery System.** With executive and non-executive membership, and with an independent chair, it will be the mechanism through which providers and commissioners, with local authorities, align themselves to deliver the system objectives. The membership of the Board is set out in Appendix 4. Whilst the Board is not a statutory body, it supplements the ongoing role of individual boards and organisations. The Board will meet 4-6 times per year and will operate within the framework of the Hampshire and Isle of Wight STP, as the delivery vehicle for the Portsmouth and South East Hampshire Local Delivery System. A lay/non-executive director working group has been established to support the system wide oversight of the programme.

Working together in this way we will move to a model in which providers of acute, community, mental health and primary care services, with NHS commissioners and local authorities, take collective responsibility for the health of the population, the performance of the system and the system resources.

The Boards of each provider and commissioner have statutory responsibilities which remain in place. Working in the way described in this plan doesn't change these responsibilities; CCGs continue to be responsible and accountable for the delivery of their statutory functions, as do providers. What does change is that, alongside these statutory roles and responsibilities, we also take collective responsibility, standing 'shoulder to shoulder', deploying our collective effort, clear about the work each of us has to do, facing into the issues that get in the way, holding each other to account, and supporting each other to deliver.

The national direction of travel is that some mature Sustainability and Transformation Partnerships – or parts of those STPs – may evolve into Accountable Care Systems, and in some areas then may develop into an Accountable Care Organisation, where commissioners hold a longer term contract with a single provider entity to manage the health and healthcare provision for the whole population. However, contemplating possible longer-term business models runs the high risk of distracting us from delivery. **Our current and immediate focus is to take the action described in this plan to deliver improvements in performance and to establish a new way of working together to ensure we succeed.**

In supporting this plan

- a) CCGs in Portsmouth, Fareham & Gosport and South Eastern Hampshire will further extend the existing CCG collaborative model so that, from the perspective of the Accountable Care System Board, and external partners, there is a single, consistent commissioning voice for Portsmouth and South East Hampshire.
- b) Providers will build mechanisms through which service delivery can be fully integrated, to deliver the single system plan.

7 Risks and barriers to delivery

The table below summarises the key strategic risks and barriers to delivery.

| Risk | Notes |
|--|--|
| Risk that there is insufficient operational grip to deliver the actions we have agreed | Through the commitment of all Boards to the delivery of a single plan, refreshed senior leadership, the instigation of a Senior Responsible Officer with a mandate to act, clarity about roles and responsibilities, and a process (through the Accountable Care Board) where partners can hold each other to account, the focus on operational grip has been increased. |
| Risk that we have insufficient resources to deliver | By pooling our collective change resources around the delivery of system improvement plans we are reducing the risk of duplication, targeting effort and maximising the resources available. Delivering change in the context of a significant financial gap will be hard, but there isn't any more money. Our task as leaders is to inspire our teams and create a can-do culture where our people are able to succeed. |
| Risk that we are unable to overcome the statutory structure of splintered and partial accountabilities | The extant statutory structures are complex. Whilst much can be achieved through greater collaboration around a shared Improvement Plan, each organisational entity retains separate accountability and sovereignty and will continue to be judged against that by its respective Regulators. The NHS and local government have very different powers, decision making processes and requirements. The partners are committed to do all they can to work together as one, recognising these very real constraints. |
| Risk that the different cultures of the organisations involved may be difficult to reconcile and may hinder change | Boards and leaders appreciate the diversity of culture across the system, will model the new ways of working, and will 'call out' behaviours which are contrary to those required. |
| Risk that developing towards an Accountable Care System distracts from delivering improvements to services | The purpose of creating new ways of working together is to make it easier for staff to deliver change, by aligning organisations, overcoming organisational barriers, enabling resources to be deployed in the right place in the system, and providing routes to escalate and resolve issues as they arise. We know that without changing how we work, we will not succeed in delivering our plans. We will need to be pragmatic as leaders and ensure the focus of our teams remains on delivery. |
| Risk that our improvement plans don't deliver change sufficiently quickly | The Chief Executives Group will closely monitor delivery of the agreed milestones, and will act, ahead of time, to prevent milestones being missed, and to take corrective action when performance doesn't improve in line with agreed trajectories. |
| Risk that each local delivery system in the Hampshire and Isle of Wight STP progresses at different paces | The Accountable Care Board will work to manage the risk that as each system develops at a different pace that there are increased risks of complexity, additional costs and duplication across the STP |

8 Conclusions and Recommendations

The purpose of this document is to formally secure the support of the leadership and decision making bodies of NHS providers and commissioners and local authorities in the Portsmouth and South East Hampshire health and care system to the plan to address the significant challenges facing the system.

This plan will be considered by:

- the Boards of Portsmouth Hospitals NHS Trust, Solent NHS Trust, Southern Health NHS Foundation Trust, South Central Ambulance Service NHS Foundation Trust and the GP Alliances in Portsmouth and South East Hampshire/Fareham & Gosport
- the Governing Bodies of NHS Fareham & Gosport CCG, NHS South Eastern Hampshire CCG, and NHS Portsmouth CCG
- Portsmouth City Council and Hampshire County Council

In considering this plan, Boards and Governing Bodies are invited to:

1. Confirm their commitment to working together in Portsmouth and South East Hampshire, and to the shared objectives of the system set out in chapter 3 of this plan.
2. Confirm their agreement to the collective focus on the delivery of the single system improvement plan and priorities set out in chapter 4 of this plan
3. Confirm the Board's commitment to deliver the actions and initiatives for which it is responsible. As a next step, a clear written agreement will be reached with each organisation confirming its role and responsibility in delivery of the plan (a Memorandum of Understanding) based on the responsibilities set out in Appendix 3.
4. Confirm support for the proposed actions to establish a new way of working together as set out in chapter 6, and for the leadership and governance arrangements to manage the delivery of the Portsmouth and South East Hampshire Local Delivery System.

Appendix 1

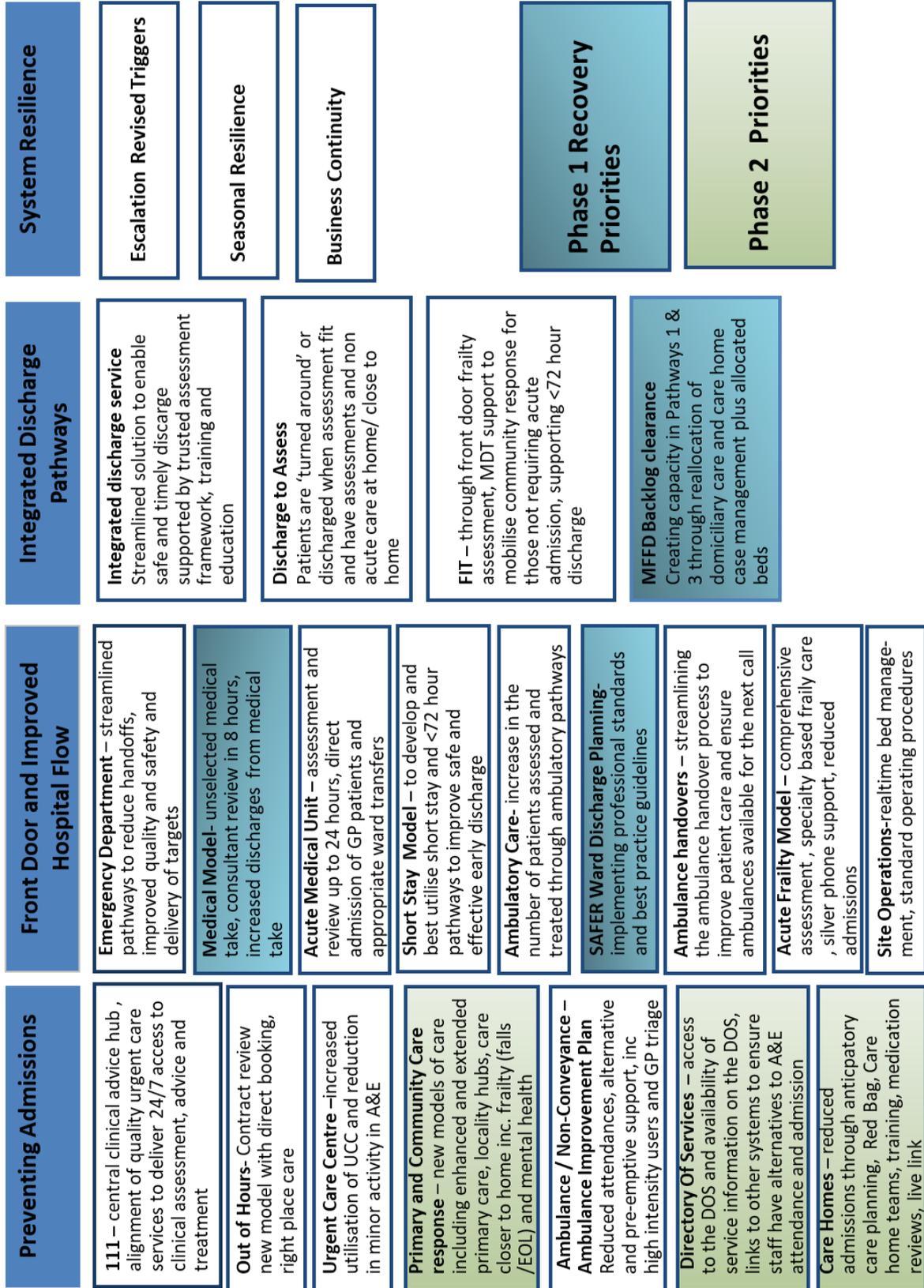
Documents reviewed in the preparation of this paper

ACS improvement programmes July 2017
ACS leadership team structure July 2017
Action Plan FGSEH CCG Local Estates Forum Feb 2017
Action Plan Portsmouth CCG Local Estates Forum Feb 2017
Better Local Care NMOC Baseline Assessment
Better Local Care Q1 review August 2017
Blueprint for Health and Care in Portsmouth and relationship to the delivery system
CCG commissioning strategy for planned care 2012
Clinical Assembly feedback on LTC model
Commissioning Planning ACS workshop presentation July 2017
Contract Package for Accountable Care: NHS England guidance August 2017
FGSEH CCG Local Estate Forum estate summary of list of properties Feb 2017
FGSEH Primary Care Operating Plan 2016/17 – 2019
Gosport capitation plan Feb 2016
HIOW STP Capital Bid Summary submissions 1/9/17
Integrated Discharge Service and Discharge to Assess Model final
Milliman Analytics and analysis for PSEH October 2015
National Memorandum of Understanding with Accountable Care Systems
National Service Specification for Integrated Urgent Care Services August 2017
PHT and CCG RTT recovery plan January 2017
PHT and CCG RTT recovery plan March 2017
Plan for new model of care for the emergency medical take and improving the timeliness and consistency of simple discharge, at PHT
Portsmouth ACS vision (of one GP)
Portsmouth Blueprint
Portsmouth capacity map 2009
Portsmouth CCG Local Estate Forum estate summary of list of properties Feb 2017
Portsmouth Hospitals NHST operating plan
Portsmouth System ACS Governance draft 4 August 2017
Presentation on ACOs/ACSs to clinical assembly
Presentation to Portsmouth GPs about long term conditions and NMOC
PSEH ACS 150 day plan
PSEH ACS Clinical Cabinet Terms of Reference
PSEH ACS leadership team structure, governance and 'trains' July 2017
PSEH cancer priorities July 2017
PSEH CCG activity analysis report July 2017
PSEH CCG Joint Operating Plan 2016/17
PSEH draft system collaboration compact
PSEH Financial Baseline report (pwc) June 2017
PSEH LDS plan June 2017
PSEH local delivery system mental health STP return August 2017
PSEH local health economy plan 2009
PSEH MCP case for change March 2017
PSEH MFFD outline business case
PSEH NMC Plan August 2017
PSEH operating plan and activity trajectories June 2016
PSEH STP Assurance meeting feedback letter
Review of Outcome indicators for PSEH system July 2017
Schedule of ACS New Care Model projects August 2017
Schedule of RightCare opportunities for PSEH June 2016
Solent NHST operating plan
Southern Health NHSFT operating plan
STP Hubs summary v7 November 2016

Appendix 2

PSEH Urgent and Emergency Care Workplan

PSEH Current Urgent & Emergency Care Work Plan



Appendix 3

Summary of the responsibilities of each partner

In various places throughout this plan actions and responsibility for actions are described. The table below summarises the actions and responsibility for delivery of those actions, by organisation, with reference to the page in the plan where the action is described in more detail.

