

AGENDA

STRATEGY AND OPERATIONS (S&O) COMMITTEE

To be held at 0900 on Wednesday 01 December 2021

V = Verbal D = Document P = Presentation

Ref N ^o .	Agenda Item	FOI exempt	Lead	Time
PRELIMINARY BUSINESS				0900
SO039/21 (P)	Patient Story <i>Purpose: To receive the patient story</i>	No	B Lees	15 mins
SO040/21 (V)	Chair's welcome and note of apologies <i>Purpose: To record apologies for absence and confirm the meeting is quorate.</i>	No	Chair	
SO041/21 (D)	Declaration of interests <i>Purpose: To record any Declarations of Interest relating to items on the agenda.</i>	No	Chair	
SO042/21 (D)	Minutes of the previous meeting <i>Purpose: To approve the minutes of the meeting held on 03 November 2021.</i>	No	Chair	10 mins
SO043/21 (D)	Matters Arising and Action Logs <i>Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and approve completed actions.</i>	No	Chair	
INTEGRATED PERFORMANCE REPORT				0925
SO044/21 (D)	Integrated Performance Report (IPR) a) Quality and Safety b) Operations c) Finance d) Workforce <i>Purpose: To receive and note the IPR for assurance.</i>	No	B Lees K Clark L Neary JMcLuckie J Royds	20 mins
QUALITY & SAFETY				0945
SO045/21 (D)	Quality and Safety Committee AAA Highlight Report <i>Purpose: To receive the Quality and Safety reports</i>	No	G Brown	10 mins

WORFORCE				0955
SO046/21 (D)	Workforce Committee AAA Highlight Report	No	L Knight	10 Mins
	<i>Purpose: To receive the reports for information and assurance</i>			
SO047/21 (D)	Guardian of Safe Working Report	No	S Gardner	10 mins
	<i>Purpose: To receive the Guardian of Safeworking Report</i>			
SO048/21 (D)	Freedom to Speak Up Quarterly Report	No	L Douglas	10 mins
	<i>Purpose: To receive the Freedom to Speak Up Quarterly Report</i>			
FINANCE, OPERATIONS AND INVESTMENT				1025
SO049/21 (D)	Finance, Performance and Investment Committee AAA Highlight Reports	No	J Kozer	10 mins
	<i>Purpose: To receive the FPI reports for information and assurance</i>			
SO050/21 (D)	The Green Plan	No	J McLuckie	10 mins
	<i>Purpose: To approve the Green Plan</i>			
ITEMS FOR INFORMATION				1050
SO051/21 (D)	Executive Management Team Report	No	AM Stretch	10 mins
	<i>Purpose: To receive the EMT AAA Report</i>			
CONCLUDING BUSINESS				1050
SO052/21 (V)	Questions from Members of the Public		Chair	5 mins
	<i>Purpose: To respond to questions from members of the public received in advance of the meeting.</i>			
				5 mins
SO053/21 (V)	Any Other Business		Chair	
	<i>Purpose: To receive any urgent business not included on the agenda</i>			
	Date and time of next meeting:			1100
	0930 Wednesday 02 February 2022			close

RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC

The Board of Directors through its delegation to the Strategy and Operation Committee, resolves that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Chair: Richard Fraser

**Draft Minutes of the Strategy and Operations Committee
Held on Microsoft Teams
Wednesday 03 November 2021**

(Subject to the approval by the Strategy and Operations Committee on 01 December 2021)

Present

Mr Richard Fraser	Chair, StHK
Ms Ann Marr	Chief Executive Officer, S&O
Mrs Gill Brown	Non-Executive Director, StHK
Ms Nicola Bunce	Director of Corporate Services, StHK
Dr Kate Clark	Medical Director, S&O
Mr Ian Clayton	Non-Executive Director, StHK
Mr Rob Cooper	Director of Operations and Performance, StHK
Mrs Val Davies	Non-Executive Director, StHK
Mrs Sharon Katema	Associate Director of Corporate Governance, S&O
Mr Jeff Kozer	Non-Executive Director, StHK
Mr Nikhil Khashu	Director of Finance and Information, StHK
Ms Bridget Lees	Director of Nursing, Midwifery and Therapies, S&O
Mr John McLuckie	Director of Finance, S&O
Mrs Lesley Neary	Chief Operating Officer, S&O
Mrs Sue Redfern	Director of Nursing, Midwifery and Governance, StHK
Mr Rowan Pritchard Jones	Medical Director, StHK
Mrs Jane Royds	Director of Human Resources and Organisational Development, S&O
Mrs Nina Russell	Director of Transformation, S&O
Dr Rani Thind	Non-Executive Director, StHK
Mrs Anne-Marie Stretch	Managing Director, S&O
Mrs Christine Walters	Director of Informatics, StHK

In Attendance

Ms Lynne Barnes	Deputy Director of Nursing, Midwifery and Therapies, <i>(Part 1 only)</i>
Mr Tony Ellis	Communications and Marketing Manager <i>(Part 1 only)</i>
Mrs Hilary McLaren	Admiral Nurse and Dementia Lead for the Trust <i>(Item SO016/21)</i>
Mrs Juanita Wallace	Assistant to Associate Director of Corporate Governance <i>(minute taker)</i>

Apologies

Mr Paul Growney	Non-Executive Director, StHK
Mrs Lisa Knight	Associate Non-Executive Director, StHK

AGENDA ITEM	DESCRIPTION	Action Lead
PRELIMINARY BUSINESS		

SO016/21 Patient Story

(Mrs McLaren joined the meeting)

Mrs McLaren introduced the patient story regarding Bob, an 83 year old man who had been diagnosed with Lewy-Body dementia in April 2019 and had been admitted to hospital following a collapse at home. She outlined that during Bob's last hospital admission, the Dementia Team had become involved in his care and following a discussion with the family and consultant, it had been recognised that Bob was approaching end of life and as such home would be the right place for him and his family. The Dementia Team

had helped to facilitate his discharge and Bob died the next day with his family around him.

In the video recording from Bob's daughter, who was also his carer, she commended the staff on the ward for their care and support. However, there were times when it appeared that staff did not understand the special needs of a patient with dementia and advised that a separate ward could be of benefit to these patients. Mrs McLaren commented that the Trust had plans for a frailty unit which would include additional support staff who were skilled in dementia care. It was noted that the current dementia nurses were being given the opportunity to train as Admiral nurses.

Mrs Davies queried if there had been any difficulty arranging fast track discharges for patients. Mrs McLaren responded that she was previously deployed to the Oasis Ward and, at that time, discharging patients requiring palliative care had not been considered. However, fast track discharges had improved since then and the Trust was continuously working with their social care partners to improve this.

Mrs Brown commented that as Southport had an increasing elderly population the need for this type of care would only grow and welcomed the plans for a frailty unit. Mrs Neary advised that the frailty unit plan that was under development had been paused due to the current bed situation but would be revisited early next year.

Mrs McLaren extended an invite to the Committee to take part in the Understanding Living with Dementia bus tour to help their understanding of what a patient with dementia experienced. A number of the members had already experienced this training and how useful it had been. The other Committee members expressed an interest in participating in the tour and Mrs McLaren advised that additional visits were being planned for next year.

RESOLVED

The Strategy and Operations Committee **received** the Patient Story

(Mrs McLaren left the meeting)

SO017/21 Chair's welcome and note of apologies

Mr Fraser welcomed all in attendance and in particular welcomed Ms Barnes who would be observing today's meeting.

Apologies for absence were noted from Mr Growney and Mrs Knight.

SO018/21 Declaration of interests

Mr Clayton declared his appointment to the Board of Southport and Ormskirk NHS Trust as a Non-Executive Director with effect from 01 November 2021.

There were no other declarations of interests noted in relation to the agenda items.

SO019/21 Minutes of the previous Meeting

The Board reviewed the minutes of the previous meeting held on 06 October 2021 and approved them as a correct and accurate record of proceedings

RESOLVED

The Committee **approved** the minutes of the last meeting.

SO020/21 Matters Arising and Action Log

The Committee considered updates to the Action Log, which reflected the progress made in discharging outstanding and agreed actions. Action SO008/21 was noted as complete.

RESOLVED:

The Committee **approved** the Action Log.

RISK AND GOVERNANCE

SO021/21 Board Assurance Framework

Mrs Katema presented the report which provided assurance that the principal risks to achieving the Trust's Strategic Objectives had been identified, regularly reviewed, and systematically managed. She advised that work was currently underway to complete a review of the Board Assurance Framework (BAF) in the fourth quarter and that the new version for 2022/23 would reflect the arrangements of the Agreement for Long Term Collaboration (ALTC). Furthermore, the BAF was reviewed monthly at the Executive Team Meeting (ETM).

Mr Clayton commented that whilst, the document showed the risk appetite and tracking across the quarters he felt there was less clarity about the levels of assurance listed in the documents and felt these should also be part of the planned review. He noted that the committee also needed to focus on addressing any gaps in controls so that there was effective assurance.

It was noted that there were plans in place for a training session for all Committee members on the BAF which would be beneficial when conducting reviews.

Mr Fraser commented that at a recent regional meeting there had been a discussion around using Statistical Process Controls (SPC) instead of RAG ratings as the SPC methodology provided a more accurate overview of the trends. Noting that SPC charts were already in use in the Integrated Performance Report, it was agreed that Mrs Neary would arrange a suitable date for NHSE/I to facilitate an SPC training workshop.

ACTION:

Mrs Katema to arrange a training session for Committee members and an NHSE/I facilitated workshop on SPC.

S Katema
L Neary

RESOLVED:

The Strategy and Operations Committee **received** the Board Assurance Framework

INTEGRATED PERFORMANCE REPORT

SO023/21 Integrated Performance Report (IPR)

The Committee noted the Integrated Performance Report (IPR) Summary which provided an update on the Trust's performance against key national and local priorities during September 2021.

a) Quality and Safety Performance Report

Dr Clark and Ms Lees jointly presented the Quality and Safety Performance Report which provided an overview of performance against the quality and safety standards. The report outlined that:

- Emergency Department (ED) attendances had increased when compared against the same period in 2019.
- Whilst there was a higher than average number of local patients presenting with pressure ulcers, an improvement in the number of type two pressure ulcers was noted. Improvements were noted for both maternity one to one care and induction rates.

In response to Mrs Redfern's query around the indicators for the monitoring of falls resulting in Fractured Neck of Femur, Ms Lees advised that these were reviewed at the weekly Harm Free Care panels and any harm rated as Moderate, was presented at the monthly Serious Incidents Review Group (SIRG). She stated that there was a low number of incidents and agreed to amend the IPR to reflect falls by number as well as percentage for year to date.

With regards to the North Mersey Stroke partnership proposal, Ms Marr outlined that Transient Ischaemic Attack clinics would form part of the North Mersey Stroke Partnership and she did not envision any issues following the 12 week public consultation. Whilst there had been additional issues within the Stroke consultant's workforce, changes to work patterns had mitigated

any risks.

Dr Clark advised that there had been an improvement in education and awareness in the ED around the accessibility of the Stroke Team. Furthermore, work had been undertaken to ensure that ED staff were aware of the direct pathway from ED to the stroke ward and this included assurance at all bed meetings that there was a ring fenced bed available for stroke patients.

In response to Mr Pritchard Jones' query about the number of breaches in Colorectal, Dr Clark advised that this was mainly due to the limited resources available in the Endoscopy pathway. This had been further impacted by the fact that the Trust was only able to deliver single sex lists due to constraints within estates as well as workforce issues. Mrs Neary provided assurance that the Trust was in the process of developing cancer site specific action plans and that a weekly Cancer Improvement Board had been established which she chaired.

Mrs Lees confirmed that the 2021/22 C-Diff tolerance had been confirmed as 31.

RESOLVED

The Strategy and Operations Committee **received** the Quality and Safety Performance Report

b) Workforce Performance Report

Mrs Royds presented the Workforce Performance report advising that:

- continued access to online training had allowed staff to complete the majority of the mandatory training courses 24/7 and this has significantly improved the Trust's ability to maintain above target compliance.
- There had been an increase in medical vacancy rates, however, there were 30 medical posts under offer.
- There were currently 55 Band 5 and above nursing posts out to offer and the trajectory indicated that the Trust would fill all inpatient Band 5 nursing vacancies by the end of 2021.

An action plan which would reflect the progress achieved to date for the non-medical appraisals / PDRs was being developed based on the completed Deep Dive and recommendation from internal auditors. It was expected that the Trust would achieve the compliance target by late Autumn 2021.

RESOLVED

The Strategy and Operations Committee **received** the Workforce Performance Report

c) Operational Performance Report

Mrs Neary presented the report which provided a summary of operational activity against the constitutional standards and highlighted that:

- The demand for Urgent and Emergency Care had remained high, and the 4 hour access standard compliance was 77.4% and 79.6% YTD. However, the Trust had continued to perform well when compared to other trusts in the Cheshire and Mersey Integrated Care System and against the national performance which was where performance was 73.3% in September and national performance of 75.2%. Whilst there had been an increase in the number of 12 hour breaches during September there had been no instances of harm and the review of these breaches had demonstrated good standards of care.
- The Trust remained in the top quartile across Cheshire and Merseyside (C&M) for ambulance handovers despite an increase in ambulance handover times during September.
- Corridor care had remained at zero
- The ward refurbishment work had been paused due to bed pressures.
- In relation to elective restoration, it was noted that improvements were seen across all points of delivery between August and September 2021.
- The Trust was performing at 82% RTT compared with C&M at 66%
- There were 134 52+ week waiters, positively below the Trust trajectory accounting for 1% of C&M total and there have been 0 104+ week waiters

RESOLVED

The Strategy and Operations Committee **received** the Operational Performance Report

d) Financial Performance Report

Mr McLuckie presented the report which detailed performance against financial indicators and highlighted that:

- The adverse variance in the Medicine and Emergency Care CBU was driven by temporary staffing experience. The hiring of temporary staff could no longer be seen as a long term solution and a few incentives were being pursued. These included
 - Pulling Rostering centrally so there could be greater control on temporary spend in nursing and medical.
 - Any requests presented for temporary staff would now require a plan detailing how the vacancy would be filled in the long term.
- The Nurse Incentive Scheme cost £290k against a fill rate of less than 90%.
- All capital resources had now been committed for this financial year and there would be a review of costs following amendments to the Electronic Prescribing and Medicines Administration system.

RESOLVED

The Strategy and Operations Committee **received** the Financial Performance Report

WORKFORCE

SO024/21 Workforce Committee AAA Highlight Report

Mrs Davies (on behalf of Lisa Knight) presented the AAA Highlight report and alerted the Committee to the following:

- Sickness Absence rate remained static in month and the highest absence reasons were due to anxiety, depression and stress as well as seasonal colds. It was noted that the Trust was not an outlier regionally and that there were plans in place to manage sickness absence. The Workforce Directorate continued to focus on the health and wellbeing of staff to support their attendance.
- The Staff Turnover rate had decreased in month and this indicator was a concern for the organisation.
- Performance Development Reviews desired target of 85% had not been met; however, there had been an increase in compliance rates for both Corporate Services and Estates and Facilities.
- The Committee had received a report on the work being taken to address the issues raised at the Undergraduate Deans visit, whilst challenges remained the Committee had acknowledged the progress to date.

RESOLVED:

The Strategy and Operations Committee **received** the AAA Report from the Workforce Committee.

SO025/21 Gender Pay Gap Report

Mrs Royds presented the report which provided an update on the findings of the Gender Pay Gap analysis which the Trust was required to undertake and publish by October 2021.

Mrs Royds provided a brief overview of the Report and highlighted that:

- There had been an improvement when compared to 2019 and the Trust followed Agenda for Change pay rates based on national profiles.
- The benchmarking NHS Trust information relating to 31 March 2020 data was not yet fully available. A comparison would be undertaken once the data for the Northwest peer group was available, and any subsequent actions would be incorporated into the 2021-22 action plan.

In response to Mr Khashu's query, Mrs Royds advised that the report did not include ethnicity as a subsection as this was likely included in another national report.

Dr Clark observed that there were less female full time medical trainees in post which seemed out of kilter as there was a higher number of females

going through Medical School. She added that there had been increasing evidence based on feedback on staff models that working less than full time contracts provided a better health and wellbeing experience and that staff were more productive whilst in work.

It was agreed that, once the benchmarking report was available, the Gender Pay Gap report would be updated and presented at Workforce Committee for review and assurance, or escalation of issues provided to the S&O Committee via the AAA report in February 2022.

ACTION:

An updated report including benchmarking information and any additional actions resulting to be presented to the Workforce Committee in February 2022

J Royds

RESOLVED:

The Strategy and Operations Committee **received** the Gender Pay Gap Report

FINANCE, OPERATIONS AND INVESTMENT

SO026/21 Finance, Performance and Investment Committee AAA Highlight Report

Mr Kozer presented the AAA Highlight report and alerted the Committee to the following:

- A potential £5.5m financial gap for H2, with further ongoing discussions with the Cheshire and Merseyside ICS.
- Covid-19 patients' bed occupancy was currently ranging between 5 and 10%.
- Staffing shortages due to Covid-19 and non-Covid was impacting service delivery particularly within ED, Maternity and escalation wards.
- Endoscopy capacity was impacting on waiting times for cancer. There had been a deterioration in cancer performance across the 14 day, 62 day and 104 day metrics.

Mr Kozer advised that the Committee had received assurance that remediation work to the network and Wi-Fi was progressing. Additionally, the Estates team were finalising timelines for work on the admissions area in the Endoscopy suite at Ormskirk.

RESOLVED:

The Strategy and Operations Committee **received** the AAA Report from the Finance, Performance and Investment Committee.

SO027/21 Emergency Preparedness, Resilience and Response (EPRR) Statement of Compliance with Core Standards

Mrs Neary presented the report which provided assurance that the self-assessment had been completed and submitted in line with the EPRR core standards. It was noted that the Trust, through the Resilience Group who have responsibility for EPRR, had self-assessed itself as being Fully Compliant against these Core Standards. The assessment was reviewed and accepted by NHSEI. The Trust was the only one across the North West to meet all 46 acute provider standards. Mrs Neary expressed her thanks to the EPRR team for the work that they had done to achieve this. She added that the Trust had held a full hospital site evacuation event in August to test the EPRR process.

RESOLVED:

The Strategy and Operations Committee **received** EPRR Statement of Compliance with Core Standards.

SO028/21 Winter Plan

Mrs Neary presented the Winter plan which provided an overview of how the expected increase in demand would be met and the critical schemes that had been prioritised. She advised that the biggest risk to delivery of the Winter Plan was workforce as it was probable that the Trust would be unable to recruit to some of the posts.

The cost of the critical scheme in the plan was £1.2m which the Committee agreed would need to be included in the H2 financial plan.

In response to Mrs Brown's comment around the plans for staffing on Ward 11a, Mrs Neary advised that there would be extended registrar cover from 21.00 to midnight

RESOLVED:

The Strategy and Operations Committee **approved** the critical schemes in the Winter Plan

QUALITY AND SAFETY

SO029/21 Quality and Safety Committee Highlight Report

Mrs Brown presented the AAA Highlight report and alerted the Committee to the following:

- The Annual Resuscitation report had highlighted that further resources were required to ensure all the UK Resuscitation Council Quality Standards could be met. The Resuscitation team was being supported to undertake a gap analysis and submit a business case for the additional resources required.
- The Cancer Services Annual Report outlined the challenges relating to diagnostic resource and identified the impact on cancer performance. It was noted that this was being managed through the Performance

Improvement Development Assurance Boards with tumour specific action plans being drawn up. It had been acknowledged that cancer targets were not being met and Mrs Neary had been asked to provide an update at the next Q&S Committee.

- Lost to Follow Up and Clinical Harm Reviews were progressing and focussed on requirements to reduce time to close incidents.
- Mandatory Essential Skills training compliance remained an area of continued focus.

RESOLVED:

The Strategy and Operations Committee **received** the AAA Highlight Report from the Quality and Safety Committee.

SO030/21 Learning from Deaths Report

Dr Clark delivered a presentation that provided an update of the Trust's performance against national and local indicators and mortality performance; analysis of avoidable deaths as well as the themes identified for the second quarter of 2021-22.

The following themes had been identified:

- End of Life Care – it had been highlighted that junior doctors did not always recognise when a patient was at End of Life which resulted in discussions not always taking place with families and the patient around their preferences. An educational program focused on how to recognise this and initiate conversations with the patient and family, has been implemented with additional support from End of Life Palliative Care Champions.
- The Trust had piloted a yellow box scheme on several wards for patients' belongings to prevent loss. The scheme was positively received and has been rolled out across all wards.

Dr Clark advised that the Medical Examiner, who had started in post in the second week of September, has already provided a more structured approach to reviewing deaths, which included identifying cases for mortality and morbidity reviews. The Medical Examiner was also working with clinicians to identify opportunities for learning and providing feedback to the Mortality Operational Group (MOG) and there was an intention to review the process in three months' time. It was noted that learning is picked up through Mortality and Morbidity reviews and fed back to MOG.

In response to Mrs Davies' question around the deteriorating patient and the communication issues around Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders being issued and rescinded, Dr Clark advised that this was managed by the Resuscitation Group and would be complemented by further educational work. The Resuscitation Group had

engaged with teams to provide assistance and guidance. Dr Clark undertook to provide an update on progress at the S&O Committee in March 2022.

ACTION:

Dr Clark to provide an update from the Resuscitation Group on communication with deteriorating patients in the March Learning from Deaths report.

K Clark

RESOLVED:

The Strategy and Operations Committee **received** the Learning from Deaths Report

SO031/21 Summary Report of changes to IPC Assurance Framework

Ms Lees presented the report which detailed the Trust's position against the measures within the Infection Prevention and Control (IPC) Framework and the progress made since the last report. She advised that the outcomes of the Ventilation Survey would be assessed against the new standards with feedback provided as part of the updated estate and capital work plan in March 2022. Mr McLuckie advised that he would be linking with Ms Bunce for a Six Facet survey to be conducted once the updated national building standards guidance had been received.

ACTION:

Mr McLuckie to present the outcome of the Six Facet Survey at the February meeting.

**J
McLuckie**

RESOLVED:

The Strategy and Operations Committee **received** the IPC Assurance Framework

CONCLUDING BUSINESS

SO032/21 Questions from Members of the Public

It was noted that no questions had been received from members of the public.

SO033/21 Any Other Business

Mr Clayton highlighted that the external auditors had presented the Value for Money (VFM) report at the Audit Committee meeting held in October and had highlighted that the Trust was not in a sustainable position and had no long term plans for breakeven. The report had also noted that the Trust had not achieved the Cost Improvement Program targets.

Mr Fraser commented that this underlined the reasons why it had been

necessary for the Trust to seek a partner for long term collaboration.

There being no other business, the Chair thanked all for attending and brought the meeting to a close at 1137.

The next meeting would be held on **Wednesday 01 December 2021 at 09.00.**

DRAFT

Strategy and Operations Committee Attendance 2021/22												
StHK Members	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Richard Fraser							✓	✓				
Ann Marr							✓	✓				
Gill Brown							✓	✓				
Nicola Bunce							✓	✓				
Ian Clayton							✓	✓				
Rob Cooper							✓	✓				
Val Davies							✓	✓				
Paul Growney							A	A				
Nikhil Khashu							✓	✓				
Lisa Knight							A	A				
Jeff Kozer							A	✓				
Rowan Pritchard Jones							✓	✓				
Sue Redfern							✓	✓				
Anne-Marie Stretch							✓	✓				
Rani Thind								✓				
Christine Walters							✓	✓				
S&O Members	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Kate Clark							✓	✓				
Sharon Katema							A	✓				
Bridget Lees							✓	✓				
John McLuckie							✓	✓				
Lesley Neary							✓	✓				
Jane Royds							✓	✓				
Nina Russell							✓	✓				

✓ = In attendance A = Apologies

Strategy and Operations Committee (Part 1)

Matters Arising Action Log

Action Log updated 26 November 2021

Status	
Red	Significantly delayed and/or of high risk
Amber	Slightly delayed and/or of low risk
Green	Progressing on schedule
Yellow	Included on Agenda
Blue	Completed

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	BRAG Status
SCO021/21	03-Nov-21	Board Assurance Framework	A BAF training session to be arranged which would be beneficial when conducting reviews of the BAF	S Katema	03-Nov-21	Feb-22	November Update: A training session on BAF is planned for January / February 2021. All members will sent invites to the session.	Green
SCO021/21	03-Nov-21	Board Assurance Framework	SK and LN to arrange an NHSEI facilitated session on Statistical Process Controls (SPC) methodology.	S Katema and L Neary	03-Nov-21	Feb-22	November Update: A training session on SPC Charts is planned for February 2021. All members will sent invites to the session.	Green
SCO025/21	03/11/2021	Gender Pay Gap Report	An updated Gender Pay Gap Report including benchmarking information to be presented in February 2022	J Royds	03/11/2021	Feb-22	November Update: Action progressing and not due	Green
SCO035/21	03/11/2021	Learning from Deaths Report	Dr Clark to provide a progress update which will include communication with the deteriorating patients following an update from the Resuscitation group in March 2022.	K Clark	03/11/2021	Mar-22	November Update: Action progressing and not due	Green
SCO031/21	03/11/2021	Summary Report of changes to IPC Assurance Framework	Mr McLuckie to present the outcome of the Six Facet once the updated national building standards guidance had been received.	J McLuckie	03/11/2021	Feb-22	November Update: Action progressing and not due	Green

COMPLETED ACTIONS

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	Status
SCO008/21	06-Oct-21	Finance, Performance and Investment Reports b) Draft Winter Plan	Mrs Neary to present the updated Winter Plan for 2021/22 in November.	COO	03-Nov-21	03-Nov-21	October update : An additional paper would be presented at the Strategy and Operations Committee meeting in November for approval. November Update: The report was presented at FPI and is referenced in the AAA Committee Report. Action Completed	Blue

Title of Meeting	STRATEGY AND OPERATIONS (S&O) COMMITTEE	Date	01 December 2021
Agenda Item	SO044/21	FOI Exempt	NO
Report Title	INTEGRATED PERFORMANCE REPORT		
Executive Lead	Executive Management Team (EMT)		
Lead Officer	Michael Lightfoot, Head of Information Katharine Martin, Performance & Delivery Manager		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
To provide an update on the Trust's performance against key national and local priorities.			
Executive Summary			
<p>The Integrated Performance Report includes the Trust indicators relating to the NHS Constitutional standards, the 21/22 SOF and internal performance indicators which the Trust has identified as essential measures of operational delivery and assurance. The performance indicators are grouped according to the domains used by regulators in the Well Led Framework. Each indicator has a Statistical process Control (SPC) chart and commentary. Whilst this executive summary provides an overall view of the organisational improvements and risks, some indicators are also included as improvement measures for the four QI priorities and are covered in detail in the relevant reports.</p> <p>The Executive summary highlights key changes in Trust performance and outlines specific actions linked to the Trust's improvement plan and key programmes of work.</p>			
Recommendation			
The Committee is asked to receive the Integrated Performance Report detailing Trust performance in September.			
Previously Considered By:			
<input checked="" type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee		<input checked="" type="checkbox"/> Quality & Safety Committee <input checked="" type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee	
Strategic Objectives			
<input checked="" type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
<input checked="" type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards			
<input checked="" type="checkbox"/> SO3 Efficiently and productively provide care within agreed financial limits			
<input checked="" type="checkbox"/> SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
<input checked="" type="checkbox"/> SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
<input checked="" type="checkbox"/> SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
Prepared By:		Presented By:	
Michael Lightfoot, Katharine Martin		The Executive Management Team	

Trust Board - Integrated Performance Report

Performance Summary

The Trust Integrated Performance Report covers 4 areas aligned to Trust Strategic Objectives as follows:

Quality - reflects those metrics aligned to Strategic Objective **S01** – *Improve clinical outcomes and patient safety to ensure we deliver high quality services.*

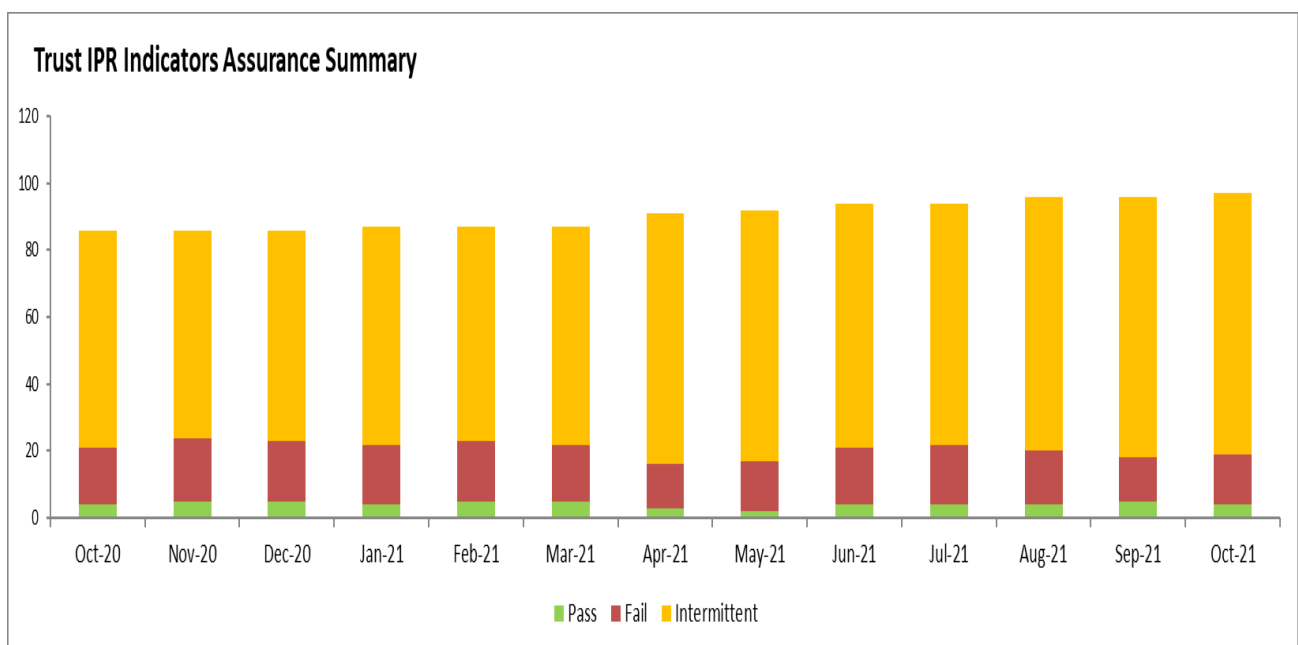
Operations - **S02** – *Deliver services that meet NHS Constitutional Standards and regulatory standards*

Finance - **S03** – *Efficiently and productively provide care within agreed financial limits.*

Workforce - **S04** – *Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated and S05* – *Enable all staff to be patient-centred leaders building an open and honest culture and the delivery of the Trust values.*

The majority of indicators in this month's IPR are still classed as intermittent. Only Care Hours Per Patient Day, HSMR, Friends and Family Test - Patients - % Response Rate and Mandatory Training are fully assured.

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Pass	4	5	5	4	5	5	3	2	4	4	4	5	4
Fail	17	19	18	18	18	17	13	15	17	18	16	13	15
Intermittent	65	62	63	65	64	65	75	75	73	72	76	78	78



Harm Free, Infection Prevention & Control, Maternity, Mortality and Patient Experience

The CQC rated the Trust as **requires improvement** overall following its inspection in July/August 2019. The caring domain was rated as **good** and well-led, safety, responsive and effective domains rated as **requires improvement**.

There were no Never Events in October 2021. (YTD = 0).

There were no cases of MRSA in October 2021. (YTD = 1).

There were 5 C. Difficile (CDI) positive cases reported in October 2021 (3 hospital onset and 2 community onset).

The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for October 2021 was 85.9%. This is based on 90.73% for Registered Nurses and 80.43% for Un-Registered Nurses. The 2021-22 YTD rate is 88.4%.

The Trust remains ahead of target for VTE Prophylaxis Assessment at 96.6% for October and 97.3% YTD.

There were 3 category 3 and 7 category 2 hospital acquired pressure ulcers reported in October. There were 2 falls resulting in moderate harm in October. All pressure ulcers and falls with harm are managed through the Harm Free Care panel.

The Trust remains ahead of the breastfeeding target at 64.4% in October (64.5% YTD).

Both caesarean and induction of labour rates remain above plan. An audit on inductions has been completed with recommendations based on findings.

There were 2 breaches of 1:1 care in labour in October (9 YTD) due to staffing pressures.

The percentage of women booked by 12 weeks 6 days has not achieved target (88.9%). This has been impacted by high numbers of bookings and patient choice.

The SHMI remains as expected at 101.3 (latest data May 21) and the HSMR is 72.7.

The mortality screening rate has increased to 90.4% in the latest data month (September).

The Patient Friends & Family Test - % that would recommend is 87.3% for October, below the 94% target.

Operational Performance

Overall Accident and Emergency performance for October 2021 was 76.9% and YTD 79.2% (Adults ED 56.2% Oct, Paeds ED 94.6% Oct). Total attendances for October 2021 were 10,671 compared to 9,920 in September. Ambulance Handover times in both were worse than the previous month. 126 Ambulance Handovers were 30-60 mins in October compared to 104 in September, with 37 delayed for longer than 60 mins (28 in September).

Performance against the 62 day cancer standard was below the target of 85.0% in month (September 2021) at 54.2%. YTD 67.6%. Performance in August 2021 was 57.9%. The 31 day target was achieved in September 2021 with 98.2% performance in month against a target of 96%, YTD 98.9%. Performance in August 2021 was 95.7%. The 2 week rule target was not achieved in September 2021 with 78.5% in month and 82.8% YTD against a target of 93.0%. Performance in August 2021 was 76.5%. Delays to diagnostics have affected the ability to meet the both the 2ww and 62 day cancer standards.

The average daily number of super stranded patients in October 2021 was 171 compared with 168 in September. There have been significant delays in S&FCCG and WLCCG for care packages; community teams report high acuity and pressure to support the numbers of fast-track patients at home; community beds running at near 100%. There have also been multiple COVID-19 outbreaks in West Lancashire care homes resulting in closure.

Operational Performance continued

The 18 week referral to treatment target (RTT) was not achieved in October 2021 with 80.9% compliance, a reduction on 82.1% reported in September, and YTD 82.7% (Target 92%). There were 134 52+ week waiters. The diagnostic target was not achieved in October 21 with 33.6% patients waiting longer than 6 weeks compliance, an improvement on 35.7% reported in September (Target 1%).

The covid crisis has had a significant impact on RTT and diagnostic performance, as all routine operating, outpatient and diagnostic activity had to be cancelled. All patients have been, and continue to be, clinically triaged to ensure urgent and cancer patients remain a priority for treatment.

