



Wirral University
Teaching Hospital
NHS Foundation Trust

Public Board of Directors

2nd March 2022



**Meeting of the Board of Directors in Public
Wednesday 2nd March 2022
10.00 am – 12 noon
Via Teams**

Item	Item Description	Presenter	Verbal or Paper
1	Apologies for Absence	Chair	Verbal
2	Declaration of Interests	Chair	Verbal
3	Patient Story	Interim Chief Nurse	Video
4	Minutes of Previous Meeting – 26 th January 2022	Chair	Paper
5	Board Action Log	Chair	Paper
6	Chair's Business	Chair	Verbal
7	Key Strategic Issues	Chair	Verbal
8	Chief Executive's Report	Chief Executive	Paper
9	Chief Operating Officer's Report	Chief Operating Officer	Paper
10	Board Assurance Reporting 10.1 BAF 10.2 Quality and Performance Dashboard 10.3 Month 10 Finance Report 10.4 Monthly Maternity Report	Director of Corporate Affairs to Introduce	Paper
11	Estates Strategy	Director of Strategy and Partnerships	Paper
12	Green Plan	Director of Strategy and Partnerships	Paper
13	EPPR – Annual Report	Chief Operating Officer	Paper
14	Guardian of Safe Working Quarterly Report	Medical Director	Paper
15	Chair's Report – FBPAC	Committee Chair	Verbal
16	Communications and Engagement Report	Director of Communications and Engagement	Paper
17	Questions from the Public	Chair	Verbal
18	Any other Business	All	Verbal
19	Date of Next Meeting – TBC	Chair	Verbal
20	Exclusion of the Press and Public To resolve that under the provision of Section 1, Subsection 2 of the Public Bodies (Admissions to Meetings) Act 1960, the public and press be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.		

BOARD OF DIRECTORS

MINUTES OF MEETING HELD IN PUBLIC

26 January 2022

VIRTUAL MEETING VIA MICROSOFT TEAMS

Commencing at 12 NOON
Concluding at 2.17 pm

Present	
Sir David Henshaw	Non-Executive Director/Chair
John Sullivan	Non-Executive Director/Vice Chair
Chris Clarkson	Non-Executive Director
Janelle Holmes	Chief Executive
Dr. Steve Ryan	Non-Executive Director
Sue Lorimer	Non-Executive Director
Claire Wilson	Chief Finance Officer
Dr. Nicola Stevenson	Medical Director / Deputy CEO
Debs Smith	Chief People Officer
Matthew Swanborough	Director of Strategy and Partnerships
Steve Igoe	Non-Executive Director
Hayley Kendal	Chief Operating Officer
Tracy Fennell	Interim Chief Nurse
In attendance	
Chris Mason	Chief Information Officer
Jonathan Lund	Associate Medical Director
Sally Sykes	Director of Communications & Engagement*
David McGovern	Director of Corporate Affairs
Debbie Edwards	Director of Nursing and Midwifery
Sheila Hillhouse	Public Governor/ Lead Governor
Tony Cragg	Public Governor
Paul Ivan	Public Governor
Dr. Robert Thompson	Public Governor

Reference	Minute	Action
1	Apologies for Absence	
	Apologies for absence were submitted on behalf of Eileen Hulme.	
2	Declarations of Interest	
	There were no declarations of interest submitted.	
3	Patient Story	
	<p>The Board viewed a version of the Patient Story video, featuring a patient from the deaf community who had experienced some issues in their care particularly in relation to access and staff communication.</p> <p>TF was able to provide assurance in relation to the Trusts response on this matter and lessons learned. This included a commitment to further work with the deaf community through our Patient Experience Strategy. CM also provided commentary in relation to the work that is being carried out on the estate which would further improve access requirements for all service users.</p> <p>The Chair recorded the thanks of the Board and asked for a letter of thanks to be sent on his behalf to the patient.</p> <p>The Board NOTED the patient story</p>	DoCA
4	Minutes	

Reference	Minute	Action
	The minutes of the meeting held on 1 st December 2021 were approved as an accurate record subject to minor amendments in relation to the attendance list.	
5	Board Action Log The Board reviewed the actions log noting that items had either been actioned or were on the agenda.	
6	Chair's Business	
	The Chair reported that the Trust was coping well with the current level of unscheduled care demand and that there was a high and commended the team on this. He went on to highlight work that he was involved in around the Wirral Place and with partners including roles in the partnerships and the move towards a shadow status for key fora. The Board NOTED the Chair's Business	
7	Key Strategic Issues	
	The Chair identified that there were no additional strategic issues to report. The Board NOTED the update	
8	Chief Executive's Report	
	The Chief Executive (JH) presented her report which gave an overview of work undertaken and important announcements for the month of December 2021. The report highlighted the outcome of a recent CQC unannounced inspection of the Urgent and Emergency Care and Medical Services which indicated positive findings and improvements since the last inspection in 2019. The Chair indicated what great progress the Trust had made in a relatively short period of time and congratulated the team. The report went on to provide updates in relation to the current position on COVID as well as the review of the vaccination centre 1 year on from its creation. JH went on to discuss the national cyber security risks that had been identified in regard to IT systems and in particular access to web based applications and the ongoing work to mitigate this. The Board were also asked to ratify 2 decisions taken in between meetings and using the urgent procedures. SI indicated that the Audit Committee had also considered and ratified these decisions relating to (a) a contract award for modular theatres and (b) a short term amendment to the financial instructions to support activity during the pandemic surge. That the Board RECEIVED and NOTED the report and APPROVED the ratification of the 2 items of urgent business outlined.	

Reference	Minute	Action
9	Chief Operating Officer Report	
	<p>The Chief Operating Officer (HK) presented her update report outlining the current organisational performance data for planned (elective) and unscheduled (non-elective) care. The report also covered the performance against the reset and recovery planned trajectories which includes:</p> <p>High level outpatient and elective activity v trajectory</p> <ul style="list-style-type: none"> • P2 performance • 52 and 104 week performance against trajectories • Cancer performance • DM01 compliance <p>The report also provided performance against the following unscheduled care standards:</p> <ul style="list-style-type: none"> • Emergency Department (ED) Performance • Ambulance Conveyances • Long Length of Stay <p>A question was asked in regard to performance and capacity restraints for cancer services. It was indicated that tracking had highlighted high levels of referrals at the present time particularly in relation to Breast Services. HK went on to outline the work that has been undertaken to increase capacity and support in this area and the recovery planning in place.</p> <p>A further discussion took place in regard to broader capacity issues and the work being carried out to manage this during this busy period.</p> <p>JS asked a question about appraisal of the robot usage in non-cancer specialities. HK indicated that teams have been asked to look at prioritisation of usage in areas experiencing current backlogs.</p> <p>SR asked a question about current levels of discharge into Care Homes. HK referred to the daily tracking that was being carried out and the close working with local partners to improve flow but this was certainly a challenge for Trust occupancy levels. NS referred to recent Government guidance introduced in relation to Care Home closures for COVID outbreaks and suggested that this would lead to improvements when fully adopted and evaluated.</p> <p>The Chair noted recent discussions with partners and stated that we would need to find some innovative ways to approach this problem. JH went on to outline potential ideas that were being discussed in this regard and noted that it would be discussed at the Board seminar later in the day.</p> <p>The Board RECEIVED and NOTED the report.</p>	
10	Quality and Performance Dashboard and Exception Reports	
	<p>The Executive Directors briefed the Board on the content of the Quality & Performance Dashboard up to end of December 2022.</p> <p>It was noted that of the Of the 47 indicators that are reported (excluding Use of Resources):</p>	

Reference	Minute	Action
	<ul style="list-style-type: none"> • 24 are off-target or failing to meet performance thresholds • 23 are on-target <p>The Board were asked to note that during the current Covid-19 pandemic some metrics have been suspended from national reporting, and departments within the Trust have been focused on operational priorities over some internal reporting. Where the information is still available and reported within the Trust it has been included.</p> <p>The metrics included are under continual review with the Directors to consider the appropriateness and value of inclusion and the performance thresholds being applied.</p> <p>Executive Directors went on to outline detail in their own section of the report.</p> <p>JS asked whether there was risk of losing key staff to other organisations as a result of Vaccination as a Condition of Deployment (VCOD). DS indicated that there was the potential for this in regard to North Wales where there is no similar requirement in place.</p> <p>JS requested that future benchmarking be provided in relation to attendance. It was agreed that this would be provided.</p> <p>That the Board of Directors RECEIVED and NOTED the Quality and Performance Dashboard and the Exception Reports for the period to end of December 2021.</p>	
11	Month 8 Finance Report	
	<p>The Chief Finance Officer presented the report as previously circulated.</p> <p>In summary it was reported that the Trust is reporting a deficit of £2.296m at M9, an adverse variance against budget of £1.338m.</p> <p>It was noted that our financial plan for H2 included £4.5m in ERF and at M9 we were profiled to have received £2.250m. However, no income was recognised in respect of the Elective Recovery Fund so far in H2, despite RTT pathway performance being above the 89% threshold. This is due to the aggregate performance for the C&M system being below plan. Based on current levels of performance and the pressures of Omnicrom across the system, we are not anticipating any further ERF income for the remainder of the year.</p> <p>This reduction in income means that the Trust is now forecasting a deficit of £4.5m. This forecast and the potential mitigations were included within the report at section 4.6.</p> <p>MS went on to provide the Board with an additional update in relation to the Capital programme and the current challenges in relation to the volume of work being carried out.</p> <p>SL noted that the Finance and Business Performance Committee were pleased with recent progress in relation to the Cost Improvement Programme (CIP).</p> <p>The Board NOTED the report.</p>	

Reference	Minute	Action
12	<p>Maternity Services and Ockenden Report</p> <p>The Interim Chief Nurse (TF) presented a report providing information around the last quarterly update on the quality and safety of maternity services at the Trust.</p> <p>This paper also focused on a gap analysis undertaken against the NHSE/I publication – Maternity Self-Assessment Tool (July 2021) and included an update on Year 4 of the Maternity Incentive Scheme.</p> <p>The Perinatal Clinical Surveillance Quality Assurance report also provides an overview of performance within Neonatal/Maternity services, with the Cheshire & Merseyside outlier report providing a clinical outcome update for WUTH when compared to all other maternity providers within the C&M Region.</p> <p>The report further provided an update regarding the evidence submitted nationally to support compliance with Part 1 of the Ockendon recommendations, with a further summary as to the ongoing challenges faced by maternity service providers both regionally and nationally.</p> <p>SR stated that he appreciated the high level of assurance received from the report and the leadership team in Maternity.</p> <p>The Board NOTED the report.</p>	
13	<p>CQC National Inpatient Patient Experience Survey Results 2021</p> <p>TF presented the report in which it was noted that The CQC National Inpatient Survey is an annual requirement and for which the results are used to support preliminary intelligence as part of the CQC inspection process.</p> <p>The CQC uses a banding system in order to benchmark results with other organisations. WUTH was banded as “about the same” for 42 of the indicators, “somewhat better than expected” for 2 indicators and “somewhat worse than expected” for 1 indicator. During 2020 CQC made changes to the way the survey was undertaken including amendments to the question set.</p> <p>It was explained that in light of this a direct comparison to previous years isn’t possible and the focus of the report is on benchmarking data with other organisations.</p> <p>Areas where good patient experience have been highlighted by in the survey as follows:</p> <ul style="list-style-type: none"> • Written information on discharge: patients being given written information about what they should or should not do after leaving hospital; • Equipment and adaptations in the home: hospital staff discussing if any equipment or home adaptations were needed when leaving hospital; • Help with eating: patients being given enough help from staff to eat meals, if needed; • Expectations after the operation or procedure: patients being given an explanation from staff, before their operation or procedure, of how they might feel afterwards; • Changing wards during the night: staff explaining the reason for 	

Reference	Minute	Action
	<p>patients needing to change wards during the night.</p> <p>Areas where patient experience has been highlighted as could be improved are as follows:</p> <ul style="list-style-type: none"> • Waiting to be admitted: patients feeling that they waited the right amount of time on the waiting list before being admitted to hospital; • Taking medication: patients being able to take medication they brought to hospital when needed; • Privacy for discussions: patients being able to discuss their condition or treatment with hospital staff without being overheard; • Waiting to get to a bed: patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital; • Feedback on care: patients being asked to give their views on the quality of their care. <p>It was noted that a full improvement work stream review of any of the indicators that had a standardised score of below 8 has been undertaken. The review provided details of the work stream to reduce the risk of duplication and identifies any indicators that are not currently supported with proposed actions to monitor improvements.</p> <p>The Board NOTED the report.</p>	
14	Charitable Funds Annual Report	
	<p>The Chief Finance Officer presented the annual report in relation to the WUTH Charity and Charitable Funds.</p> <p>It was noted that Throughout the year, the Charity Office at Arrowe Park continued to be a hub for community donations for the staff. The outpouring of support was phenomenal.</p> <p>Despite charity activity refocusing to staff, community and patient support in response to the COVID-19 pandemic, the impact of the Charity however was still felt as a number of excellent projects were supported.</p> <p>In November 2020, the Charity received a generous grant of £50,000 from NHS Charities Together (National Charity leading on the COVID-19 Urgent appeal). This discretionary funding provided staff with a number of different items and activities to boost morale and recognise their outstanding efforts during the year.</p> <p>The Charity once again began raising funds for the Neonatal appeal 'Tiny Stars' to contribute towards a new neonatal unit at The Wirral Women's and Children's Hospital on the Arrowe Park site, which has a target of £1.5m.</p> <p>The Board NOTED the report.</p>	
15	Chair's Report – FBPAC	
	<p>The Chair of the Committee provided information on discussions that had taken place at its last meeting.</p> <p>The Board NOTED the report</p>	

Reference	Minute	Action
16	Chair's Report Quality Assurance Committee	
	The Chair of the Committee provided information on discussions that had taken place at its last meeting. The Board NOTED the report	
17	Chair's Report Audit Committee	
	The Chair of the Committee provided information on discussions that had taken place at its last meeting. The Board NOTED the report	
18	Communications and Engagement Monthly Report	
	The Director of Communications and Engagement presented the report as previously circulated on the Trust's communications and engagement activities since the last Board meeting. The Board NOTED the report	
22	Questions from the Public	
	There were no questions from the public.	
23	Any other business	
	There was no other business conducted during the meeting.	
24	Date of Next Meeting	
	2 nd March 2022 via MS Teams	
25	Exclusion of the Press and Public	
	RESOLVED: That under the provision of Section 1, Subsection 2 of the Public Bodies (Admissions to Meetings) Act 1960, the public and press is excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.	

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Chair

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Date

PUBLIC Board of Directors
2nd March 2022
Action Log

No.	Minute Ref	Action	By Whom	Action status	Commentary	Due Date
1	3 – Patients Story – 26 th January 2022	<ul style="list-style-type: none"> Story to be shared across the organisation and with Governors. Letter of thanks from the Chair to the patient. 	Director of Corporate Affairs	Closed	Actions completed	January 2022
2	10 – Performance dashboard – 26 th January 2022	<ul style="list-style-type: none"> To provide comparative sickness absence data with local peer providers as part of future performance reporting. 	Chief People Officer	Closed to be included in future commentary from April 2022	Action completed	March 2022

BOARD OF DIRECTORS
2nd March 2022

Title:	Chief Executive's Report
Responsible Director:	Janelle Holmes, Chief Executive
Presented by:	Janelle Holmes, Chief Executive

Executive Summary
This is an overview of work undertaken and important announcements for the month of March 2022.

Recommendation:
The Board is asked to: <ul style="list-style-type: none"> Note and receive the Chief Executive's report.

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	No
Compassionate workforce: be a great place to work	No
Continuous Improvement: Maximise our potential to improve and deliver best value	No
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
N/A
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
N/A
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
N/A
Specific communications and stakeholder /staff engagement implications
N/A
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
N/A

Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)
N/A

FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	No
	Entire document is exempt under FOI	No

Previous considerations by the Board / Board sub-committees	Trust Board
Background papers / supporting information	N/A

**BOARD OF DIRECTORS
March 2022
Chief Executive's Report**

Purpose

This report provides an overview of work undertaken and any important announcements for March 2022.

Introduction / Background

1. COVID Update

There has been a reduction in both community cases and the number of hospitalised patients due to Covid. At the time of writing, the community prevalence was 472 per 100000 population. The prevalence may be affected by reduced reporting rates as there is no longer a requirement to obtain a confirmatory PCR test if a lateral flow test is positive. However, the PCR positivity rate has also decreased to 11.5% which is encouraging.

Inpatients with Covid are currently cared for on 2 wards (previously 10 at the height of the pandemic). Most of these patients had Covid identified on admission screening, rather than being admitted due to Covid respiratory symptoms. At the time of writing the report there were no patients in Critical Care due to Covid.

Given the continued high bed occupancy (circa 98%) and high transmissibility of the Omicron variant of Covid, the Trust has identified a number of Covid outbreaks within the hospitals which are being managed and reported appropriately.

2. Vaccination as a condition of deployment (VCOD) for all healthcare workers

On 31 January 2022, the Secretary of State for Health and Social Care announced to the House of Commons that it was no longer proportionate for NHS staff to be required to have a full course of vaccinations against COVID-19. The Government announced that there would be a consultation on the matter and a vote in the House of Commons with the intention to revoke the amendments made to the 2014 Regulations. As a result the 'VCOD for healthcare workers: Phase 1 – Planning and preparation' and Phase 2: VCOD Implementation guidance previously published by NHS England and NHS Improvement is currently paused, pending the outcome of the Parliamentary consultation process. The consultation is now closed and the outcome is awaited.

3. COVID – Public Inquiry

In May 2021 the Prime Minister announced the setting up of a widespread Public Inquiry into the Covid-19 pandemic. The Inquiry, set to begin its work in spring 2022, will be established under the Inquiries Act 2005, with full powers, including the power to compel the production of documents and to summon witnesses to give evidence on oath.

The terms of reference of the inquiry are yet to be announced, but many within the NHS are understandably keen to begin preparations now. The proposed start date of spring 2022 will soon be upon us and it is clear that the NHS's response to COVID-19 will be considered as part of that inquiry.

Work has already commenced to support the Trusts response to and preparation for the Inquiry including:

- Stepping up of the CAG throughout the pandemic as the key operational decision making body;
- Appointment of an Executive Lead;
- Internal communications in respect of document and information retention;
- Creation and publication of the document 'Our COVID-19 Response' including a timeline of key decisions and activity; and
- Appointment of external advisers to support our preparation for the Inquiry – Hempsons Solicitors.

The Board will be provided with regular updates in relation to this matter.

4. Serious Incidents

The Trust declared 9 serious incidents (SI) in the month of January 2022; this is an increase on the previous month when 5 serious incidents were declared. The Serious Incident panel report and investigate under the "Serious Incident Framework" so that learning can be identified.

The 9 reported incidents spanned areas of the trust, including the Women's and Children's (1), Diagnostics and Clinical Support (1) Surgical Services (3), Medicine (3) and Acute (1). The Trust reported no Never Events in the month of January.

Duty of Candour has been commenced in line with legislation and national guidance.

RIDDOR

Since the last report there was one incident reported to the HSE in accordance with RIDDOR which was in January 2022. The incident was trip & fall where the member of staff involved suffered a fracture.

5. Urgent and Emergency Care Upgrade Project (UECUP)

The Trust has continued with the design and development of the Urgent and Emergency Upgrade Programme (UECUP) for Arrowe Park Hospital. Working with our NHS and architectural partners, the Trust have finalised the schedules of accommodation and internal design for the new urgent and emergency facilities, allowing for inclusion with the full business case (FBC), which is due to be submitted to NHS England in spring 2022.

In addition, Wirral Council Planning Department have supported the Trust to undertake early enabling works for the upgrade, including site hoarding, temporary construction site compounds, and temporary internal road changes and identified building demolition. This is expected to commence in the summer of 2022.

6. Construction of Modular Theatres at Clatterbridge Hospital

In November 2021, the Trust was successful in a bid for the construction of modular theatres at Clatterbridge Hospital, made to NHS England and Department of Health and Social Care in September 2021. The £10.6m bid includes the construction of two modular theatres and recovery suite along with the refurbishment of the theatres complex, building on the current surgical capacity on the campus.

The bid has also focussed on the formation of the South Mersey Elective Hub at Clatterbridge Hospital, with neighbouring NHS providers being able to utilise sessions within the modular theatres. The Trust is working with NHS partners to agree clinical and workforce model for utilisation of the new facility.

The construction of the modular theatres and refurbishments have commenced on the hospital campus, with an aim to complete and operational in spring 2022.

7. Recommendation

The Board is asked to note and receive the Chief Executive's report.

**BOARD OF DIRECTORS
Chief Operating Officer's Report
2nd March 2022**

Title:	Chief Operating Officer's Report
Responsible Director:	Chief Operating Officer
Author:	Chief Operating Officer Head of Business Improvement - Planned Care Winter Resilience Director
Presented by:	Chief Operating Officer

Executive Summary

This report provides the current organisational performance data for planned (elective) and unscheduled (non-elective) care. The report covers the performance against the reset and recovery planned trajectories which includes:

- High level outpatient and elective activity v trajectory
- P2 performance
- 52 and 104 week performance against trajectories
- Waiting list size against 2021 actuals
- Cancer performance
- DM01 compliance

The report also provides performance against the following unscheduled care standards:

- Emergency Department (ED) Performance
- Ambulance Conveyances
- Long Length of Stay

Recommendation:

(e.g. to note, approve, endorse)

The Board is asked to note the update on planned and unplanned care performance including the position on recovery and reset.

Which strategic objectives this report provides information about:

Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes
Please provide details of the risks associated with the subject of this paper,	

including new risks (x-reference to the Board Assurance Framework and significant risk register)		
No new risks that are not already covered in the BAF.		
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)		
Essential Standards: NHSI CQC		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
-		
Specific communications and stakeholder /staff engagement implications		
-		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
Non delivery of compliance with the NHS constitution of accessing elective care within 18 Week RTT		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
FOI status	Document may be disclosed in full	X
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees		
Background papers / supporting information		

BOARD OF DIRECTORS
2nd March 2022
Chief Operating Officer's Report

1.0 Purpose

This paper provides an overview of the Trust's current performance against the re-set and recovery programme for planned care and standard reporting for unscheduled care.

For planned care activity volumes, it highlights the Trust's 4-week average for weeks concluding 23/01/22 and the current February performance (snapshot at 10/02/22) as well as providing the latest comparative data nationally, across Cheshire & Merseyside (C&M) and the Northwest.

For unscheduled care, the report details performance and highlights the ongoing challenges with long length of stay patients and the impact this has on 4 hour performance. The report also highlights the number of patients who remain in the department for longer than 12 hours since arrival. This is in preparation for the proposed new clinical standards from 1st April 2022.

The report also provides current risks in the Trust's ability to return to pre-pandemic activity levels and general Emergency Department (ED) performance overall on a sustainable level together with associated mitigations underway to manage these.

2.0 Introduction / Background

March 2020 saw the first large scale cancellation of all, but the most urgent elective activities aligned to the National Emergency Preparedness Resilience and Response (EPRR) to the COVID 19 pandemic. Over the last 22 months elective activity has been re-started and suspended during the 2nd and 3rd COVID19 waves alongside general disruption due to ongoing COVID19 pressures during this period. This has impacted negatively on both waiting list numbers and waiting times for treatment, in line with all hospitals within the region. The delivery of reset and recovery elective activity commenced in 2021 with the focus areas being on treating the most clinically urgent patients first followed by the long waiters.

The Trust has operated in line with the national categorisation of elective patients awaiting treatment and there is clear sight of the volumes of patients waiting across the clinical categories. This is reviewed on a weekly basis by the clinical division and reported via the weekly Performance Oversight Group.

3.0 Elective Performance

3.1 Elective Activity

The national standard was to achieve 95% of 2019 comparable month's activity across all Points of Delivery (PODs). There are three things to note:

1. The actual is based on the value of the activity with activity numbers used as a proxy.
2. The threshold was revised for H2 2021/22 planning in that Trusts are required to close 89% of RTT pathways compared to the comparable month in 2019 to access to the Elective Recovery Fund (ERF).

- To clear the backlog, systems need to be undertaking more than 100% of activity delivered in the comparable month of 2019.

The table below summarises the 4-week average activity delivered for weeks concluding 23/01/2022:

POD	National	North West	Cheshire & Mersey	WUTH
OP New	85%	85%	81%	81%
OP FU	89%	95%	94%	107%
Day Case	80%	78%	73%	75%
Elective IP	77%	84%	94%	96%

The number of closed RTT pathways as a percentage of those closed within the comparable month of 2019 is shown in the below table.

	Admitted	Non-Admitted
Cheshire & Merseyside	102%	99%
WUTH	162%	94%

3.2 Priority 2 Performance (P2)

The Trust continues to overachieve against the P2 month end trajectories with January's position better than plan at 40 open pathways against a month end plan of 77 open pathways.

3.3 Referral to Treatment

- 52 Week Wait Performance

The current 52 weeks wait number is 513. This position remains below the C&M trajectory of 606 and subsequent national trajectory of 606. Across C&M there are currently 16,170 52 + week waiters.

- 104+ Week Wait Performance

As at the end of January the Trust had a total of 7 104+ week patients against the January trajectory of 28, the current position is 8. Across C&M there are currently 1,176 patients waiting over 104 weeks.

- Waiting List Size

There are 29,150 patients on an active RTT pathway under WUTH services. This is against the C&M trajectory of 27,620 and national trajectory of 27,424. This position has deteriorated since December 2020 mainly due to the significant decrease in elective activity due to Covid and non-elective pressures and the volume of patients that are currently inpatients that do not meet the criteria to reside.

3.4 Cancer Backlog Performance

Full detail of the cancer performance is covered within the Trust Dashboard but exceptions are covered within this section.

- 2 week waits

There continues to be a particular challenge with performance within Breast Surgery due to the significant increase in referrals from early in 2021. At present recovering performance against the 2-week waits will be challenging for this financial year but it should be noted that the performance in Breast is still the highest within C&M.

- 31 and 62 day treatment
There are continued pressures in the achievement of both standards within Colorectal and Urology. The Surgical Division are developing a recovery plan that will be presented in February and monitored through the weekly Performance Oversight Group. The current position is 70 62-day long waiters against a plan of 57.

Cancer performance for Q3 performance was not achieved due to the number of Breast, Urology and Colorectal breaches and this will continue into Q4 which is driven by increases in referrals and prolonged capacity constraints. All activity plans for 2022/23 will incorporate mitigating actions to ensure performance returns to previous levels.

3.5 DM01 Performance

The Trust did not achieve the required 99% in January 2022. Divisional Teams are currently working through recovery trajectories for the modalities not achieving 99% with a particular focus on Endoscopy recovery. These will be monitored via the Performance Oversight Group.

3.6 Risks to recovery and mitigations

There are robust systems in place to monitor and review elective performance, but there remain significant risks in performance and activity delivery as we exit from another COVID surge. In addition, workforce availability is a key challenge, balancing the requirement to deliver elective recovery, capacity for non-elective demand and continue to support the health and wellbeing of our people.

The clinical divisions are well sighted on the risks to recovery and do have mitigations in place briefly summarised below:

- Full participation in the C&M elective recovery programme which is supporting the coordination of:
 - Use of the Independent Sector
 - Regional/national capital, revenue and technology bids to increase capacity and throughput.
 - Regional review and agreement around staffing requirements to maximise qualified staff utilisation, particularly in critical care
 - Introduction of HVLC (High Volume Low Complexity) surgical pathways including theatre lite alongside organisational bench marking.
 - Green site working with the development on the Clatterbridge site
- Divisional Director led cancer remedial action plans.
- Appraisal of robot usage by non-cancer specialities/patients along with full service and staffing review.
- Patient level tracking and active management in place monitored by the Divisional Directors via their weekly Access & Performance meetings and COO Performance Oversight Group.
- Full participation in regional performance governance arrangements

4.0 Unscheduled Care

Performance for the APH site type 1:

- January was 46.88% and YTD 57.28%
- Including UTC ; 59.11% and YTD 66.86%

The all-type Wirral Performance for January was 72.05% and 76.69% YTD.

The key quality ED metrics which impact four-hour performance are the wait to be seen by an ED doctor after arriving in the Department and the wait for triage after arrival. In January an average of 25% of ED patients were seen by a doctor within 60 minutes of arriving in the Department and an average of 57% of patients were triaged within 15 minutes of arrival.

The Trust saw average daily attendances of 241 in January, an increase in the average of 232 for the same period in 2019/20. Total attendances for January were 7,464 against 7,187 for same period in 2019/20, an increase of 3.85%.

A total of 3,965 type 1 four-hour breaches were recorded in January.

Increasing delays in accessing Mental Health beds, which has led to a number of reportable 12 hour breaches – 9 in December and 15 in January. Average Length of stay of 1 day 9 hours 35 minutes.

In December 76.3% of the breaches were ED delays. In January 79.9% were ED Delays of 3975 breaches in January 3778 were ED delays

The proportion of patients waiting more than 12 hours in the department from time of arrival was 10.7% in January compared to 8.8% in December and 9.4% in October.

Total ambulance turnaround time was not achieved in January 2022 with a mean time of 44 mins against the 30 minute standard. Mean arrival to handover time was 32 minutes against the 15-minute standard. There were a total of 2,010 ambulance conveyances in January, 27% of ED attendances. There were 135 ambulances which had a greater than 60 mins handover in January, compared to 152 in December.

The average number of super stranded patients (>21 days LOS) in January was 206 compared to 157 in December. Work is ongoing both internally and externally with system partners to improve the current position. The G&A Bed occupancy excluding silver capacity was 97.97% for January impacting on flow and contributing to overcrowding/ambulance handover delays in ED and assessment areas.

UEC and Winter Improvement Plan

The Trust has embarked on a significant improvement plan focussed on urgent care and actions to mitigate operational pressures experienced during winter months in partnership with wider healthcare providers across the Wirral system. Progress against these plans are summarised as follows and are managed through the Performance Oversight Group:

- Frailty at the Front Door” Pilot on-going with significant success. Over 40 patient admissions have been avoided over 21 days of mobilisation
- Significant improvement in numbers of patients held on the corridor, improving patient safety within the department
- Patient Safety Checklist paper-based trials held in collaboration with NWS with agreement to become early adopters of the ambulance handover escalation protocol in February. Lessons learnt will be incorporated in the next trials scheduled for 17th

February

- CRS Task and Finish Group in place to support implementation of the national CRS. Work ongoing to facilitate reporting on the new standards from April onwards
- New GP streaming model-complex streaming at the front door undertaken by WUTH staff will be mobilised in February to support an improvement in the minors performance
- Governance and reporting structure in place and meetings diarised for February within the Acute & Emergency Division
- Engagement session held within IDT by WUTH and Community Trust with programme agreed to deliver a Discharge Hub
- Discharge Delivery Project refresh underway with Divisional Director of Medicine to ensure ECIST Actions are enacted
- System partners have agreed a trajectory to deliver a reduction in the number of patients on Pathway 1,2 and 3 monitored through daily COO and CEO meetings.

There are a number of risks to improving performance as outlined below:

- Physical environment in ED is challenging during peaks in demand impacting on ability to delivered the timed pathways
- Delivery of the Stranded Patient LLOS recovery trajectory is at risk due to community capacity constraints for Pathway 1,2,3 patients
- Risk to delivery of additional step down capacity due to staff shortages and IPC guidance in both nursing homes and domiciliary care providers
- Boarding time in department increased due to bed pressures
- Increasing mental health activity and significant increases of attendances under S136
- Significant increase in the number of patients who do not meet the Criteria to reside on Pathway 1,2 and 3 due to capacity constraints within the Wirral system
- Availability of Mental health inpatient beds resulting in 12 hour breaches for mental health patients.

4.0 Conclusions

Whilst progress against elective plans remains encouraging, achievement of the 95% ED 4-hour performance remains significantly challenged. Progress in streaming and the mobilisation of the frailty at the front door model, resulting in a reduction in the conversion rate are beginning to impact positively on the 4 hour standard however the delivery of the 60 minute time to be seen remains a risk.

Improved performance is heavily reliant on the Trust working with the Wirral system to achieve the improvement trajectory for the +14 and +21 day submitted as part of the overall Wirral Urgent Care Improvement Programme.

5.0 Recommendations to the Board

The Board of Directors is asked to note the elective recovery position and acknowledge the challenges in achieving the Winter Improvement Plan mainly due to unprecedented levels of patients that do not meet the criteria to reside causing hospital flow issues and the Trust entering into a further COVID surge.

Item 10.1

**Board of Directors' Meeting
Board Assurance Framework report
2nd March 2022**

Title:	Board Assurance Framework
Responsible Director:	Chief Executive Officer
Author:	David McGovern, Director of Corporate Affairs
Presented by:	David McGovern, Director of Corporate Affairs

Executive Summary
<p>Following the adoption of the Board Assurance Framework the updated risks are now submitted for assurance as part of the agreed process.</p> <p>The purpose of this report is to enable the Board to review, and if deemed appropriate agree the updates in risk mitigations as put in place by Executive Directors in their capacity as risk owners.</p>

Recommendation:
<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Note and receive the attached assurance update to the Board Assurance Framework for the month of March 2022. 2. Note and approve the merging and removal of risks outlined in section 2. 3. Note and approve the changes to risk scorings as outlined in section 3.

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Weak arrangements for monitoring the delivery of strategy and associated risks expose the organisation to gaps in internal control, which may adversely impact on quality of care and reputation
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)

The Foundation Trust Code of Governance places specific responsibilities on NHS Board to monitor delivery of strategy and associated risks		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
Not applicable at this current stage		
Specific communications and stakeholder /staff engagement implications		
Not applicable		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
Not applicable		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
not applicable		
FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	No
	Entire document is exempt under FOI	No
Previous considerations by the Board / Board sub-committees	Not applicable	
Background papers / supporting information	Not applicable	

1. Background and Purpose

An effective Board Assurance Framework (BAF) provides the Board with a simple, comprehensive tool for effective and focused management of principal risks to meeting its objectives.

It provides a structure for the evidence to support the Annual Governance Statement disclosure. This simplifies Board reporting and the prioritisation of action plans which, in turn, allow for more effective performance management.

BAF reports to the Board are based on the format agreed at the September Board meeting, with the aim of providing assurance on the mitigation of significant risks. The November version of this report outlines risk movement and assurance on risk mitigations since the September Board meeting.

The updated BAF is attached to this report as appendix A.

2. Removed/Merged Risks

Since the last iteration to the Board, it is proposed that 2 risks are removed and/or merged in the report as follows:

Risk 4.2 is merged into risk 4.1 as both risks relate to the ongoing partnership work relation to the creation of the ICS and PLACE Governance arrangements.

Risk 6.2 is merged into risk 6.1 as the risks are currently duplicated. All joint mitigations have been refreshed and highlighted.

3. Proposed changes in risk ratings and controls

3 risks are proposed for an increase in risk rating since the last report:

Risk number 1.1

Risk Title: Failure to effectively manage unscheduled care demand, adversely impacting on quality of care and patient experience

Note: risk rating increased in light of the current demand being experienced across the Trust

Previous risk rating: 16

Proposed risk rating: 20

Risk number 1.2

Risk Title: Failure to meet constitutional targets, resulting in an adverse impact on patient experience and quality of care

Note: risk rating increased in light of the current demand being experienced across the Trust

Previous risk rating: 16

Proposed risk rating: 20

Risk number 1.3

Risk Title: Failure to effectively manage volume of scheduled care demand, adversely impacting on quality of care and patient experience including, RTT 52 and 104 weeks

and WL size , DM01, CA 62 and 31 day, Patient harm, H2 planning trajectories not met and Financial risk of the ERF

Note: risk rating increased in light of the current demand being experienced across the Trust

Previous risk rating: 16

Proposed risk rating: 20

5 risks are proposed for a reduction in risk rating (Likelihood), since the last report:

Risk number 3.2

Risk Title: Failure to deliver the financial plan due to uncertainty around the future financial regime

Note: risk rating decreased and likelihood reduced based on current activity to manage and monitor the financial planning regime

Previous risk rating: 16

Proposed risk rating: 12

Risk number 3.3

Risk Title: Delays/restrictions in accessing capital resources to support the delivery of the Trust's strategies, e.g. digital and estates

Note: risk rating decreased and likelihood reduced based on current activity to manage and monitor the financial planning regime and introduction of Capital Bidding process and controls

Previous risk rating: 20

Proposed risk rating: 16

Risk number: 3.4

Risk Title: Failure to deliver sustainable productivity gains due to an inability to embed service transformation

Note: risk rating decreased and likelihood reduced based on current activity to manage and monitor the financial planning regime and CIP scrutiny and reporting

Current residual risk rating: 16

Proposed residual risk rating: 12

Risk number 5.2

Risk Title: Loss of clinical systems due to a cyber-attack, resulting in an adverse impact on the delivery of care

Note: risk rating decreased and likelihood reduced based on current activity to manage and monitor performance

Current residual risk rating: 20

Proposed residual risk rating: 15

Risk number 5.3

Risk Title: Failure to successfully implement the digital strategy, resulting in an adverse impact on patient care

Note: risk rating decreased and likelihood reduced based on current activity to manage and monitor performance

Current residual risk rating: 16

Proposed residual risk rating: 12

Tolerable score reduced to: 12

Additional Controls and Assurances have been highlighted in 10 risks as highlighted on the BAF in red.

4. Recommendations

The Board is asked to:

1. Note and receive the attached assurance update to the Board Assurance Framework for the month of March 2022.
2. Note and approve the merging and removal of risks outlined in section 2.
3. Note and approve the changes to risk scorings as outlined in section 3.

Wirral University Teaching Hospital Trust

March Board Assurance Framework report

Risk Number	Responsible Director	Assurance Committee	Principal Risk	Controls in place to manage risk (mitigation)	Internal assurances	External Assurances on controls	Gaps in control (where the controls are not working or further controls required)	Gaps in assurance i.e. negative/limited or no assurance (where assurance has not been gained)	Initial Risk Score	Current Risk Score (CxL)	Tolerable Risk Score (target by year end)	Action plan description	Action plan due date
1. OUTSTANDING CARE - Provide the best care and support													
1.1	Chief Operating Officer	Quality Committee	Failure to effectively manage unscheduled care demand, adversely impacting on quality of care and patient experience	<ul style="list-style-type: none"> System wide Winter plan in line with the National UEC Recovery Action Plan Full participation in the Unscheduled Care transformation programme which includes working with Wirral Community Trust to reduce the numbers of patients attending the ED department who can leave their care needs met away from ED. Trust level Winter Resilience Director in place from November 2021 until April 2022 Onsite support from Wirral Community Trust with the Chief Operating Officer focusing on admission avoidance and supporting early and timely discharge Monitoring of ED improvement plan and Wirral system urgent care plan by system Chief Operating Officers including Director of Adult Social care 3 times weekly (daily under level 4) Health Economy CEO oversight of Discharge Call. Additional spot purchase care home beds in place but use very limited due to the number of Covid outbreaks, and then no admissions. Participation in C&M winter room including mutual aid arrangements NWAS Divert Deflection policy in place and followed Rapid reset programme launched with a focus on hospital flow and discharge Communications out to primary care and to Wirral residents around only use A+E for urgent care requirements. 	Trust Management Board (TMB) - Assurance Divisional Performance Review (DPR) - Accountability	Health Wirral Urgent Care Improvement Program Weekly Wirral COO and CEO Group A+E Delivery Board	The Trust continues to be challenged delivering the national 4 hour standard for ED performance.	Improved performance is heavily reliant on the Trust working with the Wirral system to achieve the trajectory submitted as part of the overall Wirral Urgent Care Improvement Programme. The Trust Winter plans are being finalised to support achievement of the trajectory and to meet the increased demand the Trust will be challenged with this winter.	20 (4x5)	20 (4x5)	12 (4x3)	There is one overall Emergency Department Improvement Plan in place which is broken down into 4 key areas: - ED Performance Improvement Plan (Reports into OPC) - ED Health and Safety Improvement Plan (Reports into HSC) - Leadership and Culture Improvement Plan (Reports into Workforce SB) - Patient Safety and Quality Action Plan (Reports into Quality Committee)	Apr-22
1.2	Chief Operating Officer	Operations & Performance Group and FHPA Committee	Failure to meet constitutional targets, resulting in an adverse impact on patient experience and quality of care	<ul style="list-style-type: none"> Clinical harm reviews, management of overdue follow-up appointments, implementation of clinical prioritisation process. Referrals of P2 Status patients to regional hubs and weekly Clinical review every 7 days post P2 Breach. Harm review process in place, central monitoring. Use of the Independent Sector for Outsourcing and Insourcing for pressured specialties where availability exists. Access/choice policy in place. Detailed operational plans agreed annually. Weekly review via the Operational Delivery Group on key targets and indicators with agreed actions and mitigations 	Operational Delivery Group (Monthly) Operations and Performance Group oversight (Weekly) Divisional Access & performance Meetings (weekly) Theatre Resource Group & Theatre scheduling (weekly) Cancellation Avoidance Decision Group (Daily) Monthly Divisional Quality Board Divisional Performance Reviews	NHSIE oversight of Trust improvement plan	Substantial challenges remain in delivering elective outpatient activity. There is a gap between capacity and demand in a number of specialties, which has widened since the pandemic	None identified	16 (4x4)	20 (4x5)	12 (4x3)	Continue with delivery of mitigation plans for scheduled care, managing the risk with the utilisation of the national policy on clinical prioritisation.	Apr-22
1.3	Chief Operating Officer	Operations & Performance Group and FHPA Committee	Failure to effectively manage volume of scheduled care demand, adversely impacting on quality of care and patient experience including, RTT 52 and 104 weeks and WL size - DM01, CA 62 and 31 day. Patient harm, HZ planning trajectories not met, Financial risk – ERF	<ul style="list-style-type: none"> Daily tracking and management of all Trust PTLs, data quality checks, weekly meetings between ops teams and central teams to support divisions, weekly Operational Delivery Group meeting for oversight of overdue follow-up appointments, overdue planned patients, RTT long waiters, Cancer Performance and Implementation of clinical prioritisation process. Review of P2 patients at regional hubs, established Harm Review Process, Insourcing and outsourcing of activity where clinically appropriate, Trust wide training programme for the management of elective care, regular forum between information and B.L.T to ensure data quality and completeness 	Operational Delivery Group (Monthly) Operations and Performance Group oversight (Weekly) Divisional Access & performance Meetings (weekly) Theatre Resource Group & Theatre scheduling (weekly) Cancellation Avoidance Decision Group (Daily) Monthly Divisional Quality Board Divisional Performance Reviews	NHSIE oversight of Trust improvement plan	Substantial challenges remain in the delivery of activity at all points of delivery. There is a gap between capacity and demand in a number of specialties, which has widened since the pandemic.	None identified	16 (4x4)	20 (4x5)	16 (4x4)	Implement and monitor the delivery of the Trust DM01 Action Plan	Apr-22
1.4	Medical Director	Quality Assurance Committee	Failure to ensure adequate quality of care resulting in adverse patient outcomes and an increase in patient complaints	<ul style="list-style-type: none"> CQC compliance focus on ensuring standards of care are met Embedding of safety and just culture Implementation of learning from incidents Development and implementation of patient safety, quality and research strategy Proactive monitoring and review of quality and safety indicators at monthly divisional performance reviews 	Patient Safety and Quality Board oversight and monitoring of quality and clinical governance themes and trends through the Quality and Patient Safety Intelligence Report report at Quality Assurance Committee Review of modified harm review Trust process. Mortality Review Group oversight Regular board review of Quality Performance Report, highlighting exceptions and mitigations GIRFT Quality audits IPCG and PPEG	CQC focussed reviews of maternity, infection prevention and control services, diagnostics and surgery Cheshire and Merseyside CQC oversight of Trust clinical governance, including SIs, never events action plans Internal Audit - MIAA	Development of research, patient safety and quality strategies is yet to commence	None identified	16 (4x4)	16 (4x4)	16 (4x4)	Develop, finalise and complete the patient safety and quality strategies	Apr-22
2. COMPASSIONATE WORKFORCE- Be a great place to work													
2.1	Interim Director of Workforce	Workforce Assurance Committee	Failure to fill vacancies, resulting in an adverse impact on quality of care and a failure to meet regulatory standards, and a detrimental impact on staff wellbeing	<ul style="list-style-type: none"> International nurse recruitment CSW recruitment initiatives CSW apprenticeship recruitment Targeted recruitment initiatives such as recruitment campaigns and international recruitment Vacancy management and recruitment systems and processes TRAC system for recruitment e-Rostering systems and procedures used to plan staff utilisation E-rostering and job planning to support staff deployment 	Workforce Steering board and Workforce Assurance Committee oversight	None Identified	National shortages in certain roles. Full rollout of clinical job planning is pending workforce planning processes	None identified	20 (4x5)	16 (4x4)	16 (4x4)	Monitor impact of retention and recruitment initiatives	Apr-22
2.2	Interim Director of Workforce	Workforce Assurance Committee	Failure to retain sufficient numbers of staff, adversely impacting on the Trust's ability to provide high quality patient care.	<ul style="list-style-type: none"> Retention Working Group has been established Facilitation in Practice programme Implementation of staff survey action plans Training and development activity Exit interview process 	Workforce Steering Board Workforce Assurance Committee oversight	TBC	Availability of required capabilities and national shortage of staff in key Trust roles. Talent management and succession planning framework is yet to be implemented	Staff turnover rates	16 (4x4)	16 (4x4)	16 (4x4)	Agreement of workforce strategy and sign-off of associated action plan	Quarter 4 2021/22 period
2.3	Interim Director of Workforce	Workforce Assurance Committee	High level of sickness absence (and long term detrimental impact on staff well-being) adversely impacting on the Trust's ability to provide high quality patient care	<ul style="list-style-type: none"> COVID-19 Absence Support Team established New Supporting People to Manage Attendance Programme Attendance Management Policy review commenced Health and safety and attendance management policies Workforce Wellbeing plan Staff Survey Action Plans which are heavily focused on Health, Wellbeing and Attendance. Delivery against the plans is monitored via the Divisional Performance Reviews 	Workforce Steering Board Workforce Assurance Committee oversight	TBC	Current barriers to accessing the wellbeing support offers. Residual impact of COVID experience on staff wellbeing	Staff attendance rates	16 (4x4)	16 (4x4)	16 (4x4)	Implementation of People Plan elements pertaining to health and wellbeing Agreement of workforce strategy and sign-off of associated action plan Staff wellbeing action plan	Apr-22
2.4	Chief Executive Officer	Trust Board	Constraints in Board capacity and capability due to turnover, lack of succession planning and talent management	<ul style="list-style-type: none"> Implementation of Executive Director recruitment plan Executive Director and Board development plan Implementation of Board succession planning 	Board approval of Board development plan	2021/22 Deloitte Well led review report and action plan	The Trust has licence condition undertakings pertaining to Board capability and capacity. The Deloitte well led review action plan will be in place following the completion of the review in early March 2022.	The Board leadership and turnover challenges are cross referenced in the Head of Internal Audit Opinion of 2020/21	16 (4x4)	16 (4x4)	16 (4x4)	Implementation of Deloitte well led review and Board development plan	Apr-22
3. CONTINUOUS IMPROVEMENT - Maximise our potential to improve and deliver best value													
3.1	Chief Finance Officer	Finance and Performance Committee	Failure to deliver sustainable cost improvements	Implementation of Cost Improvement Programme and QIA guidance document	FBPAC receive detailed monthly update from both Finance and Head of Productivity, Efficiency & PMO. Further assurances to be received from Divisions in relation to CIP Board receive update on CIP as part of monthly finance reports.	CIP arrangements subject to periodic review by Internal Audit. Monthly CIP return subject to significant scrutiny by NHSEI	Limited capacity to identify savings within operational teams given ongoing pressures of service delivery.	Limited assurance on delivery as plans are in early stages and timelines for delivery still subject to change	16 (4x4)	12 (4x3)	12 (4x3)	Continue delivery of CIP programme and maintain oversight of divisional progress	Mar-22

