

Solent NHS Trust

# Annual Report and Accounts 2019/20

incorporating the Quality Account 2019/20

# Contents

Section	Page
Statement from the Chair and Chief Executive Officer	3
Section 1: Performance Report	7
Section 2: Accountability and Corporate Governance Report	54
Section 3: Our Summary Accounts	127
Appendix 1- Quality report incorporating the Quality Account 2018/19 *	
Appendix 2: Full Accounts	

\*We acknowledge that the Department of Health & Social Care amended their requirement to publish Quality Accounts by 30<sup>th</sup> June in light of the Level 4 National Emergency; however, our Quality Account is incorporated into the Annual Report within Appendix 1.

## Acknowledgements

Our thanks are given to Joe Low for the use of photographs where indicated.

## Statement from the Chief Executive Officer and Chair

---

We are delighted to share our 2019/20 Annual Report and Quality Account. The report is an important document which provides you with an overview of the work we do to help keep our communities safe and well at home, our performance, and some of the challenges we face. The document also provides a detailed analysis of our activities and accounts.

We would like to begin by saying a big ‘thank you’ to all of our teams. We are proud of our people at the heart of Solent who are inspirational in so many ways - proud of their dedication, skill and passion. The difference they make to the people who use our services is evident throughout this report, and our achievements would not be possible without remarkable people.

2019/20 has been an exciting, but challenging, year for Solent NHS Trust. We have continued to strive to provide the best possible care in order to keep people safe, healthy and independent at, or close to, home and have continued to work in partnership with other organisations to reach even more people and deliver ever better services.

Our strategy remains focused on three organisational priorities: providing great care, making Solent a great place to work and delivering great value for money. We work hard to ensure everything we do is focussed on achieving against these three ‘greats’.

Providing great care, with positive patient outcomes, is paramount and we put a significant amount of focus on openness, transparency and learning and improving when things go wrong so that we provide the very best care possible. We were proud to be named a ‘Good’ performing trust which provides ‘outstanding’ care following our CQC inspection in 2018/19. We continue to strive to be an ‘outstanding’ trust and look forward to demonstrating the excellent care we provide at a future inspection.

Feedback from the people who use our services helps us to ensure we are delivering high quality care. In 2019/20, our patient Friends and Family Test results for our community services showed that 96.9% of people would recommend Solent as a place to receive treatment (average calculated between April 2019 and Feb 2020). This is a really strong indication that our services provide a positive experience and deliver positive outcomes, and that we value people as individuals’ involving them in their care. Our Quality Improvement Programmes continue to ensure we are constantly striving to improve our care. You can read more about these programmes in the Quality Account later in this report.

Learning and improving is not undertaken in isolation, we regularly involve our patients, carers and families, as well as people from our local communities. We invite people to tell us, through diverse ways, when they feel that we aren’t quite getting it right and we ask them to help us to develop our services so that they are delivered in a way that is flexible, provide choice and continuity of care. We have a continuous desire to authentically engage so we can understand and respond to the diverse needs of people from all communities. This year, we launched the Community Partners Programme, implemented the Reducing Health Inequalities Projects and initiated a Programme of Exploration to better understand how we can engage with our local community in the future. You can read more about our community engagement activities within this report.

There is a clear relationship between patient and employee satisfaction. The delivery of great care is only possible if people feel connected, involved and supported to do their very best work together. Our priority of making Solent a great place to work is underpinned by a strong values-based culture, supported by strong leadership throughout the organisation. We nurture growth, ensuring that everyone in Solent benefits from learning, and career development.

Every year we ask our employees to share what it feels like to work in Solent through the NHS Staff Survey. This gives us a good indication of whether we are achieving against our 'great place to work' priority. In 2019, 63% of people responded to the survey, our highest ever response rate – and compares favourably with other similar Trusts. The results showed that we are amongst the best when compared with other combined community and mental health/learning trusts and Listening in Action, who independently evaluate all Trust results, placed Solent 8th nationally. Our results also show that we are strong in some very important areas. They demonstrate that our workplace gives people the freedom and confidence to speak up, which has an impact on the quality of care we provide. During the year, we were recognised by NHS England's Chief Executive, Sir Simon Stevens, for our speaking up culture.

Inclusion and diversity remains a top priority for us as an organisation; developing a culture where everyone counts. Our survey results also showed that we are the best performing organisation of our type, nationally, within this area. We continue to act on what our employees tell us to ensure we are realising our strategic priority of making Solent a great place to work.

We are proud to recognise the achievements of our people and teams. During the year, there were many very notable achievements. Pamela Campbell, Consultant for Homelessness and Healthcare Inequalities was announced as the national winner of the Lifetime Achievement Award category at the NHS Parliamentary Awards; the second year in a row this accolade has been presented to a Solent employee. Meanwhile, four Solent nurses were awarded the prestigious title of Queen's Nurse, and the Prime Minister recognised two of our healthcare professionals. Beth Kelly, Diabetes Specialist Nurse and Sharon Steele, At Risk Foot Lead in the Podiatry Service, were invited to 10 Downing Street for going above and beyond in their daily role in diabetes care, treatment and prevention. It is hard to summarise all the great achievements of people in Solent, but throughout this report, there are numerous stories of people going above and beyond, making a difference. We hope you enjoy reading about the inspirational work of the people who make Solent what it is.

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

Investment in our buildings further enhances the patient experience, leading to better patient outcomes and an improved environment for our teams to continue to provide great care. In 2019/20 we opened our refurbished and repurposed buildings at St Mary's Community Health Campus, bringing even more services to the heart of Portsmouth in state-of-the-art facilities. In addition, we continued with our plans to redevelop and extend the Western Community Hospital in Southampton to create a 50-bed rehabilitation wing for older inpatients; allowing us to care for even more people in purpose-built facilities. We look forward to realising our vision in the future.



As well as investment in our estates, during the year we made significant investment into our digital infrastructure, aimed at delivering a modern health and care experience. We invested in remote video consultations; helping us to care for more people in an accessible and convenient way. We also introduced online collaboration tools, enabling our employees to more easily connect with one another and work remotely and more efficiently. These investments will continue into next year as we accelerate our move towards becoming a digital first Trust.

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

We strongly support an NHS where services are more joined up. We have continued to develop and deepen our relationships with our partners to better connect our services so people can receive improved care, and to make it easier for people to access healthcare. At the forefront of this work is our active engagement and involvement within the Hampshire and Isle of Wight STP, and soon to be Integrated Care Partnership. We have also been pivotal in the developing Integrated Care Partnerships in Portsmouth and South East Hampshire, Southampton and South West Hampshire, as well as our unique mental health partnership with the Isle of Wight NHS Trust. These structures are critical parts of the health and care service, with providers joining forces to deliver better care to the communities they serve.

We are delighted that we are taking a leadership role in these developments, working with our partners to bring new and innovative services to our communities. In 2019/20, we launched a collaborative service, Positive Minds, in Portsmouth City Centre. Positive Minds is a drop in centre for people struggling with anxiety and other mental health issues. The service is a collaboration between Solent NHS Trust, Portsmouth City Council, Solent Mind, University of Portsmouth and others.

We continue to lead the way in community health research, working together with Side by Side, our well-established patient and carer involvement group. For the second year running our Academy of Research and Improvement topped the National Institute of Research's (NIHR) league table for the number of participants recruited to studies, and was also named the top care trust in England for supporting the most studies. This is testament to the work of our Academy who equip our teams and patients with skills and confidence to identify areas that could be improved, and tools to manage projects and measure impact.

In year we have seen a number of key changes at a Board level, with two new Non-Executive Director colleagues joining us, and we appointed an Interim Medical Director whilst we recruited substantively into our vacant Chief Medical Officer role. The appointments, which you can read more about further in the report have been incredibly positive, with individuals bringing new insight and experiences; helping us on our continued journey of transformation.

## The COVID-19 pandemic

The final months of the year, like all Trusts across the country, were dominated with our planning and management of the COVID-19 pandemic. We are extremely grateful to our teams who have shown overwhelming commitment and dedication in helping us to respond to the crisis. Everyone, right across the Trust, has pulled together to ensure we can continue to deliver care for patients in completely unprecedented times. We are also incredibly thankful for the support we have received from our partners and the people in our communities.

At the time of writing, we still have a long way to go in this pandemic; we don't know when the current measures will end and if, or when, there will be a further peaks. We continue to monitor the government modelling to make sure we are as prepared as possible, and work with our partners to ensure we can respond appropriately.

This is a really difficult time for our employees, at work and at home. The wellbeing of our people is always important, but no more so than now. We are dedicated to supporting the wellbeing of our teams and have developed a diverse range of health and wellbeing offers to help people stay physically and mentally well during COVID-19 and beyond.

We enter 2020/21 with an expectation for a new way of working. As a result of the COVID-19 pandemic, the way in which we provide services has changed fundamentally. We have already started to capture some of the learning, and the very positive differences which have been made to the way in which we deliver care. This will help us shape our new ways of working once the pandemic has passed. To help us 'build back better', we will continue to include our diverse communities, commissioners and partner organisation, and we will invest in, and develop, our workforce to enable us to keep learning and improving. Together, we truly aspire to provide great care, be a great place to work and provide great value for money.



SJHarriman

Sue Harriman  
Chief Executive Officer  
Date: 19<sup>th</sup> June 2020



C M Mason

Catherine Mason  
Chair  
Date: 19<sup>th</sup> June 2020



# Section 1.

# Performance Report

## Overview

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

Consideration of the going concern basis can be found within Section 3.

**It should be noted that the end of Quarter 4, 2020/21 was dominated by preparations for, and responding to, the Level 4 National Emergency (concerning Coronavirus COVID-19) - as such only data up to end of Q3 in some cases, and where indicated, is available and much of the annual report is written in the context of pre-COVID-19 .**

## Statement from the Chief Executive

---

I am really pleased to welcome you to our Annual Report and Quality Account for 2019/20 financial year, a year where we have achieved so much but also faced unprecedented challenges in response to the COVID-19 pandemic.

I would firstly like to pay tribute to the brilliant people who work with Solent. Without them, we could not realise our ambitious vision of keeping more people safe and well in the community. Throughout this report, you will read about some of their incredible achievements and examples of outstanding care. It makes me incredibly proud to be a part of this team.

When I wrote this statement last year, we had just received the results for our Care Quality Commission (CQC) inspection. The Trust was rated as 'Good' overall and was 'Outstanding' in the area of caring. I was delighted that we were rated so highly and to receive the feedback we did from the CQC inspectors. We look forward to inviting our inspector colleagues back into the organisation in the future, so we can demonstrate our ongoing learning and continuous improvements.

It is vital that we continue listening, learning and improving as a Trust. Ultimately, it is the people we care for, their carers and families, that continue to tell us how successful we are in shaping the care they want and services needed for themselves and their loved ones. We gather this information in a variety of ways, working closely with our communities and also through the 'friends and family' test. During the year we continued our work to meaningfully engage with people from diverse communities. We developed firm friendships with voluntary sector groups, including Moriah Family Carers group and parents and carers from BAME backgrounds who look after children with additional needs, amongst others and we have developed and adapted the way we effectively communicate with people from diverse communities to ensure that they can easily receive information and share their thoughts. You can read more about our community engagement activities within this report.

As well as feedback from our patients and the services we provide, feedback from our people is of equal importance. We have a range of listening and engagement practices in place, including staff stories at Board from our staff networks, Schwartz rounds and the annual staff survey. I am delighted that the Trust again scored among the best nationally when compared with other combined community and mental health and learning trusts. Over 63% of Solent colleagues responded to the survey this year – which equates to 2,149 people, our highest ever response rate. The health and wellbeing of our people remains our top priority. We will continue to identify things we can do differently, so that we have more time to care for ourselves, each other and our patients. We also want to provide people with the tools to invest in and navigate their own futures. This is so we can continue to attract, develop and retain the very best people.

I am really proud that we are the best performing organisation of our type for diversity and inclusion in the annual staff survey and we have already met/ exceeded our target set in the Model Employer report. We have made great progress this year with our compassionate and inclusive leadership strategy. This includes setting up more staff network groups and hosting special events such as our Menopause conferences. We are committed to creating a culture where everyone counts and encouraging people to think about inclusivity.



We put a strong emphasis on employee retention, however, our average employee turnover rate over the 12-month period was 14.6% - this is slightly higher than the national average. Our retention programme is focused on engaging with our employees and ensuring Solent offers a positive working environment. One of the improvements we have made this year is to work with an outsourcing partner to develop and implement exit interviews so that we receive fully objective feedback that we can act on in real time.

To ensure we maintain safe staffing levels, we have needed to use agency staff within some of our services. Our benchmarking shows that we compare well with peers on our agency usage. However, we have not yet achieved our agency target. To help reduce the cost of agency, we have robust processes in place to authorise the most costly 'off-framework' requests and use in-house Bank employees wherever possible.

As a consequence of COVID-19 our agency spend and employee absence rates were adversely impacted and we continue to monitor this, and offer programmes of support and engagement for our staff affected by the pandemic. The safety and wellbeing of our people is critical.

It is crucial that our services perform well, and we know how this can affect the care for our service users and their families. We monitor waiting lists monthly and if there are any concerns, we work with commissioners to remedy this. We always escalate concerns for assurance through to the public Trust Board and Performance Report. We saw the largest area of growth in the past year around the Adults Southampton service line. This reflects the NHS Long Term Plan and the ambition to grow community services to move activity out of hospital.

I am immensely proud that despite 2019/20 being financially challenging for the whole NHS family, we were able to achieve a small surplus and performed better than our set Control Total Target (a target set by our regulator) of breakeven. We have now positively exceeded our Control Total for the fifth year in a row by transforming and improving our services with surpluses recorded for the last three years. This would not have been possible without the commitment of everyone across all areas of the organisation, and we remain committed to delivering further efficiencies and to continue to transform services with our partners.

I hope that the Annual Report will enable you to find out more about our successes and challenges. We pride ourselves on not just being a provider of healthcare, but also in being part of the wider community. The recent National Emergency has reminded us that we all have a role to play, and it is when a community truly comes together that the best can be done for everyone.

I hope through our work you see the enthusiasm and commitment at the heart of Solent NHS Trust. I look forward to 2020/21 and continuing to develop our services, our partnerships, our organisation, and our value to our communities. We aim to make a difference – to keep as many people as possible healthy, safe, and independent at, or close to, home.



Sue Harriman  
Chief Executive Officer  
Date: 19<sup>th</sup> June 2020

# About us

---

## Who we are

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

We are a specialist community and mental health provider with an annual income of over £200m for 2019/20.

At 31 March 2020 we employed 5288 clinical and non-clinical members of staff (including part time and bank staff) this equates to 3026.15 full time equivalents (FTE) who contribute to providing high quality patient care across our local communities.

We delivered over 1.1 million service user contacts.

## What we do

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

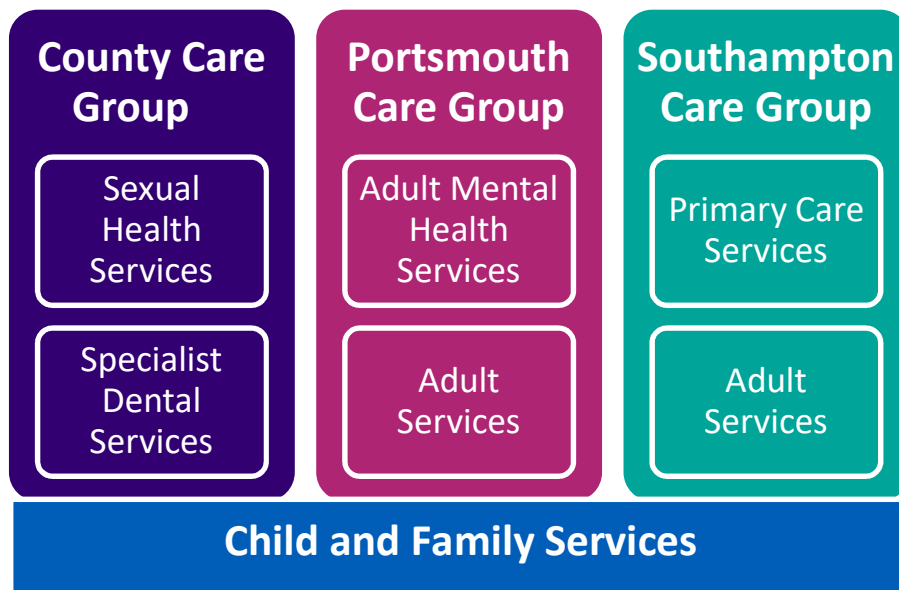
We are the main provider of community health services in Portsmouth and Southampton and the main provider of adult mental health services in Portsmouth. We also provide a number of pan-Hampshire specialist services and also provide these on the Isle of Wight, including sexual health and specialist dentistry. Our team of talented staff work from over 100 locations. In late October 2019 we were asked to work alongside the Isle of Wight NHS Trust to positively transform mental health services for the benefit of local people. This is an exciting new partnership for both organisations and is a great opportunity for us, in line with the NHS Long Term Plan, to make a difference by focusing on providing care out of hospital, keeping people safe, well and independent at, or close to, home. The Isle of Wight NHS Trust will continue to provide mental health services on the island. We also provide specialist dentistry on the island and will be providing sexual health services from 1 April 2020.

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

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

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

The following diagram illustrates our Care Group Structure:



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



## Solent NHS Trust 2019-20



### About us

Established on...

**1st April 2011**

We specialise in:  
 Community Services  
 Mental Health Services  
 Specialist Services  
 (Specialist Dental / Sexual Health)

Over 1.1 million service user contacts

### Quality

Inspected and rated overall: **Good**

☆ Caring 'Outstanding' ☆  
 Care Quality Commission

**Recommended for care**

Friends & Family Test  
 (Month 1 - Month 11)  
 96.9% Community  
 91.2% Mental Health

Staff Friends & Family Test  
 (at Month 11)  
 87%

### Workforce

**5,288**  
 Members of staff  
 (total headcount)\*  
 In 2019-20  
 (3,028.15 Full time  
 equivalents FTE)

**63%**  
 Staff survey responses

7.3/10  
 Engagement Score  
 (Comparable Trust  
 average 7.1)

**76.2%** of staff  
 received flu vaccinations

### Finance

**£10m**  
 Invested in  
 our estates

**£4.2m**  
 operational  
 savings

Year-end position

**31st**  
 March 2020

Small surplus of  
**£0.1m**  
 (Control Total  
 target:  
 Breakeven)

\* This includes our substantive, bank, honorary and locum staff.

**Solent's vision is to  
 provide great care, be a  
 great place to work and  
 deliver great value  
 for money**

**Our commitment to quality:**

**1 Involving communities**

Patients, families and carers are partners in care, and we understand and respond to the diverse needs of people from all communities.

**2 Ensuring safe care**

All leaders and teams prioritise safety, are open and honest and uphold Duty of Candour. People are actively involved and feel able to speak up and to report risks and incidents.

**3 Learning and improving**

We recognise that we don't always get it right and we strive to learn and make positive changes. Sharing excellence, research and learning are at the heart of quality improvement.

**4 Technology and innovation in care**

We work with service users to understand how we can enhance their experience of care using digital solutions; ultimately improving patient outcomes.

**5 Supporting vulnerable people**

By involving service users and their families, we work with partners to make sure everyone has equal access to healthcare services.

**6 Looking after each other**

We will create a positive workplace with a strong sense of belonging, where bullying and harassment is not tolerated. Everyone is supported with opportunities for learning and development.

**Our values are:**



**Honesty**

Open and honest



**Everyone counts**

Inclusive and valuing everyone



**Accountable**

Accountable for our actions



**Respectful**

Showing respect, dignity and compassion



**Teamwork**

Working together

## Our Story – why we exist

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

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

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

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

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



Click on the photo to link to a video demonstrating '*The Difference*' we make.



## Providing Great Care

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

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

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

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

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



Click on the photo to link to a video demonstrating 'Great Care' in action and *The Difference* we have made to Paul and his hydrotherapy story.



## Everyone counts

Making a difference to people in the community



People from Black Asian and Minority Ethnic communities are more at risk of developing Type 2 Diabetes. We work as hard as possible to make sure people in these communities are able to easily access Diabetes awareness, learning and education. We visit people in their local community, at cultural festivals and events, and we share information in different languages.

Bethany, Community Diabetes Specialist  
Nursing Team



## Being a great place to work



Great place  
to work

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

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

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

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

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



Click on the photo to link to a video demonstrating 'Great place to Work' in action and how we celebrated Nurses Day in 2019.

Click on the photo to link to a video about the apprenticeships we offer

## Apprenticeships





**Great value  
for money**

## Delivering Great Value for Money

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

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

In 2017, we were awarded £10.3M to redevelop and refurbish our building's at St Mary's Community Health Campus, bringing even more services to the Portsmouth and South East Hampshire community. This significant investment will allow us to care for even more people in purpose-built, state of the art facilities.

At Solent we work closely with and involve our partners in our financial decisions. At St Mary's we asked our service users and our partners, Healthwatch, how they would like to see the site improved and have adjusted investments to mirror their feedback.

Through the use of these new facilities we are able to provide a one-stop, joined up care experience for patients, meaning fewer visits to different places with one team working together towards the same goal.



Image copyright Joe Low





All images - copyright Joe Low

## Our values

Our shared HEART values reflect the deep belief that we are a caring organisation at the centre of our community. They support the development of a strong working culture. They breathe life into our organisation – guiding and inspiring all of our actions and decisions. They enable us to be better at what we do and create a great place for our employees to work, whilst ensuring we provide the highest quality of care to the people who use our services.

### How we work together as a values-based organisation

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

During the annual appraisal process, we asked people to reflect on what the values mean to them personally and how they bring them to work. We have also reshaped our recruitment and leadership practices to make HEART a part of our daily culture.

We will continue to develop ways of working that draws our values into all that we do, creating a great place to work and a great experience for our service users.



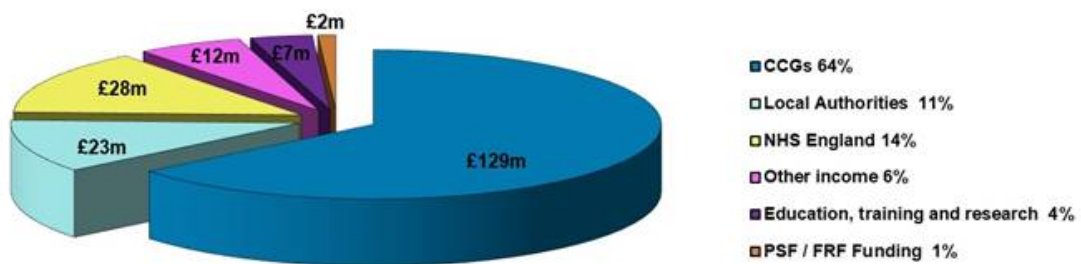


## Our finances

### Our income

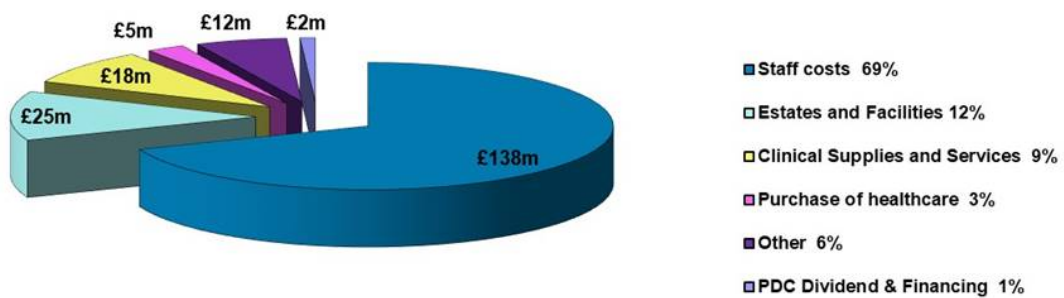
During 2019/20 we had an income of over £200m.

Our income is illustrated below:



### Our expenditure

Our expenditure is illustrated below:



## The year in review

---

### Responding to the Level 4 National Emergency

During the latter part of Quarter 4, we, like all other NHS Organisations, were entrenched in the preparations for and response to, the Level 4 National Emergency concerning Coronavirus COVID-19. This unprecedented situation resulted in an organisational wide response, resulting in us mobilising our workforce into different roles as operationally needed. During this time we adapted and flexed as necessary to support a system wide response, and internally implemented stringent governance checks and balances including the establishment of enhanced Quality Impact Assessments concerning service and process changes. An Ethics Panel was also created to consider the complex balancing of duties and sometimes difficult decision making required during the pandemic. Decisions we have made have been fully documented in line with national guidance.

As well as responding to the national emergency, we continue to be cognisant on the need to 'recover' – both organisationally, to that of pre-COVID service provision, but also and more importantly, in respect of our workforce, and wider community – many of whom will have been deeply affected by the situation. We do however acknowledge that there are many positive changes and practices that are emerging as a result of working differently during the crisis – consequently we will endeavour to incorporate these, and all relevant learning opportunities, into our everyday business moving forward, rather than reverting to a purely 'business as usual' model.

