

W1 Leadership	W2 Vision	W3 Culture	W4 Governance
W5 Risk	W6 Information	W7 Engagement	W8 Learning

Board of Directors (held in Public)
At 1:30pm on Wednesday 24th November 2021
Held Via Video Conferencing

Ref	Title of item	Well-led theme	Format	Presented by	Time
ASSURANCE					
21/22/17 - Meeting Governance					
21/22/17 a	Welcome, apologies and quoracy		Verbal	Chair	1:30 (5 mins)
21/22/17 b	Declarations of interest		Verbal		
21/22/17 c	Minutes of the previous meetings held 29 th September 2021		Paper		
21/22/17 d	Matters arising and action schedule		Paper		
21/22/17 e	2021/22 Business cycle		Paper		
21/22/17 f	Chair's Announcements		Verbal		1:35 (5 mins)
21/22/17 g	Chief Executive's Announcements <ul style="list-style-type: none"> To include the CWP Equality, Diversity and Inclusion – Annual Report Publication - Equality, Diversity and Inclusion CWP 		Verbal	Chief Executive	1:40 (10 mins)
21/22/18 - Internal reporting from committees; matters of escalation and assurance					
21/22/18 a	Operational Committee <ul style="list-style-type: none"> Chair's report from Operational Committee – October & November 2021 To Include the following Highlight Reports:- <ul style="list-style-type: none"> Monthly Safer Staffing Report 	W4 Governance W5 Risk	Paper	Operational Committee Chair	1:50 (10 mins)

Ref	Title of item	Well-led theme	Format	Presented by	Time
21/22/18 b	Quality Committee <ul style="list-style-type: none"> Chair's report from Quality Committee – November 2021 To include the following Highlight Reports:- <ul style="list-style-type: none"> LEVEN Report 	W4 Governance W5 Risk	Paper	Quality Committee Chair	2:00 (10 mins)
21/22/18 c	Audit Committee <ul style="list-style-type: none"> Audit Committee Chairs Report - 9th November 2021 	W4 Governance W5 Risk	Paper	Audit Committee Chair	2:10 (10 mins)
21/22/18 d	Board Assurance Framework & Report Against Strategic Objectives	W4 Governance W5 Risk W6 Information	Paper	Chief Executive / Director of Business and Value	2:20 (10 mins)
Break – 2:30 – 2:40 (10 mins)					
21/22/19 – In Depth Discussion – SO6 – Reducing Inequalities					
21/22/19 a	In-depth discussion: Reducing Inequalities <ul style="list-style-type: none"> <i>Contributing to improving environmental sustainability – CWP Green Plan</i> 	W1 Leadership W2 Vision W3 Culture W5 Risk	Paper / Presentation	Director of Operations / Associate Director of Operations, Infrastructure	2:40 (45 mins)
21/22/20 – Enabling Our People					
21/22/20 a	Guardian of Safe Working quarterly report	W4 Governance W5 Risk	Paper	Medical Director	3:25 (5 mins)
21/22/21 - Any other business					
21/22/21 a	Any other business				
21/22/21 b	Matters for referral to any other groups				
21/22/21 c	Matters impacting on policy and/ or practice				
21/22/21 d	Review risk impact of items discussed				
21/22/21 e	Three things to communicate				
21/22/21 f	Review the effectiveness of today's meeting https://www.smartsurvey.co.uk/s/meetingeffectivenesssurvey/				
CLOSE [3:35]					
Date, time and venue of the next meeting: 26 January 2021 at 13:00/ 13:30 - TBC					

Version No	1	Date issued	
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DRAFT - Minutes of Board of Directors Meeting – held in Public

**At 1:00pm on Wednesday 29th September 2021
Via Video Conferencing**

Present	Mike Maier Andrea Campbell Rebecca Burke-Sharples Edward Jenner Farhad Ahmed Elizabeth Harrison Tim Welch David Harris Andy Styring Andy Harland Gary Flockhart Suzanne Edwards Dr Faouzi Alam	Chairman Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive (Interim) Director of People and OD (<i>for item 21.22.39a only</i>) Director of Strategy and Partnerships Director of Business and Value (Interim) Director of Nursing, Therapies and Patient Partnership Director of Operations Joint Medical Director, Effectiveness, Medical Education and Medical Workforce & Caldicott Guardian
In attendance	Suzanne Christopher Katherine Wright Chris Lynch	Head of Corporate Affairs Associate Director of Communications, Engagement and Corporate Affairs Member of the Public
Apologies	Dr Anushta Sivananthan	Joint Medical Director, Quality, Compliance and Assurance

Ref	Title of item	Action
	Meeting governance	
21/22/13a	Welcome, apologies and quoracy The Chair welcomed all to the meeting. Apologies were noted as above. The meeting was confirmed as quorate. The Chair welcomed Chris Lynch, Public member, to the meeting.	
21/22/13b	Declarations of interest None	
21/22/13c	Minutes of the previous meeting held 28 July 2021 The minutes of the meeting held on the 28 July 2021 were reviewed. One amendment was requested on page 8 to record the correct person speaking. Further to the above the minutes of the meeting held on the 28 July 2021 were approved .	
21/22/13d	Matters arising and action points None to review.	
21/22/13e	2021/22 business cycle The business cycle for 2021/22 was noted .	
21/22/13f	Chair's announcements M Maier provided the following updates;	

Ref	Title of item	Action
	<p><u>Use of Emergency Powers</u> It was noted that Emergency Powers had been taken regarding the implementation of a vaccination programme for 12-15 year olds. In line with Constitutional requirements the decision was considered by Rebecca Burke-Sharples (SID), Andrea Campbell (Deputy Chair), Mike Maier (Chair) and Suzanne Edwards (Interim Deputy Chief Executive Officer in the absence of Tim Welch). The decision had been ratified by the Board of Directors held in Private.</p> <p><u>Imagining the Future</u> M Maier confirmed that the Trust continues to develop its strategy, Imagining the Future. The overall aim of the strategy is to improve the lives of everyone in our communities by working in partnership with other organisations.</p> <p>CWP Cares events have been held as part of the engagement process for our strategy. Events will also take place with our wider communities.</p> <p>A summary document of the strategy has been published on the Trust website along with a survey to invite further views and comments.</p> <p><u>World Suicide Prevention Day</u> Friday 10 September was World Suicide Prevention Day. This event is held annually allowing an opportunity to reflect and raise awareness of issues around suicide and suicidal ideation. CWP took the opportunity to promote its crisis services including our crisis line, crisis cafes and also the Shout text messaging service. A Facebook Live was also held where Hayley McGowan and Mike Caulfield shared their thoughts on the subject.</p> <p><u>World Mental Health Day</u> The Trust will also be supporting World Mental Health Day (Sunday 10 October) throughout the week commencing 4 October. CWP will be promoting its mental health services and why it is important for people to look after their own mental health as well as that of others.</p> <p><u>Community Mental Health Survey 2022</u> It was noted that the survey would soon be carried out to understand the views of people who access our services. The survey is part of a national programme to improve quality of care and service users' experiences. It was acknowledged that individuals may choose to opt out of this process and guidance would be issued to advise on that.</p> <p>The Board of Directors noted the above updates.</p>	
21/22/13g	<p>Chief Executive's announcements</p> <p>T Welch introduced the item and reflected on what an honour it was to be acting as the Chief Executive Officer for CWP.</p> <p>T Welch highlighted the following items that had been considered by Board members as part of the Board of Directors meeting held in private earlier in the day;</p> <ul style="list-style-type: none"> An update regarding the on-going development and refresh of the Trust Strategy, Imaging the Future. 	

Ref	Title of item	Action
	<ul style="list-style-type: none"> • A progress report against the Trust’s continued response to the pandemic and how CWP is supporting the next phase of the vaccination programme. • Formal receipt of the Auditors Annual Report for 20/21, acknowledging the hard work that had taken place to achieve that. This will also be shared with Governors at the next Council meeting. • Approved the Go-Live of two Lead Provider Collaboratives. <p>T Welch also reflected on the recent CWP Cares events which had been held over recent months. The events have allowed an opportunity to listen to people’s experiences over the last 18 months and share ideas to help inform our Imagining the Future work. T Welch thanked everyone who had been a part of those sessions, acknowledging people’s honesty and willingness to share experiences and great ideas to help CWP improve in the future. It was noted that whilst these events will draw to a close relatively soon, further engagement is planned, and Governors will be appraised accordingly.</p> <p>The Board of Directors noted the summary.</p>	
Internal reporting from committees, matters of governance and assurance		
21/22/14a	<p>Operational Committee: Chair’s Report of the Operational Committee held September 2021</p> <p>T Welch introduced the item. The report related to the meeting held in September 2021. The following items were escalated to the Board of Directors;</p> <ul style="list-style-type: none"> • The amount of work taking place across the Trust was acknowledged despite the continued challenges that are faced across the NHS. The themes of the report would contribute to the discussion to be held later as part of this agenda considering the health and wellbeing of CWP colleagues. • The meeting also reflected on the performance of CWP against the Trust’s performance indicators and paid particular attention to recent out of area placements. • It was noted that the Trust is moving towards the closing stages of the development of a new Electronic Patient Record, and acknowledgement was given to the amount of work that had taken place. Risks had been identified and mitigated accordingly. • It was noted that the Trust is compliant with the 37 domains within the annual NHSE Emergency Preparedness Resilience and Response core standards. The operational committee approved the submission of the annual return. <p>S Edwards provided further context regarding the out of area placements. It was noted that this had been a reflection of the increased demand for services and the challenges currently faced with bed-based provision. CWP continues to be involved in people’s care and is working with Cheshire and Merseyside to reduce the need for out of area placements as much as possible. Although CWP has seen an increase in out of areas placements, these occurrences remain low and work is taking place internally to release as much capacity as possible.</p>	

Ref	Title of item	Action
	<p>G Flockhart commented on the safer staffing report. It was noted that the report does outline significant pressures on teams across CWP. It was proposed that this forms part of the discussion later on this agenda. Thanks were offered to all staff for their continued commitment and dedication.</p> <p>The Board of Directors noted the Chair's report.</p>	
21/22/14b	<p>Quality Committee: Chair's Report of the Quality Committee held 8th September 2021</p> <p>R Burke-Sharples introduced the item as Chair of the last Quality Committee meeting.</p> <p>R Burke-Sharples advised that the meeting had received three presentations that went to the heart of the Trust's strategic objectives. These were detailed within the improvement section of the written report.</p> <p>A discussion was held during the meeting with Care Groups to explore how they take forward actions from the learning from experience report and incident reviews. Care Group leaders provided assurance and were keen to ensure that learning was embedded Trust wide.</p> <p>It was noted that the strategic risk register formed part of this agenda and would be considered at that point.</p> <p>Questions were invited from Board members.</p> <p>T Welch reflected that the meeting had been very informative, and the quality of the presentations made was excellent. The presentations set out the outcomes teams hope to achieve and were extremely positive.</p> <p>F Alam acknowledged the changing dynamic regarding the ownership of these projects. It was noted that Strategic Clinical Directors would welcome a further discussion to consider that in greater detail. F Alam confirmed that he would take that forward with teams.</p> <p>G Flockhart commented on the Learning from Experience Report. The importance of ensuring learning was embedded across the organisation was noted, along with the positive response and ownership from Care Groups to drive that forwards.</p> <p>R Burke-Sharples provided further assurance that she had recently met with the Heads of Operations following a serious incident review meeting. There was a clear commitment from Care Groups to ensure learning was taken forward. Regular meetings have been scheduled to allow for additional assurance to the Board of Directors.</p> <p>The Board of Directors noted the Chair's report.</p>	
21/22/14c	<p>Audit Committee: Minutes from the meetings held 21st July 2021</p> <p>E Jenner introduced the item. It was noted that a full verbal update had been provided from the July meeting to the previous Board of Directors meeting. The report had been provided as part of the agenda pack for completeness.</p> <p>It was noted that the meeting scheduled for the 14th September had been cancelled due to unforeseen circumstances.</p>	

Ref	Title of item	Action
	<p>The Board of Directors noted the Chair's report.</p>	
21/22/14d	<p>Gender Pay Gap</p> <p>D Harris introduced the item.</p> <p>It was noted that this is a report provided to Board members on an annual basis. Last year was an exception to this due to a national pause driven by the response to the pandemic. The report provided assurance that the Trust was meeting the necessary requirements.</p> <p>Clarity was provided that the report did not concern equal pay for equal value. It was instead purely focused on the gender pay gap. The format of the report and how data was presented is dictated by guidance.</p> <p>Board members reviewed the current position in detail. It was noted that certain roles appeared to be having a disproportionate impact on some areas. It was also noted that some teams appear to be heavily dominated by males within senior roles (e.g. estates and facilities). A discussion also took place regarding clinical excellence awards, and how this appeared also heavily weighted towards male colleagues.</p> <p>Board members considered how female members of staff may be better encouraged to seek more senior roles, ensuring equal opportunities are provided as necessary and un-conscious bias was not a barrier (e.g. flexible working arrangements). It was noted that this forms part of the equality, diversity and inclusion work and will form part of the People Strategy.</p> <p>M Maier acknowledged the significant work and improvements made to date but recognised further work is now needed.</p> <p>The Board of Directors noted the report and identified actions.</p>	
21/22/14e	<p>Board Assurance Framework</p> <p>T Welch introduced the item, noting this as a key part of our Governance arrangements. The Strategic Risk Register is submitted to all our assurance committees, with the exception of Audit Committee for this month (in the absence of the September meeting). The Register was scrutinised as part of this month's Quality Committee and Operational Committee.</p> <p>The report included 8 strategic risks, with 2 additional risks in scope. A number of these risks will form part of the in-depth discussion that will be considered later on this agenda.</p> <p>In light of the detailed discussion that was due to follow, the Board of Directors noted the report and approved the amendments to the Board Assurance Framework.</p> <p>Report Against Strategic Objectives.</p> <p>A Harland introduced the item, advising that the report outlined the Trust's performance against key metrics. It was noted that this report would also help to inform the discussion later on the agenda.</p>	

Ref	Title of item	Action
	<p>As discussed earlier, it was noted that out of area placements had been utilised to ensure acutely ill patients were appropriately placed.</p> <p>D Harris commented that vacancies had increased, yet these had not reached the levels recorded two years previously. It was acknowledged that alongside that turnover and sickness had also increased, all of which had led to the addition of the in-scope risk to the register. It was acknowledged that when capacity is squeezed, recording of supervision and appraisal is often also affected.</p> <p>D Harris highlighted that the Friends and Family Test continues to see CWP scored relatively highly as a place to work, which is important to keep in mind as part of the next session. Although our people are tired, they remain engaged and committed, which needs to be protected.</p> <p>Board members recognised that the indicators do give a sense of strain on our people.</p> <p>F Ahmed commented that he has been the Well-being Guardian since March 2021 and has held regular meetings with David Harris and Karen Phillips. F Ahmed commented on the downward trajectory of the indicators, noting this as a concern, but acknowledging the similar situation that is currently being felt across the North West. This had been demonstrated within regional well-being meetings. The disproportionate effects on the North West of COVID-19 had also been recognised regionally.</p> <p>F Ahmed commented that the direction of travel was to ensure a greater emphasis on the staff who are in work, but may be struggling.</p> <p>The health and well-being offer to staff is considered on a monthly basis, and CWP is working hard to ensure this offer is appropriate and beneficial to our people. It was noted that it can, however, be difficult for staff to engage with that offer, given their efforts to prioritise the care to patients. A challenge to the Trust is, therefore, how capacity can be freed up to enable staff to engage in the offer made to them. F Ahmed suggested that the focus needs to be widened, to consider resource as well as well-being. To ensure focus on this area, a well-being plan will be devised that will sit alongside the People Strategy and will report via the People and OD Sub-Committee.</p> <p>E Harrison queried the well-being initiatives that have had the greatest impact for staff. D Harris advised that this forms part of the staff survey each year. Nationally, across the NHS, the take-up of well-being initiatives is very low. We do know that for those not in work and struggling, the psychological offer is effective. Musculo-skeletal initiatives are also very positive.</p> <p>The Board of Directors noted the updates and approved both reports.</p> <p><i>S Edwards left the meeting.</i></p>	
In Depth Discussion		
21/22/15a	<p>In Depth Discussion – “CWP Colleagues”</p> <p>D Harris introduced the item. The summary provided by the F Ahmed as part of the previous item was noted. Board members were invited to consider the reports provided as part of this agenda to help inform a general discussion about CWP colleagues and how we can best support them.</p>	