10.1 BAF March 2022

Wirral University Teaching Hospital Trust

March Board Assurance Framework report

Risk Number	Responsible Director	Assurance Committee	Principal Risk	Controls in place to manage risk (mitigation)	Internal assurances	External Assurances on controls	Gaps in control (where the controls are not working or further controls required)	Gaps in assurance i.e. negative/limited or no assurance (where assurance has not been gained)	Initial Risk Score	Current Risk Score (CxL)	Tolerable Risk Score (target by year end)	Action plan description	Action plan due date
3.2	Chief Finance Officer	Finance and Performance Committee	Failure to deliver the financial plan due to uncertainty around the future financial regime	Formal budgets agreed for each Division and team, performance against budget subject to ongoing scrutiny by Finance. Forecast of performance against financial plan updated regularly, with outputs included within monthly reports. CFO and Deputy attend regional and national meetings to learn and interpret all forward guidance on future regime.	Monthly reports to Divisional Boards, TMB, FBPAC and Board of Directors on financial performance.	External auditors undertake annual review of controls as part of audit of financial statements Annual internal audit plan includes regular review of budget monitoring arrangements NHS England	Forecasting has proven inaccurate, historically, and further work needed to strengthen arrangements.	N/A	16 (4x4)	12 (4x3)	8 (4x2)	Finalise estates strategy and agree priority programmes	Apr-22
3.3	Chief Finance Officer and Director of Strategic Partnerships	Finance and Performance Committee	Delays/restrictions in accessing capital resources to support the delivery of the Trust's strategies, e.g. digital and estates	Expressions interest submitted where appropriate for any additional national funding available. Implementation of capital programme Ongoing programme of external reviews of the estate the appointment of authorised engineers development and implementation of masterplans for Hospital plans Operational plan for the Digital Strategy Capital Management Group meets on monthly basis with representation from Operational teams, Estates and Finance. Annual Capital Bid Allocation approach developed and implemented, using a range of criteria to assess capital requirements.	Capital Committee oversight Authorised Engineers annual report Annual Capital Bid Panel Condition Surveys and audits	Premises assurance Model, ERIC database and benchmarking model for trend analysis Authorised Engineer reports	funding restrictions, 20% increase in material and labour costs for capital on capital schemes, restricted availability of materials	Ongoing development of Trust Asset survey and register. Lack of CAFM estates system	20 (4x5)	16 (4x4)	12 (4x3)	Drafted Estates strategy, Master Plan for Clatterbridge Hospital completed, Received NHSE funding for two additional modular theatres, for construction in March - May 2022	Apr-22
3.4	Director of Strategy and Partnerships	Transformation Board	Failure to deliver sustainable productivity gains due to an inability to embed service transformation	Programme Board oversight Service improvement team and Quality Improvement team resource and oversight QIA guidance document implemented as part of transformation process Implementation of a programme management process and software to track delivery Quality impact assessment undertaken prior to projects being undertaken	Quarterly Board assurance reports Monthly Programme Board chaired by CEO to track progress COO monthly tracking of individual projects, with scrutiny at programme board meetings Rotational presentations by divisions to FBPAC meetings with effect from October 2021 Monthly CIP report to FBPAC	MIA internal audit review of Cost Improvement Programmes, which highlighted an audit opinion of moderate assurance External audit report	Lack of protected time due to conflicting priorities in service delivery, particularly in relation to clinical staff Lack of clarity on H2 arrangements and financial arrangements for 2022/23 period Historic estate infrastructure system working. Lack of clarity on financial arrangements for 2022/23 period Historic estate infrastructure Ability to deliver system wide change across Wirral NHS organisations	Lack of clarity on H2 arrangements and financial arrangements for 2022/23 period, limits level of assurance in board and committee reports	16 (4x4)	12 (4x3)	12 (4x3)	Implementation and delivery of Cost improvement and Transformation Programmes for 21/22 delivery of 21/22 Improvement Programme to plan	Mar-22
4. OUR PARTNERS - Provide seamless care working with our partners													
4.1	Director of Strategy and Partnerships	Trust Board	Risk that ongoing uncertainty regarding the infrastructure of the Cheshire and Merseyside ICS causes material variability in strategic resourcing and planning, resulting in a change in strategic direction and uncertainty regarding Trust role in PLACE governance arrangements	WUTH senior leadership engagement in ICS through Director of Strategy and CEO. Wuth Strategic intentions are aligned with the ICS, for example ensure master plans and decisions are taken as a system to optimise the way we use public estate across Wirral to deliver organisation and ICS objectives. National guidance on PLACE based partnerships Legislation framework ICS design framework ICS Body governance Input of Trust CEO and Director of Strategy into Outline of the ICP Structure	CEO and Director of Strategy updates to Board and Executive Director meetings Char, CEO and Director of Strategy attendance at Healthy Wirral Partners Board Secondment of Head of Strategic Planning to develop ICP/Place operating model	ICS Chair updates, ICS meetings, ICS Self assessment submission CMAST CEO and Directors of Strategy meetings, Healthy Wirral Partners Board	Time to establish C&M ICS accountability and governance infrastructure Delays in the consolidation of CCGs to ICS Place lead appointment for Wirral	Function and role of C&M ICS working with the Trust and Formal Accountability infrastructure will not be in place till April 2022	18 (4x4)	16 (4x4)	12 (4x3)	Development of PLACE governance arrangements with Wirral partners Completion of ICS and PLACE governance self assessment Development of PLACE operating model	Apr-22
5. DIGITAL FUTURE - Be a digital pioneer and centre for excellence													
5.1	Chief Finance Officer	Digital Services Operational Committee	Failure to sustainably and successfully implement EPR transformation and progress towards full electronic records.	Rollout of comprehensive EPR training programme implementation of baseline review action plan	Exception reporting in place via Trust Management Board, with effect from July 2021 Initial discussions have taken place in relation to the implementation of an LMS to enable baseline and ongoing monitoring of digital knowledge	HIMSS level 5 assessment criteria undertaken	Team infrastructure for EPR rollout is not in line with national benchmarking	Baseline review start date is yet to be confirmed	18 (4x4)	18 (4x4)	12 (4x3)	Identify and address EPR team infrastructure gaps	on-going
5.2	Chief Finance Officer	Digital Services Operational Committee	Loss of clinical systems due to a cyber attack, resulting in an adverse impact on the delivery of care	implementation of disaster recovery plan, implementation of digital strategy operational plan cyber essentials accreditation, Implementation of cyber security action plan Trust assessment against cyber maturity model	Digital Services Operational Committee oversight and approval of delivery plan, with assurances feeding into Board as appropriate Progress monitoring of MIA Cyber action plan implementation Results from Trust's assessment against cyber maturity model	MIA internal audit review of cyber security undertaken in 2020/21, which highlighted an audit opinion of moderate assurance	Legacy systems and technologies present on site Environment - location of APH data centre poses risk of damages through leaks from surrounding wards and clinical areas Partnerships - input into Community Trust preventative measures is a threat to our resource capacity Integration - information governance Perception of IT functions impacting resourcing	implementation of cyber security action plan is yet to be completed	20 (5x4)	15 (5x3)	12 (4x3)	Continue rollout of cyber-security plan, and explore option of cyber security insurance	Apr-22
5.3	Chief Finance Officer	Digital Services Operational Committee	Failure to successfully implement the digital strategy, resulting in an adverse impact on patient care.	Agreed operational plan with divisions over the next 12 months Implementation of digital strategy through the operational plan Agreement of priorities at Digital Services Operational Committee, where oversight takes place Change control process overseen by Trust Management Board, where assurance is received	Digital Services Operational Committee oversight and approval of delivery plan, with assurances feeding into Board as appropriate Escalations from a delivery perspective agreed at Trust Management Board	Chief Information Officer regional meetings	None	Limited assurance on delivery as plans are not currently in place and timelines for delivery confirmed	12 (4x3)	12 (4x3)	12 (4x3)	Submit digital strategy implementation plan to Board in April 2022	Apr-22
6. INFRASTRUCTURE - Improve our infrastructure and how we use it													
6.1	Director of Strategy and Partnerships	Capital Steering Group	Adverse impact on delivery of clinical care and application of infection control measures due to the quality of the Trust's estate, and substantial maintenance backlog	Implementation of capital programme, which includes remedial works at Clatterbridge and Arrowe Park Hospital. Implementation of social distancing in waiting rooms and screens, use of security controls across site to manage access Allocation of ward status Senior Clinician input in key decisions around key areas such as critical care Ward refurbishment programme	Capital Committee oversight FBPAC oversight of capital programme implementation	None Identified	Review to be extended to cover Arrowe Park Estates Strategy is currently under development	Delays in backlog maintenance	18 (4x4)	18 (4x4)	12 (4x3)	Finalise Arrowe Park master plan Prioritisation of estates improvements	Apr-22
6.2	Director of Strategy and Partnerships	Capital Steering Group	Risk of business continuity and the provision of clinical services due to a critical infrastructure supply chain failure therefore impacting on the quality of patient care	Implementation of capital programme, which includes remedial works at Clatterbridge. Implementation of social distancing in waiting rooms Allocation of ward status Senior Clinician input in key decisions around key areas such as critical care	Capital Committee oversight FBPAC oversight of capital programme implementation	None Identified	Review to be extended to cover Arrowe Park Estates Strategy is currently under development	Delays in backlog maintenance	18 (4x4)	18 (4x4)	12 (4x3)	Finalise Arrowe Park master plan Prioritisation of estates improvements	Apr-22

10.1 BAF March 2022

1	2	3	4	5
Insignificant	Minor	Moderate	Major	Extreme
No effect	External standards being met. Minor impact on achieving objectives	Adverse effect on delivery of secondary objective	Major adverse effect on delivery of key objective. Affects Care Quality Commission rating.	Does not meet key objectives. Prevents achievement of a significant amount of external standards
No harm/near miss	Any patient safety incident requiring extra observation or minor treatment and causes minimal harm.	Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm.	Any patient safety incident that appears to have resulted in permanent harm.	Any patient safety incident that directly resulted in one or more deaths.
Minor injury not requiring first aid	Minor injury or illness, first aid treatment needed	Lost time injury or RIDDOR /Agency reportable > 3 days absence	Fractures, amputation, extensive injury or long term incapacity/ RIDDOR reportable	Death or major permanent incapacity
Loss / interruption more than 1 hour	Loss / interruption more than 8 hours	Loss / interruption more than 1 day	Loss / interruption more than 1 week	Permanent loss of service or facility
local management tolerance level	Loss less than 0.25% of budgeted operating income	Loss less than 0.5% of budgeted operating income. Improvement notice	Loss less than 1% of budgeted operating income. Significant claim. Prosecution or Prohibition Notice	Loss more than 1% of budgeted operating income. Multiple claims.
Minor non-compliance with internal standards	Single failure to meet internal standards or follow protocol	Repeated failures to meet internal standards or follow protocols	Failure to meet national standards. Failure to comply with IR(ME)R	Gross failure to meet professional standards
Rumours	Local media – Short term. Minor effect on staff morale	Local media – Long term. Significant effect on staff morale	National Media less than 3 days. Major loss of confidence in organisation.	National media more than 3 days. MP Concern (Questions in House). Severe loss of public confidence.

1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost Certain
Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Less than 1%	1 – 5%	6 – 20%	21 – 50%	Greater than 50%
Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not

		Consequence (C)				
		1	2	3	4	5
		Insignificant	Minor	Moderate	Major	Extreme
1	1	1	2	3	4	5
2	2	2	4	6	8	10
3	3	3	6	9	12	15
4	4	4	8	12	16	20
5	5	5	10	15	20	25

**Meeting of the Board of Directors
2nd March 2022**

Title:	Quality & Performance Dashboard
Author:	J Halliday Assistant Director of Information
Responsible Director:	COO, MD, CN, CPO, CFO
Presented by:	COO, MD, CN, CPO, CFO

Executive Summary

Contextual and background information pertinent to the situation / purpose of the report.

This report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Board of Directors is asked to note performance to the end of January 2022.

Of the 47 indicators that are reported (excluding Use of Resources):

- 27 are off-target or failing to meet performance thresholds
- 20 are on-target

Please note during the current Covid-19 pandemic some metrics have been suspended from national reporting, and departments within the Trust have been focused on operational priorities over some internal reporting. Where the information is still available and reported within the Trust it has been included.

The metrics included are under continual review with the Directors to consider the appropriateness and value of inclusion and the performance thresholds being applied. Amendments to previous metrics and/or thresholds are detailed below the dashboard.

Recommendation:

(e.g., to note, approve, endorse)

For noting.

Which strategic objectives this report provides information about:

Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)		
Quality and Safety of Care. Patient flow management during periods of high demand.		
Regulatory and legal implications (e.g., NHSI segmentation ratings, CQC essential standards, competition law)		
The dashboard Includes NHSI Oversight Framework metrics, considered as part of provider segmentation.		
Financial implications / impact (e.g., CIPs, revenue/capital, year-end forecast)		
N/a		
Specific communications and stakeholder /staff engagement implications		
N/a		
Patient / staff implications (e.g., links to the NHS Constitution, equality & diversity)		
N/a		
Council of Governors implications / impact (e.g., links to Governors' statutory role, significant transactions)		
N/a		
FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees	N/a	
Background papers / supporting information	N/a	

Quality Performance Dashboard

Indicator	Objective	Director	Threshold	Set by	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	2021/22	Trend
Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	Safe, high quality care	CN	≤0.24 per 1000 Bed Days	WUTH	0.15	0.11	0.16	0.10	0.20	0.05	0.05	0.10	0.10	0.05	0.19	0.18	0.18	0.12	
Eligible patients having VTE risk assessment within 12 hours of decision to admit	Safe, high quality care	MD	≥95%	WUTH	94.2%	94.9%	94.0%	94.4%	94.5%	94.7%	93.3%	95.2%	94.5%	94.5%	95.2%	94.4%	94.6%	94.53%	
Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital (all patients)	Safe, high quality care	MD	≥95%	SOF	96.5%	96.6%	96.2%	96.4%	96.6%	96.6%	96.2%	97.6%	96.9%	96.9%	97.2%	96.9%	96.7%	96.8%	
Serious Incidents declared	Safe, high quality care	CN	≤48 per annum (max 4 per month)	WUTH	4	5	4	5	4	8	7	4	5	7	3	4	9	56	
Never Events	Safe, high quality care	CN	0	SOF	0	1	0	0	1	0	2	0	0	0	0	0	0	3	
CAS Alerts not completed by deadline	Safe, high quality care	CN	0	SOF	0	0	0	0	1	0	0	0	0	0	0	0	0	1	
Clostridium difficile (healthcare associated)	Safe, high quality care	CN	Maximum 79 cases for 2021-22, with a varying trajectory of a max 6 to 8 cases per month	WUTH	4	7	6	5	7	5	1	6	13	6	5	3	18	69	
Gram negative bacteraemia	Safe, high quality care	CN	Maximum 63 for financial year 2021-22, with a varying trajectory of a maximum 5 or 6 cases per month	National	3	6	6	3	5	7	3	3	2	7	6	8	4	48	
MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	0	0	0	0	0	1	0	0	0	0	0	0	0	1	
Hand Hygiene Compliance	Safe, high quality care	CN	≥95%	WUTH	99.3%	98.9%	100.0%	99.2%	99.2%	99.0%	99.3%	99.0%	99.2%	99.2%	99.2%	99.4%	99.1%	99.2%	
Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	1	0	0	0	0	1	1	0	0	0	0	1	1	4	
Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH	Not avail	Not avail	96%	96%	96%	95%	96%	96%	96%	95%	96%	96%	94%	96%	
Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	CN	≥90%	WUTH	77.9%	79.1%	79.9%	84.3%	85.9%	87.5%	89.1%	91.0%	91.1%	90.0%	89.3%	88.9%	86.9%	88.4%	
Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	CN	≥90%	WUTH	82.9%	84.1%	82.3%	83.0%	83.6%	83.9%	86.1%	85.9%	87.2%	86.9%	86.0%	85.1%	84.5%	85.2%	
Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	CN	≥90%	WUTH	79.0%	80.1%	67.0%	69.5%	70.8%	72.3%	74.3%	75.5%	75.0%	73.6%	74.5%	72.5%	71.5%	72.9%	
Attendance % (12-month rolling average)	Safe, high quality care	DoW	≥95%	SOF	93.48%	93.42%	93.48%	93.79%	93.90%	93.95%	93.88%	93.83%	93.79%	93.76%	93.76%	93.60%	93.52%	93.52%	
Attendance % (in-month rate)	Safe, high quality care	DoW	≥95%	SOF	92.30%	93.91%	94.71%	94.62%	94.32%	94.32%	93.52%	93.47%	93.38%	93.33%	93.63%	92.14%	91.28%	93.40%	
Staff turnover % (in-month rate)	Safe, high quality care	DoW	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	0.98%	0.67%	0.77%	0.95%	0.72%	0.79%	1.22%	1.86%	1.09%	1.01%	0.79%	1.10%	1.23%	1.08%	
Staff turnover (rolling 12 month rate)	Safe, high quality care	DoW	≤10%	WUTH	13.7%	13.9%	13.0%	13.5%	13.2%	13.3%	13.0%	12.6%	12.9%	13.3%	13.2%	13.4%	13.7%	13.7%	
Care hours per patient day (CHPPD)	Safe, high quality care	CN	Between 6 and 10	WUTH	8.1	8.9	9.0	8.7	8.3	8.8	8.5	8.4	8.2	8.2	7.6	8.1	8.0	8.3	

	Indicator	Objective	Director	Threshold	Set by	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	2021/22	Trend
Effective	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	94.1%	95.3%	98.0%	98.4%	98.3%	98.3%	95.9%	96.7%	96.4%	96.2%	93.8%	92.6%	91.7%	95.8%	
	Nutrition and Hydration - MUST completed within 24 hours of admission	Safe, high quality care	CN	≥90% to June 2020, ≥95% from July 2020	WUTH	95%	97%	97%	99.0%	98.0%	98.0%	98.0%	97.0%	96.0%	96.4%	95.5%	94.6%	95.2%	96.8%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	18.4%	18.9%	18.0%	18.0%	17.7%	18.4%	18.5%	18.1%	17.9%	18.5%	17.3%	17.4%	18.3%	18.0%	
	SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	Safe, high quality care	MD / COO	≤156 (WUTH Total)	WUTH	371	354	341	323	329	318	319	368	393	416	432	441	469	469	
	Long length of stay - number of patients in hospital for 21 or more days	Safe, high quality care	MD / COO	Maintain at a maximum 52 (revised Sept 2020)	WUTH	98	106	88	96	85	99	95	126	132	126	141	157	206	206	
	Length of stay - elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤5.3 days average	WUTH	2.8	3.2	3.1	3.6	3.3	3.5	3.8	3.8	3.6	3.6	3.5	3.3	2.9	3.5	
	Length of stay - non elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤7.3 days average	WUTH	4.7	4.4	4.2	3.8	4.0	4.0	4.1	4.2	4.4	4.7	4.4	4.7	4.6	4.3	
	Emergency readmissions within 28 days	Safe, high quality care	COO	≤1,110 per month	WUTH	1027	938	1097	1149	1131	1084	1115	1018	1010	1070	1039	1062	1012	1069	
% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	71.9%	81.3%	84.9%	84.5%	85.5%	82.5%	79.8%	82.0%	83.4%	83.7%	82.0%	77.9%	77.2%	81.8%		
Caring	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	2	0	0	2	2	3	4	1	2	2	3	8	3	30	
	FFT Overall experience of very good & good: ED	Outstanding Patient Experience	CN	≥95%	SOF	84.0%	87.0%	85.0%	84.0%	83.0%	82.0%	76.0%	76.0%	71.1%	72.8%	72.4%	77.7%	75.9%	77.1%	
	FFT Overall experience of very good & good: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	92.0%	91.0%	92.0%	94.0%	95.0%	95.0%	95.0%	96.0%	94.0%	94.3%	95.1%	94.4%	95.4%	94.8%	
	FFT Overall experience of very good & good: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	94.0%	95.0%	95.0%	95.0%	94.0%	95.0%	93.0%	94.0%	93.2%	94.1%	93.7%	94.3%	94.3%	94.1%	
	FFT Overall experience of very good & good: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	100.0%	67.0%	94.0%	99.0%	95.0%	93.0%	97.0%	98.0%	94.1%	98.8%	94.7%	94.6%	96.6%	96.1%	

Indicator	Objective	Director	Threshold	Set by	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	2021/22	Trend
4-hour Accident and Emergency Target (including Arrows Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory 2020-21, and Q2 21-22	SOF	64.6%	76.6%	77.8%	76.1%	73.5%	78.0%	67.8%	66.2%	63.4%	62.6%	59.5%	60.6%	59.1%	66.7%	
Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	0	0	0	0	0	1	7	11	8	6	6	13	52	
Time to initial assessment for all patients presenting to A&E - % within 15 minutes	Safe, high quality care	COO	TBD	National	65.3%	77.8%	78.8%	73.4%	68.1%	73.4%	57.7%	66.7%	48.1%	58.1%	49.8%	57.2%	57.3%	61.0%	
Proportion of patients spending more than 12 hours in A&E from time of arrival	Safe, high quality care	COO	TBD	National	6.7%	2.3%	1.6%	1.7%	2.6%	2.3%	7.9%	4.9%	9.2%	8.0%	9.4%	8.8%	10.7%	6.5%	
Proportion of patients spending more than one hour in A&E after they have been declared Clinically Ready to Proceed	Safe, high quality care	COO	TBD	National	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	78.9%	74.6%	73.9%	75.8%	
Ambulance Handovers: > 30 minute delays	Safe, high quality care	COO	<5%	WUTH	18.0%	6.6%	6.8%	8.2%	10.4%	7.6%	14.5%	14.3%	23.5%	21.9%	22.8%	19.2%	18.0%	16.1%	
18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2020-21	SOF	68.40%	67.89%	69.26%	69.61%	72.57%	75.64%	75.13%	74.14%	72.88%	70.84%	70.14%	67.84%	67.57%	67.57%	
Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSEI H2 Plans Trajectory : Oct 21 to March 22	National	21880	21955	23444	24774	25873	26671	26979	27306	27424	26935	27046	27406	28665	28665	
Referral to Treatment - cases waiting 0-18 wks	Safe, high quality care	COO	n/a	WUTH	14965	14906	16238	17246	18775	20174	20270	20244	19986	19080	18969	18593	19370	19370	
Referral to Treatment - cases waiting 19-26 wks	Safe, high quality care	COO	n/a	WUTH	2813	2903	2793	3054	2763	2552	3103	3302	3508	3807	3858	3827	3751	3751	
Referral to Treatment - cases waiting 27-40 wks	Safe, high quality care	COO	n/a	WUTH	1876	2328	2802	2985	2843	2555	2222	2297	2445	2703	2997	3551	3969	3969	
Referral to Treatment - cases waiting 41-52 wks	Safe, high quality care	COO	n/a	WUTH	1327	710	443	615	859	864	877	903	879	770	712	878	1100	1100	
Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSEI H2 Plans Trajectory : Oct 21 to March 22	National	899	1108	1168	874	633	526	507	560	606	575	510	557	475	475	
Referral to Treatment - cases exceeding 104 weeks	Safe, high quality care	COO	NHSEI H2 Plans Trajectory : Oct 21 to March 22	National	0	0	0	1	1	1	3	3	7	10	5	5	4	4	
Diagnostic Waiters, 6 weeks and over - DM01	Safe, high quality care	COO	≥99%	SOF	94.0%	94.3%	97.4%	97.7%	98.5%	96.8%	87.5%	86.0%	91.3%	94.3%	93.0%	89.8%	87.3%	92.2%	
Cancer Waiting Times - 2 week referrals (monthly provisional)	Safe, high quality care	COO	≥93%	National	96.0%	97.6%	98.8%	96.9%	97.6%	97.2%	95.4%	93.7%	95.7%	96.1%	87.9%	91.4%	76.2%	92.8%	
Cancer Waiting Times - 2 week referrals (final quarterly position)	Safe, high quality care	COO	≥93%	National	-	-	97.64%	-	-	97.21%	-	-	94.95%	-	-	91.63%	-	96.1%	
Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	Safe, high quality care	COO	≥96%	National	98.0%	93.0%	93.5%	94.7%	95.2%	99.2%	96.3%	96.4%	96.5%	95.4%	94.3%	94.8%	95.4%	95.8%	
Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)	Safe, high quality care	COO	≥96%	National	-	-	94.73%	-	-	96.26%	-	-	96.41%	-	-	94.85%	-	96.3%	
Cancer Waiting Times - 62 days to treatment (monthly provisional)	Safe, high quality care	COO	≥85%	SOF	80.9%	82.1%	84.1%	84.5%	84.1%	85.3%	84.7%	85.9%	84.4%	79.2%	79.7%	79.3%	69.4%	81.6%	
Cancer Waiting Times - 62 days to treatment (final quarterly position)	Safe, high quality care	COO	≥85%	SOF	-	-	82.56%	-	-	84.66%	-	-	85.05%	-	-	79.38	-	84.9%	
Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	CN	≤173 per month	WUTH	196	165	170	157	156	145	209	213	218	216	177	149	180	182	
Patient Experience: Number of complaints received in month per 1000 staff - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	≤3.1	WUTH	3.80	3.56	4.07	4.09	2.56	4.04	4.20	3.31	3.29	2.56	3.27	3.26	2.34	3.29	
Complaint acknowledged within 3 working days	Outstanding Patient Experience	CN	≥90%	National	97%	100%	95%	100%	93%	95%	100%	94%	94%	100%	61%	100%	100%	94%	
Number of re-opened complaints	Outstanding Patient Experience	CN	≤5 pcm	WUTH	2	4	4	0	2	1	2	5	2	3	4	3	2	2	

Responsive

10.2.1 WUTH Quality Dashboard - February 2022

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	2021/22	Trend	
Well-led	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	CN	100%	National	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	
	Number of patients recruited to NIHR studies	Outstanding Patient Experience	MD	700 for FY 21/22 (cumulative 59 per month until year total achieved)	National	599	206	87	22	38	107	279	457	611	790	1022	1209	1538	1538		
	% Appraisal compliance	Safe, high quality care	DoW	≥88%	WUTH	72.9%	74.7%	77.0%	81.0%	81.3%	82.7%	82.7%	82.2%	81.2%	82.2%	82.7%	82.3%	82.0%	82.0%		
Use of Resources	I&E Performance (monthly actual)	Effective use of Resources	CFO	On Plan	WUTH	-0.2	-5.4	3.5	0.8	-0.5	-0.2	0.0	0.2	-0.2		-0.7	-0.6	2.3	0.0		
	I&E Performance Variance (monthly variance)	Effective use of Resources	CFO	On Plan	WUTH	-0.1	-5.4	3.9	0.8	-0.4	-0.4	0.0	0.2	-0.1	0.0	1.0	-0.9	1.9	0.6		
	NHSI Risk Rating	Effective use of Resources	CFO	On Plan	NHSI	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2	
	CIP Performance (YTD Plan vs Actual)	Effective use of Resources	CFO	On Plan	WUTH	0.0	0.0	0.0	0.0	0.0	3.02%	6.03%	9.05%	14.50%	Not reported	77.21%	48.24%	78.70%	78.7%		
	NHSI Agency Performance (YTD % variance)	Effective use of Resources	CFO	On Plan	NHSI	18.5%	-22.5%	-21.9%	-50.5%	-27.7%	-32.4%	-40.5%	-11.7%	-5.2%	-50.0%	-25.1%	-6.7%	-4.3%	-25.4%		
	Cash - liquidity days	Effective use of Resources	CFO	NHSI metric	WUTH	-28.0	-17.8	-16.9	-15.0	-15.5	-10.4	-15.7	-15.4	-15.2	-16.2	-15.9	-18.0	-16.2	-16.2		
	Capital Programme (cumulative)	Effective use of Resources	CFO	On Plan	WUTH	67.5%	-74.8%	100.0%	2.0%	5.6%	12.5%	18.0%	22.6%	24.4%	30.7%	36.3%	48.0%	59.0%	59.0%		

(*) Updated Metrics

Metric Change

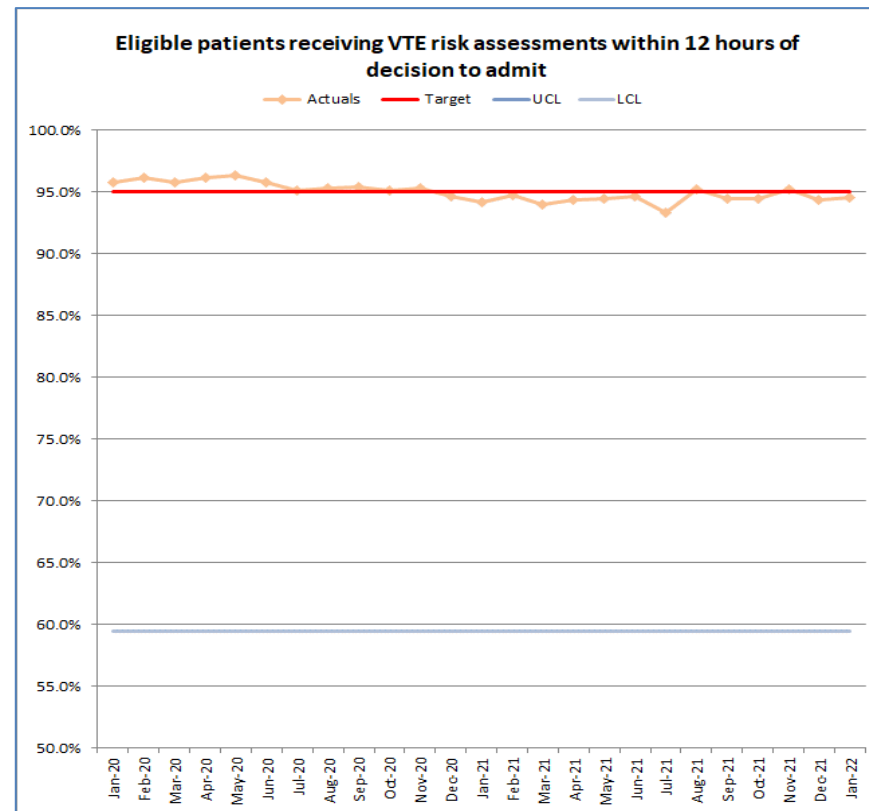
(**) Updated Thresholds

Threshold Change

Safe Domain

Eligible patients having VTE risk assessment within 12 hours of decision to admit

Executive Lead: Medical Director
<p>Performance Issue:</p> <p>A WUTH target has been set that at a minimum 95% of eligible patients will have a VTE risk assessment performed within 12 hours of the decision to admit. January performance was very slightly below at 94.6%.</p> <p>The nationally reported standard of all patients receiving a VTE risk assessment on admission to hospital is consistently met.</p>
<p>Action:</p> <p>VTE compliance in each division is tracked through divisional governance reports to PSQB and through DPRs. A monthly report of all patients who did not receive as 12-hour assessment is shared with all AMDs to feedback to clinical teams. VTE compliance can also be tracked through the live BI portal.</p> <p>Issues with data quality are being addressed to ensure all patients who do not clinically require a 12-hour assessment are not being inappropriately counted in the performance data.</p> <p>Performance will continue to be closely monitored to ensure that there is not a significant deterioration in assessment and that there are no patient safety issues.</p>
<p>Expected Impact:</p> <p>Improvement of performance to achieve minimum target value.</p>



Clostridium difficile (Healthcare Associated)

Executive Lead: Chief Nurse

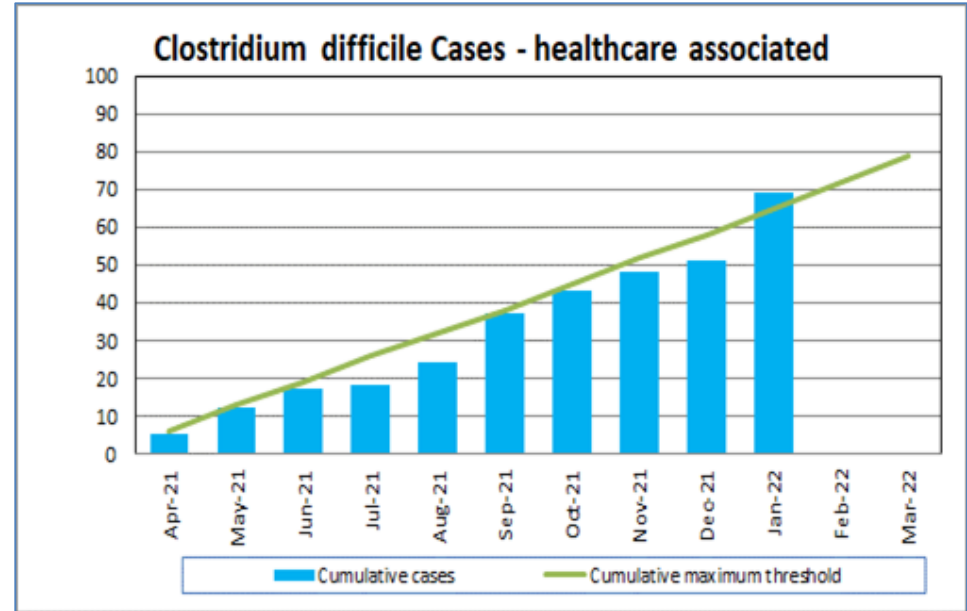
Performance Issue:

In respect of the COVID pandemic the national objective set for WUTH for healthcare associated *Clostridium difficile* infections (CDI) this year is 115. This is an increase in the previous year and is not reflective of the achievements made in reducing CDI for the last 2 years. To promote continuous improvement an internal threshold has been agreed: a target of 79 healthcare associated CDI cases or less for 2021-2022. This a 10% reduction of last year's objective of 88. The cumulative position for 2021-2022 at the end of January is reported at 69 cases, and this is now higher than the cumulative threshold. The number of cases in the month of January 2022 was 18.

Action:

Typing of several isolates has shown that 027 strain, which is particularly hypervirulent with associated mortality, is present within the hospital. Three wards have been identified as having increased numbers of patients with this strain. IPC ward scrutiny has been strengthened on these wards and regular meetings to review audit findings, make necessary correction action, and drive forward enhanced IPC standards are in place.

Following an urgent meeting chaired by the Interim Chief Nurse a trust wide improvement plan has been developed and is being led by the ADN-IPC. A 'Take 5' action card has been shared with the leadership teams for cascading to all wards to be used at safety huddles as a daily aid memoir of standards required. A weekly executive led scrutiny meeting has commenced to review each patient pathway, identify causative factors, and develop local action plans to focus on improvements.



Challenges with cleaning standards have been addressed and assurances have been sought from the facilities management team regarding anticipated improvements.

A rapid QI initiative has commenced with a focus on CDI which will be championed by 4 wards.

Increased sampling is expected to create a rise in the number of positive cases identified – thus it is expected the Trust will breach its internal trajectory however the Trust currently remains significantly below the PHE target of 115 cases

Expected Impact:

Healthcare associated *Clostridium difficile* cases to reduce

Pressure Ulcers – hospital acquired category 3 and above

Executive Lead: Chief Nurse

Performance Issue:

WUTH has an internal standard of zero hospital acquired pressure ulcers at category 3 or above.

Action:

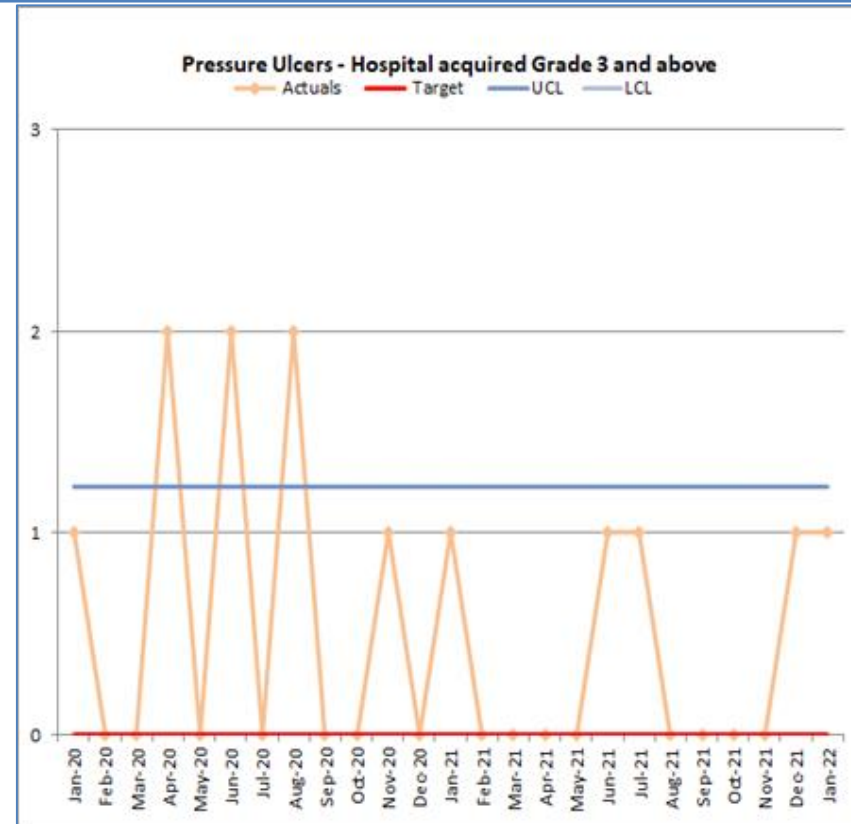
There was a single case in January 2022.

Scrutiny of the incident is currently being undertaken. The initial findings suggest that there are no lapses in care directly resulting in the development of the skin deterioration.

Tissue viability standards continue to be promoted across the Trust. Introduction of the ASSKING bundle poster in all clinical areas as aide memoirs is complete. Tissue viability education e-learning and in person training is available to clinicians, the gradual increase in uptake continues. The Pressure Ulcer Prevention and Management Policy replicative of the Cheshire and Merseyside Pressure Ulcer Steering Group standards is drafted for consultation.

Expected Impact:

There will be a reduction in the number of patients with hospital acquired pressure damage.



Protecting Vulnerable People Training - % Compliant Level 1

Executive Lead: Chief Nurse

Performance Issue:

WUTH has a target set at a minimum 90% of relevant staff being compliant with training. This standard has not been achieved in recent months, with January 2022 at 86.9%.

Improvements have been noted in W&C (89.42%).

Action:

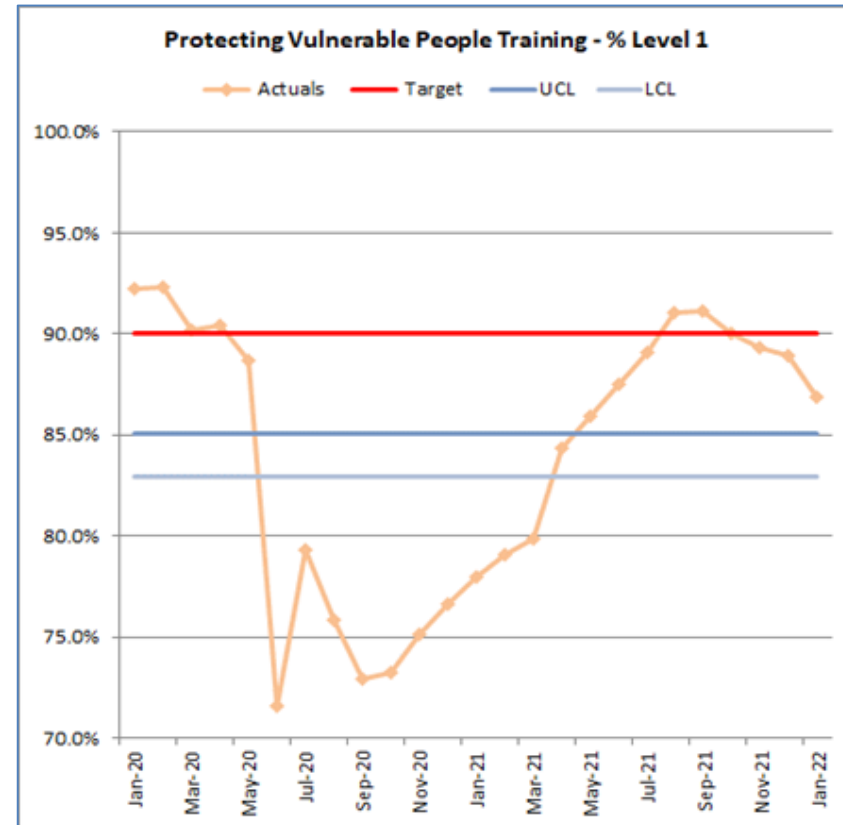
Clinical care has continued to take priority during January 2022 due the continued effects of Covid - 19 and the health and care system pressures creating significant staffing challenges. As a consequence, compliance standards for training have not been achieved.

Divisional triumvirates are aware of the declining position. Monthly reports continue to inform the leadership team of underperforming areas to enable a targeted approach to address low compliance during quarter 4.

Training is available as eLearning that staff as able to access at any time; there are no capacity challenges for delivery of the training.

Expected Impact:

Level 1 PVP training compliance is expected to return to required compliance during Q4.



Protecting Vulnerable People Training - % Compliant Level 2

Executive Lead: Chief Nurse

Performance Issue:

Compliance target for level 2 training is set at a minimum of 90%. Performance has gradually declined since September 2021. January 2022 continued the recent deterioration to 84.5% compliance. Overall improvement since Q1 (83.9%) has been maintained. Division of Surgery continues to maintain level 2 PVP compliance (92.27%).

Action:

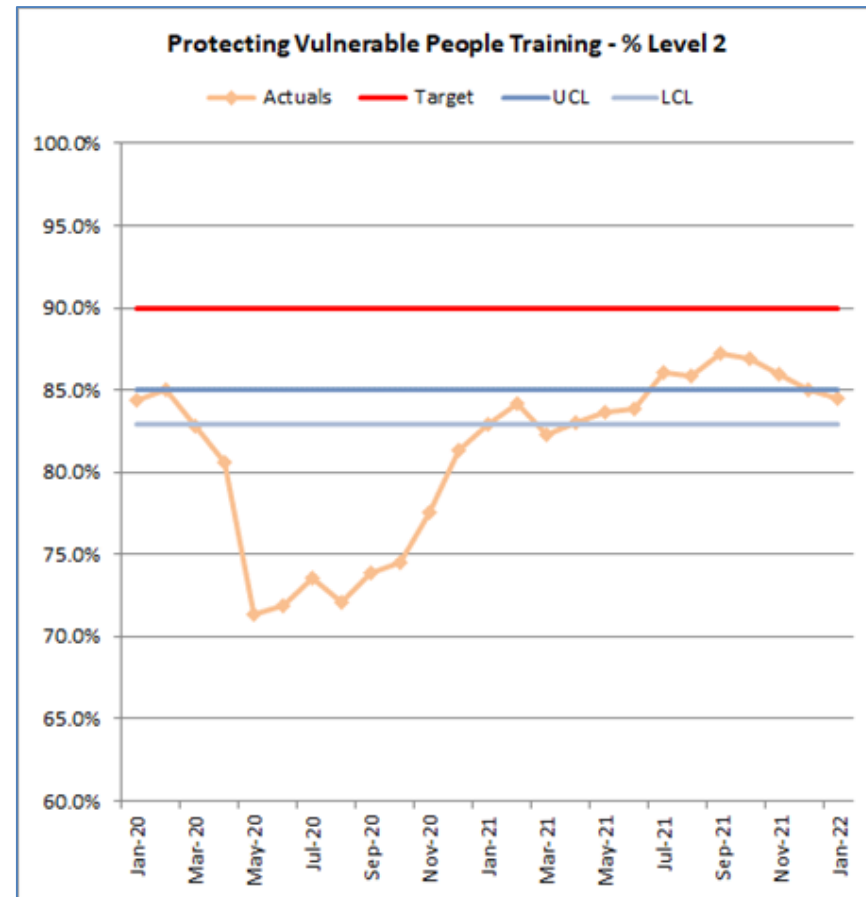
Clinical care has continued to take priority during January 2022 due the continued effects of Covid - 19 and the health and care system pressures creating significant staffing challenges. Therefore, projected improvement to achieve compliance standards have not been achieved.

Divisional triumvirates are aware of the declining position. Monthly reports continue to inform the leadership team of underperforming areas to enable a targeted approach to address low compliance during quarter 4.

Training is available as eLearning that staff as able to access at any time; there are no capacity challenges for delivery of the training.

Expected Impact:

Level 2 PVP training is expected to increase towards the mandatory 90% compliance and above mark by end of Q4.



Protecting Vulnerable People Training - % Compliant Level 3

Executive Lead: Chief Nurse

Performance Issue:

Compliance target is set at a minimum of 90% of relevant staff to have undertaken training every 3 years (available via eLearning). Performance has been slowly declining since November 2021 (74.54%) to January 2022 (71.47%). Improvements have been noted for Women's and Children Division (86.30%) and Acute Division (74.36%).

To comply with the intercollegiate training requirements for adults (2018) and children (2020) identified staff are required to have additional hours of interactive learning: this is set at a minimum of 90%.

