

## Agenda

### Solent NHS Trust Extra Ordinary In Public Board Meeting

Friday 21 June 2023 12:30 – 13:00

Meeting Room 1, Highpoint & MS Teams

Item	Time	Dur.	Title & Recommendation	Exec Lead / Presenter	Board Requirement
1	-----	-----	<b>Chair's Welcome and apologies to receive</b>	Chair	-
			<b>Confirmation that meeting is Quorate</b> <i>No business shall be transacted at meetings of the Board unless the following are present;</i> <ul style="list-style-type: none"> <li>• a minimum of two Executive Directors</li> <li>• at least two Non-Executive Directors including the Chair or a designated Non-Executive deputy Chair</li> </ul>	Chair	-
2	12:30	30mins	<b>Audit Results Report for the year ended March 2024 including:</b> <ul style="list-style-type: none"> <li>• <b>Draft Annual Audit Letter of Representation 23/24</b></li> </ul>	Chief Finance Officer	<i>To approve (as presented to and recommended by the Audit &amp; Risk Committee, 21<sup>st</sup> June)</i>
3			<b>Annual Accounts including Going Concern Assessment</b>	Chief Finance Officer	<i>To approve (as presented to and recommended by the Audit &amp; Risk Committee, 21<sup>st</sup> June)</i>
4			<b>Annual Report – including the Annual Governance Statement &amp; Quality Account</b>	Governance Programme Lead	<i>To approve (as presented to and recommended by the Audit &amp; Risk Committee, 21<sup>st</sup> June)</i>
5	13:00	-----	<b>Close</b>		

# Solent NHS Trust Audit results report

Year ended 31 March 2024  
June 2024





Private and Confidential

13 June 2024

Audit & Risk Committee  
Solent NHS Trust  
High Point Venue  
Bursledon Road  
SO19 8BR

Dear Committee Members

2023/24 Audit results report

We are pleased to attach our audit results report, summarising the status of our audit for the forthcoming meeting of the Audit & Risk Committee. We will update the Audit & Risk Committee at its meeting scheduled for 21 June 2024 on further progress to that date and explain the remaining steps to the issue of our final opinion.

The audit is designed to express an opinion on the 2023/24 financial statements and address current statutory and regulatory requirements. This report contains our findings related to the areas of audit emphasis, our views on Solent NHS Trust's accounting policies and judgements and material internal control findings. Each year sees further enhancements to the level of audit challenge, the exercise of professional judgement and the quality of evidence required to achieve the robust professional scepticism that society expects. We thank the management team for supporting this process.

This report is intended solely for the information and use of the Audit & Risk Committee, other members of the Board of Directors and management. It is not intended to be and should not be used by anyone other than these specified parties.

We welcome the opportunity to discuss the contents of this report with you at the Audit & Risk Committee meeting on 21 June 2024.

The [2023 Transparency Report](#) for EY UK provides details regarding the firm's system of quality management, including EY UK's system of quality management annual evaluation conclusion as of 30 June 2023.

Yours faithfully

Kevin Suter

Partner

For and on behalf of Ernst & Young LLP

Encl

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The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter of 27 March 2023.

This report is made solely to the Audit & Risk Committee, Board of Directors and management of Solent NHS Trust in accordance with our engagement letter. Our work has been undertaken so that we might state to the Audit & Risk Committee, Board of Directors and management of Solent NHS Trust those matters we are required to state to them in this 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 Audit & Risk Committee, Board of Directors and management of Solent NHS Trust for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.



# 01

# Executive Summary



# Executive Summary

## Scope update

In our audit planning report presented at the 9 February 2024 Audit & Risk Committee meeting, we provided you with an overview of our audit scope and approach for the audit of the financial statements. We carried out our audit in accordance with this plan, with the following exceptions:

- ▶ Changes in materiality: In our Audit Committee Planning Report, we communicated that our audit procedures would be performed using a materiality of £5.48m. The basis of our assessment has remained consistent with prior years at 2% of operating expenditure. We have updated our overall materiality assessment to £5.97m. This results in updated performance materiality, at 75% of overall materiality, of £4.48m, and an updated threshold for reporting misstatements of £0.29m.

## Status of the audit

Our audit work in respect of the Trust opinion is substantially complete. The following items relating to the completion of our audit procedures were outstanding at the date of this report.

- ▶ Completion of testing - amortisation of intangible assets; reclassification of assets under construction; IFRS 16 lease liabilities and payroll
- ▶ Review of work performed over the remuneration report
- ▶ Completion of manager and partner review of work performed
- ▶ Procedures over revised financial statements
- ▶ Subsequent events review
- ▶ Receipt of signed management representation letter
- ▶ Receipt of signed Narrative Report and financial statements

Given that the audit process is still ongoing, we will continue to challenge the remaining evidence provided and the final disclosures in the Annual Report and Accounts which could influence our final audit opinion, a current draft of which is included in Section 04.

## Audit differences

- ▶ There are no adjusted misstatements above our performance materiality of £4.48m.
- ▶ Unadjusted misstatements have nil impact on the surplus for the year.
- ▶ We identified a number of misstatements in disclosures, most of which were adjusted by management.
- ▶ Further details are shown in section 05.

# Executive Summary

## Areas of audit focus

In our Audit Plan we identified a number of key areas of focus for our audit of the financial report of Solent NHS Trust. This report sets out our observations and status in relation to these areas, including our views on areas which might be conservative and areas where there is potential risk and exposure. Our consideration of these matters and others identified during the period is explained within the 'Areas of Audit Focus' section of this report and summarised below.

Fraud Risk	Findings & Conclusions
Management Override: Misstatement due to Fraud or error	We have not identified any material weaknesses in the recognition of expenditure. We have not identified any instances of inappropriate judgements or estimates being applied. Our work did not identify any other transactions during our audit which appeared unusual or outside the Trust's normal course of business.
Risk of fraud in revenue and expenditure recognition	Our audit work has not identified any material issues or unusual transactions which indicated there had been fraudulent misreporting of the Trust's financial position. We have identified one item of incorrectly recorded accrued income of £0.45m; we are satisfied that this is not as a result of fraud.

Areas of Audit Focus	Findings & Conclusions
Valuation of land and buildings	We tested the valuation of a sample of the Trust's land and buildings. We noted that the Trust has employed a new valuer for 2023/24 and a full valuation was completed. We are satisfied the valuation of the Trusts land and buildings is not materially misstated.
IFRS 16	We tested a sample of leases of the trust, and we are satisfied that the right of use assets and the lease liabilities are not materially misstated.
Going Concern	We are satisfied that the Trust's use of the going concern assumption is appropriate. We have requested additional disclosures to be updated for the current status of project Fusion. This work is subject to final review of the revised financial statements.

We request that you review these, and other matters set out in this report to ensure:

- ▶ There are no further considerations or matters that could impact these issues
- ▶ You concur with the resolution of the issue
- ▶ There are no further significant issues you are aware of to be considered before the financial report is finalised

There are no matters, other than those reported by management or disclosed in this report, which we believe should be brought to the attention of the Audit & Risk Committee or Board of Directors.



# Executive Summary

## Control observations

There were three control observations brought forward from 2022/23 and we identified a further two control observations during 2023/24.

We have continued to identify a weakness in internal control relating to the reconciliation of the fixed asset register to the general ledger. This year, this mainly impacted land and buildings in Property, Plant & Equipment (PPE) as the Trust did not correctly eliminate depreciation of £2.4m on revaluation of the assets. A similar finding has been raised in Audit Results Reports for the previous three annual audits.

The draft 2023/24 financial statements were submitted by the NHS deadline. However, our review of the draft financial statements and agreement of the submitted trial balance to the financial statements identified several variances and reconciling differences. On further investigation this was due to the identification of journals which had been posted after submission of the transaction data to EY but not communicated to us.

During our substantive testing of prepayments, it was identified that a number of items recorded as 'prepayments' had not actually been paid as at year end in respect of the lease car population. This was also a finding during our 2022/23 audit. However, the number of misstatements identified was reduced compared to 2022/23 and did not lead to a projected misstatement greater than our reporting threshold.

In addition to the weakness identified above, we have also identified that the Trust has not performed a recent review of the assets included on their fixed asset register with the exception of land and buildings, laptops and medical devices. This has led to a number of issues within the fixed asset register, including assets being disposed of without the register being updated, and a number of assets being held on the fixed asset register with no gross book value being recorded. Ultimately this could lead to a material misstatement in the financial statement related to either the gross book value and/or net book value.

During the course of audit, we identified an issue with the quality of the working papers, where the listings provided to support the Balance Sheet amounts in the financial statements did not agree to the amounts in the financial statements. The variances ranged from £446 to £266,000.

We also identified instances where the only working papers available to support certain debtors and creditors accounts were in year transaction listings rather than a breakdown of the specific items that made up the year end balance as at 31 March 2024.

Full details of our work are set on in Section 06 of this report.

## Independence

We have no issues to bring to your attention. Please refer to Section 07 for our update on Independence.



# Executive Summary

## Auditor responsibilities under the National Audit Office Code of Audit Practice 2021

Under the National Audit Office Code of Audit Practice 2020 ('the Code') we are still required to consider whether the Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. The Code requires the auditor to design their work to provide them with sufficient assurance to enable them to report to the Trust a commentary against specified reporting criteria (see below) on the arrangements the Trust has in place to secure value for money through economic, efficient and effective use of its resources for the relevant period.

The specified reporting criteria are:

- ▶ Financial sustainability  
How the Trust plans and manages its resources to ensure it can continue to deliver its services;
- ▶ Governance  
How the Trust ensures that it makes informed decisions and properly manages its risks; and
- ▶ Improving economy, efficiency and effectiveness:  
How the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

## Status of the audit - Value for Money

In our Audit Plan, we reported that our value for money (VFM) risk assessment was going to be completed in our interim work. This was completed, without identifying a risk of significant weakness.

We have revisited our assessment on completion of the audit of the financial statements and remain satisfied that we have not identified a risk of significant weakness.

As a result, we have completed our planned VFM procedures and have no matters to report by exception in the auditor's report (see Section 05). We plan to issue the VFM commentary in the Auditor's Annual Report alongside our Audit Report.

# Other reporting issues

## Annual Report including Annual Governance Statement

We are required to give an opinion on the consistency of the Annual Report and other information published with the financial statements and the parts of the remuneration report and staff report that are required to be audited. We are also required to review the Annual Governance Statement for completeness of disclosures, consistency with other information we are aware of from our work and whether it complies with relevant guidance.

Financial information within the Annual Report and published with the financial statements was consistent with the Annual Accounts.

The remuneration report and staff report was prepared properly and within the rules set and following adjustment for the issues we identified, we had no matters to report.

We have reviewed the Annual Governance Statement and can confirm it is consistent with other information that we are aware of from our audit of the financial statements, and we have no other matters to report.

## Whole of Government Accounts

Alongside our work on the financial statements, we also report to the Trust on differences, within a tolerance of £300,000, between the Trust's consolidation schedules and the audited financial statements. We report to the NAO under Whole of Government Accounts group audit instructions.

We are currently concluding our work in this areas and will report any matters that arise to the Audit & Risk Committee.

## Other powers and duties

We also have a duty under the Local Audit and Accountability Act 2014 to consider whether, in the public interest, to report on any matter that comes to our attention in the course of the audit in order for it to be considered by the Trust or brought to the attention of the public. We did not identify any issues which required us to issue a report in the public interest.

## Section 30 Referral to the Secretary of State

In May 2024, we issued a report to the Secretary of State for Health under Section 30(1)(b) of the Local Audit & Accountability Act 2014, reporting that the Trust had breached its statutory duty to breakeven over a rolling period. The statutory accounts indicate the Trust has a cumulative deficit at 31 March 2024 of £5.85 million, and therefore has not met its rolling breakeven duty.

We referred the 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 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. We have a duty to notify the Secretary of State in these circumstances.

We also have a duty under the Local Audit and Accountability Act 2014 to consider whether, in the public interest, to report on any matter that comes to our attention in the course of the audit in order for it to be considered by the Trust or brought to the attention of the public. We did not identify any issues which required us to issue a report in the public interest.

We have no other matters we wish to report.



02

## Areas of Audit Focus

# Areas of Audit Focus

Misstatement due to Fraud or error \*

▲ Significant Risk

## What is the risk, and the key judgements and estimates?

The financial statements as a whole are not free of material misstatements whether caused by fraud or error.

As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.

## What are our conclusions

Our audit work has not identified any material issues, inappropriate judgements or unusual transactions which indicated that there had been any misreporting of the Trust's financial position, or that management had overridden control.

Of those journals tested, we are satisfied that the journal entries have been posted properly and for genuine business reasons.

We have reviewed material estimates and are satisfied there is no evidence of misstatement due to fraud arising.

We have not identified any unusual transactions during our testing.

## Our response to the key areas of challenge and professional judgement

In response to this risk, we undertook the following procedures:

- ▶ We identified fraud risks during the planning stages of the audit and completed audit procedures in response. See subsequent pages;
- ▶ We made enquiries of management about risks of fraud and the controls put in place to address those risks. We were satisfied that these are appropriate for an organisation of this size and nature;
- ▶ We obtained an understanding the oversight given by those charged with governance of management's processes over fraud;
- ▶ We considered the effectiveness of management's controls designed to address the risk of fraud and undertook procedures to identify any evidence of significant weakness. None were found.
- ▶ We performed the following mandatory procedures:
  - ▶ We tested journal entries and other adjustments in the preparation of the financial statements;
  - ▶ We undertook procedures to identify significant unusual transactions. None were identified; and
  - ▶ We tested key accounting estimates and judgements in the financial statements for evidence of management bias. None was identified.

## What else did we do?

Having evaluated this risk we have considered whether we need to perform other specific audit procedures not referred to above. We concluded that only those procedures included under 'Manipulation of reported financial performed' (page 12) were required.

# Areas of Audit Focus

## Manipulation of reported financial performance \*

Significant Risk

### What is the risk, and the key judgements and estimates?

Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.

In the latter part of the year, there is therefore a risk of potential of manipulation of reported financial performance to ensure the Trust meets the target set by NHS England (NHSE). We believe this manipulation is possible through both income and expenditure transactions, specifically accrued income and prepayments, accruals of expenditure (excluding payroll and finance expenditure) and deferred income.

We also assess there is an inherent opportunity for the Trust to inappropriately capitalise revenue costs in order to improve its reported revenue position and performance against key financial targets or to recognise capital costs in 2023/24 which should be accounted for in a later period.

In our view, this risk manifests itself within the following elements of the Trust's accounts:

- ▶ Prepayments and accrued income
- ▶ Accruals and deferred income
- ▶ Capital additions

### What are our conclusions

Our work has not identified any instances of fraud in revenue and expenditure recognition. Our findings and conclusions are as follows:

We continued to identify prepayments in relation to invoices that had not yet been paid in respect of the lease car population. However, the number of misstatements identified was reduced compared to 2022/23 and did not lead to a projected misstatement greater than our reporting threshold. We have raised a control observation in section 06.

In respect of Capital Additions, our audit work performed at the interim identified one asset that was not valid capital expenditure. This was amended by the Trust in advance of the year end. However, in consideration of the wider impact of this misstatement, we identified a small number of similar transactions that had also been capitalised in error. The value of these transactions was clearly trivial. All other capitalised assets tested were supported by appropriate evidence and was appropriately capitalised.

Unrelated to the fraud risk, we challenged management on their methodology of classifying all capital additions as assets under construction and concluded, following additional work in this area that the methodology used by the Trust was supportable, albeit not a common approach.

Our work over Accruals and Deferred Income is complete subject to review and we have identified one item of incorrectly recorded accrued income of £0.45m; we are satisfied that this is not as a result of fraud. We will provide a further update at the Audit & Risk Committee on 21 June 2024.

### Our response to the key areas of challenge and professional judgement

In response to this risk, we undertook the following procedures:

- ▶ We engaged with management to understand the overall financial position;
- ▶ We tested a sample of manually accrued receivables relating to accrued income using a low testing threshold and agreed these items back to supporting documentation to ensure they are recognised in line with the Trust's recognition policies;
- ▶ We tested a sample of manually accrued payables relating to operating costs (excluding payroll and finance expenditure) using a low testing threshold and agreed these items back to supporting documentation; and
- ▶ We tested the completeness of revenue and expenditure by completing cut-off procedures post year-end, and by testing for unrecorded liabilities at the balance sheet date.
- ▶ We reviewed Department of Health and Social Care (DHSC) agreement of balances data and investigated significant differences (outside of DHSC tolerances);
- ▶ We reviewed accounting estimates for evidence of management bias;
- ▶ We evaluated the business rationale for significant unusual transactions; and
- ▶ We tested capital additions using a low testing threshold to ensure they were appropriately supported by documentary evidence and that the expenditure incurred and capitalised is clearly capital in nature.

# Areas of Audit Focus

## Valuation of Land and Buildings

### What is the risk, and the key judgements and estimates?

Land and buildings is the most significant balance in the Trust's balance sheet. The valuation of land and buildings is complex and is subject to a number of assumptions and judgements. A small movement in these assumptions can have a material impact on the financial statements including the Trust's charge for depreciation.

The majority of the Trust's estate is valued using the 'depreciated replacement cost' (DRC) method. This method relies on the Trust calculating the cost to replace the asset at today's prices. In making this calculation management also consider if a newly built hospital could be a different size, configuration or in a different location. This cost is then depreciated based on the condition of the current building. Therefore, in order to calculate the rebuild cost the Trust make a number of subjective assumptions.

The Trust employ an expert valuer to determine the value of land and buildings. They employed a new valuer for 23/24, which increased the potential of material movements in asset valuations due to the new valuer employing different assumptions when calculating asset values.

### Our response to the key areas of challenge and professional judgement

In respect of this area of focus, we:

- ▶ Were satisfied that the work performed by the Trust's valuers, including the scope of the work performed, their professional capabilities and the results of their work were appropriate to provide an accurate assessment of the valuation of the Trust's assets;
- ▶ We tested the appropriateness of key assumptions used to inform the valuation for a sample of assets and of the basis on which the valuation has been undertaken. We were not required to directly involve our own EY valuation specialists. However, one key assumption within the valuers' approach relates to the use and application of obsolescence factors within the valuation model. The valuers' approach to obsolescence involved a significant amount of time to understand and obtain the required assurance.
- ▶ Sample tested key asset information used by the valuers in performing their valuation (e.g. floor plans to support valuations based on price per square metre), and were satisfied that the key asset information was correct;
- ▶ We tested the assets useful economic lives for a sample of assets by considering the obsolescence of the assets and components. We were satisfied these were in line with our expectations; and
- ▶ Tested accounting entries to record the valuation and were satisfied they have been correctly processed in the financial statements.

### What are our conclusions

Our testing of asset valuations provided us with assurance that assets valuations were performed using reasonable methodologies, with the exception of Westwood House where we disagreed the method of valuation. The value should be based on existing use value, which is as an office. Instead, the valuation was performed on the basis of a land value, having cleared the site. This would fall under an 'alternate use' valuation methodology, which we judge to be incorrect. This is an isolated asset with no similar untested properties on the Trust's asset register. Having established there is no likelihood of material understatement, we have undertaken a high-level valuation calculation to generate a reasonable range and the current valuation falls within that range. We recommend that the Trust performs a review of the valuations performed to ensure that they have been performed within the allowed methodologies within DHSC General Accounting Methodology.

During the course of our testing, it was identified that the Trust did not correctly eliminate depreciation of £2.4m on revaluation of the assets. This led to issues in the reconciliation of the fixed asset register to the general ledger.

With the exception of the valuation of Westwood House and the amendment of the depreciation, we are therefore satisfied that the valuation of the Trusts land and buildings is not materially misstated.

# Areas of Audit Focus

## IFRS 16

### What is the risk, and the key judgements and estimates?

IFRS 16 - Leases was implemented from in the public sector for periods beginning 1 April 2023.

The value of the Right of Use Assets and Lease liabilities is very significant on the Trust's balance sheet.

In the prior year we identified errors in the IFRS 16 Valuation and therefore in our judgement continues to be a higher inherent risk of material error.

### Our response to the key areas of challenge and professional judgement

To gain assurance in this area we:

- Liaised with the finance team to understand the Trust's approach to compliance with the accounting standard; and
- Checked that disclosure requirements have been included in the financial statements.

In order to confirm the details within the Trust's accounts we:

- Tested a sample of leases to confirm lease liabilities and right of use assets had been correctly valued; and
- Considered the completeness of the Trust's assessment by reviewing the lease register for any which may have been omitted from IFRS16 considerations in error;

### What are our conclusions

We identified two leases where the depreciation used for the 2023/24 as part of the right of use asset lease calculation was unsupported. This did not lead to a significant variance in the calculations.

Our approach included testing a sample of leases and recalculating the Trust's estimation of the lease liabilities and right of use assets to ensure that the assets were correctly valued. We did not identify any variances which were individually over our reporting threshold. We are still concluding our work in this area and will report the aggregate misstatements to the Committee on 21 June.

We have not identified any completeness issues with the lease registers.

The lease disclosures have been correctly disclosed in the financial statements.

# Areas of Audit Focus (cont'd)

## Going Concern

### What is the risk, and the key judgements and estimates?

The auditing standard ISA 570 has been revised in response to enforcement cases and well-publicised corporate failures where the auditor's report failed to highlight concerns about the prospects of entities which collapsed shortly after.

The revised standard increases the work we are required to perform when assessing whether the Trust is a going concern. It means UK auditors will follow significantly stronger requirements than those required by current international standards; and we have therefore judged it appropriate to bring this to the attention of the Audit and Risk Committee.

While public sector bodies including NHS providers and ICBs are generally considered to be a going concern for the purposes of preparing the financial statements, the NHS body's management need to consider the requirements of IAS 1, the FReM and the GAM determining whether additional disclosures are required.

During 2024/25, the Trust is due to be merged into a new organization as part of the reorganization of community and mental health services within Hampshire and Isle of Wight. (Project Fusion). Although there will be a continuation of services and therefore the financial statements for 2023/24 should still be prepared on the going concern basis, we expected appropriate disclosures to be made in the accounts to highlight this matter to the users of the financial statements.

### Our response to the key areas of challenge and professional judgement

In respect of this area of focus, we:

- ▶ Reviewed management's assessment of going concern as part of our work under ISA (UK) 570 (Revised) Going Concern, and whether any required disclosures in accordance with paragraphs 3.15 and 4.15 of the GAM are included within the Annual Report;
- ▶ Considered the Trust's future cash flow projections to determine whether they support the use of the going concern assumption;
- ▶ Obtained evidence that management's assumptions are appropriate, and any material uncertainties have been disclosed;
- ▶ Considered the impact and disclosure of Project Fusion;
- ▶ Concluded whether there are any implications for our audit reporting under ISA (UK) 700 (Revised) Forming an Opinion and Reporting on the Financial Statements; and
- ▶ Considered the impact on our audit report and comply with EY consultation requirements

### What are our findings and conclusions?

We are satisfied that the Trust's use of the going concern assumption is appropriate. We have requested additional disclosures to be updated for the current status of project Fusion. The Trust has not identified any material uncertainties in respect of going concern, which we agree.

We will review the Trust's revised going concern disclosure following receipt of the updated financial statements.

We will provide a further update at the Audit & Risk Committee on 21 June 2024.



## 03 Value for Money

# Value for Money

## The Trust's responsibilities for value for money (VFM)

The **Trust** is required to maintain an effective system of internal control that supports the achievement of its policies, aims and objectives while safeguarding and securing value for money from the public funds and other resources at its disposal.

As part of the material published with its financial statements, the **Trust** is required to bring together commentary on its governance framework and how this has operated during the period in a governance statement. In preparing its governance statement, the **Trust** tailors the content to reflect its own individual circumstances, consistent with the requirements of the relevant accounting and reporting framework and having regard to any guidance issued in support of that framework. This includes a requirement to provide commentary on its arrangements for securing value for money from their use of resources.

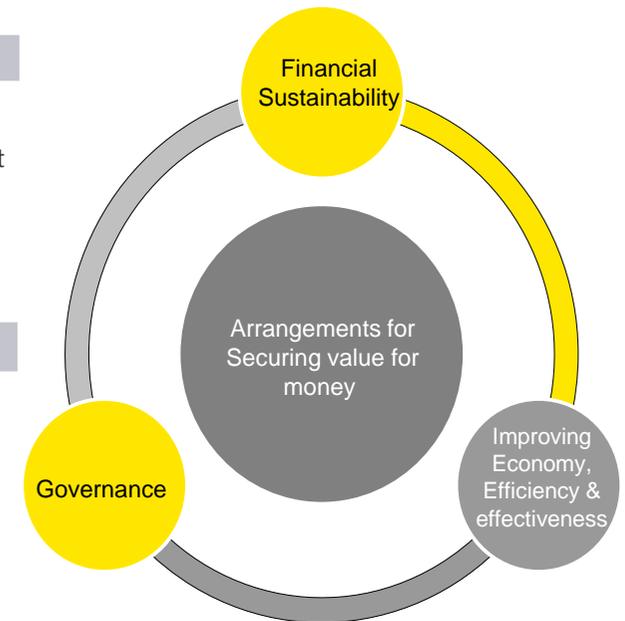
## Risk assessment

In the Audit Plan, we reported that our value for money (VFM) risk assessment was going to be completed in our interim work. We have revisited our assessment on completion of the audit of the financial statements and remain satisfied that we have not identified a risk of significant weakness. As a result, we have completed our planned VFM procedures and have no matters to report by exception in the auditor's report (see Section 05). We plan to issue the VFM commentary in the Auditor's Annual Report alongside our Audit Report.

We confirm that we have not identified any risks of significant weaknesses in arrangements.

## Status of our VFM work

We have completed our planned VFM procedures and have no matters to report by exception in the auditor's report (see Section 04). We plan to issue the VFM commentary alongside our Audit Report as part of issuing the Auditor's Annual Report.





# 04 Audit Report

# Audit Report

Draft audit report

Our opinion on the financial statements

## INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF SOLENT NHS TRUST

### Opinion

We have audited the financial statements of Solent NHS Trust for the year ended 31 March 2024 which 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 37, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by HM Treasury's Financial Reporting Manual: 2023-24 as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024 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.

In our opinion the financial statements:

- give a true and fair view of the financial position of Solent NHS Trust as at 31 March 2024 and of the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023 to 2024; and
- have been prepared properly in accordance with the National Health Service Act 2006.

### 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. 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

AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

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

### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of 12 months from when the financial statements are authorised for issue to 30 June 2025.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's ability to continue as a going concern.

### Other information

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

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

# Audit Report

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

We have nothing to report in this regard.

### Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023 to 2024.

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

The Code of Audit Practice requires us to report to you if:

- in our opinion the governance statement does not comply with NHS England's guidance; or
- we issue a report in the public interest under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we make a written recommendation to the Trust under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); 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 2024.

We have nothing to report in these respects.

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

- Referral to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014

At 31 March 2024 Solent NHS Trust reported a surplus against its incoming resources for the financial year of £0.085 million in its draft accounts but had failed to meet the break-even duty over a rolling 3-year period, with a cumulative deficit at 31 March 2023 of £5.853 million.

Under Paragraph 2 (1) of Schedule 5 of the 2006 Act, an NHS trust shall ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to revenue account.

We therefore referred 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.

### Responsibilities of the Directors and Accountable Officer

As explained more fully in the 'Statement of directors' responsibilities in respect of the accounts', the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to cease operations of the Trust, or have no realistic alternative but to do so.

# Audit Report

## Our opinion on the financial statements

As explained in the 'Statement of the accountable officer's responsibilities', as the accountable officer of Solent NHS Trust, the chief executive is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State and for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

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

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

### *Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud*

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006, the Health and Social Care Act 2012 and the Health and Care Act 2022, as well as relevant employment laws of the United Kingdom. In addition, the Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

We understood how Solent NHS Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Trust's board minutes, through enquiry of employees to verify Trust policies, and through the inspection of other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance through improper recognition of revenue which manifests itself within Prepayments and Accrued Income, Accruals and Deferred Income, and Capital Additions, and management override of controls to be our fraud risks.

To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed a sample of the Trust's manual year-end income accruals, prepayments, creditor accruals and deferred income, challenging assumptions and corroborating the items to appropriate evidence. We also performed a review for potential unrecorded liabilities in year, and we tested year-end cut-off arrangements by selecting samples of expenditure from either side of the 31 March 2024 balance sheet date and reviewing to supporting evidence to ensure these were recorded in the appropriate financial year. We also tested a sample of the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine.

To address the presumed fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

# Audit Report

## Our opinion on the 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 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in May 2024, as to whether the Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

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(2A)(c) of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice does not require us to refer to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resource 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 (as amended) and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

### 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 (as amended) 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.



# 05 Audit Differences



# Audit Differences

In the normal course of any audit, we identify misstatements between amounts we believe should be recorded in the financial statements and the disclosures and amounts actually recorded. These differences are classified as 'known' or 'judgemental'. Known differences represent items that can be accurately quantified and relate to a definite set of facts or circumstances. Judgemental differences generally involve estimation and relate to facts or circumstances that are uncertain or open to interpretation.

## Summary of adjusted differences

No adjusted misstatements or disclosure misstatements exceeding our performance materiality of £4.48 million have been identified.

## Summary of unadjusted differences

Please see table on the next page for the schedule of unadjusted misstatement.

In addition to these, we have also identified several disclosure misstatements identified through the course of the audit which we have requested management to correct.

# Audit Differences

## Summary of unadjusted differences

In addition we highlight the following misstatements to the financial statements and/or disclosures which were not corrected by management. We ask that the Audit & Risk Committee request of management that these uncorrected misstatements be corrected or a rationale as to why they are not corrected be considered and approved by the Audit & Risk Committee and provided within the Letter of Representation:

Uncorrected misstatements 31 March 2024	Effect on the current period:		Net assets (Decrease)/Increase			
	OCI Debit/ (Credit)	Income statement Debit/(Credit)	Assets current Debit/ (Credit)	Assets non-current Debit/ (Credit)	Liabilities current Debit/ (Credit)	Liabilities non-current Debit/ (Credit)
<b>Errors</b>						
<b>Known differences:</b>						
<ul style="list-style-type: none"> <li>In 2022/23 we identified and reported one factual difference relating to an insurance claim recorded within income and accrued income. As management have not yet supported that this element of the claim was resolved, we concluded this amount should not yet be recognised as income.</li> </ul>		452,479	(452,479)			
<b>Judgemental differences:</b>						
<ul style="list-style-type: none"> <li>Our existence testing identified assets held at nil value which the Trust was unable to verify are still held by the Trust. We have extrapolated this misstatement over the gross book value of assets held at nil value. As the net book value of these assets is nil, this does not impact the income statement.</li> </ul>				(815,333)		815,333
<b>Balance sheet totals</b>			(452,479)			
Income effect of uncorrected misstatements (before tax)		452,479				
Cumulative effect of uncorrected misstatements before turnaround effect		452,479	(452,479)			
Turnaround effect. In 2022/23 we identified and reported one factual difference relating to an insurance claim recorded within income and accrued income. As the claim was still in dispute at year end (and remains as such), we concluded this amount should not yet be recognised as income. See Note 1 below.		(452,579)				
<b>Cumulative effect of uncorrected misstatements, after turnaround effect</b>		-	(452,479)			

There are no amounts that we identified that are individually or in aggregate material to the presentation and disclosures of the financial statements for the year ended 31 March 2024.

Note 1: turnaround effect is the post-tax impact of uncorrected misstatements related to the prior period, on results of the current period.



06

# Assessment of Control Environment

# Assessment of Control Environment

## Financial controls

It is the responsibility of the Trust to develop and implement systems of internal financial control and to put in place proper arrangements to monitor their adequacy and effectiveness in practice. Our responsibility as your auditor is to consider whether the Trust has put adequate arrangements in place to satisfy itself that the systems of internal financial control are both adequate and effective in practice.

As part of our audit of the financial statements, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. As we have adopted a fully substantive approach, we have therefore not tested the operation of controls.

Although our audit was not designed to express an opinion on the effectiveness of internal control we are required to communicate to significant deficiencies in internal control. We have not identified any significant deficiencies in the design or operation of an internal control that might result in a material misstatement in your financial statements of which you are not aware.

Although our audit was not designed to express an opinion on the effectiveness of internal control we are required to communicate to you significant deficiencies in internal control.

We have identified a recurrence of some control issues, reported in our prior year Audit Results Report findings. These include:

- the reconciliation between the fixed asset register and general ledger;
- issues identified in the preparation of the financial statements as part of the closedown process; and
- errors identified in the recording of prepayments.

Further to this, we identified issues with respect to the control of the fixed asset register and the quality of the working papers supporting the Balance Sheet. These matters have been discussed with management for resolution in future years. Further detail is documented in the subsequent page.

We had no further matters to report.

# Assessment of Control Environment (cont'd)

Area	Reconciliation of Fixed Asset Register to General Ledger
Observation from prior year	Initial working papers that include the fixed asset register continued to not fully reconcile to the financial statements, including for Property, Plant and Equipment, Intangibles and Right of Use Assets. This includes the classification of assets within the financial statements.
Impact	Our audit procedures were delayed while working papers were updated to agree to the financial statements within our triviality threshold. As this control issue has recurred for a further year, we recommend management request internal audit to review the controls processes in recording assets in the fixed asset register and how this register is subsequently reconciled to the trial balance.
Update for 2023/24	During the course of our testing, it was identified that the Trust did not correctly eliminate depreciation of £2.4m on revaluation of the assets. This led to issues in the reconciliation of the fixed asset register to the general ledger. This mainly impacted land and buildings in PPE.
Management comment	TBC

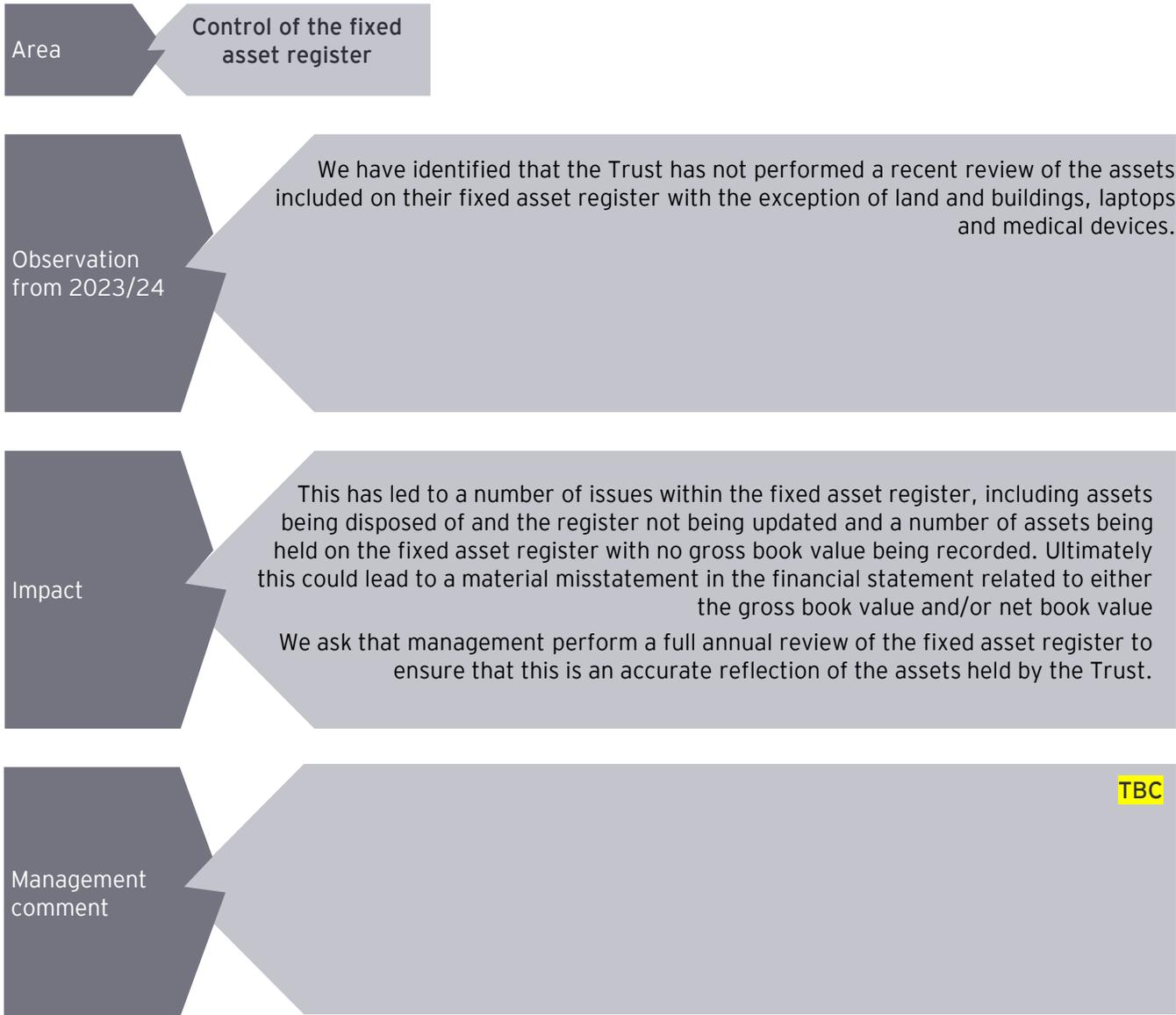
# Assessment of Control Environment (cont'd)

Area	Financial Statements Close Process
Observation from prior year	<p>Draft financial statements were submitted after the NHS deadline. Our review of the draft financial statements and agreement of the submitted trial balance to the financial statements identified several errors and reconciling differences. On further investigation this was due to errors in the initial draft accounts, and also identification of journals which had been posted after submission of the transaction data to EY.</p>
Impact	<p>Additional audit work was required to reconcile the financial statements to the trial balance. Late submission of manual journal entries required separate substantive testing as these transactions have a significant risk of override of controls. We ask management to provide a clear mapping document as part of closedown procedures which ties the financial statements to the trial balance and keeps an accurate record of any late posted journals</p>
Update for 2023/24	<p>The draft 2023/24 financial statements were submitted by the NHS deadline. However, our review of the draft financial statements and agreement of the submitted trial balance to the financial statements identified several variances and reconciling differences. On further investigation this was due to the identification of journals which had been posted after submission of the transaction data to EY but not communicated to us.</p>
Management comment	<p>TBC</p>

# Assessment of Control Environment (cont'd)

Area	Prepayments
Observation from prior year	During our substantive testing of prepayments, it was identified that a number of 'prepayment' items had not actually been paid as at year end.
Impact	The impact of this issue impacts the balance sheet, and effectively has overstated up both the assets and liabilities. By not accurately identifying invoices which have been prepaid, there is a risk that inaccurate records would lead to incorrect cash flow forecasting. Alternatively, invoices may not be paid when due as they are already recorded as prepaid.
Update for 2023/24	<p>We continued to identify prepayments in relation to invoices that had not yet been paid in respect of the lease car population. However, the number of misstatements identified was reduced compared to 2022/23 and did not lead to a projected misstatement greater than our reporting threshold.</p> <p>Management were also unable to provide a listing of the prepayments that made up the year end balance. We were required to compile this ourselves from reconciliations performed by management.</p>
Management comment	TBC

# Assessment of Control Environment (cont'd)



# Assessment of Control Environment (cont'd)

Area → Quality of working papers

Observation from 2023/24

- ▶ During the course of audit, we identified an issue with the quality of the working papers, where the listings provided to support the Balance Sheet amounts in the financial statements did not agree to the amounts in the financial statements. The variances ranged from £446 to £266,000.
- ▶ We also identified instances where the only working papers available to support certain debtors and creditors accounts were in year transaction listings rather than a breakdown of the specific items that made up the year end balance as at 31 March 2024.

Impact

This causes additional work for the audit team to work with management to understand the reason for the variances and also brings into doubt the reliability of the working papers and/or the figures within the financial statements.

We recommend that the Trust perform quality checks on the working papers provided to audit to ensure that these reconcile to the financial statements and the reason for any variances is fully understood.

Management comment

TBC



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# Independence

# Relationships, services and related threats and safeguards

## Relationships

The FRC Ethical Standard requires that we provide details of all relationships between Ernst & Young (EY) and the Trust, and its members and senior management and its affiliates, including all services provided by us and our network to the Trust, its members and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on the our integrity or objectivity, including those that could compromise independence and the related safeguards that are in place and why they address the threats.

There are no relationships from 1 April 2023 to the date of this report which we consider may reasonably be thought to bear on our independence and objectivity.

## Services provided by Ernst & Young

The table includes a summary of the fees that you have paid to us in the year ended 31 March 2024 in line with the disclosures set out in FRC Ethical Standard and in statute. Full details of the services that we have provided and the related threats and safeguards are included below. We have adopted the necessary safeguards in our completion of this work and complied with Auditor Guidance Note 1 issued by the NAO in September 2022.

Description	Proposed Fee 2023/24 £	Final Fee 2022/23 £	Final Fee 2021/22 £
Statutory Audit Fee	136,500	130,000	78,000
Additional fee in respect of scope changes:	TBC - Note 1		5,000
- IFRS 16 - Additional Audit Requirement	16,150	16,150	
- ISA 315 - Additional Audit Requirement	7,175	7,175	
- Financial Statements Working paper delays and errors	0	25,855	
- Full Scope WGA	0	1,500	
- Impact of change in valuer and issue identified	TBC		
Total audit	TBC	180,670	83,000
Non-audit work	0	0	0
Total audit fees:	TBC	180,690	83,000

Note 1 - The final fee for our 2023/24 audit is to be determined and agreed with management. We will request additional fee where the scope of our audit has changed since our proposed fee was set in 2021. This is likely to include changes such as a new valuer being employed for the 2023/24 period. We will also request additional fee for the issues included in this report, such as additional work undertaken due to working papers not agreeing to the financial statements, the lack of transaction listings supporting balance sheet items, and issues identified with the reconciliation of the asset register to the ledger and existence of assets.

# Relationships, services and related threats and safeguards

## EY Transparency Report 2023

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year end 30 June 2023:

[EY UK 2023 Transparency Report | EY UK](#)



08

## Appendices

# Appendix A - Required communications with the Audit & Risk Committee

## Required communications with the Audit & Risk Committee

There are certain communications that we must provide to the Audit & Risk Committees of UK entities. We have detailed these here together with a reference of when and where they were covered:

		Our Reporting to you
Required communications	What is reported?	When and where
Terms of engagement	Confirmation by the Audit & Risk Committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.	Engagement letter - March 2023
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter.	Audit planning report - February 2024
Planning and audit approach	Communication of the planned scope and timing of the audit, any limitations and the significant risks identified.	Audit planning report - February 2024
Significant findings from the audit	<ul style="list-style-type: none"> <li>▶ Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures</li> <li>▶ Significant difficulties, if any, encountered during the audit</li> <li>▶ Significant matters, if any, arising from the audit that were discussed with management</li> <li>▶ Written representations that we are seeking</li> <li>▶ Expected modifications to the audit report</li> <li>▶ Other matters if any, significant to the oversight of the financial reporting process</li> </ul>	Audit results report - June 2024

# Appendix A - Required communications with the Audit & Risk Committee (cont'd)

## Our Reporting to you

Required communications	What is reported?	When and where
Going concern	<p>Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including:</p> <ul style="list-style-type: none"> <li>▶ Whether the events or conditions constitute a material uncertainty related to going concern</li> <li>▶ Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements</li> <li>▶ The appropriateness of related disclosures in the financial statements</li> </ul>	Audit results report - June 2024
Misstatements	<ul style="list-style-type: none"> <li>▶ Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation</li> <li>▶ The effect of uncorrected misstatements related to prior periods</li> <li>▶ A request that any uncorrected misstatement be corrected</li> <li>▶ Material misstatements corrected by management</li> </ul>	Audit results report - June 2024

# Appendix A - Required communications with the Audit & Risk Committee (cont'd)

## Our Reporting to you

Required communications	What is reported?	When and where
Fraud	<ul style="list-style-type: none"> <li>▶ Enquiries of the Audit &amp; Risk Committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity</li> <li>▶ Any fraud that we have identified or information we have obtained that indicates that a fraud may exist</li> <li>▶ Unless all of those charged with governance are involved in managing the entity, any identified or suspected fraud involving:                             <ol style="list-style-type: none"> <li>a. Management;</li> <li>b. Employees who have significant roles in internal control; or</li> <li>c. Others where the fraud results in a material misstatement in the financial statements.</li> </ol> </li> <li>▶ The nature, timing and extent of audit procedures necessary to complete the audit when fraud involving management is suspected</li> <li>▶ Matters, if any, to communicate regarding management's process for identifying and responding to the risks of fraud in the entity and our assessment of the risks of material misstatement due to fraud</li> <li>▶ Any other matters related to fraud, relevant to Audit &amp; Risk Committee responsibility.</li> </ul>	Audit results report - June 2024
Related parties	<p>Significant matters arising during the audit in connection with the entity's related parties including, when applicable:</p> <ul style="list-style-type: none"> <li>▶ Non-disclosure by management</li> <li>▶ Inappropriate authorisation and approval of transactions</li> <li>▶ Disagreement over disclosures</li> <li>▶ Non-compliance with laws and regulations</li> <li>▶ Difficulty in identifying the party that ultimately controls the entity</li> </ul>	Audit results report - June 2024
External confirmations	<ul style="list-style-type: none"> <li>▶ Management's refusal for us to request confirmations</li> <li>▶ Inability to obtain relevant and reliable audit evidence from other procedures.</li> </ul>	Audit results report - June 2024

# Appendix A - Required communications with the Audit & Risk Committee (cont'd)

## Our Reporting to you

Required communications	What is reported?	When and where
Consideration of laws and regulations	<ul style="list-style-type: none"> <li>▶ Subject to compliance with applicable regulations, matters involving identified or suspected non-compliance with laws and regulations, other than those which are clearly inconsequential and the implications thereof. Instances of suspected non-compliance may also include those that are brought to our attention that are expected to occur imminently or for which there is reason to believe that they may occur</li> <li>▶ Enquiry of the Audit &amp; Risk Committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Audit &amp; Risk Committee may be aware of</li> </ul>	Audit results report - June 2024
Significant deficiencies in internal controls identified during the audit	▶ Significant deficiencies in internal controls identified during the audit.	Audit results report - June 2024
Written representations we are requesting from management and/or those charged with governance	▶ Written representations we are requesting from management and/or those charged with governance	Audit results report - June 2024

# Appendix A - Required communications with the Audit & Risk Committee (cont'd)

Our Reporting to you

Required communications	What is reported?	When and where
System of quality management	<ul style="list-style-type: none"> <li>▶ How the system of quality management (SQM) supports the consistent performance of a quality audit</li> </ul>	Audit results report - June 2024
Material inconsistencies or misstatements of fact identified in other information which management has refused to revise	<ul style="list-style-type: none"> <li>▶ Material inconsistencies or misstatements of fact identified in other information which management has refused to revise</li> </ul>	Audit results report - June 2024
Auditors report	<ul style="list-style-type: none"> <li>▶ Any circumstances identified that affect the form and content of our auditor's report</li> </ul>	Audit results report - June 2024
Value for Money commentary	<ul style="list-style-type: none"> <li>▶ Commentary against the following specified reporting criteria on the arrangements the Trust has in place to secure value for money through economic, efficient and effective use of its resources for the relevant period:                             <ul style="list-style-type: none"> <li>▶ Financial sustainability</li> <li>▶ Governance</li> <li>▶ Economy, efficiency and effectiveness</li> </ul> </li> </ul>	Audit results report - June 2024
Use of statutory powers	<ul style="list-style-type: none"> <li>▶ Identification of issues that are likely to lead to a form of public reporting, including:                             <ul style="list-style-type: none"> <li>▶ Statutory recommendations</li> <li>▶ Public interest reporting</li> <li>▶ Referral of matters to the Secretary of State and NHS England</li> </ul> </li> </ul>	Audit results report - June 2024

# Appendix B – Management representation letter

## Management representation letter

As the audit work is ongoing, we have included below an indicative version of the draft letter. The final wording will be inserted here in the final version of this document.

## Management Rep Letter

To be prepared on the entity's letterhead]

[Date]

Kevin Suter  
Ernst & Young LLP  
Grosvenor House  
Grosvenor Square  
Southampton  
SO15 2BE

This letter of representations is provided in connection with your audit of the financial statements of Solent NHS Trust ("the Trust") for the year ended 31 March 2024. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to form an opinion as to whether the financial statements give a true and fair view of (or 'present fairly, in all material respects,') the financial position of Solent NHS Trust as of 31 March 2024 and of its financial performance and its cash flows for the year then ended in accordance with UK adopted International Financial Reporting Standards as interpreted and adapted by the 2023/24 HM Treasury's Financial Reporting Manual (the 2023/24 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024 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.

We understand that the purpose of your audit of our financial statements is to express an opinion thereon and that your audit was conducted in accordance with International Standards on Auditing (UK), which involves an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, and is not designed to identify - nor necessarily be expected to disclose - all fraud, shortages, errors and other irregularities, should any exist.

Accordingly, we make the following representations, which are true to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

- A. Financial Statements and Financial Records
1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated 27 March 2023, for the preparation of the financial statements in accordance with UK adopted International Financial Reporting Standards as interpreted and adapted by the 2023/24 HM Treasury's Financial Reporting Manual (the 2023/24 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024 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
  2. We acknowledge, as members of management of the Trust, our responsibility for the fair presentation of the financial statements. We believe the financial statements referred to above give a true and fair view of the financial position, financial performance (or results of operations) and cash flows of the Trust in accordance with UK adopted International Financial Reporting Standards as interpreted and adapted

# Appendix B – Management representation letter

## Management representation letter

As the audit work is ongoing, we have included below an indicative version of the draft letter. The final wording will be inserted here in the final version of this document.

## Management Rep Letter

by the 2023/24 HM Treasury's Financial Reporting Manual (the 2023/24 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024 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, and are free of material misstatements, including omissions. We have approved the financial statements.

3. The significant accounting policies adopted in the preparation of the financial statements are appropriately described in the financial statements.
4. As members of management of the Trust, we believe that the Trust has a system of internal controls adequate to enable the preparation of accurate financial statements in accordance with UK adopted International Financial Reporting Standards as interpreted and adapted by the 2023/24 HM Treasury's Financial Reporting Manual (the 2023/24 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024 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 that are free from material misstatement, whether due to fraud or error.
5. We believe that the effects of any unadjusted audit differences, summarised in the accompanying schedule, accumulated by you during the current audit and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. We have not corrected these differences because [specify reasons for not correcting misstatement].

## B. Non-compliance with laws and regulations, including fraud

1. We acknowledge that we are responsible to determine that the Trust's business activities are conducted in accordance with laws and regulations and that we are responsible to identify and address any non-compliance with applicable laws and regulations, including fraud.
2. We acknowledge that we are responsible for the design, implementation and maintenance of a system of internal control to prevent and detect fraud and that we believe we have appropriately fulfilled those responsibilities.
3. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
4. We have disclosed to you, and provided you full access to information and any internal investigations relating to, all instances of identified or suspected non-compliance with laws and regulations, including fraud, known to us that may have affected the Trust (regardless of the source or form and including, without limitation, allegations by "whistle-blowers"), including non-compliance matters:
  - ▶ Involving financial improprieties
  - ▶ Related to laws and regulations that have a direct effect on the determination of material amounts and disclosures in the Trust's financial statements.

# Appendix B – Management representation letter

## Management representation letter

As the audit work is ongoing, we have included below an indicative version of the draft letter. The final wording will be inserted here in the final version of this document.

## Management Rep Letter

- ▶ Related to laws and regulations that have an indirect effect on amounts and disclosures in the financial statements, but compliance with which may be fundamental to the operations of the Trust's business, its ability to continue in business, or to avoid material penalties.
- ▶ Involving management, or employees who have significant roles in internal control, or others.
- ▶ In relation to any allegations of fraud, suspected fraud or other non-compliance with laws and regulations communicated by employees, former employees, analysts, regulators, or others.

### C. Information Provided and Completeness of Information and Transactions

#### 1. We have provided you with:

- ▶ **Access to all information of which we are aware that is relevant to the preparation of the financial statements** such as records, documentation and other matters;
- ▶ Additional information that you have requested from us for the purpose of the audit; and
- ▶ Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.

#### 2. **All material transactions have been recorded in the accounting records and all material transactions, events and conditions are reflected in the financial statements.**

3. We have made available to you all minutes of the meetings of the Board and committees (or summaries of actions of recent meetings for which minutes have not yet been prepared) held through the year to the most recent meeting on the following date: 21 June 2024.
4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the Trusts related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the year end. These transactions have been appropriately accounted for and disclosed in the financial statements.
5. We believe that the methods, significant assumptions and the data we used in making accounting estimates and related disclosures are appropriate and consistently applied to achieve recognition, measurement and disclosure that is in accordance with Secretary of State Directions and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM).
6. We have disclosed to you, and the Trust has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.

# Appendix B – Management representation letter

## Management representation letter

As the audit work is ongoing, we have included below an indicative version of the draft letter. The final wording will be inserted here in the final version of this document.

## Management Rep Letter

7. From 3 July 2023 (the date of our last management representation letter) through the date of this letter we have disclosed to you, to the extent that we are aware, any (1) unauthorized access to our information technology systems that either occurred or is reasonably likely to have occurred, including of reports submitted to us by third parties (including regulatory agencies, law enforcement agencies and security consultants), to the extent that such unauthorized access to our information technology systems is reasonably likely to have a material effect on the financial statements, in each case or in the aggregate, and (2) ransomware attacks when we paid or are contemplating paying a ransom, regardless of the amount.

### D. Liabilities and Contingencies

1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.
2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal counsel.
3. We have recorded and/or disclosed, as appropriate, all liabilities related to litigation and claims, both actual and contingent, and have not given any guarantees to third parties.

### E. Going Concern

1. Note 1.2 to the financial statements discloses all the matters of which we are aware that are relevant to the Trust's ability to continue as a going concern, including significant conditions and events, our plans for future action, and the feasibility of those plans.

### F. Subsequent Events

1. There have been no events subsequent to period end which require adjustment of or disclosure in the financial statements or notes thereto.

### G. Other information

1. We acknowledge our responsibility for the preparation of the other information. The other information comprises financial and non-financial information (other than the financial statements and the auditor's report thereon) included in the Trust's Annual Report.
2. We confirm that the content contained within the other information is consistent with the financial statements.

# Appendix B – Management representation letter

## Management representation letter

As the audit work is ongoing, we have included below an indicative version of the draft letter. The final wording will be inserted here in the final version of this document.

## Management Rep Letter

### H. Climate-related matters

1. We confirm that to the best of our knowledge all information that is relevant to the recognition, measurement, presentation and disclosure of climate-related matters has been considered and reflected in the financial statements.
2. The key assumptions used in preparing the financial statements are, to the extent allowable under the requirements of Secretary of State Directions and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM), aligned with the statements we have made in the other information or other public communications made by us.

### I. Agreement of Balances and key judgments

1. We have disclosed to you details of all transactions and judgments we have made on income and expenditure, payable and receivable balances with counterparties irrespective of whether or not they have been included in the 2023/24 Agreement of Balances Exercise
2. We have agreed balances, disputes and claims with all NHS bodies via the Agreement of Balances process and where not agreed, we have reported the matter to you.
3. We have disclosed to you all of the risks and judgments we have made in arriving at the Trust's reported financial outturn for financial year ended 31 March 2024.

### J. Segmental reporting

1. We have reviewed the operating segments reported internally to the Board and we are satisfied that it is appropriate to aggregate these as, in accordance with IFRS 8: Operating Segments, they are similar in each of the following respects:
  - ▶ The nature of the products and services
  - ▶ The nature of the production processes
  - ▶ The type or class of customer for their products and services
  - ▶ The methods used to distribute their products

### K. Comparative information - comparative financial statements

1. Note 2: Operating Segments - Following a review of the cost centres which are assigned to each operating segment, changes were made to transfer cost centres to other operating segments in 2023/24.
2. The comparative amounts have been correctly restated to reflect the above matter and appropriate note disclosure of this restatement has also been included in the current year's financial statements.
3. There have been no significant errors or misstatements, or changes in accounting policies, other than the matters described above, that would require a restatement of the comparative amounts in the current year's financial statements.

# Appendix B – Management representation letter

## Management representation letter

As the audit work is ongoing, we have included below an indicative version of the draft letter. The final wording will be inserted here in the final version of this document.

## Management Rep Letter

### L. Use of the Work of a Specialist

1. We agree with the findings of the specialists that we engaged to evaluate the Valuation of Property, Plant and Equipment and have adequately considered the qualifications of the specialists in determining the amounts and disclosures included in the financial statements and the underlying accounting records. We did not give or cause any instructions to be given to the specialists with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an effect on the independence or objectivity of the specialists.

### M. Estimates - Valuation of Land and Buildings

1. We confirm that the significant judgments made in making the valuation of land and buildings have taken into account all relevant information of which we are aware.
2. We believe that the selection or application of the methods, assumptions and data used by us have been consistently and appropriately applied or used in making the valuation of land and buildings.
3. We confirm that the significant assumptions used in making the valuation of land and buildings appropriately reflect our intent and ability to carry out the specific courses of action on behalf of the entity.

4. We confirm that the disclosures made in the financial statements with respect to the accounting estimate, including those describing estimation uncertainty are complete and are reasonable in the context of Secretary of State Directions and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM).
5. We confirm that appropriate specialized skills or expertise has been applied in making the valuation of land and buildings.
6. We confirm that no adjustments are required to the accounting estimate and disclosures in the financial statements.

Yours sincerely,

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Nicola Burnett (Chief Financial Officer)

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David Kelham (Chairman of the Audit & Risk Committee)

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ED None

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Solent NHS Trust

Annual accounts for the year ended 31 March 2024

**Statement of Comprehensive Income**

		<b>2023/24</b>	<b>2022/23</b>
	<b>Note</b>	<b>£000</b>	<b>£000</b>
Operating income from patient care activities	3	258,314	248,417
Other operating income	4	22,622	26,385
Operating expenses	6, 8	(294,710)	(270,743)
<b>Operating surplus / (deficit) from continuing operations</b>		<b>(13,774)</b>	<b>4,059</b>
Finance income	10	929	667
Finance expenses	11	(350)	(419)
PDC dividends payable		(3,491)	(2,993)
<b>Net finance costs</b>		<b>(2,912)</b>	<b>(2,745)</b>
Other gains / (losses)	12	(86)	-
<b>Surplus / (deficit) for the year from continuing operations</b>		<b>(16,772)</b>	<b>1,314</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	7	(13,679)	-
Revaluations	14	925	7,678
<b>Total comprehensive income / (expense) for the period</b>		<b>(29,526)</b>	<b>8,992</b>
<b>Adjusted financial performance (control total basis):</b>			
Surplus / (deficit) for the period		(16,772)	1,314
Remove net impairments not scoring to the Departmental expenditure limit		16,541	(390)
Remove I&E impact of capital grants and donations		316	(487)
<b>Adjusted financial performance surplus</b>		<b>85</b>	<b>437</b>

**Statement of Financial Position**

		<b>31 March 2024</b>	<b>31 March 2023</b>
	<b>Note</b>	<b>£000</b>	<b>£000</b>
<b>Non-current assets</b>			
Intangible assets	13	3,733	3,520
Property, plant and equipment	14	106,326	123,367
Right of use assets	15	39,746	45,516
Receivables	19	1,941	2,586
<b>Total non-current assets</b>		<b><u>151,746</u></b>	<b><u>174,989</u></b>
<b>Current assets</b>			
Inventories	18	252	272
Receivables	19	22,883	22,946
Cash and cash equivalents	21	6,722	26,304
<b>Total current assets</b>		<b><u>29,857</u></b>	<b><u>49,522</u></b>
<b>Current liabilities</b>			
Trade and other payables	22	(30,464)	(44,147)
Borrowings	24	(5,855)	(6,567)
Provisions	26	(4)	-
Other liabilities	23	(1,416)	(7,266)
<b>Total current liabilities</b>		<b><u>(37,739)</u></b>	<b><u>(57,980)</u></b>
<b>Total assets less current liabilities</b>		<b><u>143,863</u></b>	<b><u>166,531</u></b>
<b>Non-current liabilities</b>			
Borrowings	24	(30,402)	(34,710)
Provisions	25	(118)	(111)
Other liabilities	23	(122)	(188)
<b>Total non-current liabilities</b>		<b><u>(30,642)</u></b>	<b><u>(35,009)</u></b>
<b>Total assets employed</b>		<b><u>113,221</u></b>	<b><u>131,522</u></b>
<b>Financed by</b>			
Public dividend capital		53,171	41,946
Revaluation reserve		3,839	17,032
Income and expenditure reserve		56,211	72,544
<b>Total taxpayers' equity</b>		<b><u>113,221</u></b>	<b><u>131,522</u></b>

The notes on pages 1 to 42 form part of these accounts.

Name	Ron Shields
Position	Designate Chief Executive Officer
Date	21 June 2024

**Statement of Changes in Equity for the year ended 31 March 2024**

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2023 - brought forward</b>	<b>41,946</b>	<b>17,032</b>	<b>72,544</b>	<b>131,522</b>
Surplus/(deficit) for the year	-	-	(16,772)	(16,772)
Other transfers between reserves	-	(439)	439	-
Impairments	-	(13,679)	-	(13,679)
Revaluations	-	925	-	925
Public dividend capital received	11,225	-	-	11,225
<b>Taxpayers' and others' equity at 31 March 2024</b>	<b>53,171</b>	<b>3,839</b>	<b>56,211</b>	<b>113,221</b>

**Statement of Changes in Equity for the year ended 31 March 2023**

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2022 - brought forward</b>	<b>35,545</b>	<b>9,601</b>	<b>67,607</b>	<b>112,753</b>
Implementation of IFRS 16 on 1 April 2022	-	-	3,376	3,376
Surplus/(deficit) for the year	-	-	1,314	1,314
Other transfers between reserves	-	(247)	247	-
Impairments	-	-	-	-
Revaluations	-	7,678	-	7,678
Public dividend capital received	6,401	-	-	6,401
<b>Taxpayers' and others' equity at 31 March 2023</b>	<b>41,946</b>	<b>17,032</b>	<b>72,544</b>	<b>131,522</b>

**Information on reserves****Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

**Revaluation reserve**

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

**Income and expenditure reserve**

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

**Statement of Cash Flows**

	2023/24	2022/23
Note	£000	£000
<b>Cash flows from operating activities</b>		
Operating surplus / (deficit)	(13,774)	4,059
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	6 11,589	10,566
Net impairments	7 16,541	(390)
Income recognised in respect of capital donations	4 (250)	(826)
(Increase) / decrease in receivables and other assets	1,816	(11,676)
(Increase) / decrease in inventories	20	9
Increase / (decrease) in payables and other liabilities	(17,826)	1,439
Increase / (decrease) in provisions	11	111
<b>Net cash flows from / (used in) operating activities</b>	<b>(1,873)</b>	<b>3,292</b>
<b>Cash flows from investing activities</b>		
Interest received	929	667
Purchase of intangible assets	(713)	(1,097)
Purchase of PPE and investment property	(19,873)	(9,979)
Receipt of cash donations to purchase assets	250	20
<b>Net cash flows from / (used in) investing activities</b>	<b>(19,407)</b>	<b>(10,389)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	11,225	6,401
Capital element of finance lease rental payments	(5,386)	(6,394)
Interest paid on finance lease liabilities	(350)	(419)
PDC dividend (paid) / refunded	(3,791)	(3,019)
<b>Net cash flows from / (used in) financing activities</b>	<b>1,698</b>	<b>(3,431)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>	<b>(19,582)</b>	<b>(10,528)</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>	<b>26,304</b>	<b>36,832</b>
<b>Cash and cash equivalents at 31 March</b>	21.1 <b>6,722</b>	<b>26,304</b>

## Notes to the Accounts

### Note 1 Accounting policies and other information

#### Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM) 2023-24, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Following a system review of the delivery of Community and Mental Health services in Hampshire, approval of a full business case for the creation of a new Trust for Community, Mental Health and Learning Disability Services across Hampshire and the Isle of Wight Integrated Care System by the board in 2023 is currently under review by NHS England. The new Trust has not yet received NHS England approval however it would continue to provide existing services through a merger of local Community and Mental Health provider Trusts, with the merger expected to be after the general election.

This year the Trust exceeded its financial target and achieved a £85k surplus. Income from Commissioners is mainly block payments supported by contract schedules that have been agreed by the Trust and commissioner.

For 2024/25 the current financial funding arrangements will remain in place and the Trust has produced its financial plan based on these assumptions. National guidance for 2024/25 has been published, and the Trust expects funding levels will be maintained throughout 2024/25. The Trust, the Integrated Care Board, and NHS England have a clear understanding of the financial position of the Trust and the position is well recognised and understood, following planning discussions and submission of the 2024/25 planning return.

The Trust has prepared a cash forecast modelled on the expectation of funding covering the period to the end of June 2025. The cash balance as at March 2024 is £6.7m and is forecast to be £18.4m at the end of June 2025. The cash forecast shows sufficient liquidity for the Trust to continue to operate. Interim support can be accessed by NHS Providers through the DHSC, however the Trust does not foresee this being required.

These factors, and the anticipated future provision of services in the public sector, support the adoption of the going concern basis.

#### Note 1.3 Interests in other entities

Activities are considered to be 'acquired' only if they are taken on from outside the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

#### **Note 1.4 Charitable Funds**

Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. In accordance with IAS1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact.

As the corporate Trustee of Solent NHS Charity, the Trust has the power to exercise control. However the transactions of the charity are immaterial and have not been consolidated. Details of the transactions with the charity are included in Note 33 Related parties.

#### **Note 1.5 Revenue from contracts with customers**

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

#### **Revenue from NHS contracts**

The main source of income for the Trust is contracts with commissioners for health care services.

Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

In 2023/24 and 2022/23, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. For 2023/24 these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

#### **Revenue from research contracts**

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

#### **NHS injury cost recovery scheme**

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

## **Note 1.6 Other forms of income**

### **Grants and donations**

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

### **Apprenticeship service income**

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

## **Note 1.7 Expenditure on employee benefits**

### **Short-term employee benefits**

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

### **Pension costs**

#### *NHS Pension Scheme*

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

#### *Local Government Pension Scheme*

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

## **Note 1.8 Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

## **Note 1.9 Discontinued operations**

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

## **Note 1.10 Property, plant and equipment**

### **Recognition**

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

### *Subsequent expenditure*

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

### **Measurement**

#### *Valuation*

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

#### *Depreciation and Amortisation*

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, on a straight line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets in the course of construction are not depreciated until the asset is brought into use.

Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

#### *Revaluation gains and losses*

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

### *Impairments*

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

At each financial year-end, the Trust checks whether there is any indication that its property, plant and equipment or intangible non-current assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

### **De-recognition**

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition and management are committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their existing carrying amount and fair value less costs to sell.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

### **Donated and grant funded assets**

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

## **Note 1.11 Intangible assets**

### **Recognition**

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably and where the cost is at least £5,000.

#### *Internally generated intangible assets*

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

#### *Software*

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

### **Measurement**

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Where no intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

#### *Amortisation*

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

#### **Note 1.12 Inventories**

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

In 2023/24, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

#### **Note 1.13 Investment properties**

The Trust has no investment properties.

#### **Note 1.14 Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

#### **Note 1.15 Financial assets and financial liabilities**

##### **Recognition**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

##### **Classification and measurement**

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure.

Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure.

##### **Financial assets and financial liabilities at amortised cost**

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

### **Impairment of financial assets**

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Allowances for trade receivables and lease receivables are calculated at the Expected Credit Loss on day 1. This approach means the provision is calculated as the percentage risk that the debtor will not pay, multiplied by the best estimate of how much will not be paid. From historical data the number of days from invoice date to payment date and non-payments is converted to a percentage of total invoices raised for a period (month). The historical default rate is then applied to all invoices raised and as they age resulting in the amortised cost. A review of aged debt is then carried out and, where a debt is not fully provided for, a judgment is made based on internal knowledge which may result in the debt being provided for in full.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

### **Derecognition**

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

### **Note 1.16 Leases**

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise. In the absence of documented lease agreement, then the Trust has assumed a 5 year lease term.

### **The Trust as a lessee**

#### *Recognition and initial measurement*

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

#### *Subsequent measurement*

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

#### **The Trust as a lessor**

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

#### *Finance leases*

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

#### *Operating leases*

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

#### **Initial application of IFRS 16 in 2022/23**

*IFRS 16 Leases* as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

#### *The Trust as lessee*

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

#### *The Trust as lessor*

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16.

#### **Note 1.17 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024.

NHS England have issued the Trust with an updated calculation for provision of a liability arising from the 2019/20 clinicians' pensions compensation scheme. They are derived from combining information on applications to join the 2019/20 scheme under the policy, together with information in the scheme pays election form where present, and with averages assumed where these forms are absent or clearly an estimate (values less than £100). Future liabilities based on individual member data and scheme rules are then discounted to give totals for each Trust.

#### **Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 25.2 but is not recognised in the Trust's accounts.

#### **Non-clinical risk pooling**

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

#### **Note 1.18 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 26, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

### **Note 1.19 Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

### **Note 1.20 Value added tax**

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### **Note 1.21 Corporation tax**

The Trust is not liable for corporation tax for the following reasons;

- Private patient activities are covered by section 14(1) of the Health and Social Care (Community Health and Standards) Act 2003 and are not treated as a commercial activity and are therefore tax exempt, and
- other trading activities, for example staff canteens are ancillary to core activities and are not deemed to be entrepreneurial in nature.

### **Note 1.22 Climate change levy**

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

### **Note 1.23 Foreign exchange**

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

### **Note 1.24 Third party assets**

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

**Note 1.25 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

**Note 1.26 Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

**Note 1.27 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

**Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted**

Standard IFRS 17 Insurance Contracts is not yet adopted by the FReM but is expected to be from April 2025.

Standard IFRS 18 Presentation and Disclosure in Financial Statements is not yet adopted by the FReM. This applies to reporting periods beginning or after 1 January 2027.

**Note 1.29 Critical judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods. Any Critical judgements made are detailed in the relevant accounting policy.

The Trust adopted IFRS 16 Leases, from 1 April 2022, using the cost model to determine lease valuations. Where no formal lease documentation exists, the Trust has assumed the lease duration to be 5 years.