Ref	Title of item	Action
	<p>Board members reflected on the recent CWP Cares events and the outcomes of those. Very clearly people felt that additional resource and reduced pressure would significantly help the current situation. It was acknowledged that different teams presented differently in terms of mood. It was considered that this may, in part, be due to the support of line managers. Board members acknowledged the need to share positive experiences between teams. Strong peer support was also evident within some teams which is important to learn from.</p> <p>It was noted that well-being is for everyone, and we should avoid a focus on assumptions about who is coping and who is not. CWP needs to create a place of work that allows people to feel good about themselves.</p> <p>The process of CWP Cares was acknowledged as a real positive experience. It was noted that the outputs of that process will be collated by Liverpool John Moores University and presented back to Board later in the year. This would then support us to drive forward improvements in all that we do. The challenge to staff over the last 18 months was recognised and acknowledged as being an extremely difficult environment.</p> <p>It was noted that 85% of the Trust's expenditure is on people. It is important that we continue to invest in our people to help them to be the best they can be and ensure we do allow the time for people to engage with the offers made to them. The Trust needs to understand that more and what makes people feel valued.</p> <p>The change within the NHS was also acknowledged by Board members. It was noted that people will also need support to overcome the anxiety that change can present, as well as the impact on personal lives from wider national decisions. People need to feel confident, comfortable, and supported.</p> <p>Further to various TUPE exercises, it was acknowledged that although people may be working together in the same team, they may be subject to different policies and procedures, which can cause inconsistencies for team managers.</p> <p>Recruitment and retention was considered, and how new approaches to this may be implemented to support capacity within teams. Consideration was given to how CWP works within the System to support that moving forward.</p> <p>It was apparent through the CWP Cares events, that the focus of the people within CWP is always on the patient, and very rarely on themselves. At a time when a number of people's own normal relaxation methods were not available to them (due to the resections COVID placed on activities), people had to find alternative ways to relax and recover from work. There is, therefore, a wider impact on people and their families. It was noted that Executive Colleagues need to encourage and lead by example to support colleagues in effectively balancing work and home lives.</p> <p>Board members considered the use of language, encouraging a more positive approach to how we communicate (moving away from 'crisis').</p> <p>Summary of areas to take forward:</p>	

Ref	Title of item	Action
	<ul style="list-style-type: none"> • A focus on learning from each other and sharing experiences (what's working well) • A focus on leadership and management styles • Building on positive peer support • Allowing time for people to engage with the well-being offers made • Understating what makes people feel valued • Supporting people through change • Issues of equality within teams (policies and procedures) • A focus on recruitment and retention initiatives • Working as a System to support each other • Executive Colleagues, setting the example • Positive use of language <p>Board members acknowledged that the conversation had been useful but recognised that this is a conversation that will evolve and continue. Board considered how they support and strengthen CWP's Communities Colleagues (who live and work in our communities).</p> <p>Board considered the next steps. It was noted that the outcomes of the CWP Cares events, once compiled by Liverpool John Mores University, would be shared with Board members and would feed into this conversation. People indicators were also being considered to focus on outcomes. The output of this discussion will be shared with the People and OD teams for further consideration.</p> <p>D Harris then outlined that as part of the North West Well-Being Workshop, Chairs and CEO's had been asked to seek support from their Board to sign up to a pledge to have a conversation about well-being and recognise that well-being is important. Before that was known to CWP, Board members had planned this conversation. D Harris advised that confirmation of CWP having the conversation would be provided as requested. It was noted that this was already an important area for CWP that members of the Board wished to focus their attention on.</p> <p>M Maier thanked all for their input and contributions. It was noted that the session had been an interesting and important one for Board.</p> <p>The Board of Directors noted the discussion.</p>	
	Closing Business	
21/22/15a	Any other business None. C Lynch (public visitor) thanked the Board for their discussion, noting how interesting it had been.	
21/22/15b	Matters for referral to any other groups None	
21/22/15c	Matters impacting on policy and/ or practice None	
21/22/15d	Review risk impact of items discussed None	
21/22/15e	Three things to communicate None	
21/22/15f	Review of meeting performance	

Ref	Title of item	Action
	Board members were encouraged to review the meeting via Smart survey in order to continuously improve the quality of the meeting.	
CLOSE		
Date, time and venue of the next meeting: 24 th November 2021 at 13:00		

DRAFT

Cheshire and Wirral Partnership NHS Foundation Trust
Open Actions Action Schedule

Meeting date	Group/ Ref	Action	By Whom	By when	Status
		Board of Directors: Open meeting action schedule: November 2021			

**DRAFT - Board of Directors
Business Cycle 2021/22
(Meeting held in Public)**

	Item	Lead	Scope	Well-led domain	May	Jul	Sep	Nov	Jan	Mar
Meeting Governance	Chair and CEO report and Announcements	Chair / CEO	To update on development not on agenda	W1 W6	✓	✓	✓	✓	✓	✓
	Review minutes of the previous meeting	Chair	To approve minutes	W4 W5	✓	✓	✓	✓	✓	✓
	Quality Committee Chairs Report To include:- 1. Annual Safeguarding report 2. Annual Medicines Report 3. Annual Research Report 4. Six monthly Infection, Prevention and Control Report 5. DIPC Annual report (inc. PLACE). 6. CQC Patient survey and response All above reports to be accompanied by a Highlight report.	QC Chair	Review Chair's Report and any matters for note/ escalation and provide assurance to the Board of Directors	W4 W5	✓ 6	✓ 1	✓ 5	✓ 2	✓ 4&3	✓
	Audit Committee Chairs Report	AC Chair	Review Chair's Report and any matters for note/ escalation	W4 W5	✓	✓	✓	✓	✓	✓
	Operational Committee Chairs Report To include:- 1. Monthly safer staffing 2. Health and Safety and Fire annual report (and LINK Certification) 3. PLACE 4. DPST/GDPR 5. Capital Plan All above reports to be accompanied by a Highlight report.	OC Chair	Review Chair's Report and any matters for note/ escalation	W4 W5	✓ 1&4	✓ 1&2	✓ 1&3	✓ 1	✓ 1&5	✓ 1

	Place Based reports / updates including ICP Board/s (minutes)	SC	To note system developments	W6	✓	✓	✓	✓	✓	✓
	BOD draft Business Cycle 2022/2023	MM/SC	Ensure matters reported to the Board in a timely fashion	W4						✓
	Review risk impacts of items	MM/SC	Identify any new risk impacts	W4	✓	✓	✓	✓	✓	✓
	Strategic Objectives	All	In-depth discussion in regards to individual strategic objectives.	W1 W2 W4 W5	SO7 Staff survey and EDI focus	SO6	SO8	SO4	SO1	SO2 SO3
	Board Assurance Framework / Performance report against strategic objectives	ASiv / TW	Review performance and risk – and note for assurance	W4 W5 W6	✓	✓	✓	✓	✓	✓
Effective Systems of Governance	Annual Provider Licence Compliance and self-certification statements	TW	Review and note for assurance/ regulatory requirement	W4	✓					
	Annual Report, Accounts and Quality Account	TW	Statutory requirement	W4 W6	✓					
	CQC Statement of Purpose	ASiv	Regulatory requirement	W4	✓					
	Corporate Governance Manual	TW	Best practice annual review	W4	✓					
	Integrated Governance Framework – annual review	ASiv	Best practice annual review	W4	✓					

	CEO/Chair Division of Responsibilities	MM/SC	Governance requirement	W3 W4 W6	✓					
	Register of Interests (Directors and Governors)	MM	Governance requirement	W4	✓					
	Fit and Proper Persons annual assurance	DH	Regulatory and Licence requirement	W4	✓					
	Register of Sealings	TW	Governance requirement	W4	✓					
	Terms of Reference and effectiveness reviews: <ul style="list-style-type: none"> Quality Committee Audit Committee Operational Committee 	Committee Chairs	Governance requirement	W4	✓	✓				
Enabling our people	Equality and Diversity responsibilities inc. WRES, WDES and Staff Networks.	GF	Review and note for assurance	W7	✓	✓		✓	✓	
	Freedom to speak up six monthly report	GF	Review and note for assurance	W3 W5 W7 W8		✓			✓	
	Medical Appraisal Annual Report and annual declaration of Medical revalidation	FA	Review and note for assurance	W4 W5		✓				
	Guardian of Safe Working quarterly report	FA	Review and note for assurance	W4 W5 W3 W7	✓	✓		✓	✓	
	People and OD strategy delivery	DH	Review and note for assurance	W2 W3 W7		✓		✓		✓
	NHS Staff Survey (themes and improvement plan)	DH	Review and note for assurance	W3 W7	✓					

	Digital Strategy	TW	Review and note for assurance	W2 W3 W8		✓			✓
	Estates Strategy	SE	Review and note for assurance	W2 W3 W8		✓			✓
	Research Strategy	FA	Review and note for assurance	W2 W3 W8		✓			✓
	Communication and Engagement Strategy	SC	Review and note for assurance	W2 W3 W8		✓			✓
Quality of Care	Quality Improvement report/ strategy implementation	ASiv	Review and note for assurance	W2 W3 W8		✓		✓	✓
	Learning from Experience report, Inc. Learning from Deaths	GF	Review and note for assurance	W4 W5 W6	✓		✓		✓
	LEVEN Report	GF	Review and note for assurance	W2 W3 W7 W8					

W1 Leadership	W2 Vision	W3 Culture	W4 Governance
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STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Operational Committee
Chair of meeting:	Tim Welch
Date of meeting:	19/10/2021

Quality, clinical, care, other risks identified that require escalation:	
ESCALATION	<p>Workforce recruitment and retention issues: A number of Care Group reports to Operational Committee reflected the ongoing challenges inherent in this area, for both safe and effective care. The People and organisational development sub-committee (PODSC) chair's report provided an update on the mitigation plan for the strategic resourcing risk. In order to ensure rapid decision making, PODSC Chair's action had been taken to approve a Trust Attraction Strategy and proposals for extending the scope of international recruitment.</p>
	<p>Continuous Improvement Performance Report: NHS Oversight Framework Targets:</p> <ul style="list-style-type: none"> • IAPT Recovery Rate - 49.5% against the target of 50%. • Data Quality Maturity Index (DQMI) – 87.0% against a target of 95%. • Out of Area placements – nine during September, with all nine still OOA at the end of the month.
	<p>Ethnicity Data recording – only LDD & NDD and Neighbourhoods are reporting improvements in numbers compared to last month. The DQ Group discussed the data and agreed a refresh of the communication to GPs along with a review of waiting lists in line with SystemOne implementation. The group will continue to monitor and report progress.</p>
	<p>72-hour follow up target (95%) for all patients has been missed at 85.4%. This position has improved compared to last month's figure of 82.4%.</p>
	<p>Supervision – rates for clinical supervision have deteriorated from last month (72.8%) to 66%, as have management supervision rates which are 63.5% compared to those reported last month (69.1%). Both remain below the 85% target. All care groups provided assurances that supervision is taking place, but acknowledged that workforce pressures were limiting the recording of supervisions and that further work is needed to review the supervision process and action plans are in place.</p>
	<p>Safeguarding 3 yearly training is below the 95% target. Performance for the month has improved (90%) compared to last month's figure of 88.7%.</p>
	<p>Waiting times (Community) – Overall we are reporting 92.7% seen within 18 weeks (target 95%), a slight improvement on last month of 91.7%. A task and finish group has been established in specialist mental health care group to review waiting time metrics, develop wait targets and reduce waits for first appointment.</p>
<p>All Age Disabilities – sickness has reduced slightly (10.7%) when compared to last month (10.9%).</p>	

On which matters did the meeting make a decision, e.g. what did it approve?	
ASSURANCE	<p>Electronic Patient Record Programme: CWP had asked four organisations to provide quotes for floor walking support: 12 floor walkers to be on duty between the hours of 8am-10pm 7 days a week for a two-week period. The Operational Committee approved procuring floorwalking support from Ideal Health Consultants Ltd.</p>
	<p>Losses & Special Payments: The Operational Committee approved total losses and special payment expenses for the period 1st April 2021 to 30th September 2021 to the value of £71,732.71.</p>
Other matters discussed that provide assurance:	

COVID 19 (Coronavirus Update): The vaccination programme for Covid boosters and flu vaccines was continuing. A&T units still unable to accept any admissions. There had been one Covid outbreak at Oaktrees that was being managed. There are challenges filling shifts for the GP Out of Hours service due to differing pay rates.

Capital Plan: The Committee received an update on the Trust's Capital Plan for 2021/22. The capital programme has been re-profiled to offset the forecast slippage to ensure the agreed control total is maintained.

ADHD Update: The Committee received an update and gained assurance on progress.

Workforce Race and Disability Equality Standards: The Operational Committee received an update on the information that is required to be submitted and published on the Trust website annually. There had been an increase in the representation of Black and Minority Ethnic people at Board level; this figure has progressively increased from 7.14% in 2019 to 21.4% meaning that the Trust continues to perform better than a number of other Trusts in respect of Ethnic Minority Board representation. Representation of people with a disability both at Board level and within the Trust's workforce as a whole had also increased since last year. There were a number of areas for improvement reflected in the report and it was agreed that a breakdown of those areas by care group and locality would assist in targeting action effectively.

Developments/ achievements:

IMPROVEMENT

Lead provider collaboratives: The two new CWP lead provider collaboratives had successfully launched at the start of October.

CWP Strategy: The Operational Committee received an update on the ongoing work to refresh the Trust's Strategy.