Action:

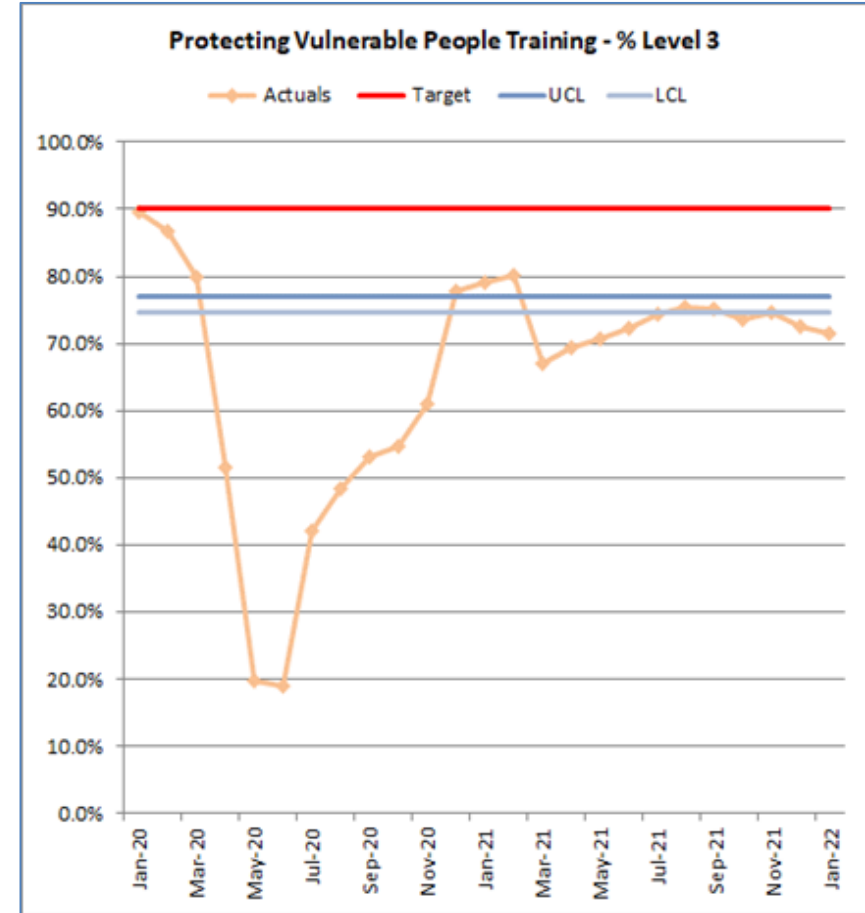
Clinical care has continued to take priority during January 2022 due the continued effects of Covid - 19 and the health and care system pressures creating significant staffing challenges. Therefore, compliance standards for training have not been achieved.

Divisional triumvirates are aware of the declining position. Monthly reports continue to inform the leadership team of underperforming areas to enable a targeted approach to address low compliance during quarter 4.

Training is available as eLearning that staff as able to access at any time; there are no capacity challenges for delivery of the training. Bespoke training sessions are provided for interactive learning as required.

Expected Impact:

Level 3 PVP training is expected to increase towards the compliance requirement of 90% and aiming to be achieve by the end of Q4.



Staff attendance % (in-month rate)

Executive Lead: Chief People Officer

Performance Issue:

The Trust compliance threshold for sickness absence is 5%, both for in-month sickness and over a rolling 12-month period. Sickness absence was particularly challenging in January 2022, at 8.72%. Of this, 2.5% related to COVID-19. The increase in sickness absence from December 2021 to January 2022 is due to COVID-19 related absences.

All Divisions in January 2022 have exceeded the 5% KPI.

All Divisions, with the exception of Corporate and Estates and Hotel Services, declined in January 2022. It is noted that Estates and Hotel Services have continued to steadily improve since September 21.

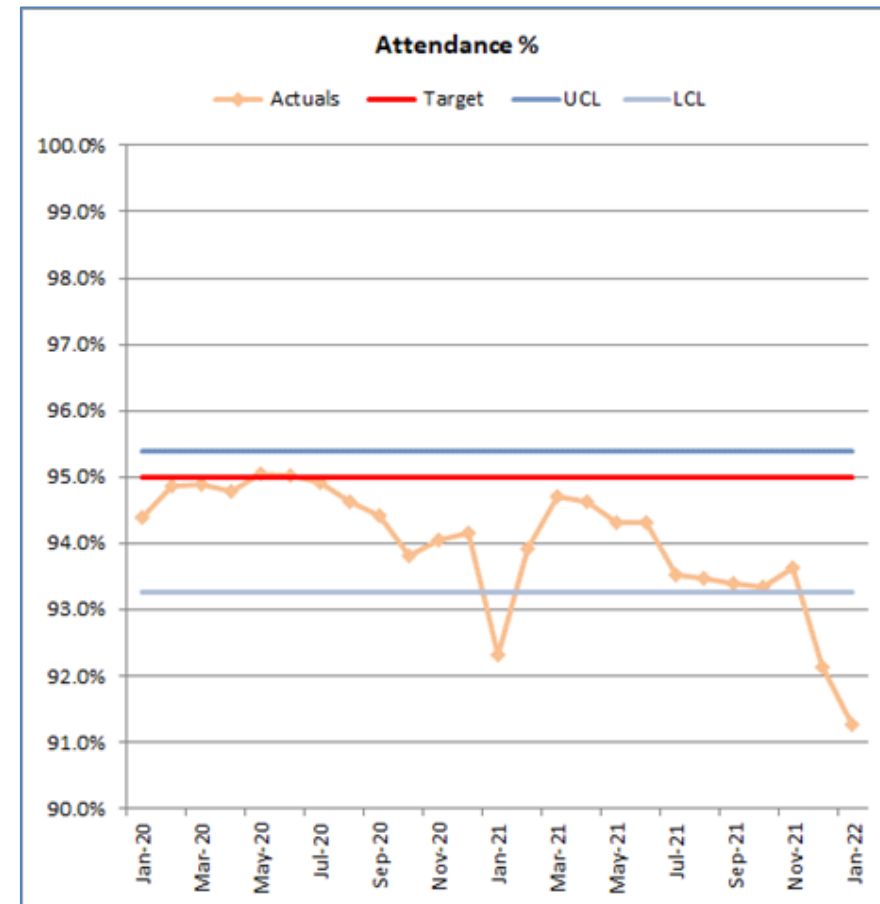
In January 2022, there was an increase in long-term sickness absence as compared to December 2021. Proportionately, short term sickness absence continues to account for the majority (79%) of sickness absence.

Anxiety, Stress and Depression remains the highest reason (38%) for long term sickness absence. The 'Infectious Diseases' category was the highest reported reason for short-term sickness at 30%, this is followed by 'Cold, Cough, Flu – Influenza' at 21%.

Action:

Monitoring of the Sickness Attendance KPI and RTWs is on-going via Divisional Management, Divisional governance infrastructure and via Divisional Performance Reviews (DPRs).

Work on the NHSE/I agreed HR Business Partner action plan continues against the 6 Deep Dive Themes. A Case Study has been undertaken to review the Proof-of-Concept proposal which involved funding a dedicated



Welfare and Wellbeing Manager within Hotel Services. Based on quantitative and qualitative success factors, the role has now been made permanent and is an exemplar.

The evaluation of the Supporting People to Manage Attendance Programme, delivered by North-West Employers (NWE) in November and December 2021, has commenced and will be completed by 31 March 2022.

NHS England has released March 2022 dates for training to support line managers in undertaking health and wellbeing conversations. These will be circulated imminently in preparation for the implementation of more formalised arrangements for health and wellbeing conversations, anticipated within coming weeks.

The temporary COVID-19 Absence Support Team set up in January 2022 has been very well received across the Trust. This work has now transitioned to the Contact Tracing Team (CTT). The CTT will now perform these duties as an enhanced service provision for the Trust.

The Workforce Wellbeing Winter Plan continues to be implemented. Key highlights in month include the commencement of an additional Psychotherapist, finalising the recruitment of an OH specialist Physiotherapist and further morale booster and resilience enabling initiatives.

Expected Impact:

The impact of high sickness is increased pressure on existing staff whose resilience is already compromised and an over reliance on temporary staff which may impact on quality, performance and safety.

Risks to Trust financial management, quality, patient safety and operational performance due to cost of sickness absence, expense of bank and agency cover will reduce as the sickness absence is gradually improved over time and as we emerge from the latest wave of the pandemic.

Staff turnover % (in month rate)

Executive Lead: Chief People Officer

Performance Issue:

The Trust target is set as a maximum rolling 12-month turnover threshold of 10%. Turnover in January 2022 has increased to 1.23%, which is above the in-month KPI threshold of 0.83%.

If turnover is calculated based on permanent assignments only, therefore excluding fixed term employees, the in-month figure for January 22 is 1.10% which is a rise of 0.03% from December 21.

The In-Month performance in Clinical Support and Estates & Hotel Services is below the Trust Turnover KPI.

All Divisions are over the 10% KPI for the rolling 12 months. There has been high turnover within the clinical divisions and within Corporate specifically in Workforce and Finance.

Actions:

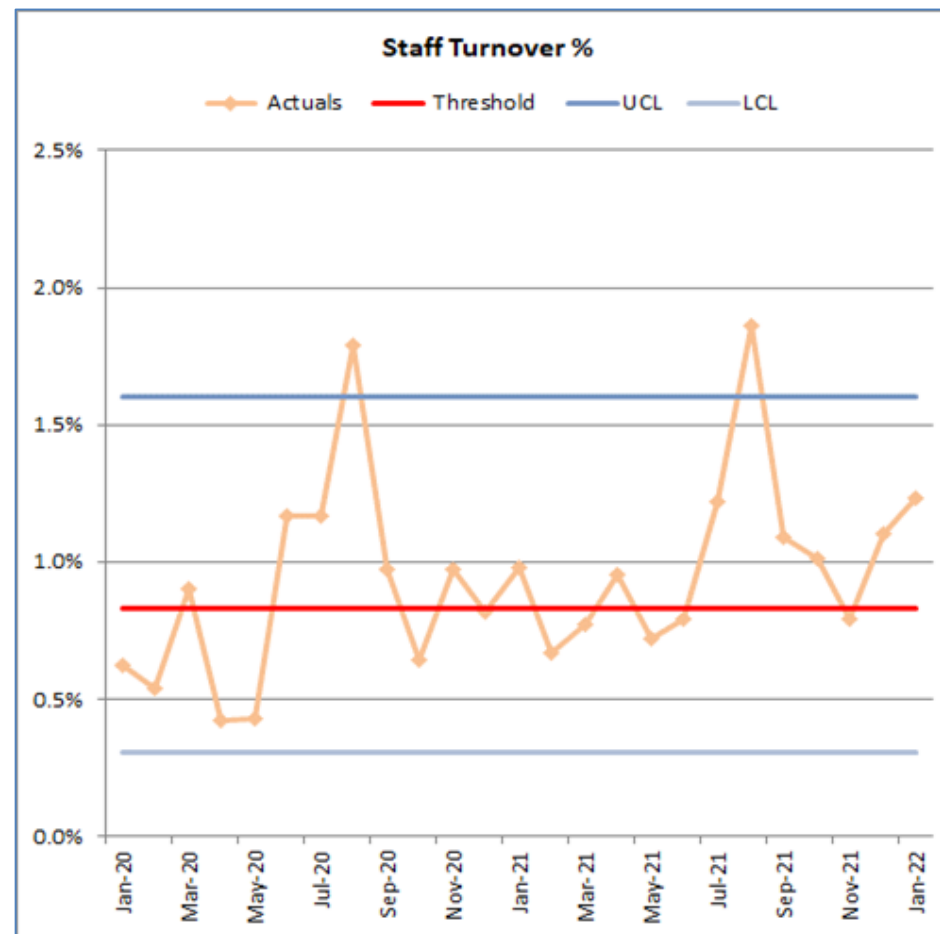
Monitoring of the Turnover KPI is on-going via Divisional Management, Divisional governance infrastructure, and via Divisional Performance Reviews (DPRs).

Current Interventions to support retention.

The Recruitment and Retention Working Group continues to meet on a monthly basis with representation from all Divisions in attendance and they are delivering against a Recruitment and Retention Plan.

Data reported for the month of January confirms the rate of attrition remains high for CSW's and Registered Nurses.

International nurse recruitment continues, 180 nurses were recruited in 2021 with a target of 100 nurses to be recruited and deployed during 2022.



Recruitment remains ongoing for newly registered nurses.

The “Golden Ticket” initiative is being progressed, offering CSW’s who take shifts via NHSP and 2nd year Student Nurses the opportunity of a guaranteed interview on completion of the Care Certificate.

CSW Apprenticeships – 3 cohorts planned per year with the aim of reducing CSW vacancies. Permissions in place to recruit over establishment on the basis that apprentices will move into vacancies as and when they arise.

The review of the current exit interview process is ongoing.

The HR VCOD Project Team are currently establishing a list of staff resignations since January 2022 and are agreeing a process to engage with any individuals who may have resigned due to the VCOD legislation.

Expected Impact:

The impact of high Turnover increases pressure on existing staff whose resilience is already compromised and an over reliance on temporary staff which may impact on quality, performance, and safety.

Risks to Trust financial management, quality, patient safety and operational performance due to the cost of high Turnover and the expense of bank and agency cover should reduce as Turnover improves over time with the interventions outlined above.

Effective Domain

Nutrition and hydration – MUST completed at 7 days

Executive Lead: Chief Nurse

Performance Issue:

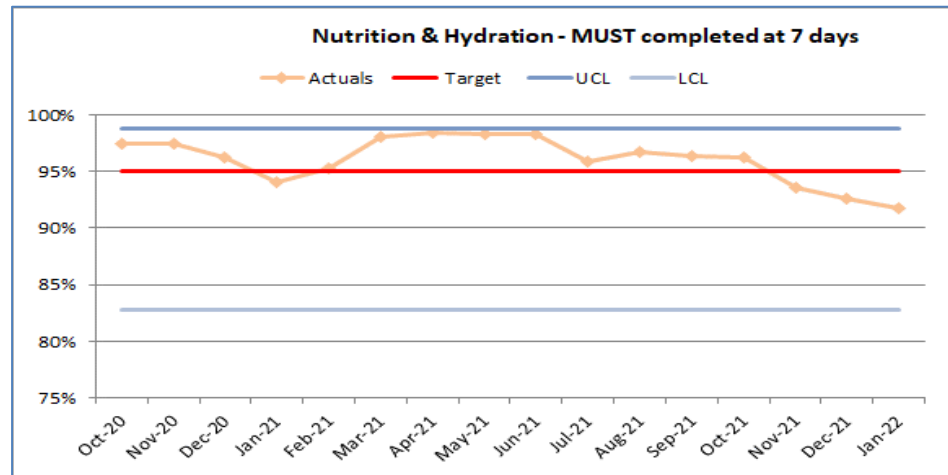
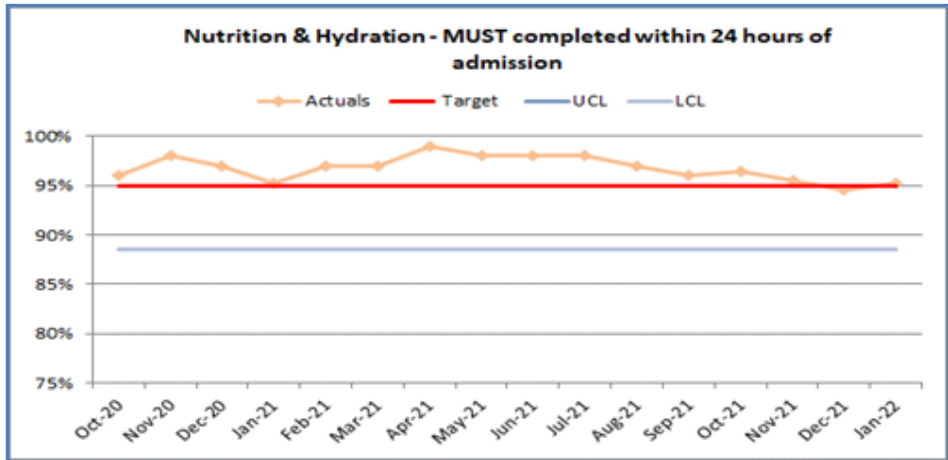
An internal WUTH target is set at a minimum 95% compliance with MUST recording within 24 hours of admission, and every 7 days. Performance for January 2022 was above the 95% threshold at 95.2% for completed within 24 hours, but below threshold at 91.7% for within 7 days.

Action:

Monitoring processes by Matrons and Associate Directors of Nursing (ADN) have been reintroduced and will remain in place until significant improvement is achieved. A review of nutritional information has taken place and additional actions have been taken to provide more robust and timely data to the nursing teams for immediate corrective actions to be identified where necessary.

Scrutiny of areas not achieving compliance are being processed through the Patient Safety Learning Group. Those areas that have been identified as underperforming have been supported by the matrons and Senior Nursing Teams. Each area underperforming has an approved improvement plan in place.

Patient safety reviews of all patients on the 3 lowest performing wards by the Dietetics Team is underway. The Quality Improvement Lead has continued to engage with the ward with the lowest compliance across the year to implement an improvement project using quality improvement methodology.



Expected Impact:

It is expected that 95% will be achieved for all MUST score from February 2022 onwards following the revised process and closer monitoring by Senior Nursing Teams.

SAFER bundle: % of discharges taking place before noon

Executive Lead: Medical Director / Chief Operating Officer

Performance Issue:

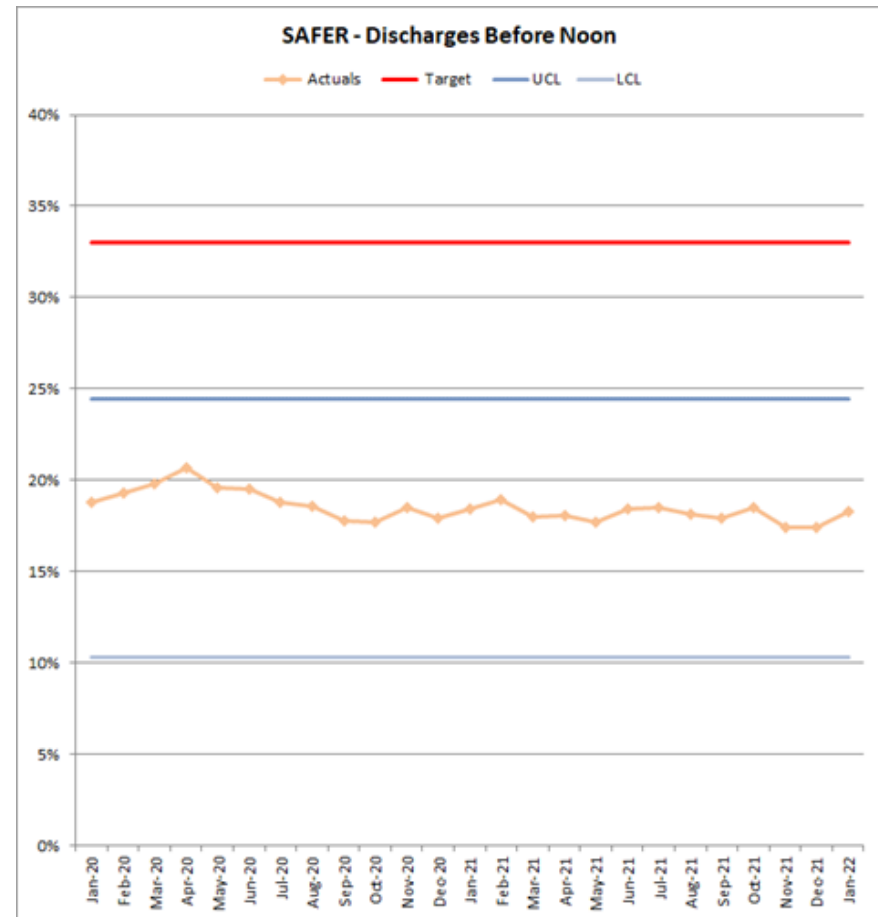
A WUTH target has been set that at a minimum 33% of inpatients are to be discharged before noon. The pattern of delivery has improved over the long term but is short of the optimum figure of 33%.

Action:

The Trust is in the process of embedding the outputs of the ECIST intensive support from January that is focused on early discharge, structured board rounds to maximise flow through the organisation.

Expected Impact:

January data shows we were at 18.3% for patients discharged before midday. As per the above actions there is an expectation that this performance will increase through Q4 of 2021/22 and be embedded into inpatient standards expected across all areas.



Theatre in session utilisation %

Executive Lead: Chief Operating Officer

Performance Issue:

The Trust has an internal efficiency trajectory of a minimum 85% of theatre time to be utilised.

Since September the Division had a real focus on improving utilisation of sessions as part of reset and recovery. This initially had the desired result, however there have been several theatre ventilation failures of different kinds (G1, C4 and in January M1 & M2) resulting in sessions being cancelled to maintain patient safety and lists running light to prevent overheating. There are plans estates plans in place.

As COVID prevalence continues to see a direct impact on in-session utilisation due to patients being cancelled if their pre-admission COVID swab was positive and lists are unable to be backfilled at such short notice due to clinical requirements/pathways. Since November there has been increase in patients testing positive for COVID on their admission swabs which increased in December, peaking in January as community prevalence rose.

COVID measures regarding PPE remain in place.

The further reduction in January was triggered by successional losses of EL wards across both sites, as a result of the number of patients not meeting the criteria to reside in hospital beds, meaning a 30% reduction in elective inpatient beds for P2 and cancer patients. To minimise the loss of operating time, where possible day cases have been performance to reduce the number of P3/P4 long waiting patients.



Action:

- Agree a Trust wide plan to aid the recovery of elective ward capacity to place the organisation in the optimum position to recover from 1st April 2022.
- Maintain the Theatre scheduling meeting to minimise the loss of activity through theatre ventilation failures
- Maintain the daily TCI meeting to prevent cancellations on the day for inpatients and risk further reduction in in-session utilisation

Expected Impact:

A marginal improve in February as COVID Prevalence declines and marked improvement above 80% as the elective ward capacity is reinstated.

Same sex accommodation breaches

Executive Lead: Chief Nurse

Performance Issue:

The national standard is set that providers should deliver same sex accommodation, except where it is considered in the overall best interests of the patient or reflects personal choice.

Same sex accommodation breaches are most often due to patients waiting more than 24 hours for transfer from critical care areas to general wards – there were 3 such breaches in January 2022. These reported breaches did not cause any delays or refused admissions to the Critical Care Unit as sufficient critical care bed capacity was available at this time. Patient's privacy and dignity needs are met whilst in critical care and the team ensures their specialty care is not compromised due to a lengthened critical care stay.

Action:

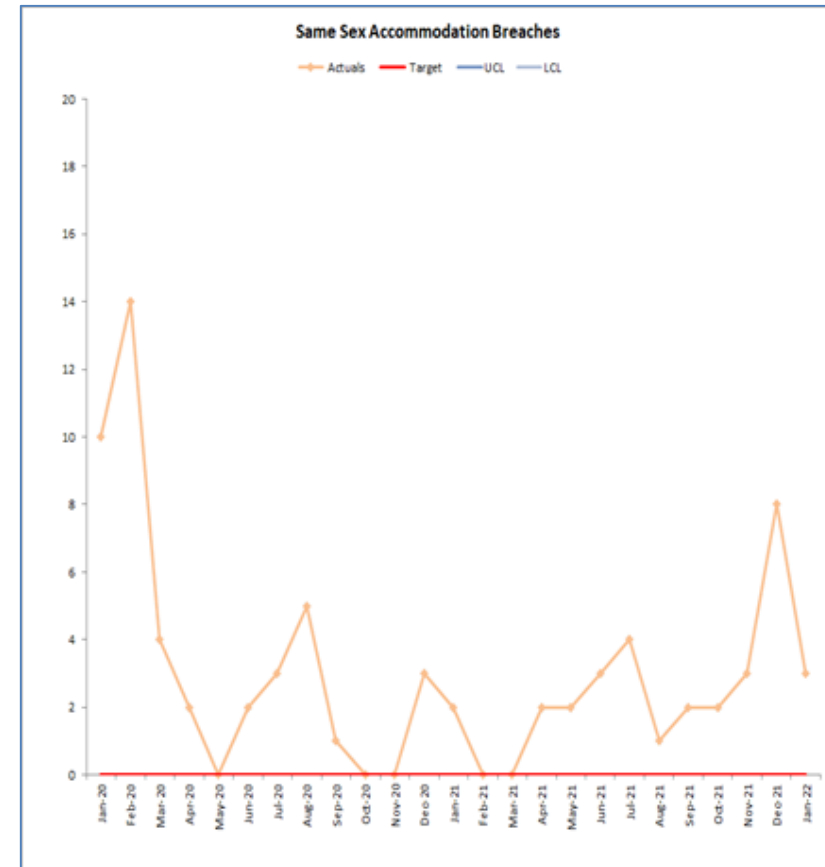
Increased pressure due to system challenges resulting in high levels of activity throughout the hospital and an increased proportion of patients with no criteria to reside continued in January 2022.

Joint working processes are in place, between critical care and patient flow team, to expedite discharges in response to an increase in acuity of patients.

Robust processes remain in place to ensure that delivering same sex accommodation continues to be a high priority and that breaches are managed promptly via bed capacity and operational meetings.

Expected Impact:

All patients are transferred to their specialty bed within 24 hours of discharge.



Well-led Domain

Appraisal compliance %

Executive Lead: Chief People Officer

Performance Issue:

The target for annual appraisal compliance is 88%. Compliance at the end of January 2022 was 82.0%. This is a similar position to December 2021 compliance.

From a divisional perspective, appraisal compliance has remained similar to the previous month across all divisions. No divisions this month have achieved the Trust KPI of 88%. The divisions with the highest compliance rates are Surgery and Estates and Facilities (both at 84%) and the divisions with the lowest compliance rates are Acute and Medicine (both at 78%).

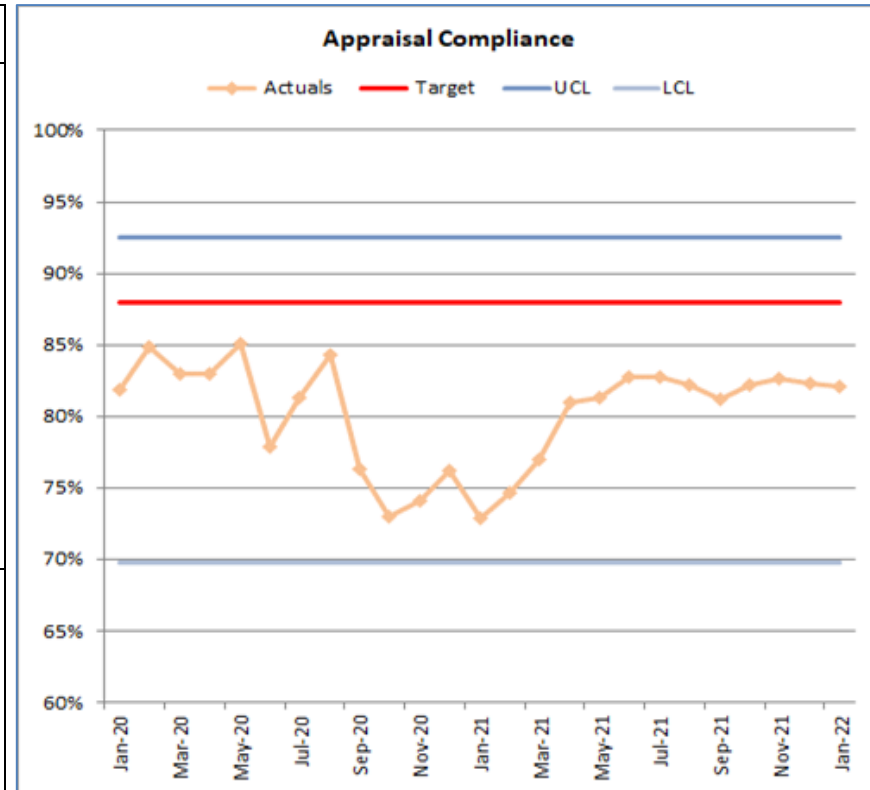
Acute, Corporate and Women & Children's Divisions have slightly improved on last month's compliance, the others remain relatively static.

Please note that Medical appraisal is currently excluded from the above figures.

Action:

Workforce compliance data is available to Divisions and the HR Services team to enable them to manage non-compliance for their areas and alerts of appraisals due are generated via the ESR system. HR Business Partners continue to support Divisional Management teams to identify and deliver actions to address low levels of compliance in specific areas. Check and challenge discussions take place at a divisional triumvirate levels and recommencement of divisional performance review meetings will see this challenged further.

The OD Team have now commenced a review of the appraisal policy and subsequent processes. In addition, the team are conducting a quality appraisal audit. The 2021 staff survey results will be factored into this to determine quality



and impact of our current appraisal process with the outputs presented to divisions and Workforce Steering Board in April 2020 with recommendation for improvements that sets out a plan for 2022/23 implementation.

Expected Impact:

Improvement in performance as the Trust returns to business as usual although it is acknowledged that winter pressures and pressures driven by the impact of covid-19 may create some challenges in maintaining appraisal completion rates across clinical areas over forthcoming months.

Board of Directors
2nd March 2022

Title:	M10 Finance Report
Responsible Director:	Claire Wilson, CFO
Author:	Robbie Chapman, Deputy CFO
Presented by:	Claire Wilson, CFO

Executive Summary
<p>The Trust is reporting a deficit of £0.027m at M10, a positive variance against budget of £0.555m and a significant improvement from M9.</p> <p>The Trust has received £2.522m of additional, non-recurrent funding from Cheshire and Merseyside HCP (C&M) to support our elective recovery programme.</p> <p>Our financial plan for H2 included £4.5m in ERF and at M10 we were profiled to have received £3m. After the finalisation of these accounts, C&M confirmed that we will receive £4.7m for M7-M9. Whilst we do not anticipate significant ERF in respect of M10 we do now expect to recover more in M11 and M12.</p> <p>This increase in income means that the Trust is now forecasting a break-even position for the year.</p>

Recommendation: (e.g. to note, approve, endorse)
The Board of Directors are asked to note the report.

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	No
Compassionate workforce: be a great place to work	No
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
PR3: failure to achieve and/or maintain financial sustainability.
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)

N/A		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
Summary of financial performance at M10 with implications for year-end forecast.		
Specific communications and stakeholder /staff engagement implications		
N/A		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
N/A		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
N/A		
FOI status	Document may be disclosed in full	✓
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees	N/A	
Background papers / supporting information	N/A	

Month 9 Finance Report 2021/22

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1. Executive summary

1.1 Table 1: Financial position – M10

Month 10 Financial Position	Budget (Mth 10)	Actual (Mth 10)	Variance	Year To Date Budget	Year To Date Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
NHS income - patient care	30,101	29,821	(280)	284,965	278,802	(6,163)
Income Guarantee	0	2,792	2,792	0	12,326	12,326
National Top-up	1,743	1,743	(0)	19,757	19,757	(0)
Elective Recovery Fund (ERF)	0	4	4	5,524	7,413	1,889
Covid 19 income	1,806	1,768	(38)	18,672	18,291	(381)
Non NHS income - patient care	391	493	102	3,939	3,901	(38)
Other income	3,011	3,406	395	24,958	26,644	1,686
Total Income	37,052	40,027	2,975	357,814	367,134	9,319
Employee expenses	(24,723)	(25,154)	(431)	(241,371)	(245,990)	(4,619)
Operating expenses	(11,591)	(12,164)	(574)	(113,402)	(117,018)	(3,617)
Total Expenditure	(36,314)	(37,318)	(1,005)	(354,773)	(363,008)	(8,235)
Non Operating Expenses	(391)	(383)	9	(3,915)	(4,248)	(333)
Actual Surplus / (deficit)	347	2,325	1,979	(873)	(122)	751
Control Total adjustment	29	(57)	(86)	291	95	(197)
Surplus/(deficit) - Control Total	376	2,269	1,893	(582)	(27)	555

1.2 The Trust is reporting a deficit of £0.027m at M10, a positive variance against plan of £0.555m.

1.3 Total income was £367.134m at M10, a positive variance of £9.319m. This reflects the 'block' contract arrangements with CCGs, confirmed values in respect of specialist and direct commissioning, Elective Recovery Fund (ERF) income of £7.409m received in respect of H1 and an additional £2.522m received from C&M in respect of our elective recovery programme.

1.4 Our total income does not include any ERF income in respect of H2. Our financial plan for H2 included £4.5m in ERF and at M10 we were profiled to have received £3m. After the finalisation of these accounts, C&M have confirmed that we will be in receipt of £4.7m for M7-M9 after our successful challenge of the original figures. Whilst we do not anticipate significant ERF in respect of M10 we do now expect to recover more in M11 and M12. This is discussed in more detail in section 4.1.

1.5 We have received £26.644m in other income, a positive variance of £1.686m. This is attributable to additional funding we received in respect of our telederm initiative, increased education and training funding and income in respect of Clatterbridge Diagnostic Centre. All of this is offset by increased expenditure.

1.6 Total employee expenses including COVID-19 were £245.990m at M10, this represents an overspend against our budget of £4.619m. The overspend against plan is discussed at in more detail at 4.2.3 but is primarily driven by a £8.713m overspend in respect of M&A. Employee expenses excluding COVID, which were £242.838m, can be broken down as follows:

Table 2: Pay cost analysis excluding COVID

1. Executive summary



Pay analysis (exc Covid)	Budget (Mth 10)	Actual (Mth 10)	Variance	Year To Date Budget	Year To Date Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Consultants	(4,081)	(3,895)	186	(36,226)	(39,205)	(2,979)
Other medical	(2,746)	(2,713)	32	(27,164)	(26,865)	299
Nursing and midwifery	(6,502)	(6,921)	(419)	(64,242)	(66,291)	(2,049)
Allied health professionals	(1,403)	(1,438)	(36)	(13,664)	(14,090)	(426)
Other scientific, therapeutic and technical	(584)	(558)	26	(5,795)	(5,356)	439
Health care scientists	(1,089)	(1,109)	(20)	(10,890)	(11,053)	(163)
Support to clinical staff	(4,865)	(4,628)	237	(46,774)	(45,499)	1,275
Non medical, non clinical staff	(2,992)	(3,323)	(331)	(31,891)	(33,560)	(1,669)
Apprenticeship Levy	(75)	(96)	(21)	(851)	(919)	(68)
Total	(24,336)	(24,682)	(346)	(237,498)	(242,838)	(5,340)

1.7 Operating expenses including COVID were £117.018m at M10, an overspend of £3.617m. This reflects lower spend against purchase of healthcare from non-NHS bodies than budget offset by increased expenditure on drugs, premises and non-recurrent support in respect of reset and recovery.

1.8 Cash balances at the end of M10 were £22.8m.

1.9 The Trust has recorded a capital spend of £8.7m at M10, which incorporates all spend including newly approved and PDC funded schemes, £3.452m behind plan.

2. Background

- 2.1 The Trust has a break-even plan for the period.
- 2.2 The financial regime for H2 contains no material difference from H1, with the continued use of block contracts. The draft guidance for 22/23 describes the new Aligned Payment and Incentive (API) rules, with providers and commissioners agreeing a block contract calculated on the basis of the agreed plan of activity. Where providers deliver activity above the agreed plan, they will earn an additional 75% of tariff. Where providers do not deliver against their agreed activity plan then funding worth 50% of tariff will not be earned. Work has begun with our commissioning partners to establish the agreed activity plan.
- 2.3 The baseline requirement for CIP increased for Trusts nationally but the requirement within Cheshire and Merseyside rose to 2.6% for H2, amounting to £5.588m for the Trust. Nationally mandated CIP for 22/23 is 1.1% but C&M providers have been notified that we will be required to deliver an additional 0.9% of CIP as part of “convergence efficiency” to reflect our larger spend per weighted head of population compared to other systems. However, the Trust, alongside the majority of our system partners, are planning for a CIP of 3%.

3. Dashboard and risks

3.1 Table 3: M10 Performance Dashboard

Indicator	Objective	Director	Threshold	Set by	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	2021/22
Use of Resources	I&E Performance (monthly actual)	CFD	On Plan	WUTH	0.0	-0.5	-0.2	0.0	0.2	-0.2	0.0	-0.7	-0.6	2.3	0.0
	I&E Performance Variance (monthly variance)	CFD	On Plan	WUTH	0.0	-0.4	-0.4	0.0	0.2	-0.1	0.0	1.0	-0.9	1.9	0.6
	NHSI Risk Rating	CFD	On Plan	NHSI	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2
	CIP Performance (YTD Plan vs Actual)	CFD	On Plan	WUTH	0.0	0.0	3.02%	6.03%	9.05%	14.50%	Not reported	77.21%	48.24%	78.70%	78.7%
	NHSI Agency Performance (YTD % variance)	CFD	On Plan	NHSI	-59.5%	-27.7%	-33.4%	-40.5%	-11.7%	-5.2%	-50.0%	-25.1%	-6.7%	-4.3%	-25.4%
	Cash - liquidity days	CFD	NHSI/metric	WUTH	-15.0	-15.5	-10.4	-15.7	-15.4	-15.2	-16.2	-15.9	-16.0	-16.2	-16.2
	Capital Programme (cumulative)	CFD	On Plan	WUTH	2.0%	5.6%	12.5%	18.0%	22.6%	24.4%	30.7%	36.3%	48.0%	59.0%	59.0%

3.1.1 Agency spend is above threshold. This is discussed in more detail at 4.2.3.

3.1.2 Despite significant improvement over the last year, the Trust's liquidity days measure is below threshold. This is based on net current liabilities compared against operating expenses. Despite continued progress with removing historic accruals this position is unlikely to improve given the likely deferral of income in respect of the elective recovery programme.

3.2 Risk summary (as per risks identified in risk register)

3.2.1 Risk 1 – Failure to manage financial position

- Our ability to operate within the financial envelope is dependent on effective cost management alongside the delivery of activity trajectories, the management of COVID activity and the centrally funded vaccination and testing programmes. With the additional income received from C&M, ERF payments due and the potential for additional ERF in M11 and M12 we are now forecasting a break-even position for 22/23.

3.2.2 Risk 2 – Failure to deliver CIP

- The confirmed H2 CIP target is £5.588m and this has been incorporated into our plans submitted to NHSE/I. As at M10 we have underachieved against this plan by £1.706m. Whilst we expect to recover some of this slippage our forecast outturn in terms of CIP performance is £3.854m but this will be offset by non-recurrent reductions in spend. This is discussed in more detail at section 4.5.

3.2.3 Risk 3 – Failure to complete capital programme

- Our capital expenditure envelope for 21/22 has now increased to £27.13m as a result of five additional PDC awards in December and January relating to the theatre modular build, WUTH recovery schemes, IT schemes and the C&M command centre for which we are the host. The risk profile has increased given the scale of the programme the Trust now needs to deliver. This is discussed in more detail at 5.2.

4. Financial Performance

4.1 Income

4.1.1 The Trust has received £367.134m at M10, a positive variance of £9.319m.

Table 4: Income analysis for M10

	Budget (Mth 10)	Actual (Mth 10)	Variance	Year To Date Budget	Year To Date Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Elective & Daycase	4,142	3,170	(972)	41,080	37,045	(4,035)
Elective excess bed days	104	15	(89)	864	489	(375)
Non-elective	8,197	7,833	(363)	81,563	81,126	(437)
Non-elective Non Emergency	1,107	896	(211)	10,920	10,638	(282)
Non-elective excess bed days	374	462	87	3,673	2,459	(1,215)
A&E	1,319	1,332	13	13,124	13,741	618
Outpatients	3,408	3,079	(330)	31,783	33,137	1,354
Diagnostic imaging	307	209	(98)	2,752	2,131	(621)
Maternity	527	452	(75)	4,731	4,171	(561)
Non PbR	6,196	5,286	(909)	60,077	56,967	(3,110)
HCD	1,319	1,596	277	13,167	15,184	2,016
CQUINs	(577)	(577)	0	1,140	1,140	(0)
National Top up	1,743	1,743	(0)	19,757	19,757	(0)
Income Guarantee	0	2,792	2,792	0	12,326	12,326
Other	1,946	1,259	(687)	16,469	10,454	(6,015)
Sub-Total Board Clinical Income	30,114	29,547	(567)	301,101	300,763	(337)
Other patient care income	2,102	5,184	3,082	6,943	13,341	6,398
Elective Recovery Fund (ERF)	0	4	4	5,524	7,413	1,889
COVID-19 Income	1,806	1,768	(38)	18,672	18,291	(381)
Non-NHS: private patient & overseas	19	27	8	232	204	(28)
Injury cost recovery scheme	0	91	91	385	478	93
Total Patient Care Income	34,040	36,620	2,580	332,856	340,490	7,633
Other operating income	3,011	3,406	395	24,958	26,637	1,679
Other non operating income		0	0		7	7
Total income	37,052	40,027	2,975	357,814	367,134	9,319

4.1.2 Clinical income at M10 was broadly in line with forecast.

4.1.3 In H2, ERF has been calculated on the basis of RTT “clock stops” and the threshold for additional payment has been set at 89% of equivalent performance in 19/20. The Trust’s combined clock stops in respect of admitted and non admitted patients in M7-9 of 19/20 was 24,563. For M7-9 of 21/22 the equivalent figure was 23,849. This represented 97% of the baseline and had a notional value of over £15m for the period.

4.1.4 Allocations depend on the performance of the system as a whole and the initial returns from NHSEI indicated that performance for C&M in aggregate was only just above 89%. As a result we were told that the total due to the system for the period was less than £2m and that the Trust would receive less than £0.3m.

4.1.5 However, the data used by NHSEI and C&M had incorrectly calculated the baseline data for WUTH, the Countess of Chester and Alder Hey. This has resulted in a dramatic improvement in performance across the system with £18.499m allocated for M7-9 and WUTH will receive at least £4.706m.

4. Financial Performance

- 4.1.6 In M10 we had combined clockstops of 6,671 compared with the 19/20 equivalent of 8,289, representing 80% of the threshold. However, once the number of working days in the comparable months are taken into account our adjusted performance is 89%. As a result we do not anticipate any significant ERF in M10.
- 4.1.7 Patient care income exceeded budget by £7.633m. This includes a positive variance of £1.889m in respect of ERF due to over recovery against plan in H1. When we recognise the ERF in respect of M7-9 this positive variance will increase significantly. Other patient care income included all back-funding for the 3% pay award received in M6 and the £2.522m additional support we received in respect of our elective recovery programme. We have actually received a further £1.6m for the elective recovery programme but have yet to incur costs associated with the programme so this has been deferred.
- 4.1.8 Other Operating income was £26.637m at M10, a positive variance of £1.679m. This is attributable to additional funding we received in respect of our telederm initiative, increased education and training funding and income in respect of Clatterbridge Diagnostic Centre. All of this is offset by increased expenditure.

4. Financial Performance

4.2 Expenditure: Pay

4.2.1 The Trust has spent £245.990m on pay costs at M10. Table 5 details pay costs by staff group, Table 6 details pay costs by pay category type and Table 7 details COVID pay costs.

Table 5 Pay costs by staff type (excluding COVID-19)

Pay analysis (exc Covid)	Budget (Mth 10)	Actual (Mth 10)	Variance	Year To Date Budget	Year To Date Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Consultants	(4,081)	(3,895)	186	(36,226)	(39,205)	(2,979)
Other medical	(2,746)	(2,713)	32	(27,164)	(26,865)	299
Nursing and midwifery	(6,502)	(6,921)	(419)	(64,242)	(66,291)	(2,049)
Allied health professionals	(1,403)	(1,438)	(36)	(13,664)	(14,090)	(426)
Other scientific, therapeutic and technical	(584)	(558)	26	(5,795)	(5,356)	439
Health care scientists	(1,089)	(1,109)	(20)	(10,890)	(11,053)	(163)
Support to clinical staff	(4,865)	(4,628)	237	(46,774)	(45,499)	1,275
Non medical, non clinical staff	(2,992)	(3,323)	(331)	(31,891)	(33,560)	(1,669)
Apprenticeship Levy	(75)	(96)	(21)	(851)	(919)	(68)
Total	(24,336)	(24,682)	(346)	(237,498)	(242,838)	(5,340)

Table 6: Pay analysis by pay type

Pay analysis (exc Covid)	Budget (Mth 10)	Actual (Mth 10)	Variance	Year To Date Budget	Year To Date Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Substantive	(21,949)	(22,122)	(173)	(216,269)	(217,950)	(1,681)
Bank	(1,103)	(1,280)	(176)	(8,850)	(11,116)	(2,266)
Medical Bank	(498)	(498)	(0)	(4,694)	(5,363)	(669)
Agency	(711)	(687)	24	(6,834)	(7,491)	(657)
Apprenticeship Levy	(75)	(96)	(21)	(851)	(919)	(68)
Total	(24,336)	(24,682)	(346)	(237,498)	(242,838)	(5,340)

Table 7: COVID Pay costs

COVID-19 COSTS	Apr (M1)	May (M2)	Jun (M3)	Jul (M4)	Aug (M5)	Sep (M6)	Oct (M7)	Nov (M8)	Dec (M9)	Jan (M10)	Year to Date
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medical Staff	(35)	(14)	(24)	(9)	(51)	(6)	(38)	(10)	(12)	(23)	(191)
Other Clinical Staff	(343)	(172)	(183)	(229)	(282)	(253)	(241)	(233)	(246)	(394)	(2,604)
Non Clinical Staff	(72)	(49)	(22)	(23)	(28)	(27)	(23)	(27)	(26)	(55)	(354)
Total Pay	(450)	(236)	(229)	(261)	(362)	(286)	(301)	(270)	(284)	(472)	(3,149)

4.2.2 Total pay costs at M10 were £245.990m, an overspend of £5.340m.

4.2.3 The main driver of this is the Medical & Acute Division, which has a £0.844m overspend in month and £7.301m YTD. The pressure is being driven by the premium cost of using agency across all medical grades and increased demand for junior & middle grade doctors in ED to deal with increased demand.

4.2.4 At M10 M&A are carrying a high number of vacancies across the Division despite the previously reported appointments in long-standing vacancies. The Division continues

4. Financial Performance

to employ additional consultants at premium cost to cover these vacancies and to assist with reset and recovery across specialities with the largest backlog, specifically Rheumatology and Gastroenterology.

- 4.2.5 Whilst activity levels in ED have fallen in M9 and M10 they are still 8.5% above 19/20 and the measures in place to address this are still place, specifically 2 junior doctors per shift, which amount to 10 Whole Time Equivalent(WTE), and 1 additional nurse and Clinical Support Worker per shift (10 WTE). In addition, sickness has been high in the nursing workforce at around 10% average throughout the year compared to approximately 6% in 19/20.
- 4.2.6 This additional demand for nurses and high rates of sickness and absence has driven the use of bank. Within M&A the premium element of the Nurse Incentive Scheme, i.e. the cash bonus that nurses receive for completing a certain number of shifts in month, has cost £0.481m in H2 and £0.681m across the Trust overall.