**Note 1.30 Sources of estimation uncertainty**

Other than the valuation of non current assets the Trust has made no assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, which may cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

The Trust's land and buildings have been subject to a full valuation by the Cushman & Wakefield Debenham Tie Leung Limited in March 2024. The effect of these valuations are recorded in note 16.

The Trust has obtained the valuation for specialised assets based on the direct replacement cost of a modern equivalent asset as suggested in IAS16. In practical terms, this means assessing if the building layout is inefficient, and what floor space is required to deliver the same services.

The valuation exercise was carried out during March 2024 applying indices for March 2024. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2017 and RICS UK National Supplement commonly known together as the Red Book, the valuer has not limited their opinion on the valuation report. The RICS cost indices are comprised of the market conditions relating to labour, materials and a location factor. The change in these from year to year are used to inform the revaluation exercise which can result in increases and decreases to the carrying value of the buildings valued using depreciated replacement cost.

The values in the report have been used to inform the measurement of property assets at valuation in these financial statements.

**Note 2 Operating Segments**

In 2023/24 Trust activity was organised into eight service lines. Details of the eight service line are as follows;

<b><i>Mental Health Services</i></b>	Inpatient and Community Mental Health for people who require specialist assessment, care and treatment by a dedicated multidisciplinary team, learning disabilities.
<b><i>Child and Family Services</i></b>	Children's nursing, child and adolescent mental health, health visiting, paediatric medical, paediatric therapies and school nursing.
<b><i>Primary Care</i></b>	GP, homeless healthcare services
<b><i>Adults Portsmouth</i></b>	Specialist Palliative Care, Rehab and re-ablement, community nursing, end of life and continuing healthcare inpatient unit, elderly frail inpatient unit, occupational therapy, physiotherapy, speech and language therapy, pulmonary rehab and home oxygen, care home support, heart failure, admission avoidance and supported discharge services.
<b><i>Adults Southampton</i></b>	Neuro rehab services, rehab and re-ablement, community nursing, neuro inpatient unit, elderly frail inpatient unit, occupational therapy, physiotherapy, speech and language therapy, care home support, heart failure, admission avoidance, stoma care and supported discharge services.
<b><i>MPP Services</i></b>	TB, rheumatology, physiotherapy, specialist physiotherapy, long COVID and podiatry.
<b><i>Dental</i></b>	Specialist dental care, GA's, Prisons and Oral Health.
<b><i>Sexual Health Services</i></b>	Gum, reproductive health, HIV outpatient services, sexual health promotion, termination of pregnancies, vasectomy services, sexual assault referral centre.

Each service has its own senior management team. The Chief Operating Decision Maker (CODM) of the Trust is the Trust Board which is required to approve the budget and all major operating decisions. The bi-monthly performance report to the CODM reports the performance of each services operating contribution towards infrastructure and overhead costs against approved budgets. The financial information below is consistent with the monthly reporting.

	<b>2023/24</b>			
	<b>Revenue</b>	<b>Employee Benefits</b>	<b>Other Operating Costs</b>	<b>Operating surplus / (deficit)</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Mental Health Services	34,198	(28,403)	(2,874)	<b>2,921</b>
Child and Family Services	58,127	(43,043)	(2,483)	<b>12,601</b>
Primary Care	4,915	(5,136)	(568)	<b>(789)</b>
Adults Portsmouth	29,221	(23,862)	(2,363)	<b>2,995</b>
Adults Southampton	34,557	(25,431)	(3,234)	<b>5,892</b>
MPP Services	15,662	(11,587)	(1,686)	<b>2,389</b>
Dental	12,686	(7,317)	(1,892)	<b>3,477</b>
Sexual Health Services	30,506	(9,258)	(17,944)	<b>3,304</b>
<b>Total Services</b>	<b>219,872</b>	<b>(154,037)</b>	<b>(33,044)</b>	<b>32,790</b>
Infrastructure	9,351	(11,850)	(28,854)	<b>(31,353)</b>
Corporate Costs*	51,790	(33,219)	(5,765)	<b>12,806</b>
COVID & Vaccine centres	112	(82)	(2)	<b>29</b>
Depreciation, amortisation, impairment & financing	250	0	(31,295)	<b>(31,045)</b>
<b>Operating surplus/(deficit)</b>	<b>281,376</b>	<b>(199,189)</b>	<b>(98,960)</b>	<b>(16,773)</b>

	2022/23 Restated			
	Revenue	Employee Benefits	Other Operating Costs	Operating surplus / (deficit)
	£000s	£000s	£000s	£000s
Mental Health Services	3,869	(26,412)	(4,671)	<b>(27,214)</b>
Child and Family Services	16,635	(41,174)	(2,790)	<b>(27,329)</b>
Primary Care	3,808	(4,743)	1,554	<b>619</b>
Adults Portsmouth	3,176	(21,488)	(1,881)	<b>(20,194)</b>
Adults Southampton	1,755	(24,007)	(2,650)	<b>(24,903)</b>
MPP Services	1,484	(11,101)	(1,564)	<b>(11,181)</b>
Dental	498	(7,288)	(1,808)	<b>(8,598)</b>
Sexual Health Services	20,679	(8,891)	(14,402)	<b>(2,614)</b>
<b>Total Services</b>	<b>51,904</b>	<b>(145,105)</b>	<b>(28,212)</b>	<b>(121,414)</b>
Infrastructure	6,118	(11,513)	(26,109)	<b>(31,504)</b>
Corporate Costs*	213,098	(37,454)	(8,313)	<b>167,330</b>
COVID & Vaccine centres	3,912	(3,185)	(1,297)	<b>(570)</b>
Depreciation, amortisation, impairment & financing	438	0	(12,967)	<b>(12,529)</b>
<b>Operating surplus/(deficit)</b>	<b>275,469</b>	<b>(197,257)</b>	<b>(76,898)</b>	<b>1,314</b>

During 2022-23 contract Income continued to be held centrally within corporate in line with the treatment throughout the pandemic, however in 23-24 the majority of contract income was allocated to service lines.

2022/23 figures have been restated reflecting the current service line reporting hierarchy. The impact of the cost centre changes to the Operating segments affects Child and Family Services, MPP Services, Infrastructure and Corporate.

\*Revenue and employee benefits within corporate costs have been grossed up to include the additional employer pension contributions of £8,223k, paid by NHS England on the Trust's behalf in 2023/24. The comparative figure for 2022/23 was £7,713k.

#### Note Income generation activities

The Trust undertakes income generation activities with an aim of achieving profit, which is then used in patient care. None of the activities which generate income had full costs which exceeded £1m.

**Note 3 Operating income from patient care activities**

All income from patient care activities relates to contract income recognised in line with accounting policy 1.5

<b>Note 3.1 Income from patient care activities (by nature)</b>	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Mental health services</b>		
Income from commissioners under API contracts*	45,648	40,645
Services delivered under a mental health collaborative	1,450	973
<b>Community services</b>		
Income from commissioners under API contracts*	172,596	163,718
Income from other sources (e.g. local authorities)	29,009	26,815
<b>All services</b>		
Private patient income	124	151
National pay award central funding***	46	7,720
Additional pension contribution central funding**	8,223	7,713
Other clinical income	1,218	682
<b>Total income from activities</b>	<b>258,314</b>	<b>248,417</b>

\*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

\*\*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

\*\*\* Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

**Note 3.2 Income from patient care activities (by source)**

	<b>2023/24</b>	<b>2022/23</b>
<b>Income from patient care activities received from:</b>	<b>£000</b>	<b>£000</b>
NHS England	23,555	32,689
Clinical commissioning groups		41,618
Integrated care boards	202,958	145,489
Other NHS providers	1,450	973
Local authorities	29,009	26,815
Non-NHS: private patients	124	151
Injury cost recovery scheme	786	16
Non NHS: other	432	666
<b>Total income from activities</b>	<b>258,314</b>	<b>248,417</b>
<b>Of which:</b>		
Related to continuing operations	258,314	248,417

As of the 1 July 2022 Clinical Commissioning Groups (CCGs) were dissolved and replaced by Integrated Care Boards (ICBs).

**Note 4 Other operating income**

	2023/24			2022/23		
	Contract	Non-	Total	Contract	Non-	Total
	income	contract		income	contract	
	£000	income	£000	£000	income	£000
Research and development	2,353	-	2,353	3,187	-	3,187
Education and training	6,046	758	6,804	5,633	683	6,316
Non-patient care services to other bodies	5,428		5,428	5,885		5,885
Reimbursement and top up funding				2,507		2,507
Receipt of capital grants and donations and peppercorn leases		250	250		826	826
Charitable and other contributions to expenditure		50	50		295	295
Revenue from operating leases		2,001	2,001		1,360	1,360
Other income	5,736	-	5,736	6,009	-	6,009
<b>Total other operating income</b>	<b>19,563</b>	<b>3,059</b>	<b>22,622</b>	<b>23,221</b>	<b>3,164</b>	<b>26,385</b>
<b>Of which:</b>						
Related to continuing operations			22,622			26,385

**Note 5 Operating leases - Solent NHS Trust as lessor**

This note discloses income generated in operating lease agreements where the Trust is the lessor.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

**Note 5.1 Operating lease income**

	2023/24	2022/23
	£000	£000
<b>Lease receipts recognised as income in year:</b>		
Minimum lease receipts	2,001	1,360
<b>Total in-year operating lease income</b>	<b>2,001</b>	<b>1,360</b>

**Note 5.2 Future lease receipts**

	2024	2023
	£000	£000
<b>Future minimum lease receipts due in:</b>		
- not later than one year	1,562	1,308
- later than one year and not later than two years	921	573
- later than two years and not later than three years	921	573
- later than three years and not later than four years	921	573
- later than four years and not later than five years	921	573
- later than five years	4,790	3,896
<b>Total</b>	<b>10,036</b>	<b>7,496</b>

**Note 6 Operating expenses**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Purchase of healthcare from NHS and DHSC bodies	3,452	3,077
Purchase of healthcare from non-NHS and non-DHSC bodies	1,726	3,786
Staff and executive directors costs	199,096	197,257
Remuneration of non-executive directors	109	120
Supplies and services - clinical (excluding drugs costs)	14,005	9,782
Supplies and services - general	2,588	2,266
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	10,114	8,552
Consultancy costs	77	31
Establishment	3,524	3,790
Premises	23,518	22,193
Transport (including patient travel)	2,801	2,536
Depreciation on property, plant and equipment	10,860	10,061
Amortisation on intangible assets	729	505
Net impairments	16,541	(390)
Movement in credit loss allowance: contract receivables / contract assets	(683)	27
Increase/(decrease) in other provisions	33	-
Fees payable to the external auditor statutory audit	230	149
Internal audit costs	103	86
Clinical negligence	1,077	964
Legal fees	241	151
Insurance	109	12
Research and development	1,261	2,062
Education and training	2,178	683
Expenditure on short term leases	76	56
Redundancy	95	66
Car parking & security	-	106
Hospitality	-	10
Losses, ex gratia & special payments	5	-
Other services, eg external payroll	527	1,490
Other	318	1,315
<b>Total</b>	<b>294,710</b>	<b>270,743</b>
<b>Of which:</b>		
Related to continuing operations	294,710	270,743

**Expenses relating to the COVID pandemic response that are included in the table above.**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
COVID response		
Staff costs	(2)	806
Other Expenditure	5	759
Vaccination Centres		
Staff costs	85	2,380
Other Expenditure	(3)	538
	<b>85</b>	<b>4,483</b>

**Note 6.1 Other auditor remuneration**

The Trust has no other auditor remuneration.

**Note 6.2 Limitation on auditor's liability**

The limitation on auditor's liability for external audit work is £2 million (2022/23: £2 million).

**Note 7 Impairment of assets**

	2023/24	2022/23
	£000	£000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Changes in market price	16,541	(390)
<b>Total net impairments charged to operating surplus / deficit</b>	<b>16,541</b>	<b>(390)</b>
Impairments charged to the revaluation reserve	13,679	-
<b>Total net impairments</b>	<b>30,220</b>	<b>(390)</b>

Cushman & Wakefield Debenham Tie Leung Limited undertook a full revaluation of the Trusts assets in 2023-24, evaluating each site in person. Following the fieldwork, the valuer undertook a detailed review of functional obsolescence of each site with the Trust's Head of Asset Management.

**Note 8 Employee benefits**

	2023/24	2022/23
	Total	Total
	£000	£000
Salaries and wages	148,652	149,054
Social security costs	15,581	14,172
Apprenticeship levy	758	683
Employer's contributions to NHS pensions	27,049	25,433
Pension cost - other	126	50
Termination benefits	-	75
Temporary staff (including agency)	7,335	8,353
<b>Total gross staff costs</b>	<b>199,501</b>	<b>197,820</b>
<b>Of which</b>		
Costs capitalised as part of assets	310	497

**Note 8.1 Retirements due to ill-health**

During 2023/24 there were 9 early retirements from the Trust agreed on the grounds of ill-health (3 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £383k (£168k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

## Note 9 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Employees that are not eligible to join the NHS Pensions Schemes can join the National Employment Savings Scheme (NEST). NEST is a defined contribution workplace pension scheme and the expense is recognised in the SOCI. The expenditure recognised in SOCI for the financial year to 31 March 2024 was £100k (financial year to 31 March 2023 £50k).

**Note 10 Finance income**

Finance income represents interest received on assets and investments in the period.

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Interest on bank accounts	929	667
<b>Total finance income</b>	<b>929</b>	<b>667</b>

**Note 11 Finance expenditure**

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Interest expense:</b>		
Interest on lease obligations	350	419
<b>Total finance costs</b>	<b>350</b>	<b>419</b>

**Note 12 Other losses**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Losses on disposal of assets	(86)	-
<b>Total other losses</b>	<b>(86)</b>	<b>-</b>

**Note 13 Intangible assets - 2023/24**

	<b>Software licences</b>	<b>Internally generated information technology</b>	<b>Intangible assets under construction</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Valuation / gross cost at 1 April 2023 - brought forward</b>	<b>1,220</b>	<b>6,832</b>	<b>649</b>	<b>8,701</b>
Additions	-	-	942	<b>942</b>
Reclassifications	1,389	-	(1,389)	-
Disposals / derecognition	(1)	-	-	<b>(1)</b>
<b>Valuation / gross cost at 31 March 2024</b>	<b>2,608</b>	<b>6,832</b>	<b>202</b>	<b>9,642</b>
<b>Amortisation at 1 April 2023 - brought forward</b>	<b>423</b>	<b>4,758</b>	<b>-</b>	<b>5,181</b>
Provided during the year	633	96	-	<b>729</b>
Disposals / derecognition	(1)	-	-	<b>(1)</b>
<b>Amortisation at 31 March 2024</b>	<b>1,055</b>	<b>4,854</b>	<b>-</b>	<b>5,909</b>
<b>Net book value at 31 March 2024</b>	<b>1,553</b>	<b>1,978</b>	<b>202</b>	<b>3,733</b>
<b>Net book value at 1 April 2023</b>	<b>797</b>	<b>2,074</b>	<b>649</b>	<b>3,520</b>

**Note 13.1 Intangible assets - 2022/23**

	<b>Software licences</b>	<b>Internally generated information technology</b>	<b>Intangible assets under construction</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Valuation / gross cost at 1 April 2022 - as previously stated</b>	<b>-</b>	<b>6,228</b>	<b>1,376</b>	<b>7,604</b>
Additions	-	-	1,097	<b>1,097</b>
Reclassifications	1,220	604	(1,824)	-
<b>Valuation / gross cost at 31 March 2023</b>	<b>1,220</b>	<b>6,832</b>	<b>649</b>	<b>8,701</b>
<b>Amortisation at 1 April 2022 - as previously stated</b>	<b>-</b>	<b>4,676</b>	<b>-</b>	<b>4,676</b>
Provided during the year	183	322	-	<b>505</b>
Reclassifications	240	(240)	-	-
<b>Amortisation at 31 March 2023</b>	<b>423</b>	<b>4,758</b>	<b>-</b>	<b>5,181</b>
<b>Net book value at 31 March 2023</b>	<b>797</b>	<b>2,074</b>	<b>649</b>	<b>3,520</b>
<b>Net book value at 1 April 2022</b>	<b>-</b>	<b>1,552</b>	<b>1,376</b>	<b>2,928</b>

## Note 14 Property, plant and equipment - 2023/24

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2023 - brought forward</b>	<b>14,575</b>	<b>96,428</b>	<b>7,512</b>	<b>5,285</b>	<b>40</b>	<b>10,237</b>	<b>2,300</b>	<b>136,377</b>
Additions	-	-	17,061	-	-	-	-	17,061
Impairments	(6,990)	(23,379)	-	-	-	-	-	(30,369)
Reversals of impairments	-	149	-	-	-	-	-	149
Revaluations	15	(1,471)	-	-	-	-	-	(1,456)
Reclassifications	-	5,932	(7,016)	114	-	720	250	-
Disposals / derecognition	-	(55)	-	(27)	-	(2,880)	-	(2,962)
<b>Valuation/gross cost at 31 March 2024</b>	<b>7,600</b>	<b>77,604</b>	<b>17,557</b>	<b>5,372</b>	<b>40</b>	<b>8,077</b>	<b>2,550</b>	<b>118,800</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	<b>-</b>	<b>2,657</b>	<b>-</b>	<b>3,270</b>	<b>40</b>	<b>5,883</b>	<b>1,160</b>	<b>13,010</b>
Provided during the year	-	2,894	-	352	-	1,237	240	4,723
Disposals / derecognition	-	(55)	-	(27)	-	(2,796)	-	(2,878)
<b>Accumulated depreciation at 31 March 2024</b>	<b>-</b>	<b>3,115</b>	<b>-</b>	<b>3,595</b>	<b>40</b>	<b>4,324</b>	<b>1,400</b>	<b>12,474</b>
<b>Net book value at 31 March 2024</b>	<b>7,600</b>	<b>74,489</b>	<b>17,557</b>	<b>1,777</b>	<b>-</b>	<b>3,753</b>	<b>1,150</b>	<b>106,326</b>
<b>Net book value at 1 April 2023</b>	<b>14,575</b>	<b>93,771</b>	<b>7,512</b>	<b>2,015</b>	<b>-</b>	<b>4,354</b>	<b>1,140</b>	<b>123,367</b>

## Note 14.1 Property, plant and equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation / gross cost at 1 April 2022 - as previously stated</b>	<b>14,815</b>	<b>85,660</b>	<b>5,286</b>	<b>4,690</b>	<b>40</b>	<b>7,143</b>	<b>2,150</b>	<b>119,784</b>
Additions	-	-	10,588	95	-	-	-	10,683
Reversals of impairments	-	390	-	-	-	-	-	390
Revaluations	(240)	5,804	-	-	-	-	-	5,564
Reclassifications	-	4,592	(8,362)	503	-	3,094	173	-
Disposals / derecognition	-	(18)	-	(3)	-	-	(23)	(44)
<b>Valuation/gross cost at 31 March 2023</b>	<b>14,575</b>	<b>96,428</b>	<b>7,512</b>	<b>5,285</b>	<b>40</b>	<b>10,237</b>	<b>2,300</b>	<b>136,377</b>
<b>Accumulated depreciation at 1 April 2022 - as previously stated</b>	<b>-</b>	<b>2,148</b>	<b>-</b>	<b>2,945</b>	<b>40</b>	<b>5,353</b>	<b>958</b>	<b>11,444</b>
Provided during the year	-	2,641	-	328	-	530	225	3,724
Revaluations	-	(2,114)	-	-	-	-	-	(2,114)
Disposals / derecognition	-	(18)	-	(3)	-	-	(23)	(44)
<b>Accumulated depreciation at 31 March 2023</b>	<b>-</b>	<b>2,657</b>	<b>-</b>	<b>3,270</b>	<b>40</b>	<b>5,883</b>	<b>1,160</b>	<b>13,010</b>
<b>Net book value at 31 March 2023</b>	<b>14,575</b>	<b>93,771</b>	<b>7,512</b>	<b>2,015</b>	<b>-</b>	<b>4,354</b>	<b>1,140</b>	<b>123,367</b>
<b>Net book value at 1 April 2022</b>	<b>14,815</b>	<b>83,512</b>	<b>5,286</b>	<b>1,745</b>	<b>-</b>	<b>1,790</b>	<b>1,192</b>	<b>108,340</b>

**Note 14.2 Property, plant and equipment financing - 31 March 2024**

	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Assets under construction</b>	<b>Plant &amp; machinery</b>	<b>Information technology</b>	<b>Furniture &amp; fittings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Owned - purchased	7,600	73,834	17,520	1,578	3,745	1,143	<b>105,420</b>
Owned - donated/granted	-	655	37	199	8	7	<b>906</b>
<b>Total net book value at 31 March 2024</b>	<b>7,600</b>	<b>74,489</b>	<b>17,557</b>	<b>1,777</b>	<b>3,753</b>	<b>1,150</b>	<b>106,326</b>

**Note 14.3 Property, plant and equipment financing - 31 March 2023**

	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Assets under construction</b>	<b>Plant &amp; machinery</b>	<b>Information technology</b>	<b>Furniture &amp; fittings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Owned - purchased	14,575	93,070	7,337	1,871	4,337	1,132	<b>122,322</b>
Owned - donated/granted	-	701	175	144	17	8	<b>1,045</b>
<b>Total net book value at 31 March 2023</b>	<b>14,575</b>	<b>93,771</b>	<b>7,512</b>	<b>2,015</b>	<b>4,354</b>	<b>1,140</b>	<b>123,367</b>

**Note 14.4 Donations of property, plant and equipment**

The Trust received £250k of donated assets from the ICB in the year.

**Note 14.5 Revaluations of property, plant and equipment**

Land and buildings are held at revalued amounts. A full valuation exercise was carried out on these assets in March with a valuation date of 31 March 2023. The exercise was carried out by Cushman & Wakefield Debenham Tie Leung Limited who are RICS qualified.

For non-specialised in use (operational) assets including the land element of the depreciated replacement cost valuation of specialised assets, the valuer stated that there has been no diminution identified in the public sector's ongoing requirement for these operational assets nor reduction in their ongoing remaining economic service potential as a result of the incidence of Covid-19. Their basis of valuation is however current value in existing use, having regard to comparable market evidence and early commentary as it exists regarding direction of travel tends to suggest and support a downward movement in value. It is too early at this stage to accurately evidence this impact and it is the valuers opinion at the date of valuation on the information then available that the assessed impact falls within normal valuation tolerances.

The impact of the full valuation exercise is:

	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Increase to revaluation reserve	15	(1,471)	<b>(1,456)</b>
Decrease to revaluation reserve	(868)	(12,811)	<b>(13,679)</b>
Impairment Charge to SOCI	(6,122)	(10,568)	<b>(16,690)</b>
Reversal of impairment charge to SOCI	-	149	<b>149</b>
	<b>(6,975)</b>	<b>(24,701)</b>	<b>(31,676)</b>

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below.

	<b>Min life</b>	<b>Max life</b>
	<b>Years</b>	<b>Years</b>
Buildings, excluding dwellings	2	70
Plant & machinery	1	30
Transport equipment	4	5
Information technology	3	10
Furniture & fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

**Note 15 Leases - Trust as a lessee**

The Trust has applied IFRS16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

## Note 15.1 Right of use assets - 2023/24

	Property (land and buildings) £000	Transport equipment £000	Information technology £000	Total £000	Of which: leased from DHSC group bodies £000
<b>Valuation / gross cost at 1 April 2023 - brought forward</b>	<b>51,136</b>	<b>412</b>	<b>305</b>	<b>51,853</b>	<b>40,488</b>
Additions	-	184	-	184	-
Remeasurements of the lease liability	327	-	-	327	(1,448)
Reclassifications	-	-	-	-	1,515
Disposals / derecognition	(172)	(35)	-	(207)	(172)
<b>Valuation/gross cost at 31 March 2024</b>	<b>51,291</b>	<b>561</b>	<b>305</b>	<b>52,157</b>	<b>40,383</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	<b>6,085</b>	<b>140</b>	<b>112</b>	<b>6,337</b>	<b>5,076</b>
Provided during the year	5,816	199	122	6,137	4,306
Disposals / derecognition	(43)	(20)	-	(63)	(43)
<b>Accumulated depreciation at 31 March 2024</b>	<b>11,858</b>	<b>319</b>	<b>234</b>	<b>12,411</b>	<b>9,339</b>
<b>Net book value at 31 March 2024</b>	<b>39,433</b>	<b>242</b>	<b>71</b>	<b>39,746</b>	<b>31,044</b>
<b>Net book value at 1 April 2023</b>	<b>45,051</b>	<b>272</b>	<b>193</b>	<b>45,516</b>	<b>35,412</b>
Net book value of right of use assets leased from other NHS providers					2,206
Net book value of right of use assets leased from other DHSC group bodies					28,838

## Note 15.2 Right of use assets - 2022/23

	Property (land and buildings) £000	Transport equipment £000	Information technology £000	Total £000	Of which: leased from DHSC group bodies £000
<b>Valuation / gross cost at 1 April 2022 - brought forward</b>	-	-	-	-	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	49,933	412	305	50,650	40,091
Additions	806	-	-	806	-
Remeasurements of the lease liability	397	-	-	397	397
<b>Valuation/gross cost at 31 March 2023</b>	<b>51,136</b>	<b>412</b>	<b>305</b>	<b>51,853</b>	<b>40,488</b>
<b>Accumulated depreciation at 1 April 2022 - brought forward</b>	-	-	-	-	-
Provided during the year	6,085	140	112	6,337	5,076
<b>Accumulated depreciation at 31 March 2023</b>	<b>6,085</b>	<b>140</b>	<b>112</b>	<b>6,337</b>	<b>5,076</b>
<b>Net book value at 31 March 2023</b>	<b>45,051</b>	<b>272</b>	<b>193</b>	<b>45,516</b>	<b>35,412</b>
<b>Net book value at 1 April 2022</b>	-	-	-	-	-
Net book value of right of use assets leased from other NHS providers					5,118
Net book value of right of use assets leased from other DHSC group bodies					30,294

**Note 15.3 Reconciliation of the carrying value of lease liabilities**

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.1.

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Carrying value at 31 March</b>	<b>41,277</b>	-
IFRS 16 implementation - adjustments for existing operating leases		47,274
Lease additions	184	-
Lease liability remeasurements	327	397
Interest charge arising in year	350	419
Early terminations	(144)	-
Lease payments (cash outflows)	(5,736)	(6,813)
<b>Carrying value at 31 March</b>	<b><u>36,258</u></b>	<b><u>41,277</u></b>

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

**Note 15.4 Maturity analysis of future lease payments**

	<b>Total</b>	Of which leased from DHSC group bodies:	<b>Total</b>	Of which leased from DHSC group bodies:
	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>
	<b>2024</b>	<b>2024</b>	<b>2023</b>	<b>2023</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Undiscounted future lease payments payable in:</b>				
- not later than one year;	5,855	4,806	6,567	5,296
- later than one year and not later than five years;	16,797	14,284	20,865	18,182
- later than five years.	15,320	10,961	15,962	12,701
<b>Total gross future lease payments</b>	<b><u>37,973</u></b>	<b><u>30,051</u></b>	<b><u>43,394</u></b>	<b><u>36,179</u></b>
Finance charges allocated to future periods	(1,715)	(1,143)	(2,117)	(1,452)
<b>Net lease liabilities at 31 March 2024</b>	<b><u>36,258</u></b>	<b><u>28,908</u></b>	<b><u>41,277</u></b>	<b><u>34,727</u></b>
<b>Of which:</b>				
Leased from other NHS providers		1,940		4,777
Leased from other DHSC group bodies		26,968		29,950

**Note 16 Investment Property**

The Trust has no investment property.

**Note 17 Disclosure of interests in other entities**

The Trust has no interest in other entities.

**Note 18 Inventories**

	<b>31 March 2024 £000</b>	<b>31 March 2023 £000</b>
Drugs	164	156
Consumables	88	116
<b>Total inventories</b>	<b><u>252</u></b>	<b><u>272</u></b>

Inventories recognised in expenses for the year were £2,843k (2022/23: £3,136k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £50k of items purchased by DHSC (2022/23: £295k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

**Note 19 Receivables**

	<b>2024 £000</b>	<b>2023 £000</b>
<b>Current</b>		
Contract receivables	15,262	17,467
Capital receivables	250	-
Allowance for impaired contract receivables / assets	(286)	(1,132)
Prepayments	3,901	3,301
PDC dividend receivable	175	-
VAT receivable	3,382	2,972
Other receivables	199	338
<b>Total current receivables</b>	<b><u>22,883</u></b>	<b><u>22,946</u></b>
<b>Non-current</b>		
Contract receivables	707	-
Allowance for impaired contract receivables / assets	(163)	-
Prepayments	1,312	2,475
Other receivables	85	111
<b>Total non-current receivables</b>	<b><u>1,941</u></b>	<b><u>2,586</u></b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	10,327	13,252
Non-current	-	111

**Note 19.1 Allowances for credit losses**

	<b>2023/24</b>	<b>2022/23</b>
	<b>Contract receivables and contract assets £000</b>	<b>Contract receivables and contract assets £000</b>
<b>Allowances as at 1 April - brought forward</b>	<b>1,132</b>	<b>1,105</b>
New allowances arising	104	27
Reversals of allowances	(787)	-
<b>Allowances as at 31 Mar 2024</b>	<b><u>449</u></b>	<b><u>1,132</u></b>

**Note 20 Finance leases Trust as lessor**

The Trust has no finance lease receivables as lessor.

**Note 21.1 Cash and cash equivalents movements**

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2023/24	2022/23
	£000	£000
<b>At 1 April</b>	<b>26,304</b>	<b>36,832</b>
Net change in year	(19,582)	(10,528)
<b>At 31 March</b>	<b>6,722</b>	<b>26,304</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	9	16
Cash with the Government Banking Service	6,713	26,288
<b>Total cash and cash equivalents as in SoCF</b>	<b>6,722</b>	<b>26,304</b>

**Note 22.1 Trade and other payables**

	31 March	31 March
	2024	2023
	£000	£000
<b>Current</b>		
Trade payables	6,171	6,523
Capital payables	4,210	6,793
Accruals	13,529	24,803
Social security costs	1,845	1,884
Other taxes payable	1,622	1,472
PDC dividend payable	-	125
Pension contributions payable	2,972	2,411
Other payables	115	136
<b>Total current trade and other payables</b>	<b>30,464</b>	<b>44,147</b>
<b>Non-current</b>		
<b>Total non-current trade and other payables</b>	<b>-</b>	<b>-</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	7,370	3,742

**Note 23 Other liabilities**

	31 March	31 March
	2024	2023
	£000	£000
<b>Current</b>		
Deferred income: contract liabilities	1,416	7,266
<b>Total other current liabilities</b>	<b>1,416</b>	<b>7,266</b>
<b>Non-current</b>		
Deferred income: contract liabilities	122	188
<b>Total other non-current liabilities</b>	<b>122</b>	<b>188</b>

**Note 24.1 Borrowings**

	31 March	31 March
	2024	2023
	£000	£000
<b>Current</b>		
Lease liabilities	5,855	6,567
<b>Total current borrowings</b>	<b>5,855</b>	<b>6,567</b>
<b>Non-current</b>		
Lease liabilities	30,402	34,710
<b>Total non-current borrowings</b>	<b>30,402</b>	<b>34,710</b>

**Note 24.2 Reconciliation of liabilities arising from financing activities**

	<b>Lease Liabilities £000</b>	<b>Total £000</b>
<b>Carrying value at 1 April 2023</b>	<b>41,277</b>	<b>41,277</b>
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(5,386)	<b>(5,386)</b>
Financing cash flows - payments of interest	(350)	<b>(350)</b>
<b>Non-cash movements:</b>		
Additions	184	<b>184</b>
Lease liability remeasurements	327	<b>327</b>
Application of effective interest rate	350	<b>350</b>
Early terminations	(144)	<b>(144)</b>
<b>Carrying value at 31 March 2024</b>	<b>36,258</b>	<b>36,258</b>

	<b>Lease Liabilities £000</b>	<b>Total £000</b>
<b>Carrying value at 1 April 2022</b>	-	-
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(6,394)	<b>(6,394)</b>
Financing cash flows - payments of interest	(419)	<b>(419)</b>
<b>Non-cash movements:</b>		
Impact of implementing IFRS 16 on 1 April 2022	47,274	<b>47,274</b>
Lease liability remeasurements	397	<b>397</b>
Application of effective interest rate	419	<b>419</b>
<b>Carrying value at 31 March 2023</b>	<b>41,277</b>	<b>41,277</b>

**Note 25.1 Provisions for liabilities and charges analysis**

	<b>Other £000</b>	<b>Total £000</b>
<b>At 1 April 2023</b>	<b>111</b>	<b>111</b>
Change in the discount rate	(19)	<b>(19)</b>
Arising during the year	39	<b>39</b>
Utilised during the year	(3)	<b>(3)</b>
Unwinding of discount	(6)	<b>(6)</b>
<b>At 31 March 2024</b>	<b>122</b>	<b>122</b>
<b>Expected timing of cash flows:</b>		
- not later than one year;	4	<b>4</b>
- later than one year and not later than five years;	38	<b>38</b>
- later than five years.	80	<b>80</b>
<b>Total</b>	<b>122</b>	<b>122</b>

These provisions are described in note 1.17

**Note 25.2 Clinical negligence liabilities**

At 31 March 2024, £573k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Solent NHS Trust (31 March 2023: £4,454k).

**Note 26 Contingent assets and liabilities**

	<b>31 March 2024 £000</b>	<b>31 March 2023 £000</b>
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	(36)	(32)
<b>Net value of contingent liabilities</b>	<b>(36)</b>	<b>(32)</b>
<b>Net value of contingent assets</b>	-	-

**Note 27 Contractual capital commitments**

	<b>31 March 2024 £000</b>	<b>31 March 2023 £000</b>
Property, plant and equipment	3,970	12,156
Intangible assets	229	444
<b>Total</b>	<b>4,199</b>	<b>12,600</b>

**Note 28 Other financial commitments**

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	<b>31 March 2024 £000</b>	<b>31 March 2023 £000</b>
not later than 1 year	4,755	6,243
after 1 year and not later than 5 years	6,088	10,661
<b>Total</b>	<b>10,843</b>	<b>16,904</b>

The figures above relate primarily to the Trust's ICT contract.

## **Note 29 Financial instruments**

### **Note 29.1 Financial risk management**

Financial reporting standard IFRS7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Integrated Care Boards (previously Clinical Commissioning Groups), Local Authorities and NHS England and the way those Integrated Care Boards, Local Authorities and NHS England are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

#### **Currency Risk**

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

#### **Interest Rate Risk**

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1-25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations. The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations.

#### **Credit Risk**

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note.

#### **Liquidity Risk**

The Trust's operating costs are incurred under contracts with Integrated Care Boards (formerly Clinical Commissioning Groups), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

**Note 29.2 Carrying values of financial assets**

Carrying values of financial assets as at 31 March 2024	Held at	Total
	amortised cost £000	book value £000
Trade and other receivables excluding non financial assets	15,301	15,301
Cash and cash equivalents	6,722	6,722
<b>Total at 31 March 2024</b>	<b>22,023</b>	<b>22,023</b>

Carrying values of financial assets as at 31 March 2023	Held at	Total
	amortised cost £000	book value £000
Trade and other receivables excluding non financial assets	16,673	16,673
Cash and cash equivalents	26,304	26,304
<b>Total at 31 March 2023</b>	<b>42,977</b>	<b>42,977</b>

**Note 29.3 Carrying values of financial liabilities**

Carrying values of financial liabilities as at 31 March 2024	Held at	Total
	amortised cost £000	book value £000
Obligations under leases	36,258	36,258
Trade and other payables excluding non financial liabilities	25,810	25,810
<b>Total at 31 March 2024</b>	<b>62,068</b>	<b>62,068</b>

Carrying values of financial liabilities as at 31 March 2023	Held at	Total
	amortised cost £000	book value £000
Obligations under leases	41,277	41,277
Trade and other payables excluding non financial liabilities	41,261	41,261
<b>Total at 31 March 2023</b>	<b>82,538</b>	<b>82,538</b>

**Note 29.4 Maturity of financial liabilities**

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March	31 March
	2024	2023
	£000	£000
In one year or less	31,665	47,828
In more than one year but not more than five years	16,797	20,865
In more than five years	15,320	15,962
<b>Total</b>	<b>63,783</b>	<b>84,655</b>

**Note 30 Losses and special payments**

	2023/24		2022/23	
	number of Number	of cases £000	number of Number	of cases £000
Ex-gratia payments	6	5	2	1
<b>Total special payments</b>	<b>6</b>	<b>5</b>	<b>2</b>	<b>1</b>

There were no losses incurred in the period.

**Note 32 Related parties**

During the year none of the Department of Health and Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust.

The Department of Health and Social Care is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

	Expenditure	Total Income	Payables	Receivables
These entities are:				
	Payments to Related Party £000s	Receipts from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
NHS England	14	21,249	361	279
<u>Integrated Commissioning Boards (from July 2022)</u>				
NHS Hampshire, Southampton and Isle of Wight ICB	220	199,975	31	2,286
NHS Frimley ICB	0	3,156	0	236
<u>NHS Trust and Foundation Trust</u>				
Hampshire Hospitals NHS Foundation Trust	1,210	81	354	46
Portsmouth Hospitals University NHS Trust	3,441	2,315	1,372	1,842
University Hospital Southampton NHS Foundation Trust	2,209	2,398	857	1,851
Southern Health NHS Foundation Trust	1,618	2,357	92	1,375
Isle of Wight NHS Trust	253	334	50	173
Sussex Partnership NHS Foundation Trust	0	1,482	1	640
<u>Local Authorities</u>				
Hampshire County Council	23	8,466	1	261
Portsmouth City Council	482	8,830	814	1,449
Southampton City Council	7	8,184	381	617
Isle of Wight Council	0	3,205	0	695
NHS Business Services Authority	0	0	20	0
NHS Resolution	1,179	0	41	452
NHS Property Services	4,699	5	4,304	735
Community Health Partnerships	3,276	0	12	45
Solent NHS Charity	0	20	0	1

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with HM Revenue and Customs and NHS Pensions Agency.

The income from NHS Resolution is related to insurance claims and costs incurred under the NHS Injury Cost Recovery Scheme.

The Trust has also received revenue from Solent NHS Charity of which the NHS Trust Board is the Corporate Trustee.

**Note 33 Better Payment Practice code**

	<b>2023/24</b>	<b>2023/24</b>	<b>2022/23</b>	<b>2022/23</b>
	<b>Number</b>	<b>£000</b>	<b>Number</b>	<b>£000</b>
<b>Non-NHS Payables</b>				
Total non-NHS trade invoices paid in the year	30,438	92,308	31,715	82,129
Total non-NHS trade invoices paid within target	<u>28,235</u>	<u>86,395</u>	<u>26,316</u>	<u>71,173</u>
Percentage of non-NHS trade invoices paid within target	<u>92.8%</u>	<u>93.6%</u>	<u>83.0%</u>	<u>86.7%</u>
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	1,246	15,941	1,223	17,938
Total NHS trade invoices paid within target	<u>1,099</u>	<u>14,549</u>	<u>1,015</u>	<u>14,554</u>
Percentage of NHS trade invoices paid within target	<u>88.2%</u>	<u>91.3%</u>	<u>83.0%</u>	<u>81.1%</u>

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

**Note 34 External financing limit**

The Trust is given an external financing limit against which it is permitted to underspend

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Cash flow financing	25,421	10,535
<b>External financing requirement</b>	<u>25,421</u>	<u>10,535</u>
External financing limit (EFL)	<u>25,421</u>	<u>10,535</u>
<b>Over spend against EFL</b>	<u>-</u>	<u>-</u>

**Note 35 Capital Resource Limit**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Gross capital expenditure	18,514	12,983
Less: Disposals	(228)	-
Less: Donated and granted capital additions	(250)	(826)
<b>Charge against Capital Resource Limit</b>	<u>18,036</u>	<u>12,157</u>
Capital Resource Limit	18,036	12,299
<b>Over spend against CRL</b>	<u>-</u>	<u>142</u>

**Note 36 Breakeven duty financial performance**

	<b>2023/24</b>
	<b>£000</b>
Adjusted financial performance surplus / (deficit) (control total basis)	85
<b>Breakeven duty financial performance surplus</b>	<u>85</u>

**Note 37 Breakeven duty rolling assessment**

	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
	<b>£000</b>						
Breakeven duty in-year financial performance	1,863	776	1,858	(6,274)	(5,062)	(2,084)	737
Breakeven duty cumulative position	1,863	2,639	4,497	(1,777)	(6,839)	(8,923)	(8,186)
Operating income	193,935	192,146	187,756	187,240	178,854	180,675	187,219
<b>Cumulative breakeven position as a percentage of operating income</b>	1.0%	1.4%	2.4%	(0.9%)	(3.8%)	(4.9%)	(4.4%)
	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>	
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	
Breakeven duty in-year financial performance	1,370	286	88	67	437	85	
Breakeven duty cumulative position	(6,816)	(6,530)	(6,442)	(6,375)	(5,938)	(5,853)	
Operating income	193,119	200,797	238,577	258,097	274,802	280,936	
<b>Cumulative breakeven position as a percentage of operating income</b>	(3.5%)	(3.3%)	(2.7%)	(2.5%)	(2.2%)	(2.1%)	

Item 4 **NHS**

**Solent**  
NHS Trust

# Annual report and accounts 2023/24

Incorporating the quality account



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# Statement from the Chair

## We are delighted to share our 2023/24 Annual Report and Quality Account.

I would like to begin my Chair's statement by thanking everyone who works for Solent NHS Trust. It has been another incredibly challenging year, yet every day brings examples of people going above and beyond expectations. It is the dedication, kindness and professionalism of our colleagues that ensures we can continue to make a difference to the communities we serve.

Our journey towards a greater integration of community and mental health services across Hampshire and the Isle of Wight has been a significant focus and while recognising the hard work and progress made, we know there is much more to do in order to fully realise the benefits of that work.

We are always driven by our mission to deliver great care, create a great place to work, and provide great value for money services. Despite the challenges posed by the residual effects of the COVID-19 pandemic, including increased demand and staffing constraints, our organisation has remained responsive and agile. This resilience has been particularly evident during the winter months, where we continued to enhance our capacity to deliver essential community care.

Throughout the report, you will find numerous examples of how our services have supported the delivery of our mission and strategy. The stability of our patient contact levels, the innovative solutions we have implemented, and our unwavering commitment to high quality care all bare further testament to the hard work and dedication of our staff.

Our 2023 NHS Staff Survey results once again highlight the strong, values-based culture we strive to maintain. We have made notable improvements in several areas, reflecting our ongoing efforts to create an inclusive and supportive workplace. Our staff networks have grown in reach and voice, and we expanded our wellbeing initiatives to support our colleagues in managing both internal and external pressures.

Significant progress has been made in our infrastructure. The Trust's investment in building the South of England Rehabilitation Centre, located at the Western Community Hospital in Southampton, is a key example. The centre will become a beacon for rehabilitation across the area, providing exceptional patient care and service efficiency when it opens later this year.

Despite financial challenges, we have demonstrated our ability to live within our means, achieving a £0.1m adjusted surplus. This success is a result of effective financial management and the collective effort of every single person working together to make the best use of every pound.

Our commitment to working in partnership and supporting more joined-up services remain at the heart of our vision. The upcoming formation of the Hampshire and Isle of Wight Healthcare NHS Foundation Trust represents a new and exciting chapter in future provision of healthcare. And as we look forward, we are absolutely committed to build upon our successes and to embrace new opportunities for growth and innovation, driven by the best possible outcomes for the people we serve. Together, we can be stronger and more able to deliver exceptional services to and with our communities while ensuring our staff feel supported, valued, and empowered.

We hope you enjoy reading about our account of 2023/24.

**Mike Watts**

**Chair**

Date

## Section 1

# Performance report



# Performance overview from the Chief Executive

**As we continue our journey to join up community and mental health services across Hampshire and the Isle of Wight, I have been reflecting with immense pride for all who work at Solent and their unwavering dedication to delivering exceptional care.**

It is wonderful to see that our 5118 strong workforce has remained steadfast in their commitment to our HEART values, ensuring that the wellbeing of our patients always remained our top priority.

At the time of writing, we have reached a really important milestone in our journey to create Hampshire and Isle of Wight Healthcare NHS Foundation Trust, with Solent colleagues and services soon joining the new Trust. An incredible amount of work has been completed by staff across all four partner organisations to enable us to get to this phase in the process and our sincere thanks goes out to all those involved.

Our overall patient contact levels in 2023/24 were similar to the previous year, showing stability in our services for the first time since before the pandemic. However, the residual impact of the pandemic continues to cause challenges, including heightened demand for services, staffing constraints, and waiting lists that have built up since that time.

**One notable development was the increased utilisation of hospital beds, particularly during the winter months. As a result of system pressures, the opening of the new Summerlee Unit within the Portsmouth and Southeast Hampshire system bolstered our capacity to provide essential community care.**

The number of patients waiting for our services has increased by 11% during 2023/24, with a significant surge in prolonged waits exceeding 18 weeks, up by 22%. To mitigate the impact of extended waiting times, we have devised comprehensive plans aimed at alleviating pressure on our Community Health Services and achieve the national objective to reduce community waiting lists.

There has been added pressure on our mental health inpatient services recently, with more demand for admission or assessment. This has meant we temporarily used out-of-area beds in March to ease pressure. This is unusual for Solent, but common among other providers both locally and nationally. We expect to stop using these beds by June 2024/25.

The virtual wards in Portsmouth and Southampton have been running at pace, helping move patients out of acute care more quickly and safely. Discussions are ongoing with the Integrated Care System (ICS) to potentially double the virtual ward capacity in Southampton if funding is available.

Throughout the year, we continued to foster a culture of inclusivity, where every member of our team feels visible, valued, and heard. Our annual staff survey results achieved a 66.8% response rate and our scores have shown we are best in class for 'We are compassionate and inclusive'. We have improved on four of the People Promise themes and remained the same for the other five. All in all, a brilliant result which builds on our track record for staff engagement. A considerable amount of the organisational-level scores are significantly better than the national average which is a fantastic achievement, especially during a time which has been demanding on a number of fronts.

Our staff networks have grown stronger. Regular virtual events and wellbeing drop-ins have been organised, reinforcing our commitment to creating a workplace where everyone can thrive. The executive team is proud to support these networks, with at least one member providing support as executive sponsors to each network. This direct input has helped promote the networks and highlight that we fully support them as a Trust, as we aim to eliminate work-based discrimination and promoting equality of opportunity for all.

Sickness absence has improved overall from last year, but we are concerned about the high proportion of long-term absence and mental-health related absences. In response, we have expanded our range of wellbeing support options to help our staff manage internal and external pressures effectively.

Central to our commitment to quality care is the paramount importance placed on patient experience.

**We are really proud of our Patient-Led Assessments of the Care Environment (PLACE) results, where Solent scored top in four categories against other organisations in the South East region overall: Food combined 95.43%; Privacy and dignity 94.58%; Dementia 94.22%; Disability 93.84%.**

These patient-led assessments are invaluable to us as they let us hear through patients' voices if we are supporting them in the most compassionate and comprehensive way. The feedback ensures that we are best protecting crucial considerations such as privacy, dignity and tailoring individual needs.

We are grateful for the feedback received through tools like the Friends and Family Test, which helps us identify areas for improvement while celebrating the positive experiences shared by our patients. Building on previous years' efforts, we are further enhancing our inclusivity by actively seeking feedback from marginalised communities to ensure equitable access to our services for all.

The past year saw significant progress in our digital developments/improvements, with the continued use of innovative technologies like our Electronic Prescribing Medicines Administration (EPMA) system and frailty virtual ward pilot. These advancements have not only improved efficiency but have also allowed us to provide more responsive and convenient care to our patients.

Despite significant operational and financial challenges, Solent has continued to strategically invest in and develop its estate. In Southampton, significant progress has been made with our new state-of-the-art rehabilitation centre at the Western Community Hospital – called the South of England Rehabilitation Centre. Scheduled to open its doors to patients in autumn 2024, the new centre represents a significant milestone in the city's healthcare infrastructure as well as being the biggest (£21m) estates project in Solent's history.

In Portsmouth, we are building the Highclere Medical Centre, which will become a modern purpose-built GP surgery in the heart of the community. The surgery will house six consulting rooms, three treatment rooms

and admin space, along with a bright and welcoming entrance and waiting area. We hope it will welcome its first patients by early 2025. We also reopened the former Jubilee House site on Medina Road in Cosham in mid-October for our Musculoskeletal (MSK) service, which relocated from the Queen Alexandra Hospital (QAH) permanently.

Despite financial challenges, we remained resilient, delivering a £0.1m adjusted surplus in 2023/24, while maintaining our commitment to high-quality care delivery. We recognise the importance of effective financial management in sustaining our services and will continue to prioritise this as we navigate the road ahead.

## Looking to the future, we are committed to building upon our successes and embracing new opportunities for growth and innovation as we join together to form Hampshire and Isle of Wight Healthcare NHS Foundation Trust.

Together, as a harmonised workforce, we will shape a modern and ambitious healthcare environment to deliver incredible services for local communities, whilst ensuring that our staff feel fully supported, valued, and empowered.

A huge thank you to all Solent colleagues for their unwavering dedication and tireless efforts in making a positive difference to Hampshire and Isle of Wight residents. As we embark on the next chapter, I am confident that together, we will continue to achieve great things.



**Andrew Strevens**

**Chief Executive, Solent NHS Trust**

Andrew Strevens was Chief Executive of Solent NHS Trust throughout 2023-24 and until 30 April 2024. Ron Shields was appointed Chief Executive of Solent NHS Trust on 1st May 2024.

# Who we are

**Solent NHS Trust was established under an Establishment Order by the Secretary of State in April 2011. We provide community, mental health and learning disability services to communities in Hampshire and the Isle of Wight.**

Our dedicated team of staff deliver compassionate, person-centred care to people close to home, at all stages of their lives. We are the main community and mental health provider in Portsmouth city and the main provider of community services in Southampton. We also provide a range of specialist services across the Hampshire geography. We have made a firm commitment to support the sustainability of health and care on the Isle of Wight, and we currently provide sexual health, dental and 0-19 services to the island community.

We share a fundamental belief that the way we work, our behaviours and priorities should be guided by our values – Honesty, Everyone Counts, Accountability, Respect and Teamwork (HEART). We believe in honest, respectful conversations and working together with service users, carers, our staff and people in the communities we work in, to keep more people well and independent throughout their lives.

We have an annual income of £280m for 2023/24. As of 31 March 2024, we employed 5118 clinical and non-clinical members of staff (including part time and bank staff) this equates to 3583 full time equivalents (FTE) who contribute to providing high quality patient care across our local communities.



# What we do

## We provide a range of services in communities across the Hampshire and Isle of Wight geography, to enable people to remain well and independent throughout their lives.

We provide community and mental health services and are a core partner in the Hampshire and Isle of Wight Integrated Care System (ICS), one of the largest, most complex health and care systems in the country. We deliver some of our services countywide and operate and collaborate with other organisations at different strategic and operational levels:

- **Alongside GP's** – and other primary care colleagues, in neighbourhoods,
- **At a city level** – or in groups of organisations surrounding the hospital Trusts, providing 'place-based care', and
- **At a regional level** – with health and care colleagues from different counties.

The COVID-19 pandemic highlighted that collaborating with others at the appropriate level of scale to plan and deliver services is critical to tailor services to meet the needs of individuals.

Increasingly, community and mental health providers are working more closely with GPs and colleagues in primary care networks, sharing learning and resources, with the aim of developing and maintaining sustainable, integrated community, mental health and primary care teams that are responsive to changing needs and to tackle health inequalities.

Similarly, groups of organisations are working at place level, in city and county council footprints and around hospital Trusts, to focus on population health needs and outcomes, with the aim of ensuring pathways of care are sustainable, accessible and joined-up, across organisational boundaries.

We work in a seamless way across Integrated Care System (ICS) boundaries to deliver highly specialist services such as specialist adult and children's mental health, eating disorders and services for veterans of the armed forces. Working at scale has been enabled by the development of formal provider collaborative models, where two or more health organisations work together across multiple places, with a shared purpose and decision-making. Increasingly providers of hospital, community, mental health and ambulance services will work in this way, to provide greater resilience, economies of scale, capacity and benefits for service users.



# Our services

## Child and Family

We provide a range of community-based public health, physical health and mental health services to children and their families across Hampshire and the Isle of Wight. Our services are multidisciplinary and include medical, nursing and allied health professionals as well as dedicated business support staff. Our aim is to improve outcomes for children and their families by delivering well-led, safe, effective, caring, and responsive services.

## Mental Health

We provide both inpatient and community mental health services to adults over the age of 18 who live in Portsmouth.

Our inpatient services are based at St James' Hospital and they include:

- **Brooker Ward** – A 22 bed inpatient unit for older people (aged 65 and over) experiencing an acute mental illness and/or severely challenging behaviour.
- **The Orchards** – Two adult mental health wards for adults aged 18 and over experiencing a mental health crisis.
  - Maple Ward – A 10 bed ward, providing a high standard of intensive psychiatric care in a supportive and safe environment to service users who are placed on a Section of the Mental Health Act (1983).
  - Hawthorns Ward – A 20 bedded open ward, providing a supportive and safe environment for service users experiencing an acute episode of mental illness.

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





## Adults Southampton

We provide community-based services to the people of Southampton and parts of the surrounding area. We offer a wide range of services which include Community Nursing, Urgent Community Response services, Community Independence services, providing rehab and reablement therapy in people's own homes. We also provide a large range of specialist services, including Neurological, Diabetes, Chronic Obstructive Pulmonary Disorder (COPD), Tissue Viability, Cardiac, Stoma, Bladder and Bowel to adults in Southampton.

Our inpatient services at the Royal South Hants Hospital (RSH) and the Western Community Hospital (WCH), include:

- **The Kite Unit** – A Neuropsychiatric Rehabilitation Service for people aged 18 and over who have experienced a brain injury and whose impairments are largely in the cognitive, behavioural or mental health spectrum.
- **Snowdon Ward** – A 14 bed ward which specialises in the treatment of adults with physical and cognitive limitations following a recent neurological event or a long-term neurological condition.
- **Lower Brambles and Fanshawe Wards** – These wards offer inpatient rehabilitation to adults requiring an intensive therapy and nursing input that can't be supported within the patient's own home.

In 2024 we are due to close the inpatient beds at the Royal South Hants Hospital and move all the beds onto one site at the Western Community Hospital following the completion of the new purpose-built Rehabilitation Centre.

## Sexual Health Services

Solent NHS Trust Sexual Health Services are provided across Hampshire County, Portsmouth and Southampton cities and the Isle of Wight. A multidisciplinary team of clinical and business support professionals provide high performing quality services to the residents of Hampshire and Isle of Wight. Services include:

- Screening, diagnosis, and treatment of sexually transmitted infections,
- HIV care,
- Provision and ongoing management of Pre-Exposure Prophylaxis (PrEP) Post-exposure prophylaxis (PEPSE)
- Contraception including emergency contraception,
- Sexual health promotion,
- Sexual health advising and partner notification,
- Psychosexual counselling, an
- Outreach service.
- Vasectomy,
- Termination of pregnancy services
- Sexual Assault Referral Centre

We have an extensive digital offer including, a patient health record, online booking, online STI screening, webchat, and remote consultations.

## Adults Portsmouth

We provide community, and some inpatient, nursing, therapy and specialist services to adults in Portsmouth. Our community-based services include a range of:

- Therapy services such as Physiotherapy, Occupational Therapy, and Speech and Language Therapy.
- Rehabilitation and reablement services to help individuals remain at home, such as Portsmouth Rehabilitation and Reablement Team (PRRT)
- Nursing services such as community nursing and palliative care.
- Crisis services, such as Urgent Response and Virtual Wards.
- Specialist services for people with health conditions such as epilepsy, multiple sclerosis and diabetes.
- Learning disability and behavioural services.

We also provide inpatient services:

- **Summerlee Unit** – a 30 bed unit situated at Harry Sotnick House, for adults aged 18 or over who are deemed to require a continuing healthcare assessment.
- **Spinnaker Ward** – a 16 bed ward for inpatient rehab for patients with complex physical disability at St Mary's Hospital Campus.

## Specialist MSK

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

## Special Dentistry Services

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

## Primary Care

We provide GP services and homeless healthcare in Southampton. Our GP practice in Southampton operates out of three locations:

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



# Our vision

**At Solent NHS Trust we all share an ambitious vision of health and care teams working with communities to make a difference, so everyone has easy access to safe and effective care, enabling more people to remain well and independent throughout their lives.**

It reflects the core belief that everyone deserves equitable access to high-quality health and care services which support their health and independence, no matter who they are or where they live. We are working towards a future where health and care teams work seamlessly together to deliver high-quality care, avoid unnecessary handovers between teams and organisations and improve service user experience. We believe in a future where people have choice and control over the way their care is planned and delivered and where each individual's priorities, strengths and needs are at the centre of their care. Co-production is one of the ways which we believe will help achieve this, and we are making great strides in this area. In hearing what matters the most to people who use and work in our services and gathering insights into lived experience in the health and community scenarios, we will ensure our services can be the very best.

## Our values

At Solent we share a fundamental belief that the way we work, our behaviours and priorities should be guided by our values – Honesty, Everyone Counts, Accountability, Respect and Teamwork (HEART). We believe in honest, respectful conversations and working together with service users, carers, our staff and people in the communities we work in, to keep more people well and independent throughout their lives. How we work together as a values-based organisation

Our values are embedded in our culture and underpin everything we do; Solent NHS Trust is a values-led organisation and proud to be nationally recognised for this through various awards. Living our values enables us to be better at what we do, create a great place for our staff to work and ensure we provide the highest quality of care for our service users. In creating our values, we spent time listening to our employees and, based on what people told us, we created our HEART values to reflect and shape our culture. Our values guide and inspire all of our actions and decisions. They enable us to be better at what we do and create a great place for our staff to work, whilst ensuring we provide the highest quality of care for our service users. Living our values enables us to create a workplace where people feel able to bring their authentic selves to work and be at their very best. We will continue to develop ways of working built on our values, creating a great place to work and a great experience for our service users.

## Our Mission

We believe firmly in the NHS Triple Aim, set out in the Health and Care Act: the health and wellbeing of populations, the quality of services provided to individuals, and efficiency and sustainability in relation to the use of resources. Our mission to provide Great Care, be a Great Place to Work and deliver Great Value for Money, aligns with the Triple Aim and remains at the forefront of our approach.

# 2023/24 the year in review

**In 2023/24 as we continued to move away from the COVID-19 pandemic, we stayed true to our long-standing commitment to providing Great Care, making Solent a Great Place to Work and delivering Great Value for Money, while also working with partners in Project Fusion in the creation of a new organisation to improve services for the people and communities we serve.**

An important milestone on this journey was reached in November 2023, when at a meeting of the Trust Boards in Common, the partner organisations approved the Full Business Case for the creation of a new Trust for community, mental health and learning disability services across Hampshire and Isle of Wight. The Full Business Case was submitted by Fusion partners to NHS England for review. At the time of writing this report, Sussex Partnership NHS Foundation Trust Child and Adolescent Mental Health Services (CAMHS) have already transferred to Southern Health NHS Foundation Trust. Mental health and community services from Isle of Wight NHS Trust are planned to transfer on 1 May 2024. Services from Solent NHS Trust are planned to follow on 1 July, at which point Hampshire and Isle of Wight Healthcare NHS Foundation Trust will be established.

We remain committed to our vision for the new organisation which has been developed through engagement with staff and partners, in particular through the 'Shape Our New Trust' programme. The Solent community engagement and experience team, whose work is celebrated later in the report, have played a major role in reaching out to our communities. We have heard from them directly about what makes a great NHS organisation and what really matters most to local people.

## **Our vision is:**

**"Together we deliver outstanding care that supports people to live their best and healthiest lives."**

While 2023/24 was a year of challenge, it was also a year of celebration. Our 75th birthday celebrations for the NHS began with more than 6,000 cupcakes delivered to Solent teams across Hampshire and the Isle of Wight. Five Solent colleagues attended the Westminster Abbey service in celebration of the NHS on 5 July 2023 and one of our long-serving Solent staff, Denise Mattin attended 10 Downing Street for a reception recognising amazing and long-standing NHS staff.

On 5 July, the actual 75th birthday of the NHS, Solent held its annual awards and recognition ceremony. Nearly 200 people attended the event celebrating our staff, people from our communities, and volunteers and we heard stories of people living our HEART values, making a difference to patients throughout the life course.

The brilliant can-do attitudes, teamwork and dedication of those in Team Solent has been seen throughout this period and is reflected in our very positive NHS staff survey results which were published in March 2024.

66.8% of our staff participated in the annual survey. Our results improved in some key areas in the survey including recognition and reward, safety, learning and improvement and staff morale. Staff continued to recommend Solent both as a place to work and receive care. These positive results are a testament to the resilience of our staff and the culture we have created in Solent.

In our commitment to deliver great care we continued to transform our estate to modernise facilities and sites. Good progress is being made on the new building currently under construction at the Western Community Hospital in Southampton, which will be called the South of England Rehabilitation Centre.

A topping out ceremony took place to mark the end of the second phase in the construction project.



The £21m project will bring 50 beds to the Royal South Hants Hospital, bringing together staff from two existing wards at the hospital into a unit where teams can provide specialist rehabilitation care in a high-quality therapeutic environment. The new unit is due to open in autumn 2024.

We also opened the doors on a modern outpatient facility in Portsmouth in mid-October. Restoration and remodelling work were completed at the former Jubilee House site on Medina Road in Cosham to make the building and overall site ready to receive rehabilitation outpatients relocated from the Queen Alexandra Hospital (QAH) permanently. We liaised with local community members, stakeholders, politicians and members of staff during the move.



Like all NHS organisations, our services have continued to experience unprecedented demand, which has resulted in a significant increase in waiting lists, particularly in Special Care Dental Services and in cardiac services.

Our partners in the Integrated Care System (ICS) have also experienced sustained pressure and we have been working with partners to relieve these pressures including by mobilising more capacity where possible.

Another challenge in 2023/24 has been ongoing industrial action in the NHS, however the significant preparation and mitigations we have put in place have limited the impact on patients.

Looking ahead, we are really hopeful for the future. The foundations we have laid in Solent: living our values, our model of clinical leadership, our approach to quality improvement, our engaged, skilled and committed staff, and the way we work with the communities we serve will stand the new Hampshire and the Isle of Wight Healthcare NHS Foundation Trust in good stead to best serve our communities.

# Emergency Preparedness Resilience and Response (EPRR)

**The Emergency Preparedness Resilience and Response (EPRR) team for Solent ensures the Trust complies with all relevant legislation, the Civil Contingencies Act 2004, Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005, NHS Act 2006 and Health and Care Act 2022 underpin EPRR within health. We also comply with the NHS EPRR Framework and any other NHS guidance given throughout the year.**

We are fortunate to have a volunteer working with us on an ad hoc basis; a retired lieutenant colonel from the Royal Marines who initially volunteered with the Vaccination programme run by Solent. He has assisted with training packages and the business continuity policy amongst other things and is a welcome addition to the team.

## NHS Core Standards

Each year the trust is assessed against a set of core standards. This year there were 58 core standards, and we were fully compliant in 57 of these making the trust 98% compliant overall. The work plan produced as a result of this sees us concentrating in 2024 on evacuation and shelter, our area of partial compliance, with an exercise with system partners organised for April 2024.

We continue to work hard with our counterparts from Southern Health NHS Foundation Trust (SHFT) and the Isle of Wight NHS Trust (IOW) as we work towards Fusion. Post Fusion the EPRR teams from Solent and SHFT will combine to become one team.

## Project Fusion

Project Fusion has become the main focus in the latter part of the year with the team from Solent, SHFT and the IOW working together on combining and rewriting plans as we near the transition to Hampshire and Isle of Wight Healthcare NHS Foundation Trust. The Teams from Solent and SHFT have written new incident response plans, the on-call standard operating procedure and business continuity management policy, to name but a few. Work on Fusion continues at pace and will continue once we become one trust.

## Risk

We have clear and effective risk processes in place and contribute to the review and updating of not only our own, but also the Hampshire and Isle of Wight Local Resilience Forum (HIOW LRF) community risk register, as part of the work undertaken by the Local Health Resilience Partnership (LHRP).

The picture below demonstrates the risks attributed to 'health' and UKHSA in the Hampshire and Isle of Wight Community Risk Register (HIOW CRR.) The inclusion of volcanos may seem odd, but it was as a result of the 2010 eruption of the Eyjafjallajökull volcano in Iceland. The subsequent flight cancellations left hundreds of NHS staff stranded abroad.

**Hampshire and Isle of Wight Community Risk Register (HIOW CRR)**

<b>R072</b>	Accidents and system failures	Insolvency of supplier(s) of critical services to the public sector	<b>High</b>	Medium	Moderate	Health
<b>0</b>	Accidents and system failures	Radiation release from overseas nuclear site	<b>Low</b>	Low	Limited	UKHSA
<b>R070</b>	Accidents and system failures	Radiation exposure from transported, stolen or lost goods	<b>Medium</b>	Low	Moderate	UKHSA
<b>R062</b>	Accidents and system failures	Accidental work-related (laboratory) release of a hazardous pathogen	<b>High</b>	Low	Catastrophic	UKHSA
<b>R069</b>	Accidents and system failures	Food supply contamination	<b>Very high</b>	Medium high	Moderate	UKHSA
<b>R087</b>	Natural hazards	Volcanic eruption	<b>High</b>	Medium high	Moderate	Health
<b>R090</b>	Natural hazards	High temperatures and heatwaves	<b>Very high</b>	Medium	Catastrophic	Health
<b>R095</b>	Human and animal disease	Pandemic	<b>Very high</b>	Medium	Catastrophic	Health
<b>R097</b>	Human and animal disease	Outbreak of an emerging infectious disease	<b>Very high</b>	Medium high	Catastrophic	UKHSA
<b>RL09</b>	Accidents and system failures	Radioactive release by a visiting nuclear powered vessel to Portsmouth and Southampton ports	<b>High</b>	Low	Catastrophic	UKHSA
<b>R063</b>	Accidents and system failures	Accidental release of a biological substance	<b>High</b>	Medium high	Moderate	UKHSA

**Emergency Preparedness Plans**

The EPRR team continues to write, review and update plans. We are working more closely with our EPRR colleagues from Southern Health and have begun to align documents in the run up to Fusion. The Fuel plan, written by Solent, is now a joint plan; as is the Adverse Weather plan, written by Southern. There are subtle differences but for all intents and purposes, they are the same document.

Areas reviewed this year included:

- Business Continuity Framework
- On Call Standard Operating Procedure (O-SOP) for Directors and Managers
- Incident Response Plan (Previously Incident Response Arrangements)
- Fuel plan
- Adverse weather plan
- All Business Continuity Plans (BCP's) and guidance cards

## Business Continuity Management

As we are working more closely with SHFT's EPRR team, we also work with the acute trusts and Hampshire and Isle of Wight Integrated Care Board (ICB). We provide a response to the expected challenges but also unexpected challenges such as Industrial Action (IA) and water outages etc.

BCP's have undergone a fundamental update and review this year which has been enabled by employing our EPRR facilitator. The BCP template has been re-written making it easier to follow and complete. They have worked tirelessly with service lines to get the BCP's even more robust than before with a comprehensive training and exercising programme. The feedback from service lines has been universally positive and she is currently working with her SHFT counterpart on BCP templates for the new trust.

## Incidents and Planning

### Industrial Action

This year has seen unprecedented levels of Industrial Action (IA), and this looks set to continue. IA has taken up a lot of time and energy within the EPRR team. Data collation and submissions are time consuming and require lots of collaboration with different teams. The industrial action team helped EPRR enormously with data collation and information making our job much easier. There were 28 separate sessions of Industrial Action with over 75 days individual days of reporting.

## Water Supplies

On 26 May 2023 there was a water main burst at the entrance to St Mary's Community Health Campus in Portsmouth, the second in eight months. Mains water to the site was shut off whilst work was carried out but the contingencies we have in place ensured there was water to the site at all times. All works were carried out by the estates team and a civil contractor and water was restored later the same day.

Work has been programmed in to replace the water main as it is in poor condition, and this is scheduled to be completed this financial year.

We are also in discussion with the Estates team and Portsmouth Water to further increase our water resilience and a new water main supply to the St James' site is also underway.

## Water Disruption (Southern Water)

In late December 2023 a sharp frost and rapid thaw led to a large number of burst pipes. This was followed by excessive rainfall and a subsequent reduction in water production (excessive rain puts more debris into water courses leading to more filtration requirements). These and other engineering works led to the loss of supply to some 23,000 properties in the Southampton area. Several Partner Activated Teleconferences (PAT) were called to ensure all stakeholders were kept informed. Once specific postcode areas had been identified it was clear none of Solent's buildings were affected.

As part of our resilience, service lines keep lists of their vulnerable patients, who are encouraged to sign up to utility companies' priority registers. If required, we can send up to date lists to the water companies meaning bottled water can be delivered direct to their homes.

## Oxygen

In early January 2024 supply issues with Oxygen cylinders led to shortages in several trusts and South-Central Ambulance Service (SCAS). Solent's Chief pharmacist and the EPRR team collated the information regarding our own supplies, expected deliveries and any spare capacity. Due to Solent's own careful planning and using oxygen wisely we had no issues with our supplies.

## Reinforced Autoclaved Aerated Concrete (RAAC)

A desktop review of Solent buildings identified RAAC in Block A of St Mary's community Hospital in Portsmouth. The estates team are aware of the industry advisory notices and have been working on this subject since the end of 2022 liaising closely with NHS England and completing all the required returns. Estates confirmed that RAAC is present on the fourth and fifth floors of SMH Block A (constructed circa 1966) where we have temporary props in situ in the event of end bearing failure with further longitudinal support beams installed.

Specialist Structural Engineers completed full structural surveys of the planks in both August 2023 and January 2024. The planks will need to be inspected on an ongoing 6 monthly basis until replacement to ensure they remain structurally stable. The next survey is scheduled for July 2024. An application for funding to replace the planks was submitted to NHS England in May 2024.