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Operational Committee
Chair of meeting:	Tim Welch
Date of meeting:	16/11/2021

Quality, clinical, care, other risks identified that require escalation:	
ESCALATION	<p>Continuous Improvement Performance Report:</p> <p>NHS Oversight Framework Targets:</p> <ul style="list-style-type: none"> • EI % in 2 weeks (completed) - which is 50% (4 out of 8) against a target of 60% (88.25% in September). • Data Quality Maturity Index (DQMI) – 87.1% against a target of 95%. • Out of Area placements – there were four new placements during October, with all four still OOA at the end of the month. <p>Ethnicity Data recording – Neighbourhoods and SMH are reporting improvements in numbers compared to last month. The DQ Group discussed the data and agreed a refresh of the communication to GPs along with a review of waiting lists in line with SystmOne implementation. The group will continue to monitor and report progress.</p> <p>72-hour follow up target (95%) for all patients has been missed at 71.43%. This position has worsened compared to last month's figure of 85.39%. When reviewed previously services users have received the follow-up within 72 hours, but data had not been recorded to reflect this. Further work will take place to fully understand this drop in percentage and provide assurance.</p> <p>Supervision – rates for clinical supervision have improved from last month (66%) to 70.2%, as have management supervision rates which are 68.3% compared to those reported last month (63.4%). Both remain below the 85% target. An in-depth discussion took place regarding measures to address supervision compliance, including a PDSA approach within teams in different care groups and localities.</p> <p>Staff appraisal – the Trust wide position this month is standing at 76% compared to 88% last month. The sharp decline is due to a data quality exercise that aims to bring employees back in line with their appraisal cycle window for this year, following an extension last year during the height of the pandemic.</p> <p>Safeguarding 3 yearly training is below the 95% target. Performance for the month has improved (94.2%) compared to last month's figure of 90%.</p> <p>Waiting times (Community) – Overall we are reporting 91.1% seen within 18 weeks (target 95%), a slight deterioration on last month of 92.7%.</p>

On which matters did the meeting make a decision, e.g. what did it approve?	
ASSURANCE	<p>Programme Monitoring Group: The Operational Committee received and approved a proposal to establish a new Programme Monitoring Group to monitor and evaluate the status of CWP's Strategy Delivery Plan, its Transformation Programmes and associated priority projects.</p>
	<p>CWP Green Plan: The Committee received and endorsed CWP's Green Plan. Each NHS provider organisation is mandated to adopt a Board-approved Green Plan by mid-January 2022. The Plan will now go to Board for approval.</p>
	<p>Information Governance and Data Protection: The Operational Committee approved the IGDP sub-committee's Terms of Reference, as well as the Annual Review of Effectiveness Report. The Committee also received assurance on IGDP requirements. Risks and mitigating actions had been identified and escalated where appropriate to the Operational Committee throughout the year.</p>

Other matters discussed that provide assurance:

COVID 19 (Coronavirus Update): The vaccination programme for Covid boosters and flu vaccines was continuing. An announcement had been made that all frontline NHS staff were now required to have Covid vaccinations. A cutover record system (COR) was being used Trustwide during the Care Notes read-only period of the ePR Programme.

Ward Staffing Monthly Update: The Committee received an update in relation to monthly ward staffing. Staffing levels continued to be a challenge across Care Groups due to the impact of the pandemic, but assurance was given that work was ongoing in relation to recruitment and retention.

Strategic Risk Register / Care Group Risk Registers: The Committee received the Strategic Risk Register to increase operational awareness of strategic risks.

Fire Training Compliance Update: The Committee received an update on Inpatient Fire Ward Evacuation training compliance rates, which were below target across all Care Groups. Assurance was given that a range of actions had been identified to improve compliance rates and mitigations were in place. An update will be provided to Quality Committee.

MIAA Report: Serious Incident Reporting: The Operational Committee received an internal audit report that gave 'moderate assurance'. Care groups provided feedback that work was already underway in a number of areas. The report will be referred to Audit Committee.

ADHD Update: The Committee received an update and gained assurance on progress.

Developments/ achievements:

IMPROVEMENT

Annual members' meeting: The Trust's Annual Members' Meeting on 11th November had shone a light on the fantastic achievements of staff during the pandemic to continue to provide safe and effective care, whilst also introducing innovations to improve the staff and patient experience at a very difficult time.

**STANDARDISED HIGHLIGHT/
EXCEPTION REPORT**

REPORT DETAILS	
Subject matter of report:	Inpatient Daily Staffing Levels September 2021
Report provided by:	Hayley McGowan, Associate Director of Nursing and Therapies
Date of report:	16/11/2021

Summarise the purpose of the report:	
SUBJECT MATTER	<p>This report details the ward daily staffing levels during September 2021 following the submission of the planned and actual hours of both registered nurses (RN) and clinical support workers (CSWs) to UNIFY (Appendix 1). The themes arising within these monthly submissions identify the actions that are being taken to try to ensure patient safety is being maintained in the continued context of the impact of COVID-19.</p> <p>The monthly reporting of daily staffing levels is a requirement of NHS England/Improvement and the National Quality Board in order to appraise the Board and the public of staffing levels within inpatient units.</p> <p>The recommendations made within the latest six monthly reports are being taken forward in line with the ongoing COVID-19 response and recovery planning and continued development of the Transformation plans and new models of care being implemented across all care groups that provide inpatient services.</p>

Quality, clinical, care, other risks that require escalation:	
ESCALATION	<p>Greenways continued to experience significant staffing challenges in relation to both registered nurses and clinical support and continued to operate within their Business Continuity Plans, remaining closed to admissions. Staff from Eastway and Community Learning Disability Teams continued to be redeployed to support the unit and staff from other inpatient units in the locality have provided support as required. Temporary staff have also been utilised where available. Members of the wider multidisciplinary team, including psychology staff and the matron continue to work within the staffing numbers as required to support the maintenance of core clinical interventions.</p> <p>Coral and Indigo also continued to experience significant staffing challenges due to reduced staffing capacity resulting from recurrent vacancies and planned and unplanned absence. Staff were redeployed across the unit to support maintenance of minimum staffing levels on a shift by shift basis with staff from the care group and wider multidisciplinary teams providing support as required. A significant number of temporary staff were utilised throughout the month to maintain minimum safe staffing</p> <p>The Specialist Mental Health Care Group continued to operate under Critical Incident status for the first part of September due to ongoing challenges relating to reduced staffing capacity resulting from vacancies, sickness absence and annual leave. During this period staff from community mental health services were redeployed along with staff from the clinical education team and practice education facilitation team in order to support maintenance of minimum staffing levels. In the East and Wirral localities cross cover was provided between wards on a shift by shift basis. Bowmere continued to experience significant staffing challenges, particularly on Rosewood, and staff from other inpatient services were also redeployed on a shift by shift basis with members of the leadership team, the wider multidisciplinary team and the safeguarding team providing support to the wards to cover core clinical interventions. The registered nursing numbers on some units was reduced to a minimum of one at night and support was provided from other inpatient areas across the unit/locality with additional clinical support worker resources deployed where available. During this period Bowmere had periods where they remained temporarily closed to admissions to ensure the available staffing resource could support the level of acuity and dependency of the individuals already admitted to the units. During September Willow ward was closed to enable staff from the ward to be redeployed to other wards within Bowmere to support maintenance of minimum safe staffing levels. Riverwood ward at Springview opened in the middle of September which required staff to be redeployed from other wards within the unit to provide support whilst recruitment into vacant posts continued. A significant number of temporary bank and agency staff were also utilised across all localities during this period.</p>

Other key matters to highlight:	
ASSURANCE	<p>During September 2021 the trust achieved average staffing levels of 97.1% for registered nurses and 97.1% for clinical support workers on day shifts and 95.5% and 99.9% respectively on night shifts, however, all inpatient areas continued to experience significant challenges in order to ensure minimum safe staffing levels could be maintained and relied on staff from clinical and non clinical areas being redeployed to support this .</p>

Ward	Day				Night				Fill Rate				
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Day		Night		
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
East	Alderley Unit	1008.00	978.25	1564.00	1431.25	676.50	667.00	708.00	698.00	97.0%	91.5%	98.6%	98.6%
	Greenways A&T	1313.00	1264.00	1489.50	1041.00	701.50	717.00	1322.50	1146.50	96.3%	69.9%	102.2%	86.7%
	Mulberry	1305.00	1191.50	2082.50	2037.50	690.00	660.00	2093.00	2035.50	91.3%	97.8%	95.7%	97.3%
	Silk	1171.00	1119.50	2206.50	1934.50	690.00	667.00	2257.50	2149.00	95.6%	87.7%	96.7%	95.2%
	Saddlebridge	1062.00	960.50	1127.00	1055.50	701.50	609.50	701.50	724.50	90.4%	93.7%	86.9%	103.3%
Wirral	Brackendale	968.50	1009.75	1476.00	1600.00	568.00	500.50	1046.50	1005.00	104.3%	108.4%	88.1%	96.0%
	Brooklands	864.50	819.25	1554.00	1486.50	690.00	609.50	1215.50	1331.50	94.8%	95.7%	88.3%	109.5%
	Lakefield	1004.50	1038.00	1357.00	1431.00	529.50	544.50	1023.50	1028.50	103.3%	105.5%	102.8%	100.5%
	Meadowbank	1094.00	993.50	1466.50	1475.50	540.50	495.00	1104.00	1021.00	90.8%	100.6%	91.6%	92.5%
	Riverwood	207.00	241.50	310.50	376.50	103.50	138.00	253.50	311.00	116.7%	121.3%	133.3%	122.7%
	Oaktrees	1154.50	1136.75	1225.00	1249.00	667.00	677.00	644.00	617.00	98.5%	102.0%	101.5%	95.8%
West	Willow PICU	198.50	176.00	241.50	237.00	161.00	69.00	161.00	172.50	88.7%	98.1%	42.9%	107.1%
	Beech	1172.00	1001.50	1544.00	1423.00	675.00	606.00	964.50	887.00	85.5%	92.2%	89.8%	92.0%
	Cherry	996.50	925.50	1187.50	1202.00	489.50	489.50	1018.00	1056.50	92.9%	101.2%	100.0%	103.8%
	Coral	834.50	834.50	1472.00	1472.00	570.00	569.00	1072.00	1072.00	100.0%	100.0%	99.8%	100.0%
	Eastway A&T	1349.90	1188.80	1217.60	1041.85	561.30	561.30	1169.80	1169.80	88.1%	85.6%	100.0%	100.0%
	Indigo	1003.30	1011.30	1270.00	1247.00	605.50	605.50	1414.50	1414.50	100.8%	98.2%	100.0%	100.0%
	Juniper	1037.00	880.00	1761.00	1546.50	648.00	644.00	1020.00	916.50	84.9%	87.8%	99.4%	89.9%
	Rosewood Unit	606.00	744.00	1433.00	1406.00	460.00	506.00	1000.50	1085.50	122.8%	98.1%	110.0%	108.5%
	Maple Unit	880.00	871.00	1138.50	1219.00	632.50	517.50	704.50	690.00	99.0%	107.1%	81.8%	97.9%
Trustwide	19229.70	18385.10	27123.60	25912.60	11360.80	10852.80	20894.30	20531.80	97.1%	97.1%	95.5%	99.9%	

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Quality Committee
Chair of meeting:	Andrea Campbell, Non-Executive Director
Date of meeting:	03/11/2021

Quality, clinical, care, other risks identified that require escalation:	
ESCALATION	<ul style="list-style-type: none"> The risk score and description for strategic risk #5, concerned with the consequences of lack of knowledge and skills to respond safely to fire events in inpatient units, was recommended for review in light of a dip in fire evacuation training compliance. Actions agreed were for the risk owner to increase the current risk score of six and to revise the risk description to be clearer around the risks, causes and effect. The matter of accelerating progress with the risk treatment plan and updating the mitigations that are in place was referred to the Operational Committee scheduled for 16 November 2021. The Board of Directors will receive a progress update via the board assurance framework. The Board of Directors will be asked to review amendments to the board assurance framework, following a review of the strategic risk register at Quality Committee, around a more focussed, overarching strategic risk around workforce challenges that will then underpin other strategic risks where workforce challenges are impacting on achievement of those respective risk treatment plans. Two regulatory actions for Rosewood ward, following the unannounced inspection on 17 August 2021, were noted in the draft inspection report. These breaches will reduce the rating for the safe domain for the service from 'good' to 'requires improvement', however the service rating will not affect the Trust-level rating. Quality Committee will oversee progress with the wider improvement plan.

On which matters did the meeting make a decision, e.g. what did it approve?	
ASSURANCE	<ul style="list-style-type: none"> Approval of the: <ul style="list-style-type: none"> Lived Experience, Volunteering & Engagement Network report. Infection Prevention & Control (IPC) – quarterly report & IPC Board Assurance Framework. Complaints annual report 2020/21 recommendations.
	<p>Other matters discussed that provide assurance:</p> <ul style="list-style-type: none"> Iterative development of a clinical effectiveness framework to support demonstration of achievement of our Quality Improvement ambition of providing the best outcomes nationally for the populations we serve. Further consultation is taking place with internal stakeholders; Quality Committee has asked that the framework considers strengthening how assurance around implementation of evidence-based practice and research evidence is tracked through the governance structure. Status updates on improvement plans concerning pressure care incidents and self-harm incidents as highlighted as outliers in the Providing High Quality Care dashboard report. Improvement plans have been developed in relation to variation in the use of Community Treatment Orders. The plans have been informed by a rounded approach, using research evidence and evaluation, to understand the practice issues and thereby identify sustainable improvement actions. Trustwide actions required to embed the contractual learning disability standards for NHS trusts across all Care Groups and services were agreed. Self-assessments and improvement trajectories, alongside the Green Light Toolkit standards, will be presented to the January 2022 Quality Committee.

Developments/ achievements:	
IMPROVEMENT	<ul style="list-style-type: none"> Presentation received from the Family Nurse Partnership, providing assurance of effectiveness of a prevention, responsive and early intervention therapeutic approach to working with young families. The outcomes of this approach are supporting achievement of the Trust strategic objective around reducing inequalities. Presentation received around the impact of Open DIALOG psychosocial interventions compared to 'traditional' ways of working. The central and eastern Cheshire Early Intervention in Psychosis service has set up a mini Open DIALOG team comprising one day a week where an Open DIALOG service is run and everything they do follows the fidelity criteria. A family attended Quality Committee to share what this service has done to support them from their perspective. The team feel equipped to work with individuals and families in crisis using an approach which is ethical, person-centred, empowering and non-directive. The presentation demonstrated how the principles of Open DIALOG could be used across other services and support transformation projects such as within the CMHT redesign.

STANDARDISED HIGHLIGHT/
EXCEPTION REPORT

REPORT DETAILS	
Subject matter of report:	Lived Experience Volunteering and Engagement Network
Report provided by:	Cathy Walsh, Associate Director Patient and Carer Experience
Date of report:	03/11/2021

Summarise the purpose of the report:	
SUBJECT MATTER What is this report about? Summarise why this report requires the attention of the Committee.	<p>Update the committee on the work in relation to Lived Experience, Volunteering and Engagement. The report attached is 40+ pages and does not do justice to the work taking place in the care groups and by the participation workers. It has not been possible to include all activities and feedback that care groups are collecting. Feedback is being collected and used is also in the Equality, Diversity and Inclusion annual report published this month, therefore it is recommended that this report be viewed in tandem with this report.</p> <p>The Patient and Carer Experience team and the Participation and Engagement workers have also been supporting the feedback and engagement activities of surrounding <u>Imagining the Future</u>. For example meeting with communities, supporting Healthwatch at their various tour bus events.</p>

Quality, clinical, care, other risks that require escalation:	
ESCALATION What do you need to escalate to the Committee?	<p>No issues to escalate – however to note, in addition restrictions on face to face to contact and the ability for volunteers to participate in patient and staff facing activities has impacted on the activity and methods of engagement.</p> <p>The contract that the Trust has with the provider of the automated FFT process is due for renewal, along with the contract for the trust membership process. A task and finish group is being set up, with the support of the head of procurement, to examine the process going forward and recommendations will be taken to the Operational Committee.</p>

Other key matters to highlight:	
ASSURANCE What assurance or evidence of improvements are you providing to the Committee?	<p>It is suggested that the attached report provides assurance. The committee is asked to note that the LEVEN was designed when the Trust was segmented by localities, since the development of care groups and the impact of the Covid-19 pandemic the network, way of working and terms of reference require review. Care groups have also requested guidance or strategy to support staff in ways in which people can collect feedback, can involve people, can coproduce with people, and at various stages and levels. This is being developed and it is envisaged that this will be completed by the end of November-mid December and agreed at the next PACE subcommittee.</p> <p>Link to Full Report</p>

CHAIR'S REPORT DETAILS	
Name of meeting:	Audit Committee
Chair of meeting:	Edward Jenner
Date of meeting:	11 th November 2021

Quality, clinical care, other risks identified that require escalation

Items to be noted/escalated to Board of Directors

Future Audit Methods

The Committee considered future audit methods. It was noted that other trusts are now considering face to face audits once again. Audit Committee request that consideration be given to site visits as part of the audit programme from now on.