4. Financial Performance

4.3 Expenditure: Non-Pay

4.3.1 The Trust has spent £114.120m on non-pay operating expenditure excluding COVID at M10, a variance of £3.012m YTD.

Table 8: Non-pay analysis (excluding COVID-19 costs)

Non Pay Analysis (exc Covid)	Budget	Actual	Variance	Year To	Year To	Variance
	(Mth 10)	(Mth 10)		Date	Date	
	£'000	£'000	£'000	Budget	Actual	£'000
				£'000	£'000	
Supplies and services - clinical	(2,637)	(2,962)	(325)	(29,534)	(29,664)	(130)
Supplies and services - general	(298)	(330)	(32)	(3,680)	(3,709)	(29)
Drugs	(2,256)	(2,288)	(32)	(20,874)	(22,859)	(1,985)
Purchase of HealthCare - Non NHS Bodies	(819)	(845)	(26)	(9,210)	(8,000)	1,209
CNST	(1,152)	(1,152)	0	(11,517)	(11,515)	2
Consultancy	(1)	(62)	(61)	(136)	(486)	(350)
Other	(3,256)	(3,396)	(140)	(26,649)	(28,528)	(1,879)
Sub-Total	(10,419)	(11,034)	(615)	(101,599)	(104,761)	(3,161)
Depreciation	(948)	(930)	18	(9,509)	(9,360)	149
Impairment	0	0	0		0	0
Total	(11,367)	(11,964)	(597)	(111,108)	(114,120)	(3,012)

4.3.2 The overspend in respect of non-pay is being driven by pressure in respect of higher than expected costs for high cost drugs, non-capital estates works and increased, non-recurrent costs associated with the elective recovery programme offset by much lower than anticipated spend with the independent sector.

4.3.3 Increased expenditure on high cost drugs is an issue across all clinical divisions but particularly prevalent within M&A and Surgery. Our analysis shows that the increase primarily relates to changes in prescribing practices, some of which are due to COVID. It should be noted that expenditure on drugs fell significantly in M9 compared with previous months. In addition, our analysis indicates that the funding we receive from commissioners for drugs in general is below the actual cost of treatment. We have raised this issue with Wirral CCG as part of our contract negotiations for 2022/23.

4.3.4 The pressure on non-pay costs in respect of Estates and Hotel Services has continued in M10 with a £0.171m variance in month and £0.949m YTD. This is largely driven by non-capitalised costs in respect of Building & Engineering associated with minor repairs and the sharp rise in the cost of materials. The Trust has also seen higher inflation in respect of energy costs than we anticipated but this is a feature across the entire economy.

4.3.5 Non-pay costs include non-recurrent support from the independent sector to support re-set and recovery from 18 Weeks in Surgery (£0.240m – this ceased in M8), 4 Ways and Rad Partnerships in DCS (£0.806m), Spire in Women's & Children's (£0.291m this ceased in M7) and Totally Healthcare Limited (until M9) and Endocare (from M10) in Medicine and Acute (£0.496m). All of this expenditure is part of our elective recovery programme and has contributed to the ERF we received in H1 and towards our performance in H2.

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- 4.3.6 Whilst expenditure on healthcare from non-NHS bodies did increase in M10, it is still significantly below plan YTD. This cost, associated with the patient choice element of support, is anticipated to increase given longer wait times across a number of areas.

4. Financial Performance

4.4 Expenditure: COVID-19

4.4.1 The Trust spent £5.500m on Covid-19 costs at M10, with £3.149m on pay and £2.351m on non-pay.

Table 9: YTD COVID-19 revenue costs

COVID-19 I&E	Apr (M1) £'000	May (M2) £'000	Jun (M3) £'000	Jul (M4) £'000	Aug (M5) £'000	Sep (M6) £'000	Oct (M7) £'000	Nov (M8) £'000	Dec (M9) £'000	Jan (M10) £'000	Year to Date £'000
Total Income	2,313	2,129	1,118	1,796	1,641	2,118	1,486	2,177	1,745	1,768	16,550
Medical Staff	(35)	(14)	(24)	(9)	(51)	(6)	(38)	(10)	(12)	(23)	(191)
Other Clinical Staff	(343)	(172)	(183)	(229)	(282)	(253)	(241)	(233)	(246)	(394)	(2,604)
Non Clinical Staff	(72)	(49)	(22)	(23)	(28)	(27)	(23)	(27)	(26)	(55)	(354)
Total Pay	(450)	(236)	(229)	(261)	(362)	(286)	(301)	(270)	(284)	(472)	(3,149)
Clinical Supplies	(101)	(207)	(230)	(162)	(151)	(475)	47	(568)	(155)	(154)	(1,959)
Other Non-Pay	(106)	(129)	(39)	(24)	(15)	(54)	(22)	(5)	(300)	(47)	(392)
Total Non-Pay	(208)	(337)	(269)	(187)	(166)	(529)	25	(573)	(455)	(201)	(2,351)
Total Covid Expenditure	1,655	1,557	620	1,349	1,113	1,303	1,209	1,334	1,006	1,095	11,050

4.4.2 The vaccination costs were £1.275m at M10 which was in line with plan and is funded centrally so offset in income.

4.4.3 The testing costs were £2.209m at M10 and is funded centrally so offset in income.

4. Financial Performance

4.5 CIP Performance

4.5.1 The Trust's target for CIP was £1m for H1. The Trust achieved £1.202m of CIP in H1.

4.5.2 The target for H2 was set at 2.6% or £5.560m. As at the 14th February, 307 opportunities have been identified with a recurrent value of £3.854m. This represents a shortfall of £1.706m against target and a deterioration of £0.612m from M9.

Table 10: IYE and FYE breakdown by Division

Division	Target	Actual	FOT	Variance
M&A	1,398,140	583,125	1,010,023	388,117
Surg	1,065,751	237,396	411,257	654,494
DCS	1,015,509	676,231	945,655	69,854
W&C	559,089	192,178	243,246	315,843
Corp	524,937	376,500	470,793	54,144
EHS	416,984	364,606	504,453	-87,469
Other	579,588	-	268,365	311,223
Total	5,559,998	2,430,036	3,853,792	1,706,206

4.5.3 £0.911m has been delivered in month 10 against a plan of £0.841m. This is due to several projects advancing through QIA panels and the savings made in Pharmacy across the last 3 months being transacted in month:

Table 11: IYE and FYE breakdown by Division

	H2 Plan YTD	H2 Actual YTD IYE	Variance	H2 Actual YTD FYE
M&A	718,644	583,125	-135,519	1,362,000
Surg	603,410	237,396	-366,014	630,235
DCS	865,995	676,231	-189,764	1,043,272
W&C	189,761	192,178	2,417	314,915
Corp	406,087	376,500	-29,587	660,649
EHS	222,283	364,606	142,323	524,703
Other	442,000	-	- 442,000	-
Total	3,448,180	2,430,036	1,018,144	4,535,774

4.5.4 The explanations behind the reduced forecast are set out in the table below.

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Table 12: CIP Slippage

Medicine & Acute				
Scheme Name	Scheme Description	Planned Savings	Forecasted saving	Reason
Maintain closure of M1 beds	The Division's bed modelling work suggests that based on 100% 2019 NEL activity and working to a 90% bed occupancy rate, the Division in 21/22 could cope with demand with an additional 25 beds over and above current bed base. The Division are working with Surgery to develop a proposal to consolidate all medical outliers on ward 20; this additional bed base would be sufficient to cover Medical MEL demands.	£658,000	£540,000	The savings forecasted for the closure of the beds has been lower than anticipated monthly.
Renal tender	Award of MSC for dialysis units at APH and CBH. Release of savings against historic contract for CBH site and potential additional savings to be achieved by implementation of MSC at APH.	£250,000	£0	New contract is dependent on renovation of Ward 1, which will not be complete until the new year.
Agency Consultants - GIM	Recruitment of a substantive GIM consultant	£100,000	£40,000	Agency still in place, expected end date of Feb
Agency Consultant- Haematology	Recruitment of a substantive Haematology consultant	£72,500	£52,500	Start date of consultant slipped from Sept to Nov
Surgery				
Scheme Name	Scheme Description	Planned Savings	Forecasted saving	Reason
Colorectal	Use of a new device by the insides company resulting in reduce LOS and reduce PN	£500,000	£0	The number of patients classed as clinically appropriate for the use of the device, was lower than anticipated.
Post Op Seal Clinic	There are around 500 patients per annum that present to ED within 10 days of surgery with issues relating to post-operative concerns or issues. Although less than 60 patients require admission and significant intervention, the patient experience is poor and requires	£75,000	£0	Unable to quantify cash releasing savings

4. Financial Performance

	improvement. The project is to establish a clinic for patients with post-operative issues to attend SEAL and be managed through nursing and streamlined interventions to support improved patient access, experience, and outcomes.			
Women's and Children's				
Scheme Name	Scheme Description	Planned Savings	Forecasted saving	Reason
O&G Medical Staffing Review	Anticipated savings released from Consultant retirement	£50,000	£0	Savings used to fund additional staffing resource

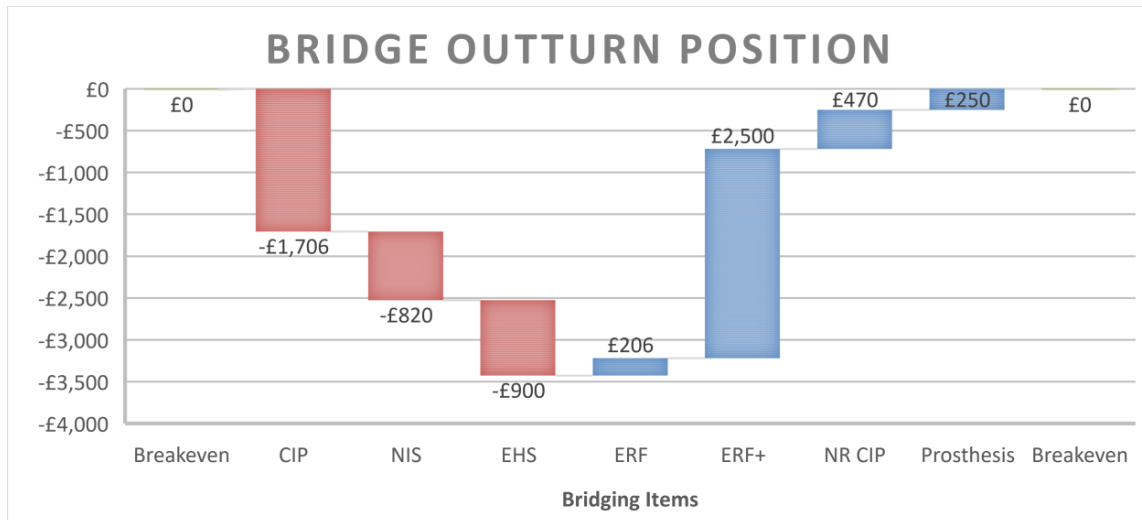
- 4.5.5 It is anticipated that some of the overall slippage will be delivered in later months but the forecast of £3.854m is unlikely to be improved. Work is ongoing with the divisions to identify new CIPs to mitigate the under delivery in month and we anticipate that all slippage will be offset by non-recurrent reductions in expenditure.
- 4.5.6 16 projects with a value of £0.049m have currently been identified as areas of opportunity and are awaiting sign off from the divisional directors to progress to gateway 2.
- 4.5.7 9 projects have progressed to design & plan (gateway 2), meaning documentation is now being completed on PM3 and awaiting validation from finance. No value has been assigned to these projects as yet.
- 4.5.8 164 projects with a value of £1.375m have been approved at QIA panel and are now in the implementation gateway.
- 4.5.9 117 projects with a value of £2.430m have been transacted H2 YTD.

4. Financial Performance

4.6 Forecast

4.6.1 We are now forecasting a break-even position for 2022/23

Table 14 2021/22 Forecast Outturn



- 4.6.2 This forecast is based on M1-10 run rates forecast for the remaining 2 months of the year.
- 4.6.3 The biggest change from the previous forecast relates to ERF. Our plan included £4.5m of ERF and it has now been confirmed that we will receive £4.706m, an improvement of £0.206m. We do not anticipate any additional ERF in respect of M10 but it is possible that further income will be received in respect of M11 and M12.
- 4.6.4 The Trust is currently forecasting an under-performance against CIP of £1.706m compared to target, as analysed in section 4.5 of this report. However, we believe this can be partially offset by non-recurrent reductions in expenditure.
- 4.6.5 The premium element of the Nurse Incentive Scheme is expected to reduce in M11 and M12 but is still forecast to be £0.820m by the end of the year.
- 4.6.6 The budget pressures in respect of EHS described at 4.3.4 are expected to continue for the remainder of the year and are forecast to result in a total pressure of £0.9m by the end of the year.

5. Financial Position

5.1 Statement of Financial Position (SOFP)

5.1.1 The movement in total assets employed from M9 was £2.325m.

Statement of Financial Position (SoFP)

Actual as at 31.03.21 £'000		Actual as at 31.12.21 £'000	Actual as at 31.01.22 £'000	Variance (monthly) £'000	Month-on-month movement
	Non-current assets				
163,560	Property, plant and equipment	161,865	163,166	1,301	↑
12,864	Intangibles	12,009	12,327	318	↑
869	Trade and other non-current receivables	342	342	0	→
177,293		174,216	175,835	1,619	↑
	Current assets				
4,788	Inventories	5,125	4,585	(540)	↓
16,848	Trade and other receivables	23,109	17,448	(5,661)	↓
0	Assets held for sale	0	0	0	→
21,294	Cash and cash equivalents	13,406	22,833	9,427	↑
42,930		41,640	44,866	3,226	↑
220,223	Total assets	215,856	220,701	4,845	↑
	Current liabilities				
(44,124)	Trade and other payables	(43,213)	(43,707)	(494)	↑
(4,622)	Other liabilities	(4,852)	(6,976)	(2,124)	↑
(1,090)	Borrowings	(1,088)	(1,099)	(11)	↑
(7,256)	Provisions	(7,271)	(7,273)	(2)	↑
(57,092)		(56,424)	(59,055)	(2,631)	↑
(14,162)	Net current assets/(liabilities)	(14,784)	(14,189)	595	↓
163,131	Total assets less current liabilities	159,432	161,646	2,214	↑
	Non-current liabilities				
(2,479)	Other liabilities	(2,398)	(2,389)	9	↓
(5,193)	Borrowings	(4,685)	(4,685)	0	→
(7,318)	Provisions	(6,655)	(6,553)	102	↓
(14,990)		(13,738)	(13,627)	111	↓
148,141	Total assets employed	145,694	148,019	2,325	↑
	Financed by				
	Taxpayers' equity				
171,121	Public dividend capital	171,121	171,121	0	→
(64,220)	Income and expenditure reserve	(66,667)	(64,342)	2,325	↑
41,240	Revaluation reserve	41,240	41,240	0	→
148,141	Total taxpayers' equity	145,694	148,019	2,325	↑

5. Financial Position

5.2 Capital Expenditure – M10

5.2.1 At M10 capital spend is behind plan by £3.542m:

Capital programme 2021/22 - Spend	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	TOTAL
Pre-commitments	297	375	396	437	409	97	454	105	146	628	3,344
Estates	0	0	0	112	94	34	226	59	32	305	862
Informatics	0	0	69	0	14	0	10	36	(9)	150	270
Equipment - Medicine and Acute	0	93	310	0	17	0	18	15	40	38	531
Equipment - Clinical Support and Diagnostics	0	0	0	118	8	62	20	207	670	1	1,086
Equipment - Surgery	0	0	101	102	10	58	153	15	182	12	633
Equipment - Women and Children's	0	0	99	0	0	0	0	0	7	47	153
Other	0	0	0	0	0	0	0	0	0	0	0
Donated assets	0	7	0	8	95	(1)	0	0	0	84	193
UEC (PDC)	9	0	0	0	1	0	0	116	190	165	481
TOTAL	306	475	975	777	648	250	881	553	1,258	1,430	7,553
NHSE/ PLAN	562	678	511	889	983	2,295	953	861	3,363	972	11,095
VARIANCE FROM PLAN	(256)	(203)	464	(112)	(335)	(2,045)	(72)	(308)	(2,105)	458	(3,542)

5.2.2 The capital plan has grown over the last two months as we have been awarded PDC for:

- Modular Theatre Build (£10.166m)
- TIF funding for Wirral schemes (£900k)
- FIF funding for the C&M Command Centre for which we are the host body (£1.355m)
- IT monies for Cyber and Maternity (£250k and £230k respectively).

This takes our total capital programme to £26.939m (excluding donated assets).

5.2.3 Robust governance arrangements have been strengthened further to monitor delivery. However, with limited availability in the supplier market and the significant lead in times for materials and equipment the the risk to delivery has greatly increased. We are seeking ways in which to maximise spend and weekly monitoring calls are taking place for all projects.

5.2.4 Forecast spend for the year is as follows:

5. Financial Position

Capital Programme - 31 January 2022

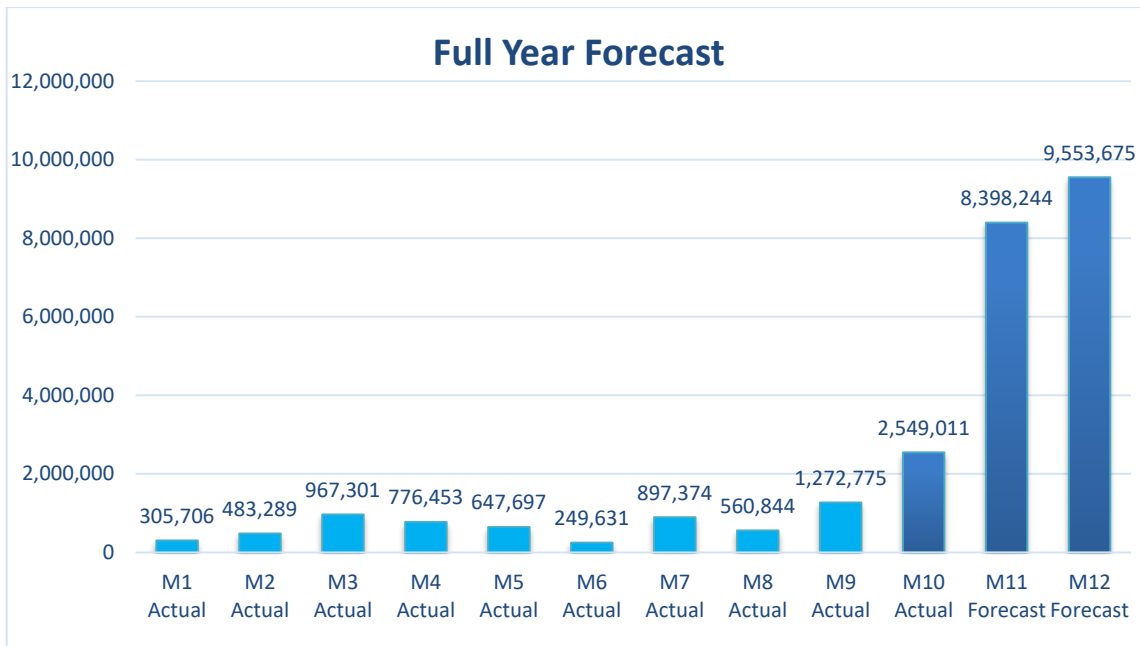
	Full Year Budget			Full Year Forecast		Comments
	NHSI plan	Mvmnts	Trust Budget ¹	Forecast	Variance	
	£'000	£'000	£'000	£'000	£'000	
Funding						
Total Internally Generated Funding	12,738	0	12,738	12,738	0	
PDC (Public Dividend Capital) - Various	1,300	12,901	14,201	14,201	0	
External Funding - donations/grants	450	(257)	193	193	0	
Total funding	14,488	12,644	27,132	27,132	0	
Expenditure						
Pre-commitments 21/22	5,007	348	5,355	5,761	(406)	There are a various under and overspends in relation to the pre-commitments. The largest overspends are in respect of Staff Changing Rooms (£338k) and Capital Delivery Resource (£189k) which are offset by the removal from the programme of hot and cold water distribution works of £346k.
Estates	2,671	15	2,686	2,499	187	Although the forecast for estates schemes is broadly in line with plan, there are a number of under and overspends across the programme. The largest overspend relates to the refurbishment of Bowmans restaurant of £146k which is offset by an underspend on the refurbishment of the premises for the relocation of IT of £398k. Additional spend has also been incurred in year on schemes which were not part of the original plan but are operationally critical.
Informatics	784	(135)	649	649	0	
Medicine and Acute	715	(104)	611	600	11	Kitchen refurbishment costs are less than anticipated.
Clinical Support and Diagnostics	1,914	192	2,106	2,126	(20)	This overspend relates to the installation of the mammography equipment funded by PDC in 20/21. Costs were higher than originally anticipated.
Surgery	688	80	768	768	0	
Women and Children's	236	2	238	254	(16)	It is anticipated that the planned office conversion will cost more than anticipated.
Other	90	0	90	0	90	
Contingency ²	633	(398)	235	0	235	
Donated assets	450	(257)	193	193	0	
PDC	1,300	12,901	14,201	14,282	(81)	
Total expenditure (accruals basis)	14,488	12,644	27,132	27,132	0	
Capital programme funding less expenditure	0	0	0	0	0	
Capital expenditure	14,038	12,901	26,939	26,939		
NBV asset disposals	0	0	0	0		
Donated assets	450	(257)	193	193		
CDEL impact	14,488	12,644	27,132	27,132		

¹ This is the NHSI plan, adjusted for approved business cases including additional donated, leased and PDC funded spend.

² Funding is transferred as business cases are approved.

5.2.5 Forecast spend on a monthly basis for the remainder of the year is as follows:

5. Financial Position



5. Financial Position

5.3 Statement of Cash Flows – M10

Statement of Cash Flows (SoCF) - January 2022

	Month Actual £'000	Year to date Actual £'000
Opening cash	13,406	21,294
Operating activities		
Surplus / (deficit)	2,325	476
Net interest accrued	15	150
PDC dividend expense	370	3,182
Unwinding of discount	(3)	(25)
(Gain) / loss on disposal	0	38
Operating surplus / (deficit)	2,708	3,821
Depreciation and amortisation	930	8,425
Impairments / (impairment reversals)	0	0
Donated asset income (cash and non-cash)	(84)	(193)
Changes in working capital	7,513	5,352
Investing activities		
Interest received	1	3
Purchase of non-current (capital) assets ¹	(1,720)	(10,002)
Sales of non-current (capital) assets	0	16
Receipt of cash donations to purchase capital assets	84	180
Financing activities		
Public dividend capital received	0	0
Net loan funding	0	(375)
Interest paid	0	(105)
PDC dividend paid	0	(1,830)
Finance lease rental payments	(5)	(46)
Total net cash inflow / (outflow)	9,427	5,246
Closing cash	22,833	26,540

¹ Outflows due to the purchase of non-current assets are not the same as capital expenditure due to movements in capital creditors.

5.3.1 Cash balances have increased by £9.4m in month, the most significant movement being a reduction of £5.6m in trade and other receivables. This usually happens after the M9 agreement of balances exercise.

5. Financial Position

5.4 Treasury

Borrowings summary M10

Borrowings summary

	Initial Loan Value	Loan Term	Interest rate (fixed)	Loan Balances Mar 21	Loan Repayment Sept 20	Loan Balances Dec 21	Loan Repayment Mar 22	Forecast Closing Balances Mar22
	£'000	Years	%	£'000	£'000	£'000	£'000	£'000
1. ITFF capital loan	7,500	10	1.96	2,625	(375)	2,250	(375)	1,875
2. ITFF capital loan	6,500	25	4.32	3,583	(133)	3,450	(133)	3,318
	14,000			6,208	(508)	5,700	(508)	5,193

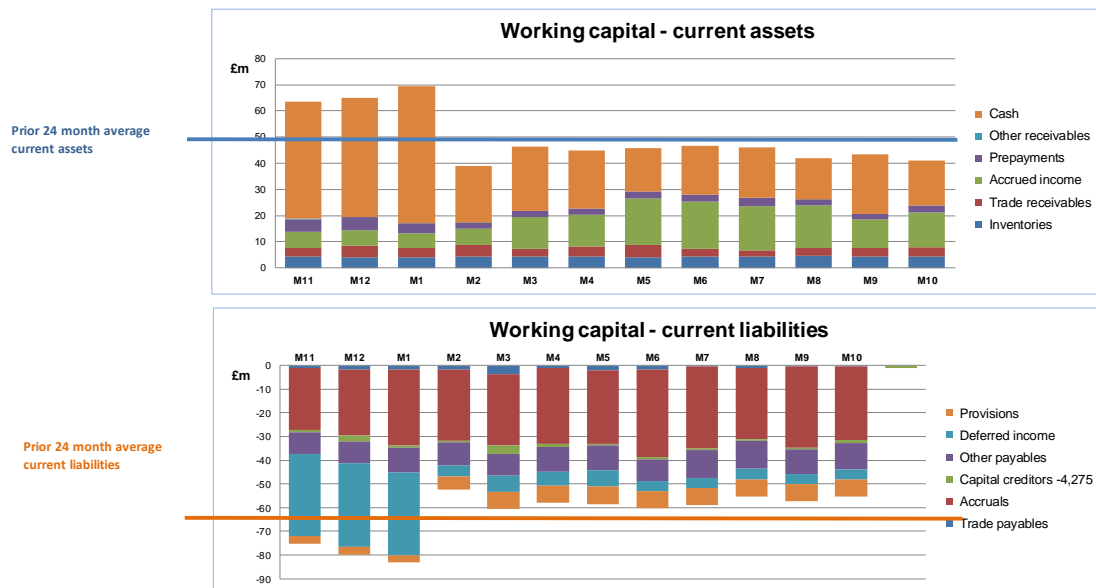
This table does not include finance lease balances, which are included in Borrowings balances in the SoFP.

All listed borrowings are with the Department of Health and Social Care (DHSC).

5.4.1 The Trust's borrowings, comprising capital loans, will be repaid at a level of £1m per year.

5.5 Working capital profiles by month

5.5.1 2021/22 working capital profiles below show M8 working capital balances in the context of the previous 12 months, compared with an average of the previous 2 financial years. The credit risk associated with aged debt is monitored quarterly by the Audit Committee.



5. Financial Position

5.6 Single oversight framework: Use of Resources (UoR) rating (financial) summary table

Use of Resources (UoR) Rating

Summary table

	Metric	Descriptor	Weight %	Year to Date Actual	
				Metric	Rating
Financial sustainability	Liquidity (days)	Days of operating costs held in cash-equivalent forms	20%	-17.3	4
	Capital service capacity (times)	Revenue available for capital service: the degree to which generated income covers financial obligations	20%	2.3	2
Financial efficiency	I&E margin (%)	Underlying performance: I&E deficit / total revenue	20%	-0.5%	3
Financial controls	Distance from financial plan (%)	Shows quality of planning and financial control : YTD deficit against plan	20%	0.0%	1
	Agency spend (%)	Distance of agency spend from agency cap	20%	-23.0%	2
Overall NHSI UoR rating					2

5.6.1 The liquidity rating of 4 remains the same as M9 and is largely due to a high number of accruals made. The improvement in the I&E margin reflects the reported surplus. Agency spend is £1.3m above the cap in M10. The overall UoR rating of 2 is expected to continue for the remainder of the year

Agenda Item: 10.4

**Board of Directors
2nd March 2022**

Title:	Monthly update of maternity and neonatal quality and safety
Responsible Director:	Tracy Fennell, Interim Chief Nurse, Executive Director of Midwifery and Director of Infection Prevention & Control
Presented by:	Debbie Edwards, Director of Nursing & Midwifery, Women & Children's Division

Executive Summary
<p>Significant concerns regarding the quality and safety of maternity and neonatal services across England and Wales have been highlighted in several key independent reports that have been published over the last six years.</p> <p>Since the publication of the Ockenden Report in December 2020 quarterly reports have been presented to the Board of Directors, providing key quality and safety updates regarding Maternity and Neonatal Services at WUTH.</p> <p>It has since been recommended within the NHSE Maternity Self-Assessment Report in 2021 that a monthly update is presented to the Board of Directors outlining performance against some key metrics within Maternity and Neonatal Services. These metrics are collated and reported using the Clinical Quality Surveillance Tool that has been developed, providing the Board with regular update and overview of the Maternity and Neonatal Services.</p>

Recommendation:
The Board of Directors are requested to note the contents of this report.

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant

risk register)	
BAF references 1,2,4. Positives: Full compliance with the Perinatal Clinical Surveillance Quality Assurance Report; Gaps: Nil identified.	
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)	
NHSI Planning Guidance CQC Essential Standards	
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)	
Maternity Incentive Scheme Staffing expenditure	
Specific communications and stakeholder /staff engagement implications	
Stakeholder confidence	
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)	
NMC Code , NHS Constitution, NHS People Plan; NHSE Transformation Programme	
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)	
None	
Previous considerations by the Board / Board sub-committees	No previous monthly updates to the Board of Directors, however the last Quarterly Maternity Update was presented to Board in January 2022
Background papers / supporting information	N/A

**BOARD OF DIRECTORS MEETING IN PUBLIC
2 March 2022**

Monthly Update of Maternity and Neonatal Quality and Safety

Purpose

This paper provides a monthly update to the Trust Board of Directors on the quality and safety of Maternity and Neonatal Services at Wirral University Teaching Hospital NHS Trust.

The purpose of the paper is to escalate any concerns regarding these services and to provide assurance to the Board that both the Maternity and Neonatal Services at WUTH are safe.

Introduction / Background

In March 2015 the Kirkup Report, an investigation into a review of maternity services at Morecambe Bay, was published. The independent investigation was chaired by Mr Bill Kirkup and outlined key recommendations in an attempt to improve the culture and leadership within Morecambe Bay NHS Trust.

In December 2020 the Ockenden report, an independent investigation that reviewed maternity and neonatal services at Shrewsbury and Telford's NHS Trust, was published.

In January 2021 the Cwm Taff report was published following a review of maternity and neonatal services in South Wales.

Part 2 of the Ockenden report is due to be published on the 22nd March 2022, and a further report focusing on the findings of an independent review in East Kent is being published on the 29th June 2022.

Assessment

Each of these reports focused on the delivery of Maternity and Neonatal Services and identified failings in each. It is evident that in those Trusts where Maternity Services are failing their boards have no oversight of the service, and that cultural issues and poor leadership are recognised as underlying factors.

The Perinatal Clinical Surveillance Quality Assurance Report in Appendix 1 includes an update on key perinatal metrics. The report for January 2022 identifies no areas of concern and further assessment and discussion has recently taken place at the Safety Champion Meeting held on the 14 February 2022.

The next Safety Champion Walkabout took place on the 17 February that provided a focused visit to the Neonatal Unit. Both the Executive and Non-Executive Safety Champion praised the Services and were assured on the quality of care being provided by the Service as a result of the visit and Safety Champion Meeting where key elements were scrutinised.

Finally the Trust has been informed of its compliance with all 10 Safety Actions within Year 3 of the Maternity Incentive Scheme resulting in a rebate of some Clinical Negligence Scheme for Trusts (CNST) costs.

Conclusions

In summary, the Perinatal Clinical Surveillance Quality Assurance Report is rated as green for January 2022, and there are no issues or concerns requiring escalation to Board.

Recommendations to the Board

The Board are requested to note the contents of this report.

Theme	Area requiring further enquiry or shared intelligence	Outlier	Evidence
Clinical Care	Outlier for rates of stillbirth as a proportion of births	no	Stillbirth rate continues to be below the average rate within C&M. No stillbirths were recorded in January 2022
	Outlier for rates of neonatal deaths as a proportion of birth	no	No neonatal deaths in month. .
	Rates of HIE where improvements in care may have made a difference to the outcome	no	Very low rates of HIE, sitting below the lower control limit for the region.
	Number of SI's	no	No new Sis reported in month. .
	Progress on SBL care bundle V2	no	SBLCBV2 has been fully implemented at WUTH with progress monitored through audit which are registered on the FAAP.
	Outlier for rates of term admissions to the NNU	no	There were 5 term admissions in month which is in the anticipated range with all admissions reviewed at a weekly term admission meeting and any cases whereby admission was felt to have been avoidable are incident reported.
Service user and staff feedback	MVP or Service User concerns/complaints not resolved at trust level	no	Low number of maternity complaints - further focus an meeting with women to debrief when required.
	Trainee survey	no	Consistently high scoring year on year.
	Staff survey	no	As a Division, we have maintained or improved in all domains, scoring higher than the Trust average for the majority of domains. Action plan in place to address areas for improvement.
	CQC National survey	no	Maternity survey published 10/02/2022 - update on findings to April BoD. Positive feedback
	Feedback via Deanery, GMC, NMC	no	Nil of note
	Poor staffing levels	no	Vacancy rate less than 1%. No concerns re recruitment/retention of staff.
	Delivery Suite Coordinator not supernumary	no	Supernumary status is maintained for all shifts.
Leadership and relationships	New leadership within or across maternity and/or neonatal services	no	Permanent Head of Midwifery appointed supported by ADN for Neonatal services
	Concerns around the relationships between the Triumvirate and across perinatal services	no	Good working relationship between the teams.
	False declaration of CNST MIS	no	Submission for year 3 verified by NHSR and Trust confirmed as being compliant.
	Concerns raised about other services in the Trust e.g. A&E	no	Nil
	In multi-site units - concerns raised about a specific unit i.e. Highfield/CoC teams	no	No concerns
Safety and learning culture	Lack of engagement in HSIB or ENS investigation	no	Good engagement processes in place with north west team leader. Monthly reports received of ongoing cases..
	Lack of transparency	no	Being open conversations are regularly had and 100% DOC evident.
	Learning from SI's, local investigations and reviews not implemented or audited for efficacy and impact	no	Robust processes following lessons learned from all SI's, local reviews, rapid reviews, complaints and compliments.
	Learning from Trust level MBRRACE reports not actioned	no	All reports receive a gap analysis to benchmark against the recommendations.
	Recommendations from national reports not implemented	no	All reports receive a gap analysis to benchmark against the recommendations.
Reporting	Low patient safety or serious incident reporting rates		Consistent rates of reporting across the speciality.

Incident rep	Delays in reporting a SI where criteria have been met	no	Robust SI process and SI framework followed with timely reporting of all cases that meet the SI framework.
	Never Events which are not reported	no	No maternity or neonatal never events.
	Recurring Never Events indicating that learning is not taking place	no	N/a
	Poor notification, reporting and follow up to MBRRACE-UK, NHSR ENS and HSIB	no	Excellent reporting within the required timescales.
Governance processes	Unclear governance processes - SAT		Clear governance processes in place that follow the SI framework. Review of governance meetings undertaken with focus on establishing a joint maternity/neonatal meeting. Same to commence in March.
	Business continuity plans not in place	no	Business continuity plans in place.
	Ability to respond to unforeseen events e.g. pandemic, local emergency	no	The service continues to provide an acute service (since the start of the pandemic) due to the robust contingency plans in place.
CQC inspection and DHSC or NHSE/I request for support	DHSC or NHS England Improvement request for a Review of Services or Inquiry	no	CQC core service review was undertaken in May 2021 which did not highlight any concerns.
	An overall CQC rating of Requires Improvement with an Inadequate rating for either Safe and Well-Led or a third domain	no	N/a
	An overall CQC rating of Inadequate	no	N/a
	Been issued with a CQC warning notice	no	N/a
	CQC rating dropped from a previously Outstanding or Good rating to Requires improvement in the safety or Well-Led domain:	no	N/a
	Been identified to the CQC with concerns by HSIB	no	N/a

Agenda Item: 11

Trust Board

Title:	Estates Strategy 21-26
Responsible Director:	Matthew Swanborough, Director of Strategy and Partnerships
Author:	Paul Mason, Acting Director of Estates, Facilities and Capital Planning Helen Walker, Acting Head of Strategic Planning
Presented by:	Matthew Swanborough, Director of Strategy and Partnerships

Executive Summary	
<ul style="list-style-type: none"> • Our Estates Strategy forms 1 of 7 enabling strategies, through which Our 2021-2026 Strategy will be delivered. • Our Estates Strategy is broken down into 4 campaigns designed to provide a holistic view of Estates, Facilities and Capital and to deliver the Trust infrastructure strategic objective and underpinning priorities: Technical Management Review, People, Support Delivery of Clinical & Non-Clinical Service Strategies and Portfolio Development & Future Planning. • Our Estates Strategy details the process of engagement undertaken during development, including: workshops with staff and external stakeholders. During the workshops each group completed a SWOT to analyse our current position and developed priorities for the next 5 years using our foundations of getting the basics right, better and best. Questionnaires designed to reach the wider staff audience and to gain a patient voice were also used to gain feedback to inform the strategy. • Feedback from the workshops and questionnaires was then used to formulate our 5 year priorities for each of the Estates Strategy campaigns. • The Estates, Facilities and Capital Division will now formulate their annual operational and strategic plan based upon priorities drawn out of the Estates Strategy. • Estates Strategy priorities will be reviewed as part of annual operational and strategic planning to ensure they remain relevant to our evolving patient needs and maintain delivery momentum. 	

Recommendation: (e.g. to note, approve, endorse)	
Approval of the Estates Strategy	

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)		
N/A		
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)		
N/A		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
N/A		
Specific communications and stakeholder /staff engagement implications		
N/A		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
N/A		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
N/A		
FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees	Clatterbridge Master Plan	
Background papers / supporting information		

Estates, Facilities and Capital Strategy

2021-2026



together
we will



Foreword

*“I am pleased to welcome you to our Estates Strategy which showcases our Estates, Facilities and Capital areas of focus for the next 5 years, to deliver our Infrastructure strategic objective; **improve our infrastructure and how we use it.**”*

I would like to thank everyone who has been engaged throughout the process of developing our Estates Strategy which has led to a strong focus upon how we can best serve our people through our estate and infrastructure. We recognise through reflecting upon where we are now and through listening to feedback received from our people during engagement workshops and questionnaires utilised, that we still have a way to go to deliver our priorities in order to best serve our patients and support our staff to carry out their roles efficiently. However, this is an exciting time for WUTH, as our Estates Strategy provides clear direction to aid us make necessary improvements, as part of Wirral Place and the wider Cheshire & Merseyside Integrated Care System”.

**Matthew Swanborough,
Director of Strategy and Partnerships**



Opening Words

“Our Estates Strategy outlines our ambitions for the next 5 years and ultimately aims to deliver outstanding care within high quality environments that support both the patient and staff experience. Therefore, this Estates Strategy is led by the requirements of our clinical services and people rather than our existing hospital buildings restricting our progression to meet the evolving needs of our patients. This fresh approach is unpinned by our Estates vision;

Health connects us, buildings enable us

The Estates vision captures our ambition to create a joined up approach to infrastructure development and asset management across the Wirral Place to benefit the Wirral population, through improved access to healthcare, creating efficient practice and providing value for money”.

**Paul Mason,
Acting Director of Strategic Estates, Facilities & Capital**

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Introduction

Our journey to improve our infrastructure and how we use it



Our Estates Strategy forms 1 of 7 enabling strategies, through which *Our 2021-2026 Strategy* will be delivered. A well thought out estates strategy is essential to the provision of safe, high-quality healthcare buildings capable of supporting current and future service needs.

Our Estates Strategy outlines the direction needed to ensure our estate and infrastructure is fit for purpose, is flexible and adaptable to meet the needs of the evolving population, supports the provision of care closer to home, contributes to delivering a Net Zero Carbon National Health Service (NHS), whilst delivering value for money.

Our Estates Strategy encompasses Infrastructure, Facilities and Capital. The Estates Strategy is broken down into 4 campaigns, aligned to *Our 2021-2026 Strategy*, Infrastructure strategic objective: Technical Management Review, People, Supporting the Delivery of Clinical & Non-Clinical Service Strategies and Portfolio Development and Future Planning.

Our Estates Strategy has been developed through a series of engagement workshops and the use of staff and patient questionnaires, leading to engagement with over 200 patients, staff and external Wirral Place estates representatives. This approach has led to us gaining an understanding of how we can best serve our patients and support our staff to carry out their roles efficiently through the use of our estates and infrastructure.

Location of clinical service delivery has traditionally been restricted by our hospital buildings. However, we now move towards a fresh approach; our Estates Strategy is led by our clinical service needs. This approach is further supported by the ambitions of the Wirral Place Strategic Estates Group and Cheshire & Merseyside Strategic Estates Board.

This document assesses where we are now, outlines where we want to be through the development of priorities for each campaign and details how we are going to get there within the next steps section.

Wirral University Teaching Hospital Estate

Wirral University Teaching Hospital NHSFT (WUTH) estate comprises of two hospital campuses; Arrowe Park Hospital and Clatterbridge Hospital, along with a number of community based facilities and laboratory in Bebbington, Wirral

Arrowe Park Hospital (APH) Campus opened in 1982 and is located on a 15-acre section of Arrowe Park, close to the village of Upton, Wirral, Merseyside.

APH today is our acute site and focuses on providing emergency and specialist care. APH is home to the Wirral's only emergency department. APH also provides a full range of expert inpatient and outpatient services. All the support services required to treat patients with a range of complex medical and surgical conditions are available on site.

APH was a key site that supported the wider NHS during the COVID-19 pandemic, acting as a quarantine site early 2020.

Funding has been awarded to deliver the new Urgent Emergency Care Upgrade Programme (UECUP) on the APH campus. UECUP is a vital investment to support the demographic needs of the Patients of Wirral, whilst enhancing staff facilities.

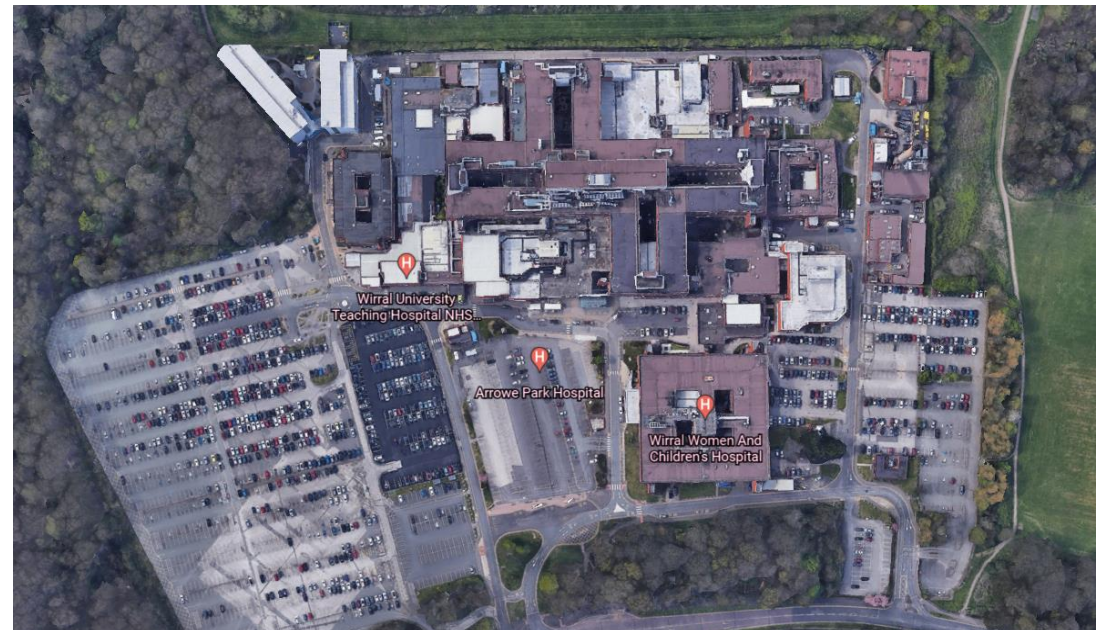


Figure 1. Arrowe Park Hospital Site

Wirral University Teaching Hospital Estate

Continued

Clatterbridge Hospital (CGH) Campus originates in the accommodation provided for the treatment of infectious diseases for the Wirral Poor Law Union Workhouse in 1888. A purpose built infirmary block was erected in 1899. In 1930, with the end of the workhouse system, the site became the responsibility of Cheshire County Council who renamed the facility Clatterbridge General Hospital.

With an increased catchment area expansion of the infirmary was ordered, including a new surgical block and an extension to the existing maternity block. After it joined the NHS in 1948, it became Clatterbridge Hospital.

Today CGH focuses upon planned surgery and medical rehabilitation services, with some outpatient services also being provided.

Across the CGH campus are also a number of healthcare partners, including: The Clatterbridge Cancer Centre NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Wirral Hospice St John's, Elderholme Nursing Home and Claire House Children's Hospice.

WUTH also utilises a number of Wirral system buildings within the community setting to deliver healthcare services, including Microbiology Laboratory located in Bromborough.



Figure 2. Clatterbridge Hospital Site

Background

Developing Our 2021-2026 Strategy

Our previous strategic focus was upon our top three priorities: patient flow, outpatients and peri-operative medicine. Our Clinical Divisions aligned their operational plans to support improvements in each of these three areas. However, clear strategic objectives for all to work towards, aimed to ultimately deliver our vision were not defined. Therefore, our Trust Board decided further work was needed to create a new, clear and meaningful strategic direction.

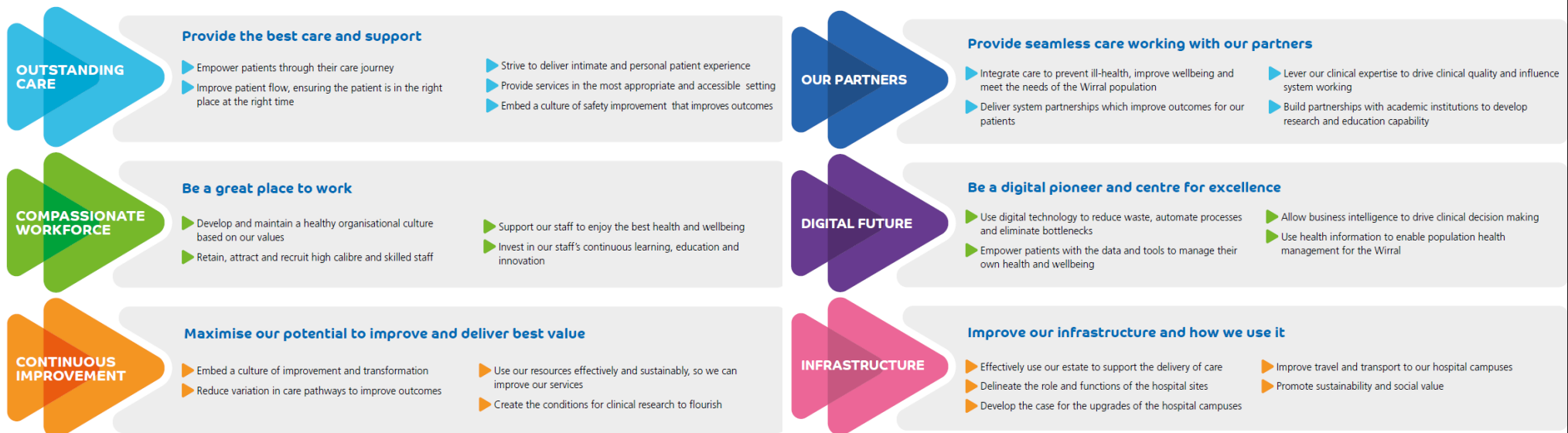
Our journey to develop our new strategic direction began early 2020, through a robust process of research and engagement as described.