## Learning (EPRR)

A cyber exercise was held on 17 April 2023 with a member of NHS England as part of Solent's commitment to preparing and responding to a cyber security incident. (It is also a mandatory requirement of the Data Security and Protection Toolkit, to undertake an annual security exercise.)

The report from the Data Protection Officer below has details of the exercise and learning gained from it. The EPRR team now has a specific page within the Business Continuity Plans regarding ICT. If service lines are unsure of any IT workarounds, they can contact the EPRR team in the first instance or digital services if there is a more complex issue.

## Training Packages

Director and Manager on-call training sessions have taken place throughout the year for those new to the on-call roster and as a refresher for those already on call.

A new training package is currently being reviewed by the Chief Operating Officer and Deputy Chief Operating Officer before being sent to on call staff. The training is in two parts, the first a self-led online Power Point presentation with the second part a face-to-face scenario-based session. This is specifically aimed at a rapid onset major incident with more scenario-based elements to be included.

'Guidance for the initial management of self-presenters from incidents involving hazardous materials'. A new training package has been developed to include updates to the Initial Operational Response. A link to a booking page allowed reception staff to book onto a session of their choosing. Sessions were scheduled to take place on different days of the week and included evening sessions to cater for shift and part time working. Weekend sessions were also made available to ensure all staff have the opportunity for training.



## PROJECT FUSION

Bringing together community,  
mental health and learning  
disability services

# Project Fusion

**In 2023/24 the Trust has continued working in partnership towards establishment of a new, single provider of community, mental health and learning disability services for Hampshire and the Isle of Wight under the banner of 'Project Fusion'.**

The new provider organisation will be called Hampshire and Isle of Wight NHS Foundation Trust. The new Trust's vision, developed through engagement with staff and partners is:

**“Together we deliver outstanding care that supports people to live their best and healthiest lives.”**

Establishment of the new Trust will enable us to deliver significant benefits for Hampshire and Isle of Wight communities, patients, stakeholders and staff. Although, in each Trust, there are already multiple examples of services providing excellent care, including areas of national excellence, further change is needed to deliver sustainable improvements in access, care and outcomes for the people and communities we serve. Some local services are struggling to meet unprecedented increases in demand which means people are not getting the care they need at the right time and in the right setting. We know there is unwarranted variation in practice and fragmentation in service delivery, and workforce shortages - particularly in mental health services - impact on the effectiveness and quality of services. The Trusts, as well as the wider Hampshire and Isle of Wight Integrated Care System (HIOW ICS), also face a very substantial financial challenge.

Throughout the year we have been working with colleagues in the Integrated Care Board (ICB) and NHS England, to develop detailed business cases to describe the challenges faced by the Trusts and the system, the options to address these challenges and the plan to bring the Trusts together to deliver improved access, services and outcomes for patients and local communities.

In June 2023, NHS England's review of our initial business case, the Strategic Case, found that our proposals have a clear strategic rationale recognised by the Trusts and supported by the Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) and other stakeholders. This allowed us to progress to develop a full

business case for Project Fusion and an important milestone on our journey was reached in November 2023, when at a meeting of the Trust Boards in Common, the partner organisations approved the Full Business Case for submission to NHS England.

Supported by NHS England, we are now aiming to create the new Trust in a number of phases. The first stage was transfer of Hampshire Child and Adolescent Mental Health Services (CAMHS), previously provided by Sussex Partnership NHS Foundation Trust into our partner, Southern Health NHS Foundation Trust, on 1 February 2024. The second stage involved transfer of mental health and community services from Isle of Wight NHS Trust on 1 May 2024. Solent services are planned to follow on 1 July, at which point Hampshire and Isle of Wight Healthcare NHS Foundation Trust will be fully established.

Appointments to the Designate Board took place in January and February 2024 and with all appointments now confirmed, the new Board is ready to take up its role as soon as the new Trust is formed. In the meantime, to further enhance our integrated working, the Designate Chief Executive for the new Trust became the single Chief Executive of both Southern Health and Solent on 1 May 2024. This means Solent's previous Chief Executive, Andrew Strevens, has been able to take up his new role of Chief Integration Officer for the new organisation so he can further plan and progress the integration and transformation needed in advance of the major milestone of bringing Southern and Solent together to form Hampshire and Isle of Wight Healthcare NHS Foundation Trust later in 2024.



# Principle risks and uncertainties facing the organisation

## Demand, capacity and waiting lists

As described within this report, ongoing and unprecedented demand compounded by industrial action in 2023/24 has resulted in a deterioration in the position of our waiting lists. We continuously monitor the risks associated with capacity and demand across our clinical teams, we are working with system partners to eliminate waits in excess of 52 weeks and reduce the number of community patients waiting more than 18 weeks.

We continue to operate in challenging times; both the NHS and care sector nationally are under exceptional pressure, meaning we sometimes have to make difficult decisions in the interests of patients and wider system benefit.

The financial health of the NHS at large, our system in Hampshire and the Isle of Wight, ever increasing demand and workforce shortages pose real problems and we recognise there are no quick or easy fixes to the challenges facing us all. We are however committed to ensuring we do our very best to deliver Great Care, are a Great Place to Work and deliver Great Value for Money in all we do.

## Our strategic risks

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

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



**Demand, capacity and accessibility**



**High quality safe care**



**Financial sustainability**



**Strategic provision of services**



**Digital maturity**



**Workforce sustainability**

At the end of Quarter 4, and for the reasons described above, the highest rated risk within the Board Assurance Framework concerned demand, capacity and accessibility.

#### Board Assurance Framework risks end of Quarter 4, 2023/24

BAF Risk	Raw score	Residual score	Target and date
#7 – Demand, capacity and accessibility	L5 X S4 = 20	L4 X S4 = 16	L4 X S4 = 16 End Q4 2023/24
#4 – Workforce sustainability	L4 X S5 = 20	L3 X S4 = 12	L3 X S4 = 12 End Q4 2023/24
#1 – High quality safe care	L4 X S5 = 20	L3 X S4 = 12	L3 X S4 = 12 End Q4 2023/24
#5 – Financial constraints	L4 X S5 = 20	L2 X S4 = 8	L2 X S4 = 8 March 2024
#8 – Strategic provision of services	L5 X S5 = 25	L5 X S4 = 20	L4 X S3 = 12 End Q1 2024/25
#6 – Digital maturity	L4 X S4 = 16	L3 X S3 = 9	L3 X S3 = 9 End Q4 2023/24

## Funding and financial pressures

The Trust financial plan for 2023/24 was a £2.2m deficit, with an expectation that we end the year with a breakeven run rate. At the end of the year, the Trust has delivered a £0.1m surplus position.

The Trust has an internal efficiency programme of £23.9m, made up of 27 schemes. At the end of the year, the Trust delivered £18.5m.

## The future

During 2023/24 the Trust has been working with partners through the Project Fusion programme to create a new community and mental health Trust for Hampshire and the Isle of Wight, Hampshire and Isle of Wight Healthcare NHS Foundation Trust.

We are aware that during times of significant change and pressure we are open to risk. These include risks concerning ensuring we can retain our focus on delivery, operationally and of our strategy, that we continue to attract and retain an engaged workforce, remain a credible partner and continue to strive to achieve excellence in all we do.

There is a risk as a consequence that Solent's 'business as usual' is deprioritised and we experience a loss of key personnel during the transition. This risk is actively monitored by the Board within the Board Assurance Framework and within the Fusion Programme risk register.

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

## Going Concern

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

## Section 2

# Quality Account



# Great care

## **This Great Care section is our report on the quality of services that we deliver across Solent NHS Trust.**

It is our opportunity to reflect on our culture of quality and safety and demonstrate how we achieve continuous, evidence-based improvement and learning across the organisation. In this Great Care section, we will share the details of how we have progressed our quality priorities over the last 12 months, during 2023/24, and our quality priorities for the coming year 2024/25.

Over the past 12 months we have seen sustained pressures across the Portsmouth and Southampton health and care systems which have created a challenging environment in which we work. Our teams have continued to provide dedicated, responsive, flexible and caring services and we are proud of the professionalism and commitment shown in response to the pressures.

We have also been active participants in the activities and planning to evolve 'great care' for the proposed new community, learning disability and mental health provider organisation, Hampshire and Isle of Wight Healthcare NHS Foundation Trust. Our focus over the last year has therefore been on maintaining and improving safety and quality while also working with partners in Project Fusion in the creation of the new organisation to improve services for the people and communities we serve. Throughout the year we have continued to engage with our patients, service users, families, carers and the communities that we serve in order to inform how we transform our services to work differently and productively. With the work that we do alongside our communities we are able to continue to provide the best possible care for our patients.

Our organisation is proud of our HEART values and how they are demonstrated in all aspects of the care that we provide. We have a strong safety culture with a focus on learning and by being honest, open and transparent about what we do, when things go well and when things don't go as planned. Our teams of professional, caring staff within all services work hard to deliver safe, responsive and effective care with quality at the centre of everything that we do.

Looking back over the last 12 months, despite the challenges faced by the healthcare system, we have continued to progress our quality priorities and deliver improvements in our services. We are proud of the dedication and commitment shown to improving the care that we deliver and to share with you the progress that we have made in relation to our quality priorities during 2023/24, and in particular, the following:

- Transitioning to the new NHS Patient Safety Incident Response Framework in line with the national requirements in October 2023. This has transformed how we respond to and learn from patient safety incidents, and has provided staff with knowledge, skills and tools to respond to patient safety incidents using the evidence-based, Systems Engineering Initiative for Patient Safety (SEIPS) approach.
- Widening participation for staff, patients and community partners. We have held over 6000 community conversations over the last year, which have also helped inform the development of the new organisation through Project Fusion.
- Opening of the Jubilee Unit, a modern out-patient facility in Portsmouth, providing specialist rehabilitation care.
- Increasing the number of apprenticeship places offered
- Celebrating the anniversary of the mental health hub in Portsmouth
- Learning from complaints and the feedback we receive from our patients and families with a focus on improving communication.

# Quality Improvement Priorities 2024/25

## **In developing our quality priorities for 2024/25 we have again sought feedback from our community and community partners.**

We have reviewed our quality goals for the previous year 2023/24 and presented them alongside our priorities for 2024/25 to ensure that our priorities remain aligned and consistent across the Trust as we move forward.

We recognise the challenges we face in the year ahead with the development of a new community and mental health organisation under Project Fusion. We have reflected this in our overarching strategic quality goal of maintaining quality and safety throughout a period of significant change.

The quality priorities have therefore been the output of (along with consideration of our quality contract requirements), a review of:

- **community conversations with people who use services, their families and carers and the broader community about what matters most to them about their local community, mental health and learning disability Trust.**
- **the results from experience of care feedback, including Friends and Family Test, surveys, participatory events and complaints and PALS concerns.**

Themes were developed and shared with our community partners at our annual event in March 2024, presented to the service user 'Making a Difference Group' and discussed at the Community Engagement Group. The principles were agreed and have now been refined as noted below.

This process has ensured that our priorities for 2024/25 will remain compatible with that of the new organisation by ensuring that they are evolved specifically from our community engagement and listening activities related to the development of the new organisation.

We have also developed and shaped these priorities alongside our partner organisations coming together to form the new provider organisation. We will also have aligned our governance and oversight of these priorities as much as possible in the interim period, while making arrangements to ensure a seamless transition of oversight into the new organisation once established.

### **Our Quality Priorities for 2024/25**

1. To improve the experience of patients (and their families) who are waiting for care/treatment.
2. To reduce use of restrictive practices in our mental health services
3. To improve the quality of discharge planning and delivery for people admitted to our mental health inpatient wards.

4. To improve access to opportunities for feedback to ensure everyone has the chance to have their say and improve our ability to evidence the impact of changes made in response to the gift of feedback.
5. To improve the early identification of unpaid family carers both existing and new, cocreating and implementing culturally sensitive support offers to improve their experience.
6. To work alongside patients, families, carers and the community as a whole to ensure their voice is at the centre of everything we do.
7. To work on specific improvements based on what we already know while further improving our understanding of causes of health inequalities to help people keep well, prevent ill health and have the tools to self-manage their health when appropriate.

We acknowledge that our quality priorities are ambitious in a changing landscape of community and mental health care provision, and we will continue to support our teams and services throughout this time. The system pressures provide challenges to service provision but also opportunities to do things differently to improve the care that we provide across systems and pathways. Our vision is to maintain and deliver high-quality, safe service to our patients whilst working internally and with system partners to learn and improve.

Through this Great Care section, we pledge our commitment to continue to support our staff to deliver the highest standards of quality across all the clinical services we provide and in those clinical services where we work in partnership with others. We continue to be so proud of the commitment our people have to support each other and the people we serve.

We do hope you find this summary helpful and informative. Thank you once again for taking the time to read it and we look forward to working with our communities over the coming year to continue to provide exciting improvements, in partnership, and look forward to sharing our progress with you again next year.



**Dan Baylis**  
**Chief Medical Officer & Deputy Chief Executive**  
**Solent NHS Trust**



**Angela Anderson**  
**Chief of Nursing & Allied Health Professionals**  
**Solent NHS Trust**

# Our Quality Priorities

## Overview

The purpose of this section is to look back at our achievements and progress on delivering our Quality priorities set for 2023/2024

## 3.1 Looking Back: 2023/2024

### A review of our Quality Priorities for 2023/24

The following section outlines the progress we have made in the delivery of our quality priorities set for 2023/24. We recognise that due to the challenges across the system over the year, delivery of some projects has been slower paced than anticipated. Equally, we recognise that in some instances the delivery of specific projects such as implementation of the patient safety incident response framework had advanced significantly in order to support the challenges of the past few years and the years ahead.



Met



Partially met



Not met

Progress



#### PRIORITY ONE

#### Community Engagement for Health Creation

- **People who use our services, their families and carers are partners in care. We will further develop our work with them and local communities to ensure we both understand and respond to the diverse needs of local people; our aim to improve health, reduce health inequalities and improve the experience of care.**
- **To prioritise taking time to consider the whole person and what matters most to them. To work with our communities in strengthening our approach around how we take time to interact, listen and understand to really appreciate the individual's perspective and that of their own circle of support.**

#### Details of project

We will continue to embed our approach to Alongside Communities – the Solent Approach to engagement and Inclusion. Over the last few year years, we have developed extensive insight and knowledge to working with our communities reaching many of our seldom heard from groups. Over the coming year we shall continue to use the knowledge that we have gathered to help our services to improve health, reduce health inequalities and improve the experience of care based on what and how our communities have told us they want to receive services.

### Summary of achievements

- We successfully completed 52 of the 66 objectives agreed with our local community this year. The demands of Fusion activity impacted on resources available to deliver some objectives, but these are to be reviewed and included in 2024/25 activity.
- We have had community conversation with over 6000 local people, an increase from 3000 in 2021 and as a result implemented new ways of involving people in our core processes; including policy review and development, recruitment, quality visits and the patient safety partner programme.
- 3500 people who use our services and from the wider community as whole have participated in the Fusion programme, to ensure the new organisation is based on the needs and health ambitions of the local community.
- We have increased representation of previously seldom heard groups in our community partners programme from 7 in 2020 to 67 this year. We now have active contributions from people from the Black and Minority Ethnic (BAME), care, children and young people, disability and refugee communities but recognise there is more work required to connect with the LGBTQ community.
- We spoke with over 100 young people who used mental health services to find out what matters most to them. In response CAMHS services are:
  - Creating short films about roles and opportunities in health care.
  - Working with the EDIB to improve cultural awareness of mental ill health in young people.
  - Working more closer with education providers to improve awareness of services and support available to young people.

### PRIORITY TWO Caring for Our Teams



**We will continue to place our teams' health and wellbeing at the centre, ensuring we create a positive and supportive workplace.**

#### Details of project

The purpose of this project is to Implement the key deliverables within the Health and Well-Being (HWB) Strategy demonstrating improvements across pillars to meet strategic directives to improve the health and wellbeing of our workforce.

#### Summary of achievements

- The Solent NHS Trust Health and Wellbeing Plan was developed as a Trust-wide engagement and commitment outcome, focused on the improvement of Health and Wellbeing of our people.
- The overarching aim of the Health and Wellbeing Plan is to provide an overview of our aspirations in supporting the health and wellbeing of our staff and to provide assurance that we have a coherent and holistic 'wellbeing offer' that is based on the best available evidence. The Plan sets out our current provision and the next steps to enable delivery, measure and evaluate progress and attainment.
- Throughout 2023/24, work streams, led by subject matter experts met on a quarterly basis to share actions and progress, which supported policy and practice quality improvement across the Trust.
- We know that broader factors, such as diversity and inclusion, the work environment, the skills of our managers and leaders in having health and wellbeing conversations with staff, can impact on overall health and wellbeing in the workplace. Examples of measures taken include an increased access and user focused Learning and Development site, which includes extending the needs focused training and providing bespoke access to resources and advice, for example staff who are neurodiverse or have a disability.
- Reviewed and introduced a variety of new networks and staff engagement opportunities to support the needs of our staff.
- Work continues on producing and sharing of data to support the development of the Equality, Diversity, Inclusion and Belonging (EDIB) plan for 2024/25

Progress



### PRIORITY THREE Patient Safety Culture

**Building on work already underway we will with our Integrated Care System (ICS) colleagues to develop our approach to implementation of the National Patient Safety, embedding and strengthening our culture of safety and to fully embrace a learning culture to inform improvements in delivery of care.**

#### Details of project

To work with system colleagues to develop our approach to implementation of the new NHS Patient Safety Incidents Response Framework (PSIRF) and the Learning from Patient Safety Events initiatives (LFPSE)

#### Summary of achievements

- From April 2023 the Solent Project Implementation Group and associated workstreams and oversight group for the Patient Safety Incident Response Framework (PSIRF) implementation was introduced and embedded.
- The Trust patient safety incidents reporting system was successfully transitioned away from the old national response and learning system (NRLS) and linked to the new national Learn from Patient Safety Events (LFPSE) System in July 2023.
- The activities of the workstream and groups culminated in a draft Solent Patient Safety Incident Response Plan (PSIRP) and policy which was co-developed with relevant stakeholders and partners and appropriately consulted upon.
- In September 2023, the draft Solent PSIRP and policy were approved by the Trust board and Hampshire and Isle of Wight Integrated Care Board
- The Trust implemented the PSIRF and transitioned away from 2015 SI framework in October 2023 in line with NHS national requirement. Work has continued within the Trust and with services to embed new processes in line with the framework.

Progress



### PRIORITY FOUR Improving Practice through Learning

**To strengthen the way in which we demonstrate our commitment to improving our practices through learning from our engagement and feedback from patients, families, carers, our communities and community partners alongside organisational learning at a Board level and within clinical services.**

#### Details of project

We shall have an increased focus on evidencing and measuring impact of initiatives put in place to ensure that the learning and feedback from our communities is being used to drive change both at Board and within clinical services.

Furthermore, we shall develop a community partner, patient, family and carer led process to provide ongoing monitoring of PLACE and improvements based on feedback (including complaints and FFT).

#### Summary of achievements

- By speaking with people who use our services we learned we needed to improve access to feedback opportunities. We have introduced slam poetry and storytelling to make feedback easier. We have now heard from families with children with disabilities and young men wishing to learn how to look after their mental health.
- We have designed and are piloting a web-based platform for people to electronically make a complaint in response to people telling us that they wanted a simple e system to raise their concern.
- After a deep dive review of complaints, we identified the underpinning cause of 30% of our complaints was related to staff attitudes and behaviours. Working with the EDIB team we delivered training using a Forum Theatre approach to 57 members of staff, the aim being to challenge bias and improve communication.
- To maximise learning from complaints we have introduced This year we have been piloting debrief sessions supporting staff who have been named in complaints. The purpose of the sessions is to facilitate learning and to identify areas for improvement from complaints that have been made. The sessions are also used as an opportunity to explore how that learning can be shared with others.
- The Patient Led Assessment of Care Environment was successfully completed with the support of volunteers and community partners. We have scored top in four categories against other organisations in the Southeast Region overall: Food combined 95.43%; Privacy and dignity 94.58%; Dementia 94.22%; Disability 93.84%.



<b>PRIORITY FIVE</b> <b>Improving our Communication and Accessible Information</b>
<p><b>To work with our communities, including those seldom heard communities, alongside our community partners to help understand, inform and shape how we can improve communication and accessible information with our patients, carers and families – ensuring we develop and maintain a flexible approach in line with local needs.</b></p>
<b>Details of project</b>
<p>We shall continue to explore and develop a flexible approach to communicating with our patients, carers and families.                  We will continue to develop our accessible information approach and ensure that we are meeting the nation Accessible Information Standard.</p>
<b>Summary of achievements</b>
<ul style="list-style-type: none"> <li>• In 2022/23, we established an initial understanding of where we are currently with regards to our compliance with the Accessible Information Standard as well as identifying aspects of Inclusive Communication for improvement which fall outside of the remit of the AIS e.g., foreign language and health literacy.</li> <li>• Initial steps towards an improvement plan were progressed for example, launch of Communication Access UK Symbol and eLearning modules and accreditation of the Organisation (Nov 22)</li> <li>• However, in 2023/24, progressing this priority was suspended due to the absence of resource to support the activity. A postholder has now been recruited to lead the development of this programme of work going forwards.</li> </ul>



<b>PRIORITY SIX</b> <b>Digital Strategy and Delivery of Care – Supporting &amp; enabling accessibility for all</b>								
<p><b>As we transition post pandemic, we recognise that digital solutions are not always easily accessible for all. We will work with our communities and community partners to offer digital solutions alongside packages of support which recognise complexity of needs across our communities and aid accessibility for all.</b></p>								
<b>Details of project</b>								
<p>To leverage the functionality within SystmOne communication annex to improve the way that we communicate with our patients to improve access to service and appropriate clinicians.</p>								
<b>What do you plan to do?</b>								
<p>We will work with our partners to understand the context of digital health inequalities within our local communities. We will use this information to explore opportunities to work with suppliers to implement systems that improve the transfer of information across an array of barriers including but not limited to visual, hearing and cognitive impairment to improve patient safety, experience and quality of care that the Trust provides.</p>								
<b>Summary of achievements</b>								
<p>Many of the outcome milestones for this priority were not met.</p>								
<b>Key milestones</b>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9d9f1;">Action</th> <th style="background-color: #d9d9f1;">Target</th> <th style="background-color: #d9d9f1;">Lead</th> <th style="background-color: #d9d9f1;">Summary of achievements</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Review the communications annex on SystmOne to ascertain what functionality can be leveraged by the Trust</td> <td style="padding: 5px;">Implement digital referral forms in at least 2 units in SystmOne to improve access to clinical services and better patient experience.</td> <td style="padding: 5px;">Chief of Nursing and Allied Health Professionals Information Officer (CNIO)</td> <td style="padding: 5px;">Digital referral forms being used by 8 units. One of these teams presented at the Digit Expo and evaluate the benefits for patients and staff. However, power automate flows (part of the Microsoft suite has changed and this means we can no longer utilize this functionality)</td> </tr> </tbody> </table>	Action	Target	Lead	Summary of achievements	Review the communications annex on SystmOne to ascertain what functionality can be leveraged by the Trust	Implement digital referral forms in at least 2 units in SystmOne to improve access to clinical services and better patient experience.	Chief of Nursing and Allied Health Professionals Information Officer (CNIO)	Digital referral forms being used by 8 units. One of these teams presented at the Digit Expo and evaluate the benefits for patients and staff. However, power automate flows (part of the Microsoft suite has changed and this means we can no longer utilize this functionality)
Action	Target	Lead	Summary of achievements					
Review the communications annex on SystmOne to ascertain what functionality can be leveraged by the Trust	Implement digital referral forms in at least 2 units in SystmOne to improve access to clinical services and better patient experience.	Chief of Nursing and Allied Health Professionals Information Officer (CNIO)	Digital referral forms being used by 8 units. One of these teams presented at the Digit Expo and evaluate the benefits for patients and staff. However, power automate flows (part of the Microsoft suite has changed and this means we can no longer utilize this functionality)					



Action	Target	Lead	Summary of achievements
Specify and implement an application that enables the development of condition specific flash cards that can be used in a community trust	Liaise with clinical service to ascertain those that would be willing to contribute to the flash card development and trial in their service line ensuring community engagement throughout the development.	Chief of Nursing and Allied Health Professionals Information Officer (CNIO)	Initial work has been completed with clinical service and the supplier. However, due to contractual challenges with our ICT providers we have been unable to go live as the supplier have not been able to build a specification that can be used on tablets. Unfortunately, this has meant that the contract is due to expire at the end of March 2024 and limited funds mean that this may not be extended.
Explore the utilisation of the Aimid App to enable patients to increase patient access and their contribution to clinical EPR.	Initial review of Airmid Application and functionality find service line to potentially pilot the app. Link with CDP and community engagement team to review current functionality and any change requests that can be presented to TPP.	Chief of Nursing and Allied Health Professionals Information Officer (CNIO)	Information systems team continue to explore the functionality, they have compiled a list of functionality and associated risks with using these in a community organisation. Report to be presented at future Clinical Executive Group (CEG) meeting for discussion
Trial and evaluate the use of digital communication flash cards in community services.	Review go-live and service user feedback.	Chief of Nursing and Allied Health Professionals Information Officer (CNIO)	Initial work has been completed with clinical service and the supplier. However, due to contractual challenges with our ICT providers we have been unable to go live as the supplier have not been able to build a specification that can be used on tablets. Unfortunately, this has meant that the contract is due to expire at the end of March 2024 and limited funds mean that this may not be extended.



Progress

**PRIORITY SEVEN**

To work with our ICS Partners to address and improve Access to Services.

**We will utilise opportunities to work with our system partners to outline plans and make improvements to access services with the aim of reducing health inequalities.**

**Details of project**

The Elective Recovery Framework (ERF) for 2022/23 aims to tackle the backlog of patients waiting for elective care services, reducing the size of waiting lists and subsequently waiting times for patients. Services will be required to increase capacity for new patients, by reducing the resource allocated to follow up contacts. This project has an expected outcome of achievement of the ERF target (103% of 2019/20 baseline, adjusted for counting and coding changes) will reduce the size of waiting lists and length of time patients are waiting for elective care services. The trust will receive a share of the ICB incentive payment if the target is achieved.

**Summary of achievements**

- Solent have exceeded their ERF target throughout 2023/24, with performance at around 120% of target consistently all year, improving access to elective care services.
- Confirmation of additional income will not be finalised until 2024/25 when overarching ICB achievement of ERF target is confirmed.
- Waiting lists have not subsequently reduced as a result of this over performance due to sustained and increased demand on our services.
- Waiting List Initiatives have been/are being implemented in some specific services to address unsustainable growth.
- It has been escalated frequently through our performance governance structure and with colleagues at the ICB, that without sufficient, recurrent investment, we are not likely to see a change in our waiting lists.

# Quality Improvement Priorities 2024/25

**In developing our quality priorities for 2024/25 we have again sought feedback from our community and community partners.**

We have reviewed our quality goals for the previous year 2023/24 and presented them alongside our priorities for 2024/25 to ensure that our priorities remain aligned and consistent across the Trust as we move forward.

We recognise the challenges we face in the year ahead with the development of a new community and mental health organisation under Project Fusion. We have reflected this in our overarching strategic quality goal of maintaining quality and safety throughout a period of significant change.

The quality priorities have therefore been the output of a review of:

- **community conversations with people who use services, their families and carers and the broader community about what matters most to them about their local community, mental health and learning disability Trust.**
- **the results from experience of care feedback, including Friends and Family Test, surveys, participatory events and complaints and PALS concerns.**



Themes were developed and shared with our community partners at our annual event in March 2024, presented to the service user 'Making a Difference Group' and discussed at the Community Engagement Group.

This process has ensured that our priorities for 2024/25 will remain compatible with that of the new organisation by ensuring that they are evolved specifically from our community engagement and listening activities related to the development of the new organisation.

We have also developed and shaped these priorities alongside our partner organisations coming together to form the new provider organisation.

## Our Quality Priorities for 2024/25

1. To improve the experience of patients (and their families) who are waiting for care/treatment.
2. To reduce use of restrictive practices in our mental health services
3. To improve the quality of discharge planning and delivery for people admitted to our mental health inpatient wards.
4. To improve access to opportunities for feedback to ensure everyone has the chance to have their say and improve our ability to evidence the impact of changes made in response to the gift of feedback.
5. To improve the early identification of unpaid family carers both existing and new, cocreating and implementing culturally sensitive support offers to improve their experience.
6. To work alongside patients, families, carers and the community as a whole to ensure their voice is at the centre of everything we do.
7. To work on specific improvements based on what we already know while further improving our understanding of causes of health inequalities to help people keep well, prevent ill health and have the tools to self-manage their health when appropriate.

We acknowledge that our quality priorities are ambitious in a changing landscape of community and mental health care provision, and we will continue to support our teams and services throughout this time. Through this Great Care section, we pledge our commitment to continue to support our staff to deliver the highest standards of quality across all the clinical services we provide and in those clinical services where we work in partnership with others. We continue to be so proud of the commitment our people have to support each other and the people we serve.

We do hope you find this summary helpful and informative. Thank you once again for taking the time to read it and we look forward to working with our communities over the coming year to continue to provide exciting improvements, in partnership, and look forward to sharing our progress with you again next year.

# Looking Forward: Setting our Quality Priorities for 2024/25

## Trust-Wide Quality Priorities for Improvement 2024/25

We recognise the challenges we face in the year ahead with the development of a new NHS community and mental health organisation for Hampshire under 'Project Fusion'. We have reflected this in the development of our quality priorities ensuring that our priorities for 2024/25 will remain compatible with that of the new organisation by ensuring that they are evolved specifically from our community engagement and listening activities related to the development of the new organisation.

	Priority	Theme	Title	2024/25 Details
<b>Development and Delivery of new Organisation – July 2024 (subject to NHSE approval)</b>	1	Patient Safety	Waiting Safely	To improve the experience of patients (and their families) who are waiting for care/ treatment.
	2		Reducing Restrictive Practices	To reduce use of restrictive practices in our mental health services
	3	Clinical Effectiveness	Effective Discharges	To improve the quality of discharge planning and delivery for people admitted to our mental health inpatient wards.
	4	Experience of Care	Experience of care feedback	To improve access to opportunities for feedback to ensure everyone has the chance to have their say and improve our ability to evidence the impact of changes made in response to the gift of feedback.
	5		Unpaid family carers	To improve the early identification of unpaid family carers both existing and new, cocreating and implementing culturally sensitive support offers to improve their experience.
	6	Community Engagement	Partnership	To work alongside patients, families, carers and the community as a whole to ensure their voice is at the centre of everything we do.
	7		Health inequalities	To work on specific improvements based on what we already know while further improving our understanding of causes of health inequalities to help people keep well, prevent ill health and have the tools to self-manage their health when appropriate.

<sup>1</sup> Subject to NHSE approval, including timeline could change.

# Quality Priorities 2024/25:

## Delivery Plan

<b>TRUST WIDE PRIORITY ONE</b>		
<b>Waiting Safely</b>		
<b>To improve the experience of patients (and their families) who are waiting for care/treatment.</b>		
<b>Details of project</b>		
Undertake a baseline assessment of the current experience of people waiting for care and treatment with a view to working with people from these communities to co-produce improvements based on their experience of care feedback and participate in the evaluation of implemented improvements.		
<b>Overall Expected Outcome</b>		
To improve the experience of patients (and their families) who are waiting for care/treatment within the targeted areas identified following the initial baseline assessment.		
<b>Key Milestones</b>		
<b>Timescale</b>	<b>Action</b>	<b>Lead</b>
End Q2	Baseline assessment of experience regarding waiting times across our services – to identify priority areas on which to then focus.	Service Line HQPs with support from Engagement and Experience Team
End Q3	<ul style="list-style-type: none"> <li>To undertake a gap analysis to identify areas of challenge and areas of best practice.</li> <li>To co-produce a plan of improvement interventions and initiate implementation</li> </ul>	
Q4	Evaluate delivery of improvement initiatives and achievements of expected outcome	

<b>TRUST WIDE PRIORITY TWO</b>		
<b>Reducing Restrictive Practices</b>		
<b>To work with services to establish and embed strategies which seek to reduce restrictive practice across Mental Health services.</b>		
<b>Details of project</b>		
To develop and embed an improvement plan which demonstrates how restrictive practice will be reduced across the organisation and improvements implemented in support of our patients, families and our wider workforce.		
<b>Overall Expected Outcome</b>		
Working with partners to embed sustained improvements and reductions in the delivery of restrictive practice across Mental Health services to improve service user experience and safety outcomes for both service users and staff, leading to beneficial outcomes to persons mental health recovery.		
<b>Key Milestones</b>		
<b>Timescale</b>	<b>Action</b>	<b>Lead</b>
End Q2	<ul style="list-style-type: none"> <li>Develop an improvement plan which demonstrates how restrictive practice will be reduced within the organisation.</li> <li>To establish a baseline assessment from which to assess improvements made.</li> <li>To share best practice with partners to support improvements across the ICB.</li> </ul>	Mental Health Service leads including HQP/Clinical Leads with support from the corporate quality teams.
End Q4	To develop a summary report which captures: <ul style="list-style-type: none"> <li>Sustained improvements (reference baseline measurements agreed)</li> <li>Improvements in patient, carer and family experiences relates to discharge within service.</li> <li>Shared learning captured</li> </ul>	

<b>TRUST WIDE PRIORITY THREE</b>		
<b>Effective Discharges</b>		
<b>To improve the quality of discharge planning and delivery for people admitted to our mental health inpatient wards.</b>		
<b>Details of project</b>		
With reference to national guidance published in January 2024, work with partners to develop an improvement plan which seeks to strengthen the quality of discharge planning and delivery for people admitted to our mental health in patient wards across the organisation.		
<b>Overall Expected Outcome</b>		
To improve the experience of patients (and their families) whilst awaiting and during discharge from our mental health in patient wards.		
<b>Key Milestones</b>		
<b>Timescale</b>	<b>Action</b>	<b>Lead</b>
End Q2	<ul style="list-style-type: none"> <li>Working with partners, to develop a plan to improve mental health discharges with reference to national guidance published in January 2024.</li> <li>To develop a baseline of measurement from which to assess improvement.</li> </ul>	Mental Health Service leads including HQP/ Clinical Leads with support from the corporate quality teams.
End Q4	To develop a summary report which captures: <ul style="list-style-type: none"> <li>Sustained improvements made (reference baseline measurements agreed)</li> <li>Improvements in patient, carer and family experiences relates to discharge within service.</li> <li>Considered impact on patient safety incidents associated with patient discharge.</li> </ul>	

<b>TRUST WIDE PRIORITY FOUR</b>		
<b>Experience of care feedback</b>		
<b>Improve access to opportunities for feedback to ensure everyone has the chance to have their say and improve our ability to evidence the impact of changes made in response to the gift of feedback.</b>		
<b>Details of project</b>		
Identify how we can enable people from seldom heard groups participate in feedback opportunities to share their experience of care. Working with people from those communities, design, develop and deliver those additional feedback opportunities, including the development of measures of success that matter to those communities. Using this feedback, support clinical and non-clinical services implement changes to improve the experience of care and evidence the impact of those changes.		
<b>Overall Expected Outcome</b>		
Improve access to opportunities for feedback to ensure everyone has the chance to have their say and improve our ability to evidence the impact of changes made in response to the gift of feedback.		
<b>Key Milestones</b>		
<b>Timescale</b>	<b>Action</b>	<b>Lead</b>
Q1	Baseline assessment of characteristics of people who provide feedback to identify gaps.	Head of Experience of Care
Q2-3	Coproduction and delivery of additional feedback methods.	
Q4	Evaluation.	

<b>TRUST WIDE PRIORITY FIVE</b>		
<b>Unpaid family carers</b>		
<b>To improve the early identification of unpaid family carers both existing and new, cocreating and implementing culturally sensitive support offers to improve their experience.</b>		
<b>Details of project</b>		
Provide service-based learning events to increase team awareness and understanding of the role the family carers. Support services by providing tools co-produced with family carers to guide their practice. Continue to work with family carers to evaluate the impact of changes made.		
<b>Overall Expected Outcome</b>		
To improve the early identification of unpaid family carers both existing and new, cocreating and implementing culturally sensitive support offers to improve their experience.		
<b>Key Milestones</b>		
<b>Timescale</b>	<b>Action</b>	<b>Lead</b>
By Q4	Embed the top ten hints and tips for clinical teams across the organisation.	Head of Community Engagement and Experience
Commencing Q2	Roll out the Moriah mothers groups toolkit.	
Ongoing	Provide service-based learning events.	
TBC	Support the ICS development and implementation of carer passport	

<b>TRUST WIDE PRIORITY SIX</b>			
<b>Partnership</b>			
<b>To work alongside patients, families, carers and the community as a whole to ensure their voice is at the centre of everything we do.</b>			
<b>Details of project</b>			
Continue to improve our reach to people seldom heard by expanding our community partners programme. Increase our support to clinical services to effectively engage with people who use services and the community as a whole. Working with the EDIB and Academy teams, improve access to participation opportunities in and outside of the Trust.			
<b>Overall Expected Outcome</b>			
Patients, families, carers and the community as a whole are enabled to have their say about their care and treatment and be active participants in decision making in the Trust.			
<b>Key Milestones</b>			
<b>Timescale</b>	<b>Action</b>	<b>Target</b>	<b>Lead</b>
Q1	Develop and commence implementation of plan to support clinical services to work more closely with people who use services and wider community as a whole.	Service projects are identified.	Head of Community Engagement and Experience
Q2	Develop and commence implementation of plan to improve our reach to communities which remain underrepresented – including people from LGBTQ groups.	Increase in number and diversity of community partners.	
Q4	Evaluation		

<b>TRUST WIDE PRIORITY SEVEN</b>		
<b>Health inequalities</b>		
<b>To work on specific improvements based on what we already know while further improving our understanding of causes of health inequalities to help people keep well, prevent ill health and have the tools to self-manage their health when appropriate.</b>		
<b>Details of project</b>		
Working in partnership with the system wide Health Inequalities and Population Health Steering Group, identify the 5 key priorities including PCREF ensuring local communities are actively involved in the process. Support the development and implementation of programme to improve access to services.		
<b>Overall Expected Outcome</b>		
To improve our understanding of causes of health inequalities to help people keep well, prevent ill health and have the tools to self-manage their health when appropriate.		
<b>Key Milestones</b>		
<b>Timescale</b>	<b>Action</b>	<b>Lead</b>
Q1	Actively involve local communities in the identification and validation of priorities for improvement.	Director of Community Engagement and Experience
Q2	Agree system wide and internal priorities.	
Q3	Implementation of PCREF.	
Q4	Evaluation	

# Statements of assurance from the Board

The statements and wording in this section are mandated by NHS regulations and enable patients, the public and stakeholders to compare performance and data across health care providers. We cannot change these statements but we have added further information to provide context where appropriate.

## Review of services

During 2023/24 Solent NHS Trust provided and/or sub-contracted 146 relevant health services. Solent NHS Trust has reviewed all the data available to them on the quality of care in 100% of these relevant health services. Data relating to the quality of care in our services is reviewed at Service Line governance and business meetings, Service Line Performance Review Meetings, at Quality Improvement and Risk Group, Quality Assurance Committee and the Trust Board.

The income generated by the relevant health services reviewed in 2023/24 represents 91% of the total income generated from the provision of relevant health services by Solent NHS Trust for 2023/24.

## National Clinical Audits and Confidential Enquiries

During 2023/24, 13 national clinical audits and 2 national confidential enquiries covered relevant health services that Solent NHS Trust provides.

During that period, Solent NHS Trust participated in 100% national clinical audits which it was eligible to participate in alongside 100% of national confidential enquiries.

The table below shows:

- The national clinical audits and national confidential enquiries that Solent NHS Trust was eligible to participate in during 2023/24
- those it did participate in
- the number of cases submitted to each audit or enquiry shown as a percentage of the number of registered cases required by the terms of that audit or enquiry if applicable.

National Clinical Audits & Confidential Enquiries that Solent NHS Trust was eligible to participate in during 2023/24 are as follows:	Did Solent participate?	Number of cases submitted to each audit or enquiry. (as a % of no required or * if n/a)
<b>National Clinical Audits (Physical Health)</b>		
Falls and Fragility Fractures Audit Programme: National inpatient falls audit	✓	1 relevant case
National Audit of Cardiac Rehabilitation	✓	Continuous data collection

National Clinical Audits & Confidential Enquiries that Solent NHS Trust was eligible to participate in during 2023/24 are as follows:	Did Solent participate?	Number of cases submitted to each audit or enquiry. (as a % of no required or * if n/a)
<b>National Clinical Audits (Physical Health)</b>		
National Audit of Cardiovascular Disease Prevention in Primary Care	✓	Continuous data collection
National Audit of Care at the End of Life	✓	Organisational data submitted (locally adapted case note audit also conducted)
National Audit of Seizures / Epilepsies in Children & Young People	✓	Organisational audit only
National Diabetes Audit – Adults: National Core	✓	1060
National Diabetes Audit - Adults: National Footcare	✓	20
National Respiratory Audit Programme: Pulmonary Rehabilitation - Organisational & clinical	✓	Continuous data collection
Sentinel Stroke National Audit Programme	✓	186
<b>National Clinical Audits (Mental Health)</b>		
National Audit of Dementia: Community-based memory assessment services	✓	50
National Clinical Audit of Psychosis: Early Intervention in Psychosis	✓	71
Prescribing Observatory for Mental Health Quality Improvement Programme - Monitoring of patients prescribed lithium	✓	69
Prescribing Observatory for Mental Health Quality Improvement Programme - Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	✓	50
<b>National Clinical Enquiries</b>		
Learning from lives and deaths of people with a learning disability and autistic people	✓	11/11 (100%)
Mental Health Clinical Outcome Review Programme: National Confidential Inquiry into Suicide and Safety in Mental Health	✓	10/10 (100%)

100% of national clinical audit reports published were distributed and reviewed by the provider in 2023/24.

An example of actions Solent NHS Trust intends to take to improve the quality of healthcare is described below in the Royal College of Psychiatry POMH Audit of Antipsychotic Prescribing:

### Prescribing Observatory for Mental Health (POMH) Topic 1h and 3e Prescribing of antipsychotic medication in adult mental health services.

This national audit includes measurement against practice standards and treatment targets when prescribing antipsychotic medication including high dose, combined and PRN.

#### How we participated and reviewed the report

Overall, 62 Trusts participated comprising 683 clinical teams looking at a total number of 7,759 cases. Solent NHS Trust submitted 27 relevant cases to this audit. Data was collected by 5 consultants using a bespoke audit tool. A meeting was held between the Mental Health and Clinical Effectiveness teams to review the benchmarked report results and discuss priorities for improvement. The results were shared in a single page summary.

#### What we learnt about our service and others

Solent's participation was based on data entered from an Acute Adult ward. In the majority of cases, our performance was at or above the national standard.

#### Where we did well

- 24/27 patients were regularly prescribed a single antipsychotic medication or combined antipsychotic medications, calculated as standard or high dose. Of these, 22/24 were prescribed a single dose.
- 27/27 patients had documentation of the circumstances/clinical reasons for which each oral PRN psychotropic prescription could be administered.
- 27/27 patients had documentation of the maximum daily dose of each oral PRN psychotropic prescription.

#### What we need to improve and how we're going to do it

- 3/27 patients had the clinical reason documented for prescribing a single medication in high dose or combined use of antipsychotic medication. This was discussed at MHS Medicines Management Subgroup and added to the High Dose Antipsychotic form on SystemOne electronic record.
- 11/25 patients did not have a documented review of the continuing need for an oral PRN prescription of an antipsychotic medication, a benzodiazepine or promethazine. This was added to the Ward Review template to evidence that reviews have taken place.
- 1/2 patients prescribed high dose antipsychotics for over 1 month had a documented assessment for Extra pyramidal side effects. This was discussed at MHS Medicines Management Subgroup and added to the High Dose Antipsychotic form on SystemOne electronic record.

# Local Clinical Audit

## The reports of 135 local clinical audits and service evaluations were reviewed by the provider in 2023/24.

These projects are planned by each service, based on their priorities, taking into account patient and staff feedback, business plans, quality priorities, complaints, investigations, serious and high-risk incident investigations as well as examples of excellent practice. Plans for 2023 once drafted were shared at a trust wide improvement planning meeting where opportunities for joint working and trust wide themes are identified working alongside patient and public representatives.

There are also series of trust wide audits on infection control, medicines management, safeguarding, mental capacity, quality, and safety. During 2023-24 an increasing number of these audits have been added to the Tendable digital audit platform.

Audit plans and actions are reviewed at service line audit groups with key learning and improvements reported to the board. These groups are coordinated by an audit, research, and quality improvement lead for each service line. Learning from audits and evaluations is considered at service line learning events as well as on-line learning forums and celebration events including the annual research and improvement conference.

Audit and evaluation action planning for improvement is increasingly integrated with the Trust Quality Improvement programme. Specific training on audit and evaluation has had a high uptake alongside a wide range of more than 90 research and improvement workshops provided during the year.

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

Audit title	Improvement as a result of audit
<b>Child and Family Services</b>	
Re-audit of safe prescribing and monitoring of antipsychotic medication in children and adolescents	he previous audit showed a downward trend in nearly all elements of physical health monitoring whereas in this audit, there has been an increase in compliance of 27% from 42% to 69% in pre-treatment recording of body weight, blood pressure and pulse.
Indeterminant mark pathway. Community Paediatric Medical Service.	Improvement has occurred for multiple reasons, including better use of body maps, clinician training on clinical skills and the provision of senior review as needed. This improvement will also have resulted in a cost and time saving.
Safe Sleep Audit	A total of 31 families with a baby under 6 months old were contacted and all Health Visiting staff across the 3 areas were sent a staff survey to complete with 54 responses received. 100% of all patient records across the 3 areas showed evidence of the Health Visitor having discussions around safer sleep, including co-sleeping. 100% of records had documented evidence that written information & signposting had been given – an improvement on 60% previously. 79% of parents remember receiving information in the antenatal period about safe sleeping for babies – an increase from 40% previously.

Audit title	Improvement as a result of audit
<b>Adult Services</b>	
Adapted National Audit of Care at the End of Life (NACEL) for patients cared for at home in Southampton.	Clinical notes were reviewed for 20 patient deaths; findings showed evidence of patient centred, holistic care for patients in Southampton; communication between the teams and family members is well documented and there are detailed examples of excellent communication between nurses and family members. Training on difficult conversations and symptom management has shown to have positively impacted on the care given, with 100% of symptoms being assessed and evidence of increased conversations with patients and the nominated persons regarding wishes and advance care planning.
Portsmouth Rehabilitation and re-enablement team medication re-audit: transcribing MAR charts, self-management and support provided.	There was a significant improvement in nurse reviews documenting how the patient was managing and listing their current medication on the template (from 25% to 90%). The new paper care plan around medication that was introduced since the last audit has greatly contributed to this.
Inpatient and Community Urinary Catheter Insertion and Care	50 cases were audited from 3 inpatient units and 3 Community Nursing teams. There was an increase in the number of patients with a urinary care plan in place at 85% (78% in Jan-23, 33% in Mar-22). Forms originating in Solent care were more likely to be completed than outside of Solent care, but these also showed an increase (76% from 67%). 100% of the 46 appropriate patients were aware of their catheter plan.
Assessment and Documentation of Pressure Ulcer Risk	Data for 125 patients showed that compliance was above the required standard with 2 standards showing improvement (e.g., pressure area relief recommendations met in 94% of cases compared to 83% before); compliance remained the same for the other 5 standards and 2 results were slightly lower than the previous quarter.
Malnutrition Assessment in the Community	Data for 110 patients showed that compliance was above the required standard of 65%. There was significant improvement for 3 standards for patients who were malnourished or at risk: e.g., the standard about personalising care plans improved from 63% to 90%, following an action in the last audit to remind staff to personalise care plans for nutritional needs.
Assessment, diagnosis, and treatment of lower leg wounds	32 relevant patients were admitted to Community Nursing caseloads in Quarter 3; compliance has been met for all the standards and all show improvement since last quarter, apart from one where the compliance was the same (patient treated with compression therapy - 92%). 100% patients had a TIMES wound assessment and a personalised care plan in place. Compliance had increased to 77% for completion of a Lower Limb Assessment (from 43%);

Audit title	Improvement as a result of audit
<b>Mental Health</b>	
Stating appointment costs to reduce missed hospital appointments	In an aim to reduce do not attend (DNA) rate in the community mental health out-patient services, appointment costs were included in appointment letters and SMS reminders. There was a significant reduction in DNA rates. Over 60% reduction in DNA was noted during the evaluation period. As the evaluation took place during the time of the Covid pandemic, this would have an impact on the results. The evaluation will be repeated to see if the results stay positive.
<b>Primary Care, MSK Pain and Podiatry</b>	
Podiatry use of Patient Group Directions (PGD) for antibiotic therapy	Podiatrists issued 332 PGD antibiotics in 2021-22, a decrease on the previous year's 417; measures of clinical safety remained high at 100%; measures of clinical effectiveness have improved following a review of audit objectives to be better aligned with available data and best practice.
<b>Solent GP</b>	
Cervical Screening documentation (Solent GP).	In comparison to the last smear audit in 2022, there are significantly less errors at 4/250 (last time was 16 out of 500 cases and prior to that 46 out of 331) - this is likely down to team training and having a set protocol in place to advise people how to appropriately file and code these results.
<b>Specialist Dental</b>	
Re-audit of Mandatory Dental Posters in Solent NHS Trust Dental Clinics	There was an immediate improvement following the initial audit as the act of checking resulted in missing posters being found and displayed - compliance then ranged from 81% to 100% for individual clinics. Previous audit was 72% compliance overall; this audit showed 86% initial compliance for mandatory posters which rose to 91%.
Sedation monitoring	The records of 60 patients were audited; overall compliance was excellent with 5 out of the 8 standards being met; there was 100% compliance with taking pulse oximetry readings at assessment and 98% pre- and intra-operatively - compliance was lower for readings post-operatively at 87% but still a huge improvement from the previous level of 1%.
<b>Sexual Health</b>	
Re-audit on patient information on long-acting reversible contraception (NICE CG 30)	From 30 randomised patient records, results showed that all methods of contraception were documented as discussed in 93% women, with LARC specifically mentioned in 93%. This is a significant improvement from the initial audit in April 2021 where the figures were 69% and 72% resp.
Re-audit of emergency contraception prescribing at treetops SARC	In the first audit, 45 females were eligible for and were prescribed EC but 3 (7%) were given a second-choice contraceptive – this provision of ineffective emergency contraception was discussed in clinical supervision sessions and training sessions were held. In the 2nd Audit 48 females were eligible for EC of which all were given the correct prescription (100%).

# Research

**Solent's Research Team continued to thrive, finishing the year in the top three care Trusts for research in England. In total, we recruited 608 participants to 45 studies.**

We have a strong focus on building skills and confidence in research across our teams and supporting them to both develop and use best evidence for community-based care. To help with this we work closely with organisations in our communities.

## Our new peer researcher programme

This year we have launched our new peer researcher programme, training people in our communities to research the areas affecting them the most.

We have worked, in collaboration with the Young Foundation, Portsmouth City Council, HIVE Portsmouth and Communicare to recruit and train peer researchers across Portsmouth, Southampton and the Isle of Wight. They have employed creative methods and inclusive approaches to engage their communities in research. Topics have included cultural understanding of faith-based needs, suicide risk among local young adults, challenges in accessing respite care for families with children with Special Educational Needs and oral healthcare for older adults.



In October, we ran a research workshop facilitated by Portsmouth- based charity, URBOND. The interactive session was delivered jointly with Portsmouth Hospitals with the aim of breaking down barriers and building better relationships with communities that are currently under-served by health and care research. We discussed what research meant to them and what would encourage them to take part in research and what would hold them back.

**“I think it is positive thing to do in the community so often, because there are many misconceptions about health research in the BAME community, people don’t have the right information, for me it was very informative, and I will be very happy to take part as long as it not something going into my body.”**



## Care Home Research Partnership

Another community research partnership is with care homes – we currently work with 39 homes to support participation in research. Examples of the studies we’ve delivered within care homes are:

### DISCO UTI

Urinary tract infections (UTIs) are common in care home residents. Accurate diagnosis of UTI is important because not treating an infection may lead to serious consequences; However, giving antibiotic treatment when there isn’t an infection causes side effects and antibiotic resistance.

By testing residents’ urine, the study is looking for markers of infection so that they can be detected earlier. So far, 66 residents have taken part in this study, with Solent recruiting 48 of these participants, making Solent the top recruiting site for this study. The average age of our participants is 85.7!



### Prevent IAD

Incontinence-associated dermatitis (IAD) is skin damage caused by repeated contact with urine, faeces, or both. It causes pain, discomfort, infections, and pressure sores. The aim of the project is to develop and test a package of care to prevent and/or treat incontinence associated dermatitis. This project is being led by King's college London and the University of Southampton. We have worked with Harry Sotnick House, a care home based in Portsmouth to help deliver this study. So far, we have recruited 23 residents.

We also carry out research within our core clinical services. There are a wide range, but examples are:

## Sexual Health

### GSK Herpes Treatment Trial

This is the first Phase 2 study Solent have taken part in and Dr Raj Patel has been selected as the Chief Investigator for the UK. Genital herpes is a lifelong condition. The treatment options that are currently available (i.e., antivirals) cannot cure the infection. GSK have developed an immunotherapy (a drug that activates your immune system) against genital herpes. They are looking to see if it is well tolerated and whether it reduces the number, severity and duration of recurrences.

## Children's Services

### THE ELSA STUDY

Solent is part of a national research project that aims to explore the feasibility and benefits of screening for type 1 diabetes in children aged between 3 and 13 years. 3 in 1000 children are at high risk of developing type 1 diabetes in the future. Screening allows type 1 diabetes to be picked up sooner. This stops children from becoming too unwell and prevents children from needing to go into hospital as an emergency admission for type 1 diabetes.



## Musculoskeletal Research

### REDUCE- DFU

The REDUCE-DFU study provides patients with diabetic foot ulcers with an educational package that aims to decrease the number of patients who re-ulcerate after healing. The study has been popular with both the podiatrists and patients that are eligible to take part.

Podiatrist Georgia Lane said: "The podiatry team have been excited to be part of this clinical trial. It has been a great opportunity to include patients we treat in Solent as part of this research study to support/improve patient care. A large group of the podiatry team have been involved in this trial and have been recruiting appropriate patients in clinical appointments. Patients that the team have discussed the clinical trial with have been interested in the reduce program, its potential to support patients with healed diabetes ulcerations and being part of research, which supports the NHS".

## Mental Health Research

### Thoughts about physical activity: questionnaire study

This questionnaire is looking to understand what helps and hinders physical activity for those who experience psychosis to be able to design effective interventions. Understanding more about these thoughts, and how they relate to our behaviour, will be very helpful in the future so that we can develop better support for people wanting to be more physically active. We have recruited 10 participants from our Adult Mental Health services.

### PPiP2

There is some evidence that some cases of psychosis may be caused by a specific problem with the immune system. This study aims to see how many people with psychosis may have this specific problem with their immune system. The study involves taking a blood sample to test for specific antibodies. We have recruited to this study on in our inpatient Mental Health wards and so far, have recruited 7 participants.

## Children and Adolescent Mental Health Studies

### The SPARX-UK study

This study aims to test the effectiveness and engagement of a new digital computerised Cognitive Behaviour Therapy intervention. The intervention is aimed at adolescents with low mood, it was originally tested in New Zealand and found to reduce depression symptoms. The game is designed to be a serious, fantasy game. SPARX-UK, the Research Academy, and Southampton Mental Health in Schools Team collaborated to be able to offer this intervention to our young people.

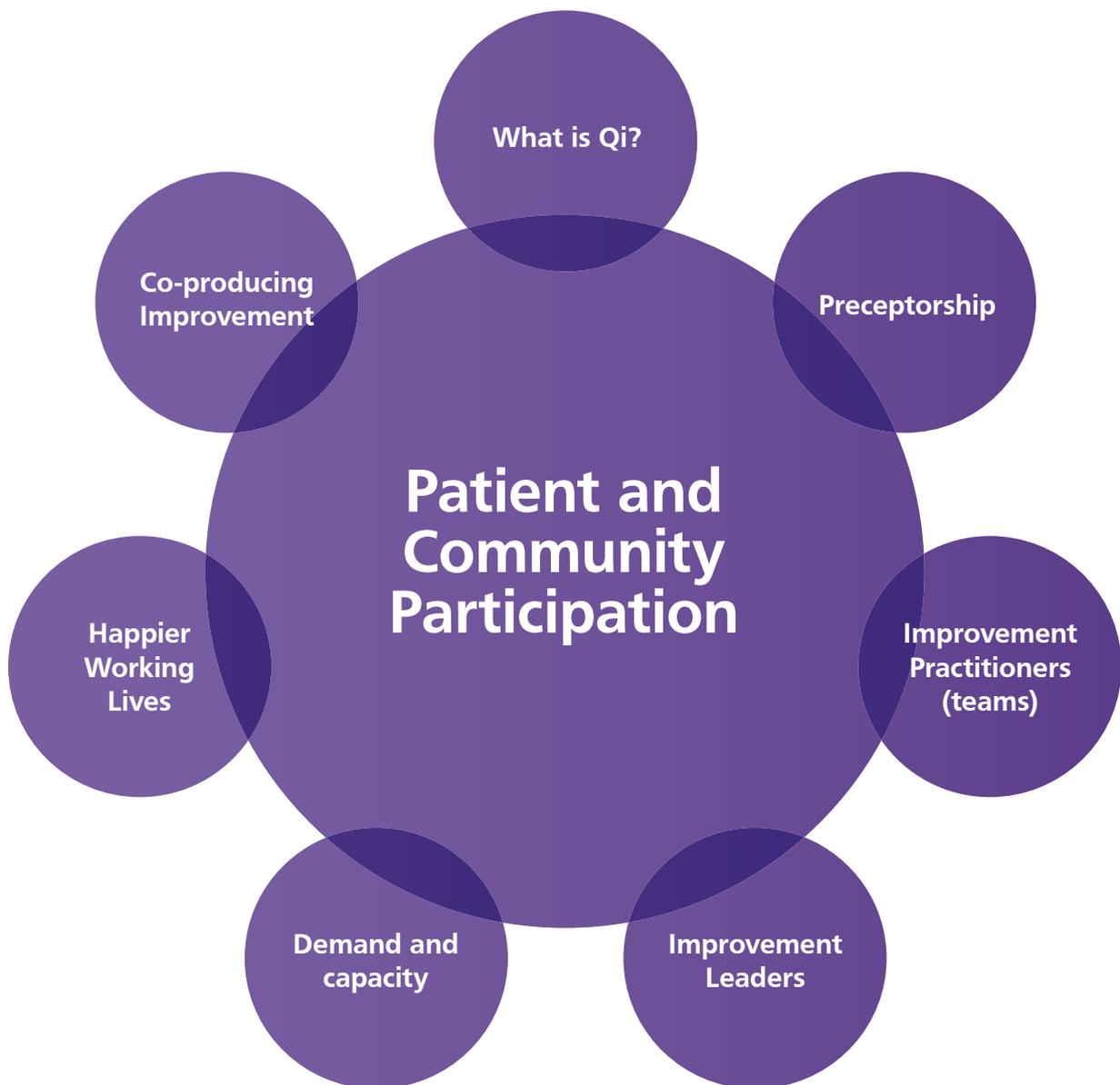


### Prestigious Award for Consultant Psychiatrist in Child and Adolescent Mental Health

Professor Samuele Cortese was awarded a prestigious National Institute for Health Research (NIHR) Research Professorship. This flagship award for the NIHR is only awarded to six outstanding researchers this year. The award will enable Prof. Cortese to lead a team of researchers on a project aimed at personalising treatment for children with ADHD, the most common neurodevelopmental condition.

# Quality Improvement

Solent has a mature improvement culture. Supporting this is a training programme that includes facilitation of projects: The programme is broad, aimed at supporting all staff at all levels.



## Preceptorship

Solent NHS Trust provides a Preceptorship Programme for newly qualified nursing and allied health professional staff – we support preceptees to complete a quality improvement initiative within their service. Over the last year, 94 preceptees have participated in the improvement training and carried out projects.



### Examples:

#### Older Person's Mental Health

##### Name/Role: Freya Kunst (Physiotherapist)

Patients admitted to The Limes may have a pro-longed stay without access to appropriate footwear. Many of these patients are at high risk of falls and without footwear and they are unable to access the outdoor areas available to them. Poorly fitting footwear and walking barefoot increases the risk of falls in the elderly population. The League of Friends were approached and have provided funding for suitable slippers. It is hoped that by patients wearing appropriate footwear, this will reduce the risk of falls and allow these patients access to outdoor areas at St James' Hospital

#### Adults Southampton (Community Nursing)

##### Name/Role: Emily Jordan (Nursing Associate)

There are currently 449 catheter patients across the Community Nursing Caseload (Solent NHS Trust Data, December 2023). Community Teams are experiencing an increase in SOS callouts to patients with catheters. Many of these patients have little information around safely managing their catheter, reason for insertion, how to source supplies or removal (TWOC) plans. Often, Community Nursing (CN) teams are not aware of the patient until the first SOS callout. An Awareness Guide has been developed for new catheter patients to the Community Nursing service to empower patients, reduce risks and readmissions. It is hoped that this will decrease patient harm, including deconditioning of the bladder, infections risks and readmission.



## QI practitioners

The QI practitioner programme runs over four days, and supports teams to deliver service improvement initiatives, providing them with skills and tools to aid them throughout the process.

This year saw us deliver two programmes, hosting 8 teams capturing 50 colleagues. Initiatives include:

- The fibromyalgia service (FMS) took part in a national pilot providing group interventions for the successful management of FMS. The pilot saw 56% of DNA's in session one and 59% not attending follow up sessions. The FMS service sent a survey to patients, showing that they either felt too anxious or too unwell to attend and that the timings of the sessions did not work. During their first PDSA cycle patients were offered an opt in approach to sessions which has thus far shown a 100% conversion rate.
- Cold homes are a major risk factor for death and illness in winter, with older people particularly at risk. They analysed their data and targeted 133 patients who are over 65 with a respiratory condition, sending text messages, letters and arranging social prescribers' appointments, providing information on where they can receive help to make their homes warmer. From this they had a response rate of 8-12% compared to 3% on previous years from general marketing.
- The community paediatric medical service (CPMS) aimed to ensure that all children have the same length of wait for an ASD assessment, there were longer waits in certain areas than other. With a sample of 20, families were offered the next available appointed regardless of locality. All families have accepted their appointments.

## QI Leaders

The QI leader programme provides experienced staff and patients with a comprehensive understanding of improvement approaches and an opportunity to enhance their skills and confidence in improvement implementation. QI Leaders is also a network that brings together individuals with a passion for improving services by leading and supporting others through QI activity. Many of the service improvements we see, have QI Leaders' help to form the idea, implement the project strategically within the service line, and support staff to access training and skills. This year a further 13 people joined, to form a network of 30, which includes three patient representatives.

## Happier Working Lives

Our Happier Working Lives programme focuses on how we create happier, healthier, and more productive teams has continued to go from strength to strength.

We catch up with the teams six months post programme to look at the impact the programme has had on them and their teams and to capture what they have implemented since the programme.

## Learning Disability Team

Since attending have implemented the following

- email headings now have, for information/for action, so staff can prioritise their work.
- Buddy groups (5 members of staff) have been created, there is a term of reference and a facilitator, to support health & wellbeing.
- Staff mentioned that they are working over their contracted hours, to stop this we are reviewing system one processes and SOP's.
- Peak of the week, staff share one highlight.

On reflection they it has taught them another way of being more proactive and the importance of hearing how the team feel and what they would like.

### MSK – Rehab Team

Following the training, the MSK team 'Feel more resilient to deal with some of the tougher issues that arise and have more of a mindset to look at what is out of their control and what they can influence.'

### QI Week

Solent has led the initiation of an annual Quality Improvement week, working alongside regional colleagues, The theme of this first week was to demystify quality improvement, with myth busting, roadshows, virtual workshops, and keynote speakers.

This week has led to close regional working on collaborative improvement approaches and has been picked up across the country. This year (September 2024) it will be a national event.

**#QIWeek**  
Promoting and Celebrating Improvement. Let's Go Viral

**Introduction**  
Across NHS Provider organisations in South East England, we introduced an Inaugural QI Week (September 2023). This aimed to bring organisations together to promote, collaborate and demystify QI along with our patients/public contributors. The whole process has facilitated strong working relationships between organisations with plans in place for collaborative working and continuous improvement throughout our region.

**Method**

- Researched whether there was a database to promote QI & set a date within Solent.
- Reached out to colleagues across the region.
- Virtual meetings arranged, quickly changed to face-to-face.
- All trusts shared their QI offers and good news stories.
- Debrief post QI week, how do we keep our collaborative working going.

**Added Benefits**

- Bi-weekly meetings are now introduced and led by a different Trust.
- Support and training offer for QI. To create sub-working groups.
- Prepare for the next QI Week.

**Team Work Makes the Dream Work**

Join in with #QIWeek2024. Contact us if you would like to be involved in our next QI Week on the 16th - 17th September 2024.

**QUALITY IMPROVEMENT**

“ If you have a vision, teach us to collaborate you never know where it may take you or what you can achieve ”

**Amber**  
Amber DeWittford, Quality Improvement Specialist, Email: amber.dewittford@solent.nhs.uk



## Side by Side in Research & Improvement

All of the work we do in Research & Quality Improvement is supported and guided by our patient and public participation partners – our Side-by-Side Network.

Side-by-Side is a dedicated group of individuals that give a patient and public perspective and work in partnership with us. The network meet-up regularly to support each other, share each other's involvement, and help us embed the patient perspective in the work we do together. This involves co-designing and co-delivering workshops and programmes, being involved in recruitment and interviews, planning our annual conference, and promoting people participation across research and improvement activities.

### Co-Producing Quality Improvement programme

The co-production and Improvement programme was co-designed and co-delivered by a working group of 4 patients, Academy staff and Participation leads. The programme provides the knowledge, skills, and tools to enable teams to make service improvements by working in partnership with patients and communities. This is achieved by combining co-production and quality improvement approaches. You can find more about the programme and the learning so far- [blog](#).

**Two Saints Oakdene House** – found that services users who 'move-on' struggled in their new accommodation and community, often meaning they return. They worked alongside current and former clients to understand how they can support them to 'move-on' successfully. They established weekly meetings, shared learning with Senior leads and other Two Saints locations and built better connections with community services to aid community support.

**Integrated Specialist Dental Service** – wanted to implement communication aids in receptions. They engaged with service users, learning that they had no concerns around existing communication strategies which highlighted the need for improved staff training. Feedback suggested alternative improvements e.g., removing Perspex screens and sourcing wall-mounted play equipment. They have linked up with local SEN schools, play therapists, and visited a hospital's sensory room and asked service users what they would like.

**'It's really good to think about all the different people that we can be engaging with and involving when we're developing our services. It is about making sure that people's voices are really heard, and we are actually including everybody at every part of the process'**

**Hayley, Co-production Programme attendee**

**Participation Workshops:** Side-by-Side members collaborate with the Academy team to design and deliver content and support teams attending a range of participation workshops. This includes Experience Based Design, co-production, and introduction to working with Patients and People to improve services. Also, as a network we have been involved in supporting bespoke training and programme for the Transformation Team, University of Winchester Advanced Practice module and Trainee Advanced Clinical Practitioner.

Having Side-by-Side members involved provides a patient perspective and offers encouragement and advice to teams on how they can engage with their own patients, to ensure research and improvement activity is important and central to what matters to patients, people and our communities.

**"You have given me some really good ideas. The idea that to start small makes it feel more manageable and something that I can fit into my workload."**

**Nathan Clifford, Co-production Workshop**

#### **Involving patients and people in recruitment and interviews**

Several teams in Solent (for example, Academy of Research & Improvement, Learning Disabilities and Child and Family Services) involve patients as part of all their recruitment processes. Together with the voluntary organisations ReMinds and patient representatives we co-designed the Interview. The toolkit includes methods, resources, and videos to help others involve patients and service users in recruitment and interviews. This has now been adopted by our People Services and Equality, Diversity and Inclusion leads who are integrating the toolkit into a new inclusive recruitment strategy. People Services will now support managers in recruiting staff for band 7 and above positions, to involve service users in recruitment and interviews.

**'When I found out that I was going to be interviewed by the service users, this told me this is a good place to work. Meeting the service users is what made me know this is where I wanted to work'**

**Kevin, Social Worker**

## Payment by Results (PbR) Clinical Coding

Solent NHS Trust was not subject to the Payment by Results clinical coding audit by the Audit Commission during 2023/24.

# Data Quality

## **High quality data is a key foundation to any digitally led Trust, supporting improvements in patient care and safety.**

Access to high quality data plays a role in improving our services, enabling decision making to be based on fact, alongside the identification of trends and patterns, drawing comparisons, prediction of future events and outcomes, and evaluation of our services through benchmarking.

The provision of Data Assurance (DA) across the Trust has evolved in 2023/24, with the Data Assurance Officers becoming embedded within services lines, supporting service lines to monitor and improve key data quality metrics, identify, and share key learning points and areas requiring additional systems training, as well as providing hands-on support for specific data validation tasks.

An options paper was taken to the Information Management sub-group in September 2023, proposing that the Data Assurance Network meetings were stood down due to poor attendance. Acknowledging the time burden on service line colleagues, this was approved on the condition that data assurance was included within the terms of reference for service line boards. This has been completed and the Data Assurance Officers now provide an update on key issues within their service lines at their regular service line board meetings. Any significant issues requiring escalation are raised to service line PRMs.

In 2023/24 Solent NHS Trust's performance against the Data Quality Maturity Index (DQMI) for the Mental Health Minimum Dataset (MHSDS) was 87%. This is below where we would ideally be as a trust, and a working group is in place within service to review and address specific areas of challenge. There are a few long-standing issues which have been challenging to resolve within the national dataset (referral reasons for example), where some patients have been open to the service for many years and information wasn't captured at the necessary point in time. These challenges will continue to have an impact on our overall score, making achievement of more than the 95% standard highly unlikely.