Internal Audit Reports – Governance Arrangements

Committee members considered the current governance process to review and agree internal audit reports and management responses. The terms of reference for Audit and Operational Committee will be considered to ensure the process is as streamlined as possible.

Board Assurance Framework and Strategic Risk Register

The Committee reviewed the BAF and Strategic Risk Register. They again noted concerns relating to supervision compliance and requested that further assurance and improved compliance was achieved.

Consideration was given to the two risks in scope and the request from Quality Committee for these to be reviewed against each other was noted.

The Committee acknowledged the recent inspection undertaken on Rosewood Ward.

Current workforce pressures were recognised and the capability and effectiveness of staffing was queried.

Audit Committee considered the management of current risks and their place on the heat map. It was acknowledged that the response to the pandemic continues to impact across all risks. The Committee will seek further assurance of risk mitigation and progress.

(ESCALATION)

Matters discussed/decision:

Internal Audit Plan

The MIAA Progress Report Included:

- 2021 Audit Reviews
- Details of forthcoming events and Collaborative Masterclass Event

External Audit

Progress Report and Sector Update:

- The Progress Report provided the Audit Committee with an update on progress in delivering their responsibilities
- An indicative timetable for the 2021/22 Audit was reported and planned dates were noted

Tender Waiver

The Tender Waiver Update Report was noted by Committee members. It was reported that there had been an increase in the volume of Tender Waivers during the period of April 2021 – August 2021 which was broadly attributed to:

- The implementation of an interim governance arrangement that helps the Trust respond with speed to increasing levels of demand due to COVID-19
- Maintaining good governance, by ensuring where applicable, waivers are produced for aggregated expenditure

(ASSURANCE)

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Board Assurance Framework and Strategic Risk Register
Agenda ref. number:	
Report to (meeting):	Board of Directors (meeting held in public)
Action required:	Discussion and Approval
Date of meeting:	24/11/2021
Presented by:	A Sivananthan, Medical Director

Which strategic objectives this report provides information about:	
Improving Care, Health and Wellbeing	Yes
Working within Communities	Yes
Working in Partnership	Yes
Delivering, Planning and Commissioning Services	Yes
Making Best Value	Yes
Reducing Inequalities	Yes
Enabling our People	Yes
Improving and Innovating	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes	Patient Experience	Sustainable	Yes
Leadership and improvement capability	Yes		Acceptable	Yes
			Accessible	Yes
http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	Yes
All strategic risks	

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
N/A	

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
To apprise the Board of Directors of the current status of the Board Assurance Framework (BAF) and Strategic Risk Register (SSR), to inform discussion of the current risks to the delivery of the organisational strategic objectives and to meet the requirements outlined within the Trust’s integrated governance framework.
At the time of reporting (November 2021) the Trust has nine strategic risks – three are rated red and six are rated amber. There are two risks in-scope.

Background – contextual and background information pertinent to the situation/ purpose of the report
The Medical Director (Executive Lead for Quality) and the Quality Committee are the designated officer and committee respectively for risk management. The Quality Committee reviews the strategic risk register. The Board of Directors reviews the board assurance framework and receives assurances on risk via the Quality Committee. Complemented by Audit Committee’s oversight of the system of internal control, this framework provides assurance regarding the quality and safety of the services that the Trust provides. Additional to this Operational Committee receives the strategic risk register to increase operational awareness of strategic risks and strengthen integrated governance in terms of the synergy between Care Group and strategic risk registers

Assessment – analysis and considerations of the options and risks

The Strategic Risk Register was recently reviewed by the Quality Committee at its meeting on the 3rd November 2021, by the Audit Committee at its meeting on the 9th November 2021 and by the Operational Committee at its meeting on the 16th November 2021.

New risks/ risks in-scope

There are two risks in-scope (one newly added):

Risk of adverse impact on patient care due to workforce shortages across care groups: This is as a result of Covid-19 absence and vacancies. Consequently, patients may not be able to receive the full range of interventions and therapeutic activities as identified within their individualised care plan causing a risk to patient and staff experience, and risks to patient outcomes. This was previously given a preliminary risk score of 20 whilst a full risk treatment plan is scoped. Further work has now taken place via the People and OD Sub-Committee resulting in the risk below now being added as a new risk in scope. This risk will now be considered against the new risk in scope to understand synergies and consider if these may be merged.

New Risk In Scope – Risk that CWP may not have sufficient capability (capacity, confidence and competence) to deliver, or support delivery of, safe and effective person centred care or to transform services and contribute to system working: Supply and retention has been negatively impacted nationally by the pandemic. Significantly increased recruitment for temporary roles to support with COVID has been undertaken alongside usual recruitment activity for substantive roles. Wellbeing support is available in-house and via regional and national initiatives. Cover for absence, vacancies and increased workload includes bank, agency and substantive staff but gaps are increasingly hard to fill and there is concern for staff wellbeing due to the additional hours they are working and acuity. It should be noted that the target likelihood score may actually be a 3 (at least for certain roles) leading to an overall target risk of 15. This risk will be considered against the above risk in scope to understand synergies and consider if these may be merged.

Current risks

Risk 9 – Demand for ADHD services which exceeds current contract values and commissioned capacity. (Score: 20 - Red) Regular updates regarding the progress made to address the CQC regulatory actions continue to be presented to the Operational Committee (most recent report October 2021). Notification had been provided to the CQC in July 2021 that the needs stratification for all people on the wait list would be completed between October and December 2021. At a meeting with the CQC in early October, it was confirmed that the work is now profiled to be achieved by February 2022. This is in part due to workforce challenges. Additional support is being provided by an independent organisation to support the timeline for completion. Service models are under review and pilot projects are being progressed to help inform the future model. Progress is considered and monitored on a weekly basis by Executive Directors and regular updates provided to the CQC. A full update against each geographical location is provided as part of the Risk Treatment Plan.

Risk 10 – People requiring admission, may have to wait longer than 4 hours for a bed to be allocated. (Score: 20 - Red) The surge on demand and, therefore, pressures on beds continues. A critical incident was recently declared within SMH as a result of limited bed capacity and staffing pressures. This incident was stood down and communicated to stakeholders formally on Thursday 2nd September. Teams are experiencing significant staffing challenges due to the number of staff who have been absent from work due to COVID-19 related absences. Temporary ward closures have been implemented to allow staff to be redeployed to where there is the greatest need and support offered to staff to support them in work. The bed hub continues to prioritise patients for admission based on risk factors and working closely with A&E departments to keep patients safe. Additional acute care beds have been opened in Riverwood (Springview, Wirral) to support the increase in demand for bed-based services. As a consequence, Out of Area (OOA) placements have been high for CWP in September. The LD inpatient position is further compounded by a system ask from NHSE&I to admit an OOA individual from Lancashire & South Cumbria. Currently this is planned for early November but is likely to result in continued closure to local admissions.

Risk 4 – Potential adverse impact on the delivery of safe and effective care to the population of Cheshire and Wirral due to the COVID-19 pandemic. (Score: 16 - Red) In response to the National Incident level, the frequency of TCG meetings and associated measures remain continually under review to support the delivery of safe and effective care and the well-being and safety of staff. Currently TCG sits once a week and SEG twice a week. Flexibility exists to increase the frequency at short notice in response to demands. The EPRR process is being utilised as the single point of contact and lead to enable the Trust to fulfil its obligations into the announced

national Covid inquiry which will be held in 2022. Following the change in national guidance on 19th July and a lifting of restrictions across England, a SOP was developed to support staff and managers in bringing staff who were isolating back into the workplace under set circumstances and this has been reviewed and updated. Following new winter planning guidance issued in August 2021, the CWP EPRR framework and methodology will continue until March 2022. Intelligence and data indicate that Covid together with a significant rise in flu cases will lead to serious pressures within the health and care settings during winter 21/22. The risk needs to be considered alongside the current risks in scope, potentially adding to the workforce shortages across care groups. Lateral flow testing continues to be undertaken by staff twice a week, Phase 3 of the vaccination programme (booster) and flu programme is operational and staff continue to be supported during this period.

Risk 1 – Risk of supervision compliance rates falling below the Trust target of 85%. (Score: 12 - Amber)

Work in this area continues to be a priority and will form part of the review of the Digital and People strategies moving forwards. Supervision is regularly discussed at Operational Committee, Board and Executive Team meetings. Through various forms of feedback, it has been reported that a significant amount of supervision is taking place. However, these sessions are not consistently recorded. Reasons for this relate to covid-related absence, covid-related staff moves between units and the general increase in pressure in terms of patient numbers, acuity and complexity. ESR is also reported to be non-user friendly, leading to an under-representation of the level of supervision taking place. To support an improvement in this area, revised monthly reporting is being designed. As of October, a single draft compliance report has now been created and People Information services and Organisational Development have agreed its format in principle. This will now be taken back to ADs/Business Governance Managers for approval/comment before sign off. In addition, as of October, both the People and Organisational Development Sub Committee and Exec Directors have approved the short term (12 month) funding of the Supervision Support service (Currently within People Information service). This will be put in place while the digital solution is worked on further. In essence, the Supervision Support Service will enable Managers/Supervisors to send their supervision dates and staff details to a central resource who will upload the data on their behalf. While this might seem like an 'additional step' in the process, it is believed it will save Managers/Supervisors administration time. Further measures were also discussed at Operational Committee on 16th November and the BAF will be updated accordingly.

Risk 12 – Shortfalls in data capture. (Score: 12 - Amber) This risk underpins a number of the newly agreed Strategic Objectives and will be considered as part of the Trust Digital Strategy. In part the introduction of the new EPR (SystemOne) will support improved recording moving forwards. This is due to be launched during October and November 2021. Work is progressing to build an agreed data dictionary and develop a dashboard to support enhanced reporting enabling better oversight of team capacity and demands for line managers. Initial work has focused on Inpatient and Community measures. The deadline to achieve this has been revised to 31st March 2022.

Risk 6 - Risk of adverse impact on patient care and operational effectiveness due to delays in implementation of SystemOne electronic patient record for MH, LD and CYP services. (Score: 12 – Amber)

This risk has been moved from an 'in-scope' to an active risk status. Migration data pre cut-over work has been completed and all issues relating to the migration have been resolved or mitigating actions put in place. Over 87% of Carenotes users now have smart cards. ePR Team continue to offer smartcard appointments by way of drop in sessions. The ePR programme board have reviewed the work that has been completed in relation to the build, access and migration workstreams, as well as the plan for Operational services to manage the cut over period and the go live support that will be put in place in each area. The ePR Programme Board received a satisfactory level of assurance that the Trust is ready for the planned go live. In addition, assurances were received from the Director of Operations, Associate Director of Infrastructure, Head of Information Management & Business Intelligence and Head of Emergency Planning as well as the Director of The Phoenix Partnership. On reviewing the levels of SystemOne training already undertaken and booked to take place before 15th November a concern was raised with the low levels of staff trained from Inpatient and Home Treatment services. This has since been resolved with additional training resources identified and work done with SMH Management team to schedule these staff to attend training. Head of Operations (SMH) has been asked to report performance against training plan weekly to the Director of Operations and ePR Programme Manager and provide a plan for recovering from any slippage weekly. The Board of Directors recently reviewed progress made against the plan and approved the programme to proceed to go live on the 15th November 2021, further to receiving assurance of the mitigations in place.

Risk 11 – Failure to achieve Trust (and system) control totals. (Score: 9 - Amber) Interim arrangements are in place due to COVID-19 to support the NHS response. The revised financial regime is now in place until the end of H2, and the expectation is that all organisations within the Cheshire and Merseyside HCP will breakeven by the end of the 21/22 financial year. Care Groups are considering how to meet efficiency targets against a background of acuity and demand, with a requirement to increase capacity and meet this through bank/ agency. Mechanisms

are in place to monitor new investment schemes in terms of mobilisation progress. All current vacancies are also being reviewed to understand the challenges to recruitment and mitigate slippage for spend plans. Weekly Mental Health planning and implementation meetings are attended by the Business & Value team and the Associate Directors of Operations.

Risk 5 – Failure to respond in accordance with Health & Safety Regulations in the event of a ward fire - (Score: 8 - Amber) Compliance with the annual training refresher has reduced slightly with an overall compliance rate of 64% for all inpatient areas achieved as of 14th October 2021. 82% of staff have received this formal training within the last two years. New staff and bleep holders have received face to face (on location) ward-based fire response training session, provided by either the fire officer or experienced staff from within the unit. This ensures that staff know how to respond in the event of a fire and are familiar with the specific fire evacuation approach on site (which the formal training is unable to provide as it is not location specific and is provided off site). A structured programme for delivering these on site sessions has been scoped to ensure sufficient capacity is available for registered practitioners across inpatient services to achieve compliance with this element of the core competency. The amendments to the e-learning programme that are required to enable inpatient staff to achieve compliance with the national core standards have been scoped and the revised e-learning programme will be launched in January 2022. Further to the above, and since the strategic risk register was submitted to Quality Committee, risk 5 has been reviewed. The risk description has been remodelled (to the above) and the risk score has been increased from 6 to 8. The mitigations were considered and accepted at the Operational Committee held on the 16th November 2021.

Risk 2 - Risk of failure to deliver full scale of transformation projects across Care Groups (Score: 6 – Amber). Work is underway to develop a full treatment plan based on the controls set out for this risk. The response to the COVID-19 pandemic has adversely impacted on the ability to release capacity to progress this work sooner. Sufficient capability to manage and deliver the programme, and support the impact needs to be identified and is being considered as part of the CSS review to identify how clinical support services may flex and align their capability to support the transformation projects. In addition, the mitigation plan for Risk in Scope A & B, which relates to current and future challenges around recruitment and retention, will assist with addressing the capacity challenge. The purchase of system tools, the development of the DMDF and the establishment of governance and a Transformation and Development Hub will all support this work and allow consistent monitoring and reporting on the transformational projects.

As above, the two risks currently in scope will be considered against each other to understand synergies and consider if these may be merged moving forwards. A further review will also take place to consider overlaps between all current risks and remodelling undertaken as appropriate ahead of the January 2022 Quality Committee. Quality Committee have requested, at their meeting held on the 3rd November, that consideration be given to a more focused, overarching strategic risk relating to workforce challenges that will underpin other strategic risks.

Amended risk scores

None

Archived risks

None

Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board of Directors are asked to **note** and **approve** the process outlined above and the progress made to date.