As per the national guidance, the Operational Planning round for 2020/21 was halted in response to the crisis – we will of course resume this process upon resolution of the situation, and have factored this into our recovery plan.

### Summary of financial performance

We performed better than our set Control Total for the fifth year in a row, with surpluses for the last three years. A summary of our financial performance can be found in Section 3.

### Principle risks and uncertainties facing the organisation

Our focus during 2019/20, like previous years, has been on maintaining service quality and sustaining financial recovery. Despite the financial challenges, service performance generally held up well throughout the year.

During March 2020, the national emergency in relation to COVID-19 meant that we had to suspend normal operations to focus on our response on key services. As part of this, we consciously increased the level of financial control risk we are willing to tolerate to enable the swifter payment to our suppliers, including increasing the tolerance for 3 way matching between Purchase Orders (PO), goods received and invoices. In addition, we have had to make assessments on income earned for this period. We have based this on national guidance.

We achieved a £0.1m surplus against a breakeven Control Total target. During 2019/20, Solent received £2.5m of Provider Sustainability Funding and Financial Recovery Funding, as awarded from NHSI.

Our efficiency target (Cost Improvement Plan) was £8.1m, of which £4.2m was delivered; the balance was achieved by other measures. Achieving further efficiencies is proving more difficult as a stand-alone organisation; future efficiencies will need to be delivered on an ICP and ICS basis through system transformation.

Our Control Total for 2020/21 is again break-even, but with only £1.5m of Financial Recovery Funding. However, the national emergency has meant that the basis of revenue received for at least the first four months has radically altered and all planning and contractual discussions have ceased. It is likely that there will need to be a national reset on finances once the emergency has abated.

## Our business risks

The great majority of our business is with Clinical Commissioning Groups (CCGs), NHS England, and local authorities, as commissioners for NHS patient care services and preventative services. As CCGs, NHS England and local authorities are funded by Government to buy NHS patient care and preventative services; the Trust is not exposed to the degree of financial risk faced by business entities, apart from the normal contract negotiation/renewal that is expected in any organisation. Deficits were incurred in 2014/15, 2015/16 and 2016/17 and as at 31<sup>st</sup> March 2020, the cumulative deficit stands at £6.5m, which have been funded by Department of Health loans with differing repayment dates. We have been notified that our outstanding loans of £9.1m will be transferred into Public Dividend Capital in 2020/21.

In 2019/20 we continued to respond to tender opportunities aligned to our core business and remain committed to exploring innovative models of integration and contract extension mechanisms to provide continuity for organisations and people who use our services.

With regards to our financial forecasts and modelling for the year ahead in order to achieve the Control Total, a number of risks exist as reflected below and in the following sections. These are obviously set against a backdrop of uncertainties concerning the COVID-19 situation, as we move into the 2020/21 financial year.

## Funding pressures

The financial constraints within local government are such that significant savings will be required, which will require difficult choices to be made. We welcome the pledge within the NHS Long Term Plan (LTP) that investment in community and mental health services will grow faster than the overall NHS budget over the coming years, and are working with our commissioning partners to ensure the realisation of this commitment. Long-term investment plans remain immaturely developed at both a local and wider system level however commissioners acknowledge that some Trust services are underfunded. Risks exist in relation to securing growth funding across our geography for the year ahead and we are already seeing significant pressures in meeting rising demand, against a backdrop of commissioned capacity.

Solutions to mitigate the risks will need to be more radical in nature than in previous years, which, may mean that we will have to reduce, or even stop the provision of some services due to insufficient funds to deliver them safely and effectively, if we do not see additional investment made in the out of hospital system.

We will, of course, continue to work creatively with our partners to find solutions which may involve doing things differently, for example by merging resources and teams and looking differently at our joint estate and the premises we work from. However, ultimately, significant transformation in the way services are commissioned must take place – to ensure out of hospital transformation can be delivered at the pace and scale required to meet the NHS LTP and more locally, the Hampshire and Isle of Wight Sustainability and Transformation Partnership (HIOW STP) Strategic Delivery Plan, and to ensure there is investment in mental health service delivery in line with parity of esteem aspirations.

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

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

We continue to see the commercial environment evolving and we remain committed to working in collaboration with our health and social care partners within the Hampshire and Isle of Wight Sustainability and Transformation Partnership (HIOW STP) to deliver the STP's Strategic Delivery Plan (SDP), aligned to the NHS Long Term Plan, which will ensure the future sustainability of local health and care delivery systems to meet population need. To achieve the ambitions set out in this Strategic Delivery Plan, we are changing the way organisations work together in Hampshire and the Isle of Wight in order to enable greater collaboration and remove duplication. Establishing the Hampshire and Isle of Wight Integrated Care System (ICS) in September 2020 is intended to create shared leadership to deliver our vision and plan, and to enable organisations to work more effectively together to redesign care, improve health and tackle the challenges we face. The core components of the Hampshire and Isle of Wight ICS will be:



- **42 Primary Care Networks**

Our primary care networks are the foundation of the Hampshire and the Isle of Wight Integrated Care System, where general practices work together in networks and with statutory and voluntary community health and care services to meet the needs of the local population. Delivering integrated mental and physical health and care, primary care networks proactively manage the health needs of the population they serve. Each primary care network has a clinical director. The average population served by one of our PCNs is 45,000 people.

- A single commissioning function for Hampshire and the Isle of Wight**  
 CCGs are working together to establish a single commissioning function for the Hampshire and Isle of Wight ICS.
- Integrated planning and delivery in each health and wellbeing area**  
 Our four upper tier local authority areas will continue to be the focus for place-based planning (undertaking population needs assessment) and for aligning health, care and other sector resources to deliver improved outcomes for local people. Partners will work together to further improve wellbeing, independence and social connectivity through the wider determinants of health including housing, employment, leisure and environment.
- Four Integrated Care Partnerships**  
 Integrated Care Partnerships bring together NHS providers, CCGs and local authorities to co-ordinate and improve the delivery of health and care in partnerships based around the populations served by our acute hospitals. Working together, partners are able to integrate healthcare delivery across PCNs, community, mental health, acute and social care services to better meet the needs of their population, and to support improved operational performance, improve quality and financial delivery.

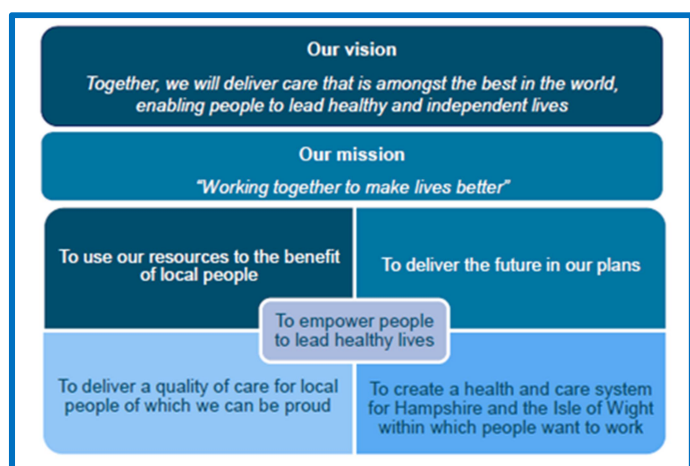
On its journey to become an ICS, an ICS Board will be established to set strategy, shape culture, ensure delivery of the ICS transformation programmes and to act as the strategic decision making body for the prioritisation and deployment of capital and revenue allocations made to the ICS. An ICS Assembly is also proposed to be established, which will bring together the leadership community in the Hampshire & Isle of Wight ICS and acts in an advisory role to the ICS Board. Contracting principles have been established at a HIOW level to assist with ICPs in their approaches, ensuring these are aligned to NHS Operational Planning and Contracting Guidelines for 2020/21.

### STP/ICS Vision and Goals

The STP/ICS vision, mission and goals are underpinned by strategic objectives and supporting programmes.

The major programmes are as follows:

- A radical approach to prevention will continue to contribute to the improved health and wellbeing of our population, working with partners to positively impact on the wider determinants of health and to the reduction in growth of activity in A&E
- Putting in place a new integrated care model delivered through the Primary Care Networks will enable the opportunity to reduce the amount of time people spend in hospital



- An urgent and emergency care programme to suppress the forecast growth of A&E through better utilisation and integration
- Improved quality and outcomes by establishing a Quality Alliance and delivering a set of self-service improvement programmes including a Mental Health Delivery Plan, and
- Better enablement through a range of workforce initiatives and digital transformation.



Image copyright Joe Low

## Portsmouth and South East Hampshire (PSEH) Integrated Care Partnership (ICP)

All organisations with responsibility for health and care in PSEH have come together to deliver a shared set of objectives, which includes commitment to a single system improvement plan to restore and improve service quality, performance and financial health. We have established new ways of working together, with providers and commissioners increasingly taking collective responsibility for population health and resources. We have agreed a PSEH ICP Blueprint that provides the framework for our development as an ICP over the coming four years. It includes some principles that fit with our local needs and those of the STP/ICS.



### How we will deliver

Our Chief Executive, Sue Harriman, is the System Convener for the PSEH ICP and all of the Executive Team and many of the Senior Leadership Team have key roles.

The system has established a supporting governance infrastructure, including;

- an Unified Executive Group, which meets monthly, responsible for the leadership, management and support of the ICP
- a Clinical Executive Group, which meets monthly, bringing together the senior clinical leaders from partner organisations and Programme Clinical Leads, and;
- an Operational and Programme Delivery Group, which meets monthly, focusing on system performance and the delivery of clinical and corporate service transformation against the ICP Plan. Additional advisory groups have also been established, including a Non-executive Director and Lay Member Network.

We also have some key objectives that focus our activity as a key member of the Partnership:

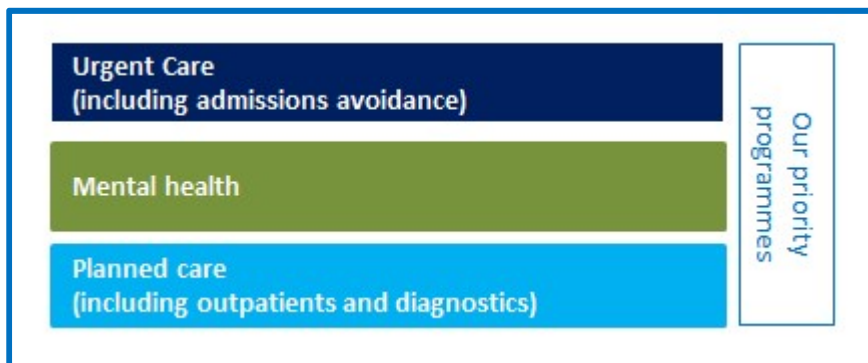
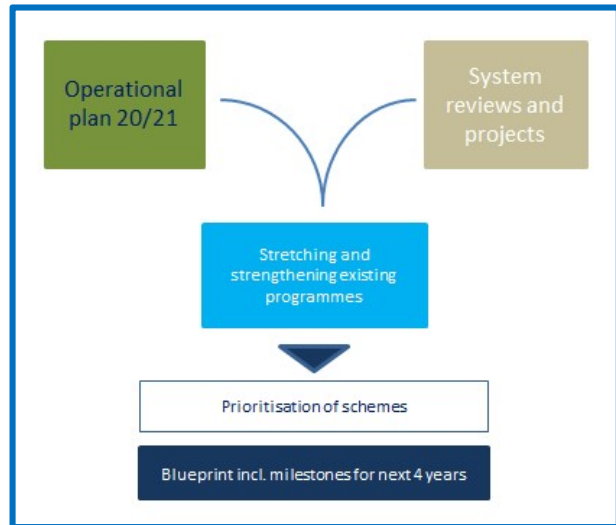
- Urgent care resilience – we will collaborate, including sharing risk and resources in order to increase capacity and manage demand.
- Sustainability – We will transform our health and care service to deliver the ICP benefits and make year on year improvements in our financial position.
- Citizen and Community Focus – Care will be person-centred, driven by population health.
- Promotion of Wellness and Prevention – We will plan, deliver, measure outcomes that support ambitious transformation across services to enable our communities to stay well and self-manage their health and care.



- Integration- Where ever evidence suggests and it adds value our health and care system will be fully integrated.

These reflect how the ICP will develop over the next 4 years and are being used to focus planning as an ICP; to prioritise, stretch and strengthen the programmes we deliver.

The ICP will change what, how and where care is delivered in line with the above principles. Partners have identified where there is significant benefit in coming together to design, target and deliver care to our patients and citizens. In the coming year to meet the requirements of the LTP and as a result of prioritising activity locally the following care priorities will focus activity:



These priorities recognise work in a complex system with many interdependencies and have taken aspects of other programmes particularly community and children. They will also take account of other transformation for instance in primary care through the introductions of PCNs.

We continue to be engaged in a Multi-speciality Community Provider (MCP) transformation programme within Portsmouth, underpinned by a partnership agreement between the Trust, the Portsmouth Primary Care Alliance, the local authority and Clinical Commissioning Group (CCG). The programme builds on work already started to integrate community health and social care services at locality level, centred around primary care.

### Southampton and South West (SW) Hampshire

Similar work is underway in Southampton, where, as a key partner in the Better Care Southampton transformation programme we are working with partner organisations to formulate a more robust out of hospital operating model that seeks to underpin the STP Strategic Delivery Plan.

By delivering better integrated out of hospital services we will be able to deliver even better patient outcomes, while also operating more efficiently, establishing a new way of working together with common objectives and accepting collective responsibility for the health and care of the people in the areas we serve. The emergence of Primary Care Networks this year has created an opportunity



to re-focus work in the Better Care Southampton arena, and Solent is providing operational management support to each of the city localities to work with our system partners and create change projects with a very localised flavour which will advance the city wide Health and Care strategy.

We remain in discussion with commissioners to ensure that local delivery plans for the Southampton and SW geography are developed in partnership; ensuring investment reflects the commitments made in the NHS Long Term Plan to increase funding in community and mental health services and ensure greater prevention and self-management of illness within the community. You can read about the work we have been undertaking with our partners and alliances in the following section.

### **The future**

We acknowledge that the future shape of services for Solent, as they are currently constructed, is unclear and that there is significant uncertainty in relation to the medium and long-term configuration of health and social care services within the H10W STP (and evolving ICS) footprint.

We do know that services will need to be radically transformed in order to ensure services are fit for the future – in terms of ensuring enduring quality and safety, to meet rising demand as well as achieving efficiencies ensuring a sustainable health and care environment.

Whilst our front line services will predominantly remain the same, it is likely that, in the future, we will increasingly be providing these via integrated models with our key partners, via innovative practices including being supported by digital advancements and enablers, and that our services will undoubtedly be underpinned by new contractual and governance arrangements.

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

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

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

## Working with our partners

### The Isle of Wight

On 1st October 2018 we commenced our specialist dentistry service on the Isle of Wight and since then have successfully integrated the service into our wider county offer.

In October 2019 we were asked to work alongside the Isle of Wight NHS Trust to positively transform mental health services for the benefit of local people. Our exciting partnership affords us a great opportunity, in line with the NHS Long Term Plan, to make a difference by focusing on providing care out of hospital, keeping people safe, well and independent at, or close to, home. The Isle of Wight NHS Trust continues to provide mental health services on the island.

In year we were also awarded the 0-19 and immunisations and vaccinations contract for the island (which will be mobilised during 2020/21) and we are delighted that we will also be extending our service offer on the IOW from 1 April 2020 with the expansion of our Sexual Health Service.

### Southampton and County Services

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

The programme aims to:

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

### Within social care

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

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

### **Within primary care**

Our links with primary care are of key importance as we strive to deliver more community based care. We work very closely with colleagues from Southampton Primary Care Limited, and have worked together to identify the most appropriate scale at which we could deliver our services, with the aim to offer a range of services that complement local out of hospital care with primary care networks.

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



### **Within the secondary sector**

We work as a key system partner, supporting colleagues in University Hospital Southampton NHS Foundation Trust (UHS). By establishing strong relationships and transparent partnership working, as well as working in a more integrated way with social care colleagues, we have contributed to the improving position with regards to delayed transfers of care. Our In-Reach Coordinator, based in the hospital actively seeks out service users for discharge and our Community Emergency Department Team works closely with the emergency department and frailty partners to prevent admission through advice and information. In year we extended the service, which now operates 7 days a week.

Within our community hospital wards based at the Royal South Hants Hospital (RSH), we have implemented a weekly Care Act compliance meeting, which includes colleagues from social care. Together, by sharing information, we evaluate delays to facilitate discharge. We have also helped to develop the Southampton Integrated Discharge Bureau to become a hub for discharges across the community and acute sector. We have recently enhanced our rehabilitation therapy service at the Royal South Hants (RSH) Hospital to cover 7 days a week.

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

In year we mobilised an innovative initiative where an advanced physiotherapy practitioner works in the community in conjunction with community geriatricians conducting comprehensive geriatric assessments. The project is creating improved patient outcomes as well as creating additional hospital capacity by reducing patient length of stay and freeing up acute bed space.

### **Portsmouth and South East Hampshire**

Solent NHS Trust, via the Portsmouth and South East Hampshire Care Group, continue to engage in strong effective partnerships with the following:

**Clinical Commissioning Group** - We have a mature relationship and have invested in a number of joint posts, including our Deputy Chief Operating Officer /Director of Transition. Together, we have developed a four year rolling joint plan for transformation and financial planning purpose. This has created an environment of strategic change rather than tactical savings.

**Portsmouth City Council** - We now have co-located and integrated services in all key areas of the care group with some joint appointments. We are in active discussion about how to take this further forward to enable full scale integration around neighbourhood teams.

**Portsmouth Primary Care Alliance (PPCA)** - We have supported the PPCA in their business development, including providing corporate service support to enable them to be successful in their bid to run 24/7 services. We have a partnership agreement between the organisations which flags our on-going commitment to improve the capacity and capability of primary care.

**Positive minds** – We are proud to announce that Positive Minds, a new drop-in service for people facing mental health challenges, opened on 23 December 2019. The service provides support for people who are living through low mood, anxiety, or who feel overwhelmed and helpless in face of problems such as money, housing, relationships, work, bereavement, leaving the Forces, or living away from home at university.

*“I am so proud to be part of this exciting new development in the city. This is an excellent example of the way that organisations are working in partnership to bring services together into one place, for the benefit of people in the city – including our armed forces community. We are so grateful for the support we have received from everyone involved, including the Armed Forces Covenant Trust Fund and also from the Royal Navy and Royal Marines Charity.”*

**Sarah Austin, Chief Operating Officer Portsmouth and Commercial Director**

**MCP** stands for ‘Multi-Speciality Community Provider’ one of several models of care in the NHS Five Year Forward View. The Portsmouth MCP Programme is a partnership between the Portsmouth Primary Care Alliance, Solent NHS Trust, Portsmouth CCG, HIVE Portsmouth and Portsmouth City Council. MCP partners have committed to work together to meet the challenges facing health and care services in the city by jointly developing new ways of working and delivering new services, dissolving traditional boundaries between primary, community, and social care.

Key Drivers include:

- Portsmouth people wanting “joined up”, “co-ordinated” care
- The need to provide quality services
- Workforce shortages mean we need to make efficient use of increasingly scarce professionals
- The need to ensure that services are affordable and sustainable in the future
- The need to create strength through partnerships in order to support out of hospital delivery for the benefits of those that use our services

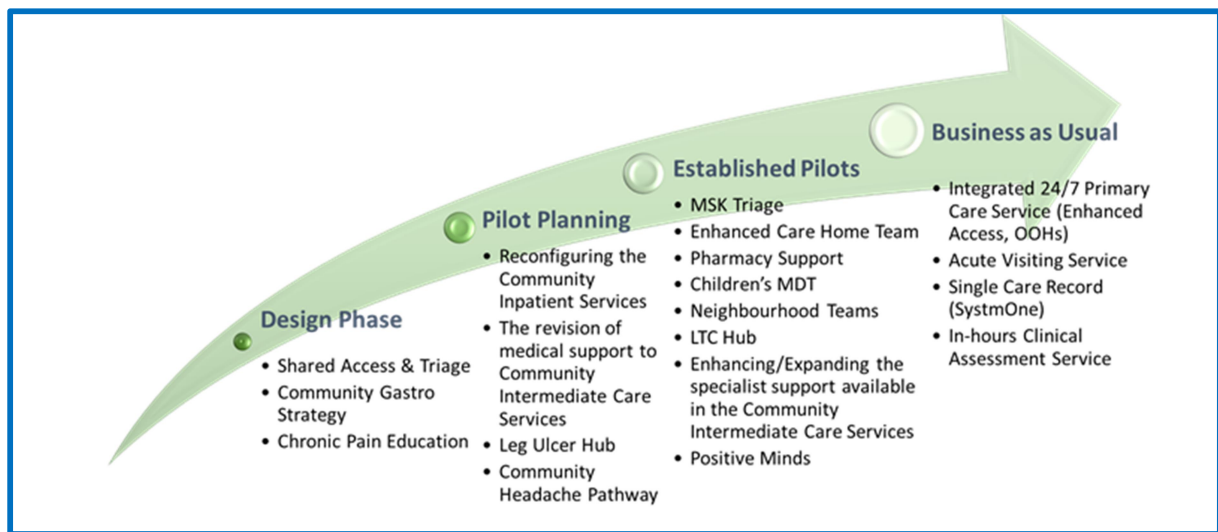
We are:

- Building an integrated health and care team serving each neighbourhood (Primary Care Network)
- Supporting people to stay at home

- Reviewing and integrating urgent and enhanced support services which are better organised across the City or wider area

The Portsmouth MCP partnership is in its 3rd year and continues to take forward the integration of primary, community and social care services, particularly for the benefit of adults in the city. The future development of the partnership is under consideration as part of the wider health & care Portsmouth programme and the HIVE Portsmouth has recently joined the partnership. The HIVE brings together people from local voluntary, community and social enterprise services (VCSE) in the city, to build a happier, healthier and more connected city.

By December 2019 we achieved the following:



**Armed Forces** – During 2019 we developed the Portsmouth Military Mental Health Alliance to respond to the challenges facing our armed forces community. The Alliance has brought together statutory and voluntary organisations committed to improving pathways to both intervene early in those with emotional distress as well as those entering crisis.

With funding from both the NHS, Armed Forces Covenant Trust Fund, and the RNRMC, the Alliance has stood up Positive Minds an open access civilian and armed forces service, a new veterans' curriculum at the Solent Recovery College, and additional support to the families of serving personnel in Portsmouth and in what is ground-breaking work, provide support directly to Royal Navy serving personnel on gambling and alcohol addiction and raising awareness of mental health issues at HMS Nelson & HMS Collingwood.

We continued to support delivery of the Southampton Veterans Drop in Centre and are pleased to see that excellent service flourish under the leadership of the Veteran community; and we are working with colleagues to develop a "Trauma Informed City" in Portsmouth. We are also exploring potential future development of a regional high intensity trauma service.

Solent NHS Trust has a veterans staff network and we continue to welcome individuals from the armed forces community seeking to join the NHS offering work placements, shadowing and job application support.

The Trust is delighted to have been selected, with our partners, as preferred provider for the Veterans' Mental Health High Intensity Service for the South East region. We will now work with NHS England, public sector partners and colleagues across the voluntary, community and social enterprise (VCSE) sector to implement a model of interconnected specialist mental health support services for the veteran community.

## **Working in the community**

We are committed to involving people, from the diverse communities we serve, in the development of the Trust and our services.

### **Community engagement**

Further information on our approach to community engagement and activities undertaken in year, please see our Quality Account, Appendix 1

### **Engagement with our membership**

In 2015 we stepped off the Foundation Trust (FT) application pipeline. Since that time we have not actively recruited members. We continue to share news and information with people who registered as members of the Trust during the Foundation Trust membership recruitment process.

In line with our renewed commitment to community engagement, we will be developing our membership, and engaging with them in a renewed way aligned to our Community Engagement Strategy.

### **Engagement with Health Overview and Scrutiny Forums**

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

#### **Southampton (Health and Overview Scrutiny Panel)**

- 2018 Care Quality Commission outcome
- Proposed relocation of Podiatry from Shirley Health Centre to the Adelaide Health Centre. Service users were invited to attend a number of engagement events to share their views, as well as being able to use dedicated phone lines and email address to have any queries answered and to have their views made known. The engagement activity was extended at the request of service users to enable them to fully understand any potential impact.

#### **Portsmouth (Health and Overview Scrutiny Panel)**

- Proposed relocation of Podiatry Services in Portsmouth City to St. Mary's Community Health Campus. Together with Healthwatch we engaged with over 200 service users, who attended more than 10 engagement events. A dedicated email address and phone line was also established to capture views and questions, and the Chief Operating Officer appeared on BBC Radio Solent talking about the proposed changes. We listened to what our services users most valued and responded by amending the original proposal put to HOSP; rather than relocating all Podiatry clinics to the St. Mary's Community Health Campus, the clinics at

Cosham Health Centre would remain, with a reduced number of clinics at Eastleigh Health Centre and Lake Road Health Centre. HOSP Committee members and service users were invited to view the new facilities at St. Mary's Community Health Campus, providing valuable feedback and scrutiny. All stakeholders agreed that this engagement activity model should be adopted for any proposed future changes in service provision.