# Commissioning for Quality and Innovation (CQUIN)

**NHS England/NHS Improvement identified a small number of core clinical CQUIN priority areas for 2023/24, some of which have built upon the previous years' CQUIN commitment, to drive further improvements across 2023/24.**

In general, the CQUINs identified related to areas of ongoing clinical improvement that have been selected due to their ongoing importance in the context of COVID-19 recovery.

The local financial agreement associated with the delivery of CQUINs 2023/24 remained in place; that there would be no financial conditions placed on the performance of CQUIN indicator milestones during 2023/24, recognising that the schemes were intended to support a continued focus on quality improvement within the relevant areas identified. Recognising this, there has been limited monitoring of performance compliance locally during 2023/24, replaced instead by discussions with the ICB which have focussed on improvements in quality of care, associated performance and opportunities for shared learning.

Solent NHS Trust continue to report nationally the CQUIN performance in relation to the agreed CQUIN schemes for 2023/24, as detailed below.

The schemes which we participated in this year are as follows:

- CQUIN01: Flu Vaccinations for Frontline Healthcare Workers
- CQUIN12: Assessment and documentation of pressure ulcer risk
- CQUIN13: Assessment, Diagnosis, and Treatment of Lower Leg Wounds
- CQUIN14: Malnutrition Screening in the Community
- CQUIN15: Routine Outcome Monitoring across Community Mental Health Services
- CQUIN17: Reducing the need for the use of restrictive practices in adult and older adult inpatient settings.

# Reporting against NHS Outcomes Framework (NOF) Core Indicators

**NHS Trusts are required to report performance against a core set of mandated indicators using data made available to the Trust by NHS England (formerly NHS Digital).**

The indicators published in March 2022 remain active, with the March 2023 publication postponed due to the NHS England/NHS Digital merger.

## Domain 2 - Enhancing quality of life for people with long-term conditions

Indicator 2.5.i: Employment of people with mental illness													
Annual threshold	YTD actual	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
-	4.8%	6.1%	6.3%	5.4%	6.0%	1.8%	1.6%	2.4%	2.4%	2.4%	3.0%	0.0%	3.0%

The proportion of people being reported as being in employment has reduced since the implementation of a new outcomes tool within Mental Health following the retirement of the Care Programme Approach (CPA), resulting in a lack of recording of the required information. New processes are being implemented within SystemOne to ensure the capture of this information is robust in future.

## Domain 3 - Helping people to recover from episodes of ill health or following injury

Indicator 3b: The percentage of patients re-admitted within 30 days of being discharged from a hospital which forms part of the trust during the reporting period.													
Annual threshold	YTD actual	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
-	7.5%	6.3%	8.0%	8.3%	8.6%	8.1%	11.5%	8.2%	4.2%	8.2%	7.2%	7.0%	5.3%

## Domain 4 - Ensuring people have a positive experience of care

Indicator 4.7: Patient experience of community mental health services													
Annual threshold	YTD actual	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
95%	95.8%	93.6%	96.7%	96.6%	94.2%	96.2%	100.0%	97.0%	93.2%	96.8%	96.3%	97.4%	93.9%

## Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

<b>Indicator 5.2.i: Incidence of health associated infection – MRSA Bacteraemia</b>													
Annual threshold	YTD actual	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

<b>Indicator 5.2.ii: Incidence of health associated infection – C.Difficile</b>													
Annual threshold	YTD actual	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

<b>Indicator 5.6: The number of patient safety incidents reported within the Trust during the reporting period</b>													
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Total
Number of PSI reported	703	734	765	843	808	736	883	721	673	740	672	759	9037

# Quality Governance Assurance Processes

**Trust-wide quality assurance is overseen at the monthly quality, improvement, and risk group (QIR) which escalates to the bi-monthly Quality Assurance Committee.**

The Chief of Nursing and Allied Health Professionals and Chief Medical Officer as co-chairs of QIR seek assurance from the corporate quality and safety team and the individual service lines on all matters relating to quality and patient safety. Service level quality issues are discussed in the service line performance review meetings where items for escalation to QIR are agreed. The quality governance processes have been reviewed over the year and a new process will be implemented in 2023/24 which will strengthen the oversight of safety and risk with an additional focus on learning and improvement.

## Learning from Deaths (LfD)

During 2023/24 1,681 people who have been in receipt of services provided by Solent NHS Trust died. This comprised of the following number of deaths having occurred within each quarter of that reporting period:

- 415 in the first quarter.
- 397 in the second quarter.
- 445 in the third quarter.
- 426 in the fourth quarter.

During this period, a total of 3 Serious Incident investigations have been carried out in relation to 3 of the deaths included above. One additional investigation was completed but subsequently downgraded with the agreement of the relevant Integrated Care Board.

In 469 cases, a death was subjected to a Structured Judgement Tool (SJT) review, a Multi-disciplinary Team (MDT) review and/or an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out by Solent was:

- 99 in the first quarter (106 including other providers)
- 123 in the second quarter (142 including other providers)
- 126 in the third quarter (149 including other providers)
- 121 in the fourth quarter (133 including other providers).

The LfD process across the Trust continues to develop and we are continually looking at new ways to share the learning across all areas of the Trust. When reporting on deaths at the Learning from Incidents and Deaths Panel, Service Lines now focus on specific cases, or key points, which can be used to improve outcomes for patients across all Service Lines.

Following on from an inquest in July 2023 regarding an unexpected Mental Health Service death, the Trust identified learning which would also address concerns raised by the coroner. This was regarding the way information was provided during patient Handovers and the use of paper records.

Solent NHS Trust's Mental Health Service has previously used paper-based handovers, with information populated from clinical records held in SystmOne including legal status, current presentation and risks. This information is manually transferred to the paper sheet and then stored on the Trust's IT system. In order to ensure that staff members have access to appropriate information to inform their decision making, handover documentation is changing from a Word document to the Trust patient record system, SystmOne.

The Mental Health Service continues to record various clinical observations on paper-based forms, which are scanned into SystmOne. This includes therapeutic engagement and observations, physical observations, food and fluid charts. The service is working towards replacing the paper-based forms with an electronic form that feeds directly into SystmOne and is planned to be implemented by end of March 2024.

Below is a summary of the learning we have identified by undertaking reviews of deaths, and the subsequent actions taken. Delivery of actions has been monitored through the Trust Learning Database and the Learning from Incidents and Deaths panel.

Service	Summary of Identified Learning	Actions/Improvements Made
Mental Health Services	<p>A patient of the Older Persons Mental Health Service was started on Memantine. Despite 3 doses of antibiotics the patient had a persistent cough and shortness of breath. A review of the care provided to the patient noted some improvements but recognised that they would not have impacted the outcome for the patient. They are:</p> <ul style="list-style-type: none"> <li>• A SOP would provide a standardised, safe process for staff to follow for the introduction and monitoring of new medicines, setting out clear, specific roles and responsibilities for all staff and pathways for reporting back and escalation.</li> <li>• Formalisation of medicines training and competencies.</li> <li>• There needs to be comprehensive assessment of the patient at the time observations are taken to enable appropriate, timely escalation.</li> <li>• NEWS2 scoring tools across Solent systems need to be consistent in the amount of advice given to staff.</li> </ul>	<p>In response the Service have taken the following action:</p> <ul style="list-style-type: none"> <li>• A Standard Operating Procedure for the titration of medicines has been developed.</li> <li>• Formalised titration of medicines training has been launched for Healthcare Support Workers.</li> <li>• The Service have undertaken work with the Information Systems Team and Trust Resuscitation Lead to ensure the NEWS2 scoring tool is consistent across systems.</li> </ul>

Service	Summary of Identified Learning	Actions/Improvements Made
<p>Adult Services Portsmouth</p>	<p>A patient admitted for rehabilitation following a fall deteriorated rapidly and passed away due to gastrointestinal bleeding from a Duodenal Ulcer.</p> <p>The investigation identified the following key points of learning:</p> <ul style="list-style-type: none"> <li>• The patient's family did not believe they had sufficient opportunity to input into the patient's care, particularly the identification of person-centred goals.</li> <li>• System access and staffing levels meant record keeping on SystmOne was not always as effective as it could have been.</li> <li>• The documenting of clinical decisions needs to be more robust.</li> <li>• Time constraints occasionally limit the GPs ability to review a patient's SystmOne records before assessing them.</li> <li>• There could have been more effective two-way communication between the Multi-Disciplinary Team caring for the patient as they deteriorated.</li> </ul>	<p>The actions taken as a result of this investigation include:</p> <ul style="list-style-type: none"> <li>• A process has been developed to ensure the full involvement of families, carers and next of kin, with a patients' permission, in identifying the patient person-centred goals.</li> <li>• All staff competencies have been reviewed in relation to NEWS2 monitoring and signs of deterioration and compliance with the Deteriorating Adult Resuscitation Training has been increased.</li> <li>• Full recruitment for substantive staff has been achieved, system access is appropriate and documentation audits are undertaken to assess the quality and accuracy of records.</li> <li>• Further educational resources have been produced to help staff recognise deterioration and take the correct action.</li> <li>• Work has been undertaken to strengthen the process of referrals to General Practitioners on the ward and the SBARD tool has been re-introduced.</li> </ul>
	<p>A patient's moisture lesion deteriorated to an unstageable Pressure Ulcer. The patient was admitted and subsequently passed away due to suspected atrial fibrillation and sepsis.</p> <p>The review into the patient's care highlighted the following areas for improvement:</p> <ul style="list-style-type: none"> <li>• Improve communication with patients, family and carers when they call for assistance or raise concerns.</li> <li>• Escalate and report pressure ulcer deterioration appropriately and in line with policy.</li> <li>• Wherever possible, provide consistency in staff visiting a patient so they are better able to recognise deterioration in a patient over time.</li> </ul>	<p>The following actions have been implemented to address the areas of improvement:</p> <ul style="list-style-type: none"> <li>• The administration teams have reviewed and strengthened their processes for returning patient or carer calls to ensure they explore any concerns raised.</li> <li>• The Pressure Ulcer leaflet provided to patient's and carers has been updated to include information on pain management.</li> <li>• Various methods of communication have been utilised to raise awareness of the Urology Direct advice line provided by University Hospital Southampton NHS Foundation Trust</li> <li>• Work has been undertaken to ensure that there are adequate supplies of equipment and consumables in the patient's property, so they are available to when needed.</li> <li>• A review of the Tissue Viability training modules has been completed to ensure new starters have sufficient time available to complete.</li> </ul>

Service	Summary of Identified Learning	Actions/Improvements Made
Adult Services Southampton	<p>A patient with various co-morbidities who was becoming increasingly frail was referred to Community Nursing following multiple falls. An investigation using a systems-based approach made the following recommendations:</p> <ul style="list-style-type: none"> <li>• Staff to monitor observations on initial assessments. Document every action undertaken and react according to protocol. Baseline observations must be recorded on the first visit and if there are any clinical concerns.</li> <li>• A Policy or Standard Operating Procedure (SOP) should be produced for Community Nursing staff to use as guidance for observations and assessments.</li> <li>• A training/education programme is required which includes falls management. Staff should be encouraged and monitored to ensure they are compliant with their mandatory and statutory training.</li> </ul>	<p>The following improvements have been completed because of the recommendations put forward:</p> <ul style="list-style-type: none"> <li>• A Multi Professional Assessment (MPA) template has been implemented on the patient record system and a Standard Operating Procedure (SOP) for the MPA has been created which includes guidance on baseline assessments and identifying when there are clinical concerns.</li> <li>• A Quality &amp; Safety Meeting SOP has been produced to clarify the information required when escalating to ensure accuracy and consistency.</li> <li>• In service training on falls and frailty has been delivered to the Community Nursing Team.</li> <li>• Time has been rostered to ensure staff members complete statutory and mandatory training and compliance is being monitored.</li> </ul>

# Friends and Family Tests

## The Friends and Family Test (FFT) provides valuable feedback to help us improve our services.

In 2023/24 **33,968** people shared their experiences of our services compared to **26,890** in 2022/23 and **15,409** in 2021/22. This continued increase in feedback, as a result of services using additional digital options to enable participation, provides us with a greater understanding of the experience of care, what we do well and what we need to improve.

In 2023/24:



- **32,352** people said the overall the service they received was 'good/very good'.
- **95%** of people shared a positive experience of care, with many people telling us about 'friendly staff, excellent care, pleasant and reassuring'.



- **622** people said their experience was 'poor/very poor. Our work to address peoples' concerns is set out below
- **1.8%** told us about things we could improve, including 'waiting time, lack of communication'.

As well as significantly increasing participation in the Friends and Family Test, we have increased our awareness of who is providing that feedback and most importantly, who we are not hearing from. We want to ensure everyone has an opportunity to have their say. We have actively encouraged both our team members and those people who use our services who are using FFT, to record the demographic information in the spaces provided. The resulting increase in information has helped us understand the experience of people with specific characteristics, as well as knowing more about the people who are not providing feedback. We are now working closely with people from groups who are not active participants in FFT to develop and provide alternative methods of providing feedback.

	2023/24	2022/23	2021/22	2020/21
Participants	32,573	23,177	10,000	3,000
Sex	20,455	12,123	8,000	3,000
Age	32,091	24,651	9,000	2,500
Gender	32,065	24,839	10,000	3,000
Disability	28,342	20,566	9,000	3,000
Ethnicity	29,242	22,189	8,500	3,000

# Complaints and Experience of Care

## Complaints and Concerns

Whilst we strive to ensure that everyone that uses our services has the best experience possible, we are aware that sometimes things do not always go as expected, resulting in concerns and complaints being raised with us.

Our Patient Advice & Liaison Service (PALS) and Complaints Team provides support to people who use our services, as well as their families and carers, acting as a contact point for anyone who wishes to discuss an issue or concern.

The number of Complaints by year is presented in the table below:

	2019/2020	2020/2021	2021/2022	2022/23	2023/24
Complaints	154	139	156	136	123

Complaints have continued to decrease; from 136 received in 2022/23 to 123 in 2023/24 a 10% decrease. This is the result of offering and providing early resolution conversations and meetings with people who have had cause to raise a concern, in line with the recommendations from the Parliamentary Health Service Ombudsman. We aim to resolve these concerns within 24 hours, but always focus on providing an adequate response so it may take a little longer. If a person is not satisfied with the early resolution response, they may escalate their concerns to a complaint for a closer look investigation. In 2023/24, 27 concerns were escalated into the complaint process, when an early interaction failed to provide a resolution for the person who raised a concern. This is an increase compared to 22 concerns escalated into the complaint process in 2022/23.

Complaints received by month in 2023/24 is presented in the figure below:



## Complaint Themes

Many complaints have multiple aspects and as we aim to understand more about people's overall experience, we record a theme for each complaint. Patient care, communication and values and behaviours of staff were the top three reasons for contact, these themes were also the top three causes for contact in 2022/23. The table below presents the Complaint Themes for 2023/24.

Category	Total	Category	Total
Patient Care	55	Admissions and Discharges	3
Communication	48	Access (Underrepresented Community Groups)	2
Values and Behaviours of Staff	33	Waiting Times	2
Appointments	29	General (nonspecific)	2
Prescribing	14	Access (underrepresented Community Groups)	1
Privacy, Dignity and Wellbeing	12	Facilities	1
Trust Admin/Policies/Procedures Inc. Patient	10	Staff Numbers	1
Access to Treatment or Drugs	5	Restraint	1
Consent	4	<b>Total</b>	<b>223</b>

## Q Exchange Pilot – A Digital Feedback Solution

We want to ensure that everyone can have their say about their experience care, whether that be a good experience or a poor one. In our work to understand who does feel able to share their feedback we identified that some people found access to our complaint process poor, and this discouraged them from raising concerns. In response to this, we were successful in securing a grant from the national Q Exchange Community Project, to improve access to our complaints process.

Our idea, based on what people who use our services told us, was to develop a digital solution which helps people to raise a concern more easily, and improve communication with the Service who provided the care. The pilot phase of our digital feedback solution has been started in with the Sexual Health Service. A link to the feedback portal is now available on their website, and posters have been displayed in service areas and staff areas to encourage engagement. Within the first few weeks of launching the pilot, the feedback portal has received five contacts. The pilot will run until the end of May 2024, will be evaluated and recommendations made for future developments.

## Maximising learning from complaints

This year we piloted debrief sessions supporting staff who have been named in complaints. The purpose is to help individuals, teams and the Trust as a whole, learn from the complaint and to identify areas for improvement. It is important for us to ensure that people involved feel supported during the debrief sessions and do not feel blamed, as we know this helps individuals learn and take greater personal responsibility. We provide a safe psychological space, an opportunity to reflect on learning and those areas for improvement. People who have participated in the sessions have said:

**'This forum feels like a place you are heard, and you take things on board and reflect. It feels like it's not just me, that everyone is learning'.**

**'As a clinician you grow, and you improve rather than taking a knock to confidence'.**

This work is now being rolled out across the Trust and a way of recording the outcomes of the sessions is being developed, the aim being able to evidence the difference this programme has made.

# Duty of candour

## What is Duty of Candour?

Duty of Candour is a general duty to be open and transparent with people receiving our care. There are two types: Professional and Statutory. Professional Duty of Candour is overseen by professional bodies such as the Nursing and Midwifery Council (NMC), General Medical Council (GMC) etc. Statutory Duty of Candour is overseen by CQC.

A crucial part of the Duty of Candour is the apology. Saying sorry is not admitting fault and does not affect indemnity cover.

On 30th June 2022 CQC provided updated guidance on how to apply Duty of Candour. The changes clarify how the term "unexpected or unintended" should be applied to decide if something qualifies as a "notifiable safety incident" which meets the requirements of Duty of Candour legislation.

A notifiable safety incident must meet all 3 of the following criteria:

- 1. It must have been unintended or unexpected.**
- 2. It must have occurred during the provision of an activity CQC regulate.**
- 3. In the reasonable opinion of a healthcare professional, (the incident) already has, or might, result in death, or severe or moderate harm to the person receiving care. This element varies slightly depending on the type of provider.**

The presence or absence of fault on the part of a provider has no impact on whether or not something is defined as a notifiable safety incident.

CQC regulation 20 requires all providers to meet Duty of Candour (DoC) for all notifiable safety incidents. A review of Trust's incidents data held on Ulysses identified insufficient evidence relating to Trust compliance with Duty of Candour (DoC) requirements. It was also identified that knowledge and understanding of the Duty of Candour criteria requirements was not consistent across services. Therefore, a task and finish group was established to address the gaps in assurance, establish the extent of the issue and provide support in addressing issues raised.

The task and finish group provided an initial overview of the data and focused on the breakdown of the requirements of regulation 20. This data extraction has provided service lines with oversight of the number of cases requiring review and the details of individual cases. Work is ongoing in the service lines to review each case and carry out Duty of Candour where required and significant progress has been made.

The introduction of the Patient Safety Incident Response Framework and the weekly patient safety incidents response panel has established robust systems for oversight of application of Duty of Candour for incidents reported in 2023/24.

The task and finish group's work also established that Patient Safety Culture was an area of strength for the organisation with evidence of support for staff in doing the right thing. The key areas for development were however, in the understanding of the specific requirements and processes for statutory Duty of Candour compliance.

Training has been provided by the Head of Quality and Safety on an ad hoc and bespoke basis and drop-in clinics are available for staff to continue to access for support. The Being Open and Duty of Candour policy has also been reviewed and rewritten in the context of the new, Hampshire of Isle of Wight provider organisation through "Project Fusion". The new policy includes a flow chart to support with understanding of the process.

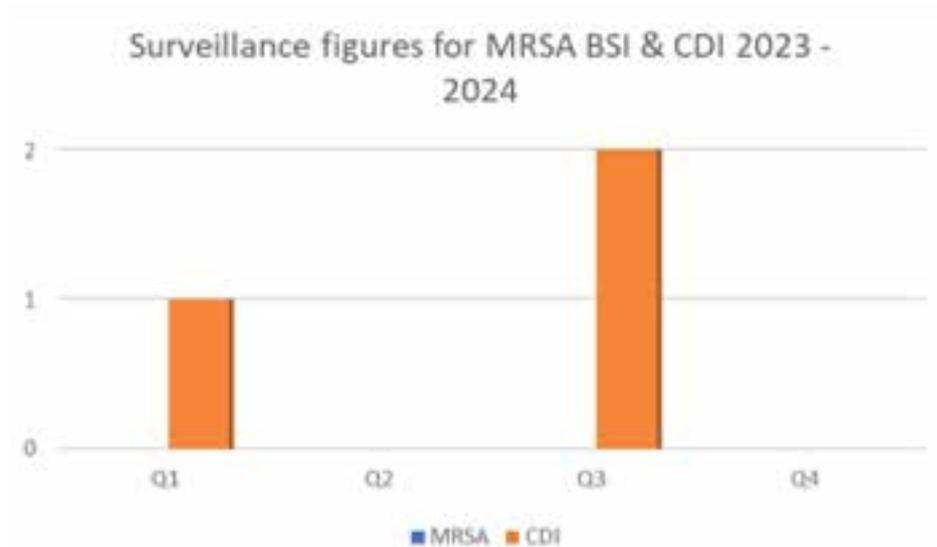
# Infection Control

## Avoidable Healthcare Associated Infections (HCAI's)

Healthcare Associated Infections (HCAIs) can develop as a direct result of healthcare interventions or from being in contact with a healthcare facility. The term HCAI covers a wide range of infections including the most well-known such as Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile Infection (CDI). We remain committed to a zero-tolerance approach to any HCAI. If any such infections occur a full investigation takes place so that any learning can be shared and implemented.

## Infection Prevention – Surveillance

The Infection Prevention Team (IPT) monitor for cases of MRSA Blood Stream Infections (BSI) and Clostridium Difficile (CDI). The graph below illustrates that Solent NHS Trust had 3 cases of CDI and 0 cases of MRSA BSI's during the year April 2023/2024.



There have been 3 Clostridium Difficile (C. diff) toxin positive cases, considered attributable to Solent NHS Trust. Post Infection Reviews (PIR) were completed on all 3 cases, where learning was identified, this was disseminated to teams. The PIR's and actions were in line with the Patient Safety Incident Response Framework (PSIRF) principles and findings indicated all 3 were unavoidable infections with no lapses in care identified.

2 cases were on the same ward in one month, following ribotyping these cases were not deemed to be linked and onward transmission within the ward was not considered a factor and timings were coincidental. The C. diff infection was resolved within all 3 cases. Additionally, one GDH positive toxin negative required treatment due to symptoms; one patient admitted to Solent NHS Trust with a recent history of C. diff relapsed, retested, and required second line treatment; and 1 known C. diff patient sampled post the 2 8 days who continued to test positive but did not require further treatment within this reporting period.

There were further patients admitted to Solent with resolving C. diff infections. In total 10 patients with C. diff carriage or infection were cared for within Solent NHS Trust. IPC support was provided where required and transmission-based precautions were implemented in line with policy, with no significant ongoing issues identified. This provides assurance to the IPT and to the Board that staff are adhering to Trust policies and procedures, and therefore reducing the risk of patients acquiring HCAI's.

## Infection Prevention – Outbreaks

The IPT are involved in the management of outbreaks of Infectious Disease in Solent NHS Trust, periods of increased incidence and incidents. All outbreaks are discussed for the purpose of shared learning and service development. Lessons learnt are shared with the Trust and disseminated through communication routes.

### Respiratory Outbreaks

There have been 8 respiratory outbreaks within 2023/24, none resulted in ward closures, in some cases the bay was closed for short periods of time until resolution of symptomatic cases or single isolation available. One of the 8 outbreaks was staff only and no patient involvement.

Post SARS-CoV-2 Pandemic the emphasis this year has been a return to Business as usual whilst implementing the lessons learnt from the pandemic. Guidance regarding respiratory symptom management has largely followed national guidance with some caveats. Guidance has been updated with national changes and frequently reviewed to ensure it meets the needs of the population at risk, local prevalence, and specific nuances to Solent NHS Trust services. Screening for SARS-CoV-2 has decreased in line with guidance, and this has not had a detrimental effect on care or patient outcomes and the number of outbreaks has decreased. This is likely due to a widely vaccinated population and previous exposure which has reduced the severity of disease, and length of symptoms.

### Gastrointestinal Outbreaks

There has been one gastrointestinal outbreak, organism identified as Norovirus. The outbreak was self-limiting, 3 bays were closed for periods over the 6-day outbreak time frame. The wider ward remained open to admissions.

## Infection Prevention – Monitoring

There are established IPC audit schedules for teams working within clinics, community, and inpatient areas. These audits are conducted to demonstrate compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections. Audits are undertaken by Link Advisors and/or Managers/Matrons in clinical areas, this ensures areas are consistently complying with evidence-based practice and policies.



The IPT are able to review results and follow up if necessary and audit results have now been clearly added to the service line IPCG reports as part of the report review.

The IPC audit schedule was revamped in 2023/24 facilitate audit completion. Inpatient areas and sexual health utilise Tendable (an electronic audit system) to complete the IPC compliance audits. Community and clinic teams submit their audits via SolNet. Service lines report their audit compliance against the schedule IPCG quarterly and are responsible for raising issues through their governance system and developing action plans where appropriate. Significant issues and poor compliance are highlighted at IPCG. Tendable has been confirmed to continue until April 2025, it will be considered as part of the Project Fusion planning and may be renewed as part of that process for the new organisation.



The IPT continue to work closely with service lines, estates, and facilities team to monitor environmental infrastructure audits and clinical audits.

# Incident Reporting and Serious Incidents

**The Quality and Safety Team continuously monitor incident data for themes and trends.**

The figure below shows the numbers of incidents reported by month from April 2022.



The number of incidents reported continues to show an upward trend with 3.9% more incidents reported in 2023/24 than 2022/23 and 19.3% more than 2021/22. Whilst the trend is upward incident reporting volumes remain within the upper and lower control limits as seen in Figure 1.

Analysis of the harm attributable to the incidents being reported shows a 13.9% increase in Low Harm or above when compared to last year and 20% compared to numbers reported in 2021/22, see Figure below. This is a combination of increasing patient acuity and reporters more accurately assessing and recording the level of harm in line with new guidance where harm grading is based on actual harm to the individual rather than whether any acts or omissions in care contributed to that harm.

Level of Harm	Number of incidents reported		
	2021/22	2022/23	2023/24
No Harm or Near Miss	6,458	7,814	7,674
Low Harm or above	4,199	4,423	5,039

**Figure – Levels of Harm – Trust wide**

Analysis of incidents shows that medication incidents remain the largest cause group for all incidents. However, Communication/Handover Errors are the second most reported Cause Group with 561 more incidents reported in this group in 2023/24 compared with 2022/23. A third of all incidents reported relate to external agencies/providers which is evidence of the capacity issues in the wider local system.

There were 9 Serious Incidents declared in the period to 29th October 2023. A further incident was initially declared as a Serious Incident but following investigation was downgraded in consultation with the relevant Integrated Care Board.

On 30th October 2023 Solent transitioned to the new Patient Safety Incident Response Framework (PSIRF). The new framework provides us with more flexibility over how we respond to patient safety incidents and introduced a new range of learning responses to utilise. Extensive work was undertaken to prepare for the transition, but the team recognise the need to keep reviewing the implementation of the new framework and provide support to services.

Our Patient Safety Incident Response Plan (PSIRP) outlines the expected learning response to our priority areas. A summary of the plan is shown in the table below.

Patient Safety Incident or Theme	Learning Response Suggested
<b>Medication Administration Errors</b>	Review by Medicines Safety Officer using a bespoke template followed by monthly thematic analysis to Medication Management Group and Learning from Incidents and Deaths Panel  After Action review where significant learning has been identified
<b>Pressure Ulcers (In Solent Care, newly acquired or deterioration)</b>	Review by Tissue Viability Specialists using a bespoke template followed by monthly thematic analysis to Tissue Viability Group and Learning from Incident and Deaths Panel  After Action Review where significant learning has been identified
<b>Communication issues with relatives when patients are receiving care from Mental Health Services</b>	Multi- Disciplinary Team Review
<b>Communication issues with patients/ parents/ carers and Legal Guardians receiving Child and Family Services care</b>	Multi- Disciplinary Team Review
<b>Inpatient slips, trips, and falls</b>	Swarm Huddle (also known as hot debrief)
<b>Delayed Recognition of Physical Deterioration in inpatient services</b>	After Action Review
<b>Suspected/ completed/attempted Suicides inpatients and patients receiving care under crisis pathway</b>	After Action Review  Patient Safety Incident Investigation
<b>Clinical Delay involving one patient where significant learning may or may not have occurred, or multiple patients where significant learning may or may not have occurred.</b>	Multi – Disciplinary Team Review  Patient Safety Incident Investigation

The table below illustrates our learning response to the incidents identified between 30th October and 31st March 2024

Learning Response Type	Total	Learning Response Type	Total
After Action Review	39	Swarm Huddle	183
Multi-Disciplinary Team Review	2	Thematic Analysis - Pressure Ulcers	176
PSII	5	Thematic Analysis - Medication	148

Table – Learning responses by type

## Never Events

None of the Serious Incidents declared in 2023/24 met the threshold of a Never Event. This was also the same as 2022/23, compared with two in 2021/22.

# Safeguarding

## Safeguarding is everyone's responsibility

**“Solent believes that everyone has the human right to live their lives free from abuse and harm. We are committed to proactively reducing the risk of harm occurring and building a safer future for all. The safeguarding team aim is to provide expert support, advice and challenge which is solution focused and restorative with the goal to empower staff to keep the people we care for, our colleagues and our families safe.”**

The safeguarding team have continued to deliver on statutory and contractual requirements amid sustained and increasingly complex safeguarding activity. The team have continued to embed year three of the Trust safeguarding strategy and business plans. This has included strengthening and extending the role of the Trusts safeguarding champions, securing additional funding to increase team capacity, building opportunities for coproduction, and maintaining a strong focus on building workforce safeguarding competencies.

### Managing Clinical Risks

Service line clinical risks are discussed and reviewed with the Head of Risk and Litigation at the monthly quality review meetings and with the wider service line at the monthly performance review meetings. Trust wide and service line high level risks are also highlighted and discussed in the monthly Quality Improvement and Risk Group meeting where assurance is provided on actions being taken to mitigate risk. Risks are escalated to the Quality Assurance Committee and the Clinical Executive Group when additional discussion and assurance is required, or actions and decisions are needed to further mitigate or minimise the risk.

# Board Level Assurance on Quality

The following are examples of how the Trust Board is updated on quality and how we view quality as intrinsic to strategic and operational decision making.

<b>Quality Account</b>	Annual Quality Account provides an overview of the delivery of quality for the previous 12 months, and the quality priorities for the following year.
<b>Board Assurance Framework</b>	Risks are reviewed monthly by Executives alongside each Board Committee Meeting and every other Confidential Board Meeting.
<b>Board to Floor</b>	Board members receive a range of qualitative and quantitative quality information in order to enable them to triangulate the messages contained within board papers with observations and interactions with patients, staff and stakeholders. Patients and Community Partners are also invited to share their stories directly with the Board.
<b>Quality Impact Assessment</b>	Detailed assessment completed to understand quality impact around all proposed strategic plans.
<b>Internal Quality Reviews</b>	A process of reviewing areas in the trust to make sure they are compliant with Care Quality Commission (CQC) regulation and trust policies and procedures. The Quality review process encompasses a whole system approach to quality and safety in relation to patient safety, patient experience, clinical environment and staff safety.
<b>Quality Assurance Committee</b>	Regular reporting from Services of all Quality related performance reporting and escalating to Trust Board.

## Same Sex Accommodation

The Trust has not had any Same Sex Accommodation breaches during 2023/24.

# Patient Led Assessment of the Care Environment (PLACE)

**PLACE is an annual assessment of the non-clinical aspects of the patient environment, how it supports patients' privacy and dignity, and its suitability for patients with specific needs e.g. disability or dementia.**

The purpose of PLACE is to ensure that all services are up to a good standard. Where standards fall short, PLACE assessments draw attention to it and hold the service to account.



In October 2023, volunteers and our community partners supported with running unannounced PLACE visits. The visits were made to all inpatient wards, Portsmouth & Southampton (including Mental Health wards) and covered external areas, communal areas and sampling of food on all inpatient wards. A total of 53 assessors supported PLACE – 36 patient assessors and 17 staff assessors. The image is an example of issues identified by the assessors. The service was asked to address the signage as it was confusing for service users.

Annual results of the most recent Patient Led Assessments of the Care Environment (PLACE) inspections have now been published by NHS England, with Solent placing top for the Region in a number of areas namely the combined food score; privacy & dignity; dementia, and disability. This is a great achievement for the Trust, and a testament to the hard work of teams and individuals who contribute to factors affecting these results. In addition to these category leading scores are some stand out results on cleanliness and environmental condition at Bitterne Health Centre in Southampton, both areas receiving 100% – see figure 7.

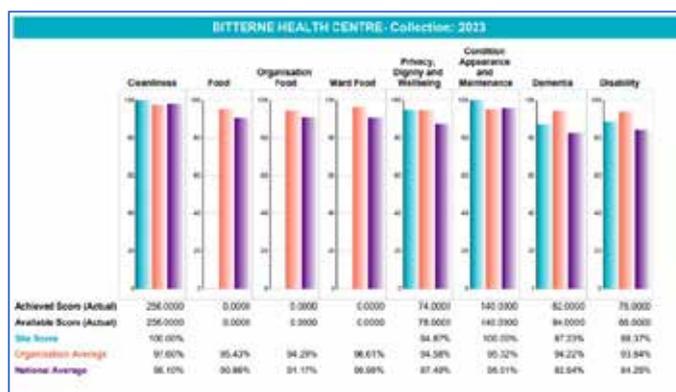


Figure: Bitterne Health Centre results

Areas where Solent score mid-table have been largely impacted by environments beyond our direct control, namely the Royal South Hants in Southampton – the lower results were not unexpected. However, it should be noted that there are plans underway to relocate both Solent Inpatient Wards that are currently at Royal South Hants to a new state of the art facility at the Western Community Hospital, along with various other relocations and improvements.

There is always a lot to learn from these Patient Led Assessments, and they go a long way to shaping our areas for continued improvement. Solent harbours an environment of continuous learning, and we hope over the coming months to add feedback on how these healthcare environments can be more responsive to our Neuro Diverse patients, staff and visitor groups to our list of improvements.

Patient-Led Assessments of the Care Environment (PLACE), 2023 - England - NHS England Digital

## Information Governance

The Solent NHS Trust Data Security and Protection Toolkit for 2023/24 is not due for submission, until the 30 June 2024. Solent NHS Trust is currently Partially Compliant with the 2023/24 toolkit and has plans in place to achieve full compliance by the deadline of 30th June 2024.

## Our clinical workforce

Our organisation is clinically led; we created our Clinical Framework to achieve the best outcomes for the populations we serve. The principles of our Clinical Framework have been developed by our employees across our organisation and in collaboration with local partners to help facilitate greater, equitable and non-discriminatory access to our services;

1. We provide safe, effective services which help people keep mentally and physically well, get better when they are ill and stay as well as they can to the end of their lives.
2. Our communities are at the heart of what we do, and we will work alongside our communities to improve the way we deliver care.
3. We will focus on outcomes that matter, co-created with the people who know our services best.
4. We will adopt a life-course approach which removes barriers and personalises care.
5. We will work collaboratively at the appropriate scale, as one health and care team.
6. We will drive and embrace research and innovation to deliver excellent, evidence-based care.
7. We will ensure strong clinical and professional leadership is at the heart of delivery and decision making across our area.

You can read more about how our staff work together in the 'Great Place to Work' section of the Annual Report.

## Safe Staffing

The Chief of Nursing and Allied Health Professionals presents the Trust Board with a quarterly report to provide assurance that processes are in place to ensure we safely staff our services in line with the National Quality Board (NQB) (2016) safe staffing guidance. The report also provides assurance that nurse staffing levels within each ward or unit are appropriate to meet the needs of patients and service users in our care. Please see our Annual Governance Statement for more details of our Governance and Reporting processes.

## Doctors and Dentists in Training

The Trust produces quarterly and annual Guardian of Safe Working Reports and these indicate we are doing well in ensuring all the provisions and Terms & Conditions from the 2019 revised Junior Doctors' Contract are being followed.

Gaps are mainly evident within two rotas, as follows:

- Child and Adolescent Mental Health (CAMHS) Rota (On-Call)
- Adult Mental Health & Older Peoples Mental Health Rota (AMH-OPMH)

These rotas are held jointly with other Trusts and the longer-term management of the rotas will involve wider systems including other Trusts, CCGs and ICS systems. An overview and details of actions being taken to address are detailed below.

## CAMHS – Out of Hours On-Call Rota

This relates to the CAMHS out-of-hours rota shared with other Trusts, though Solent employs the majority of doctors in training and consultants on the rota (other trusts involved include Southern Health NHS Foundation Trust (SHFT) for Consultants, University Hospital Southampton (UHS) for Consultants and Sussex NHS Foundation Trust for doctors in training; Solent employs the rota co-ordinator on behalf of all organisations.

The improvements in the recruitment to Core Psychiatry and CAP (Child & Adolescent Psychiatry) ST4-6 placements have been maintained this year. However, due to the revised Junior Doctors' Contract Terms and Conditions, and the predominant majority of doctors in training being LTFT (Less Than Full Time), several gaps still exist. The gaps are managed by offering locums to the current doctors in training on the rota and they are generally covered. The CAMHS Service has started discussions regarding the structure of out-of-hours provision in the context of the major reorganisation due to Fusion. This is not an issue that can be resolved quickly and will need reconciliation and alignment with very different on-call needs and provision within CAMHS in the rest of Hampshire. The service leadership remains mindful that on-call rotas for medics have a significant impact on attracting and then retaining trainee medics in terms of building the future workforce.

The CAMHS rota is a 2 -tier rota, with doctors in training at the 1st tier and CAMHS consultant psychiatrists as the '2nd' on call to provide advice and consultation. The consultants on the rota are employed by Solent (the majority), UHS and SHFT. There are many gaps currently on the consultant rota due to non-recruitment of some posts and long-term sickness absence within the current consultant body. This means that consultants contracted to do out-of-hours on-call at 1:11 are doing 1:5/6. These gaps are being covered at this time within the consultant body, however there is significant stress and adverse impact on wellbeing. There are new recruitment initiatives which hopefully will be successful.

## AMH & OPMH Rota

The Solent AMH and OPMH rota covers the East Hants patch, is a 'shift rota' system and staffed jointly by medical doctors in training and consultant psychiatrists from Solent & SHFT. Rota coordinator and management is predominantly held by SHFT and supported by a coordinator administrator from Solent NHS Trust. The junior (core) doctors in training undertake a shift-rota pattern, whilst senior doctors in training and consultants undertake an 'on-call' pattern.

The current status of the AMH-OPMH Rota is detailed below:

- The previous significant gaps had been reduced somewhat due to the good recruitment to core training posts. However, the rota gaps have remained persistent due to the significant turnover and lack of a consistent substantive senior medic cadre (several consultant posts remaining either vacant or staffed by locums – especially in in-patient services); resulting in fewer doctors in training opting for training placements within the trust. The rota for senior doctors in training has not shown as much improvement in recruitment, and the hope (also nationally) is that the high recruitment to core training will feed into higher training in a few years (this is unpredictable). Consultant retirements have also been a factor.
- Gaps are managed through locums – with doctors in training in the area taking up locum slots.
- The Trust has signed the new NHS Education Contract with HEE in 2022. This has understandably increased the workload due to the increased governance returns to HEE in both undergraduate and postgraduate medical education, for financial governance and quality assurance.
- AMH has been a national trailblazer in the appointment of substantive consultants who will have entirely remote working work patterns. The appointments project was successful. The initiative caused a

significant response and comments nationally. We partnered with Tech Cymru (Welsh Government) to undertake an evaluation. The first phase of this is complete and we're working on the draft report.

The response from doctors in training to having fully remote working supervisors is mixed, with some doctors in training finding this innovative and workable, and others clearly stating their preference for posts which have in-person supervisors being physically present. This has impacted on trainee choice of placements both positively and negatively.

- Solent Trust has signed a MoU with Portsmouth University for their projected Medical School, in terms of being partners to provide clinical placements. Portsmouth University is currently making the relevant submissions to the GMC. The process has progressed in so far as the agreement that the Portsmouth Med School project has now linked wup with King's College Med school (London) and will get a proportion of King's medical students allocated. Discussions continue regarding the tariff and pros and cons of delivering the King's curriculum to students in Hants; and also ensuring no adverse impact on our long-term stakeholder partner – Southampton University Medical School.
- The AMH service line has also participated in the training of 2 cohorts of PAs (Physician Associates) from Portsmouth University. We need to ensure that we are allocated appropriate tariff funding to undertake this work satisfactorily within current resources. Whilst discussions are ongoing regarding appropriate funding, PAs have also started work within the Children & Families service line (in CAMHS).

# Our Regulators – CQC

## Care Quality Commission (CQC)

Solent NHS Trust is required to register with the CQC, and the Trust is registered with no conditions. We have a positive relationship with the regulatory team, and link with the CQC on a regular basis to provide an update on performance and discuss progress within the Trust. This has continued via virtual and face to face meetings during 2023-2024. The last CQC inspection was October 2018, where the Trust raised not only its' overall rating to Good, but also increased its 'Caring' rating to 'Outstanding'. (Published on 27/02/2019). An action plan was implemented following this, and all actions acted upon and closed.

Throughout 2023/24, our Clinical and Organisation Assurance Team (COAT) offered a new package of support with the aim of assisting clinical teams in developing the assurance they currently provide. Regulatory Assurance reviews offered services an assessment based on the CQC framework of domains (Safe, Effective, Caring Responsive and Well-led) and Key Lines of Enquiry (KLOE's). A total of 32 regulatory assurance and Fresh Eyes visits were completed across all service lines. These visits were pre-arranged with teams as decided with service line triumvirates. For the more complex regulatory assurance visits, pre visit data was requested a few weeks prior to the visit to gain a better understanding of the service. The visiting team often comprised of local 'experts' from Infection Prevention and Control/pharmacy or Mental Capacity Act teams. This allowed for further professional assessment and helped support services with their current assurance processes. The assessment on the day involved an observational assessment, staff interviews, team leader interview and patient interviews (if appropriate). Feedback was shared with the leadership team on the day which celebrated good practice as well as identifying areas for improvement. The assessment was then followed up with a formal written report.

Focus groups were also held prior to the visit, which gave a platform for staff to celebrate positive improvements, share experiences as well as discuss challenges. This approach enabled the team to triangulate the information provided during visits as evidence of their compliance in line with the Care Quality Commission (CQC) framework incorporating the Health and Care Act 2022. This then also provided an opportunity to support services and teams in identifying issues early and to support CQC preparedness 'business as usual'. The facilitator worked with groups of staff to identify successes and explore concerns. The facilitator aimed to create a comfortable and safe space for honest constructive discussion where staff felt free to share their opinions, beliefs, and views. Staff could share stories in their own words about working in Solent and teams were supported to identify areas for improvements. Although focus groups have their limitations, they provide qualitative information to support, data received through other methods. In 2023/24 a total of 37 focus groups formed part of the assurance visits to services. In addition, extra focus groups were also introduced by the COAT as a way to gain insight into the experiences and perspectives of non-clinical and corporate staff groups within the trust.

During 2023/2024 the team offered and delivered targeted teaching of Health and Care Act (2022) regulations to the Adult Mental Health and Child and Family service lines. The aim continues to be to roll this out across all services over the next financial year. This was to support the assurance programme and staff understanding of CQC regulations.

# Working with volunteers

**We reported in Q3 that we were temporarily pausing the recruitment of new volunteers due to lack of staffing resources. Despite this pause we have had a number of successes with our volunteers.**

In 2023/24 we developed a volunteer action plan which sets out our plan for developing the way we work with our volunteers and support our services. As part of the action plan we have worked with our services and increased the roles that we have available for services resulting in a better match between our volunteers and our services. In 2023/24 we have organised 121 placements. We have also increased our outreach into our communities regularly attending community events to recruit more volunteers particularly from ethnic minority communities and young people so that we could increase the diversity amongst our volunteer workforce.

Whilst recruitment of new volunteers has been paused we are exploring new opportunities and are currently awaiting the outcome of a joint bid with the Integrated Care Board which if successful will change the way that we work with volunteers going forward moving from an individual organisational basis to a more regional approach.



Zlisa Matthews volunteer with Child & Family Service

## How volunteering has prepared me for medical school

Volunteering with Solent has helped build my confidence as I have met a diverse range of people and presented at celebration events. I've been involved in different aspects of the Child & Family service as there have been many opportunities offered. This has given me lots of things to talk about in my medical school interviews and it has meant that I'm going into university more exposed to the various aspects of the NHS compared to other young people my age. Being a young person on the interview panels has enabled me to shape the future clinicians of CAMHS ensuring young people are being treated by the best professionals. It's also made me aware of how to impress at my own interviews! Attending awareness days, for certain health conditions, allowed me to hear other young people's lived experiences which improved my empathy skills. Co-producing and leading the volunteer training days enhanced my leadership skills and being involved in Quality Improvement projects developed my analytical skills. I'm so grateful that I've been able to volunteer with Solent. Every event I've attended has been fun and taught me invaluable skills that I'll be able to use in medical school and in everyday life.

# Working with people and communities

## The Solent approach to engagement and inclusion

**You asked, we did!**

We spoke to over 100 young people who've used mental health services, to find out what matters most to them.

**You asked to see more promotion of job opportunities:**

CAMHS are creating short films to share about some of their available roles.

**CAMHS are increasing their links with schools, colleges and universities and introducing additional support**

You asked for services to be easy for young people to get to:

**CAMHS are developing social media pages and their website to appeal to young people**

**You asked for a strong social media presence to help young people feel understood:**

CAMHS are talking to the Equality, Diversity, Inclusion and Belonging team about working with people from diverse backgrounds.

You asked for staff to have an understanding of the spiritual and cultural beliefs held by people in their community:

**CAMHS are tackling cyber-bullying, unconscious bias and encouraging young people to talk about mental health**

**You asked for key topics to be addressed: unconscious biases, classism, body image, gangs, peer pressure and cyber-bullying:**

CAMHS are tackling cyber-bullying, unconscious bias and encouraging young people to talk about mental health.

2023/24 has been a challenging but successful year for the community engagement and experience team. In October 2022, it was announced that there would be a new organisation to provide community, mental health and learning disability services across Hampshire and the Isle of Wight. Project Fusion commenced to bring the four current providers together. The Solent approach to working with people and communities was adopted by the Fusion programme to ensure the voice of patients, families, carers and the wider community as a whole was at the centre of the new organisation. The Solent community engagement and experience team has played a major role in reaching out to our community. We have heard from them directly about what makes a great NHS organisation and advised the Fusion programme of what really matters most to local people.

This engagement work has been carried out alongside delivery of the year three delivery plan for Alongside Communities – the Solent approach to engagement and inclusion which was published in 2020 and launched in April 2021. This five-year plan was the result of working with people and communities to understand what really matters most to them about their local community and mental health Trust. They shared their health ambitions, and what we could do together to improve health, reduce health inequalities and improve the experience of care when using services. Working with our community partners we identified 66 activities to be delivered in 2023/24 and successfully delivered 52 activities with 14 being carried over into the coming year.

<b>Our key outputs and outcomes 2023-24</b> (Impact report attached at appendix A)	
✓	We have fully delivered 52/66 objectives agreed with our communities; 14 will be reviewed with partners and included in our year four delivery plan.
✓	We have spoken with over 6,000 people in our community, using their feedback to inform changes to our services, and over half of these have been conversations to help shape our new Trust.
✓	Using innovative approaches, we have improved connections with, and reach to, communities most affected by health inequalities, and enabled new ways of working to improve access to our services.
✓	We have implemented ways of involving community partners in our core processes, including policy review and development, recruitment, quality visits and the patient safety programme.; ensuring their voice is at the centre of their local health services.
✓	We have struggled to engage with men in the past, however this year through the use of targeted approaches we have engaged with over 500 men from different backgrounds.
✓	Since last year we have continued to grow our community partners network increasing by 16 per cent in the past year from 275 organisations to 320 organisations with a potential reach of over 500,000 people, affording us access to a substantial and diverse source of community-based expertise.
✓	We are recognised as NHS leaders in the field of working with people and communities and have been invited to present at both national and regional events sharing our approach to working with communities, patients' safety partners and implementation of the Parliamentary and Health Service Ombudsman (PHSO) framework.
✓	We have gained the trust of the community and now have become connectors and enablers within the community.

**Table 1: Year 3 of a 5-year plan**

# Community Engagement and Experience Team

## This report provides an update on the activities of the Community Engagement and Experience Team during 2023-24.

The activities revolve around two key elements, namely:

- Delivery of activities towards the delivery of Alongside Communities – the Solent approach to engagement and inclusion. 2023/24 has been year three of our five-year approach. The report sets out some of the key activities and outcomes that we have been able to deliver.
- The contribution of the Community Engagement and Experience Team to the engagement that has been required for the development of the new organisation – Hampshire and Isle of Wight Healthcare NHS Foundation Trust. The team has been central to ensuring that local people and communities are central to the development, design and delivery of community, mental health and learning disability services as we move towards a new organisation.

### Alongside Communities - Year Three Delivery Plan Update

Alongside Communities - the Solent Approach to engagement and inclusion continues to be the foundation of our engagement work. Delivery of year three activities has been challenging due to the pressures of having to deliver the engagement work for Project Fusion.

We estimate that at least 40 per cent of the team's time has been towards delivering engagement for Project Fusion. However, despite at least 40 per cent of the team's time having been spent on Project Fusion activities we have still managed to deliver nearly 80 per cent (79%) of the activities set out in our year three delivery plan – delivering 52 out of the 66 activities that were agreed for 2023- 2024.

The table below summarises the total number of activities completed against each ambition and appendix B identifies those activities that did not progress.

Ambition	Activities completed and will be reviewed with community partners to agree which ones they still want reported in year 4	Activities that have not progressed and will be reviewed and included in our year 4 plan	Total Activities
<b>Ambition 1</b> Health inequalities	15	4	19
<b>Ambition 2</b> People participation	11	2	13
<b>Ambition 3</b> Community engagement	10	4	14
<b>Ambition 4</b> Experience of care	16	4	29
<b>Total</b>	52	14	66

Table 2: Alongside Communities progress on activities

## Developing our Year 4 Delivery Plan

It should be noted that several of our activities are on a five-year trajectory and many have become a core part of our day-to-day activities. Planning for our year four delivery plan has been delayed due to delivery of engagement for Project Fusion.

Once decisions regarding the future structure and ways of working for the new organisation have been finalised, we will be coproducing our delivery plan with our community partners. This will begin by reviewing the year three delivery plan and our community partners identifying which activities they want us to continue reporting on whilst the remaining continue to be part of our way of working.

## Highlights of Year Three Delivery

Below are some highlights that have been delivered under each ambition.

### Ambition 1 Addressing Health Inequality

Under this ambition we aim to improve access to and experience of using the health services we provide to all members of our local community, promoting health and wellbeing and reducing health inequalities. Activities that we have delivered during this reporting period include:

- Hosted the first men’s health and wellbeing event in Hoglands park, Southampton enabling us to reach the highest number of men to gather feedback. Through this we have engaged with over 500 men.
- Supported the planning and delivery of the first Black, Business, Arts and Music Festival for Southampton. During the planning process and the delivery of the event we built links with a significant number of small community groups and business that are primarily targeted at black communities within Southampton and wider Hampshire.
- Our work with Portsmouth Carers Centre has progressed and identified a need specifically for carers from racially minoritized carers with children at Cliffdale school. We are working with these parents to set up a group which will be open to parents from other schools. The group will be run by the parents themselves. A first meeting for the group is planned for November.



### Ambition 2 People Participation

Under the People Participation ambition, we aim to ensure that patients, families, carers, local people, and groups are integral to decision making in all aspects of their community and mental health trust. Over the past quarter:

- We have coproduced several pieces of work including:
  - Working with Chat over Chai and other people from minoritised communities to support the coproduction of a poster for pulmonary rehab services.
  - Developed top tips to tackle digital exclusion, are in the process of finalising and will be publicising them over the coming weeks.
  - Top tips for working with carers from racially minoritized backgrounds.
- We have been working with young trans people to bring their voices on board and working with them to shape the forum theatre which has been delivered to staff.



- We have recruited seven patient safety partners for our services and are national leaders in the delivery of the patient safety framework.
- We are continuing to strengthen our links within the Trust working closely with services and corporate teams to support them to gather feedback from communities. Examples of Teams that we have worked with include, CAMHS, our Equalities, Diversity, Inclusion and Belonging team and Pulmonary Rehab, communications team.

### Community Engagement

Building trusting relationships with local people and groups continues to be a core part of our engagement work.

- In 2023/24 we have had direct conversations with over 6,000 people across Hampshire and the Isle of Wight.
- Our community partner programme has increased by 16.3% from 275 community partners to 320 community partners. We estimate that through these partners we have a reach to over 500,000 people.
- By the end of 2023/24, 20 per cent of our community partners represent our seldom heard from communities. We now have 10 groups representing racially minoritised communities, seven representing unpaid carers, 30 representing children and young people, 14 representing disability groups and six representing refugee groups.
- We have now fully developed different social media channels and are monitoring who is using them. We have also reached out to several groups of young people to provide us with feedback.
- We continue to regularly go out into the community to meet with our community partners.



### Experience of Care

We will continue to improve the experience of care for our diverse community by understanding the causes for lack of satisfaction. Some of the activities carried out during this quarter include:

- Working with a member of LGBTQ+ community to develop our forum theatre work to share their experience of using our services.
- Introduced a number of different approaches for gathering feedback. Our feedback approaches have included:
  - Implementation of the Q-exchange online portal for gathering feedback.
  - Introduced workshops through participatory arts
  - Held basketball session to reach some of our youth
  - Slam poetry performances
  - Reached out and worked with different groups including people with a learning disability from Creative Advances, Hexagon, Waverly Lodge, and young people from Energise me.
  - Ongoing pressures have meant that staff do not yet have the opportunity to do ward visits.

### Supporting Fusion Conversations

In 2023-2024 the Community Engagement and Experience Team has played a key role in supporting the development of the new Trust by using the Solent approach to working with people and communities.

We have actively involved local people and communities in the development and design of the organisation. Working in partnership with colleagues from Southern, Isle of Wight and Sussex Partnership Trusts, we have spoken directly with over 4,500 people and used the vast amount of feedback we have received over the last three years to ensure the voice of the community is genuinely at the centre of the new organisation.

The engagement work that we have delivered has fed into the development of the following:

- Identifying the priorities for the new Trust as identified by our communities.
- The values and behaviours of the new Trust
- The name of the new Trust
- Supporting the clinical steering groups

### Engagement Methods Used

 <p><b>Direct conversation</b> Direct conversations have been held with communities and people using our services across Hampshire, Southampton and Isle of Wight. Giving people the opportunity to raise and identify their priorities.</p> <p>In total working with our partners 4500+ reached through conversations.</p>	 <p><b>Towards a new organisation working group</b> In November 2022 we set up a working group inviting community partners to join us in ongoing conversations regarding the new organisations and development of the clinical strategy. The group has 35+ people and community representatives</p>	 <p><b>Existing groups</b> We have continued to work with our existing groups and using feedback gathered through our existing avenues and feeding it through to shape Fusion conversations.</p>
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#### Community Engagement methods for Project Fusion

Direct conversations were held either online using Teams or Zoom or face-to-face in community settings. For the direct conversation sessions that we held, we used different approaches to encourage participation of different groups see illustration figure 2 below.

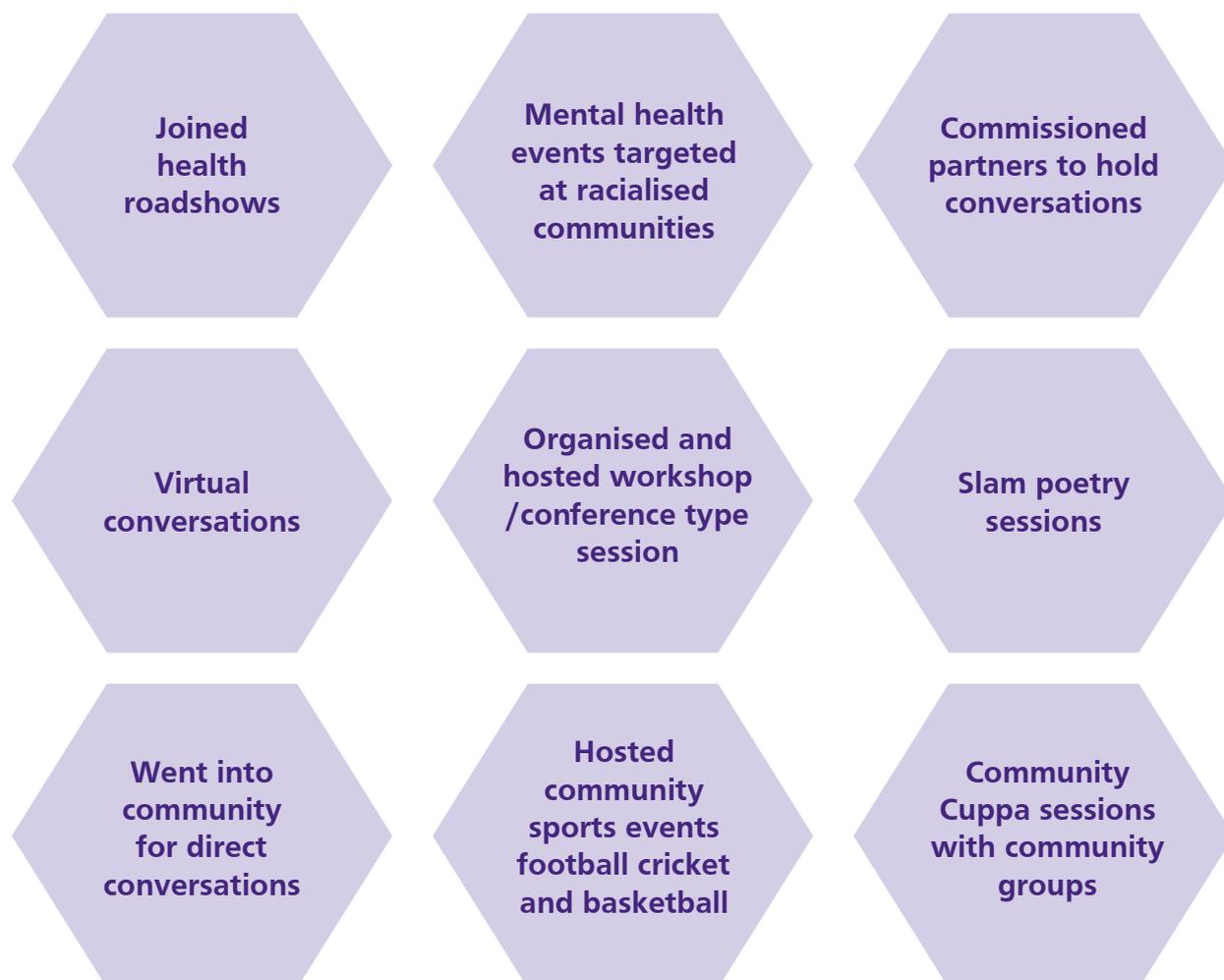


Figure 2: Range of methods used for direct conversations

## Impact of Supporting Fusion Conversations

The contribution of the Community Engagement and Experience Team to the development of the new organisation has been significant and has taken a high proportion of the team's resources.

Over the year we estimate that a significant proportion of the team's time has been spent on Fusion related activity. We estimate that at least 40 per cent of the team's time has been spent on Fusion related engagement and this rises to 65 per cent when only the senior team's time is taken into consideration.

This has impacted the team's ability to fully deliver year three of the Alongside Communities delivery plan.

## Community Engagement Outcomes

Measuring outcomes of community engagement can be quite challenging because community engagement is about fostering human connections and trust, not just measuring activity metrics. It is important that in addition to the activity measurements that we also acknowledge outcomes that the team has been able to achieve that do not have easily measurable metrics. These are contributing factors to the successes we have had with the measurable activities that we have been able to demonstrate. These include:

- Community partners and groups trust us and want to work with us, regularly inviting us to participate in their activities.
- Addressing health inequalities is a long process but with the work that we are doing we know that we have begun to support communities to address health inequalities within the community by giving more of our minoritised communities the opportunity to engage and provide feedback.
- Increased requests for support from our services means that our services are more aware of the needs and priorities of minoritised communities resulting in services that meet our communities needs better.

## Supporting the delivery of national standards, guidelines and strategic priorities

The Solent approach to working with people and communities supports the delivery of a number of key standards and priorities by ensuring the voice of people who use our services, and the wider community are actively involved in the development, delivery and monitoring of the services we provide.

<b>CQC Standards</b>	Person-centred care; Dignity and respect; Safety; Complaints
<b>NHSE Guidance</b>	Working with People and Communities, July 2022 <sup>1</sup> Equality Delivery Scheme 3 <sup>2</sup>
<b>NHS Outcomes Framework</b>	Domain 4 – ensuring people have a positive experience of care
<b>NICE guidance</b>	CG 183 – Patient experience in adult services NG 150 – Supporting adult carers.
<b>NHS Confederation Health Inequalities Leadership Framework<sup>3</sup></b>	KLOE 7: People who use our services, communities, our staff and external partners are empowered to ensure excellent access, outcomes and experience for all.
<b>Parliamentary Health Service Ombudsman</b>	National Standards for Complaints Management
<b>Trust Priority 1</b>	We provide safe, effective services which help people keep mentally and physically well, get better when they are ill and stay as well as they can to the end of their lives
<b>Trust Priority 2</b>	Our communities are at the heart of what we do and we will work alongside our communities to improve the way we deliver care.
<b>Trust Priority 3</b>	We will focus on outcomes that matter, co-created with the people who know our services best.
<b>Trust Priority 4</b>	We will adopt a life-course approach which removes barriers and personalises care.

**Table 3: Community engagement against national and organisation priorities**

1

<sup>1</sup> <https://www.england.nhs.uk/get-involved/involvementguidance/>

<sup>2</sup> <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/>

<sup>3</sup> [Health-Inequalities-Leadership-Framework-board-tool.pdf \(nhsconfed.org\)](https://www.nhs.uk/health-inequalities-leadership-framework-board-tool/)

## The coming year – Development of Year 4 delivery plan

Over the past three years working with our communities, we have developed a coproduction approach for identifying our priorities and activities for delivering Alongside Communities.

We are committed to using a coproduction approach and will do this with our communities in the new organisation. Our priorities will include the on-going support for the development of the new organisation by ensuring the communities we serve continue to be actively involved in development, decision making and design.

### Summary

We have successfully delivered 80 per cent of our Alongside Communities delivery plan which has resulted in strengthened partnerships with our communities and increased participation.

We continue to reach out to our local community to ensure they actively influence the development of the new organisation. We have also been able to respond to internal and external requests for support both at short notice, and with complex demands to reach underrepresented communities.

We are also working closely with our service to develop them with providing to work with people and communities to improve their services. We have shared our learning on local, regional and national platforms and are seen to be leaders in the field of working with people and communities in the NHS provider world. We will continue to ensure that local people and communities are central to the development, design and delivery of community, mental health and learning disability services as we move towards a new organisation.

## Charitable Funds

### How we have used Charitable Funds to enhance care

The Solent NHS Charity, formally known as Beacon, raises money to make a difference to the experience people have when they are being cared for by Solent NHS Trust, covering areas not covered or fully supported by NHS funds.

We are really grateful to everyone who helps raise money for the Solent NHS Charity, we realise every penny counts and we work hard to ensure donations are spent wisely. Charitable income received in the year includes:

- Grants received from NHS Charities Together (NHSCT) of £100,400. As a member of NHSCT, we have been successful with 2 bids, one to develop the grounds and gardens of Falcon House, a CAMHs facility in Portsmouth, and the other to support developing the Charity brand awareness and presence.
- Legacy receipt of £64,627. The Trust was a named beneficiary in the late will of a former Trust patient, following great care she had received during her life.
- Donations totalling £12,248. The incredible generosity of patients who have received great care continues to drive most donations received, most notably a £5,000 donation from a patient who was cared for at Spinnaker Ward. In addition, we are lucky to benefit from the strength and bravery of others who decide to fundraise on behalf of the charity. Such fundraising this year included a former Trust patient cycling from London to Paris in July to help support our Mental Health teams where they had received care.

## How we have spent our Charitable funds

The Charity is currently in discussion with services and service users regarding the design options for the £88,000 recovery grant received from NHSC. This will help to transform the garden area at Falcon House (CAMHS) to make the gardens more welcoming, exciting and practical, for patients and their families as well as our own staff. Work is expected to complete by the summer of 2024.

Solent NHS Charity has approved £22,000 of its funds to support the following activities during 2023-24

- Provision of pelvic ultrasound equipment (£15,000) to MPP services to help support patient pelvic health rehabilitation.
- Entertained Spinnaker patients with monthly visits from a musical duo performing nostalgic songs, encouraging patient participation to support their wellbeing.
- Celebrating our Youth Ambassadors for their involvement and to demonstrate back to them the impact and outcomes of their involvement.
- Purchasing healthcare related equipment enabling upskilling our own staff with Physical Assessments.
- Items of furnishing to enhance the staff and patient experience.
- Supported staff wellbeing events.

## Working with veterans

### We are “Veteran Aware”!

In 2023 Solent NHS Trust was formally recognized as Veteran Aware by the Veterans Covenant Healthcare Alliance (VCHA), a group of NHS healthcare providers in England committed to providing the best standards of care for the armed forces community in England, based on the principles of the Armed Forces Covenant.



The Armed Forces Covenant, which recently passed into law, is a promise by the nation ensuring that those who serve, or who have served, in the armed forces, including their families, are treated fairly.

The VCHA aims to develop, share, and drive the implementation of best practices that will improve armed forces veterans' care, while at the same time raising standards for everyone.

Professor Tim Briggs CBE, NHS England National Director for Clinical Improvement, VCHA Chair, and Honorary Colonel of 202 Midlands Field Hospital, said: “Veteran Aware accreditation means that Solent NHS Trust has made a huge commitment to those who currently serve, be they regular or reserve, those who have served, and all their family members.

### OpCOURAGE

Early in 2023 the Veterans Mental Health High Intensity Service (HIS), transferred from the Trust to our colleagues at Berkshire Healthcare NHS Foundation Trust as part of OpCOURAGE, an integrated mental health and wellbeing service for Veterans. We have taken the extensive learning from our leadership of the HIS and are actively exploring ways we can embed this into our day-to-day operations going forward.

## Our Armed Forces Network

In 2023 we relaunched our Veterans' Breakfast Club as the Solent NHS Armed Forces Network. The new network aims to be a non-exclusive group open to all Trust employees and volunteers, a mix of armed forces veterans, those who have a general interest in the armed forces, reservists, cadet volunteers, and those with a family member who once served or is still serving.

The network provides space and opportunities to come together as a support network for one another. It is a 'critical friend' of the Trust, helping to identify issues and barriers in the Trust's policies, procedures, and practices affecting armed forces personnel, veterans and their families and users of our services.

The network aims to promote and live our Armed Forces Veteran Aware accreditation and raise specific awareness and learning across the Trust with its members being visible role models and Network Champions.

In September, the Armed Forces Network celebrated our Veteran Aware accreditation at a breakfast event with colleagues and partners from armed forces charities and a plaque is now proudly on display at St Mary's Community Health Campus reception.

In November the Trust marked Armistice Day with a service led by the Trust Chaplain and wreath laying in the Captain Tom Moore garden at St Mary's. The service was filmed and streamed for colleagues who were unable to attend in person.

In 2024 the Trust will mark Armed Forces Day in June to highlight the contributions the veterans, reservists and the wider armed forces communities make to our workforce and the services we provide.



## Fusion and our Armed Forces programme

Hampshire and the Isle of Wight is home to one of the largest armed forces communities in the UK and we have a duty to ensure we recognise their unique situation and sacrifices and ensure our services meet their specific needs.

The Trust already has effective links with colleagues leading on armed forces matters at Southern Health, Isle of Wight and Sussex Partnership NHS Trusts and we have a strong foundation to move forward in 2024 and beyond as Hampshire and Isle of Wight Healthcare NHS Foundation Trust.

As a new organisation we will develop a new Armed Forces Covenant pledge, seek Veteran Aware accreditation, and bring together our networks so we can become an exemplar NHS organisation for our armed forces communities both as an employer and a health service provider.

# NHS Constitution

## Constitution

The NHS Constitution was established in 2009 and last updated in January 2021. 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.





## Hampshire and Isle of Wight



Hampshire and Isle of Wight Integrated Care Board  
Omega House  
112 Southampton Road,  
Eastleigh  
Hampshire  
SO50 5PB

Andrew Strevens  
Chief Executive Officer  
Solent NHS Trust

10<sup>th</sup> June 2024

Sent by Email:

[Dominic.Ford@solent.nhs.uk](mailto:Dominic.Ford@solent.nhs.uk)

**Dear Andrew**

**Solent NHS Trust Quality Account 2023/24**

Please find below, the formal response to your Quality Account for 2023/24 from NHS Hampshire and the Isle of Wight Integrated Care Board:

**Statement from commissioners – NHS Hampshire and Isle of Wight Integrated Care Board:**

NHS Hampshire and the Isle of Wight Integrated Care Board would like to thank Solent NHS Trust for the opportunity to comment on their Quality Account for 2023/2024. We are satisfied with the overall content of the Quality Account and believe it meets the mandated elements.

We have worked alongside Solent NHS Trust to seek assurances that the care provided by them meets the required standards for safe, effective care and that experience is key to those accessing it, taking action for improvement where necessary.

We supported Solent NHS Trust's 2023/24 quality improvement priorities. It is pleasing to note that whilst not fully achieving all their key priorities, considerable improvements in several areas are evident, including Community Engagement for Health Creation, Patient Safety Culture and Improving Learning through Practice.

It is recommended that the impact the 2023/24 priorities have had on patient outcomes continues to be monitored during 2024/25.

This year has posed significant challenges for the National Health Service, with an exceptionally high demand for services across the entire healthcare system, which has been evident in Portsmouth, Southampton and South East Hampshire. We would like to recognise the Trust's support during these times of very high demand by continually providing flexible, responsive and caring services.