| Organisation | Responsibilities |
|--------------------------------------|--|
| Solent NHS Trust | <p>General commitments, common to all partners</p> <ul style="list-style-type: none"> ▪ Confirm commitment to the shared objectives of the system (p12). ▪ Confirm agreement to the collective focus on the delivery of the single system improvement plan and priorities (chapter 4) ▪ Confirm support for the actions to establish a new way of working together, and for the leadership and governance arrangements to manage the delivery of the Portsmouth and South East Hampshire Local Delivery System (chapter 6) <p>Specific additional commitments</p> <ul style="list-style-type: none"> ▪ Providing the SRO for the Urgent Care Programme (p16) ▪ Deliver the agreed Trust actions to clear the backlog in patients who are Medically Fit for Discharge (p16) ▪ Working with Southern Health, the primary care alliances, the three CCGs and the local authorities, put in place a consistent primary and community response for frail elderly people, people who fall and patients at the end of life (p16) ▪ Working with Southern Health, the primary care alliances, the three CCGs and the local authorities, implement the Enhanced Health in Care Homes model (p16) ▪ Lead the work to fully implement multi-disciplinary extended primary care teams and Long Term Condition hubs in each locality of 30-50,000 population in Portsmouth, with an initial focus on frailty (p16) ▪ Improve the utilisation of non-acute inpatient beds, with a single bed management system in place with Southern Health (p17) ▪ Implement arrangements to manage the Solent and Southern Health acute adult mental health and older people's mental health beds as a single resource (p18) ▪ Ensure full coverage across Portsmouth and South East Hampshire of a harmonised crisis resolution service, working with Southern Health (p18) ▪ Support the creation of a coherent clinical leadership network for the system (p24) ▪ Lead the work to create a single, shared business intelligence function in Portsmouth and South East Hampshire (p24) ▪ Build mechanisms with other providers through which service delivery can be fully integrated, to deliver the single system plan (p25) |
| Southern Health NHS Foundation Trust | <p>General commitments, common to all partners</p> <ul style="list-style-type: none"> ▪ Confirm commitment to the shared objectives of the system (p12). ▪ Confirm agreement to the collective focus on the delivery of the single system improvement plan and priorities (chapter 4) ▪ Confirm support for the actions to establish a new way of working together, and for the leadership and governance arrangements to manage the delivery of the Portsmouth and South East Hampshire Local Delivery System (chapter 6) <p>Specific additional commitments</p> <ul style="list-style-type: none"> ▪ Deliver the agreed Trust actions to clear the backlog in patients who are Medically Fit for Discharge (p16) ▪ Working with Solent NHS Trust, the primary care alliances, the three CCGs and the local authorities, put in place a consistent primary and community response for frail elderly people, people who fall and patients at the end of life (p16) ▪ Working with Solent NHS Trust, the primary care alliances, the three CCGs and the local authorities, implement the Enhanced Health in Care Homes model (p16) ▪ Lead the work to fully implement multi-disciplinary extended primary care teams and LTC hubs in each locality of 30-50,000 population in Fareham & Gosport and South Eastern Hampshire, with an initial focus on frailty (p17) |

| | |
|---|--|
| | <ul style="list-style-type: none"> ▪ Improve the utilisation of non-acute inpatient beds, with a single bed management system in place with Solent NHS Trust (p17) ▪ Implement arrangements to manage the Solent and Southern Health acute adult mental health and older people's mental health beds as a single resource (p18) ▪ Deliver the required actions to improve the urgent/emergency care service at Queen Alexandra Hospital for people with mental health needs (p18) ▪ Ensure full coverage across Portsmouth and South East Hampshire of a harmonised crisis resolution service, working with Solent NHS Trust (p18) ▪ Support the creation of a coherent clinical leadership network for the system (p24) ▪ Actively support the creation of a single, shared business intelligence function in PSEH, (work led by Solent NHS Trust) (p24) ▪ Build mechanisms with other providers through which service delivery can be fully integrated, to deliver the single system plan (p25) |
| <p>Portsmouth Hospitals NHS Trust</p> | <p>General commitments, common to all partners</p> <ul style="list-style-type: none"> ▪ Confirm commitment to the shared objectives of the system (p12). ▪ Confirm agreement to the collective focus on the delivery of the single system improvement plan and priorities (chapter 4) ▪ Confirm support for the actions to establish a new way of working together, and for the leadership and governance arrangements to manage the delivery of the Portsmouth and South East Hampshire Local Delivery System (chapter 6) <p>Specific additional commitments</p> <ul style="list-style-type: none"> ▪ Fully implement the SAFER patient flow bundle to reduce delays for patients in adult inpatient wards (p16) ▪ Contributing to the implementation of multi-disciplinary extended primary care teams and Long Term Condition hubs in each locality of 30-50,000 population in Portsmouth, with an initial focus on frailty (p17) ▪ Improve waiting list management processes (p17) ▪ Working with the three CCGs, improve referral management and outpatient services in surgery, urology and musculo-skeletal services (p17) ▪ Working with the three CCGs, identify, agree and implement the preferred solution to address the surgical demand/capacity imbalance in urology (p18) ▪ Working with the three CCGs, fully implement e-Referrals (p18) ▪ Provide the SRO for the Elective Care Redesign Programme (p18) ▪ Support the creation of a coherent clinical leadership network for the system (p24) ▪ Actively support the creation of a single, shared business intelligence function in PSEH, (work led by Solent NHS Trust) (p24) ▪ Build mechanisms with other providers through which service delivery can be fully integrated, to deliver the single system plan (p25) |
| <p>South Central Ambulance Service NHS Foundation Trust</p> | <p>General commitments, common to all partners</p> <ul style="list-style-type: none"> ▪ Confirm commitment to the shared objectives of the system (p12). ▪ Confirm agreement to the collective focus on the delivery of the single system improvement plan and priorities (chapter 4) ▪ Confirm support for the actions to establish a new way of working together, and for the leadership and governance arrangements to manage the delivery of the Portsmouth and South East Hampshire Local Delivery System (chapter 6) <p>Specific additional commitments</p> <ul style="list-style-type: none"> ▪ To develop a joint strategic plan with this system to realise the benefits of providing 999, 111 and Patient Transport Services at scale, whilst also responding to local circumstances and priorities ▪ To share benchmarking analysis of emergency and urgent care demand and patient flows across the numerous local systems served by SCAS, in order to highlight areas with scope for improvement and support more people at home. |

| | |
|--------------------------------------|--|
| <p>Clinical Commissioning Groups</p> | <p>General commitments, common to all partners</p> <ul style="list-style-type: none"> ▪ Confirm commitment to the shared objectives of the system (p12). ▪ Confirm agreement to the collective focus on the delivery of the single system improvement plan and priorities (chapter 4) ▪ Confirm support for the actions to establish a new way of working together, and for the leadership and governance arrangements to manage the delivery of the Portsmouth and South East Hampshire Local Delivery System (chapter 6) <p>Specific additional commitments</p> <ul style="list-style-type: none"> ▪ Fund the agreed programmes to clear the backlog in patients who are Medically Fit for Discharge (p16) ▪ Working with Solent NHS Trust, Southern Health, the primary care alliances and local authorities, put in place a consistent primary and community response for frail elderly people, people who fall and patients at the end of life (p16) ▪ Working with Solent NHS Trust, Southern Health, the primary care alliances and local authorities, implement the Enhanced Health in Care Homes model (p16) ▪ Lead the implementation of the prevention workplan (p16) ▪ Deliver GP Extended Access for Portsmouth and South East Hampshire, working with the respective GP Alliances (p17) ▪ Lead the work to agree and implement the next phase of delivery of the model of integrated out of hospital care in Portsmouth and South East Hampshire (p17) ▪ Provide the SRO for the New Models of Care Programme (p17) ▪ Working with Portsmouth Hospitals, improve referral management and outpatient services in surgery, urology and musculo-skeletal services (p17) ▪ Working with Portsmouth Hospitals, identify, agree and implement the preferred solution to address the surgical demand/capacity imbalance in urology (p18) ▪ Working with Portsmouth Hospitals, fully implement e-Referrals (p18) ▪ Provide the SRO for the mental health redesign programme (p18) ▪ Deliver the agreed actions to improve mental health and wellbeing support in Primary Care (p18) ▪ Agree and implement a common pathway across Portsmouth and South East Hampshire for patients with emotionally unstable personality disorders (p18) ▪ Lead the development of a single operating plan for the Portsmouth and South East Hampshire Local Delivery System for 2018/19 (p24) ▪ Ensure that CCG funding for providers for 2018/19, and the incentives in contracts, are consistent with the agreed system plan (p24) ▪ Support the creation of a coherent clinical leadership network for the system (p24) ▪ Actively support the creation of a single, shared business intelligence function in PSEH, (work led by Solent NHS Trust) (p24) ▪ Further extend the existing CCG collaborative model so that, from the perspective of the Accountable Care System Board, and external partners, there is a single, consistent commissioning voice for Portsmouth and South East Hampshire (p25) |
| <p>Primary Care Alliances</p> | <p>General commitments, common to all partners</p> <ul style="list-style-type: none"> ▪ Confirm commitment to the shared objectives of the system (p12). ▪ Confirm agreement to the collective focus on the delivery of the single system improvement plan and priorities (chapter 4) ▪ Confirm support for the actions to establish a new way of working together, and for the leadership and governance arrangements to manage the delivery of the Portsmouth and South East Hampshire Local Delivery System (chapter 6) <p>Specific additional commitments</p> <ul style="list-style-type: none"> ▪ Working with Solent NHS Trust, Southern Health and the three CCGs, put in place a consistent primary and community response for frail elderly people, people who fall and patients at the end of life (p16) ▪ Working with Solent NHS Trust, Southern Health, and the three CCGs, implement the Enhanced Health in Care Homes model (p16) ▪ Contributing to the implementation of multi-disciplinary extended primary care teams and Long Term Condition hubs in each locality of 30-50,000 population in Portsmouth, with an initial focus on frailty (p17) ▪ Implement referral management with GPs, with a focus on surgery, urology and musculo-skeletal services (p17) |

| | |
|-------------------|---|
| | <ul style="list-style-type: none"> ▪ Support the delivery of the agreed actions to improve mental health and wellbeing support in Primary Care (p17) ▪ Support the creation of a coherent clinical leadership network for the system (p24) ▪ Build mechanisms with other providers through which service delivery can be fully integrated, to deliver the single system plan (p25) |
| Local Authorities | <p>General commitments, common to all partners</p> <ul style="list-style-type: none"> ▪ Confirm commitment to the shared objectives of the system (p12). ▪ Confirm agreement to the collective focus on the delivery of the single system improvement plan and priorities (chapter 4) ▪ Confirm support for the actions to establish a new way of working together, and for the leadership and governance arrangements to manage the delivery of the Portsmouth and South East Hampshire Local Delivery System (chapter 6) <p>Specific additional commitments</p> <ul style="list-style-type: none"> ▪ Deliver the agreed local authority actions to clear the backlog in patients who are Medically Fit for Discharge (p16) ▪ Working with Solent NHS Trust, Southern Health, the primary care alliances and local authorities, put in place a consistent primary and community response for frail elderly people, people who fall and patients at the end of life (p16) ▪ Working with Solent NHS Trust, Southern Health, the primary care alliances and local authorities, to improve the quality of life and healthcare for people in care homes (p16) ▪ Support the implementation of the prevention workplan, including action to educate families and communities about self-care, and to support family resilience and self efficacy (p16). ▪ Contribute to the implementation of multi-disciplinary extended primary care teams and Long Term Condition hubs in each locality of 30-50,000 population in Portsmouth, with an initial focus on frailty (p17) ▪ Lead the implementation of the 'Future in Mind' transformation plans to strengthen mental health provision for children and young people (p17). |

Appendix 4

Membership of the Accountable Care System Board for Portsmouth and South East Hampshire

Independent Chair
System Convenor
Chair, Fareham & Gosport CCG
Chair, South Eastern Hampshire CCG
Chair, Portsmouth CCG
Lay member, Fareham & Gosport CCG/South Eastern Hampshire CCG
Lay member, Portsmouth CCG
Chief Executive, Hampshire CCG Partnership
Chief Officer, Portsmouth CCG
Chief Executive, Hampshire County Council
Cabinet Member for Health Hampshire
Cabinet Member for Health Portsmouth
Chief Executive, Portsmouth City Council
Chief Executive, Portsmouth Hospitals NHS Trust
Chair, Portsmouth Hospitals NHS Trust
Chair, Solent NHS Trust
Chief Executive, Solent NHS Trust
Chief Executive, Southern Health NHS Foundation Trust
Chair, Southern Health NHS Foundation Trust
Chief Executive, South Central Ambulance Service
Chair, South Central Ambulance Service
Chair, System Clinical Leadership Body
Chair, Portsmouth City Primary Care Alliance
Chair, Fareham & Gosport and South Eastern Hampshire Primary Care Alliance
Chief Executive, Wessex LMC
Representative, NHS Improvement
Representative, NHS England

December 2017 Performance Report Part I

| | |
|-------------------------------------|--|
| STATEMENT OF PURPOSE | To provide the Trust Board with the Performance Report |
| DOCUMENT OWNER | Andrew Strevens, Director of Finance & Performance |
| TARGET AUDIENCE | Trust Board |
| FOR INTERNAL OR EXTERNAL PUBLISHING | External Publishing |
| MARK AS APPROPRIATE | To be published via our public website: No |
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| | Restricted circulation: No |
| VERSION: | V0.1 |

Document Control

The latest approved version of this document supersedes all other versions, upon receipt of the latest approved version all other versions should be destroyed, unless specifically stated that previous version (s) are to remain extant. If any doubt, please contact the document author.

| Version | Date | Author / Editor | Details of Change | File Reference |
|---------|----------|--------------------------------------|-------------------|---|
| V0.1 | 20/01/18 | Alasdair Snell – Head of Performance | Document Creation | R:\Provider Services\Trust Board Reports\2017-18\M12-December |

Approval Sign-off (For formal issue)

| Approver | Role | Signature | Date | Version |
|----------------|---------------------|-----------|----------|---------|
| Alasdair Snell | Head of Performance | | 20/01/18 | V0.1 |