Who has approved this report for receipt at the above meeting?	Katherine Wright, AD of Communications, Engagement and Corporate Affairs
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Contributing authors:	Suzanne Christopher, Head of Corporate Affairs
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Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Quality Committee	03.11.21
2	Audit Committee	09.11.21
3	Operational Committee	16.11.21

Appendices provided for reference and to give supporting/ contextual information:	
Appendix No.	Appendix title
1	Board Assurance Framework (incorporating strategic risk register)

**STANDARDISED HIGHLIGHT/
EXCEPTION REPORT**

REPORT DETAILS	
Subject matter of report:	Report against Strategic Objectives – November 2021
Report provided by:	James Partington, Quality Surveillance Specialist
Date of report:	24/11/2021

Summarise the purpose of the report:	
SUBJECT MATTER What is this report about? Summarise why this report requires the attention of the Committee.	<p>In mid-2019 the Board of Directors requested the development of a new product through which the Trust could report against its strategic objectives. This was based on metrics identified by the Board in December 2018. The new report was launched in September 2019. An Activity Appendix was added in Spring 2020 to enable the Trust to monitor some key aspects of the impact of the pandemic.</p> <p>There is an intention to review and potentially recast the metrics to better align with the new Strategic Objectives. Until that work takes place, the report is structured around the old Strategic Objectives.</p> <p>The data behind a number of the indicators continue not to be updated as a result of suspensions due to the pandemic, limiting the scope and coverage of the report.</p> <p>It should also be noted that activity data for the month of October 2021 is not a full month for MH services due to the closure of Carenotes for data input beyond 28th October.</p>

Quality, clinical, care, other risks that require escalation:	
ESCALATION What do you need to escalate to the Committee?	<p>Appraisal compliance has shown a downward step to October, 2021. This is in part due to an exercise to bring everyone's expected compliance back within the relevant banding window and that window (July to September) ending for Band 7s and above in September. Those instances of non-compliance are now being addressed.</p> <p>Supervision compliance has recovered slightly in the most recent month after a succession of falls but is still below target. Targeted reviews are to be undertaken within care groups and clinical support services where performance is particularly low. Higher performing areas will also be consulted to learn from existing good practice. This topic is also the subject of a separate highlight report to Board from Operational Committee.</p> <p>Sickness absence has continued to rise and was higher in October 2021 than at any point since April 2018. Revised definitions have since been implemented to adjust for over-reporting.</p> <p>Out of area placements have continued and there were 4 new placements in October.</p> <p>The move to SystemOne is expected to lead to some changes in the activity data and there are comments to show which charts will continue and which will either not continue or will be changed.</p>

Other key matters to highlight:	
ASSURANCE What assurance or evidence of improvements are you providing to the Committee?	<p>In-month turnover has levelled off.</p> <p>Bed occupancy has been within normal parameters.</p> <p>Link to Appendix</p>

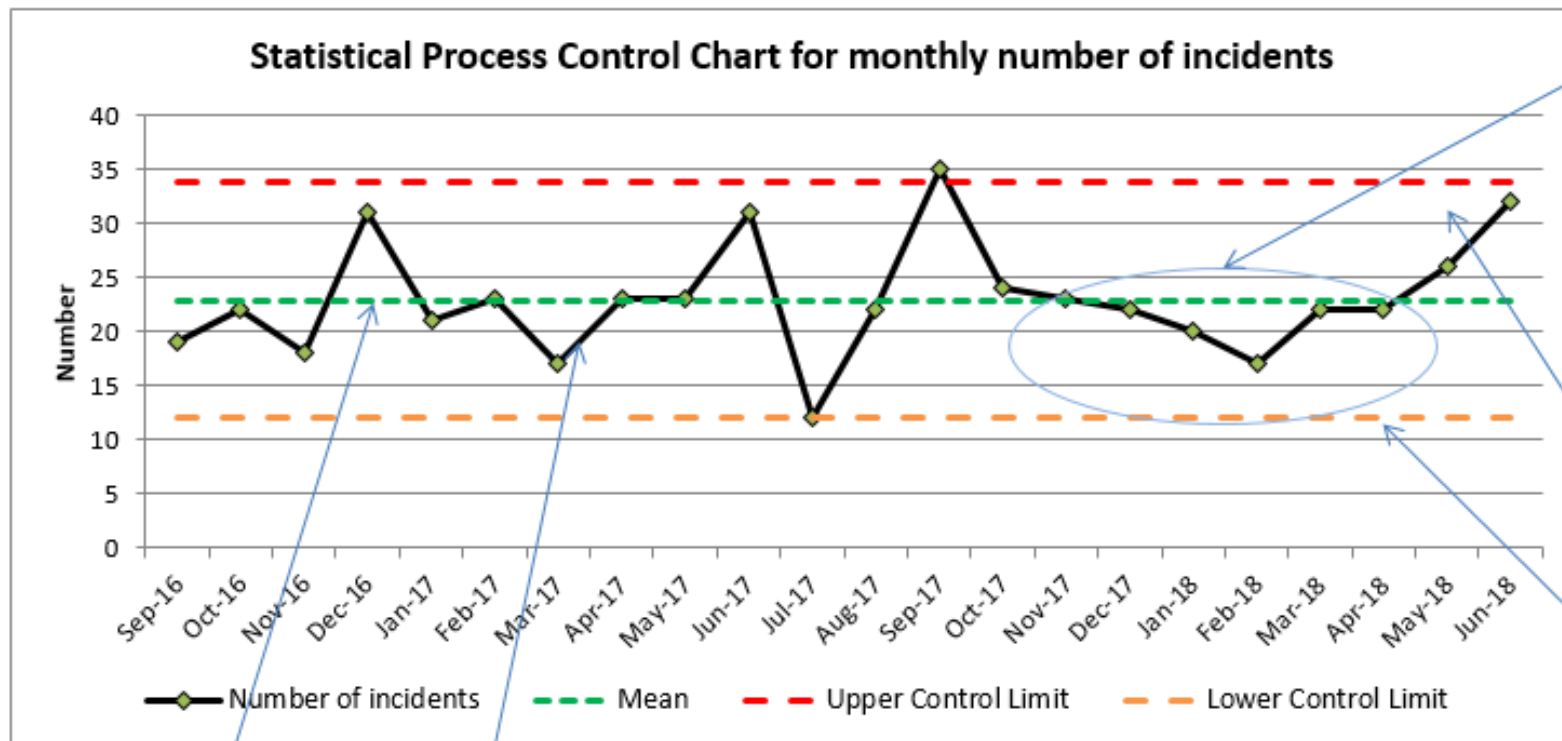
Report Against Strategic Objectives

November 2021

Quality Surveillance Analysis Team

Helping people to be
the best they can be

Interpreting Statistical Process Control charts



A run of consecutive data points in the same direction (up or down), or a run of data points all of which are below or above the mean, may be an indicator of a shift in the long term underlying trajectory. The SPC chart allows this to be assessed.

Upper Control Limit - the maximum expected variation above the mean. Set at 2 standard deviations above the mean.

Lower Control Limit - the maximum expected variation below the mean. Set at 2 standard deviations below the mean.

Mean - the arithmetic mean of the source data.

Source data - in this case, the "Number of Incidents". The variation in the data drives where the Upper and Lower control limits are plotted - the greater the variation, the further apart the control limits will be.

What does the SPC tell us?

The SPC tells us whether a series is "in control". This is a statistical term equivalent to being predictable or stable. That's not to say there won't be variation, but the SPC shows what kind of variation can be expected. In the example above, the latest two months have shown increases, but we know from the rest of the data that this is within the bounds of expectation.

What's the science behind setting the control limits at two standard deviations from the mean?

One of the properties of what is known as "the normal distribution" is that 95% of the data are within 2 standard deviations either side of the mean. The remaining 5% of the data are further away from the mean than that, in either direction. 95% is equivalent to one in 20. So we would expect, when looking at a SPC based on data that are distributed normally, that 19 out of 20 data items will be within the control limits, and one in 20 of the data items will exceed the control limits.

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
<p>Bed Occupancy - Adult Acute and Ageless wards</p>	<p>CWP Acute Adult Ward Bed Occupancy Rates, including leave (%)</p> <p>Bed Occupancy including Leave %</p> <p>Legend: —◆— Bed Occupancy including Leave %, - - - - Mean, - - - - Upper Control Limit, - - - - Lower Control Limit</p> <p>Source: KH03</p> <p>Comment: Since December 2020, the overall bed occ figures for these wards have been within the normal variation we see from month to month.</p>	<p>Metric owner: Suzanne Edwards / Anushta Sivananthan</p> <p>Monitored at: SMH Care Group</p> <p>Data sources: KH03 file provided by the Information Team.</p>

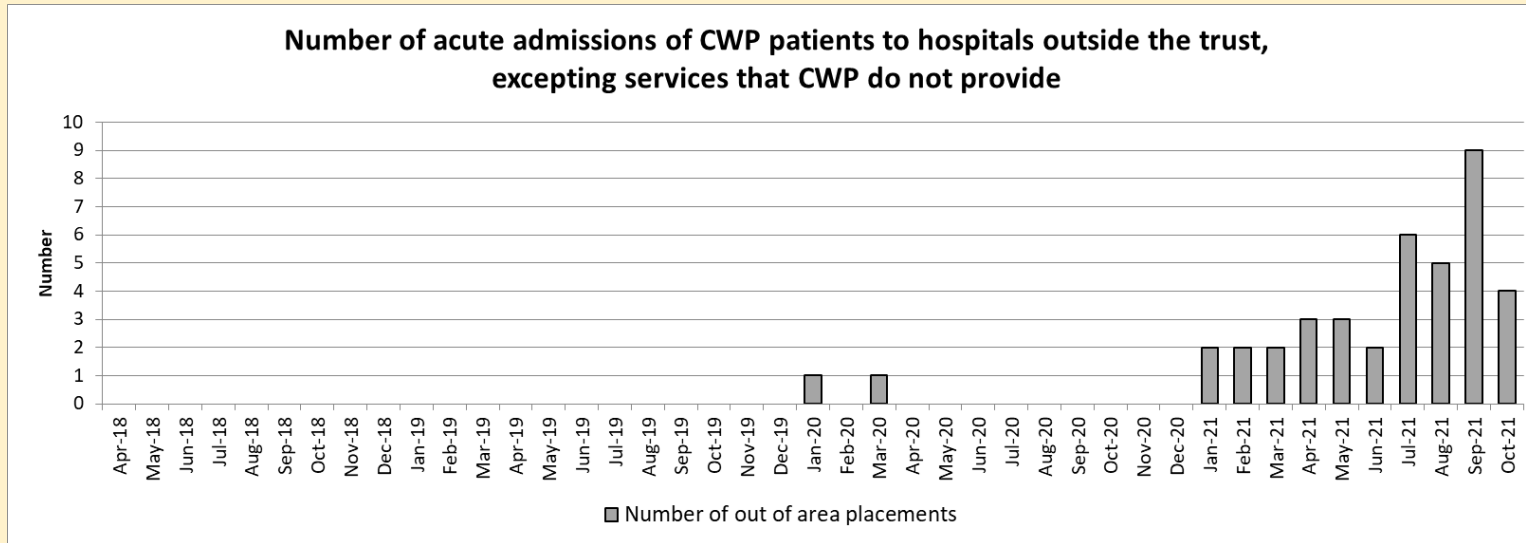
Deliver high quality, integrated and innovative services that improve outcomes

Metric

Data

Further Explanation

Out of Area Acute Admissions



Metric owner:
Suzanne Edwards

Monitored at:
Operational Committee

Data source:
CWP Bed Hub

Comment: There have been further cases of patients placed out of area in the most recent months, adding to a pattern which has developed since January 2021, after a long period with only minimal out of area placements prior to the start of this calendar year. This has been as a result of high levels of acuity in acute care impacting on flow and discharges, bed availability due to covid outbreaks and staffing challenges.

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation																																																																	
<p>Admission to hospital for those on the Dynamic Support Database</p>	<div data-bbox="463 439 1694 1068" data-label="Figure"> <p>Admissions in the 12 months Nov 2020 to Oct 2021 of people on the Dynamic Support Database</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Beech</th> <th>Eastway</th> <th>Greenways</th> <th>Lakefield</th> </tr> </thead> <tbody> <tr> <td>Nov-20</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Dec-20</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Jan-21</td> <td>1</td> <td>2</td> <td>0</td> <td>1</td> </tr> <tr> <td>Feb-21</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Mar-21</td> <td>0</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>Apr-21</td> <td>0</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>May-21</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Jun-21</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>Jul-21</td> <td>0</td> <td>2</td> <td>0</td> <td>0</td> </tr> <tr> <td>Aug-21</td> <td>0</td> <td>1</td> <td>2</td> <td>0</td> </tr> <tr> <td>Sep-21</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>Oct-21</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> </div> <p>Comment: September 2021 was the first time since January of this year that an admission had been made to an adult acute ward rather than an inpatient unit for people with learning disabilities. The person who was admitted to Beech ward was rated amber and was discharged the next day. The person who was rated green remained a detained patient at Eastway when this report was compiled in early November.</p>	Month	Beech	Eastway	Greenways	Lakefield	Nov-20	1	0	0	0	Dec-20	0	0	0	0	Jan-21	1	2	0	1	Feb-21	0	0	0	0	Mar-21	0	1	1	0	Apr-21	0	1	1	0	May-21	0	0	0	0	Jun-21	0	1	0	0	Jul-21	0	2	0	0	Aug-21	0	1	2	0	Sep-21	1	1	0	0	Oct-21	0	0	0	0	<p>Metric owner: Maddy Lowry</p> <p>Monitored at: LD, NDD & ABI Care Group</p> <p>Data source: 'LD Risk Register Report for QS' Report Manager report</p>
Month	Beech	Eastway	Greenways	Lakefield																																																															
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Work to develop further measures for this strategic objective is as follows:

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
<p>CWP performance against NHSi targets</p> <p>(Exceptions only)</p>	<p>The Trust reports a number of operational metrics to NHSi. These cover: Early Intervention in Psychosis (one metric), Improving Access to Psychological Therapies (3 metrics), Out of Area admissions (monitored on slide 4 of this pack), and a data quality measure which is provided with a three month lag. This means that the most recent two data points, reported in September and October 2021, are for June and July 2021.</p> <p>The following metrics were below target performance as set out in the NHS Oversight Framework for September and October 2021:</p> <ul style="list-style-type: none"> • Out of Area Admissions which had 9 instances in September and 4 in October. • EI: % in 2 weeks (completed) 50% in October against a target of 60% • The data quality measure, where the data for both the most recent months was 87.1% in September and October against a target of 95%. 	<p>Metric owner: Tim Welch</p> <p>Monitored by: Ops Committee by exception from Care Groups</p> <p>Data source: CWP Business and Value</p>