This year saw Solent NHS Trust transition to the New Patient Safety Incident Response Framework (PSIRF). Internal processes have enabled the Trust to adopt a system-based approach to patient safety events, facilitating improvements and further embedding the 'Just Culture'.

NHS Hampshire and Isle of Wight Integrated Care Board would like to commend the successful launch of the Mental Health Hub in Portsmouth. This service is having a positive impact on the local community, as evidenced by the favourable feedback from service users.

NHS Hampshire and Isle of Wight Integrated Care Board welcomes the 2024/25 priorities outlined in the Quality Account and looks forward to Solent NHS Trust sharing improvements and examples of best practice/innovation at our System Quality Group.

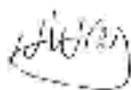
We would like to thank Solent NHS Trust for inviting us to participate in internal quality meetings and quality visits to support our assurance processes. Thank you for supporting local and system quality improvement by being an active, respected, and valued member of the:

- Local Quality Groups (Portsmouth and Southampton)
- Hampshire and Isle of Wight System Quality Group
- Hampshire and Isle of Wight Learning and Sharing Network
- Patient Safety Specialist Network

Overall, we are pleased to endorse the Quality Report for 2023/24 and look forward to continuing to work closely with Solent NHS Trust during 2024/25 in further improving the quality of care delivered to our population.

Finally, we would like to express our gratitude to the Trust for their ongoing support and dedication to providing safe, effective, and patient-centred care during this challenging year.

Your sincerely



Nicky Lucey

Chief Nursing Officer

## Healthwatch Southampton comments on Solent NHS trust Quality Account 2023/24

Healthwatch Southampton (HWS) welcomes the opportunity to make formal comment on the draft of Solent NHS Trust Quality Account 2023/24. Solent NHS trust delivers Community and mental health services for Southampton, Portsmouth and parts of Hampshire and the Isle of Wight. Our comments are limited to those parts of the quality accounts that deal with services provided by Solent NHS trust in Southampton. Overall, the report is thorough and detailed.

Incorporating the Quality account as the 'Great Care' section of the annual report is sound and the overview by the Chief Medical Officer and Chief of Nursing is a helpful introduction. It is odd to have a major heading 'Quality Improvement Priorities 2024/25' in this introduction which interrupts the flow of the section. Similarly, there is no need for the heading 'Our Quality Priorities 2024/25' since the previous two paragraphs refer to them.

There is quite a lot of duplication especially regarding quality priorities 2024/25. These are given in the introduction and again on p 11/12 and again on p13 with similar narrative.

Starting the report with a look back at 2023/24 is sensible and the use of symbols to indicate the level of achievement is clear and helpful. Last year we commented on the amount of discussion about the service line objectives and suggested that it would be preferable to concentrate on the major quality objectives. We are therefore pleased to see that this report concentrates on trust-wide objectives.

We are pleased that the trust has achieved five of the seven quality improvement objectives. and that a postholder has now been recruited to lead the improvement of communication and accessible information and we trust this will now be pursued. It is a pity about priority six and we hope a way can be found to carry this project forward. In general, we hope that work will continue to be explored through the proposed Hampshire and Isle of Wight Healthcare NHS Foundation Trust.

The development of a new NHS community and mental health organisation for Hampshire under 'Project Fusion' will have an obvious impact on the selection of priorities. As part of the process the trust has undertaken community engagement and listening activities related to the development of the new organisation. And it is sensible that the quality priorities for 2024/25 are compatible with that of the new organisation. The seven priorities chosen make sense and are supported. The delivery plans are well set out with clear details of the project, the overall expected outcomes and the key milestones.

PLACE assessments are of course reported, and we were pleased that Solent undertook assessments in all inpatient wards, in Portsmouth & Southampton (including Mental Health wards). We are pleased that HWS was again part of this process. The report highlights the fact that scores are lower in environments beyond their direct control, namely the Royal South Hants in Southampton. HWS agrees with this comment and is pleased that there are plans underway to relocate both Solent Inpatient Wards that are currently at Royal South Hants to a new state of the art facility at the Western Community Hospital.

We will continue to stress the importance of public engagement in the formation of the new organisation and look forward to another year working with the new trust to ensure that patients and the public continue to be well served.

Healthwatch Southampton

## Healthwatch Hampshire and Portsmouth comments on Solent NHS trust Quality Account 2023/24

Overall, we feel that it is a slightly better format than in previous years.

As we've noted in previous years comments on Quality Accounts:

'Who is the intended audience for these? As we do not feel that the primary audience is patients, carers and their families'.

We note with interest the achievements where progress has been met, however are surprised and worried by the number of thumbs down where there has been little or no progress.

Some processes including the work on Patient Safety Incident Response Framework (PSIRF) do not seem to involve patients or the public or families. We are concerned that these new processes, at least the draft version of the report seen by Healthwatch Portsmouth, do not appear to involve families and/or patients as much as the previous system for incidents.

We also note that the transition to the new Trust might have caused some additional issues we are highlighting.

Initially in the document the Trust Quality Priorities for 2023/24 seem rather vague with merely "To improve" which somewhat lacks the details needed for change. We'd prefer to see how and what needs improvement, rather than waiting for more detail further into the document. We at Healthwatch will be monitoring each of the priorities as the local patient voice group and holding the Trust to account.

The NHS Outcomes Framework Core Indicators, especially Domain 2 highlighting the employment of people with a long-term condition, has been affected by the retirement of the Care Programme Approach in Mental Health Services. We will be keeping a watch on this, and the processes put in place to resolve this.

Although a low number in contrast, there were 622 people who completed the Trust's Friends and Family Test and stated they experience was 'poor or very poor'.

We also note the 10% reduction in complaints about the Trust from 136 in 2022/23 to 123 in 2023/24. The table of themes of the complaints hopefully reflects the quality improvement themes of the services where complaints have been raised.

It is good to see that the Patient Led Assessment of the Care Environment (PLACE) is yet again mentioned in the report as Healthwatch always has patient representatives and volunteers joining this valuable process.

Ends.

June 2024

# Statement of Directors' responsibilities for the Quality Account

## The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare a Quality Account for each financial year.

NHS Improvement has issued guidance to NHS Trust boards on the form and content of annual quality accounts (which incorporate the above legal requirements) and on the arrangements that NHS Trust boards should put in place to support the data quality for the preparation of the quality account. In preparing the quality submission, directors are required to take steps to satisfy themselves that:

1. the content of the quality account meets the requirements set out in the NHS Improvement guidance issued.
2. the content of the quality account is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the relevant period
  - papers relating to quality accounted to the board over the same period
  - feedback received from Hampshire and Isle of Wight Integrated Care Board
  - feedback received from Southampton, Hampshire and Portsmouth Healthwatch organisations
  - the NHS Staff Survey Results published
  - the Head of Internal Audit's annual opinion of the Trust's internal control environment
  - the quality account presents a balanced picture of the NHS Trust's performance over the period covered
3. the performance information reported in the quality account is reliable and accurate
4. there are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm that they are working effectively in practice
5. the data underpinning the measures of performance reported in the quality account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
6. the quality account has been prepared in accordance with the NHS England annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality account.

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

By order of Solent NHS Trust Board



**Ron Shields**  
**Chief Executive Officer, Solent NHS Trust**  
 X June 2024



**Mike Watts**  
**Trust Chair, Solent NHS Trust**  
 X June 2024

Section 3

# Great place to work



# Providing a great place to work

**We are so incredibly proud of the dedicated people at Solent who work with the utmost professionalism, as well as flexibility and agility, to care for all our patients and each other.**

We share a fundamental belief that the way we work, our behaviours and priorities should be guided by our values – Honesty, Everyone Counts, Accountability, Respect and Teamwork (HEART). These are deep rooted within Solent and everything we do.

One of the principles of our mission is ensuring Solent is a great place to work. This is supported by well-known evidence that creating a highly motivated, engaged workforce has a positive impact on patient care and outcomes. Since its creation, we have seen a positive cultural development journey within Solent with increasingly positive staff survey results, a positive speaking up culture, both of which have impacted on the quality of care we provide.

Our people teams have worked extremely hard introducing new ways of working, demonstrating our continued learning culture, improving efficiencies in our people processes to enable a positive staff experience, and where possible have done this through innovative and digital interventions to strengthen, growing our own, looking after our people, being an inclusive place to work, and overall contributing to our ambitions for a sustainable workforce. We will continue our journey of collaboration with our people, through our staff networks and community of practices, to foster and nurture Solent NHS Trust working environments to be a thriving and great place to work.



# Our people

On 31st March 2024, we employed 5118 clinical and non-clinical members of staff (including part-time and bank staff) this equates to 3583.12 full time equivalents (FTE) who contribute to providing high quality patient care across our local communities. Most of our people are permanently employed in clinical roles and deliver patient care either directly or indirectly. We also employ highly skilled administrative and estates staff 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 2023.

Staff Group	FTE					Headcount				
	Female	Female %	Male	Male %	Total	Female	Female %	Male	Male %	Total
<b>Admin and Estates</b>	294.65	80.86%	69.75	19.14%	<b>364.40</b>	590	83.69%	115	16.31%	<b>705</b>
<b>Director</b>	4	60.61%	2.6	39.39%	<b>6.6</b>	4	57.14%	3	42.86%	<b>7</b>
<b>Healthcare Assistants and Other Support Staff</b>	1036.69	83.56%	203.96	16.44%	<b>1240.65</b>	1450	83.14%	294	16.86%	<b>1744</b>
<b>Managers and Senior Managers</b>	76.61	70.54%	32	29.46%	<b>108.61</b>	84	69.42%	37	30.58%	<b>121</b>
<b>Medical and Dental</b>	98.68	71.85%	38.66	28.15%	<b>137.34</b>	170	72.34%	65	27.66%	<b>235</b>
<b>Nursing and Midwifery Registered</b>	797.29	91.48%	74.25	8.52%	<b>871.53</b>	1099	92.66%	87	7.34%	<b>1186</b>
<b>Scientific, Therapeutic and Technical</b>	259.42	85.39%	44.38	14.61%	<b>303.80</b>	341	86.33%	54	13.67%	<b>395</b>
<b>Allied Health Professionals</b>	442.70	80.46%	107.49	19.54%	<b>550.19</b>	602	83.03%	123	16.97%	<b>725</b>
<b>Grand Total</b>	3010.04	84.01%	573.09	15.99%	<b>3583.12</b>	4350	84.80%	778	15.20%	<b>5118</b>

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

Average Staff Numbers during 2023/24 Period	Permanent Headcount	Other Agency Number (Inc. Bank Staff)	Total Numbers
<b>Admin and Estates</b>	363	317	681
<b>Managers and Senior Managers</b>	102	18	119
<b>Director</b>	5	2	7
<b>Medical and Dental</b>	143	75	219
<b>Nursing and Midwifery Registered</b>	985	215	1200
<b>Healthcare Assistants and Other Support Staff</b>	1471	346	1817
<b>Scientific, Therapeutic and Technical</b>	373	17	390
<b>Allied Health Professionals</b>	650	73	723
<b>Other/blank</b>	0	3	3
<b>Grand Total</b>	<b>4092</b>	<b>1066</b>	<b>5158</b>

Employee Benefits - Gross Expenditure (un-audited)	Permanent £000s	Other Agency £000s	Total £000s
<b>Salaries and wages</b>	148,652	7,335	155,987
<b>Social security costs</b>	15,581		15,581
<b>Apprenticeship levy</b>	758		758
<b>Employer Contributions to NHS BSA - Pensions Division</b>	27,049		27,049
<b>Other pension costs</b>	126		126
<b>Termination benefits</b>	-		-
<b>Total employee benefits</b>	192,166	7,335	199,501
<b>Employee costs capitalised</b>	310		310
<b>Gross Employee Benefits excluding capitalised costs</b>	<b>191,856</b>	<b>7,335</b>	<b>199,191</b>

The overall level of vacancies was 7.24% of the total workforce (March 2023). Our vacancy rate increased from 4% to 7.24% over the last year. Executive vacancy controls panels were introduced across the trust in 2024 to maintain a good control on budgets.

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
<b>Vacancies %</b>	4.09	5.12	6.72	7.65	7.21	9.36	8.93	8.36	8.35	8.68	6.88	7.24

# Our staff are our biggest assets

## Our staff retention programme and our training offer

2023/24 has been another tough year for our people, with external factors influencing, with the continued cost-of-living crisis, Industrial Strike Action, and the continued long-term health effects of Covid-19 to navigate, and supporting our people and their financial, and health and wellbeing, continues to be of paramount importance to us and you can read more about our wellbeing offers within the Occupational Health and Wellbeing section.

In 2023/24 we have continued to make good progress with our programme to retain our skilled and experienced team. Our nursing turnover reduced between the period April 2023 and March 2024 from 12.9 to 11.7%, our overall turnover rate reduced from 13.9% to 12.81%. We continue to work hard on the attraction and retention of Solent's workforce as you can see from the great examples below.

### Recruitment

- Due to the success of our previous 2 years with International Recruitment this year we saw a reduction in International recruits coming to the trust due to a reduction in our band 5 nurse vacancies and continue to support our existing International recruits. This year we welcomed 4 Nurses to the trust
- We continued with improvements to our Applicant Tracking System Oleeo which now has bespoke reporting built and this year we enhanced the EDIB functionality within the system which now monitors advert wording to help remove any non-inclusive language before the advert is posted live. We are also seeing improved candidate journey and improvements in our time to hire.
- Recruitment events have been held throughout the year in both Portsmouth and Southampton and we have also attended local university open days to help promote the trust to newly qualified students.
- Bespoke recruitment campaigns have been run for difficult to recruit posts and in the last quarter of the year we have tried a new approach to recruitment that has run alongside our traditional methods. This led to an additional 38 applicants applying to the trust who had never applied before and we are monitoring results to look at further testing.
- During the year our recruitment and EDIB teams worked closely together to introduce EDIB allies that sit on all band 7 vacancies and above across the trust. Feedback on this new initiative have been very positive with excellent feedback from hiring managers, candidates and EDIB allies.
- Our Health Roster teams have been carrying out roster optimisations programmes across our services to make sure that our rosters are finalised in good time and that we are maximising the efficiencies that the system allows. Working closely with our temporary staffing team this has help us further reduce agency spend.
- Bank remains an important part of our overall staffing strategy and we have been actively recruiting Nurses, Healthcare support workers and administration assistants monthly.
- Our temporary staffing team have continued their excellent work this year in reducing our agency spend down to £7.3 million. Our bank fill rate for the year was 58.9% and agency rate of 34.9% giving a total fill rate of 93.8%.
- Significant work has been done by the team in reducing agency rates throughout the year and by the end of the year we have completed removed all off-framework agency usage and already have a number of shifts rates at price cap compliance with a plan in place to have all Agenda for Change rates at price cap compliance by August 2024.
- In the first quarter of 2024 we offered weekly pay for our substantive bank workers to help with the continued cost-of-living pressures to enable staff to be paid quicker for the work that they do.
- Our ESR team this year have continued to improve the quality of the data held within ESR and are now ranked number 1 in our region and 9th in the country in the (WoVEn (Workforce Validation Engine) report).

## Investing in our staff

The Trust offers a variety of programs and resources to help staff develop the skills they need to be effective leaders and managers through the Leadership Development Framework. The framework is key in supporting Solent NHS Trust's commitment to developing a sustainable workforce for the future.

- **Managers Induction:** A new two-and-a-half-hour virtual session covering leadership behaviours, leading self and others plus an overview of the resources available. Feedback:

**"The whole session was useful. Having recently been promoted to a Band 7 where I now have to manage people I have been feeling that I am expected to perform the role but have not had any training or guidance. The signposting to the relevant training on L&D is excellent and I have already booked onto some courses."**

**"It was a really good opportunity to meet with other managers, those that had just joined and others that had been doing it a while. It was good to know that your worries and queries are similar. The book recommendations and the links to training and other resources was very useful. I also found the group activities really enjoyable and learnt a lot from them."**

- **Bitesize Learning:** Short e-learning sessions and online resources that can be accessed at any time.
- **Line Management Skills:** 90-minute virtual workshops that teach key skills in managing appraisals, managing hybrid teams, compassionate leadership, getting the best out of HR formal meetings and wellbeing essentials. Feedback:
 

**"I think this should be mandatory throughout the Trust as it will benefit all staff."**
- **Delve Deeper:** Offering more in-depth workshops on topics such as coaching, personal effectiveness, burnout prevention, balancing workload demands and Managing Challenging Conversations (delivered in partnership with The SimComm Academy). Feedback:
 

**"Excellent facilitation and participative methods for bringing difficult conversations to life. Thoroughly enjoyed and really powerful way to learn and benefit from the feelings, thoughts and feedback of others. Highly recommend."**
- **Leadership Development Programmes:** Three levels of leadership programmes that are run and delivered in conjunction with Aspire Development. Feedback:
 

**"Thank you very much for this outstanding course, on every module I learned so many tools that I was able to incorporate on my daily routine."**
- **Leadership Qualifications:** Formal qualifications that can be obtained either through the NHS Leadership Academy or via our various apprenticeship programmes. Solent now has two accredited Mary Seacole facilitators working within the local system to offer this programme to staff across the Southeast Leadership Academy (SELA).
- **360 Feedback Reports** – our team are now accredited to offer the NHS Healthcare Leadership Model (HLM) 360 & the Real-World Transformational Leadership Questionnaire (TLQ) report.
- In **support of Project Fusion**, the team have delivered a number of one-hour virtual sessions on 'change management theory' and the 'skill of listening' to staff from across Southern, Solent and the Isle of Wight.
 

**"Great session, thanks. There was reference to some really useful resources to underpin the need to, and benefits of, listening."**

The **Leadership Development Framework** is flexible and can be customised to meet the needs of individual staff members. Coaching is a key element of the programmes, as it provides staff with the support they need to develop their leadership skills. In addition to our external programmes, we have delivered a Chartered Management Institute (CMI) Level 5 Coaching programme in collaboration with Southern Health Foundation Trust for a mixture of staff from both organisations.

The MyLearning website continues to act as a central hub for all of the Leadership Development resources with the content being continually sourced and added to the site, so staff can always find the latest information and training opportunities.

## LMS Digital learning

Solent NHS Trust recognises the importance of an inclusive learning culture where staff can develop both professionally and personally. The ability to access and undertake quality education and training empowers our staff and enables them to deliver great care, which is safe, effective, and reflects the Trust's values.

In line with our strategy for the LMS it has been developed to not only ensure that all statutory and mandatory training can be completed and provide assurance of training compliance in key areas, but it also enables staff to develop in their role with over 500 courses varying from Clinical Skills to Leadership and Management from a self-directed learning perspective.

A variety of dashboards have been created to support the learner experience including a 'volunteers' area of the site. A suite of reporting tools and dashboards are now available which are graphical, aggregated, and interactive, which enables us to monitor and evaluate the Learning Management System Return on Investment (LMS ROI) and identify targeted service areas to further strengthen. A comprehensive user survey has been used to provide data on what is working well and any areas for development. A new Teams channel has been set up based on this feedback to keep staff updated on any new content that has been added. Clear and accurate dashboards allow staff to see their compliance and book required activities directly from their home page. Accessibility of the site has been enhanced by the 'Access Angel' tool. The Digital team were also awarded with the Digital Excellence award (this was at the Solent Digital Expo).

## Coaching and mentoring

We are continually working to ensure that our people have access to coaching and mentoring support and are equipped with the skills they need to achieve Solent goals and the NHS People Promise. We recognise the unique contribution that coaching, and mentoring can bring to help achieve this, delivering the best outcomes in a fast-changing work environment.

This year we have continued to develop our Solent Coaching offers working jointly with our leaders, Solent Coaches, and a range of external providers. Our offers have included:

- **General Coaching programmes** – A series of goal orientated coaching sessions. Supporting common themes such as career development, enhancing an area of work performance, support with a work-related challenge or during change or a crisis. Coachees said:  
**"Coaching has helped me to be more confident in my own abilities" and "I feel more confident to implement change which will benefit the team."**
- **Focused Coaching sessions** – 60-minute session for people feeling stuck, overwhelmed or in need of some focused support. Sessions provide a non-judgemental, confidential, safe space for people to think through a specific challenge and decide how they wish to take things forward.

- Work life balance and wellbeing coaching support: Encouraging proactive prevention and creative solutions helping people to feel fulfilled and content in both work and personal areas of their life. Coachees said:  
**“Coaching has allowed me to reflect on my mindset of working, prioritising my wellbeing.”**
- **Coaching Skills course:** Part of our leadership and management development programme, enabling leaders to feel confident in using a coaching approach and equipping them with new tools to put into practice.
- **A Coaching Apprenticeship:** This Apprenticeship offers a flexible training opportunity for people wanting to undertake a coaching qualification whilst remaining in their Solent role. Encouraging the uptake of this training offer across the Trust.
- **CMI accredited Level 5 Certificate in Professional Coaching Practice:** We have been working in collaboration with Southern Health NHS Foundation Trust delivering a programme open to colleagues from Solent and Southern Health NHS Foundation Trust and also colleagues from the Hampshire and Isle of Wight Integrated Care system.

We will continue to build our internal coaching workforce to meet demand, supporting additional people to undertake a coaching and mentoring qualification.



## Maximising our joint coaching potential

We continue to work closely with Southern Health NHS Foundation Trust colleagues to review our joint coaching work plan. There are lots of opportunities to share best practice, skills and rationalise time and resources.

Progress to date:

1. Our integrated Gateway to Coaching course has now launched and staff in Solent and Southern have access to this monthly course co- delivered by Solent and Southern facilitators.
2. A bitesize Intro to Coaching course has been piloted to increase access for more people.
3. The launch the CMI Level 5 Certificate in Professional Coaching Practice cohort. The programme is progressing well.

## Clinical Education

Solent NHS Trust has 70 staff on nursing, Allied Health Professional (AHP), advanced clinical practice and psychology apprenticeships within the Trust. The apprenticeship team is currently engaging with universities to find an apprenticeship provider for physiotherapy and speech and language therapy. It is hoped that these apprenticeships will be added to the apprenticeship portfolio in September 2024.

The Learning Environment Team continues to support the high-quality pre-registration placements offered within Solent NHS Trust. In the 2022/23 academic year 634 clinical undergraduate placements for nursing and AHPS were utilised across the Trust. We have developed new placement pathways to offer different learning opportunities and have worked closely with clinical teams to set these up and give ongoing support. We have redesigned our student offer and run learning events and wellbeing sessions throughout the week that are accessible to all students. We have developed new resources for students with the aim of enhancing placement experience in addition to easing some of the pressure on our clinical teams. We have delivered training to 164 registrants in how to support and assess students and are currently redesigning the training to make it more accessible.

We have assigned and procured professional development activities for the investment received under the national CPD Funding Scheme – Extension Year (April 2023 to March 2024). Funding was awarded either through individual applications or from training needs analysis within services, which included Trust-wide training opportunities identified corporately. The necessary university modules for the upcoming academic year (2024-25) have also been identified and provisionally requested. Our processes to manage this scheme of work have been fully optimised and we are confident going into Project Fusion that we can continue securing high-quality training opportunities through any workforce transformation funding stream offered to us by NHS England.

Since April 2023 preceptorship team have offered preceptorship to 125 clinical registrants who are new NMC and HCPC register. This represents five cohorts during this period.

The preceptorship team continue to provide structured support, education, and pastoral care throughout each new registrant's first year and beyond. A multi-professional 12-month preceptorship programme supported by experts from across the Trust is delivered. The programme includes education, peer support, coaching, leadership and management skills, quality improvement initiatives, and action learning sets. Facilitating a variety of wellbeing strategies is central to our drive to provide a well-rounded holistic experience.

The Internationally Educated Nurse (IEN) team have successfully trained 242 nurses since April 2022 to undertake the mental health nursing Test of Competence (TOC). The dedicated Practice Educators utilised various teaching methods in line with the Capital Nurse Gold Standard approach. The pass rate has remained above national average at 66% throughout the year for the first attempt with an overall pass rate of 100% for subsequent attempts.

The Community Practice Educators have instigated a 3-week part time clinical induction programme. This has been running every 2 months since September and has been well received by staff and their managers and provides a clinical induction for new to the trust registrants.

New work-based learning has been added to the suite of clinical skills face to face learning in response to service requests. These include Glasgow Coma Scale assessment, bladder scanning training and Aseptic Non-Touch Technique (ANTT) training.

To date within this financial year the resuscitation team have provided 2,587 training places for statutory and mandatory courses. There are still challenges with staff attending training with 2019 staff having attended training so far, this financial year. The team provided 25 simulation sessions this year and have recently begun to support simulation within Older Person's Mental Health. We have provided bespoke choking and basic life support training to 8 families this year who are supported by Solent services.

# Celebrating our Staff

**Our commitment to celebrating successes of our teams and our people continued during 2023-24, recognising our colleagues for their hard work and dedication through our formal recognition the HEART Awards, annual Solent award and recognition ceremony and long service.**

During the Christmas period staff across the Trust took part in our '12 days of Christmas' videos on the Team Solent Facebook group. It was an opportunity for our people to show off their Christmas attire and share their favourite moments of 2023. Our Chief of Nursing and Allied Health Professionals Angela Anderson took time out to reflect on what Christmas meant to her with a staff video message. We also held a Solent Christmas quiz.

## Annual Award Ceremony

Our annual award and recognition ceremony was held in July at the Harbour Hotel in Southampton, a fitting venue to celebrate our staff, which also coincided with the 75th birthday of the NHS. The ceremony saw a total of 12 awards presented following nominations from patients and colleagues. Winners were then selected by an independent panel.

## International Nurses Day

We honoured the nursing profession with events across International Nurses' Day. Colleagues gathered at St Margaret's Church in West Wellow to pay their respects to nurses Mary Seacole and Florence Nightingale. Our annual nurses conference, hosted at King's Community Church in Hedge End, saw colleagues joined by an array of brilliant speakers. The day culminated in our Nurse of the Year and Nursing Support Worker of the Year being announced.

## Allied Health Professionals Conference

Many of our Allied Health Professionals (AHPs) came together at the Ageas Bowl in Southampton for the Trust's annual AHP Conference. A big thank you to everyone who attended and participated.

Keynote speaker, Felix Barrow and his mum Vanessa, spoke powerfully about how Felix, from Swanmore, was involved in a life-changing road traffic collision in 2015, aged 11. Vanessa sang the praises of the AHPs involved and wider NHS colleagues who cared for and supported him.

Felix has defied all odds to become a world record-breaking professional cyclist.



As part of the celebration event, our AHP support worker of the year and AHP of the year were announced.



## SHINE

In October, we published our patient and staff magazine Shine, offering health and wellbeing advice, as well as inspirational stories from the Trust. You can read Shine here: <https://www.solent.nhs.uk/our-stories/shine-magazine/>

## Nurses scoop prestigious title

In November we were thrilled to celebrate 12 Solent nurses who were given the title of Queen's Nurse – recognising the most accomplished and experienced community nurses.

The Queen's Nurse title is open to nurses, health visitors and midwives working in the community, reflecting their commitment to patient-centred values, excellent patient care and continual improvement within the NHS.



## 'Large employer of the year'

Our apprenticeship team was named as the winner of the News and Chichester Observer Series Apprenticeship Awards.

The apprenticeship team took home the title of 'Large Employer of the Year' for their work in supporting over 50 apprenticeships across different areas of the NHS.



## Allied Health Professionals and Nurses highly commended

A dedicated team of Allied Healthcare Professionals and Nurses at Solent NHS Trust were highly commended at the Chief Allied Healthcare Professionals Officer (CAHPO) Awards.

The team received a commendation at the Awards for their work on transforming Solent's Allied Health Professional (AHP) and nursing workforce through the development of advanced and consultant clinical practitioner roles.

The AHP and nursing team, which includes a Speech and Language Therapist, Podiatrist, Physiotherapists and Nurses, took up the challenge of radically redesigning the workforce, as set out in the NHS Long-term Plan, which argues for a broader, multi-disciplinary workforce to tackle the rising complex needs of our communities.



## Team scoops top international nurse recruitment award

We were awarded the Pastoral Care Quality Award for demonstrating commitment to providing internationally educated nurses with high-quality pastoral care.

This included being recognised for the great lengths Solent goes to in order to welcome international colleagues to ensure they settle in, feel welcome and to ensure their needs are met.



## Portsmouth team shortlisted for prestigious Nursing Times award

Portsmouth's Rehabilitation and Reablement Team (PRRT) was shortlisted in the prestigious Nursing Times Awards for the Team of the Year Award. The team comprises of Solent NHS Trust and Portsmouth City Council health and care colleagues, all working to the same goal of keeping some of Portsmouth's most frail and vulnerable residents safe, well and at home.

PRRT were nominated for the award, having received numerous accolades from patients and families of those they have cared for throughout Covid and the national recovery in the NHS. The team is unique because it features so many health and care disciplines, and also focuses on admission avoidance as well as hospital discharge.



## Vital staff wellbeing initiative shortlisted for award

The Ripple Model, which is an initiative for supporting colleagues following an incident or a near miss, was a Finalist for the Staff Wellbeing Initiative of the Year at the Health Service Journal Patient Safety Awards.

The Ripple Model is a trauma informed, reactive approach to supporting NHS colleagues immediately following an incident or 'near miss', with swift access to impactful support, acknowledging that individuals experience trauma differently. Whilst Solent, like other NHS organisations, has always been proud of its wellbeing support, this approach leans on the research from crisis situations that can trigger post-traumatic stress disorder, such as war and natural disasters, creating a true wrap around level of support that is ongoing and available whenever needed.



# Diversity and inclusion

**The Equality Delivery System (EDS) was officially launched in 2011 and updated in 2013 with the aim of embedding equality within the current and future NHS – for both commissioner and provider organisations. It is an improvement tool for patients, staff and leaders of the NHS.**

In order to maximise the opportunities that EDS can offer, organisations are encouraged to engage in active conversations with people who use services, patients, public, staff, staff networks, community groups and trade unions to review and develop their approach in addressing health inequalities. The tool is split into three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement, and insight.

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers, can support compliance with the Public Sector Equality Duty (PSED) and will increase the profile and consideration being given to equality within organisational and governance processes.

Each outcome is scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Domain scores are then added together to provide the overall score, or the EDS Organisation Rating.

Through collaboration with stakeholders, we have agreed an overall score of 23 or an EDS Organisation Rating of **Achieving Activity**. The scores across the Domains were not consistent – but higher ratings in some areas moved the overall rating to Achieving. A detailed action plan was co-developed with stakeholders to identify the actions we need to take to move, sustain or improve our rating,

The scoring system allows organisations to identify gaps and areas requiring action.

<b>Undeveloped activity – organisations score 0</b> or each outcome	Those who score <b>under 8</b> , adding all outcome scores in all domains, are rated <b>Undeveloped</b>
<b>Developing activity – organisations score 1</b> for each outcome	Those who score <b>between 8 and 21</b> , adding all outcome scores in all domains, are rated <b>Developing</b>
<b>Achieving activity – organisations score 2</b> for each outcome	Those who score <b>between 22 and 32</b> , adding all outcome scores in all domains, are rated <b>Achieving</b>
<b>Excelling activity – organisations score 3</b> for each outcome	Those who score <b>33</b> , adding all outcome scores in all domains, are rated <b>Excelling</b>

The full EDS report and action plan can be found with the Annual Equality Diversity Inclusion and Belonging report here [Equity, Diversity, Inclusion and Belonging | Solent NHS](#)

The table below summarises the scores against each domain

Domain	Outcome	Score
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	<b>2</b>
	1B: Individual patients (service users) health needs are met	<b>2</b>
	1C: When patients (service users) use the service, they are free from harm	<b>2</b>
	1D: Patients (service users) report positive experiences of the service	<b>2</b>
<b>Domain 2: Workforce health and well-being</b>	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<b>2</b>
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<b>2</b>
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<b>2</b>
	2D: Staff recommend the organisation as a place to work and receive treatment	<b>2</b>
<b>Domain 3: Inclusive leadership</b>	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<b>2</b>
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<b>2</b>
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<b>2</b>
<b>Overall Score for Solent NHS Trust</b>	<b>Achieving Activity</b>	<b>22</b>

Over the past year Solent's Child and Family Services have continued to further their engagement with the communities they serve so to better understand the differing levels of access for different demographic groups and to ensure services are targeted on this basis to and promote inclusion and improve under representation.

Solent NHS Trust has a legal duty to ensure the services we deliver are provided fairly and equally. Under the general Public Sector Equality Duty outlined in the Equality Act 2010, public bodies such as NHS Trusts must demonstrate due regard to the need to:

- Eliminate discrimination, harassment, and victimisation
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- Foster good relations between people who share a relevant protected characteristic and people who do not share it

For the monitoring of equality, these standards focus upon the nine characteristics given protection under the Equality Act 2010, plus 'carer status'. 'Carer status' is a characteristic that has not been assigned protection under the Equality Act 2010. However, it is increasingly recognised, that people with caring responsibilities may need specific support. These standards therefore contain the suggested question and response categories for monitoring this status.

For health inequalities it focuses on 'socio-economic factors' such as employment.

In addition to the Equality Act 2010, the Armed Forces Act 2021 requires public bodies such as NHS Trusts to pay due regard to the principles of the Armed Forces Covenant when carrying out specific public functions in the areas of housing, healthcare, and education.

Equality monitoring is the process used to collect, store, and analyse personal information of our service users to ensure that all our services are accessible for the diverse range of people within our local communities.

Collecting and analysing equality monitoring data can help us to continually improve our service delivery by helping us to:

- Understand who is accessing services and whether this is representative of the local community
- Identify if there is any difference in experience between different groups
- Identify trends and patterns and highlight possible inequalities/discrimination
- Investigate the underlying causes of any inequalities
- Seek to put actions in place to redress any unfairness or disadvantage
- Send a positive signal to our service users that their needs are being considered
- Publicise what we are doing to promote equality

Using this information can help us to make changes based on facts rather than assumptions. We will use the monitoring information to:

- Support us in meeting service users' individual needs
- Reach out to underrepresented groups and make sure our services meet their needs
- Make it easy for our diverse communities to access our services
- Improve the way current or future services are delivered by identifying and addressing barriers, learning from good practice and patient experience
- Actively challenge discrimination by ensuring equality and diversity is embedded in all we do

The Trust is working towards aligning the questions and categories across our internal systems to meet operational, clinical, and reporting needs. We will aim to learn from inclusive practices in monitoring; only asking for information that we will use in meaningful ways, not asking for the same information multiple times, and asking the questions sensitively and appropriately.

Staff responsible for the collection of equality monitoring data will receive training on how and when to ask questions sensitively to obtain this information. Judgements should not be made as to a person's perceived grouping if an individual is unable to self-classify. Training will emphasise why collection of this data is important and how to communicate this to our service users.

Here is a short video that explains more about why Solent NHS Trust collect equality monitoring information Solent is committed to keeping your data confidential on Vimeo

Data collection may be impeded in certain situations, the table below provides some examples and how data can still be collected.

The person is...	Data collection options
Too young	Invite a parent/guardian to respond
Unable to communicate in English	Use interpreters/advocates, translated or accessible versions of paperwork (easy read, braille)
Unwilling to provide information	The importance of asking for the relevant information should be emphasised but the person should not be pressurised to respond.
Unable to respond	Request the information from a family member or carer
Temporarily confused	Obtain information later or ask a family member/carer/advocate to respond
Permanently confused	Obtain information from a family member / carer / advocate

Once recorded the data should be periodically reviewed and entries verified with the service user. Each service will determine the frequency of this review. The person will retain the right not to disclose this information, and this response will become part of their record.

Across the various clinical service lines in Solent there are numerous examples of what teams are doing to reach out to parts of the community seldom heard from and improve access and inclusion by design to address health inequalities, as well as workforce culture and inclusion improvement programmes. Below are just some examples.

### **Southampton Integrated COPD Team**

This wonderful integrated team staffed jointly from UHS and SOLENT support the patients of Southampton city with their COPD care. The team members are truly invested in getting the best outcomes for patients and work collaboratively with the patients. We get excellent feedback about patients being listened to and supported and having choice.

- Our patient caseload has many social and economic barriers to accessing treatment and the whole team from admin through to our clinical lead Consultants really work flexibly and creatively to engage patients in care.
- We reach out to the population participating in patient support groups as clinical link workers and hosted a successful patient and public engagement session for World COPD Day at key localities in the region Hedge End retail park Gunwharf keys.
- We have excellent relationships with Third party organisations around the city and foster promote seamless transition of care the to these services, a time when patients are really vulnerable we participate in joint working and transitional strategies for those individuals that require it. We also contribute to patient focus groups at a national level and are supporting a project with Asthma and Lung UK driving change of patient materials online focusing on activity.

### **Improving Access and Inclusion for patients and service users 2024 -Solent West (Southampton Community Diabetes Service)**

It is widely recognised that individuals from the BAME community have a higher risk of developing type two diabetes and develop it from a younger age. Once they have diabetes, they are less likely to access healthcare services and have poorer treatment outcomes. Structured education is recommended to improve outcomes in those with type two diabetes, but attendance is proportionately poorer. For structured education programmes to be successful and effective they need to meet the cultural, linguistic, cognitive and literacy needs of the population they are being delivered to. We recognise that in Southampton we have a significantly higher proportion of people from a BAME background than the rest of Hampshire and, therefore, have developed tailored education sessions for individuals from the BAME community. These are culturally sensitive sessions delivered in Hindi/Urdu. The aim is to make type 2 diabetes education more accessible to this population and ensure that education is culturally appropriate and therefore effective. It is hoped that the education will help raise awareness of type two diabetes and work towards 'busting myths' regarding advice and treatment for type two diabetes and, in the long term, treatment outcomes will be improved.

The **Solent Sexual Health** services cover the whole of the HIOW geography. During 2024 the service enhanced the access route into the service; this is now via a clinical triage process where every person that calls for an appointment speaks to a sexual health clinician.

This has enabled lots of people to be managed there and then on the phone; with treatment by post or by accessing online testing and therefore preventing the need for a face-to-face appointment. Where it is deemed necessary to come into the service for an appointment the clinician on the call can identify both the clinical and social needs for the patient and therefore can adapt appointment length accordingly.

- The Sexual Health Outreach service continues to focus on meeting the needs to our underrepresented communities and over the last year have introduced the following:
- Commenced a clinic, with consistent attendance at the Portsmouth Recovery hub. This partnership has strengthened to include the outreach nurse being used for specialist advice to the team and to perform joint home visits together.
- Developed a partnership approach with the Portsmouth Drug and Alcohol Service with plans to commence a one stop shop for patients. This approach has also provided education back to the wider Sexual health team on the needs of this community and an addiction link role is being established within service.
- Regular outreach clinics are now provided with the homeless healthcare and YMCA services in Southampton. In the new year this is being expanded to commence a clinic at 'Change Grow Live' which is a charity working with people with addiction.
- To support our younger population a new clinic at City College is also being introduced.
- A new sexual health outreach service is starting in January on the IOW with the first clinic planned at the Foyer, an organisation which provides housing for young people experiencing homelessness.
- An extension to the outreach service in Winchester has now included a joint service, with sexual health promotion at Trinity church

The service continues to provide open access for people working in the adult sex industry, by holding walk in clinics in Southampton and Portsmouth; a sexual health and HIV service is provided in HMPs Winchester, Albany and Parkhurst.

During the Mpox (formerly monkeypox) pandemic sexual health vaccination services were provided for men who have sex with men (MSM) communities at Saunas in Southampton.

The Sexual health promotion services continues to support with events such as PRIDE, HIV awareness week, Evening Promotions at University Halls of Residence, Break Out Youth sessions and support to people new to the country via asylum hotels.

An action plan has been developed by the **Child and Family Services**, which will, among others, result in:

- Staff across C&F services having opportunities to partake in inclusive supervision which includes reflective practice, case audit and eyes on training/supervision
- Staff following Trust guidance for recruitment allies alongside service line guidance for use of young recruiters and parent/carer representatives
- Significant work has been undertaken to improve Equality Monitoring of service users.

## Our Staff and Our Policies

Previously referred to as an Equality Impact Assessment (EIA) the change in terminology from 'Assessment' to 'Analysis' is intended to focus more on the quality of analysis and how it is used in the decision making and less on the production of a document, which some may have taken as an end in itself. In carrying out the analysis, the process will inevitably entail carrying out an assessment of impact.

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business.

The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- advance equality of opportunity between people who share a protected characteristic and people who do not;
- foster good relations between people who share a protected characteristic and people who do not.

Having 'due regard' to 'advance equality of opportunity' between those who share a protected characteristic and those who do not includes considering the need to remove or minimise disadvantages suffered by them.

Having 'due regard' also means public bodies, such as Solent NHS Trust, Southern Health NHS Foundation Trust, Isle of Wight NHS Trust and Sussex Partnership NHS Trust, hereafter referred to as Project Fusion, must ensure steps are taken to meet the needs of such persons where those needs are different from the persons who do not have that characteristic, and encourage those who have a protected characteristic to participate in public life. In readiness for the creation of the new Trust, all partners have collaborated and taken a single approach to ensuring all new EIAs are completed in readiness for day one and beyond.

EIA is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and inclusion.

It will help us better understand its functions and the way decisions are made by:

- considering the current situation
- deciding the aims and intended outcomes of a function or policy
- considering what evidence there is to support the decision and identifying any gaps
- ensuring it is an informed decision

EIA involves:

- Collating and analysing information to highlight the actual or potential impact on people and current levels of public satisfaction and/or confidence in the way the service is provided.
- Investigating the underlying causes of any adverse impact or inequality; and
- Making improvements in the way services are delivered with the aim of improving public satisfaction and/or confidence and removing or reducing adverse impact or unfairness.

Services are required to create and maintain both an EIA Schedule (outlining the assessments it intends to carry out over the following three years, and when they must be completed by) and an EIA Register (containing all current Assessments).

In creating their EIA Schedules, services should consider the relative risks attached to each of their policies and functions in terms of equality, diversity, inclusion and equity issues. Each policy and function should be designated as high, medium, or low risk.

High risk functions and policies must be prioritised when populating the schedule. Completion of high-risk assessments is required in order for the organisation to have a robust grip on its equality function.

Services are expected to take a common-sense approach to designating policies and functions as high, medium, or low risk. Policies and functions which have a significant impact on service delivery or employment, which attract higher levels of public interest or publicity, or which relate to issues of community trust and confidence are likely to be high risk, whilst those policies and functions which do not directly impact on service users or employment are likely to be low risk. Throughout the process it is also vital to ensure that staff members work with people from the protected characteristic groups to 'relevancy test' any potential or likely impacts so that these are 'tested out' with those who will be affected on a regular basis.

Additional training and support has been put in place to support colleagues when completing them along with examples of 'good practice'. A short video has been developed to support people completing them <https://vimeo.com/837510648/a34d4fdd8a?share=copy>.

## Looking after our people:

Diversity and Inclusion is fundamental to 'Belonging in the NHS', one of the four pillars of the People Plan. The NHS sets out the NHS Long Term Plan in this link. <https://www.longtermplan.nhs.uk/>.

For us to ensure that we meet the challenges ahead, implement the NHS People Plan and embed the NHS People Promise NHS England » The Promise that supports the drive to achieve the vision set out in the Long-Term Plan, it is essential that we work differently, develop a compassionate and inclusive culture and a sense of belonging.

In 2022 Solent worked closely with stakeholders to develop a People Strategy. When designing the revised People Strategy, we engaged with colleagues to review feedback from our innovative Big Conversation events and evaluated Staff Survey and exit interview data. Feedback from colleagues in the People Forum, advice from Solent's seven staff networks and insights from staff representatives have all influenced the priorities of this strategy. The Pillar 'Belonging in the NHS' aims to 'enable every person working in Solent NHS Trust to bring their authentic self to work each day, ensuring we all feel visible, and our identity and contribution is validated and valued'.

These insights have been translated into six people focused priorities, which each sit under one of four strategic priorities. The people focused priorities are areas that require immediate attention; areas that many NHS organisations find challenging, but they are also the interventions that are most likely to accelerate our efforts to attract and retain the workforce we need. The strategic priorities mirror the four pillars of the national NHS People Plan and are designed to generate the transformation we need to deliver high quality services.

## Embedding of Just Culture and early resolution principles

We recognise that the majority of people do not come to work to intentionally cause harm. In a just and fair culture, it is reasonable to expect that unintended actions and consequences should not be blamed or punished as we recognise that this rarely has positive outcomes.

A respectful resolution approach underpins all our People Practices and the way we manage all interactions and ER matters.

When unexpected issues arise, they are objectively assessed to understand the whole context of a situation to identify whether there are alternative positive, corrective and/or learning opportunities before any formal action is considered.

People Partnering have regular team case reviews to support and review progress, to appropriately challenge and reflect on whether a just and fair culture is being adopted, to identify themes and to identify whether changes or modifications to practices are necessary.

Reflection and Learning Reviews are held on closed cases where any concerns or challenges have arisen, to objectively reflect on and identify learning and improvements to people practices.

Under the Belonging in the NHS pillar, we identified 2 people-focused priorities

### **1. Make it easy for people with a disability or long-term condition (physical and mental health) to get the access and support needed at the earliest opportunity.**

The Big Conversation report produced in November 2021 highlighted the need for a renewed focus on creation of a fully accessible and inclusive environment for staff who are disabled or who have long term condition. Our Workforce Disability Equality Standard (WDES) data and staff voice through the Disability network have further informed us that we need to do further work to improve experience of colleagues with disability, long term health condition and who are neurodivergent. As such significant amount of work has gone in to ensuring appropriate actions have been taken.

Our staff survey results for 2022 show that 23.4% of our workforce identify as having a disability or long-term condition, however this figure could be higher due to the feeling of vulnerability in disclosing this information. Our staff with disabilities report higher incidences of bullying and harassment from colleagues and managers, and 22% report regularly attending work when feeling unwell as they are worried about losing their job.

As a Disability Confident employer Solent NHS Trust is committed to improving this situation and providing an inclusive and supportive working environment for all staff living and working with a disability, long term conditions or who are neurodivergent.

We want to support every member of our workforce to be at their best, therefore we have streamlined and centralised the funding arrangements for reasonable adjustments and have provided clear advice and guidance to enable positive conversations on short and long-term workplace adjustments, for both new and existing staff members.

The reasonable adjustments framework is designed to support a person-centred, strength-based approach to disability in the workforce. Much like we do for our patients, it is incredibly important that the individual is placed at the centre, has access to effective advocacy for their workplace needs and is supported with their right to choose who is best placed to help them.

It is crucial that their experiences and needs are respected, valued and supported in the workplace. We know that individuals with disabilities, long-term conditions or neurodivergence are disproportionately put through performance and absence management and passed over for career progression. It is our hope that this framework will support colleagues and managers to understand how differences can be embraced in the workplace and in combination with our respectful resolution approach will address this inequity.

Solent is collaborating with Employee Disability Neurodivergent Advice Service – EDNA. EDNA is a service that provides advocacy and signposting for NHS staff in Hampshire and the Isle of Wight, who have a disability, long term condition and / or neurodivergence. Its overall aim is to support staff within the workplace with reasonable adjustments.

EDNA also offers support, advice, and guidance to their managers. Its focus is to improve the overall wellbeing of staff and to enhance their working environment to ensure that their needs are met, remove any barriers, and overcome any challenges that they might experience.

EDNA is a self-referral service. It does not require an official diagnosis to access support. EDNA offers staff a one-to-one consultation, which is a safe space to talk with an advisor.

Staff living with a disability, long term condition and/or neurodivergence can seek practical support and/or advice for difficulties and challenges they might experience within the workplace.

## **2. Further strengthen our engagement with and support for staff networks to ensure the voices of people from diverse groups influence implementation of the Networks provide a space for connection, support, conversation, and reflection.**

Solent NHS Trust has seven active Staff Networks, namely DisAbility; MultiFaith; Black and Asian Minority Ethnic (BAME); Carers; Lesbian, Gay, Bisexual, Transexual+ (LGBT+); 50+; Carers and Armed Forces.

Over the past year significant time and investment has been put into empowering a lifting the voice of the seven staff networks in Solent.

Our staff networks provide spaces for connection, support, conversation, and reflection. They are a voice for all colleagues and provide an essential lived experience perspective to the Trust when developing meaningful and robust Equality Impact Analyses as well as people policies and practices.

Networks also support the development of cultural improvement initiatives and programmes, including the Equality, Diversity, Inclusion and Belong (EDIB) Plan and Great Place to Work People Strategy.

One main purpose of staff networks is to educate and support the Trust's objectives and increase awareness of diversity and inclusion.

They bring together employees with shared characteristics covered by the Equality Act 2010, which includes sex, gender reassignment, race, sexual orientation, religion or belief, age, and disability.

Staff networks also engage with allies i.e., staff who may not share the protected characteristics but are committed to actively promoting and supporting the staff network and its aims.

Through the networks, the organisation is able to communicate and identify areas to enhance personal and professional development opportunities, which help with the development of strategies for recruiting, retaining and engaging our diverse workforce. The Trust is committed to supporting this initiative, which sits under the EDIB Team's area of responsibility.

Over the period from June 2023 to November 2023 we have seen on average an increase of circa 25% increase in membership to the networks.

All networks have proactive Executive sponsors and have run a plethora of awareness and engagement events which have all seen increased reach.

Colleagues from the Disability, BAME, LGBTQ+ and Careers networks have shared lived experience in a variety of forums such as Public Board and Senior Leadership meetings with the aim that senior leaders are supported to raise their awareness and accountability in so far as ensuring their leadership is inclusive and they are aware of bias.

The networks have also led on the design and delivery of the forementioned reasonable adjustment framework and the introduction a career passport.

A carers passport outlines an individual's caring responsibilities and the adjustments they require to their working pattern to allow them to balance all their responsibilities. It is designed to make it easier to agree the flexibility they need as a carer with their line manager, balanced with the needs of the organisation. It documents the agreement and can be carried forward during your employment with Solent NHS Trust, without having to repeat the same conversations.

Across all the 7 networks many other activities and actions have been taken and are detailed on page XXX.

September saw the launch of the Staff Networks Framework which aims to support and empower networks.

## People Strategy and Equality Diversity Inclusion Belonging (EDIB) Action Plan

The 2023 /24 Equality, Diversity, Inclusion and Belonging (EDIB) action plan was co designed with networks and drawing on staff voice and quantitative data from sources such as WRES, WDES and Staff survey and its aim is to ensure our people feel valued and supported, delivering the very best health outcomes for all.

This plan has been designed to ensure that all service lines and corporate services are able to demonstrate advancement in equality of opportunity and meeting our obligations and duties under the Equality Act 2010, Public Sector Equality Duty, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), Medical WREs and Bank WRES, the Equality Delivery System (EDS) and the EDIB National 6 High Impact actions, along with CQC well led domain criteria.

The 23/24 Action Plan focuses on 2 themes:

### 1. Ensure inclusive recruitment and opportunities for growth are available for all.

- We will be known as an employer of choice; recognised for inclusive recruitment and for opportunities for growth.

### 2. Develop an inclusive culture and sense of belonging for all.

- We will be accountable and take action so that measurable processes and systems are in place to make things happen.
- We will begin the journey to ensure everyone has a sense of belonging and anti-discrimination action is the norm

The Action plan had 5 workstreams:

**Work Stream 1 – Attraction, Recruitment and Onboarding**

- Re – design the attraction, recruitment and onboarding process to increase diversity and improve inclusion

**Work Stream 2 – People Development and People Practise**

- Review of People Practise/ Policies to ensure inclusive language

**Work Stream 3 – Education, Awareness, Allyship and Engagement**

- Improve individual and collective awareness and understanding

**Work Stream 4 – Supporting Clinical Service lines to reduce health inequalities.**

- Ensuring that service lines are supported to improve access for inclusion groups, the EDS, core 20 + and PCREF requirements are fulfilled

**Work Stream 5 – Fusion and the new organisation**

- To ensure that harmonised and consistent robust approach to EIAs is implemented in advance of the creation of the new Trust
- That EDIB priorities for new Trusts are identified and agreed by all partners and that an appropriate SMART action plan is in place ready for day 1 and beyond for the new Trust

The broad scope of deliverables within the EDI plan have been actioned and impactfully delivered. This is because of an effectively implemented a partnership model that has increase capacity of the Diversity and Inclusion team and to ensure improved collaboration with colleagues across the Trust to embed EDI across multiple functions.

It is through this partnership model that diversity and inclusion has started to drive cultural change and become embedded in new ways of working.

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

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

The governance of the networks and the EDIB action plan is part of the continuous improvement, accountability and assurance cycle reporting to People Committee and Board as well as the Community Engagement Committee and Quality Assurance Committee when appropriate as part of rolling agenda.

We monitor and report the ethnicity of our staff, meeting the requirements of the Workforce Race Equality Standard – WRES and Workforce Disability Equality Standard - WDES as well as all other protected characteristics – **full work force information on this can be found in the EDIB annual report here from page 13 – 32 - Equity, Diversity, Inclusion and Belonging Solent NHS.**

The information we collect supports us with developing and maintaining an inclusive and motivated workforce as well as identifying areas of improvement and targeted intervention to address in equalities. The following infographic compares our performance in 2022/23 with that of the previous twelve months against the WRES, a set of national indicators.

For detailed analysis and 4 year trend and target data for WRES and WDES please see EDIB annual report pages 19 – 25 - [v4-solent-nhs-trust-di-annual-report-2023.docx \(live.com\)](#)



Actions that have been undertaken to address the findings of the WRES data, include:

- Reverse Mentorship for Inclusion Programme
- Sharing job opportunities with Community Partners
- Overhaul and debiasing of our attraction and recruitment practices
- Working with specific workstreams across Hampshire Isle of Wight Integrated Care System focusing on recruitment, retention, and talent management and Leadership development
- Anti Discrimination Taskforce and introduction of a 2steps hate crime reporting system
- Education, awareness and allyship programs
- Greater engagement with the networks in co creating new people policies and practices that are free from bias



Actions that have been taken to improve the work experience of staff with a disability and long-term health condition include:

- Reverse Mentorship for Inclusion Programme being developed
- Anti-discrimination Taskforce and the implementation of a 2-step hate crime reporting system
- Solent's Disabilities Awareness Day Conference
- Managers training and guidance
- Lunch of Employment Disability Neurodiversity Advice Service
- Neuro Diversity eLearning and workshops and managers guides
- Coaching for neuro divergent colleagues
- Refreshed terms of reference and Executive sponsorship
- Delayed accountability and assurance framework that supports actions and outcomes and empowers staff voice
- Creation of reasonable adjustments framework and transparent funding process
- Accessibility audits for our Solent sites
- Planned and well-advertised events
- Inclusion of lived experience representation in case review of People Cases/ Employee Relations cases

The EDIB action plan can be found in appendix of EDIB Annual Report -or for specifically the WRES action plan see [Equity, Diversity, Inclusion and Belonging | Solent NHS](#). These outline a number of measurable deliverables to ensure appropriate action is taken to positively impact on the WRES and WDES indicators and inequalities.

For more information with regards to this please see the full 2023 EDIB Annual Report which can be found [v4-solent-nhs-trust-di-annual-report-2023.docx \(live.com\)](#)

Continued work is ongoing to improve figures for self-reporting on our Electronic Staff Record (ESR).

Staff are able to update their equality and diversity information through a Portlet on the ESR dashboard for staff, called "My Equality and Diversity". This will allow staff to update their Ethnic Origin, Country of Birth, Sexual Orientation, Religious Belief, Marital Status and Disability more easily.

This information is monitored on a monthly basis to try and improve on its quality. The ESR team continue to cleanse as many records as possible and improved the quality of data.

Staff who do not appear to have logged onto ESR have been contacted to login and update their information. As of November 2023, the data quality is at 99.70% of records complete, up from 99.68% last month.

**In summary significant areas of activity over the past year and moving forward in to 2024 are:**

Area of Improvement and delivery	Summary
Anti-discrimination and Hate Crime Reporting	<p>Further work continues to highlight to Staff that they can now report incidents anonymously if required, for example when whistleblowing, to ensure their manager is not notified and their name is not revealed.</p> <p>Working in partnership with the Police, victim support, restorative practices and colleagues in the security specialist team we have developed an easy-to-follow flow chart that show colleagues how to report hate crime and where to access support.</p> <p>A campaign has been developed to reinforce the message that, we stand by victims of hate crime and support staff to report any crime (hate, abuse, assault, and damage) against them by another staff member or a patient. That colleagues can report the incident on SolNet via Solent Incident, Risk and Patient Liaison System - Ulysses - Reporting any incident can be done anonymously if preferred. All reports logged will be reviewed and dealt with and support offered.</p> <p>A series of posters have and will continue to promote this message and message that hate hurts and that any crime against a person's race, faith, sexual orientation, disability, transgender status, or gender identity – is not ok.</p>
Staff Networks Framework	A framework that has been signed off from Board that support and empowers staff networks, staff voice and engagement in networks.
Equality Delivery System EDS3 (Equality Delivery System 3)	The Equality Delivery System (EDS) is a system designed by the NHS to enable healthcare organisations to evaluate the services they provide for their local communities and the workforce environment. Our EDS3 evaluation is underway, and the final report is being prepared for inclusion in the Public Sector Equality Duty report was presented in June 2023 to the Trust Board. The overall score is as detailed above on page XXXX

Area of Improvement and delivery	Summary
Celebrating cultural and religious festivals	Celebrating cultural and religious festivals is important for our staff and our patients. Our Multi-Faith staff network has held events throughout the year celebrating St David's Day, Easter, Ramadan. In April 2023 we held an Iftar event at Western Community Hospital. This was attended by a local Iman and representative from the Central Southampton Mosque. Staff were invited to attend to learn more about the month of Ramadan, the Muslim faith and breakfast together with a special meal prepared by the catering team.
Trans inclusion policy	Working in partnership with the LGBTQ+ network launched Solent's first Transgender inclusion policy. All the staff networks were consulted on this policy, to ensure intersectionality is considered and referenced.
Revised EDBI Policy	Revisions and updates have been made to the previous policy and was signed off by the policy steering group in February 2023. This policy has been updated to be more accessible and easier to read as well as ensure the language is more inclusive and relevant.
Inclusive recruitment	An overhaul of the way we attract and select talent has been undertaken and guidance and training for recruiting managers is now in place. All Band 7 and above post require a Recruitment Alley on the panel to support inclusive recruitment and to raise awareness to bias. All recruitment Allies are fully trained and supported in this role.
Disability History Month	In November and early December, we held two-events to mark Disability History Month.  The Managers event on 8 November was aimed at helping people to 'Effectively support and manager disability within the workforce'. It was an online event attended by about 80 people with 61% of attendees reporting they had enjoyed the length and pace of the two-hour event.
Carers passports	Working with colleagues across the ICS a carers passport has been developed and launched. This is a document that outlines an individual caring responsibility and the adjustments that they may require. This document will go to form part of an agreement with their manager so to support and allow adaptations to be made.
Reasonable adjustments Framework	Over the past year there has been the creation of Reasonable adjustments Framework and transparent funding process along with a list of preferred suppliers and a more streamlines way of accessing what is needed to support people being their best self at work.
Accessibility Audit	Working with colleagues in the estates team, to ensure a review of robust equality impact assessment to be carried out over our estates. So that we can provide continued assurance that we meet our duties under the Equality Act 2019 and that access by design model supports our commitment to taking a creative approach, considering the needs of everyone and incorporating those needs into good, thoughtful processes and practices. This will help achieve an accessible, inclusive environment that enables people to participate fully in all aspects of our organisation and healthcare provision.

Area of Improvement and delivery	Summary
Kind Life	<p>At the end of 2022 planning started to deliver a new organisational culture program that will help develop a kinder and more inclusive culture in Solent. Building on the previous work around just culture, restorative practise and conflict resolution and Solent's speak up programme the Kind life project will support managers and their teams to speak up, be compassionate and to resolve conflict and disagreement in a more inclusive way. This programme was rolled out from March 2023 onwards and supports the development of inclusive culture and belonging in the NHS.</p>
Neurodivergent screening and support tool	<p>Working with a Genuis Within and colleagues from the EDNA team in the ICS we will be rolling out the use of a neurodivergent screening tool that will support colleagues, managers and their teams to better understand and implement workplace adjustments to ensure a more inclusive workplace for those that are neurodivergent. This was rolled out in March 2023. We will soon be rolling out eLearning and manager guides.</p>
Reverse Mentoring	<p>Reverse Mentoring is when a junior colleague mentors a senior leader in the organisation. The mentor leads the relationship, sharing their lived experience in a safe space and enabling the mentee to experience the reality of the barriers and blockers in the organisation that they themselves have not experienced. This programme is a joint venture with Southern Health and the aim is for 12 mentoring relationships per trust.</p> <p>In March 2023 our Reverse Mentoring programme began in partnership with Southern Health and facilitated by the Reverse Mentoring Practice.</p> <ul style="list-style-type: none"> <li>• Reverse Mentoring is when a junior colleague mentors a senior leader in the organisation. The Mentor leads the relationship, sharing their lived experience in a safe space and enabling the mentee to experience the reality of the barriers and blockers in the organisation that they themselves have not experienced.</li> <li>• There are 18 Reverse Mentoring relationships underway with 12 mentors from Solent Health.</li> <li>• The programme is for six months and will conclude in October 2023 with reflective workshops and a full evaluation of the learning from both mentors and mentees.</li> </ul>
Equality Impact Assessment	<p>During the year, we have reviewed and revised the Equality Impact Analysis (EIA) template (previously called Equality Impact Assessment). The EIA now focuses more on the quality of analysis and how it is used in the decision making and less on the production of a document, which some may have taken as an end in itself.</p>
Turning the Tide	<p>We continue to work closely with our ICS partners on the Turning the Tide partnership. The focus is on moving from offering support, advice, and guidance towards working with our systems and organisations across the ICS to ensure growth of deep and meaningful consciousness about BAME health inequalities and employment inequality, with this being evidenced in robust plans to address and monitored via assurance.</p>

Area of Improvement and delivery	Summary
Improving Education, Awareness and Allyship	<p>Working in partnership with the Learning and Development Team and the networks we have developed a new resource within the Learning Management System (LMS). This is a one stop shop with resources such as leadership tools to use at teams' meetings, ted talks, training and more.</p> <p>Many face to face sessions have been delivered and are planned – all with the aim to stimulate thinking, shift mind set and improve inclusion.</p> <p>The approach we have taken is one more of facilitation than training, one which uses organisational development principals to drive culture change and improve diversity and inclusion.</p>
An Organisational Development approach to improving inclusive culture	<p>We had an approx. reach of 3500 plus colleagues through delivering the following:</p> <ul style="list-style-type: none"> <li>• Inclusive language workshops</li> <li>• Network events</li> <li>• Activating your allyship</li> <li>• Neuro Diversity coaching workshops</li> <li>• Prevention of violence and aggression</li> <li>• Organisational belonging</li> <li>• Service line specific EDIB and anti-Racist interventions</li> <li>• Unconscious bias workshops</li> <li>• Cultural awareness</li> <li>• Disability awareness</li> <li>• Positive action leadership development</li> <li>• Disability awareness conference</li> <li>• Disability awareness for managers</li> <li>• Inclusive and accessible IT Solutions</li> <li>• Creating personal and health wellbeing systems for success</li> <li>• When does patient choice become discrimination?</li> </ul> <p>Along with the above sessions, we have improved and embedded further diversity inclusion and belonging focus into our induction and leadership programs. This goes beyond listing the protected characteristic and our referencing our legal obligations but aligns our HEART values with what we as an individual and us as an organisation need to consider when creating a sense of belonging for all.</p> <p>Full summary and evaluation can be found within the EDIB Annual report.</p>

## Staff Networks

Our networks have continued to grow and mature, not only in terms of numbers of our staff openly joining as members or allies but also through the issues that have been raised as requiring change/resolution, including awareness.

The networks have also benefited from having at least one member of the Executive Team providing support as Executive sponsors. This direct input has helped promote networks as platforms that are fully supported by the Trust, with the aim of eliminating work-based discrimination while hastening equality of opportunity for all.

Dedicated support from the Diversity Inclusion Team – led by Elton Dzikiti and Debbie Somerville – has meant network chairs – who offer their time and services out of goodwill - are better equipped to lead their respective networks.

The networks are:

- 50+
- Black, Asian and Minority Ethnic (BAME) & Allies
- Carers
- DisAbility & Allies
- LGBTQ+ and Allies
- MultiFaith
- Veterans and armed forces

Networks provide a space for connection, support, conversation, and reflection. Anyone who works for Solent NHS Trust, either in substantive role or on a bank contract, is welcome to join any or all the networks. The networks host safe spaces for core members only and group meetings for all members, colleagues and allies.

These spaces are there:

- for everyone and anyone within the organisation to come together to discuss issues, without judgement being passed
- to raise awareness of challenges people with protected characteristics are facing so as to push for change
- to offer a supportive 'net' to individuals who for example, are being discriminated against, and need help with either getting it resolved or just share experiences
- as a collective body that holds the Trust to account when it comes to addressing inequities within the organisation
- to celebrate successes, achievements, and important events

As part of workstream 3 of the diversity, inclusion and belonging action plan, we have increased our membership by 40% across all six networks from April 2022 to March 2023 (50+, LGBTQ+ and DisAbility seeing the biggest increases).

We have supported several internal events which have grown the networks, such as events for Disability History Month, which included Effectively Supporting and Managing DisAbility within the Workforce (interactive, online session with scenarios from SimComm Academy aimed at managers) and Disability Wellbeing in the Workplace Event (in-person event in which there were several guest speakers looking at all the connection between disability and wellbeing in the workplace).

These events saw an increase of DisAbility Network membership rise by 45%. During LGBTQ+ History Month, three online events were held which increased LGBTQ+ Network membership by 52%.

We have increased our membership by:

- regular meetings being held which are sent as calendar invites to members but also advertised in Staff News with a link to the meeting and included on Daily Zoom emails from comms
- creating safe spaces in meetings where colleagues feel they can be themselves, this is evident in the monthly DisAbility Network meetings and where colleagues regularly attend and recommend to their colleagues
- engaging with managers and team leaders to help them release staff for meetings
- ensuring events are being sent as calendar invites to members but also flyers, which are used to promote the networks via comms channels such the closed Facebook group, Staff News and Managers Matters
- through all staff emails from the executive sponsors
- increased level of comms and promotion of events leading to well attended meetings/events
- ensuring each network has a dedicated email address which is checked regularly. These email addresses are used on any comms that is produced for member requests or other queries
- Solnet pages updated to reflect new logos and information on chairs and Exec Sponsor's

## Engaging with our Workforce

**We continue to connect with our workforce to ensure our people remain engaged and communicated with by using digital technology to hold virtual calls and events as a way of reaching people across Hampshire and Isle of Wight.**

We have also re-introduced in person events and trialled more hybrid events so that people have more choice and flexibility in how they engage.

During the year we:

- held regular weekly online Q&As hosted by Chief Executive, Andrew Strevens
- held ad hoc manager virtual sessions to update managers on specific important topics
- held virtual all staff calls with people from partner organisations as part of Project Fusion
- published regular Chief Executive films, updating people on the latest news around specific topics including Project Fusion
- held online wellbeing sessions, and people have also taken part in the Hampshire and Isle of Wight wide wellbeing interactive sessions
- held themed online and in-person events, in celebration of awareness days, including International Nurses' Day. We also held online events with partners across Hampshire and the Isle of Wight to celebrate diversity and belonging. More information about these can be found in the diversity and inclusion section.
- invited staff to take part in a fun and interactive quiz in celebration of Christmas and a virtual remembrance ceremony
- supported listening events for colleagues to share their personal experiences.

# Staff Survey results

**Colleagues took the time, via the NHS staff survey, to reflect on and submit their honest and frank account about working in Solent and where they feel improvements can be made.**

We recorded a response rate of 66.8% and maintained a lot of positive results, highlighting how our values are rooted in everything we do.

Solent came top in its class for its compassionate and inclusive culture.

As in 2022, over two thirds (72%) of colleagues would recommend Solent as a place to work and 80% would be happy with the standard of care provided by Solent if a friend or relative needed treatment. These results demonstrate the commitment and dedication of all our people, going to the heart of our compassionate and inclusive culture. Scores have improved from last year around level of pay as well as the number of colleagues feeling that they were working to realistic time pressures and were able to talk to managers about working flexibly.

Some of our highest ranking and most improved scores centred on teams working well together to achieve objectives and team members often meeting to discuss their team's effectiveness. Solent is a strong position in moving into the new organisation, Hampshire and Isle of Wight Healthcare NHS Foundation Trust, where sharing best practice and collaborating with new colleagues will be key to long term and meaningful success.

The results also reveal that some members of staff are feeling and experiencing things differently. Focused work is already underway to make these situations better through continued honest, open conversations and effective planning over the coming year, with all voices being heard.

It is evident that more work needs to be done around opportunities to develop people's careers within the organisation, how appraisals help people improve how they do their job, along with improving people's confidence in addressing concerns about unsafe clinical practice.

We will be looking at the results to make sure that we improve in the areas which need attention, for the long-term benefit of the new Trust as well as protecting and taking forward the pockets of great work and achievements from all incoming organisations.



# Freedom to Speak Up

## **Solent NHS Trust continues to support Freedom to Speak Up (FTSU) following the recommendations laid out in the Freedom to Speak Up Review by Sir Robert Francis, published in 2015.**

Processes are in place to ensure our staff feel safe to raise concerns and can seek confidential advice and support.

Solent NHS Trust have appointed an Independent Interim Lead Guardian and an Assistant Guardian equivalent to 1.0WTE in total and a growing network of FTSU champions.

For assurance and governance purposes, quarterly FTSU oversight meetings are held. These are chaired by a Non-executive Director (Chair of the Quality Assurance Committee) and are also attended by the Chief Executive, Chief People Officer, Chief of Nursing and AHPs and our Independent Lead FTSU Guardian. 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 oversight group also oversees supporting work programmes associated with FTSU.

At the meetings, the FTSU Independent Lead Guardian briefs colleagues on:

- Assessment of FTSU cases
- Themes
- Learning and improvements
- Actions taken to improve access to the FTSU Guardian route.
- Speaking up/listening up culture and actions taken to improve culture.
- National/regional activities and information
- Future actions
- Other news

The Chief of Nursing and Allied Health Professionals (AHPs) and Chief People Officer brief members and provide assurance that appropriate actions are being taken where any matters concern patient and staff safety and /or wellbeing.