Financial Performance

The Trust is reporting financial breakeven in M7 of 2021/22.

Income & Expenditure - Delays in notification and transparency of H2 system allocations has been problematic and Trusts are challenging the ICS on this. Pending the above, the Trust has assumed system allocations to bring the Trust to financial balance for M7. Based on the H1 exit run rate and £nil ERF in H2, coupled with winter plans of £1.2m, and a further £1.7m reduction signalled in draft system envelopes, the Trust would anticipate a deficit of up to £6.7m.

The Trust has subsequently received notification of:

Elective Restoration Revenue funding of £2.3m and Targeted Investment Funding of £1.1m capital with £74k associated revenue investment

The Trust will review scheme delivery, noting that slippage could assist the H2 financial position.

CIP - During M7 CBU's have been supported to identify areas of underspend which could contribute to CIP delivery on a recurrent or non-recurrent basis. The Trust has therefore now been able to transact schemes totalling £5.1m for 2021/22.

This exercise has highlighted the financial pressures previously masked by underspending lines, in order to shift focus to forecast/run rate and identifying recovery plans.

Cash - The cash balance at the end of September was £2.8m following receipt of regional cash support of £1.0m. Cash balances have reduced to-date during 2021/22 as a result of the Trust improving its Better Payment Practice Code (BPPC) performance.

Pending finalisation of H2 plans, and subject to notification of final system envelopes the Trust is anticipating requiring external cash support from January 2022 (via the existing DHSC revenue loan route).

BPPC – The Trust's recovery plan submitted to NHSEI set out an improvement trajectory to achieve 95% on a monthly basis by the end of March 2022. The Trust has achieved 95.94% in month in September. The cumulative percentage now stands at 85.8%.

Workforce

Personal Development Review compliance has improved to 79.7% against the 85% target. Mandatory training compliance remains ahead of target at 88.3%.

In October overall sickness increased by 0.2% from the previous month to 6.8%. Sickness rates amongst Registered and Unregistered Nurses and Medics have all increased in month. Trust vacancies and turnover have also increased in October.

Activity Summary –October 2021

Indicator Name	October 2019	October 2020	September 2021	October 2021	Trend
Overall Trust A&E attendances	10,601	7,904	9,920	10,671	▲
SDGH A&E Attendances	5,008	4,117	5,099	5,157	▲
ODGH A&E Attendances	2,538	1,341	2,562	2,869	▲
SDGH Full Admissions Actual	1,012	1,021	936	1,016	▼
Stranded Patients AVG	178	148	168	170	▲
Super Stranded Patients AVG	68	42	58	58	▲
MOFD Avg Patients Per Day	73	28	42	43	▲
GP Referrals (<i>Exc. 2WW</i>)	2,657	2,286	1,920	1,873	▼
2 Week Wait Referrals	839	705	937	901	▲
Elective Admissions	204	173	219	199	▲
Elective Patients Avg. Per Day	7	6	7	6	

Activity Summary –October 2021

Indicator Name	October 2019	October 2020	September 2021	October 2021	Trend
Elective Cancellations	33	24	74	67	▲
Day case Admissions	2,020	1,427	1,363	1,333	▼
Day Case Patients Avg. Per Day	65	46	45	43	▼
Day Case Cancellations	49	46	94	119	▲
Total Cancellations (EL & Day Case)	82	70	168	186	▲
Total Cancellations (On or after day of admission, non clinical reasons)	8	4	4	4	
Outpatients Seen	24,021	20,644	21,161	20,807	▲
Outpatients Avg. Per Day	775	666	705	671	▲
Outpatients Cancellations	4,191	3,567	4,484	4,262	▲
Theatre Cases	618	462	483	498	▲
General & Acute Beds Avg. Per Day	412	424	400	420	▼
Escalation Beds Avg. Per Day	2	0	12	12	
In Hospital Deaths	75	85	74	52	▼

Integrated Performance Report Board Report

October 2021

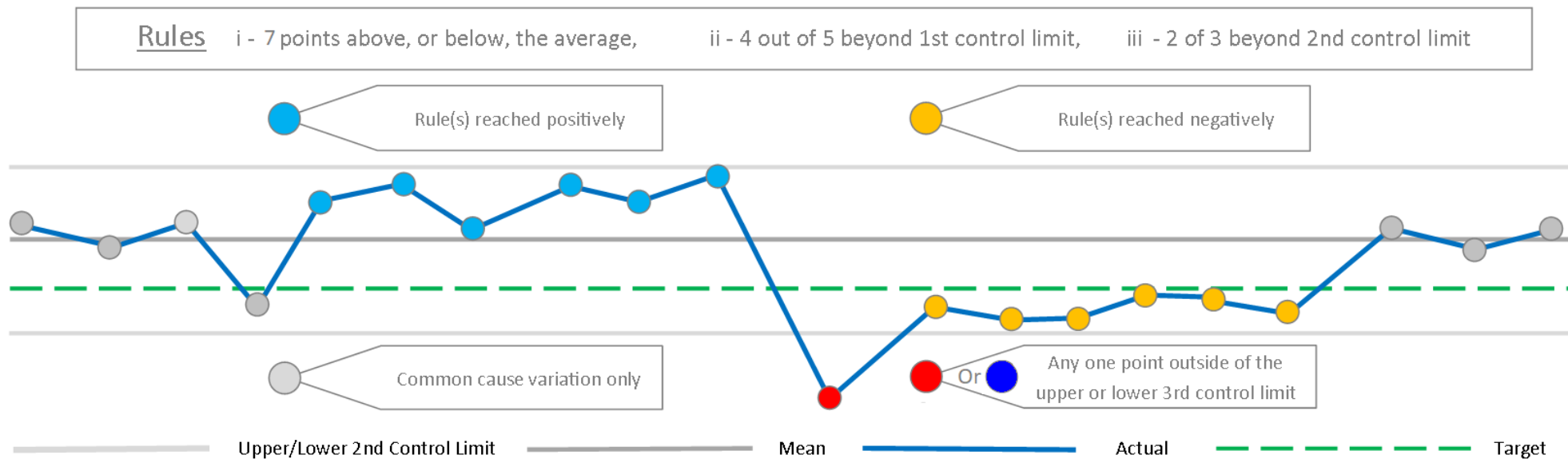
Guide to Statistical Process Control

Statistical process control (SPC) is an analytical technique – underpinned by science and statistics – that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. Understanding how to react to data is the most important thing, not the detail of the statistical rules that underpin SPC.

There are two excellent presentations available on the NHS Improvement Making Data count webpage (link below) that explain why Statistical Process Control is so valuable to Healthcare and how to understand SPC charts. We strongly recommend you view these to help you get the most out of this report. There are also other useful resources on the NHS Improvement page that you may find useful so it is definitely worth visiting <http://www.improvement.nhs.uk/resources/making-data-count>

The SPC charts in this report are time series line charts with three reference lines that will hopefully help you appreciate variation in the data. The centre reference line (**dark grey**) is the mean, and the two **light grey** lines are the upper and lower control limits. The aim of these charts is to distinguish special cause variation from common cause variation. There are a number of tests applied to the data to identify special cause variation which is then highlighted on the charts by colouring the corresponding data point markers. The tests applied in this report and the corresponding colours of the data point markers where special cause variation is found are outlined in the example chart below.

The report then uses the SPC icons developed by NHS Improvement to summarise the messages from SPC charts - an explanation of these icons can be found on the Executive Summary page of the report.



Executive Summary

		Assurance			Variation				
Quality	Mortality	1	1	2	0	1	0	2	1
	Patient Experience	1	1	6	0	2	3	0	3
	Infection Prevention and Control	0	0	5	1	0	0	0	4
	Harm Free	0	1	10	1	0	2	1	7
	Maternity	0	0	11	1	1	1	0	8
Operations	Cancer	0	0	3	0	2	1	0	0
	Access	5	0	8	8	1	0	0	4
	Productivity	1	0	9	2	0	3	3	2
Finance	Finance	0	0	17	3	0	0	6	8
Workforce	Organisational Development	1	1	1	0	0	2	0	1
	Sickness, Vacancy and Turnover	6	0	6	4	0	0	2	6

Assurance	
Measures the likelihood of targets being met for this indicator.	
	Indicates that this indicator is inconsistently passing and falling short of the target.
	Indicates that this indicator is consistently passing the target.
	Indicates that this indicator is consistently falling short of the target.

Variation (Past 3 Months)	
Whether SPC rules have been triggered positively or negatively overall for the past 3 months.	
	Indicates that there is no significant variation recently for this indicator.
	Indicates that there is positive variation recently for this indicator.
	Indicates that there is negative variation recently for this indicator.

Harm Free

Analyst Narrative:

Care Hours per Patient Day (CHPPD) continues to be assured. Three indicators are showing special cause improvement this month; VTE Prophylaxis Assessments, which has exceeded the target for seven consecutive months, WHO Checklist compliance, which maintains 100% compliance and Hospital Acquired Category 2 Pressure Ulcers, which following seven consecutive months of performing ahead of the target, has seen an increase in month, although this is not statistically significant. Hospital Acquired Category 3 Pressure Ulcers is showing special cause concern, although performance in October is improved.

Operational Narrative:

Staffing - The 85.9% reported in October is based on 90.73% for Registered Nurses and 80.43% for Un-Registered Nurses. NHSP have undertaken a recruitment drive for Healthcare Assistants and are offering 'Activity Co-Ordinator' roles to encourage therapeutic support for patients. Monitoring of staffing still occurs twice daily with a view to ensuring fill rates are acceptable and patient safety is maintained. Issues remain reflective of the ongoing pandemic where staffing shortages due to isolation and sickness remain. Acuity of patients continues to impact on staffing requirements, and we have increased the availability of "allocate on arrival" shifts through NHSP to support not only shortfall but wards with high acuity of patients. Despite this actual staffing versus planned staffing does fall short of the national 90% standard, we continue to report staffing levels through relevant channels on a twice daily basis. Weekly staffing summits convened to review staffing in weeks/months ahead to provide reassurance and planning. International nurse recruitment continues with high levels of success and local recruitment events have bolstered staff numbers.

Fractured Neck of Femur – all five breaches of the repair of Fractured Neck of Femur within 36 hours were due to clinical reasons.

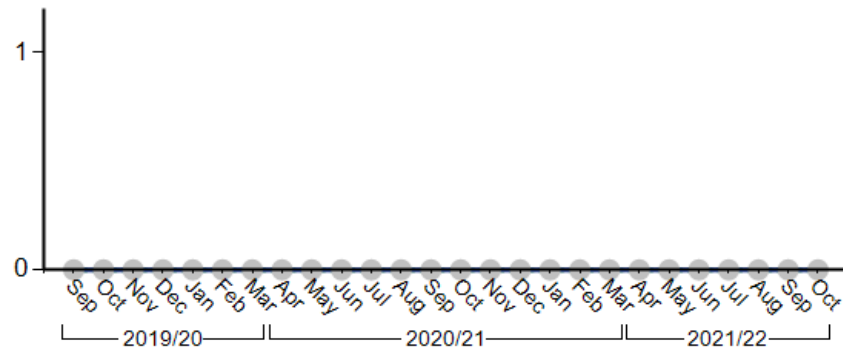
Pressure Ulcers – all Pressure Ulcers are reported on Datix and are subject to a Root Cause Investigation. This is presented at Harm Free Care panel.

Patient Safety Incidents – Moderate Harm and Above. Since the data was added, there has been further investigation which has resulted in two of the nine moderate harm incidents being downgraded. The remaining seven incidents are all being investigated in line with the Trust Serious Incident policy.

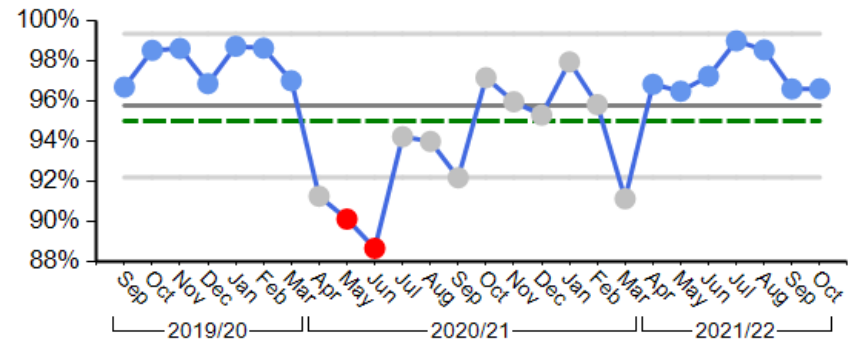
Patient Falls – moderate and above – Two falls resulting in moderate harm were reported in October, both from the Medicine and Emergency Care CBU. Both have been subject to 72-hour reviews. One has been presented at the Harm Free Care panel and will be subject to a concise RCA, the other one is due to be presented at Harm Free Care panel in mid-November.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Never Events	0	0	0	Oct 21		0	0	Sep 21	0	0	
VTE Prophylaxis Assessments	95%	96.6%	125	Oct 21		95%	96.6%	Sep 21	95%	97.3%	
Fractured Neck of Femur - Operated on within 36Hours	85%	68.8%	5	Oct 21		85%	72.2%	Sep 21	85%	71.2%	
WHO Checklist	100%	100%	0	Oct 21		100%	100%	Sep 21	100%	100%	
Safe Staffing	90%	85.9%	N/A	Oct 21		90%	87.1%	Sep 21	90%	88.4%	
Care Hours Per Patient Day (CHPPD)	7	8.6	N/A	Oct 21		7	8.5	Sep 21	7	8.9	
StEIS	0	0	0	Oct 21		0	0	Sep 21	0	12	
Hospital Acquired Category 2 Pressure Ulcers - per 1,000 bed days	0.45	0.5	7	Oct 21		0.5	0.2	Sep 21	0.45	27	
Hospital Acquired Category 3 & 4 Pressure Ulcers - per 1,000 bed days	0.1	0.2	3	Oct 21		0.1	0.2	Sep 21	0.1	15	
Percentage of Patient Safety Incidents - Moderate/Major/Death(related)	2.1%	0.9%	9	Oct 21		2.1%	0.5%	Sep 21	2.1%	0.7%	
Patient Falls - Moderate/Severe/Death - per 1,000 bed days	0.1	0.2	2	Oct 21		0.1	0.1	Sep 21	0.1	0.1	

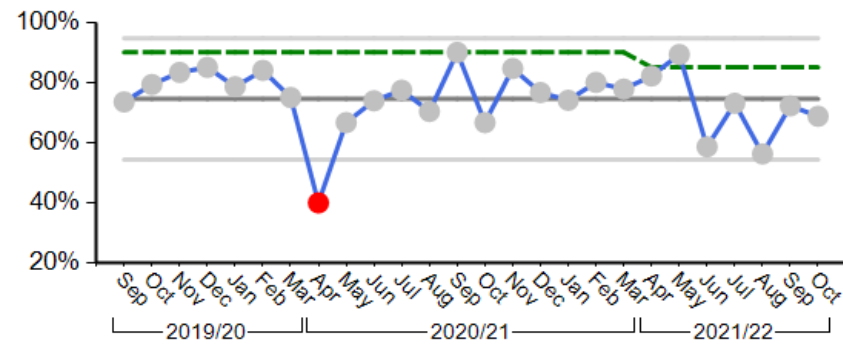
Never Events



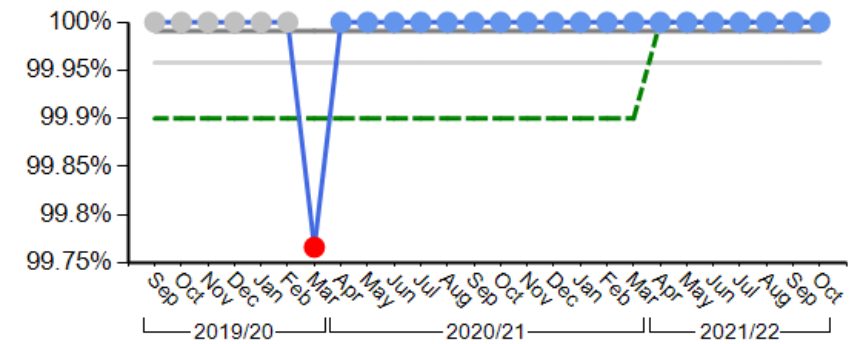
VTE Prophylaxis Assessments



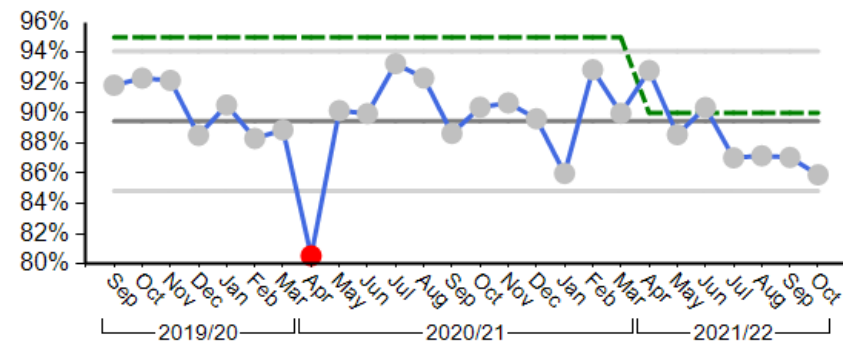
Fractured Neck of Femur - Operated on within 36Hours



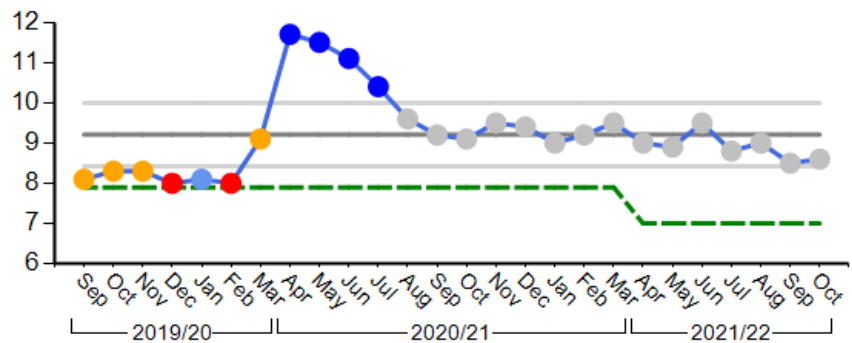
WHO Checklist



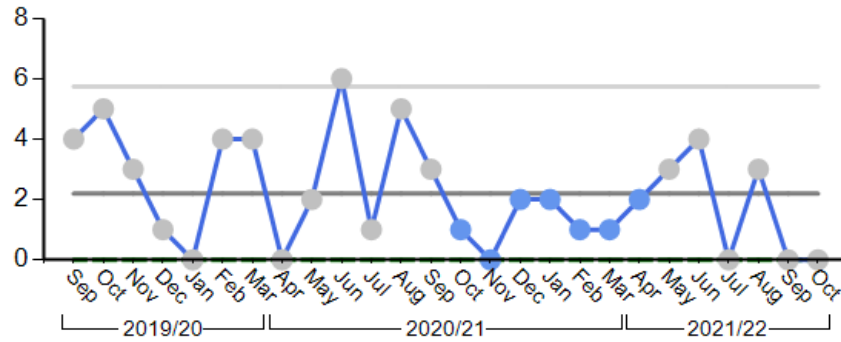
Safe Staffing



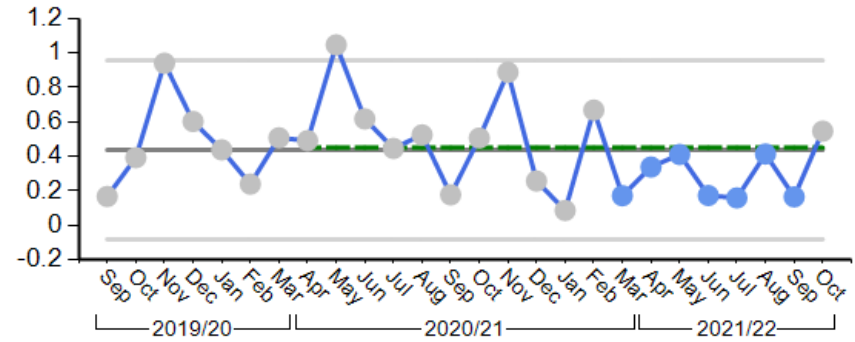
Care Hours Per Patient Day (CHPPD)



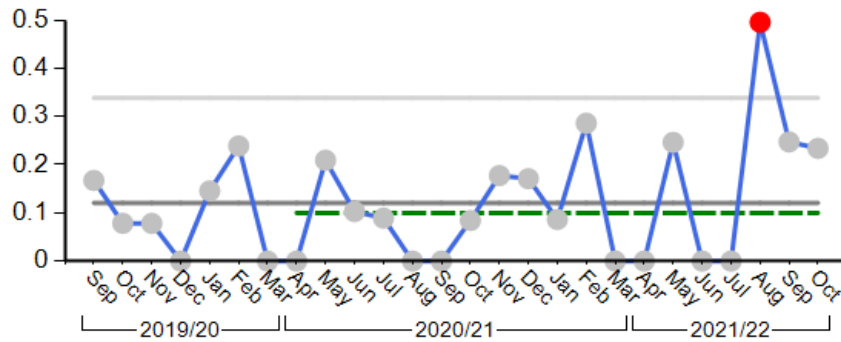
StEIS



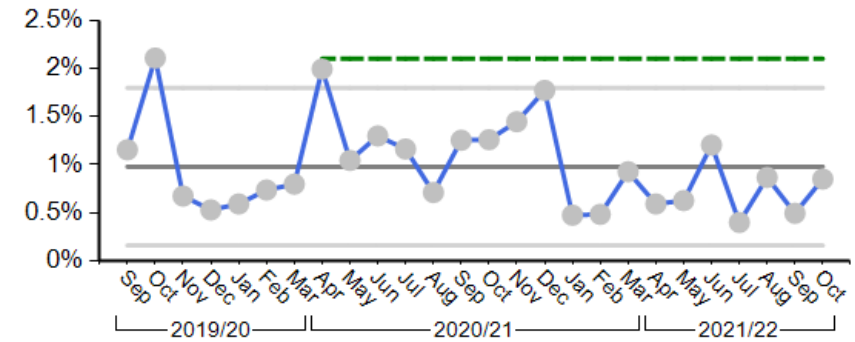
Hospital Acquired Category 2 Pressure Ulcers - per 1,000 bed days



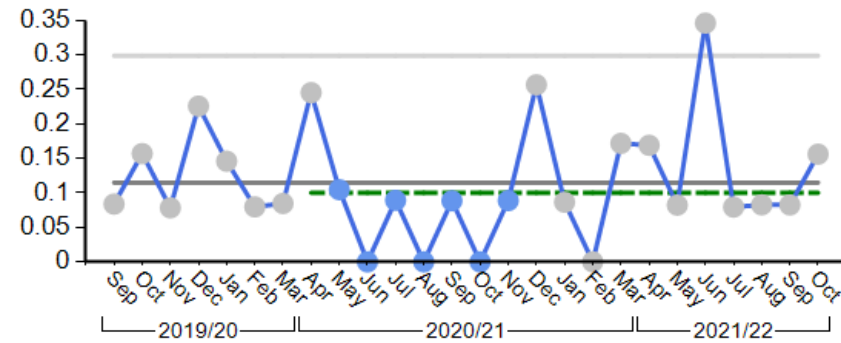
Hospital Acquired Category 3 & 4 Pressure Ulcers - per 1,000 bed days



Percentage of Patient Safety Incidents - Moderate/Major/Death (related)



Patient Falls - Moderate/Severe/Death - per 1,000 bed days



Infection Prevention and Control

Analyst Narrative:

Performance for all metrics in October is statistically as expected. With the exception of MSSA, all hospital acquired infections reported have decreased in month. A new indicator has been added to this section to record the number of Hospital Acquired Covid infections.

Operational Narrative:











C diff – Whilst the Trust is over trajectory for yearly C diff, only a small number of cases have identified lapses in care. Three Hospital Onset Hospital Acquired cases were reported in October, all originating from Medical Wards. Two of these have had completed RCA's and no lapses in care were identified. The RCA for the third is incomplete but initial findings identified no lapses in care. There were two Community Onset Hospital Acquired cases reported, one from a Medical Ward and one a Surgical Ward, there were no lapses in care in either case.

E coli - The Trust remains under the trajectory as set by NHSEI. The one Hospital Acquired case in October has been investigated and there were no apparent lapses in care.

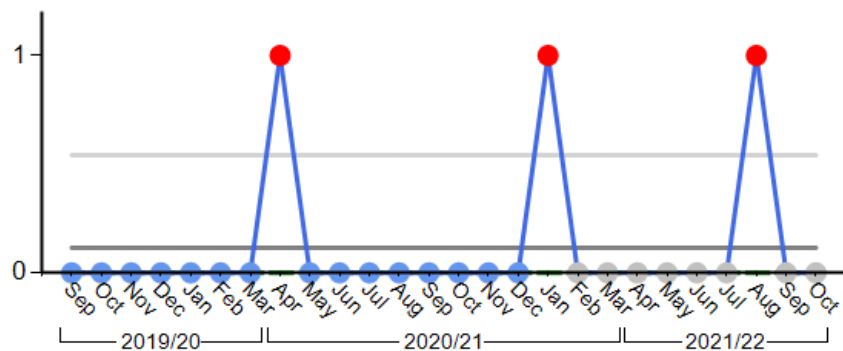
Klebsiella – Two Hospital Onset Hospital Acquired cases were reported, there were no apparent lapses in care.

MSSA - Two Hospital Onset Hospital Acquired cases were reported, there were no apparent lapses in care.

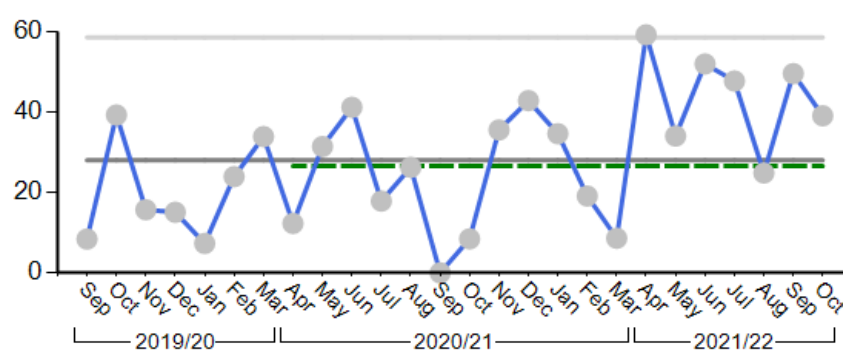
Covid – Three Hospital Acquired Covid infections were reported, all relating to Medical Wards. All three cases can be linked to transmission via visitors or in the community. Continued Asymptomatic Screening at 5 day intervals have proven effective at identifying asymptomatic carriage in patients who might of otherwise led to increased numbers of HAIs.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
MRSA	0	0	0	Oct 21		0	0	Sep 21	0	1	
Clostridium Difficile - per 100,000 bed days	26.5	39	5	Oct 21		26.5	49.5	Sep 21	26.5	43.6	
E. Coli - per 100,000 bed days	20.6	7.8	1	Oct 21		20.6	41.3	Sep 21	20.6	30.5	
MSSA - per 100,000 bed days	8.8	15.6	2	Oct 21		8.8	8.3	Sep 21	8.8	15.3	
Number of Hospital Acquired Covid Infections - Trust		3	3	Oct 21			6	Sep 21		18	

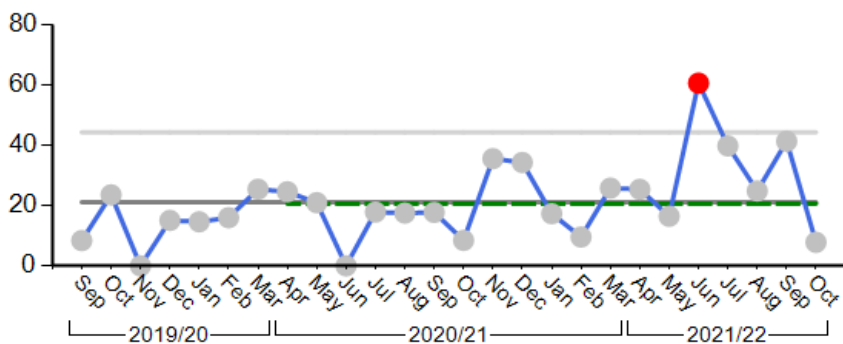
MRSA



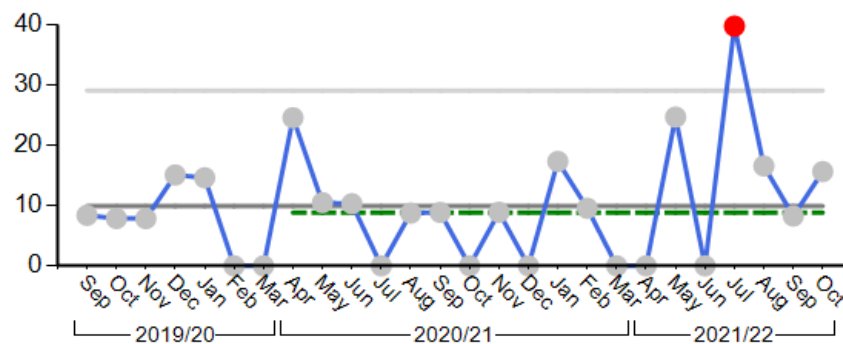
Clostridium Difficile - per 100,000 bed days



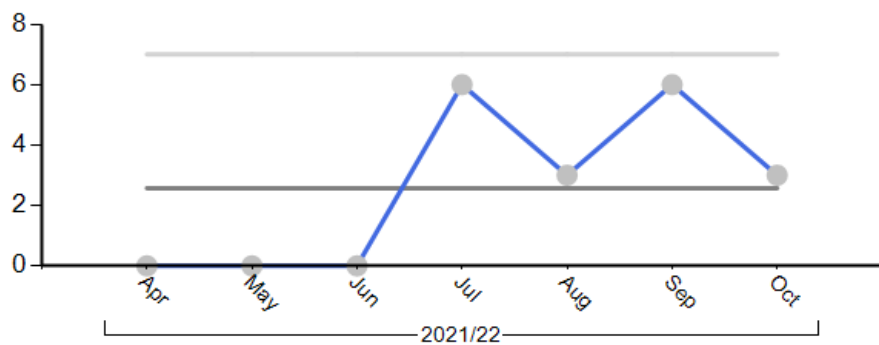
E. Coli - per 100,000 bed days



MSSA - per 100,000 bed days



Number of Hospital Acquired Covid Infections - Trust



Maternity

Analyst Narrative:

The Number of Occasions 1:1 Care Not Provided is showing special cause concern with 2 breaches reported in October. The Percentage of Women Booked by 12 weeks 6 days also shows special cause concern due to breaching the second lower control limit in September. Performance on this metric is not statistically significant this month but has still failed to achieve the target. Breastfeeding initiation continues to show special cause improvement, exceeding the target again in October. Performance on all other metrics remains statistically as expected.

Operational Narrative:

Caesarean Rates and Induction of Labour - This month both Inductions and Caesarean section rates are above plan and the Trust remains an outlier for induction. An audit has been completed for induction with recommendations based on findings.

These being:

- As a part of Saving Babies Lives (SBL), increased awareness of poor outcomes associated with reduced fetal movements (RFM) and slow growth (RGV) have been responsible for an increased IOL rate across the region.
- Consultants involvement in IOL decision.
- Documentation/offering around Bishop's score.
- No current guideline for management of LGA in pregnancy.

Actions taken to date:

- Reduced Fetal Movements guideline reviewed and updated to align with Northwest guidance which recommends not to induce at less than 39 weeks gestation unless fetal compromise.
- Electronic GROW to minimise errors has now gone live.
- Trust guidance for Large for Dates babies developed whilst waiting for the Big Baby Trial.

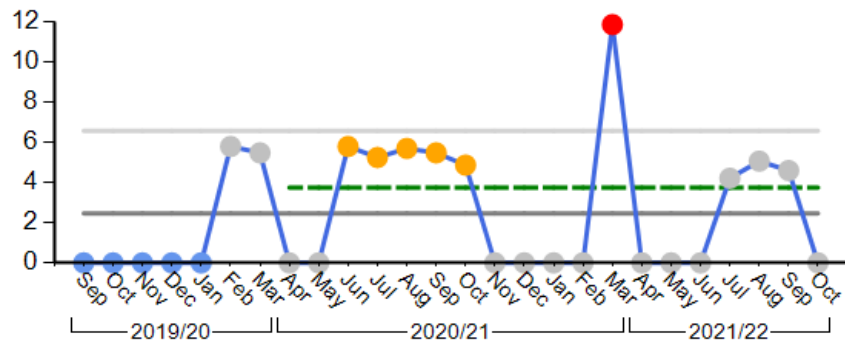
Number of Occasions 1:1 Care Not Provided - This was not met on 2 occasions (total of 9 times year to date). This has been due to staffing pressures.

Percentage of Women booked by 12 weeks 6 days – Historically the team have performed well, however, impact of staffing pressures combined with an increase in the number of bookings has impacted this indicator, the Trust does not foresee an issue with this metric going forward.