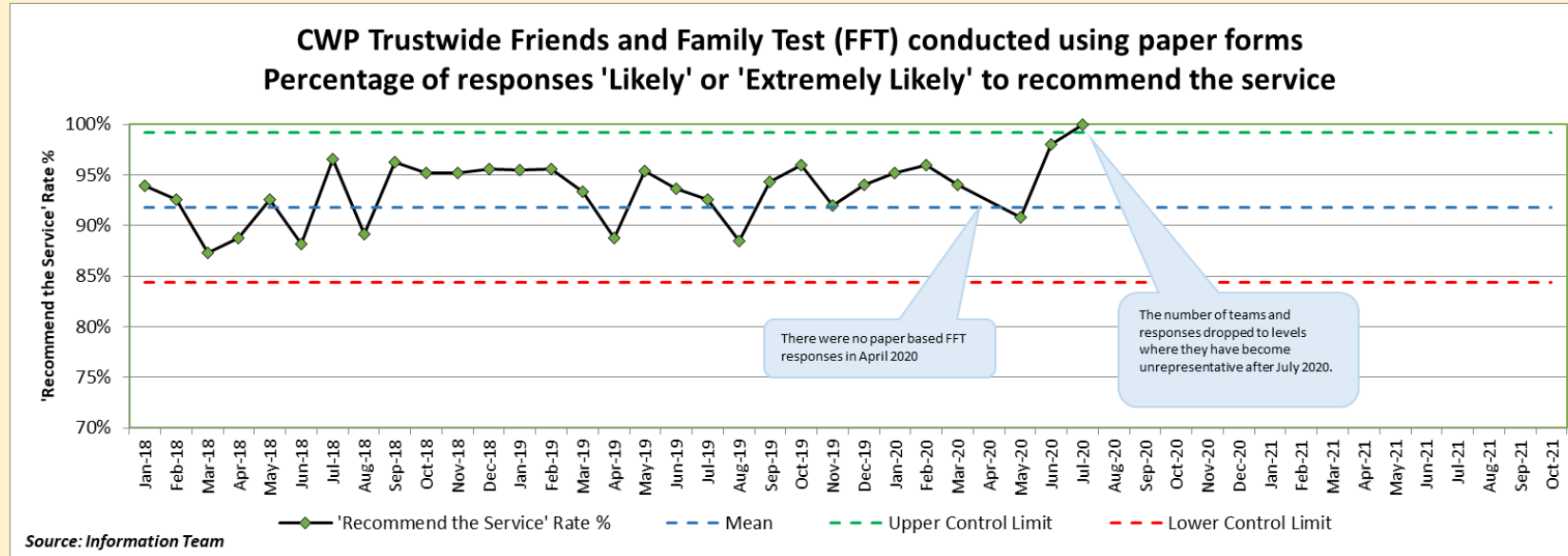
Ensure meaningful involvement of service users, carers, staff and the wider community

Metric

Data

Further Explanation

Friends and Family Test – responses from users of our services



Metric owner:
Gary Flockhart

Monitored through:
Quality Committee
and PACE

Data source:
'FFTalldatatodate' file
from the Information
Team

Comment: Following the onset of Covid-19, there was a national pause on the reporting of FFT. The volume of paper based FFT forms diminished after July 2020 to a point where they are not representative of all CWP services, so results are not shown after that date. The revised national FFT guidance offers providers greater flexibility than the original model and we are developing new processes including QR codes, new forms and refreshed secure methods of collection. Updated collection procedures should also ensure more complete recording of patient details including the person's protected characteristics. We are also revising our reporting mechanisms and looking to provide a more up to date chart once the data begins to flow. We are also working on merging the paper based and the automated data into one information system.

Ensure meaningful involvement of service users, carers, staff and the wider community

Metric	Data	Further Explanation
<p>NHS National Quarterly Pulse Survey – about CWP as a care provider</p>	<div data-bbox="435 415 1951 1011"> <p style="text-align: center;">CWP Trustwide Staff FFT / NHS National Quarterly Pulse Survey Staff likely to recommend CWP to friends and family if they needed care or treatment</p> <p>Source: NHS England Staff FFT Results / NHS NQPS</p> </div> <p>Comment: NHS Staff Friends and Family Test has now been formally replaced by the recently launched NHS National Quarterly Pulse Survey (NQPS). The NQPS has adopted the 9 engagement questions from the NHS Annual Staff Survey, meaning it is still possible to compare the original FFT questions to the new NQPS responses. The first set of data is now available for Q2 2021. CWP scored 72.9%. This is 2.8 percentage points higher than the average score of other Trusts who also utilised our external partner and approx. the same score as the old FFT survey back in Q3 2019/20.</p>	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>

Ensure meaningful involvement of service users, carers, staff and the wider community

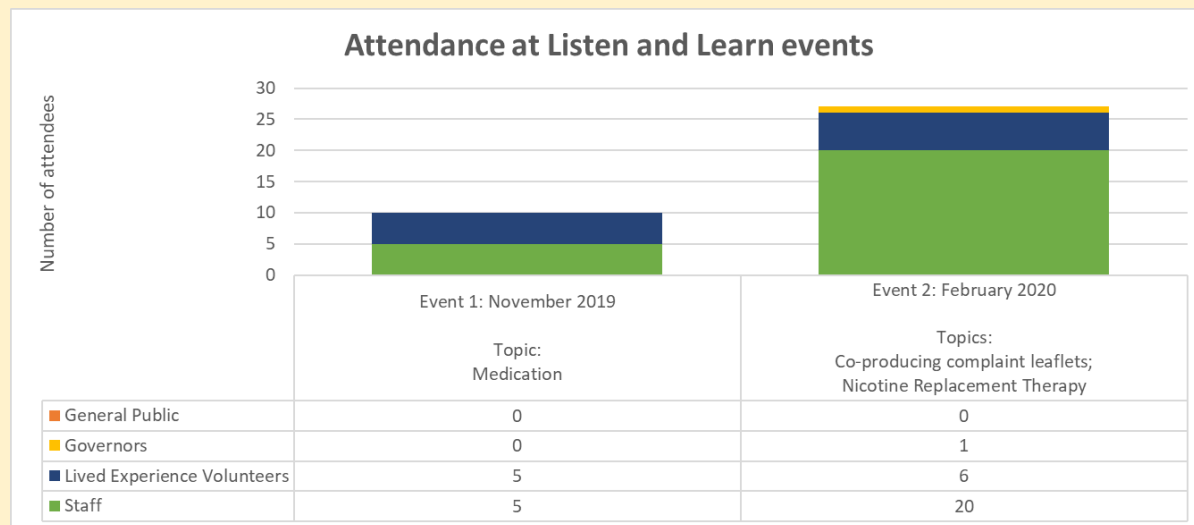
Metric	Data	Further Explanation																																																												
<p>NHS National Quarterly Pulse Survey – about CWP as a place to work</p>	<div data-bbox="422 425 1946 996"> <p style="text-align: center;">CWP Trustwide Staff FFT / NHS National Quarterly Pulse Survey Staff likely to recommend CWP to friends and family as a place to work</p> <table border="1"> <caption>Staff FFT (For Employment) Data</caption> <thead> <tr> <th>Quarter</th> <th>Staff FFT (%)</th> </tr> </thead> <tbody> <tr><td>2014/15 Q1</td><td>62</td></tr> <tr><td>2014/15 Q2</td><td>61</td></tr> <tr><td>2014/15 Q3</td><td>61</td></tr> <tr><td>2014/15 Q4</td><td>56</td></tr> <tr><td>2015/16 Q1</td><td>71</td></tr> <tr><td>2015/16 Q2</td><td>60</td></tr> <tr><td>2015/16 Q3</td><td>61</td></tr> <tr><td>2015/16 Q4</td><td>62</td></tr> <tr><td>2016/17 Q1</td><td>56</td></tr> <tr><td>2016/17 Q2</td><td>67</td></tr> <tr><td>2016/17 Q3</td><td>64</td></tr> <tr><td>2016/17 Q4</td><td>52</td></tr> <tr><td>2017/18 Q1</td><td>54</td></tr> <tr><td>2017/18 Q2</td><td>60</td></tr> <tr><td>2017/18 Q3</td><td>64</td></tr> <tr><td>2017/18 Q4</td><td>48</td></tr> <tr><td>2018/19 Q1</td><td>64</td></tr> <tr><td>2018/19 Q2</td><td>60</td></tr> <tr><td>2018/19 Q3</td><td>64</td></tr> <tr><td>2018/19 Q4</td><td>62</td></tr> <tr><td>2019/20 Q1</td><td>62</td></tr> <tr><td>2019/20 Q2</td><td>56</td></tr> <tr><td>2019/20 Q3</td><td>66</td></tr> <tr><td>2020/21 Q1</td><td>67</td></tr> <tr><td>2020/21 Q2</td><td>67</td></tr> <tr><td>2020/21 Q3</td><td>67</td></tr> <tr><td>2020/21 Q4</td><td>67</td></tr> <tr><td>2021/22 Q1</td><td>67</td></tr> <tr><td>2021/22 Q2</td><td>68</td></tr> </tbody> </table> <p>Source: NHS England Staff FFT Results / NHS NQPS</p> </div> <p>Comment: NHS Staff Friends and Family Test has now been formally replaced by the recently launched NHS National Quarterly Pulse Survey (NQPS). The NQPS has adopted the 9 engagement questions from the NHS Annual Staff Survey, meaning it is still possible to compare the original FFT questions to the new NQPS responses. The first set of data is now available for Q2 2021. CWP scored 67.7%. This is 6.4 percentage points higher than the average score of other Trusts who also utilised our external partner. It is also a relatively high score when set against the previous dataset, and the second highest score over the last seven years, albeit with a measurement gap for some of that period.</p>	Quarter	Staff FFT (%)	2014/15 Q1	62	2014/15 Q2	61	2014/15 Q3	61	2014/15 Q4	56	2015/16 Q1	71	2015/16 Q2	60	2015/16 Q3	61	2015/16 Q4	62	2016/17 Q1	56	2016/17 Q2	67	2016/17 Q3	64	2016/17 Q4	52	2017/18 Q1	54	2017/18 Q2	60	2017/18 Q3	64	2017/18 Q4	48	2018/19 Q1	64	2018/19 Q2	60	2018/19 Q3	64	2018/19 Q4	62	2019/20 Q1	62	2019/20 Q2	56	2019/20 Q3	66	2020/21 Q1	67	2020/21 Q2	67	2020/21 Q3	67	2020/21 Q4	67	2021/22 Q1	67	2021/22 Q2	68	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>
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Ensure meaningful involvement of service users, carers, staff and the wider community

Metric

Data

Effectiveness of working with the wider community



Comment: Due to Covid-19 restrictions and limited ability to connect virtually with members and public, we have utilised other methods of ensuring that we listen to the voice of people who access our services. We have involved people in the steering groups of various research and improvement projects. People with lived experience have been involved in data analysis of surveys. Our participation and engagement groups have been working within care groups to ensure that people voices are heard and they are involved. Despite no identified specific listen and learn events, the PACE team have been involved in the Imagining the Future engagement events and consulted with various groups and communities.

Metric owner:
Cathy Walsh

Monitored at:
PACE Sub Committee

Data Source:
PALS team

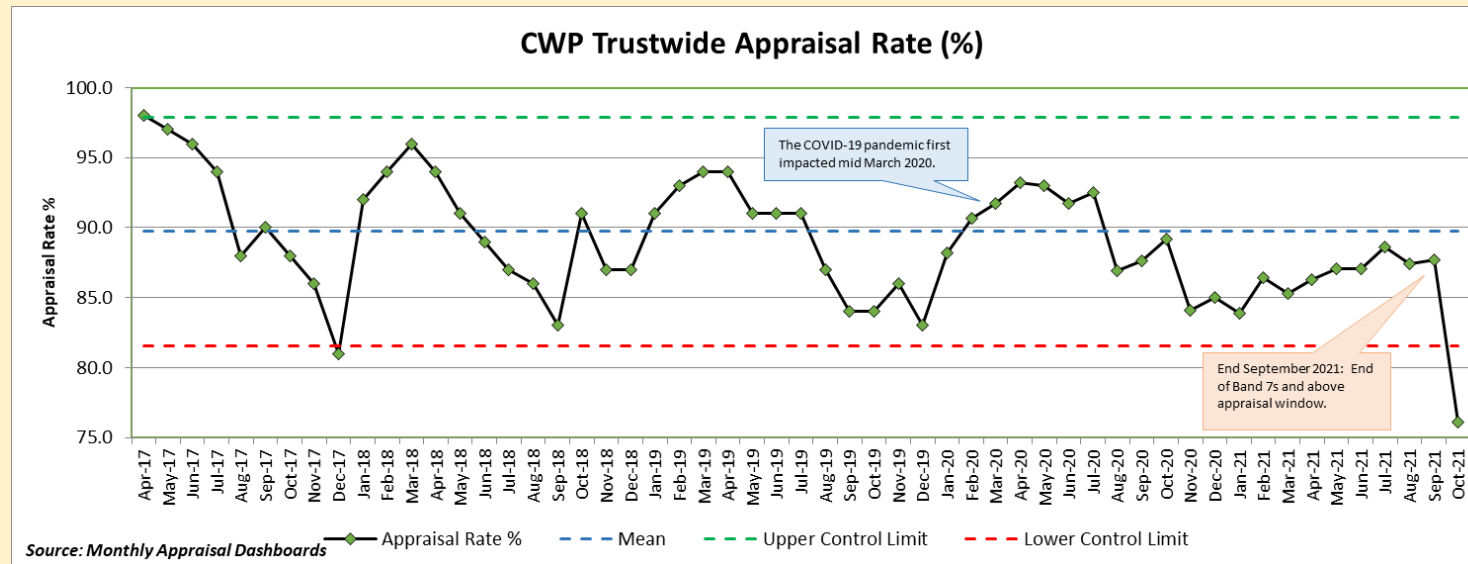
Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Appraisal



Metric owner:
David Harris

Monitored at:
POD Sub Committee and
Ops Committee

Data source:
People Information

Comment: In previous years, peaks in compliance have tended to be at March/ April whereas dips in compliance occurred during Aug and Dec. Work to understand this has taken place and is attributed to peak leave period. The impact of the COVID-19 pandemic on appraisal rates has been marginal in the data reported so far. However, recent increases in both Staff Absence and Turnover may be impacting the compliance against Appraisals, as the workforce flexes to cope with capacity/demand challenges. A 90 day extension has been applied since April 2020. Hotspot Compliance reports are issued to line managers via the Care Groups' Business and Governance Managers, making them aware of where action needs to be taken. Appraisal compliance remains an important indicator for Care Group governance meetings. The drop off for October is due to an exercise to bring everyone's expected compliance back within the relevant banding window and that window (July to September) ending for Band 7s and above in September. This will be addressed at Operational Committee and PODSC.