The Lead Guardian also submits quarterly results to the National Guardian's Office (NGO).

In 2023/24 our Guardians dealt with the following cases:

- Quarter 1 – 30 cases
- Quarter 2 – 24 cases
- Quarter 3 – 44 cases
- Quarter 4 – 21 cases

Thematically the cases vary but more commonly involve behaviours, bullying and cultural issues rather than specific patient safety concerns, aligned with the national picture. Cultural development work programmes have been undertaken and are supported in delivery with guardian involvement. Patient safety concerns are generally linked to concerns regarding staffing issues. All cases are actioned, and staff are fully supported in finding resolution either formally or informally. The FTSU Guardian also provides reassurance to staff that actions will be taken if they are faced with any perceived detriment as a result of speaking up.

The guardians work with colleagues across HR, OD, patient safety, staff networks, community and engagement teams and others to triangulate and identify hotspots, or early warning signals as well as sharing learning, collaborating for best supported outcome.

## Improving access to FTSU

The FTSU intranet page is continually reviewed and updated to improve resources and options for staff to access the service. This includes an anonymous reporting function. The FTSU newsletter is updated and posted quarterly, and our growing network of champions are listed to improve access to the service and relevant signposting where required. A new introduction to FTSU video has been designed and uploaded and can be utilised for individuals or team awareness.



<p><b>Email Us Here</b></p> <p>To arrange a training session</p>	<p>Standard Links</p>	
<p>Reporting Links</p>	<p><b>Introduction to Freedom to Speak Up video</b></p> <p>An introduction to Freedom to Speak Up and how it can support anyone working for the Trust.</p>	<p><b>NEWSLETTER</b></p> <p>Latest edition of the FTSU newsletter</p>
<p><b>ANONYMOUS REPORTING</b></p> <p>Please use this form if you wish to raise a concern anonymously</p>	<p><b>Meet your Guardians and Speak Up Champions</b></p> <p>Here you will find details about trained freedom to speak up guardians who can support you.</p>	<p><b>Speaking Up</b></p> <p>Who What Why When</p>
<p><b>Evaluation Form</b></p> <p>Please use this form to provide feedback on your experience using FTSU</p>		<p><b>FTSU Workplan and Priorities</b></p> <p>In line with the NHS People Promise the aim of this workplan is to create an environment and culture where</p>
	<p><b>How to contact Us</b></p> <p>FTSU Poster 2023</p>	<p><b>Speak Up Training and resources</b></p> <p>Information of upcoming workshops and training sessions, resources and useful links</p>
<p>List of Guardians and Champions - click here</p>	<p><b>@FTSUSolentNHS Twitter Feed</b></p> <p>Click here to follow the Solent NHS Trust Freedom to Speak Up account where we promote a positive</p>	<p><b>FTSU Policy</b></p>
<p>Events Calendar</p> <p>There are no items to show in this view of the "Calendar" list. To add a new item, click "New".</p>		
	<p><b>Speak Up Month 2023</b></p>	<p><b>Freedom to Speak Up Champions</b></p> <p>Click to register your interest in becoming a Freedom to Speak Up Champion</p>

## FTSU Strategy

The FTSU strategy is currently in development for the new organisation and guardians will continue to progress this piece of work. The strategy will align with the National Guardian's Office strategy due to be published in May 2024. The strategy will incorporate the CARE values of the new organisation and will take account of the improvements identified in the planning and reflection tool.

Our key work priorities over the year summarised:

- Assistant Guardian recruited for 0.4 WTE. Joint position with 0.6WTE for Southern Health NHS Foundation Trust. Interim Lead Guardian recruited to cover Lead Guardian secondment to National Guardian's Office.
- The FTSU Policy has been updated to reflect the national policy produced by NHS England and the NGO National Guardian's Office. Alignment to reflect the new fused organisation was ratified at the Solent policy steering group in the 27 February 2024 and for final ratification at Public Board on 2 April 2024.
- In line with recommendations from the National Guardian's Office the Speak Up eLearning module was made mandatory for all staff from 2 May 2023. E-Learning module accessible via the Learning Management System (LMS) or FTSU Guardian can be requested to attend team sessions.
- In line with recommendations from the National Guardian's Office the FTSU reflection and planning tool was completed to demonstrate progress in developing FTSU arrangements, identify strengths and any gaps for development. High level development actions to be built into FTSU strategy.
- Happier working lives programme developed for speak up champions.
- The Guardian team have commenced Safety chats with clinical teams (accompanied where possible by patient safety leads and wellbeing colleagues). Frontline staff get the opportunity to talk without managers about what makes them feel safe at work, not safe and what improvements they think would help. This is shared with managers who then respond with their actions.
- National Speak Up month falls at the beginning of Quarter 3 each year and the National Guardian led this year's campaign which focussed on 'Breaking Barriers' to speaking up. We embraced Speak Up month with a variety of activities, promotions, webinars, and team visits across the month. Many colleagues engaged in 'Wear Green Wednesday' to show support and solidarity with those who speak up. The month finished with a joint webinar with Southern Health NHS Foundation Trust sharing learning and outcomes.



Staff showing their pledges and support for Freedom to Speak Up month October 2023.

# Occupational Health and Wellbeing Service

**The Solent Occupational Health and Wellbeing (OHWB) service provides well-integrated and supported workplace health initiatives that are associated with improved employee health status and productivity.**

The aim is to continue to work with our colleagues across the Organisation to be a proactive, strategic and integrated service at the heart of improving the health and wellbeing of our workforce to enable them to deliver optimal care and wellbeing to our patients and wider population. The team consists of qualified Occupational Health clinicians, Physiotherapists with expertise in OH, CBT therapists, wellbeing practitioners and clinic nurses. This multi-disciplinary team provides an excellent cohesive and collaborative service; supporting employees remain or return to work and providing managers with guidance and support to enable them to provide a safe and healthy working environment to their team.

The service is a fully integrated, needs assessed based occupational health and wellbeing multidisciplinary service working alongside People Partners, Diversity & Inclusion Leads, Infection Prevention, Learning & Development, Staff Network groups, Health & Safety and other Occupational Health and Wellbeing colleagues across HIOW.

The focus is a holistic approach to OHWB, and it is understood that prioritising employee engagement, wellbeing and productivity are all inter-related. Our workforce is supported holistically, particularly those with complex health needs or long-term ill health or disability. This approach ensures effective, sustainable, and focussed rehabilitation back to work, wellness and performance providing significant financial benefit to the organisation.

The focus is preventative with a strategic and structured approach to mental health support and particularly looks at improving interventions for marginalised or hard to reach groups or teams.

## Core clinical services

### 1) Management referrals

Management referrals protect and promote health, help to prevent work-related illness, supportively manage return to work after illness or during ongoing illness and improve employee and organisational performance. Organisationally they help to reduce sickness absence, mitigate litigation, support the employer image including retention and recruitment. Regular case discussions between the fully integrated OHWB team ensures our workforce are continually assessed, reviewed, and supported from a mental and physical health perspective. Case conferences are offered to ensure that managers are carefully guided through the referral process and are impactful when supporting individuals with complex or long-term health needs.

### 2) New starter health assessments

New starter health assessments protect and promote the health of our workforce, helps prevent work related illness and protect the health, safety and wellbeing of patients. Assessments aim to recognise health

conditions that may affect work ability, adjustments needed in the work environment, previous work-related accidents or ill health from past employment, the exclusion of especially susceptible employees from work that is hazardous to their health, advise on appropriate measures for protection of our workforce against health risks including occupational immunisations.

### 3) Flu Campaign 2023/24'

Final figures for the 2023 flu season were submitted in January 2024:

**59%** of all Solent staff received a flu vaccination.

**61%** of Frontline Solent staff received a flu vaccination.

- Whilst this is lower than the previous 2 years it is in line with lower figures nationally – the overall National average for Frontline staff receiving flu vaccine in NHS trusts in England is 42%
- Solent NHS Trust remains in the top 8% of Trusts in England and the third highest in the South East Commissioning region.

Source: [https://assets.publishing.service.gov.uk/media/65ce32cd0f4eb10011a9810d/UKHSA\\_Seasonal\\_Flu\\_Vaccine\\_Uptake\\_Frontline-HCW\\_2023-2024\\_2024-1-January.ods](https://assets.publishing.service.gov.uk/media/65ce32cd0f4eb10011a9810d/UKHSA_Seasonal_Flu_Vaccine_Uptake_Frontline-HCW_2023-2024_2024-1-January.ods)

The compliance was achieved through Solent NHS Trust OH delivery and access to other provision eg GP where eligible, primary Care Networks and Pharmacy's. This year we operated with a smaller team and for a shorter period to front end the vaccination and maximise infection prevention allowing more time for our staff to build immunity to protect all. Due to a smaller resource team for the campaign, we operated a manual booking system and walk in clinic approach rather than an on-line booking system, this seemed to support compliance comparable with last year. Attendance tends to tail off towards the later weeks and months of the campaign season therefore acknowledging that early, greater access and provision, supports greater compliance early on. We continued to offer bespoke appointments again this year for our workforce who may experience needle anxiety or have difficulties attending a clinic to be vaccinated but accommodated these within existing clinics through pre booking.

The 2024/25 Flu Campaign is in the early stages of planning. The National Flu Immunisation Letter for 2024-25 was issued by NHSE on 12th March 2024.

### COVID-19 infection

Solent NHS Trust did not deliver a covid-19 programme this year as our patient facing workforce were able to access this via widespread provision elsewhere eg GP, Pharmacy's and Primary care networks via a national booking system.

## Health and Wellbeing

### Health and Wellbeing Strategy and Plan

Many factors influence the health and wellbeing (HWB) of our diverse NHS people and teams. In October 2022 we launched our Strategy and HWB Plan (Plan) which aligns with the national HWB Framework and aims to target the integral seven HWB domains:

1. Improving personal health and wellbeing
2. Managers and leaders
3. Fulfilment at work
4. Relationships
5. Professional wellbeing support
6. Environment
7. Data insights

The Plan is an ongoing programme of analysis of staff health needs and prioritisation of needs of both immediate and long-term health risks within the organisation. So far, we have committed to understanding specific health and wellbeing risks and introducing and analysing appropriate interventions.

The HWB plan is involved in the Fusion OD Plan and the OHWB leads from Solent and Southern Health will be involved in the shaping and agreement of a HWB Plan in the new Trust. The reason the HWB Plan is sitting in the OD group is based on the recommendations of the cultural analysis and the positive impact HWB has on organisational culture. Work has commenced in shaping the new HWB Plan, taking the best from all and creating one overall plan, which is aiming to be ready for 1st July.



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### Managing stress

The OHWB team has developed resources that provide guidance on how to facilitate an interactive workshop that encourages teams to carry out a team Stress Risk Assessment (SRA) through open discussions and team problem solving.

The SRA is a tool which can help teams to identify and manage the six key areas of work design that, if not properly managed, are associated with poor HWB, lower productivity, and increased sickness absence. The six key areas include:

1. Demands
2. Control
3. Support
4. Relationships
5. Role
6. Change



The OHWB team attend the Workforce Wellbeing Bubble meetings which have been established by the Heads of People; the meetings provide a platform to discuss, identify and enable improvements to the HWB of our workforce through a collaborative approach between Service leads, People Partners, and OHWB.

Their primary purpose is to:

- Develop monitor and review local interventions for improving outcomes for our workforce's health and wellbeing
- Provide regular updates and make recommendations to the service line board meetings in relation to discussed concerns and interventions identified
- Encourage and guide integrated working between Service lines, People Partnering and the OHWB team
- Provide oversight and ownership of actions to improve our workforce's health and wellbeing within Service Lines and Departments
- Identify opportunities to improve our workforce's health and wellbeing experience and resilience
- Be the key forum for sharing contemporaneous intelligence concerning the Service Lines and other strategic/operational matters i.e. workforce information trends, significant staffing pressures and changes, organisational change
- Share good practice.

## Health and Wellbeing Support Package

The OHWB team continue to receive HWB support requests from managers, our workforce, and HWB Champions. Predominantly requests are from teams experiencing high levels of stress. As such, an HWB Support package, which will be a digital booklet, has been developed, the booklet can be communicated across the Trust via email, Microsoft Teams, SolNet and printed versions.

The purpose of the booklet is to increase the awareness of the HWB resources and services available to our workforce and ensure that the information is concise and easy to access. The book covers Physical Health (Menopause, Musculoskeletal (MSK), Energy management) Mental Health and HWB Champions. Health and Wellbeing Champions and Mental Health First Aiders (MHFA)

A HWB Champion is an individual who represents the diversity of Solent's workforce, and is committed to promote, identify, and signpost their colleagues to local and national HWB support. Their roles and responsibilities include:

- Prioritise HWB by encouraging regular wellbeing conversations and the inclusion of HWB within their teams, meetings, and agendas.
- Promote an open culture which encourages our workforce to bring their whole selves to work and challenge any workplace stigma.
- Be a supportive person for colleagues to engage with and provide current HWB information, resources, offers and appropriate signposting.
- Raise awareness and support the promotion of national campaigns and internal events within the workplace.
- Organise team-specific activities that supports HWB,
- Feedback local knowledge of team needs, concerns and share ideas or best practice.

Solent NHS Trust currently have c.160 HWB Champions who are further predominantly trained in MHFA. In 2023 the Champions were relaunched, this included the creation of a SOP, updated training, clarification of roles and responsibilities, branding, a repledge and the opportunity for the champions to bid for money to be used to support the H and WB of their team.

## Menopause

### World Menopause Day

World Menopause Day is held every year on the 18 of October and is led by the International Menopause Society. The purpose of the day is to raise awareness of the menopause and support options for improving HWB. A virtual event spread across the week commencing 16 October (open to all NHS people across HLOW) was organised to mark this event. Talks were delivered by menopause advisors, nutritionists, a menopause specialist, a women's health physiotherapist and doctor. This years theme was Cardiovascular Disease however other topics were covered such as HRT and bladder health.

### Menopause Awareness Sessions

Menopause awareness sessions for colleagues were held throughout the year to raise awareness of the impact of menopause in the workplace and how to access support either for themselves or a colleague/staff member.

### Menopause Meet Ups

Menopause Meet Ups are held once a fortnight and are a virtual drop in session where any member of staff can chat, listen and share their experiences of the menopause.

## Psychological Support

Our workforce can now access 1-2-1 psychological support with our two Cognitive Behavioural Therapists (CBT) within our OHWB team. Our workforce will initially receive a Mental Wellbeing Assessment (MWA) to determine what support is appropriate. This could include internal low-medium intensity, high intensity CBT or an appropriate onward referral to an external service such as the Employee Assistance Programme (Vivup) or an external NHS Mental Health Service in their area. We can currently support mental health conditions such as depression, stress, and range of anxiety disorders, including post-traumatic stress disorder (PTSD).

## Musculoskeletal (MSK)

The Solent OHWB Physiotherapy service is continuing to work hard to provide timely care for a wide range of MSK conditions, work-related and non-work related. At the heart of this remains our vision of providing a holistic assessment, considering physical and psychological contributing factors as well as work relevant issues. The physiotherapy team work closely and cross over into OHWB team and can signpost and refer patients for psychological support if necessary.

Since June 2022, we have been involved in a HLOW service development in which our workforce can choose where they would like to have their physiotherapy input depending upon their home or work location. We continue to work with neighbouring Trusts to optimise physiotherapy provision.

We are constantly reviewing our resources and information we provide on SolNet and aim to keep people up to date with the most relevant information.

In 2023 we worked closely with both procurement and the digital team to create a catalogue that managers and staff could use to identify what equipment to buy; for example if a member of staff required an ergonomic keyboard there are now three options to choose from; this option not only supports staff as it provides them with reduced choices, but it also ensures the procurement team can ensure they are able to secure the best price for equipment.

## Collaborative working across the Integrated Care System (ICS )

We are part of the Hampshire and Isle of Wight (HIOW) Enhanced Occupational Health and Wellbeing programme, which is delivering enhanced wellbeing and occupational health initiatives across the system; it is aimed at improving the experience of working in the NHS for everyone in the region including the Menopause and MSK service described above we are also working collaboratively on the Employee Disability and Neurodivergent Advice Service.

## Employee Disability and Neurodivergent Advice Service (EDNA)

EDNA is a service for NHS colleagues within HIOW, its aim is to support those with a disability, long term condition or who are neurodivergent enabling them to thrive in their role. Through a specialist team, colleagues are offered one-to-one advice and a safe space to talk, as well as help with areas such as reasonable adjustments, information, advocacy and signposting. Those accessing the service will not need a medical referral or formal diagnosis. EDNA can offer training to managers whose team members may be living with a disability, long term condition or neurodivergence. The OHWB team work closely with EDNA and have created a consent form to be able to share information that will support the colleague and the manager.

## Governance and quality

### SEQOHS Accreditation

The service is an accredited Safe Effective Quality Occupational Health Service (SEQOHS) service since 2014, which ensures clinical governance and quality industry standards are consistently maintained. The SEQOHS standards are the benchmarks that occupational health services are required to demonstrate they meet to be awarded SEQOHS accreditation, and to retain their accreditation. These standards, managed by the Faculty of Occupational Medicine (FOM), are reviewed periodically to reflect the changing work and health landscape, and give the opportunity for all with an interest in health and work to suggest improvements. We are currently working on the 5 year accreditation process which will be completed in May 2024



### Sickness Absence

Sickness absence in 2023/24 has improved overall compared to the previous year 2022/23, although above target. The proportion of long-term to short-term absence remains a concern, together with the proportion of absence related to mental health related conditions. A range of wellbeing offers continue to be in place for our workforce to offer support for both internal and external pressures, as set out above.

## Provision of Occupational Health services to Southern Health FT from January 2024

From 4th January, Solent have provided transactional OH services to Southern Health (SHFT). This includes management referrals, new starter health clearances and vaccinations and serology.

All SHFT managers now have a unique login to G2 which enables management referrals; the recruitment team report no problems with health clearance for SHFT new starters; the ER team received training on accessing all contracted OH services; and live Q&A sessions were made available to SHFT staff for the first 2 weeks of January.

## Project Fusion

Ahead of Project Fusion, The Solent OH team have provided OH services to Southern Health, part of the Sussex Partnership NHS FT, CAMHS team, who transferred employment to Southern Health on 1st February, and 1200 IOW staff who will transfer employment to Southern Health on 1st May 2024. These staff will all transfer to Southern Health initially, ahead of the creation of the new organisation on 1st July. Solent OH team will provide OHWB services to the new organisation from 1st July 2024.

## Working in Partnership with our Unions

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

## Health and Safety

On the grounds of health, safety, welfare, fire and environmental we have not been subject of investigative proceeding from any external regulatory agency, because of a specific incident or complaint from either Health and Safety Executive, Local Authority, Care Quality Commission (CQC), Fire Authority or Environmental Agency

Solent was as part of the Building Risk Review (BRR) Programme launched by the Fire Protection Board as part of Fire and Rescue Services' ongoing national work to understand and help reduce the fire risk in high-rise buildings Solent were audited by Hampshire and Isle Wight Fire Rescue service, the fire inspector found some minor issues which have been acted upon and some works due to operational use of building providing clinical care had to be planned, materials sourced and implemented. Solent's Fire safety advisor has kept the Fire inspector informed on actions closed and projected time of completion of the remaining items.

Solent NHS Trust have successfully complied with our statutory obligation in consulting with our appointed trade union elected representatives and staff side employees through our Health and Safety Group, the group has met and acted in accordance with its Terms of Reference.

During 2023/24 considerable time had been spent due to the Integrated Care System (ICS) report and Project Fusion, the Incumbents health safety leads formed a health and safety management working group and created a integration plan covering future Governance, formulation of proposed health and safety management structure and arrangements, alignment of existing health and safety policies, where a statutory requirements applies to create a new sweep of harmonised policies from existing in readiness for day one, alignment of existing risk management to capture a Proactive and Reactive risk assessment approach, reviewed current and proposed Health and Safety team portfolio structure and operating models in order to maximise skills and experience within the existing team and developed key themes for effective performance reporting and communications.

No statutory health and safety requirements have been impacted because of Project Fusion and we have undertaken numerous pre-schedule planned and/or new assessments, We have remained responsive to all incidents, queries, comments, or concerns raised through either Ulysses and/ or directly, and continue to work collaboratively with multiple stakeholders and protect staff, clients, patients, visitors, and anyone who can be affected by our work activities.

## 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 2023-24 year	Full time equivalent employee number
10	7.51

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

The number of employees who were relevant union officials employed during the 2023-2024 year spent a) 0%, b) 1% - 50%, c) 51%-99%, or d) 100% of their working hours on facilities time.

Percentage of time during the 2023/2024 year	Number of employees
0%	5
1-50%	4
51-99%	0
100%	1

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

The total cost of facility time	£16,712.79
Total pay bill	£199,096,000 (includes all substantive, bank and agency costs incurred, as well as the centrally funded pension that NHSE contributes)
The percentage of the total pay bill spent on facility time **	£0.01

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

**Table 4: Paid Trade Union Activities.**

Time spent on trade union activities as percentage of total paid facility time hours*:	0%
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\*[(total hours spent on trade union activities by relevant union officials during 2023/2024 divided by the total paid facility time hours) times 100]

For the purposes of this section paid facility time includes duties as a union learning representative, union representative, health and safety representative, for the purposes of training, consultation, or representation which arises under section 168, section 168A of the 1992 (Trade Union and Labour Relations (Consolidation)

Act 1992), section 10 (6) of the Employment Relations Act 1999 and Regulations made under section 2(4) of the Health and Safety at Work Act 1974.

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

## External consultancy

At times External consultancy 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. As an example, external consultancy is used within the Trust when we require objective advice and assistance relating to strategy, structure, and management of our organisation. The cost associated with consultancy can be found within the Remuneration Report.

## Modern Slavery statement

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

# Great Value for Money

## Providing a great value for money

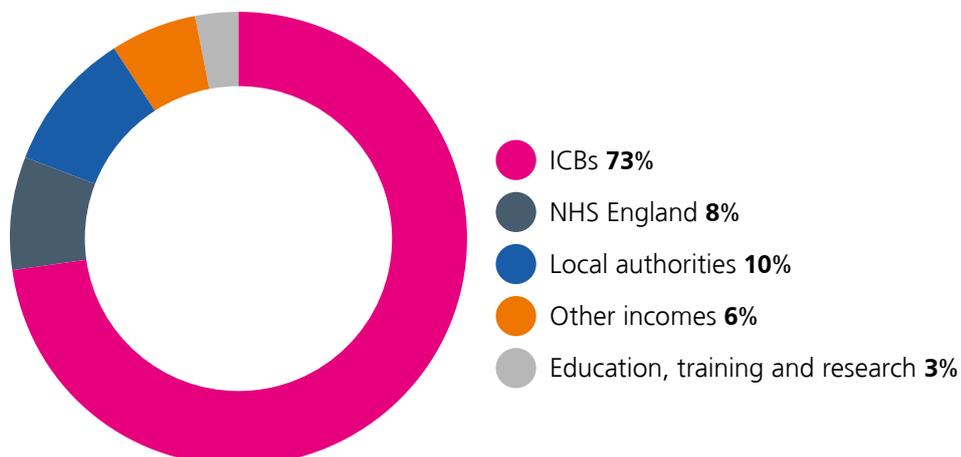
We want to make the best use of every pound invested in the NHS.

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

## Our Finances

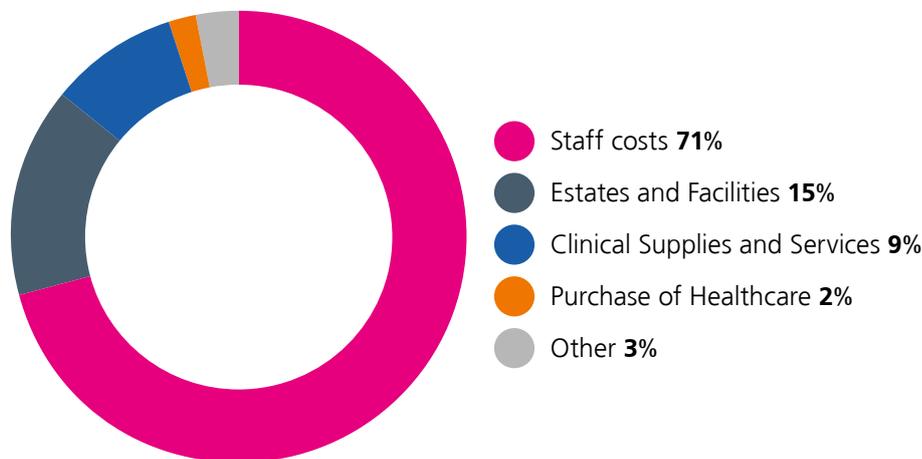
### Our income

During 2023/24 we had an income of £281m. Our income is illustrated below.



### Our expenditure

Our expenditure is illustrated below: You can read more about our finances in Section 3.



### Our Estate

From transforming an old health building to creating a modern IT hub for staff, it's been another busy year for Solent NHS Estates and Facilities. We have recruited apprentices, given career talks in schools, won awards and organised a charity lunch cooked by our award-winning chefs. To help the environment, we have installed LED lighting, added an energy-saving solution in our heating systems and banned disposable cups in our restaurants. And all this as work continued on our 50-bed rehabilitation centre of excellence at Southampton's Western Community Hospital.

In total, the team completed around 45 projects of various shapes and sizes, all of them in different ways helping to transform healthcare environments for patients, staff and visitors.

#### Our highlights during 2023/24 included:

- Historic Jubilee House, an old health building in Cosham, Portsmouth, was given a new lease of life as a bustling hub where physiotherapists can see their patients. The incredible transformation took less than ten months to complete.
- Building work began on a scheme which will create a modern new medical centre in the heart of a Portsmouth community.
- In September 2023, a "topping out" ceremony was held to mark the end of the second phase of the rehabilitation unit being built in Southampton. Chief Executive Andrew Strevens laid the last shovel of concrete and guests were invited to sign a column as a symbol of good luck for the building.
- Every health building owned by Solent NHS Trust was fitted with energy efficient LED lighting following a government grant worth over £770,000. The project will see around 6,000 old-style fluorescent tubes replaced with modern, low-maintenance LEDs within a matter of weeks – making Solent NHS Trust the first NHS organisation in Hampshire to be 100% LED.
- Our catering team banned disposable cups from our two main hospital restaurants in Southampton and Portsmouth. The move is expected to save the Trust around 27,000 disposable cups a year across both sites.
- A modern "tech hub" where Solent staff can access IT support opened at St Mary's in Portsmouth.
- Bitterne receptionist Darcy Ames was named Solent NHS Trust's non-clinical apprentice of the year. Judges said she was a devoted and valued member of staff who sought out opportunities to improve processes and enhance the patient environment.
- An energy-saving additive was added to our heating systems in a bid to cut costs and carbon emissions.

- Fay Stavrogiannopoulou, Anna Piotrowska and Joanna Karwacka, all Southampton based housekeeping supervisors, successfully completed a rigorous 12- month course and received their official “licence to clean” from the British Institute of Cleaning Science (BICSc).
- Building work swung into action to convert a disused Fareham curry house into a modern child development centre.
- A charity lunch cooked by Jim Richardson and Joe Hennigan, who came third in the prestigious NHS Chef 2022 competition, was held in the restaurant at St Mary’s Community Health Campus, Portsmouth.
- Solent chefs Dave Williams and Jim Richardson were hailed “absolute legends” after battling it out in the finals of the NHS Chef 2023 competition at Lainston House Hotel near Winchester.
- Recycled furniture was used to reopen a much-loved hospital day room on Spinnaker Ward at St Mary’s.
- Dedicated Kerrie Lowe, PA to Mark Young, Deputy Director of Estates and Facilities, was named outstanding colleague at the Trust’s inaugural Support Colleagues Awards, where she was described as hard-working, committed and team spirited.
- Apprentices Jacques Knight and Jack Sturgess joined our maintenance team to spend the next four years learning vital healthcare engineering skills which will literally keep our hospitals and health buildings running.
- Our architects and chefs talked to Portsmouth schoolchildren about their careers.
- Security officer Anthony Evans was hailed a hero after talking down a woman threatening to hurt herself with a large kitchen knife at The Orchards, St James’ Hospital, Portsmouth. Bosses said he had shown care, compassion and exceptional communication skills when faced with the emergency.
- Former Estates project officer Rochelle Sampson-Clarke scooped silver as one of three finalists in the apprentice of the year category in the 2023 Our Health Heroes awards.
- Portsmouth chef Dave Smith became our second gold award winner for being truly outstanding. Judges heard how he had kept things running while his colleagues competed in the NHS Chef competition.
- Our Clinical Engineering team opened the doors to their medical equipment library to give staff more of an insight into their work.
- A new and improved cleaning service was launched at 14 of our health buildings after we joined forces with Pinnacle Group, which also has responsibility for security, grounds maintenance and pest control at some sites.
- Solent catering boss Iain Robertson was named as the next chair of the acclaimed Hospital Caterers Association (HCA), serving as vice-chair for a year first from April 2023.

## Section 4

# Performance analysis



# Performance measurement

## Performance Governance Framework

Our Performance Governance framework has remained steady throughout 2023/24, with bi-monthly clinical and corporate Performance Review Meetings (PRM) being the central forum at which performance is discussed and exceptions identified.

The framework encourages meaningful review of performance at each level (Service/Service Line/Executive Review), and where possible, incorporates statistical process control analysis to validate any concerns in trends or variation (aligned to NHS England's Making Data Count methodology). This ensures only appropriate performance concerns are escalated, and the Trust Board's time is effectively focussed on the most pertinent areas.

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

## Business Intelligence

2023/24 has seen the development of Solent's data warehouse technical infrastructure continue, allowing us to realise the benefits of the flexible, scalable platform (Platform as a Service, PaaS).

The ability to ingest large amounts of data into the PaaS environment at pace has supported integration planning for Project Fusion. Decommissioning of the legacy data warehouse infrastructure is nearing completion. Once complete, this will allow the team to optimise the use of the new PaaS solution.

In January 2024, Solent's PaaS implementation was accepted onto NHS England's Blueprinting programme, enabling the sharing of best practice and support for other Trusts following this approach.

Delivery of the self-service functionality continues, working closely with our clinical services to develop a user-centred design. The project has not been without challenge, with resource changes throughout the year and significant feedback following the initial pilot requiring further development of the product.

## Contractual Performance Monitoring

Submission of contractual performance monitoring has continued in a stable way throughout 2023/24 for ICS commissioned services. The review and challenge provided around this information has been reduced compared to pre-pandemic, as reported in 2022/23. The ICS contracts continue to include a large volume of reporting requirements which require review. This is for a number of reasons including variation in service delivery models, changes in national service specifications, or the legacy impact of COVID on the ability to achieve targets due to large waiting list backlogs.

The CAMHS service has seen the most movement in their contractual reporting this year, with several variations of metrics introduced. The reporting of these metrics has proved to be slow in progressing, as operational processes and SystmOne templates required updating before reporting could be facilitated. The development of these are still ongoing.

As reported in 2022/23, there are several reporting processes in place which go directly to the ICS (instead of via the CSU contractual route). Whilst we aim to adhere with these as much as possible due to the obvious benefits of sharing information across the system, and in alignment with other Community and Mental Health providers, this does create an additional burden which is not always recognised or counterbalanced in the reduction of reporting in alternative areas.

It is hoped that the creation of a single Hampshire-wide Community and Mental Health provider organisation in 2024/25 will streamline these ICS reporting requirements and begin to identify areas of variation between the 4 current providers which are prime for alignment, creating parity and reducing the overall reporting burden on the trust.

Reporting for Local Authority and NHS England Specialised Commissioning services has continued in year, with some challenges seen around the reporting of Sexual Health Services information. This has been timely, however, with the re-tendering of the contract, which we were awarded starting in April 2024. The new contract includes reporting of performance information using Systems Thinking methodology, rather than traditional KPI metrics. The service has been working collaboratively with the commissioning local authorities to fully understand the implications of this, and to agree the scope and reporting mechanisms to be put in place.

At the start of 2023/24, there was a contractual performance notice (CPN) in place with NHS England Public Health Commissioning relating to the School Aged Immunisations service. The CPN related specifically to the provision of data against the reporting requirements, rather than the service provision itself. Significant efforts were made by the performance team and service to bring the reporting up to the required standard, improving the data quality and timeliness of submissions, and the CPN was successfully lifted in August 2023.

## 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	96,744	13,393	110,137
Adult Services, Portsmouth	195,104	20,369	215,473
Adult Services, Southampton	217,940	22,953	240,893
Child and Family Services	224,738	0	224,738
Special Care Dental Services	33,732	0	33,732
Primary Care	4,581	0	4,581
MPP Services	158,477	0	158,477
Sexual Health Services	82,964	0	82,964
Pharmacy Services	2,038	0	2,038
	<b>1,016,318</b>	<b>56,715</b>	<b>1,073,033</b>

Overall activity levels in 2023/24 have remained fairly consistent with those seen in 2022/23, showing stability in our service provision for the first time since pre-pandemic. The challenges created by the pandemic continue to have an impact on delivery, with increasing demand, staffing challenges and difficulties overcoming sizable waiting lists that built up during this time.

A total of 12% of contacts were delivered via remote consultations (video, telephone), a slight reduction on the previous two years, however still significantly higher than pre-pandemic levels. This demonstrates the lasting impact of the pandemic and the positive shift towards improving efficiency within services.

Our occupancy rates increased during 2023/24 with wards operating at, or above, their commissioned capacity frequently during the winter period. The move of the ward previously on the Jubilee House site, to the new Summerlee unit increased bed capacity up to 40 beds, providing greater availability of community beds within the Portsmouth and Southeast Hampshire system, contributing to the 15% increase in occupied bed days compared to 2022/23.

Our performance against the national standard for Referral to Treatment (RTT) has proved challenging this financial year, with the standard for incomplete pathways (92% of patients should not have been waiting for more than 18 weeks) not being achieved. The primary issue laid within our Community Paediatric Medical service, where staffing challenges and increasing demand have stretched waiting times longer than the 18-week standard.

As a community provider only a small proportion of our services are consultant-led, and therefore eligible for the RTT standard. In February 2024, NHS England revised the guidance for the reporting of RTT information, removing community-based services from the submission. This includes not only our Community Paediatrics Medical service, but also Pain services and Diabetic Medicine. Whilst these services are still required to work within the RTT standards, they are no longer included within national publications of waiting times. Monitoring will continue internally to ensure oversight remains of the lengthy waiting list challenges, particularly within Community Paediatrics.

The overall reported position for 2023/24 is shown in the table below:

RTT standard	Number of compliant referrals	Total number of referrals	Performance
Part 1B – Complete Outpatient	5,689	6,520	87.3%
Part 2 – Incomplete	11,402	14,547	78.4%

## Performance Reporting

The primary output of Solent's performance governance framework is the bi-monthly Integrated Performance Report (IPR) received by the Trust Board. The IPR combines key metrics, commentary, and exceptions from across the organisation, primarily from the clinical and corporate Performance Review Meetings.

The IPR includes an overview of the trust's performance against a number of key regulatory and local metrics to provide robust assurance about the performance of our services.

The Integrated Performance Report is structured using the 5 sectors set out by the CQC: Safe, Caring, Effective, Responsive and Well-Led (People and Finance). A summary of the year-end position and key areas of exception are provided below:

Safe

			March 24			
SAFE	Indicator description	Internal/external target	Target	Current performance	Trending performance	Variance
	Occurrence of any Never Event	E	0	0	 	
	NHS England/NHS Improvement Patient Safety Alerts Outstanding	E	0	0	 	
	VTE Risk Assessment	E	95.0%	97.0%	 	
	Clostridium Difficile – variance from plan	E	0	0	 	
	Clostridium Difficile – infection rate	E	0	0	 	
	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	E	0	0	 	
	Escherichia coli (E coli) bacteraemia bloodstream infection	E	0	0	 	
	MRSA bacteraemias	E	0	0	 	
Admission to adult facilities of patients who are under 16 years old	E	0	0	 		

The standards within the Safe domain were all achieved at year end, with mostly stable performance throughout the year. Risk Assessments for VTE were the main outlier, with varying levels of performance seen across the community inpatient wards, however this was predominantly due to recording delays and not actual delays in assessments being undertaken.

### Caring

			March 24				
CARING	Indicator description	Internal/external target	Target	Current performance	Trending performance	Variance	
	Community FFT % positive*	E	95.0%	98.2%			
	Mental health % positive*	E	95.0%	93.9%			
	People Pulse Survey – Advocacy theme (recommended for care and employment)	E	0	7.2			
	Mixed sex breaches	E	0	0			
	Plaudits	I	-	114			

Compliance against the Caring domain is positive overall with no significant concerns. Achievement of the Mental Health Friends and Family Test standard has always been a challenge for Solent, with performance varying one or two percentage points below or above the target most months. Whilst the target was not achieved at year end, the consistency of performance above 90% is something we are proud of within this typically hard to engage patient cohort.

### Effective

			March 24				
EFFECTIVE	Indicator description	Internal/external target	Target	Current performance	Trending performance	Variance	
	Bed occupancy – Lower Brambles (Community)	I	92.0%	97.2%			
	Bed occupancy – Fanshawe (Community)	I	92.0%	95.7%			
	Bed occupancy – Summerlee (Community)	I	92.0%	101.6%			
	Bed occupancy – Spinnaker (Community)	I	92.0%	104.6%			
	Bed occupancy – Brooker (OPMH)	I	85.0%	58.9%			

			March 24				
EFFECTIVE	Indicator description	Internal/ external target	Target	Current performance		Trending performance	Variance
	Bed occupancy – Hawthorns (Adult MH)	I	85.0%	97.6%	●		
	Bed occupancy – Magpies (Adult MH)	I	85.0%	95.2%	●		
	Bed occupancy – Kite (Acquired brain injury)	I	92.0%	95.2%	●		
	Bed occupancy – Snowdon (Neuro rehab)	I	92.0%	99.1%	●		
	Length of stay – Lower Brambles (Community)	I	24.0	27.0	●		
	Length of stay – Fanshawe (Community)	I	24.0	22.4	●		
	Length of stay – Summerlee (Community)	I	18.0	46.0	●		
	Length of stay – Spinnaker (Community)	I	24.0	21.6	●		
	Length of stay – Brooker (OPMH)	I	78.5	52.0	●		
	Length of stay – Hawthorns (Adult MH)	I	34.9	30.8	●		
	Length of stay – Maples (Adult MH)	I	48.6	33.6	●		
	Length of stay – Hawthorns (Adult MH)	-	-	0			
	Length of stay – Hawthorns (Adult MH)	-	-	27.6			
	Length of stay – Hawthorns (Adult MH)	-	-	26			

The high occupancy rates, and negative variation shown above, reported across both our mental health (Hawthorns, Maples) and community wards (Lower Brambles, Fanshawe, Summerlee and Spinnaker) reflect the pressures felt across both the Portsmouth and Southeast Hampshire and Southampton and Southwest Hampshire systems, with additional support being given to the acute hospitals in the form of additional beds for patients who would not ordinarily fit the admission criteria for a community bed.

This has also resulted in increased average length of stay for some patients, pushing performance over target, due to the increased acuity of these patients, and requirements for ongoing care packages. Whilst this has stretched our services, it has positively supported the local systems at times of critical incident and immense pressure.

### Responsive

Indicator description	Internal/ external target	Target	March 24		
			Current performance	Trending performance	Variance
Patients waiting > 18 weeks	-	-	6926		
Accepted referrals	-	-	24936		
Formal complaints per 1000 WTE	-	-	2.7		
Number of complaints	I	15	8		
Number of complaint breaches	-	-	3		
RTT incomplete pathways*	E	92.0%	99.6%		
Maximum 6-week wait for diagnostic procedures	E	99.0%	39.0%		
Inappropriate out-of-area placements for adult mental health services - number of bed days	E	0	49		
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	E	50.0%	60.0%		
Talking Therapies - proportion of people completing treatment moving to recovery	E	50.0%	53.2%		

RESPONSIVE

			March 24				
RESPONSIVE	Indicator description	Internal/ external target	Target	Current performance	Trending performance	Variance	
	Talking Therapies - waiting time to begin treatment - within 6 weeks	E	75.0%	93.8%			
	Talking Therapies - waiting time to begin treatment - within 18 weeks	E	95.0%	99.8%			

### Patients Waiting > 18 weeks

The number of patients waiting for our services has grown by 11% during 2023/24, with a disproportionate growth in long waiters (patients waiting for more than 18 weeks) at 22%. The majority of long waiters are attributed to a few specific services where there have been significant increases in demand and/or staffing challenges during the year. For the majority of these services, conversations are underway with the ICB to seek sustainable solutions for the safe management of these patients, however with limited additional funding available, the position is unlikely to show any sizeable improvement.

Specific plans are being drawn up with regards to waiting lists for Community Health Services (eligibility set out in the NHS England Community Health Sitrep Guidance), in order to achieve the national objective to reduce community waiting lists, specifically focussing on long waiters. The ICB has an ambition to eliminate all patients waiting for more than 52 weeks and reduce the number of patients waiting for more than 18 weeks by at least 20%. Whilst this should have a positive improvement on the long waiters, it is anticipated growth will continue at the same rate as during 2023/24, particularly as the drive to bring care closer to home continues across the ICB, resulting in a predicted overall growth in the number of patients waiting for our services.

### Diagnostics Performance

The 6-week wait for diagnostic procedures has seen a significant drop in achievement during 2023/24, as demand for the service has increased following the decommissioning of a third-party contract for the provision of diagnostic echocardiography scans at the start of 2023/24. In March, Solent commissioned UHS to support with the provision of echocardiograms, as we were not comfortable with the level of risk posed to patients needing to wait for Solent's services. We are working hard to reduce the backlog of 580 patients with the support from UHS, and expect this to resume to normal levels within 9 months. Further support is also being sought from other third-party providers to help manage the risk, and conversations are underway with the ICB to develop a sustainable long-term solution for this service.

### Inappropriate Out of Area Placements

The past few months have seen an increased pressure across our mental health inpatient services with demand increasing and flow of patients through the service slowing. The number of patients waiting for an admission or mental health act assessment from acute hospitals and within the community has increased, resulting in the need to utilise some out of area beds to ease the pressure during March. We acknowledge out of area bed usage occurs frequently in other areas nationally, this is unusual for Solent and is not something we choose to access unless other options have been explored. We plan to reduce usage of out of area beds to zero by June 2025.

**Well-Led**  
 People

			March 24				
PEOPLE	Indicator description	Internal/ external target	Target	Current performance	Trending performance	Variance	
	Sickness (annual)*	I	4.5%	5.9%			
	Sickness (in month)*	I	4.5%	5.4%			
	Turnover (annual)*	I	14.0%	12.8%			
	Turnover (in month)*	I	1.2%	1.5%			
	New starters (FTE)	-	-	31.91			
	Proportion of temporary staff (in month)	I	3.6%	5.8%			

**Sickness**

Sickness absence in 2023/24 has improved overall from 2022/23, however we remain concerned at the proportion of long-term absence compared to short-term, averaging at 61% across our staff groups, and the proportion of absence related to mental health related conditions. A range of wellbeing offers continue to be in place for our workforce to offer support for both internal and external pressures.

## Finance

			March 24			
FINANCE	Indicator description	Internal/ external target	Target	Current performance	Trending performance	Variance
	Year to date surplus/(deficit) actual v budget	-	-	0.01%		
	Agreed spend % pay	1	3.5%	2.7%		
	Cash balance (£m)	-	-	£6.70		
	Aged debt (over 90 days) (£k)	-	-	£3,134		
	Use of Resources Score	-	-	2		

**Aged Debt**

The Trust's total debt increased in February due to large value invoices being raised in month, half attributable to Southampton City Council. There are no specific concerns about the volume of aged debt.

**Cash Balance**

The cash balance has reduced throughout the year, returning to similar levels pre-COVID and is forecast to remain at this lower level.

**NHS England Oversight Framework**

The NHS System Oversight Framework is aligned with the ambitions set out in the NHS Long Term Plan and the 2023/24 NHS operational planning and contracting guidance. The framework describes how the oversight of NHS trusts, foundation trusts and integrated care boards will operate. This supports our ambition for system-led delivery of integrated care in line with the direction of travel set out in the NHS Long Term Plan, Integrating Care: next steps to building strong and effective integrated care systems across England and the government's white paper on integration – Joining up care for people, places and populations.

A set of oversight metrics are used to support the implementation of the framework at a system level. The Hampshire and Isle of Wight Integrated Care System (HIOW ICS) is in System Oversight Level 4, highlighting the additional support being received from NHS England with regards to managing the financial deficit of the ICS through a Recovery Support Programme. The most recent performance for the metrics which Solent contributes towards are outlined below.

			March 24				
QUALITY, ACCESS & OUTCOMES	Indicator description	Internal/external target	Target	Current performance	Trending performance	Variance	
	S007c: Elective Activity - Value weighted elective activity growth (ERF Income v Target v6)	E	100.0%	122.7%	●		
	S009d: Patients waiting more than 65 weeks to start consultant-led treatment	E	0	0	●		
	S109a: Units of dental activity delivered as a proportion of all units of dental activity contracted	E	100.0%	56.8%	●		
	S125a: Long length of stay for adult acute mental health (discharges with LOS over 60 days/all discharges)	E	0.0%	21.0%	●		
	S125b: Long length of stay for older adult mental health (discharges with LOS over 60 days/all discharges)	E	0.0%	18.2%	●		
	S126a: Diagnostic activity waiting times - percentage of patients who have been waiting more than 6 weeks	E	95.0%	39.0%	●		
	S128a: Virtual wards - percentage occupied	I	100.0%	142%	●		
	S038a: Potential under-reporting of patient safety incidents	E	100.0%	100.0%	●		
	S039a: National Patient Safety Alerts not completed by deadline	E	0	0	●		
	S040a: Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	E	0	0	●		
	S041a: Clostridium difficile infections	E	0	0	●		
	S042a: E-coli blood stream infections	E	0	0	●		
	S081a: Talking Therapies access (total numbers accessing services)	E	542	436	●		

			March 24				
Indicator description	Internal/external target	Target	Current performance	Trending performance	Variance		
S086a: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (3 months rolling)	E	0	49				
S107a: Percentage of 2 hour Urgent Community Response referrals where care was provided within two hours	E	70.0%	64.9%				
LOOKING AFTER OUR PEOPLE	S067a: Leaver rate	I	14.0%	12.8%			
	S068a: Sickness absence (working days lost to sickness)	I	5.0%	5.4%			
	S071A: Proportion of staff in senior leadership roles who are from a BME background	I	12.0%	7.5%			
	S071b: Proportion of staff in senior leadership roles who are women	I	62.0%	74.2%			
	S071c: Proportion of staff in senior leadership roles who are disabled	I	3.2%	9.7%			
FINANCE	S119a: Financial efficiency	E	-	6.0%			

## Key

Trending performance indicator	Variance indicator
Target has been consistently achieved, for more than 6 months	Special cause variation, for improved performance. The trend is either: <ul style="list-style-type: none"> <li>Below the mean for 6 or more data points</li> <li>A decreasing trend for 6 or more data points</li> <li>Near the control limit for 2 out of 3 data points</li> <li>The value exceeds the upper control limit</li> </ul>
There is variable and inconsistent performance against the target	Special cause variation, for poor performance. The trend is either: <ul style="list-style-type: none"> <li>Above the mean for 6 or more data points</li> <li>An increasing trend for 6 or more data points</li> <li>Near the control limit for 2 out of 3 data points</li> <li>The value exceeds the upper control limit</li> </ul>
Target has been consistently failed, for more than 6 months	Special cause variation, for poor performance. The trend is either: <ul style="list-style-type: none"> <li>Below the mean for 6 or more data points</li> <li>A decreasing trend for 6 or more data points</li> <li>Near the control limit for 2 out of 3 data points</li> <li>The value exceeds the upper control limit</li> </ul>
Variance indicator	
Special cause variation, for improved performance. The trend is either: <ul style="list-style-type: none"> <li>Above the mean for 6 or more data points</li> <li>An increasing trend for 6 or more data points</li> <li>Near the control limit for 2 out of 3 data points</li> <li>The value exceeds the upper control limit</li> </ul>	Common cause variation, the information is fluctuating with no special cause variation

## Elective Recovery

Solent's performance of the Elective Recovery Fund (ERF) has achieved 22.7% more than target at year end, meaning nearly 38,000 patients received a first contact with one of our elective services this year, compared to a target of 30,750. The final level of income will be dependent on the overall HIOW ICS achievement of the system ERF target, the value of which is not yet known.

## Units of Dental Activity (UDAs)

Delivery of the NHS England target for delivery of UDAs has been challenging again this year, with significant, nationally recognised, staffing issues in this sector. The final year-end performance will not be available until after May 2024 due to the time lag in reporting UDA data nationally, however at end of March, 56.8% of UDAs had been delivered against the target. Waiting times for clinic assessments are challenging and vary significantly across the geography, with the longest at 33 months. This is linked to the high vacancy rates in service, as well as high sickness absence. The service is reviewing the scope of their referral criteria to ensure patients with the most need have access to the specialist service in future.

## Long Length of Stay on Mental Health Wards

There have been a number of patients with a reported length of stay of more than 60 days at the point of discharge across both the Hawthorns (Adult) and Brooker (Older Adult) wards in recent months. These were all cases where patients had been transferred to the acute hospital for elongated periods of time during their inpatient stay on the mental health ward, but the admission had not been closed. Processes have been updated within service to discharge patients from the system upon transfer to another hospital in future, rather than leave them open to continue the episode of care upon return.

## Virtual Wards

Both virtual wards in Portsmouth and Southampton have been operating at more than their commissioned capacity for much of the year, flexing the wider community workforce across community nursing, urgent community response and virtual ward provision, ensuring sufficient capacity is available to best meet the needs of our patient cohort. This has allowed Solent to provide additional support to the local acute hospitals, moving patients out of acute care more quickly and safely into the community. There has been an impressive level of commitment from both cities at a time of significant pressure. Conversations are underway with the ICS regarding a proposal to double the virtual ward capacity in Southampton, if funding is available, as it is acknowledged the service have a lower number of beds per 100,000 population compared to other areas within Hampshire and the Isle of Wight.

## 2024/25 – A look forward

**At the start of 2023/24, the Hewitt Review (an independent report commissioned by the Government) was published, promising a review into existing data collections, with a view to reducing the burden placed on providers by eliminating duplicative, unnecessary, and unused reporting.**

The resulting action taken from this review has yet to release any capacity within the trust's skilled analyst resource, however, does provide some potential for future improvement. In the Government response to the House of Commons Health and Social Care Committee's seventh report of session 2022 to 2023 on 'Integrated care systems: autonomy and accountability' published in June 2023, there were a number of initiatives outlined with a view to improving the long-term usage of NHS data. The philosophy 'collect once, use for multiple purposes' can be seen throughout the proposals, and the procurement of a Federated Data Platform for use across all existing data and IT systems, making it easier for staff to access and link information in a safe and secure environment.

We are starting to see some elements of this philosophy being demonstrated, with an increased focus on reporting of performance measures from data submitted within national datasets such as the MHSDS (Mental Health Services Minimum Dataset) and CSDS (Community Services Minimum Dataset). Whilst this is positive, and absolutely the right direction of travel, this poses data quality challenges for providers including ourselves, where we see variation in the data flowing locally and nationally. These issues take considerable resource to investigate and rectify, resource which is being used to elsewhere to manage business-as-usual and facilitate reporting to support operational delivery.

Whilst these developments are some way off, the immediate direction for Solent is in the formation of Hampshire and Isle of Wight Healthcare NHS Foundation Trust. Work has been underway throughout the majority of 2023/24 to plan for Solent's integration with Southern Health NHS Foundation Trust, the community and mental health elements of the IOW NHS Trust and the Hampshire CAMHS service formerly provided by Sussex Partnership NHS Trust.

The first 12 months of the new organisation will see us develop from having an integrated provision of statutory reporting only, to having a full long-term strategy for data management, analytics and performance governance. This will not only encompass technical infrastructure and software solutions, but the development of new team structures, aligning the roles provided by these functions across the new organisation.

The future direction for Data Warehousing has been agreed following the presentation of an options appraisal to the Project Fusion Integration Planning Group (IPG), with a plan being developed to utilise Southern's current data warehouse in the short term to provide stability, with a transition plan to move to Solent's cloud-based platform within the next few years.

The increasing pressure on our acute partners, is driving a need to increase and adapt capacity within community services to better support patient flow through the local system. Work is beginning to better understand the demand and capacity within community services, led by the ICS, with a view to considering

different ways of working to better manage this patient cohort and reduce the pressure points within the pathway. This is expected to be a key area of focus for the ICS with all providers over the coming months. Internally, focus is being put on improving oversight of data linked to pressure points, such as reporting of length of stay and criteria to reside information from our inpatient wards.

We await further guidance from the ICS regarding the alignment of reporting for services across the multiple contracts currently in place with the existing provider organisations (Solent, Southern, IOW, Sussex) and are clear that integrated reporting will take time to develop and implement and will need to be done alongside reviews of service provision across the county.

Our vision for 12 months' time is that we will have contributed to the safe delivery of services through provision of data during a period of significant change, that the new Board will have a confident oversight of how the trust is performing and that hotspot areas are clearly identifiable. We aim to have an agreed structure and long-term strategy, aligned to the new trust's clinical and digital priorities, as well as those of the ICS.

# Strategic objectives achievement and our key successes

## 2023-24 Business Objective Review

The Trust had 43 business objectives across service lines and corporate directorates for the year 2023/24. Each objective was mapped to the Trust's 15 strategic priorities and aligned to the Integrated Care Board (ICB) 5-year plan.

The Project Management Office (PMO) implemented enhanced governance processes to improve the effectiveness of monitoring and reporting of our objectives this year and there have been notable successes in delivery, including transformation of our Sexual Health Services (SHS), through a 'Systems Thinking' methodology, and the transformation of Mental Health and Learning Disability in line with the Long Term Plan.

### **Sexual Health Services**

Supported by a Vanguard 'Systems Thinking' consultant from Portsmouth City Council, the service embarked on an in-depth review of processes and pathways. A series of changes have been implemented, designed to improve patient experience and maximise efficiency. Clinicians receive personalised, one-to-one inductions, ensuring that quality is built in from the start. Targets have been removed, replaced by a suite of richly informative measures. A culture of improvement has been introduced that is patient centred and data led; maximising quality at first point of contact. Positive outcomes include a lower end-to-end cost of service and a better understanding of demand and need across the population. There has been a statistically significant reduction in DNA rates, with patients booked with the 'right clinician, first time'. The transformation work has resulted in positive feedback from patients.

### **Mental Health and Learning Disabilities**

The programme was designed to enable people with health problems to be active participants in making positive changes rather than passive recipients of potentially disjointed, inconsistent, and episodic care.

Co-production workshops identified people did not know what was on offer and unable to navigate pathways. The ask was for one local number to call, to get the right help and treatment they need and for the mental health system to work as one team or unit which includes the VCSE. The transformation work produced a 'hub', operated by fully trained call handlers who will either arrange appointments with our mental health services or offer support to connect with other local organisations. 99% of callers are reporting that the service was helpful and 38.25% of callers reported that they would have gone to their GP if they didn't have the hub.

### **Project Fusion Transformation**

As part of the Trust's 2024/25 Business Planning process, the Trust is working with Project Fusion partners to describe the collective transformation plans for Hampshire and Isle of Wight Healthcare NHS Foundation Trust.

## **Environmental reporting**

The Trust has continued to progress the actions in its Green Plan and teams across the Project Fusion partner organisations have been working closely together to build a plan for the new organisation.

Some of the key actions taken forward this year are set out below:

- Licences were purchased for IQ Vision, a building monitoring and management solution, and IQ Energy, which maximises energy efficiency and will be rolled out across Western Community Hospital. With the support of Care without Carbon (CWC) we are developing our sub metering strategy to ensure all high usage equipment can be monitored as well as appropriately zoned spaces within a building.
- We trialled Eco-sync a system designed to provide energy efficiency in meeting rooms and administration space which adjusts the room temperature accordingly dependant on the number of people using the room.
- In order to comply with The Energy Efficiency Regulations 2015 all Trust owned buildings have had an Energy Performance Certificate (EPC) assessment carried out so we can ensure that all buildings leased to tenants meet the standards required. Buildings have been ranked according to their ratings to prioritise refurbishment and upgrades.
- Endotherm and Endocool, systems which improve heat efficiency, were installed into the heating and cooling systems ready for the winter.

Section 5

# Director's report



# 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.**

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 and as required 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.

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

The Board of Directors comprises five Non-executive Directors (NEDs) including the Chairman and four voting Executive Directors.

In year the Board adjusted its composition, and that of its committees as a consequence of change in personnel, this is summarised in the following tables.

Board membership as at 01/04/2023	Board membership as at 31/03/2024
<p><b>Voting members:</b></p> <ul style="list-style-type: none"> <li>• Independent Chair (Chairperson)</li> <li>• Four Non-Executive Members</li> <li>• Chief Executive Officer</li> <li>• Chief Medical Officer and Deputy CEO</li> <li>• Chief of Nursing and Allied Health Professionals</li> <li>• Chief Finance Officer</li> </ul> <p><b>Non-voting members:</b></p> <ul style="list-style-type: none"> <li>• Chief Operating Officer</li> <li>• Chief People Officer</li> <li>• Chief of Staff, Governance and Corporate Affairs</li> <li>• Chief Strategy &amp; Transformation Officer</li> </ul>	<p><b>Voting members:</b></p> <ul style="list-style-type: none"> <li>• Independent Chair (Chairperson)</li> <li>• Four Non-Executive Members</li> <li>• Chief Executive Officer</li> <li>• Chief Medical Officer and Deputy CEO</li> <li>• Chief of Nursing and Allied Health Professionals</li> <li>• Chief Finance Officer</li> </ul> <p><b>Non-voting members:</b></p> <ul style="list-style-type: none"> <li>• Chief Operating Officer</li> <li>• Interim Chief People Officer</li> <li>• Chief Strategy &amp; Transformation Officer</li> </ul>

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

# Appointments

## Executive and Non-Executive Director appointments

In light of Project Fusion and the creation of a new community and mental health Trust for Hampshire and the Isle of Wight, there were limited planned changes to the Board in 2023/24. Those changes included:

- The appointment of David Kelham as a Non-Executive Director and Audit Committee Chair in May 2023. David is also a Non-Executive Director at Southern Health NHS Foundation Trust
- The appointment of Sorrelle Ford as Interim Chief People Officer in July 2023, and as a non-voting member of the Board.

# Our Board members during 2023/24 – and as of 31 March 2024



## Mike Watts: Acting Chair

### Appointed:

- October 2016 - Non-Executive Director
- January 2023 - Acting Chair

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's role with us includes the following: Board Chair, People Committee Chair, Lead NED, Wellbeing Guardian and Lead NED for Assisting in Medical Fitness to Practice cases.



## 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 and is the Chair of Bath and Northeast Somerset, Swindon and Wiltshire ICB. Stephanie joined the Trust in September 2017. Stephanie's role with us includes the following: Finance & Infrastructure Committee Chair, Remuneration & Nominations Committee Joint Chair.



## Gaurav Kumar: Non-Executive Director

**Appointed: October 2019**

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

Gaurav has a strong background in strategy development, digital transformation, operations management and enterprise performance improvement. His professional experience consists of working in the areas of Engineering, Supply Chain, Information Technology and Major Program Management. Gaurav's role with us includes Charitable Funds Committee Chair, Strategy and Partnership Committee Chair.



## Vanessa Avlonitis: Non-Executive Director

**Appointed:**

- February 2022 - Associate NED
- July 2022 - Substantive NED

Vanessa is a registered nurse who has a breadth of experience within the NHS Acute sector, Clinical Commissioning Group, in regulation at Monitor as a Quality Governance Associate and within the charitable sector supporting and developing sound clinical governance structures and compliance to CQC standards. She has served as Clinical Non-Executive Director for North Hants Urgent Care. Vanessa is passionate about nursing and the quality of care that patients receive. She has a Masters, in Nursing Leadership. Vanessa's role with us includes the following: Lead NED – Freedom to Speak Up / Whistleblowing, Quality Assurance Committee Chair Mental Health Act Scrutiny Committee Chair and Lead NED for Freedom to Speak Up / Whistleblowing.



## David Kelham: Non-Executive Director

**Appointed: April 2023**

David Kelham is currently a Non-Executive Director for Southern Health NHS Foundation Trust. He is a Fellow of the Institute of Chartered Accountants in England and Wales and has held Chief Financial Officer (CFO) roles in major UK based companies for 24 of his 34-year executive career covering 48 different countries.

As Chief Finance Officer of the respective Boards he helped to successfully grow and transform seven organisations, including six PLCs. In 2010, he was nominated by one of the leading accounting firms as 'an outstanding international Chief Finance Officer'.

His mother lived with Alzheimer's for 10 years before her death in 2011. His mother-in-law died in January 2021, again after a long period of dementia. David was honorary Treasurer and Trustee of the Alzheimer's Society. David was a member of the Scout Association for 40 years, rising to Explorer

Scout Commissioner before retiring. He is also a past member and Chairman in the Round Table organisation, and a member and past Chairman of the Ex-Round Tables' Association.

David has completed 25 commercial acquisitions across the telecommunications, travel, retail and infrastructure sectors, three disposals and the establishment of international joint ventures.



## Andrew Strevens: Chief Executive Officer

### Appointed:

- August 2015 - Director of Finance
- April 2021 – Feb 2022 - Chief Financial Officer and Deputy CEO
- Feb 2022 - Chief Executive Officer

Andrew joined the Trust in August 2015. His formative years were in Southampton, being educated in local state schools. He has worked within the health service since 2009 and brings a whole system view, having worked in senior positions for providers (Hampshire Community Health Care and Southern Health) and as a commissioner (NHS England South Region). He also has a commercial background, having worked for KPMG and B&Q Plc. Andrew is passionate about ensuring the maximum benefit from the resources available. Andrew is a values-based leader who believes deeply in developing a culture where people can thrive and be at their best. He previously stepped into the role of Chief Executive Officer from October 2020 to March 2021 whilst the Trust's Chief Executive was seconded to the national COVID-19 vaccination programme. During this time, Andrew led the organisation's response to the second wave of the COVID-19 pandemic which included the creation and operation of four COVID-19 mass vaccination sites across Hampshire and the Isle of Wight. Andrew has a real passion for working in partnership with health, social care and the voluntary sector to deliver joined up, patient-centred care for the benefit of local people. Following Sue Harriman's departure, Andrew was appointed on an interim basis as Chief Executive Officer from 07 February 2022 and was subsequently appointed to the role.



## Dan Baylis: Deputy CEO Chief Medical Officer

### Appointed:

- August 2020 - Chief Medical Officer
- January 2023 - Deputy CEO and Chief Medical Officer

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

Since qualification he has been appointed as a consultant geriatrician in Southampton which has seen him work across both community and hospital

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



## Angela Anderson: Chief of Nursing and Allied Health Professionals

### Appointed:

- **April 2010 - Service Manager for Community Children's Nursing and Paediatric Medical Services**
- **November 2018 - Associate Director of Professional Standards & Regulation. Job titled changed to Deputy Chief of Nursing and Allied Health Professionals in 2021**
- **March 2023 - Chief of Nursing and Allied Health Professionals**

Angela moved from the West of Ireland in 1985 to pursue her ambition to become a nurse, qualifying as a Registered General Nurse (adults) in Epsom District Hospital. From there Angela moved to London to specialise in sick children's nursing, achieving her Registered Sick Children's Nursing qualification at Westminster Children's Hospital. From there she worked in West London before moving to Hampshire where she has held several leadership roles, both clinical and operational, across acute and community services within the NHS. She was part of a team who were national leaders in developing and delivering community children's nursing services including the development of excellent end of life care for children in their own home. She also led the development of one of the first ambulatory care units for children in the area, championing the role nurses have in advancing practice within a multidisciplinary, integrated team. On completion of her master's in business administration, Angela took up a role with the Strategic Health Authority, establishing a clinical network for children, young people and maternity services across Hampshire & Isle of Wight before joining Portsmouth Community and Mental Health services in 2008. Angela has worked for Solent since its inception firstly within the children's service line before taking up an opportunity within the Chief Nurse Directorate in 2016. She is passionate about providing care, which is compassionate and respectful of the individual, is high quality and safe. Angela describes being a nurse as the greatest privilege, being able to care for people at a time when they are most vulnerable. Angela was the Clinical Director for the successful set up and roll out of four Mass Vaccinations Centres across Hampshire & Isle of Wight in 2021 and continued to lead the service clinically until it ceased in December 2023. She was shortlisted for the Nursing Times, Nurse Leader of the Year in 2021 and was part of the team shortlisted for an HSJ award in 2022 for the successful Covid Vaccination Service.



## Nikki Burnett: Chief Finance Officer

**Appointed: August 2022**

Nikki is an advocate for system learning and actively participates in the NHS Future Focused Finance and One Finance programmes acting as a peer reviewer for the national Towards Excellence Accreditation programme. Having started her career with the NHS at Hull PCT in 2008 studying towards AAT, Nikki has continued to combine hands on experience with formal qualifications and is currently a Fellow of the Association of Chartered Certified Accountants, Master of Business Administration and holds a master's in forensic accounting.

Since moving to the area in 2010, she has been working across the South East system providing financial leadership and support in roles including Assistant Head of Finance for NHS England covering Dorset, Hampshire and the Isle of Wight, Finance Lead for the Hampshire and Isle of Wight ICS and most recently Deputy Chief Finance Officer at Portsmouth CCG where her dedication to system integration and process improvements resulted in being shortlisted for the national HFMA Deputy Finance Director of the Year award.



## Debbie James: Chief Strategy and Transformation Officer

**Appointed:**

- **2011–2018 - Head of Commercial**
- **2018–2022 - Associate Commercial Director**
- **September 2022 – present - Chief Strategy & Transformation Officer**

Debbie joined the Trust's Executive team as Director of Strategic Transformation in September 2022. She has 20 years' experience in the Hampshire and Isle of Wight health and care system. Prior to this role, Debbie worked with the Hampshire and Isle of Wight Integrated Care System as Associate Director for the Hampshire Together programme, which has the opportunity to build a new hospital in North and Mid Hampshire. Debbie has held previous leadership roles in strategy, planning, service development, project and change management, contracting and procurement.

Debbie is responsible for advising the Trust Board and providing assurance in the development of strategic projects and partnerships, ensuring decision making is centred around patients and enabling our people to thrive. She leads on development and implementation of the Trust's strategy and transformation agenda, ensuring the organisation is best placed to contribute to national and local priorities and the changing NHS architecture. Debbie is also Executive lead for the Trust's contracting, procurement, business planning and business development activities.



## Alasdair Snell: Chief Operating Officer

### Appointed:

- **January 2013–June 2014 - Performance Manager**
- **July 2014 – April 2016 - Head of Performance**
- **April 2016 – April 2018 - Head of Performance & Analytical Services**
- **April 2018 – December 2020 - Associate Director of Performance and BI**
- **December 2020 – July 2022 - Interim Operations Director Child & Family Service**
- **August 2022 – April 2023 - Deputy Chief Operating Officer**
- **April 2023 –present - Chief Operating Officer**

Alasdair was born in Portsmouth and grew up in the North-West before studying and living in Yorkshire for 10 years. He has spent the last 10 years in Southampton, proudly working for Solent NHS Trust and starting his family. Alasdair has spent his 15-year career entirely with the NHS, across commissioning and primary care in Yorkshire, the National Vaccination Programme during the COVID-19 pandemic and at Solent NHS Trust. During his career, he has worked across the Performance, Business Intelligence, Information Systems, Corporate Programme Management Officer, Child and Family Service and most recently, as Deputy Chief Operating Officer at the Trust.

Alasdair is an advocate of learning and apprenticeships, as a former apprentice himself, having achieved an MBA, Level 7 Apprenticeship and Chartered Manager qualification in recent years. He is passionate about the NHS and what it offers our communities and it being a supportive and values driven place to work. He firmly believes in supporting and developing our workforce to achieve what they aspire to and ultimately offering the best patient care possible for our communities.



## Sorrelle Ford: Interim Chief People Officer

### Appointed:

- **February 2022–July 2023 - Associate Director of People Partnering**
- **July 2023–present - Interim Chief People Officer**

Sorrelle joined the Trust's Executive Team as Acting Chief People Officer in June 2023. Sorrelle is an experienced senior HR professional, starting her career in the NHS Graduate Management Training Scheme in 2009. She has public, private and third sector experience. Before joining Solent in 2022, she was Head of Strategic Workforce Planning at Hampshire Hospitals NHS Trust and was the workforce lead for the new hospital programme, shaping a sustainable health workforce for the future. Sorrelle previously worked in local government for BCP Council, supporting the local government reorganisation of three merging councils. Sorrelle is also a Trustee at Dorset Mental Health Forum.

Sorrelle is responsible for monitoring our performance regarding our people. She leads on our NHS Staff Survey annual campaign and subsequent action planning and leads a diverse portfolio of people professionals, from people operations, resourcing, temporary staffing, people partnering and learning and development.

## Board Members who left in 2023/24



### **Rachel Goldsworthy: Chief of Staff, Governance and Corporate Affairs**

Rachel joined the NHS back in 2002 to support the establishment of the Patient Advice and Liaison Service. Prior to this she worked in several corporate sector industries including banking, recruitment and IT. Whilst in the NHS, Rachel has worked in a variety of corporate support and management roles and was heavily involved in the programme bringing the provider arms of both Southampton City PCT and Portsmouth City PCT together prior to the establishment of Solent NHS Trust in 2011. She was appointed as Company Secretary to Solent's predecessor organisation(s) in 2008. In her role, Rachel provided support and advice to the Board as well as managing corporate affairs. In May 2021, Rachel was appointed as Chief of Staff with executive management responsibility for the Communications Team, Freedom to Speak Up, and supporting the SIRO. Rachel also took over management of Information Governance and was formally appointed as the Senior Information Risk Officer. Rachel was also the executive sponsor for the Carers Staff Network.