- Proposed changes to service provision at Jubilee House
- STP update (alongside Richard Samuels, STP Lead for Hampshire and Isle of Wight)
- Solent update (January 2020) including: Winter performance, Positive Minds, Community Rehabilitation Team, SEND (special educational needs and/or disabilities) inspection, JTAI (joint targeted area inspection) inspection, neuro-diverse pilot, CAMHS (Child and Adolescent Mental Health) Improvement, financial position and forecast, and an update on estates and parking, as well as veterans

#### Hampshire (Health and Adult Social Care Select Committee)

- 2018 Care Quality Commission outcome

### Charitable funds

Beacon, Solent NHS Charity, raises money for areas not covered or fully supported by NHS funds and aims to make a difference to the experience of service users and staff. This can be anything from improving a waiting area, staff development and recognition, or creating a multi-use outdoor sports area for those staying with us on a longer term basis. Sometimes it is the smallest things that can make the biggest difference.



Whilst we are a relatively small and unknown charity, we are immensely grateful to everyone who has donated money. The donations we received during 2019/20 amounted to £3k. Examples of how we spent donations include; sensory toys, standing aids for patients and training equipment for clinical staff that would not be funded via our commissioned and contracted mechanisms.

### Whole system response and emergency preparedness

To ensure that we can continue to provide our priority services should there be an incident, Emergency Preparedness, Resilience and Response (EPRR) for Solent NHS Trust continues as an identified work stream. During 2019/2020, we carried out a number of exercises that facilitated the validation of plans and preparedness; these included:

- Comprehensive winter planning and travel disruption exercises across the key service lines
- Established a 'Brexit working group' to ensure any potential impacts could be discussed and information shared with staff, as well as preparation and planning for the possible impacts of a 'no deal' or disruptive exit from the European Union (EU)
- Lockdown exercises were carried out with a particular focus on the ability to secure patient areas if required
- carried out an audit of business continuity plans and updated our template, as well as providing regular training for On Call staff, and



- participated in a number of exercises, involving the acute trust and partners, and in system wide task and finish groups for the psychosocial response to a mass casualty.

Staff attended a variety of scenario based exercises and training was provided by the Emergency Planning Practitioner. Any lessons identified, following these exercises and after incidents, were shared with the wider Trust and any necessary actions taken. During the year, we also continued to play an active role and work in partnership with other organisations to prepare for a critical or major incident including the Local Resilience Forum (LRF).

Our Chief Operating Officer for Southampton and County Wide continued to represent us at the Local Health Resilience Partnership (LHRP), whilst our Emergency Planning Practitioner (EPP) regularly attended local health resilience meetings, sharing information with our Emergency Planning Group which meets regularly. We also participated in the LRF by taking on the role of risk 'champion' for psychosocial planning in the event of a major incident.

We also completed the annual training needs assessment, and a new training plan has been put in place for the coming year. The plan, which has been built around the training needs of strategic on call participants, is robust and diverse to cover the necessary information. Each year in preparation for a difficult winter, we reviewed and updated our winter plan, ensuring that contingency plans for increased capacity were updated and tested to reflect the possible capacity system challenges.

On an annual basis NHS England (NHSE) assesses us for assurance against the EPRR core standards. In 2019/2020, NHSE concluded that we had submitted evidence to demonstrate that we were 'fully compliant' with the EPRR assurance assessment. NHSE acknowledged the work we had undertaken during the year, this indicates that we have the capability to continue to deliver products and services at predefined levels in the event of a disruptive incident.

Since the Autumn of 2018, we have also been assessing and preparing for the possible impacts of leaving the EU with a 'no deal' situation. We have been working with managers and staff to ensure that they are aware, and able to mitigate, should the EU exit have any adverse effects on the delivery of our services. Due to the government changes and the EU exit situation there were no impacts seen at the end of the financial year however the preparation and planning involved will be used to underpin any future impacts or events.

Our EPRR foundations assisted us greatly during Quarter 4 2020/21 (and beyond), enabling us to adapt and respond to the rapidly changing and demanding Level 4 National Emergency, with the implementation of a Gold Command structure. We continue to play a vital partner to the wider on-going system response particularly the participation with HIOW Local Resilience Forum.



## Technology and the digital agenda

We have continued to invest in technology to enable our staff to be able to work more flexibly and efficiently. This allows staff to securely access electronic patient records, clinical and office applications from locations away from the office, including at non-Solent NHS Trust locations and in patients' homes. More staff now have a smartphone and a laptop with mobile data connectivity, which enables them to have secure access to up to date information when they see patients, irrespective of the location.



The technology projects delivered in the last year include:

- [‘Axe the Fax’](#) – Removing over 80 legacy fax machines from across the Trust.
- [Improving the resilience and bandwidth of our strategic data links](#), which move our information across the region and nationally. This project has allowed our staff to continue working even in situations if two of the three main internet lines should fail.
- Installing [Microsoft Advanced Threat Protection \(ATP\)](#) on every Trust computer, which allows the security of all our computers to be remotely monitored and incorporates the latest anti-virus protection.
- Rolling out a [new fleet of printers and multi-functional devices](#) across the Trust as part of a Managed Print Service. These devices include ‘follow-me printing’ using existing staff identity cards, remote monitoring for their ink/toner levels and automatic ordering of maintenance visits or supply deliveries.
- Conducting a [pilot for Remote Video Consultations](#), which can now be rolled out across the Trust allowing clinicians to speak and see patients remotely using technology similar to Skype. Although useful for routine appointments, this technology will also become part of the Trust’s business continuity plans in the future.
- Moving the Trust [Data Warehouse](#), where we collect all our electronic records into one place, from a data centre to a cloud hosted environment, which will allow our staff greater data analytics functionality by utilising the latest version of Microsoft Power BI. The cloud environment we are using is inherently secure and fully approved by the UK Government for storing patient data.
- Upgrading our computer operating system from Microsoft Windows 7 to the latest [Windows 10](#) and preparing the computers for an imminent change from Microsoft Office 2010 to [Office 365](#). We are also undertaking a technical upgrade of the laptop fleet with increased memory and faster hard drives, which will collectively improve laptop performance, lifespan and the user experience.



All of these projects are enabling our staff to have the right technology to access the right information at the right time - a key enabler to delivering the Trust vision. We aspire to build on our technology investments to date, enabling us to be at the cutting edge of technology and digital exploitation. This will enhance our performance and support staff to leverage new and emergent technology to the greatest effect.

We regularly review our ICT Services delivery approach and there are several drivers which have required us to review again over the last year.

These include:

- The [2019 NHS Long Term Plan](#). This is the blueprint to make the NHS fit for the future and developing digital technology is at the centre of it. It outlines an ambitious transformational shift to a digitally focused NHS – from the new NHS app released last year, to digitising care information and creating joined up systems that share information. Delivering this will require new technologies as well as a culture change in the use of those technologies in our Trust
- [Changes in government policy](#) for provision of ICT Services within Health and Care
- The [2019 NHS Topol Review](#). This explores the potential that digital advancement holds for the NHS workforce. It examines the possibilities that genomics, digital medicine, artificial intelligence and robotics holds for the NHS, estimating that within 20 years, more than 90% of NHS roles will require digital skills
- Our ability to adopt [emerging technologies](#), and
- Our ability to take opportunities to support [further integration and collaboration](#) with our Health and Care partners.

Building on our established IT infrastructure, we accelerated some of our planned technology solutions at the start of the Covid-19 crisis to support our staff with remote working and to provide alternative mechanisms to engage with patients. We will be developing these further and with the above in mind, over the next year to deliver the following:

- An [increased app library](#) on our mobile phones, utilising NHS apps, approved 3rd party apps and locally developed apps
- [Microsoft Teams](#) on computers and mobile phones, creating an instant messaging and powerful collaboration platform which will allow Service and Corporate teams to share information in a way that moves beyond email
- [Changing our infrastructure](#) so that we can connect more devices to our corporate WiFi, which will allow smart TV screens and other smart device technology to be deployed in our wards, waiting rooms and staff areas. This will also enable future use of wearable technology
- Further roll out of the piloted [Remote Video Consultations](#) product across the Trust, giving patients and staff the choice on how they interact in the future

- An improvement to our legacy IT network with a [new wide area network](#), which will be able to handle up to 2000 times more data than the current solution
- [Enhanced Microsoft Power BI tools](#), which will allow managers to interrogate our Data Warehouse information with enhanced self-service and targeted reporting
- An [application development capability](#), allowing us to develop smartphone applications in an agile way that can rapidly meet changing staff or patient demands
- [Microsoft Office 365](#) to all our staff, which as well as providing enhanced use of the latest versions of applications like Outlook, Word and PowerPoint on Trust computers, will also enable access to these applications on staff smartphones, and
- A Trust [virtual desktop infrastructure](#) which will support easier working beyond our boundaries on non-Trust computers provided by other NHS, local authority or care organisations.

## Going Concern

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

## Solent News

On the following pages you can read a few examples of our promotional stories.

### Queen's Nurse title awards

Four of our nurses were awarded the prestigious title of Queen's Nurse.

The quartet honoured include Suzi Graves, Integrated Services Matron for Community Nursing Southampton, Tracey Tudball, Clinical Manager for the Lordshill community nursing team, Julie Southcott, Modern Matron for Community Nursing Portsmouth and Helen Ellerby, Specialist Nurse in Sexual Health in Winchester and Eastleigh.

They were given the award by the Queen's Nursing Institute for demonstrating a high level of commitment to patient



### Volunteering stalwart honoured on eve of national Volunteers' Week

We honoured volunteering stalwart Alison Earle for her 25 years of dedication to St Mary's Hospital in Portsmouth with a long-service award at the annual meeting of the hospital's League of Friends in May 2019.

The award coincided with national volunteers' week between Saturday 1 June and Friday 7 June 2019, which celebrates the fantastic contribution millions of volunteers make across the UK.

The League works tirelessly behind the scenes to provide the 'extras' which help improve the patient journey.

### Winner of first 'Nurse of the Year' award

Vanessa Bull, Learning Disability Nurse, won our inaugural Nurse of the Year award in May 2019.

The award gave patients and Solent colleagues the opportunity to recognise those who really make a difference and is part of our celebration of International Nurses Day 2019 on Sunday 12 May.

Vanessa works within the Jigsaw team based at Southampton Civic Offices, which supports disabled Children.

### Healthcare heroes recognised at awards ceremony

We hosted our inaugural Solent Awards in June 2019 at the Hilton Ageas Bowl to celebrate the achievements of colleagues across Solent NHS Trust.

The ceremony saw a total of 10 awards presented following nominations from patients and colleagues. An independent panel then selected the winners from a shortlist. We will be holding a similar celebration event on an annual basis to recognise the difference our staff make.

### Prime Minister recognises two healthcare professionals for diabetes work

The then Prime Minister Theresa May recognised two of our healthcare professionals for their work around diabetes. Beth Kelly, Diabetes Specialist Nurse, and Sharon Steele, At Risk Foot Lead in the Podiatry Service, were invited to 10 Downing Street on Monday 24 June 2019 by the Prime Minister.

They were among just a select few individuals who were invited after going above and beyond their daily role in diabetes care, treatment and prevention.





## We are ranked number 1 for research activity for second year running

We were recognised as the country's best performing research centre in the category of 'Care Trusts' for the number of people recruited into studies, and the number of studies running in 2018/19.

For the second year running Solent NHS Trust's Academy of Research and Improvement has topped the National Institute for Research's (NIHR) league table for the number of participants recruited to studies, with 2855 people across Hampshire taking part in 50 research projects, which is an increase of 20.9% on 2017/18.

**Solent leads NIHR  
Research Activity League  
Table for Care Trusts**



## Southampton nurse wins national Lifetime Achievement Award at Parliamentary Awards

Our Nurse Consultant for Homelessness and Health Inequalities Pam Campbell was announced as the national winner of the Lifetime Achievement Award category at the NHS Parliamentary Awards.

She was a founding member of the Homeless Healthcare Team, set up in July 1992 and is recognised as a national leader in the field of homelessness.

She was nominated by Southampton Itchen MP Royston Smith and was presented with the award at a London ceremony by NHS Chief Executive Sir Simon Stevens and Health Secretary Matt Hancock MP.

## Saints players join Southampton school pupils for Healthy High 5 challenge

Pupils from a Southampton school were joined by three Southampton footballers as they took on the Trust's Healthy High 5 Award in October 2019.

Hollybrook Junior School on Seagarth Lane themed a week specifically for health and wellbeing and took part in additional physical activity sessions, yoga, mindfulness and healthy eating.

The Healthy High 5 Award is a Southampton-based award for schools to improve the health and wellbeing of their pupils. The award scheme is run jointly by Solent NHS Trust and Southampton City Council.

The award consists of five achievable 'stars' that when completed together has a positive impact on health and wellbeing for pupils.



## New diabetes tool helps to improve patient safety

Our diabetes specialists won a regional award for developing a new tool to improve care and safety for housebound patients.

The tool – known as C.R.A.S.H. (Chronic Kidney Disease, Risk of Frailty, Amputations, Steroids, Hypo/Hyperglycaemia) – helps community nurses who are caring for patients requiring insulin to identify and escalate issues and concerns quickly, resulting in quicker and safer treatment.

The Wessex Academic Health and Science Network presented community diabetes nurses and the diabetes team with the award in September 2019, as part of World Patient Safety Day.

### Our CEO opens up about her menopause experience

Sue Harriman spoke candidly to the media about her experience of the menopause as the Trust hosted its first menopause event in October 2019.

The event saw colleagues – both women and men – talk openly about how the menopause has affected them, or someone they know, in a comfortable environment. The event proved so popular that plans are in place to hold many more events as part of a wider menopause strategy and vision.



### National award for positive speaking up culture

We were delighted to be presented with a national award by NHS England Chief Executive, Sir Simon Stevens, for our positive speaking up culture in October 2019. The Trust was presented with a certificate at an event at Westminster by the National Guardian's Office. Freedom To Speak Up Guardians exist in all NHS Trusts across the country, allowing staff to seek confidential advice and support if they have a concern in the workplace. Solent was crowned as the best performing combined mental health, learning disability and community trust in the country following its annual NHS staff survey results, where staff said they felt comfortable raising issues. It had the second highest FTSU index score in the country.

### Solent NHS Trust colleagues wear NHS rainbow badge to support inclusion

Colleagues from across the Trust pledged to wear a NHS rainbow badge to show their support for all who identify as lesbian, gay, bisexual, transgender and all other identities (LGBT+).

The intention of the badge is to show that the Trust is an open, non-judgemental and inclusive place for LGBT+ patients and colleagues.

To date, over 1,000 colleagues have made the pledge.



### Flying the flag for LGBT+ History Month

In February, we hosted a series of events in support of Lesbian, Gay, Bisexual, Trans, Plus (LGBT+) History Month. Colleagues from across the Trust joined in the celebrations at a launch event on Monday 3 February 2020 arranged by its LGBT+&Allies Resource Group.

We held a LGBT+ themed Schwartz Round and the month concluded with colleagues being invited to a Solent Stories event, where they could 'borrow' an LGBT-related human book, listen to that person's story and have the chance to ask questions they may not otherwise have an opportunity to ask.



# Performance Analysis

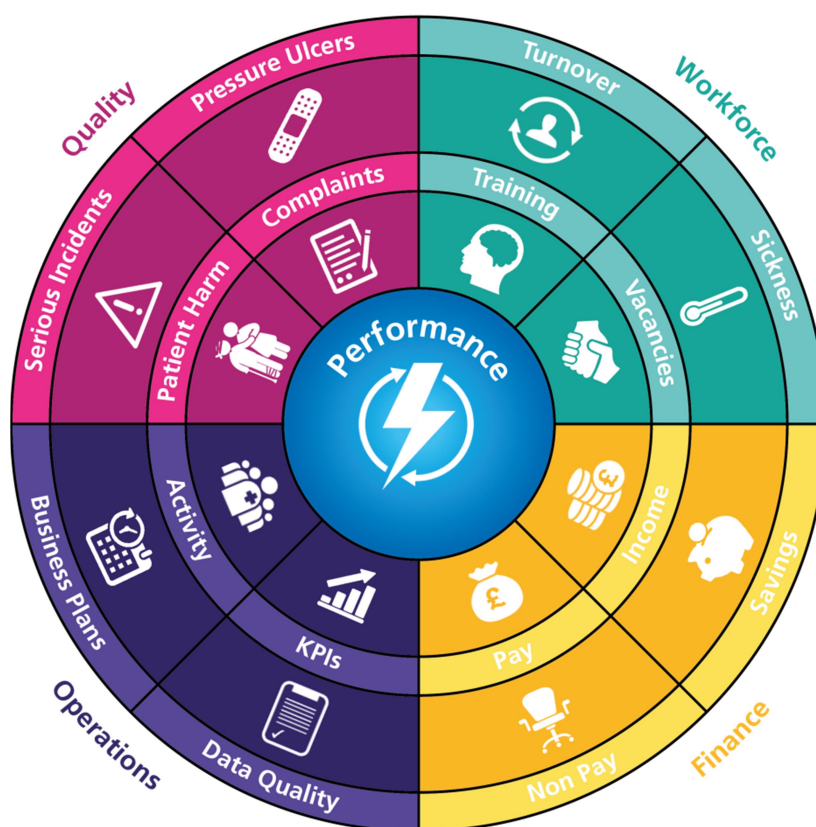
## Performance Measurement

We record and report a range of data on a monthly basis for all of our services. The information is used to help us provide internal intelligence and assurance that our services are delivering safe, effective and efficient care as well as to our commissioners, regulators and the public.

During 2019/20, we reported 309 external Key Performance Indicators (KPIs), 963 individual additional reporting indicators and 40 audits, across 12 commissioning organisations. Together, these help services and commissioners monitor our performance against the standards of care expected and services commissioned. You can read about our Performance Governance structure within the Annual Governance Statement.

In year we introduced the use of statistical process control (SPC) analysis within our Performance Report in line with the CQC recommendation to highlight only meaningful variances and anomalies in performance for discussion at Board level. This was applied across the NHS Improvement Single Oversight Framework section of the report and within each individual Directorate's performance summary. It was very well received by Board, and as a result, there are plans to rollout further across Service Line reporting during 2020/21.

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



## Activity Review

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

Service Line	Contacts	Inpatient Occupied Bed Days	Total
Adult Mental Health	36,058	18,783	54,841
Adult Services, Portsmouth	202,235	10,667	212,902
Adult Services, Southampton	336,842	21,843	358,685
Child and Family Services	190,333	0	190,333
Special Care Dental Services	48,320	0	48,320
Primary Care and Long Term Conditions Services	185,021	0	185,021
Sexual Health Services	97,088	0	97,088
	<b>1,095,897</b>	<b>51,293</b>	<b>1,147,190</b>

Overall activity levels have remained fairly consistent to 2018/19, with a reported 1% increase in activity. It is worth noting that activity in March 2020 was beginning to see the impact of reduced service provision due to the COVID-19 response. This has impacted the overall activity level comparison between this year and last.

The largest area of growth is attributable to the Adults Southampton service line, reflecting the growth in community based services in line with the NHS Long Term Plan ambition to shift activity out of hospital. There has been a decline in the overall number of Inpatient Occupied Bed Days, mainly attributable to the closure of the Oakdene Mental Health Rehabilitation ward in Portsmouth during October 2019, and the reduction in the capacity at Jubilee House in Portsmouth throughout the year.

We successfully achieved the national standards for Referral to Treatment (RTT) within 18 weeks for another year. Due to the community nature of services provided there are limited services applicable to the national RTT standards. Although the standards have been achieved, performance has declined from 2018/19 across both measures, highlighting the pressures on consultant-led community services, such as Community Paediatrics Medical Service and Diabetic Medicine. A breakdown of performance for 2019/20 is illustrated in the following table:

RTT standard	Number of compliant referrals	Total number of referrals	Performance
Part 1B – Complete Outpatient	6,618	6,812	<b>97.2%</b>
Part 2 – Incomplete	11,437	11,760	<b>97.3%</b>

## NHS Improvement Single Oversight Framework

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

The framework covers five themes:

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

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

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

### Quality of Care Metrics

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

### Organisational Health

Indicator Description	Threshold	Apr - 19	May - 19	Jun - 19	Jul - 19	Aug - 19	Sep - 19	Oct - 19	Nov - 19	Dec - 19	Jan - 20	Feb - 20	Mar - 20
Staff sickness (rolling 12months)	4%	4.4%	4.4%	4.5%	4.6%	4.7%	4.8%	4.8%	4.9%	5.0%	5.0%	5.1%	5.2%
Staff turnover (rolling 12 months)	14%	14.8%	14.1%	14.6%	14.8%	14.1%	14.4%	15.5%	15.2%	14.7%	14.6%	14.1%	14.1%
Staff Friends & Family Test - % Recommended Employer	80%	-	-	73%	-	-	71%	-	-	-	-	-	*
Proportion of Temporary Staff (in month)	6%	5.8%	5.9%	6.1%	6.2%	6.3%	5.8%	5.4%	5.8%	5.4%	4.2%	4.6%	6.8%

\* Friends and Family Test collections ceased for March 2020 due to COVID-19

During 2019/20 a review of internal targets was undertaken for workforce metrics, including sickness and turnover. The review concluded that keeping the sickness target at 4% was appropriate, and demonstrated an aspirational level to strive towards. The target for turnover was increased from 12% to 14%. Although Solent have not met the internal target of 4% for sickness, compared to national median of 4.89%, our 2019/20 average is below this at 4.80%.

The Trust turnover rate has averaged at 14.6% for a rolling 12 month period. The national data for turnover is published as a monthly rate, for which the national median is 0.92%. Our average monthly turnover rate for 2019/20 is 1.1%, almost 0.2% higher than the national median, and 0.1% higher than the regional median (0.97%), identifying us as having a greater than average turnover rate.

## Caring

Indicator Description		Threshold	Apr - 19	May - 19	Jun - 19	Jul - 19	Aug - 19	Sep - 19	Oct - 19	Nov - 19	Dec - 19	Jan - 20	Feb - 20	Mar - 20
Caring	Written Complaints	15	19	17	13	7	11	15	22	24	8	19	15	9
	Staff Friends & Family Test - % Recommended Care	80%	-	-	85%	-	-	87%	-	-	-	-	-	*
	Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0
	Community Friends & Family Test - % positive	95%	97%	97%	97%	97%	97%	96%	97%	97%	97%	98%	97%	*
	Mental Health Friends & Family Test - % positive	95%	92%	96%	91%	97%	89%	90%	88%	91%	86%	91%	93%	*

\* Friends and Family Test collections ceased for March 2020 due to COVID-19

Compliance against the Caring domain is positive overall with no significant concerns. Due to the nature of our Mental Health Services, the Friends and Family Test (FFT) scores are generally lower than Community services FFT scores. Performance for Mental Health FFT has been challenging for some time. The Trust average (April to November 2019<sup>1</sup>) was 92% which is above both the England and Hampshire averages (89.4% and 89.9% respectively), however it is acknowledged that this is still below the recommended 95%.