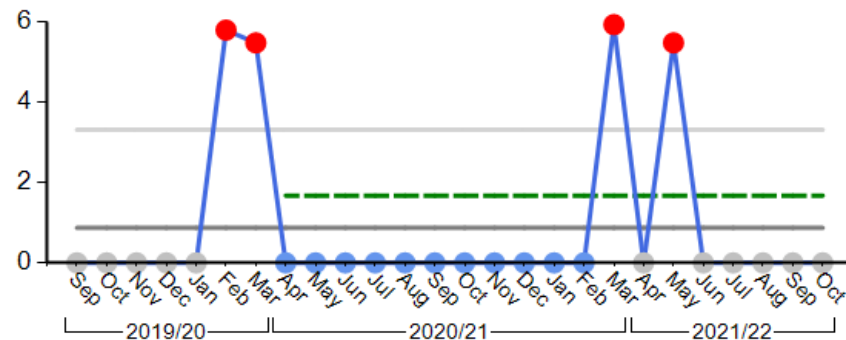
3rd and 4th Degree Tears - All cases were reviewed at the Patient Safety Meeting and care was appropriate. No themes with midwife conducting births.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Stillbirth Rate (per 1,000 births)	3.74	0	0	Oct 21		3.7	4.6	Sep 21	3.74	2.1	
Neonatal Mortality Rate (per 1,000 births)	1.67	0	0	Oct 21		1.7	0	Sep 21	1.67	0.7	
Number of Maternal Deaths	0	0	0	Oct 21		0	0	Sep 21	0	0	
Caesarean Rates	28.5%	37.1%	76	Oct 21		28.5%	36.7%	Sep 21	28.5%	35.4%	
Induction Rate	38%	41.5%	85	Oct 21		38%	39.4%	Sep 21	38%	43.1%	
Breastfeeding Initiation	62%	64.4%	73	Oct 21		62%	64.8%	Sep 21	62%	64.5%	
Percentage of Women Booked by 12 weeks 6 days	90%	88.9%	25	Oct 21		90%	87%	Sep 21	90%	89.9%	
Number of Occasions 1:1 Care Not Provided	0	2	2	Oct 21		0	3	Sep 21	0	9	
Maternity Complaints as % of Deliveries	0.7%	0.5%	1	Oct 21		0.7%	0.5%	Sep 21	0.7%	0.6%	
Percentage of 3rd/4th Degree Tears in Unassisted Vaginal Births	1.5%	1.1%	2	Oct 21		1.5%	2.6%	Sep 21	1.5%	2.4%	
Percentage of 3rd/4th Degree Tears in Assisted Vaginal Births	11%	4.2%	1	Oct 21		11%	0%	Sep 21	11%	3.7%	

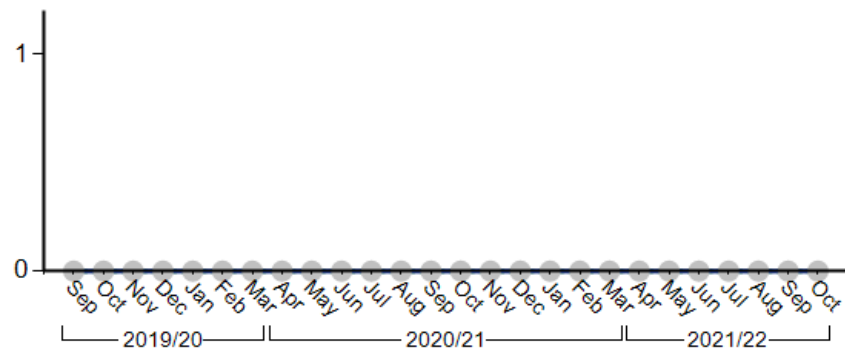
Stillbirth Rate (per 1,000 births)



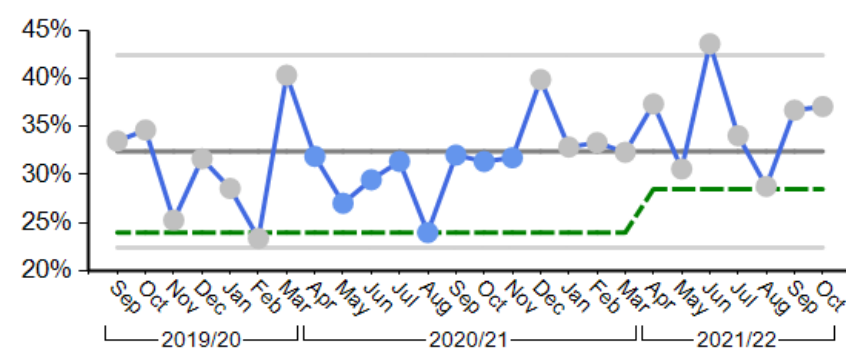
Neonatal Mortality Rate (per 1,000 births)



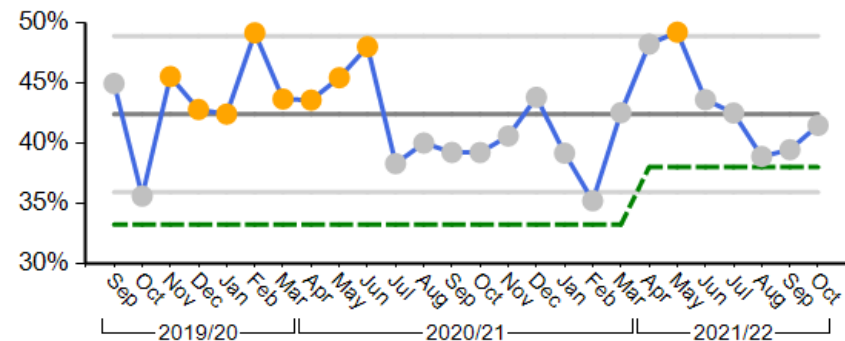
Number of Maternal Deaths



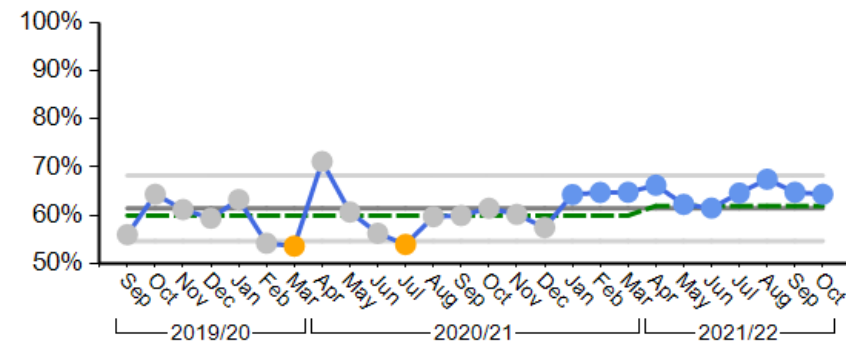
Caesarean Rates



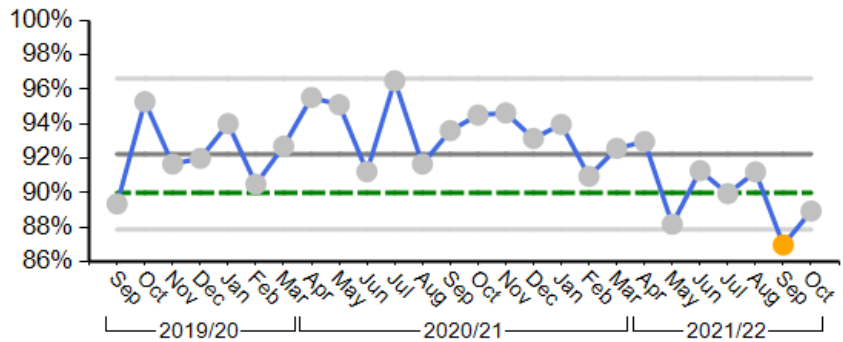
Induction Rate



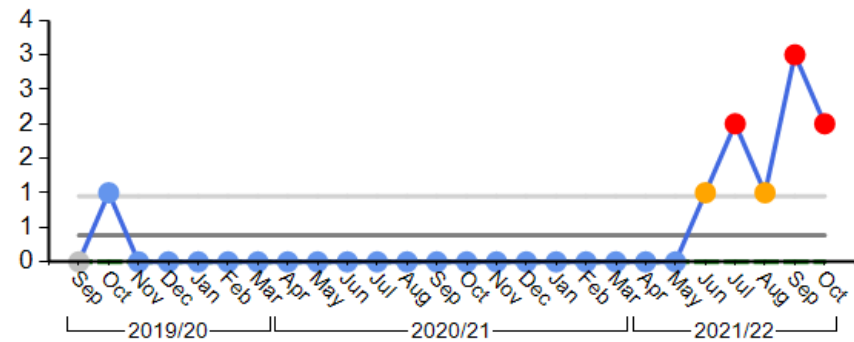
Breastfeeding Initiation



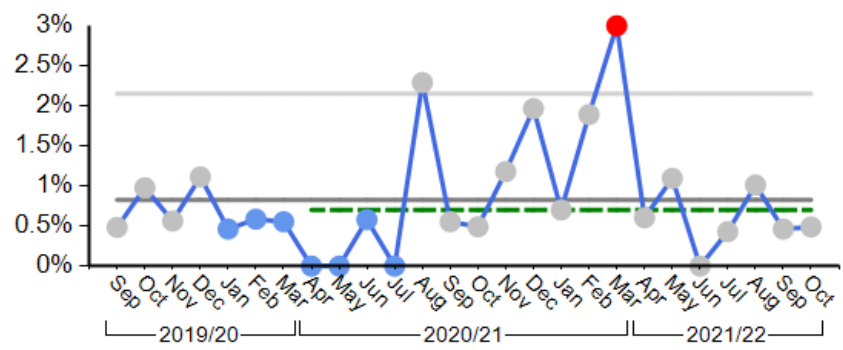
Percentage of Women Booked by 12 weeks 6 days



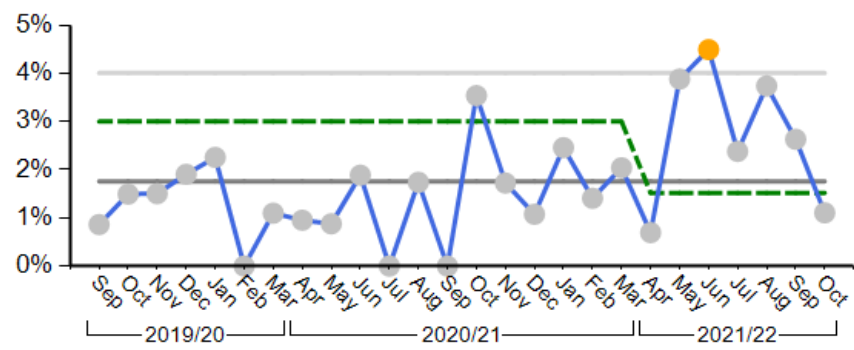
Number of Occasions 1:1 Care Not Provided



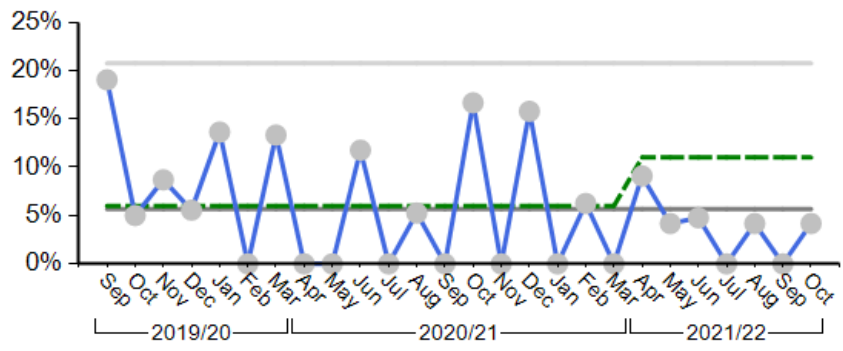
Maternity Complaints as % of Deliveries



Percentage of 3rd/4th Degree Tears in Unassisted Vaginal Births











Percentage of 3rd/4th Degree Tears in Assisted Vaginal Births



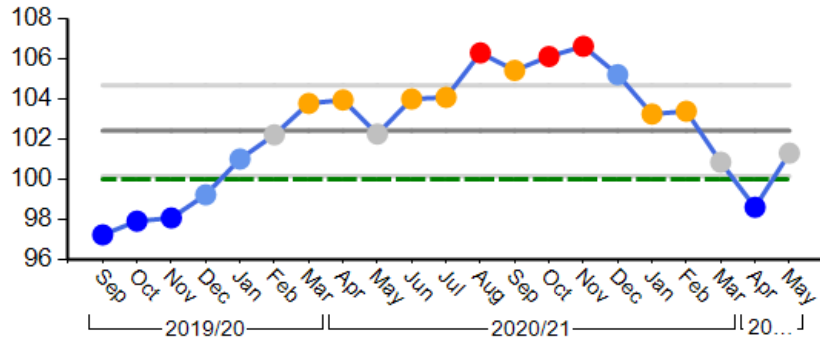
Quality

Mortality

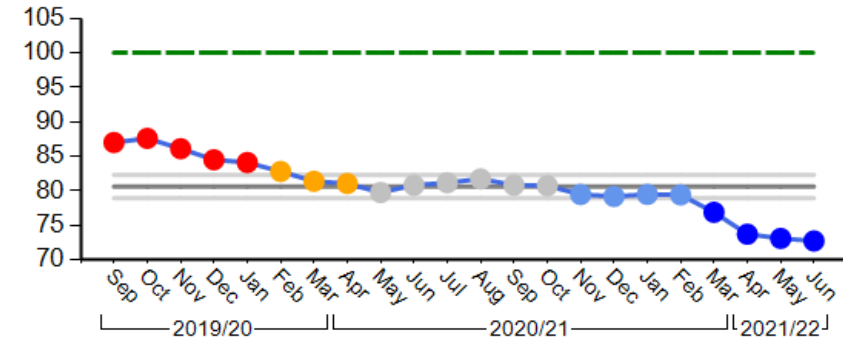
The HSMR continues to be assured and show special cause improvement, reporting 72.7 which is the lowest position for more than two years. The SHMI has increased marginally but remains as expected. The percentage of deaths screened has increased and at 90.4% is the highest figure reported for almost two years. This is due to the Medical Examiner's Officer post.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
SHMI (Summary Hospital-level Mortality Indicator)	100	101.3	N/A	May 21		100	98.6	Apr 21	100	100	
HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)	100	72.7	N/A	Jun 21		100	73.1	May 21	100	72.7	
Percentage of Deaths Screened	100%	90.4%	7	Sep 21		100%	10.4%	Aug 21	100%	27.2%	
Perinatal Mortality Rate	5.4	0	0	Oct 21		5.4	4.5	Sep 21	5.4	2.7	

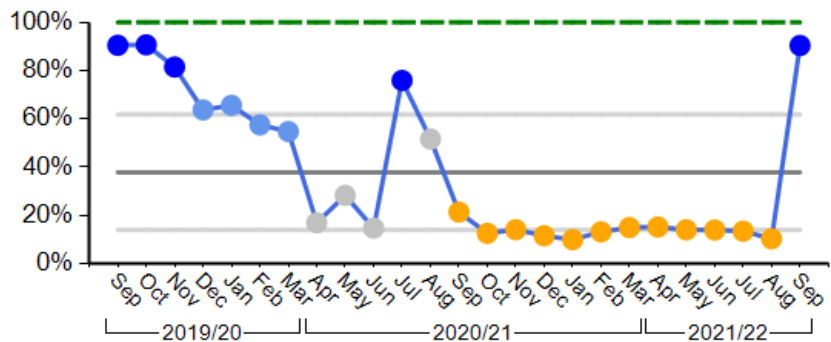
SHMI (Summary Hospital-level Mortality Indicator)



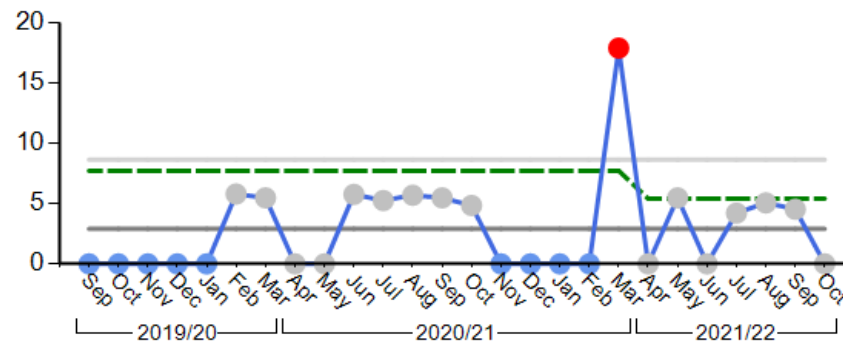
HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)



Percentage of Deaths Screened



Perinatal Mortality Rate



Patient Experience

Analyst Narrative:

The Friends and Family Test – Patients - % Response Rate continues to be assured and shows special cause improvement, with performance significantly ahead of plan. Both Duty of Candour metrics show special cause improvement, maintaining 100% compliance in October. The Friends and Family Test – Patients - % That Would Recommend is showing special cause concern and performance has declined in month. Although not statistically significant, the Trust continues to struggle with responsiveness to complaints, with performance remaining static at 50% compliance.

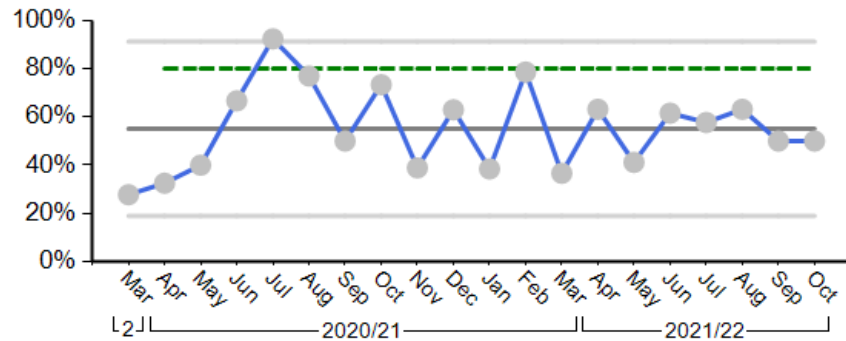
Operational Narrative:

The decrease in the Patient FFT - % That Would Recommend relates to a reduction in the recommend rate in Planned Care and Women & Children's. Maternity and sexual health areas have implemented QR codes in an attempt to increase response rates within the Women's and Children's CBU via the online survey tool. The actions taken from the results of the National Surveys that have been completed in A+E, Maternity, Children's services, and Inpatients over the last twelve months are monitored through the Patient Experience and Community Engagement Group. A broad selection of patient stories are presented to the Trust Board on a monthly basis for learning and action. The Dementia and Delirium team have recently relaunched Johns Campaign in line with COVID restrictions and have also implemented an activity support role to support holistic care for our patients that are living with dementia. Within the women's and children CBU the neonatal unit are working on the 'Baby Friendly' Neonatal standards to achieve Baby Friendly accreditation. The Trust volunteer service has recently been awarded monies from NHSE which will provide administrative support to increase the recruitment of volunteers over the winter period across a number of clinical areas.

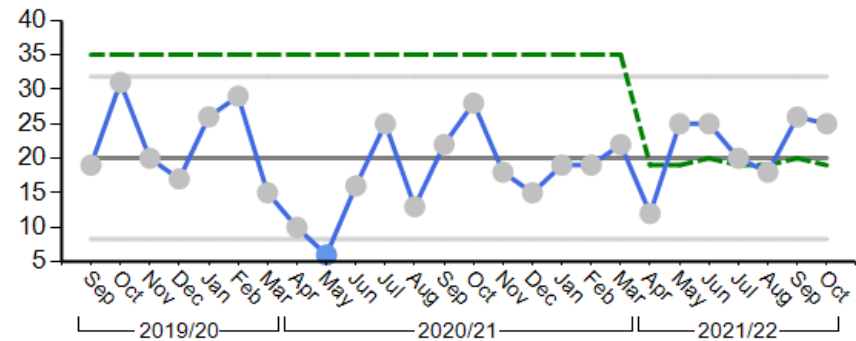
Staffing pressures continue to impact the complaint response times. Medicine and Emergency Care, who account for the highest proportion of complaints, have taken an action to escalate open complaints on day 4 and to raise in the weekly meeting for the Lead Nurse to address with the relevant Matrons. The complaints received have been impacted by the high numbers of attendances in A&E. The Trust has identified additional support on an interim basis to do proactive work within A&E.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Complaints - % closed within 40 working days	80%	50%	N/A	Oct 21		80%	50%	Sep 21	80%	55.9%	
Written Complaints	19	25	25	Oct 21		20	26	Sep 21	233	151	
Friends and Family Test - Patients - % Response Rate	15%	23.9%	6012	Oct 21		15%	24.1%	Sep 21	15%		
Friends and Family Test - Patients - % That Would Recommend - Trust Overall	94%	87.3%	240	Oct 21		94%	88.3%	Sep 21	94%	88.3%	
Staff Survey - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	83%	51.5%	N/A	Jul 21		83%	NTR	Jun 21	83%	51.5%	
DSSA (Delivering Same Sex Accommodation) Breaches - Trust	0	2	2	Oct 21		0	10	Sep 21	0	30	
Duty of Candour - Evidence of Discussion	100%	100%	0	Oct 21		100%	100%	Sep 21	100%	100%	
Duty of Candour - Evidence of Letter	100%	100%	0	Oct 21		100%	100%	Sep 21	100%	100%	

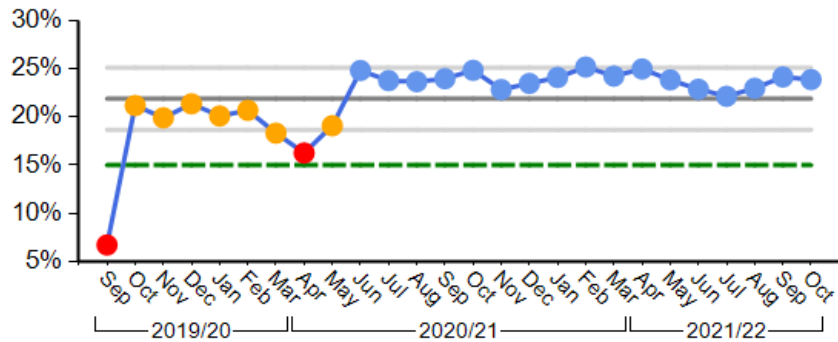
Complaints - % closed within 40 working days



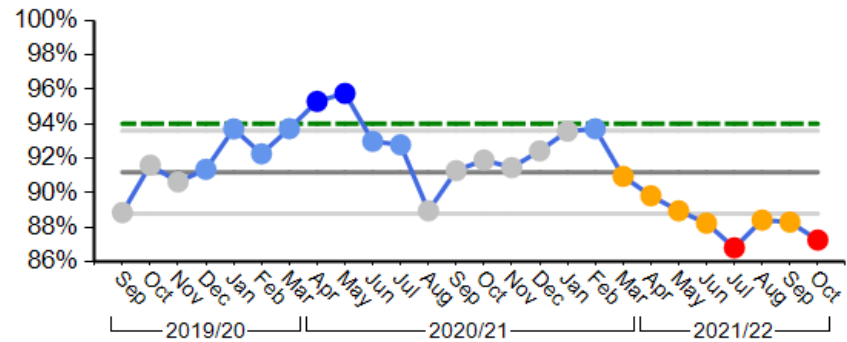
Written Complaints



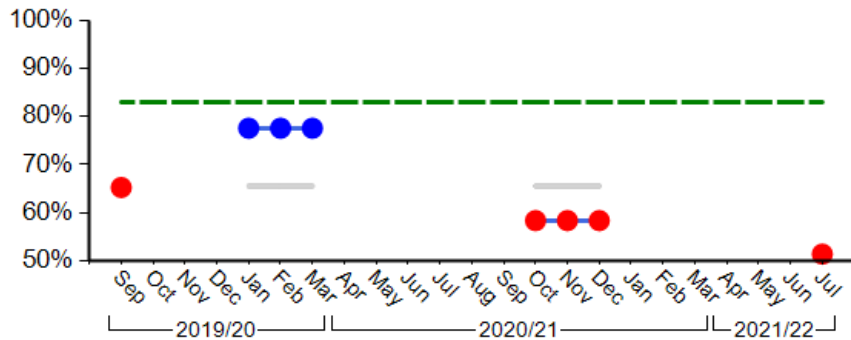
Friends and Family Test - Patients - % Response Rate



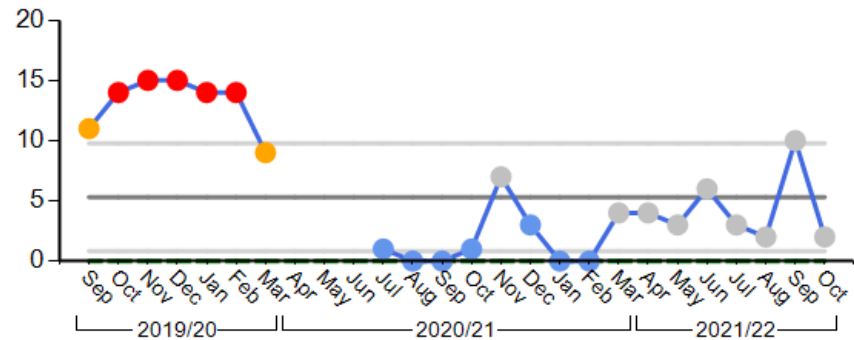
Friends and Family Test - Patients - % That Would Recommend - Trust Overall



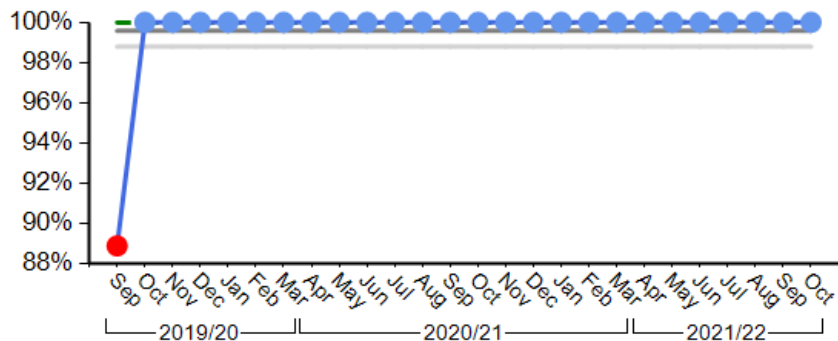
Staff Survey - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



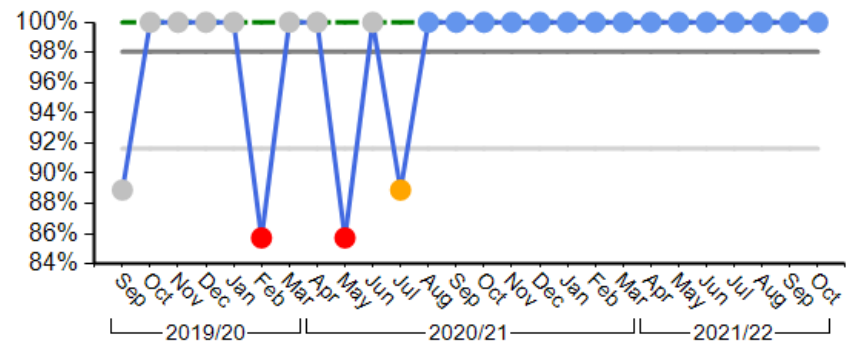
DSSA (Delivering Same Sex Accommodation) Breaches - Trust



Duty of Candour - Evidence of Discussion



Duty of Candour - Evidence of Letter



Access

Analyst Narrative:

Five indicators are failing their assurance measure this month. Accident & Emergency 4-hour compliance continues to struggle and was 76.9% in October, 0.5% lower than the previous month. The challenges with patient flow were evident in the increase in the number of 12-hour trolley waits in month. This indicator, along with the number and percentage of patients spending more than 12 hours in ED, are all showing special cause concern. The challenges in A&E have also resulted in both Ambulance Handover metrics breaching the second upper control limit in October. Diagnostic waits is failing the assurance measure and showing special cause concern, although performance in October has improved by 2.1% on the previous month. The Referral to Treatment: ongoing and 52 Week Waits indicators are failing their assurance measures. Performance on the Referral to treatment: on-going remains statistically as expected in October. The number of 52-week waiters shows special cause concern as the Trust continues its elective recovery.

Operational Narrative:



























Performance against the 90% stay on a Stroke ward continues to be challenged; long LOS in ED and site overall occupancy is hindering improvement in this area. The Stroke nursing team are significantly challenged due to absence at present operating a significantly reduced service; due to training required, backfill cannot be easily identified. The Stroke Improvement Group continues to focus on quality improvement in other areas. A review is taking place of Trust process to ensure ring fenced beds are available at all times on the stroke ward. The SOP has been agreed at Governance meeting to ensure direct admission from ED to stroke ward.

TIA - Performance remains inconsistent. The improvement plan for TIA needs to be reviewed as part of the North Mersey Business Case and ensure the Stroke Improvement Group are cited on deliverability and risks. Stroke Consultant Cover has been extremely challenged since mid-October.

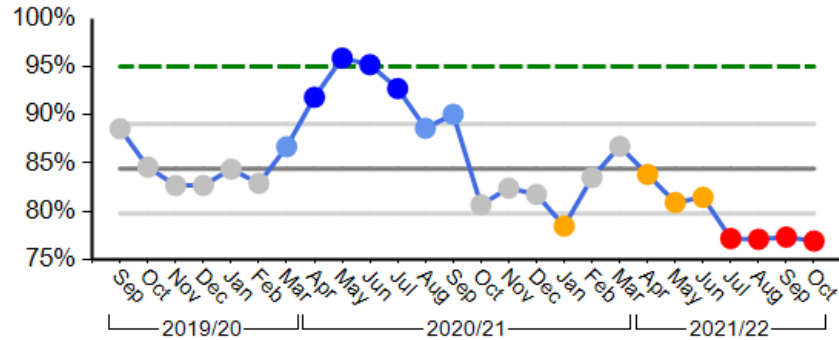
Significant pressures remain across all ED's in October 2021 with Cheshire & Mersey overall reporting 73.3%, the North-West 71.96% and National 75.2%. Whilst ambulance handover times increased the trust were still in the top quartile across Cheshire and Merseyside. Despite the challenges in ED, the Trust reported zero breaches in corridor care in October 2021. Walk-in attendances remain high with primary care/walk in type patients accounting for 74% of attendances. Intermittent surges in COVID-19 admissions and several outbreaks on medical and surgical wards resulting in bay closures and paucity of side rooms. Ward 1 has been made into the Discharge Lounge, the Trust has established Command and Control, Point Prevalence and ran a MADE event due to the internal and ED pressures. The work of the Urgent and Emergency Care Improvement Group continues.

Diagnostics – the restoration plan for Diagnostics is to achieve 89% of 19/20 activity. In October the Trust achieved 75% for Scopes and 87% for Scans. Wait times in Endoscopy are increasing due to the demand of the 2ww waits and recent reduced/cancelled activity due to the shortage within the nursing team. New additions have continued to increase adding additional pressure to the scheduling team. The additional sessions have now commenced within the unit which will include 2 Saturdays of six sessions on each. Training has now been completed and we now have 3 trained nurses for the ERCP lists with a further 2 to be trained. This will strengthen the service going forward for periods of leave and sickness. The main outliers for scans were Non-Obstetric Ultrasound (NOUS) and MRI. NOUS scans have been impacted by vacancies, a Sonographer is commencing in post in November which will give additional capacity of c. 400 slots per month to improve performance in this area. An MRI Radiographer will commence in post in January to support continued improvement in this area.