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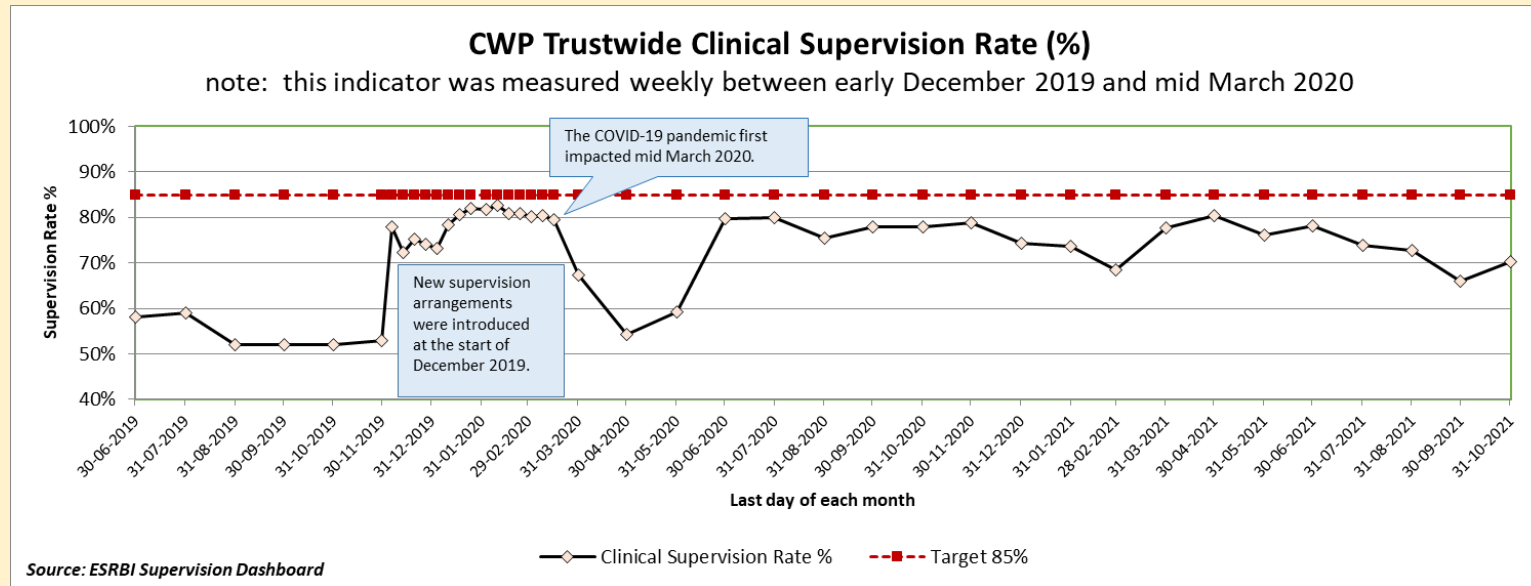
Metric	Data	Further Explanation																																																																																										
Managerial Supervision	<div data-bbox="364 354 2058 992" data-label="Figure"> <p>CWP Trustwide Managerial Supervision Rate (%) note: this indicator was measured monthly between December 2019 and mid March 2020</p> <p>The COVID-19 pandemic first impacted mid March 2020.</p> <p>New supervision arrangements were introduced at the start of December 2019.</p> <p>Supervision Rate %</p> <p>Last day of each month</p> <p>Source: ESRBI Supervision Dashboard</p> <p>—◆— Managerial Supervision Rate % - - - - Target 85%</p> <table border="1"> <caption>Approximate data points from the chart</caption> <thead> <tr> <th>Date</th> <th>Managerial Supervision Rate %</th> <th>Target 85%</th> </tr> </thead> <tbody> <tr><td>30-06-2019</td><td>58</td><td>85</td></tr> <tr><td>31-07-2019</td><td>59</td><td>85</td></tr> <tr><td>31-08-2019</td><td>52</td><td>85</td></tr> <tr><td>30-09-2019</td><td>52</td><td>85</td></tr> <tr><td>31-10-2019</td><td>52</td><td>85</td></tr> <tr><td>30-11-2019</td><td>53</td><td>85</td></tr> <tr><td>31-12-2019</td><td>78</td><td>85</td></tr> <tr><td>31-01-2020</td><td>75</td><td>85</td></tr> <tr><td>29-02-2020</td><td>78</td><td>85</td></tr> <tr><td>31-03-2020</td><td>78</td><td>85</td></tr> <tr><td>30-04-2020</td><td>55</td><td>85</td></tr> <tr><td>31-05-2020</td><td>59</td><td>85</td></tr> <tr><td>30-06-2020</td><td>80</td><td>85</td></tr> <tr><td>31-07-2020</td><td>79</td><td>85</td></tr> <tr><td>31-08-2020</td><td>75</td><td>85</td></tr> <tr><td>30-09-2020</td><td>78</td><td>85</td></tr> <tr><td>31-10-2020</td><td>77</td><td>85</td></tr> <tr><td>30-11-2020</td><td>79</td><td>85</td></tr> <tr><td>31-12-2020</td><td>75</td><td>85</td></tr> <tr><td>31-01-2021</td><td>74</td><td>85</td></tr> <tr><td>28-02-2021</td><td>67</td><td>85</td></tr> <tr><td>31-03-2021</td><td>78</td><td>85</td></tr> <tr><td>30-04-2021</td><td>78</td><td>85</td></tr> <tr><td>31-05-2021</td><td>76</td><td>85</td></tr> <tr><td>30-06-2021</td><td>75</td><td>85</td></tr> <tr><td>31-07-2021</td><td>71</td><td>85</td></tr> <tr><td>31-08-2021</td><td>69</td><td>85</td></tr> <tr><td>30-09-2021</td><td>64</td><td>85</td></tr> <tr><td>31-10-2021</td><td>68</td><td>85</td></tr> </tbody> </table> </div>	Date	Managerial Supervision Rate %	Target 85%	30-06-2019	58	85	31-07-2019	59	85	31-08-2019	52	85	30-09-2019	52	85	31-10-2019	52	85	30-11-2019	53	85	31-12-2019	78	85	31-01-2020	75	85	29-02-2020	78	85	31-03-2020	78	85	30-04-2020	55	85	31-05-2020	59	85	30-06-2020	80	85	31-07-2020	79	85	31-08-2020	75	85	30-09-2020	78	85	31-10-2020	77	85	30-11-2020	79	85	31-12-2020	75	85	31-01-2021	74	85	28-02-2021	67	85	31-03-2021	78	85	30-04-2021	78	85	31-05-2021	76	85	30-06-2021	75	85	31-07-2021	71	85	31-08-2021	69	85	30-09-2021	64	85	31-10-2021	68	85	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee and Ops Committee</p> <p>Data source: People Information</p> <p>Note: Separate managerial and clinical supervision competencies were introduced at the start of December 2019. For months up to and including November 2019, the time series reflects compliance with the previous 'all supervision' competence.</p>
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Comment: The COVID-19 pandemic had a marked impact on the recording of Managerial Supervision between March and May 2020. Since then, figures had shown a steady trend, recovering to give an approx. average of 77% compliance between July and December 2020. However, January and February 2021 saw a tailing off which has continued over recent months. Supervision has remained a focus of scrutiny at Operational Committee and People and OD Sub Committee. At the former, Care Groups have provided improvement trajectories and the work they are doing to meet them. At the latter in September a detailed report was received which set out investigatory and pilot work that has been carried out into supervision. In summary, it is concluded that supervision (both managerial and clinical) is taking place but the issue is still one of reporting and recording. On reporting, a new combined report is being produced which will address concerns raised by managers. The main issue is one of recording. In part this is down to ESR not being “fit for purpose” and to this end an alternative digital solution is being explored. The more significant issue is that due to the ongoing service pressures and the prevalence of covid a number of staff are isolating or being moved at short notice between teams which is making it very difficult to record supervision. This issue was discussed as a priority at PODSC and Ops Committee in November and a separate highlight report will be provided to Board as part of the Operational Committee update.

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Metric	Data	Further Explanation
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Clinical Supervision



Comment: The COVID-19 pandemic had a marked impact on the recording of clinical supervision over the period March to May 2020.

See comments on managerial supervision, especially the reference to a highlight report.

The clinical supervision compliance measure does not include medical supervision compliance.

Metric owner:
Gary Flockhart

Monitored at:
Care Group and Ops Committee

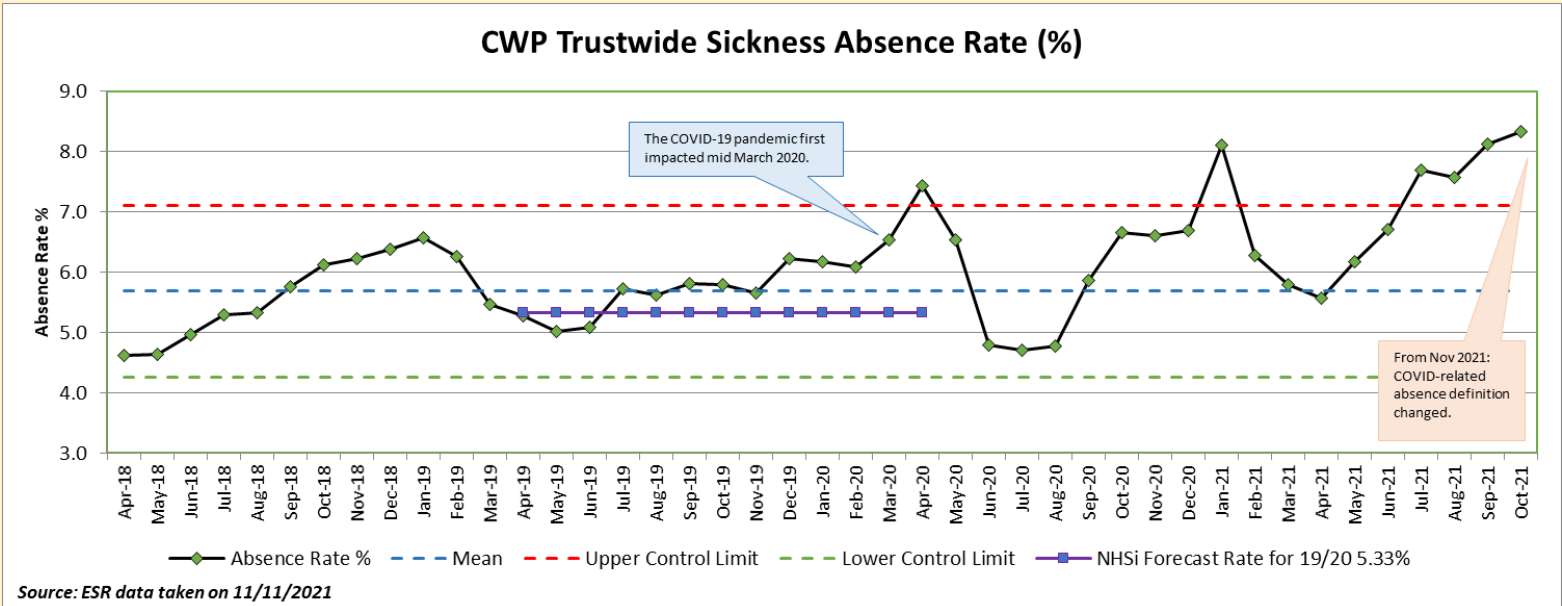
Data source:
People Information

Note: In December 2019 separate managerial and clinical supervision competencies were introduced. For months up to and including November 2019, the time series reflects compliance with the previous 'all supervision' competence.

Be a model employer and have a caring, competent and motivated workforce

Metric	Data	Further Explanation
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Sickness Absence



Comment: The rise of recent months continues, this despite an extensive range of wellbeing interventions and regular scrutiny via Operations Committee, People and OD Sub-Committee and the ongoing support of the Trust Wellbeing Guardian. The main challenges remain as stated - the demands on services are growing in number and complexity, and we know from staff feedback that they are tired. This combined with challenges in recruitment and retention all make for a harder working environment which leads to increased sickness. A recent data quality review has identified that a number of staff have been recorded as absent with covid when in fact they may well have been working from home. This is a consequence of an approach that was taken at the beginning of the covid pandemic to ensure all staff were kept safe. This over-reporting will have impacted our rolling YTD figures but it is not possible to calculate the exact amount or to retrospectively "fix" the problem. Revised definitions have now been implemented which will correct the figures going forwards. The HR Ops team are also working with managers to ensure absence is properly closed down. This has been explained in depth to C and M and NW teams and they are happy with the action being taken.

Metric owners:
David Harris

Monitored at:
POD Sub Committee

Data source:
People Information

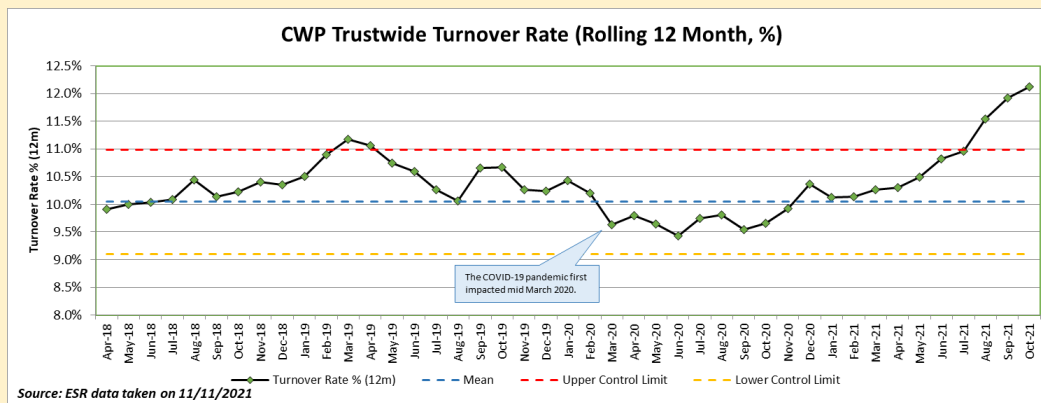
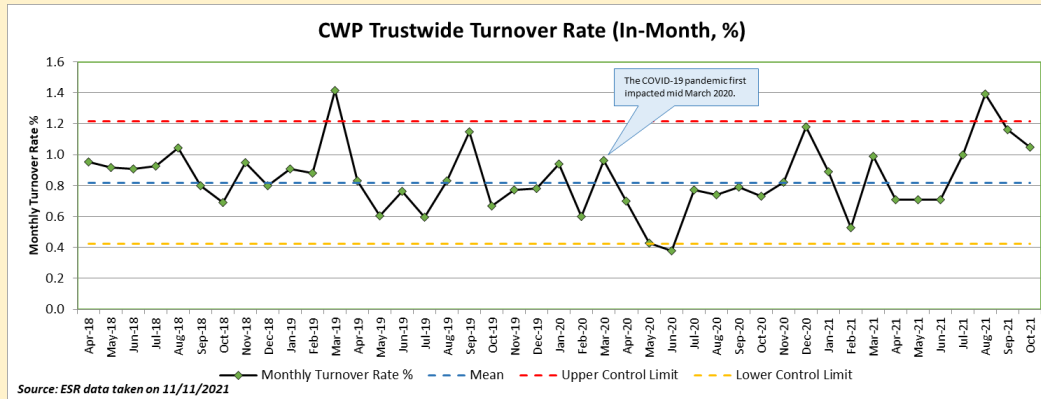
Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Staff Turnover



Comment:
 The latest rolling 12 month data has significantly exceeded the upper threshold after nine months of growth. This is not what we would expect from normal variation. Recent discussions at Operational Committee have highlighted the increase in turnover and vacancy rates along with the challenge of filling the posts to be created by mental health investment monies. This Resourcing risk has been finalised as a strategic risk. The mitigating actions are being addressed through a number of task and finish groups and overseen by the reinstated People Planning Group and People and OD Sub Committee.