## Effective

Indicator Description	Threshold	Apr - 19	May - 19	Jun - 19	Jul - 19	Aug - 19	Sep - 19	Oct - 19	Nov - 19	Dec - 19	Jan - 20	Feb - 20	Mar - 20
Care Programme Approach (CPA) follow up - Proportion of discharges from hospital followed up within 7 days - MHSDS	95%	100%	100%	100%	94%	100%	100%	96%	100%	98%	97%	100%	100%
% clients in settled accommodation	59%	82%	81%	79%	79%	81%	83%	95%	95%	85%	82%	82%	81%
% clients in employment	5%	6%	6%	6%	5%	4%	5%	5%	5%	5%	5%	5%	4%

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

<sup>1</sup> April 2019– November 2019 was chosen to specifically allow for comparison benchmarking

## Safe

Indicator Description	Threshold	Apr - 19	May - 19	Jun - 19	Jul - 19	Aug - 19	Sep - 19	Oct - 19	Nov - 19	Dec - 19	Jan - 20	Feb - 20	Mar - 20
Occurrence of any Never Event	0	0	0	0	0	0	0	0	0	0	0	0	0
NHS England/ NHS Improvement Patient Safety Alerts outstanding	0	0	0	0	0	0	0	0	0	0	0	0	1
VTE Risk Assessment	95%	99%	99%	98%	99%	100%	94%	99%	98%	95%	97%	96%	**
Clostridium Difficile - variance from plan	0	1	0	0	0	0	0	1	1	1	0	0	**
Clostridium Difficile - infection rate	0	1	0	0	0	0	0	1	1	1	0	0	**
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	**
Escherichia coli (E.coli) bacteraemia bloodstream infection	0	0	0	0	0	0	0	0	0	0	0	0	**
MRSA bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	**
Admissions to adult facilities of patients who are under 16 yrs old	0	0	0	0	0	0	0	0	0	0	0	0	**

\*\* Data unavailable for March 2020 due to COVID-19

## Operational Performance Metrics

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

Indicator Description	Threshold	Apr - 19	May - 19	Jun - 19	Jul - 19	Aug - 19	Sep - 19	Oct - 19	Nov - 19	Dec - 19	Jan - 20	Feb - 20	Mar - 20
Maximum time of 18 weeks from point of referral to treatment (RTT) – patients on an incomplete pathway	92%	97%	97%	96%	95%	98%	98%	97%	98%	98%	98%	98%	97%
Maximum 6-week wait for diagnostic procedures	99%	99%	99%	98%	100%	100%	98%	98%	98%	99%	99%	98%	99%
Inappropriate out-of-area placements for adult mental health services - Number of Bed Days	0	0	0	0	0	0	0	0	0	0	0	0	0
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	50%	67%	75%	56%	100%	100%	80%	100%	67%	75%	0%	80%	83%
Data Quality Maturity Index (DQMI) - MHSOS dataset score***	95%	72%	73%	80%	80%	81%	86%	86%	87%	91%	-	-	-
Improving Access to Psychological Therapies (IAPT)		-	-	-	-	-	-	-	-	-	-	-	-
- Proportion of people completing treatment moving to recovery	50%	58%	55%	55%	55%	54%	54%	54%	54%	53%	53%	53%	53%
- Waiting time to begin treatment - within 6 weeks	75%	98%	99%	100%	100%	100%	100%	100%	99%	98%	97%	99%	100%
- Waiting time to begin treatment - within 18 weeks	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Overall, compliance against the Operational Performance theme is positive with the only exception being the Data Quality Maturity Index (DQMI) for Mental Health Services. Performance against the DQMI is reported 3 months in arrears, and has shown an improvement month on month throughout the year. This is as a result of the focus being given to improving our DQMI score as it links to a CQUIN (Commissioning for Quality and Innovation) scheme for 2019/20. Whilst there is still further improvement to be made to reach the target level of 95%, we have shown a significant improvement going from 72% in April, to 91% in December 2019.

## Strategic Objectives Achievement

We began the year with 75 strategic objectives planned for delivery in the 2019-2020 Operating Plan. These objectives were further split into 488 respective milestones managed locally by service lines and corporate teams - progress is monitored against agreed objectives monthly at performance meetings.

## Solent NHS Trust Priorities and the Solent Story

As part of our business planning process for our Operating Plan, service lines and corporate directorates aligned their strategic objectives to our 10 organisational priorities to ensure there is a direct relationship between the service we provide and our strategic direction - these are mapped in the following tables.

Deliver Great Care			
Involving Service users in shaping care and always learning from their experiences	Working closely with partners to join up care	Treating people with respect, giving equal emphasis to physical and mental health	Ensuring we provide quality services which are safe and effective
21	37	17	43
Total: 118			
Make Solent a great place to work			
Supporting people to look after their health and wellbeing	Improving the workplace by listening to ideas and acting on feedback	Supporting and developing leaders who enable people to be at their best	
23	27	23	
Total: 73			
Deliver best value for money			
Working with partners to spend money wisely	Involving people in decisions about spending money	Enabling services to have more time to provide care	
45	27	37	
Total: 109			

By the end of quarter 3, we had successfully delivered 10% total year-to-date of business objectives across all service lines and corporate teams. All business objectives underwent a Quarter 3 review by service leads and the Corporate Portfolio Management Office (CPMO) to assess the progress of each objective and to ensure that Quarter 4 milestones were still realistic and achievable. Good progress was being made, however, unfortunately due to COVID-19 situation we suspended our immediate monitoring and will reinstate this in due course, together with consideration of our future business objectives.



## Our key successes

The following section illustrates a few examples of us delivering against our objectives.

Service Line	Our Objective	What we achieved
Adults Southampton	We will work with system partners to reduce admissions and Delayed Transfer of Care (DTC) by supporting system integration, the out of hospital model and cluster/locality development by April 2020	<p>The team have worked with system partners in order to reduce admissions and Delayed Transfer of Care (DTC) through system integration. A new pathway for home intravenous (IV) patients has been established to prevent admissions / increase discharges and improve the flow in and out of hospital for the local health economy. Additionally, the national 'red and green day' tool has been implemented within the wards and has generated a reduction in length of stays. Although the programme remains on-going to refine the process, it is hoped that with further development greater improvements can be achieved.</p> <p>As a consequence of the National Emergency we have been working with our partners at University Hospitals Southampton Foundation Trust to support patients who are medically optimised for discharge (MOFD) from the acute hospital, and to support patients discharged from our rehabilitation wards with enhanced care packages in the community from our Crisis Response Service. We will continue to work with partners throughout the remainder of the crisis to support safe and timely discharges.</p>
Mental Health	We will redesign and implement an Adult Mental Health (AMH) rehabilitation community model in order to improve patient outcomes by November 2019	The team redesigned the rehabilitation offer from an inpatient service to a recovery focused community offer. The community offer is based around psychology and occupational therapy, putting the patient's rehabilitation and recovery at the forefront whilst keeping the patient in their own home or utilising the community housing offer. The team worked very hard to enable the rehabilitation ward to close on schedule and all the staffs have either moved to new roles in the community offer or to our inpatient services.
Sexual Health	The service will gain competitive rates and improve pathways within our pathology service provision by April 2020	A review of the pathology service was undertaken in order to establish best practice, innovation and best price. The service carried out in-depth market research and the findings revealed potential opportunities for the near future to improve the overall patient experience. As the established laboratories already provide a great service, a decision was made to remain with the current providers. However, the research has enabled the service to develop a future vision as well as challenge costs with our local laboratories and gain greater efficiencies and streamlining of costs.

## 2020/21 – Performance reporting -a look forward

The start of 2020/21 will be heavily focussed on our COVID-19 response, and as a result, some planned work for 2020/21 has been put on hold. The initial focus for 2020/21 would have been the continuation of the SystemOne Optimisation Project; a trust wide project to optimise the main clinical record system, improving data quality, providing a foundation for standardised reporting and introducing a business intelligence portal for the first time. The project was extremely well received during 2019/20 and we planned to continue building on this success with further rollout across clinical services during the year ahead, however, the project has currently been placed on hold.

Another priority for 2020/21 is the move to PowerBI for the Trust's business intelligence reporting. This has been expedited as a result of the COVID-19 response. A rapid rollout has taken place since mid-March, which is providing up to date information from clinical, workforce and quality systems and is assisting the Trust's planning for the COVID-19 response.

## Our CQC Inspection Results

You can read about our CQC inspection results in the Quality Account, Appendix 1.

## Environmental Reporting

Our Sustainable Development Management Plan, reviewed in July 2018, aligns with the NHS Standard Contract, specifically Service Condition SC18 – Sustainable Development. Our Plan is currently under review following the publication of the new NHS Standard Contract that introduces changes to Service Condition SC18 including the development and publication of a Green Plan.

As a Provider we are required to quantify our environmental impacts and publish in our annual report quantitative progress data covering as a minimum, greenhouse gas emission in tonnes, emissions reduction projections and the way in which those projections will be achieved. Our target for 2020/21 is to publish our Green Plan and ensure we are able to provide the level of information required for our 2020/21 annual report.

We are committed to being a leading sustainable healthcare organisation, and to carrying out our business with the minimum impact on the environment. Our Sustainable Development Management Plan (SDMP) priorities are shown below but will be amended during 2020/21 and incorporated within our new Green Plan:

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

During 2019/20, across the Trust we:

- Completed refurbishment works at our St Mary's Community Hospital Campus enabling us to significantly improve our energy efficiency of both Blocks B and C.
  - Previously Block B did not have an Energy Performance Certificate. The previous sites where staff relocated (Turner Centre and Langstone Centre at the St James Hospital site) was rated C, with a score of 56 and an emission rate of 57.97 kgCO<sub>2</sub> / m<sup>2</sup> per year. Following refurbishment Block B now has a B energy efficiency rating, with a score of 46 and an emission rate of 34.63 kgCO<sub>2</sub> / m<sup>2</sup> per year.
  - Block C, before refurbishment had an Energy Performance Certificate with a C rating, a score of 55 and an emission rate of 40.67 kgCO<sub>2</sub> / m<sup>2</sup> per year. Following refurbishment Block C has an Energy Performance Certificate with a B rating, a score of 44 and an emission rate of 20.78 kgCO<sub>2</sub> / m<sup>2</sup> per year.
- Reduced our electricity consumption by 1% across the whole of the Trust
- Reduced our gas consumption by 7% across the whole of the Trust
- Reduced total waste volumes compared with 2018/19
- Introduced 500 additional dry mixed recycling bins provided free by the waste contractor to assist with improving recycling rates

- Improved our mixed waste recycling (including confidential waste) to 30% across the whole of the Trust from 10% in 2018/19; our target for 2020/21 is to separate out our waste streams where possible to enable independent recycling of waste paper and cardboard
- Achieved our target of zero waste to landfill.
- Saved, stored and re-used approximately 20 tonnes of furniture.
- Invested £558K in energy efficiency measures.
- Involved staff in Green impact campaign to raise awareness and generate environmental improvement actions; and
- Continued to introduce initiatives to make our procurement more sustainable



We commenced the implementation of our refreshed Access & Transport Policy on a phased basis during the year which is assisting us in our aspiration to reduce single occupancy car travel and increasing cycling in conjunction with our Sustainable Travel Plan. We provided a park and ride facility for our St Mary's Community Hospital Campus and provided pool cars to support staff that used this facility or car shared. We are currently working with LiftShare to introduce a car sharing scheme to support reduced single journeys. We are working closely with the 'My Journey' programme across Hampshire, Portsmouth and Southampton to raise awareness of alternative transport options and to secure grant funding to support the implementation of new initiatives. Behavioural change remains one of the main challenges to this being successfully implemented.

On an annual basis we complete the Sustainable Development Unit report, supported by the ERIC return (Estates Return Information Collection) and from data provided through our energy bureau. This is in line with our Carbon Reduction Action Plan, to meet our mandatory sustainability reporting requirements. We use the Model Hospital reports to review our performance against published benchmark information and our peer groups.

In addition, on a monthly basis, we monitor our waste disposals and utilities consumption. Our utilities consumption is compared with previous year's usage and adjusted using degree day data<sup>2</sup> to ensure economic efficiencies and to track consumption in line with our carbon reduction targets.



Our waste disposal locations are monitored to ensure zero waste to landfill, and to track increasing recycling rates. We work with our waste contractor to increase segregation to improve recycling rates, and with their subcontractors to increase clinical waste residues to R1<sup>3</sup> recovery facilities, instead of previous landfill sites. Changes to our cleaning methodology supported improvements in waste segregation and recycling rates in 2019/20 and this will continue in 2020/21.

Our waste contract was renewed during 2019/20 enabling opportunities with our partners to be implemented, we also renewed our utilities contract that will run to 2024 ensuring we achieve best

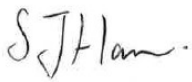
<sup>2</sup> Degree day data enables an accurate assessment and comparison of energy consumption to be made making due allowance for weather conditions in any given period.

<sup>3</sup> R1 recovery facilities use waste to generate energy.

value for money and ensure continued improvement with accuracy in monitoring our consumption. This will help to inform future capital investment decisions to reduce energy consumption and delivery of a sustainable estate.

In accordance with the HM Treasury Sustainability Reporting Guidance, our Carbon reduction Plan addresses the minimum requirements concerning Green House Gases (GHG) including Scope 1 (direct emissions), Scope 2, (energy indirect GHG emissions, and Scope 3 (other indirect GHG emissions) as well as Finite Resource Consumption including estates water consumption, via our ERIC return (measured in cubic meters).

We are committed to sustainable procurement practices and all new contracts are issued in accordance with NHS Terms and Conditions. By ordering our goods via a supply chain we minimise fleet mileage, deliveries, congestion and associated pollutants.

A handwritten signature in black ink, appearing to read 'S. J. Harriman'.

Sue Harriman  
Chief Executive Officer  
Date: 19<sup>th</sup> June 2020







# Section 2.

# Accountability and Corporate Governance Report

## Directors Report

---

### Governing our Services

#### Our Board of Directors

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

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

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

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

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

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

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

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

## Appointments

### Executive director appointments

In December 2019 Dr. Jonathan Prosser was appointed as Interim Medical Director following Dr. Dan Meron, Chief Medical Officer, leaving to join Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trusts as Chief Medical Officer. We appointed substantively to the role of Chief Medical Officer in early 2020 and our new colleague will be joining us in Quarter 2, 2020/21.

Sarah Austin, Chief Operating Officer Portsmouth and Commercial Director leaves us in late April 2020 to join Guy's and St Thomas' NHS Foundation Trust in London as Director of Integrated Care.

### Non-executive director appointment

During 2019/20 both Gaurav Kumar and Dr. Thoreya Swage were appointed as Non-executive directors supported by Odgers Berndtson. Interview panels were convened of representatives of NHS Improvement, an independent Trust Chair and the Trust's Chair. We also held engagement events as part of the interview process with representatives from our executive team, Non-executive Directors, Healthwatch representatives and senior members of our organisation.

## Our Board members during 2019-20



**Catherine Mason**  
Chair

---

**Appointed:** April 2019

---

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

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

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



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

---

**Appointed:** June 2012

---

Jon was appointed to the Trust in June 2012. Since 1997 until his retirement in 2010, Jon was the County Treasurer for Hampshire County Council as well as being Treasurer for the Hampshire Police and Fire Authorities. In these roles, Jon provided financial and strategic advice in support of the authorities' corporate strategies and was the chief financial officer for budgets approaching £2 billion.

Jon was an elected council member of his chartered accountancy body and the national spending convener for local government finance during several public expenditure rounds. Jon is an Associate Hospital Manager, the chair of the Audit & Risk Committee and is also the Lead NED for Freedom To Speak Up / Whistleblowing.



**Mike Watts**  
Non-executive Director

---

**Appointed:** October 2016

---

Mike grew up and went to school in Southampton. He is a Hampshire resident and has an extensive and wide ranging track record in organisational design and development that has driven business performance.

Mike is currently the lead consultant with Capability and Performance Improvement Ltd of which he is a co-owner. He has previously held senior HR roles at Southampton City Council, and the Chartered Institute of Professional Development; Cabinet Office; Lloyds TSB and Scottish Widows. During his time in the Cabinet Office, Mike was recognised by HR Magazine as one of top 30 influencers of HR practice. He has also held a previous Non-Executive Director role with the Scottish Executive. Mike was appointed in October 2016 and Chairs the Workforce and OD Committee as well as the Remuneration Committee. He is also the lead NED for Medical and Professional Fitness to Practice cases.



**Gaurav Kumar**  
Non-executive Director

**Appointed:** October 2019

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

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



**Stephanie Elsy**  
Non-executive Director

**Appointed:** September 2017

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

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

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



**Thoreya Swage**  
Non-executive Director

**Appointed:** February 2020  
(Associate NED from 1<sup>st</sup> Jan 2020)

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

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

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

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



**Sue Harriman**  
Chief Executive

**Appointed:** September 2014

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

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

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

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

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

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



**Andrew Stevens**  
Chief Finance Officer and Deputy CEO

**Appointed:** August 2015

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

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



**Jackie Ardley**  
Chief Nurse

**Appointed:** December 2017

Jackie has over 40 years experience in the NHS as a nurse. She commenced her career in Critical Care, working across the health system in General Nursing, Primary Care and Mental Health and Community Services.

In 2001 Jackie spent seven years working on national service redesign programmes, leading a number of successful initiatives within a number of roles including Director of Service Improvement and a Regional Director post in Improvement Partnerships. Jackie has worked as Chief Nurse in Leicestershire Partnership NHS Trust.

She is passionate about improving patients and their families experience across health and social care.



**Jonathan Prosser**  
Interim Medical Director

**Appointed:** December 2019

Dr Jonathan Prosser has been a Consultant Child and Adolescent Psychiatrist for 22 years, the last 6 of which have been with Solent NHS Trust. He has been the Clinical Director of the Child and Family Service Line, in addition to which he has been fulfilling the role of Chief Medical Officer since December 2019 until a substantive replacement for the last Chief Medical Officer is able to come into post.

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

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



**Helen Ives**  
Chief People Officer

**Appointed:** April 2017

Helen Ives joined us as in May 2016 to lead our organisational development programme and was appointed to the role of Chief People Officer in April 2017. Helen is an organisational psychologist and an HR professional. She is a fellow of the Chartered Institute of Professional Development and member of the British Psychological Society. Prior to joining the NHS, Helen worked in a variety of business sectors, including: technology, logistics and professional services.

Helen also runs her own business as an independent consultant, working with organisations to develop their culture and people.

As Chief People Officer, Helen is accountable for the development, and successful implementation, of the People and Organisational Development Strategy.

She works with our people and teams to develop our culture – our vision, mission and how we create a working environment in which people can thrive, make a difference to the communities we serve and deliver great care. She is also the executive lead for workforce planning, ensuring we have a sustainable workforce plan that enables us to deliver our services.



**David Noyes**  
Chief Operating Officer Southampton and County Wide Services

**Appointed:** July 2017

Prior to his life in the NHS, David spent 28 years in the Royal Navy, as a Logistics Officer, serving at sea and ashore in a wide variety of roles, including during hostilities in both the Gulf and in support of operations in the former Yugoslavia. His professional responsibilities spanned a broad range of operational disciplines including all support related operational matters, such as logistics, catering, HR, cash/budgets, medical, equipment support, infrastructure and corporate support functions.

During his career, he also served in major Headquarters undertaking strategic planning roles, and also twice worked in the Ministry of Defence in London, directly supporting members of the Admiralty Board, including the First Sea Lord. Towards the end of his military career, David was seconded to the Army, and served with 101 Logistics Brigade, during which time he served as Deputy Commander in the Joint Force Support Headquarters deployed for 6 months in Helmand province, Afghanistan.

Having left the Royal Navy in 2013, David joined the NHS, and initially worked as Director of Planning, Performance and Corporate Services for Wiltshire Clinical Commissioning Group, before joining Solent NHS Trust as Chief Operating Officer for Southampton and County wide services in July 2017.





**Sarah Austin**  
Chief Operating Officer Portsmouth and  
Commercial Director

.....  
**Appointed:** November 2011  
.....

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

Sarah most recently was COO for Portsmouth and South East Hampshire (PSEH) and Commercial Director for Solent, and had additional responsibilities for the Integrated Care System as Director of System Delivery. Sarah leaves us in April 2020 to join Guys and St Thomas' NHS Foundation Trust in London, as Director of Integrated Care leading the combined urgent and emergency care in the hospitals and the community services in Lambeth and Southwark.

*“We are immensely proud of both Sarah and Dan who have both secured fantastic new roles and who have both been huge contributors to, and at the forefront of Solent’s achievements and successes over the years. We would like to formally thank them both from their passion and drive and warmly congratulate them on their new roles”.*

*Sue Harriman, Chief Executive*

## Board members who left during 2019-20



**Mick Tutt**  
Deputy Chair & Non-executive Director

.....  
**Appointed:** April 2011

.....  
**Retired as Non-executive:** January 2020

.....  
Mick has more than 40 years NHS experience, including 20 years in Senior Management and more than a decade at Executive Director (and equivalent) level. As a qualified nurse Mick has managed mental health & learning disabilities services in a number of different Trusts and has experience of previously working with the CQC and its predecessors, including chairing comprehensive Inspections and taking part in the new Well Led regime during the last year. Mick has also acted as the Nurse/Manager representative on several independent Inquiries and has undertaken many investigations into disciplinary and grievance matters and serious incidents. Mick was a former lay member of the Portsmouth Community and Mental Health Service Board before being appointed Non-Executive Director for Solent NHS Trust.

Mick was the Chair of the Mental Health Act Scrutiny Committee and the Assurance Committee, as well as being the lead NED for Patient Safety (including Learning from Deaths).

Mick retired from the Trust as Non-executive Director at the end of his tenure.



**Professor Francis Davis**  
Non-executive Director

.....  
**Appointed:** October 2016

.....  
**Resigned:** May 2019

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

Francis chaired our Finance Committee and the Charitable Funds Committee and was also an Associate Hospital Manager.



**Dr. Daniel Meron**  
Chief Medical Officer

.....  
**Appointed:** January 2016

.....  
**Resigned:** November 2019

.....  
Dan studied Medicine at the University of Southampton, and completed psychiatry training in Wessex. He went on to become a consultant in general adult psychiatry in Avon & Wiltshire, where he held consultant posts in community teams, Crisis Resolution and Home Treatment, Acute Inpatient, Assertive Outreach, and Primary Care Liaison. Over the years he developed a management and leadership portfolio and continued to combine senior management roles with active front-line clinical work. He is actively engaged in research at the School of Medicine, University of Southampton, where he completed a Doctor of Medicine higher research degree. He has special interest in mood and anxiety disorders, trauma, addiction, recovery, and mindfulness. Dan undertook an Executive-MBA degree at Hult International Business School and graduated with distinction in 2014.

Dan left the Trust at the end of November 2019 to join Somerset Partnership NHS Foundation Trust & Taunton and Somerset NHS Foundation Trust as Chief Medical Officer.

## Board development and performance evaluation

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

The Board holds seminar and workshops every two months to focus on educational, developmental and strategic topics. Examples of educational sessions in year include a NHS Improvement briefing on 'Plot the Dots' (Statistical Process Control, SPC and data analytics) and in January 2020 the Board were joined by the NHS National Workforce Race Equality Scheme Team.

In light of new Board members joining, the Board will be reviewing skills and competencies in the year ahead to inform a new developmental programme. External expertise will be used to support delivery where necessary.

We conducted an internal evaluation of the Board and its key Committees in year, the outcomes of which help drive changes and improvements. The Board acknowledges the requirements of the NHSI and CQC *'Developmental reviews of leadership and governance using the Well- Led Framework: guidance for NHS Trusts and NHS Foundation Trusts'* to conduct an independent assessment and will do so within the prescribed timeframe, and in consideration of our new Board appointments.

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

Individual Board members are appraised annually.

## Declaration of interests and Non-executive Director Independence

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

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

Name	Interest registered
Catherine Mason Chair	<ul style="list-style-type: none"> <li>• Directorship: Independent Member Network Rail System Operator Advisory Board</li> <li>• Chair of CHP (Community Health Partnership)</li> </ul>
Jon Pittam Non-executive director	No interests to declare
Mick Tutt Non-executive director *left 31/01/2020	<ul style="list-style-type: none"> <li>• Pelican Consulting – sole trader offering management advice and support to health and social care organisations</li> </ul>
Stephanie Elsy Non-executive director	<ul style="list-style-type: none"> <li>• Directorship and Ownership of business: Stephanie Elsy Associates and Forster Developments Ltd</li> <li>• Chair and Director of Emsworth Forum Ltd</li> <li>• Other: Chair of Bath and North East Somerset Swindon and Wiltshire STP/ICS</li> </ul>
Mike Watts Non-executive director	<ul style="list-style-type: none"> <li>• Directorship and ownership of business: Capability and Performance Improvement Ltd</li> <li>• Directorship - Trojans Sports Club</li> </ul>
Thoreya Swage Non-executive director	<ul style="list-style-type: none"> <li>• Outside paid employment: Non-Executive Director of Frimley Health NHS FT (current), and Associate Non-Executive Director of Barts Health NHS Trust( until 31st January 2020)</li> <li>• Directorship and Ownership of business : Thoreya Swage (sole trader)</li> </ul>
Gaurav Kumar Non-executive director	<ul style="list-style-type: none"> <li>• Other employer: Assa Abloy Global Solution, Pacific House, Imperial Way, Reading, RG2 0TD (full time employee)</li> </ul>
Sue Harriman Chief Executive Officer	<ul style="list-style-type: none"> <li>• Directorship – Wessex Academic Health Science Network</li> <li>• Other – Social relationship with the owner of Grants People Solutions. Not involved in any decision making associated with commissioning decisions</li> </ul>
Helen Ives Chief People Officer	<ul style="list-style-type: none"> <li>• Husband a Bank Member of staff – not involved in any assignment placements</li> </ul>
Andrew Strevens Deputy CEO and Chief Finance Officer	No interests to declare
Jonathan Prosser Interim Medical Director	No interests to declare
Jackie Ardley Chief Nurse	No interests to declare
Sarah Austin Chief Operating Officer – Portsmouth & Commercial Director	<ul style="list-style-type: none"> <li>• Co-author of the Forces4Change Charter – no personal monetary interest currently</li> <li>• Family owner of ExForcesNet</li> <li>• Daughter unpaid intern BBI</li> <li>• Family friend Senior Officer at CGI – not dealing with Solent account</li> <li>• Family friend working at Capsticks – not dealing with Solent account</li> </ul>
David Noyes Chief Operating Officer	<ul style="list-style-type: none"> <li>• Vice Chair of Southampton Connect</li> <li>• Daughter a Bank Member of staff – not involved in any assignment placements</li> </ul>

## Information Governance

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

## Statement of Accountable Officers Responsibilities

The Statement of Accountable Officers Responsibilities is located on page 92.