### **Shahana Ramsden: Chief People Officer**

Shahana has 35 years' experience in a range of public sector roles and has consistently demonstrated an authentic commitment to improving the life experiences of staff and patients. Shahana has held national leadership roles as Director of NHS Employer's Positively Diverse programme and as Deputy Director of the Department of Health's National Delivering Race Equality in Mental Health program. As part of her role with the Social Care Institute for Excellence, Shahana developed the ground-breaking Making it Real Programme which generated practical solutions to implementation of personalised and community-based support.

More recently, Shahana led the successful Vaccination Workforce programme in the Southeast Region and co-chaired the Regional Turning the Tide Transformation and Oversight Board which focused on addressing racial inequalities across our workforce and population.

The positive impact of Shahana's work has been recognised by the Health Service Journal (HSJ) where she was listed as a BME pioneer, and she was highlighted as one of 100 virtual change activists for health and social care through NHS Improving Quality (The Edge) and was nominated for an NHS70 Windrush award. More recently the impact of the Turning the Tide Transformation programme co-chaired by Shahana has been recognised through a high commendation for the HSJ NHS Race Equality award.



## Suzannah Rosenberg: Chief Operating Officer

Suzannah returned to full time work after being a full-time mum in 1995 and took a job as administrator at a supported housing project for young people with mental health and substance misuse issues. Her passion to support young people led her to apply for a support worker role in that same project which led to a 25-year career in health and social care. She quickly stepped into a management role as deputy manager of a registered hostel for homeless young people. In 1999 she led the development of one of the first one stop shops for young people, turning an empty butcher shop in a highly deprived area into a vibrant drop-in with multi agency support. She went on to manage the new service and its sister drop-in, in Portsmouth. In 2001, Suzannah took up her first joint commissioning role in substance misuse and since then has held a number of senior management and director roles across health and social care spearheading the integration of both services and commissioning. Suzannah has been a strong advocate of breaking down the barriers between providers and commissioners which facilitated her joining the Trust in 2019 as Deputy Chief Operating Officer whilst retaining a role in Portsmouth CCG.

We would like to thank all our previous colleagues for their contribution and dedication to our Trust and wish them every success in their new endeavours.

# Board development and performance evaluation

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

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

- Business Intelligence and performance reporting
- Risk management and the Board Assurance Framework
- Risk appetite
- Learning from CQC inspections
- Research and improvement
- Financial Recovery Plan
- Patient Safety Incident Response Framework (PSIRF)
- Learning from the Lucy Letby case
- ICS and ICB strategic transformation programmes

We annually conduct an internal evaluation of the Board and its key Committees, the outcomes of which help drive changes and improvements. We also continued to ensure sustained improvements against the findings of the 'Developmental review of leadership and governance using the Well- Led Framework: guidance for NHS Trusts and NHS Foundation Trusts' conducted by Audit One. Progress on the recommendations from the review have continued to be reported to the Audit and Risk Committee.

In addition, an annual governance review is conducted by the Remuneration 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
<b>Non-Executives:</b>	
<b>Mike Watts: Acting Chair</b>	<ul style="list-style-type: none"> <li>• Directorship Capability and Performance Improvement Ltd</li> <li>• Appointed as a Non-Executive Director designate to Hampshire &amp; Isle of Wight Healthcare NHS Foundation Trust</li> <li>• Appointed as a Non-Executive Director for Solent Freeport 2/3 days per month.</li> <li>• President and Chair of Board of Directors: The Trojans Club Limited</li> </ul>
<b>Stephanie Elsy: Non-Executive Director</b>	<ul style="list-style-type: none"> <li>• Directorship and Ownership of business and financial interests: Stephanie Elsy Associates</li> <li>• Directorship and Membership of statutory bodies: Bath and Northeast Somerset Swindon and Wiltshire ICB</li> <li>• Senior Adviser for Impower Consulting Ltd (ended 31 July 2023)</li> <li>• Independent Chair of Peninsula Acute Provider Collaborative from 1 May 2023 to 30 April 2024</li> </ul>
<b>Gaurav Kumar: Non-Executive Director</b>	<ul style="list-style-type: none"> <li>• Other employer: Assa Abloy Entrance Systems Ltd, 7 Churchill Way, 35a Business Park, Chapeltown, Sheffield, South Yorkshire, S35 2PY (Chief Information Officer (CIO), full time employee)</li> </ul>
<b>Vanessa Avlonitis: Non-Executive Director</b>	<ul style="list-style-type: none"> <li>• Trustee: Harlington Hospice</li> </ul>
<b>David Kelham: Non-Executive Director</b>	<ul style="list-style-type: none"> <li>• Non-Executive Director for Southern Health NHS Foundation Trust</li> </ul>

Name	Interest registered
<b>Executive Directors:</b>	
<b>Andrew Strevens:</b> Chief Executive Officer	<ul style="list-style-type: none"> <li>• NIHR Applied Research Collaboration (ARC) Wessex – Board Member</li> </ul>
<b>Angela Anderson:</b> Chief of Nursing & Allied Health Professionals	<ul style="list-style-type: none"> <li>• Nil declarations</li> </ul>
<b>Nicola Burnett:</b> Chief Financial Officer	<ul style="list-style-type: none"> <li>• Directorship: Fox Herbert Accounting Ltd</li> <li>• Membership: ACCA, HFMA</li> </ul>
<b>Dan Baylis:</b> Deputy CEO & Chief Medical Officer	<ul style="list-style-type: none"> <li>• GMC, Fellow of Royal College of Physicians and Member of British Geriatrics Society</li> <li>• Employed by University Hospital Southampton NHS Trust as Consultant Physician 16hrs/week and Associate Medical Director</li> <li>• Wife employed on Solent bank as MSK Physiotherapist – not involved in any assignment placements</li> </ul>
<b>Debbie James:</b> Chief Strategy and Transformation Officer	<ul style="list-style-type: none"> <li>• Governor of Kings Copse Primary School</li> </ul>
<b>Alasdair Snell:</b> Chief Operating Officer	<ul style="list-style-type: none"> <li>• Nil declarations</li> </ul>
<b>Sorrelle Ford:</b> Interim Chief People Officer	<ul style="list-style-type: none"> <li>• Membership and other employer: Trustee, Dorset Mental Health Forum, 29 Durngate Street, Dorchester, DT1 1JP</li> </ul>

# The Board's committees

The Board has established the following committees:

### Statutory committees

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

### Designated committees

- Quality Assurance Committee
- Finance & Infrastructure Committee
- Mental Health Act (MHA) Scrutiny Committee
- People Committee
- Strategy and Partnership Committee

Further details can be found within the Annual Governance Statement.

## Composition of Board committees on 31 March 2024

Director Name Position	Board	Finance & Infrastructure Committee	Remuneration & Nominations Committee	Quality Assurance Committee	MHA Scrutiny Committee	Audit & Risk Committee	Charitable Funds Committee	People Committee	Strategy and Partnership Committee
Miss Sims Chair	Chair	-	Member	-	-	-	-	Chair	Member
Stephane Elly Non-Executive Director	Member	Chair	Joint Chair	Member	-	-	-	-	-
Geeta Kumar Non-Executive Director	Member	Member	Member	-	Member	-	Chair	-	Chair
Vivienne Avonelli Non-Executive Director	Member	Member	Joint Chair	Chair	Chair	Member	-	-	-
David Bellamy Non-Executive Director	Member	-	Member	-	-	Chair	-	Member	-
Quincy	2 NEDs	2 NEDs	2 NEDs	2 NEDs	2 NEDs	2 NEDs	1 NED	2 NEDs	1 NED
Andrew Stravers Chief Executive Officer	Member	Member	Attendee on invitation	Member	-	Attendee	-	Member	Member
Nicki Burnett Chief Finance Officer	Member	Member	-	-	-	Attendee	Member	Attendee	Member
Devi Baylis Deputy CEO & Chief Medical Officer	Member	-	-	Member	Member	-	-	-	-
Angela Anderson Chief of Nursing & A&P	Member	-	-	Member	Member	Attendee	-	Member	-
Terralle Ford Acting Chief People Officer	Non-voting member	Attendee on invite	Attendee on invitation	-	-	-	-	Member	-
Alisdair Inell Chief Operating Officer	Non-voting member	Shadow Member	-	Shadow Member	Shadow Member	-	-	Shadow Member	Shadow Member
Debbie James Chief Strategy and Transformation Officer	Non-voting member	Member	-	-	-	-	Member	-	Member

Membership at each Board meeting and Committees has been included separately on the following pages.

## Trust Board In-Public & Confidential

Name	Meeting position	3/4/23	15/5/23 EO Private Board	5/6/23	21/6/23 Accounts sign off in public	3/7/23 EO Confidential Board	7/8/23	4/9/23 EO Confidential Board	2/10/23
<b>Mike Watts</b>	Chair	Attended	Attended	Attended	Apologies	Attended	Attended	Attended	Attended
<b>Stephanie Elsy</b>	Member	Attended	Attended	Apologies	Attended	Attended	Attended	Apologies	Attended
<b>Gaurav Kumar</b>	Member	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
<b>David Kelham</b>	Member		Attended	Apologies	Apologies	Attended	Attended	Attended	Attended
<b>Vanessa Avlonitis</b>	Member	Attended	Attended	Attended	Attended	Attended	Apologies	Attended	Attended
<b>Andrew Strevens</b>	Member	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
<b>Angela Anderson</b>	Member	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
<b>Nikki Burnett</b>	Member	Attended	Attended	Attended	Attended	Attended	Attended	Attended	Attended
<b>Dan Baylis</b>	Member	Attended	Attended	Attended	Attended	Attended	Apologies	Attended	Attended
<b>Suzannah Rosenberg</b> <sup>1</sup>	Member	Apologies	Left the Trust						
<b>Alasdair Snell</b> <sup>2</sup>	Attendee Member from April 2023	Attended	Attended	Attended	Attended	Attended	Apologies	Apologies	Attended
<b>Shahana Ramsden</b> <sup>3</sup>	Attendee	Attended	Apologies	Apologies	Apologies	Left the Trust			
<b>Sorrelle Ford</b> <sup>4</sup>	Attendee			Attended on behalf of Shahana	Apologies	Apologies	Apologies	Attended	Attended
<b>Rachel Goldsworthy</b> <sup>5</sup>	Attendee Member from June 2022	Attended	Attended	Attended	Attended	Attended	Apologies	Left the Trust	
<b>Debbie James</b>	Attendee	Attended	Attended	Attended	Attended	Apologies	Attended	Attended	Attended



## Charitable Funds Committee

Name	Meeting position	19/5/23	10/8/23	9/11/23	23/2/24
<b>Gaurav Kumar</b>	NED Committee Chair	Attended	Attended	Attended	Attended
<b>Debbie James</b>	Committee member	Attended	Attended	Attended	Attended
<b>Rachel Goldsworthy</b> <sup>5</sup>	Committee member	Attended	Apologies	Left the Trust	

## Remuneration & Nominations Committee

Name	Meeting position	3/5/23	13/7/23	28/9/23	9/11/23	12/12/23	8/1/24	14/3/24
<b>Vanessa Avlonitis</b>	NED Committee Chair	Attended	Attended	Attended	Attended	Attended	Attended	Apologies
<b>Mike Watts</b>	Committee member	Attended	Attended	Attended	Attended	Attended	Attended	Attended
<b>Stephanie Elsy</b>	Committee member	Attended	Apologies	Apologies	Attended	Attended	Attended	Attended
<b>Gaurav Kumar</b>	Committee member	Apologies	Apologies	Apologies	Attended	Attended	Apologies	Apologies
<b>David Kelham</b>	Committee member	Apologies	Attended	Apologies	Apologies	Attended	Attended	Attended

## Audit and Risk Committee

Name	Meeting position	21/6/23	17/8/23	10/11/23	9/2/24
<b>David Kelham</b>	NED Committee Chair	Attended	Apologies	Attended	Attended
<b>Vanessa Avlonitis</b>	Committee member	Attended	Attended	Attended	Attended
<b>Gaurav Kumara</b>	Committee member	Attended	Attended		
<b>Stephanie Elsy</b>	Non-executive Director	Attended	Attended		
<b>Andrew Strevens</b>	Committee member	Attended	Apologies	Attended	Apologies
<b>Angela Anderson</b>	Committee member	Attended	Attended	Attended	Attended
<b>Nikki Burnett</b>	Committee member	Attended	Apologies	Attended	Attended
<b>Rachel Goldsworthy</b> <sup>5</sup>	Committee member	Attended	Apologies	Left the Trust	
<b>Dominic Ford</b>	Governance Programme Lead		Attended	Attended	Attended

## Finance & Infrastructure Committee

Name	Meeting position	30/5/23	31/7/23	25/9/23	27/11/23	29/1/24	25/3/24
<b>Stephanie Elsy</b>	NED Committee Chair	Attended	Apologies	Attended	Attended	Apologies	Attended
<b>Gaurav Kumar</b>	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
<b>Vanessa Avlonitis</b>	Committee member	Attended	Attended	Attended	Apologies	Attended	Apologies
<b>Andrew Strevens</b>	Committee member	Apologies	Attended	Attended	Attended	Attended	Attended
<b>Alasdair Snell</b> <sup>2</sup>	Committee member	Attended	Attended	Apologies	Attended	Attended	Apologies
<b>Nikki Burnett</b>	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
<b>Debbie James</b>	Committee member	Apologies	Attended	Attended	Attended	Attended	Attended

## Mental Health Act Scrutiny Committee

Name	Meeting position	10/8/23	16/11/23	22/2/24
<b>Vanessa Avlonitis</b>	NED Committee Chair	Attended	Attended	Attended
<b>Gaurav Kumar</b>	Committee member	Attended	Attended	Attended
<b>Angela Anderson</b>	Committee member	Attended	Apologies	Apologies
<b>Dan Baylis</b>	Committee member	Apologies	Attended	Attended
<b>Andrew Strevens</b>	Attendee		Apologies	Apologies
<b>Alasdair Snell</b> <sup>2</sup>	Committee member	Apologies	Attended	Attended

## Quality Assurance Committee

Name	Meeting position	15/5/23	20/7/23	21/9/23	23/11/23	25/1/24	21/3/24
<b>Vanessa Avlonitis</b>	NED Committee Chair	Attended	Attended	Attended	Attended	Attended	Attended
<b>Gaurav Kumar</b> (attended to ensure quoracy only)	Non-executive Director	Attended					
<b>Stephanie Elsy</b>	Committee member	Apologies	Apologies	Apologies	Apologies	Attended	Attended
<b>Mike Watts</b> (attended to ensure quoracy only)	Acting Chair			Attended	Attended		
<b>Andrew Strevens</b>	Committee member	Attended	Attended	Attended	Apologies	Apologies	Apologies
<b>Dan Baylis</b>	Committee member	Attended	Attended	Attended	Apologies	Attended	Attended
<b>Angela Anderson</b>	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
<b>Alasdair Snell</b> <sup>2</sup>	Committee member	Apologies	Attended	Attended	Attended	Attended	Apologies
<b>Rachel Goldsworthy</b> <sup>5</sup>	Committee member	Attended	Left the Trust				

## Strategic Partnership Committee

Name	Meeting position	16/5/23	11/7/23	12/10/23	12/12/23	20/2/24
<b>Gaurav Kumar</b>	NED Committee Chair	Attended	Apologies	Attended	Attended	Attended
<b>Michael Watts</b>	Acting Chair	Attended	Attended	Attended	Attended	Attended
<b>Andrew Strevens</b>	Committee member	Attended	Apologies	Attended	Attended	Attended
<b>Nikki Burnett</b>	Committee member	Attended	Attended	Apologies	Apologies	Attended
<b>Debbie James</b>	Committee member	Attended	Attended	Attended	Attended	Attended
<b>Alasdair Snell</b> <sup>2</sup>	Committee member	Apologies	Attended	Apologies	Attended	Attended

\*It should be noted that execs are openly invited to the SPC and may elect to attend for items of relevance: CN, CMO and CPO.

## People Committee

Name	Meeting position	18/5/23	1/8/23	21/9/23	23/11/23	8/2/24	21/3/24
<b>Mike Watts</b>	NED Chair of People Committee	Attended	Attended	Attended	Attended	Attended	Attended
<b>Vanessa Avlonitis</b>	Member	Attended	Attended	Apologies	Attended	Attended	Attended
<b>Gaurav Kumar</b> (attended to ensure quoracy only)	Non-executive Director			Attended			
<b>Andrew Strevens</b>	Committee member	Attended	Attended	Attended	Attended	Attended	Apologies
<b>Angela Anderson</b>	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
<b>Nikki Burnett</b>	Committee member	Apologies	Attended	Apologies	Apologies	Apologies	Apologies
<b>Sorrelle Ford</b> <sup>4</sup>	Committee member	Attended	Attended	Attended	Attended	Attended	Attended
<b>Alasdair Snell</b> <sup>2</sup>	Committee member	Apologies	Attended	Apologies	Attended	Attended	Apologies

Full details of remuneration are given in the Remuneration Report.

1 - Suzannah Rosenberg Chief Operating Officer left the Trust on 06/04/2023

2 - Alasdair Snell commenced Chief Operating Officer role on 07/04/2023

3 - Shahan Ramsden, Chief People Officer left the Trust on 30/06/2023

4 - Sorrelle Ford commenced role of Chief People Officer on 30/06/2023

5 - Rachel Goldsworthy, Chief of Staff, left the Trust on 20/08/2023

# Our Auditors

## Internal audit

Our Internal Auditors during 2023/24 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 2023/24 was £103k (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 2023/24 was £230k (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.

# Annual Governance Statement 2023/24

## 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

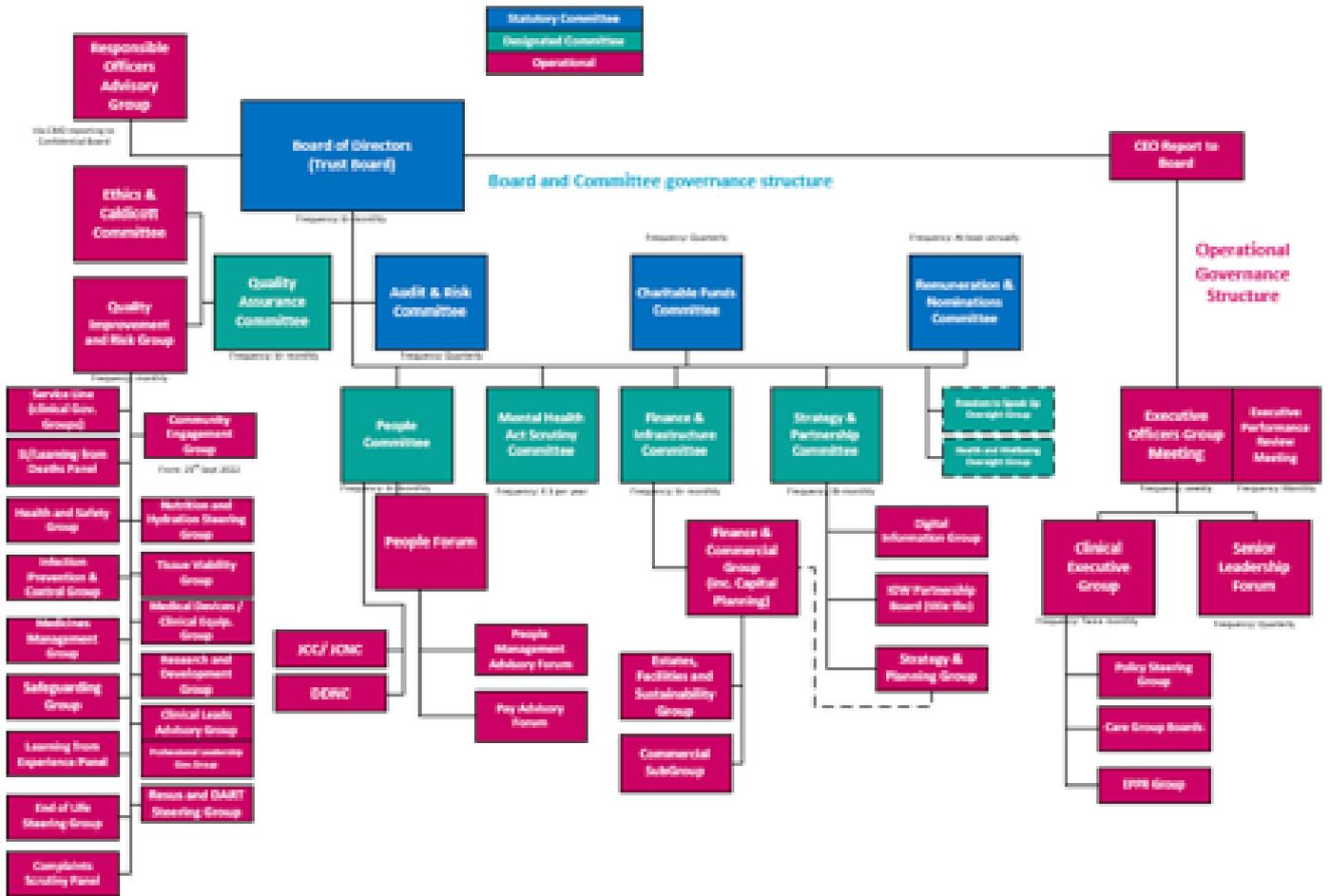
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing 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 2024 and up to the date of approval of the annual report and accounts.

## The Governance Framework of the Organisation

Within the Directors Report Section ('Our Board of Directors') 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: Bi-monthly.**

**During 2023-24 the Committee met 6 times.**

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

## Mental Health Act Scrutiny Committee

**Frequency: Three times per year.**

**During 2023-24 the Committee met 4 times.**

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

## Charitable Funds Committee

**Frequency: Quarterly (or as required).**

**During 2023-24 the Committee met 5 times.**

The Corporate Trustee (Solent NHS Trust), through its Board, has delegated day to day management of 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.

## Remuneration & Nominations Committee

**Frequency: At least annually and as required.**

**During 2023-24 the Committee met 6 times.**

The Remuneration and Nominations Committee is the result of a merger of the Remuneration and Governance and Nominations Committees in July 2022. The Committee is comprised of the Non-executive Directors (and others by invitation) and reports to Confidential Board meetings. 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 also oversees and approves

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

The Committee makes recommendations to the Board as appropriate regarding the following matters.

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

## Quality Assurance Committee

**Frequency: Bi-monthly.**

**During 2023-24 the Committee met 7 times.**

The Committee is responsible for providing the Board with assurance on all aspects of quality, patient safety, clinical governance and regulatory compliance.

- The Committee received monthly reports on Urgent Matters of Safety, Freedom to Speak Up concerns and Regulatory Compliance (including CQC matters, recent visits and any NHS England items).
- Reports are also presented quarterly, including Patient Experience, Complaints, Safeguarding and Infection Prevention and Control.
- During the year the Committee received ad hoc and deep dives reports on the Patient Safety Strategy and the Child and Family Service.

## Audit and Risk Committee

**Frequency: At least quarterly (plus private meeting with External & Internal Auditors).**

**During 2023/24 the committee met 4 times and separately in private.**

The purpose of the Audit and 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 acts 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'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

## Strategy and Partnership Committee

**Frequency: Bi-monthly.**

**During 2023-24 the Committee met 5 times.**

The Committee oversees the implementation of the Organisation's strategy and enabling strategies, whilst the Trust Board retains overall strategic accountability for them.

- The Committee is responsible for overseeing Assurance for major strategic programmes including Project Fusion, relating to the merger with Southern Health NHS Foundation Trust and the Isle of Wight NHS Trust
- The annual planning process and strategic monitoring of business objective delivery.
- Ensuring risks to achievement of the Trust's objectives are monitored via the Board Assurance Framework (BAF) and relevant risk registers.

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, the Committee received scheduled items for review and considered updates relating to changes to financial reporting standards, planned expenditure from Charitable Fund and the positive results of the Financial Sustainability Audit. In the event of the Trust requiring a deep dive review, Internal Audit advice would be commissioned accordingly. A developmental review of the Trust's Well Led framework was conducted by AuditOne an independent assessor with no conflicts of interest with the Trust in 2021. The Committee received six-monthly updates on the progress of recommendations from the review. No significant issues in relation to the financial statements of 2022/23, operations or compliance were raised by the Audit and Risk Committee during the year.

The Committee was informed of an internal investigation and audit that was undertaken with the additional support of Counter Fraud in respect of new starter controls. The review supported People Services with re-embedding employment checks prior to the introduction of the new Oleo IT recruitment platform. The Internal audit opinions for the audits carried out in year are as summarised below.

Review	Report classification
<b>Complaints process</b>	Medium
<b>Key Financial Systems</b>	Low
<b>Learning from Deaths</b>	High
<b>IT: Post-Implementation</b>	Medium
<b>Data Security Protection Toolkit</b>	Not applicable. The report uses a separate classification based on NHSE guidance. The rating for the report was 'moderate'

Our Head of Internal Audit Opinion, which is one of reasonable/moderate assurance reflects our commitment to maintaining and strengthening internal controls in our organisation.

## Highlights of Board Committee Reports

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

The Chief Executive report to Board includes commentary on significant changes recorded in the Board Assurance Framework (BAF) and Corporate Risk Register and each Board Committee also considers relevant BAF risks and progress against internal audit recommendations at each meeting. In addition, a number of internal audits were

completed, as described previously and annually each Board Committee presents an annual report to the Board detailing a summary of business transacted and achievements against the agreed Committee objectives. The Committee annual reports are available via the In-Public Board papers on our website.

## Performance Evaluation of Board

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

NHS England published a revised version of the NHS Provider Licence on 1 April 2023, to reflect current statutory and policy requirements and support providers to work effectively as part of integrated care systems. Solent self-certify against the revised requirements of the licence and provide a declaration of compliance within the Board Performance Report every six months.

## 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 Trust has a range of measures in place which provide monitoring and assurance in relation 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.

Role	Responsibilities
Chief of Nursing and Allied Health Professionals	Nominated Executive Lead Director for risk management and quality governance. The Chief of Nursing and Allied Health Professionals 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 Financial Officer	Nominated Executive Lead Director for health and safety compliance.
Chief Operating Officer	Nominated Executive lead for emergency planning and disaster recovery, ensuring plans are established and regularly tested. This includes leading our Gold Command structure during the pandemic.
Clinical Directors	Accountable for risk and clinical governance within their respective service lines, supported by the Operational Directors and Heads of Quality and Professions.
Operational Directors and Heads of Service	Responsible for managing operational risks originating within their service areas.
Heads of Quality and Professions (HQP)	Each service line has an identified lead for quality safety and assurance who is responsible for supporting the service line Clinical Director in the delivery of the quality, safety and governance agenda. HQPs with the corporate Quality and Governance 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

- Performance Review Meetings (PRMs), chaired by the Chief Operating Officer, cover general performance of quality and other operational issues.
- Oversight of service performance and risk by the Chief Operating Officer via daily escalation and reporting through to Performance Review and Executive Performance Management Reviews. Oversight of corporate performance and risk via the Corporate Performance Review Meetings.
- Service Line Governance/Operational Boards are 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 of Nursing and Allied Health Professionals, 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. These meetings have undergone considerable review during this year and will be further reviewed to ensure that quality performance is viewed alongside other pertinent factors in the delivery of care. This is reflective of the changing healthcare landscape and how governance is assured in healthcare settings.
- Clinical Executive Group - oversees operational responses to risks contained in the Trust Risk Register and broader clinical risk. The roles of the Quality Assurance Committee and Audit and Risk Committee are described previously.
- ICB Quality Oversight Group and Place Based Quality Operational Group meetings have continued to provide Integrated Care Board (ICB) oversight in partnership with providers.

### Visits and inspections

- Board to Floor visits (includes executives and non-executives) are opportunities for NEDs to informally meet with staff and service users throughout the year covering all service lines, enabling NED colleagues to be briefed on contemporary matters, including service risks; 15 Board to Floor visits were undertaken across service lines during 2023/24.
- Announced and unannounced visits to clinical areas/teams by the Clinical and Regulatory Assurance Team have been taking place in response to the development of services quality plans and also at the direct invitation of the services.
- All services have now submitted their quality assurance reviews and clinical quality assurance visits have taken place across service lines – in the case of mental health services these have been undertaken jointly with the Isle of Wight NHS Trust
- The National programme of Patient-Led Assessments of Care Environment (PLACE) visits have recommenced and the national report was published on 23 March 2023. Local benchmarking reports were shared in April 2023.
- The Quality Checker Programme, a group of people with a learning disability, has continued in a limited way due to continued COVID-19 risks in clinical areas.

### Feedback mechanisms

- In response to the identification of key groups of people who use our services, their families and carers we have introduced a range of inclusive methods for people to provide feedback. This includes participatory arts of slam poetry and storytelling.
- We have designed and are piloting a web-based system for people to raise a complaint, after hearing that the email, telephone and letter options did not meet the needs of a range of people including younger people and people of a working age.
- Feedback using the national Friends and Family Test survey continues to increase from 8337 in Q3 2022/23 to 9518 in Q3 23/24 enabling us to have a better understanding of the experience of people who use our services.
- Unpaid family carers of people from black minority and ethnic communities told us that we did not support them in a culturally sensitive way. We worked with them to produce and implement some hints and tips for clinical teams to improve their experience when the person they care for is using our services.

### Governance and reporting processes

- Any new scheme or change in service provision (including efficiency plans, and importantly changes to practice as a result of COVID-19) are formally assessed through a Quality Impact Assessment (QIA) 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 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 of Nursing and Allied Health Professionals. 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 of Nursing and Allied Health Professionals, risks associated with QIAs are escalated to the Quality Assurance Committee.
- QIA's can be completed at operational level for small service changes. The documentation is completed with details of the identified benefits, risks and mitigation of the risks. The local governance meetings in the service line review the QIAs and the outcomes are recorded in the minutes of these meetings.
- An audit programme (Trust wide and service level covering standards and topic specific issues) is agreed and delivered annually and informs quality improvement work.
- Monthly safe staffing meetings are held with clinical and operational leads
- Safe staffing is now reported to the Board quarterly; the Board is appraised of any key quality and safety matters at the beginning of each Board meeting and via comprehensive Chief of Nursing and Allied Health Professionals reporting via the Performance Report.
- Our Quality Account is produced annually which outlines the progress made and action taken to improve and maintain quality and safety within and across Trust services. The Annual Quality Account is developed in consultation with key stakeholders and serves as an additional validation mechanism for determining the quality of services. This year, we have incorporated our Quality Account with the 'Great Care' section of the Annual Report.
- The Learning from Experience Panel meets quarterly. There is significant representation from patients, families, carers and community representatives who receive, review and scrutinise experience of care feedback and associated actions.
- A quarterly Experience of Care Insights assurance report is presented to the Learning from Experience Panel, to QIR and then QAC.
- The Making a Difference Group – a service user led group has been implemented, to oversee and support the delivery of agreed experience of care priorities and delivery of our Alongside Communities ambitions.

### Risk Management

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 Head of Risk and Litigation as an alternative to the e-learning module.
- On request risk register training for all staff who have responsibility for using the Trust's on-line risk register.
- A two-day training package for serious incident (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 Governance 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

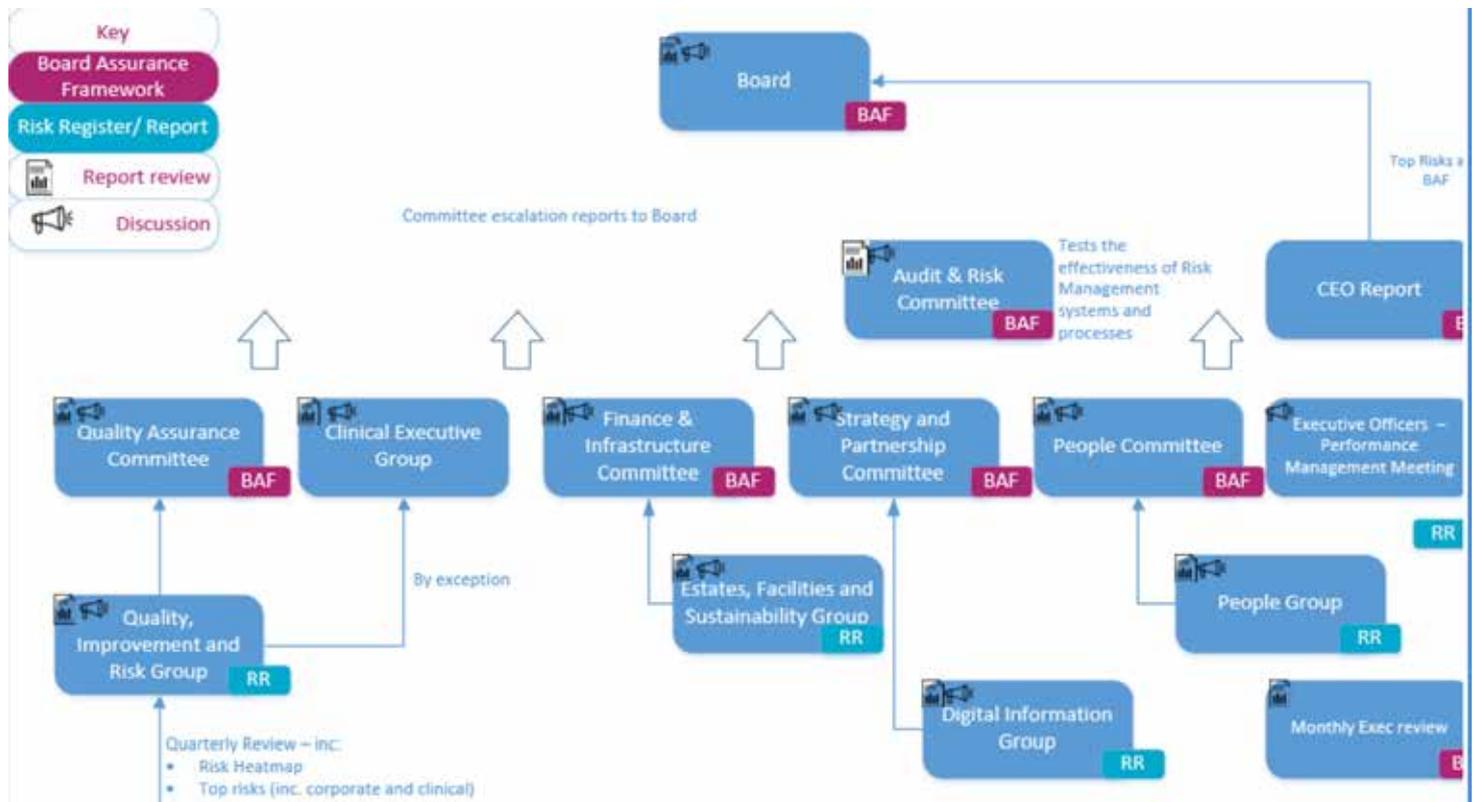
I am assured that risk management processes are continuing to be increasingly embedded within the Trust and incident reporting is openly and actively encouraged to ensure a culture of continuous improvement and learning. I am also assured that there are appropriate deterrents in place concerning fraud and corruption. The organisation understands that successful risk management requires participation, commitment and collaboration from all staff. The Board approved Risk Management Framework provides a clear overarching framework for the management of internal and external risk and describes the accountability arrangements, processes and the Trust's risk appetite.

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

- an appropriate framework; delegating authority, seeking competent advice and assurance
- a risk culture which includes an agreed risk appetite, as outlined within the framework
- the integration of risk management into all strategic and operational activities
- the identification and analysis, active management, monitoring and reporting of risk across the Trust
- the appropriate and timely escalation of risks
- an environment of continuous learning from risks, complaints and incidents in a fair blame/non-punitive culture underpinned by open communication
- consistent compliance with relevant standards, targets and best practice
- business continuity plans and recovery plans that are established and regularly tested.
- 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 prevention, detection and deterrence activity and reactive investigation are undertaken by the Local Counter Fraud Specialist (LCFS) which is supported by the 'Local Counter Fraud, Bribery and Corruption Policy'. Proactive fraud prevention, detection and deterrence work is integral to the management of risk across the organisation especially as there could be clinical or health and safety implications which could then impact upon the organisation. Staff are encouraged to report any potential fraud using the online incident reporting process appropriately including anonymous reporting if necessary. We are not aware of any specific areas within the organisation that are at risk of material fraud, however we cannot be complacent. We worked closely with our LCFS to conduct proactive audits on Conflicts of Interest, IT Asset Management processes and Controlled Drugs management on Trust wards and will be embedding the learning from these areas of work into regular audit practice. Notifications from the Counter Fraud team improve our knowledge and awareness of the risk of fraud.

## Risk Assessment Process

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



The organisation has structured risk assessment and management processes in place as set out in the Risk Management Framework. 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 & Governance 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 are monitored and assured at the Quality Improvement and Risk Group, and escalated as appropriate to the Clinical Executive Group, and other Groups. This is in accordance with the risk appetite, agreed by Board and set out in the Risk Management Framework.

## Risk identification and measurement

Risk identification establishes the organisation's exposure to risk and uncertainty. The processes used by the Trust include, but is not limited to risk assessments, adverse event reports including trends and data analysis, patient safety incident investigations (PSII) 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 system 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 and Governance 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 an adapted version of 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 themes each month.

## Strategic Risks

Solent's strategic risks (scoring 12 or over), at the end of the current financial year, 23/24, and as detailed within the Board Assurance Framework, relate to the six areas detailed below:

- **Strategic provision of services** – there is a risk that the outcome of the Hampshire and Isle of Wight (HIOW) Strategic Review will detract Solent's Senior Leadership from delivering the agreed strategy, priorities and 'business as usual' and adversely affect staff engagement by staff becoming disenfranchised; resulting in the loss of key personnel, as people look to secure their futures.
- **Demand, Capacity and Access to Services** – As a result of the COVID-19 pandemic, waiting lists have significantly increased and are continuing to increase. There is therefore a risk that demand for services may outstrip capacity for a number of reasons, including:
  - Continued national recruitment challenges.
  - Recovery of services.
  - Significant system finance recovery demands, reducing both health and care capacity.
  - Increased demand on services, accepting higher patient acuity and risk than pre-pandemic.
  - Extremely high levels of winter demand.

In addition, there is a risk that Solent is unable to meet demand due to requirements to support wider system flow pressures, impact of STREP A, staff absence, as well as the impact of strike action.

- **Workforce Sustainability** – There is a risk that Solent is unable to recruit and/or retain sufficient numbers of staff with the qualifications, skills and experience required.
- **High Quality Safe Care** – There is a risk that we are unable to deliver safe and effective care, particularly in light of holding higher acuity and greater complexity within our community services, that would have traditionally been managed within acute hospitals; currently greatly exacerbated by systems pressures. The higher acuity and greater complexity within our mental health services, also causes risk to the delivery of high quality, safe care, and overall increasing waiting times potentially leading to harm. Delivering a significant transformation programme, against a backdrop of significant financial and workforce constraints is also a significant risk.
- **Financial Sustainability** – There is a risk that the current deficit position across Hampshire and Isle of Wight (HIOW) ICS results in either additional financial constraints being applied across the Trust's ICB contract or unintended changes to community demand because of cost savings implemented by other systems partners.
- **Digital Maturity** – There is a risk that our digital infrastructure, processes and workforce digital literacy are insufficient to provide efficient, patient focussed services, provide sufficient timely evidence for the organisation to make informed decisions, provide security against cyber attacks and enable innovation.

These strategic risks are reviewed and monitored, actively mitigating risks 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:

- **Human Resources, Staffing** – risks associated with vacancies, staffing levels and wider system and national staff risks
- **Capacity and Demand** – risks associated with a mismatch between available resources and demand for services
- **Information and Cyber Security** – risks associated with the security of systems and information, and their vulnerability to threats.
- **Estates and Facilities** – risks related to built infrastructure, working environment and facilities management.



### Information Governance (IG) 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 information governance training annually, which is nationally recognised as an extremely challenging standard. The submission of the Data Security and Protection Toolkit for 2023/24 is June 2024, however at present, the Trust is planning on submitting on 31 March 2024 due to political statement on new Trust to be included Once published, our compliance will be made publicly available <https://www.dsptoolkit.nhs.uk/OrganisationSearch/R1C>

IG serious incidents are reported and monitored via the toolkit and where deemed necessary, to the Information Commissioner's Office (ICO) as described below. We continue to monitor all incidents and risks associated with IG matters and ensure we learn as a consequence. In 2023/24 the Trust reported two incidents to the ICO, both in relation to staff accessing family members medical records. The ICO closed both cases with no further action, stating appropriate action has been taken by the Trust. The Trust continues to raise education and learning across the Trust to all staff on the appropriate and inappropriate access of medical records, with it being a key factor in the Trust's information governance Training, part of an annual staff declaration and continuous staff campaign. Each case is reviewed to assess if additional training, learning or awareness can be identified and reflected in staff engagement.

The Trust also has a strong stance on Cyber Security, with continuous monitoring, governance and education in place to reduce the impact and risks of a cyber-attack.



### Serious Incidents Requiring Investigation

A total of 9 Serious Incidents (SI) were raised between 1 April and 30 October 2023. From 31 October Solent transitioned to the Patient Safety Incident Response Framework (PSIRF) which replaced the Serious Incident Framework. The diagram below shows the breakdown in Serious Incidents by Cause Group.

### Serious incidents declared in 2023/24

Deaths – expected, unexpected	2
Slips, trips and falls	2
Patient deterioration/sepsis	1
Pressure ulcers	1
Assault – sexual/obscene	1
Clinical delaya	1
Security concern/issue	1

However, if a serious incident was to be reported, the following actions would take place;

- The Information Commissioner's Office would be informed.
- The data subject would be informed.
- A thorough investigation would take place, with lessons to be learnt being a main focus of any action plan.
- Our Caldicott Guardian and Senior Information Risk Officer are consulted whenever there is an information governance serious incident.
- Our commissioners provide scrutiny to our SI process and confirm closure on investigations once appropriate assurance has been sought.



### Care Quality Commission (CQC) Compliance

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

We were inspected in 2018 against the following eight core services.

- Community Adults
- Community Children & Young People
- Primary Care Services – 3 GP locations at that time
- Mental Health – Psychiatric Intensive Care Unit (PICU)
- Mental Health – Crisis and Health Based Place of Safety (HBPoS)
- Mental Health – Older Persons Mental Health (OPMH) /Ward
- Mental Health – Older Persons Mental Health (OPMH)/Community
- Mental Health Rehabilitation /Adults/Ward.

We also underwent a "Well Led" inspection. As an outcome of these inspections, we were rated as 'Good' across our service lines with an 'outstanding' in the Caring domain. We also had a developmental well-led review which reported in November 2021. The review was undertaken in line with the Well-Led Framework and considered practice against the 8 domains of the Well-Led framework. Following the review a detailed

#### Overview and CQC inspection ratings

Overall Good Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-led	Good ●

action has been tracked systematically, with Executive oversight, and reported to the Board and Board Committees. A report to the Audit and Risk Committee in November 2023 detailed the significant progress made against the agreed actions and the action plan was closed.



## Workforce Strategies and staffing Systems

The Chief of Nursing and Allied Health Professionals (AHPs), Deputy Chief of Nursing and AHPs or their representative, meets with all service lines on an agreed schedule, determined by the Chief of Nursing and AHPs and the Service Line Senior Leadership Team and 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, incidents and complaints linked to staffing levels - all of these areas are identified as key within in the National Quality Board (NQB) guidance: 'Developing Workforce Safeguards'.

During 2023/24, we have undertaken a review of establishments of all inpatient areas reporting into the Safer Staffing assurance meeting for Chief Nursing Officer sign off.

The Trust has also progressed implementation of the evidenced based national acuity and dependency tools and have now a programme work that supports at a minimum of biannual undertaking of Mental Health Optimisation Staffing Tool (MHOST) for our Mental health inpatient units, Community Nursing Safer Staffing Tool and Safer Nursing Care Tool for our physical health inpatient units. This will enable us to identify the average acuity and dependency of patients which is then used to inform nursing establishments as part of workforce planning.

Within 2023/24 we stood up an international recruitment Oversight Group to provide oversight and support the ongoing programme of work along with listening events held by our Chief Nurse and AHP's across the year for our international recruits.

During 2023/24 we have implemented within the Trust a roster optimisation programme for our services to ensure that we are maximising roster efficiencies across the organisation. This has been done in close collaboration between our services, health roster and temporary staffing teams and has seen us remove all off-framework agency spend by the end of 2023/24. Our temporary staffing team work closely with our services daily to minimise agency spend across the trust and additional work has been done with recruitment agencies to start to bring the rates down closer to price cap compliance.

Our substantive recruitment team have continued to make improvements throughout the year with our Applicant Tracking System Oleo which now has full reporting functionality and improved candidate experience which has led to a reduction in our time to hire metrics. We have continued to monitor the quality of our pre-employment checks throughout 2023/24 with zero error rate achieved in February 2024.

During the last quarter of the year, we have also been piloting some new and innovative method of attracting new candidates to the trust

We have continued to deliver a programme of monthly safe staffing meetings, those 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 and Development, Clinical Workforce Development, and the Roster team.

The aim to continue to improve our approach to workforce planning as a key element of the business planning process with service lines 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 of Nursing and AHPs and Chief Medical Officer for sign off.

Our teams have remained responsive to the system pressures and have stepped up surge capacity in response to the need to support discharge from hospital. At periods of increased pressure internal service line escalations were noted and if insufficient staffing levels identified then the Chief of Nursing and / or their deputy would be appraised and support offered in managing any associated risks.



### 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 is 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 procedures, organisational change, including project Fusion and creation of the new Trust, changes to any activities or service delivery and in consideration of cost improvement plans. We submitted our Equality System Delivery return at the end of February 2024, it was signed off and an outcome of achieving was confirmed at the People Committee in February 2024.

In year we have continued to deliver outcomes against the measurable EDIB plan that aligned to Workforce Race Equality Standard (WRES), CQC well led domain and the 6 national high impact EDI actions. The action plan had 4 workstreams all with time bound and measurable deliverables. All deliverables were met by and the action plan for the following year was developed. We have established a set of key people priorities to continue to improve belonging in the NHS and refreshed the 2024 action plan in the last quarter of 2022/23 financial year. We are now working with colleagues as part of project Fusion and ahead of day one of the new Trust to develop an EDI action plan that will support inclusion improvement for the new Trust.

You can read more about Equality, Diversity and Inclusion within the Staff Report section of the Annual Report or in the annual EDI report that was published in October 2023.



### Register of Interests

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. We continue to work with our Local Counter Fraud Specialist to enhance our processes wherever possible.



## Environmental responsibilities

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. 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
- Efficiencies 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 ongoing evolution and progression of the Model Hospital, the utilisation and inclusion of its information and benchmarking continues to be used by us to identify areas of outlying performance, including diversity and inclusion statistics as well as efficiency opportunities.
- We are also participating in the Crisis/Acute Mental Health programme for Getting it Right First Time (GIRFT), successfully focussing on a whole team approach to community caseloads, effective patient flow, staff training, patient interventions and strong relationships with local partners.
- We continue to participate 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, mental health survey and workforce returns. We continue to undertake comprehensive review of outputs and benchmarks 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 efficiency schemes 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 pandemic. As stated within the Annual Results Report for the year ended 31 March 2024, our external Auditors anticipate issuing an xx conclusion and an xx audit opinion on the financial statements.



## Performance Reporting

The performance governance structure has remained steady throughout 2023/24, with bi-monthly clinical and corporate Performance Review Meetings (PRM) being the central forum at which performance is discussed and exceptions identified. Clinical service lines are supported by corporate partners to discuss quality, workforce, and finance performance in addition to operational performance exceptions.

Commissioning managers are also invited to attend, to promote transparency and collaborative working.

The service line triumvirates lead the meeting, drawing attention to key areas of note across finance, quality, people, and operational performance. The use of the Trust's reporting tool (Power BI), and other sources of information, has increased significantly in year, as a mechanism to provide evidence of trends and variation to performance.

In 2023/24, the PRMs also included reporting against clinical and corporate business objectives, with progress being reported through to the Strategy and Partnerships Committee (SPC), and in late 2023 introduced a specific focus on the NHS People Promise, challenging clinical service lines to consider the Equality, Diversity, Inclusion and Belonging (EDIB) of their workforce.

Each PRM concludes with a summary of items for escalation based on the content of the issues discussed. Items are escalated to the Quality Improvement and Risk (QIR) group if they have a quality focus, or to Executive PRM, via the Integrated Performance Report (IPR).

In addition to standard performance monitoring, other significant areas of risk can be requested for review at PRMs, either as a one-off or a recurrent agenda item. These may include topics such as, agency spend, waiting list deep-dives, and contract performance notice remedial action plans. Similarly, the Chief Operating Officer has discretion to include agenda items, or request periodic specialised forums, to ensure all necessary and required items for performance assurance are considered.

The IPR reports significant performance escalations identified at clinical and corporate PRMs, alongside a summary of the Trust's performance against a range of priority metrics aligned to the CQC Domains (Safe, Caring, Effective, Responsive, Use of Resources – People and Finance), and the NHS England Oversight Framework. All metrics are reported using the NHS England 'Making Data Count' statistical analysis to focus attention to metrics which have significant variation or trends emerging.

The Integrated Performance Report is taken to Executive Performance Review Meeting (PRM) and subsequently Trust Board. The Executive PRM provides an opportunity for the content of the report to be discussed in-depth, necessary mitigations identified, and additional assurance sought where appropriate.

In early 2024, the NHS England Making Data counts team undertook a review of all providers IPRs across the Hampshire and Isle of Wight Integrated Care System (HIOW ICS). Solent's IPR was awarded 'Best in Class'. As part of the Project Fusion Full Business Case, we also received positive feedback from NHS England regarding the finance element of our current IPR, stating it gave a user friendly and complete picture from a finance perspective, as it covers more of the key finance metrics and includes trend analysis, while being brief and high level enough for its target audience'. This feedback, paired with additional guidance from the NHS England Making Data Counts team, will be used to influence the structure of the performance governance framework and IPR for the new organisation, Hampshire and Isle of Wight Healthcare NHS Foundation Trust, Post-April.

### Data Quality

High quality data is a key foundation to any digitally led Trust, supporting improvements in patient care and safety. Access to high quality data plays a role in improving our services, enabling decision making to be based on fact, alongside the identification of trends and patterns, drawing comparisons, prediction of future events and outcomes, and evaluation of our services through benchmarking.

The provision of Data Assurance (DA) across the Trust has evolved in 2023/24, with the Data Assurance Officers becoming embedded within services lines, supporting service lines to monitor and improve key data quality metrics, identify, and share key learning points and areas requiring additional systems training, as well as providing hands-on support for specific data validation tasks.

An options paper was taken to the Information Management sub-group in September 2023, proposing that the Data Assurance Network meetings were stood down due to poor attendance. Acknowledging the time burden on service line colleagues, this was approved on the condition that data assurance was included within the terms of reference for service line boards. This has been completed and the DA Officers now provide an update on key issues within their service lines at their regular service line board meetings. Any significant issues requiring escalation are raised to service line PRMs.



### Annual Quality Account

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

The Quality Account is documented within the 'Great Care' section of our Annual Report as per previous year. The Quality Account and the 'Great Care' section provide an overview of the quality of care provided across the Trust, including details of the arrangements in place to assure our Board that the reporting of quality presents a balanced and accurate view with appropriate actions taken to ensure quality of care is maintained.

The Trust has in place a number of systems and processes to ensure that we remain focussed on the appropriate quality indicators, with quality reports remaining 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 required, analyse, and facilitate onward reporting to the applicable stakeholders, including internally or externally.

Our Quality Framework 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: Safe, Effective, Experience (SEE).

Safe + Effective + Experience = Great care

**The SEE Framework sets out:**

- what quality means to Solent, our 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 place quality at the centre of what we do and ensure we talk about quality at all levels of the Trust.

**Significant issues during 2023/24**

As part of its role in ensuring effective direction of the Trust, the Board and Board Committees continuously seek assurances on the detection and management of significant issues and related control issues. As Accountable Officer, I ensure that Board members are apprised of real or potential 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 (BAF), their controls and internal and external assurance and mitigations are reviewed and updated at each Board and Committee meeting, with oversight by the Audit and Risk Committee. I also report a summary of the BAF and the principal operational risks in the Trust in my Chief Executive report to each Board meeting.

In 2023/24 a major milestone was reached following the approval of the Project Fusion Full Business Case for a single NHS Trust to provide mental health, community and learning disability services to people across Hampshire and the Isle of Wight. At the time of writing this report, the new organisation is expected to be established from 1 July 2024.

While progressing Project Fusion with our partners, our primary focus has continued to be maintaining safe and high-quality care to the communities we serve.

Like all NHS organisations, our services continue to experience unprecedented demand, resulting in a significant increase in waiting lists. We have seen particular challenges in Special Care Dental Services and also in cardiac services where there is a backlog of patients waiting for surveillance and diagnostics, with demand exceeding capacity within the service.

Whilst we acknowledge that it is undesirable to wait for our services in excess of what would be deemed acceptable, we continue to monitor demand and clinically prioritise referrals. Services remain vigilant in managing their waiting lists to ensure patients waiting are not being harmed and implement escalation policies as appropriate. All patients on a waiting list have been triaged and patients can contact the service should their needs change which could mean they are seen sooner.

Demand, capacity and access to services is the highest risk within our Board Assurance Framework, and the Trust has undertaken significant work in 2023/24 to reduce and mitigate any harm related to excess demand.

Our partners in the health and social care sectors within Hampshire and Isle of Wight Integrated Care System are equally challenged with ongoing critical incidents and sustained pressure within the Southampton and, more significantly, Portsmouth and South-East Hampshire (PSEH) systems during the winter months. As a system, we have been working to resolve the issues and increase capacity where possible. Where we have mobilised additional capacity in supporting system pressures, the Quality Assurance Committee has reviewed the impact on patients and the learning from those interventions.

As an organisation the wellbeing of our workforce has remained of paramount importance, recognising the additional pressures experienced by staff as we move towards the new organisation, alongside the sustained service pressures described above. We recognise that sustained pressure impacts our staff personally and their wellbeing. We have therefore continued to promote our wellbeing offers and encourage our people to look after one another.

We have continued to take proactive action to offer as much practical support as we can to staff during the cost-of-living crisis with a range of support, advice and offers publicised on via Staff News and the Team Solent Facebook page.

Despite the pressures faced by the Trust, I am proud of our NHS staff survey results which were published in March 2024. 66.8% of our staff participated in the survey. Our results improved in four of the nine themes in the survey: we are recognised and rewarded; we are safe and healthy; we are always learning; and morale. The other five themes remained the same. These positive results are a testament to the resilience of our staff and the culture we have created in Solent.

During the winter months, we have continued to be vigilant in monitoring the number of cases of flu and Covid, actively encouraging staff to access flu and Covid vaccinations, including through our flu campaign. The Quality Assurance Committee has maintained strong oversight of our Infection Prevention and Control work.

In addition to increased demand, many of our services have suffered sustained staffing pressures throughout the year. We have strong controls in place to ensure safer staffing and the monthly Safer Staffing Assurance meeting has continued to strengthen the overall governance process around safer staffing. The Safer Staffing Assurance meeting is a subgroup of the Quality Improvement and Risk (QIR) Group and provides oversight of the organisational safe staffing position. There are ongoing challenges with a high level of temporary workforce in some areas, vacancy levels higher than planned for some teams and sickness rates compounding these factors. However, the review of workforce metrics, and quality indicators provides assurance that minimum safe staffing levels across the nursing & AHP workforce were maintained during this period and where there were concerns mitigations were put in place including use of temporary staffing.

A fraud investigation found that fraudulent English Language Tests had been submitted by overseas candidates as part of the Nursing and Midwifery Council (NMC) registration process. The Local Counter Fraud Specialist (LCFS) in Solent has undertaken proactive work with NHS England, NHS Employers, the Department of Health and Social Care (DHSC), British Council and UK Visas and Immigration (UKVI) to put in place measures to identify and mitigate this risk at an earlier point. This risk has been found in multiple NHS bodies in the UK. The submission of false International English Language Test System (IELTS) certificates was identified during the recruitment process which is managed by the Trust for five NHS bodies. The identification of this fraud reflects the strength of the LCFS and Speaking Up processes within the Trust, while highlighting a significant national control issue.

Good progress is being made on the new building currently under construction at the Western Community Hospital, which will be called the South of England Rehabilitation Centre. The £21m project will bring 50 beds to the hospital, bringing together staff from two existing wards at the Royal South Hants Hospital into a unit where teams can provide specialist rehabilitation care in a high-quality therapeutic environment. The new unit is due to open in summer 2024 and the Trust continues to monitor closely delivery of the project, to ensure it is delivered on time and budget.

We have continued to operate in challenging financial times. The Trust financial plan for 2023/24 is a £2.2m deficit, with an expectation that we end the year with a breakeven run rate. The Trust has an internal efficiency programme of £23.9m, made up of 27 schemes and has introduced additional controls monitored by the Financial Recovery Board to support delivery of the efficiency programme and financial plan.

The Hampshire and the Isle of Wight Integrated Care System (ICS) continues to be financially challenged and has moved into a Finance Recovery Programme. NHS organisations across Hampshire and Isle of Wight have a combined financial deficit that is challenging and as a result are implementing a joint recovery plan. To support this work all NHS partners made a request to enter the NHS England Recovery Support programme and all NHS organisations in Hampshire and Isle of Wight have been moved into Oversight Framework Level 4.

As we have moved towards the establishment of the Hampshire and the Isle of Wight Healthcare NHS Foundation Trust, and in order to maintain the effectiveness of the Solent NHS Trust Board, we appointed David Kelham, who is also a Non-Executive Director at Southern Health NHS Foundation Trust as a Non-Executive Director in Solent in May 2023. We are constantly mindful of our committee quoracy and ensure appropriate cover to enable business to be transacted.

Reviews following industrial action have not evidenced any direct or indirect harm to our patients as a result. This was expected due to the significant preparation and mitigations put in place prior to each period. We have further deepened our working relationships with communications teams across the ICS by actively discussing and planning collaborative communications to best support the episodes of industrial action by members of the British Medical Association (BMA). This has included calling on members of the public and wider stakeholders to seek the most appropriate healthcare needed, particularly at those times to help ensure care and treatment is prioritised to those most in need.

## Countering fraud and corruption

Our Local Counter Fraud Specialist (LCFS) is provided by Fraud and Security Management Service which is hosted by the Hampshire and Isle of Wight Integrated Care Board. The role of the LCFS is to assist in creating and maintaining an anti-fraud, bribery, and corruption culture within the Trust and to deter, prevent and detect fraud, bribery and corruption. The LCFS investigates suspicions of fraud, bribery and/or corruption that arise, seeks to apply appropriate sanctions when necessary and proportionate, and pursues redress in respect of monies obtained through fraud, bribery and/or corruption activity. The LCFS further assesses, calculates, and reports on the value of prevented fraud, bribery, and corruption in line with NHS Counter Fraud Authority methodology and guidance. 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 receives an annual report.

Our Counter Fraud provision is recorded with the NHS Counter Fraud Authority as being fully compliant against the 'Government Functional Standard Gov 013: Counter fraud - Counter fraud, bribery and corruption' and achieving the highest possible rating against each of the 13 NHS Requirements.

We have implemented agreed policies and procedures, such as the Local Counter Fraud, Bribery and Corruption Policy as well as a Freedom to Speak Up Policy and issues of concern are referred to the LCFS for investigation. We also ensure that there are various routes through which staff can raise any concerns or suspicions. The Acting Chief Finance Officer is the executive lead for counter fraud, bribery and corruption 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, bribery, and corruption risk.

## Information Governance

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

## Statement of Accountable Officers Responsibilities

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

# 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 Remuneration 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 Trust's self-assessment and recommendations made by the independent assessor against the Well Led Framework and associated action plan and subsequent oversight by the Audit & Risk Committee in relation to a sustained well led approach
- 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 is one of Reasonable / moderate assurance. Governance, risk management and control in relation to business critical areas is generally satisfactory. However, there are some areas of weakness and non-compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk. Some improvements are required in those areas to enhance the adequacy and effectiveness of the framework of governance, risk management and control.

## 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.



**Andrew Strevens**

**Chief Executive Officer and Accountable Officer 1st April 2023 to 31st March 2024**

Date: xx

# Statement of Directors' Responsibilities in respect of the accounts

## The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year.

The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the Directors are required to:

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

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

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

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

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

## Disclosure of information to auditors

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

By order of the Board

# Remuneration Report

## Remuneration of the Chief Executive and Directors accountable to the Chief Executive is determined by the Remuneration and Nomination 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 and Nomination Committee met 7 times during 2023/24.

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 Company Secretary may attend the meetings by invitation but are not members of the Committee.

The attendance by members is found within the Directors Report section of this Annual Report (see section 'Attendance at Board and Committees throughout 2023/24').

The Remuneration and Nomination Committee determines the reward package of Executive Directors and the remuneration structure for Senior Managers. 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:

- Considered and agreed executive members' remuneration.
- Considered and agreed interim leadership arrangements and associated remuneration.
- Considered the executive team portfolios.
- Considered the NHS England Fit and Proper Person's Framework
- Reviewed the Committee's terms of reference.
- Considered succession planning arrangements.

## 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 and Social Care considering market forces and benchmarking. 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 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.

During 2023/24 NHS England undertook a benchmarking exercise on Executive Director pay and a 5.5% pay award was made in line with the Chancellor's announcement.

The Senior Salaries Review Body (SSRB) recommendations stated "a general pay increase of 5 per cent" for Very Senior Managers and those Executive Senior Managers (ESMs) working in the Department of Health and Social Care, NHS England, and other arm's length bodies.

A further 0.5 per cent will be awarded “to ameliorate the erosion of the differential with the top of Agenda for Change (AfC) band 9 (which was exacerbated yet further last year because of the zero-pay increase for senior leaders)”.

It was agreed by the Remuneration and Nomination Committee, to apply the additional 0.5% to create a differential between the top of AfC band 9 and the lowest paid director.

No Directors are currently being paid a performance bonus. Two Directors received a full-time equivalent salary more than £150,000. Paying a salary above the threshold for these Directors was agreed by the Trust's Remuneration and Nomination Committee, NHS Improvement Remuneration Committee, and the Secretary of State.

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.

After a recent review of the Trust turnover, NHSE (NHS England) have approved the application to move the Trust into Group 2 for the purposes of Trust Chair remuneration.

## 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 payments 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 to terminate their contracts. 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 2023/24 financial year there have been no early terminations of Executive Directors and no non-contractual payments have been made.

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

## Awards Made To Previous Senior Managers

There have been no awards made to previous 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 Disclosure (audited)

NHS Trusts are required to disclose pay ratio information and detail concerning the percentage change in remuneration concerning the highest paid Director. The specific disclosure requirements are:

- Percentage change from the previous year in respect of the highest paid Director. Providing two separate percentages for salary and allowances and a second figure for performance pay and bonuses.
- Average percentage change in respect of employees of the trust, taken as a whole. Providing two separate percentages for salary and allowances and a second figure for performance pay and bonuses.
- As part of the pay ratio information provide the 25th percentile, median and 75th percentile of employees total remuneration excluding the highest paid director. This information is to be provided for the salary component of total remuneration.
- Provide separate ratios for the 25th percentile, median and 75th percentile of staff remuneration against the mid-point of the banded remuneration of the highest paid director.

## Percentage Change from Previous Financial Year

The following table shows the percentage increase of the total salary and allowances for the highest paid director and employees, from the previous year. The total salary and allowance figures include recruitment and retention payments, enhancements for working evening and weekends.

The highest paid directors percentage increase is based on the mid-point of the banded remuneration. The highest paid directors salary falls within the band range £160,000 and £165,000. Therefore, the mid-point used is £162,500

**Table 1: Percentage Increase of Total Salary and Allowances**

Total Salary & Allowances	% change from 2022/23
Highest paid director	3%
Payments to Employees	9%

In line with SSRB pay award recommendations the highest paid executive received a 5.5% pay increase. Table 1, only shows a 3% increase, whereas it was expected to see a 5.5% increase. The difference in increase is likely to be attributed to using the mid-point of the band. Depending where the highest paid executive salary fell within the band in 2022/23 and 2023, may explain why there has been an larger actual increase.

The calculation for salary and allowances for employees shall be the total for all employees on an annualised basis, excluding the highest paid director, divided by the full-time equivalent number of employees.

The payments to employees has been increased by 8%. The average pay award increase for this group was 5.5%. The increase beyond this 5.5%, could be explained by potential movement in employees bandings. The AfC pay structure means that in some years individuals will have non-pay impacting incremental rises. There may be years where a larger group of staff receive a pay impacting incremental rise.

**Table 2: Percentage Increase of Performance and Pay and Bonus**

Performance Pay and Bonus	% change from 2022/23
Highest paid director	0%
Payments to Employees	1405%

The highest paid director has not received any performance related pay or bonus.

There are a number of payments made to employees that could be classed as bonus payments. Both national and local clinical excellence awards (CEA), which feature each year have been included. Unlike previous years, employees on AfC terms and conditions will also be included as they received two non-consolidated payments as part of the 2023/24 pay award. These payments were paid to employees on AfC terms and conditions, who were employed at 31st March 2023. The level of payment were based on a 2% uplift on salary and a set payment value based on band and placement in the band.

**Table 3: Percentage Increase of Performance and Pay and Bonus – Excluding AfC Bonus Payments**

Performance Pay and Bonus	% change from 2022/23
Highest paid director	0%
Payments to Employees	-26%

These bonuses that were paid in June had a significant impact on increase from 2022/23 to 2023/24. Had these payments not been made, the Trust would be reporting a -26% increase as it would have seen a reduction in the number of bonuses paid. A number of national CEA awards ended in 2023/24 and this would account for the reduction in bonus payments made.

## Pay Ratio Information

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director in the financial year 2023-24 was £160-165K (2022-23, £155-160k). In 2023/24, 7 employees (8 employee 2022-23) received total remuneration greater than the highest paid director. Total remuneration ranged from £22.5 to £197k full time equivalent (2022/23 £20.2k to £251k); in previous years reporting included allowances which negatively impacted the hourly rate. Compared with last year there has been some turnover and this is why the figure has reduced.

The relationship to the remuneration of the organisation's workforce is disclosed in the below tables.

**Table 4 – Fair Pay Ratio Information Table (Total Remuneration)**

2023/24	25th Percentile	Median	75th Percentile
Total Remuneration (£)	£25,147.00	£35,392.00	£45,756
Pay Ratio Information	6.5	4.6	3.6
2022/23	25th Percentile	Median	75th Percentile
Total Remuneration (£)	£23,949	£33,706	£41,659
Pay Ratio Information	6.4	4.6	3.7
2021/22	25th Percentile	Median	75th Percentile
Total Remuneration (£)	£22,549	£31,534	£40,056
Pay Ratio Information	6.1	4.4	3.4

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payment. It does not include employer pension contributions and cash equivalent transfer value of pensions. Calculations are based on annualised, full time equivalent of all staff, as of 31 March 2024.

Table 4 shows the average salary in the 25th percentile, median and 75th percentile. It also shows how many times the highest paid director total remuneration is compared to these average salaries. The fair pay ratio for total remuneration in 2023/24 has remained relatively stable. There has been a slight increase in the 25th Percentile, by 0.1. However, the 75th percentile has seen a slight decrease, from the previous year. This increase could be as a result of incremental rises within a band, pay awards. Those in the 25th percentile and median are unlikely to be on doctor and dentist and so would have only received 5% increase, those in the 75th percentile would be a mix of AfC, Doctor and Dentist and VSM pay so may see on average a greater pay award of 5%.

**Table 5 – Fair Pay Ratio Information Table (Salary Component)**

2023/24	25th Percentile	Median	75th Percentile
Salary Component of Total Remuneration (£)	£24,336	£34,581	£43,742
Pay Ratio Information	6.7	4.7	3.7
2022/23	25th Percentile	Median	75th Percentile
Salary Component of Total Remuneration (£)	£22,177	£32,924	£41,659
Pay Ratio Information	7.1	4.8	3.8
2021/22	25th Percentile	Median	75th Percentile
Salary Component of Total Remuneration (£)	£21,777	£31,533	£40,056
Pay Ratio Information	6.3	4.4	3.4

The salary component of the total remuneration has been calculated using basic pay only. It does not include employer pension contributions and cash equivalent transfer value of pensions. Calculations are based on annualised, full time equivalent of all staff, as of 31 March 2024.

This increase could be as a result of incremental rises within a band, pay awards. Those in the 25th percentile and median are more likely to be in receipt of additional payments such as enhancements.

## Exit Packages (Audited)

This section of the remuneration report, provides a breakdown of these exit payments:

- The cost of the exit packages broken into cost bandings and total value of the payments made in these bandings
- The cost of the exit packages broken down into the individual components which make up the exit payments.

This analysis of exit packages in 2023/24, are for payments made in year in respect of redundancy and other departure cost. Cost such as ill-health retirement have not been included in this analysis as the costs are met by the NHS Pension Scheme

### Exit Packages Analysis - Audited

Changes have continued to take place within the Trust within the 2023/24 financial year. With a total of 12 payments made relating to a combination of redundancy, lieu of notice and COT3 agreements. None of the payments made relate to senior managers as detailed in the accounts.

**Table 6 – Number and Total of Exit Packages Broken into Banding and Type**

Exit Package cost band (including any special payment element)	Number of Compulsory Redundancies	Cost of Compulsory Redundancies	Number of other departures agreed	Cost of other departures agreed	Total Number of packages	Total cost of exit packages
	Number	£	Number	£	Number	£
Less than £10,000	1	6,573.84	6	12,957.02	7	19,530.86
£10,000-£25,000	2	25,550.51	0	1	3	48,550.51
£25,001-£50,000	1	40,424.09	0	0	1	40,424.09
£50,001-£100,000	1	54,934.87	0	0	1	54,934.87

The number of exit packages has increased from 2 exit packages in the previous financial year to a total of 12. However, in 2021/22 there were also 11 exit packages made to staff.

The Trust endeavours to do all it can to ensure the continued employment of its staff and where possible retain the talent. However, in 2023/24 there was a significant increase in the number of redundancies as show in table 7. Redundancy payments are calculated based on an individual's continuous service and salary. Any redundancy payment made has been done so in line with national terms and conditions.

This calculation can explain why there is a difference between the lowest and highest redundancy payment made.