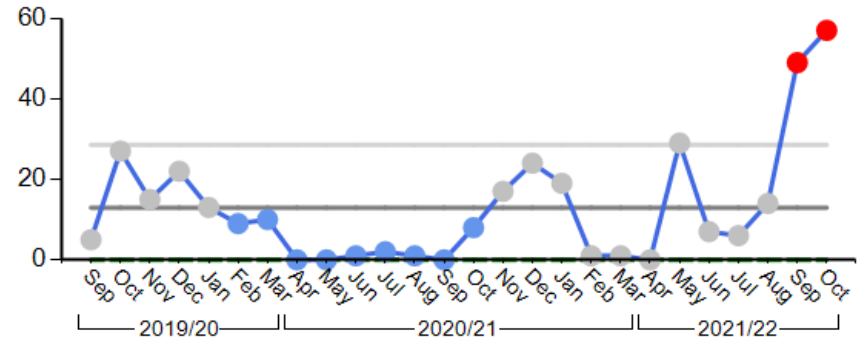
RTT – risk stratification of the waiting list continues to be a key action. The Cheshire & Mersey target is to treat 95% of P2 patients within 28days. The current Trust position is 49% against a C&M position of 66%. The 52+ week waiters continues to be below the trajectory and is the 3rd best performing Trust in C&M. The effect of a potential Covid wave 3 and UEC pressures may impact this throughout the winter period.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Accident & Emergency - 4 Hour compliance	95%	76.9%	2462	Oct 21		95%	77.4%	Sep 21	95%	79.2%	
Accident & Emergency - 12+ Hour trolley waits	0	57	57	Oct 21		0	49	Sep 21	0	162	
Number of Patients spending 12+ Hours in ED - Trust		699	N/A	Oct 21			712	Sep 21		3230	
% of Patients spending 12+ Hours in ED - Trust		8.7%	N/A	Oct 21			9.3%	Sep 21		6%	
Ambulance Handover 30-60 Mins	0	126	126	Oct 21		0	104	Sep 21	0	462	
Ambulance Handover Over 60 Mins	0	37	37	Oct 21		0	28	Sep 21	0	109	
Diagnostic waits	1%	33.6%	2193	Oct 21		1%	35.7%	Sep 21	1%	26.5%	
Referral to treatment: on-going	92%	80.9%	2426	Oct 21		92%	82.1%	Sep 21	92%	82.7%	
Total RTT Waiting List - Trust		12681	12681	Oct 21			12929	Sep 21		12681	
Total 52 week waits – completed		61	N/A	Oct 21			54	Sep 21		561	
52 Week Waits	0	134	134	Oct 21		0	135	Sep 21	0	242	
Stroke - 90% Stay on Stroke Ward	80%	48.1%	14	Sep 21		80%	65.5%	Aug 21	80%	62.4%	
TIA - High Risk Treated within 24Hrs - Medicine and Emergency Care	60%	27.3%	24	Sep 21		60%	28.9%	Aug 21	60%	28.2%	

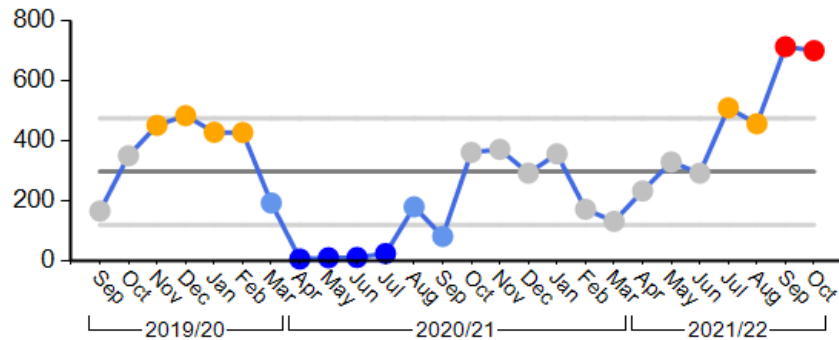
Accident & Emergency - 4 Hour compliance



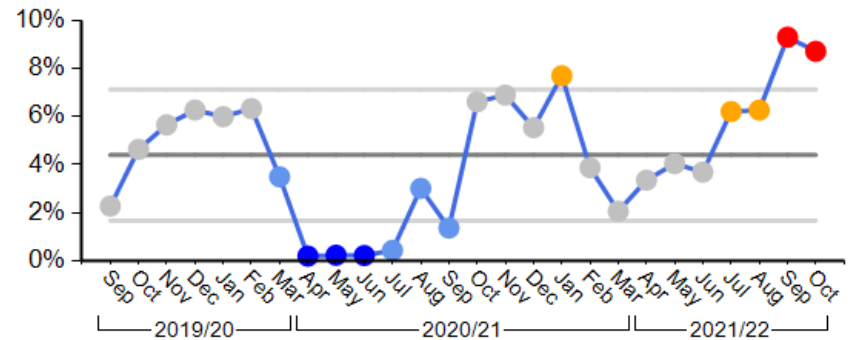
Accident & Emergency - 12+ Hour trolley waits



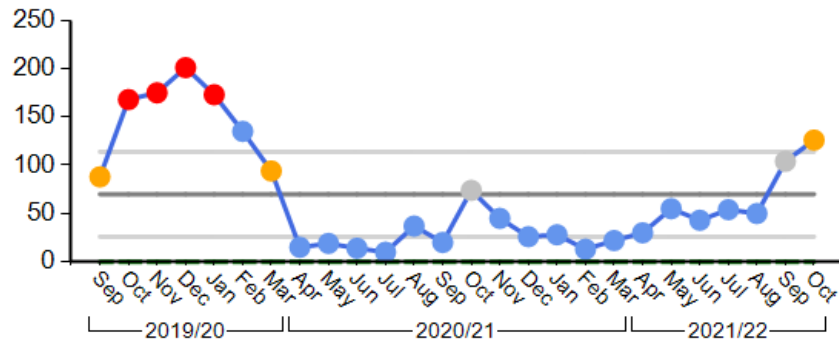
Number of Patients spending 12+ Hours in ED - Trust



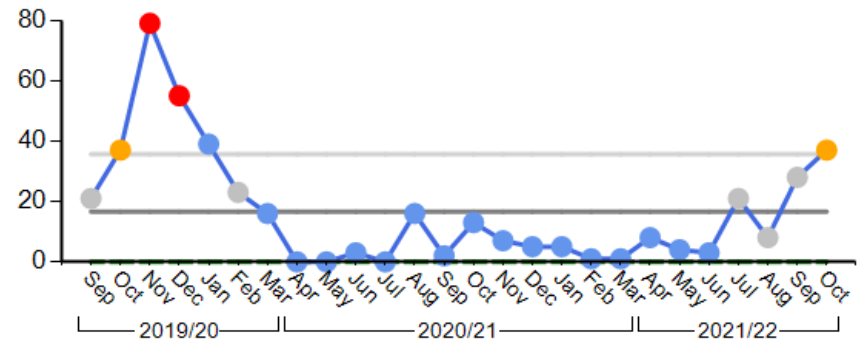
% of Patients spending 12+ Hours in ED - Trust



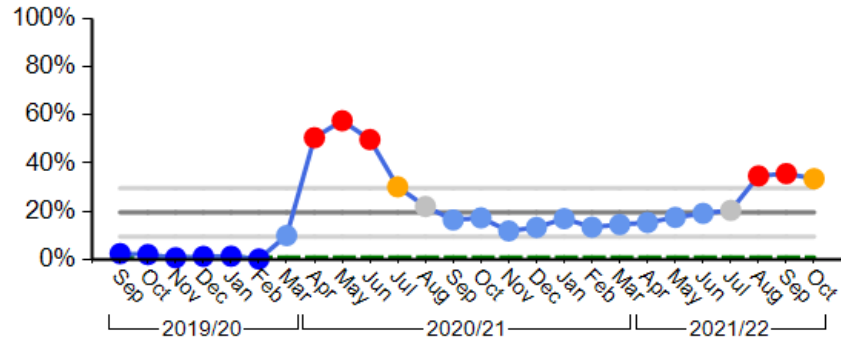
Ambulance Handover 30-60 Mins



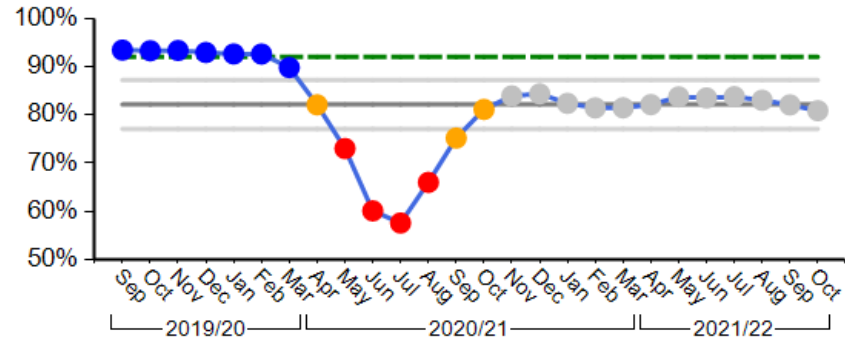
Ambulance Handover Over 60 Mins



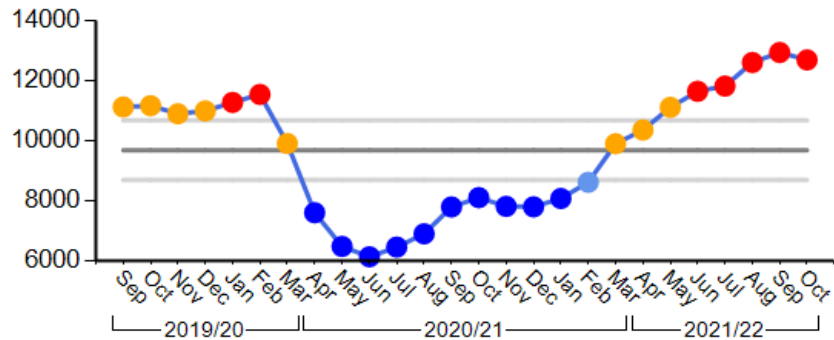
Diagnostic waits



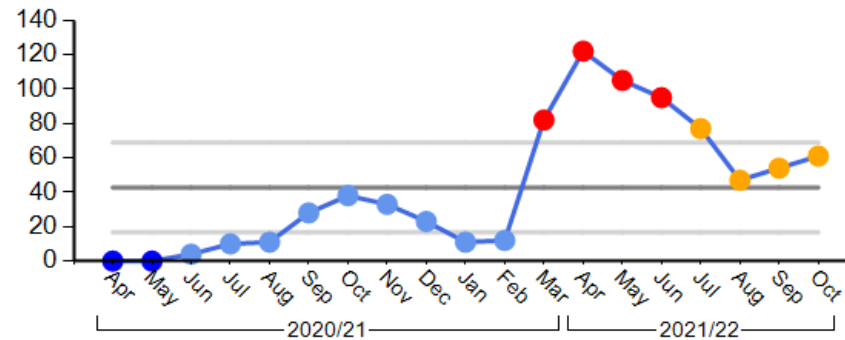
Referral to treatment: on-going



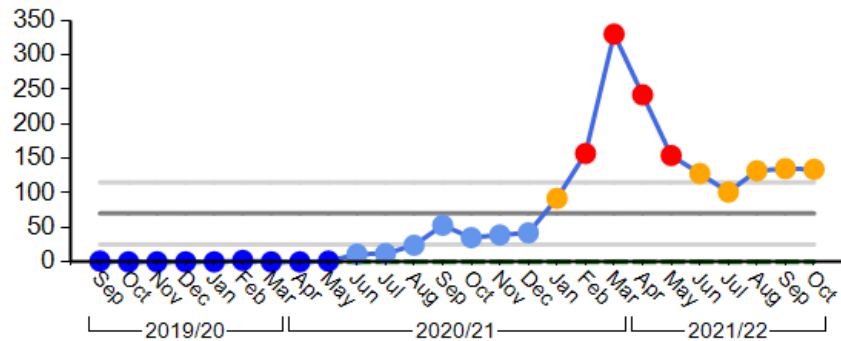
Total RTT Waiting List - Trust



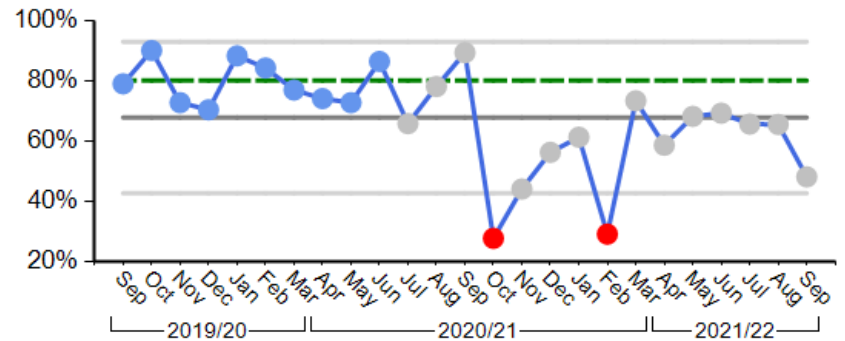
Total 52 week waits – completed



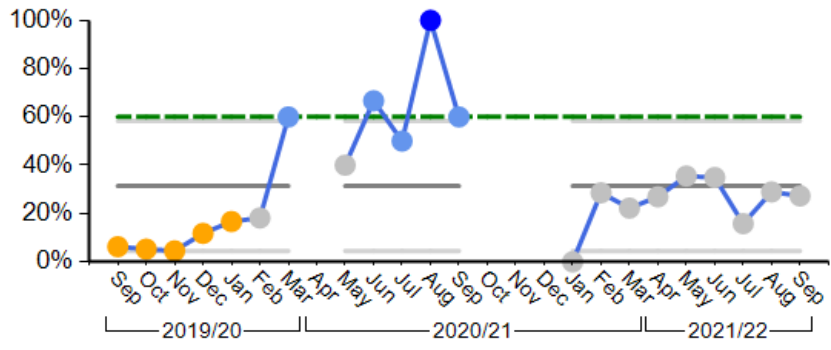
52 Week Waits



Stroke - 90% Stay on Stroke Ward



TIA - High Risk Treated within 24Hrs - Medicine and Emergency Care



Operations

Cancer

Analyst Narrative:







The 14-day GP referral to Outpatient's metric continues to show special cause concern with performance below the third lower control limit for the third consecutive month. There has however been a 2% improvement in month. The 62-day GP referral to treatment also shows special cause concern this month and is at the lowest level for more than two years. The 31-day treatment metric shows special cause improvement and has exceeded the target in the latest month.

Operational Narrative:

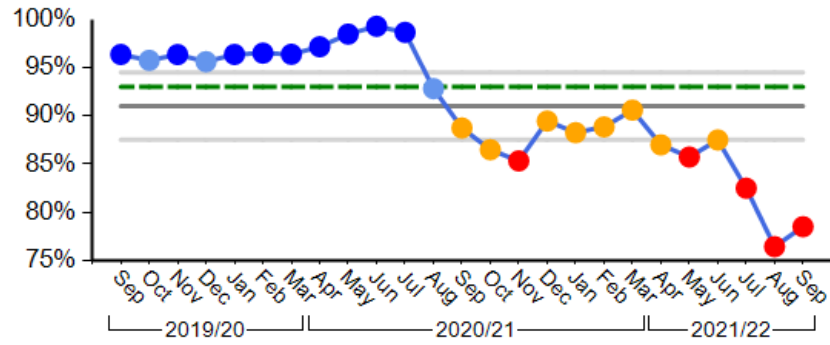
Capacity constraints in the endoscopy department continue to influence our 14-day position, although improvements in other areas has helped to increase compliance against this target. 31-day performance continues to be strong in all tumour sites, demonstrating treatments performed in a timely way after treatment plans are agreed with patients.

Delays to diagnostics impact on the 62-day performance. Most sites, with the exception of head & neck had breaches of the 62-day standard in September, with Urology being particularly affected. In addition to delays to diagnostics, failure of the pathology lab to meet its turnaround times for histology specimen is making adherence to the timed pathways for cancer impossible, with some patients waiting up to 3 weeks for results.

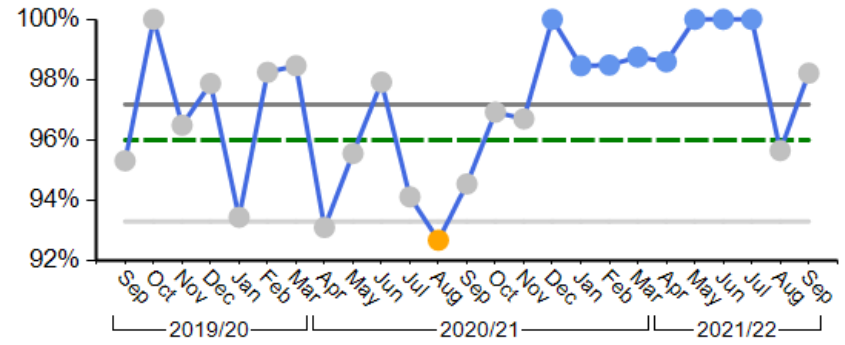
Extensive work to the Improvements plans for all tumour sites is in progress and a review of all the breaches is underway to ensure that blockages in the pathways are identified and fed back into the improvement plans for speedy resolution.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
14 day GP referral to Outpatients	93%	78.5%	243	Sep 21		93%	76.5%	Aug 21	93%	82.8%	
31 day treatment	96%	98.2%	1	Sep 21		96%	95.7%	Aug 21	96%	98.9%	
62 day GP referral to treatment	85%	54.2%	24.5	Sep 21		85%	57.9%	Aug 21	85%	67.6%	

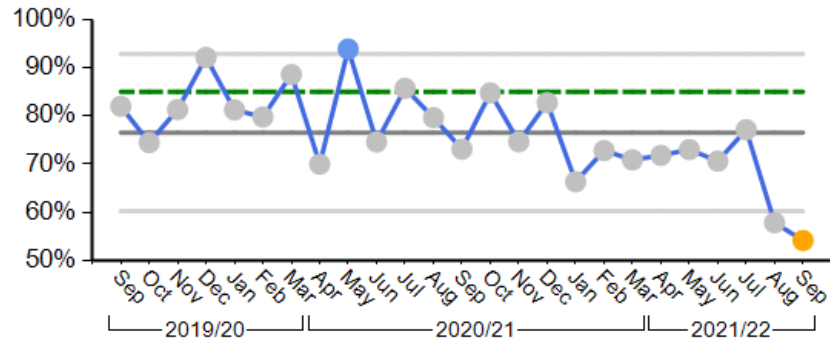
14 day GP referral to Outpatients



31 day treatment



62 day GP referral to treatment



Productivity

Analyst Narrative:

Bed Occupancy – ODGH is the only indicator failing the assurance measure in this section, although performance in October is statistically as expected. Bed Occupancy – SDGH continues to show special cause concern as the Trust continues to experience high demand. The number of Stranded Patients >6 days shows special cause concern this month and has breached the second upper control limit. The number of Super-Stranded patients remains static and statistically as expected in month. Both Theatre Utilisation metrics have improved in October and show special cause improvement. The Outpatient Slot Utilisation has improved marginally in month and continues to show special cause improvement, this needs to be maintained for this to become assured. The New:Follow Up Ratio also shows special cause improvement and is performing ahead of target. The A&E Conversion rate also shows special cause improvement, impacted by a high proportion of Primary care/Walk-in attendances.

Operational Narrative:

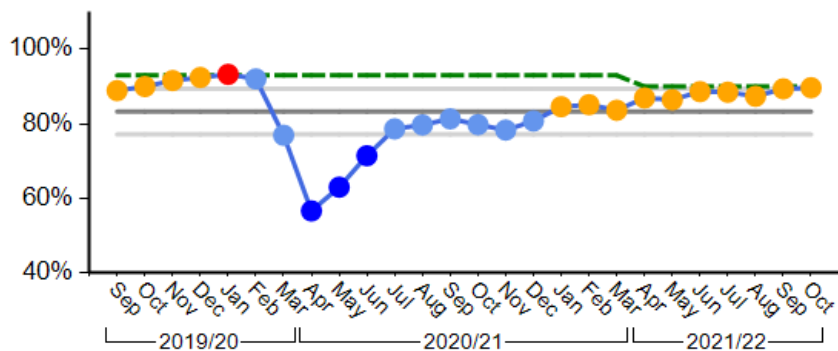
Stranded and Super-stranded – increasing number of stranded and super stranded patients. Changes to the ready for discharge report has been requested to provide robust information on pathway supported discharges. There is an increased number of patients requiring a Fastrack discharge and/or Best Interest meetings. The CBU is recruiting an additional Matron to support discharge planning across the winter and support the existing Patient Flow Matron; this role will provide renewed scrutiny of the internal discharge processes and challenge to existing peer processes. There have been significant delays in S&FCCG and WLCCG for care packages; community teams report high acuity and pressure to support the numbers of fast-track patients at home; community beds running at near 100%. There have also been multiple COVID-19 outbreaks in West Lancashire care homes resulting in closure.

Improvements have been seen within theatre utilisation during October with a reduction in late starts from 63 in Sept to 55 in October. This work is ongoing with Gynae, T&O and Urology. The biggest issue with T&O and Urology is the management of cases with 1 C arm. There has been an improvement in overruns (10hrs reduction) and in under runs (17hrs reduction).

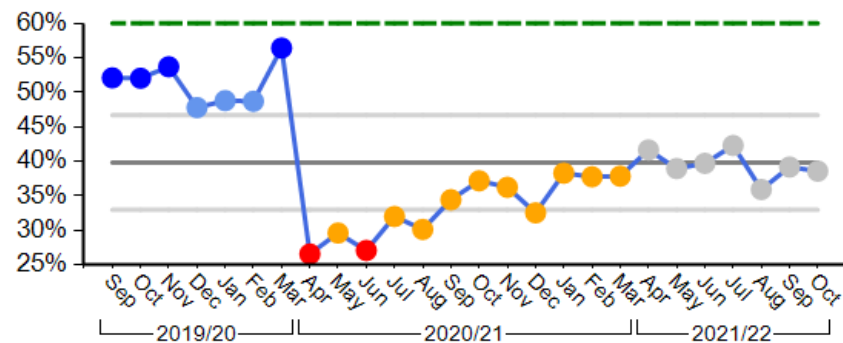
The Trust is still maintaining a good position with outpatient slot utilisation across all CBU's. Cancellations of clinics have continued to increase due to reg shortages and sickness which will have impacted on the filling of short notice empty slots. Outpatient Improvement Group will be reviewing all the less than six weeks' notice reasons with all CBU's.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Bed Occupancy - SDGH	90%	89.7%	N/A	Oct 21		90%	89.4%	Sep 21	90%	88.1%	
Bed Occupancy - ODGH	60%	38.6%	N/A	Oct 21		60%	39.2%	Sep 21	60%	39.4%	
Stranded Patients (>6 Days LOS)	163	171	171	Oct 21		163	168	Sep 21	163	1099	
Super Stranded Patients (>20 Days LOS)	53	58	58	Oct 21		53	58	Sep 21	53	326	
OP Slot Utilisation	95%	92.6%	N/A	Oct 21		95%	92.4%	Sep 21	95%	93.7%	
New:Follow Up	2.63	2.4	N/A	Oct 21		2.6	2.3	Sep 21	2.63	2.4	
DNA (Did Not Attend) rate	7%	6.7%	1493	Oct 21		7%	7.4%	Sep 21	7%	6.5%	
Theatre Utilisation - SDGH	75%	73.3%	N/A	Oct 21		75%	63.3%	Sep 21	75%	67.8%	
Theatre Utilisation - ODGH	75%	72.2%	N/A	Oct 21		75%	69.7%	Sep 21	75%	71.3%	
Southport A&E Conversion Rate	28%	21%	1082	Oct 21		28%	20.1%	Sep 21	28%	21.2%	

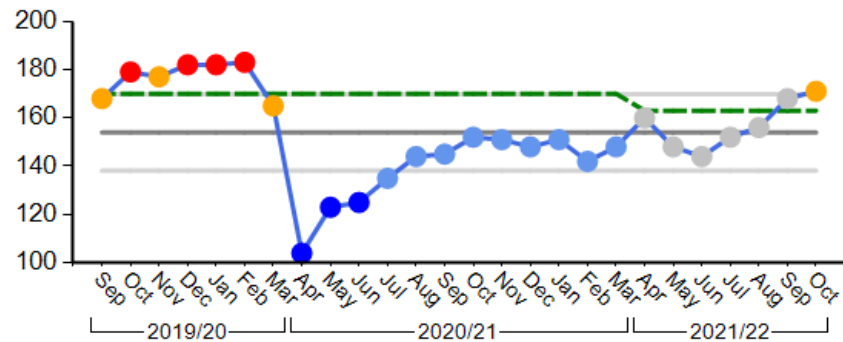
Bed Occupancy - SDGH



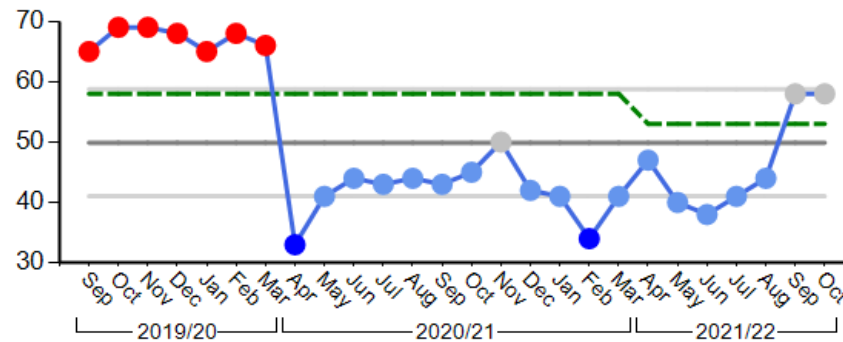
Bed Occupancy - ODGH



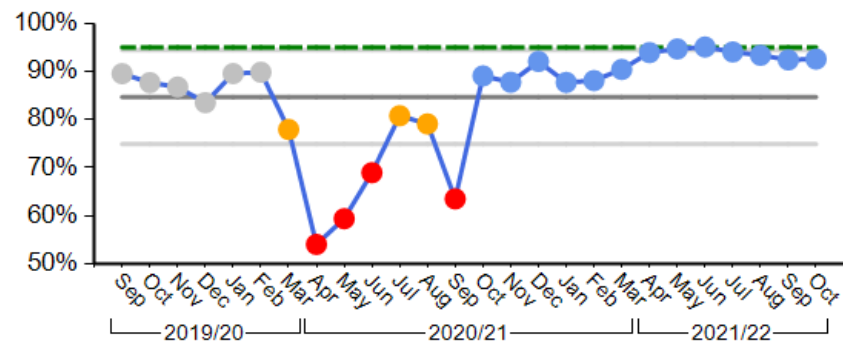
Stranded Patients (>6 Days LOS)



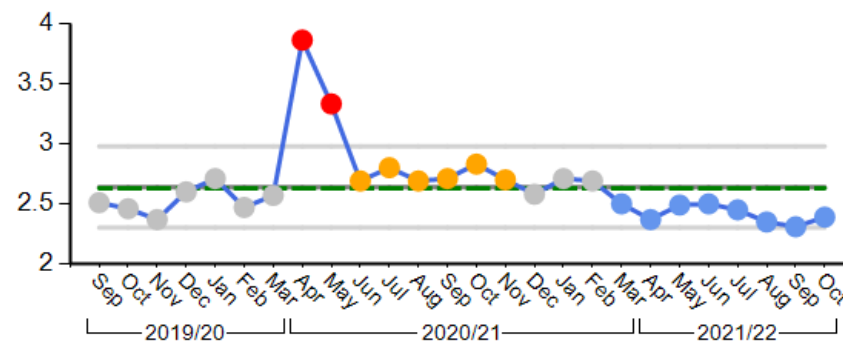
Super Stranded Patients (>20 Days LOS)



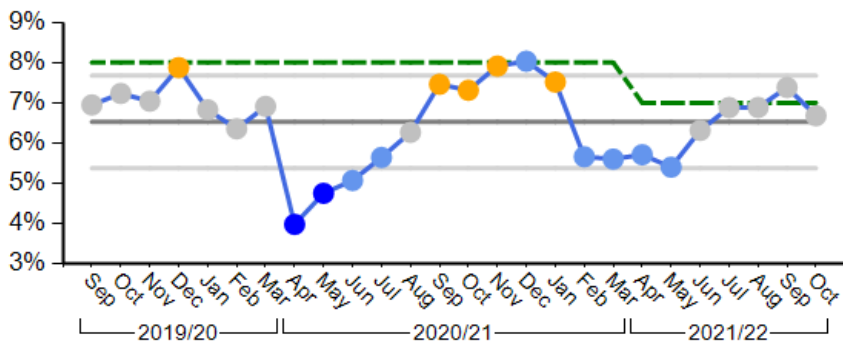
OP Slot Utilisation



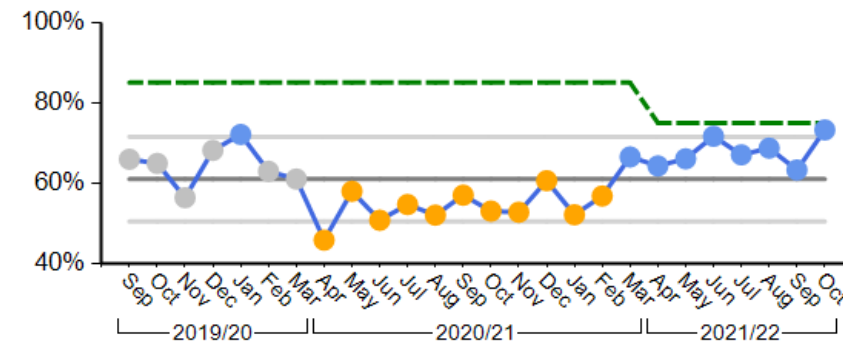
New:Follow Up



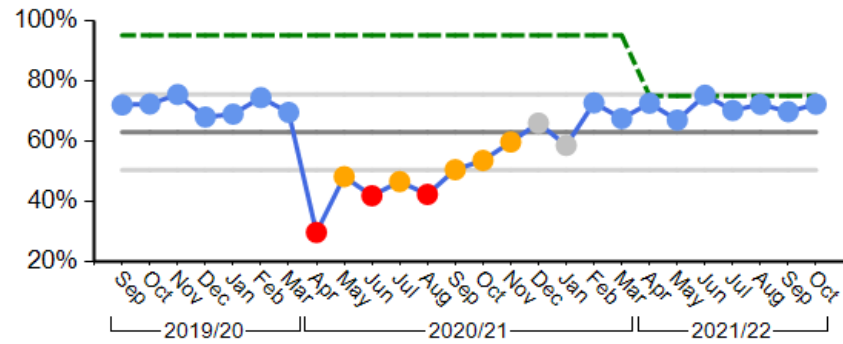
DNA (Did Not Attend) rate



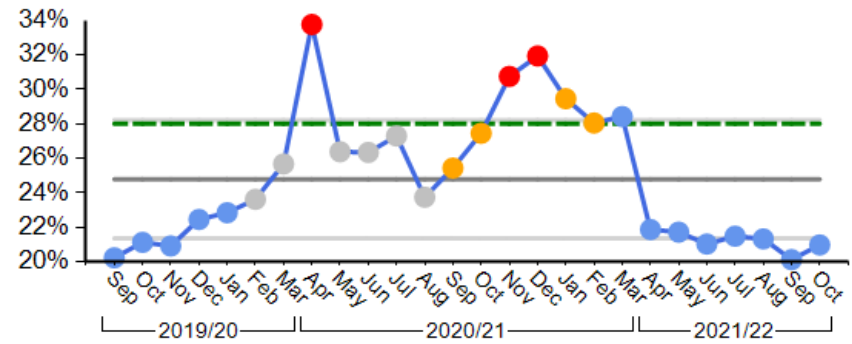
Theatre Utilisation - SDGH



Theatre Utilisation - ODGH



Southport A&E Conversion Rate



Finance

The Trust is reporting financial breakeven in M7 of 2021/22.

Income & Expenditure - Delays in notification and transparency of H2 system allocations has been problematic and Trusts are challenging the ICS on this. Pending the above, the Trust has assumed system allocations to bring the Trust to financial balance for M7.

Based on the H1 exit run rate and £nil ERF in H2, coupled with winter plans of £1.2m, and a further £1.7m reduction signalled in draft system envelopes, the Trust would anticipate a deficit of up to £6.7m.

The Trust has subsequently received notification of:

Elective Restoration Revenue funding of £2.3m to support investment in: Mobile CT scanner / Temporary Endoscopy Facility / Theatre C-Arm / Elective Restoration Manager

Targeted Investment Funding of £1.1m capital with £74k associated revenue investment

The Trust will review scheme delivery, noting that slippage could assist the H2 financial position.

CIP - During M7 CBUs have been supported to identify areas of underspend which could contribute to CIP delivery on a recurrent or non-recurrent basis.

The Trust has therefore now been able to transact schemes totalling £5.1m for 2021/22.

This exercise has highlighted the financial pressures previously masked by underspending lines, in order to shift focus to forecast/run rate and identifying recovery plans.

Cash □ The cash balance at the end of September was £2.8m following receipt of regional cash support of £1.0m. Cash balances have reduced to-date during 2021/22 as a result of the Trust improving its Better Payment Practice Code (BPPC) performance.

Pending finalisation of H2 plans, and subject to notification of final system envelopes the Trust is anticipating requiring external cash support from January 2022 (via the existing DHSC revenue loan route).

H2 cash flow forecasts indicate this requirement to be c£9.7m, based on an anticipated deficit of £6.7m in H2, £2.0m working capital movements to improve BPPC, and £1.0m minimum cash holding (DHSC loan financing condition of borrowing).







FP&I Committee will be kept updated on the cash position - noting authorisation will be required by Board in advance of drawing DHSC cash support for Q4.





























BPPC – The Trust’s recovery plan submitted to NHSEI set out an improvement trajectory to achieve 95% on a monthly basis by the end of March 2022. The Trust has achieved 95.94% in month in September.

The cumulative percentage now stands at 85.8% - a significant turnaround from 65.9% at the end of July.

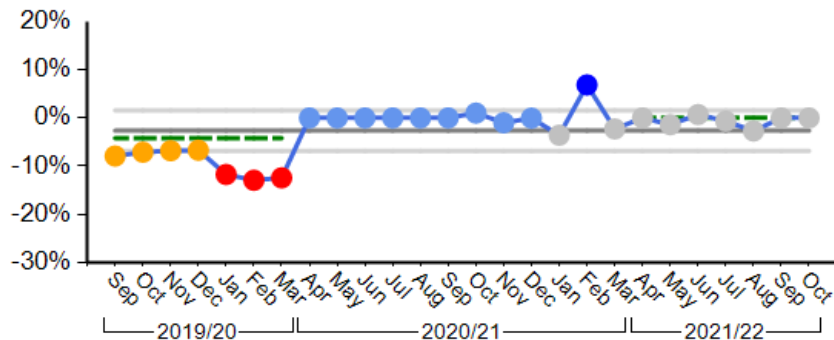
Capital - Year to date investment to the end of October of £2.0m (£0.5m in-month) versus a £6.1m capital programme for 2021/22. Actual spend to M7 represents 33% of the annual budget

Work is ongoing in pursuit of external sources of capital funding to address areas of high risk backlog maintenance and critical infrastructure through 2021/22 – 2022/23.