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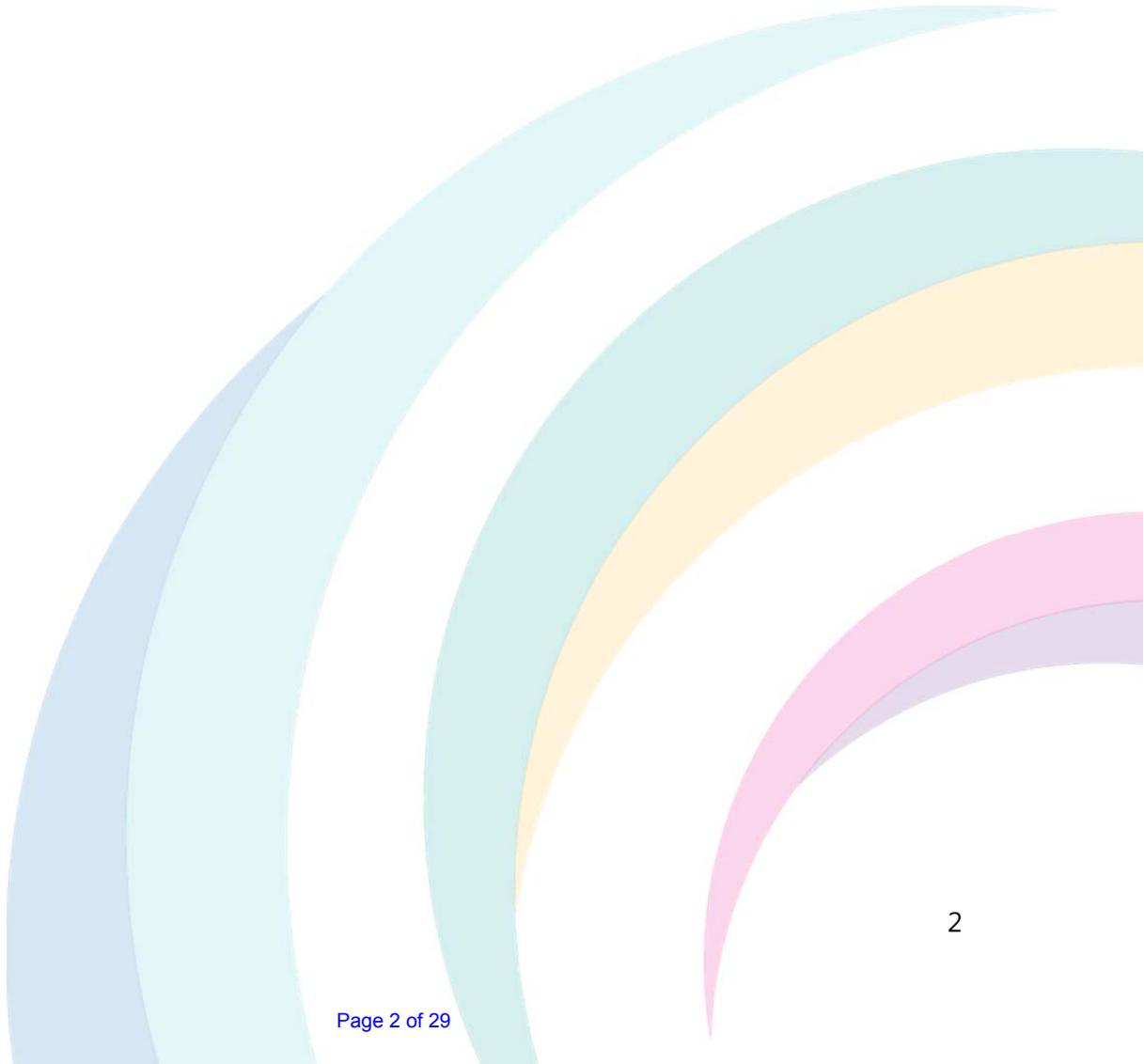
CPMO

Portfolio Support and Assurance
For Solent NHS Trust



Solent
NHS Trust

2017/18 Quarterly Business Plan Review – Quarter 3





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CPMO Engagement

During Quarter 3 2017/18, the CPMO has continued to work with all service lines to obtain objective and milestone updates on a monthly basis.

The total number of objectives have reduced slightly from Quarter 2 following requests from services to remove them from their 17/18 plans. This is predominantly due to changes in the health care setting in preparation for Sustainability and Transformation Partnerships (STP) and Accountable Care Systems (ACS) workflows causing some previous objectives to be reconsidered for future delivery going forward. These are discussed later in this document.

Current Objective RAG Status

As well as 'No Progress Expected', 'In Progress' and 'Completed' statuses, Business Objectives are also monitored by applying a Red, Amber, Green (RAG) status to each.

A RAG status denotes an assessment of progress. RAG can therefore be outlined as:

Red – Objective is experiencing major obstacles and/or current mitigation is failing or no mitigation is in place, resulting in the objective to likely not deliver.

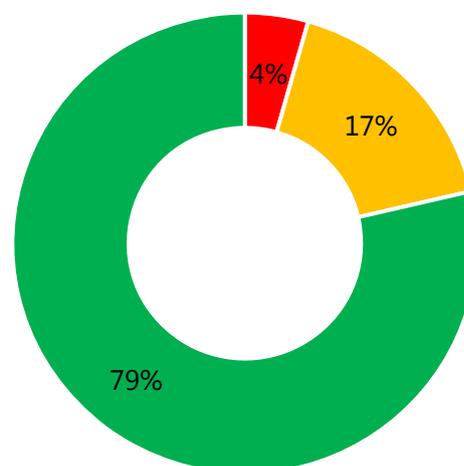
Amber – Objective is experiencing obstacles and mitigation is in place to guide the objective back to green.

Green – Objective is on target to meet expectations and milestone dates assigned to it.

Below is the RAG status of Business Objectives across the Trust for the end of Quarter 3.

| | Red | Amber | Green |
|--------------------------|-----|-------|-------|
| Adults Portsmouth | 0 | 0 | 8 |
| Adults Southampton | 0 | 1 | 22 |
| Child & Family | 2 | 2 | 16 |
| Commercial | 0 | 1 | 2 |
| Dental | 1 | 2 | 6 |
| Estates & Facilities | 0 | 2 | 5 |
| Finance & Performance | 0 | 1 | 15 |
| HR | 0 | 6 | 9 |
| ICT | 1 | 3 | 12 |
| Mental Health | 1 | 2 | 1 |
| Primary Care Services | 2 | 2 | 6 |
| Quality | 0 | 2 | 8 |
| Research and Improvement | 0 | 2 | 9 |
| Sexual Health | 0 | 1 | 6 |
| | 7 | 27 | 125 |

Total Business Objective
RAG across Trust



Quarter 3 Successes

4 Business Objectives have been completed in Quarter 3. They are:

| Service Line | Objective Detail | Benefits |
|-----------------------|---|---|
| Finance & Performance | To develop and deliver a procurement plan that reflects the needs of the trust | Trust contract renewals are included into the procurement plan, enabling better resource planning and visibility of the plan through the Commercial report. This has also improved the use of Purchase Orders for better data collection and transparency of costs. |
| Primary Care Services | To centralise admin functions in the GP surgeries by end Q1 and streamline admin across MSK Pain & Podiatry by the end Q2 | Centralises clinical triage which will allow better use of resources as well as a cost reduction; streamlining of the MPP admin will allow a more consistent administration function across the service line. |
| Adults Southampton | Look to develop inpatient services in line with changing health demands | The provision of a service which is responsive to system demands to reduce admissions & DTOCs and facilitate early discharge of patients where possible (within financial constraints) flexing our resources to enable us to support discharges from UHS when there are particular system pressures |
| Adults Southampton | To facilitate learning across Community Neuro Service and Community Neuro Rehab Teams reviewing models of care and efficiencies | We have reviewed the clinical and operational service delivery to improve the quality of patient care and streamline patient pathways; providing a leadership support programme to the senior team to facilitate their learning and enable a more effective management of this complex service whilst maintaining high clinical standards |

To date Solent NHS Trust has completed 20 Business Objectives.

3 – Finance and Performance, 2 – Primary Care Services, 3 – ICT, 3 – Child and Family, 1 – Quality, 1 – HR, 7 – Adults Southampton

Quarter 3 Changes

17/18 Business Objectives that have been reconsidered for future delivery predominantly due to changes in Health Care Setting or in preparation for Sustainability and Transformation Partnerships (STP) or Accountable Care Systems (ACS).

| Service Line | Objective Detail | Reason for Closure |
|--------------------|---|---|
| Commercial | Build commercial capacity and capabilities across the Trust through training, skills transfer, effective processes, templates and close working | It will now not be possible to achieve this objective for this financial year due to staff changes. The team is being realistic about the level of training and skills transfer which is possible in 17/18 and has requested to adjust the timelines to ensure this is a key priority in the refreshed 18/19 Business Plans. |
| Mental Health | To set up a single Mental Health service for adults and older people, which responds with quality interventions for their planned and unplanned needs | Following discussion at the January Service Business and Clinical Governance Meeting, it was felt that since this objective was written, the direction of service development and the acceleration of the ACS for the South East have meant that different work streams are being prioritised – such as the alignment of crisis services as well as a standardised approach across the ACP. |
| Mental Health | To have relevant and appropriate service specifications and associated agreements, to support safe and effective service provision | This objective is no longer achievable during 17/18 because the service models are in a state of transformation and are unlikely to be completed before the year end. Therefore specifications are not likely to be revised during this business year. This has been agreed with Commissioners. |
| Adults Southampton | Look to roll out extended working in the Community Rehab Service to support prevention and discharge models. This service is currently modelled on a 5 day provision in line with UHS, SCC & GP partners in line with patient demand. | The requirement for the extended working week was considered but as this is for ongoing rehab and not an acute and provides a service on a medium to long term basis there is limited evidence to support the extended provision and it would not be cost effective or practical for us to be the sole provider working to the extended week. |

Quarter 3 Challenges

There have been a number of challenges in Quarter 3 as detailed below. The below objectives are currently rated Red.

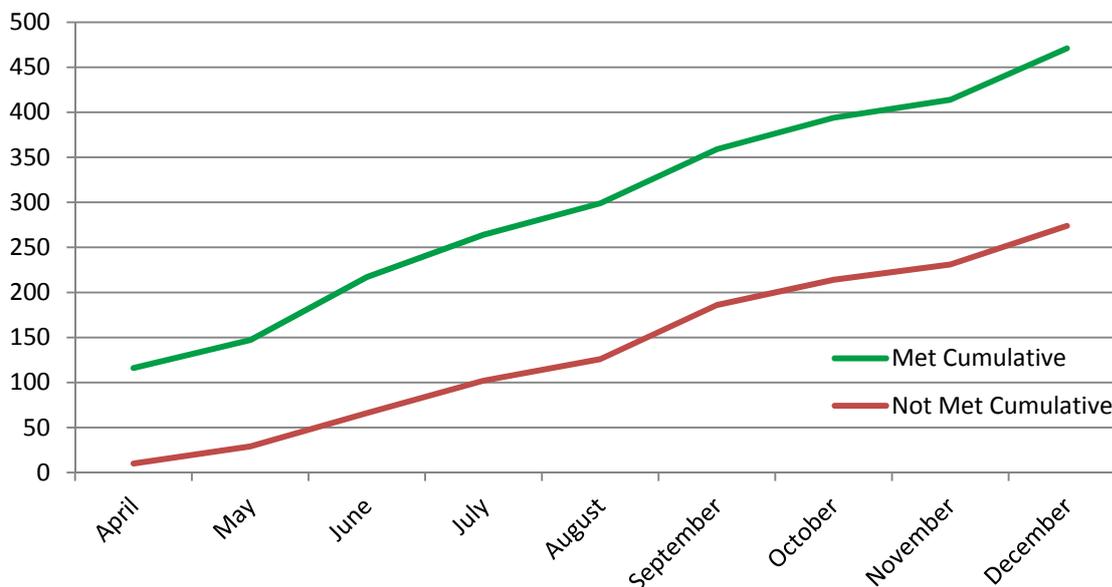
| Service Line | Objective | Issue | Mitigation |
|-----------------------|---|---|--|
| Dental Services | Work with Estates to ensure New Milton and Romsey are fit for purpose | These sites currently require refurbishment to provide a suitable environment to deliver clinical services. | Romsey has now had refurbishment work completed and this objective now only relates to New Milton. Currently no funding is available for refurbishment of surgeries. Capital prioritisation group felt as the service's contract is due to go out to tender this year, that money should not be spent until future provision is clarified. This may impact our CQC inspection. |
| Primary Care Services | We will consolidate our Estates by relocating MSK and Podiatry services into the Adelaide Health Centre by end Q4 2017/18 and into St Mary's Hospital by Q4 17/18 | Unable to progress with this objective until there is Estates confirmation of refurbishment of Adelaide Health Centre and St Marys Block B. | Due to the Estates interdependencies, this objective will not be completed this financial year, as a consequence of the funding delays for the related estates projects. |
| Primary Care Services | We will work with partners to review the Rheumatology pathway in Southampton | Unfortunately the Rheumatology service has suffered a significant setback as the main clinician is on long term sickness. | As a consequence to the pressure on the service, in agreement with the CCG, new referrals have been diverted to University Hospital Southampton. Conversations are ongoing around the long term pathway, as well as short term recovery. |

| Service Line | Objective | Issue | Mitigation |
|------------------|---|---|--|
| ICT | Wi-Fi Pragmatic Rollout | Wireless Access Points are to be installed in numerous Solent sites to improve Wi-Fi coverage for Solent Networks. This work requires input from Solent Teams and 3 rd party support. | Pragmatic Wi-Fi is progressing and a cost for patching network ports by CGI is being negotiated. Fully secure Wi-Fi will require further input from Solent Estates surveys to be completed for structured cabling. A revised Business Case will then be submitted. |
| Child and Family | To achieve an integrated single point of access to simplify referrals into children services in the East Care Group | Delivery is dependent on complex interdependent factors, many of which are outside of Solent control. Notably, the East has recently had significant leadership personnel changes that have contributed to the delay with this objective. | This objective is now expected to gain traction following the appointment of a new Operational Director for the Service Line. |
| Child and Family | To achieve an integrated single point of access to simplify referrals into children services in the West Care Group | Trials of shared clinical triage between services are underway but not yet leading to clarity on how quickly this ultimate goal can be realised. | Similarly as with the East, this objective requires re-mapping and will be monitored via service line business meetings. Clinical Spa Coordinator in post from January 2018. To be reviewed in May 2018. |
| Mental Health | To deliver a balanced financial plan including delivery of CIPS | Due to national staffing shortages, increased acuity and the consequent demand for additional staffing, high temporary staffing costs have caused an in-year pressure to deliver the year-end finance plan. | Across Portsmouth Care Group, finances are approximately break-even. Financial gap has reduced slightly in Mental Health services during month 9 with gap now approximately 350K. |



Quarter 3 Overview

Quarter 3 has seen the CPMO engage with Service Lines to obtain updates on 200 Milestones across 100 separate Business Objectives. 112 were achieved and 88 missed their planned delivery date.



For the Year to date, Solent NHS Trust has delivered 471 milestones on schedule with 274 delayed from original targets. 86 of these have been missed during the last three months and have been rescheduled for quarter 4. As a result a total of 178 Milestones are due to be completed in the last quarter of 2017/18.