Our 2021-2026 Strategy launched October 2020 outlining our intentions and setting out our specific strategic objectives to focus progress over the next five years.



Our 2021-2026 Objectives and Priorities

Our 6 strategic objectives and priorities demonstrate our intension to provide outstanding care across the Wirral through our hospital sites and units, as a lead provider within the Wirral system. We will be a Hospital Trust that patients, families and carers recommend and staff are proud to be part of.



Strategic Framework

Our Enabling Strategies

Our 2021-2026 Strategy will be delivered through 7 enabling strategies as shown. This strategy will set out our road map of estates priorities for the next five years aligned to our Infrastructure strategic objective, to ensure we are all working towards the same goal in delivering *Our 2021-2026 Strategy*.

Our Estates Strategy encompasses: infrastructure, facilities and capital.

Our Estates Strategy has been separated out from our Estates Master Plans that are under development, to ensure we set out clear intentions that have been developed through engaging with our patients and staff.

The Estates Strategy has been influenced by and will support the other enabling strategies, to enable wider transformation, including our Patient Experience Strategy and Financial Strategy. Infrastructure strategic objective priorities developed by our clinical service teams have also been drawn out of our Clinical Service Strategy 2021-2026 to inform our Estates Strategy. The Estates Strategy will also be aligned to our Infection Prevention and Control Strategy which underpins our Quality and Safety Strategy.



Developing Our Estates Strategy

2021-2026





Our Estates, Facilities and Capital Journey

Where we are now

Over the past 5 years there has been a shift in strategic recognition at WUTH in regards to the importance of the built environment to underpin the delivery of our clinical services. WUTH has invested significant time and resources to grow its capabilities which resulted in the integration of Estates, Facilities and Capital. The Trust is baselining its levels of maturity and has started to develop demonstrable improvement planning to drive significant strategic improvement, aligning to the Trust wider strategies and NHS Long Term Plan priorities.

One of the key objectives for Estates, Facilities and Capital is to develop the Estates Strategy. The Estates Strategy has been broken down into 4 campaigns based on arising themes within the key developments section of this document. The 4 campaigns which are introduced within this section of the document, encompass all required elements to enable us to progress from where we are now to where we want to be over the next 5 years and deliver our Infrastructure strategic objective priorities.

Key Developments

Reflection to shape the development of Our Estates Strategy 2021-2026

WUTH use a number of external tools to support us in monitoring our estates and infrastructure, to drive our development:

Premises Assurance Model (PAM) is a self assessment tool to help organisations to manage Estates and Facilities. PAM covers 5 domains: governance, hard FM safety (building and infrastructure) and soft FM safety (delivered services such as cleaning and portage), patient experience and effectiveness. WUTH have undertaken our first PAM self assessment in 2021 and are currently working through our PAM submission to develop appropriate improvement action plans prior to re-evaluation in July 2022, at which point we will be able to monitor progress.

Estates Returns Information Collection (ERIC) data is a benchmarking tool for Estates, Facilities and Capital related costs and risks. This intelligence aids WUTH to prioritise areas of concern and inform investment plans. WUTH submit an annual ERIC return that helps to understand our standings in relation to other Trust across the Country. The latest ERIC submission determined that WUTH had a 27.1% share of available backlog monies invested across the North West.

WUTH 6 Facet Survey documents our backlog maintenance liabilities. A key achievement in 2021 is the alignment of the backlog maintenance liability with the capital investment programme, to ensure capital is targeted to improve the condition of our Trust buildings.

This exercise has resulted in a significant capital investment in 2020/21 and 2021/22 and provided building intelligence to develop our 2022/23 capital programme.

Patient-Led Assessments of the Care Environment (PLACE) is a annual national audit which examines the hospital building environment in relation to delivering patient care. WUTH has actively participated within the non-mandatory PLACE Lite audit undertaken during the COVID-19 pandemic to ensure we are continuing to evaluate ourselves to support delivering high quality patient experience.

An integrated Estates and Facilities improvement programme has been developed to establish a governance structure that enables the implementation and management of Division wide improvements and control measures. As part of the development phase, WUTH commissioned an independent review of the Estates Division. 9 improvement plans followed, ranging from fire improvement plan to staff engagement plan.

Key Developments

Reflection to shape the development of Our Estates Strategy 2021-2026 continued

Sustainability and social value are key objectives for all NHS Trusts. WUTH are dedicated to reducing our impact on the environment and are in the process of introducing a Net Zero Carbon Lead to harness opportunities and deliver sustainability actions. WUTH Green Plan is due for submission early 2022, which will determine our current state, where our omissions are coming from and outline actions in those specific areas to support our journey to becoming Net Zero Carbon. Following Trust level submission Cheshire and Merseyside Integrated Care System (ICS) will then be required to develop a system level Green Plan with actions being monitored by the Board. WUTH engage at system level through active participation at the ICS Sustainability Board. WUTH are also updating our Travel Plan in collaboration with Wirral Council to gain a picture of how people travel to our hospital sites and produce recommendations to support more eco-friendly methods of transport.

The Urgent & Emergency Care Upgrade Programme (UECUP) is a key capital programme currently in development following the allocation of £28m capital funding to WUTH for the transformation of the Urgent Treatment Centre and Emergency Department. UECUP was established by WUTH in July 2020, in partnership with Wirral Community Health and Care NHS Foundation Trust and the local health economy, to transform the provision and delivery of Urgent and Emergency Care services at APH site to benefit the Wirral population. Outline Business Case approval was achieved in 2021, with Full Business Case submission due early 2022.

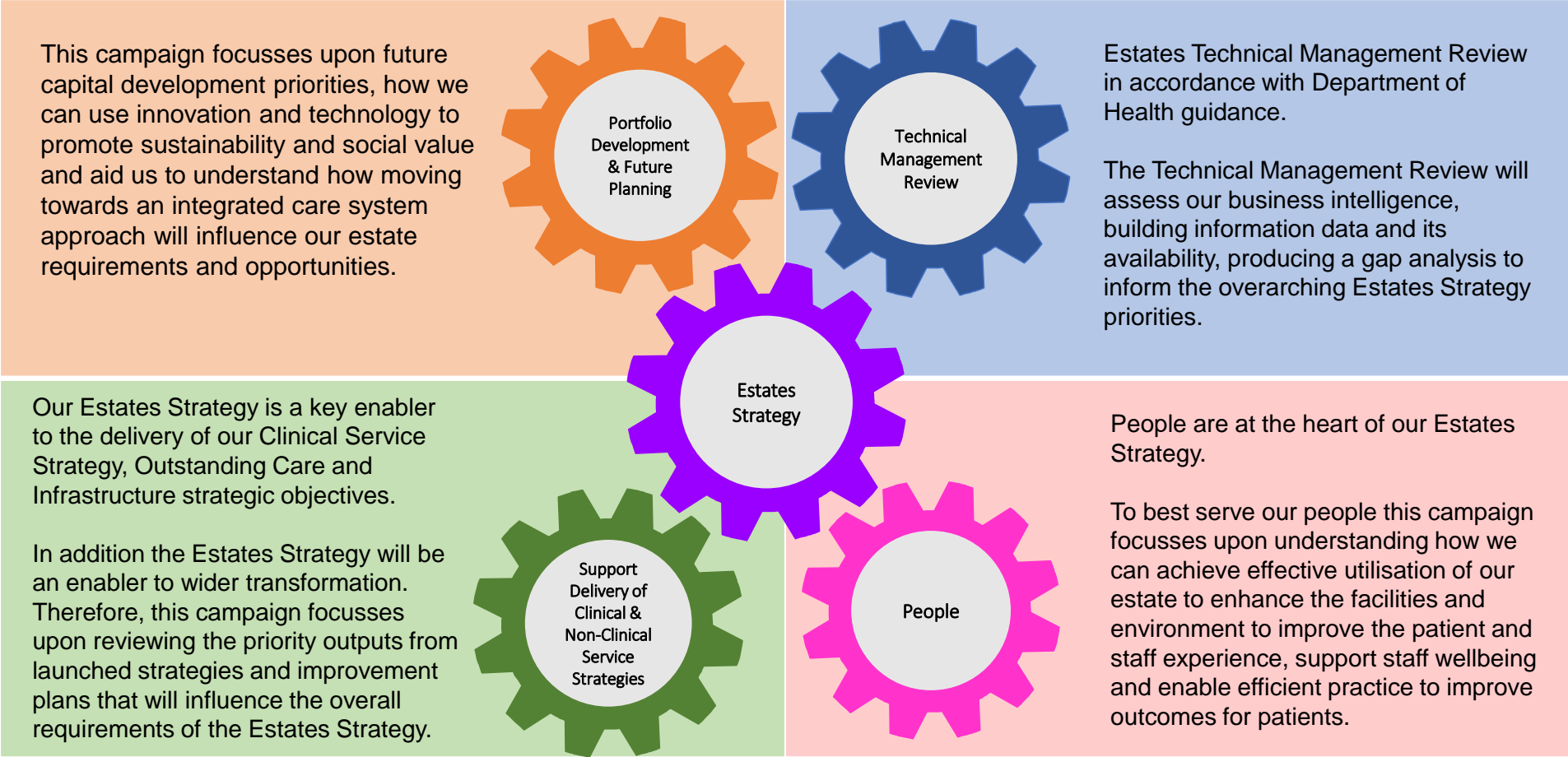
WUTH Estates Master Plans will produce detailed options appraisals for each site, capturing the strategic intent of clinical services driven by the Clinical Service Strategy to form the strategic long term Estates Master Plans and clear delineation across WUTH campuses. The Estates Master Plans will create a clear foundation for capital investment and workforce planning. CGH Estates Master Plans were completed in 2021, outlining a clear ambition to develop CGH as an elective hub and integrated facility with Clatterbridge Cancer Centre NHS Foundation Trust. APH Estates Master Plans will commence early 2022.

WUTH Estates, Facilities and Capital departments have joined as a Division in 2021, with a strategic intent of driving efficiencies and development across service delivery.

Providing seamless care working with our partners is one of our 6 strategic objectives. Therefore, WUTH leading the Wirral Place Strategic Estates Group (SEG) was a clear achieved ambition. The aim of SEG is to co-ordinate estates related decision making and associated resource utilisation across partner organisations focussed on the requirements of Wirral residents and the delivery of clinical models of care. WUTH are also active participants at Cheshire & Merseyside Strategic Estates Board (SEB). SEB aims to maximise buildings utilisation, address backlog maintenance, explore opportunities for releasing surplus land and develop further the integrated planning approach for the NHS estate across Cheshire and Merseyside, to support delivery of services from good quality fit for purpose buildings.

The 4 Campaigns of Our Estates Strategy

Developing Our Estates Strategy 2021-2026



Technical Management Review

The Estates Technical Management Review in conjunction with the Department of Health guidance focusses upon the necessary technical elements required to ensure safe and secure infrastructure, to support our core purpose; providing outstanding care in high quality clinical environments.

Determining Where Are We Now?

The key developments have highlighted where we are now and the Technical Management Review will be a key driver in delivering the Estates Strategy and progressing us to where we want to be. The Technical Management Review will assess the built environment and infrastructure to determine existing constraints, limitations and enabling components that will support us in continuing to meet the evolving needs of the population served and drive forward improvements.

Information & Gap Analysis

The Technical Management Review will also incorporate a gap analysis to review our business intelligence, document control, building information data and its availability, highlighting gaps to be addressed.

Together this information informs the Technical Management Review priorities.

The remaining Estates Strategy campaigns: People, Supporting the Delivery of Clinical & Non-Clinical Service Strategies and Portfolio Development & Future Planning, will determine where we want to be within the next 5 years by mapping out our priorities.

How we get to where we want to be is further detailed within the next steps section.



People

People are at the heart of our Estates Strategy because without our patients, service users, relatives, carers, clinical services and staff we would not require our hospital buildings. Therefore, to best serve our people this campaign focusses upon understanding how we can achieve effective utilisation of our estate to enhance the environment to improve the **patient and staff experience**, support **staff wellbeing** and enable **efficient practice** to improve outcomes for patients.

Patient and staff experience

Gaining intelligence to improve transport links to enhance the patient and staff experience from before they arrive at our hospital sites. Understanding how we can effectively utilise our estate to enhance the patient and staff experience while at our hospital sites.

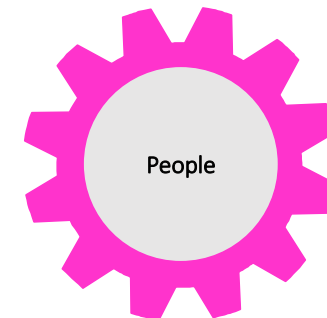
Staff wellbeing

Recognising how to best utilise our estate to support staff wellbeing by scoping what is important to our staff.

Efficient Practice

Understanding from a staff perspective how we can best use our estate, facilities and capital to enable innovative practice to support our staff to efficiently carry out their roles.

The aim of the People campaign is to gain feedback from our people in regards to how we can improve our estate and what our areas of focus should be over the next 5 years to support them. Engagement workshop outputs can be found in Appendix 1.



Support Delivery of Clinical & Non-Clinical Service Strategies

In order for our Estates, Facilities and Capital services to respond effectively to our Trust strategic ambitions and Support Delivery of Clinical and Non-Clinical Service Strategies, it is essential that a review of our existing strategy priorities is undertaken to inform the Estates strategy. Therefore, a desktop review has been undertaken to review the following Trust strategies and improvement plans, to identify existing Trust priorities relating to Estates, Facilities and Capital:

- Our 2021-2026 Strategy
- Clinical Service Strategy
- Infection Prevention and Control Strategy
- Digital Strategy
- Patient Experience Strategy
- Staff Wellbeing Survey
- Estates, Facilities and Capital improvement plan

The priorities were analysed to determine emerging themes which have been grouped into the following categories and have informed this campaigns priorities: environment, optimisation of estates, infrastructure development, governance & communication, maintenance and accessibility (Appendix 2: details the Supporting Delivery of Clinical and Non-Clinical Service Strategies matrix).



Portfolio Development & Future Planning

Portfolio Development and Future Planning campaign aims to deliver our infrastructure objective;

Improve our infrastructure and how we use it

Therefore, this campaign focusses upon: gaining oversight of our clinical divisions 5 year future **capital development** priorities, how we can use **innovation and technology** to promote sustainability and social value and aid us to understand how moving towards an **integrated care system** will influence our estate requirements and present opportunities.

Capital Developments

How best we delineate the role and functions of the hospital sites through thorough Estates Master Plans for APH and CGH, hospital upgrade programme and alignment of Clinical Service Strategy priorities, to support us to effectively use our estate to support the delivery of care.

Innovations and Technology

What innovative opportunities exist to drive sustainability and social value to support our environment.

Integrated Care System & Place

Working with our partners to take advantage of benefits associated with integrated care working and understand estate opportunities.

Engagement workshop outputs used to develop the priorities for this campaign can be found in Appendix 3.

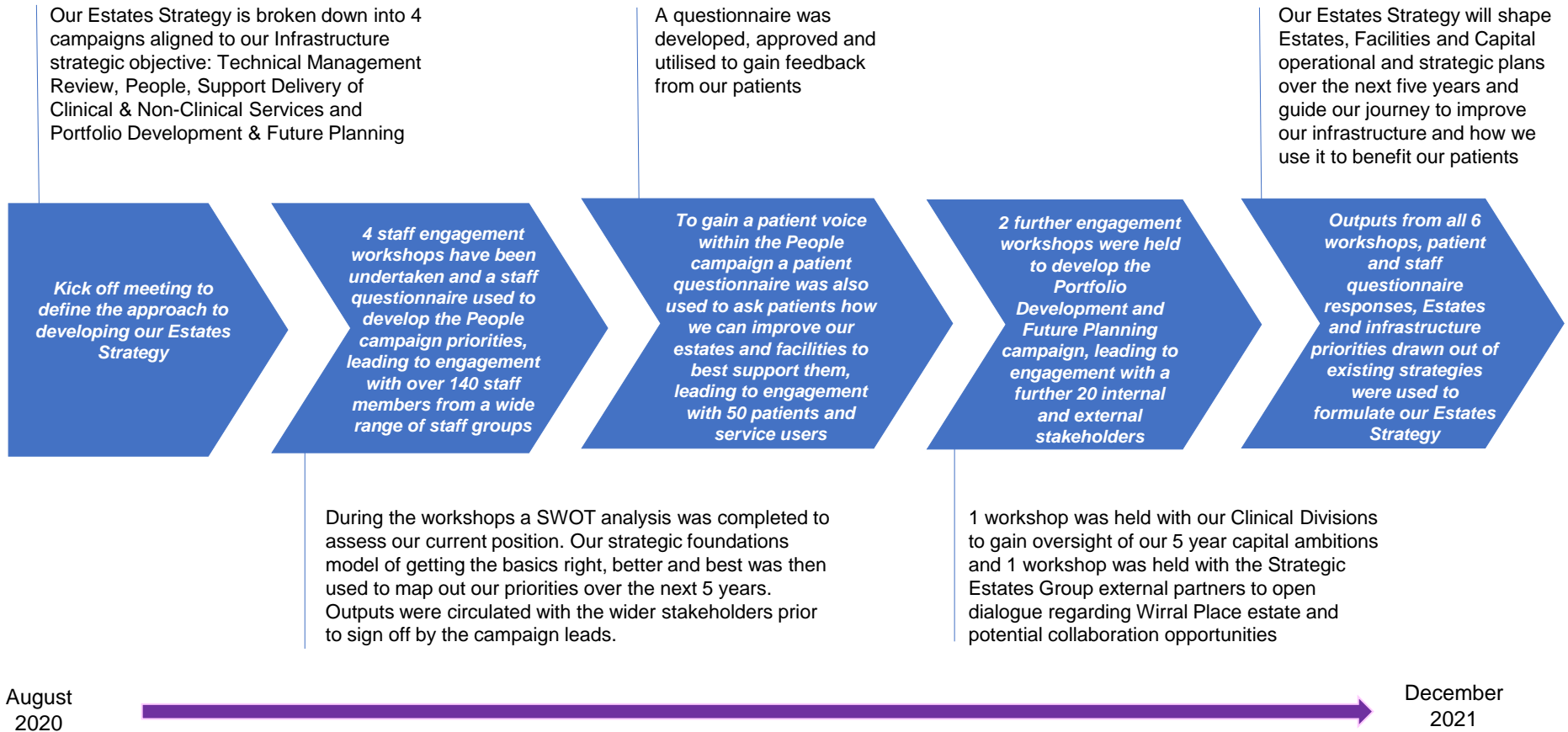


Strategic Alignment

The 4 campaigns of our Estates Strategy aligned to our Infrastructure strategic objective

	Infrastructure Improve our infrastructure and how we use it				
	Effectively use our estate to support the delivery of care	Delineate the role and functions of the hospital sites	Develop the case for the upgrades of the hospital campuses	Improve travel and transport to our hospital campuses	Promote sustainability and social value
Technical Management Review	✓		✓		✓
People	✓	✓	✓	✓	✓
Support Delivery of Clinical & Non-Clinical Service Strategies	✓	✓	✓	✓	✓
Portfolio Development & Future Planning	✓	✓		✓	✓

Engagement with our Patients and Staff



Patient and Staff Questionnaire Results Summary



Wirral University
Teaching Hospital
NHS Foundation Trust

All results and discussions can be found in Appendix 4

Patient Results

Staff Results

Combined Priorities

- Car was the most popular method of transport for patients, due to mobility issues and convenience.
- Approximately a third of patients would support improving the frequency of and areas covered by bus routes to both of our hospital sites.
- Majority of patients reported they had travelled from areas in eastern side of Wirral.
- The majority of patients were happy to travel our hospital sites to access services, but suggested making some services such as physiotherapy, dialysis and X-Ray available in the community.
- Most patients found navigating around our hospital site easy but suggested increasing volunteer presence to support them.
- Patients gave positive responses about the environment but did make suggestions for improvements, including playing music in waiting areas and replacing carpets.

- Most patients and staff arrive to our hospital sites by car and the reasons they chose this method of transport means that this is unlikely to change. However, 31% of patients and 22% of staff indicated that improvements to bus routes could support them in using more eco-friendly options.
- Both staff and patients suggested modernising the environment, and improving the air conditioning and temperature control across both sites.

- Car was the most popular method of transport for staff; due to the distance they travelled to work and carers responsibilities.
- Staff suggested introducing electric car charging points, improving bike storage and increasing shower facilities to improve eco-friendly transport options.
- The majority of our staff purchase food and drink, and generally rate this well.
- Staff would however like healthier options, including vegetarian and vegan options and many suggested a salad bar.
- The majority of staff know how to contact Estates and Facilities and gave good feedback about this service. An area for improvement highlighted was informing staff of response times.
- Staff requested improved break areas to better support their wellbeing.

Based on 50 patient responses

Based on 101 staff responses

Estates Strategy Key Priorities

2021-2026





Key Priorities

Where We Want to Be: the 4 campaigns of the Estates Strategy 2021-2026

The priorities detailed within this section of the document reveal where we want to be in the next 5 years to achieve maximum benefits across our organisation, to benefit our patients, staff and the population of Wirral.

The priorities are broken down into the 4 campaigns of the Estates Strategy which are aligned to deliver our Infrastructure strategic objective.

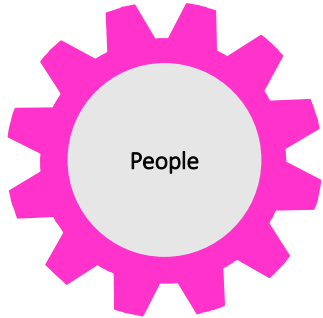
The detailed outputs from each of the People campaign and Portfolio Development & Future Planning strategy development workshops which include a SWOT analysis to assess our current position and a comprehensive list of priorities put forward from a wide range of stakeholders can be found in Appendices 1 and 3. Staff and patient questionnaire results which have also informed the People campaign priorities can be found in Appendix 1.



Technical Management Review

To improve our infrastructure and how we use it we will:

- Undertake a robust technical assessment to understand the key components that support and drive improvements across property management, including: physical conditional, functional use, space utilisation, quality of the estates, statutory and environmental impacts such as risk adjusted back log maintenance planning, to inform integrated capital planning and investment programmes.
- Develop and implement a robust governance framework across Estates, Facilities and Capital services to enhance visibility and assurance to the Trust across statutory, mandatory and Trust related governance requirements.
- Develop and implement an Estates digital system/s to ensure fit for purpose processes are introduced to enhance operational efficiencies and future proof the management of the built environment and operational needs.
- Lead the development and delivery of a 5 year Trust capital programme.



People

To improve our infrastructure and how we use it we will:

- Deliver a high quality patient experience by implementing a proactive maintenance programme, to ensure our environment meets the needs of our patients and enables our staff to carry out their roles efficiently.
- Improve accessibility for all patients through reviewing existing signage, use of technology aids and staff and volunteer presence to support navigation around our hospital sites.
- Expand our catering offering through accessible opening hours, introducing additional locations closer to clinical areas, healthier options and a wider variety of food choices to support dietary requirements.
- Improve our staff facilities, including: indoor break areas and outdoor space, enhance changing areas, shower facilities and bicycle storage, across our campuses to support staff wellbeing.
- Develop and implement a WUTH transport plan in collaboration with Wirral Place partners to enable patients and staff to utilise eco-friendly sustainable methods of transport to reach our hospital campuses.



Support Delivery of Clinical & Non-Clinical Service Strategies

To improve our infrastructure and how we use it we will:

- Improve patient and staff experience by providing services in high quality clinical environments, that are appropriate and accessible for all.
- Make effective use of our estates through delineating the roles and functions of the sites, whilst promoting sustainability and social value.
- Improve travel and transport to our hospital campuses and undertake a review of our signage to support navigation around our hospital campuses.
- Ensure that those responsible for the governance and safety of all estates development meet industry standards and statutory compliances, whilst working in collaboration with other staff groups such as Infection Prevention and Control and Facilities Management to promote the provision of a safe and appropriate environment.
- Proactive maintenance programmes to reduce backlog and reactive tasks.



Portfolio Development & Future Planning

To improve our infrastructure and how we use it we will:

- Optimise the use of our estates through enhancements that are directed by population health needs and our understanding of capacity and demand of our clinical services, whilst preserving the synergies created through co-location of specialist services.
- Introduce sustainability and social value as a standard consideration in our procurement processes, in order to enhance recycling, reduce waste and minimise the use of single-use equipment where appropriate.
- Lead the collective Wirral Place asset portfolio mapping of system wide estate to enable estate efficiencies and improvements.
- Support the development and implementation of the Integrated Care System Estates Strategy to support the prioritisation of capital requirements, place based care and one public estate agendas, to benefit the population of Wirral.

Next Steps

How We Get to Where We Want to Be: implementation, monitoring and review



Our Estates, Facilities and Capital Division will translate the Estates Strategy priorities into their annual operational and strategic priorities.

The Estates, Facilities and Capital annual operational and strategic priorities will be reviewed and approved via Trust Board. Progress in delivering the Estates, Facilities and Capital 2022/23 operational and strategic priorities will be monitored twice yearly.

Key to the success of this strategy is the continued involvement of our patients, staff and partners to ensure it meets the changing needs of the population of the Wirral.

Estates Strategy priorities will be reviewed as part of annual operational and strategic priority planning to ensure they remain relevant to our evolving patient needs and we maintain delivery momentum for the 5 year lifespan of this Estates Strategy.

Glossary of Terms

Appendix 1: People Campaign Workshop Outputs

**Appendix 2: Supporting Delivery of Clinical and Non-Clinical
Service Strategies Matrix**

**Appendix 3: Portfolio Development & Future Planning Workshop
Outputs**

Appendix 4: Patient and Staff Questionnaires and Results

Appendix 5: Alignment to Our Patient Experience Strategy





Glossary of Terms

APH - Arrowe Park Hospital

Capital - Money invested into our organisation to enhance and develop our assets, such as land, buildings and equipment.

Cheshire and Merseyside Integrated Care System (ICS)

An Integrated Care System (ICS) brings together the NHS organisations, councils and wider partners in a defined geographical area to deliver more joined up approaches to improving health and care outcomes. Cheshire and Merseyside is one of the largest ICSs in England. Within each ICS there is an Integrated Care Partnership and an Integrated Care Board.

CGH - Clatterbridge Hospital

Estates - A collective term used to describe all real property such as buildings and land that are managed by our organisation.

Facilities - Services that are provided for a specific purpose , such as catering, cleaning and portorage.

Hard FM - Hard facilities management refers to the physical structures of a building which cannot be removed, such as lighting or plumbing.

Infrastructure - The built environment and supporting elements such as equipment, access, systems and processes, and technology.

Soft FM - Soft facilities management are the services managed by people that we rely on to maintain our buildings and ensure a healthy and safe environment.

Strategy - A plan of action that provides clear direction for all to work towards.

Wirral Place - Local health and social care partners working together across Wirral to improve health and care outcomes and reduce inequality for our population. Wirral Place is one of nine borough 'places' in the region of the Cheshire and Wirral ICS.

WUTH - Wirral University Teaching Hospital NHS Foundation Trust

Appendix 1: People Campaign Workshop Outputs



Microsoft
PowerPoint Presentat

Appendix 2: Supporting Delivery of Clinical and Non-Clinical Service Strategies Matrix



Microsoft Excel
Worksheet

Appendix 3: Portfolio Development & Future Planning Workshop Outputs



Microsoft Excel
Worksheet

Appendix 4: Patient and Staff Questionnaires and Results



Microsoft Word
Document

Patient questionnaire,
results and report



Microsoft Word
Document

Staff questionnaire,
results and report

Appendix 5: Alignment to Our Patient Experience Strategy

Patient questionnaire results will be used to inform priorities within the Estates Strategy to support the delivery of the Patient Experience Strategy promises.



	Being made to feel at ease and reassured	Listening to me and respecting me as an individual	Feeling safe and having trust in the staff	Designing my care with me and for me	Working together to plan my aftercare
Technical Management Review			✓		
People	✓		✓		
Support Delivery of Clinical & Non-Clinical Service Strategies		✓	✓	✓	
Portfolio Development & Future Planning	✓	✓	✓	✓	✓

Agenda Item: 12

Meeting of the Trust Board
2nd March 2022

Title:	Estates, Facilities and Capital Improvement Update
Responsible Director:	M Swanborough, Director of Strategy & Partnerships
Author:	Paul Mason, Acting Director of Estates, Capital & Facilities C Jefferson, Acting Head of Infrastructure Improvement
Presented by:	M Swanborough, Director of Strategy & Partnerships

Executive Summary

Following the communication from NHS England and NHS Improvement to Chief Executives in June 2021 outlining the key next steps required from each integrated care system and NHS Trusts over the coming months. The Estates, Facilities and Capital division, working in collaboration with the other divisions, have developed a Trust Green Plan.

Due to operational pressures within the Trust it was agreed by the Executive team that the first edition of the Green Plan could be submitted to the ICS in order to achieve the ICS submission deadline of January 14th 2022.

The Green Plan is a living document and comments from the Board are very welcome and will be incorporated into the next edition which will be developed in line with the recommendations from the ICS following publication of the System Green Plan (ICS Green Plan delivery deadline 22nd March 2022).

To support delivery of the Green Plan the Estates, Facilities and Capital will be seeking Executive support to set up a Sustainable Development Group to commence April 2022 which will report into the Board via one of the existing established Trust Committees. There will also be a working group set up for each 'Area of Focus' with an assigned lead focused and accountable for delivery.

Environmental Drivers covered by the Trust's Green Plan:

NHS Long Term Plan (LTP)	<p>2.18 Take action on healthy NHS premises</p> <p>2.21 Reduce air pollution from all sources</p> <p>2.24 Take a systematic approach to reduce health inequalities</p> <p>2.3 Improve preventative care</p> <p>2.37 Commission, partner with and champion local charities, social enterprises and community interest companies</p> <p>4.38 Make the NHS a consistently great place to work – promoting flexibility, wellbeing and career development</p> <p>4.42 Place respect, equality and diversity at the heart of workforce plans</p> <p>16 Play a wider role in influencing the shape of local communities</p>
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	<p>17 Lead by example in sustainable development and in reducing use of natural resource and the carbon footprint of health and social care</p> <p>18 Create social value in local communities as an anchor institution</p>
NHS Standard Contract 21/22 SC18	<p>18.1 Take all reasonable steps to minimise adverse impact on the environment</p> <p>18.2 Maintain and deliver a Green Plan, approved the Governing Body, in accordance with Green Plan Guidance</p>
NHS Planning Guidance 21/22 PG	C1 Where outpatient attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation
Estates “Net-Zero” Carbon Delivery Plan NZCDP	<ol style="list-style-type: none"> 1. Making every kWh count: Investing in no-regrets energy saving measures 2. Preparing buildings for electricity-led heating: Upgrading building fabric 3. Switching to non-fossil fuel heating: Investing in innovative new energy sources 4. Increasing on-site renewables: Investing in on-site generation
Greener NHS/Net Zero Plan	<p>Net zero by 2040 for the NHS Carbon Footprint, with 80% reduction by 2028 to 2032</p> <p>Net zero by 2045 for the NHS Carbon Footprint “Plus”, with an ambition for an 80% reduction by 2036 to 2039</p>

Recommendation:

(e.g. to note, approve, endorse)

To approve the publication of the Green Plan

Which strategic objectives this report provides information about:

Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)

Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)

Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)

Specific communications and stakeholder /staff engagement implications

Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
FOI status	Document may be disclosed in full	x
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees		
Background papers / supporting information	Attached WUTH Green Plan document, first edition.	



Wirral University Teaching Hospital

NHS Foundation Trust

Green Plan 2022 - 2025



Contents

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- Highlights 4
- Introduction 5
- Organisational Vision 8
- Areas of Focus 21
- Conclusion 70

Foreword

The Trust vision is “Together we will deliver the best quality and safest care to the communities we serve”, an important factor in ensuring that we can deliver the safest care is recognising the responsibility that we have as a health care organisation to reduce our impact on the environment as the link between climate and the NHS ambitions in becoming the world’s first net zero national health service.

The Wirral Peninsular is already experiencing the effects of climate change such as higher summer temperatures with longer dry spells and more frequent heat waves, warmer and wetter winters, more storms and floods, and a rise in sea levels. As a coastal peninsular, it’s imperative that we work with our system partners to ensure a combined approach not only in reducing our carbon footprint, but also adapting to the changes that are already happening. We are confident that we can work with our partners in the local health and care system to achieve a more sustainable way of working.

As most of us will be aware, reaching net-zero emissions is high on the agenda at present and while the Trust already incorporates sustainability in many aspects of its activities, we also recognise

that more can be done, and we are committed to making the necessary changes to contribute to net-zero. This document will set out actions and targets for different areas of focus, these will be monitored annually to ensure we reach our net-zero target by 2040/45.

Matthew Swanborough, Director of Strategy & Partnerships

Highlights



Introduction

“While the NHS is already a world leader in sustainability, as the biggest employer in this country and comprising nearly a tenth of the UK economy, we’re both part of the problem and part of the solution.

That’s why we are mobilising our 1.3 million staff to take action for a greener NHS, and it’s why we have worked with the world’s leading experts to help set a practical, evidence-based and ambitious route map and date for the NHS to reach net zero.”

Sir Simon Stevens, former NHS Chief Executive

Wirral University Teaching Hospital NHS Foundation Trust (WUTH) is proud to share our Green Plan, which seeks to embed sustainability and low carbon practice in the way we offer vital healthcare services and help the NHS to become the first health service in the world with net zero greenhouse gas (GHG) emissions.

The climate crisis is also a health crisis. Rising temperatures and extreme weather will disrupt care and impact the health of our patients and the public, especially the most vulnerable in our society. WUTH has a central role to play in reducing health inequalities and helping the NHS to reach net zero.

This Green Plan serves as the central document for WUTH’s sustainability agenda and provides the rationale for sustainability at the Trust. Through this Green Plan, WUTH will work with our staff, patients and partners to take powerful sustainable development and climate action as part of our commitment to offer the highest quality care to our communities.

WUTH has previously produced a Carbon Reduction Strategy and Carbon Reduction Implementation Plan, which we reviewed against the NHS Carbon Reduction Strategy for England (NHSCRS). This Green Plan will build on our previous efforts.

The Green Plan will be reviewed annually and updated where necessary to ensure continual improvement.

WUTH NHS Trust in 2020/2021

Number of employees (FTE):
6,300

Key Services:
Acute hospital services

Footprint of Sites:
116,462m²

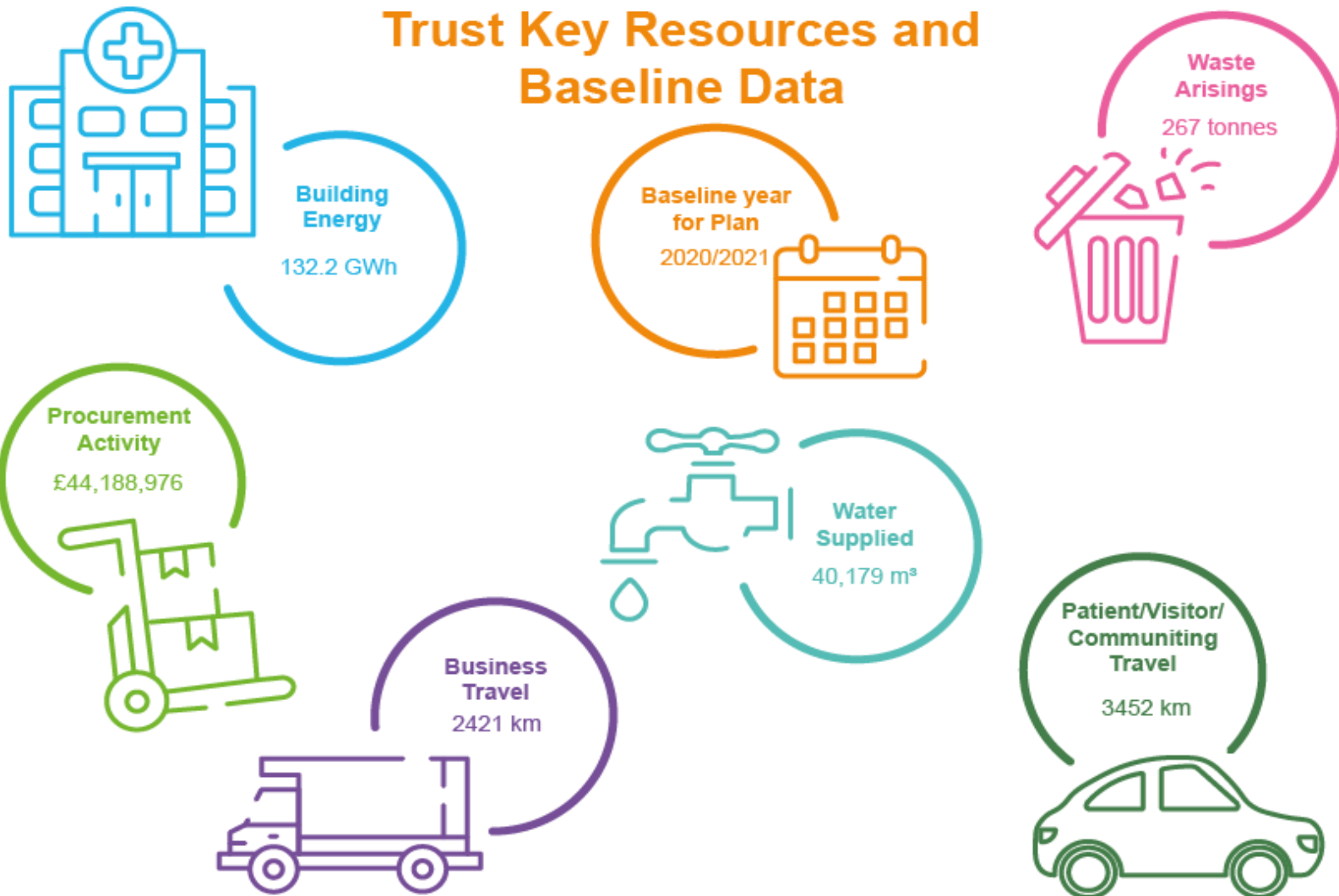
Geography:
Main sites are Arrowe Park Hospital and Clatterbridge Hospital

Specialised Services:
cardiology, dementia services, dermatology, haematology, intensive care, microbiology, minor trauma, oncology, orthopaedics, physiotherapy, rheumatology, surgery, urology, women's and children's services

Population that the hospital serves
Circa 400,000



Trust Key Resources and Baseline Data



The figures above show the consumption data for our key resources during our baseline year (2020/21).

Organisational Vision



...deliver the best quality and safest care to the communities we serve

Our strategic priorities have been derived by reviewing national, regional and local context and can be found in our '2021-2026 Our Strategy' document. They will be incorporated throughout this Green Plan as part of the Sustainability Areas of Focus:



Our values

caring
for everyone

respect
for all

embracing
teamwork

committed to
improvement

Green Plan Vision

Our Green Plan adds further environmental and social dimensions to the delivery of care, especially in terms of the widely accepted climate and ecological crisis.

Our Green Plan Vision

Net Zero: Resource consumption and Greenhouse Gas (GHG) emission reductions that align with NHS net zero targets

Climate Resilience: Reducing the environmental impact of our activities and provide a basis for us to become a climate change-resilient organisation

Social Value: Actions that leverage our role as a place-based anchor institution to accomplish social value

Our Green Plan has nine Areas of Focus that appraise our status and set actions to be achieved within the next three years:

1. Workforce and Systems Leadership
2. Sustainable Models of Care
3. Digital Transformation
4. Travel and Transport
5. Estates and Facilities
6. Medicines
7. Supply Chain and Procurement
8. Food and Nutrition
9. Adaptation



Arrows Park Hospital. Source: WUTH Library

Our Drivers for Change

Wirral University Teaching Hospital NHS Foundation Trust is committed to deliver the NHS Long Term Plan, Standard Contract, and the recommendations in the Priorities and Operational Planning Guidance and 'Delivering a Net Zero NHS' report, all of which have informed our Green Plan and shape our Vision.

We will work through this plan to fulfil sustainable development requirements from the NHS (as shown in Figure 1) and other relevant legislation (as listed in Figure 2 on page 12) that are aligned with the relevant United Nations (UN) Sustainable Development Goals (SDGs). This includes obligations to minimise adverse impacts on the environment and secure wider social, economic and environmental benefits for our communities.

We also commit to review and participate in regional partnerships and strategies, such as Healthy Wirral and our ICS, wherever appropriate. Our strategic intention is to provide outstanding care across the Wirral through our hospital sites and units, as per our '2021-26 Our Strategy' document.

WUTH will work to ensure:

Meaningful alignment to SDG targets within each Green Plan area of focus

The establishment of effective partnerships for the goals within our region and beyond

Awareness of and links to the SDG's global context, wherever appropriate



Reception Area. Source: WUTH Library

Environmental Drivers






Priority	Link to our Green Plan
 NHS Long Term Plan (LTP)	<p>2.18 Take action on healthy NHS premises.</p> <p>2.21 Reduce air pollution from all sources.</p> <p>2.24 Take a systematic approach to reduce health inequalities.</p> <p>2.3 Improve preventative care.</p> <p>2.37 Commission, partner with and champion local charities, social enterprises and community interest companies.</p> <p>4.38 Make the NHS a consistently great place to work – promoting flexibility, wellbeing and career development.</p> <p>4.42 Place respect, equality and diversity at the heart of workforce plans.</p> <p>16 Play a wider role in influencing the shape of local communities.</p> <p>17 Lead by example in sustainable development and in reducing use of natural resource and the carbon footprint of health and social care</p> <p>18 Create social value in local communities as an anchor institution.</p>
 NHS Standard Contract 21/22 SC18	<p>18.1 Take all reasonable steps to minimise adverse impact on the environment.</p> <p>18.2 Maintain and deliver a Green Plan, approved by the Governing Body, in accordance with Green Plan Guidance.</p>
 NHS Planning Guidance 21/22 PG	<p>C1 Where outpatient attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation</p>
 NHS Estates 'Net Zero' Carbon Delivery Plan NZCDP	<ol style="list-style-type: none"> 1. Making every kWh count: Investing in no-regrets energy saving measures 2. Preparing buildings for electricity-led heating: Upgrading building fabric 3. Switching to non-fossil fuel heating: Investing in innovative new energy sources 4. Increasing on-site renewables: Investing in on-site generation
 NHS Greener NHS / Net Zero Plan	<p>Net zero by 2040 for the NHS Carbon Footprint, with 80% reduction by 2028 to 2032.</p> <p>Net zero by 2045 for the NHS Carbon Footprint 'Plus', with an ambition for an 80% reduction by 2036 to 2039.</p>

Figure 1 NHS Environmental Drivers

Legislative Drivers

Legislative Drivers	UK guidance; those driven by UK Guidance
Civil Contingencies Act 2004	National Policy and Planning Framework 2012
Climate Change Act 2008 (as amended)	Department of Environment, Food and Rural Affairs (DEFRA) The Economics of Climate Resilience 2013
Public Services (Social Values) Act 2012	Department for Environment, Food and Rural Affairs (DEFRA) Government Buying Standards for Sustainable Procurement 2016
Mandatory; those mandated within the NHS	The Stern Review 2006; the Economics of Climate Change
Standard Form Contract requirements	Health Protection Agency (HPA) Health Effects of Climate Change 2012
HM Treasury's Sustainability Reporting Framework	The National Adaptation Programme 2013; Making the country resilient to the changing climate
Public Health Outcomes Framework	Department of Environment, Food and Rural Affairs (DEFRA) 25 Year Plan
International	Health Specific Requirements
Intergovernmental Panel on Climate Change (IPCC) AR5 2013	Delivering a Net Zero National Health Service 2020 and Greener NHS guidance
UN Sustainable Development Goals (SDGs) 2016	Five Year Forward View 2014
World Health Organisation (WHO) toward environmentally sustainable health systems 2016	Sustainable Development Strategy for the Health and Social Care System 2014-2020
World Health Organisation (WHO) Health 2020	Adaptation Report for the Healthcare System 2015
The Global Climate and Health Alliance. Mitigation and Co-benefits of Climate Change	The Carter Review 2016
	National Institute for Clinical Excellence (NICE) Physical Activity; walking and cycling 2012
	Health Technical Memoranda (HTM)'s and Health Building Notes (HBN)'s
	Sustainable Transformation Partnerships (STP) Plans

Figure 2 Legislative Drivers with UK Guidance

The UN Sustainable Development Goals

Our Trust is working meaningfully towards the United Nations (UN) Sustainable Development Goals (SDGs) through our Green Plan, which we have aligned to relevant SDG targets.

The SDGs underpin a global action framework to 2030, adopted by every UN member country to address the biggest challenges facing humanity.

Each goal has targets and indicators to help nations and organisations prioritise and manage responses to key social, economic and environmental issues.

“The NHS belongs to all of us” *

The NHS and its people contribute to multiple SDGs through the delivery of its core functions, for example, target 3.8, to achieve universal health coverage.

Established on 5th July 1948, the UK's National Health Service is the world's first modern fully universal healthcare system, free at the point of use, and celebrating its 75th year in 2023.

* Constitution of NHS England



Linking our Green Plan to NHS Net Zero

Contributing around 4% of the country's carbon emissions, and over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets set under the Climate Change Act.

Two clear and feasible net zero targets for NHS England are outlined in the [‘Delivering a ‘Net Zero’ National Health Service’](#)-report (aka NHS Net Zero Report):

- **The NHS Carbon Footprint** for the emissions we *control* directly, net zero by **2040**
- **The NHS Carbon Footprint ‘Plus’** for the emissions we can *influence*, net zero by **2045**.

All NHS trusts are to align their Green Plans with NHS England's net zero ambitions. We have calculated those emissions from all the sources listed in the NHS Net Zero Report to be reduced by approximately 4% year-on-year (akin to Science Based Targets) until each of the target dates, respectively.