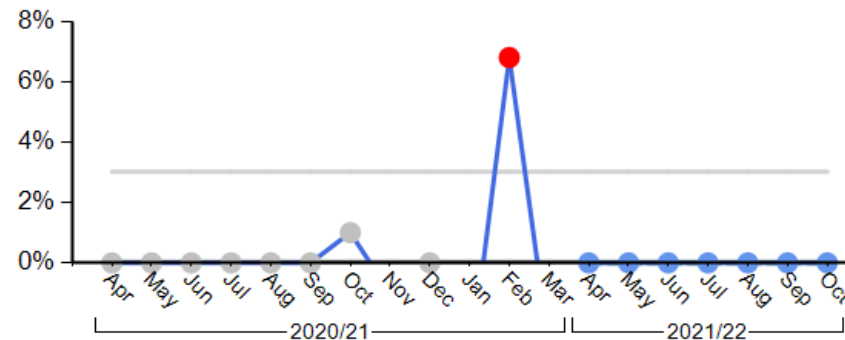
Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
I&E surplus or deficit/total revenue	0%	0%	N/A	Oct 21		0%	0%	Sep 21	0%	0%	
Finance - I&E Surplus or Deficit/Total Revenue – Forecast Outturn	0%	0%	N/A	Oct 21		0%	0%	Sep 21	0%	0%	
Pay Run Rate - Trust		£13949K	N/A	Oct 21			£14687K	Sep 21	£96,600K	£95,600K	

Non Pay Run Rate - Trust	£6189K	N/A	Oct 21		£6200K	Sep 21	£41,300K	£42,100K	
Year to date Budget in balance	Yes	N/A	Oct 21		Yes	Sep 21		Yes	
Budget in balance - forecast year end	Yes	N/A	Oct 21		Yes	Sep 21		No	
Bank & Agency Run Rate - Trust	£2418K	N/A	Oct 21		£2284K	Sep 21		£15,816K	
Bank & Agency Staff Run Rate (%)	17.3%	N/A	Oct 21		15.6%	Sep 21		16.5%	
Agency Staff Run Rate (Cost)	£700K	N/A	Oct 21		£720K	Sep 21		£5,470K	
% Agency Staff (cost)	5%	N/A	Oct 21		4.9%	Sep 21		5.7%	
Year To Date Reduction in Premium Rate pay	£100K	N/A	Oct 21		-£100K	Sep 21		-£100K	
CIP – Performance against Plan	£2100K	N/A	Oct 21		£800K	Sep 21	£4,300K	£4,300K	
CIP – Forecast Outturn	£6300K	N/A	Oct 21		£4400K	Sep 21	£6,300K	£6,300K	
CIP on Target	Yes	N/A	Oct 21		No	Sep 21		Yes	
Capital Spend – Actual in Month	£500K	N/A	Oct 21		£700K	Sep 21	£4,200K	£2,000K	
Capital Spend – Forecast Outturn	£6100K	N/A	Oct 21		£6100K	Sep 21			
Cash Balance	£2800K	N/A	Oct 21		£1600K	Sep 21			

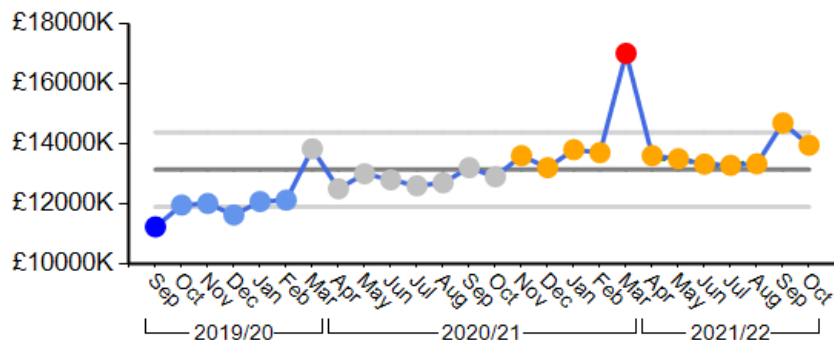
I&E surplus or deficit/total revenue



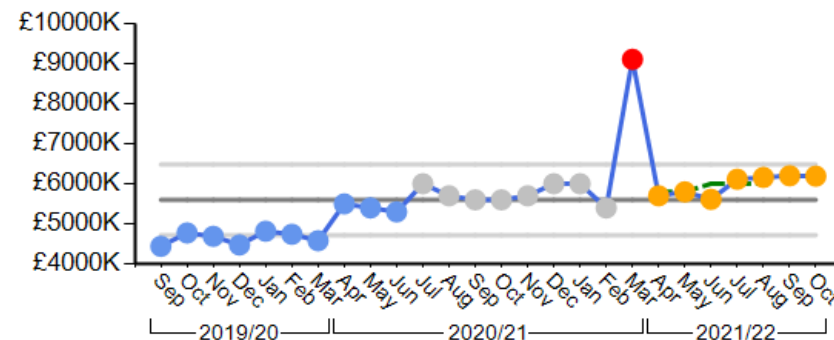
Finance - I&E Surplus or Deficit/Total Revenue – Forecast Outturn



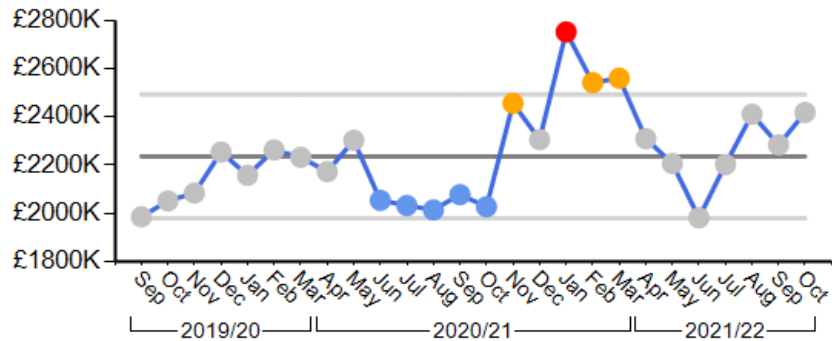
Pay Run Rate - Trust



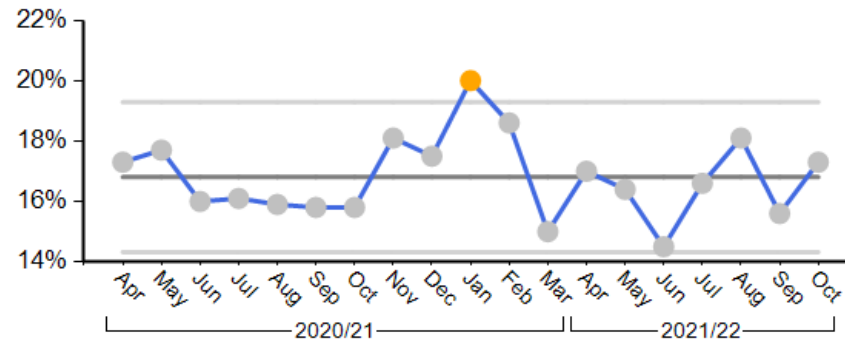
Non Pay Run Rate - Trust



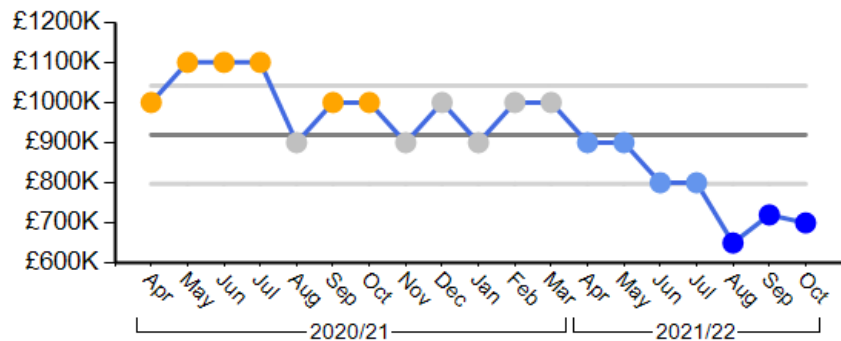
Bank & Agency Run Rate - Trust



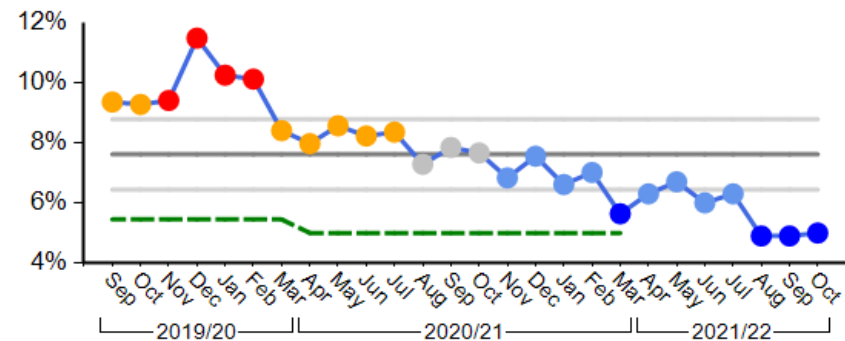
Bank & Agency Staff Run Rate (%)



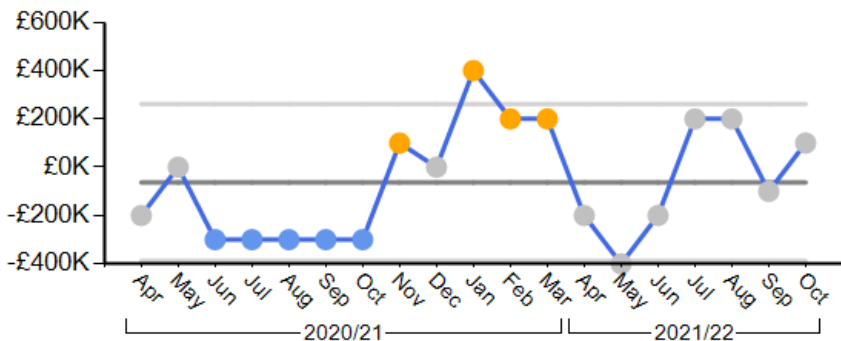
Agency Staff Run Rate (Cost)



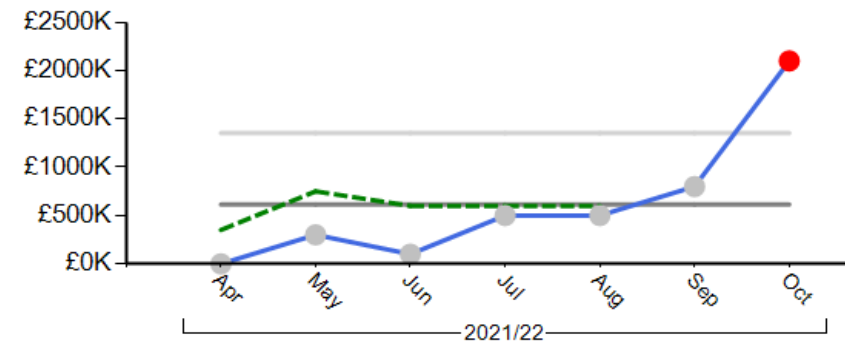
% Agency Staff (cost)



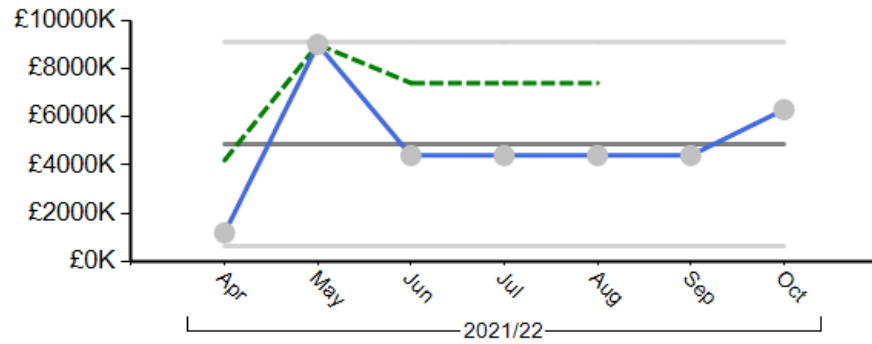
Year To Date Reduction in Premium Rate pay



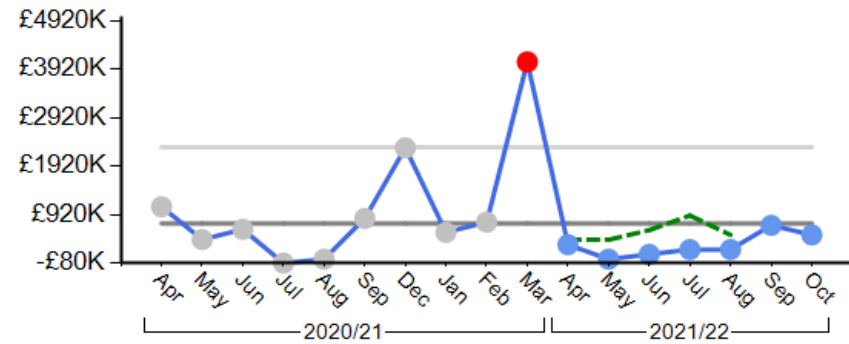
CIP – Performance against Plan



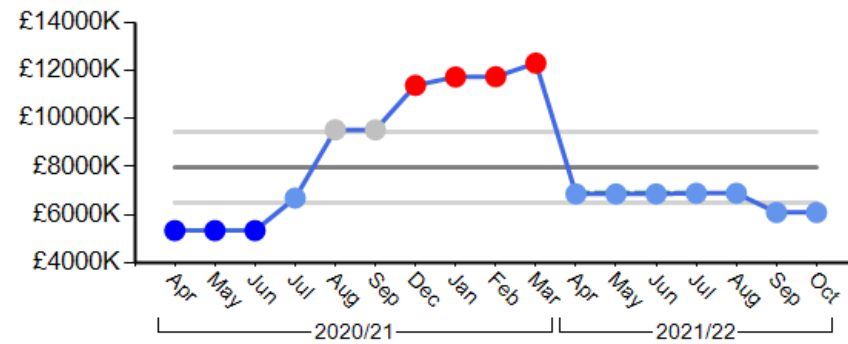
CIP – Forecast Outturn



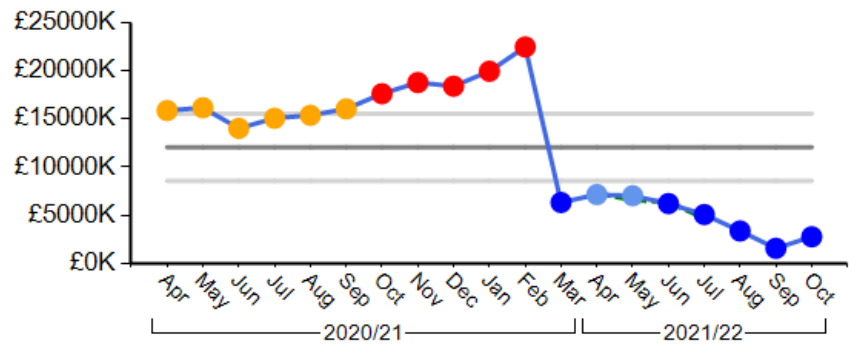
Capital Spend – Actual in Month



Capital Spend – Forecast Outturn



Cash Balance



Organisational Development







Analyst Narrative:

Mandatory Training remains assured and shows special cause improvement with a further marginal increase in October. Personal Development Reviews continue to fail its assurance measure but is showing special cause improvement and has increased slightly in month.

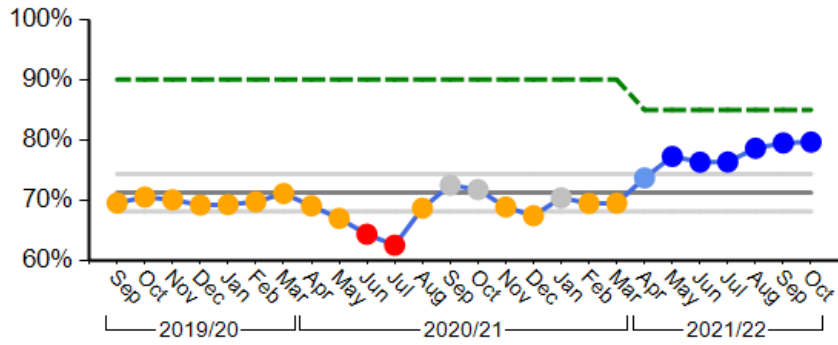
Operational Narrative:

Core mandatory training continues to provide good assurance overall. Mitigating measures remain in place for conflict resolution with an online package accessible for all staff to update with an increased refresher period from 3 yearly to annually in the absence of face-to-face training. Focus remains on improvements to the Trust's compliance with essential skills training.

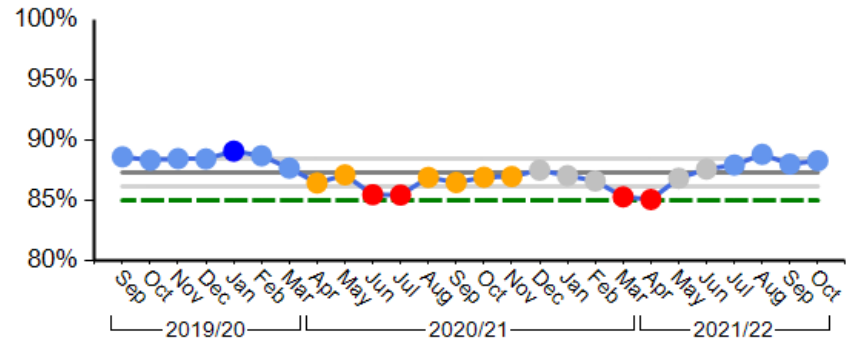
Please also see updated action plan for Personal Development Reviews.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Personal Development Review	85%	79.7%	N/A	Oct 21		85%	79.5%	Sep 21	85%	77.4%	
Mandatory Training	85%	88.3%	N/A	Oct 21		85%	88%	Sep 21	85%	87.5%	
Staff Survey - I would recommend my organisation as a place to work	67%	49.9%	N/A	Jul 21		67%	59.8%	Dec 20	67%	49.9%	

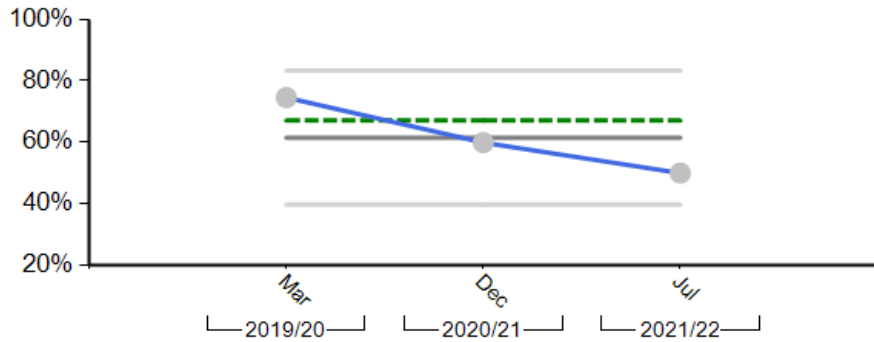
Personal Development Review



Mandatory Training

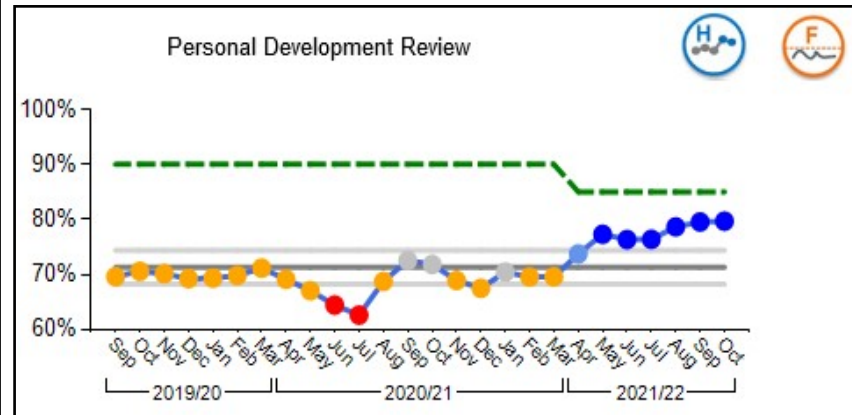


Staff Survey - I would recommend my organisation as a place to work



Non Medical Appraisal/Personal Development Reviews

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Personal Development Review	85%	79.7%	N/A	Oct 21		85%	79.5%	Sep 21	85%	77.4%	



Background: The annual appraisal/PDR is an AfC requirement for all non medical staff at the Trust and from April 2021 will be linked to pay progression. The Trust has an 85% compliance target and they form part of the Trust's performance framework and are monitored at PIDA. Appraisals are an indicator of overall staff engagement and form a crucial activity in the management of human resources.

Situation:

Targeted focus on PDR completion rates remains in place Trust wide with a small improvement in overall compliance in October which now sits at 79.7% (up 0.2% on September with an overall increase since April in excess of 6%)

Corporate teams now lead the way with compliance above the Trust target at 87.09% - up by over 3% on last month. Other areas with the exception of Medicine and Emergency care and Specialist Services have also seen improved performance in month.

Capital and Estates have improved PDR completion rates to 83.43% in month.

The three CBU's have compliance levels raging between 76.16% and 80.06%.

Mitigations:

PDR improvement from May to October have been made, with incremental monthly increases throughout. September 2021 has the best compliance rate this performance year.

Corporate teams above target for the first time this performance year (only area to do so). Capital and Estates are on track, with continued focus to ensure no current in date PDRs expire, to reach the Trust target of 85% during November.

Phase 2 of the PDR action plan has been deferred to January 2022 to allow clinical staff to focus on patient care and safety as we move towards Winter.

Issues:

- Poor definition of the purpose of appraisals at the Trust
- Poor management appraisal skills
- Poor documentation and process
- Lack of consistent recording impacting on the quality of data
- No quality assurance mechanism in place - this has now resulted in weekly monitoring of compliance rates to improve overall performance against the Trust target of 85%

Actions:

- Action plan has been developed from the Deep Dive and recent internal audit recommendations. By late Autumn 2021, the Trust should expect compliance at target
- All data reviewed in ESR to support accurate reporting information and a steady increase in compliance rates
- Managers are provided with compliance data weekly to monitor local compliance
- New starters to a team must have a PDR completed by three months in post

Sickness, Vacancy and Turnover

Analyst Narrative:

Several indicators relating to sickness absence, vacancies and turnover are failing their assurance measure. The in-month sickness has increased by 0.2% in month but remains within expected levels. The rolling 12-month sickness rate continues to fail its assurance measure and show special cause concern but remains the same as September. Sickness rates for Nursing staff is failing its assurance measure and showing special cause concern with an increase in month. The overall Trust vacancy rate has increased, impacted by a 1% increase in Nursing vacancy rates. Medical vacancy rates continue to show special cause improvement with a marginal reduction in October. All turnover metrics have deteriorated in October.

Operational Narrative:

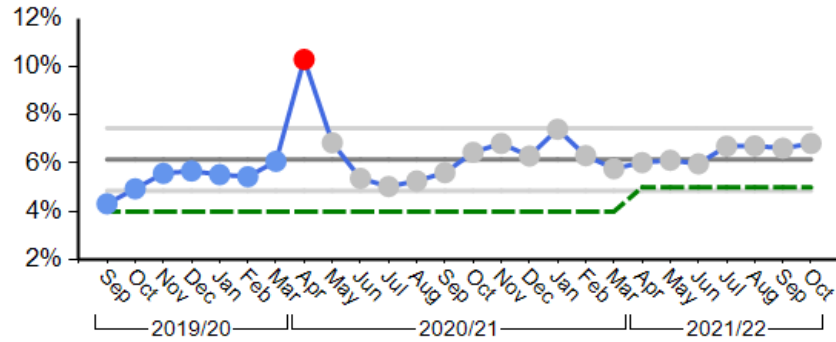
The 1% increase in nursing vacancy rate is attributable to the Healthcare Support workers, however we do have 27 offers for this group, along with a further 20 due to drop in once they have completed their hours on the NHSP Care Support Worker programme. The band 5 position has improved again in month. We are continuing to make progress on the medical vacancies, and this will continue with a significant number of offers in pipeline.

Retention continues to be an issue and work needs to be done to improve this and there needs to be a shift of focus in some areas to support this. We are also aware that medical retention is skewed by the Foundation Doctors, and the overall picture has been skewed by the covid support placements for students.

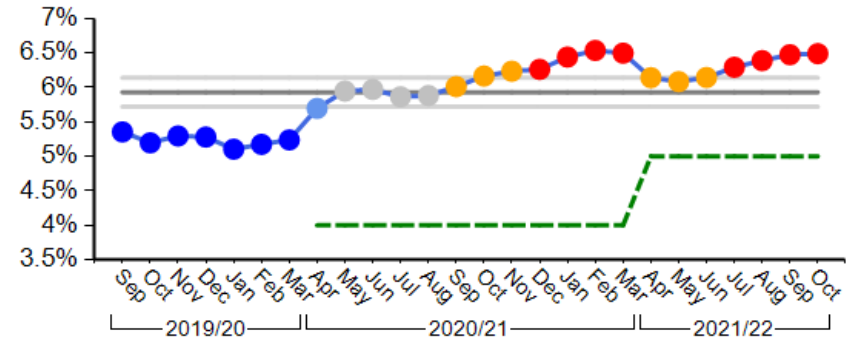
Please also see updated action plan for Sickness Absence.

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Sickness Rate	5%	6.8%	N/A	Oct 21		5%	6.6%	Sep 21	5%	6.4%	
Sickness Rate (Rolling 12 Month)	5%	6.5%	N/A	Oct 21		5%	6.5%	Sep 21	5%	6.3%	
Sickness Rate - Medical Staff	5%	2.8%	N/A	Oct 21		5%	1.9%	Sep 21	5%	1.9%	
Sickness Rate - Nursing Staff	5%	8.3%	N/A	Oct 21		5%	8.1%	Sep 21	5%	8.4%	
Sickness Rate (not related to Covid 19) - Trust		6.1%	N/A	Oct 21			5.9%	Sep 21		5.8%	
Trust Vacancy Rate – All Staff	6.8%	10.7%	N/A	Oct 21		6.8%	10%	Sep 21	6.8%	9.5%	
Vacancy Rate - Medical	7.4%	8.5%	N/A	Oct 21		7.4%	8.6%	Sep 21	7.4%		
Vacancy Rate - Nursing	9%	11%	N/A	Oct 21		9%	10%	Sep 21	9%		
Staff Turnover	0.75%	1.4%	N/A	Oct 21		0.8%	1.2%	Sep 21	9%	6.8%	
Staff Turnover (Rolling)	10%	14.7%	N/A	Oct 21		10%	14.4%	Sep 21			
Staff Turnover - Nursing	0.8%	1.7%	N/A	Oct 21		0.8%	1.4%	Sep 21	9.6%	1.4%	
Time to Recruit	55	57	N/A	Oct 21		55	58	Sep 21	55	56	

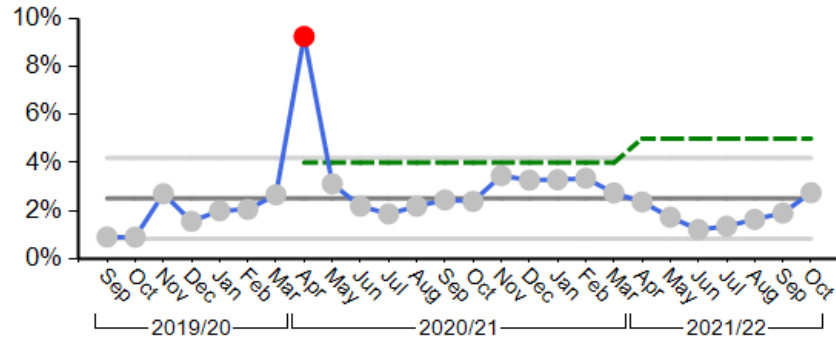
Sickness Rate



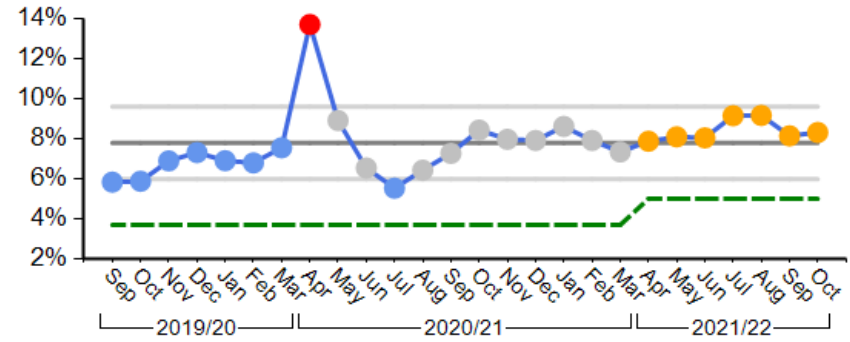
Sickness Rate (Rolling 12 Month)



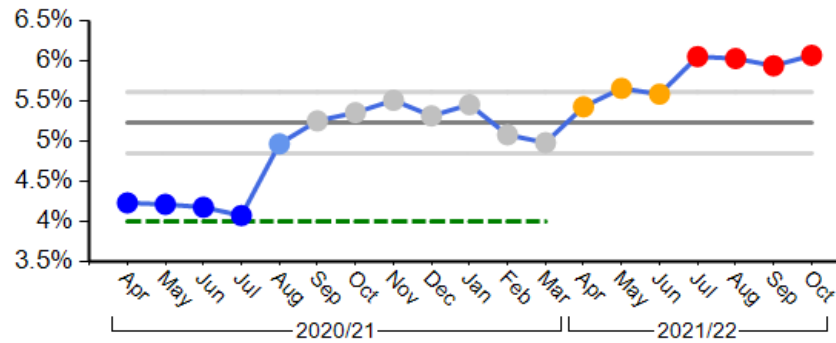
Sickness Rate - Medical Staff



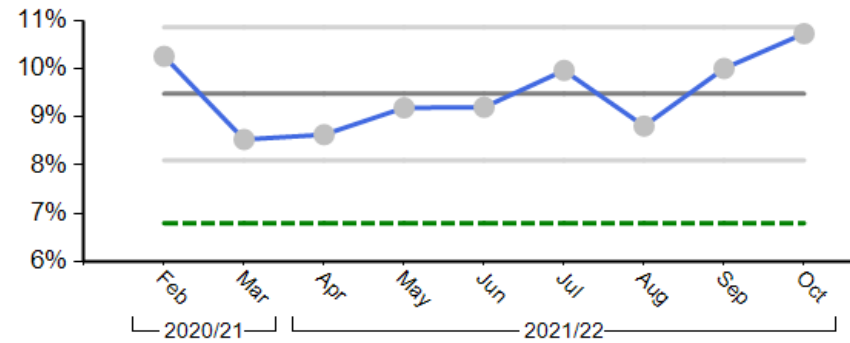
Sickness Rate - Nursing Staff



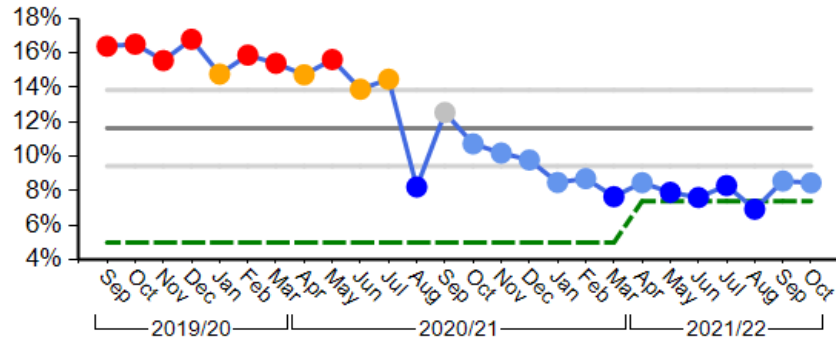
Sickness Rate (not related to Covid 19) - Trust



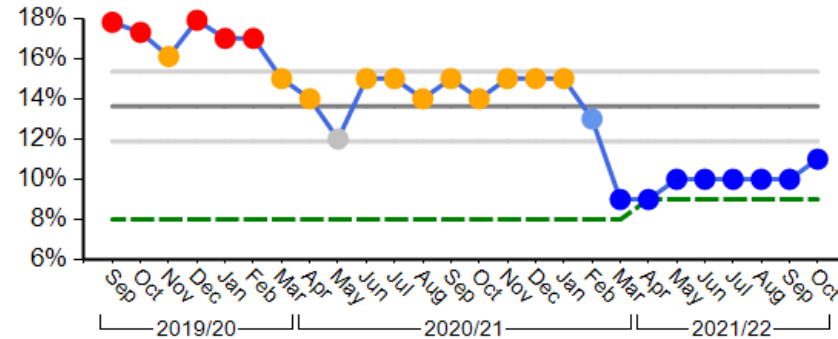
Trust Vacancy Rate – All Staff



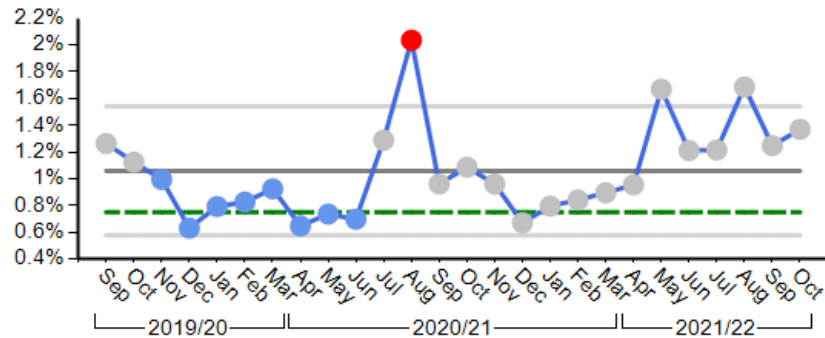
Vacancy Rate - Medical



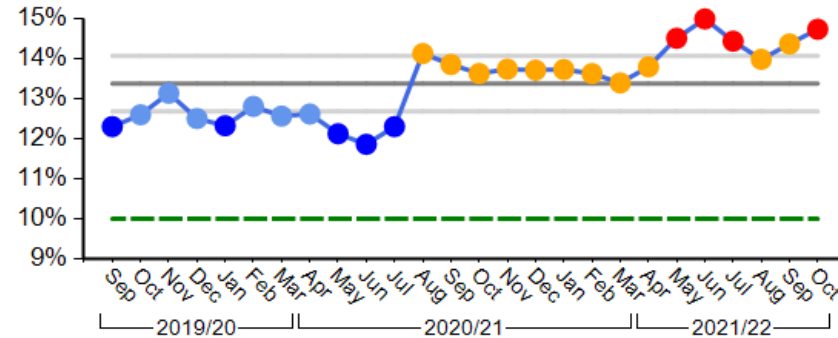
Vacancy Rate - Nursing



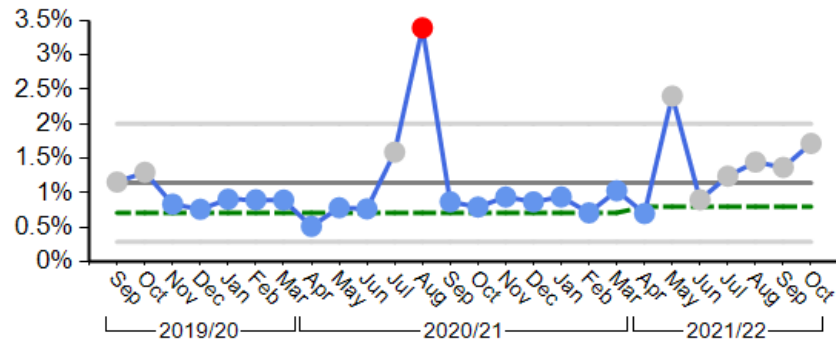
Staff Turnover



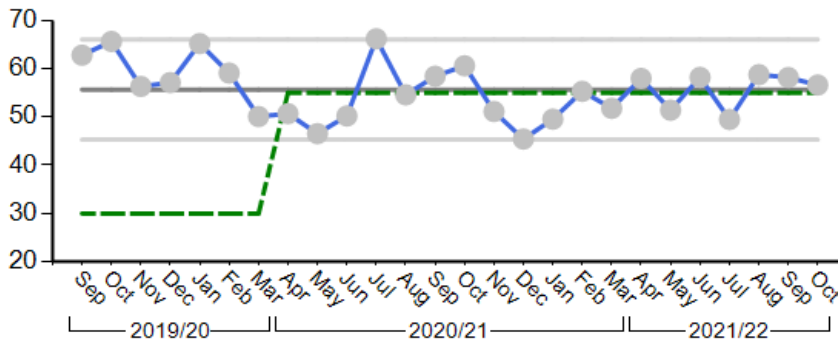
Staff Turnover (Rolling)



Staff Turnover - Nursing

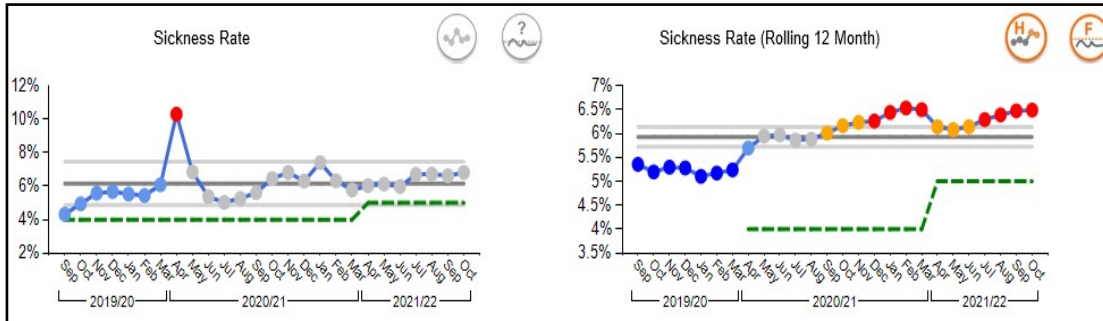


Time to Recruit



Sickness Absence

Indicator	Latest					Previous			Year to Date		Assurance
	Plan	Actual	Patients	Period	Variation	Plan	Actual	Period	Plan	Actual	
Sickness Rate	5%	6.8%	N/A	Oct 21		5%	6.6%	Sep 21	5%	6.4%	
Sickness Rate (Rolling 12 Month)	5%	6.5%	N/A	Oct 21		5%	6.5%	Sep 21	5%	6.3%	



Background: The Trust has invested a great deal into its engagement and wellbeing offer to staff recently, as well as achieving a high take up of covid vaccine. The Trust has one of the highest sickness rates compared to other Trusts in the Cheshire and Merseyside region.