## Modern Slavery Act 2015 – Transparency in Supply Chains

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

## The Board's committees

The Board has established the following committees:

### Statutory committees

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

### Designated committees

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



## Composition of Board committees at 31 March 2020

Director	Position	Board	Statutory Committees				Designated Committees					
			Audit & Risk Committee	Remuneration Committee	Governance & Nominations Committee	Charitable Funds Committee	MHA Scrutiny Committee	Quality Assurance Committee	Finance & Infrastructure Committee	Workforce & OD Committee	Community Engagement Committee	Strategic Partnership Committee
Catherine Mason	Trust Chair	Chair	-	Member	Chair	*Transitional attendance	Member	-	-	-	-	-
Stephanie Elsy	Non-Executive Director	Member	Regular attendee	Member	-	-	-	Member	Chair	Member	Chair	-
Jon Pittam	Deputy Chair and Senior Independent Director	Member	Chair	Member	Member	-	Member	As appropriate / available	-	-	-	Chair
Mike Watts	Non-Executive Director	Member	Member	Chair	Member	-	-	Member	Regular attendee	Chair	-	-
Gaurav Kumar	Non-Executive Director	Member	-	Member	-	Chair	-	-	Member	Member	-	-
Thoreya Swage	Non-Executive Director	Member	Member	Member	-	-	Chair	Chair	Member	-	-	-
Sue Harriman	Chief Executive Officer	Member	Member	On invitation	Member	-	-	Member	Member	Member	-	Member
Andrew Strevens	Deputy CEO and CFO	Member	Member	-	-	-	-	Member	Member	-	-	Member
Jonathan Prosser	Interim Medical Director	Member	-	-	-	-	Member	Member	-	Member	-	Member
Jackie Ardley	Chief Nurse	Member	Member	-	-	-	Member	Member	-	Member	Member	Member
David Noyes	COO Southampton & County Wide	Non-voting member	-	-	-	Member	Member	Member	Regular attendee	Member	-	Member
Sarah Austin	COO Portsmouth & Commercial Director	Non-voting member	-	-	-	-	Member	Member	Regular attendee	-	-	Member
Helen Ives	Chief People Officer	Member	-	Member	-	-	-	-	-	Member	-	Member

## Attendance at Board committees at 31 March 2020

Director	Position	Board	Statutory Committees					Designated Committees					
			Audit & Risk Committee	Remuneration Committee	Governance & Nominations Committee	Charitable Funds Committee	MHA Scrutiny Committee	Quality Assurance Committee	Finance & Infrastructure Committee	Workforce & OD Committee	Community Engagement Committee	Strategic Partnership Committee	
Catherine Mason	Trust Chair	6/6	-	6/6		-	3/4	-	-	-	-	-	
Mick Tutt *left 31/01/2020	Non-Executive Director & Deputy Chair	5/5	-	6/6	2/3	4/4	3/4	5/5	-	-	-	-	
Stephanie Elsy	Non-Executive Director	6/6	3/4	6/6	-	-	-	2/3 (since Nov 19)	6/6	3/3	4/5	-	
Jon Pittam	Deputy Chair and Senior Independent Director	6/6	4/4	6/6	2/3	-	4/4	2/2 (as available)	-	-	-	2/2	
Mike Watts	Non-Executive Director	5/6	4/4	6/6	1/1	-	-	6/6	5/5	3/3	-	-	
Francis Davis *resigned 03/06/19	Non-Executive Director	1/1	-	-	-	1/1	0/1	0/1	0/1	-	-	-	
Gaurav Kumar *joined 01/10/19	Non-Executive Director	2/3	-	2/2	-	1/1	-	-	3/3	2/3	-	-	
Thoreya Swage *joined 01/02/2020	Non-Executive Director	1/1	0/1	1/1 as Associate NED	-	-	1/1	1/1	1/1	-	-	-	
Sue Harriman	Chief Executive Officer	5/6	4/4	3/6	2/3	-	-	3/6 (shared membership with AS)	1/1	1/3 (shared membership with AS)	-	1/2	
Andrew Strevens	Deputy CEO & CFO	6/6	3/4	-	-	-	-	3/6 (shared membership with SH)	4/6	3/3 (shared membership with SH)	-	2/2	
Jonathan Prosser *from 01/11/19	Interim Medical Director	1/2	-	-	-	-	1/1	2/2	6/6	0/1	-	0/2	
Dan Meron *left 31/10/19	Chief Medical Officer	3/4	-	-	-	-	2/2	2/4	-	-	-	-	
Jackie Ardley	Chief Nurse	5/6	2/4	-	-	-	3/4	5/6	-	1/3	5/5	0/2	
David Noyes	COO Southampton & County Wide	6/6	-	-	-	4/4	0/4	5/6	-	2/3	-	2/2	
Sarah Austin	COO Portsmouth & Commercial Director	6/6	-	-	-	-	1/4	3/6 (deputy attended other 5/6)	6/6	-	-	1/2	
Helen Ives	Chief People Officer	6/6	-	3/6	-	-	-	-	4/6	3/3	-	0/2	

Attendance is calculated on eligible attendance against meetings held

## Audit and Risk Committee

*Frequency of meeting: At least quarterly (plus private meeting with External Auditor). During 2019/20 the committee met four times and separately in private.*

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

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

In year the Committee has received progress reports against recommendations identified by Internal and External Auditors, committee specific health sector updates, and received updates on financial governance processes, including single tenders, losses and special payments, Freedom to Speak Up as well as receiving briefings on clinical audit and counter fraud investigations. During the last year, as well as the scheduled items for discussion the Committee also considered reports and updates relating to Brexit preparedness and laptop/asset management. No significant issues in relation to the financial statements of 2019/20, operations or compliance were raised by the Audit and Risk Committee during the year. Committee composition and attendance 2019/20 is previously summarised.

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

### Internal audit

Our Internal Auditors during 2019/20 were PricewaterhouseCoopers LLP (PwC).

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

The cost of the internal audit provision for 2019/20 was £69k (excluding VAT).

### External audit

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

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

The Audit and Risk Committee reviews the external audit annual audit plan at the start of the financial year and receives regular updates on progress. The cost of the external audit for 2019/20 was £61k (including VAT).

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

## Disclosure of information to auditors

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

## Countering fraud and corruption

A Local Counter Fraud Specialist (LCFS) is provided by Hampshire and Isle of Wight Fraud and Security Management Service. The role of the LCFS is to assist in creating an anti-fraud, corruption and bribery culture within the Trust, to deter, prevent and detect fraud, to investigate suspicions that arise, to seek to apply appropriate sanctions, and to seek redress in respect of monies obtained through fraud. An annual risk based fraud workplan is designed by the LCFS and agreed with the Trust and the Audit and Risk Committee.

The Audit and Risk Committee receives regular progress reports from the LCFS during the course of the year and also receives an annual report. Our Counter Fraud provision is recorded with the NHS Counter Fraud Authority as holding and maintaining a Green rating (the highest possible rating) against the 'Standards for NHS Providers 2019-20 for Fraud, bribery and corruption'.

We have implemented agreed policies and procedures, such as the Local Counter Fraud, Bribery and Corruption Policy as well as a Freedom to Speak Up Policy and issues of concern are referred to the LCFS for investigation. We also ensure that there are various routes through which staff can raise any concerns or suspicions.

The Deputy Chief Executive and Chief Finance Officer is the executive lead for Counter Fraud and meets regularly with the LCFS to ensure that any learning from incidents and allegations is implemented. The Audit and Risk Committee is also regularly briefed on all allegations / investigations and actions taken. All counter fraud recommendations made throughout the financial year with the aim of addressing identified system weaknesses are considered by the Trust and recorded through the Trusts tracker system. This has ensured that appropriate action is taken, when concerns are identified, to mitigate fraud risk.

## Freedom to Speak Up

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

Our Quarterly Freedom to Speak Up (FTSU) Steering Group, which is chaired by a Non-executive Director (Chair of the Audit and Risk Committee) is attended by the Chief Executive, Chief People Officer, Chief Nurse and our Independent Lead FTSU Guardian. At the meeting, the Independent FTSU Lead Guardian



and Executives provide assurance to the Lead Non-executive Director for FTSU on behalf of the Board that issues raised are dealt with promptly and appropriately by the Trust. The FTSU Independent Lead Guardian briefs colleagues on:

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

The Chief Nurse and Chief People Officer brief members and provide assurance that appropriate actions are being taken where any matters concern patient and staff safety and /or wellbeing.

In year our Guardians dealt with the following cases:

- Quarter 1 – 16 cases
- Quarter 2 – 13 cases
- Quarter 3 – 13 cases
- Quarter 4 – 6 cases

The Group also oversees supporting work programmes associated with FTSU including the development of the strategy and associated implementation plan, the completion of the National Board self- assessment and ensuring appropriate promotion and engagement to support an open culture of raising concerns.

Our Independent Lead Guardian is supported currently by five Guardians working across our services. On an annual basis the Board receives a FTSU Annual Report.

## **Remuneration**

Full details of remuneration are given in the Remuneration Report.



# Governance Statement

## Annual Governance Statement 2019/20

### Scope of Responsibility

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

### The Purpose of the System of Internal Control

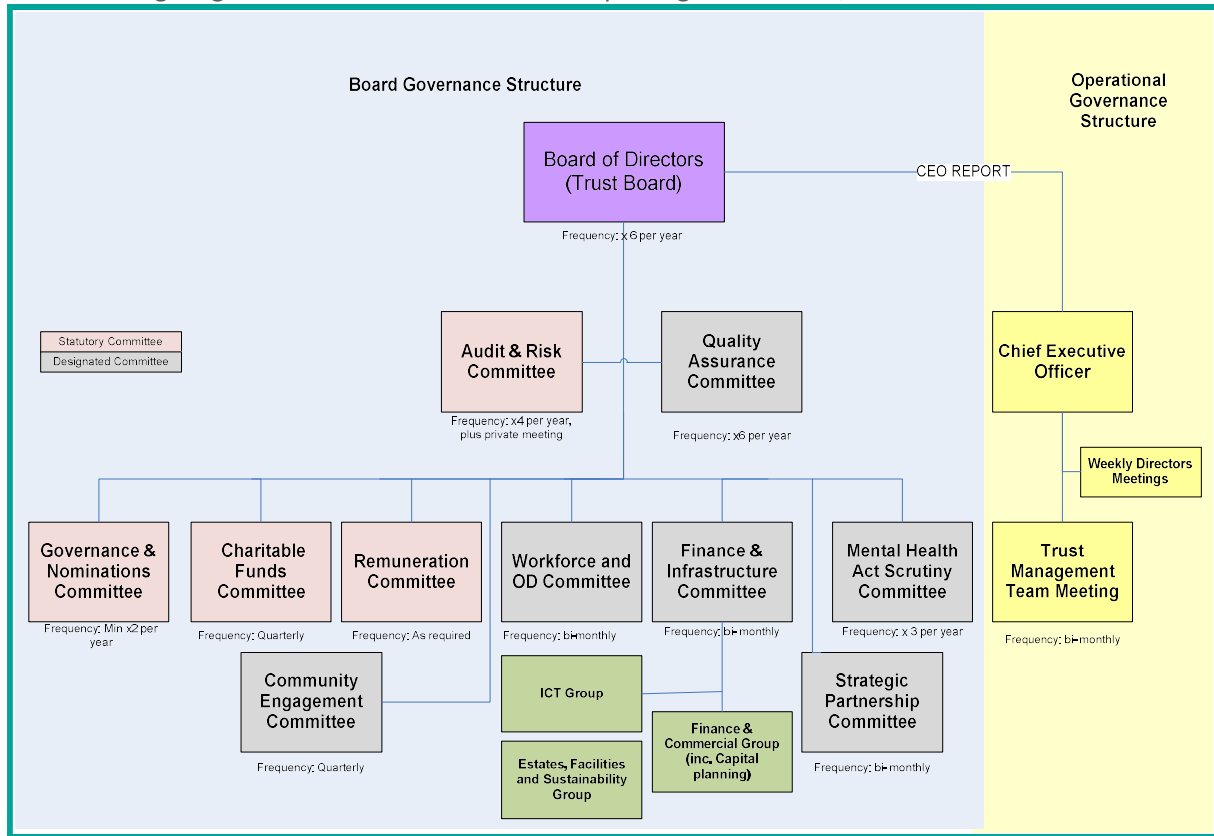
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Solent NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Solent NHS Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

### The Governance Framework of the Organisation

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

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

The following diagram illustrates the Board and reporting committees;



Details of each Committee are as follows;

### Finance and Infrastructure Committee

Frequency: Bimonthly. During 2019-20 the Committee met six times

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

### Mental Health Act Scrutiny Committee

Frequency: Quarterly (until Feb 2020 – then three times per year). During 2019-20 the Committee met four times

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

## Charitable Funds Committee

Frequency: Quarterly (or as required). During 2019-20 the Committee met four times

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

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

## Governance and Nominations Committee

Frequency: At least twice a year and as required. During 2019-20 the Committee met three times

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

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

## Community Engagement Committee

Frequency: Quarterly (or as required). During 2019-20 the Committee met five times

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

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

## Remuneration Committee

Frequency: At least annually and as required. During 2019-20 the Committee met four times

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

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

## Workforce and Organisational Development (WOD) Committee

Frequency: Bimonthly. During 2019-20 the Committee met five times

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

## Strategic Partnership Committee

Frequency: Bimonthly. During 2019-20 the Committee met twice

This new Committee was established in January 2020 in recognition of the strategic significance of Solent's involvement in service provision and partnerships on the Isle of Wight (IOW). The SPC seeks to provide assurance to the Board in relation to operational mobilisations and consider strategic matters, escalating risks as appropriate.

A summary of the role of the **Audit & Risk Committee** is found within the Directors Report section of the Annual Report and internal audit opinions for the audits carried out in year are as summarised in the following table. In April 2020, internal auditors were unable to conclude the planned risk management review of Adults Southampton / Portsmouth due to the outbreak of COVID-19 and the impact that this had on our services. Instead, it was agreed that PWC focus on the risk management of our response to COVID-19 – the scope of the audit covering documentation of decisions, our Quality Impact Assessment Process, business continuity, mitigation of fraud risk, review of procedures, controls and associated corporate and financial governance. Good practice was acknowledged including the Trust's agility to respond and change processes, our central repository of information for staff, as well as our process of undertaking evaluations to ensure learning is embedded.

## Quality Assurance Committee

Frequency: Bimonthly. During 2019-20 the Committee met six times

The Committee is responsible for providing the Board with assurance on all aspects of quality, clinical governance and regulatory compliance. In year the Committee received additional reports on a variety of matters, including oversight of CQC action plans, wheelchair service, quality risks associated with the Board Assurance Framework and operational risks and the Hampshire and Isle of Wight Quality Board summary paper was noted for awareness of quality related developments within wider system working. Internal Audit recommendations were received for oversight and to ensure appropriate action delivery. The Committee also received a deep dive presentation on Adults Southampton. At the March 2020 meeting, the Committee amended its title to Quality Assurance Committee (previously known as the Assurance Committee), to emphasise the role the Committee has in relation to quality aspects of care.

Audit title	Report classification
GDPR follow up audit	No opinion given – recommendations identified
Key Financial Systems	
• Procurement and accounts payable controls	Medium risk
• Management of income and expenditure activity	Low risk
Risk Management : COVID-19	Low risk
Data Security Protection Toolkit	Low risk
Medicine and pharmacy management	High risk
E-Rostering	High risk
IT Asset Management	High Risk

Significant progress has been made in respect of responding to recommendations made by our internal auditors, as reflected within their Head of Internal Audit Opinion.

### Highlights of Board Committee Reports

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

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

### Performance Evaluation of Board

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

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



## Capacity to Handle Risk

### Risk management and quality governance arrangements, accountability and leadership

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

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

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

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



Trust wide arrangements which support robust assurance include:

### Meetings

---

- Care Group Meetings , chaired by Chief Operating Officers, general performance of quality and other operational issues
- Service Line Clinical Governance Groups - responsible for the oversight of quality and risks, triangulating performance information to monitor and address service quality. The groups provide exception reporting to the Quality Improvement and Risk Group which is chaired by the Chief Nurse and these are then scrutinised at the Quality Assurance Committee. The service line structure provides high levels of autonomy increasing the effectiveness and accountability of the clinical services.
- Trust Management Team - oversees operational responses to risks contained in the Trust Risk Register. The roles of the Quality Assurance Committee and Audit and Risk Committee are described previously.
- Oversight of performance and risk by the Chief Operating Officers via daily escalation and reporting through to Performance Subcommittees
- Contract, Quality & Risk Management Meeting (CQRM) - monthly monitoring with commissioners
- Care Group and corporate team monthly Performance Reviews Meetings (PRM) are held to seek assurance regarding the management of operational risk. In addition, we monitor quality indicators through service line performance sub-committee meetings.

### Visits and inspections

---

- Board to Floor visits (includes executives and non-executives) to engage with frontline staff and service users
- Service review visits by commissioners
- Announced and unannounced visits to clinical areas/teams by the Quality & Professional Standards Team
- Patient-Led Assessments of the care environments

### Feedback mechanisms

---

- Patient and service user feedback (Friends and Family Test and other local mechanisms)
- Patient / carer and staff stories to Board

### Governance and reporting processes

---

- Serious Incident requiring investigation (SI) process including Root Cause Analysis (RCA) investigation and SIRI panel arrangement
- Learning from Deaths process for unexpected deaths (mortality reviews)
- An audit programme (Trust wide and service level covering standards and topic specific issues)
- Monthly reporting and publication of safe staffing status (with sign off by matrons and oversight by the Quality and Professional Standards Team)
- The Board is apprised of any key quality and safety matters at the beginning of each Board meeting
- Our Quality Account is produced annually which outlines the progress made and action taken to improve and maintain quality and safety within and across Trust services. The Annual Quality Account is developed in consultation with key stakeholders and serves as an additional validation mechanism for determining the quality of services. More information on the Quality Account is provided in Section 5 of the Annual Report
- Our Patient Experience Strategy was approved following consultation with a wide range of service users and partner agencies. The Trust Patient Experience forum continues to meet quarterly and oversees the delivery and implementation of the strategy
- Any new scheme or change in service provision (including Cost Improvement Plans (CIPs) are formally assessed through an Equality and Quality Impact Assessment (EQIA) process. Within the QIA process, foreseeable or potential risks which could impact on quality, patient safety and experience are considered and key leading indicators are identified to help highlight the realisation of any actual risks. A gateway approach to the agreement of CIPs and QIAs has been embedded with sign-off by the applicable service line Clinical and Operational Directors in consultation with services prior to review by the Chief Medical Officer and Chief Nurse. The Service Line Clinical Governance Groups are responsible for the management and monitoring of the leading indicators identified within signed off QIAs and for ensuring that in collaboration with the Chief Medical Officer and Chief Nurse, risks associated with QIAs are escalated to the Quality Assurance Committee.

### **Risk Management Training**

We provide a range of risk management training including;

- All staff complete an online E Learning module, which includes risk management principles, escalation processes, accountability, risk assessment and hazard identification.
- On request face- to- face Risk Management training provided by the Quality and Professional Standards team as an alternative to the E Learning module.
- On request Risk Register training for all staff who have responsibility in using the Trust's on line risk register.
- A two day training package for SI Investigators provided in collaboration with neighbouring organisations. This training provides in depth training on root cause analysis, identification of hazards and the SI process.
- Formal Incident reporting and reviewers training, and
- Bespoke training provided by the Quality and Professional Standards Team.

### **Risk Assurance**

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

### **The Risk and Control Framework**

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

The Board approved the Risk Management Framework in 2018 to replace the former Risk Management Strategy and provides a clear overarching framework for the management of internal and external risk and describes the accountability arrangements, processes and the Trust's risk appetite. The Board took time in year to consider the Trusts' risk appetite and tolerance. Consequently , the Risk Management Framework was refreshed in early 2020 together with an enhanced governance structure.

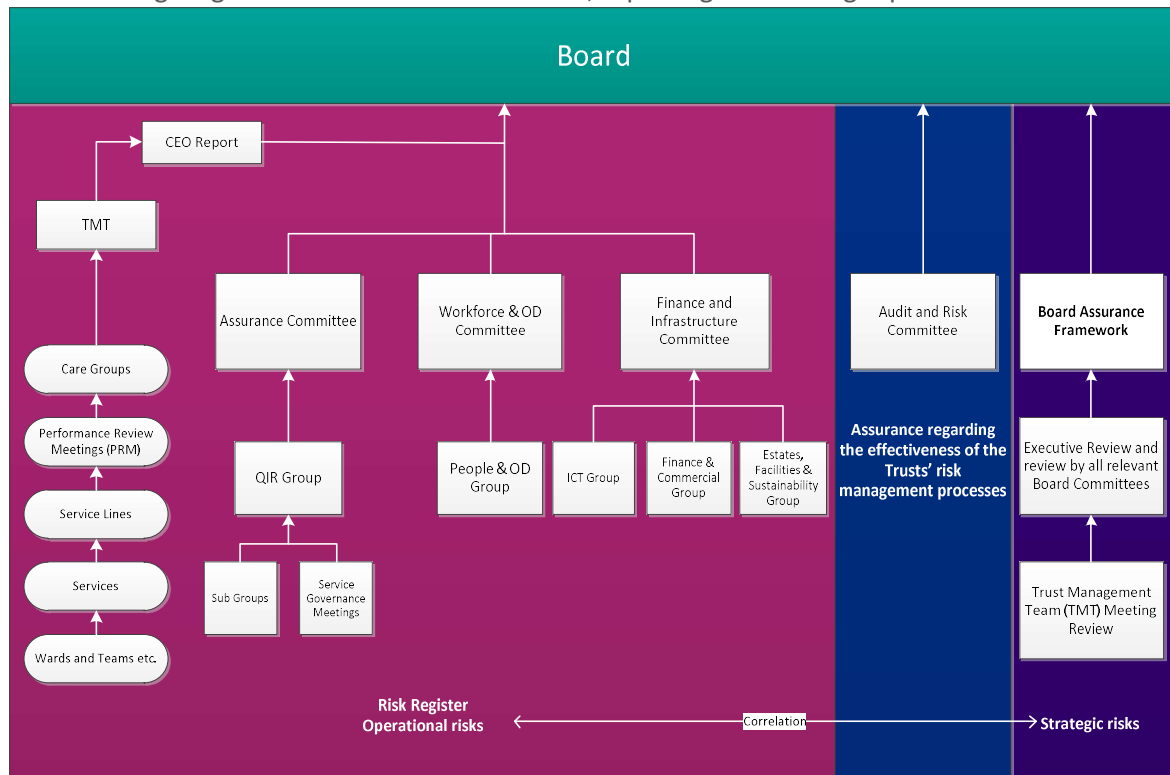
The Trust's approach to risk management encompasses the breadth of the organisation by considering financial, organisational, reputational and project risks, both clinical and non-clinical. This is achieved through:

- an appropriate framework; delegating authority, seeking competent advice and assurance
- a risk culture which includes an agreed risk appetite, as outlined within the framework
- the integration of risk management into all strategic and operational activities
- the identification and analysis, active management, monitoring and reporting of risk across the Trust
- the appropriate and timely escalation of risks
- an environment of continuous learning from risks, complaints and incidents in a fair blame/non-punitive culture underpinned by open communication
- consistent compliance with relevant standards, targets and best practice
- business continuity plans and recovery plans that are established and regularly tested;
- actively analysing and reflecting on key findings from our annual staff survey, staff friends and family test as well as intelligence and feedback from our friends and family feedback to ensure issues are addressed; and

- fraud deterrence including the proactive work conducted by the Local Counter Fraud Service, supported by the 'Local Counter Fraud, Bribery and Corruption Policy'. Fraud deterrence is integral to the management of risk across the organisation especially as there could be clinical or health and safety implications which could then impact upon the organisation. Staff are encouraged to report any potential fraud using the online incident reporting process appropriately including anonymous reporting if necessary. We are not aware of any specific areas within the organisation that are at risk of material fraud, however we cannot be complacent. One incident of fraud with an immaterial financial impact was handled during the year. Notifications from the Counter Fraud team improve our knowledge and awareness of the risk of fraud.

### Risk Assessment Process

The following diagram illustrates the assessment, reporting and oversight process:



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

Risk registers operate at service line level for all identified risks. Risks assessed as scoring 15<sup>4</sup> or above have increased oversight and monitoring by formal committees including the Trust

<sup>4</sup> Risks are scored against the NHS National Patient Safety Agency risk matrix, which scores risks on a scale of consequence 1-5 (with a score of 5 being catastrophic) and a scale of likelihood 1-5 (with a score of 5 being almost certain)

Management Team (for all risks scoring 15 or greater). This is in accordance with the risk appetite, agreed by Board and set out in the Risk Management Framework.

As a result of the Level 4 National Emergency we implemented further governance checks and balances to ensure the appropriate oversight of emerging risks, including those to service quality and safety including the implementation of an enhanced Quality Impact Assessment processes and the establishment of an Ethics Panel to provide additional scrutiny, as well as ensuring learning is shared. At our April 2020 Board meeting we also refreshed our recently agreed Risk Appetite to ensure it reflects the contemporary nature of dealing with such an unpredicted situation.