**Table 7 – Exit Packages Broken Down into Components**

	Agreements Number	Total Value of agreements £000s
Voluntary redundancies including early retirement contractual costs	5	£127,483
Mutually agreed resignations (MARS) contractual costs	0	£-
Early retirements in the efficiency of the service contractual costs	0	£-
Contractual payments in lieu of notice *	5	£10,957
Exit payments following Employment Tribunals or court orders	5	£25,000
Non-contractual payments requiring HMT approval **	5	£-
<b>Total</b>	<b>12</b>	<b>£163,440</b>

\*: 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

Table 7 analyses the exit packages further, identifying what category each payment made fell under. Exit packages can be made up of several components and each would be counted separately in the table above. In 2023/24, all 12 exit packages have been made up of 1 component.

The amount in which the Trust has paid in exit payments has doubled from the previous year. However, the Trust has seen the amount of exit payments increase five fold. This increase has been as a result of an increased number of redundancies and payments in lieu of notice. Both these payment calculations are based on individual's salary, which compared to last year is minimum of 5% higher based on annual pay award.

It should be noted that with 'Payments in lieu of notice' the Trust would have paid the same value if an individual worked their notice. The Trust only uses payments in lieu of notice in exceptional cases. An individual can not request to be paid notice, because they wish to leave the Trust earlier than the notice provided. Payments in lieu of notice in the above circumstances is also only paid where the Trust is giving notice to an individual.

## 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 (PSC). 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 2023/24, all public bodies are required to publish the following information within their 2023/24 Annual Report.

**Table 8: Length of all highly paid off-payroll engagements**

All off-payroll engagements as of 31st March 2024, for more than £245 per day	
Number of existing engagements as of 31st March 2024	3
The number that have existed for less than 1 year at the time of reporting	0
The number that have existed for between 1 and 2 years at the time of reporting	1
The number that have existed for between 2 and 3 years at the time of reporting	2
The number that have existed for between 3 and 4 years at the time of reporting	0
The number that have existed for 4 or more years at the time of reporting	0

The information contained within table 8 above has been provided in accordance with the DHSC Group Accounting Manual 2023/24. The above table shows the number of off payroll engagements at 31 March 2024. It outlines how long the Trust has been engaging with the individual. However, it should be noted that these engagements are not continuous.

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

**Table 9: Off-payroll workers engaged at any point during the financial year**

For all off-payroll engagements between 1st April 2023 and 31st March 2024, for more than £245 per day	
Number temporary of payroll workers engaged between 1st April 2023 and 31st March 2024	0
Number no subject or off-payroll legislation	0
Subject to off-payroll legislation and determined as in-scope of IR35	0
Number subject to off-payroll legislation and determined as out of scope of IR35	14
Number of engagements where the status was disrupted under the provision in the off-payroll legislation	0
Number of engagements that saw a change to IR35 status following a review	0

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

**Table 10: Off-payroll Board Members/Senior Officer engagements**

For any off-payroll engagements of Board Members and/or senior officials with significant financial responsibility, between 1st April 2023 and 31st March 2024	
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed "board members", and/or senior officer with significant financial responsibility during the financial year. This figure includes both on payroll and off-payroll engagements.	13

## Expenditure on Consultancy

During the 2023/24 financial year £77k was spent on consultancy.

## Salaries and allowances 2023/24 (subject to audit)

	(a) Salary and fees including R&R (bands of £5,000)	(b) Expense Payments (taxable) (total to nearest £100)	(c) Performance Pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension- related benefits (bands of £2,500)	Total (a to e) (bands of £5000)
Name and title	£000	£00	£000	£000	£000	£000
A Strevens - Chief Executive Officer	161 - 166	11-12	0	0	0	161 - 166
D Bayliss - Chief Medical Officer	125-130	2-3	0	0	42.5-45	165-170
N Burnett - Chief Financial Officer	120-125	0	0	0	102.5-105	225-230
S Ramsden - Chief People Officer (on secondment)	115-120	4-5	0	0	0	115-120
R Goldsworthy - Chief of Staff (left 20/8/23)	45-50	0	0	0	12.5-15	55-60
A Anderson - Chief of Nursing	120-125	8-9	0	0	140-142.5	260-265
D James - Chief of Strategy	120-125	0	0	0	0	120-125
S Rosenberg - Chief Operating Officer - Left 6/4/23	5-10	1-2	0	0	0	5-10
A Snell - Chief Operating Officer	125-130	5-6	0	0	127.5-130	255-260
S Ford - Acting Chief People Officer	115-120	2-3	0	0	0	115-120
Watts MS (Chair)	45-50	10-11	0	0	0	45-50
Avlonitis V (NED)	10-15	15-16	0	0	0	10-15
Elsy SE (NED)	10-15	4-5	0	0	0	10-15
Kumar G (NED)	10-15	1-2	0	0	0	10-15
Kelham DW (NED)	10-15	5-6	0	0	0	10-15

Notes to previous table:

- S Ramsden – on secondment from May 2023
- R Goldsworthy- left 20th August 2023
- S Rosenberg – left 6th April 2023
- A Snell – started in role 7th April 2023

The table shows 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.

	(a) Salary and fees including R&R (bands of £5,000)	(b) Expense Payments (taxable) (total to nearest £100)	(c) Performance Pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension- related benefits (bands of £2,500)	Total (a to e) (bands of £5000)
Name and title	£000	£00	£000	£000	£000	£000
A Strevens - Chief Executive Officer	155-160	9-10	0	0	67.5-70	240-245
D Bayliss - Chief Medical Officer	105-110	0	0	0	67.5-70	190-195
N Burnett - Chief Finance Officer – appointed 29th August 2022)	65-70	0	0	0	37.5-40	105-110
S Ramsden - Chief People Officer (appointed 13th June 2022)	85-90	3-4	0	0	42.5-45	130-135
R Goldsworthy – Chief of Staff (appointed to board 1st April 2022)	110-115	0-1	0	0	67.5-70	190-195
A. Anderson - Chief Nurse Officer (appointed 13th March 2023)	5-10	0	0	0	0	5-10
D James - Chief of Strategic Transformation (appointed to board 20th January 2023)	15-20	0	0	0	0	15-20
S Rosenberg - Acting Chief Operations Officer Portsmouth	120-125	19-20	0	0	77.5-80	200-205
J Munro – Chief Nurse and In-terim Deputy Chief Executive (left the trust on 10.03.2023)	120-125	1-2	0	0	0	120-125

	(a) Salary and fees including R&R (bands of £5,000)	(b) Expense Payments (taxable) (total to nearest £100)	(c) Performance Pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension- related benefits (bands of £2,500)	Total (a to e) (bands of £5000)
Name and title	£000	£00	£000	£000	£000	£000
J Sohal - Chief People Officer (left the Trust on 17th July 2022)	35-40	0-1	0	0	22.5-25	35-40
G Fowler - Acting Chief Finance Officer (left the Trust on 9th September 2022)	50-55	0	0	0	22.5-25	75-80
C Mason - Chair left 31st December 2022	35-40	16-17	0	0	0	35-40
V Avlonitis - Associate Non-executive Director	10-15	11-12	0	0	0	10-15
S Elsy - Non-executive Director	10-15	3-4	0	0	0	10-15
G Kumar - Non-executive Director	10-15	1-2	0	0	0	10-15
C Mercer - Non-executive Director (left on 31.03.2023)	10-15	0	0	0	0	10-15
M Watts – Chair (appointed Chair 1st January 2023, previous-ly had a Non- executive role)	20-25	5-6	0	0	0	20-25

## Notes to previous table:

- J Sohal, G Fowler, J Muro have all left Solent within the financial year. Leaving dates are noted in the table above. Salary and fee recorded reflect their time in the role and may not reflect their actual full year salary.
- N Burnett, S Ramsden, R Goldsworthy, A Anderson and D James have all been appointed to the board. Start dates have been noted in the table above. Salaries and fee shown will reflect their time in the role and may not reflect their actual full year salary.
- C Mason has stepped down as Chair and M Watts is now the current chair. Date of changes are noted in the table above
- D Baylis acting Deputy Chief Executive from 1st March 2023.

## Pension benefits 2023/24 (subject to audit)

	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2020 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000)	Cash equivalent Transfer Value at 01 April 2019	Real increase in Cash Equivalent Transfer Value	Cash equivalent Transfer Value at 01 April 2019	Real increase in Cash Equivalent Transfer Value
Name and Title	£000	£000	£000	£000	£000	£000	£000	£000
A Strevens - Chief Executive Officer								
D Bayliss - Chief Medical Officer	0	77.5-80	30-35	75-80	502	184	737	0
N Burnett - Chief Financial Officer	0-2.5	37.5-40	30-35	85-90	394	209	642	0
S Ramsden - Chief People Officer	5-7.5	0	30-35	0	234	171	428	0
R Goldsworthy - Chief of Staff	0	22.5-25	35-40	90-95	672	136	876	0
A Anderson - Chief of Nursing	0-2.5	12.5-15	30-35	85-90	433	75	672	0
D James - Chief of Strategy	5-7.5	12.5-15	55-60	155-160	1,047	273	1,426	0
S Rosenberg - Chief Operating Officer - Left 6/4/23	0	22.5-25	25-30	65-70	393	105	538	0
A Snell - Chief Operating Officer	0	0	20-25	0	760	0	0	0

### Notes

- A Strevens, S Ramsden and D James, were affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.
- S Ford – Chief People Officer (acting up) is not in the NHS Pension scheme or alternative pension scheme so no values are appropriate
- Non Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.
- The factors used to calculate CETV increased on 30 March 2023. This increase will affect the calculation of the real increase in CETV.

## 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

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

Section 6

# Our Summary Accounts



# Foreword and Statement on Financial Performance

## We have ended 2023-24 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 £25.4m cash outflow for 2023-24, actual EFL was £25.4m cash inflow and therefore the Trust achieved the EFL target.
- 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 2023-24 was £18m, achieving £18m, a zero variance to target.
- The Trust has managed to achieve a surplus for seven consecutive years. However, the Trust reported a cumulative adjusted retained deficit of £5.9m at 31st March 2024.

The 2023-24 financial statements have been prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023-24. 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.



**Andrew Strevens**

**Chief Executive**

Date: 29 June 2024

# Financial Review and Statutory Duties in relation to the Accounts

The statement of Directors' responsibilities in respect of the accounts is detailed separately.

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

The Trust has a statutory duty to achieve break-even in the year. The Trust has reported a surplus of £0.6m from 2021-22 to 2023-24. The Trust reported a cumulative adjusted retained deficit of £5.9m 2023-24 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 £25.4m cash outflow for 2023-24 which it is permitted to undershoot. The Trust achieved an actual cash outflow of £25.4m

## **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 that the Trust is not permitted to overspend. The Trust was set a capital resource limit of £18m for 2023-24. The Trust achieved the actual fixed asset investment of £18m.

## **Want to find out more?**

Included on these pages are the 'summary accounts' of the Trust and an overall picture of our fiscal performance.

A copy of our full accounts are available in Appendix 2.

# Summary Financial Statements

## Statement of Comprehensive Income for year ended 31 March 2024

	2023-24	2022-23
	£000	£00
Operating income from patient care activities	258,314	248,417
Other Operating revenue	22,622	26,385
Operating expenses	(294,710)	(270,743)
<b>Operating surplus</b>	<b>(13,774)</b>	<b>4,059</b>
Finance income	929	667
Finance expenses	(350)	(419)
PDC dividends payable	(3,491)	(2,993)
Other gains and (losses)	(86)	0
<b>Retained surplus/(deficit) for the year</b>	<b>(2,994)</b>	<b>1,314</b>
Impairments	(13,679)	0
Revaluations	925	7,678
<b>Total comprehensive income for the year</b>	<b>(29,526)</b>	<b>8,992</b>
<b>Financial performance for the year</b>		
Surplus/(deficit) for the period	(16,772)	1,314
Impairments (excluding IFRIC 12 impairments)	16,541	(390)
Adjustments in respect of donated asset respect elimination	316	(487)
<b>Adjusted retained surplus/(deficit)</b>	<b>85</b>	<b>437</b>

## Statement of Financial Position year ended 31 March 2024

	2023-24	2022-23
	£000	£00
Non-current assets	151,746	174,989
Current assets	29,857	49,522
Current liabilities	(37,739)	(57,980)
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>143,863</b>	<b>166,531</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>143,863</b>	<b>166,531</b>
Non-current liabilities	(30,642)	(35,009)
<b>TOTAL ASSETS EMPLOYED</b>	<b>113,221</b>	<b>131,522</b>
<b>FINANCED BY TAXPAYERS' EQUITY</b>	<b>113,221</b>	<b>131,522</b>

## Statement of Changes in Taxpayers' Equity for year ended 31 March 2024

	Public Dividend capital	Revaluation reserve	Retained earnings	Total reserves
	£000	£00	£00	
Balance at 1 April 2023	41,946	17,032	72,544	131,522
Changes in taxpayers' equity for 2023-24				
Surplus / (Deficit) for the year	0	0	(16,772)	(16,772)
Other Transfers between reserves	0	(439)	439	0
Impairments	0	(13,679)	0	(13,679)
Revaluations	0	925	0	925
Public dividend capital received	11,225	0	0	11,225
<b>Balance at 31 March 2024</b>	<b>53,171</b>	<b>3,839</b>	<b>56,211</b>	<b>113,221</b>

	Public Dividend capital	Revaluation reserve	Retained earnings	Total reserves
	£000	£00	£00	
Balance at 1 April 2023	35,545	9,601	67,607	112,753
Changes in taxpayers' equity for 2022-23				
Implementation of IFRS 16 on 1 April 2022	0	0	3,376	3,376
Surplus / (Deficit) for the year	0	0	1,314	1,314
Other Transfers between reserves	0	(247)	247	0
Revaluations	0	7,678	0	7,678
Public dividend capital received	6,401	0	0	6,401
<b>Balance at 31 March 2023</b>	<b>41,946</b>	<b>17,032</b>	<b>72,544</b>	<b>131,522</b>

## Statement of Cash Flows for the year ended 31 March 2023

	2023-24	2022-23
	£000	£00
Net cash inflow from operating activities	(1,873)	3,292
Net cash outflow from investing activities	(19,407)	(10,389)
<b>NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING</b>	<b>(21,280)</b>	<b>(7,097)</b>
Net cash inflow from financing activities	1,698	(3,431)
<b>INCREASE / (DECREASE) IN CASH</b>	<b>(19,582)</b>	<b>(10,528)</b>
Cash at the beginning of the period	26,304	36,832
<b>Cash at year end</b>	<b>6,722</b>	<b>26,304</b>

## Better Payment Practice Code: Measure of Compliance 31 March 2024

	2023-24		2022-23	
	Number	£00	Number	£00
Total non-NHS trade invoices paid in the year	30,438	92,308	31,715	82,129
Total non-NHS trade invoices paid within target	28,235	86,395	26,316	71,173
<b>% non-NHS trade invoices paid within target</b>	<b>92.8%</b>	<b>93.6%</b>	<b>83.0%</b>	<b>86.7%</b>
Total NHS trade invoices paid in the year	1,246	15,941	1,223	17,938
Total NHS trade invoices paid within target	1,099	14,549	1,015	14,554
<b>Percentage of NHS trade invoices paid within target</b>	<b>88.2%</b>	<b>91.3%</b>	<b>83.0%</b>	<b>81.1%</b>

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.

## Going Concern

The Trust has updated the cash flow forecast for the next 15 months to June 2025, 12 months from the expected date the accounts are signed, with the most appropriate information available. The assumptions used when preparing the cash flow are detailed in appendix 2.

The cash flow shows an actual cash balance at 31 March 2024 of £6.7m and a forecast cash balance at 30 June 2025 of £18.4m. The increase in cash balances over the period is driven by the capital plan being lower than the depreciation charge, the lease payments on right of use asset agreements being less than depreciation charged on those assets and system deficit support funding. The cash flow supports the direction from NHS England that the Trust should produce their accounts on a going concern basis.

The Trust has prepared the following going concern note to the accounts:

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM) 2023-24, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Following a system review of the delivery of community and Mental Health services in Hampshire, approval of a full business case for the creation of a new Trust for Community, Mental Health and Learning Disability Services across Hampshire and the Isle of Wight Integrated Care System by the board in 2023 is currently under review by NHS England. The new Trust has not yet received NHS England approval however it would continue to provide existing services through a merger of local Community and Mental Health provider Trusts, with the merger date expected to be July 2025.

This year the Trust exceeded its financial target and achieved a £85k adjusted surplus. Income from Commissioners is mainly block payments supported by contract schedules that have been agreed by the Trust and commissioner.

For 2024/25 the current financial funding arrangements will remain in place and the Trust has produced its financial plan based on these assumptions. National guidance for 2024/25 has been published, and the Trust expects funding levels will be maintained throughout 2024/25. The Trust, the Integrated Care Board, and NHS England have a clear understanding of the financial position of the Trust and the position is well recognised and understood, following planning discussions and submission of the 2024/25 planning return.

The Trust has prepared a cash forecast modelled on the expectation of funding covering the period to the end of June 2025. The cash balance as at March 2024 is £6.7m and is forecast to be £18.4m at the end of June 2025. The cash forecast shows sufficient liquidity for the Trust to continue to operate. Interim support can be accessed by NHS Providers through the DHSC, however the Trust does not foresee this being required.

These factors, and the anticipated future provision of services in the public sector, support the adoption of the going concern basis to the 30 June 2025.



**Ron Shields**  
Chief Executive Officer

## Appendix 1

# Full accounts



**Statement of Comprehensive Income**

		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	3	258,314	248,417
Other operating income	4	22,622	26,385
Operating expenses	6, 8	(294,710)	(270,743)
<b>Operating surplus from continuing operations</b>		<b>(13,774)</b>	<b>4,059</b>
Finance income	10	929	667
Finance expenses	11	(350)	(419)
PDC dividends payable		(3,491)	(2,993)
<b>Net finance costs</b>		<b>(2,912)</b>	<b>(2,745)</b>
Other gains / (losses)	12	(86)	-
<b>Surplus / (deficit) for the year from continuing operations</b>		<b>(16,772)</b>	<b>1,314</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	7	(13,679)	-
Revaluations	16	925	7,678
<b>Total comprehensive income / (expense) for the period</b>		<b>(29,526)</b>	<b>8,992</b>
<b>Adjusted financial performance (control total basis):</b>			
Surplus / (deficit) for the period		(16,772)	1,314
Remove net impairments not scoring to the Departmental expenditure limit		16,541	(390)
Remove I&E impact of capital grants and donations		316	(487)
<b>Adjusted financial performance surplus</b>		<b>85</b>	<b>437</b>

**Statement of Financial Position**

		<b>31 March 2024</b>	<b>31 March 2023</b>
	<b>Note</b>	<b>£000</b>	<b>£000</b>
<b>Non-current assets</b>			
Intangible assets	13	3,733	3,520
Property, plant and equipment	14	106,326	123,367
Right of use assets	17	39,746	45,516
Receivables	19	1,941	2,586
<b>Total non-current assets</b>		<b><u>151,746</u></b>	<b><u>174,989</u></b>
<b>Current assets</b>			
Inventories	18	252	272
Receivables	19	22,883	22,946
Cash and cash equivalents	21	6,722	26,304
<b>Total current assets</b>		<b><u>29,857</u></b>	<b><u>49,522</u></b>
<b>Current liabilities</b>			
Trade and other payables	22	(30,464)	(44,147)
Borrowings	24	(5,855)	(6,567)
Provisions	26	(4)	-
Other liabilities	23	(1,416)	(7,266)
<b>Total current liabilities</b>		<b><u>(37,739)</u></b>	<b><u>(57,980)</u></b>
<b>Total assets less current liabilities</b>		<b><u>143,863</u></b>	<b><u>166,531</u></b>
<b>Non-current liabilities</b>			
Borrowings	24	(30,402)	(34,710)
Provisions	26	(118)	(111)
Other liabilities	23	(122)	(188)
<b>Total non-current liabilities</b>		<b><u>(30,642)</u></b>	<b><u>(35,009)</u></b>
<b>Total assets employed</b>		<b><u>113,221</u></b>	<b><u>131,522</u></b>
<b>Financed by</b>			
Public dividend capital		53,171	41,946
Revaluation reserve		3,839	17,032
Income and expenditure reserve		56,211	72,544
<b>Total taxpayers' equity</b>		<b><u>113,221</u></b>	<b><u>131,522</u></b>

The notes on pages 1 to 41 form part of these accounts.

Name	Andrew Strevens
Position	Chief Executive Officer
Date	24 June 2024

**Statement of Changes in Equity for the year ended 31 March 2024**

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2023 - brought forward</b>	<b>41,946</b>	<b>17,032</b>	<b>72,544</b>	<b>131,522</b>
Surplus/(deficit) for the year	-	-	(16,772)	(16,772)
Other transfers between reserves	-	(439)	439	-
Impairments	-	(13,679)	-	(13,679)
Revaluations	-	925	-	925
Public dividend capital received	11,225	-	-	11,225
<b>Taxpayers' and others' equity at 31 March 2024</b>	<b>53,171</b>	<b>3,839</b>	<b>56,211</b>	<b>113,221</b>

**Statement of Changes in Equity for the year ended 31 March 2023**

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2022 - brought forward</b>	<b>35,545</b>	<b>9,601</b>	<b>67,607</b>	<b>112,753</b>
Implementation of IFRS 16 on 1 April 2022	-	-	3,376	3,376
Surplus/(deficit) for the year	-	-	1,314	1,314
Other transfers between reserves	-	(247)	247	-
Impairments	-	-	-	-
Revaluations	-	7,678	-	7,678
Public dividend capital received	6,401	-	-	6,401
<b>Taxpayers' and others' equity at 31 March 2023</b>	<b>41,946</b>	<b>17,032</b>	<b>72,544</b>	<b>131,522</b>

**Information on reserves****Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

**Revaluation reserve**

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

**Income and expenditure reserve**

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

**Statement of Cash Flows**

	2023/24	2022/23
Note	£000	£000
<b>Cash flows from operating activities</b>		
Operating surplus / (deficit)	(13,774)	4,059
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	6 11,589	10,566
Net impairments	7 16,541	(390)
Income recognised in respect of capital donations	4 (250)	(826)
(Increase) / decrease in receivables and other assets	1,816	(11,676)
(Increase) / decrease in inventories	20	9
Increase / (decrease) in payables and other liabilities	(17,826)	1,439
Increase / (decrease) in provisions	11	111
<b>Net cash flows from / (used in) operating activities</b>	<b>(1,873)</b>	<b>3,292</b>
<b>Cash flows from investing activities</b>		
Interest received	929	667
Purchase of intangible assets	(713)	(1,097)
Purchase of PPE and investment property	(19,873)	(9,979)
Receipt of cash donations to purchase assets	250	20
<b>Net cash flows from / (used in) investing activities</b>	<b>(19,407)</b>	<b>(10,389)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	11,225	6,401
Capital element of finance lease rental payments	(5,386)	(6,394)
Interest paid on finance lease liabilities	(350)	(419)
PDC dividend (paid) / refunded	(3,791)	(3,019)
<b>Net cash flows from / (used in) financing activities</b>	<b>1,698</b>	<b>(3,431)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>	<b>(19,582)</b>	<b>(10,528)</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>	<b>26,304</b>	<b>36,832</b>
<b>Cash and cash equivalents at 31 March</b>	21.1 <b>6,722</b>	<b>26,304</b>

## Notes to the Accounts

### Note 1 Accounting policies and other information

#### Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Following a system review of the delivery of community and Mental Health services in Hampshire, approval of a full business case for the creation of a new Trust for Community, Mental Health and Learning Disability Services across Hampshire and the Isle of Wight Integrated Care System by the board in **October** 2023 is currently under review by NHS England. The new Trust has not yet received NHS England approval however it would continue to provide existing services through a merger of local Community and Mental Health provider Trusts, with the merger date expected to be July 2024.

This year the Trust exceeded its financial target and achieved a £85k surplus. Income from Commissioners was largely based on the simplified block payments system introduced in 2020-21 in response to the COVID-19 pandemic, which maintained liquidity and cash flow during the year. The block payments are supported by contract schedules that have been agreed by the Trust and commissioner.

For 2024/25 the current financial funding arrangements will remain in place and the Trust has produced its financial plan based on these assumptions. National guidance for 2024/25 has been published, and the Trust expects funding levels will be maintained throughout 2024/25. The Trust, the Integrated Care Board, and NHS England have a clear understanding of the financial position of the Trust and the position is well recognised and understood, following planning discussions and submission of the 2024/25 planning return.

The Trust has prepared a cash forecast modelled on the expectation of funding covering the period to the end of June 2025. The cash balance as at March 2024 is £26.3m and is forecast to be **£12.8m** at the end of June 2025. **The cash forecast shows sufficient liquidity for the Trust to continue to operate.** Interim support can be accessed by NHS Providers through the DHSC, however the Trust **does not foresee this being required.**

These factors, and the anticipated future provision of services in the public sector, support the adoption of the going concern basis.

#### Note 1.3 Interests in other entities

Activities are considered to be 'acquired' only if they are taken on from outside the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

#### **Note 1.4 Revenue from contracts with customers**

Under the provisions of IAS27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. In accordance with IAS1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact.

As the corporate Trustee of Solent NHS Charity, the Trust has the power to exercise control. However the transactions of the charity are immaterial and have not been consolidated. Details of the transactions with the charity are included in Note 33 Related parties.

#### **Note 1.5 Revenue from contracts with customers**

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

#### **Revenue from NHS contracts**

The main source of income for the Trust is contracts with commissioners for health care services.

Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

In 2023/24 and 2022/23, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. For 2023/24 these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

#### **Revenue from research contracts**

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

#### **NHS injury cost recovery scheme**

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

## **Note 1.6 Other forms of income**

### **Grants and donations**

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

### **Apprenticeship service income**

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

## **Note 1.7 Expenditure on employee benefits**

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

### **Pension costs**

#### *NHS Pension Scheme*

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

#### *Local Government Pension Scheme*

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

## **Note 1.8 Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

## **Note 1.9 Discontinued operations**

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

## **Note 1.10 Property, plant and equipment**

### **Recognition**

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

### *Subsequent expenditure*

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

### **Measurement**

#### *Valuation*

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

#### *Depreciation and Amortisation*

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, on a straight line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets in the course of construction are not depreciated until the asset is brought into use.

Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

#### *Revaluation gains and losses*

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

### *Impairments*

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

At each financial year-end, the Trust checks whether there is any indication that its property, plant and equipment or intangible non-current assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

### **De-recognition**

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition and management are committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their existing carrying amount and fair value less costs to sell.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

### **Donated and grant funded assets**

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

## **Note 1.11 Intangible assets**

### **Recognition**

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably and where the cost is at least £5,000.

#### *Internally generated intangible assets*

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

#### *Software*

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

### **Measurement**

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Where no intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

#### *Amortisation*

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

#### **Note 1.12 Inventories**

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

In 2023/24, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

#### **Note 1.13 Investment properties**

The Trust has no investment properties.

#### **Note 1.14 Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

#### **Note 1.15 Financial assets and financial liabilities**

##### **Recognition**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

##### **Classification and measurement**

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure.

Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure.

##### **Financial assets and financial liabilities at amortised cost**

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

### **Impairment of financial assets**

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Allowances for trade receivables and lease receivables are calculated at the Expected Credit Loss on day 1. This approach means the provision is calculated as the percentage risk that the debtor will not pay, multiplied by the best estimate of how much will not be paid. From historical data the number of days from invoice date to payment date and non-payments is converted to a percentage of total invoices raised for a period (month). The historical default rate is then applied to all invoices raised and as they age resulting in the amortised cost. A review of aged debt is then carried out and, where a debt is not fully provided for, a judgment is made based on internal knowledge which may result in the debt being provided for in full.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

### **Derecognition**

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

### **Note 1.16 Leases**

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise. In the absence of documented lease agreement, then the Trust has assumed a 5 year lease term.

### **The Trust as a lessee**

#### *Recognition and initial measurement*

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

#### *Subsequent measurement*

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

#### **The Trust as a lessor**

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

#### *Finance leases*

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

#### *Operating leases*

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

#### **Initial application of IFRS 16 in 2022/23**

*IFRS 16 Leases* as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

#### *The Trust as lessee*

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

#### *The Trust as lessor*

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16.

#### **Note 1.17 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024.

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024.

NHS England have issued the Trust with an updated calculation for provision of a liability arising from the 2019/20 clinicians' pensions compensation scheme. They are derived from combining information on applications to join the 2019/20 scheme under the policy, together with information in the scheme pays election form where present, and with averages assumed where these forms are absent or clearly an estimate (values less than £100). Future liabilities based on individual member data and scheme rules are then discounted to give totals for each Trust.

#### **Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 25.2 but is not recognised in the Trust's accounts.

#### **Non-clinical risk pooling**

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

#### **Note 1.18 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 26, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

### **Note 1.19 Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

### **Note 1.20 Value added tax**

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### **Note 1.21 Corporation tax**

The Trust is not liable for corporation tax for the following reasons;

- Private patient activities are covered by section 14(1) of the Health and Social Care (Community Health and Standards) Act 2003 and are not treated as a commercial activity and are therefore tax exempt, and
- other trading activities, for example staff canteens are ancillary to core activities and are not deemed to be entrepreneurial in nature.

### **Note 1.22 Climate change levy**

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

### **Note 1.23 Foreign exchange**

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

### **Note 1.24 Third party assets**

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

#### **Note 1.25 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

#### **Note 1.26 Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

#### **Note 1.27 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

#### **Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted**

Standard IFRS 17 Insurance Contracts is not yet adopted by the FRM but is expected to be from April 2025.

#### **Note 1.29 Critical judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods. Any Critical judgements made are detailed in the relevant accounting policy.

The Trust adopted IFRS 16 Leases, from 1 April 2022, using the cost model to determine lease valuations. Where no formal lease documentation exists, the Trust has assumed the lease duration to be 5 years.

#### **Note 1.30 Sources of estimation uncertainty**

Other than the valuation of non current assets the Trust has made no assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, which may cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

The Trust's land and buildings have been subject to a full valuation by the Cushman & Wakefield Debenham Tie Leung Limited in March 2024. The effect of these valuations are recorded in note 16.

The Trust has obtained the valuation for specialised assets based on the direct replacement cost of a modern equivalent asset as suggested in IAS16. In practical terms, this means assessing if the building layout is inefficient, and what floor space is required to deliver the same services.

The valuation exercise was carried out during March 2024 applying indices for March 2024. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2017 and RICS UK National Supplement commonly known together as the Red Book, the valuer has not limited their opinion on the valuation report. The RICS cost indices are comprised of the market conditions relating to labour, materials and a location factor. The change in these from year to year are used to inform the revaluation exercise which can result in increases and decreases to the carrying value of the buildings valued using depreciated replacement cost.

The values in the report have been used to inform the measurement of property assets at valuation in these financial statements.

**Note 2 Operating Segments**

In 2023/24 Trust activity was organised into eight service lines. Details of the eight service line are as follows;

<b><i>Mental Health Services</i></b>	Inpatient and Community Mental Health for people who require specialist assessment, care and treatment by a dedicated multidisciplinary team, learning disabilities.
<b><i>Child and Family Services</i></b>	Children's nursing, child and adolescent mental health, health visiting, paediatric medical, paediatric therapies and school nursing.
<b><i>Primary Care</i></b>	GP, homeless healthcare services
<b><i>Adults Portsmouth</i></b>	Specialist Palliative Care, Rehab and re-ablement, community nursing, end of life and continuing healthcare inpatient unit, elderly frail inpatient unit, occupational therapy, physiotherapy, speech and language therapy, pulmonary rehab and home oxygen, care home support, heart failure, admission avoidance and supported discharge services.
<b><i>Adults Southampton</i></b>	Neuro rehab services, rehab and re-ablement, community nursing, neuro inpatient unit, elderly frail inpatient unit, occupational therapy, physiotherapy, speech and language therapy, care home support, heart failure, admission avoidance, stoma care and supported discharge services.
<b><i>MPP Services</i></b>	TB, rheumatology, physiotherapy, specialist physiotherapy, long COVID and podiatry.
<b><i>Dental</i></b>	Specialist dental care, GA's, Prisons and Oral Health.
<b><i>Sexual Health Services</i></b>	Gum, reproductive health, HIV outpatient services, sexual health promotion, termination of pregnancies, vasectomy services, sexual assault referral centre.

Each service has its own senior management team. The Chief Operating Decision Maker (CODM) of the Trust is the Trust Board which is required to approve the budget and all major operating decisions. The bi-monthly performance report to the CODM reports the performance of each services operating contribution towards infrastructure and overhead costs against approved budgets. The financial information below is consistent with the monthly reporting.

	<b>2023/24</b>			
	<b>Revenue</b>	<b>Employee Benefits</b>	<b>Other Operating Costs</b>	<b>Operating surplus / (deficit)</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Mental Health Services	34,198	(28,403)	(2,874)	<b>2,921</b>
Child and Family Services	58,127	(43,043)	(2,483)	<b>12,601</b>
Primary Care	4,915	(5,136)	(568)	<b>(789)</b>
Adults Portsmouth	29,221	(23,862)	(2,363)	<b>2,995</b>
Adults Southampton	34,557	(25,431)	(3,234)	<b>5,892</b>
MPP Services	15,662	(11,587)	(1,686)	<b>2,389</b>
Dental	12,686	(7,317)	(1,892)	<b>3,477</b>
Sexual Health Services	30,506	(9,258)	(17,944)	<b>3,304</b>
<b>Total Services</b>	<b>219,872</b>	<b>(154,037)</b>	<b>(33,044)</b>	<b>32,790</b>
Infrastructure	9,351	(11,850)	(28,854)	<b>(31,353)</b>
Corporate Costs*	51,790	(33,219)	(5,765)	<b>12,806</b>
COVID & Vaccine centres	112	(82)	(2)	<b>29</b>
Depreciation, amortisation, impairment & financing	250	0	(31,295)	<b>(31,045)</b>
<b>Operating surplus/(deficit)</b>	<b>281,376</b>	<b>(199,189)</b>	<b>(98,960)</b>	<b>(16,773)</b>

	2022/23 Restated			
	Revenue	Employee Benefits	Other Operating Costs	Operating surplus / (deficit)
	£000s	£000s	£000s	£000s
Mental Health Services	3,869	(26,412)	(4,671)	<b>(27,214)</b>
Child and Family Services	16,635	(41,174)	(2,790)	<b>(27,329)</b>
Primary Care	3,808	(4,743)	1,554	<b>619</b>
Adults Portsmouth	3,176	(21,488)	(1,881)	<b>(20,194)</b>
Adults Southampton	1,755	(24,007)	(2,650)	<b>(24,903)</b>
MPP Services	1,484	(11,101)	(1,564)	<b>(11,181)</b>
Dental	498	(7,288)	(1,808)	<b>(8,598)</b>
Sexual Health Services	20,679	(8,891)	(14,402)	<b>(2,614)</b>
<b>Total Services</b>	<b>51,904</b>	<b>(145,105)</b>	<b>(28,212)</b>	<b>(121,414)</b>
Infrastructure	6,118	(11,513)	(26,109)	<b>(31,504)</b>
Corporate Costs*	213,098	(37,454)	(8,313)	<b>167,330</b>
COVID & Vaccine centres	3,912	(3,185)	(1,297)	<b>(570)</b>
Depreciation, amortisation, impairment & financing	438	0	(12,967)	<b>(12,529)</b>
<b>Operating surplus/(deficit)</b>	<b>275,469</b>	<b>(197,257)</b>	<b>(76,898)</b>	<b>1,314</b>

During 2022-23 contract Income continued to be held centrally within corporate in line with the treatment throughout the pandemic, however in 23-24 the majority of contract income was allocated to service lines.

2022/23 figures have been restated reflecting the current service line reporting hierarchy. The impact of the cost centre changes to the Operating segments affects Child and Family Services, MPP Services, Infrastructure and Corporate.

\*Revenue and employee benefits within corporate costs have been grossed up to include the additional employer pension contributions of £8,223k, paid by NHS England on the Trust's behalf in 2023/24. The comparative figure for 2022/23 was £7,713k.

#### Note Income generation activities

The Trust undertakes income generation activities with an aim of achieving profit, which is then used in patient care. None of the activities which generate income had full costs which exceeded £1m.

**Note 3 Operating income from patient care activities**

All income from patient care activities relates to contract income recognised in line with accounting policy 1.5

<b>Note 3.1 Income from patient care activities (by nature)</b>	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Mental health services</b>		
Income from commissioners under API contracts*	45,648	40,645
Services delivered under a mental health collaborative	1,450	973
<b>Community services</b>		
Income from commissioners under API contracts*	172,596	163,718
Income from other sources (e.g. local authorities)	29,009	26,815
<b>All services</b>		
Private patient income	124	151
National pay award central funding***	46	7,720
Additional pension contribution central funding**	8,223	7,713
Other clinical income	1,218	682
<b>Total income from activities</b>	<b>258,314</b>	<b>248,417</b>

\*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

\*\*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

\*\*\* Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

**Note 3.2 Income from patient care activities (by source)**

	<b>2023/24</b>	<b>2022/23</b>
<b>Income from patient care activities received from:</b>	<b>£000</b>	<b>£000</b>
NHS England	23,555	32,689
Clinical commissioning groups		41,618
Integrated care boards	202,958	145,489
Other NHS providers	1,450	973
Local authorities	29,009	26,815
Non-NHS: private patients	124	151
Injury cost recovery scheme	786	16
Non NHS: other	432	666
<b>Total income from activities</b>	<b>258,314</b>	<b>248,417</b>
<b>Of which:</b>		
Related to continuing operations	258,314	248,417

As of the 1 July 2022 Clinical Commissioning Groups (CCGs) were dissolved and replaced by Integrated Care Boards (ICBs).

**Note 4 Other operating income**

	2023/24			2022/23		
	Contract	Non-	Total	Contract	Non-	Total
	income	contract		income	contract	
	£000	£000	£000	£000	£000	£000
Research and development	2,353	-	2,353	3,187	-	3,187
Education and training	6,046	758	6,804	5,633	683	6,316
Non-patient care services to other bodies	5,428		5,428	5,885		5,885
Reimbursement and top up funding				2,507		2,507
Receipt of capital grants and donations and peppercorn leases		250	250		826	826
Charitable and other contributions to expenditure		50	50		295	295
Revenue from operating leases		2,001	2,001		1,360	1,360
Other income	5,736	-	5,736	6,009	-	6,009
<b>Total other operating income</b>	<b>19,563</b>	<b>3,059</b>	<b>22,622</b>	<b>23,221</b>	<b>3,164</b>	<b>26,385</b>
<b>Of which:</b>						
Related to continuing operations			22,622			26,385

**Note 5 Operating leases - Solent NHS Trust as lessor**

This note discloses income generated in operating lease agreements where the Trust is the lessor.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

**Note 5.1 Operating lease income**

	2023/24	2022/23
	£000	£000
<b>Lease receipts recognised as income in year:</b>		
Minimum lease receipts	2,001	1,360
<b>Total in-year operating lease income</b>	<b>2,001</b>	<b>1,360</b>

**Note 5.2 Future lease receipts**

	2024	2023
	£000	£000
<b>Future minimum lease receipts due in:</b>		
- not later than one year	1,562	1,308
- later than one year and not later than two years	921	573
- later than two years and not later than three years	921	573
- later than three years and not later than four years	921	573
- later than four years and not later than five years	921	573
- later than five years	4,790	3,896
<b>Total</b>	<b>10,036</b>	<b>7,496</b>

**Note 6 Operating expenses**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Purchase of healthcare from NHS and DHSC bodies	3,452	3,077
Purchase of healthcare from non-NHS and non-DHSC bodies	1,726	3,786
Staff and executive directors costs	199,096	197,257
Remuneration of non-executive directors	109	120
Supplies and services - clinical (excluding drugs costs)	14,005	9,782
Supplies and services - general	2,588	2,266
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	10,114	8,552
Consultancy costs	77	31
Establishment	3,524	3,790
Premises	23,518	22,193
Transport (including patient travel)	2,801	2,536
Depreciation on property, plant and equipment	10,860	10,061
Amortisation on intangible assets	729	505
Net impairments	16,541	(390)
Movement in credit loss allowance: contract receivables / contract assets	(683)	27
Increase/(decrease) in other provisions	33	-
Fees payable to the external auditor statutory audit	230	149
Internal audit costs	103	86
Clinical negligence	1,077	964
Legal fees	241	151
Insurance	109	12
Research and development	1,261	2,062
Education and training	2,178	683
Expenditure on short term leases	76	56
Redundancy	95	66
Car parking & security	-	106
Hospitality	-	10
Losses, ex gratia & special payments	5	-
Other services, eg external payroll	527	1,490
Other	318	1,315
<b>Total</b>	<b>294,710</b>	<b>270,743</b>
<b>Of which:</b>		
Related to continuing operations	294,710	270,743

**Expenses relating to the COVID pandemic response that are included in the table above.**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
COVID response		
Staff costs	(2)	806
Other Expenditure	5	759
Vaccination Centres		
Staff costs	85	2,380
Other Expenditure	(3)	538
	<b>85</b>	<b>4,483</b>

**Note 6.1 Other auditor remuneration**

The Trust has no other auditor remuneration.

**Note 6.2 Limitation on auditor's liability**

The limitation on auditor's liability for external audit work is £2 million (2022/23: £2 million).

**Note 7 Impairment of assets**

	2023/24	2022/23
	£000	£000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Changes in market price	16,541	(390)
<b>Total net impairments charged to operating surplus / deficit</b>	<b>16,541</b>	<b>(390)</b>
Impairments charged to the revaluation reserve	13,679	-
<b>Total net impairments</b>	<b>30,220</b>	<b>(390)</b>

Cushman & Wakefield Debenham Tie Leung Limited undertook a full revaluation of the Trusts assets in 2023-24, evaluating each site in person. Following the fieldwork, the valuer undertook a detailed review of functional obsolescence of each site with the Trust's Head of Asset Management.

**Note 8 Employee benefits**

	2023/24	2022/23
	Total	Total
	£000	£000
Salaries and wages	148,652	149,054
Social security costs	15,581	14,172
Apprenticeship levy	758	683
Employer's contributions to NHS pensions	27,049	25,433
Pension cost - other	126	50
Termination benefits	-	75
Temporary staff (including agency)	7,335	8,353
<b>Total gross staff costs</b>	<b>199,501</b>	<b>197,820</b>
<b>Of which</b>		
Costs capitalised as part of assets	310	497

**Note 8.1 Retirements due to ill-health**

During 2023/24 there were 9 early retirements from the Trust agreed on the grounds of ill-health (3 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £383k (£168k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

## **Note 9 Pension costs**

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Employees that are not eligible to join the NHS Pensions Schemes can join the National Employment Savings Scheme (NEST). NEST is a defined contribution workplace pension scheme and the expense is recognised in the SOCI. The expenditure recognised in SOCI for the financial year to 31 March 2024 was £100k (financial year to 31 March 2023 £50k).

**Note 10 Finance income**

Finance income represents interest received on assets and investments in the period.

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Interest on bank accounts	929	667
<b>Total finance income</b>	<b>929</b>	<b>667</b>

**Note 11 Finance expenditure**

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Interest expense:</b>		
Interest on lease obligations	350	419
<b>Total finance costs</b>	<b>350</b>	<b>419</b>

**Note 12 Other losses**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Losses on disposal of assets	(86)	-
<b>Total other losses</b>	<b>(86)</b>	<b>-</b>

## Note 13 Intangible assets - 2023/24

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
<b>Valuation / gross cost at 1 April 2023 - brought forward</b>	<b>1,220</b>	<b>6,832</b>	<b>649</b>	<b>8,701</b>
Additions	-	-	942	942
Reclassifications	1,389	-	(1,389)	-
Disposals / derecognition	(1)	-	-	(1)
<b>Valuation / gross cost at 31 March 2024</b>	<b>2,608</b>	<b>6,832</b>	<b>202</b>	<b>9,642</b>
<b>Amortisation at 1 April 2023 - brought forward</b>	<b>423</b>	<b>4,758</b>	<b>-</b>	<b>5,181</b>
Provided during the year	633	96	-	729
Disposals / derecognition	(1)	-	-	(1)
<b>Amortisation at 31 March 2024</b>	<b>1,055</b>	<b>4,854</b>	<b>-</b>	<b>5,909</b>
<b>Net book value at 31 March 2024</b>	<b>1,553</b>	<b>1,978</b>	<b>202</b>	<b>3,733</b>
<b>Net book value at 1 April 2023</b>	<b>797</b>	<b>2,074</b>	<b>649</b>	<b>3,520</b>

## Note 13.1 Intangible assets - 2022/23

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
<b>Valuation / gross cost at 1 April 2022 - as previously stated</b>	<b>-</b>	<b>6,228</b>	<b>1,376</b>	<b>7,604</b>
Additions	-	-	1,097	1,097
Reclassifications	1,220	604	(1,824)	-
<b>Valuation / gross cost at 31 March 2023</b>	<b>1,220</b>	<b>6,832</b>	<b>649</b>	<b>8,701</b>
<b>Amortisation at 1 April 2022 - as previously stated</b>	<b>-</b>	<b>4,676</b>	<b>-</b>	<b>4,676</b>
Provided during the year	183	322	-	505
Reclassifications	240	(240)	-	-
<b>Amortisation at 31 March 2023</b>	<b>423</b>	<b>4,758</b>	<b>-</b>	<b>5,181</b>
<b>Net book value at 31 March 2023</b>	<b>797</b>	<b>2,074</b>	<b>649</b>	<b>3,520</b>
<b>Net book value at 1 April 2022</b>	<b>-</b>	<b>1,552</b>	<b>1,376</b>	<b>2,928</b>

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**Note 14 Property, plant and equipment - 2023/24**

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2023 - brought forward</b>	<b>14,575</b>	<b>96,428</b>	<b>7,512</b>	<b>5,285</b>	<b>40</b>	<b>10,237</b>	<b>2,300</b>	<b>136,377</b>
Additions	-	-	17,061	-	-	-	-	17,061
Impairments	(6,990)	(23,379)	-	-	-	-	-	(30,369)
Reversals of impairments	-	149	-	-	-	-	-	149
Revaluations	15	910	-	-	-	-	-	925
Reclassifications	-	5,932	(7,016)	114	-	720	250	-
Disposals / derecognition	-	(55)	-	(27)	-	(2,880)	-	(2,962)
<b>Valuation/gross cost at 31 March 2024</b>	<b>7,600</b>	<b>79,985</b>	<b>17,557</b>	<b>5,372</b>	<b>40</b>	<b>8,077</b>	<b>2,550</b>	<b>121,181</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	<b>-</b>	<b>2,657</b>	<b>-</b>	<b>3,270</b>	<b>40</b>	<b>5,883</b>	<b>1,160</b>	<b>13,010</b>
Provided during the year	-	2,894	-	352	-	1,237	240	4,723
Disposals / derecognition	-	(55)	-	(27)	-	(2,796)	-	(2,878)
<b>Accumulated depreciation at 31 March 2024</b>	<b>-</b>	<b>5,496</b>	<b>-</b>	<b>3,595</b>	<b>40</b>	<b>4,324</b>	<b>1,400</b>	<b>14,855</b>
<b>Net book value at 31 March 2024</b>	<b>7,600</b>	<b>74,489</b>	<b>17,557</b>	<b>1,777</b>	<b>-</b>	<b>3,753</b>	<b>1,150</b>	<b>106,326</b>
<b>Net book value at 1 April 2023</b>	<b>14,575</b>	<b>93,771</b>	<b>7,512</b>	<b>2,015</b>	<b>-</b>	<b>4,354</b>	<b>1,140</b>	<b>123,367</b>

## Note 14.1 Property, plant and equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation / gross cost at 1 April 2022 - as previously stated</b>	<b>14,815</b>	<b>85,660</b>	<b>5,286</b>	<b>4,690</b>	<b>40</b>	<b>7,143</b>	<b>2,150</b>	<b>119,784</b>
Additions	-	-	10,588	95	-	-	-	10,683
Reversals of impairments	-	390	-	-	-	-	-	390
Revaluations	(240)	5,804	-	-	-	-	-	5,564
Reclassifications	-	4,592	(8,362)	503	-	3,094	173	-
Disposals / derecognition	-	(18)	-	(3)	-	-	(23)	(44)
<b>Valuation/gross cost at 31 March 2023</b>	<b>14,575</b>	<b>96,428</b>	<b>7,512</b>	<b>5,285</b>	<b>40</b>	<b>10,237</b>	<b>2,300</b>	<b>136,377</b>
<b>Accumulated depreciation at 1 April 2022 - as previously stated</b>	<b>-</b>	<b>2,148</b>	<b>-</b>	<b>2,945</b>	<b>40</b>	<b>5,353</b>	<b>958</b>	<b>11,444</b>
Provided during the year	-	2,641	-	328	-	530	225	3,724
Revaluations	-	(2,114)	-	-	-	-	-	(2,114)
Disposals / derecognition	-	(18)	-	(3)	-	-	(23)	(44)
<b>Accumulated depreciation at 31 March 2023</b>	<b>-</b>	<b>2,657</b>	<b>-</b>	<b>3,270</b>	<b>40</b>	<b>5,883</b>	<b>1,160</b>	<b>13,010</b>
<b>Net book value at 31 March 2023</b>	<b>14,575</b>	<b>93,771</b>	<b>7,512</b>	<b>2,015</b>	<b>-</b>	<b>4,354</b>	<b>1,140</b>	<b>123,367</b>
<b>Net book value at 1 April 2022</b>	<b>14,815</b>	<b>83,512</b>	<b>5,286</b>	<b>1,745</b>	<b>-</b>	<b>1,790</b>	<b>1,192</b>	<b>108,340</b>

**Note 14.2 Property, plant and equipment financing - 31 March 2024**

	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Assets under construction</b>	<b>Plant &amp; machinery</b>	<b>Information technology</b>	<b>Furniture &amp; fittings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Owned - purchased	7,600	73,834	17,520	1,578	3,745	1,143	<b>105,420</b>
Owned - donated/granted	-	655	37	199	8	7	<b>906</b>
<b>Total net book value at 31 March 2024</b>	<b>7,600</b>	<b>74,489</b>	<b>17,557</b>	<b>1,777</b>	<b>3,753</b>	<b>1,150</b>	<b>106,326</b>

**Note 14.3 Property, plant and equipment financing - 31 March 2023**

	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Assets under construction</b>	<b>Plant &amp; machinery</b>	<b>Information technology</b>	<b>Furniture &amp; fittings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Owned - purchased	14,575	93,070	7,337	1,871	4,337	1,132	<b>122,322</b>
Owned - donated/granted	-	701	175	144	17	8	<b>1,045</b>
<b>Total net book value at 31 March 2023</b>	<b>14,575</b>	<b>93,771</b>	<b>7,512</b>	<b>2,015</b>	<b>4,354</b>	<b>1,140</b>	<b>123,367</b>

**Note 14.4 Donations of property, plant and equipment**

The Trust received £250k of donated assets from the ICB in the year.

**Note 14.5 Revaluations of property, plant and equipment**

Land and buildings are held at revalued amounts. A full valuation exercise was carried out on these assets in March with a valuation date of 31 March 2023. The exercise was carried out by Cushman & Wakefield Debenham Tie Leung Limited who are RICS qualified.

For non-specialised in use (operational) assets including the land element of the depreciated replacement cost valuation of specialised assets, the valuer stated that there has been no diminution identified in the public sector's ongoing requirement for these operational assets nor reduction in their ongoing remaining economic service potential as a result of the incidence of Covid-19. Their basis of valuation is however current value in existing use, having regard to comparable market evidence and early commentary as it exists regarding direction of travel tends to suggest and support a downward movement in value. It is too early at this stage to accurately evidence this impact and it is the valuers opinion at the date of valuation on the information then available that the assessed impact falls within normal valuation tolerances.

The impact of the full valuation exercise is:

	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Increase to revaluation reserve	15	910	<b>925</b>
Decrease to revaluation reserve	(868)	(12,811)	<b>(13,679)</b>
Impairment Charge to SOCI	(6,122)	(10,568)	<b>(16,690)</b>
Reversal of impairment charge to SOCI	-	149	<b>149</b>
	<b>(6,975)</b>	<b>(22,320)</b>	<b>(29,295)</b>

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below.

	<b>Min life</b>	<b>Max life</b>
	<b>Years</b>	<b>Years</b>
Buildings, excluding dwellings	2	70
Plant & machinery	1	30
Transport equipment	4	5
Information technology	3	10
Furniture & fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

**Note 15 Leases - Trust as a lessee**

The Trust has applied IFRS16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

## Note 15.1 Right of use assets - 2023/24

	Property (land and buildings) £000	Transport equipment £000	Information technology £000	Total £000	Of which: leased from DHSC group bodies £000
<b>Valuation / gross cost at 1 April 2023 - brought forward</b>	<b>51,136</b>	<b>412</b>	<b>305</b>	<b>51,853</b>	<b>40,488</b>
Additions	-	184	-	184	-
Remeasurements of the lease liability	327	-	-	327	(1,448)
Disposals / derecognition	(172)	(35)	-	(207)	(172)
<b>Valuation/gross cost at 31 March 2024</b>	<b>51,291</b>	<b>561</b>	<b>305</b>	<b>52,157</b>	<b>40,383</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	<b>6,085</b>	<b>140</b>	<b>112</b>	<b>6,337</b>	<b>5,076</b>
Provided during the year	5,816	199	122	6,137	4,306
Disposals / derecognition	(43)	(20)	-	(63)	(43)
<b>Accumulated depreciation at 31 March 2024</b>	<b>11,858</b>	<b>319</b>	<b>234</b>	<b>12,411</b>	<b>9,339</b>
<b>Net book value at 31 March 2024</b>	<b>39,433</b>	<b>242</b>	<b>71</b>	<b>39,746</b>	<b>31,044</b>
<b>Net book value at 1 April 2023</b>	<b>45,051</b>	<b>272</b>	<b>193</b>	<b>45,516</b>	<b>35,412</b>
Net book value of right of use assets leased from other NHS providers					2,206
Net book value of right of use assets leased from other DHSC group bodies					28,838

## Note 15.2 Right of use assets - 2022/23

	Property (land and buildings) £000	Transport equipment £000	Information technology £000	Total £000	Of which: leased from DHSC group bodies £000
<b>Valuation / gross cost at 1 April 2022 - brought forward</b>	-	-	-	-	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	49,933	412	305	50,650	40,091
Additions	806	-	-	806	-
Remeasurements of the lease liability	397	-	-	397	397
<b>Valuation/gross cost at 31 March 2023</b>	<b>51,136</b>	<b>412</b>	<b>305</b>	<b>51,853</b>	<b>40,488</b>
<b>Accumulated depreciation at 1 April 2022 - brought forward</b>	-	-	-	-	-
Provided during the year	6,085	140	112	6,337	5,076
<b>Accumulated depreciation at 31 March 2023</b>	<b>6,085</b>	<b>140</b>	<b>112</b>	<b>6,337</b>	<b>5,076</b>
<b>Net book value at 31 March 2023</b>	<b>45,051</b>	<b>272</b>	<b>193</b>	<b>45,516</b>	<b>35,412</b>
<b>Net book value at 1 April 2022</b>	-	-	-	-	-
Net book value of right of use assets leased from other NHS providers					5,118
Net book value of right of use assets leased from other DHSC group bodies					30,294

**Note 15.3 Reconciliation of the carrying value of lease liabilities**

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.1.

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Carrying value at 31 March</b>	<b>41,277</b>	-
IFRS 16 implementation - adjustments for existing operating leases		47,274
Lease additions	184	-
Lease liability remeasurements	327	397
Interest charge arising in year	350	419
Lease payments (cash outflows)	<u>(5,736)</u>	<u>(6,813)</u>
<b>Carrying value at 31 March</b>	<b><u>36,258</u></b>	<b><u>41,277</u></b>

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

**Note 15.4 Maturity analysis of future lease payments**

	<b>Total</b>	Of which leased from DHSC group bodies:	<b>Total</b>	Of which leased from DHSC group bodies:
	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>
	<b>2024</b>	<b>2024</b>	<b>2023</b>	<b>2023</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Undiscounted future lease payments payable in:</b>				
- not later than one year;	5,855	4,806	6,567	5,296
- later than one year and not later than five years;	16,797	14,284	20,865	18,182
- later than five years.	15,320	10,961	15,962	12,701
<b>Total gross future lease payments</b>	<b><u>37,973</u></b>	<b><u>30,051</u></b>	<b><u>43,394</u></b>	<b><u>36,179</u></b>
Finance charges allocated to future periods	(1,715)	(1,143)	(2,117)	(1,452)
<b>Net lease liabilities at 31 March 2024</b>	<b><u>36,258</u></b>	<b><u>28,908</u></b>	<b><u>41,277</u></b>	<b><u>34,727</u></b>
<b>Of which:</b>				
Leased from other NHS providers		1,940		4,777
Leased from other DHSC group bodies		26,968		29,950

**Note 16 Investment Property**

The Trust has no investment property.

**Note 17 Disclosure of interests in other entities**

The Trust has no interest in other entities.

**Note 18 Inventories**

	31 March 2024	31 March 2023
	£000	£000
Drugs	164	156
Consumables	88	116
<b>Total inventories</b>	<b>252</b>	<b>272</b>

Inventories recognised in expenses for the year were £2,843k (2022/23: £3,136k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £50k of items purchased by DHSC (2022/23: £295k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

**Note 19 Receivables**

	2024	2023
	£000	£000
<b>Current</b>		
Contract receivables	15,262	17,467
Capital receivables	250	-
Allowance for impaired contract receivables / assets	(286)	(1,132)
Prepayments (non-PFI)	3,901	3,301
VAT receivable	3,382	2,972
Other receivables	199	338
<b>Total current receivables</b>	<b>22,883</b>	<b>22,946</b>
<b>Non-current</b>		
Contract receivables	707	-
Allowance for impaired contract receivables / assets	(163)	-
Prepayments (non-PFI)	1,312	2,475
Other receivables	85	111
<b>Total non-current receivables</b>	<b>1,941</b>	<b>2,586</b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	10,327	13,252
Non-current	-	111

**Note 19.1 Allowances for credit losses**

	2023/24	2022/23
	Contract receivables and contract assets £000	Contract receivables and contract assets £000
<b>Allowances as at 1 April - brought forward</b>	<b>1,132</b>	<b>1,105</b>
New allowances arising	104	27
Reversals of allowances	(787)	-
<b>Allowances as at 31 Mar 2024</b>	<b>449</b>	<b>1,132</b>

**Note 20 Finance leases Trust as lessor**

The Trust has no finance lease receivables as lessor.

**Note 21.1 Cash and cash equivalents movements**

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2023/24	2022/23
	£000	£000
<b>At 1 April</b>	<b>26,304</b>	<b>36,832</b>
Net change in year	(19,582)	(10,528)
<b>At 31 March</b>	<b>6,722</b>	<b>26,304</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	9	16
Cash with the Government Banking Service	6,713	26,288
<b>Total cash and cash equivalents as in SoCF</b>	<b>6,722</b>	<b>26,304</b>

**Note 22.1 Trade and other payables**

	31 March	31 March
	2024	2023
	£000	£000
<b>Current</b>		
Trade payables	6,171	6,523
Capital payables	4,210	6,793
Accruals	13,529	24,803
Social security costs	1,845	1,884
Other taxes payable	1,622	1,472
PDC dividend payable	-	125
Pension contributions payable	2,972	2,411
Other payables	115	136
<b>Total current trade and other payables</b>	<b>30,464</b>	<b>44,147</b>
<b>Non-current</b>		
<b>Total non-current trade and other payables</b>	-	-
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	7,370	3,742

**Note 23 Other liabilities**

	31 March	31 March
	2024	2023
	£000	£000
<b>Current</b>		
Deferred income: contract liabilities	1,416	7,266
<b>Total other current liabilities</b>	<b>1,416</b>	<b>7,266</b>
<b>Non-current</b>		
Deferred income: contract liabilities	122	188
<b>Total other non-current liabilities</b>	<b>122</b>	<b>188</b>

**Note 24.1 Borrowings**

	31 March	31 March
	2024	2023
	£000	£000
<b>Current</b>		
Lease liabilities	5,855	6,567
<b>Total current borrowings</b>	<b>5,855</b>	<b>6,567</b>
<b>Non-current</b>		
Lease liabilities	30,402	34,710
<b>Total non-current borrowings</b>	<b>30,402</b>	<b>34,710</b>

**Note 24.2 Reconciliation of liabilities arising from financing activities**

	<b>Lease Liabilities £000</b>	<b>Total £000</b>
<b>Carrying value at 1 April 2023</b>	<b>41,277</b>	<b>41,277</b>
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(5,386)	<b>(5,386)</b>
Financing cash flows - payments of interest	(350)	<b>(350)</b>
<b>Non-cash movements:</b>		
Lease liability remeasurements	327	<b>327</b>
Application of effective interest rate	350	<b>350</b>
<b>Carrying value at 31 March 2024</b>	<b>36,258</b>	<b>36,258</b>

	<b>Lease Liabilities £000</b>	<b>Total £000</b>
<b>Carrying value at 1 April 2022</b>	-	-
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(6,394)	<b>(6,394)</b>
Financing cash flows - payments of interest	(419)	<b>(419)</b>
<b>Non-cash movements:</b>		
Impact of implementing IFRS 16 on 1 April 2022	47,274	<b>47,274</b>
Lease liability remeasurements	397	<b>397</b>
Application of effective interest rate	419	<b>419</b>
<b>Carrying value at 31 March 2023</b>	<b>41,277</b>	<b>41,277</b>

**Note 25.1 Provisions for liabilities and charges analysis**

	<b>Other £000</b>	<b>Total £000</b>
<b>At 1 April 2023</b>	<b>111</b>	<b>111</b>
Change in the discount rate	(19)	<b>(19)</b>
Arising during the year	39	<b>39</b>
Utilised during the year	(3)	<b>(3)</b>
Unwinding of discount	(6)	<b>(6)</b>
<b>At 31 March 2024</b>	<b>122</b>	<b>122</b>
<b>Expected timing of cash flows:</b>		
- not later than one year;	4	<b>4</b>
- later than one year and not later than five years;	38	<b>38</b>
- later than five years.	80	<b>80</b>
<b>Total</b>	<b>122</b>	<b>122</b>

**Note 25.2 Clinical negligence liabilities**

At 31 March 2024, £573k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Solent NHS Trust (31 March 2023: £4,454k).

**Note 26 Contingent assets and liabilities**

	<b>31 March 2024 £000</b>	<b>31 March 2023 £000</b>
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	(36)	(32)
<b>Net value of contingent liabilities</b>	<u>(36)</u>	<u>(32)</u>
<b>Net value of contingent assets</b>	-	-

**Note 27 Contractual capital commitments**

	<b>31 March 2024 £000</b>	<b>31 March 2023 £000</b>
Property, plant and equipment	3,970	12,156
Intangible assets	229	444
<b>Total</b>	<u>4,199</u>	<u>12,600</u>

**Note 28 Other financial commitments**

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	<b>31 March 2024 £000</b>	<b>31 March 2023 £000</b>
not later than 1 year	4,755	6,243
after 1 year and not later than 5 years	6,088	10,661
<b>Total</b>	<u>10,843</u>	<u>16,904</u>

The figures above relate primarily to the Trust's ICT contract.

## **Note 29 Financial instruments**

### **Note 29.1 Financial risk management**

Financial reporting standard IFRS7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Integrated Care Boards (previously Clinical Commissioning Groups), Local Authorities and NHS England and the way those Integrated Care Boards, Local Authorities and NHS England are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

#### **Currency Risk**

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

#### **Interest Rate Risk**

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1-25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations. The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations.

#### **Credit Risk**

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note.

#### **Liquidity Risk**

The Trust's operating costs are incurred under contracts with Integrated Care Boards (formerly Clinical Commissioning Groups), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

**Note 29.2 Carrying values of financial assets**

Carrying values of financial assets as at 31 March 2024	Held at	Total
	amortised cost £000	book value £000
Trade and other receivables excluding non financial assets	15,301	15,301
Cash and cash equivalents	6,722	6,722
<b>Total at 31 March 2024</b>	<b>22,023</b>	<b>22,023</b>

Carrying values of financial assets as at 31 March 2023	Held at	Total
	amortised cost £000	book value £000
Trade and other receivables excluding non financial assets	16,673	16,673
Cash and cash equivalents	26,304	26,304
<b>Total at 31 March 2023</b>	<b>42,977</b>	<b>42,977</b>

**Note 29.3 Carrying values of financial liabilities**

Carrying values of financial liabilities as at 31 March 2024	Held at	Total
	amortised cost £000	book value £000
Obligations under leases	36,258	36,258
Trade and other payables excluding non financial liabilities	25,810	25,810
<b>Total at 31 March 2024</b>	<b>62,068</b>	<b>62,068</b>

Carrying values of financial liabilities as at 31 March 2023	Held at	Total
	amortised cost £000	book value £000
Obligations under leases	41,277	41,277
Trade and other payables excluding non financial liabilities	41,261	41,261
<b>Total at 31 March 2023</b>	<b>82,538</b>	<b>82,538</b>

**Note 29.4 Maturity of financial liabilities**

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March	31 March
	2024	2023
	£000	£000
In one year or less	31,665	47,828
In more than one year but not more than five years	16,797	20,865
In more than five years	15,320	15,962
<b>Total</b>	<b>63,783</b>	<b>84,655</b>

**Note 30 Losses and special payments**

	2023/24		2022/23	
	number of Number	of cases £000	number of Number	of cases £000
Ex-gratia payments	6	5	2	1
<b>Total special payments</b>	<b>6</b>	<b>5</b>	<b>2</b>	<b>1</b>

There were no losses incurred in the period.

**Note 32 Related parties**

During the year none of the Department of Health and Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust.

The Department of Health and Social Care is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

	Expenditure	Total Income	Payables	Receivables
These entities are:				
	Payments to Related Party £000s	Receipts from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
NHS England	14	21,249	361	279
<u>Integrated Commissioning Boards (from July 2022)</u>				
NHS Hampshire, Southampton and Isle of Wight ICB	220	199,975	31	2,286
NHS Frimley ICB	0	3,156	0	236
<u>NHS Trust and Foundation Trust</u>				
Hampshire Hospitals NHS Foundation Trust	1,210	81	354	46
Portsmouth Hospitals University NHS Trust	3,441	2,315	1,372	1,842
University Hospital Southampton NHS Foundation Trust	2,209	2,398	857	1,851
Southern Health NHS Foundation Trust	1,618	2,357	92	1,375
Isle of Wight NHS Trust	253	334	50	173
Sussex Partnership NHS Foundation Trust	0	1,482	1	640
<u>Local Authorities</u>				
Hampshire County Council	23	8,466	1	261
Portsmouth City Council	482	8,830	814	1,449
Southampton City Council	7	8,184	381	617
Isle of Wight Council	0	3,205	0	695
NHS Business Services Authority	0	0	20	0
NHS Resolution	1,179	452	41	1,179
NHS Property Services	4,699	5	4,304	735
Community Health Partnerships	3,276	0	12	45
Solent NHS Charity	0	20	0	1

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with HM Revenue and Customs and NHS Pensions Agency.

The income from NHS Resolution is related to insurance claims and costs incurred under the NHS Injury Cost Recovery Scheme.

The Trust has also received revenue from Solent NHS Charity of which the NHS Trust Board is the Corporate Trustee.

**Note 33 Better Payment Practice code**

	<b>2023/24</b>	<b>2023/24</b>	<b>2022/23</b>	<b>2022/23</b>
	<b>Number</b>	<b>£000</b>	<b>Number</b>	<b>£000</b>
<b>Non-NHS Payables</b>				
Total non-NHS trade invoices paid in the year	30,438	92,308	31,715	82,129
Total non-NHS trade invoices paid within target	<u>28,235</u>	<u>86,395</u>	<u>26,316</u>	<u>71,173</u>
Percentage of non-NHS trade invoices paid within target	<u>92.8%</u>	<u>93.6%</u>	<u>83.0%</u>	<u>86.7%</u>
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	1,246	15,941	1,223	17,938
Total NHS trade invoices paid within target	<u>1,099</u>	<u>14,549</u>	<u>1,015</u>	<u>14,554</u>
Percentage of NHS trade invoices paid within target	<u>88.2%</u>	<u>91.3%</u>	<u>83.0%</u>	<u>81.1%</u>

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

**Note 34 External financing limit**

The Trust is given an external financing limit against which it is permitted to underspend

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Cash flow financing	25,421	10,535
<b>External financing requirement</b>	<u>25,421</u>	<u>10,535</u>
External financing limit (EFL)	<u>25,421</u>	<u>10,535</u>
<b>Over spend against EFL</b>	<u>-</u>	<u>-</u>

**Note 35 Capital Resource Limit**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Gross capital expenditure	18,514	12,983
Less: Disposals	(228)	-
Less: Donated and granted capital additions	(250)	(826)
<b>Charge against Capital Resource Limit</b>	<u>18,036</u>	<u>12,157</u>
Capital Resource Limit	18,036	12,299
<b>Over spend against CRL</b>	<u>-</u>	<u>142</u>

**Note 36 Breakeven duty financial performance**

	<b>2023/24</b>
	<b>£000</b>
Adjusted financial performance surplus / (deficit) (control total basis)	85
<b>Breakeven duty financial performance surplus</b>	<u>85</u>

**Note 37 Breakeven duty rolling assessment**

	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
	<b>£000</b>						
Breakeven duty in-year financial performance	1,863	776	1,858	(6,274)	(5,062)	(2,084)	737
Breakeven duty cumulative position	1,863	2,639	4,497	(1,777)	(6,839)	(8,923)	(8,186)
Operating income	193,935	192,146	187,756	187,240	178,854	180,675	187,219
<b>Cumulative breakeven position as a percentage of operating income</b>	1.0%	1.4%	2.4%	(0.9%)	(3.8%)	(4.9%)	(4.4%)
	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>	
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	
Breakeven duty in-year financial performance	1,370	286	88	67	437	85	
Breakeven duty cumulative position	(6,816)	(6,530)	(6,442)	(6,375)	(5,938)	(5,853)	
Operating income	193,119	200,797	238,577	258,097	274,802	280,936	
<b>Cumulative breakeven position as a percentage of operating income</b>	(3.5%)	(3.3%)	(2.7%)	(2.5%)	(2.2%)	(2.1%)	