Situation: Sickness absence has been pretty static over previous 3 months with a very slight rise of 0.2% in October. The month saw a further change in the LTS:STS ratio with it now at 59.23%:40.72% - a swing towards STS of 14% since August. Corporate absence rates are the lowest in month at 5.82% with Planned Care being lowest CBU at 6.61%. There were 731 separate absences in October, a rise of 43 on the previous month and the majority were of a short term. Top three absences in month are cough/cold/flu; stress/anxiety/depression and infectious diseases. The rolling 12m absence rate has increased by 0.1% again for the second consecutive month. The focus on absence remains three fold – long term sickness absence, targeting two week absences before they tip into long term and helping people to remain in work through wellbeing conversations, risk assessments and reasonable adjustments.

Issues:

Long term to short term ratio has reduced to approximately 1.6:1 and for the first time in 12 months there has been a drop in long term absence to 59.23% of monthly total (previously over 70%)

E-rostering not fully rolled out to all areas as yet

Actions:

Flexible and targeted support for managers inc. 'How to' guides, HR drop in clinics and bitesize sessions on key topics

Attendance management training is now live with managers in hot spot areas being targeted to attend. Now being communicated widely through the trust. Availability of managers is being effected by the unprecedented demand placed on hospital at present time.

Flexible working policy has been reviewed and is at consultation stage

Staff engagement and communication plan focussing on the 'hearts and minds' - particularly in Planned Care and is being rolled out across other CBUs too

There is ongoing focus on both LTS cases and persistent short term absence.

Mitigations:

MIAA Audit undertaken October 2020

NHSE&I deep dive commenced and working closely with them in relation to emerging themes.

ALERT | ADVISE | ASSURE (AAA) HIGHLIGHT REPORT

COMMITTEE:	QUALITY & SAFETY COMMITTEE (QSC)
MEETING DATE:	22 November 2021
COMMITTEE CHAIR:	Gill Brown

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

Alert from October:

- **Cancer Services Annual Report** – challenge relating to diagnostic resource and impact on cancer performance identified. Being managed through PIDA with tumour specific action plans.
UPDATE: Cancer Improvement plan presented

Alert for November:

- **Cancer Improvement Plan:** challenges noted relating to endoscopy and diagnostic cancer pathways with some trajectories not achieving minimum standard.

ADVISE

- **AAA Reports noted for:**
 - Clinical Effectiveness Committee
 - Risk & Compliance Group
 - Mortality Operational Group
 - Infection Prevention Control Assurance Group
 - Health & Safety Committee
 - Safeguarding Adults Committee
- **Patient Safety Monthly Update** – Noted
- **Core Mandatory Essential Skills Training Compliance** – continued focus on improving compliance with improvement noted in month.
- **Patient Experience and Community Engagement** – progress noted
- **Maternity Report** – noted
- **SOCAAS** – change in assessment metrics. one ward failed to meet standard. Improvement plan in place.

ASSURE

- **Operational Update** – received and challenges noted
- **Integrated Performance Report** – metrics reviewed
- **Meeting Effectiveness feedback** - very positive

New Risk identified at the meeting	No new risks were identified at the meeting.
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Review of the Risk Register

(Detail the risks on the committee's risk register that were reviewed in the meeting, including scores C&L and current actions)

ALERT | ADVISE | ASSURE (AAA) HIGHLIGHT REPORT

COMMITTEE:	WORKFORCE COMMITTEE
MEETING DATE:	23 November 2021
COMMITTEE CHAIR:	Lisa Knight

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

Guardian of safe working

An issue has been raised regarding consultants allegedly actively discouraging Junior doctors from reporting. Dr Clark attended the Junior Doctor Forum and has requested anyone who feels they are discouraged to report to contact her directly. Dr Clark met with Consultants, DME, and Educational Supervisors to emphasise the importance of Junior Doctors reporting correctly.

Clinical Education Review

A challenge has been raised by non-executive colleagues regarding core mandatory training and requirement of a tactical plan and a drive for accountability. Executive Team are reviewing findings of recent audit and a proposal to address findings is being developed. Progress to reported to the Workforce Committee.

ADVISE

Flu Campaign

Current up take for flu is 56%. Whilst the campaign runs to March 2022, this is lower than where up take usually is at this point of a campaign. Vaccine hesitancy is contributing to this. Weekly uptake figures will be reported to key stakeholders going forward and a Flu report will be shared with the Board.

ASSURE

Mandatory Training

Compliance is above target and increased slightly from last month from 88% to 88.3%.

Wellbeing

Just and learning culture is being embedded across the Trust and is informing the way staff are supported to attend work with managers being actively encouraged to take a more person-centred approach through the introduction.

Wellbeing Pledge will be endorsed

StHK agreed to endorse the "NHS employers Pledge for the Wellbeing of our People" as held by S&O.

New Risk identified at the meeting

The following issues will be reviewed and considered for inclusion on the HR Risk Register:

- 2 non-compliant medical rotas
- Workforce retention
- Mandatory covid vaccinations

Review of the Risk Register

(Detail the risks on the committee's risk register that were reviewed in the meeting, including scores C&L and current actions)

Title of Meeting	STRATEGY AND OPERATIONS (S&O) COMMITTEE	Date	01 December 2021
Agenda Item	SO047/21	FOI Exempt	NO
Report Title	GUARDIAN OF SAFE WORKING QUARTERLY REPORT		
Executive Lead	Dr Kate Clark, Medical Director		
Lead Officer	Dr Sharryn Gardner, Guardian of Safe Working		
Action Required	<input checked="" type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input type="checkbox"/> To Receive	
Purpose			
To update on issues related to Guardian of Safe Working			
Executive Summary			
Key Messages of this Report & Recommendations:			
<ul style="list-style-type: none"> • Trainees are much more engaged with the exception report process. Supervisor meetings are not happening and GOSW later pays them – should default to TOIL. • Trainees continuing often to stay late in medical wards rather than elsewhere. • Issues around phlebotomy services not providing adequate ward service. • Issues with 2 non-compliant rotas with max 1 in 3 weekend frequency – only Trust in region with this issue. • Only partial spend of the HEE Facilities funding. 			
Recommendation			
The Committee is asked to receive the report			
Previously Considered By:			
<input type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee		<input type="checkbox"/> Quality & Safety Committee <input checked="" type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee	
Strategic Objectives			
<input type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
<input checked="" type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards			
<input checked="" type="checkbox"/> SO3 Efficiently and productively provide care within agreed financial limits			
<input type="checkbox"/> SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
<input type="checkbox"/> SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
<input type="checkbox"/> SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
Prepared By:		Presented By:	
Dr Sharryn Gardner, Guardian of Safe Working		Dr Kate Clark, Medical Director	

THE GUARDIAN OF SAFE WORKING QUARTERLY TRUST REPORT
1 July 2021 – 30 September 2021

INTRODUCTION

As Guardian of Safe Working, I am responsible for collating information with regard to safe working for trainee doctors. This information is produced from Hours, Pattern and Service Support Exception Reports generated by trainees Education Exception Reports are monitored by Director of Medical Education and she will report on these to Board.

1. EXCEPTION REPORT OVERVIEW (30 September 2021)

Covid-19 and its ramifications continue to affect day to day hospital work and so affect trainees.

Trainees are much more engaged with the Exception Report system overall. They tend to see it as individually transactional though, in that if they stay late, they are compensated rather than a tool to collectively improve things. They don't tend to see missed Educational Opportunities or Service Support issues as having direct results of their submission of an exception report.

Trainee and supervisor meetings continue to be a black spot with meetings often held well after the 7-day requirement (if at all). Many historical exceptions are closed with payment as the meetings just didn't happen. This issue was recently discussed at the Medical Staff Committee.

Consultants can apparently actively discourage ERs (EMD discussed at the Medical Staff Committee to support the positive process and potential resource implications)

Some Consultants continue to expect new trainees to be up to speed immediately in new role (balance between being new and performing at expected level for a new trainee).

Some Consultant Supervisors unwilling to sanction Reports from posts in other specialties as no direct knowledge (better to ask their home specialty than just cancel the ER).

These issues were discussed at the recent Medical Staff Committee.

Reference period of report	01/07/21 - 30/09/21
Total number of exception reports received	39
Number relating to immediate patient safety issues	2
Number relating to hours of working	33
Number relating to pattern of work	2
Number relating to educational opportunities	2
Number relating to service support available to the doctor	2

ER outcomes: resolutions	
Total number of exceptions where TOIL was granted	4
Total number of overtime payments	4
Total number of work schedule reviews	0
Total number of reports resulting in no action	8
Total number of organisation changes	0
Compensation	0
Unresolved	35
Total number of resolutions	16
Total resolved exceptions	16

There were 3 Immediate Safety Concerns raised – none were at this level when reviewed.

1.1. MEDICINE

Workload across the organisation remains high. Most exception reports are about additional hours. 22 in total of 39 – mostly for additional hours.

1.2. SURGERY

10 Exception Reports this quarter mostly for additional hours.

Note A&E had six ERs this quarter around new trainees to the department and that they weren't expected to stay even when they'd felt pressure to.

2. PAYMENT AND FINES

There have been no GoSW fines levied in either of the last three quarters.

There was one potential episode picked up by a trainee that should have flagged and was resolved before the day of the issue. It remains unclear why this was not picked up by the Allocate software.

3. ROTA COMPLIANCE AND IN-HOUSE LOCUM ARRANGEMENTS

All Trust Rota's are 2016 compliant.

There were no Work schedule reviews during this period.

A number of rotas continue not to be compliant with the maximum 1:3 weekends and this should have been in place across the board by August 2020. GoSW has pushed several times in contact with CDs in these areas to look at planning for this. This has been highlighted to the Trust Board as well as the fact that we are the only Trust in the region in this situation. This is now a serious issue - the BMA suggest that we put Locum slots into these rotas so that trainees will get paid extra or the additional weekends. We don't and can't pressure trainees to take up locus so this would not be a solution. The BMA are pushing to have formal reasoning to bring to the Trainee Doctor's Forum.

DOCTORS NOT ON THE NEW CONTRACT

All trainees are on the 2016 contract.

No concerns about safe working from non-trainee doctors have been escalated to the GoSW.

4. VACANCIES (as of 8th November 2021)

SOHT continue to actively recruit and therefore vacancy rates are changing frequently – there are currently 28 vacancies spread across the specialties.

A number of offers have very recently been made and this has been partly due to HR pushing hard to advertise.

5. TRAINEE CONCERNS

- a) Attendance at the TDF continues to be a feast or a famine despite the option of connecting via Teams remotely.
- b) A further issue is a degree of lack of ownership from the trainees where trainees present agree to gauge opinions or get additional ideas / information and then do not attend the next meeting or provide feedback such that we effectively tread water on a number of issues.
- c) The trainees are mostly not presenting with significant concerns. Most Exception reports are about staying late for 30 mins - 2hrs. I don't believe that this means that there are no active issues.
- d) The relevant Rota's now have Self Development Time included. This is mostly in blocks of 4 or more hours which is popular and said to work well. Medicine trainees have an hour before and after teaching. This means that they inevitably miss a proportion of them. Some trainees have found this fragmented and not very useful. It is not clear if the required Personalised work schedules are in progress rather than all medicine trainees routinely working the generic work schedules.
- e) Trainees report delayed responses to annual leave requests and cancellation of expected leave at very short notice. We expect 6 weeks' notice and late notice means that a further 6 weeks' notice makes taking any leave very difficult. Late approval means that trainees often miss offers / cheaper prices etc. The new leave policy is set to prescribe a maximum 7 days to decision on approval / rejection of leave.

6. FACILITIES

Facilities funding of over £60 000 has been made available for the Trust's Trainee doctors to improve rest and related facilities. It has been used to upgrade the mess in ODGH (indirectly funded) and to improve the Senior Trainee room at SDGH.

There remains an outstanding proposal to change the kitchen/bar/toilets area in the CEC to a bigger sleep area with non-gendered bathrooms. Estate's capacity to do this remains an issue.

This will need executive support to push now as it has gone on so long and the money needs to be spent (more may follow if spent).

7. ADDITIONAL GOSW CONCERNS

In terms of management priorities

- two rotas remain non-compliant. Both with the requirement for trainees to do a maximum of 1 in 3 weekends. They are in Urology (Tier 2) and Paediatric A&E. In urology the trainees and department are reported to favour the current pattern and I am contacting this cohort to see if they agree with this. In Paediatric A&E the issue is a combination of required significant financial investment and of fears of difficulty recruitment. The BMA are clear that these two situations cannot continue being non-compliant with the rota. Within the region the only other rota which remained non-compliant has been improved (another paediatric A&E rota). We are now the only Trust with non-compliant rotas. GOSW will write to both CDs to ask for written submissions for the Trainee Doctor's Forum.
- Current Guardian of Safe Working resigned and completed notice period and will be stepping down (with no replacement yet to my knowledge) on 12 November 2021. EMD aware.

Dr Sharryn Gardner

Guardian of Safe Working

9 November 2021

Title of Meeting	STRATEGY AND OPERATIONS (S&O) COMMITTEE	Date	01 December 2021
Agenda Item	SO048/21	FOI Exempt	NO
Report Title	FREEDOM TO SPEAK UP QUARTER 2 REPORT		
Executive Lead	Bridget Lees, Director of Nursing, Midwifery and Therapies		
Lead Officer	Martin Abrams, Freedom to Speak Up (FTSU) Guardian		
Action Required	<input checked="" type="checkbox"/> To Approve <input checked="" type="checkbox"/> Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
This report provides assurance that staff members feel able to raise their concerns from a wide constituent across the organisation and that the appropriate systems and processes are in place for staff to do this safely and confidently, knowing that appropriate action will be taken.			
Executive Summary			
<p>This report identifies the number of concerns raised through the Freedom to Speak Up service (FTSU) during Quarter 2 of 2021. Over the quarter, 13 concerns were raised through FTSU. To help with the overview, some statistics are included from the last twelve months. The report also provides assurance of the significant improvement journey that <i>speaking up</i> has made since the National Guardian's Office case review in summer 2017. During the second quarter the themes of concerns raised have included:</p> <ul style="list-style-type: none"> • Support and advice for victim of fraud • HR process • Behaviour of managers • Unfair treatment of staff • Culture of team <p>As a result of the recent Blackpool Teaching Hospitals NHS Foundation Trust case review, we have undertaken a gap analysis and rag rated this in relation to our own freedom to speak up processes.</p>			
Recommendation			
The Strategy and Operations Committee is asked to receive the FTSU Report.			
Previously Considered By:			
<input type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee		<input type="checkbox"/> Quality & Safety Committee <input checked="" type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee	
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SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire

Prepared By:

Presented By:

Martin Abrams

Martin Abrams

Introduction

The report provides assurance that people can raise their concerns from a wide constituent across the organisation and that the appropriate systems and processes are in place for staff to do this safely and confidently, knowing that appropriate action will be taken.

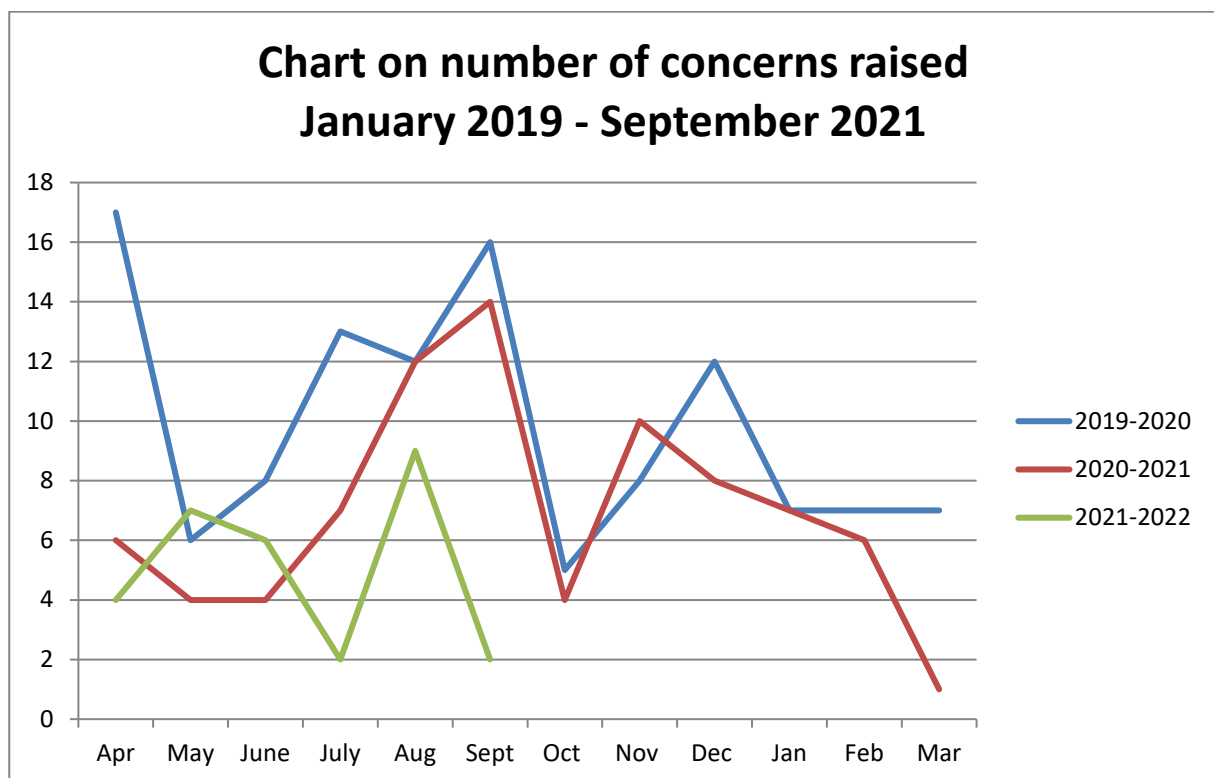
1. Report on Submission to National Guardian’s Office

Quarter 2 1 July – 30 September 2021

Date to be submitted to NGO: 19 October 2021

Date National Data to be published: To Be Confirmed

Number of Concerns Raised **13** (July 2, August 9, September 2)
 13 of these were directly raised with the Freedom to Speak Up Guardian (FTSUG). There were none raised through FTSU Champions this quarter. When concerns are raised directly with FTSU champions, the FTSUG always gives support and advice, often meeting those who raise the concern, and sometimes being used in a consultative role.



2. Themes of Concerns

For reasons of confidentiality, only general themes are recorded within this report. During the quarter these have included:

- Support and advice for victim of fraud
- HR process
- Behaviour of managers
- Unfair treatment of staff
- Culture of team

In terms of proportion, the table below expresses concerns raised as a percentage:

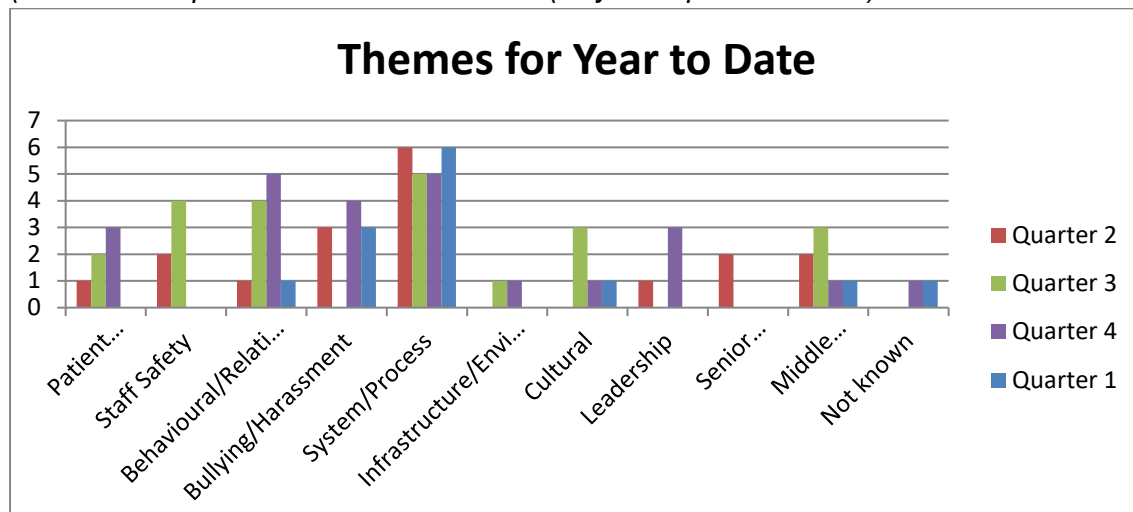
(Please note the themes in the %table and the graph are the categories required by the National Guardian's Office for submission)

Theme	% this Quarter
Behavioural / Relationship	7.69%
System / Process	46.16%
Cultural	7.69%
Bullying/Harassment	23.08%
Middle Management issue	7.69%
Not Known	7.69%
Patient Safety/Quality	0.00%
Staff Safety	0.00%
Infrastructure/Environment	0.00%
Leadership	0.00%
Senior Management Issue	0.00%

Graph of Themes for Year to Date

Below is a graph expressing the themes of concerns raised over the last four quarters:

(Please note quarter 2 is the most recent (July – September 2021)).



3. Anonymous Concerns

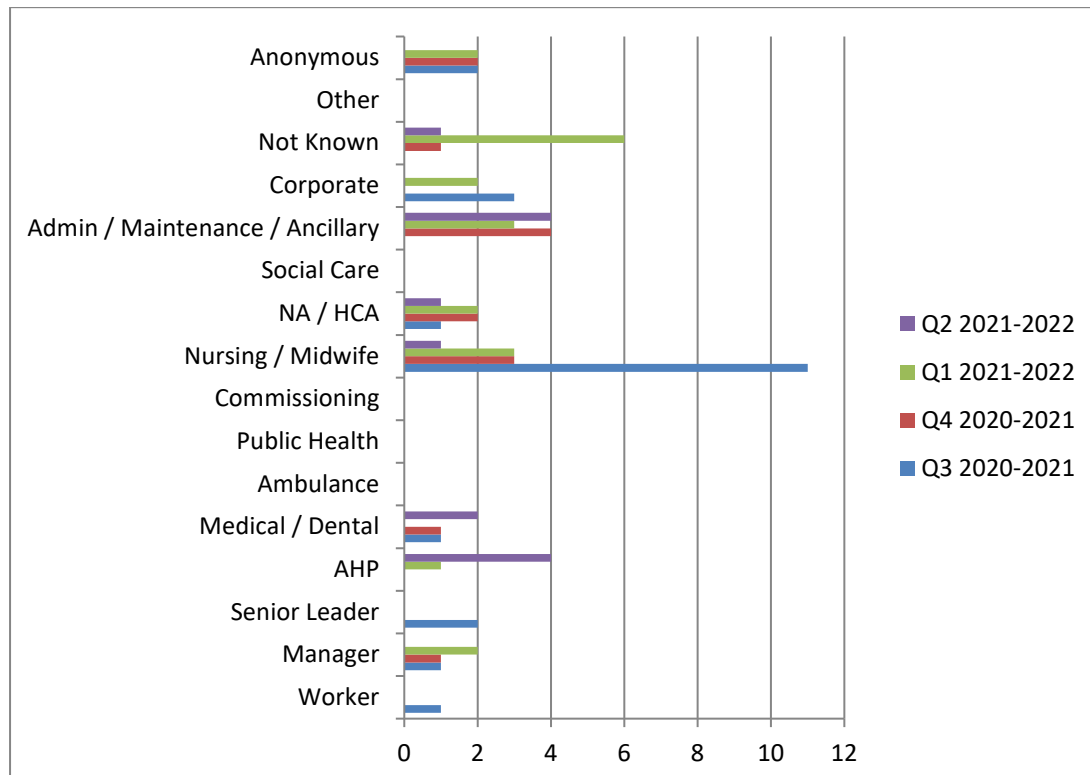
During Quarter 2, there was one anonymous concern raised. This is where the person raising the concern cannot be contacted as there are no contact details, e.g. anonymous letter / phone call. There was also one concern where the person does not want their name associated with the concern as they were worried about repercussions.

4. Staff Groups Raising Concerns

Concerns this quarter have been raised by a cross-section of staff, as shown below. These follow the definition of the National Guardian's Office.

Staff Group	% this Quarter
AHP	30.77%
Medical and Dental	15.39%
Nursing / Midwives	7.69%
HCA	7.69%
Admin	30.77%
Corporate	0.00%
Not known	7.69%
Other	0.00%
Anonymous	0.00%

5. Staff Groups Raising Concerns Over the Year



6. Situations where detriment was expressed because of speaking up

In the last quarter there have been no new situations of perceived detriment highlighted.

7. Feedback Post Raising Concerns

The National Guardian's Office requires the FTSUG to invite those who have raised concerns, and have had their concerns closed, to offer feedback, specifically:

- Would they use the FTSUG again to raise a concern?
- Would they like to offer further comments about the service or the process?

During this quarter feedback was received from six people who have raised concerns with the FTSU service. Three of these were verbal and three via e-mail. All of the feedback received this quarter was positive. However, the number of feedback received is lower than last quarter due to some of the staff members leaving and therefore unable to contact them. Examples are as follows:

- *It is fine to close off the concern and yes I would report again*
- *I can tell from the various trust news announcements the rules weren't being followed and I would do again if needs be*
- *Although there have been a few comments made in the office in respect to bullying (most of which I've ignored) Yes, I feel you can now close the concern case file, especially as I'm leaving the Trust*
- *A big thank you to yourself and Martin for your support over the past few months.*

8. Changes as a Result of Speaking Up

The question is often asked *What things have changed as a result of people speaking up? Each quarter we try to offer a short overview of some of the changes.*

Recent conversations have also highlighted FTSU as providing:

- The opportunity for staff to share their views
- Coffee shop to be renamed
- Part time cover to be arranged

9. How Concerns are Managed

Concerns are managed on a concern-by-concern basis, in line with the Trust's FTSU policy. The FTSUG has regular one to one's with the FTSU executive lead and CEO.

10. Training and Development for Guardians

The FTSU guardian is part of the regional and national network of guardians and prior to the first wave of Covid-19 regularly attended quarterly regional events, and annual national events. Although these are not meeting face to face, there is a fortnightly “teams” regional support meeting or workshop, with input from the national office.

11. Update on Freedom to Speak Up, Raising Concerns Policy (Corp 69)

The updated policy has now had final approval by the Policy Review Group.

12. Concerns Taken Directly to CQC

During Quarter 2, no concerns were taken directly to CQC.

13. Freedom to Speak Up Champions – new guidance from the NGO

The new guidance on FTSU Champions/Ambassadors provided by the National Guardian’s Office in April was approved at the last Board meeting and Champions/Ambassadors are now being recruited.

14. MIAA Audit

As reported verbally at the last Board meeting, the MIAA report states a high level of assurance.

15. The National Picture

Nationally, we are awaiting with interest to hear who the new National Guardian will be when they are appointed.

The long-awaited case review from Blackpool Hospital has also been published. The link to the full report can be found here.

[Blackpool Teaching Hospitals FT case review.pdf \(nationalguardian.org.uk\)](https://www.nationalguardian.org.uk/blackpool-teaching-hospitals-ft-case-review.pdf)

Clearly, the case review highlighted significant weaknesses in the speaking-up process at Blackpool. As a result of this, locally we have undertaken a gap analysis and rag rated this in relation to our own freedom to speak up processes. The gap analysis is included as appendix 1.

16. Finally

Finally, this will be the last report from me. Given the extra pressures of the Covid-19 pandemic, it has simply become impossible to do justice to the two roles of Spiritual care and Chaplaincy and Freedom to Speak Up. I will be staying on as a guardian within the Trust, but the focus of freedom to speak up will be Linda Douglas who I wish well in her new role, and I know will lead freedom to speak up forward incredibly well within the organisation.

Appendix 1 Gap Analysis

National Guardian Office (NGO) Case review at Blackpool Teaching Hospitals NHS Foundation Trust October 2021

Background

The review was undertaken during covid-19 pandemic when there was significant pressure on the Trust and its workforce.

Eight focus groups were held, including specific sessions for black and minority ethnic workers. The NGO heard from over 70 workers through the focus groups and interviews.

A review of documents relating to the Trusts speaking up culture and arrangements, including policies and procedures, reports, and action plans. The NGO also reviewed relevant data from NHS staff survey and other metrics.

As a result of the NGO findings and subsequent 37 recommendations the Freedom to Speak Up Executive lead for Southport and Ormskirk NHS Trust initiated a gap analysis against the recommendations identified in the Blackpool NHS Trust report.

The intention of the analysis was to ascertain our current position and identify any actions required. This was to offer assurance and confidence in Southport and Ormskirk’s commitment to “**Speak up, Listen Up, Follow Up**” principles as set out by the NGO .

This work was undertaken and completed in conjunction with the newly appointed Freedom to Speak Up Guardian Linda Douglas and the Previous FtSu Guardian Martin Abrams

Assurance:

Overall Southport and Ormskirk NHS Trust can demonstrate compliance with the NGO and NHS England and Improvement guidance in line with their principles policies and good practice.

Findings:

Southport and Ormskirk identified	Recommendations	Action	Lead
31 as GREEN		Ongoing workstreams/activity	
1 partially not met Amber	2.10	Review and completion by December 2021	HR
3 as Amber	2.2, 2.4, 2.5,	Review and completion by December 2021	HR and E&D lead
1 partially not yet met RED	2.9	Review and completion with one year	FtSU executive Lead
1 not yet met RED	4.1	Review and completion with one year	FtSU executive Lead

Recommendations:

Work streams continue in relation to FtSU communication plan and Freedom to Speak Up arrangements are communicated to workers.