### **Risk identification and measurement**

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

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

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

The positive risk management culture and risk management processes have enabled the Trust to proactively identify, assess, treat and monitor significant risks in year.

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

### Strategic Risks

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

- **Major Incident and external environment impact on the organisation-** There is a risk in relation to our ability to respond effectively to the Level 4 National Emergency (Cornoavirus COVID-19)
- **Indirect Commercial Relationship Risks** - There is a risk to patient safety, contractual performance and reputational damage in relation to partnership/third party supplier arrangements that are not under direct control of Solent)
- **Workforce Sustainability** – There is a risk that we are unable to recruit and / or retain sufficient numbers of clinical staff with the qualifications, skills and experience required. We are already experiencing staffing pressures in a number of our services, as detailed further within the ‘significant issues’ section of the Annual Governance Statement.
- **Future Organisational Function** - There is a risk that due to significant environment changes both nationally and within the local system that the Trust is not able to respond effectively to market forces and emerging opportunities and its ability to lead and influence is diminished.
- **Business As Usual –Demand and Capacity** – There is a risk that demand in the system outstrips our capacity that we are contracted /funded to provide.

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

### Operational Risks

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

- **Information Technology** – risks associated with IT infrastructure, accessing our core systems and connectivity
- **Demand and Capacity** – risks associated with increasing demand for our services which is impacting on timely access to treatment and waiting times
- **Vacancies and recruitment** – risks associated with the high levels of vacancies which are difficult to fill due to wider system and national staff shortages

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

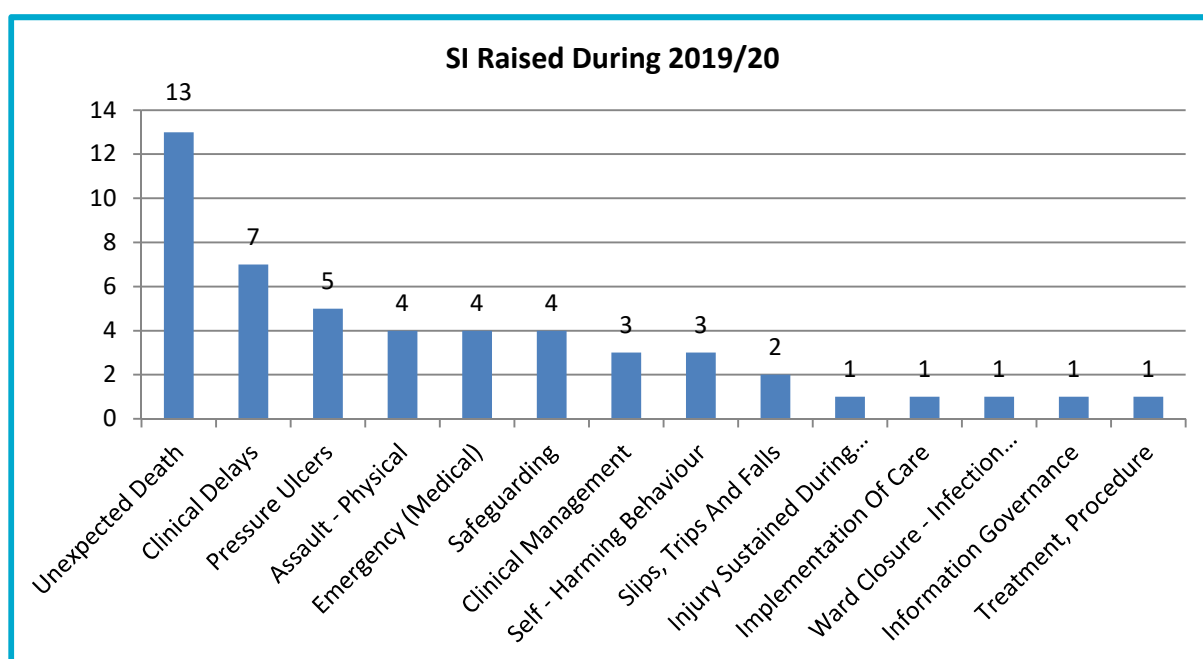
## Information Governance and Data Security

Data Security is a significant part of national Data Security and Protection Toolkit requirements as well as ensuring that at least 95% of staff have completed IG training annually, which is nationally recognised as an extremely challenging standard. The submission of the Data Security and Protection Toolkit for 2019/20 has nationally been delayed until September 2020, as a direct result of the impact that Covid-19 has had on the NHS.

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

## Serious Incidents Requiring Investigation

A total of 50 Serious Incidents (SI) were raised during 2019/20 as categorised in the below graph:



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

During the year we investigated and responded to 3 Information Governance (IG) SIs, (however 2 were downgraded as a result of investigation to High Risk Incidents) – these incidents all involved the sharing of confidential Patient data with an incorrect recipient. None of the incidents resulted in data loss, but did constitute a confidentiality breach. The data subjects have been informed in all three cases and all notified the Trust of the distress that this has caused them. In two of the cases the data subjects have confirmed that they were satisfied with the action taken and the third remains an ongoing investigation. In all cases, the Information Commissioner's Office was advised and has subsequently closed 2 of the incidents as they were satisfied that we had taken appropriate action, the remaining case, being relatively recently reported, is being actively investigated by the ICO.

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



## Care Quality Commission (CQC) Compliance

The Trust is fully compliant with the registration requirements of the Care Quality Commission and routinely receives visits and inspections from the CQC. There are no outstanding issues recorded against the Trust. Back in October 2018, we had eight CQC core service inspections. These were:

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

Following this, the Trust underwent its first focussed “Well led” inspection. This involved a team of CQC inspection staff accompanied by two Board level Specialist Advisors being onsite at our Headquarters for 3 days, examining the functionality and leadership of the Board and senior management teams. As an outcome of these inspections we were rated as ‘Good’ across all domains for our Primary Care Services and ‘Good’ across our core services with an ‘outstanding’ in the Caring domain.



<b>Overall Good</b> <a href="#">Read overall summary</a>	Safe	Good ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-led	Good ●

In late January 2020 we received our Provider Information Request (PIR) for our next routine inspection. We successfully submitted our information and documents in support of the PIR on 7th February 2020 and were joined by Senior members of the inspection team at our Workforce and Organisational Development Committee on 12th March 2020. We were anticipating that our inspection would soon then take place, however on 16th March, and in response to the national situation concerning COVID 19, the CQC confirmed that they will suspend all routine inspections and will instead be focusing on responsive and targeted ways of supporting providers to keep people safe (see [CQC website](#)). We anticipate that our inspection will be unlikely to commence before Quarter 2 2020/21 as the Commission have ceased inspection activity in the Hospital Directorate until approximately 31 August 2020. It should be noted however that Mental Health Act inspections will continue.

## Workforce Strategies and staffing Systems

The Chief Nurse meets with all service lines on a monthly basis to review a range of data and information relating to safe staffing including current establishments, vacancies, recruitment and retention programmes, turnover, roster management, sickness/absence levels and compliance with mandatory and statutory training - all of these areas are identified as key within in the National Quality Board (NQB) guidance: ‘Developing Workforce Safeguards’. In November 2019 the format of the meetings changed from a service line focus to meetings with teams providing similar services, bringing community nursing teams from Portsmouth and Southampton together, as well as rehabilitation wards together. This enables teams to consider variation and understand if this is

warranted or unwarranted and to agree changes needed. This structure also allows the teams to benchmark with Model Hospital data as well as bringing external learning and challenge. A further change in year has been the introduction themed summaries for discussion at performance review



meetings.

The staff who attend the safe staffing meetings are those with clinical leadership roles as well as the professional leads and all teams are reviewed at least once in the year. Areas where there are concerns or on-going difficulties are reviewed more frequently and the meetings are supported by colleagues from workforce/HR, Learning & Development and the Roster team.

As part of the business planning process service lines are required to consider their workforce needs and any changes to establishments, skill mix, or the introduction of new roles – these are required to have a full Equality and Quality Impact Assessment completed and presented to the Chief Nurse & Chief Medical Officer for sign off.

A six monthly safe staffing report is provided to Board which reports on progress against NQB guidance and the priorities set out in the previous six month report.

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

### NHS Pension Scheme

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

### Equality, Diversity and Human Rights

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

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

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

## Register of Interests

The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. However, in response to the Level 4 National Emergency during Quarter 4 of 2019/20 (and beyond) we have included a statement on our website accordingly.

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

## Environmental responsibilities

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

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

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

- Scheme of Delegation and Reservation of Powers, Standing Orders and Standing Financial Instructions approved by the Board. These key governance documents include explicit arrangements for:
  - Setting and monitoring financial budgets;
  - Delegation of authority;
  - Performance management; and
  - Achieving value for money in procurement
- A financial plan approved and monitored by the Board
- The Trust operates a hierarchy of control, commencing at the Board and cascading downwards to budget managers in relation to budgetary control, balance sheet reconciliations, and periodic review of service level income with commissioners. In addition, the Finance Committee provides scrutiny and oversight which has been supplemented this year by independent commissioned reviews
- Robust competitive processes used for procuring non-staff expenditure items. Above £5,000 procurement involves competitive tendering. The Trust has agreed procedures to override internal controls in relation to competitive tendering in exceptional circumstances and with prior approval obtained
- CIPs, which are assessed for their impact on quality with local clinical ownership and accountability
- Strict controls on vacancy management and recruitment
- Devolved financial management with the continuation of service line reporting and service line management
- With the evolution and progression of the Model Hospital, the utilisation and inclusion of its information and benchmarking has been used by Solent NHS Trust to identify areas of outlying performance, both negative and positive, including diversity and inclusion statistics as well as efficiency opportunities

- We are also participating in a national pilot programme for Getting it Right First Time (GIRFT) focussing on inpatient rehabilitation and community respiratory services, to review performance, data, efficiencies and patient outcomes
- The Trust has continued with full participation in the NHS Benchmarking Network’s comprehensive annual programme, covering Community Hospitals, Community Indicators, Community Services, CAMHS, Learning Disabilities, Mental Health Inpatient and Community, Corporate Functions and mental health survey and workforce returns. We have undertaken comprehensive reviews of the outputs and benchmarks and we have reported through to the Board at workshop meetings to understand any variances
- The Trust Board gains assurance from the Finance and Infrastructure Committee in respect of ensuring appropriate financial frameworks are in place to drive the financial strategy and provide assurance to the Board on financial matters as directed, including to review the impact of CIPs on forward financial planning and
- The Audit and Risk Committee also receives reports regarding losses and compensations, SFI breaches, financial adjustments and single tender waivers. The Board gains assurance from the Quality Assurance Committee regarding the quality of services and compliance with regulatory control. The Audit & Risk Committee test the effectiveness of these systems.



In accordance with national requirements we have also been monitoring expenditure during the Level 4 National Emergency.

As stated within the Annual Results Report for the year ended 31 March 2020, our external Auditors anticipate issuing an unmodified (unqualified) value for money conclusion and an unqualified audit opinion on the financial statements.

## Performance Reporting

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

- In year, we strengthened our Performance Review Meetings, from being service line centric to instead align with our care group structures. This transition enables and facilitates cross-learning and discussions of key issues, assisting us in identifying wider trends across our services and processes
- Clinical service lines: Chief Operating Officers meet with their service line senior managers on a monthly or bi-monthly basis (depending on performance), to review performance against quality, workforce, finance, business plans, operations, data quality and any other issues pertinent at that time. The exceptions form the agenda at a later monthly meeting

chaired by the Chief Nurse, where these are discussed in-depth, necessary mitigations implemented, and assurance sought where appropriate

- A summary of all clinical service and corporate exceptions are then submitted through to the monthly Trust Management Team Meeting ensuring oversight and detailed within the bi-monthly Board Report.
- In addition to standard performance monitoring, other significant areas of risk can be requested for review at the performance meetings, for example, agency spend and contract performance notice remedial action plans. Similarly, the Chief Operating Officers and Chief Nurse have discretion to include agenda items, where appropriate, to ensure all necessary and required items for performance assurance are considered. Specialised forums are also held periodically to provide additional scrutiny and support to managers where escalation is required on finance, quality and workforce.

In accordance with national requirements, in light of the Level 4 National Emergency, we have suspended routine local contractual reporting pending QIA to focus efforts on critical service provision and reporting as well as new and existing mandatory national and STP reporting as required.

### Data Quality

In year we have seen the implementation of statistical process control (SPC) analysis within the Trust Board Performance Report. This new analysis has been included within the NHS Improvement Single Oversight Framework, as well as the redesign of the Operations, Workforce, Finance and Quality infographics. The introduction of SPC and further data interrogation has been well received by our Board and we plan to further extend analysis within our service line reporting during the year ahead. Further information regarding data quality can be found within the Quality Account.



### Annual Quality Report

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

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

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



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

All quality metrics have systems to appropriately capture the information, analyse and onward reporting to the applicable stakeholders, including internally (the Board, Care Group Performance Subcommittees) or externally (for example NHS Improvement and local commissioners). Our Quality Account is available in Appendix 1 of the Annual Report.



We launched our new Quality Framework in September 2018; it supports our vision and focus on making a difference to patients and their families and brings together how the Trust delivers Great Care in a way that is clear to patients, staff and our stakeholders

At the centre of the Framework is a formula designed to be easy for patients and staff to remember and relate to: SEE (Safe, Effective, Experience).



The Framework sets out:

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

## Significant Issues during 2019/20

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



In year the following significant issues occurred:

- The unprecedented national incident concerning **Coronavirus COVID-19** obviously impacted our ability to maintain service provision to our normal commissioned levels. Like all front line services, we have had to be adaptive and flexible, working with our partners to meet the demands of the situation. This has meant making some difficult and challenging decisions at times, and has resulted in needing to redeploy and train our staff accordingly. Working with our Local Counter Fraud Specialist, we have also been mindful that some will undoubtedly exploit the situation for their own gain – we therefore acknowledge the need to maintain robust internal controls during the crisis. We have also ensured stringent risk management oversight processes in light of potential impacts to service quality and safety as a result of operational changes.

The wellbeing of our workforce throughout the period has been, and continues to be, of paramount importance to us and we are cognisant of the need to support the organisation, colleagues and wider community to 'recover' from the pandemic during the months ahead.

- Like many NHS organisations, and even before the COVID-19 outbreak, a number of our services experienced **staffing pressures** due to sickness, vacancies and difficulties recruiting due to national staff shortages – particularly within our Mental Health Services and Community Adults teams. This has resulted in a reliance on agency staff, as well as our own bank staff. Workforce controls continue to be implemented including ensuring the vast majority of temporary staff are sourced through our in house bank, and where necessary block booking agency which has provided additional assurance in terms of the quality of temporary staff supply. We have seen some success with our controls, however we are always looking for more ways to improve this. Where we know we will have continued staff shortages and recruitment challenges, we are considering alternative staffing models and development packages. Our recruitment and retention programme has included innovative recruitment approaches and development programmes which will help us 'grow' from within and provide innovative career pathways. We will continue to look for alternative solutions to simply recruiting more of the same, especially where these are within national shortage occupations. We will continue to grow our apprenticeship offer as a way to develop our existing workforce and look at how we reach more potential applicants
- We continued to operate in **challenging financial times** with a target to achieve a breakeven Control Total and a £8.1m efficient savings programme target. In year we encountered a number of financial related risks as summarised below:
  - in relation to the Hampshire & IOW STP and **related system financial pressures** including expectations to work together to reduce costs which could significantly destabilise Solent services and impact on neighbouring system partners as well as adversely affecting the quality of our service offer
  - we know our **IT expenditure** has identified us as an outlier – consequently we are further exploring opportunities for cost, efficiency and service improvement whilst considering our future IT and digitalisation strategy in accordance with requirements and aspirations of the NHS Long Term plan. Wherever possible we will look to work with system partners to maximise efficiencies and accessibility
  - we have ensured we kept a robust record of all **COVID-19 related expenditure** which is being recovered from Regulators on a timely basis.
- We continued to constructively support **system working** as part of our involvement with the Sustainability and Transformation Partnerships (STP) and developing Integrated Care Systems (ICS), particularly in the support of hospital admission avoidance and discharging medically fit patients from the acute sector. However (and before the COVID-19 crisis), the system is not yet in financial balance resulting in pressures in some community services - this was particularly evident during the period of the national and well publicised winter pressures.

- In the summer 2019 we informed Portsmouth Health and Overview Scrutiny Panel (HOSP) of our plans to redevelop **Jubilee House** as the environment is no longer fit for purpose. Consequently we have reshaped our clinical model and are working to relocate the service.
- **Operational Performance** was also impacted in year as summarised as follows;
  - We operate a few **small scale services**, meaning that service delivery can be fragile and unstable if we experience periods of unscheduled sickness and absence, or when staff chose to leave the organisation. We continue to work with commissioners and partners to ensure we can proactively provide sustainable pathways and services to our service users. The Commercial Group have a risk based oversight of plans to sustain services.
  - We recognise the **demand and capacity mismatch** and subsequent pressures this puts on our services. In some of our services we continue to see **longer than acceptable waiting lists**, for example within our Speech and Language Therapy Services. We continue to redesign services and work with commissioners to reduce waits. We also have escalation policies when individuals waiting find their needs have become more urgent.
  - We continue to work with the local **wheelchair provider** and the commissioners to reduce the delays experienced by our patients, particularly our 0-19 service users, when waiting for the supply of wheelchairs and other bespoke equipment. We continue to be discussion with the wider HIOW system to assist in reaching resolution to this complex issue, as well as NHS England and NHS Improvement.
  - the national emergency in relation to COVID-19, has also meant that we have had to **suspend normal operations in some of our services** to allow us to redeploy staff as needed to support the front line response. Where service changes occurred we completed a Quality Impact Assessment and are continuously reviewing and monitoring any potential patient safety indicators. We have kept commissioner colleagues informed during the process and will continue this engagement, and with our partners, as part of our recovery programme.
- Following our CQC inspection we received one **Requirement Notice** for a breach of Regulation 12(2)(g): the proper and safe management of medicines, in one small discrete location. We have implemented a robust action plan to address this finding together with other 'should do' findings. Further information about our inspection can be found within the Quality Account and we look forward to welcoming back the CQC inspection team in due course.

## Review of Effectiveness

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

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

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

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

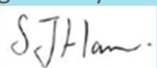
The Head of Internal Audit Opinion (HOIA) concluded an opinion of 'Generally satisfactory with some improvements required'. It was noted however, that there are some areas of weakness and as such the Trust is actively addressing these. Of particular note are the findings and recommendations raised within the IT Asset Management, E-rostering and the Medicine and Pharmacy Management Audits, all of which were classified as high risk. We are actively addressing all recommendations made by our auditors across all audits conducted and track progress with regular reports to overseeing Committees.

The HOIA also highlights areas of good practice identified as a consequence of our auditors reviews.

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

## Conclusion

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



Sue Harriman

Chief Executive Officer

Date: 19<sup>th</sup> June 2020

## Statement of Chief Executive's responsibilities as the Accountable Officer of Solent NHS Trust

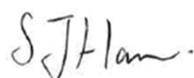
---

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

These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

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



Sue Harriman  
Chief Executive Officer  
Date: 19<sup>th</sup> June 2020

## Statement of directors' responsibilities in respect of the accounts

---

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

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

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

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

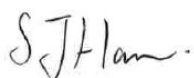
The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

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

### Disclosure of information to auditors

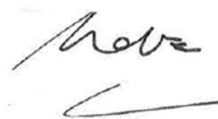
The directors confirm that, so far as we are aware, there is no relevant audit information of which the trust's external auditors are unaware. We also confirm that we have taken all steps that we ought to have taken as directors in order to make ourselves aware of any relevant audit information and to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

By order of the Board



Sue Harriman  
Chief Executive Officer

Date: 19<sup>th</sup> June 2020



Andrew Strevens  
Chief Finance Officer and Deputy  
CEO

Date: 19<sup>th</sup> June 2020

# Remuneration and Staff Report

## Remuneration Report

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

The Remuneration Committee met 6 times as a Committee during 2019/20 (including twice via teleconference).

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

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

The attendance by members is detailed below:

Member	Date of Meeting					
	17/06/2019 (teleconf.)	15/07/2019	16/09/2019	30/09/2019 (teleconf.)	18/11/2019	06/01/2020
Catherine Mason	✓	✓	✓	✓	✓	✓
Mick Tutt	✓	✓	✓	✓	✓	✓
Jon Pittam	✓	✓	✓	✓	✓	✓
Stephanie Elsy	✓	✓	✓	✓	✓	✓
Mike Watts	✓	✓	✓	✓	✓	✓
Gaurav Kumar					✓	✓
Thoreya Swage*						Attended as Associate NED

Key: ✓ = in attendance x = apologies \* Thoreya Swage held a Trust appointment from 01/01/20 to 31/01/20 as an Associate NED



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

In year the Committee:

- were briefed on the Agenda for Change Pay Deal and Gender Pay Gap reporting
- discussed and agreed remuneration matters concerning executive pay and in light of executive appraisals
- were consulted on and apprised of the national pension taxation matters and were briefed on implications for the Trust including local/system policy developments
- were briefed on the renegotiation of the Junior Doctors Contract and outcome of the referendum of BMA members in the summer of 2019
- requested that the Workforce and OD Committee seek assurance regarding Employee Relations cases
- ratified the recommendations made by the Clinical Excellence Awards Panel, and
- were briefed on remuneration changes to Non-executive Directors and the Chair following the implementation of NHS Improvement and NHS England's 'A new remuneration structure for provider chairs and Non-executive Directors'.

## Senior Managers Remuneration Policy

Our policy on the remuneration of senior managers for the current and future financial year is based on principles agreed nationally by the Department of Health taking into account market forces and benchmarking. During 2019/20 NHS Improvement undertook a benchmarking exercise on Executive Director and Non-Executive Director pay, which has been used to review remuneration of the Chief Executive and Executive Directors.

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

One Director received a salary in excess of £150,000. Paying a salary above this threshold has been agreed by the Trust Remuneration Committee, NHS Improvement Remuneration Committee and the Secretary of State for that Director.

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

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

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

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

## Service Contract Obligations

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

Loss of office payment for Senior Managers are determined in accordance with Sections 14-16 and 20 of the NHS Terms and Conditions of Employment.

## Duration of Contracts

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

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

Within the 2019/20 financial year there has been no early terminations of Executive Directors and no non contractual payments have been made.

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

## Awards made to previous Senior Managers

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

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

## Fair pay multiples (audited)

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

The banded remuneration of the highest paid director/member in Solent NHS Trust in the financial year 2019/20 was £170k-£175k (2018/19, £170k-175k). This was 5.6 times (2018/19, 5.8\* times) the median remuneration of the workforce, which was £30,344.52 (2018/19, £29,286).

In the 2019/20 one (2018-19, one) employee received remuneration in excess of the highest paid director/member. Remuneration ranged from £16k to £187k (2018/19, £15k to £185k).

In the 2019/20 one (2018-19, one) employee received remuneration in excess of the highest paid director/member. Remuneration ranged from £17k to £186k (2018/19, £15k to £185k).

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

When calculating the median figure, individuals employed via a bank contract who did not work on the 31st March 2020 have been excluded; together with employees who left prior to the April 2020, honorary appointments, Non-executive directors who receive allowances only, individuals who are undertaking training in receipt of a training allowance only and individuals who were not directly employed by the Trust.

The pay of Very Senior Managers is being impacted by the restrictions placed on pay rises for this group of staff. The majority of Very Senior Managers have only received a small pay increase last year, having not received any pay increases for several years prior to this, whilst other staff groups are receiving annual cost of living pay rises. As a result more staff are closing the gap between their pay and that of the highest paid Director.

\*The calculation for 2018/19 has been amended to include decimal places to ensure comparative reporting with the current financial year and in accordance with the salaries included with the 'Salaries and allowances 2019/20' table, within the Remuneration Report.

## Exit packages (audited)

Changes have continued to take place within the organisation in the 2019/20 financial year and whilst we endeavour to do all we can to ensure the continued employment of our staff there have been 9 severance payment totalling £253,054 made in the year. This payment relates to compulsory redundancies. The payment does not relate to senior managers as detailed in the accounts. In addition 7 payments in lieu of notice have been paid. All payments have been made in accordance with the NHS Pension Scheme procedures and National Terms and Conditions, as a result Treasury Approval has not been required.

Exit Packages agreed in 2019-20 – Table 1

Exit Package cost band (including and special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£s	Number	£s	Number	£s	Number	£s
Less than £10,000			0		0		0	
£10,000 - £25,000	4	67,390	0		0		0	67,390
£25,001 - £50,000	4	133,577	0		0		0	133,577
£50,001 - £100,000	1	52,087	0		0		0	52,087
£100,001 - £150,000			0		0		0	
£150,001 - £200,000			0		0		0	
>£200,000			0		0		0	

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

This disclosure reports the number and value of exit packages agreed in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period. The following table reports the number and value of exit packages agreed in the year.