Greenhouse Gas Emissions

Greenhouse gas emissions (GHGs) are conventionally classified into one of three ‘scopes’, dependent of what the emission source is and the level of control an organisation has over the emission source. They are reported in ‘tonnes of carbon dioxide equivalent’ (tCO₂e).

The emission sources and their ‘scope’ are shown in the infographic (Figure 3).

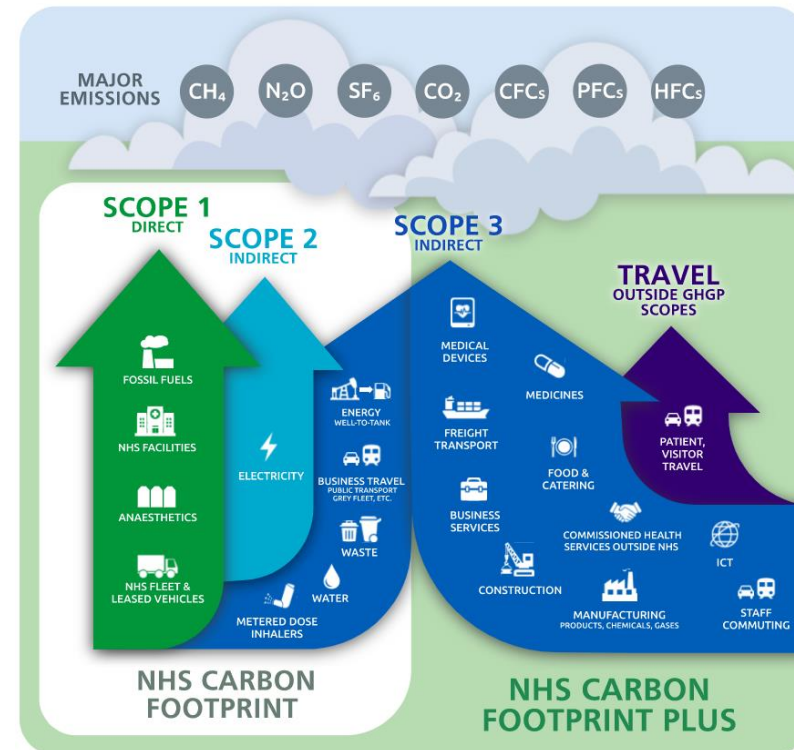


Figure 3 Greenhouse gas emission sources, and their 'scopes'

Data and methodology

The result of a GHG emissions calculation varies in accuracy depending on the data set provided. The more accurate the data supplied, the more accurate the result, which will subsequently allow for better targeting of areas where improvements can be made.

WUTH's GHG Emissions footprint has been calculated according to and aligned with the GHG Protocol for Corporate Reporting and ISO 14064:1 and incorporates the seven main greenhouse gases as per the Kyoto Protocol. We have used the Department of Environment, Food and Rural Affairs (DEFRA) emission factors used to calculate tCO₂e.

WUTH has included other Scope 3 emission factors for building energy use and vehicle emissions. This includes transmission and distribution losses in the provision of electricity and well-to-tank emission factors associated with all fuels. The reporting of these Scope 3 emissions is voluntary but is recommended standard practice by UK Government.

We have calculated WUTH's carbon footprint from 2018/19 to 2020/21 in terms of building energy and delivery of care, travel, and supply chain, as per the categorisations in the NHS Net Zero report. Primary data has been sourced from utility billing information, prescribing data, waste data and expenses.

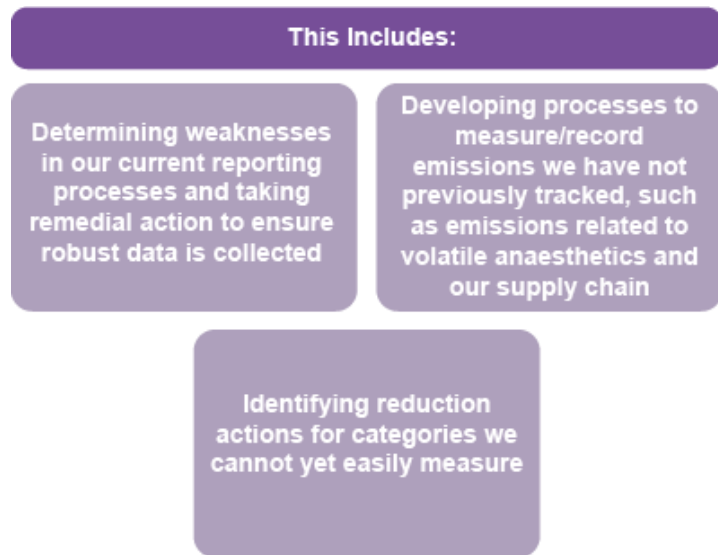
We have used the NHS' Health Outcomes of Travel Tool (HOTT) to estimate emissions from staff commuting, patient and visitor travel and our published procurement expenditure to derive spend-based emission values for categories within our supply chain. We are using 2020/21 as our baseline year to set targets against.



Hospital cubicles. Source: WUTH Library

Wirral University Teaching Hospital's Net Zero ambitions

WUTH fully commits to reduce our greenhouse gas emissions to Net Zero to prevent the worst impacts of climate change and meet NHS Net Zero commitments. This plan outlines high-level emissions reductions and enabling actions for each area of focus. This means WUTH needs to act now to reduce our emissions from a variety of direct and indirect sources; from our estate to the care that we deliver and beyond, each year from now until we achieve Net Zero. We are using this Green Plan to improve our Net Zero-related data collation, carbon footprint and reporting capacity over time.



An emissions-reduction trajectory for each emission source has been given in each Area of Focus (if applicable) for the next three years until 31st March 2025. To achieve these emission reductions,

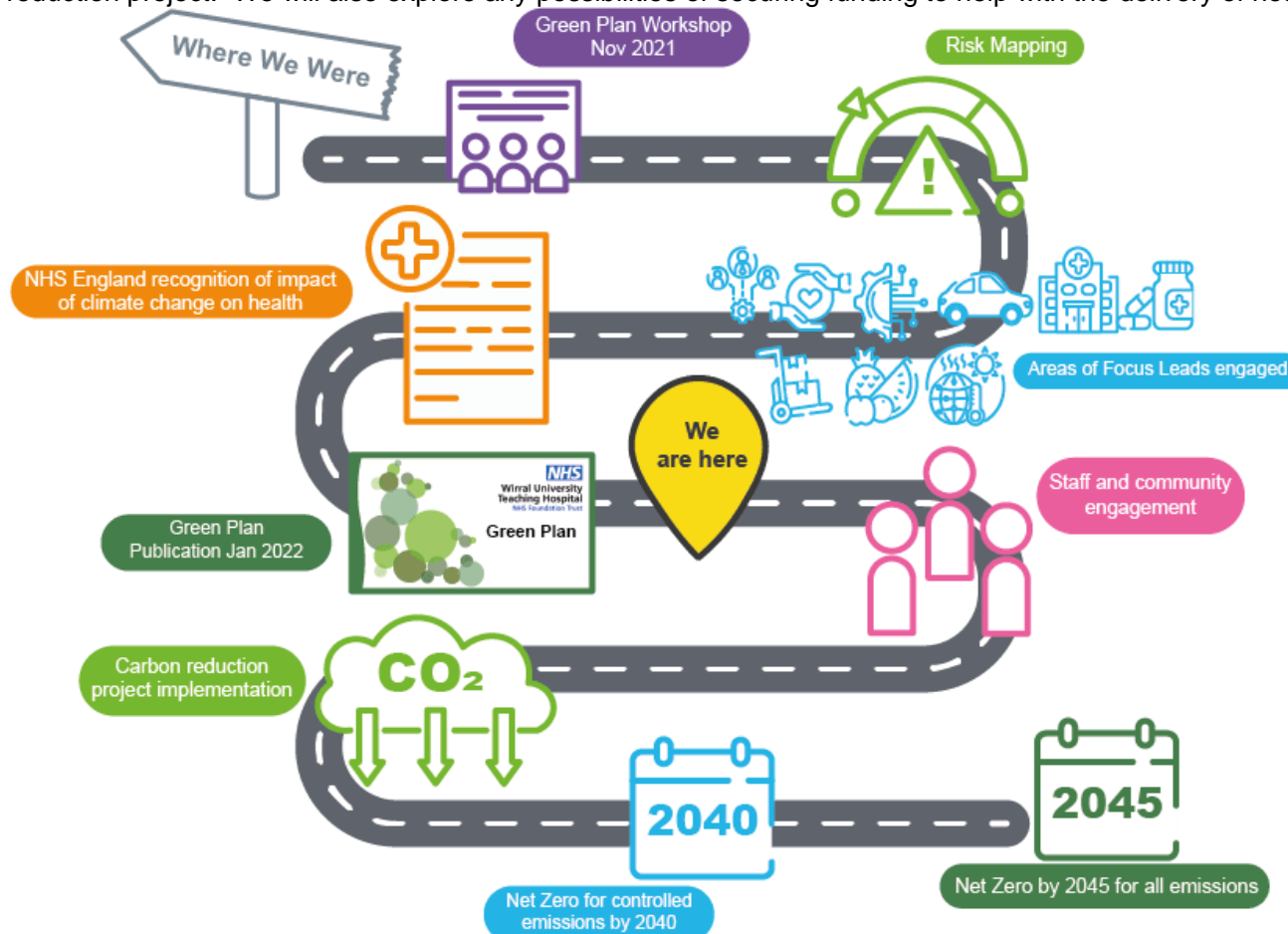
we have listed a series of actions in each Area of Focus. There will be residual emissions at both the 2040 and 2045 target dates, and these will need to be 'offset' or sequestered (which is not in scope for this Plan).



Clatterbridge Hospital garden space. Source: WUTH Library

Staff and Patient Engagement

In delivering this Green Plan, we have prioritised staff input to ensure that the Plan and actions associated with it are endorsed by our workforce. We held a workshop detailing the data required and gave opportunities for staff engagement. We invited staff to consider the challenges the Trust faced in delivering net zero, what a greener NHS meant to them, and perceived the potential impacts of climate change on the Trust. Going forward, we endeavour to engage our staff and our community with the Green Plan in order to build on our efforts and implement a carbon reduction project. We will also explore any possibilities of securing funding to help with the delivery of net zero.



Our Current Position

Our Carbon Footprint in 2020/21 was **29,451 tCO₂e**

To meet the NHS Net Zero commitments, we need to avoid around **1100 tCO₂e** from all sources each year until 2040/45.

Akin to the NHS Net Zero report, most of our emissions (72.8%) came from sources we have little or no control over: 62% from our supply chain, and a further 9% from patient and visitor travel.

The remaining 27.2% arise from sources we can control or strongly influence: 26.3% of our emissions came from the operation of our buildings and 0.2% from transport associated with the delivery of care (including staff commuting).

See Figure 4 for the split of each emission category, as per the NHS Net Zero report categorisation. Data shown relate to emissions in tCO₂e and their relative proportion of our footprint.

Key:

- Delivery of Care:
- Personal Travel:
- Supply Chain:
- Commissioned Services:

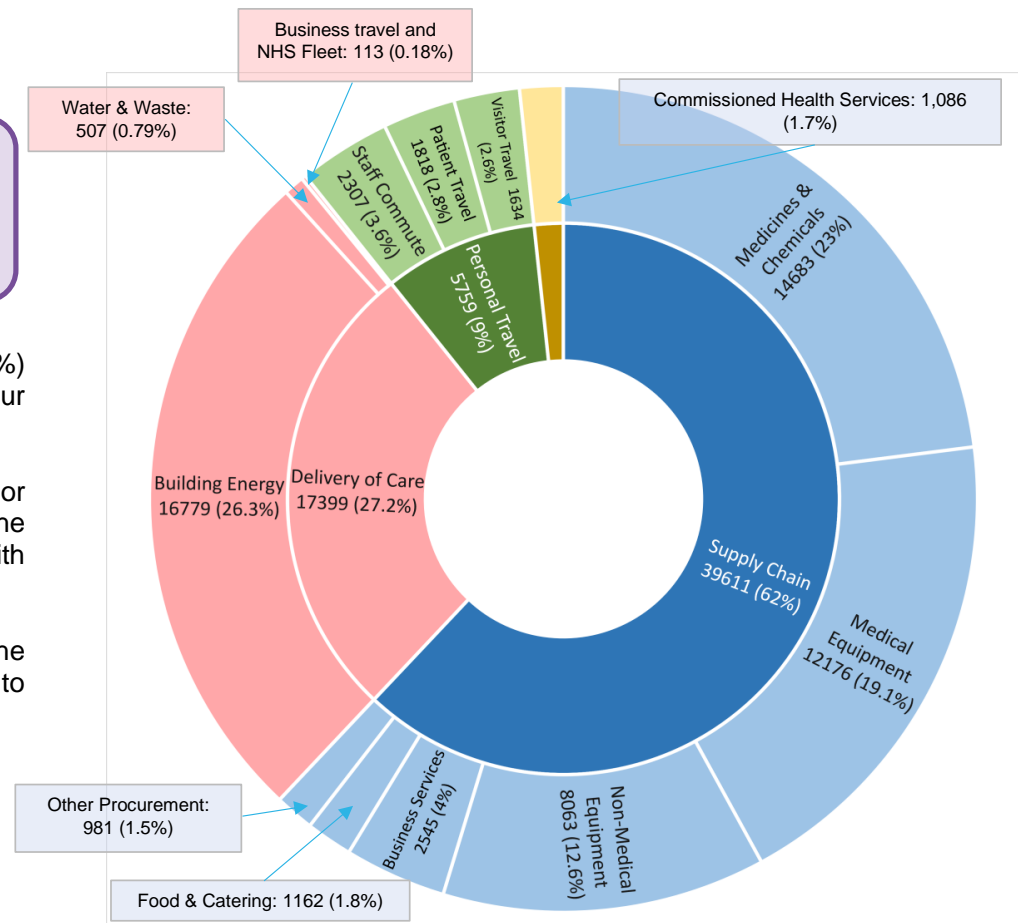


Figure 4 WUTH total carbon footprint breakdown in 2020/21

Built Environment Emissions

Emissions from our built environment are shown in Figure 5, and a more detailed breakdown of emission sources for the financial years 2018/19 to 2020/21 to illustrate trends over this period in Figure 6.

Figure 5 Emissions from our built environment in 2020/21



Our Emissions-reduction trajectory

We have grouped emission sources together and calculated yearly emission reduction targets to 2024/25 (Figure 6).

The reduction trajectory excludes inhaler and volatile anaesthetic data due to an unavailability of data.

Emissions were significantly higher in 2018/19 compared to 2019/20 and 2020/21. This is due to a significant spend on procurement in 2018/19, which emitted 93,267 tCO₂e compared to 40,697 tCO₂e in the baseline year of 2020/21.

We need to reduce our total emissions by 8,246 tCO₂e from our 2020/21 baseline by 2024/25. This roughly equates to **2,062 tCO₂e** per annum.

Emissions Reduction Trajectory (tCO₂e)

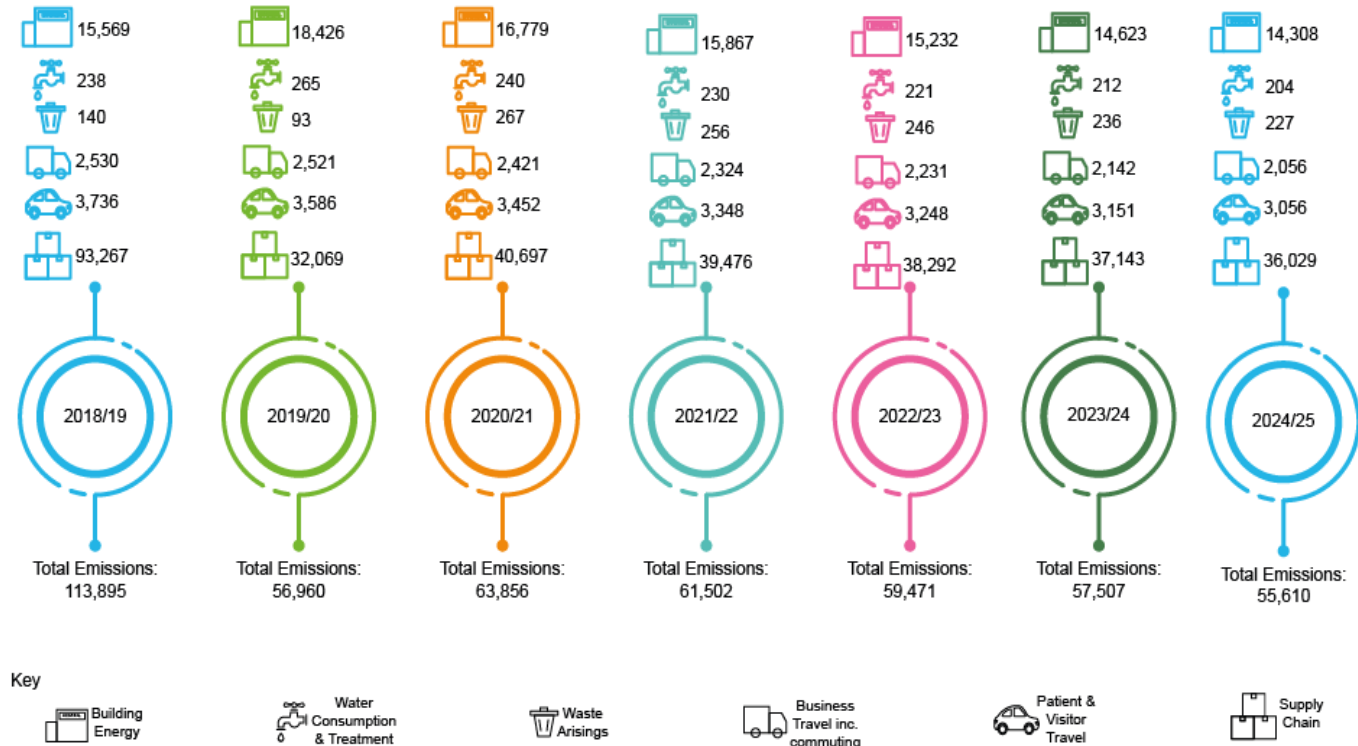


Figure 6 WUTH's Estimated GHG Reduction Target for three years by activity to meet 'Delivering a Net Zero NHS'

Areas of Focus Contents




The following 'Areas of Focus' give an overview of our current performance/status and an Action Plan.

The Action Plans state individual actions to achieve our Green Plan goals over the next three years. Individual actions are to be monitored and evaluated routinely, and progress status changed accordingly.





We have given indicative costs and emission reductions. These are very high-level assumptions. A key is given below.

Key:

Indicative Cost to achieve:

-  No or low cost (under £10,000)
-  Moderately expensive (£10,000-£30,000)
-  Significantly expensive (More than £30,000)

Indicative Emissions reduction:

-  Low or incremental reduction
-  Moderate reduction
-  Significant reduction
-  Not applicable

Workforce and System Leadership	22	Medicines	54
Sustainable Models of Care	28	Supply Chain and Procurement	59
Digital Transformation	30	Food and Nutrition	66
Travel and Transport	34	Climate Adaptation	68
Estates and Facilities	40		

Workforce and System Leadership

We will build our Green Plan into our strategic planning and governance, including our clinical and operational policies and procedures to ensure sustainable development is a part of our daily work and how we measure success.

This is a shared journey, and we ask our colleagues to be a part of it.

Action plans identified by this Green Plan will be reviewed in discussion with Finance and Capital Planning personnel to identify suitable budgets. We will also seek internal and third-party funding to support the roll-out of Green Plan actions.

This Green Plan is approved by our Board of Directors and will be reviewed (and revised if necessary) at least annually to keep us on track with the NHS net zero and WUTH's own targets. These reviews and our progress against the actions in the Green Plan will be submitted to our Coordinating Commissioner.

The Trust has previously operated an internal Environmental Action Group, but this has been inactive the past few years. However, there is an external partnership in Wirral of which our Trust is a part of. Cool Wirral is a partnership supported by Wirral Council that promotes and co-ordinates local actions on climate change. There are a wide variety of organisations within this partnership including Merseyside Recycling and Waste Authority, Merseyside Police, Merseyside Fire and Rescue, Community Action Wirral, and

Cheshire and Wirral Partnership NHS Foundation Trust. The group Cool Wirral is a campaign which aims to encourage local action in support of Wirral's Climate Change Strategy. The partnership has quarterly meetings where members can learn the latest updates regarding sustainability across the region.

Our Theatre team has also made efforts to promote sustainability in our operating theatres. As part of this, Procedure Packs have been introduced to reduce waste disposal, as all items required are provided in one single wrapped package.



Staff. Source: WUTH Library

NHS LTP 2.24, 17

NHS SC 13.9, 13.10, 18.2, 18

NHS NZ 4.2.3

13 CLIMATE ACTION



Target 13.2 Integrate climate change measures into policy and planning

Target 13.3 Build knowledge and capacity to meet climate change



System Leadership: Action Plan (1/2)

No	WUTH Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept	NHS Req.
01	Review and approve the plan at our Board level, monitoring delivery at Board meetings and relevant committees.	Governance & policy	21/22		£		Board of Directors	SC 18.2
02	Nominate and empower a Net Zero Lead, Health Inequalities Lead and a Climate Change Adaptation Lead and keep the Co-ordinating Commissioner informed at all times of the persons holding these positions.	Governance & policy	21/22		£		Board of Directors	LTP 2.24,17 SC 18.2.2
03	Identify budgets for the delivery of each 'area of focus' and the Green Plan as a whole.	Governance & policy	21/22		£		Board of Directors	LTP 2.24,17
04	Streamline data collection processes and produce a comprehensive monthly data report with relevant Green Plan metrics	Governance & policy	21/22		£		Estates	NZ 3.1.1, 3.1.2
05	Produce an annual granular carbon account in line with HM Treasury's 'Public sector annual reports: sustainability reporting guidance', with the intention of widening its scope and data quality, when possible, along with an annual review of the progress against the Green Plan actions / emission reduction targets	Core responsibilities	21/22		£		Estates	SC 18.3
06	Ensure staff are resourced to undertake Green Plan duties and nominate a lead person or department for each Green Plan area of focus to develop and coordinate actions.	Governance & policy	22/23		£		Board of Directors	LTP 2.24,17

System Leadership: Action Plan (2/2)

No	WUTH Green Plan Actions	Trust Area	Target Year	Pro-gress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept	NHS Req.
07	Ensure the Green Plan delivery is reflected in our corporate risk register.	Governance & policy	22/23		£		Board of Directors	LTP 2.24,17
08	Review procurement plan at board level to achieve a net zero supply chain. Fulfilling our role as an anchor institution to achieve social value and wider benefits for our communities, particularly,-for our care groups.	Procurement & Supply Chain	22/23		£		Board of Directors	LTP 2.24,17
09	Identify and action ways to engage patients and community in Green Plan delivery, including links between health inequality and climate action.	Working with patients, staff & communities	22/23		£		HR	LTP 2.24,17
10	Identify internal and third-party funding to enable key Green Plan actions.	Governance & policy	On-going		£		Estates	LTP 2.24,17
11	Work in partnership with neighbouring NHS trusts and public authorities to enhance the delivery of the Green Plan and share best practice.	Governance & policy	On-going		£		Board of Directors	LTP 2.24,17
12	Ensure quarterly Greener NHS Data Collection uploads are made.	Core responsibilities	On-going		£		Estates	NZ 3.1.1, 3.1.2

Figure 7 Green Plan actions for system leadership

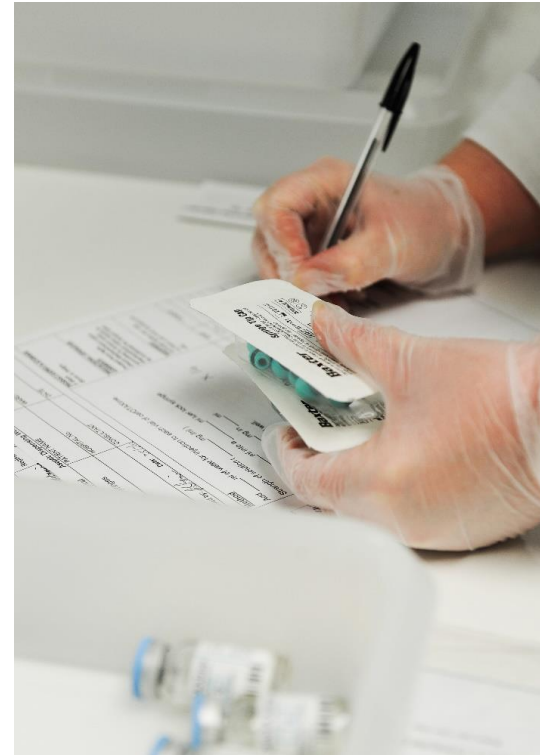
Workforce

All our colleagues are needed for our Green Plan to be successful.

The NHS is the biggest employer in Europe and the world's largest employer of highly skilled professionals and the NHS Long Term Plan aims to ensure it is a rewarding and supportive place to work.

A 2018 national survey of NHS staff showed that 98% of those surveyed thought it was important that the health and care system works in a way that supports the environment, and we will enable our colleagues to lead the way to achieve a greener NHS.

However, we need to embed our Green Plan within our culture and recognise that our people are the core of the NHS. Building on our experience of leading a person-centred trust, we will empower our colleagues to deliver this Green Plan at all levels of our organisation. To do this, we will further utilise the Greener NHS "One Year On" Communications Toolkit, currently used for general messaging and press releases.



Staff member working in Pharmacy. Source: WUTH Library



Workforce: Action Plan (1/2)

No	WUTH Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Restart the Environmental Action Group and hold regular meetings to discuss and deliver this Green Plan.	Governance & policy	21/22		£	✘	People & OD	LTP 4.1, 4.3, 4.39, 4.42 SC 13.1 to 13.10
02	Incorporate the Green Plan into our Induction policies.	Governance & policy	21/22		£	•••	Education Services	NZ 4.2.1
03	Create Green Plan intranet pages for staff access and external webpages for other stakeholders; upload Green Plan content and progress updates accordingly.	Governance & policy	21/22		£	✘	Sustainability Manager Infrastructure services	NZ 4.2.1
04	Use the Green NHS 'ONE YEAR ON' Communications Toolkit and/or the ' Healthier Planet, Healthier People ' Toolkit to create and share communications about our Green Plan.	Working with patients, staff & communities	21/22		£	•••	Communications & Engagement	NZ 4.2.1
05	Encourage staff to be active participants in the Greener NHS community and other fora such as the Greener AHP Hub, Centre for Sustainable Healthcare and related workspaces on the FutureNHS platform.	Working with patients, staff & communities	21/22		£	•••	Communications & Engagement	NZ 4.2.1
06	Consult, explore and action how clinical and non-clinical staff can best participate in our Green Plan delivery, ensuring this is incorporated into workplans, work-time allocations, performance reviews, and collaborating with other trusts where appropriate.	Governance & policy	21/22		£	•••	Sustainability Manager Infrastructure services	NZ 4.2, 4.2.1, 4.2.2, 4.3.3

Workforce: Action Plan (2/2)







No	WUTH Green Plan Actions	Trust Area	Target Year	Pro- gress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
08	Provide additional training related to this Green Plan to build capability in all staff, including on the link between climate change and health and practical actions that staff can take to help achieve net zero	Core responsibilities	22/23		£		Education Services	NZ 4.2.1
09	Work with our suppliers to ensure that onsite workers are subject to the Real Living Wage, fair working practices and protections against discrimination.	Procurement & People & OD	22/23		£		Procurement & People & OD	LTP 4.1, 4.3, 4.39, 4.42

Figure 8 Green Plan actions for workforce

Indicative cost:

-  No or low cost
-  Moderately expensive
-  Significantly expensive

Indicative emissions reduction:

-  Low or incremental reduction
-  Moderate reduction
-  Significant reduction
-  Not applicable

Sustainable Models of Care

The NHS Long Term Plan updates the NHS service model, with a focus on preventative care in communities and tackling health inequalities, now and in the future. This has been linked to emissions reductions and greener activities.

Our Trust delivers inpatient care, outpatient appointments and care in the community. We have two hospital sites and a number of other locations that provide supporting activities for the main sites.

The National Patient Safety Improvement Programmes and the Investment Impact Fund indicators (IIF) provide underpinning principles for sustainable models of care, such as preventative care interventions and reducing health inequalities. Staff training and empowerment, as detailed in the previous sections, are critical to enhancing sustainable models of care.

Health inequalities present a growing challenge for the Trust and the NHS as a whole, with the COVID-19 pandemic shining a light on the widening social divides that exist in welfare and healthcare provision across the UK. To combat the increase in healthcare inequality, we are currently following Cheshire and Merseyside Health and Care Partnership guidance, produced by the Institute of Health Equity (IHE), as part of the [‘Building Back Fairer In Cheshire And Merseyside’](#) initiative.

Our community outreach and outpatient services allow us to provide excellent preventative care. Adhering to the Getting it Right First Time programme (GIRFT) helps to avoid additional hospital bed days and patient and visitor travel to our clinics, and

their associated environmental impacts. Strong interagency partnership working enhances GIRFT, providing a better care package.

Our Trust will commit to link GHG reductions with our delivery of the Long Term Plan sustainable care model.



Staff member with equipment. Source: WUTH Library



Sustainable Models of Care: Action Plan

No	WUTH Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Build on current efforts (GIRFT, National Safety Improvement Programme and CMPP) to reduce health inequalities and improve early intervention, linking this work to potential emissions reductions.	Governance & policy	On-going	 	£		Executive Lead or nominated deputy, and relevant clinical leads	LTP 2.26 SC13.9.118.4.2.1 NZ 4.1.3
02	Use the Embedding Public Health into Clinical Services Programme's toolkit and Sustainability in Quality Improvement (SusQI) Framework to ensure the best possible health outcomes with minimum financial and environmental costs, while adding positive social value at every opportunity.	Governance & policy	On-going	 	£		Executive Lead or nominated deputy, and relevant clinical leads	LTP 2.26 SC13.9.118.4.2.1 NZ 4.1.3
03	Continue to collaborate with other trusts and public authorities on the population's health.	Governance & policy	On-going	 	£		Executive Lead or nominated deputy	LTP 1.53 SC 18.6 NZ 4.1.3
04	Appoint a Health Inequalities Lead to coordinate delivery of an updated Health Inequalities Action Plan and further the ambitions outlined in the 'Building Back Fairer In Cheshire And Merseyside' initiative.	Core Responsibilities	21/22	 	£		Executive Lead or nominated deputy	LTP 2.26 SC 13.9.2, 13.10 NZ 4.1.3
05	Follow Greener NHS guidance or support the development of GHG emissions reduction metrics linked with sustainable care actions, including establishing links between better health outcomes and reduction in emissions from avoided care and travel.	Core responsibilities	22/23	 	£		Estates	SC 18.4.2.1 NZ 4.1.1, 4.1.2
06	Work to engage suppliers related to sustainable care in relevant emissions reduction and health equalities activities.	Procurement	22/23	 	£		Procurement & service providers	NZ 4.1.3
07	Explore new ways of delivering care at or closer to home, meaning fewer patient journeys to hospitals.	Working with patients, staff & communities	On-going	 	£		Clinical leads	NZ 4.1.1

Figure 9 Green Plan actions for Sustainable care models

Digital Transformation

The NHS Long Term Plan commits all NHS bodies to focus on digital transformation by establishing a 'digital front door' enabling digital first care. The [NHS App](#) is one example of this, providing patients with a simple and secure way to access NHS services on their smartphone.

The NHS Planning Guidance requires that at least 25% of all clinically necessary outpatient appointments should be delivered remotely by telephone or video consultation. And streamlining and digitising administrative functions reduces paper waste and expedites processes.

WUTH is well-placed to lead the development of digital care as a tool to promote inclusion and increase access to quality care in the Cheshire and Merseyside region and is committed to ensuring that digital services are tailored to meet the needs of our different specific care groups. The Government's Greening ICT and Digital Services Strategy 2020-2025 is also taken into consideration when looking at the improvement of our digital care services.

The '[What Good Looks Like](#)' framework designed to guide Trusts towards the successful integration of digital care systems, neatly summarises:

'The pandemic enabled us to achieve a level of digital transformation that might have otherwise taken several years. As we move into the recovery period, it is critical that we build on the progress we've made and ensure that all health and care providers have a strong foundation in digital practice.'



Staff member using computer. Source: WUTH Library

Digital Services

Our digital services complement and link to our in-person services. Since the beginning of the pandemic, we have started recording the number of face-to-face, telephone and video consultations. However, there will always be a need for face-to-face appointments and consultations for some of our patient groups.

We also began using Microsoft Teams during the pandemic, and over the last 2 years, we have deployed over 700 laptops to support our staff. In addition to this, iPads have been deployed to allow patients to speak to loved ones remotely if necessary.

A wide variety of job roles can now be performed from home, from back office support to front-line clinical workers such as radiologists and consultants. However, we must be cautious not to 'outsource' our environmental impacts to our staff.

The Trust has a 5-year digital strategy for 2021 – 2026 which includes a number of key developments. The first is a patient portal where patients can log on and view various information about their own healthcare, including appointments and letters. The portal will also be used to capture pre-op assessments and consent in future.

The second is the digitalisation of our hospitals. In 2021 the Trust was at level 5 in the Electronic Medical Record Adoption Model developed by Healthcare Information and Management Systems (HIMSS). The Trust is striving to attain levels 6 & 7 over the next few years with the implementation of Closed Loop Medicines Administration and Closed Loop Breast Milk.

Technologies to support urgent and emergency care also make up the digital strategy. We are part of NHS111 which directs

patients to the most appropriate services and through which appointments can be booked ahead of arrival at the Emergency Department.

Finally, we offer a health information exchange, through which clinical information can be shared with other health and social care providers. The longitudinal Wirral Care Record allows authorised health and social care professionals to have access to shared data to improve decision making. Patients are provided with safer, more consistent care, whether in hospital, at a GP surgery or any place where care may be accessed.



Digital equipment. Source: WUTH Library

Outside of the digital strategy, WUTH has an ambitious vision for staff training. We will be implementing a Learning Management System (LMS) and other supporting technologies to deliver a much more thorough and flexible offering which is modular in its approach.

A number of digital pathways have been implemented by the Trust. From a digital pathology perspective, the Trust plays an active role in the Regional Pathology Network and has embarked on the Digital Pathology Programme. This provides hospitals with more resilience and efficiency through the sharing of resources.

The Trust has a single electronic patient record, called 'Wirral Millennium'. Paper is being eradicated through the 'One Patient Record' project and where this is not possible, notes are being scanned. The Medical Records department is working towards attaining BS11008 scanning standards. The vast majority of outpatient clinics including paediatrics and maternity services have access to electronic patient records while based in community locations. GPs and other healthcare partners use the IT system to request diagnostics.

The Trust's digital strategy will ensure ICT procurement aligns to the 'Greening Government: ICT and Digital Services Strategy 2020-2025.



Pharmacy. Source: WUTH Library



Digital Transformation: Action Plan

No	WUTH Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Build on our current practice and current online patient guidance, participate in delivery of the Long-Term Plan commitments for digital first primary care and an NHS digital front door, linking this to potential emissions reductions.	Governance & policy	On-going		£	✗	ICT	LTP 1.43, 1.44, 5 NZ 4.1.4
02	Follow NHS guidance on information collection, including any subsequent process for GHG emissions reduction metrics linked with digital-first care actions, such as the CSH's Carbon Calculator for Avoided Patient Travel	Governance & policy	On-going		£	✗	Sustainability manager & Infrastructure services.	SC 28
03	Offer more digital and remote appointments.	Working with patients, staff & communities	21/22		£	☁	Care Groups	PG C1
04	Use the What Good Looks Like Framework , the Greening Government: ICT and Digital Services Strategy 2020-25 and The Technology Code of Practice as guides to ensure the Trust has robust ICT systems in place to deliver on digital transformation.	Procurement & ICT	22/23		£	☁	ICT	NZ 4.1.4
05	Build on current practice of engaging staff and care groups in digital care channels, meaning fewer patient journeys.	Working with patients, staff & communities	On-going		£	☁	ICT	NZ 4.1.4 PG C1
06	Transfer paper-based systems such as prescribing, bed state, observations, ward state, referrals, expense claims forms to a digital alternative.	Working with patients, staff & communities	22/23		£	☁	ICT	LTP 1.43, 1.44, 5
07	Planned migration of data systems to cloud based systems. Adoption of staff and patient portals. Continued cyclical replacement programme of IT hardware including the provision of smart phones to all front-line staff.	Working with patients, staff & communities	22/23		£	☁	ICT & Business & Value	LTP 1.43, 1.44, 5

Figure 10 Green Plan actions for digital transformation

Travel and Transport

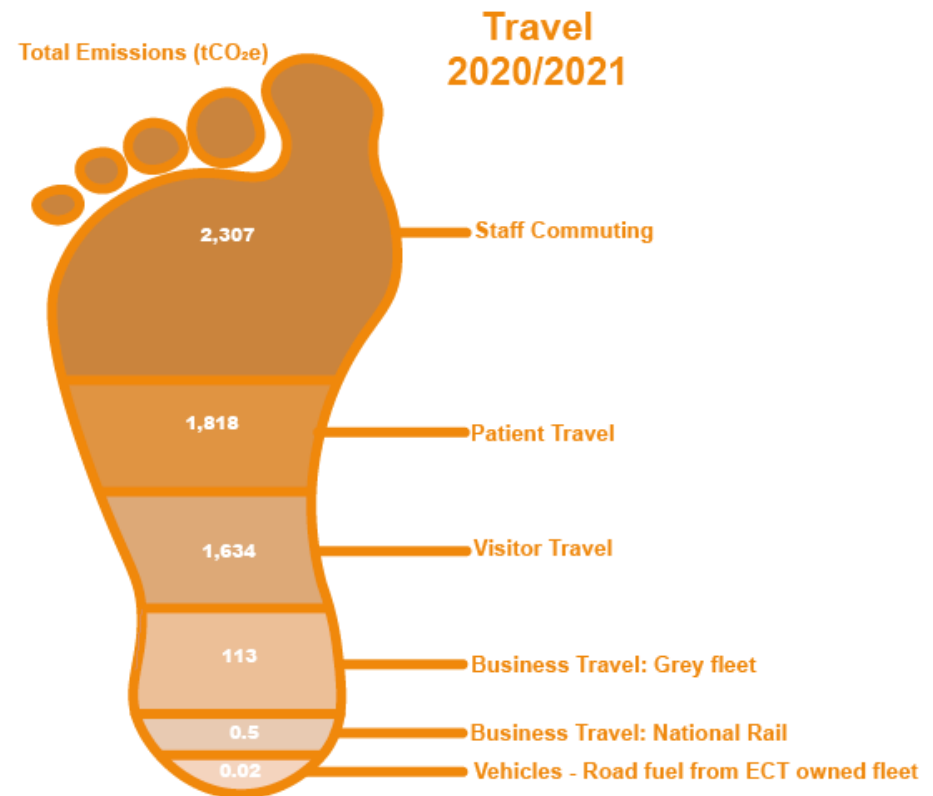
Emissions associated with the Trust’s business travel and transport amounted to around 6,266 tCO₂e or 9% of all emissions in 2020/21.

Out of this, 179 tCO₂e was emitted by staff undertaking their work duties using their own vehicles (grey fleet), travelling over 1.1 million kilometres. Business travel attributed to rail and air transport by staff emitted 13 tCO₂e and just over 1 tCO₂e emitted by the small fleet of Trust vehicles.

Using the NHS’ Health Outcomes Travel Tool (HOTT), most transport-related emissions (6,073 tCO₂e) can be linked to staff commuting and patient/visitor travel.

Other Lease Vehicles

We operate a salary sacrifice lease car scheme, open to all staff. Emissions released from the fourteen cars (two of which are all-electric, three are plug-in hybrid electric vehicles) provided on this lease scheme are out of scope for this report



Please note:
Emissions for business flights are zero.

Figure 11 Travel Carbon Footprint Infographic. Please note figures within this graphic are estimated and may not reflect true values (based on the NHS HOTT Tool)

Grey Fleet

We have an extensive 'grey fleet' within our Trust.

Grey fleet refers to employees' own vehicles and/or hire cars used for business purposes. As a Trust that provides care in the community, emissions associated with our grey fleet are sizeable.

We reimburse staff and bank staff for the fuel used in line with their duties through our expenses system. In 2020/21, we reimbursed £231,623 for mileage claims, which equates to roughly 113 tCO₂e and over 411,000 miles. This has fallen significantly since 2019/20, wherein mileage claimed was over 622,000 and we emitted 204 tCO₂e. This can be attributed to the pandemic, although the numbers didn't drop to zero, reflecting our core provision of community care. However, the fall in emissions can be associated with the negation of business-related travel, such as attending physical business meetings.

In reference to sustainable models of care and digital transformation, this significant drop in emissions (and cost) illustrates that these changes in working practice should continue.

As the electrification of transport continues, the emissions will reduce accordingly, and highlights the issue of providing additional electric vehicle charge points in the future.

Using 2020/21 as a baseline, we aim to reduce emissions from our grey fleet by 17 tCO₂e, to 96 tCO₂e in 2024/25, as shown in Figure 12.

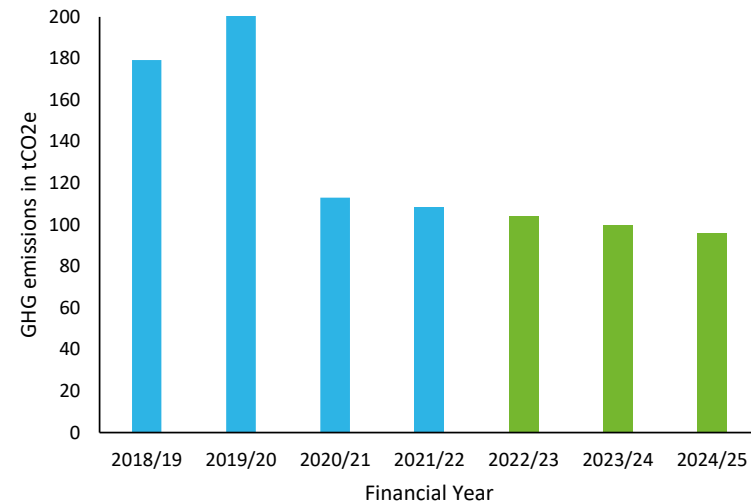


Figure 12 Emissions from our Grey Fleet and emissions reduction trajectory to 2024/25

Electric Vehicle Charging Infrastructure

We do not currently have any electric vehicle charge points at our sites, although we will address this need as electric vehicles become more common in the coming years.

Business Travel (public transport)

Before the pandemic in 2019/20, our staff took 655 train journeys, five domestic, two short haul, and two long haul flights emitting a total of 14.6 tCO₂e (as recorded through our expenses system), as shown in Figure 13.

In 2020/21, this had reduced to 5 rail journeys and no flights respectively, with total emissions dropping to 0.02 tCO₂e. This exemplifies how remote working has had a beneficial impact in terms of carbon emissions and air quality.

We also reimburse staff for business travel through our expenses system. However, we cannot discern emissions of these reimbursements, as we do not record the travel mode or distances travelled. Embedding additional criteria in our expenses system is needed to capture these 'missing' emissions.



Image of bus Source: WUTH Library

Commuting, Visitor/Patient travel

Our Trust last collated a travel plan in 2018, which we are in the process of updating. The plan includes patients and visitor surveys which helped to inform our objectives, which included:

- Reduce the level of traffic generated by staff accessing the site by encouraging greater use of sustainable modes.
- Offer an improved choice of travel options to all staff, visitors and patients.
- Improve the health, fitness and well-being of our staff, by encouraging greater use of active travel modes.
- Reduce our environmental impact through encouraging greater use of sustainable modes.
- Be a good neighbour to the local community by reducing our overall transport impacts.

Our Transport Strategy Group (TSG) meets quarterly to support transport planning and surveys.

We operate a cycle to work-scheme (salary sacrifice to purchase a bike at a discounted rate), that is open to all staff, and have several secure bicycle storage areas at each hospital site. Public transport provision to or near our sites remain a vital service to the communities we serve and helps reduce health inequalities. We have a number of bus and train services that serve our hospitals, that the Trust encourages staff and patients to use. WUTH also has inter-site buses available to staff travelling between Arrowe Park and Clatterbridge hospitals.

We have used the NHS' HOTT Tool to estimate the emissions associated with staff commuting and patient and visitor travel. The HOTT Tool uses national and regional datasets to generate figures for transport mode, distances, and emissions from a 2018

baseline and projections into the near future (shown in Figure 13 and 14). Figure 13 does not project into the future, as the COVID-19 pandemic has reduced business travel almost entirely.

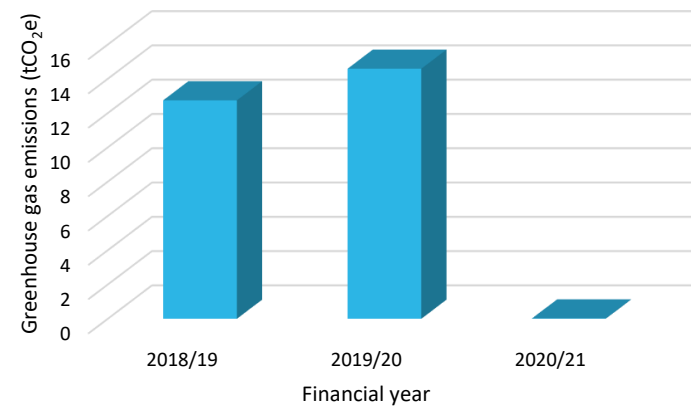


Figure 13 Bar chart to show total emissions from business travel.

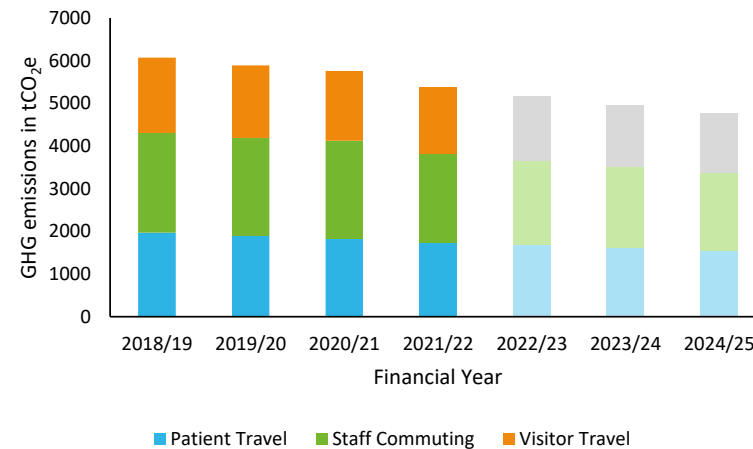


Figure 14 Stacked bar chart to show total emissions from patient, visitor and staff travel

Air Quality

Air quality forms a direct link between climate change and health outcomes, and the NHS Net Zero plan calculates that reaching UK ambitions on emissions reductions in line with Paris Agreement targets could save 38,000 lives with improved air quality.