A Board review FtSU review tool kit For NHS Trusts




BLACKPOOL	SOUTHPORT and ORMSKIRK	
Recommendations within three months	S&O status	RAG
1.1 Continue to demonstrate that it values the views of its workers, including consulting staff about changes to their services as appropriate, in line with its policies and procedures and good practice	Welcome concerns, in confidence, from all staff. Communicate changes via intranet and Trust News/Comms Evidence – CQC leadership Staff survey Improving index	
1.2 Continue to take appropriate steps to promote a culture of visible and accessible leadership	Concerns escalated to Execs and maintain confidentiality of workers who raise concerns CEO MD Support/Exec support for raising concerns Visibility at events/videos etc	
1.3 Take appropriate steps so that issues about which workers speak up are responded to in accordance with trust policies and procedures and good practice	Mailbox monitored. Concerns dealt with in line with FTSU policy in a timely manner. Workers are communicated with and kept up to date with progress as appropriate following and during speaking up. Timely feedback	

<p>1.4 Take appropriate steps to ensure that workers who speak up are meaningfully thanked for doing so, in accordance with trust policies and procedures and good practice</p>	<p>We always thank workers for raising a concern and request feedback, in accordance with FtSU principles and Trust policy</p> <p>Feedback from workers raising concerns</p> <p>Received and acted upon</p>	
<p>1.5 Take appropriate steps to ensure its policies and procedures are fair and supportive of all workers in the speaking up process, including those who are the subject of matters that are raised.</p>	<p>All workers are treated equally and access the same service. We link with the Equality lead if need be.</p> <p>Compliance with Trust polices</p> <p>Equality lead is a FtSU Champion</p>	
<p>1.6 Take appropriate steps to promote effective communication with those speaking up to effectively manage expectations</p>	<p>Communication methods are tailored to meet the needs of the person raising the concern and agreed how they would like to be communicated.</p> <p>The role of the Guardian clearly outlined to those raising concerns</p> <p>Feedback from workers demonstrates effectiveness</p>	
<p>1.7 take appropriate steps to assure themselves that speaking up practices ensure that the confidentiality of workers who speak up is appropriately supported – including looking into cases where a breach of confidentiality is reported.</p>	<p>Individuals are always asked if they wish to remain anonymous.</p> <p>This is recorded as such and any information/data forwarded has personal details redacted.</p> <p>MIA Audit Summer/Autumn 2021</p>	

<p>1.8 take appropriate steps to ensure that workers who speak up can have input into the terms of reference for any subsequent investigations, in accordance with trust polies and processes and good practice</p>	<p>If the worker agreed not to remain anonymous this could be discussed if required, alternatively TOR's could be shared with the guardian to ensure openness and transparency</p> <p>HR Process and Policies would be followed</p>	
<p>1.9 Take appropriate steps to ensure its responses to workers speaking up, including the investigations of those issues and the implementation of learning resulting from them, is undertaken by suitable independent and trained investigators.</p>	<p>In accordance with Trust process and policies, including the involvement of external specialist if need is identified</p>	
<p>1.10 take appropriate steps to ensure matters arising from cases of speaking up are investigated within reasonable timescales and without undue delay.</p>	<p>Records are maintained providing a timeline of actions and updates of progress requested.</p> <p>Checking in place to ensure followed up</p>	
<p>1.11 Take appropriate steps to ensure that workers who speak up receive meaningful and timely feedback in accordance with trust policies and procedures and good practice.</p>	<p>Workers are kept up to date with the progress of their concern.</p> <p>Feedback given form workers who speak up</p>	
<p>1.12 Communicate that detriment for speaking up will not be tolerated, act to prevent detriment occurring, and put in place</p>	<p>Workers are always informed that detriment will not be tolerated.</p>	

<p>procedures that would enable cases of detriment to be looked into effectively when they are reported.</p>	<p>In the unfortunate case that this happens support would be sought from FTSUG and NGO/CQC. If deemed appropriate.</p> <p>Escalate to Exec lead for HR Director intervention</p> <p>ACTION – maintain monitoring of cases</p>	
<p>1.13 Take appropriate steps so that those who speak up have access to appropriate support and are made aware of and appropriately supported to access this support in a timely way.</p>	<p>FtSUG always asks if we can support in any other way and suggest other services such as HR Service HUB, H&W, OD and Trade union contact details given.</p>	
<p>1.14 Work with their Freedom to Speak Up Guardians (FtSUG) to identify potential groups that face barriers to speaking up, and work towards address those barriers.</p>	<p>High level communications including trade unions to enable early intervention for those staff groups who may have limited access to speaking routes</p> <p>E&D lead – staff groups</p> <p>Monthly meetings with CEO/Managing Director</p> <p>ACTION – maintain links with Staff Senior leaders, manager HR, and trade unions</p>	
<p>1.15 Provide assurance that all three FtSUG's that support workers at the trust can meet the requirements of the universal job description.</p>	<p>FtSUG must have completed the required NGO training and has demonstrated the ability to communicate across the workforce</p> <p>Interview</p> <p>Case work</p> <p>Champion online training</p> <p>Conversation with managers etc – new policy</p>	

	ACTION – new champions undertake required online training	
1.16 Revert to using the Term “Freedom to Speak Up Guardians” for all three guardians. It may, locally, consider how it communicates the primary functions of the individuals in each of the roles though, at times, the individuals should be able to fulfil the requirement of the universal job description.	<p>Southport and Ormskirk NHS trust has always used the “Freedom to Speak Up Guardian” tile to identify the role.</p> <p>Communication across the trust newly appointed guardian profile</p>	
1.7 Ensure that changes to the Freedom to Speak Up arrangements are communicated to workers in a timely manner.	<p>Communication plan:</p> <p>Team brief</p> <p>Trust intranet</p> <p>Trust News</p> <p>Revised individual posters, business cards etc</p>	
1.18 Take appropriate steps to ensure themselves that their Freedom to Speak Up Guardian arrangements have the confidence of the workforce	<p>Promotion of the role at executive level</p> <p>Trust live brief take over</p> <p>Senior leaders listen up and follow up</p>	

<p>1.19 Provide the Freedom to Speak Up Guardian(s) with ring fenced time for the role, taking account of the time needed to carry out the role and meet the needs of workers in their organisation. Leaders should be able to demonstrate the rationale for their decisions about how much time is allocated to the role.</p>	<p>Appointed Guardian dedicated to the FtSU role 2 days per week</p> <p>Flexibility to enable the responsiveness of the role in supporting workers</p> <p>Supported by 2.5 days admin</p> <p>ACTION – senior leaders to demonstrate rational for 2 days allocated for guardian</p> <p>This will form part of the Board review FtSU</p> <p> ftsu-board-review-tool.docx</p> <p>review tool kit For NHS Trusts</p> <p> ftsu-guidance.pdf  ftsu-supplementary-information.pdf</p>	<p style="background-color: green; color: white; text-align: center; padding: 5px;">FtSu executive lead</p> <p style="background-color: red; color: white; text-align: center; padding: 5px;">Within the next 12 months</p>
<p>1.20 Take appropriate action to ensure the Freedom to Speak Up Guardian(s) are appropriately supported to carry out their role, in line with guidance from the National Guardian's Office and NHS England and Improvement.</p>	<p>Regular supervision with line manager</p> <p>Regular support from executive lead for FtSU/catch up on cases.</p> <p>Facilities to undertake the role</p>	<p style="background-color: green; color: white; text-align: center; padding: 5px;">FtSu executive lead</p>

1.21 take appropriate steps to ensure cases brought to the Freedom to Speak Up guardian are recorded and reported in accordance with guidelines from the National guardians Office	<p>Information is stored, monitored and reported on in accordance with NGO reporting data requirements.</p> <p>Access to information is FTSUG's and administrator only. Information is kept secure.</p> <p>Recent MIAA audit indicated compliance</p>	
Within six months	S&O position	
2.1 Continue with and review the effectiveness of its programme of work to challenge unwanted and/or unprofessional behaviours	<p>Currently:</p> <p>Monitoring of staff survey results</p> <p>User feedback questions</p> <p>Uptake of the service</p>	
2.2 Continue to promote and facilitate the use of mediation where appropriate.	<p>Signpost to and work in conjunction with HR to promote a more effective and accessible mediation service</p> <p>ACTION – HR to review current mediation service to establish fit for purpose</p>	Review by Dec 2021
2.3 Continue to improve effectiveness of its governance arrangements, including communications of information from and to “board to ward”	Regular reporting to workforce committee and Board	
2.4 Continue to take appropriate steps to ensure human resources polices and processes	HR skills training for managers and workers	By dec 2021

<p>have the confidence of its workforce, including effective training for workers in human resources</p>	<p>ACTION – HR senior leaders to review and action</p>	
<p>2.5 Update and implement the trusts equality, diversity and inclusion strategy considering the findings of this review</p>	<p>ACTION – E&D team to review and action as appropriate</p>	<p>By dec 2021</p>
<p>2.6 Provide and monitor the uptake of effective Speakingup training for all workers, ensuring this meets the expectations set out in the guidelines from the NGO</p>	<p>Promote NGO Online training</p> <p>Part of mandatory training – very good take up.</p> <p>ACTION – through communication plan</p>	
<p>2.7 Complete the Freedom to speak up review toolkit and share this with NHS England and Improvement, in line with NHS England and Improvements guidelines</p>	<p>Local to Blackpool.</p>	
<p>2.8 Continue to improve the board reports presented by the Freedom to Speak Up Guardian, ensuring this is in line with guidelines from NHS England and Improvements</p>	<p>Review reports and what is contained</p> <p>Local to Blackpool – far as we know are compliant</p> <p>ACTION – ongoing review</p>	

<p>2.9 Develop and begin the implementation of a strategy to improve the speaking up culture across its workforce, in line in line with guidelines from NHS England and Improvement. The plan should contain measures to identify the main issues the trust should address, clear actions to address those issues and steps to measure the effectiveness of those actions.</p>	<p>Completed, ongoing improvements for speaking up</p> <p>ACTION – This will form part of the Board review FtSU review tool kit For NHS Trusts</p>	<div style="background-color: green; height: 100px; width: 100%;"></div> <div style="background-color: red; padding: 5px;"> <p>FtSU Executive lead</p> </div> <div style="background-color: red; padding: 5px;"> <p>Within the next 12 months</p> </div>
<p>2.10 Develop and evaluate its Freedom to Speak Up communication plan in line with guidelines from NHS England and Improvement, ensuring this takes account of workers in the Trusts community sites and other groups that may face barriers to speaking up.</p>	<p>Use of Champions</p> <p>Intranet</p> <p>Data on cases</p> <p>Staff Forums</p> <p>ACTION – PR and Comms involvement Develop FtSU app for ease of access to FtSuG</p>	<div style="background-color: green; height: 100px; width: 100%;"></div> <div style="background-color: yellow; padding: 5px;"> <p>FtSUG to review with PR and Comms Manager</p> <p>November 2021</p> </div>
<p>2.11 Develop a plan to ensure that workers can speak up effectively about the impact of integration as its local integrated care system continues to develop and mature.</p>	<p>Trust wide communication strategy and focus group events have taken place to ensure the workforce is informed and engaged</p>	<div style="background-color: green; height: 100px; width: 100%;"></div>

	ACTION – ongoing communication and information sharing	
Within nine months	S&O position	
3.1 Review the use of the Freedom to Speak UP Champion role, ensuring this is in line with guidelines from the NGO	<p>Promotion and recruitment of FtSu champions, who are clearly directed to support and sign post those workers that speak up.</p> <p>Champions do not hold cases in accordance with NGO guidelines</p> <p>ACTION – Clear responsibilities to be identified in line with NGO</p>	
Within 12 months	S& O position	
4.1 Discuss and agree a continuity plan to support incoming Freedom to Speak Up Guardians and minimise any disruptions to the Freedom to Speak Up arrangements, ensuring this is in line with guidance from the NGO	<p>ACTION – senior leaders to demonstrate rational for 2 days allocated for guardian</p> <p>This will form part of the Board review FtSU review tool kit For NHS Trusts</p>	FtSU executive lead within the next 12 months
4.2 Take appropriate steps to identify and review measures to assure themselves that those with senior responsibility for Freedom to Speaking Up have the confidence of the work force, making improvements as needed.	<p>Executive lead along with senior leaders, will ensure improvements are implemented and communicated across the Trust as a result of speaking up and mangers</p> <p>ACTION – Promotion of the service/positive outcomes</p>	
4.3 Revise the Trusts speaking up policy to take of observations made in this report	Revised policy considering the recent MIAA report	
4.4 Take steps to ensure all existing and new workers are aware of the contents and meaning of	Mandatory training	

its revised speaking up policy	FtSU highlighted via induction and the Intranet, comms, Trust News to ensure speaking up becomes its “what we do at S&O”	
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ALERT | ADVISE | ASSURE (AAA) HIGHLIGHT REPORT

COMMITTEE/GROUP:	FINANCE, PERFORMANCE & INVESTMENT COMMITTEE
MEETING DATE:	22 November 2021
LEAD:	JEFF KOZER

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- The H2 finance plan has been submitted as breakeven. However, the unmitigated size of the risk to delivery is £6.9m. Also, at this point the Committee is unable to assure the Strategy and Operations Committee on the equity of the allocation of central resources.
- Endoscopy performance continues to be a challenge and impacting upon the Trust's cancer position. Estates work starts 29 November 2021, and the Trust is in discussions with StHK re mutual aid. Further work is being undertaken on increasing the points per list in line with C&M average.
- Whilst performance against the cancer 2 week wait target improved in month it is still below the national standard. 62+ day performance is lowest in 2 years. Improvement plan presented to Quality and Safety Committee for further assurance.
- A&E performance significantly below the national standard but compare positively to peers.

ADVISE

- Estates work on the endoscopy unit at Ormskirk is due to commence on 29 November 2021 with capital monies secured for a temporary solution to ensure no gaps in capacity whilst the work is ongoing.
- The actions relating to the CQC Use of Resources report from 2019 have been closed, and the Executive Team will formulate a strategic plan for the use of resources of the organisation going forward.
- Reduction in Covid-19 numbers – equating to c4% overall beds. Plan in place for surge

ASSURE

- The Trust has been awarded capital to create a dedicated discharge lounge on the Southport site and has been awarded revenue funding to provide additional endoscopy and CT capacity.
- The cyber audit has been completed and an action plan produced to respond to the recommendations.
- ERF activity for October at 88.9% compared with activity plan of 89%.
- 52+ week performance positively below trajectory
- Zero 104+ week breaches
- Zero corridor care in ED
- Positive impact seen from the system MADE event

New Risks identified at the meeting:

None

Review of the Risk Register: *No action taken*

Title of Meeting	STRATEGY AND OPERATIONS (S&O) COMMITTEE	Date	01 December 2021
Agenda Item	SO050/21	FOI Exempt	No
Report Title	GREEN PLAN 2021-2024		
Executive Lead	John McLuckie, Director of Finance		
Lead Officer	Chris Davies, Associate Director of Estates and Facilities		
Action Required	<input checked="" type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input type="checkbox"/> To Receive	
Purpose			
To present the draft Green Plan for approval.			
Executive Summary			
<p>The Trust had in place a sustainability policy, but this has been superseded by the introduction of the “Green Plan” as required as part of the Greener NHS National Programme. This requirement is also detailed in the NHS Standard Contract 2020/21 (Service Conditions – SC18 Sustainable Development) that requires all NHS providers to:</p> <ul style="list-style-type: none"> • Take all reasonable steps to minimise its adverse impact on the environment. • Maintain and deliver a Green Plan, approved by the Trust Board, in accordance with Green Plan guidance and provide an annual summary of progress on delivery of that plan to commissioners. <p>The Greener NHS National Programme recommends that Green Plans set out the increased net zero ambition and renewed delivery focus, to:</p> <ul style="list-style-type: none"> • Ensure the organisation is supporting the NHS-wide ambition to become the world’s first healthcare system to reach net zero carbon emissions by 2040. • Prioritise interventions which simultaneously improve patient care and community wellbeing while tackling climate change broader sustainability issues. • Plan and make prudent capital investment while improving efficiencies. <p>The attached paper sets out the recommendations of the Greener NHS programme issued in October 2020. Each ICS is required to submit a Green Plan in 2022 and each NHS organisation within the ICS has been asked to submit a Board approved Green Plan by January 2022 to feed into the overall ICS plan.</p> <p>The Green Plan is a dynamic document recording previous achievements, future action plans and milestones which will be managed and routinely updated through the Sustainability Group, reporting as appropriate through the Executive Management Team.</p> <p>Please see the following pages for high level information:-</p> <ul style="list-style-type: none"> • Pages 2 – key achievements to date • Page 4 – executive summary • Page 9 - objectives • Page 9 – vision • Page 10-14 – the Trust carbon footprint • Page 27 – tracking progress and reporting 			

- Page 27-30 – implementation & governance

There is no standardised benchmarking information in relation to sustainability that is currently available to compare how the Trust is performing against other NHS bodies. However, it is anticipated that benchmarking between similar NHS organisations will be a feature of future NHSE/I reporting and monitoring, and will be included in future progress reports.

Recommendation

The Strategy and Operations Committee is asked to approve the Trust's Green Plan.

Previously Considered By:

- | | |
|--|---|
| <input type="checkbox"/> Finance, Performance & Investment Committee | <input type="checkbox"/> Quality & Safety Committee |
| <input type="checkbox"/> Remuneration & Nominations Committee | <input type="checkbox"/> Workforce Committee |
| <input type="checkbox"/> Charitable Funds Committee | <input type="checkbox"/> Audit Committee |

Strategic Objectives

- | |
|---|
| <input type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services |
| <input checked="" type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards |
| <input checked="" type="checkbox"/> SO3 Efficiently and productively provide care within agreed financial limits |
| <input type="checkbox"/> SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated |
| <input type="checkbox"/> SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values |
| <input checked="" type="checkbox"/> SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire |

Prepared By:

Chris Davies, Associate Director of Estates and Facilities

Presented By:

John McLuckie, Director of Finance

Southport and Ormskirk Hospital NHS Trust

Green Plan 2021-2024

Date: 31/10/2021

Version number: 01

Owner: Graham Turton

Approval route: Board

Approval status: Approved ???2021



Foreword

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

With the NHS representing more than 5% of the UK's total carbon footprint, cutting carbon emissions as part of the fight against climate change should be a key priority for NHS Trusts and PCT's - it's all about getting your own house in order and leading by example. The UK government has set out trajectories and actions for the entire NHS to reach net zero carbon emissions by 2040 for the emissions it controls directly, and 2045 for those it can influence (such as those embedded within the supply chain).

Therefore, the NHS has a responsibility to reduce carbon emissions, not only as it is a good thing for a sustainable future, but there is also a link between health – our core business – and reducing carbon.

The Trust adopts a responsible approach to the environment and has initiated action to reduce the environmental impact of its activities. Issues of particular relevance to Trust activities are travel, procurement, energy usage, and waste

disposal including discharges to the environment in gaseous and liquid form. Many of these issues are covered by legislation with which the Trust complies, however we recognise that more can be done, and the Trust aspires to adopt best practice whenever economics allow.

The past 12-18 months has been a huge challenge due to Covid-19 pandemic, not only having a serious effect on healthcare service, but also on the environment with large increase in waste generated from PPE, infectious waste, and enhanced cleaning, however it has also provided an opportunity for the Trust to rethink the way we deliver care and conduct business.

It is recognised that to embed sustainability within our organisation the Trust must work together with our partners across the local health and care system to improve sustainability.

For the Trust to become a fully sustainable organisation, we require all Trust staff to work together in delivering this Green Plan and achieve our aims and goals.

Ann Marr OBE
Chief Executive



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Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

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Executive Summary

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

Global climate change is recognised as the key environmental threat facing the world. Concerns over fossil fuel depletion, rising temperatures, higher sea levels, security of energy supplies and rising energy costs are focussing the attention of individuals, organisations, and governments on the need for energy conservation and carbon emission reduction.

This Green Plan aims to set out Southport & Ormskirk Hospital NHS Trusts approach to mitigating climate change through carbon reduction and embedding sustainable practices within its own operations. The document details the Trusts plans to take Sustainability Management forward over the next 3 years.

Nationally there have been 9 key aspects identified to address which the Trust is taking forward within our Green Plan:

Workforce and system leadership

The Trust will engage and develop its workforce and system partners to deliver carbon reduction initiatives and broader sustainability goals. We will set out to develop sustainability committees and working groups, develop online sustainability training and pledge platforms for staff, engage with staff and invest in opportunities for staff to support sustainability goals.

Sustainable models of care

The Trust will endeavour to embed net zero principles across all clinical services, by evaluating how care is delivered and how carbon reduction opportunities can be achieved, for example using technology for aftercare consultations.

Digital transformation

The direct alignments between the digital transformation agenda and a net zero NHS are clear and the Trust will focus on ways to harness existing digital technology and systems to streamline its service delivery and supporting functions while improving the associated use of resources and reducing carbon emissions.

Travel and transport

The Trust realises that it must reduce the carbon emissions arising from travel and transport associated with its activities. The key ways to reduce these emissions are to invest in ultra-low emission and zero-emission vehicles for owned and leased fleets, increase levels of active travel and public transport and maximise efficiencies in the transport of goods and services commissioned by the Trust, such as patient transport, courier services and deliveries.

Estates and facilities

The Trust must look to reduce the carbon emissions arising from the organisation's buildings and infrastructure by improving energy efficiency and reducing energy usage, decarbonising where possible heating and hot water systems, although this will prove challenging with the Trust large scale CHP facilities, waste reduction and the circular economy. To help achieve these goals sustainable building design will have to be considered when carrying out refurbishments.

Medicines

Many opportunities to reduce the carbon emissions relate to the NHS's prescribing and use of medicines and medical products, therefore the Trust will focus on medicines optimisation and reducing waste, responsible capture or disposal of waste medicines and will also consider lower carbon alternative medicines.

The 2021/22 NHS Standard Contract set out inhalers and anaesthetic gases as two key areas for early action therefore focus will be given to this within the Trusts Green Plan.



Supply chain and procurement

The NHS supply chain accounts for approximately 62% of total carbon emissions and thus must be a priority area for focus in every Green Plan. The Trust must consider how it can use its individual or collective purchasing power and decisions to reduce carbon embedded in the supply chains, by reusing or reprocessing equipment, reducing the use of clinical and non-clinical single-use plastic items, or considering lower carbon alternative supplies, such as recycled paper.

Food and nutrition

As a Trust we will look at reducing overall food waste and ensuring the provision of healthier, locally sourced, and seasonal menus high in fruits and vegetables, and low in heavily processed foods.

Adaptation

The Trust must look at its plans to mitigate the risks or effects of climate change and severe weather conditions on its business and functions, by looking to mitigate the effects of flooding or heatwaves on the organisation's infrastructure, patients, and staff.

It is known that investing in carbon management makes sound economic and environmental sense. By investing in carbon management now, the Trust aims to reduce

costs, reduce our contribution to global climate change and enhance its reputation as a good corporate citizen in the future.



Introduction

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

It is now widely recognised that climate change is probably the most serious threat to life, our health, and our wellbeing. As one of the world's largest organisations the NHS has an absolute imperative to act to make a real and sustainable difference. Similarly, within the community of North Sefton and West

Lancashire, Southport and Ormskirk Hospital NHS Trust is the largest single organisation and can, through positive action on the environment, improve the lives of the local population for generations.

Our Trust

Southport & Ormskirk Hospital NHS Trust was formed 20 years ago following the merger of Southport & Formby District General Hospital and Ormskirk District General Hospital.

These hospitals, about eight miles apart, provide acute healthcare to a population of 230,000 primarily within West Lancashire, and Southport and Formby.

The Trust employs approximately 3265 whole-time equivalent staff and has 458 adult inpatient beds 25 paediatric inpatient beds and 44 day case beds.

The Trust prides itself on being an anchor institution within the area and as well as having links with local universities and colleges, utilises many local supplies and has numerous links with surrounding communities.

The Trust also hosts the Regional Spinal Injury Service whose catchment area covers

Cumbria, North Wales, and the Isle of Man as well as the Cheshire, Merseyside, and Greater Manchester area.

Southport and Formby have one of the highest proportions of older people in the country and there are many residential and nursing homes. It is also socially and economically diverse with areas of both relatively high income and significant deprivation.

Southport is a coastal resort and as such attracts more than 5m visitors placing an increased seasonal demand on healthcare. Much of West Lancashire is rural with the largest concentration of population being in Ormskirk and Skelmersdale. There are some of the most deprived wards in the country in West Lancashire. The semi-rural geography places emphasis on access to healthcare and the high emphasis on agriculture attracts a significant number of migrant workers.

The Trust has two main Clinical Commissioning Groups (CCG's):

Southport & Formby CCG

West Lancashire CCG

but services are also commissioned by:

Bolton CCG

Knowsley CCG

Chorley & South Ribble CCG

Liverpool CCG

East Lancashire CCG

South Sefton CCG

Greater Preston CCG

St Helens CCG

Halton CCG

Warrington CCG

Wigan CCG



The main services the Trusts offers are highlighted in the table below:

OUR CLINICAL SERVICES		
Accident & Emergency	Anaesthetics	Acute Medicine
Acute Paediatrics	Audiology	Clinical Microbiology
Critical Care	Cardiology	Dermatology
Elderly Medicine	ENT	Gastroenterology
General Surgery	Genitourinary Medicine	Gynaecology
Haematology	Obstetrics	Ophthalmology
Pathology	Radiology	Rehabilitation
Respiratory Medicine	Rheumatology	Stroke
Therapy Services	Trauma & Orthopaedics	Urology

Key Achievements to Date

The Trust has previously undertaken a number of actions to reduce CO2 within its operations, including:

- ✓ Installation of two 1megawatt CHPs across Trust sites producing lower carbon electric and heat and reducing CO2 by approximately 2800 tonnes per year (1300 Southport & 1500 Ormskirk).
- ✓ Achieving zero waste to landfill.
- ✓ Introduction of re-usable sharps containers.
- ✓ Established water monitoring saving 30-40K M3 over last 5 years.
- ✓ Developed policies for Sustainability, Energy, Waste, Transport and Procurement.
- ✓ Established working from home, thus reducing staff travel miles.
- ✓ Use of Team for meetings reducing travel between sites.
- ✓ All offensive waste is processed via waste to energy.
- ✓ All energy consumption is monitored and reported monthly to Estates Governance.
- ✓ Theatre air change set back was introduced throughout the Trust and has operated successfully for many years.
- ✓ Double glazing is being installed in all accommodation blocks.
- ✓ Operation of an electric delivery van powered by Trust own electric from CHP.
- ✓ Installation of EV charging points at Southport Hospital.

What will the Green Plan mean for Southport & Ormskirk Hospitals NHS Trust.

The Green Plan will set out in detail the Trust's strategy for reducing carbon emissions over the next 3 years and beyond, by detailing a range of measures and actions to reduce both direct and indirect emissions across the estate as a whole and thus embed carbon management in

the operational processes and fabric of the Trust.

It is therefore hoped that the Trust will raise and enhance its environmental awareness, not just within the Trust, but with the local community thus becoming more efficient and reducing its overall environmental impact.



Drivers For Change

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

It is now widely recognised and accepted that climate change due to human activity is happening and accelerating and is likely to be the most serious threat to our health and wellbeing. The Health Economy must act now to help prevent untold expenditure in the future.

In the UK climate change is expected to cause a marked regional difference in temperature and rainfall by the end of the 21st century. The climate in the UK has already changed and has experienced nine of the ten warmest years on

record since 1990. Sea-surface temperature around the UK has risen by about 0.7°C over the past three decades and sea levels have risen around 10cm since 1900. It is also clear that Central England temperatures have increased by 1°C since the 1970's and that in most parts of the UK total summer rainfall has decreased.

It is clear from the evidence that our climate in the UK has changed, and if the current rate of change continues the UK may experience (Source Met Office):

- Greater winter precipitation, potentially causing more flooding.
- Sea level rise by the end of the century of between 11 and 76cm.
- Extreme heatwaves every other year by the 2040's, like the heatwave of 2003 when average summer temperatures were 2°C higher than normal which led to more than 2000 additional deaths in the UK and extra strain on emergency services.
- Summer will become warmer and dryer, therefore droughts are more likely.
- There may be more intense downpours of summer rainfall which could lead to flash flooding.
- Temperatures are expected to rise across the UK with summer average temperatures set to rise between 2°C and 6.4°C above current temperatures.
- The urban heat island effect already warms cities by more than 10°C on some nights, and this is expected to increase still further with increased urbanisation and release of waste heat.

Factors driving the Trust to act on Climate Change and develop the Green Plan

The UK Government has an aim is to be the world's first net zero national health service and have set two targets: For the emissions controlled directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition

to reach an 80% reduction by 2028 to 2032; For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

The Trust also has a number of other drivers:

Display Energy Certificates: From 1 October 2008 there is a legal requirement for all public sector buildings with a total useful floor area of over 1,000m², to show a Display Energy Certificate (DEC) in a prominent place, clearly visible to the public. S&OHNT are currently compliant with 4 DEC's.

Energy Performance Certificates: From October 2008 (Energy Performance Certificates (EPC) will be required whenever a building is built, sold, or rented out. The certificate provides 'A' to 'G' ratings for the building, with 'A' being the most energy efficient and 'G' being the least, with the average up to now being 'D'. S&OHNT are currently compliant with EPC's for all rented accommodation requiring a certificate.

Cost: Measures to increase energy efficiency will reduce energy costs, which is particularly important for the future given the predicted increases in energy prices. Energy and fuel costs have seen a dramatic rise in recent years, with energy prices increasing by well over 50% since 2014. This trend is not expected to change, and we must accept that the price we pay for our energy will continue to increase in the coming years.



Objectives And Vision

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

This plan centres around three core actionable objectives:

- 1 Reduce carbon, waste, and water
- 2 Improve air quality
- 3 Reduce avoidable single use plastics

The document displays our Drivers for Change discusses our Emissions Baseline, it clarifies the 9 Areas of Focus and demonstrates our Monitoring and Reporting structure before detailing our Governance procedures.

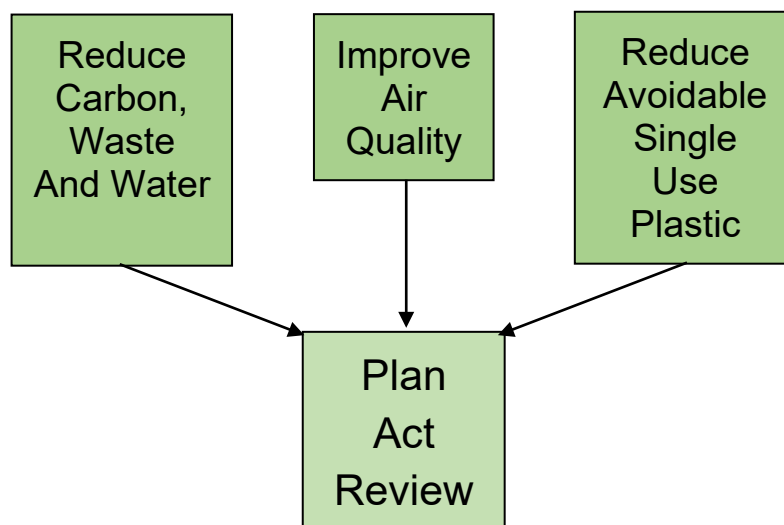
On 1st October 2020, the NHS made clear its vision to become the first health system in the world to deliver a net-zero service. This means any emissions that remain following the decarbonisation of NHS services will be offset by schemes such as tree planting or carbon capture.

The NHS have committed to two new targets:

- Achieve net zero on emissions controlled directly by the NHS (The NHS Carbon Footprint) by 2040, with the ambition to reach an 80% reduction by 2028-32.
- Achieve net zero on emissions within NHS influence (The NHS Carbon Footprint Plus) by 2045, with the ambition to reach an 80% reduction by 2036-39.

These targets are far more ambitious and appropriate than the previous targets set in line with the Carbon Reduction Act, 2008. The NHS is ideally placed to lead this action on climate change, as the single largest organisation in the UK its services currently contribute 4% to the countries carbon footprint. Also, clear links between emissions and population health and wellbeing makes action fundamental to NHS core principles and the sustainability of services.

Our Trust acknowledges this position and our role as an anchor institution within the communities we serve, and so we adopt these new targets in full support of NHS net-zero commitments. Our vision is to be a sustainable Trust. Through implementing this green plan, we aim to embed sustainability into every area of our organisation to help meet these targets and our objectives.



Emissions Baseline

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

Carbon Footprint

A carbon footprint is a measure of the impacts of an activity on global warming by calculating the greenhouse gas emissions of these activities, usually stated as a 'CO₂e', or carbon dioxide equivalent. This is done to show all key greenhouse gases (carbon dioxide, methane,

and nitrous oxide) expressed as a common unit, allowing easy comparison across organisations, industries, and countries.

Emissions are defined under three categories, or 'Scopes' – Scope 1, 2 and 3.

Scope 1 – All Direct Emissions

These are calculated from the activities under the control of an organisation, and this includes fuel combustion on site, from owned vehicles and fugitive emissions. Examples include fleet vehicles, gas emissions from boilers and air-conditioning refrigerant leaks.

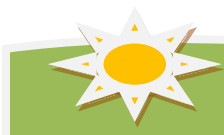
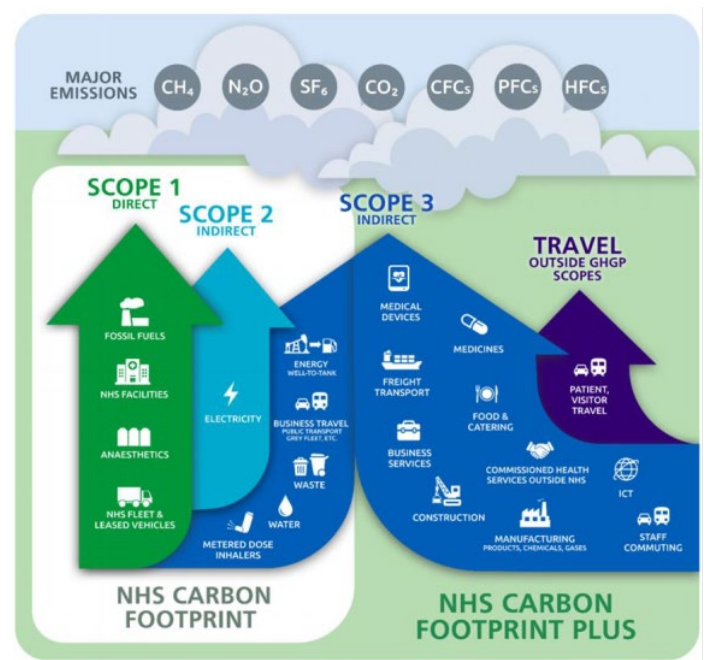
Scope 2 – Indirect Emissions

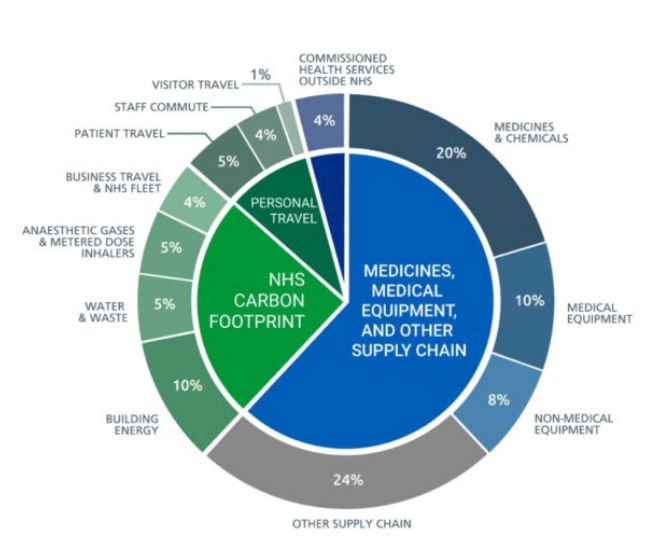
Calculated from electricity purchased and used by the organisation. Emissions will be created during the production of the energy and eventually used by the organisation. Includes electricity from energy supplier.

Scope 3 – All Other Indirect Emissions

This is the hardest scope to calculate and is derived from activities of the organisation but occur from sources that they do not own or control. This is usually the largest share of the carbon footprint, covering emissions associated with business travel, procurement, waste, and water. Examples include patient travel, shipping of goods and waste disposal.

The table right shows that some emissions associated with our services fall outside the scopes of the 'NHS Carbon Footprint' but are accounted for within 'NHS Carbon Footprint Plus'. In line with the NHS commitments, our Trust will also work towards net zero in both categories.





The table left shows NHS emission sources by the proportion they contribute to the overall NHS Carbon Footprint Plus. This helps our Trust identify the greatest areas of opportunity to reduce NHS emissions. The chart suggests that Procurement, Medical Devices (EBME), Estates and Facilities, Pharmacy, and Travel and Transport have the most significant impact across the NHS.

Baseline

The emissions baseline for Southport and Ormskirk Hospitals NHS are based on figures for the financial year 2019/20 ERIC figures. This year has been chosen over 20/21 as the later has been impacted by Covid-19, therefore a true result of consumption cannot be achieved.

Data for baseline year 2019/2020

	Total CO ₂ Emission (tonnes)	Scope 1	Scope 2	Scope 3
Baseline CO _{2e} emissions (tonnes)	8,244	7,930	246	68

Why should an organisation measure its Scope 3 emissions?

There are a number of benefits associated with measuring Scope 3 emissions. For many companies, most of their greenhouse gas (GHG) emissions and cost reduction opportunities lie outside their own operations. By measuring Scope 3 emissions, organisations can:

- Assess where the emission hotspots are in their supply chain.
- Identify resource and energy risks in their supply chain.
- Identify which suppliers are leaders and which are laggards in terms of their sustainability performance.
- Identify energy efficiency and cost reduction opportunities in their supply chain.
- Engage suppliers and assist them to implement sustainability initiatives
- Improve the energy efficiency of their products
- Positively engage with employees to reduce emissions from business travel and employee commuting.



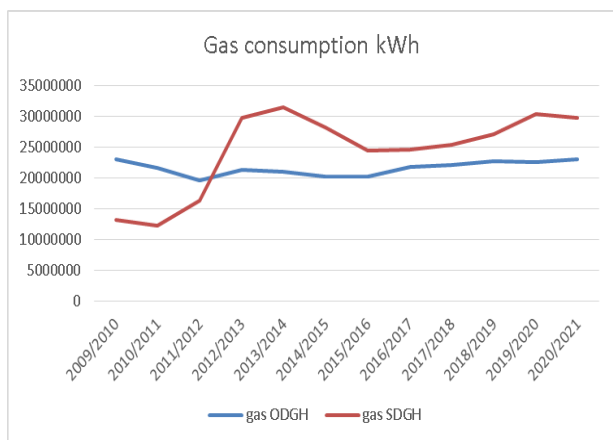
The following tables break down carbon emission by scopes:

SCOPE 1

Energy type	Site	Amount Used (kWh)	CO _{2e} emission (kg)	CO _{2e} emission (tonnes)
Electricity – CHP*	Ormskirk	-4,184,500	-1,246,981	-1,247
Natural gas	Ormskirk	22,627,258	4,144,409	4,144
Gas oil	Ormskirk	28,167	7,233	7
Electricity – CHP*	Southport	-2,290,886	-682,684	-683
Natural gas	Southport	30,365,942	5,561,826	5,562
Gas oil	Southport	80,810	20,751	21
Class 2 (1.305 to 1.74 tonnes)	N/A	149,860	37,712	38
Class 3 (1.74 to 3.5 tonnes)	N/A	140,220	35,286	35
Rigid (3.5 to 7.5 tonnes)	N/A	197,760	49,766	50
Medium car	N/A	10,600	2,667	3

*exported electricity

Note: Exported electric is a negative figure as this consumption is not used directly by the Trust – The carbon from gas used to produce this electric is included in the table therefore CHP electric is not included in the baseline assessment to avoid double accounting with gas provided to site.