Current breakdown of Business Objective status

| | |
|---------------------------|---|
| No Progress Expected - 11 | Business Objectives that are yet to have a milestone update. This figure only considers if a milestone has not been expected during Q1, Q2 or Q3. Work may have already begun on these objectives. |
| In Progress – 128 | The first milestone date has been reached and an update given. |
| Complete – 20 | All milestones have been met and completed. |
| Closed – 4 | Objectives that are no longer being monitored by the Service Line. This may be due to the Objective no longer being deliverable or necessary. However it may also be being addressed in the 2018/19 Business Plans. |

Looking ahead to Quarter 4 and 2018/19 Business Planning

In Quarter 3, the CPMO and Commercial Team worked with Service Lines and Corporate teams to finalise Business Objectives for 2018/2019. Guidance and templates were given to teams in order to provide greater control on the numbers and quality of Business Objectives being devised for the coming year. It was also advised that 2018/19 Business plans will last one year. This will enable services to take a more agile approach to planning if system factors change longer term plans.

In October, Service Lines met with Corporate teams to discuss their upcoming Business Plans and determine where Corporate teams could be of assistance to identify any interdependencies across the trust. This also enables Corporate teams to develop their Business Plans to support the work planned in clinical areas.

Following these meetings, Service Lines and Corporate teams were invited to present their finalised Business Plans to the Executive team and discuss their visions for 2018/19. This provided an opportunity for the Executive team and operational managers to discuss how plans will shape the Trust and to share insights into delivery of care.

Looking ahead to Quarter 4, the CPMO will continue to monitor and report on the milestones associated with Service Line Business Objectives. There are 178 milestones due during Quarter 4 with 107 of those due in March 2018.

The CPMO will provide an end of year report in April 2018 to document key successes and learning points for the year and give an overall statistical position for the 2017/18 Business Objectives.

2.1 Solent NHS Trust Performance Report - Operations

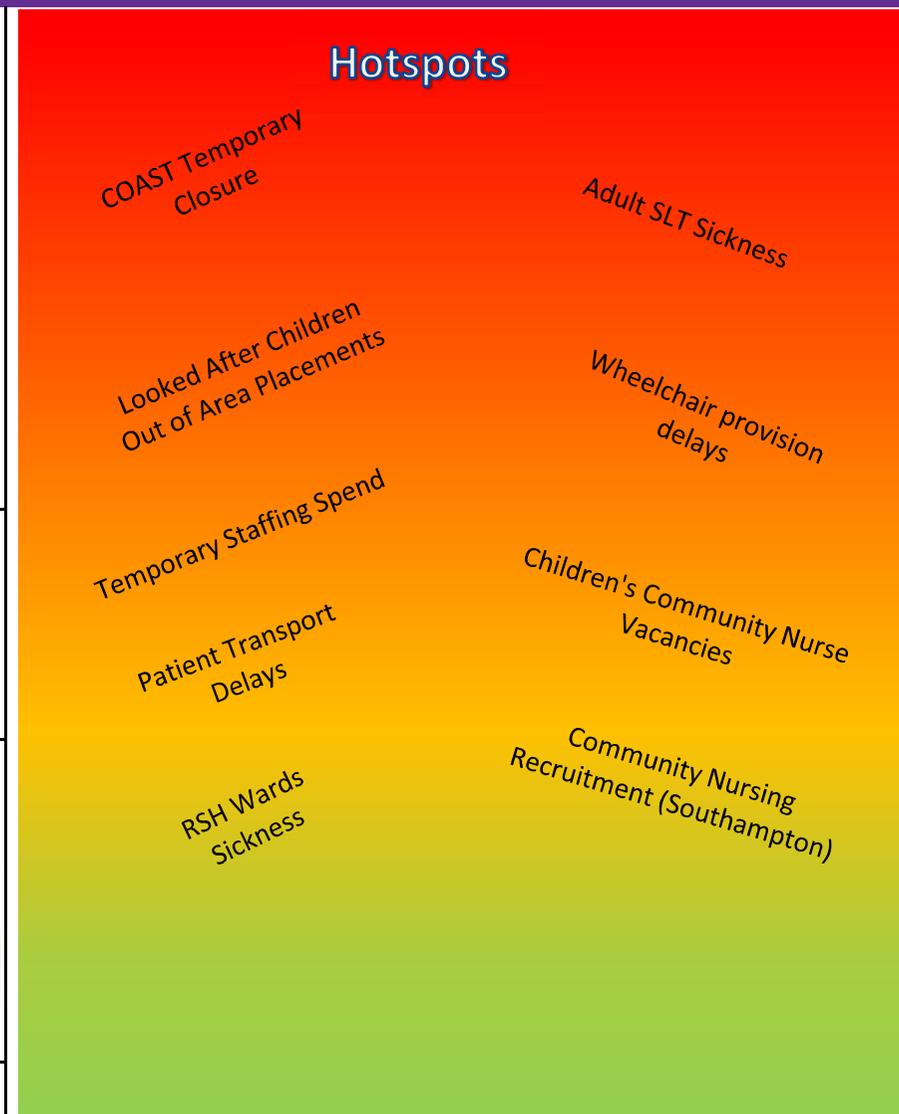
December 2017/18

| Activity | | Same Period 2016/17 |
|---------------|--|------------------------|
| 13,254 | New Referrals in month* | 14,455 |
| 49,047 | Attended Contacts in month* | 45,877 |
| 2,750 | DNA'd Appointments in month* 4.2% | 4.8% |
| 26 | Delayed Patients in month (DTOCs) | 27 |
| 397 | Delayed Days in month | 439 |
| 12,638 | Discharges in month* | 13,309 |

| Key Performance Indicators | |
|----------------------------|--------------------------------------|
| 310 | KPIs due in month |
| 208 | KPIs achieved in-month (as at 16/10) |

| CQUIN Schemes | |
|---------------|------------------------|
| 15 | CQUIN schemes |
| 27 | Milestones due YTD |
| 25 | Milestone Achieved YTD |

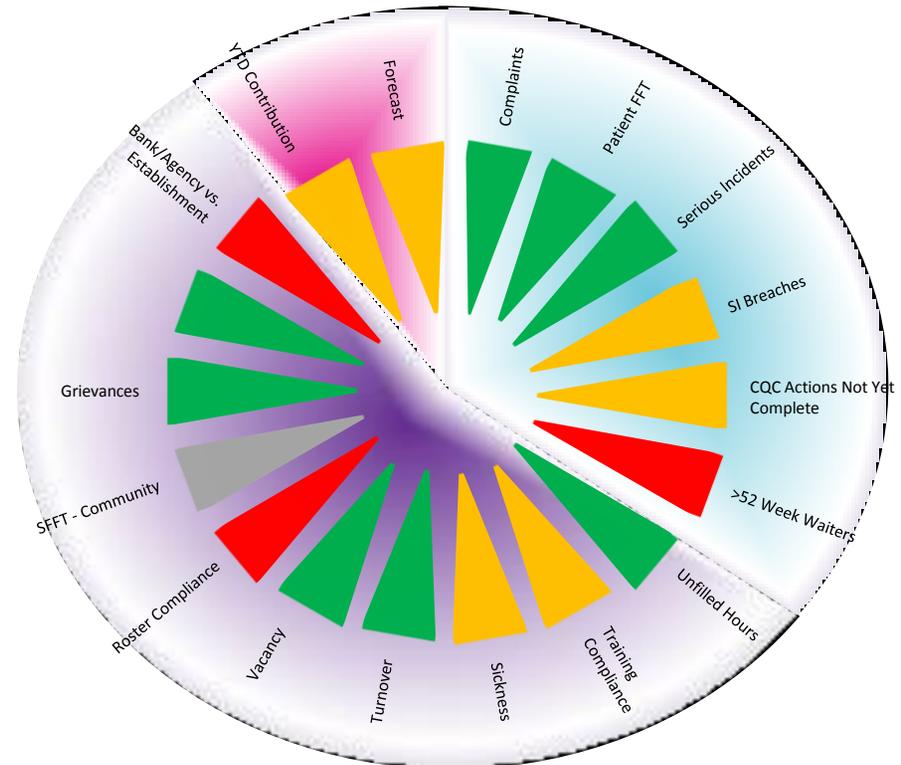
| | |
|----------|---|
| 1 | Contract Performance Notices (CPN) open |
|----------|---|



* Data reported for Community and Mental Health Services only. IAPT, Substance Misuse and Specialised Services data not included **CQUIN current submissions are awaiting comment from CCGs

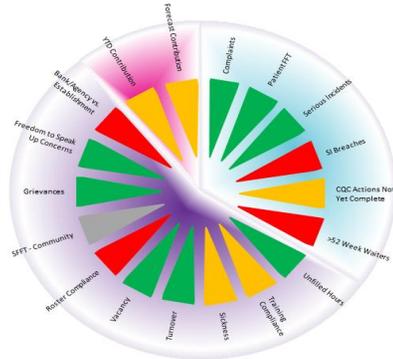
2.2 Performance Dashboard - December 2017/18 Solent NHS Trust - Trust Wide Report

| Value | Metric | November | December |
|-------------------------------|------------------------------|----------------|----------|
| Great Care | Complaints | 15 | ↑ 16 |
| | Patient FFT | 97% | ↓ 96% |
| | Serious Incidents | 10 | ↓ 7 |
| | SI Breaches | 4 | ↓ 1 |
| | CQC Actions Not Yet Complete | 37 | ↓ 35 |
| | >52 Week Waiters | 704 | ↓ 231 |
| | Great Place to Work | Unfilled Hours | 1% |
| Training Compliance | | 81% | → 81% |
| Sickness | | 5% | → 5% |
| Turnover | | 1% | → 1% |
| Vacancy | | 3% | ↑ 4% |
| Roster Compliance | | 34% | ↑ 54% |
| SFFT - Community | | | |
| Grievances | | 0 | → 0 |
| Freedom to Speak Up Concerns | | 0 | ↑ 6 |
| Bank/Agency vs. Establishment | | 6% | ↓ 6% |
| Great Value for Money | YTD Contribution | 94% | ↑ 95% |
| | Forecast Contribution | 93% | ↑ 94% |



NB: Grey segments indicate data item not applicable or no data due to be reported

Previous Month:



| Metric | Definition | Green | Amber | Red |
|--|---|---------|-------------|---------|
| No of new Complaints in month | Number of new complaints raised with the Quality Team in month | 0-20 | 21-22 | 23+ |
| % Patient FFT recommending Solent Services | Percentage of patients that would recommend Solent as a place to receive care of those who have responded to the survey | 95-100% | 90-94.9% | 0-90% |
| No of New SIs in month | Number of new Serious Incidents raised in month | 0-17 | 18-19 | 20+ |
| No of SIs breaches | Number of Serious Incidents breaching the recommended timescales for response in month | 0 | 1 | 2+ |
| No of CQC Actions Not Yet Complete | Number of CQC actions that are rated Red or Amber | 0 | 1-42 | 42+ |
| No of > 52 week waiters | Number of patients who have been waiting for a first appointment for more than 52 weeks | 0 | n/a | 1+ |
| % Unfilled hours (of temporary staff requested) | Percentage of hours requested from Bank Staffing Team which have NOT been filled by either Bank or Agency Staffing | 0-4.9% | 5-9.9% | 10%+ |
| % Training compliance | Percentage of staff that are compliant with their mandatory training as per ESR, of all eligible staff | 85-100% | 80-84.9% | 0-79.9% |
| % Sickness | Percentage of time lost to sickness, of the total time worked in month | 0-4% | 4.1-5.9% | 6%+ |
| % Turnover in month | Percentage of staff leaving the organisation in a 1 month period. (Full time Equivalent % of Staff in Post) | 0-12% | 12.1-14.9% | 15%+ |
| % Vacancy | Percentage differential between Budgeted Establishment & Staff in Post measured as Full Time Equivalent. | 0-5% | 5.1-7.5% | 7.6%+ |
| | | 0- -5% | -5.1- -7.5% | -7.6%+ |
| Roster Compliance | Percentage of rosters signed off 4-6 weeks prior to the start of the roster | 0-1.24% | 1.25-1.9% | 2%+ |
| % Staff FFT recommending as workplace | Percentage of staff that would recommend Solent as a place to work, of those who have responded to the survey | 80-100% | 70-79.9% | 0-69.9% |
| No of new grievances in month | Number of new grievances raised with HR in month | 0-3 | 4-5 | 6+ |
| No of 'Freedom to Speak Up' concerns raised | Number of new Freedom to Speak Up Concerns raised in month | 0-10 | 11-15 | 16+ |
| % Utilisation of bank and agency vs. establishment | Percentage of bank and agency staff used, of the total workforce establishment in month | 0-3.5% | 3.6-5.9% | 6%+ |
| % YTD Contribution | Percentage contribution made year-to-date, of the total contribution plan (Service Lines only) | 99.1%+ | 90.1-99% | 0-90% |
| % Forecast Contribution | Forecast percentage contribution, of the total contribution plan (Service Lines only) | 99.1%+ | 90.1-99% | 0-90% |

2.3 Chief Operating Officer Commentaries - 2017/18 Month 9

Portsmouth System

- The Portsmouth MCP partners continue to work in partnership to progress new models of care in the city and have agreed to share updates on progress more broadly, to increase awareness across the system, with the first update shared this month.
- Partners are progressing the agreed MCP workstreams and have defined initial priorities for the out of hospital community model for Portsmouth: developing an engagement strategy, planning implementation of a pilot locality integrated team and developing a single point of access and triage, as well as a shared assessment process.
- The PPCA has requested support from Solent's commercial, HR/workforce and quality functions to support implementation of the new Portsmouth integrated 24/7 primary care contract.