According to the World Health Organisation (WHO), poor air quality leads to over 7 million deaths globally and that 9 out of 10 people worldwide breathe polluted air.

Travel is a key contributor to air pollution, and with as many as 1 in 20 road journeys in the UK attributable to the NHS, our activity has enormous potential impact both on our communities' air quality and our ambition to reduce emissions. Additionally, our gas-fired boilers contribute to air pollution, and the decarbonisation of heating will address these pollutants in the future.

We commit to tackle this issue through investment and engagement with staff, patients and our partner local authorities. We will give special consideration to the air quality surrounding our estate and opportunities to improve its impacts on our care groups.



Riding bike to work. Source: Unsplash



Travel and Transport: Action Plan

No	WUTH Green Plan Actions	Trust Area	Target Year	Pro- gress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Embed an updated sustainable travel plan, with new modal shift targets to be supported by an active travel expenses policy and a facilities review.	Governance & policy	2022/23		£		Estates	LTP 2.21, 3.82, 17 SC 18.4.1.3 NZ 3.2, 3.2.2
02	Restart the Environmental Action Group (as per 'Workforce') and manage the delivery of the Green Travel Plan.	Governance & policy	2021/22		£		Estates	NZ 3.2, 3.2.2
03	Conduct annual Travel Plan surveys to quantify staff commuting and visitor travel and verify HOTT Tool outputs.	Working with patients, staff & communities	Annual, ongoing		£		Estates	NZ 3.2, 3.2.2
04	Review existing staff lease scheme and incorporate additional incentives for the uptake of ULEV and ZEVs.	Governance & policy	2022/23		£		Finance	NZ 3.2, 3.2.2
05	Ensure that any new vehicle purchased or leased are ultra-low emission (ULEV) or zero emission (ZEV) from 2023, in line with the latest NHS non-emergency transport guidance.	Core Responsibilities	2022/23		£		Estates	SC.18.4.1.1, 18.4.1.4 NZ 3.2.1
06	Enhance the staff mileage reimbursement system to collate vehicle type/engine size and fuel type data to allow more accurate emissions foot printing, monitoring and reduction targets.	Governance & policy	2022/23		£		Finance	NZ 3.2, 3.2.2
07	Enhance the business travel expense system to capture to the to-and from- destinations for rail, air, bus, taxi journeys	Governance & policy	2022/23		£		Finance	NZ 3.2, 3.2.2
08	Improve stores provision and work with our suppliers to consolidate goods orders through better planning wherever possible, reducing transport emissions.	Procurement	2022/23		£		Procurement	NZ 3.2, 3.2.2
09	Work with staff currently home-working under pandemic conditions to explore voluntary blended working.	Working with patients, staff & communities	2022/23		£		HR	NZ 3.2, 3.2.2
10	Install EV charging points at our sites to encourage hybrid and electric vehicle usage.	Working with patients, staff & communities	2022/23		£		Estates	NZ 3.2, 3.2.2

Figure 15 Green plan actions for Travel, Logistics and Air Quality

Estates and Facilities

As an NHS Trust, the carbon footprint of our built environment is significant. Overall, the health and care system in England is responsible for an estimated 4-5% of the country's carbon emissions.

As we provide critical services 24 hours a day, our energy and resource consumptions are substantial. Therefore, we need to optimise energy use in our buildings and move away from using fossil fuels to meet NHS Net Zero goals.

Our estate comprises a mixture of buildings of different types, ages and usage, which presents challenges to retrofitting resource efficiency measures and heating improvements.

We will be following the four-step approach within the NHS' 'Estates 'Net Zero' Carbon Delivery Plan' to address our estate:

1. Making every kWh count: Investing in no-regrets energy saving measures
2. Preparing buildings for electricity-led heating: Upgrading building fabric
3. Switching to non-fossil fuel heating: Investing in innovative new energy sources
4. Increasing on-site renewables: Investing in on-site generation

Estates & Facilities – Energy

- **16,779 tCO₂e** emitted from buildings across our estate in **2020/21**.
- We will procure 100% renewable electricity by April 2022.
- 73% of our electricity consumption and 64% of our heating emanates from our CHP – emitting over 8,736 tCO₂e.
- We need to reduce energy consumption by over 182,000 kWh per year to achieve the emissions reduction target of **3,376 tCO₂e** in **2024/25**.

Energy and emissions

In 2020/21, we had 2 active sites where we were directly responsible for procuring the energy supply contracts.

Figure 16 shows the total emissions liberated from electricity and gas use from 2018/19 to 2020/21. We need to reduce emissions by 2,528 tCO₂e by 2024/25 from our 2020/21 baseline (this includes the reduction in emissions from procuring renewable electricity).

Both hospitals have significant emissions building energy consumption. However, Arrowe Park Hospital has almost double the emissions at 11,343 tCO₂e compared with Clatterbridge Hospital at 5,424 tCO₂e. This can be attributed to its larger floor area, which is almost double that of Clatterbridge Hospital.

We operate two Combined Heat and Power (CHP) plants at Arrowe Park Hospital and Clatterbridge Hospital. The Arrowe Park unit emitted 5489 tCO₂e, whereas the Clatterbridge unit emitted 3246.64 tCO₂e. These figures are extremely significant, as both sites rely upon the CHP for electricity and thermal energy. The Arrowe Park CHP produced over 12,000,000 kWh of electricity and a similar amount of heat. The Clatterbridge CHP produced 2,600,000 kWh of electricity and a similar amount of heat.

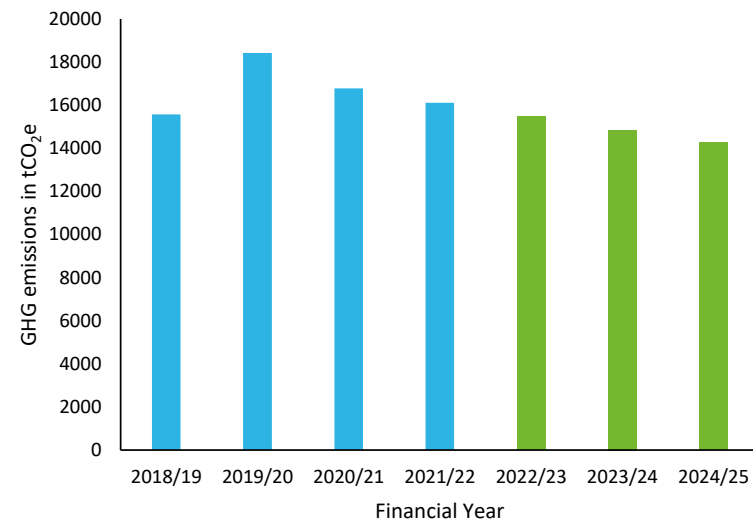


Figure 16 Emissions from our built environment from 2018/19 to 2020/21 and forecast emissions to 2024/25

The Trust will be procuring 100% renewable electricity from April 2022, resulting an 80% reduction in emissions arising from procured electricity. The emission reductions from this all illustrated in Figure 17. However, the electricity produced by our CHP will continue to emit over 2,000 tCO₂e per year.

Despite the negated emissions from renewable electricity procurement, we must still reduce both our electricity and gas consumption at all our sites, at a rate of 182,000 kWh per year!

Detailed building energy surveys will be needed to provide robust energy efficiency recommendations at each of our sites, building upon the works already completed.

In the future, on-site renewable energy systems, such as solar photovoltaics and integrated large battery storage technologies, will provide additional resilience to power outages, with the potential to reduce our carbon emissions.

Moving away from fossil fuels is vital to achieve net zero targets: electrically powered heating systems, such as heat pumps and infrared heating, while using a 100% renewable electricity tariff, will result in zero emissions (at point of use).

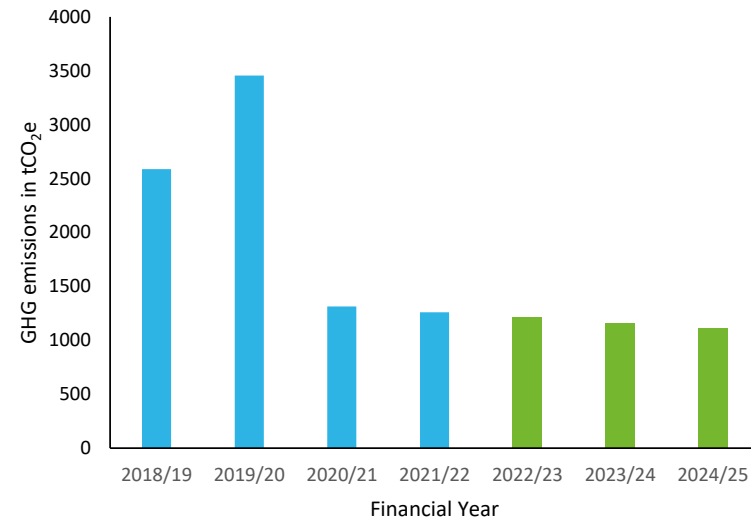


Figure 17 Emissions from electricity consumption and emission reduction trajectory to 2024/25 (note the difference following the procurement of 100% renewable electricity in April 2021)

- NHS** LTP 17
- NHS** SC 18.4.1.2, 18.5
- NHS** NZ 3.1.1, 3.1.2



- Target 7.2** Increase global percentage of renewable energy
- Target 7.3** Double the improvement in energy efficiency



- Target 13.2** Integrate climate change measures into policy and planning
- Target 13.3** Build knowledge and capacity to meet climate change



Estates and Facilities: Action Plan (1/2)

No	WUTH Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Enhance Planned Preventative Maintenance (PPMs) of our facilities and assets to be proactively energy-focused and to identify opportunities to upgrade equipment/plant.	Core responsibilities	21/22		£		Estates	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
02	We will procure 100% of renewable electricity with Renewable Energy Guarantees of Origin (REGO) by April 2022.	Procurement	22		£		Estates	SC 18.5
03	Access the NHS Energy Efficiency Fund (NEEF) to upgrade all lighting to LED alternatives.	Core responsibilities	21/22		£		Estates	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
04	Follow Estates 'Net Zero' Carbon Delivery Plan guidance on efficiency and decarbonisation protocols for the built environment.	Core responsibilities	21/22 & on-going		£		Estates	NZCDP NZ 3.1.1, 3.1.2
05	Optimise energy use by embedding networked Automatic Meter Readers (AMRs) across the Estate with appropriate controls to reduce energy consumption. Monitor and assess risk from overheating events where room temperature exceeds 26 degrees.	Core responsibilities	22/23		£		Procurement	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
06	Conduct detailed building energy surveys to identify further energy/thermal efficiency opportunities.	Core responsibilities	22/23		£		Estates	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
07	Develop a Decarbonisation of Heat Plan that focuses on the phaseout of existing gas-fired boilers and replacement with low-carbon alternatives, where feasible.	Governance & policy	On-going		£		Executive Lead or nominated deputy	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2

Estates and Facilities: Action Plan (2/2)










No	WUTH Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
08	Explore the possibility of creating District Heat Networks with neighbouring partners.	Working with patients, staff & communities	On-going		£		Infrastructure Services	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
09	Look to procure 'green gas' through the Green Gas Certification Scheme as and when existing energy contracts are due for renewal.	Procurement	22/23		£		Procurement	SC 18.5
10	Incorporate energy conservation into staff training and education programmes and deliver behaviour-based energy saving campaigns.	Working with patients, staff & communities	22/23		£		HR	NZ 3.1.1
11	Develop communication materials for our patients that highlight energy efficiency projects, discuss plans with the local community, including exploring potential community energy projects.	Working with patients, staff & communities	22/23		£		Estates & HR	NZ 3.1.1
12	Explore how the Trust can implement an ISO 50001 Energy Management System.	Governance & policy	23/24		£		Estates	NZ 3.1.1

Figure 18 Green plan action table for Energy and Emissions from the built environment

Indicative cost:

-  No or low cost
-  Moderately expensive
-  Significantly expensive

Indicative emissions reduction:

-  Low or incremental reduction
-  Moderate reduction
-  Significant reduction
-  Not applicable

Capital Projects

The Built Environment of the NHS influences both the quality of our care and our environmental impact.

How we design and construct our buildings in the future will play a decisive role in our collective ability to achieve net zero.

Buildings have significant environmental impacts in terms of emissions resulting from the use of gas, electricity and water. Improving the energy efficiency of a building is pivotal to reducing these impacts. However, there are embodied carbon emissions within materials, such as cements, steel and glass which are used in the construction of buildings. These indirect 'Scope 3'-emissions are generally much greater than emissions caused by the operation of a building.


Cement and concrete production on its own accounts for a huge 8% of all global greenhouse gas emissions from all sources, according to the [UK Green Building Council](#).

Our Trust, furthering a previous commitment to ensure all capital development complies with the Building Research Establishment Environmental Assessment Method's (BREEAM) 'Excellent' or above, ensures that our plans will focus on the reduction of building emissions from all sources.

Estates & Facilities - Capital Projects:

- Building energy efficiency standards for new builds and refurbishments, such as BREEAM 'Excellent' and the Zero Carbon Hospital Standard and on-site renewables.
- Construction supplier alignment to net zero commitments, such as onsite contractor measures on waste reduction, low emission construction plant etc.
- Low carbon substitutions and product innovation, such as lower embodied carbon construction materials.

 LTP 16

 SC 18.4.2.1,
18.4.2.3

 NZ 3.1.1,
3.3.1

 8 DECENT WORK AND ECONOMIC GROWTH



Target 8.5 Full employment and decent work with equal pay

 9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



Target 9.4 Upgrade all industries and infrastructures for sustainability

 13 CLIMATE ACTION



Target 13.1 Strengthen resilience and adaptive capacity to climate-related disasters

Target 13.2 Integrate climate change measures into policy and planning



Improve our infrastructure and how we use it

Capital Projects: Action Plan

No	WUTH Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Implement the upcoming Net Zero Hospital Building Standard in any new builds and BREEAM 'Excellent' for any major refurbishments.	Governance & policy	On-going		£		Estates	LTP 16 SC 18.4.2.1 NZ 3.1.1
02	Explore options to achieve emissions reductions in smaller works and projects in our acute and primary care estate.	Core Responsibilities	21/22		£		Estates	NZ 3.1.1
03	Ensure capital development accounts for risks identified in climate adaptation plans and addresses these in design/delivery.	Core responsibilities	22/23		£		Estates	SC 18.4.2.3
04	Encourage and measure local subcontractor and supply chain spend as part of our anchor institution approach.	Procurement	21/22		£		Procurement	NZ 3.3.1
05	Work with our Procurement team to enable specification of low and zero carbon materials and designs, as well as achieving waste reduction and other opportunities through contractor engagement.	Procurement	22/23		£		Procurement	NZ 3.3.1
06	Continue to ensure our design process is informed by staff, patients and community views for capital projects.	Working with patients, staff & communities	22/23		£		Estates, Procurement & HR	LTP 16 SC 18.4.2.1 NZ 3.1.1

Figure 19 Green plan action table for Capital Projects

Water Efficiency

In 2020/21, we used 40,179 litres of water, which cost at total of £108,156.

There are emission impacts associated with the supply of fresh water and treatment of wastewater, equating to 208 tCO₂e in 2020/21 (see Figure 20).

Although the emissions are low compared to those produced by energy use, being water efficient is important to prevent and alleviate water stress.

As a water efficiency and leak preventative measure, we will look to install Automatic Meter Readers (AMRs) to our water network. This will help us pinpoint areas of high water usage, understand how and where water is being used, locate leaks and take remedial action.

Water conservation and sustainable drainage shall also be explored. Rainwater harvesters collect rainwater for non-potable purposes, such as for flushing toilets. They will help reduce water stress and potentially alleviate flooding by attenuating surface water run-off in storm events.

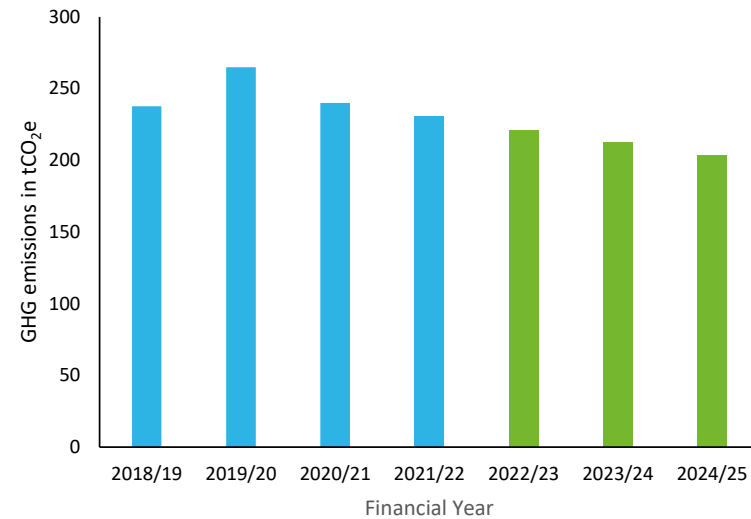


Figure 20 Stacked bar chart to show total water emissions from supply and wastewater treatment, and emissions reduction trajectory to 2024/25

Estates & Facilities – Water:

- We used **40,179m³** of water in 2020/21 – enough water to fill 16 Olympic size swimming pools.
- **208 tCO₂e** was attributed to the supply of water and wastewater treatment.
- We need to reduce water consumption by **26,114m³** by 2024/25.
- Water efficiency and sustainable drainage will become ever more important in the future.



Water Efficiency: Action Plan

No	WUTH Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Explore and implement water efficiency targets on areas of the highest impact in our estate and delivery of care.	Governance & policy	On-going		£		Estates	LTP 17 SC 18.4.3.1 NZ 3.1
02	Develop new water intensity metrics and incorporate these into our greenhouse gas emissions reporting.	Governance & policy	21/22		£		Procurement	NZ 3.1
03	Install Automatic Meter Readers on the water network in our largest buildings to determine water use patterns and aid leak detection.	Core Responsibilities	22/23		£		Estates	NZ 3.1
04	Utilise the most water efficient technologies, such as low flow taps throughout our estate, when replacing equipment and developing new sites	Core responsibilities	22/23		£		Estates	NZ 3.1
05	Explore where rainwater harvesting and grey water systems can be installed and utilised.	Procurement	22/23		£		Procurement	NZ 3.1
06	Look to consolidate the suppliers across the estate to choose one or two that can provide the service, price, and efficiency we expect.	Procurement	On-going		£		Procurement	LTP 17
07	Work with our staff and patients by communicating the importance of water efficiency.	Working with patients, staff & communities	On-going		£		HR	NZ 3.1
08	Incorporate water efficiency measures within our climate change adaptation work with the local community.	Working with patients, staff & communities	22/23		£		Business Continuity	NZ 3.1

Figure 21 Green plan action table for Water

Waste and Recycling

We collect five main waste types: general, clinical/offensive, confidential paper, dry mixed recycling and electrical and electronic equipment (WEEE) waste. We have collections for other waste streams, such as metal, fluorescent lamps, waste cooking oil and so on, though amounts collected are not reported. We also distinguish between ‘recyclable waste’, ‘glass, tins and aerosols’, and ‘cardboard’.

Figure 22 shows emissions emanating from our waste streams.

Some of our clinical waste is incinerated (sharps), whilst other types are ultra-high temperature processed (alternative treatment) before being further recycled. Offensive waste is sent directly to deep landfill. General, glass, tin and aerosol, and recyclable waste are compacted together and separated at the recycling centre. General waste then goes through a low temperature process where approximately 30% of the waste is recycled, with the remainder being used as Refuse Derived Fuel (RDF). This is used to power the national grid.

We have separate dry-mixed recycling (DMR) bins at Arrowe Park Hospital, but these haven’t yet been introduced at Clatterbridge Hospital. Food waste (kitchen waste such as vegetable peelings) is macerated and discharged into the foul drain.

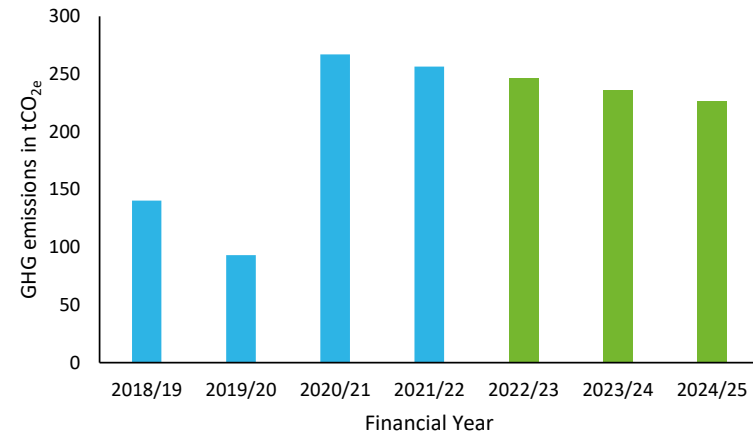


Figure 22 Emissions associated with our waste streams and emission reduction trajectory to 2024/25

Estates & Facilities - Waste:

- **1647 tonnes** of waste were produced, emitting **267 tCO_{2e}** in 2020/21.
- Dedicated recycling bins need to be installed as a priority at Clatterbridge Hospital.
- Food waste bins and collections will ensure food does not decompose in landfill sites, and instead by used for energy and compost generation.

The COVID-19 pandemic has led to an increase in the usage of single-use plastic items; a necessary response to managing the crisis. This led to an increase of waste incineration of over 70% in 2020/21 compared to the previous year.

We are mindful of the environmental impacts of single-use items throughout their lifecycle, such as the crude oil used in their manufacture to the difficulty in recycling them at the end-of-use.

Innovations are coming on to the market for reusable Personal Protection Equipment (PPE), such as face masks and aprons, that meet the various clinical safety standards. These alternatives should be explored to help reduce waste arisings.

The waste hierarchy of Reduce, Reuse, Recycle, Recovery (energy from waste) before disposal (landfill) must be embedded to ensure we are maintaining our waste duties of care and circular economic principles. We need to improve our recycling rates. Shoring up our waste handling processes will ultimately reduce greenhouse gas emissions from waste treatment, other negative environmental impacts and landfill disposal costs.

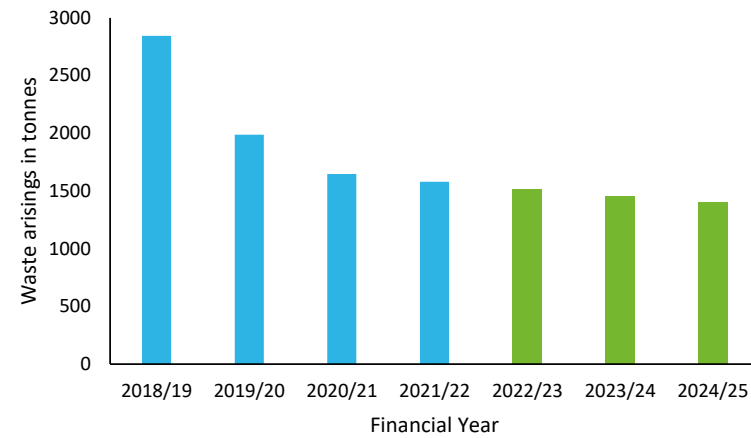


Figure 23 Total waste arisings in tonnes, and weight reduction trajectory to 2024/25



Waste and Recycling: Action Plan

No.	WUTH Green Plan Actions	Trust Area	Target year	Progress	Indicative Cost to Achieve	Indicative Emissions Reduction	Responsible Lead/Dept.	NHS Req.
01	Collate <i>all</i> waste stream data from <i>all</i> sites (including sites we are not responsible for waste collection) and produce monthly reports.	Core Responsibilities	21/22	■	£	✘	Estates	NZ 3.1
02	Ensure that single use items in catering adhere to current legislation and elect to use sustainable alternatives as listed by NHS Supply Chain,	Core Responsibilities	21/22	■	£	☁	Estates	LTP 17 SC 18.4.3.1 NZ 3.1
03	Install Dry Mixed Recycling (DMR) bins across all sites and start DMR collections,	Core Responsibilities	22/23	■	£	☁	Estates	LTP 17 SC 18.4.3.1 NZ 3.1
04	Install food waste bins across all remaining sites and start food waste collections.	Core Responsibilities	22/23	■	£	☁	Estates & Catering	NZ 3.1
06	Work with our staff and patients by communicating the importance of waste segregation	Procurement	On-going	■	£	✘	Estates & HR	NZ 3.1
07	Explore whether reusable alternatives to single-use PPE items (aprons, wipes, face masks) are clinically appropriate.	Core Responsibilities	22/23	■	£	☁	Clinical Teams & Procurement	NZ 3.1
08	Explore how the Trust can implement an ISO-14001 Environmental Management System.	Governance & policy	22/23	■	£	☁	Estates & HR	LTP 17 SC 18.4.3.1 NZ 3.1

Figure 24 Green plan action table for Waste

Biodiversity and Greenspace

“Access to greenspaces have positive mental and physical health impacts, and these beneficial effects are greatest for those from socioeconomically disadvantaged groups. However, these groups also have the least access to greenspaces.” – Delivering a Net Zero NHS

Our Trust wants to protect biodiversity within our estate and region and reduce our negative impact on biodiversity, both locally and globally.

Greenspace and nature are important for the health and wellbeing of patients and colleagues alike. At a global scale, greenspace affects the planet’s ability to absorb carbon dioxide; forests hold the key to undiscovered medicines and therapies.

Our Trust will promote access to greenspace, considering areas of operations where this may be lacking.

We will also consider opportunities and risks for biodiversity in the areas we operate, for example priority woodland areas in our region.



Arrowe Park Hospital Green Space. Source: WUTH Library

NHS LTP 17

NHS SC 18.4.3, 18.4.3.1 to 18.4.3

NHS NZ 3.1.1, 3.3.2

11 SUSTAINABLE CITIES AND COMMUNITIES



Target 11.6 Reduce the environmental impacts of cities, focusing on air quality and waste

3 GOOD HEALTH AND WELL-BEING



Target 3.9 Reduce illnesses and deaths from hazardous chemicals and pollution

13 CLIMATE ACTION



Target 13.2 Integrate climate change measures into policy⁵² and planning



Biodiversity and Greenspace: Action Plan

No	WUTH Green Plan Actions	Trust Area	Target Year	Pro- gress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Review our policies and practices around green space and biodiversity, to ensure that our impact on these is reduced. Identify opportunities to provide safe and easy access to green space, where appropriate.	Governance & policy	22/23		£	✘	Estates	LTP 17 SC 18.1 NZ 3.5
02	Engage with regional partners to ensure that adequate green space and identified native species are considered and supported in planning and operations of our estates wherever possible. This includes supporting bees and other pollinators.	Core responsibilities	22/23		£	☀	Estates	SC 18.1 NZ 2.2, 3.5
03	Work to better understand biodiversity and habitat risks and opportunities in our procurement. Where possible, apply evidenced standards or engage with our suppliers to address issues, such as food production and provenance of meat, avoiding Palm Oil or limiting to RSCO-certified Palm Oil in food and cleaning products.	Procurement	22/23		£	☀	Procurement	SC 18.1
04	Continue to engage our staff, patients, and communities in green space initiatives.	Working with patients, staff & communities	On-going		£	✘	Clinical leads & HR	NZ 2.2, 3.5

Figure 25 Green plan action table for Greenspaces

Medicines - Volatile Anaesthetic Gases and Inhalers

In addition to carbon dioxide emissions, NHS' clinical activity and prescriptions, such as using inhalers, nitrous oxide and volatile inhaled anaesthetics like desflurane, contribute a considerable proportion of the NHS' GHG footprint.

The Long Term Plan commits the NHS to reduce GHG emissions from anaesthetic gases by 40% (which on its own could represent 2% of the overall NHS England carbon footprint reduction target that the NHS must meet under Climate Change Act commitments) and significantly reduce GHG emissions by switching to lower global warming potential (GWP) inhalers.

Volatile anaesthetic gas and inhaler consumption data were unavailable and therefore lie beyond the scope of this Green Plan. In future, the Trust will strengthen our communications with third-party pharmacies to account for the emissions of our medicines and improve the reliability of our carbon footprint.

Medicines: Volatile anaesthetics and inhalers

We will strengthen our communications with third-party pharmacies to collate our medicines data.



Staff Member in Pharmacy. Source: WUTH Library

Nitrous oxide

There are innovations in capturing and catabolising exhaled nitrous oxide, including 'cracking' devices. Such devices are being trialled by other NHS trusts, and if rolled out, will dramatically reduce the amount leaking into the atmosphere.

Furthermore, nitrous oxide use is steadily falling in surgery across the NHS, as more efficacious anaesthetic and analgesic agents are superseding its use. However, Equanox™ still plays an important role in maternity.

Methoxyflurane (Penthrox™) pen-inhalers to treat moderate to severe pain associated to trauma in our Accident and Emergency department. Methoxyflurane can be self-administered under medical supervision, in a similar fashion to nitrous oxide. It has a lower global warming potential (GWP) than nitrous oxide and switching to methoxyflurane would lessen emissions at point-of-use.

However, this comes at a cost, as methoxyflurane is delivered in non-reusable 3ml inhaler pens, creating additional non-recyclable waste.



Pharmacy Shelf. Source: WUTH Library

Desflurane

Desflurane is a fluorinated volatile anaesthetic. Like many fluorinated compounds (such as refrigerants and propellants), it has a very high GWP. Desflurane has a GWP rating of 2,540, which means it is 2,540 more potent as a greenhouse gas than carbon dioxide.

Other volatile anaesthetics, such as sevoflurane and isoflurane have far lower GWP ratings, 130 and 510 respectively. Shifting away from desflurane to these alternatives will significantly reduce emissions. However, both sevo- and isoflurane use will have an impact on the atmosphere.

As a Trust, we do not use desflurane and over 80% of the volatile anaesthetic gases used are sevoflurane!

The NHS Standard Contract and engagement efforts with clinicians have targeted a reduction of desflurane as a percentage of all volatile gas use by volume, from 20% in 2020/21 to 10% in 2021/22 across all NHS providers.

Inhalers

Dry-powder (DPI) and Metered Dose Inhalers (MDI) are prescribed in the NHS. The NHS Standard Contract stipulates that 30% of all inhalers prescribed across NHS England should be DPIs, potentially saving 374 ktCO_{2e} per year, according to the NHS Net Zero report.

New [Impact and Investment Fund \(IIF\) indicators](#) which have been released provide an additional steer on prescribing lower-carbon inhalers.

Dry-powder inhalers are an appropriate choice for many patients and contain as little as 4% of the GHGs emissions per dose compared with MDIs. Fluorinated gases in MDIs mean that each 10ml to 19ml inhaler cannister has the equivalent emissions of 30 to 80kg of carbon dioxide!



Medicines: Action Plan (1/2)

No	WUTH Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Collate inhaler prescribing data and report quarterly.	Working with patients, staff & communities	21/22		£	✗	Clinical Pharmacy Team	LTP 17
02	Collate volatile anaesthetic gas use data and report quarterly.	Working with patients, staff & communities	21/22		£	✗	Clinical Pharmacy Team	LTP 17
03	Explore the procurement and use of nitrous oxide 'cracking' devices.	Procurement; Working with patients, staff & communities	22/23		£	☁	Procurement	LTP 17 SC 18.4.2.2 NZ 3.4.1
04	Switch to methoxyflurane (Penthrox™) in preference to nitrous oxide analgesia/anaesthesia where clinically appropriate.	Working with patients, staff & communities	22/23		£	☁	Clinical Pharmacy Team	LTP 17 SC 18.4.2.2 NZ 3.4.1
05	Work with our anaesthetists and pharmacy to phase out the use of desflurane completely.	Working with patients, staff & communities	22/23		£	☁	Clinical Pharmacy Team	SC 18.6 NZ 3.4.1
06	Set a target of prescribing at least 50% DPIs for all inhaler types.	Working with patients, staff & communities	22/23		£	☁	Clinical Pharmacy Team	NZ 3.4.1

Medicines: Action Plan (2/2)







No	ANHSFT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
07	Set a goal to reduce MDIs to 25% of all non-salbutamol inhalers by prescribing DPIs and soft mist inhalers, where clinically appropriate.	Working with patients, staff & communities	23/24		£		Clinical Pharmacy Team	IIF ES-01 LTP 17
08	Set a goal of reducing the average emissions from salbutamol inhalers to 11.1kg per inhaler, where clinically appropriate.	Working with patients, staff & communities	23/24		£		Clinical Pharmacy Team	IIF ES-02 LTP 17
09	Work with our clinicians and Clinical Pharmacy Team to enable uptake of alternative inhalers where appropriate.	Governance & policy	On-going		£		Clinical Pharmacy Team	SC 18.6 NZ 3.4.1
10	Write a pathway for daycase spinal use.	Working with patients, staff & communities	22/23		£		Clinical Pharmacy Team	NZ 3.4.1
11	Establish a nitrous oxide project to examine our waste rate of nitrous oxide. This will establish the cause of wastage and prevent leaks.	Governance & policy	22/23		£		Clinical Pharmacy Team	LTP 17 SC 18.4.2.2 NZ 3.4.1
12	Endeavour to turn off the anaesthetic gas scavenging systems when not in use.	Governance & policy	22/23		£		Clinical Pharmacy Team	NZ 3.4.1

Figure 26 Green plan action table for volatile anaesthetics and inhalers

Supply Chain and Procurement

The NHS is a major purchaser of goods and services, with NHS England alone procuring around £30 billion of goods and services annually. Procurement has major potential social, economic, and environmental impacts both locally and globally. This includes the power of using local suppliers, climate performance of our equipment and estate, as well as modern slavery in supply chains.

WUTH is committed to engage our suppliers to meet the Green Plan and support the sustainable procurement objectives of NHS England wherever practicable.

Procurement and Climate Action

Our supply chain emissions represent a huge portion of WUTH’s overall carbon footprint. We have baselined our estimated supply chain emissions for 2020/21 utilising the GHG Protocol ‘Scope 3’ spend-based method. Spend-based emissions change yearly with total spend and will not help measure progress initially. However, they will help WUTH to identify our carbon hotspots to plan for actions.

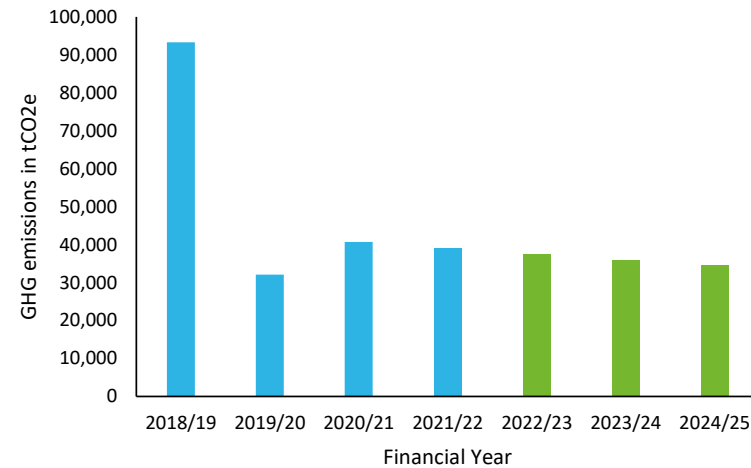


Figure 27 Emissions from our supply chain with reduction trajectory to 2024/25

Supply Chain and Procurement

- Emissions from our supply chain were estimated to be **40,697 tCO₂e** in 2020/21.
- A new NHS Sustainable Supplier Framework will be launched in January 2022 and will require all suppliers to publish progress reports and continued carbon emissions reporting by 2030.
- An ISO 20400 Sustainable Procurement Strategy would enhance the Trust’s environmental and social performance of its supply chain.
- Ensure tenders adopt the new social value procurement note PPN 06/20 and carbon management PPN 06/21 in major contracts in April 2022 and 2023 respectively.
- Reusable items such as face masks and aprons would reduce waste (as per the Waste section).
- Reclaiming mobility aids and other devices from patients will prevent waste and save money.

As a Trust, we procure most items and services through centralised NHS/government frameworks, such as NHS Supply Chain. These centralised frameworks already provide best value through bulk purchasing power and consolidation of orders. We cannot control or influence the sustainability aspects of these routes of procurement and will benefit from the decisions made in how these frameworks operate. However, the Trust also uses NHS Shared BS, Crown Commercial Services (CCS) and Health Trust Europe (HTE) regularly.

The Trust is an active member of the Cheshire Mersey Collaborative Procurement Group and has supported and taken part in all the collaborative procurement exercises undertaken, including agency staffing, general and clinical waste, and radiology consumables.

In addition to collaborative tendering exercises the Group has also pursued some aggregation initiatives- mainly through the Collaborative Theatres Group (now broadened out to include all clinical consumables). The Trust has recently benefitted from an aggregation exercise for Trauma products

The NHS, in line with recent government requirements, is mandated to adopt a new social value and environmental standard in the future. A new Sustainable Supplier Framework will be launched in January 2022, and from April 2022, all NHS tenders will include a minimum 10% net zero and social value weighting (as per [Policy Procurement Note 06/20](#)).

From April 2023, contracts above £5 million will require suppliers to publish a carbon reduction plan for their direct emissions as a qualifying criterion (as per [Policy Procurement Note 06/21](#)).



Medical Supplies. Source: WUTH Library

By 2030, all suppliers will be required to demonstrate progress in-line with the NHS' net zero targets, through published progress reports and continued carbon emissions reporting.

These additional requirements will enable us to determine the carbon and social impact of the products and services more accurately we buy, and ensure suppliers are reducing the emissions associated with their operations and products.

In the interim, we will explore ways to reduce single-use plastic items and research how we can incorporate reusable items such as masks and aprons into our clinical practice.

Stock levels are managed effectively via EDC to achieve optimal stock levels with a stock holding in Materials Managed areas of 14.4 days. This mitigates the risk of stock obsolescence and waste associated with excess stock holding. The Trust uses Model Hospital Metric 5B to calculate stock days in each Materials Managed area.

The directives in PPN06/20 have been adopted and all open tender exercises include Social Value award criteria. Whilst the Social Values Model has not been adopted fully the Trust uses the themes and suggested questions to shape the SV questions in its tender documentation.

The Trust is a member of the Wirral Community Wealth Building Group and is in the process of completing a data gathering exercise (the Group includes NHS and Local Authority partners across Wirral). The Trust is also an active participant in the Cheshire Mersey Sustainable Procurement Group- currently assessing the sustainability credentials of the Group's top 50 suppliers. CMHP Sustainability Road Map attached (caveat the

Group is reviewing the objectives as this was agreed at regional level).



Staff member using equipment. Source: WUTH Library

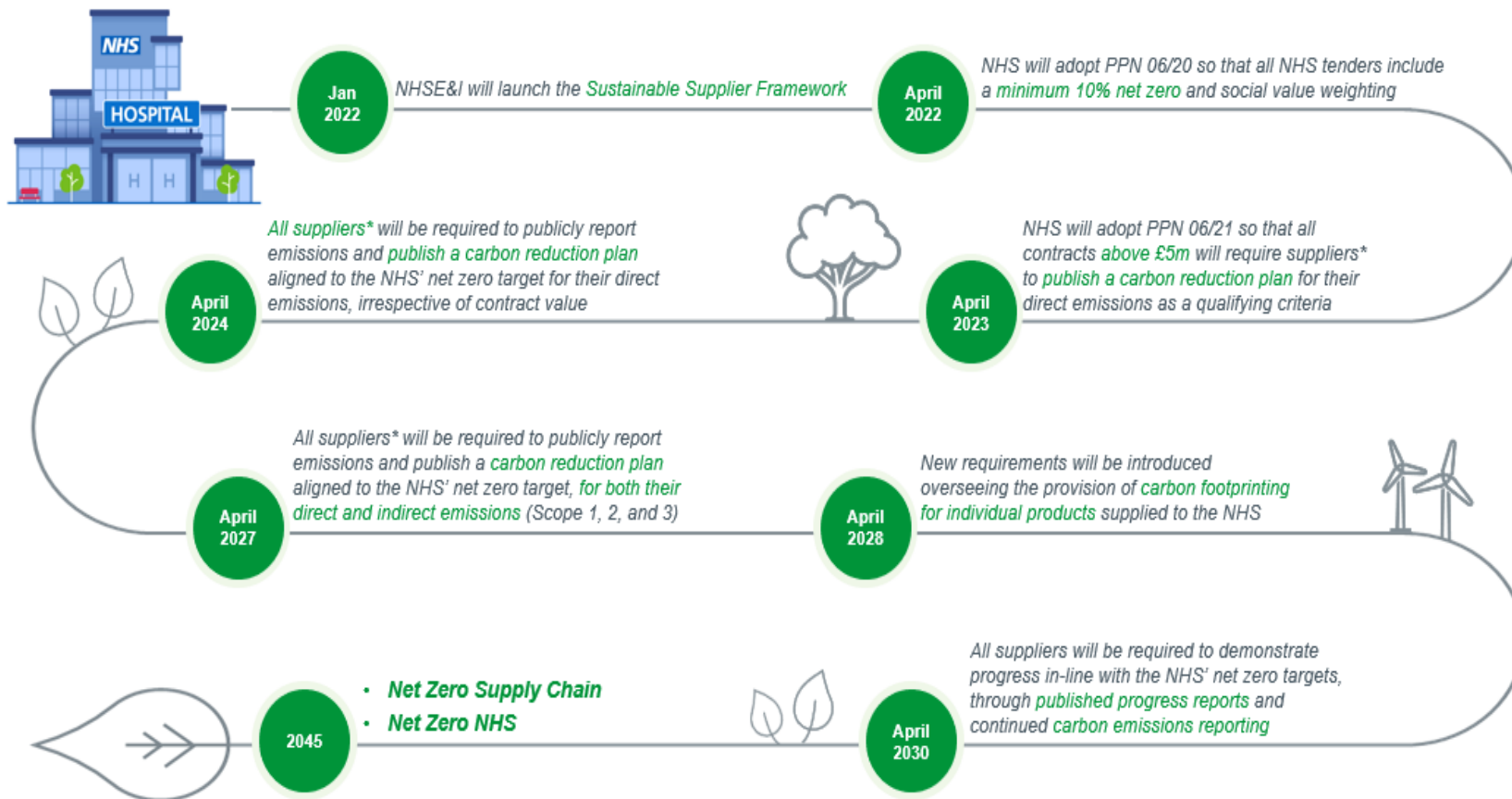


Figure 28 Building net zero into NHS Procurement – shows how NHS England will require all suppliers to provide carbon and social value reporting by 2030

Product retainment and lifecycle extension

Procuring well, ensuring best value for money and social and environmental benefits, will remain a core principle for the wider NHS and our Trust.

However, keeping products in service for as long as possible, through maintenance and repair, is fundamental to a circular economy and drives down waste.

Critical care medical products are kept in good working order at our Trust, as per manufacturer’s and the Medical and Healthcare Products Regulatory Agency’s (MHRA) guidance. Only when an item is no longer supported by the manufacturer, or is beyond economic repair, do we consider disposal.

Most ‘obsolete’ working medical equipment is sent to an auctioneer, where it is sold on, often abroad, for continued use, which has both social and environmental benefits.




Equipment that is beyond repair is disposed of through the appropriate waste channels, and components recycled.



Mobility aids, such as walking frames, crutches and walking sticks, are given to outpatients where appropriate. Unfortunately, once issued, these items are no longer under our control. Though many outpatients will use mobility aids for the long term, many are only used for weeks or months, and we have no way of reclaiming these mobility aids.

Ultimately, these items end up in outpatients’ domestic waste. Mobility aids are robust pieces of kit, with long service lives. Reclaiming, cleaning/refurbishing and reissuing mobility will negate useful items being scrapped and potentially save the Trust money.

NHS England Sustainable Procurement Objectives		
Net Zero	Modern Slavery	Social Value
Achieve the NHS Supply Chain Net Zero Targets	Eliminate Modern Slavery in the NHS supply chain both domestically and abroad	Ensure NHS procurement is a force for good helping local economies and improves wider determinants of health



Figure 29 Official NHS Sustainable Procurement Objectives Source: website

 LTP 6.17, 17, 18
 SC 18.6
 NZ 3.3, 3.3.1

 **8 DECENT WORK AND ECONOMIC GROWTH**

Target 8.3 Promote policies to support job creation and growing enterprises
Target 8.7 End modern slavery, trafficking, and child labour

 **12 RESPONSIBLE CONSUMPTION AND PRODUCTION**

Target 12.7 Promote sustainable public procurement practices

 **13 CLIMATE ACTION**

Target 13.2 Integrate climate change measures into policy and planning



Procurement: Action Plan (1/2)

No	WUTH Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Review our sustainable procurement approach to find relevant links that enable our Green Plan and work closely with NHS Supply Chain and NHS Improvement to promote their sustainability programmes.	Governance & policy	Ongoing		£	✗	Procurement	LTP 6.17, 17
02	Identify wider social, economic and environmental benefits for the local community and population when considering the purchase and specification of products and services, discussed and agreed with the Coordinating Commissioner.	Governance & policy	22/23		£	✗	Procurement	SC 18.6
03	Adhere to the requirements of the NHS Sustainable Supplier Framework.	Governance & policy	January 2022		£	☁	Procurement	SC 18.6
04	Ensure tenders adopt the new social value procurement note PPN 06/20 and carbon management PPN 06/21 in major contracts from April 2022 and 2023 respectively.	Governance & policy	April 2022		£	☁	Procurement	NZ 3.3, 3.3.1
05	Ensure tenders adopt the carbon management PPN 06/21 in major contracts in April 2023.	Governance & policy	April 2023		£	☁	Procurement	SC 18.6
06	Ensure the purchase of 100% closed-loop recycled paper.	Core Responsibilities	21/22		£	☁	Estates	SC 18.6
07	Create a new system for cataloguing and reclaiming mobility aids and other devices from patients.	Governance & policy	22/23		£	☁	Physio and Occupational Therapy	NZ 3.3, 3.3.1
08	Engage a key supplier on plans to align their operations and delivery with NHS Net Zero targets over time. Leverage NHS England and NHS Improvement Supplier Engagement Strategy approach for fostering partnerships.	Core responsibilities	22/23		£	✗	Estates	NZ 3.3, 3.3.1

Procurement: Action Plan (2/2)

No	WUTH Green Plan Actions	Trust Area	Target Year	Pro- gress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
09	Work to identify impactful future supply chain emissions reductions opportunities and links to climate adaptation and other Green Plan commitments in procurement specifications and through contract delivery	Procurement	23/24		£	✘	Procurement	NZ 3.3, 3.3.1
10	Work with NHS Supply Chain to address Modern Slavery and domestic and international supply chain environmental, and human rights risks, including those linked to PPE.	Procurement	22/23		£	✘	Procurement	SC 18.6
11	Explore the creation of an ISO 20400 Sustainable Procurement Strategy.	Procurement	22/23		£	☁	Procurement	SC 18.6
12	Enable procurement to support Social Value and Anchor Institution NHS aims, e.g., understanding and increasing local, SMEs and social enterprise spend or collaborating with suppliers to promote positive action in equalities or to collaborate on innovation or climate action.	Working with patients, staff & communities	Ongoing		£	✘	Procurement	LTP 18
13	Explore the procurement of reusable theatre gowns and reusable theatre hats.	Procurement	Ongoing		£	☁	Procurement	NZ 3.3, 3.3.1

Figure 30 Green plan actions for supply chain management and procurement

Indicative cost:

£ No or low cost £ Significantly expensive
 £ Moderately expensive

Indicative emissions reduction:

☁ Low or incremental reduction ☁ Significant reduction
 ☁ Moderate reduction ✘ Not applicable

Food and Nutrition

Food illustrates the links between climate change and public health. The NHS Long Term Plan commits us to promote plant-forward diets and reduce unhealthy options like sugary drinks on NHS premises. Not only will these actions help prevent obesity and non-communicable disease, but they will also play a role in reducing our greenhouse gas emissions and environmental impact.