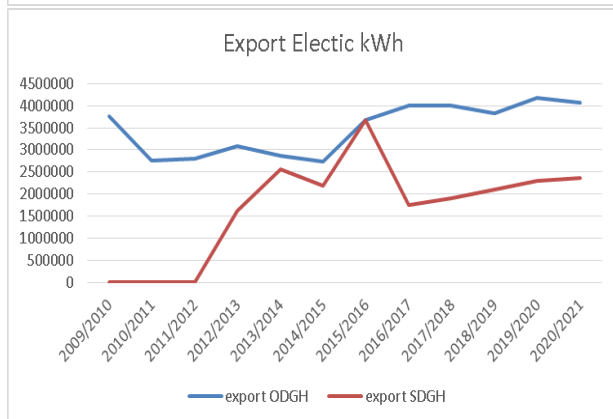


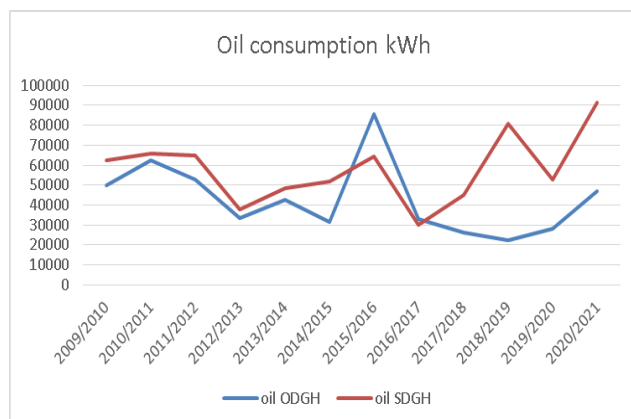
It can be seen that gas consumption at Ormskirk has stayed consistent over the last 11 years and generally the trend follows the trend for export electric due to CHP use.

Southport gas consumption increased in 2011/2012 when the CHP was commissioned. It

can also be clearly identified on the export electric where export went from zero to 1500K kWh.

The CHP is smaller at Southport and there is greater demand for the power therefore export is always greater at Ormskirk.

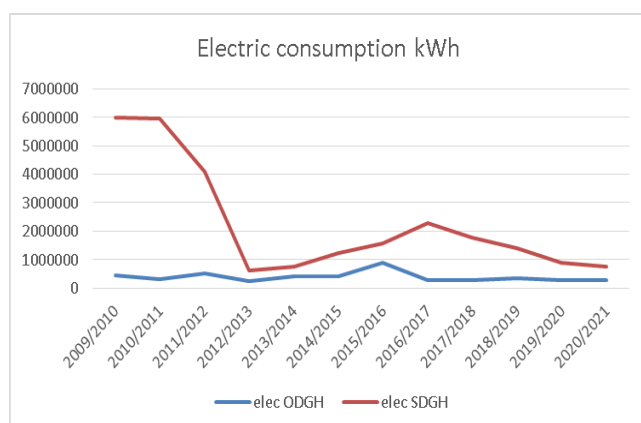




Oil consumption fluctuates with work on the hospital electrical infrastructure as it is generally only used to power the generators during any works.

SCOPE 2

Energy type	Site	Amount Used (kWh)	CO _{2e} emission (kg)	CO _{2e} emission (tonnes)
Electricity (grid)	Ormskirk	283,258	60,144	60
Electricity (grid)	Southport	877,606	186,342	186



The above graph show electric consumption from the grid. The introduction of CHP can be clearly seen at Southport in 2011/2012 when the grid consumption reduced considerably.

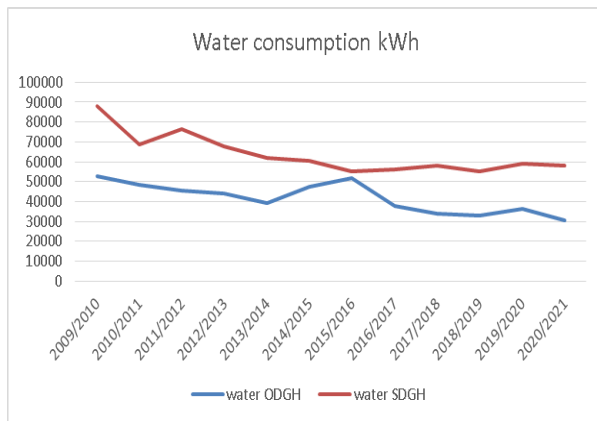
Electric consumption from the grid at Ormskirk has been consistent throughout the period show.

SCOPE 3

Emission type	Site	Amount Used (M3 water)(tonnes waste)	CO _{2e} emission (kg)	CO _{2e} emission (tonnes)
Water	Ormskirk	36,359	15,307	15
Water	Southport	58,985	24,833	25
Clinical waste	Ormskirk	22	468	0
Alternative waste	Ormskirk	68	1,448	1
Offensive waste	Ormskirk	30	639	1
Domestic waste recycling	Ormskirk	40	852	1
Domestic waste food	Ormskirk	30	269	0



Domestic waste incineration	Ormskirk	118	2,513	3
Paper recycling	Ormskirk	136	2,896	3
WEEE	Ormskirk	7	149	0
Clinical waste	Southport	63	1,342	1
Alternative waste	Southport	233	4,962	5
Offensive waste	Southport	89	1,895	2
Domestic waste recycling	Southport	67	1,427	1
Domestic waste food	Southport	27	242	0
Domestic waste incineration	Southport	175	3,726	4
Paper recycling	Southport	250	5,324	5
WEEE	Southport	0	0	0



It can be seen that water consumption has reduced at both sites over the last 11 years due to leak detection and monitoring methods implemented, more efficient equipment being purchased, and several underground pipework replacement schemes carried out.



Workforce And System Leadership

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

The health and wellbeing of the Trust's staff is integral to the sustainability of the Trust and the running of its services, therefore we value all our staff across the Trust and promote diversity, equality, and inclusion in our workforce. All members of staff are recognised as playing a key role in delivering and promoting our sustainability initiatives.

It is essential that sustainability is embedded within the organisation and staff at all levels of the Trust are engaged and accountable for delivering the Green Plan. To embed sustainability into the organisation's strategies, policies and reporting processes, we must engage stakeholders and assign responsibility for delivering the actions within our Green Plan. Clear leadership and strategic direction are vital if the Trust is to act on climate change, whilst improving financial stability and promoting the health and well-being of patients, staff and the local communities we are a part of. This Green Plan aims to provide a clear strategy for the delivery of sustainability objectives. The Trust's Annual Report will include a sustainability section that summarises key achievements and communicates the Trust's carbon footprint and environmental performance.

Alongside this, our organisation and estates are totally smoke free, and we provide support for staff and visitors looking to quit. We promote an agile working culture to our staff, which includes home working and telecommunication. If managed well, this will help the Trust to meet its sustainability aims of reducing both travel and the office footprint. This dual focus on agility and sustainability can certainly reduce environmental impact as well as estate-related costs, but also improve service resilience, productivity, patient focus and Corporate Social Responsibility.

In addition, this Green Plan will be aligned to Trust's Reward and Benefits package and Staff Engagement Plan encouraging our staff to be part of the Trust's sustainability journey.

Completed/ongoing projects

- Continuation of awareness campaigns and staff engagement campaigns
- Trust benchmarks performance against peer Trusts via ERIC and Modal Hospital
- Promotion of blended working as a flexible working option for staff and Trust oversight of take up
- Established a Sustainability Group comprised of senior service leads to ensure delivery of plan
- Have an annual awards ceremony to celebrate staff achievements and contributions – to include category for Sustainability
- Undertake a staff survey to monitor staff satisfaction and wellbeing
- Provide opportunities for staff to become more physically active
- Reduce sickness absences and demonstrate workforce wellbeing is supported
- We have a nominated board lead for the Green Plan and Sustainability



Future Key Actions

- Provide information about Trust's sustainability plans and objectives at induction/mandatory training
- Incorporate sustainability and environmental responsibilities as a standard in all job descriptions
- Engage with staff and provide regular communications on green issues and provide a platform for staff to raise and share ideas
- Trust to approve Green Plan
- Alignment of Green Plan to the Trust's Staff Engagement Plan to encourage staff to contribute to sustainability
- Use of Resources Group remit to be extended to oversee service plans for sustainability and hold leaders to account
- Sustainability progress included within the Trust's Annual Report
- To have a clear and publicly available Modern Slavery Statement
- Improve carbon reporting across Trust activities and finance data to improve to improve scope 3
- Review Staff Reward and Benefits schemes to increase options for staff to greener transport solutions, such as cycle to work schemes, rail discounts and electric lease car schemes and reduced car parking incentives
- Engage with external partners on greener transport solutions, such as shuttle bus, car share initiatives, electric hook ups



Sustainable Models of Care

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

The Trust are aware of the benefits from providing the best healthcare we can from the resources we have and are working to ensure that prevention is embedded in the development of all our models of care, both internally and with external partners through the programme Shaping Care Together run by NHS leaders in Southport, Formby and West Lancashire that seeks to 'futureproof' NHS services by exploring new ways of working and delivering services as well as utilising money, staff and buildings to maximum effect.

Many of our hospital services were designed decades ago to respond to the health needs of the population at that time but this means they are not quite right to meet today's challenges and expectations and that is why Southport, Formby and West Lancashire health and care providers have been examining how we can work better together to provide better and improved health and care for patients. Building on the national NHS Long Term Plan, our aim is to continue to make health and care services in the local area seamless to help patients get the right care in the right place, at the right time.

We hope to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives, by creating and delivering safe, integrated and sustainable services that meet people's needs using the best assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available when and where it's needed.

Completed/ongoing projects

- With Shaping Care Together views are being sought on what currently works well at Southport and Ormskirk hospitals as well as in primary and community healthcare services and, more specifically, what steps should be taken to improve the following areas:
 - o Care for the frail and elderly
 - o Care for those who need urgent or emergency treatment
 - o Care for children
 - o Maternity care for pregnant women and new-born babies
 - o Care relating to women's reproductive and urinary systems (gynaecology)
 - o Sexual health care
 - o Planned care (for example, outpatient appointments)
 - o Treating patients at home
- Importantly, the Trust will work to ensure that prevention of illness is embedded in all care models. The Trust will work with staff and external partners to attempt to improve the factors which contribute to poor health and cause illness to ensure the Trust is helping to improve.
- The Trust will continue to encourage, where clinically appropriate, the use of Sevoflurane as the primary anaesthetic agent in favour of Desflurane and the use of 41 of dry-powder inhalers (DPIs) in favour of metered dose inhalers (MDIs) to significantly reduce carbon emissions.
- As the NHS continues to face financial pressures. If we can help people avoid unnecessary hospital admission by accessing care closer to home, they are likely to live the best life that they can, and money can be saved and reinvested into more patient care.



Future Key Actions

- The need for planned care is increasing, and in response we must also consider how we can improve on managing the demand, maximise our capacity, and harness relevant existing and emerging technology that will support both the demand and capacity challenges into the future.
- Include sustainability as a part of the quality of care we provide
- Quantify the financial, economic, social and health benefits of some of our sustainable care models.
- Calculate the environmental and carbon impact of a specific care model to inform improvement plans
- Establish a board member to consider leading on the understanding of sustainable clinical models within the Trust
- Pharmacy direct



Digital Transformation

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

Digital technology is a significant part of our everyday lives improving the way we socialise, shop and work. It also has great potential to improve how the NHS delivers its services in a new and modern way, providing faster, safer, and more convenient care.

The NHS Long Term Plan will increase the range of digital health tools and services and give people more control over their own health and the care they receive from the NHS. People will be able to seek health information and support online and choose whether they speak to a doctor/consultant on the phone or in person. A wide range of NHS-approved apps will help people get ongoing support to help them manage their health and wellbeing needs, backed up by face-to-face care when this is needed.

We are therefore investing in improving NHS IT systems and in developing new technology to give health and care staff the technology they need to help them complete administrative tasks more quickly, freeing up time to spend with patients. We will make sure staff have the technology they need to do their jobs and ensure our systems can talk to each other and share vital information to support the delivery of care.

Completed/ongoing projects

- Virtual Desktop Infrastructure – The Trust currently uses Horizon VDI in many clinical areas. The thin clients used have less components than a standard PC which reduces in lower emissions and less parts to be replaced, greater digitalisation of our ways of working
- Cloud Hosting – Our aim by 2024 will be to move at least one of our data centres (SDGH) into the Cloud. This will:
 - o reduce our onsite server presence
 - o will release estate back to the Trust
 - o reduce our power consumption
 - o reduce waste during server and data centre refreshes
- Careflow Connect & Narrative – The aim of both projects is to digitise paper-based processes. This will see the Trust reduce its reliance on printing and reduce the amount of paper used.
- Agile Working – Many of the Trust staff now have access to Laptops and Horizon meaning they are able to operate from many locations reducing the amount of travel required to attend meetings, or the staff commute to work.
- Attend Anywhere – Virtual consultations allows patients to attend clinics remotely via a web browser therefore reducing patient travel.
- Technology Enabled Care Pathways – The creation of these involves using remote monitoring, telehealth, apps, wearables, etc to care for patients without them having to travel to the Trust.

Future Key Actions

- We will track and monitor emissions from information technology (ICT)
- IT to consider the circular economy when purchasing goods
- Extend to everyone the NHS App as a new digital ‘front door’ to give people secure digital access to their own medical records; find trusted information about their health online; allow patients to conveniently book appointments and view test results online. In time it will also provide medical advice and consultations securely
- Printer Estate Reduction – As part of our printer contract renewal next year, we plan to reduce our printer fleet which will then reduce our printing and our associated waste. We already use pull printing in the Trust which means staff get to review what they are printing before it goes to print. This prevents printer errors



Travel And Transport

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

As a Trust we must reduce the negative impacts from travel by supporting staff and patients to use more sustainable forms of travel to our sites and thus creating a reduction in the number of journeys necessary, which will have a range of benefits including improving health from reduced air and noise pollution. Reducing travel can also help our sites that experience limits on car parking and congestion, as well as easing late or missed appointments because of lack of parking availability.

The coronavirus pandemic has helped us, along with the rest of the NHS, to increase the use of telemedicine. Combined with our staff working from home whenever they can, our aim is to keep these positive sustainable steps in the future. The use of virtual meeting technologies has allowed staff to work remotely and will therefore reduce the requirement for staff to travel for work. Similar technology will also be used in the delivery of telemedicine services which will allow patients to access health services without having to travel.

Completed/ongoing projects

- Increase storage bike racks (gates on courtyard?) and provide lockers showers for visitors
- Expand EV charging network across both sites, with consideration on making available some “free of charge” points for staff
- Promote the shuttle bus and increase frequency
- Promotion of electric vehicles, via salary sacrifice scheme
- Update the Green Travel Plan to create a board approved green travel plan
- Put into place a means of improved monitoring of consumption of fleet vehicles

Future Key Actions

- Low emission/electric fleet vehicles only to be purchased with a commitment that 90% of the fleet is ultralow and zero emission by 2028
- Encourage greener & more active travel alternatives among staff, patients & visitors
- Partner with council to improve local infrastructure and transport links round the hospital
- Monitor the levels of working from home and e-medicine to reduce travel
- Undertake a staff travel survey in 2022
- Assess our transport and travel and calculate/quantify the carbon footprint for business, patient and staff transport and report these emissions and show a reduction
- Put all fleet drivers through an environmental driving course
- Implemented a Board-approved Sustainable Travel Plan
- Established a Bicycle User Group via Sustainability group
- Carry out an education and awareness campaign designed to increase knowledge of sustainable transport options



Estates and Facilities

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

The Trust's estate is a significant consumer of energy (electricity and gas) and water, which contribute a major proportion of the Trust's carbon dioxide emissions, but to aid the reduction of emissions the Trust generate their own energy from a combined heat and power (CHP) plant at both Southport and Ormskirk hospitals. Excess energy from these plants is exported to the National Grid. In 20/21 this was enough to supply 1,208 three-bedroomed houses for a whole year. The power plants have also reduced the Trust's reliance on the National Grid with only 9% of total power used on site being derived from that source (7% Ormskirk, 12% Southport). Unfortunately, due to the long-term agreement with a provider on the CHP the Trust may face some issues fully implementing a net zero/heat decarbonisation plan.

The Trust has programmes aimed at maximising the amount of waste sent for recycling and minimising power and water use, and over the last couple of years with improved working practices within the laundry has seen water reductions of over 11,000m³ and we are in the process of planning decarbonisation and emissions reductions across all of our sites.

Estates and Facilities teams ensure buildings and services are managed safely and efficiently in order to reduce costs and limit the environmental impact of the Trust's estate and our Capital Project teams encourage innovative or sustainable technologies to be included in our refurbishments.

Green spaces are an important feature of our sites. Not only do they improve the natural aesthetics, making our sites more appealing, but they also play an important role in maintaining local air quality, patient wellbeing and protect wildlife corridors.

Completed/ongoing projects

- Develop and implement a net zero/heat decarbonisation plan by identifying low-carbon and renewable energy technologies, including solar photovoltaic (PV) panels, heat pumps, micro-wind and biomass to tie into the Governments Public Sector Decarbonisation Scheme (PSDS)
- Continue to monitor electricity, gas, oil, water, waste and transport to enable reporting
- Continue to install LED lighting across the Trust's estate and introduced passive infra-red-light sensors across the Trust (where feasible)
- Investigate the use of absorption chillers to utilise heat from CHP
- Provide on-site designated spaces for virtual consultations and meetings (linked with IT)



Future Key Actions

- Commit to renewable electric tariffs for imported electric by 2022
- No leasing of buildings unless they meet a certain “green” standard
- Develop our outdoor spaces in a way that reflects the importance of green spaces and natural environments for people’s health for the use of patients, staff, and the wider community (wild flowering meadows, providing bird and bat boxes etc)
- Undertake annual carbon footprint for the Trust’s activities to measure progress against carbon reduction targets
- Create a board approved green space and biodiversity strategy.
- Develop our Estates Strategy to ensure that the design process is informed by the views of our staff, patients, visitors, and local community
- Carry out occupancy surveys to ensure we maximise the value of our estate by delivering services in the most efficient manner possible
- Develop clinical waste segregation and work with the infection control division to consider wider implementation of the offensive waste stream (where feasible)
- Identify an individual in projects to take responsibility for sustainable capital and refurbishment projects
- Provide formal training for Capital Team on how they can develop more sustainable outcomes within their roles, such as understanding energy efficiency technologies, use of space, space utilisation and adaptation
- Utilise funding options outside capital for reducing energy and water usage
- Create a sustainable capital projects process to ensure sustainability is maximised on new builds and major refurbishments
- Design our capital projects and major refurbishments to be usable during future projected weather profiles such as extreme heat
- Deliver new buildings that are rated “Excellent” by BREEAM, and “Very Good” for major refurbishments
- Share successful sustainable capital projects with other healthcare organisations
- Report on Scope 3 emissions from all capital project activities
- Include life-costing in the design of all major developments
- Consider biodiversity and habitat protection during construction projects



Medicines

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

Anaesthetic gases (Nitrous Oxide, Desflurane, Isoflurane and Sevoflurane) are potent gases that account for a large portion of the carbon footprint for the entire public health and social care system.

73 million inhalers are used in the UK every day, many of which use Hydrofluorocarbon gases as an aerosol propellant; 1 tonne of Hydrofluorocarbon gasses can be equivalent to 1000 tonnes of carbon dioxide in terms of their impact on the environment, thus contributing greatly to overall CO₂e emissions.

It is however also recognised that the consumption of anaesthetic gases, and pharmaceuticals varies in line with patient contact, therefore the more patients we treat the more products we will consume. It is also noted that the re-use of patients own medicines are high within the Trust compared to the rest of Cheshire and Mersey, and we can only recycle those medicines that we have dispensed and have not left the Trust.

Completed/ongoing projects

- The Trust will reduce our direct and embodied greenhouse gas emissions, such as that caused by harmful levels of anaesthetic gases, by becoming more sustainable in our use of medicines and medical equipment, such as issuing meter-dosed inhalers.
- Review the amount using Define software and then reduce the proportion of desflurane to sevoflurane used in surgery. (Although we are already low users of both gases)
- Reduce the levels of nitrous oxide and fluorinated gases emitted through inhalers, by promoting clinically appropriate prescribing of inhalers with lower greenhouse gas emissions overall – have a campaign with the CCG to switch on admission to dry power or CFC free with the added bonus of training the patient on the change
- Put system into place for monitoring gases i.e., anaesthetic gases, inhalers etc

Future Key Actions

- Improve waste management within pharmacy and explore reuse of pharmaceuticals – and establish a method for costing the waste of expired drugs
- Indicate carbon costs when ordering prescriptions to encourage use of low-carbon alternatives
- Monitor and report carbon from pharmacy
- Promote the economic use of disposables, such as canulars and make staff aware of the cost and impact on the environment of their wastage



Supply Chain and Procurement

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

More than 70% of emissions from the health care sector are primarily derived from the health care supply chain, the production, transport, use, and disposal of goods and services that the sector consumes, therefore our procurement policies will therefore be developed, as reducing these emissions is crucial if we are to become net zero by 2045. We require our suppliers to be aligned with our ambitions and to understand our long-term goals and expectations.

Our goal is to improve the Trust's use of resources by reducing waste through better procurement decisions (and improved waste management) and thus the Trust will reduce the environmental impact of the goods and services used, switching to low-carbon alternatives, and moving away from single-use products.

None of the Trust's domestic waste goes to landfill. Our domestic waste is split into RDF (Refuse Derived Fuel) and DMR (Dry Mixed Recycling) waste streams. This year, 20/21, 373 tonnes of waste have been sent offsite as RDF, and 136 tonnes has been sent successfully as DMR.

Completed/ongoing projects

- We will improve at reducing, reusing, and refurbishing a range of equipment like walking aids quickly and safely.
- Whole life costing, energy consumption, social value, and environmental considerations to be included in future tendering processes (e.g., such as 100% renewable energy, 0% landfill for suppliers) to communicate our ambitions to suppliers and partners
- Better monitor stock management and streamlining of products lines to reduce waste
- Continue engaging with medium sized enterprises (SMEs), voluntary sector organisations and local suppliers

Future Key Actions

- Develop a repurposing programme (Warp IT) to store and recycle furniture/equipment, and remove working parts of condemned equipment to use to repair similar equipment where possible thus reducing disposal costs and supporting conservation programs
- Promote the Warp IT scheme and report associated carbon and financial savings
- Adopt a standard equipment list throughout Trust to prevent waste/ easy refurbishment
- Engage in dialogue with our key suppliers to encourage them to use resources sustainably in their own operations
- Switch to purchasing 100% recycled paper when our printer contract is next renewed
- Produce a Board-approved Sustainable Procurement Policy by 2022 to ensure a higher percentage of goods and services are procured from accredited sustainable suppliers committed to on-going carbon reduction and sustainable development
- Procurement will report on carbon emissions associated with products and services
- Repair and re-use medical devices where practical before buying new
- Donate items which cannot be reused by the Trust to Charity and the local community
- Support staff to minimise waste and expense at home
- Actively promote access to sustainable products to our staff and patients
- Invite our providers and suppliers to share their carbon and environmental impacts with us and support them to reduce



Food and Nutrition

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

All food makes a journey from where it is grown or produced to your plate. How far food has travelled is known as its food miles and we should be aiming for as few miles as possible, choosing foods produced closer to the Hospital with fewer food miles helps reduce pollution and protect our planet as well as benefiting the local community.

DEFRA estimates that moving food is responsible for 25 per cent of all miles covered by heavy goods traffic in the UK. Transporting food within, to and around the UK produces 19 million tonnes of CO₂ annually – equivalent to around 5.5 million typical cars, and that airfreight, used to transport perishable products like out of season berries accounts for 11 per cent of the UK's food transport emissions.

It is also understood that eating a healthy, balanced diet is an important part of maintaining good health, therefore as a healthcare provide, we must promote and offer a wide variety of foods in the right proportions to help keep staff and public healthy.

As for our food waste, all of it is collected and sent to a processing plant where it is broken down by anaerobic digestion to produce biogas which is supplied into the grid and bio-fertiliser for use on farmlands helping produce the next crop.

Completed/ongoing projects

- Re-invigorate the signed NHS Plastics Pledge to eliminate single-use plastics from catering and removed plastic cutlery/containers from the canteen
- Continue work to reduce the food wastage generated from the in-patient meal service
- Reduce waste generated from food packaging

Future Key Actions

- Work with Procurement to establish a strategic approach towards purchasing a higher percentage of catering and food products from sustainable sources, focusing on local, ethical, fair-trade, and sustainability-certified suppliers
- Offering plan-based menu
- Creating seasonal menus
- Reduce heavily processed food offered on the menu
- Engage staff and patients in food growing onsite or at home, and local sustainable food sourcing and gather staff feedback on their wellbeing improvements due to greater access to green space during working hours.
- With the guidance of Procurement review our supply chains to track the food miles, consumption patterns and disposal of food and drink products for staff and patients



Adaptation

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

The effects of climate change pose a range of risks to the health of local populations and the ability to operate our services effectively. Climate change adaptation is the understanding and implementation of resilience measures to enable our Trust to be ready for the future by clearly identifying the risks and responding to them. With the COVID-19 pandemic prompting a change in demand for health services across the country, the Trust has contingency plans in place for major incidents, including an adverse weather plan, aligned with the requirements of the national plans. However, the risks from climate change should be further integrated into the Trust's risk assessment process and adaptation planning and should include but not be exclusive, flooding, and coastal change, risk from high temperatures, risk of water shortages, risk to natural capital, risk to food production and trade and new and emerging pests and diseases.

The Trust has designated a key lead responsible for coordination of climate change adaptation and resilience planning and by ensuring the resilience of our organisation through emergency preparedness and response and business continuity planning, is building resilience against the impacts of climate change on our infrastructure, supply chain and resources to enable the long-term delivery of services and the continued safety of all members of staff, patients, and visitors.

Completed/ongoing projects

- Develop adverse weather plans
- Develop business continuity plan to include response to flooding, unavailability of fuel etc
- Update the Trust risk register to include climate change effects and record the number of impacts on the risk register
- Develop local protocols aligned to national heat wave plans, cold weather plans and multiagency flood plans in relation to civil contingencies act etc.

Future Key Actions

- Create a board approved adaptation plan to include the financial impacts of climate change to our Trust and the cost of doing nothing
- Monitor and report on the development of the adaptation plan
- Develop a Climate Change Risk Assessment (CCRA)
- Establish a climate change adaption working group
- Identify procedure for monitoring, recording, and managing over heating events in clinical areas
- Undertake a flood risk assessment, access routes and supplies
- Create green space/wildlife gardens
- Link in with local schools, community groups etc for litter picking days, tree planting and other environmental schemes within the hospitals and local area



Monitoring And Reporting

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

The Green Plan has been designed to operate as an evolving document and will be developed and amended throughout the next 3 years in order to reflect internal improvements and management procedures. The Green Plan will undergo a full review, analysis, and update after the first twelve months of implementation.

A Sustainability Group has been formed which will meet and report on initiatives, barriers to progression and future opportunities on a quarterly basis. All findings will be detailed in an associated Green Plan annual summary.

It is understood by the Trust that data management is measuring the difference and measuring the benefit therefore the Trust has robust data measuring and reporting system in place.

The Sustainability Group will develop an action plan from the actions within this document and progress on this will be reported to the Executive Team.

- ✓ All meter readings are taken on a monthly basis (AMR and manually) and consumptions checked and verified.
- ✓ All waste tonnage from site is recorded.
- ✓ Monthly reports for energy are compiled each month and any concerns are highlighted to the site maintenance manager and rectified.
- ✓ ERIC (Estates Returns Information Collection) returns are submitted annually to the Department of Health and our performance against similar sized organisations is assessed. Includes costs and figures for operating the NHS estate including buildings, maintenance, equipment, provision of services and utilities.
- ✓ Pam (Premises Assurance Model) returns are submitted annually to the Department of Health. This is a management tool used to provide NHS organisation with a method for assessing the safety and efficiency of their estates and facilities services.
- ✓ Trust Annual Report has a dedicated section where sustainability is reported – highlighting achievements and soon to include the Trust carbon footprint.
- ✓ Quarterly Greener NHS Data Collections – A reporting requirement to NHS Improvement and NHS England where 20 responses are required ranging from food waste, EV charging points and overheating incidents.





Governance

Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025

Clear leadership, strategic direction and the support of senior staff and other decision makers will ensure the Trust successfully delivers the Green Plans actions, but we must also remember that saving CO₂ is everyone's job and to succeed in becoming net zero carbon we require all staff to be engaged or we may fail to meet our reduction target, therefore every member of staff should be encouraged to

take responsibility for energy consumption and carbon reduction.

This Green plan will be a living document that will guide the way to the Trust becoming sustainable. On the journey to becoming Net Zero this document will be reviewed and update to reflect changes in Policy and technology. We have highlighted a five-stage process to work through and are currently on number four working towards five.

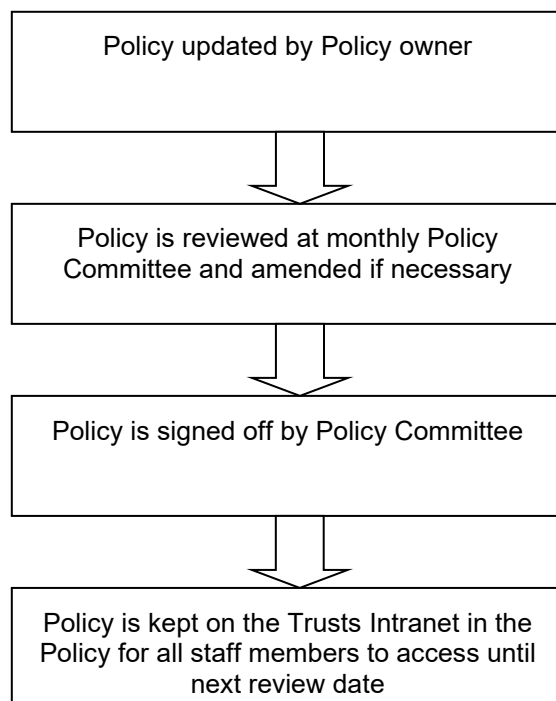




Policy Alignment

The Trust has developed over a number of years numerous policies relating to referencing the green agenda. All the policies are reviewed on a two-year basis, or when legislative change occurs. The Trust has an established structure for policy review and a Policy Committee is held on a monthly basis as detailed in the diagram below.





The Sustainability/Carbon Management Team – delivering the Green Plan

Overall success of the Green Plan will only be achieved by having appropriate, organised, and responsible programme governance in place.

Senior management must ensure adequate support and resources are available, therefore management level ownership for carbon reduction targets and schemes will be in place.

Programme governance will ensure overall progress is reviewed, deliverables are completed, membership on the project board is still relevant etc.

The table below details the core team members although other members of staff will be required from time to time to make decisions and recommendations based on specialist knowledge.

Name and position in Trust	Contact details via department
<i>Finance Director</i>	<i>Finance</i>
<i>Associate Director of Facilities</i>	<i>Estates & Facilities</i>
<i>Estates Matron</i>	<i>Estates & Facilities</i>
<i>Head of Information Technology</i>	<i>Information Technology</i>
<i>Deputy Chief Pharmacist</i>	<i>Pharmacy</i>
<i>Head of Procurement</i>	<i>Procurement</i>
<i>Head of Facilities</i>	<i>Estates & Facilities</i>
<i>Planning & Resilience Manger</i>	<i>Emergency Planning Resilience</i>



<i>Communications/PR Manager</i>	<i>Communications/PR</i>
<i>Sustainability Manager</i>	<i>Estates & Facilities</i>
<i>Head of Hard FM</i>	<i>Estates & Facilities</i>
<i>Compliance Manager</i>	<i>Estates & Facilities</i>
<i>Staff Side Lead</i>	<i>Staff Side</i>

Succession planning for key roles

Over the duration of the Green Plan implementation key members of the management team could change, therefore measures are in place to ensure new members are informed of their role and responsibilities within the team and will be assisted with the transition by way of a meeting with the current

role holder informing them of their responsibilities, current progress and details of meetings and projects the new member has ownership for. It has also been agreed that nominated deputies are used to stand in as needed and these deputies will have an understanding of the project.



Engage
 Southport And Ormskirk Hospital NHS Trust Green Plan 2022-2025



We are continually striving to improve sustainable development here at Southport And Ormskirk NHS Trust and would welcome your views on how we can do this.

- i. Email any comments, ideas, suggestions to gturton@nhs.net
- ii. Talk to you manager on how you can be invovled and improve sustainability within your department.



ALERT | ADVISE | ASSURE (AAA) HIGHLIGHT REPORT

COMMITTEE/GROUP:	EXECUTIVE MANAGEMENT TEAM
MEETINGS HELD:	November 2021
LEAD:	Anne-Marie Stretch

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- No alerts to raise.

ADVISE

- The Executive Management Team hold weekly meeting which are chaired by the Managing Director. Discussions in the meeting vary but the main focus is always on the themes of quality and safety, workforce, financial and operation performance as well as risk and governance.
- Agenda items considered during November included:
 - The Elective Restoration Operation Plan and the Urgent Care Performance Reports.
 - 2021/22 H2 Operational and Financial Plan which detailed proposed arrangements for the remainder of the financial year.
 - Cyber Security and IT
 - Compliance with Personal Development Reviews (PDRs).
 - Infection Prevention and Control Assurance Framework
 - Winter Planning
 - Staff Winter Wellness Programmes
 - Staff Communication and Engagement

ASSURE

- The Director of HR and OD and the Chief Operating Officer jointly presented the Senior Manager on Call Report which detailed proposed changes to the existing arrangements and sought to improve wellbeing and work experience ensuring this remains aligned to sector norms. It was agreed that the proposed changes would ensure there was strategic assurance of a sustainable out of hours provision and maintain compatibility with Our People Plan.
- The Director of Finance presented the Trust's Green Plan following presentation at the Sustainability Group Meeting. The Green Plan was approved in principle.
- The Director of Nursing presented the 2020/21 Integrated Governance Report which provided evidence of effective governance arrangements across all areas of the Trust. It was noted that whilst this had been a challenging year, with the pandemic, there had been notable improvements which included:
 - The introduction of the Patient Advice and Liaison Service (PALS) in September 2021, has had a continuous positive effect on resolving issues and concerns raised.
 - Risk clinics provide an informal support mechanism to aid staff understanding and risk maturity and provision of Risk Management training for Managers.

New Risk identified at the meeting	None
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Review of the Risk Register