Portsmouth Care Group Hotspots

- Services have raised that patient transport delays are continuing and in some cases, not arriving at all without notification. Apart from the obvious inconvenience to our patients, there is a direct impact on our staff's capacity as often patients with complex needs require support from our staff. The issue has been formally raised with commissioners for resolution.
- Portsmouth and Southampton Looked After Children (LAC) who are placed outside of the cities require periodic reviews by providers in the respective areas. However, during 2017/18 there has been a noticeable increase in the number of reviews breaching these timescales. The LAC services are currently finalising a review paper with recommendations for senior managers and commissioners to help improve the situation moving forwards.
- The Portsmouth COAST, Children's Continuing Care and Community Nursing Teams all have a number of vacancies and some long-term sickness. Recruiting is proving difficult so temporary staffing is being brought in to maintain safe service levels, although there are a shortage of trained support workers so filling shifts for sickness is also proving difficult.
- Recruitment challenges continue to drive additional temporary staffing use in Mental Health inpatient areas. The development of Advanced Nurse Practitioners is likely to assist in the reduction of locum psychiatrists in 18/19. The Solent Mental Health Workforce Plan proposes the increase in "home trained" specialist Band 4 posts, which will also begin to impact on Agency Nurse use in 18/19.
- System pressures have required the opening of 2 additional "step down" beds on Spinnaker Ward, in accordance with the Trust Escalation Plan. These were safely used for three weeks from mid-December and de-escalated successfully.

Southampton System Developments

- The proposed future Better Care Southampton Operating Model is now at draft stage. Partners continue to review the model, which aligns to other models emerging nationally.
- Professional Leadership arrangements are largely in place at a Cluster Level and a city wide frailty network is now being established.
- A two year jointly funded Programme Manager secondment has been agreed to support the Better Care agenda, and a revised governance structure to streamline programme delivery has been agreed for implementation with effect from Apr 18.

Southampton & County Wide Care Groups Hotspots

- The Southampton COAST service has had to temporarily close to new referrals during parts of December and January. This service is commissioned to deliver via a very small team of less than 3 WTE making it vulnerable to staffing pressure and a combination of a vacancy and staff sickness has left the service depleted and unable to operate until staff numbers increase again. The service is working with commissioners regarding future provision options.
- Delays in the provision of wheelchairs to a number of our patients continue from a third party provider. Solent is in continuing discussions with the provider and commissioners to help resolve and minimise the delays.
- Our Adult Speech & Language Therapy service is currently under staffed due to maternity leave and long-term sickness. Consequently, the service are prioritising their patients by clinical need and have informed commissioners about the situation. Staffing is expected to improve during April.

- The Community Nursing Service continues to reduce the vacancy pressure with further recruitment of Band 5 nurses but also an increased establishment of Band 4 nurses which is releasing capacity and reducing pressure on the Band 5 nurses in post.
- Solent has received one Contract Performance Notice for the Behaviour Change service and Solent have agreed a remedial action plan with the commissioner to help improve the numbers of smoking quitters.
- There is an improving vacancy position on our RSH wards for registered nursing with further appointments expected over the next month. The sickness levels remain higher than desired but are keeping stable currently. The service are working with our People services to support the staff on the wards to help reduce sickness moving forwards. However, despite the pressures, the wards performed well during the winter pressures through the dedication of the staff and additional temporary staffing.
- Going in to the festive period, good levels of system working managed to ensure the Southampton system was well prepared and had both flow and capacity. As system pressure grew markedly after the Christmas holiday, we have been able to react accordingly, and while there are undoubtedly high levels of pressure in the system we have been able to maintain flow through our community wards and capacity in community nursing and reablement services.

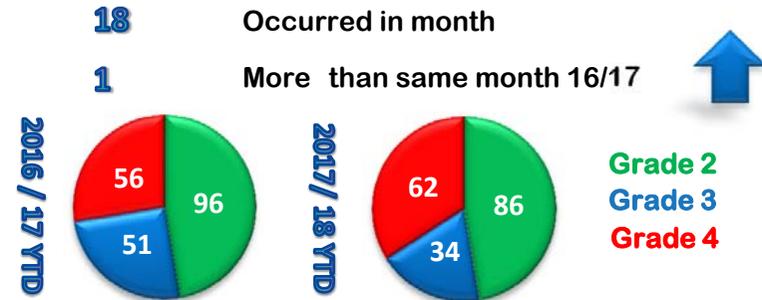
3.1 - Quality Performance

December 2017/18

Serious Incidents

- 7** Serious incidents occurred in month
- 82** less year to date than 16/17 
- 0** Healthcare Infections / Cdiff / MRSA
- 0** Safety compliance breaches

Pressure Ulcers in Solent Care



Friends and Family Test

- 1680** Responses received
- 469** More than same month 16/17 
- 96%** Positive ratings % 
- 1%** Negative ratings %



2016 CQC inspection made 179 recommendations

MUST DO
86

SHOULD DO
93

Of these:

- 125** Have been completed
- 19** On target for delivery
- 32** At risk but mitigation in place
- 4** At risk requiring further mitigations

Formal Complaints

- 15** Complaints received in month
- 17** Required response in month
- 2** Breaches in month

3.2 Chief Nurse Commentary - 2017/18 Month 9

Staffing

The top risk in mental health services remains “staffing”, as a result of nationwide shortages of qualified nurses and psychiatrists. The senior leadership team continue to be committed to developing a bespoke local solution for skills-based training to enable Band 4s to operate alongside registered nurses on mental health wards. The two Advanced Nurse Practitioners (ANPs) working alongside medical staff on the Orchards Unit are proving to be capable in undertaking a range of duties, which would traditionally be performed by non-Consultant Grade medical staff. The senior leadership team continue to be committed to developing a bespoke local solution for skills-based training to enable Band 4s to operate alongside registered nurses on mental health wards. The Mental Health workforce strategy, which will describe the model, training package and implementation timescales is in its final drafting stages and will be presented in late January 2018.

Children & Families

A challenge in recruiting to permanent posts across community children’s services remains the top rated risk within the service line. Services are being kept safe by the use of additional agency staffing and daily huddles, in which decisions about staff deployment and clinical risk management are agreed and recorded.

Staffing pressures on children’s’ community nursing have necessitated the temporary closure of our COAST service in Southampton; this very small team (comprising 3 nurses) is vulnerable to absence, and a combination of vacancy, planned leave and sickness has meant that we were unable to temporarily deliver a service. We have started a dialogue with Commissioners about how we could change the model or approach to make this a more sustainable service into the future.

We now have a named nurse in place to help us investigate the out of area issue affecting Looked After Children, which will greatly assist us in formulating a plan for how we might be able to work differently into the future.

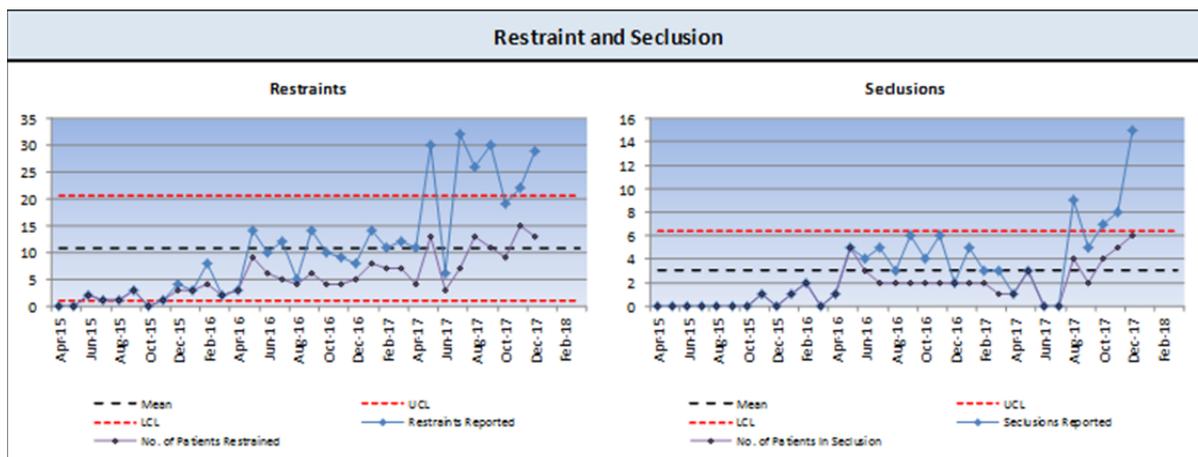
Due to concerns about Children’s Community staffing, both east and west, the service have generated a recovery action plan, which seeks to identify key risks, actions taken, contingencies and mitigations, monitoring and reporting arrangements and this is being regularly monitored by both Chief Operating Officers.

Nursing Recruitment Southampton

We have succeeded in recruiting 2.6 Whole Time Equivalent (WTE) against 7.1 WTE vacancies in the RSH wards; the service have completed a risk assessment and have pre-planned mitigations and escalations in place, including live adverts, further interviews are planned and HR support in an accelerated induction process.

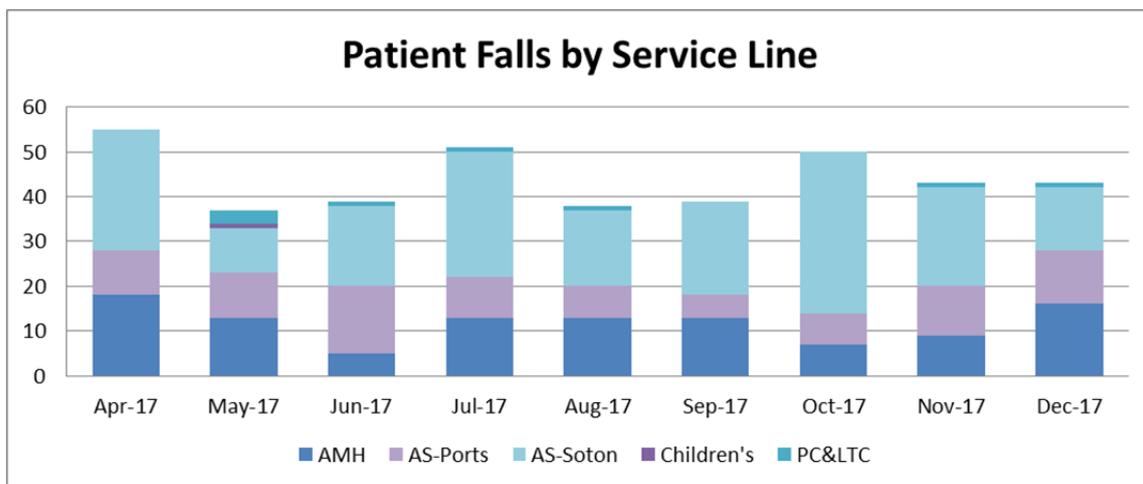
Restrictive Practice Rates

Recorded restraints are running at an average of nearly 20 a month during 2017/18, double the previous year’s rate. A detailed analysis of recording of types of restraint has revealed that there is no significant change in the use of supine and prone interventions and that the increase is attributable to improved staff awareness of reporting primary interventions (non-physical interventions) and minimal physical interventions (standing holds and guidance). From the available data and restraint reports; there does not appear to be any association between the likelihood of restraint and the mix of permanent and temporary staffing on a shift.



Falls

Falls are becoming an increasing issue for working age adult inpatient areas, in addition to existing falls in OPMH wards. The root cause is an increase in the number of patients with complex conditions admitted to acute care areas. The issue is being addressed with staff by ensuring the use of the falls assessment tool (currently used on OPMH wards), assistance from physiotherapists in constructing falls prevention care plans, the use of “learning slots” and “ask the matron” sessions to raise falls awareness. Delivery of bespoke neuro-observation training to AMH inpatient staff has commenced and will be initially targeted at qualified nurses– including regular agency staff.



Pressure Ulcer

A short-term increase in pressure ulcer incidents has been investigated by the clinical leadership team within Adult Services Portsmouth to determine if there was any association with the Medically Fit for Discharge pathway.

CQC Focus Groups – Adults Southampton

CQC led Focus groups, regular staff group meetings at the request of the CQC, conducted in November 2017 highlighted some concerns relating to the challenges being felt by teams in Southampton in particular. Although no metrics are indicating performance suffering, nonetheless the results and observations are being factored into work ongoing within the service line to address a number of long standing issues, not least a significant financial

forecasted overspend and workforce re-design. A refreshed approach to clinical leadership will be key here, and some recent changes in service line management enable a fresh look to be taken.

CQC Compliance Estates – Brooker

The new-build female-only lounge in the functional illness area on Brooker Unit is nearly complete and will ensure structural single-sex compliance. “Dementia-friendly” works – including colour coding of doors to help patients orientate and environmental improvements are scheduled to be completed early this year.

Relocation of Kite Ward

Work to relocate Kite ward to the Western site has been completed. CQC Registration colleagues visited the ward on 15 January to check the facilities and ensure the unit was compliant with the required standards. They confirmed the ward was compliant and met the registration standards and gave approval to move patients in. Patients moved into Kite on 16 January which was the successful culmination of many months of hard work.

Mental Health Thematic Review of Complaints

Mental Health service line complaints are running at a slightly higher level than previous years. An analysis of all complaints has revealed that teams with short-term relationships with patients (A2i, CRHT and Hawthorns) were far more likely to receive complaints and carers are slightly more likely to complain than service users. The most prevalent themes were communication with carers around discharge from Hawthorns Ward and unfulfilled expectations of what CRHT and A2i could offer. These issues are being addressed through the introduction of a new “carers pathway” on Orchards and revised patient information leaflets, explaining what to expect from services. The discharge process will be subject to a formal QI project later in 2018.

Staff Wellbeing

Sickness has risen to 6.3% in Adults Portsmouth, with “stress” cited as the leading reason for absence in over 40% of episodes. Inpatient wards and community nursing teams have been the most effected by sickness absence. The overall trend over 2017 in Adult Services Portsmouth has been of increased sickness rates.

Sickness absence has also increased in Mental Health services to 5.4%, again with a generally rising trend during the previous 12 months. “Stress” is the leading single reason at 20%. Wards and Crisis services have been most affected by illness related work absence. Service and team managers are working with affected individuals, but additional work on staff wellbeing must and will be a priority within the Portsmouth system and senior HR guidance is sought.

Portsmouth and South-East Hampshire Systems Update

The Portsmouth care system has been under enormous pressure in the early winter period. Health and Social Care partners have been working together under heightened escalation conditions – making and sharing plans several times daily on “Gold Command” systems calls.