Analysis of Other Departures – Table 2

	Agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs		
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice *	7	27
Exit payments following Employment Tribunals or court orders		
Non-contractual payments requiring HMT approval **		
<b>Total</b>	<b>7</b>	<b>27</b>

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

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

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

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

## Off payroll engagements

The Government has reformed the Intermediaries legislation, introducing Chapter 10 Part 2 Income Taxes (Earnings and Pensions) Act 2003 (ITEPA 2003) supporting Chapter 8 Part 2 ITEPA 2003, often known as IR35. The legislation for the off-payroll working rules within the Public Sector applies to payments made on or after 6 April 2017. Under the reformed legislation the Trust must determine whether the rules apply when engaging a worker through a Personal Service Company (PCS).

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

In accordance with the DHSC Group Accounting Manual 2019/20, all public bodies are required to publish the following information within their 2019/20 Annual Report.

**Off payroll engagements in place as at 31/03/20, for more than £245 per day that last longer than six months**

Total number of existing off pay scale engagements in place as at 31st March 2020	7
Of which, the number that have existed for:	
less than one year at the time of reporting	1
between one and two years at the time of reporting	6
between two and three years at the time of reporting	0
between three and four years at the time of reporting	0
four or more years at the time of reporting	0

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

**All new off-payroll engagements or those that reached six months in duration between 01/04/19 31/03/20, at a rate of £245 or more per day and that last longer than six months**

Number new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	11
Of which number assessed as:	
caught by IR35	0
not caught by IR35	11
Number engaged directly (via PCS contracted to Trust) and on the Trust's payroll	0
Number of engagements reassessed for consistency/ assurance purposes during the year	11
Number of engagements that saw a change to IR35 status following the consistency review	0

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

**Off payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 01/04/19 and 31/03/20.**

Number of off-payroll engagements of board members, and or senior officers with significant financial responsibility, during the year	0
Number of individuals on payroll and off-payroll that have been deemed "board members, and/or senior officers with significant financial responsibility during the financial year. This figure includes both payroll and off-payroll engagements	8

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

**Expenditure on consultancy**

During the 2019/20 financial year £440k was spent on consultancy.



## Salaries and allowances 2019/20 (audited)

Name and Title	(a)	(b)	(c)	(d)	(e)	Total
	Salary and fees including R&R (bands of £5,000) £000	Expense Payments (taxable) (total to nearest £100) £00	Performance Pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	(a to e) (bands of £5000) £000
S Harriman – Chief Executive	170-175	3-4	0	0	75-77.5	245-250
A Strevens – Chief Finance Officer	125-130	1-2	0	0	27.5-30	150-155
H Ives – Director of People Services	110-115	1-2	0	0	25-27.5	140-145
D Meron – Chief Medical Officer* + Resigned 30/11/19	90-95	1-2	0	0	132.5-135	225-230
J Prosser – Interim Medical Director** Commenced 01/12/19	45-50	0-1	0	0	0	40-45
S Austin – Chief Operating Officer Portsmouth & SE Hampshire and Director of Commercial Services – Resigned 26/04/202	115-120	0	0	0	22.5-25.	140-145
D Noyes – Chief Operating Officer Southampton	110-115	2-3	0	0	25-27.5	140-145
J Ardley – Chief Nurse	110-115	1-2	0	0	0	110-115
C Mason – Chair Commenced 01/04/19	35-40	2-3	0	0	0	35-40
M Tutt – Non Executive Director - Resigned 31/01/20	5-10	4-5	0	0	0	5-10
J Pittam – Non Executive Director	5-10	1-2	0	0	0	5-10
S Elsy – Non Executive Director	5-10	1-2	0	0	0	5-10
M Watts – Non Executive Director	5-10	0-1	0	0	0	5-10
G Kumar – Non Executive Director. Commenced 09/10/19	0-5	0-1	0	0	0	0-5
T Swage – Non Executive Director *** Commenced 01/02/20	0-5	0-1	0	0	0	0-5
F Davis – Non Executive Director Resigned 03/06/19	0-5	0	0	0	0	0-5

Note taxable expenses and benefits in kind are expressed to the nearest £100.

Pension benefits are calculated using the method set out in section 299 of the Finance Act 2004 as amended by the Large and Medium-sized Companies and Groups (Accounts and Reports) Amendment Regulations 2013.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase/decrease due to a transfer of pension rights.

The value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

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

+ The total pension's benefits for D. Meron are based on the total pensionable pay for the year and will include pensionable pay received for his new role at Somerset NHS Foundation Trust. This has contributed towards the year on year increase.

\* the Chief Medical officer role is combined with clinical duties. These figures include £40-£45k (expressed in bands of £5,000) relating to clinical duties.

\*\* The Interim Medical Officer role is combined with clinical duties. These figures include £20k-£25k (expressed in bands of £5,000) relating to clinical duties.

\*\*\* T Swage held a Trust appointment from 01/01/20 to 31/01/20 as an Associate Non-Executive Director, before commencing her substantive Non-Executive Director position

## Previous year Salaries and allowances - 2018/19

	(a)	(b)	(c)	(d)	(e)	(f)	Total
	Salary and fees including R&R (bands of £5,000)	Expense Payments (taxable) (total to nearest £100)	Performance Pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	Other payments (bands of £5,000)	All pension-related benefits (bands of £2,500)	(a to f) (bands of £5000)
Name and Title	£000	£00	£000	£000	£000	£000	£000
S Harriman – Chief Executive+	170-175	3-4	0	0	0	25 – 27.5	195-200
A Strevens – Chief Finance Officer	120-125	1-2	0	0	0	27.5 – 30	145 - 150
H Ives – Director of People Services	110-115	1-2	0	0	0	22.5 -25	130 - 135
D Meron – Chief Medical Officer*	135-140	1-2	0	0	0	0	135 - 140
S Austin – Chief Operating Officer Portsmouth & SE Hampshire and Director of Commercial Services	115-120	0	0	0	0	82.5 – 85	200 - 205
D Noyes – Chief Operating Officer Southampton	110-115	2-3	0	0	0	30 – 32.5	140 - 145
J Ardley – Chief Nurse	110-115	3-4	0	0	0	0	110-115
A Stokes – Chairman Retired 31/03/19	30-35	0	0	0	0	0	30-35
M Tutt – Non Executive Director	5-10	4-5	0	0	0	0	5-10
F Davis – Non Executive Director	5-10	0	0	0	0	0	5-10
J Pittam – Non Executive Director	5-10	1-2	0	0	0	0	5-10
M Watts – Non Executive Director	5-10	1-2	0	0	0	0	5-10
S Elsy – Non Executive Director.	5-10	0-1	0	0	0	0	5-10

+ The salary and fees comparative has been adjusted by £15,500 from that reported last year to reflect a payment made in 2019/20 for services provided in 2018/19.

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

## Pension benefits 2019/20 (audited)

Name and title	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2020 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5,000)	Cash equivalent Transfer Value at 1 April 2019	Real increase in Cash Equivalent Transfer Value	Cash equivalent Transfer Value at 31 March 2020	Employers Contribution to Stakeholder Pension to nearest £100
	£000	£000	£000	£000	£000	£000	£000	£000
S Harriman - Chief Executive Officer	2.5 - 5.0	2.5 - 5.0	40 - 45	75 - 80	649	63	755	0
A Strevens - Chief Finance Officer	0.0 - 2.5	0	20 - 25	0	271	17	312	0
D Meron - Chief Medical Officer, Resigned - 30/11/19	5.0 - 7.5	10 - 12.5	40 - 45	115 - 120	798	135	966	0
D Noyes - Chief Operating Officer Southampton	0.0 - 2.5	0	10 - 15	0	154	15	189	0
H Ives - Chief People Officer	0.0 - 2.5	0	5 - 10	0	38	5	61	0
S Austin - Chief Operating Officer Portsmouth, Resigned- 26/04/202	0.0 - 2.5	0.0 - 2.5	60 - 65	105 - 110	1,047	29	1,120	0
J Prosser - Acting Chief Medical Officer, Commenced – 01/12/19	0.0 - 2.5	0.0 - 2.5	70 - 75	220 - 225	1545	0	1,630	0
J Ardley – Chief Nurse *	0.0	0	0	0	0	0	0	0

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

\*The Chief Nurse is not in the NHS Pension scheme or alternative pension scheme so no values are appropriate

The method used to calculate CETVs changed, to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2019. This does not affect the calculation of the real increase in pension benefits, column (a) and (b) of the table above or the Single total figure table, column (e) of table above. None of the individuals in the table above were entitled to a GMP and so the methodology change has no impact for the Trust.

## Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfer Values) Regulations 2008.

## Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

# Staff Report

## Our Staff

At 31 March 2020 we employed 5288 clinical and non-clinical members of staff (including part time and bank staff) this equates to 3026.15 Full time Equivalents (FTE) who contribute to providing high quality patient care across our local communities. Our team members bring innovations in care to people who use our services, deliver enhanced efficiency and continuously improve to meet national and local quality targets. Most of our people are permanently employed in clinical roles and deliver patient care either directly or indirectly. We also employ a number of administrative and estates staff members who provide vital expertise and support.

The following table provides a breakdown of our Solent NHS Trust team at the end of the year, March 2020

	Female FTE	Female %	Male FTE	Male %	Total FTE
Admin and Estates	308.09	75.61%	99.39	24.39%	407.48
Director	4.00	57.14%	3.00	42.86%	7.00
Healthcare Assistants and other support staff	880.71	88.89%	110.03	11.11%	990.74
Managers and senior managers	49.51	62.04%	30.13	37.96%	84.64
Medical and dental	96.73	73.99%	33.01	26.01%	130.74
Nursing and midwives	715.51	91.74%	64.48	8.26%	780.99
Scientific, Therapeutic and Technical	182.29	88.43%	23.85	11.57%	206.14
Allied Health Professionals	362.61	85.74%	60.29	14.26%	422.90
Qualified Ambulance Service Staff	2.53	100.00%	0.00	0.00%	2.53
Total	2601.97	85.98%	424.18	14.02%	3026.15

Our workforce is largely female (85.92%) and this is the predominant gender in all of the staff groups. We publish our Gender Pay Gap report (available on our website).

The average (mean) hourly rate for our female employees in this organisation is 14.3% lower than for our male employees (15.3% in 2018/19), and so we have improved on this calculation. However, the median calculation (the average hourly rate at the mid-point for each gender) is only 1.2% lower for females. In 2017/18 it was 0.4%.

Whilst we compare favourably with the national average there is clearly further work to be done to close the gap and we are committed to do so. Our gender pay gap exists largely because we have a greater number of women in the workforce with a higher proportion in our lower level roles. We remain committed to the Equality and Diversity agenda and to strengthening inclusive people practices across the Trust, and will continue to work on reducing the gender pay gaps.



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

	Permanent Number	Other Agency Number (inc. bank staff)	Total Numbers
<b>Average staff numbers during 2019/20 period</b>			
Admin and Estates	392	30.4	422.4
Director	7		7
Healthcare Assistants and other support staff	972.7		972.7
Managers and senior managers	76.5		76.5
Medical and dental	128.8	10	138.8
Nursing and midwives	779	131.3	910.3
Scientific, Therapeutic and Technical	188.1		188.1
Allied Health Professionals	423.7	10	433.7
Qualified Ambulance Service Staff	2.7		2.7
Other		11.9	11.9
<b>Total</b>	<b>2970.5</b>	<b>193.6</b>	<b>3164.1</b>

Employee Benefits - Gross Expenditure (audited)	Permanent	Other Agency	Total
	£000s	£000s	£000s
Salaries and wages	103,799	4,665	108,464
Social security costs	9,667		9,667
Apprenticeship levy	502		502
Employer Contributions to NHS BSA - Pensions Division	19,169		19,169
Other pension costs	32		32
Termination benefits			
<b>Total employee benefits</b>	<b>133,169</b>	<b>4,665</b>	<b>137,834</b>
Employee costs capitalised	276		276
<b>Gross Employee Benefits excluding capitalised costs</b>	<b>132,893</b>	<b>4,665</b>	<b>137,558</b>

Despite on-going challenges with regards to recruitment in certain professional disciplines and particular areas, the overall level of vacancies was just 1.4% of the total workforce (March 2020). The table below highlights the concerted effort and focus that has gone into recruitment over the year to bring the vacancies down.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vacancies %	6.6%	7.3%	6.5%	5.6%	6.2%	4.6%	3.3%	2.8%	2.6%	1.8%	1.8%	1.4%

The demand for bank and agency staff remains high and the amount of spend on bank and agency is 7.6% of the total pay bill. This is reflective of patient demand for health and social care services,

coupled with national staffing shortages across a range of professional groups, particularly mental health.

The Trust agency ceiling is set at £3.3 million for the year and our spend is above the ceiling at £4.6 million. Whilst the work to bring down agency has been taking place throughout the year, we saw in March 2020, an almost doubling of our agency staffing as the Trust felt the effects of COVID-19. This agency staffing was to combat the rising level of absence related to COVID-19, in both staff needing to shield or isolate, and those who were unwell as a result of this virus.

Our Solent Trust in house bank work hard to ensure that agency usage is reduced to the lowest level possible, their efforts have meant that our own bank staff have filled 66.5% of requirements across the year.

## Staff retention programme

In 2019/20 we have continued to make good progress with this programme. We were pleased that our annual nursing turnover continues to reduce, building on the work of 2018/19, from 14.4% in March 2019 to 14.1% in March 2020; a reduction of 0.3%. We have been working with service lines and engaging with groups of staff across the organisation to understand the root causes of staff turnover.

We have made progress on our priorities as follows:

- **Recruitment** – we continued to improve and promote our brand, working across a range of platforms such as NHS Jobs, LinkedIn, Facebook and Twitter, to connect with a wider range of potential candidates.
- **Flexible working arrangements** - we continue to accommodate flexible working across the organisation which is supported via our Flexible Working Standard Operating Procedures. During the COVID-19 pandemic, we have seen a much higher proportion of working from home, and adapting their working patterns to help manage home and work life as schools and local facilities are closed.
- **Training of our managers in Leadership & Development.** Across the year we have engaged managers and leaders in a range of programmes across the year. There were a total of 406 attendances at 15 different types of session, including 3 attending degree apprenticeships. Some of these programmes are organised centrally (such as Leading with Heart), and a number of these are arranged locally, within care groups and services. This allows programmes to be focussed and personal.
- **Reward and Recognition** – we launched our Solent Awards website in July 2019 <http://www.solentawards.nhs.uk/>. The awards give people the opportunity to nominate a whole team, an individual person or an outstanding manager on a monthly basis. The site is open for anyone to nominate & vote including our patients, service users and families. People vote for the winner by simply clicking the ‘thumbs up’ icon under each category. There is also a ‘directors’ choice’ award which can come from any category.
  - Staff received a personalised letter from our CEO, Sue Harriman, which includes their nomination text. They also receive a certificate signed by Sue along with badges for the individual and manager categories and a trophy for the team category. In all, 38 awards have been given out so far.
- **Our Induction programme** is attended by all new starters, normally on their first day of working with us. It is open to permanent staff as well as bank, contractors and volunteers. The aim of the day is to ensure people feel valued and welcomed into the Trust and leave feeling they have

made the right decision to join us. At the events, new starters receive their personal ID badge, Smart card, laptop and/or phone if required for the role. They are also offered the flu jab during the flu season. Some of the comments we have received in the last year six months have been:

- 'very welcoming first day, thank you'
- 'very friendly and supportive welcome to the Trust. I left feeling excited about my new role'
- 'much more engaging than other inductions I have been on'
- 'most organised and informative start to an NHS job I have had'
- 'I really like the focus on self-care and inclusion. A good balance of sharing information that is needed without being swamped!'

We will continue to focus on staff recruitment and retention into 2020/21.

## Employee Engagement & Staff Survey

There is a clear relationship between employee satisfaction and patient satisfaction and we recognise that the highest quality of care for patients is delivered through a high quality and engaged workforce where people feel empowered to really make a difference.

## Employee Engagement Events in 19/20

We increased the number of **Schwartz Rounds** that are held across the Trust. These give people the opportunity to share and reflect on their experiences.

In October we held our first **MenoPause** event led by our CEO, Sue Harriman. The event involved colleagues coming together to talk about how the menopause has affected them or someone they know. Staff valued the opportunity to talk freely about an often 'taboo' subject and there are plans to provide further support in the future.

We have empowered and supported people to celebrate the difference they make. In 2019 we held a **Celebration of Nurses Day** in May and an **Allied Health Profession Conference** in October. We also held our inaugural **Non-Clinical Staff Celebration Day** in March 2020



You can read more about our celebration events winners via our website:

<http://www.solentawards.nhs.uk/winners/>

We launched the **NHS Rainbow Badge** initiative in Solent in July 2019. The badge supports our commitment to inclusion and our support for LGBT+ colleagues, patients and visitors.

We have brought together people to create employee resource groups, including **networks for DisAbility, LGBT+ Allies, Multi-Faith and BAME staff** – you can read more about this in our Equality, Diversity and Inclusion section.

Solent Year of the Nurse Award winner Vanessa Bull, Learning Disability Nurse with Sue Harriman CEO



## Our 2019 NHS Staff Survey

The 2019 Annual Staff Survey was carried out again by Quality Health. Our response rate was the highest we have ever achieved at 63%, 2149 people completed the survey which is a 4% increase from 2018. Compared to other combined Community, Mental Health and Learning Disability Trusts we scored better than average in 10 out of the 11 themes, and amongst the top scoring overall in 5 out of the 11 themes.

We have also been named joint best performer in the Health Service Journal (HSJ) top 5 Mental Health and Learning Disability (LD) Trusts in relation to whether people said they would be happy with the standard of care at their organisation should a family or friend need treatment.

For the third year running we have, again, been placed as 'best in class' on the 2018-19 Listening in Action (LiA) national 'scatter map' in our Mental Health, LD and Community category for our above average and positive trends.

### Areas of Focus in 2020

There is still more work to do to support our strategic priority of being a great place to work and each service line will be developing a clear plan, which will be monitored through our governance process. We will continue the work we have been doing including our top three priorities:

1. **To support all our people with their 'self-care'** as by helping people to look after themselves they can better care for their service users/patients and support their colleagues.
2. **To value and encourage the learning which can take place in the workplace** as opposed to classroom based learning alone. Our people are empowered to drive their own development with support from the organisation
3. **Building greater compassion and inclusivity into our leadership capability** which in turn helps to build the right culture through our HEART values for our people and our service users/patients.

# 2019 NHS Staff Survey results

63% of people took part



7.3/10 Engagement score

Above the average of other comparable Trusts: 7.1



Survey results are reported through 11 key themes. Out of the 11 themes we scored better than average when compared with other combined community and mental health/ learning disability trusts in 10 themes, and amongst the top scoring trusts in 5 of the 11.

## Headlines

### Strengths

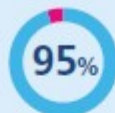
90% of people who responded or more



I feel my role makes a difference to patients



I've had an appraisal/annual review, in the last 12 months



I am trusted to do my job



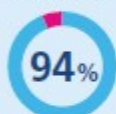
I know how to report unsafe clinical practice



I know who the senior managers in Solent are



Solent takes positive action on employee health and well-being



I had the opportunity to talk about the HEART values during my appraisal



Solent encourages me to report errors, near misses or incidents



Solent acts fairly with regards to career progression/ promotion



Patient experience feedback is collected within my department



### Needs attention

50% of people who responded or less

I am able to meet all the conflicting demands on my time at work



There are enough people working in Solent for me to do my job properly



In the last three months I have come to work, despite not feeling well enough



I have realistic time pressures



I don't work additional unpaid hours



Senior managers here involve people in important decisions



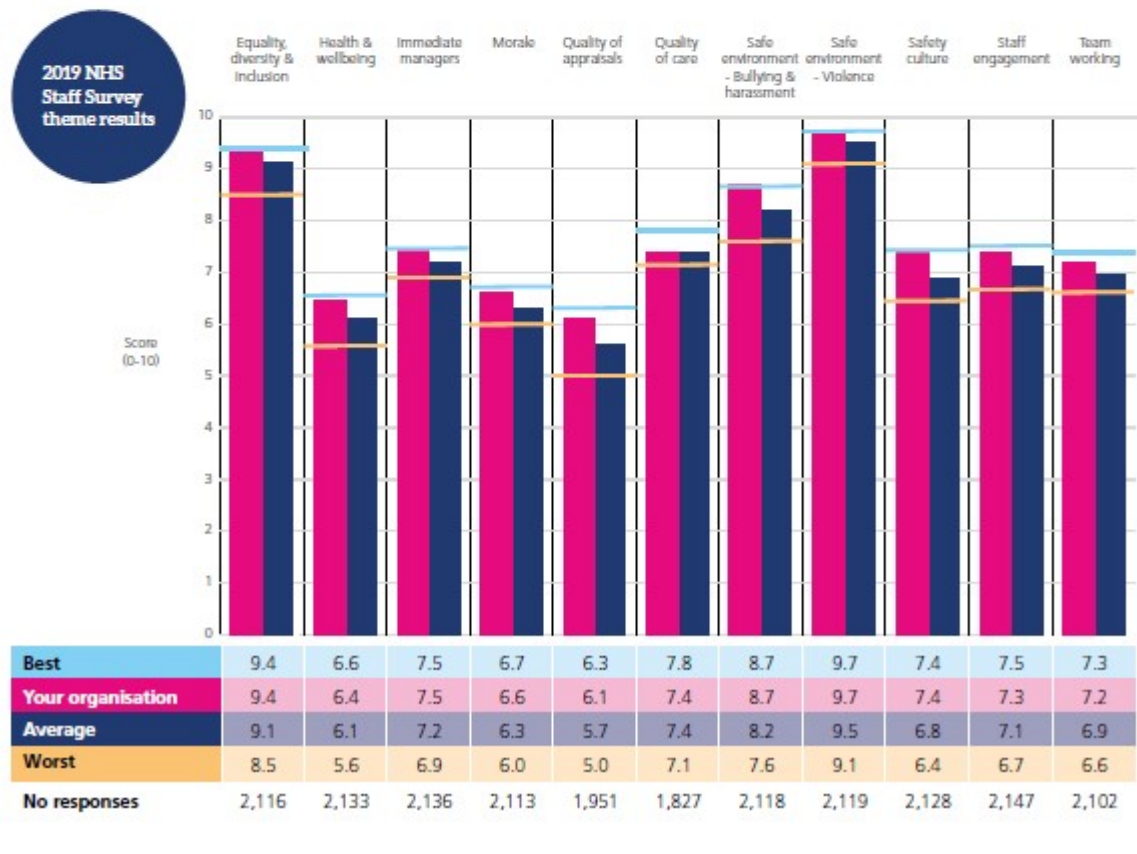
Senior managers working in Solent act on feedback





# 2019 comparison by theme results

This is how we scored, across the survey themes, when compared against other combined community and mental health/learning disability Trusts.





## Equality, Diversity and Inclusion

Equality, Diversity and Inclusion (EDI) are at the heart of the Trust's values. The Trust has a new Equality and Diversity Strategy and this has been designed to ensure that all service lines and corporate services are able to demonstrate advancement in equality of opportunity and meeting the Trust's obligations and duties under the Equality Act 2010, Public Sector Equality Duty, Workforce Race Equality Standard (WRES) and the Equality Delivery System 2 (EDS2). The Strategy has the following overarching objectives:

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

The Trust appointed a **Strategic Lead and Head of Diversity and Inclusion** in 2019 to ensure that this programme of work receives sufficient senior, strategic support. The **Strategic Lead and Head of Diversity and Inclusion** also works closely with the Community Engagement team to ensure that the Trust is representing the needs of its stakeholders.

All publically funded institutions have a duty to adhere to Public Sector Equality Duty, to:

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

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

## Examples of projects and work programmes

Project concerning	Summary
EA	Conducting Equality Analysis (EA) when writing/revising policies and when making key decisions meets legal duties and had the additional benefits of ensuring that decisions impact in a fair way, are based on evidence, are transparent and provide an opportunity for partnership working. We are currently trialling an Equality Impact Assessment template that is undergoing iterative revision. There is additional work underway to secure an online training package to support staff on the completion of EAs to enable staff to feel confident and competent when completing one.
Community Partners Programme	In January 2020, our Diversity and Inclusion and Community Engagement teams worked together to deliver the launch of the Community Partners Programme. This event brought together staff and members of the community with the overall aim of working in partnership to improve the services that we provide for patients and their families.
Mental health	We have been running a pilot in Portsmouth, aiming to improve the mental health of residents by listening to the stories of those with lived experience. Early recommendations arising from the project have already been identified, including the need to further support and train community leaders and other agencies in being able to recognise mental illness in its initial stages to enable early intervention and continued engagement.
Nicholstown surgery	Within the area surrounding Nicholstown surgery in Southampton, we are piloting a project aimed at improving and sustaining outwardly focused, meaningful and value added engagement with a wider and more diverse range of community and service user groups. A deep dive into local public health information has also been undertaken and has highlighted a number of key areas of enquiry for the community engagement programme.