Food production accounts for up to 26% of global greenhouse gas emissions¹. Food and livestock production has a huge impact on biodiversity as well, and according to research collected by [Our World in Data](#) “of the 28,000 species evaluated to be threatened with extinction on the IUCN Red List, agriculture and aquaculture is listed as a threat for 24,000 of them”.²

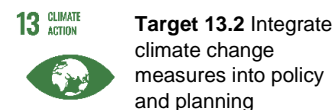
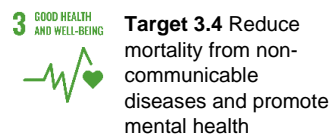
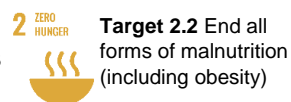
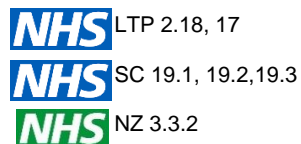
While promoting healthier foods and reducing emissions, the NHS can also source more food from local and regional producers where possible, increasing the positive economic impact for our communities and reducing the emissions associated with food transport.

WUTH will work to fulfil Long Term Plan priorities for food provision on our premises, promoting plant-forward diets, higher welfare and more sustainable food options, and supporting regional producers wherever we can. At present, patient meals are sourced by the NHS Supply Chain.

We serve approximately 900,000 meals per year (3 meals per day), and 75,000 meals per calendar month. In previous waste audits, we have ascertained that an average of 7,500 meals are wasted per month, which translates into 10% of all meals ending up as waste.

The Trust is building a new restaurant on site using seasonal food, and menus. We will explore introducing a seasonal approach to patient menus. All of the disposables used in catering are compostable.

We offer a wide choice of meals for inpatients, including vegetarian and vegan options and other dietary requirements. Our menus are paper based and ordering occurs the day before, although we plan to move to ‘on the day’ electronic ordering.



¹ <https://ourworldindata.org/environmental-impacts-of-food>

² Source: Poore, J., & Nemecek, T. (2018). [Reducing food's environmental impacts through producers and consumers](#). *Science*, 360(6392), 987-992. Via <https://ourworldindata.org/environmental-impacts-of-food>



Food and Nutrition: Action Plan

No	WUTH Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Review food and catering to explore opportunities to push forward Long Term Plan plans to address obesity, benefit ELTH's local area, and reach Net Zero emissions.	Governance & policy	On-going		£	✘	Catering Services	LTP 2.18, 17 SC 19.1, 19.2 NZ 3.3.2
02	Phase in more Plant-forward diets and other updated NHS requirements and explore greater seasonal menu changes.	Governance & policy	22/23		£	🌱	Procurement & Catering Services	LTP 2.18
03	Limit sugary drinks sales at our facilities and fulfil other updated NHS requirements.	Core Responsibilities	22/23		£	🌱	Catering Services	SC 19.3
04	Work with NHS Supply Chain to ensure positive impacts from contract management of any updates to Government Buying Standards sustainable food criteria.	Procurement	22/23		£	🌱	Procurement & Catering Services	SC 19.3
05	Work with regional partners to identify opportunities for local and SME food producers for the Wirral.	Procurement	On-going		£	🌱	Procurement	NZ 3.3.2
06	Ensure all food providers meet or exceed the requirements outlined in Report of the Independent Review of NHS Hospital Food	Core responsibilities	22/23		£	🌱	Facilities & Procurement	SC 19.3
07	Review internal and NHS strategies for sustainable food procurement, including sustainable fish, elimination of palm oil or limit to RSPC-certified palm oil and Fairtrade items where relevant.	Procurement	22/23		£	🌱	Procurement	LTP 17
08	Continue to work with patients and partners on the link between food, health and obesity, as well as the emissions impact.	Working with patients, staff & communities	On-going		£	✘	TBC	LTP 2.18 SC 19.1, 19.2 NZ 3.3.2

Figure 31 Table to show green plan actions for food and nutrition

Indicative cost:

- £ No or low cost
- £ Significantly expensive
- £ Moderately expensive

Indicative emissions reduction:

- 🌱 Low or incremental reduction
- 🌱 Moderate reduction
- 🌱 Significant reduction
- ✘ Not applicable

Adaptation

Climate Change Adaptation

“As climate change accelerates globally, in England we are seeing direct and immediate consequences of heat waves and extreme weather on our patients, the public and the NHS. Adaptation is the process of adjusting our systems and infrastructure to continue to operate effectively while the climate changes. It is critical that the NHS can ensure both continuity of essential services, and a safe environment for patients and staff in even the most challenging times.” -

Greener NHS

Climate change will make extreme weather, such as heatwaves, droughts and flooding, more prevalent. Sea-level rise and increased risk of Vector Borne Diseases, such as Lyme Disease, may also impact our local communities.

The changing climate poses risks for vulnerable populations in our community, but also impacts our Trust's estate, ability to operate and supply chain.

We already engage with other public authorities and partners in tackling extreme weather events, such as heat waves and flooding.

Building on our 2019 Heat Wave policy, WUTH will analyse these risks and develop actions for our care delivery, estate planning

and management, including flood risks across our estate and service area.

Climate change has serious implications for our health, wellbeing, livelihoods and society. Its direct effects result from rising temperatures and changes in the frequency and strength of storms, floods, droughts, and heatwaves — with physical and mental health consequences (The Lancet, 2017).

The NHS Long Term Plan reinforces the requirement to embed resilience and sustainability into our healthcare services. Climate change adaptation is critical to achieving this. The impacts of climate change on our health, services, infrastructure and our ability to cope with extreme weather events will place significant additional demands on our services in the future.

Climate change adaptation in the NHS is about organisational resilience and the prevention of avoidable illness, embracing every opportunity to create a sustainable, healthy and resilient healthcare service. Through reducing our impact on the environment to prevent climate change, reducing our organisational running costs, ensuring business continuity and reducing health inequalities, but above all it's about making sure that the NHS, our buildings, our services, our staff and our patients are prepared for what lies ahead.

Wirral University Teaching Hospital NHS Foundation Trust will work with the Wirral SEG to support the Cheshire and Merseyside plan, and across other public sector organisations to develop a climate change adaptation plan.



Climate Change Adaptation: Action Plan

No	WUTH Green Plan Actions	Trust Area	Target Year	Pro- gress	Indicative Cost to achieve	Responsible lead/dept.	NHS Req.
01	Appoint a Climate Change Adaptation lead and follow the recommendations of the third Health and Social Care Sector Climate Change Adaptation Report.	Governance & policy	22/23		£	Board of Directors	LTP 17 SC 18.4.2.3 NZ 1
02	Embed Climate Change as a strategic risk within our corporate risk register and manage appropriately.	Governance & policy	22/23		£	Business Continuity	SC 18.4.2.3 NZ 1
03	Create an ISO14090 Climate Change Adaptation Plan including plans for adapting our premises to mitigate climate change and extreme weather risks, using a recognised methodology, that is routinely reviewed considering the changing climate and scientific advancements.	Core responsibilities	22/23		£	Business Continuity	SC 18.4.2.3 NZ 1
04	Work with NHS Supply Chain to better understand the climate change risks in our supply chain and proactively seek to make our supply chain 'climate-ready'.	Procurement	22/23		£	Procurement	SC 18.4.2.3 NZ 1
05	Embed and adapt existing health-related contingency planning, such as Heat Wave Plans to reflect predicted climate change impacts.	Working with patients, staff & communities	22/23		£	Business Continuity	SC 18.4.2.3 NZ 1
06	Incorporate newly emerging climate-related health care risks into our contingency planning, such as the increasing prevalence of Vector Borne Diseases.	Working with patients, staff & communities	22/23		£	Business Continuity	SC 18.4.2.3 NZ 1

Figure 32 Table to show green plan actions for climate adaptation

Conclusion

This Green Plan is a living document and will be regularly reviewed for progress against the action plans. As such, actions and targets may be revised where necessary.

Adequate budgets and resources will be allocated to achieve our goals and deliver sustainable care. We will look to achieve the 'quick wins' first, though anticipate significant investment in future years, especially in making our buildings 'climate-ready'.

Climate Change poses many threats to our care population and how we deliver care. This Green Plan will enable us to become an adaptable and resilient organisation. It will help steer our direction of travel with other local anchor institutions, bolstering our ability to provide a continued critical service.

Our dedicated workforce is core to our care provision and delivery of this Green Plan. With the necessary structures in place, it will be our people and service users who will drive the changes to make us a more sustainable organisation. We will continue an open dialogue with all stakeholders to improve our Green Plans and the care we deliver.

Contact Details

All of the information contained in this report is, to the best of our knowledge, accurate at the time of publishing.

If you wish to contact the Wirral Sustainability Team, please email wuth.sustainability@nhs.net

Or write to us at: **Arrowe Park Hospital,
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Birkenhead,
Wirral
CH49 5PE**

You can follow us on Twitter: [@wuthnhs](https://twitter.com/wuthnhs)



**Wirral University
Teaching Hospital**
NHS Foundation Trust

This Green Plan was created for Wirral University Teaching Hospital in partnership with Inspired PLC.



**Board of Directors
2nd March 2022**

Title:	Emergency Preparedness, Resilience & Response (EPRR) Annual Report 2020/21
Responsible Director:	Hayley Kendall Chief Operating Officer
Author:	Helen Nelson Corporate Directorate Manager Operations
Presented by:	Hayley Kendall Chief Operating Officer

Executive Summary
<p>The Civil Contingencies Act (CCA) (2004) requires category one responders, to show that they can deal with incidents while maintaining services to patients. As a Category one responder under the Act, the Trust has a duty to develop robust plans to respond effectively to emergencies, to assess risks and develop plans in order to maintain the continuity of our services in the event of a disruption.</p> <p>The Trust has the required Accountable Emergency Officer, supported by the Emergency Preparedness Officer along with the appropriate Emergency Planning Meeting structure.</p> <p>The NHS England's EPRR Assurance Report, that replaced the previous years' core assurance process, confirmed that the 3 areas referred to in the assurance process were being met by the Trust.</p>

Recommendation:
The Board of Directors is asked to note the content of the attached Emergency Preparedness, Resilience & Response (EPRR) Annual Report 2020/21.

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
PR5 – A major disruptive event leading to rapid operational instability
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)

CQC essential standards, NHSEI requirement – EPRR Framework		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
N/A		
Specific communications and stakeholder /staff engagement implications		
N/A		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
N/A		
Council of Governors implications / impact (e.g. links to Governors’ statutory role, significant transactions)		
N/A		
FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees	Risk Management Committee 08/02/22	
Background papers / supporting information	N/A	

Emergency Preparedness Resilience & Response (EPRR) Annual Report 2020-21

Report date:
October 2021 v_2

Author:
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Sponsor:
Chief Operating Officer
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WUTHstaff

wuth.nhs.uk

1. Executive Summary

The Civil Contingencies Act (CCA) (2004) requires category one responders, to show that they can deal with incidents while maintaining services to patients. As a Category one responder under the Act, the Trust has a duty to develop robust plans to respond effectively to emergencies, to assess risks and develop plans in order to maintain the continuity of our services in the event of a disruption.

The Trust has the required Accountable Emergency Officer, supported by the Emergency Preparedness Officer along with the appropriate Emergency Planning Meeting structure.

All of the mandated Emergency Plans to respond to a major incident are in place and published on the Trust Emergency Planning intranet page.

The NHS England's EPRR Assurance Report, that replaced the previous years' core assurance process, confirmed that the 3 areas referred to in the assurance process were being met by the Trust.

2. Introduction

The NHS needs to be able to plan for, and respond to, a wide range of incidents that could impact on health or patient care. These could be anything from extreme weather conditions, an outbreak of an infectious disease, or a major transport accident. A significant incident or emergency is any event that cannot be managed within routine service arrangements. It requires the implementation of special procedures and involves one or more of the emergency services, the NHS or a local authority.

The Civil Contingencies Act (CCA) (2004) requires category one responders, to show that they can deal with such incidents while maintaining services to patients. As a Category one responder under the Act, the Trust has a duty to develop robust plans to respond effectively to emergencies, to assess risks and develop plans in order to maintain the continuity of its services in the event of a disruption.

3. Purpose

The purpose of the annual report is to:

- Provide an overview of the emergency preparedness arrangements within Wirral University Teaching Hospital NHS Foundation Trust (WUTH)
- Describe the Trust's responses to incidents that have occurred during 2020-21
- Outline the work that has been undertaken in this area during the past 12 months
- Summarise the planned work streams and priorities for the year ahead

4. Emergency Preparedness Structure

4.1 Lead Officers:

- **Accountable Emergency Officer (AEO)**
The NHS Act 2006 (as amended) places a duty on providers to appoint an individual to be responsible for discharging their duties. This individual is known as the AEO. For the period covered in this report, the AEO was Anthony Middleton Chief Operating Officer.
- **Emergency Planning Officer**
The AEO is supported in this role by Helen Nelson, Corporate Directorate Manager Operations as the formal Emergency Planning Officer (EPO).

4.2 Meeting Structure:

In order to discharge the Trust’s responsibilities effectively under the Civil Contingencies Act (2004), emergency preparedness arrangements have been embedded into the Trust’s operational structure.

Trustwide ad-hoc planning meetings are initiated for any required emergency planning such as large scale community events, planned IT downtime planning, bank holiday planning, service/ward change or other operational pressure where services may be affected. Section 9 details the events that have been formally planned for during this period.

4.3 Emergency Preparedness, Resilience & Response (EPRR) Structure:

The Local Health Resilience Partnership (LHRP) meetings provide a forum to ensure that planning is not be conducted in isolation by a single organisation, but is undertaken in partnership with other local responders and commissioners. There are 2 levels of LHRP meetings; Strategic & Practitioner.

The AEO, or their representative, attends the Strategic LHRP meetings for Merseyside. These meetings are held three times a year at Strategic Level.

The EPO attends the Merseyside LHRP Strategic LHRP meetings on behalf of the AEO. This is a formal agreement, confirmed by letter dated 29 January 2020 from the AEO to NHS England Head of EPRR North West.

The EPO attends the Merseyside LHRP Practitioner level (bi-monthly) meeting. Only one of the four scheduled meetings were attended due to clashes with Trust Command Meetings and lack of capacity at the time. However, the EPO maintains regular contact with the Head of EPRR North so the non-attendance at the LHRP meetings was not of any detriment to the Trust.

The Strategic meetings were all stepped down by NHSE during this period.

LHRP Strategic	LHRP Practitioner	
None held during this period	11/06/20	Not attended
	20/07/20	attended
	07/09/20	Not attended
	21/10/20	Not attended
	02/12/20	Meeting cancelled

4.4 Out of Hours Arrangements:

On-call rota

The Trust operates an on-call rota which is on a 24/7/365 basis and ensures that senior managers and Executive Directors are contactable at all times and are able to respond quickly to a major or serious incident at any given time. This structure is supported by specific clinical and departmental on-call rotas which are designed to respond to local service-related operational issues.

On-call Booklet

The Hospital Manager/Executive On-call Booklet is regularly reviewed and updated to ensure that current information is to hand for any operational issue and risk assessment forms for major incidents. The booklet has been updated 5 times during 2020/21 (17/11/20, 08/01/21, 19/01/21, 18/02/21, 02/03/21).

On-call training

1:1 induction meetings are in place for members of the on-call Executive Director and Manager rota, this includes Major Incident training. The on-call managers hold quarterly on-call forums where on-call issues, new guidance, updates and major incident refresher training is held.

5. Risk Register (LHRP)

The Cheshire & Merseyside LHRP maintains a register of risks which are likely to present a threat to the wider community. These risks are updated at the LHRP quarterly meetings and provide the basis for setting the planning agenda and establishing emergency preparedness work plans for the Cheshire & Merseyside region.

6. Exercises & training

The Civil Contingencies Act (2004) outlines the organisational responsibility to exercise plans. Under the Act, all NHS organisations are required to undertake; -

- Live exercises (or incident) every three years
- Table top exercises annually
- Communications exercises every 6 months

Given the pressures experienced during the ongoing Pandemic and in line with national guidance, all EPRR exercises and training were stood down.

6.1 Live exercise (or incident)

6.1.1 COVID 19 Pandemic

The Trust continued to run in full Command Control structure in response to the COVID-19 Pandemic.

6.1.2 Level 1 Business Continuity Incident – Roche 07/10/20

Following logistical issues with the National Distribution Centre, the delivery of some Roche products were temporarily impacted. Daily then weekly planning meetings were held to ensure safe plans were in place commencing on 07/10/20. Following a robust supply provision being confirmed in place the incident was stood down on 04/12/20

6.2 Table top exercise

Stood down, however the Trust continued to run in line with Command & Control structure for the COVID Pandemic.

6.3 Communications

The Major Incident contact list for out of hours was successfully tested on 18/03/21. Summary reports are available from the Emergency Planning Officer on request.

The in-hours contact list was not tested during this period.

7. External review

7.1 NHS England Assurance for Emergency Preparedness, Resilience and Response (EPRR)

The events of 2020 tested all NHS organisation plans to a degree above and beyond that routinely achievable through exercises or assurance processes. However, NHSE's statutory requirement to formally assure ourselves of EPRR readiness remained.

NHSE recognised that the detailed and granular process of previous years' core standards assurance process would be excessive while we prepared for a potential further wave of COVID-19, as well as the seasonal pressures and the operational demands of restoring services.

Therefore the amended process for 2020/21 focussed on three areas:

- 1) Progress made by organisations that were reported as partially or noncompliant in the 2019/20 process
- 2) The process of capturing and embedding the learning from the first wave of the COVID-19 pandemic
- 3) Inclusion of progress and learning in winter planning preparations

The EPRR Assurance Report attached at appendix 1 confirmed that the 3 areas referred to above were met.

A copy of this assessment signed off by Anthony Middleton as Accountable Emergency Officer was approved at the Risk Management Committee on 14th October 2020.

8. Reports

EPRR Reports to Board/Committee were made on the following dates:

Item	Meeting	Date
EPRR Annual Report 2019/20	Risk Management Committee	14/10/20
EPRR Core Standards 2020/21 Compliance Report		

Item	Meeting	Date
Summary Report EU Exit Transition Period – Chief Executive’s Report	Public Board	02/12/20

9. Event Planning

During 2020-21 planning meetings supported by EPRR have taken place to ensure that safe robust plans were in place for the following events/incidents:

Event	Summary
<p>Half Term/Bank Holiday Planning</p> <p>February Half-term, Easter (April), Early & Late May, August, October Half Term, Christmas/New Year period</p>	<p>Trustwide Plans are developed to outline the arrangements that are put in place in the Trust and within key partner organisations in preparation for the Bank Holiday and selected Half Term periods. They provide assurance to the Wirral system and describe initiatives that have been put in place to maintain safe patient flow during a period of known increased demand.</p> <p>The planning also ensures that the process for bank holiday reporting to NHSE/I (NHSE daily operational pressures & NHSI SITREP) is in place during the bank holiday weekend period.</p>
<p>Trustwide Wirral Millennium Downtime:</p> <ul style="list-style-type: none"> • 724 Tool Upgrade (WM Back up) 30/09/20, 24/11/20 • End of British Summer Time October 2020 • CAMM Upgrade, 18.11.20, 21/01/21, 18/03/21 • CITRIX roll out 11/01/21 • HIE Downtime 21/01/21, 24/03/21 • WM Full downtime ORACLE patch 04/02/21 	<p>Planned Wirral Millennium ‘downtime’ and system upgrades requires trust-wide planning to ensure that issues/risk and actions have been identified and that staff in all areas are aware of the formal downtime process to follow to maintain patient safety.</p>
<p>Summary Report EU Exit Transition Period</p>	<p>The UK left the EU and entered the transition period which lasted until 31 December 2020. During this transition period the UK prepared for the UK’s future trading relationship with the EU.</p> <p>The NHS has provided an operational response, led by Professor Keith Willett, Strategic Incident Director for EU Exit. In line with this response, the Trust has reviewed the work previously undertaken in preparation for EU Exit. The Trust has stood up its</p>

Event	Summary
	<p>EU Exit Planning Team, which is overseen by the EU Exit Senior Responsible Officer (SRO), Anthony Middleton Chief Operating Officer. This team supported the Trust's preparedness prior to 31 December and subsequently supported the incident management stage from January 2021.</p> <p>The Trust did not identify any significant risks during this process. A Chair's summary report was provided to the Board of Directors on 2 December 2020.</p> <p>Planning meetings</p> <p>The Trust participated in the four EU Exit TP workshops between November and January, chaired by Professor Willett and the Wirral EU Exit Coordination Group chaired by the Wirral Council, to ensure that the Trust has informed, safe and robust plans in place. Internal planning meetings took place to consider national guidance and feed into the Trust's command structure.</p> <p>Daily Sitrep</p> <p>The NHSEI EU exit daily sitrep reporting commenced on 23/12/20. Any EU exit related issues that were expected to impact business critical services are reported into the Trust's command structure via the daily Bronze meetings with Silver and Gold escalation as required.</p> <p>EU Exit Intranet page</p> <p>Information for staff was available via the EU Exit intranet page. This included information for staff on the EU Settlement Scheme, and guidance and letters received from Government for information sharing.</p>
Asymptomatic Staff Testing November 2020	<p>The Trust was briefed on Friday 16th October 2020 that Asymptomatic Swabbing of all patient-facing WUTH staff was to commence the following week for a period of two weeks (19/10/20 – 01/11/20).</p> <p>A project group was established on Monday 19th October to devise a process for self-swabbing for the estimated 4500 patient-facing staff at WUTH.</p> <p>The project completed on 02/11/20.</p>
COVID 19 Pandemic Environmental Work	<p>The EPRR function supported the full management of the environmental requirements during the</p>

Event	Summary
	Pandemic, such as environmental risk assessments, the procurement and fitting of floor markers, delivery of posters & floor marking tape to each area. Support to the Hospital Site Lockdown Project and ID Badge Upgrade Programme.
Multiple Estates Planning Events: <ul style="list-style-type: none"> • Cath Lab D Block Car Park 31/10/20 • CBH Bleep upgrade 03.02.21 • Physio electrical changeover 13.02.21 • OPAU Corridor closure 08.03.21 • Crane Lift 13/03/21 • CT Scanner 31/03/21 • Fire Alarm Panel Replacement 17/03/21 • Physio Gym ITU electrical crossover 20.03.21 • Multiple Service road closures & Crane Lifts 	Planned Estates projects that affect the Trust operationally require careful planning with key stakeholders to ensure that risk is identified and mitigation put in place to ensure patient and staff safety.
Our COVID-19 Response	A document was developed to provide an overview of the response along the timeline of the past 12 months, with topic specific detail aimed at providing optimum safety to both patients and staff. The document is available on the intranet and also in a professionally published hard copy.

10. Work undertaken in 2020-21

The following work-streams were completed during the year under review; -

- Provided 'substantial assurance' for NHS England Core Standards for EPRR
- Facilitated an internal communications exercise, plus continued to experience a Pandemic, that tests our alerting procedures as part of our incident response procedures
- Delivered Major Incident training to new on-call Managers and Directors
- Developed Trustwide plans for planned events such as IT downtime, Bank Holiday periods and multiple Estate projects
- Provided Board assurance for actions required in relation to the EU Exit Transition Period
- Developed a professionally published document, 'Our COVID-19 Response'

11. Progress with work programme for 2020-21

All actions are complete as detailed in appendix 2.

12. Work programme for 2021-22

Work streams have been developed using recommendations from the Local Health Resilience Partnership. They will be undertaken over the next 12 months. Please refer to the improvement plan in appendix 3.

13. Recommendation

The Board is asked to note the work taken during 2020-21 and the planned work programme for 2021-22.

<p>Compliance 2019</p> <p>Progress made 2020 on partially compliant areas identified last year.</p> <p>(Return N/A if fully compliant)</p>	<p>WUTH achieved ‘substantial’ compliance for the Core Standards Assurance 2019/20. The areas identified as requiring improvement to achieve compliance are detailed below. Both actions are completed.</p> <table border="1" data-bbox="561 501 1177 1019"> <thead> <tr> <th data-bbox="561 501 724 636">Core Standards Ref.</th> <th data-bbox="724 501 1177 636">Action required</th> </tr> </thead> <tbody> <tr> <td data-bbox="561 636 724 734">8</td> <td data-bbox="724 636 1177 734">Add Risk Management section to the Trust EPRR Policy</td> </tr> <tr> <td data-bbox="561 734 724 1019">61</td> <td data-bbox="724 734 1177 1019">Review number of suits in date following maintenance visit August 2019. Review the ongoing purchase of suits following the transfer of PRPS from DHSC to the Trust in August 2019</td> </tr> </tbody> </table>	Core Standards Ref.	Action required	8	Add Risk Management section to the Trust EPRR Policy	61	Review number of suits in date following maintenance visit August 2019. Review the ongoing purchase of suits following the transfer of PRPS from DHSC to the Trust in August 2019
Core Standards Ref.	Action required						
8	Add Risk Management section to the Trust EPRR Policy						
61	Review number of suits in date following maintenance visit August 2019. Review the ongoing purchase of suits following the transfer of PRPS from DHSC to the Trust in August 2019						
<p>Mid Term Covid Review</p> <p>Date of debrief /</p> <p>Review Key Lessons</p>	<p>COVID debriefing sessions for staff have been scheduled to take place during September and October 2020, by the Organisational Development. The team have arranged a series of 75 minute open and service specific workshops and discussion in key meetings Executive Team, Clinical Advisory Group, Bronze Command & Ward Managers) (face to face/MS Teams or through a short survey (Survey Monkey) to gain feedback from staff about their experiences. To date, 5 of 12 sessions have been undertaken.</p> <p>The purpose is the reflect on what went well during COVID-19, the things that have been done differently that we may want to continue, change or improve and those things that went less well.</p> <p>The Executive Team is expected to receive formal feedback from these sessions by end October 2020.</p>						
<p>Process for embedding the learning from the review</p>	<p>In line with the current command structure that continues to be in place any key lessons will be reviewed and actions logged to ensure that lessons are embedded in our formal</p>						

<p>Include changes to procedures and communications</p>	<p>documentation and practice.</p> <p>Subject to outcomes of the debrief sessions, actions will be identified and taken forward. Learning from the sessions will be shared via Trust communications. Some emerging themes include:</p> <p>What's gone well:</p> <p>Teamwork, trust communications, staff support (floor walkers, wellbeing etc), free parking, public support, agile working, central absence team, having the right people in meetings to make quick decisions (eg CAG, Command)</p> <p>Less well</p> <p>Rapid and multiple changes in guidance and policies leading to lack of clarity, staff anxiety, increased workloads, HR processes (risk assessment, return to work, annual leave) lack of recognition, late lockdown, volume of papers/reports.</p> <p>Improvements/changes needed</p> <p>Staff facilities (showers, rest areas, scrubs, changing facilities), central pool of available staff to support other areas, clear guidance, better communications to get to people from key meetings, understandable information, sufficient work equipment to support home working, recognition for all staff not just clinical and front line.</p>
<p>Winter Plans</p> <p>Areas from review that have influenced Winter planning</p>	<p>The learning from our experience, as we move into winter will support our future plans. The Wirral Health & Care System winter Plan 2020/21 includes a section on 'Learning from Winter 19/20 and COVID-19 Pandemic. This includes A&E attendance avoidance, admission avoidance, discharge & community care, mental health and system progress.</p>



Signed
Anthony Middleton
Chief Operating Officer/Accountable Emergency Officer
Date: 28/09/20

OFFICIAL



NHS England & NHS Improvement
Cheshire & Merseyside
Regatta Place
Brunswick Business Park
Summers Road
Liverpool
L3 4BL

Anthony Middleton
Accountable Officer for EPRR
Wirral University Teaching Hospital
Arrowe Park Hospital
Arrowe Park Road
Upton
Birkenhead
CH49 5PE

13 August 2020

Dear Anthony

RE: Emergency Preparedness, Resilience and Response (EPRR)

Core Standards Assurance 2019/20

Thank you for submitting your organisation's EPRR Core Standards template, your statement of compliance level was submitted as **SUBSTANTIAL** compliance.

This letter confirms that your trust met the expected timescale and all documentation submitted was signed off at Board level. Any gaps identified were noted by NHS England and NHS Improvement and have a clear action plan.

We have not received information as yet in relation to the full process/requirements for this year but will be in touch as soon as we have it.

Many Thanks for your continued support.

Yours sincerely

Andrew Crawshaw
Director of Performance
NHS England and NHS Improvement – North West Region.

cc: EPRR Lead

NHS England and NHS Improvement

Appendix 2 Progress with 2020/21 Improvement Plan

Lead: Helen Nelson Corporate Directorate Manager Operations

Recommendation /Issue (in line with EPPR Framework)	By end of Quarter 2020/21	Progress
Produce an annual report on Emergency Preparedness 2019/20 to Risk Management Committee (RMC) September 2020 (RMC 08/02/22)	Q2	Complete
Undertake the self-assessment for the 2019/20 EPRR assurance process	Q2	Complete
Undertake a 'Deep Dive' into the preparedness of the Trust for the specified subject – Not required 2020/21	Q2	N/A
Ensure the Board of Directors (BoD) has sight on the level of compliance against the 2021 revised process for the EPRR assurance and the action/work plan for the forthcoming period	Q3	Complete
Carry out a Communication Exercise at a 6-month interval	Q2 & Q4	Complete
Plan for a mass casualty table top exercise to take place by the end of 2020/21	Q4	N/A
Carry out the 3 yearly review of all relevant emergency plans and note at BoD, as required	Q4	Complete
Develop and deliver strategic Major Incident Training to on-call Hospital Managers, Hospital Clinical Coordinators and Executives	Q4	Complete
Participate in multi-agency EPRR training and exercises in collaboration with partner organisations and the Cheshire & Merseyside LHRP	Q4	Complete
Develop specific plans for all relevant local events in order to address potential demand management pressures in the health care system	Q4	Complete

Appendix 3 2021/22 Improvement Plan

Lead: Helen Nelson Corporate Directorate Manager Operations

Recommendation /Issue (in line with EPPR Framework)	By end of Quarter 2021/22
Produce an annual report on Emergency Preparedness 2020/21 to Risk Management Committee (RMC) September 2021 and ensure noted at the Public Board Meeting	Q2
Undertake the revised process for the 2020/21 EPRR assurance process	Q2
Undertake a 'Deep Dive' into the preparedness of the Trust for the specified subject	Q2
Ensure RMC and the Board of Directors (BoD) has sight on the level of compliance achieved, the results of the self-assessment and the action/work plan for the forthcoming period.	Q3
Carry out a Communication Exercise at a 6-month interval	Q2 & Q4
Plan for a table top exercise to take place by the end of 2021/22	Q4
Carry out the 3-yearly review of all relevant emergency plans and note at BoD	Q4
Develop and deliver strategic Major Incident Training to on-call Hospital Managers, Hospital Clinical Coordinators and Executives	Q4
Participate in multi-agency EPRR training and exercises in collaboration with partner organisations and the Cheshire & Merseyside LHRP	Q4
Develop specific plans for all relevant local events in order to address potential demand management pressures in the health care system	Q4

Agenda Item: 14

Meeting of the Trust Board
2nd March 2022

Title:	Guardian of safe working quarterly report
Responsible Director:	Dr Nikki Stevenson, Medical Director
Presented by:	Dr Nikki Stevenson, Medical Director

Executive Summary
<p>The Guardian of Safe Working is a senior person, independent of the management structure, within the organisation by whom the doctor in training is employed. The Guardian is responsible for protecting the safeguards outlined in the 2016 TCS for doctors and dentists in training.</p> <p>This report provides:</p> <ul style="list-style-type: none"> • Details of the actual number of doctors in training. • Details of the exception reports submitted for the reporting period by speciality and grade. • Details of breaches of safe working hours and fines incurred.

Recommendation:
<ul style="list-style-type: none"> • Board to note the Guardian of Safe Working (GOSW) report • There has been a high number of exception reports around missed self-development time. The trust has been very supportive and resolved this issue by incorporating this time into the foundation doctor's rotas. There should be a decrease in the number of exception reports regarding this issue.

Which strategic objectives this report provides information about:	
Outstanding care	Yes
Compassionate Workforce	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
CQC staffing
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
CIP in reducing locum spend
Specific communications and stakeholder /staff engagement implications
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)

Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)	
Previous considerations by the Board / Board sub-committees	
Background papers / supporting information	

BOARD OF DIRECTORS MEETING IN PUBLIC
2nd of March
GUARDIAN OF SAFE WORKING REPORT

Purpose

To provide an update on compliance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS).

Introduction / Background

The number of gaps present in the trainee medical workforce continues to be a focus for the Trust to ensure compliance with the safe working directive and to reduce overall locum and agency spend. There are currently a total of 305 doctors/dentists in training in the Trust.

To monitor compliance with the working hours directive, Doctors/Dentists in Training (DiT) continue to submit exception reports via the appropriate process and in accordance with the 2016 Terms and Conditions of Service. This report details a summary, exception reports and locum bookings submitted for the Q3 2021 (October to December).

Table 1.1 below shows the number of vacancies per month

Staff vacancies are managed by medical staffing in a proactive manner. It is important for them to be noted as it will have an impact on both doctor and patient safety. Reasons behind the vacant posts include less than full time doctors, long term sickness, parental leave.

Table 1.1

Vacancies by month						
Specialty	Grade	Oct	Nov	Dec	Total gaps (average)	Number of shifts uncovered
Acute Care	ST1/2	1	1	0	0.66	0*
Surgery	ST1/2	1	1	0	0.66	0*
Women and Children's	ST1/2	0	2	1	1	0*
Total		2	4	1	2.33	0*

*vacancy shifts filled by agency/bank

There were no uncovered shifts as these were mitigated by bank and agency doctors.

Exception reports

The tables below provide a summary of the exception reports submitted during the Q3 period. Exception reports for this reporting period were all submitted by all levels of junior doctors. All exceptions approved for payment have been actioned.

Table 1.2. Exception reports by specialty

Exception reports by Specialty				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
A&E	0	1	1	0

General Medicine	0	71	71	0
General Surgery	0	37	37	0
Neonatal	0	2	2	0
Paediatrics	0	2	2	0
T&O	0	6	6	0
Total	0	119	119	0

Table 1.3. Exception reports by grade

Exception reports by grade				
Grade	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	0	97	97	0
F3/CMT	0	22	22	0
Total	0	119	119	0

Table 1.4. Response time for exception reports

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
F1	42	35	20	0
F3/CMT	7	8	7	0
Total	49	43	27	0

Breach of Safe Working Hours

The majority of the exception reports submitted were in connection with working hours; however some were submitted due to missed educational opportunity, the Director of Medical Education reviews these. A significant number of the exception reports were in relation to missed self-development time which is part of their curriculum. The trust has been very supportive and has now rostered it into the foundation doctors rotas; this is in line with neighbouring trust in the region. The juniors feel this is a significant improvement as they feel listened to and the trust has acted in a supportive manner.

On reviewing the exception reports related to working hours and discussions with the juniors, a theme around juniors' doctors knowing if the patient's bloods had been taken by phlebotomy was raised. We have linked with phlebotomy, and they are keen to attend the next Junior Doctor Forum (JDF) to present a solution via Cerner and if successful it will be communicated to all doctors and form part of the junior doctors' induction.

Even though there has been an increase in exception reports there have been no fines issued, as the trust is actively working with the junior doctors, to manage issues in real time. Doctors in training are paid for any extra hours worked, unless they specifically ask for time off in lieu

The junior doctors mess upgrade has been discussed at the JDF for over 1 year; unfortunately progress has not been as quick as hoped. The juniors are engaged and keen for this to happen as there are still funds available from the fatigue and facilities fund which will have a positive impact on the junior doctors moral.

Conclusions

Doctors and Dentists in training continue to submit exception reports as appropriate. Exception reports are dealt with in a timely manner. No fines have been issued this quarter. The increase in exception reports is a positive sign as junior doctors feel very supported by their Guardian of Safe Working and feel empowered to raise issues and are also keen to be part of the solution. The Guardian of Safe Working will continue to work in a proactive way via the Junior Doctors Forum, linking with regional Guardians of Safe Working to assure good practice.

Recommendations to the Board

It is recommended that the Board note the content of this report.

**Meeting of the Board of Directors
March 2022**

Title:	Communications and Engagement Report
Responsible Director:	Debs Smith, Chief People Officer
Presented by:	Sally Sykes, Director of Communications and Engagement

Executive Summary

The report covers the Trust's communications and engagement activities in January/February 2022, including media relations, campaigns, marketing, social media, employee communications and stakeholder engagement, WUTH Charity and staff engagement.

Recommendation

To note the progress in communications, marketing and engagement.

Which strategic objectives this report provides information about:

Providing the best care and support	Yes
Be a great place to work	Yes
Maximise improvement and deliver best value	Yes
Digital pioneer and centre for excellence	Yes
Work seamlessly with partners to deliver care	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)

Board Assurance Risk Framework (new)

Risk 1.1 – Unscheduled care demand (communications interventions to support addressing this risk and Trust initiatives like addressing winter pressures and patient flow)

Risk 2.1 – Failure to fill vacancies (communications support on recruitment, retention and reputation)

Risk 3.4 – Failure of Transformation programmes (communications and engagement, including stakeholders and patients for WUTH Improvement activities for service transformation and Winter Plan)

Risk 6.1 – Estates related risks (Communications, stakeholder and staff engagement to support delivery of Estates Strategy, Masterplans and capital programme developments. Including in month communications for the Urgent and Emergency Care Centre Upgrade plans)

Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)

None

Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
None
Specific communications and stakeholder /staff engagement implications
Fundamental purpose of the team's activity is to ensure positive relations are maintained with staff, patients and system and stakeholders.

Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
Patient confidence and staff engagement are influenced by communications, media relations, campaigns, issues management and positive engagement. Staff engagement supports providing the best patient care.
Council of Governors' implications / impact (e.g. links to Governors' statutory role, significant transactions)
None, unless reputation risks manifest in an unforeseen way

FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	No
	Entire document is exempt under FOI	No

Previous considerations by the Board / Board sub-committees	Monthly reports to Board, Workforce Steering Group, quarterly reports WUTH Charity Committee, Charity Annual Report and Accounts and Workforce Assurance Committee.
Background papers / supporting information	Report attached with appropriate links embedded.

Public Board of Directors
2 March 2021
Communications and Engagement Report

Purpose

To advise the Board of significant progress in communications, marketing, media relations, employee communications, patient communications, awareness campaigns and stakeholder and staff engagement.

Introduction / Background

This is the report of the Director of Communications and Engagement, providing an update on the team's work to generate proactive media and social media coverage of WUTH, to keep staff informed of critical matters to help them work safely and to keep patients safe.

Campaigns, media, social media, internal communications, staff engagement and stakeholder relations

Campaigns

- The Vaccination Hubs continued to require campaign and communications support – especially with the significant stepping up of the booster programme to combat the Omicron variant of COVID-19 and the changes to cohort eligibility. In month and prior to the Secretary of State for Health and Social Care's [announcement](#) that Vaccination and a Condition of Deployment for Health and Social Care staff (VCOD) was being paused and going out to a consultation to revoke the legislation, a great deal of internal communications and staff support was put in place to help people in the Trust with vaccine hesitancy and to communicate the intent and consequences of the policy. The Trust remains committed to vaccinations as the best way for staff to protect themselves, patients and families; and will keep staff advised of developments and guidance.
- The Trust is supporting LGBTQ History Month internally and externally by promoting the many events and activities on offer for staff. LGBTQ+ History Month is a month-long annual celebration of lesbian, gay, bisexual, trans and non-binary history, including the history of LGBTQ+ rights and related civil rights movements.
- The 7th-13th February is recognised as Sexual Abuse and Sexual Violence Awareness Week. Sexual abuse and sexual violence can happen to anyone, regardless of age, gender identity or sexual orientation and it can be incredibly challenging to reach out to get support. We signposted the support offered through our [Health and Wellbeing pages](#) to highlight this important issue.
- It was also Children's Mental Health Week from 7th – 13th February. This year's theme was **Growing Together**. Children and adults are encouraged to consider how they have grown and how they can help others to grow. Here is more information about the week [Click Here](#)
- We also supported World Cancer Day on February 4th, which aims to raise awareness and education about cancer and encourage governments and individuals across the world to unite and take action against the disease to prevent millions of deaths each year. .

Media

- There continued to be widespread regional media and specialist property press coverage of the [New £28 million urgent care and A&E facility to be built at Arrowe Park Hospital | Wirral University Hospital NHS Foundation Trust \(wuth.nhs.uk\)](https://www.wuth.nhs.uk). The scheme will transform urgent care in Wirral and will include a complete redevelopment of the current A&E at Arrowe Park Hospital, run by Wirral University Teaching Hospital and the Urgent Treatment Centre, which is currently based next door on the same site, run by Wirral Community Health and Care Trust (WCHC).
- The planning process with Wirral Council prompted further coverage, including news on [ITV](https://www.itv.com). This is the most significant investment at Arrowe Park Hospital since it was built and this year marks the 40th anniversary of the hospital opening on May 4th 2022. The proposal will see a highly responsive new urgent care and Emergency Department developed with a single-entry point; reconfiguration of the Emergency Department and Urgent Treatment Centre into one space. We have supported the UECUP development through internal communications campaigns to gather staff feedback and there are exciting new visuals and video in the pipeline to visualise how the new development will transform Arrowe Park Hospital.
- We also marked the second anniversary of housing the guests from Wuhan and the Diamond Princess cruise liner at the start of the pandemic, highlighting how local people supported the guests at the site, donating food and gifts. Chief executive Janelle Holmes said she remained "very proud" of the response by staff and people living nearby. The milestone was covered by the [BBC](https://www.bbc.com) and other local media outlets.
- There were more positive findings in patient care via the CQC 2021 Maternity survey, which is the national survey of maternity services. It produced positive results for maternity services at Wirral Women and Children's Hospital. The Trust performance was reported as better than the majority of the 122 hospitals surveyed, in response to several questions. The Care Quality Commission (CQC) survey was carried out in February 2021, when COVID-19 precautions and restrictions meant a change to the way the midwifery team cared for their patients and families. The Trust was rated 'Much Better' than the majority of Trusts by patients, when asked if they were spoken to in a way they could understand, during labour and birth. The new mums' responses to two further questions, 'Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?' and 'Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?', resulted in a 'Better than most' rating. For the remaining questions, the Trust was rated "about the same" as the average. [Maternity survey 2021](https://www.cqc.org.uk)

Internal Communications and staff engagement

We maintained a schedule of two or more staff 'In Touch' Bulletins a week with important information on trust matters, patient feedback and thanks, clinical guidance, staff wellbeing and support and charity updates

- In response to increased COVID-19 and pressures in the hospital, we continued to hold weekly open sessions with staff and executives. Staff feedback has been very positive on this opportunity to have direct dialogue with executives and to ask questions.
- Special open sessions were also held for staff on VCOD, with WUTH experts in pharmacy, HR, fertility, IVF and pregnancy answering over 90 questions from staff about vaccination.
- Staff wellbeing is a key people priority and we continue to promote the range of services and offers for staff as well as the new activities in the Workforce Winter Wellbeing Plan. We were delighted when our colleagues in Occupational Health (OH) received reaccreditation for Safe Effective Quality Occupational Health

Service (SEQOHS) in a scheme run by the Faculty of Occupational Medicine to provide assurance for OH services. The achievement was celebrated in staff communications and our wellbeing pages updated with this important 'kite mark' for robust quality services. The accreditation was determined following a formal assessment by independent assessors.

WUTH Charity

The Charity team focus for January has been planning this year's event calendar and completing the year-end report and accounts as reported to the Board last month.

- The team completed the distribution of the winter wellbeing morale boosters with the final (and very popular) staff breakfast on the 26th January.
- Easter raffle tickets are now on sale it will be drawn at midday on Wednesday 12th April.
- WUTH Charity is a named charity partner again this year for the Bike-Train-Run (BTR) road races. The Charity has a number for free entries for participants. The first event is the Liverpool Half marathon on 27th March.
- Tri4life Everest Summit Challenge – Consultant, Dr Martin Pritchard Howarth and friends are in their final weeks of training before they leave for the summit attempt on the 28th March. For more information about the Everest Summit challenge or to support Martin please visit [Tri4Life fundraising for Wirral University Teaching Hospital NHS Foundation Trust Charitable Fund on JustGiving](#)
- It's a Knock Out - early plans are now forming for this new large scale outdoor fundraising event. The Head of Fundraising is in discussions with Wirral Council about access the fields at the rear of Arrowe Park Hospital for the event. It is proposed to take place on the 2nd of July to link in with the annual NHS Anniversary
- Virtual London Marathon 2022/23 -25 places have been secured for 2022 and the 2023 events. Last year's event raised £12,000 and the team hope to build on this for the Tiny Stars appeal.
- Wirral Winter Ball - following the success of last year's event, which raise nearly £40,000, it has been confirmed WUTH Charity will be the major beneficiary again this year. It will take place on 12th November 2022 at Thornton Hall Hotel.

Stakeholders

- The Director of Communications and Engagement took part in briefings and seminars with the Cheshire and Merseyside Integrated Care System (ICS) on anchor institutions on the Wirral and [Becoming a Marmot Community](#).

Conclusions

The Board is asked to note the report.

Recommendations to the Board

None