Solent NHS Trust has responded to the situation by enacting Escalation Plans – including: increasing PRRT capacity by deploying staff differently and using additional bank and agency resource, opening 2 extra beds on Spinnaker Ward, flexing the admission criteria on Jubilee to assist in bridging Packages of Care and using Older Persons and Working Age Adult mental health beds differently to maximise the availability of organic beds. We have notified

CQC about the changes to mental health bed usage. In the absence of formal “Major Incident” protocols applying, it has become noticeable that there is no single method of recording decisions, risk assessments for service changes and outcomes. The Operations Director for Adult Services Portsmouth is designing a process for quick Quality Impact Assessment process, which could become operational in January 2018 to remedy this.

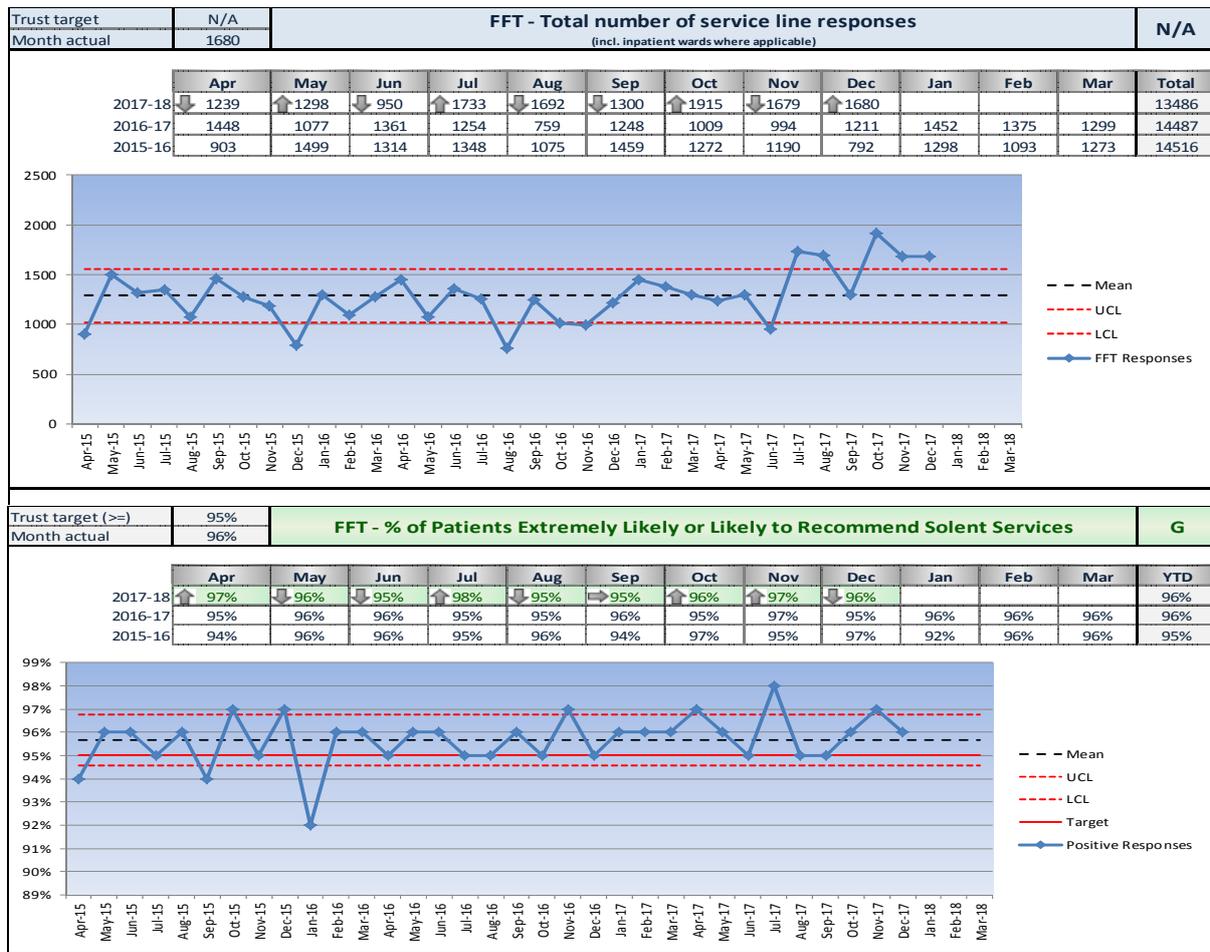
The main risks of the current escalation arrangements are: a rise in patient and carer complaints, because of disputed transfers and discharge arrangements and staff stress.

Southampton Systems Update

The Southampton system has also been under pressure, albeit not as acutely as colleagues in Portsmouth. In preparation for and reaction to winter system pressures, Solent staff and the system wide teams they work with (and within) have performed strongly and achieved good outcomes as a result. Going in to the festive period, good levels of system working managed to ensure that the Southampton system was well prepared and had both flow and capacity. As system pressure grew markedly after the Christmas holiday, we have been able to react accordingly, and while there are undoubtedly high levels of pressure in the system we have been able to maintain flow through our community wards and capacity in community nursing and reablement services.

Friends and Family Test

Reponses from patients continue to be above the upper control limit and the positive responses remains above average.



4.1 - Financial Performance

December 2017/18



Performance

50k Deficit in Month
 £55k Favourable to plan



£1,301k Deficit YTD
 £69k Favourable to plan



£1.4m Deficit Year End Forecast (adj)
 £200k Favourable control target

Purchase Orders and Debts

Eligible invoices raised in month **949**

889 Purchase orders raised in month

Purchase orders raised in month against eligible invoices **94%**

£6,417,575 Total debt month end

£956,629 Total debt over 90 days month end **15%**

Savings

£3,481,000

Savings Target YTD

£2,125,000

Savings Delivered YTD

£566,000

QIA Savings Delivered YTD



61% Savings Achieved

Capital Finance Summary

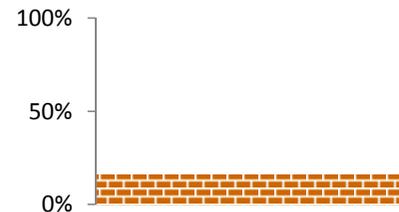
£2,965,000

YTD Spend

£18,782,000

Year end plan

15.8% Spend against year end plan



4.2 Finance Commentary

Month 9 Results

The Trust is reporting an in month adjusted deficit of £50k for month 9, £55k favourable to plan and a year to date deficit of £1,301k, £69k favourable to plan.

Agency spend to cover vacancies in Adults Southampton and Mental Health remains high. There are ongoing concerns with Adults Southampton and Primary Care regarding the delivery of the closing the gap schemes.

CIPs

CIP delivery in month 9 was £318k, £300k adverse to plan. The main drivers of the adverse variance are:

- Underachievement in Sexual Health as online testing supplier savings have not materialised as expected.
- ICT under delivery on telephony.
- Income generation schemes are under delivering for both patient care and other operating income.
- Adelaide parking scheme is now not expecting to deliver until 2018/19.
- The RSH kitchen space scheme has been pushed back to month 10.

Capital and Cash

Month 9 year to date capital expenditure is low at £3.0m; this is due to a delay in the start to St Marys Phase 2 work. NHSI has indicated that the loan for the project has been approved; however discussions are taking place on the phasing of the loan. The cash balance at 31 December 2017 was £6.9m. The Trust is forecasting to draw down a Revolving Working Capital Facility Loan (RWCF) of £1.6m in January 2018 to fund its deficit.

Aged debt

Aged debt has decreased month on month. Debt over 90 days overdue as at 31 December is £0.9m compared with £1.09m at 30 November 2017.

Invoices processed via PO

The Trust continues to promote the use of purchase orders when ordering goods and services. In month 9 the percentage of eligible invoices processed via a PO (rather than via Non-PO) was 94%.

5.1 - Workforce Performance

December 2017/18

There were **2,883.6** FTE in post this month, which equates to **3,489** staff in post.
 A decrease of **13.7** since last month

81% YTD mandatory training compliance

88% YTD information governance training completed

82% YTD appraisals completed
93% medic appraisals completed, 93% job plan completion rate

Bank and Agency

26,711 Hours requested in month

16,992 Hours filled by bank in month **£401,513**

9,023 Hours filled by agency in month **£452,881**

696 Hours requested not filled

In month, Solent are above agency ceiling by **£154,881**



96.2%
 budgeted establishment (FTE) worked in month

3.8% vacancy factor

FTE Posts **114.4**

12 month rolling turnover is **14%**

30 (29.5 FTE) new starters in month

52 (39.1 FTE) leavers in month

5.2 - Workforce Commentary

Sustainable Staffing

Our vacancy factor for Month 9 as a Trust remains at circa 3%, however there are still significant staffing shortages for some roles. The Trust's 12 month rolling staff turnover remains at 14%, however, we are carefully monitoring trends in all roles and services to ensure that the Retention programme we put in place will deliver the desired outcomes for our nursing workforce.

Sickness absence continues to be a risk for the Trust remaining at over 5% in Month 9, combined with the effects of winter pressures on the system. The HR team are providing targeted management support alongside a comprehensive health and wellbeing offer to staff, including a new Mindfulness-based Stress Reduction course delivered in partnership with our Talking Change service.

Bank and agency usage fell in Month 9, however there has been an increase in the use of off-framework suppliers. The off-framework utilisation has been a carefully considered response to increase community capacity in support of the significant pressures on local systems over the festive season.

The uptake of flu jabs as of Month 9 has increased to 69% of front line staff and this is a significant increase on the previous year, which we are proud to have achieved through collaborative working from our services and in-house Occupational Health team.

Education, Learning & Development

Mandatory training for Month 9 remains at over 80% compliance and continued improvements to ESR together with 'pop-up' training sessions and HR drop-in sessions are helping to address longstanding system challenges. The Learning and Development team are working with Pharmacy to develop new medicines management modules to be ready in Month 10.

Leadership & Organisational Development

Workforce planning remains a key priority. Progress is on track with the Southampton Community Nursing team in reviewing their workforce model. Outcomes from capacity modelling will be shared with staff through a programme of workshops running throughout Months 10 and 11.

A workforce transformation programme has been developed for Adult Mental Health; the plan aims to maximise support worker roles, enable a clear development pathway to nursing and increase therapy staff in the workforce. It will also introduce a Band 4 role to compliment the nursing workforce, as well as developing a pathway for clinical staff to develop their advanced practice skills.

The Maximising and Releasing Potential Leadership programmes have been refreshed and content has been enhanced to make stronger emphasis on our HEART values and the behaviours needed to lead high performing teams. The pilot group completed with excellent feedback. Improvement and innovation projects which leaders have taken forward from this programme include a review of performance appraisal and improvements in values based assessments during recruitment.

The Equality and Diversity Annual Report is available on our website The National WRES report was published and recognises Solent NHS Trust under WRES indicator 8 which is a reduction in staff experiencing discrimination at work.

6.1 NHS Improvement Single Oversight Framework

The Single Oversight Framework is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework was introduced on 1 October 2016, at which point the Monitor 'Risk Assessment Framework' and the TDA's 'Accountability Framework' no longer apply. The Framework uses five themes: 'Quality of care'; 'Finance and use of resources'; 'Operational performance'; 'Strategic change'; and 'Leadership and improvement capability'. The 'Quality of care', 'Finance and use of resources' and 'Operational performance' themes contain a list of metrics, however not all of these have nationally measured thresholds. Where internal, aspirational thresholds exist, these have been included below, highlighted in grey. The 'Operational performance' metrics do not provide a performance assessment, however NHS Improvement state that they will consider whether support is required to providers where performance against the 'Operational Performance' metrics:

- for a provider with one or more agreed Sustainability and Transformation Fund trajectories against any of the metrics: it fails to meet any trajectory for at least two consecutive months
- for a provider with no agreed Sustainability and Transformation Fund trajectory against any metrics: it fails to meet a relevant target or standard for at least two consecutive months
- where other factors (e.g. a significant deterioration in a single month, or multiple support needs across other standards) indicate we need to get involved before two months have elapsed.

Providers will be placed in a segment based on NHS Improvement's assessment of the seriousness and complexity of any issues identified as per the table below:

| Segment | Description |
|---------|---|
| 1 | Providers with maximum autonomy: no potential support needs identified. Lowest level of oversight; segmentation decisions taken quarterly in the absence of any significant deterioration in performance. |
| 2 | Providers offered targeted support: there are concerns in relation to one or more of the themes. We've identified targeted support that the provider can access to address these concerns, but which they are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support. |
| 3 | Providers receiving mandated support for significant concerns: there is actual or suspected breach of licence, and a Regional Support Group has agreed to seek formal undertakings from the provider or the Provider Regulation Committee has agreed to impose regulatory requirements. |
| 4 | Providers in special measures: there is actual or suspected breach of licence with very serious and/or complex issues. The Provider Regulation Committee has agreed it meets the criteria to go into special measures. |

Please note that Solent does not have any Sustainability and Transformation Fund trajectory metrics.

For some indicators, no definition has been confirmed by NHS Improvement. Our interpretation has been applied in the below.

Current Month Performance

The Trust has continued to achieve a level 2 on the NHS Improvement scale, where level 1 is the best and level 4 the most challenged. This is a good position for the Trust. The Organisational Health Domain continues to be the only concern across the whole framework.

The Financescore has decreased from 2 to a 3 in November and December. This is due to a deterioration in Liquidity and the I&E margin. The year-end financial plan remains on target at the end of quarter 3 however. Further information is provided in section 4.2.

During November, NHS Improvement released a revised Single Oversight Framework for Trusts to be monitored against, which includes metrics such as out of area placements for mental health services and additional hospital acquired conditions (highlighted in purple). This will be incorporated into the Board Report moving forwards to provide assurances of performance.