## Our staff resource groups and events during 2019/20

There are now four staff resource groups;

- BAME
- Multifaith
- LGBT, and
- DisAbility

Their purpose is to support staff and act as a resource. All these groups have their own webpage and/or a social media presence.

The BAME group supported Black History Month in October 2019 with Don John, founder of Black History Month Southampton, coming to speak to our staff. In order to show support from senior leadership Pamela Permalloo-Bass, Strategic Lead for Diversity and Inclusion, and our Chair Catherine Mason, featured on Unity Radio to talk about inclusive recruitment for the position of a Non-Executive Director.

The DisAbility Resource Group was launched by holding a Schwarz Round called “What is reasonable anyway?”. The event was extremely successful, receiving positive feedback as well as increasing group membership.

LGBT History Month (February) was used to launch the LGBT Resource Group and a Schwarz Round entitled “To thine own self be true”, was held attended by the Board of Directors. This was followed by Solent Stories where LGBT staff and allies acted as “human books” and told their stories and answered any questions. The event promoted honest conversations amongst staff and further demonstrated our commitment to diversity and inclusion.



The Multi-faith group were established in 2019 and have already made a significant amount of progress. Working with the Trust Chaplain and our estates team they have managed to ensure that there are multi-faith rooms in the majority of our main sites being; Highpoint (our Headquarters), St Mary’s Community Hospital, Western Community Hospital, Jubilee House and Royal South Hants Hospital. These rooms can also be used for self-reflection and are available for all staff.

#### [Adjusting and responding to COVID-19](#)

As with other areas within the Trust, during the last quarter of the year and in response to the COVID-19 crisis, we have adapted our work in response. A series of Parenting Zoom calls have been established on a weekly basis for our staff, some of whom are adjusting to homeworking, bringing parents together to share resources, tips and to provide support during the difficult time. A member of the HR team also attends these calls to enable support and quick resolution to any issues identified.

We have also been working with our Chaplain and Multi-faith group to send out messages over Easter and in preparation for Ramadan. Such messages have obviously had to be adapted to an online audience in order to comply with social distancing. We acknowledge the importance of sharing information with managers about how to support staff who may be fasting through Ramadan whilst there is a pandemic happening.

We know from national data that COVID-19 is affecting the BAME population disproportionately. We have proactively made enquiries to national WRES leaders to seek support for how best we can support our staff and wider community. On a local level a programme of work is being developed that will focus on translating national guidance into languages that are commonly used in Southampton, Portsmouth and the populations we serve – we will seek to share our learning with our partners.

## Partnership Working

We pride ourselves on having developed excellent partnership arrangements with our staff side representatives.

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

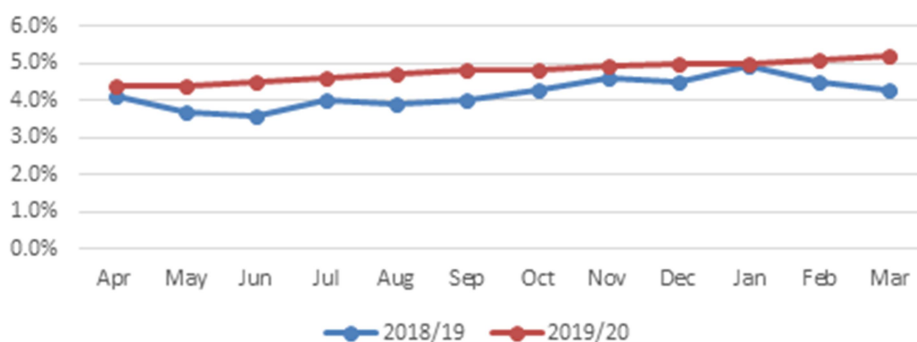
In 2019/20 we utilised Managers Forums to work with managers to develop policies and processes, gaining their input and insight into how to make things work for the day to day.

## Sickness Absence

Sickness rates have fluctuated during the 12 month period between 4.4% - 5.2% ending the year higher than the last (5.2%, March 2020), and higher than our aspirational and challenging target of 4%. Mental Health conditions are the main reported causes of sickness at 31.4%; this is up 3.8% (from 27.6%) on the previous 12 month period.

March 2020 was affected by the Level 4 National Emergency, although a large portion of staff were absent related to COVID-19, there were a number of these working from home as they isolated or shielded during this time. Sickness rates have fluctuated throughout the 12 month period, with the peak being in March, 5.2%

The following graph represents sickness data from April 2018 to March 2019 and April 2019 to March 2020.



In response to sickness absence data, various initiatives have been implemented and evaluated to improve staff health and wellbeing. These include; Wellbeing champions within service, self-help tools, wellbeing advice in the workplace, wellbeing and lifestyle checks, stress buster sessions and mindfulness – you can read more in our Occupational Health section. Towards the end of the year, in March 2020, this support was stepped up again in support of COVID-19 and the effects on staff to include a telephone service to psychological support, coaching provision and Virtual sessions covering a range of topics such as yoga and guided mindfulness. We will continue to develop and evaluate wellbeing provisions in 2020/21.

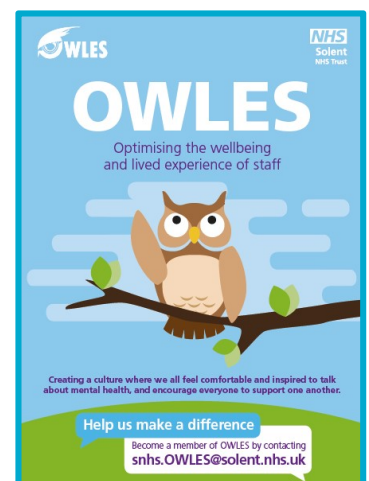
## Occupational Health and Wellbeing Service

A comprehensive health and wellbeing package of support and services is available to our workforce. We offer wide-ranging occupational health and wellbeing services provided by our in-house SEQOHS (Safe Effective Quality Occupational Health Service) accredited team, demonstrating our commitment to delivering safe, effective and quality occupational health services. Our Occupational health professionals have an active presence in services working alongside employees and managers to create a safe and healthy work environment where the health and wellbeing of employees is highly valued and encourages and supports employees to maintain and adopt healthy lifestyles. Our Employee Assistance Programme also offers important external support for people and their families, to include counselling services, resources and information across a wide range of wellbeing subject areas.

Over the past year we have developed our wellbeing self-help suite to help raise awareness amongst employees and to provide them with better access to preventative resources and knowledge of how to access additional support and services when required. There has been an increased use of different media to include e-communications, social media platforms in addition to face to face opportunities which are critical for Solent given its wide spread geographical area and the high importance of messaging about wellbeing.

We are proud to be able to offer our employees additional services this year through our newly appointed Wellbeing Practitioners who are available to offer employees a bespoke health and wellbeing resource. Our focus is keeping staff well at work through prevention, early intervention and rehabilitation to create and maintain a healthy lifestyle and encouraging long term behaviour change. We are now offering and continuing to roll out the following:

- As a Solent priority the Wellbeing Practitioners introduce our wellbeing services as part of our corporate induction for new staff establishing health and wellbeing as a priority from the start of employment in Solent.
- An easy to use wellbeing screening tool is now in use and introduced at employee induction and wellbeing training events
- Individuals can access a personal intervention programme to help them work on specific wellbeing goals and behaviour changes they want to make
- An increased number of wellbeing training and support programmes are now available for teams
- Programmes to support managers with undertaking wellbeing risk assessments and to help them establish sustainable wellbeing plans for their services is being rolled out



We have continued to focus on promoting a positive message around people with their own lived experience and this will be ongoing into 2020/21 as part of our health and wellbeing delivery plan. This year there has been an emphasis on mental health and menopause, with a number of campaigns and launch events supported by our executive team and health and wellbeing forum members. Next year we will be further developing these programmes and also introducing a lived experience programme relating to cancer care and work.

## Exit Packages

Details of exit packages can be found on page 98.

## Off payroll engagements

Details of off payroll engagement can be found on page 99.

## External consultancy

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

## NHS Constitution



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

## Health and Safety

We are committed to the health, safety and welfare of our colleagues, and third parties that work within our operational footprint and have remained compliant with Health and Safety legislation in year. We have not had any investigative proceedings undertaken in regards to breaches of health and safety legislative requirements, Regulatory Reform (Fire Safety) Order or the Environmental Protection Act and have not received any external visits from any external regulatory agency, as a result of a specific incident or complaint. The executive lead for the Health and Safety portfolio is the Chief Financial Officer and Deputy CEO. The Associate Director of Estates and Facilities chairs the Health and Safety Group, which meets quarterly to fulfil its statutory requirements with representation of both elected unionised representatives of employee safety and non-unionised employees, in accordance with the Safety Representatives and Safety committee Regulations, and the Health and Safety (Consultation with Employees).



## Trade Union (Facility Time Publication Requirements) Regulations 2017

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

**Table 1: Relevant Union Officials**

Number of employees who were relevant union officials during the 2018-19 year	Full time equivalent employee number
29	26.52

**Table 2: Percentage of time spent on facility time**

The number of employees who were relevant union officials employed during the 2019-20 year spent a) 0%, b) 1% - 50%, c) 51%-99%, or d) 100% of their working hours on facility time

Percentage of time during the 2019-20 year	Number of employees
0%	24
1-50%	4
51 – 99%	0
100%	1

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

First Column	Figures
The total cost of facility time	33,537
Total Pay bill	137,834k
The percentage of the total pay bill spent on facility time **	0%

\*\*[(total cost of facility time divided by the total pay bill) times 100]

**Table 4: Paid trade union activities**

First Column	Figures
Time spent on trade union activities as percentage of total paid facility time hours*:	0%

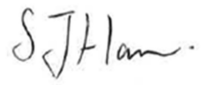
\*[(total hours spent on paid trade union activities by relevant union officials during 2019-20 divided by the total paid facility time hours) times 100]

For the purposes of this section paid facility time includes duties as a union learning representative, union representative, health and safety representative, for the purposes of training, consultation, or representation which arises under section 168, section 168A of the 1992 (Trade Union and Labour Relations (Consolidation) Act 1992), section 10 (6) of the Employment Relations Act 1999 and Regulations made under section 2(4) of the Health and Safety at Work Act 1974.

Trade Union Activities as specified in section 170 (1) (b) of the Trade Union and Labour Relations (Consolidation) Act 1992. This can include attending Regional or National policy making meetings, voting in Union elections, attending other Branch meetings, executive committee meetings, regional union meetings, and annual conferences, etc.



The Accountability and Corporate Governance Report is signed by;

A handwritten signature in black ink, appearing to read 'S. J. Harriman'.

Sue Harriman  
Chief Executive Officer  
Date: 19<sup>th</sup> June 2020

# Auditors Report

## Independent auditors report to the Accountable Officer of Solent NHS Trust

---

### Opinion

We have audited the financial statements of Solent NHS Trust for the year ended 31 March 2020 under the Local Audit and Accountability Act 2014. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 43. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2019/20 HM Treasury's Financial Reporting Manual (the 2019/20 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2019/20 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England (the Accounts Direction).

In our opinion the financial statements:

- give a true and fair view of the financial position of Solent NHS Trust as at 31 March 2020 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the National Health Service Act 2006 and the Accounts Directions issued thereunder.

## **Basis for opinion**

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

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

## **Emphasis of matter – Effects of COVID-19 and Property Plant and Equipment valuation**

We draw attention to Note 1.2 of the financial statements, which describes the economic and social consequences/disruption the Trust is facing as a result of COVID-19 which is impacting contracting arrangements and the financial framework for 2020/21.

We draw attention to Note 14.3 Property, plant and equipment of the financial statements, which describes the valuation uncertainty the Trust is facing as a result of COVID-19 in relation to property valuations.

Our opinion is not modified in respect of these matters.

## **Conclusions relating to going concern**

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the directors use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## **Other information**

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be

materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

### **Opinion on other matters prescribed by the Health Services Act 2006**

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

### **Matters on which we are required to report by exception**

We are required to report to you if:

- in our opinion the governance statement does not comply with the NHS Improvement's guidance; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014; or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We have nothing to report in these respects.

### **Responsibilities of the Directors and Accountable Officer**

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

As explained in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

### **Auditor's responsibility for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's



report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

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

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

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

### **Certificate**

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

### **Use of our report**

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

Suresh Patel for & on behalf of  
Ernst & Young LLP

Suresh Patel  
Ernst & Young LLP (Local Auditor), Southampton  
22 June 2020

The maintenance and integrity of the Solent NHS Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.



# Section 3.

# Our Summary Accounts

## Our summary accounts (unaudited)

### Foreword and Statement on Financial Performance

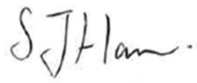
We have ended 2019/20 by achieving all four of our financial statutory duties:

- External Financing Limit (EFL) which is an overall cash management control. The Trust was set an EFL of £17.6m cash outflow for 2019/20, actual EFL was £5.4m cash outflow and therefore the Trust achieved the EFL target with a positive variance of £12.2m.
- Capital Cost absorption rate is based on actual (rather than forecast) average net relevant assets and therefore the actual capital cost absorption rate is automatically 3.5%.
- Capital Resource Limit (CRL) which represents investments in fixed assets throughout the year. The Trusts fixed asset investment for 2019/20 was £11.5m, a £0.2m underspend against the target of £11.7m.
- Three Year Rolling Breakeven Duty states that the Trust should achieve a breakeven position over a 3 year period. The Trust has achieved this with a £2.4m surplus achieved from 2017/18 to 2019/20.

Whilst the Trust achieved the three year rolling breakeven duty, the Trust reported a cumulative adjusted retained deficit of £6.5m in 2019/20 due to deficits in earlier years.

The 2019/20 financial statements have been prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS. Where the Group Accounting Manual permits choice of accounting

policy, the accounting policy which is judged to be the most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected.

A handwritten signature in black ink, appearing to read "S. J. Harriman".

Sue Harriman  
Chief Executive Officer  
Date: 19<sup>th</sup> June 2020



## Finance Review & Statutory Duties in relation to the Accounts

The statement of directors responsibilities in respect of the accounts can be found on page 93.

### Break-even position (a measure of financial stability)

The Trust has a statutory duty to achieve break-even in the year. The Trust has achieved the breakeven duty in year, reporting a £0.1m adjusted surplus in 2019/20. The Trust has also achieved the three year rolling breakeven duty, reporting a surplus of £2.4m from 2017/18 to 2019/20. Whilst the Trust achieved the in-year and three year rolling breakeven duty, the Trust reported a cumulative adjusted retained deficit of £6.5m in 2019/20 due to deficits in earlier years. Our regulators were aware of this position and continue to support us in our delivery of key community and mental health local services.

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

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

### External Financing Limit (an overall cash management control)

The Trust was set an External Finance Limit of £17.6m cash outflow for 2019/20 which it is permitted to undershoot. Actual external financing requirements for 2019/20 were £5.4m cash outflow and therefore the Trust achieved the target with a positive variance of £12.2m.

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

The Capital Resource Limit is the amount that the Trust can invest in fixed assets during the year; a target with the Trust is not permitted to overspend. The Trust was set a capital resource limit of £11.7m for 2019/20. Its actual fixed asset investment was £11.5m, an £0.2m underspend against target.

### Want to find out more?

Included on the following pages are the 'summary financial statements' of the Trust and an overall picture of our fiscal performance. A copy of our full accounts are available in Appendix 2.



## Financial Statements

### Statement of Comprehensive Income for year ended 31 March 2020

	2019/20	2018/19
	£000	£000
Employee benefits	(137,558)	(126,877)
Other costs	(61,439)	(63,072)
Revenue from patient care activities	181,032	171,897
Other Operating revenue	19,765	21,222
<b>Operating surplus</b>	<b>1,800</b>	<b>3,170</b>
Investment revenue	122	94
Other gains and (losses)	4	(1)
Finance costs	(141)	(152)
<b>Surplus/(deficit) for the financial year</b>	<b>1,785</b>	<b>3,111</b>
Public dividend capital dividends payable	(2,361)	(2,240)
<b>Retained surplus/(deficit) for the year</b>	<b>(576)</b>	<b>871</b>
Impairments and reversals taken to the revaluation reserve	(1,271)	(191)
Revaluations	317	419
<b>Total comprehensive income for the year</b>	<b>(1,530)</b>	<b>1,099</b>
<b>Financial performance for the year</b>		
Retained surplus/(deficit) for the year	(576)	871
Impairments (excluding IFRIC 12 impairments)	999	753
Adjustments in respect of donated asset respect elimination	(137)	(254)
2018/19 post audit PSF reallocation (2019/20 only)	(207)	0
<b>Adjusted retained surplus/(deficit)</b>	<b>79</b>	<b>1,370</b>

### Statement of Financial Position as at 31 March 2020

	31 March 2020	31 March 2019
	£000	£000
Non-current assets	96,079	90,808
Current assets	31,391	31,984
Current liabilities	(37,507)	(34,976)
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>(6,116)</b>	<b>(2,992)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>89,963</b>	<b>87,816</b>
Non-current liabilities	(83)	(1,514)
<b>TOTAL ASSETS EMPLOYED</b>	<b>89,880</b>	<b>86,302</b>
<b>FINANCED BY TAXPAYERS' EQUITY</b>	<b>89,880</b>	<b>86,302</b>

## Statement of Changes in Taxpayers' Equity for year ended 31 March 2020

	Public Dividend capital £000	Revaluation reserve £000	Retained earnings £000	Total reserves £000
<b>Balance at 1 April 2019</b>	<b>12,337</b>	<b>7,622</b>	<b>66,343</b>	<b>86,302</b>
<b>Changes in taxpayers' equity for 2019-20</b>				
Deficit for the year	0	0	(576)	(576)
Net gain / (loss) on revaluation of property, plant, equipment	0	317	0	317
Public dividend capital received	5,108	0	0	5,108
Impairments and reversals	0	(1,271)	0	(1,271)
Transfers between reserves	0	(227)	227	0
<b>Net recognised revenue/(expense) for the year</b>	<b>5,108</b>	<b>(1,181)</b>	<b>(349)</b>	<b>3,578</b>
<b>Balance at 31 March 2020</b>	<b>17,445</b>	<b>6,441</b>	<b>65,994</b>	<b>89,880</b>
<b>Balance at 1 April 2018</b>	<b>6,435</b>	<b>7,625</b>	<b>65,246</b>	<b>79,306</b>
<b>Changes in taxpayers' equity for 2017-18</b>				
Impact of implementing IFRS 9 on 1 April 2018	0	0	(5)	(5)
Surplus for the year	0	0	871	871
Net gain / (loss) on revaluation of property, plant, equipment	0	419	0	419
Public dividend capital received	5,902	0	0	5,902
Impairments and reversals	0	(191)	0	(191)
Transfers between reserves	0	(231)	231	0
<b>Net recognised revenue/(expense) for the year</b>	<b>5,902</b>	<b>(3)</b>	<b>1,097</b>	<b>6,996</b>
<b>Balance at 31 March 2019</b>	<b>12,337</b>	<b>7,622</b>	<b>66,343</b>	<b>86,302</b>

## Statement of cash flows for the year ended 31 March 2020

	2019/20 £000	2018/19 £000
Net cash inflow from operating activities	9,749	8,207
Net cash outflow from investing activities	(12,829)	(4,886)
<b>NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING</b>	<b>(3,080)</b>	<b>3,321</b>
Net cash inflow from financing activities	2,587	2,743
<b>INCREASE / (DECREASE) IN CASH</b>	<b>(493)</b>	<b>6,064</b>
Cash at the beginning of the period	15,665	9,601
<b>Cash at year end</b>	<b>15,172</b>	<b>15,665</b>

## Better Payment Practice Code: Measure of Compliance 31 March 2020

	2019-20		2018-19	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	28,737	62,278	27,822	54,799
Total non-NHS trade invoices paid within target	<u>26,951</u>	<u>58,021</u>	<u>25,115</u>	<u>45,438</u>
% non-NHS trade invoices paid within target	<u>93.8%</u>	<u>93.2%</u>	<u>90.3%</u>	<u>82.9%</u>
Total NHS trade invoices paid in the year	1,598	16,355	1,381	14,880
Total NHS trade invoices paid within target	<u>1,318</u>	<u>13,945</u>	<u>1,139</u>	<u>13,971</u>
Percentage of NHS trade invoices paid within target	<u>82.5%</u>	<u>85.3%</u>	<u>82.5%</u>	<u>93.9%</u>

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

## Challenges ahead

We are acutely aware how challenging it is for our staff and our services to deliver safe and effective care in an environment of ever rising demand, whilst at the same time as balancing financial efficiencies. We also acknowledge the importance of ensuring we have a robust culture of encouraging our staff to speak out when things are not right, to create an environment where they feel safe and listened to, despite the challenged health and social care system we operate within.

Our efficiency target (Cost Improvement Plan) was £8.1m, of which £4.2m was delivered; the balance was achieved by other measures. Achieving further efficiencies is proving more difficult as a stand-alone organisation and future efficiencies will need to be delivered on an ICP and ICS basis through system transformation.

We know there is more to do – both internally within our own organisation and with our partners and within the developing Integrated Care System to significantly transform health and care pathways in accordance with the ambition and plans of the NHS Long Term Plan and HIOW STP Strategic Delivery Plan. Working as a ‘system’ will mean at times that we will have to make collective and difficult decisions for the greater good of our service users within our STP footprint. Some of these hard decisions will undoubtedly be at the detriment of Solent and what we have traditionally done, but will be for the benefit of the wider system. However, in accordance with our guiding business principles; we will always endeavour to put our citizens and communities before services, and services before organisations. Doing the right thing, is what is important to us.

We are always vulnerable to risk during times of change and we must ensure we are vigilant to ensure that we are able to maintain ‘business as usual’, without adversely affecting the quality of care we provide, our performance and ultimately without compromising our organisational values.

The key challenges we face in 2020/21 are:

- Our overall recovery from the Level 4 National Emergency – not only from an operational perspective but also the wider cost to our workforce, and the community at large.
- Delivery of our breakeven Control Total, in an environment where we have an underlying deficit, and where across the HIOW STP there are significant financial pressures. The delivery of our Control Total will be particularly challenging during the year ahead due to changes to the allocation of Financial Recovery Funding, with 50% being contingent on system performance, in accordance with the NHS Planning guidance.
- Operating in the evolving Integrated Care System and Integrated Care Partnerships
- The need to renegotiate contract values with our Local Authority commissioners to ensure that the Agenda for Change uplifts are recognised; and
- Emerging internal cost pressures related to nationally recognised areas of price increase

The internal control processes for managing risks are outlined in the Annual Governance Statement.

## Going Concern

The Trust's Finance Committee and Audit and Risk Committee have been reviewing evidence around the Going Concern statement, in light of our previous deficits in 2014/15, 2015/16 and 2016/17.

Our 2019/20 £79k (and rolling 3 year 2017/18 to 2019/20 surplus of £2.4m) supports our financial statements being prepared on a going concern basis, and management have no significant reasons to believe this to be inappropriate, or otherwise.

Prior to Covid-19 the Trust was engaged in contract negotiations with NHS and local authority organisations to provide continuing services throughout 2020-21 within an agreed breakeven control total. Whilst negotiations have been put on hold to focus on the current unprecedented situation, the Trust will continue to receive income from commissioners to support the care being provided during 2020/21.

In March 2020 NHSE&I announced revised arrangements for NHS contracting and payment to apply for the first four months of the 2020/21 year due to the Covid-19 pandemic. The contracting arrangements for the rest of 2020/21 and beyond have not yet been definitively announced but it remains the case that the Government has issued a mandate to NHS England for the continued provision of services in England in 2020/21 and CCG allocations have been set for the remainder of 2020/21. The Trust can therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned.

Local Authority commissioners have confirmed similar arrangements for contracting and payment as NHSE&I for the first four months of 2020/21. Discussions indicate that these arrangements will continue for the remainder of the year however this is not yet finalised. If contract arrangements reverted back to activity based payments there may be a reduction in income received however not to the extent that it would significantly impact the adoption of the going concern concept.

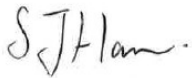
NHSE&I have confirmed that the financial statements of NHS providers will be prepared on a going concern basis unless there are exceptional circumstances where the Trust is being or is likely to be

wound up without the provision of its services transferring to another entity in the public sector, there are no exceptional circumstances in which this may be the case.

The Trust has prepared a cash forecast modelled on the expectation that the revised contracting and payment arrangements will remain in place until October 2020. The cash forecast shows sufficient liquidity for the Trust to continue to operate but interim support can be accessed if it were required. There are no other material uncertainties included within the cash flow, for example income that is contingent of meeting targets such as Provider Support Funding or Financial Recovery Funding as the Trust is forecasting to achieve a breakeven position without any such funding.

These factors all support the adoption of the going concern concept.

The statement of financial position is signed by:

A handwritten signature in black ink, appearing to read 'Sue Harriman'.

Sue Harriman  
Chief Executive Officer  
Date: 19<sup>th</sup> June 2020





# Reception





# Appendix 1

## Quality Report incorporating the Quality Account 2019/20