Quality of Care Indicators

| Organisational Health | | | | | | | | | | | | | | | | | | |
|--|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Internal aspirational thresholds are highlighted in grey | | | | | | | | | | | | | | | | | | |
| Indicator Description | Threshold | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |
| Staff sickness (in month) | 4% | 4.9% | 4.8% | 4.8% | 4.4% | 4.2% | 4.0% | 4.1% | 4.1% | 4.3% | 4.8% | 4.6% | 4.9% | 5.2% | 5.1% | | | |
| Staff turnover (rolling 12 months) | 12% | 16.6% | 16.3% | 15.5% | 15.9% | 16.1% | 15.2% | 15.3% | 15.1% | 14.8% | 14.8% | 14.5% | 14.2% | 14.3% | 14.4% | | | |
| NHS Staff Survey | 40% | | | | | 61.5% | | | 64.4% | | | 64.1% | | | | | | |
| Proportion of Temporary Staff (in month) | 6% | 6.5% | 6.5% | 6.5% | 6.2% | 6.5% | 6.9% | 5.9% | 6.1% | 6.1% | 6.4% | 5.8% | 5.7% | 6.0% | 6.1% | | | |

| Caring | | | | | | | | | | | | | | | | | | |
|--|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Indicator Description | Threshold | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |
| Written Complaints | | 20 | 18 | 25 | 23 | 20 | 7 | 21 | 22 | 14 | 16 | 15 | 11 | 17 | 15 | | | |
| Staff Friends and Family Test Percentage Recommended - Care | 80% | | | | | 81.8% | | | 83.0% | | | 82.3% | | | | | | |
| Mixed Sex Accommodation Breaches | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Community Scores from Friends and Family Test - % positive | 95% | 97.0% | 95.5% | 95.6% | 96.3% | 96.4% | 96.8% | 95.7% | 95.1% | 97.8% | 95.2% | 95.0% | 96.0% | 97.0% | 96.6% | | | |
| Mental Health Scores from Friends and Family Test - % positive | 95% | 93.3% | 89.7% | 95.7% | 89.9% | 90.7% | 97.2% | 88.1% | 87.1% | 100.0% | 90.5% | 83.3% | 85.4% | 91.3% | 83.3% | | | |

| Effective | | | | | | | | | | | | | | | | | | |
|--|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Indicator Description | Threshold | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |
| Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHMDS | 95% | 100% | 97% | 96% | 94% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 92% | 100% | 98% | | | |
| % clients in settled accommodation | | 71% | 71% | 73% | 71% | 70% | 69% | 69% | 68% | 69% | 70% | 72% | 72% | 71% | 71% | | | |
| % clients in employment | 5.0% | 4.0% | 3.1% | 6.4% | 5.9% | 10.0% | 5.6% | 6.6% | 6.0% | 6.0% | 5.0% | 5.0% | 6.0% | 6.0% | 5.0% | | | |

| Safe | | | | | | | | | | | | | | | | | | |
|---|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Indicator Description | Threshold | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |
| Occurrence of any Never Event | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| NHS England/ NHS Improvement Patient Safety Alerts outstanding | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| VTE Risk Assessment | 95% | 100% | 100% | 100% | 97% | 100% | 91% | 100.0% | 97.0% | 99.0% | 98.0% | 97.0% | 100.0% | 97.0% | 97.0% | | | |
| Clostridium Difficile - variance from plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Clostridium Difficile - infection rate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | |
| Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias | 0 | | | | | | | | | | | | 0 | 0 | 0 | | | |
| Escherichia coli (E.coli) bacteraemia bloodstream infection | 0 | | | | | | | | | | | | 0 | 0 | 0 | | | |
| MRSA bacteraemias | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | | | |
| Admissions to adult facilities of patients who are under 16 yrs old | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | | | |

Operational Performance Indicators

| Indicator Description | Threshold | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |
|---|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway | 92% | 100.0% | 100.0% | 99.7% | 100.0% | 99.5% | 99.3% | 100.0% | 100.0% | 99.9% | 99.8% | 99.5% | 99.7% | 99.6% | 99.7% | | | |
| Maximum 6-week wait for diagnostic procedures | 99% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | | |
| Inappropriate out-of-area placements for adult mental health services - | 0 | | | | | | | | | | | | 0 | 0 | 0 | | | |
| People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral | 50% | 67.0% | 71.0% | 75.0% | 100.0% | 71.0% | 30.0% | 71.0% | 50.0% | 86.0% | 67.0% | 83.0% | 80.0% | 88.0% | 50.0% | | | |
| Data Quality Maturity Index (DQMI) - MHSDS dataset score | 95% | | | | | | | | | | | | 97.7% | | | | | |
| Improving Access to Psychological Therapies (IAPT) / Talking Therapies | | | | | | | | | | | | | | | | | | |
| - Proportion of people completing treatment who move to recovery | 50% | 51.2% | 53.9% | 56.7% | 51.9% | 50.0% | 61.8% | 60.2% | 57.4% | 57.3% | 56.5% | 61.1% | 60.6% | 55.9% | 52.1% | | | |
| - Waiting time to begin treatment - within 6 weeks | 75% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 99.8% | 99.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | |
| - Waiting time to begin treatment - within 18 weeks | 95% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | |

Finance Score

A few financial metrics will be used to assess financial performance, with a score from 1 (best) to 4 (worst) being assigned to each metric. These scores will be averaged across all metrics to derive a 'Finance Score' score for the organisation. An overall score of 3 or 4 in this theme will identify a potential support need, as will providers scoring a 4 against any individual metric.

| Indicator Description | | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |
|------------------------------|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Capital service capacity | Financial Sustainability | 1.2 | 1.3 | 1.2 | 0.5 | 0.7 | 0.0 | 1.1 | 1.5 | 1.4 | 1.6 | 1.7 | 1.7 | 1.6 | 1.8 | | | |
| Score | | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | | | |
| Liquidity (days) | Financial Sustainability | -4.2 | -1.0 | -4.4 | -4.9 | -12.1 | -13.0 | -12.9 | -12.5 | -13.0 | -12.9 | -13.3 | -12.7 | -14.4 | -14.6 | | | |
| Score | | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | | | |
| I&E Margin | Financial Efficiency | -1.9% | -1.8% | -1.8% | -1.8% | -1.2% | -0.02% | -1.9% | 1.3% | 1.4% | 1.1% | 0.9% | 1.0% | -1.0% | -1.0% | | | |
| Score | | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 2 | 2 | 2 | 2 | 2 | 4 | 3 | | | |
| Distance from financial plan | Financial Efficiency | 1.0% | 0.7% | 0.5% | 0.3% | 0.8% | -0.02% | -0.5% | 0.0% | 0.1% | 0.2% | 0.3% | 0.1% | 0.0% | 0.1% | | | |
| Score | | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | |
| Agency spend | Financial Controls | 3% | 4% | 4% | 4% | 4% | 0.3% | 25% | 24% | 25% | 47% | 40% | 38% | 38% | 42% | | | |
| Score | | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | | | |
| Use of Resources Score | | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | | | |
| RAG | | R | R | R | R | R | R | R | G | G | G | G | G | R | R | | | |

6.2 NHS Provider Licence - Self Certification 2017/18

| No. | Requirement | Response (Confirmed /not confirmed) | Assurance (or in the case of non-compliance, the reasons why) | Risk and mitigating actions to ensure full compliance |
|--|---|--|---|---|
| Condition G6 – Systems for compliance with licence conditions | | | | |
| 1 | Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution. | Confirmed | The Board is not aware of any departures or deviations with Licence conditions requirements. The effectiveness of internal control systems and processes are reviewed on an annual basis and documented within the Annual Governance Statement as presented to the Audit & Risk Committee and incorporated within the Annual Report. In addition, assurance to the Board is supported by opinions from Internal Auditors and External Auditors. | |
| Condition FT4 – Governance Arrangements | | | | |
| 1 | The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS. | Confirmed | The Board is not aware of any departures from the requirements of this condition. The Board considers and adopts corporate governance standards, guidance and best practice as appropriate. | |
| 2 | The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time. | Confirmed | The Board is not aware of any departures from the requirements of this condition. The Board considers and adopts corporate governance standards, guidance and best practice as appropriate, including that issued by NHSI. | |
| 3 | The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation | Confirmed | The Board is not aware of any departures from the requirements of this condition. On an annual basis the Trust has implemented a process of governance reviews (via the Governance and Nominations Committee) including; - Reviewing composition, skill and balance of the Board and its Committees - Reviewing Terms of Reference - The completion of an Annual Report for each Board Committee incorporating a reflection on the achievement of objectives and business conducted in year. A mid-year review of each Committee is also conducted. The Composition of Committees is also kept under constant review to take into consideration and periods of unscheduled /planned leave or the impact of vacancies effecting quoracy. The Trust's wider governance structure is also regularly considered and refreshed to ensure efficiency and clear lines of reporting. | |

| No. | Requirement | Response (Confirmed /not confirmed) | Assurance (or in the case of non-compliance, the reasons why) | Risk and mitigating actions to ensure full compliance |
|-----|--|--|--|---|
| 4 | <p>The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</p> <p>(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p> | Confirmed* | <p>External Auditors have issued a Section 30 letter to the Secretary of State in relation to the Trusts deficit position, which shows a cumulative deficit for the three year period to 31 March 2017. However, for the financial years ended 31 March 2015/16 and 2016/17, the Trust has recorded deficits smaller than the amounts agreed with NHS Improvement.</p> <p>The Board is not aware of any other departures from the requirements of this condition.</p> <p>Internal control processes has been established and are embedded across the organisation as outlined within the Annual Governance Statement. The agreed annual Internal Audit programme deliberately focuses on key areas where testing may identify the need for strengthened controls.</p> <p>External Auditors concluded an unqualified VFM opinion.</p> <p>* The Trust was given a deficit control total by NHS Improvement of £3.5m for 2016/17 against which it delivered a deficit of £2.1m. For 2017/18 the Trust has agreed a deficit control total of £1.5m with NHS Improvement.</p> | Concerning CQC compliance: A comprehensive action plan is in place and being monitored in response to the CQC comprehensive inspection during 2016. |
| 5 | <p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p> | Confirmed | <p>The Board is not aware of any departures from the requirements of this condition.</p> <p>The Trusts' goals; Great Care, Great Place to Work and Great Value for money, demonstrate the organisations focus and emphasis on 'quality' being the overriding principle for everything we do.</p> <p>The Board's agenda has a notable weight towards quality of care, supported by data and information owned and presented by the Executive Directors.</p> <p>There is clear accountability for quality of care throughout the organisation from executive leadership by the Chief Nurse working with the Chief Medical Officer. Concerning Board level capability- recent appointments have been made to the Chief Nurse position and COO Southampton and County. A new NED colleague joined the Board from 1 September 2017.</p> <p>Established escalation processes allow staff to raise concerns as appropriate.</p> | |
| 6 | <p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p> | Confirmed | <p>The Board is not aware of any departures from the requirements of this condition. Details of the composition of the Board can be found within the public website. Qualifications, skills and experience are taken into consideration, along with behavioural competencies as part of any recruitment exercise for Board vacancies.</p> | |

People & OD Committee TERMS OF REFERENCE

1 Constitution

- 1.1 The People and OD Committee oversee all matters relating to workforce planning, talent acquisition, learning & development, employee productivity and workforce performance. It is responsible for ensuring that effective People & OD programmes are developed, which align with organisational strategy and deliver continuous improvement in organisational effectiveness. All within the context of system transformation and organisational change.
- 1.2 The People & OD Committee has established a number of groups to execute its responsibilities as follows :
- Employee Engagement
 - Workforce Planning
 - Equality, Diversity & Inclusion
 - People Operations Service Delivery
 - Occupational Health & Wellbeing
- 1.3 A bi-annual, half-day People & OD Workshop will be led by the Non-Executive Director aligned to Workforce and Chief People Officer to facilitate co-creation of value proposition within the context of system transformation to develop the workforce the future.

2 Purpose

- 2.1 The People and OD Committee's core purpose is to:
- provide a vehicle for strategic planning and continual improvement of Organisational Effectiveness (see Figure 1)
 - oversee execution of the People & OD Strategy by monitoring delivery of the in-year workforce priorities and People & OD business plans (Service Line and Corporate)
 - ensure there is a consistent focus on People and OD at Board level and independent challenge in support of our strategy and vision of being a Great Place to work
 - assess organisational effectiveness against a People & OD scorecard
- 2.2 The groups of the People & OD Committee will:
- Employee Engagement**
- Oversee the ongoing development of our values-based culture, leadership and employee engagement
- Workforce Planning**
- Bring together service lines and corporate teams in an integrated People & OD planning and development agenda, ensuring that there are robust workforce plans in place across the Trust including role redesign, skills development, medical and clinical education
- Equality, Diversity & Inclusion**
- Maintain oversight of the delivery of the equality and diversity strategy, including the Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES)
- People Operations Service Delivery**
- Ensure continuing development of People practices and services by discussing key workforce issues, recommending solutions and prioritising resources
- Health & Wellbeing**
- Facilitate the effective implementation of health & wellbeing initiatives and support the

delivery of the Workforce Health & Wellbeing Strategy

- 2.3 The purpose of the bi-annual People & OD Workshop is to:
- develop the value proposition that underpins the Trust People & OD Strategy and feeds into system transformation
 - discuss key workforce risks for the system as a whole in order to build an agile & resilient organisation (ambidextrous leadership)
 - govern & embed a culture in which high-quality care and quality improvement is intrinsic to everyone (organisational citizenship behaviours)
 - determine key priorities for the People & OD Committee in the year ahead
 - ensure the correct investment level in People and that long-term ROI is validated
 - preparing the workforce for the future

3 Duties

3.1 The People & OD Committee will:

- collectively ensure that the meetings add value (see Appendix 2)
- ask the right questions to ensure: we have the right people, in the right job, with the right skills, at the right place, in the right time and for the right cost (the 6Rs¹). See Appendix 1 for the Quality of Conversation framework
- embed Trust-wide ownership for the People & OD agenda, working across organisational boundaries and unblocking issues when they arise
- advocate for and uphold our values, working to develop our engaging leadership, culture and capacity for transformational change
- identify workforce risks to organisational performance and recommend mitigation strategies, taking input from performance committees
- act as the escalation point for People & OD service delivery issues when normal operational processes cannot resolve
- ensure fit for purpose workforce plans are in place, which enable us to live within our budget and achieve sustainable staffing models. This to include ing oversight and quality of Medical and Clinical Education, role and service redesign and ~~support~~ the safe staffing agenda (Workforce Planning group)
- maintain oversight and responsibility for People & OD practices across the whole employee lifecycle, ensuring we are continually improving outcome measures (People Operations Service Delivery group)
- provide a forum for employee voice to be heard through involvement and advocacy (Employee Engagement group)
- oversee the continual development of an inclusive culture in which equality & diversity is embedded into all of our people practices (Equality, Diversity & Inclusion group)
- ensure the health & wellbeing of our team members continues to be supported as an organisational priority (Health & Wellbeing group)

4 Membership

4.1 The People & OD Committee comprises:

- Chair: Non-Executive Director (aligned responsibility for Workforce)
- Non-Executive Director
- Chief People Officer
- Clinical Director (on behalf of CD Group)
- Operations Directors or delegated Head of Service / Professional Lead
- Associate Directors of People & OD

¹ Jim Collins, Good to Great

- Head of People Operations
- Head of Occupational Health & Wellbeing
- Head of Communications
- ~~Workforce Planning Manager~~
- Deputy Director of Finance or delegated Finance Business Partner
- Head of Professional Standards
- Associate Director of Estates or delegated Head of Facilities Management
- Chief Information Officer or delegated Head of Service
- Head of Performance & Analytics
- Director of Medical Education
- Head of Commercial

4.2 Members are required to send an appropriate deputy where they themselves cannot attend. Members are expected to have devolved accountability for their lead areas and be aware of the key issues to raise ~~to~~ at People & OD Committee and to endorse/support People & OD Committee decision making. All members are expected to represent the views and requirements of their staff group, Care Group or in the case of the Corporate management rep, the entirety of the Corporate service.

5 Attendees

5.1 The following attendees will be invited when required:

- Other organisational managers and colleagues invited to attend meetings for specific agenda items or when issues relevant to their area of responsibility are to be discussed
- The Chair of the Committee will follow up any issues related to the unexplained non-attendance of members. Should non-attendance jeopardise the function of the Committee the Chair will discuss the matter with the members and if necessary seek a substitute or replacement

5.2 The People & OD Committee may call upon any employee to attend the meeting

5.3 Executive Directors, Non-Executive Directors and Clinical Directors have a standing invitation

6 Chair

6.1 The Non-Executive Director aligned to Workforce will chair the Committee. In the absence of the Chair, a nominated deputy will be cover. The Chair of the Committee will follow up any issues related to the unexplained non-attendance of members. Should non-attendance jeopardise the function of the Committee the Chair will discuss the matter with the members and if necessary seek a substitute or replacement.

7 Secretary

7.1 The administration of the meeting shall be supported by the PA to the Chief People Officer or alternative member of Business Support who will arrange to take minutes of the meeting and provide appropriate support to the Chairman and committee members.

7.2 The agenda and any working papers shall be circulated to members five working days before the date of the meeting.

8 Quorum

8.1 No business shall be transacted at the meeting unless the following are present:

- The Chair or nominated deputy
- Non-Executive Director
- Chief People Officer or nominated deputy
- Operations Director
- Clinical Director or nominated deputy

9 Frequency

9.1 The People & OD Committee will meet on a quarterly basis unless the Chair of the Committee decides it necessary to alter the frequency of the meeting based on the volume or complexity of business that the Committee is asked to consider.

10 Notice of meetings

10.1 Meetings shall be summoned by the secretary of the Committee at the request of the Chair.

11 Minutes of meetings

11.1 Minutes of the meeting will be shared with the members following agreement by the Chair.

12 Authority

11.1 The People & OD Committee has no powers, other than those specifically delegated in these Terms of Reference.

12.2 The People & OD Committee is authorised to:

- 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 People & OD Committee as and when required
- Seek external expertise where required

13 Reporting

13.1 The Chair will report by exception to the Board/ Trust Management Team on a quarterly basis via a formal written report.

13.2 The People & OD Committee shall make whatever recommendations to the Board/ Trust Management Team it deems appropriate via the report from the Chair (items requiring immediate decision to go direct to the weekly directors meeting).

13.4 The identified groups of the People & OD Committee, as described in section will provide a written exception report bringing to the attention of the People & OD Committee any matters which require further consideration. The exception report will also highlight any action taken to resolve matters of concerns or the outcome of actions delegated to it.

| | |
|---|--|
| Version | 1 .0 |
| Approved at July Board meeting | Date: Jan 2018 Previously 31 July 2017 |
| Date of Next Review | Date: 31 July 2018 Dec 2018 |

People & OD Committee Meeting Structure

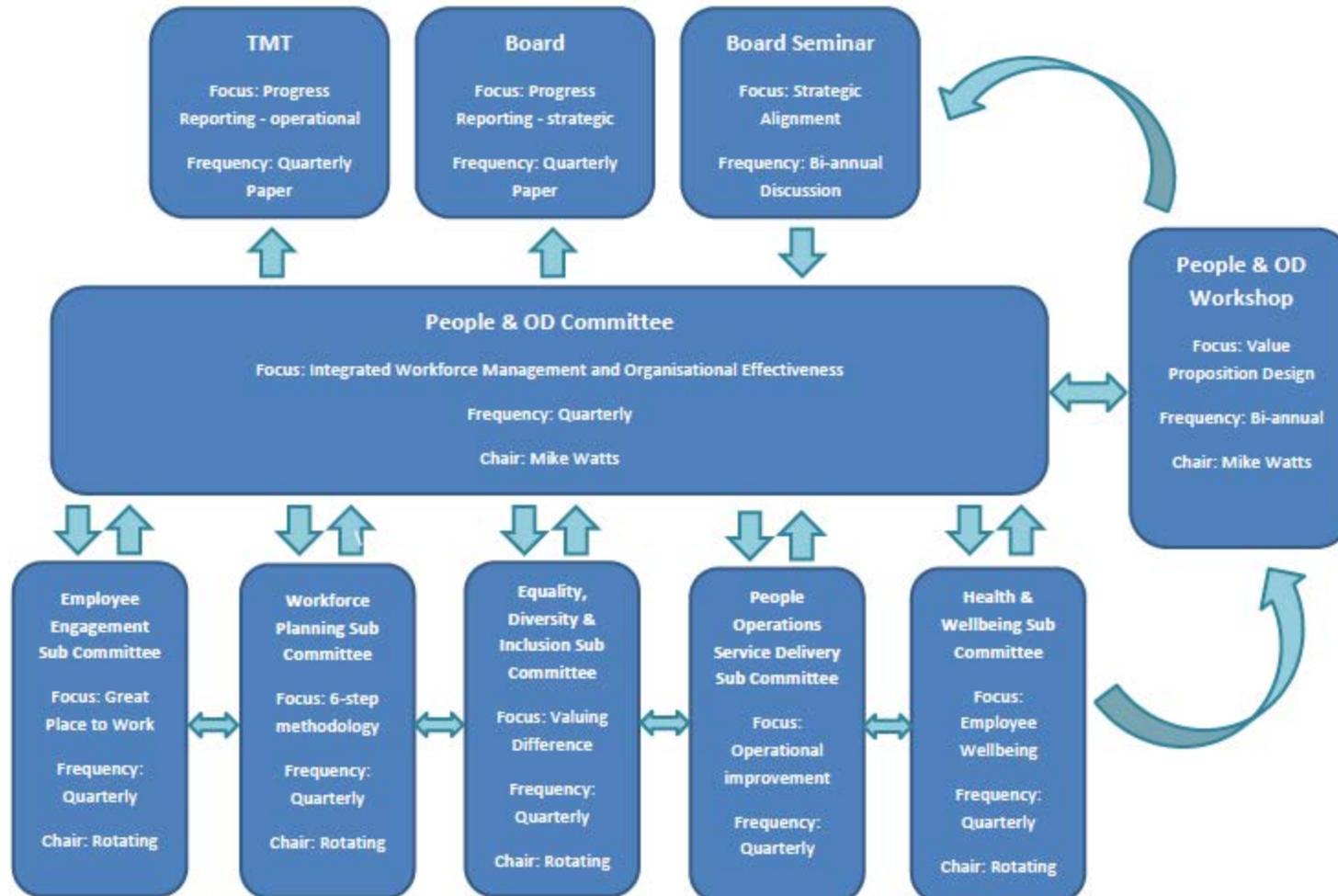


Figure 1 Model of Organisational Effectiveness



Appendix 1 Quality of Conversation framework (Standing Agenda)

The following questions get to the heart of the organisational effectiveness model (see Figure 1) and will form the standing agenda. There will be greater emphasis on some elements depending where we are in the annual business cycle. Assurance will be sought from Care Groups and Corporate Services in the form of a written paper and key issues will be discussed during the meeting. Workforce performance metrics will be tracked in a dashboard.

Workforce Planning

Do we have well founded establishment requirements?
Do we have an informed view of changing workforce requirements?
Is our staffing model sustainable?

Workforce Acquisition

Do we have the required sourcing capability?
Are our Recruitment & Retention plans delivering value?

Workforce Deployment

Do we optimise productivity of the established workforce?
Do we understand the cost of our workforce and are we deriving best value?

Workforce Development

Do we have a clear L&D offer/curriculum and is it appropriately costed/funded/owned?
Are planned learning outcomes being delivered?
Do we have accurate records of learning?

Strategy, Culture & Leadership

Are we creating the right culture and environment to support people to be the best they can?
Do we have the leadership needed at each level of required leadership contribution?
Do we have robust leadership succession plans?
Are our values embedded in our decision-making and behaviours?
Are internal communications effective and engaging?
What scenarios (STP) do we need to strategically plan for and how do we flex our workforce?

Appendix 2 People & OD Committee Charter

The People & OD Committee members agree to uphold the following charter in order to uphold our values and take action that makes a difference.

- Put the most important items on the agenda
- Check at the beginning of the meeting that the agenda items are the right ones
- Be fully present in the room
- Sense check priority items and support time management
- Work in partnership and don't throw stones
- Call it if we aren't having the courageous conversation
- Speak up if we aren't deriving value from the meeting
- Actively encourage divergent perspectives and opinions
- Commit to having a 15 minute break
- Rate the usefulness of the meeting at the end and agree how to improve next time
- Follow through on agreed actions

Exception and recommendation report

| | | | |
|---------------------------------|----------------------------|------------------------|-------------------------------|
| Committee /Subgroup name | Assurance committee | Date of meeting | 16 th January 2018 |
| Chair | Mick Tutt | Report to | Trust Board |

Key issues to be escalated

We were again joined by Moira Black, from the CQC – as our link Inspector. Moira was able to confirm that she will be leaving this role – to join Solent – at the end of February; but we established that her successor would also receive all the documentary evidence-trail from the committee and have a standing invitation to attend our meetings

We received an up-date under our, standing, '**urgent matters...**' agenda item; regarding a **Freedom-to-Speak-Up concern**, which had been raised the previous evening with the Chief Operating Officer for Southampton & County. We noted that the lead Guardian would be attending the February meeting; to present her quarterly report and that we could seek further up-dates at that point

System-wide pressures, in both cities, over the recent bank holiday period were noted and I referred to the personal thanks Melloney Poole, the Chair of Portsmouth Hospitals NHS Trust, had asked me to pass on to those practitioners and managers who had worked, tirelessly, to mitigate the impact at Queen Alexandra hospital

An up-date on assurances regarding the action taken to address concerns raised during the comprehensive Inspection, by the CQC, in the summer of 2016 and subsequent follow-up visits was scheduled. As a consequence of the ensuing discussion additional assurances were requested by the Non Executive Directors:-

- a) urgent consideration of assurance – ahead of the Board meeting – will be sought by Directors
- b) a further, unscheduled, up-date will be agenda'd into the February meeting

One of the assurances sought was around the status of escalation, to NHSEngland, of concerns about the provision of wheelchairs for people – particularly young people – accessing our services. Because of the absence, through sickness, of the relevant Director this was not available and has been, subsequently, sought. Directors have now confirmed a time-line for this escalation; in early February 2018

We received a quarterly report on **Investigations into Serious Incidents (SIs)** – focussing, particularly, on lessons learned and the service change as a consequence of this. We discussed the provision of confirmation of service change; as evidence of learning, not just for SIs but for other activity such as clinical audit, complaints & compliments, quality improvement projects and research & development – and agreed that this, together with escalation of any concerns management colleagues had about the processes underpinning these activities, was the central feature we wished to see in such reports

At our previous meeting we had received notice of an Internal Audit review which had raised concerns regarding **the process and recording of Supervision**. We received a summary of the action our management colleagues had now identified as necessary at this meeting. One of the components of this action was the review of the relevant Supervision policy and we agreed that, assuming this was presented to the next meeting of the Policy group, I would take Chair's Action to ratify the policy – ahead of the next meeting; to enable a speedy roll-out of the revised arrangements

We received our regular, aggregated, **exception report from the Chief Operating Officers and the Quality Improvement & Risk (QIR) group**. Amongst the issues raised were:-

- i) the move, that day, of the Kite Unit; from the St James' hospital site to the Weston hospital
- ii) the necessity for some focussed scrutiny of the use of restraint, at the February Mental Health Act Scrutiny meeting – in the context of some recent publicity regarding (less) restrictive practices
- iii) acknowledgement of the role a previous and the current Clinical Directors for Adult Mental Health had played in the innovative approach to the tradition known as 'Ward Rounds'; which had now achieved national recognition as good practice
- iv) agreement that the future scrutiny of the Corporate Risk Register would be considered, in the context of the March Board Workshop undertaking a review of the Risk Management Strategy

Decisions made at the (October) meeting

Noted the Chair's Action, taken since the previous meeting, with regard to the:-

- **MRSA**
 - Professional Registration
 - retirement
- policies** (on the basis of amendments made, following comments at previous meetings)

We undertook our delegated function, of considering a policy on **Commercial Income Distribution**, submitted for ratification and asked that further thought be given to a policy regarding the **Mental capacity Act and Deprivation of Liberty Safeguards**, prior to ratification – by Chair's Action

Recommendations to the Trust Board

The Board are asked to:-

- note the other issues set out above

Other risks to highlight (not previously mentioned)

None of note