Metric owner:
 David Harris

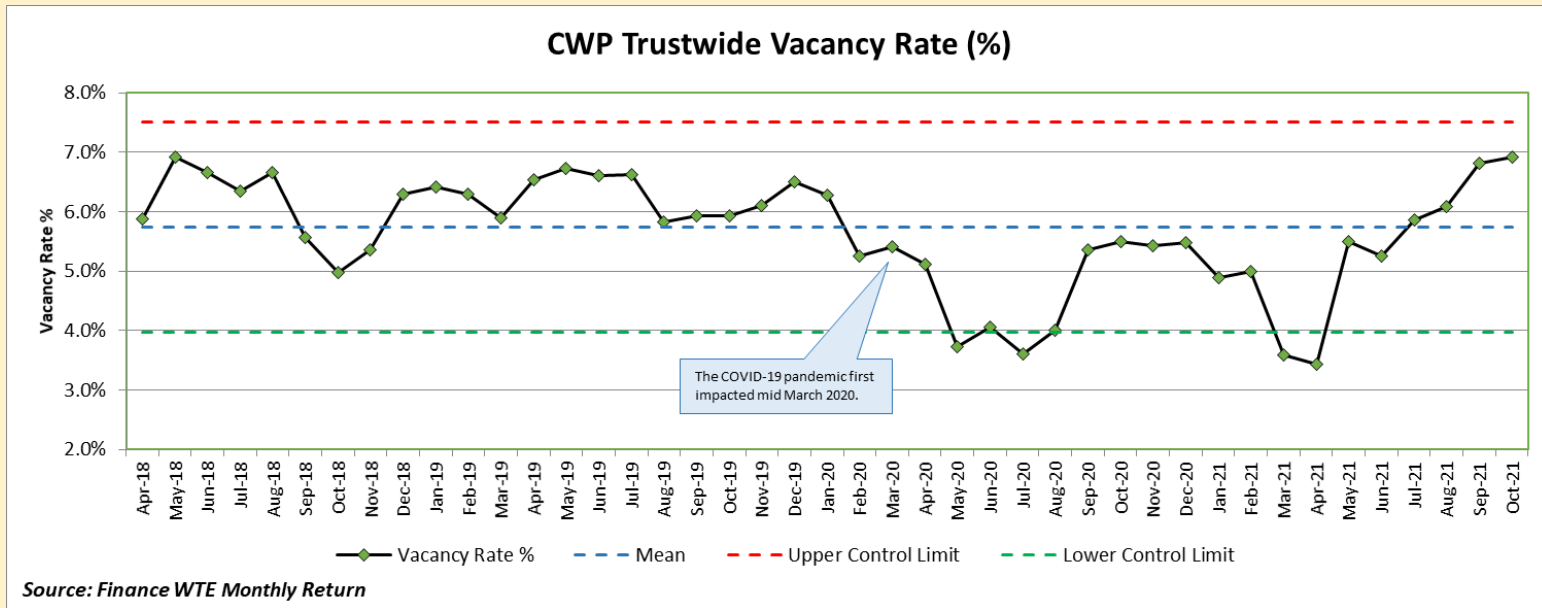
Monitored at:
 POD Sub Committee

Data source:
 People Information

Be a model employer and have a caring, competent and motivated workforce

Metric	Data	Further Explanation
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Vacancy Rate



Metric owner:
David Harris

Monitored at:
POD Sub Committee

Data source:
People Information

Comment: The vacancy rate was on or below the lower control limit between May and August 2020, and again in March and April 2021. The vacancy rate had been consistently below the long term average since just before the start of the pandemic until the most recent two months. See comments on turnover. See previous comments on Turnover for the action being take to address these associated indicators. The national challenge of a shortage of suitable people for posts remains.

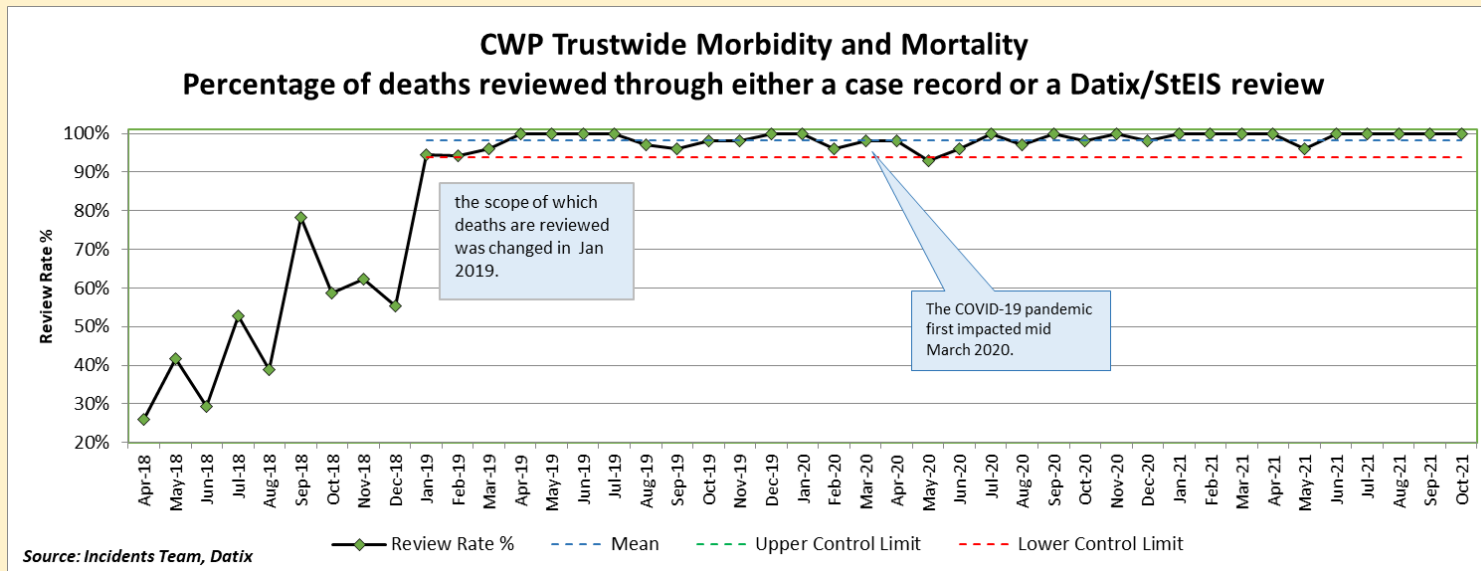
Be a model employer and have a caring, competent and motivated workforce

Metric	Data	Further Explanation
<h2>Mandatory Training</h2>	<div data-bbox="463 431 1931 999"> <p>CWP Trustwide Mandatory Training (EE1) Compliance Rate (%)</p> <p>The chart displays the Mandatory Training Compliance Rate % over time. The Y-axis ranges from 80% to 100%. The X-axis shows monthly intervals from Apr-18 to Oct-21. A solid green line with diamond markers represents the compliance rate. A dashed blue line represents the mean, a dashed green line represents the upper control limit, a dashed red line represents the lower control limit, and a dashed purple line represents the target at 85%. A callout box points to the data point in March 2020, stating 'The COVID-19 pandemic first impacted mid March 2020.' The source is cited as 'ESR/Education CWP'.</p> </div> <p data-bbox="453 1053 1941 1353"> Comment: The Trust mandatory compliance figure is currently 89%, just below the long term average, however we are still above the 85% target. As part of the Trust’s People Strategy and Plan a review will be carried out of our mandatory training programme to ensure it maximises capacity and best meets need. A timetable for this review is being produced. The recent declaration of a critical incident, teams being in Business Continuity mode and Education CWP releasing staff to provide support to the wards are likely to mean that mandatory training compliance rates will dip further before they recover. </p>	<p data-bbox="1982 431 2211 516">Metric owner: David Harris</p> <p data-bbox="1982 574 2390 711">Monitored at: POD Sub Committee and Ops Committee</p> <p data-bbox="1982 768 2237 853">Data source: Education CWP</p> <p data-bbox="1982 959 2415 1268"> Definition: Excludes staff on Maternity Leave, Career Break, External Secondments, Long Term Sick (>92 days) and new starters < 3 months. Also excludes any new course competences added to the Training Needs Analysis for 12 months, to allow staff time to complete </p>

Improve the quality of information to improve service delivery, evaluation and planning

Metric	Data	Further Explanation
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Morbidity and Mortality



Comment: CWP have recommenced mortality case record reviews following the Covid-19 pandemic.

Metric owner:
Gary Flockhart

Monitored by:
Quality Committee

Data source:
CWP Incidents team

Improve the quality of information to improve service delivery, evaluation and planning

Metric	Data	Further Explanation																																			
<p>Level 3 and 4 QI Training</p>	<div data-bbox="461 454 1791 1119" data-label="Figure"> <p>Cumulative growth in QI Training in CWP by Care Group</p> <table border="1"> <caption>Approximate data from the stacked bar chart</caption> <thead> <tr> <th>Cohort</th> <th>End Date</th> <th>QI Expert Training (level 4)</th> <th>QI Senior Manager training (level 3)</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>By the end of Cohort 1</td> <td>March 2019</td> <td>~12</td> <td>~2</td> <td>~14</td> </tr> <tr> <td>By the end of Cohort 2</td> <td>June 2019</td> <td>~15</td> <td>~8</td> <td>~23</td> </tr> <tr> <td>By the end of Cohort 3</td> <td>September 2019</td> <td>~16</td> <td>~18</td> <td>~34</td> </tr> <tr> <td>By the end of Cohort 1</td> <td>July 2019</td> <td>~5</td> <td>~6</td> <td>~11</td> </tr> <tr> <td>By the end of Cohort 2</td> <td>September 2019</td> <td>~10</td> <td>~10</td> <td>~20</td> </tr> <tr> <td>By the end of Cohort 3</td> <td>December 2019</td> <td>~15</td> <td>~14</td> <td>~29</td> </tr> </tbody> </table> <p>Legend:</p> <ul style="list-style-type: none"> QI Expert Training (level 4): Clinical Support Services (grey), LD, NDD & ABI (light blue), SMH (dark blue), CYPF (yellow), Neighbourhoods (orange) QI Senior Manager training (level 3): Clinical Support Services (grey), LD, NDD & ABI (light blue), SMH (dark blue), CYPF (yellow), Neighbourhoods (orange) </div> <p data-bbox="443 1133 2015 1300"> Comment: Since the last update there has been no further progress regarding level 2, level 3 and level 4 training. This training is instructor led and is upwards of 4 hours per level. Due to the COVID situation further rollout of this training has been halted. Latest figures show that 3,718 people have completed the level 1 QI training. </p>	Cohort	End Date	QI Expert Training (level 4)	QI Senior Manager training (level 3)	Total	By the end of Cohort 1	March 2019	~12	~2	~14	By the end of Cohort 2	June 2019	~15	~8	~23	By the end of Cohort 3	September 2019	~16	~18	~34	By the end of Cohort 1	July 2019	~5	~6	~11	By the end of Cohort 2	September 2019	~10	~10	~20	By the end of Cohort 3	December 2019	~15	~14	~29	<p>Metric owner: Anushta Sivananthan</p> <p>Monitored by: Quality Committee</p> <p>Data provider: Quality Assurance and Improvement team</p>
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Work to develop further measures for this strategic objective is as follows:

Improve the quality of information to improve service delivery, evaluation and planning


Metric	Development Plans
Dashboard development	<p>Development work on the Operational Committee Performance Report has been continuing and the following improvements have been made:</p> <ul style="list-style-type: none">• Rationalisation of measures so they are only reported into a single committee, leading to addition of new measures and others being reported elsewhere• Overhaul of visualisation within the report• Separate section created for Oversight Framework Performance Indicators• Inclusion of Indicator definition and how RAG ratings are calculated• Local targets agreed with Care Groups (which is still in progress)• Separation of Specialist Mental Health into three localities <p>Collaborative work continues between Clinical Support Services and the Specialist Mental Health Care Group to develop a care group specific performance framework.</p> <p>Metric owner: Tim Welch</p> <p>Monitored by: Operational Committee</p>

Work to develop further measures for this strategic objective is as follows:

Sustain financial viability and deliver value for money

Metric	Development Plans
Delivery of Value for Money	<p>Temporary financial arrangements are again in place for 2021/22 with a limited efficiency requirement in the first half of the year, but this is expected to increase significantly from October. The Business & Value team will continue to work with colleagues to support them to maximise the use of resources.</p> <p>Metric owner: Tim Welch</p> <p>Monitored through: Ops Committee</p>

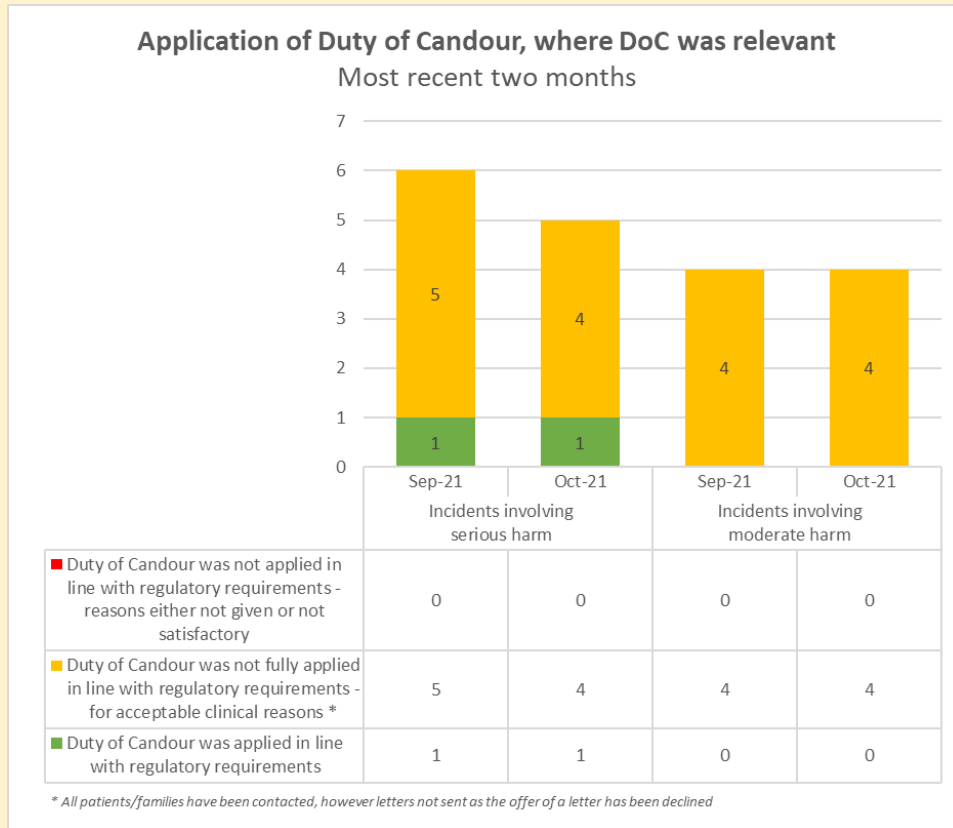
Be recognised as an open, progressive organisation that is about care, well-being and partnership

Metric	Data	Further Explanation
CQC Rating	 <p>The dashboard shows the overall rating as 'Good' and a breakdown of five categories: Safe (Good), Effective (Good), Caring (Outstanding), Responsive (Good), and Well-led (Good).</p>	<p>Comments: The most recent Well Led inspection took place between 9 and 11 March 2020 and showed improvement over the previous inspection.</p> <p>At the time of writing, there are 5 regulatory actions, and 3 improvement actions open in relation to ADHD services and Rosewood Ward. Outstanding regulatory action has been agreed as a second extension until February 2022 with the CQC and will be monitored by the executive team to ensure all touchpoints as part of that extension are met or can be effectively escalated. The Rosewood inspection report is due to be published on the 17/11/21 following their inspection on the 19/08/21. The ward were "inspected not rated" overall - therefore there is no impact or change to CWP or the core service rating but the Safe rating specifically for Rosewood decreased from Good to Requires Improvement considering the regulatory breaches. An improvement plan is in place.</p> <p>Metric owner: Anushta Sivananthan delegated to Stephanie Bailey</p> <p>Monitored at: Quality Committee</p> <p>Data source: CQC website</p>

Be recognised as an open, progressive organisation that is about care, well-being and partnership

Metric	Data	Further Explanation
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Duty of Candour



Comment: The Immediate Safety Assurance Forum scrutinise all the serious incidents and have identified the cases where the Duty of Candour has not been applied as required and requested immediate action with assurance being given to the Patient Safety incident Lead that this has been completed. A learning bulletin on Duty of Candour and when it is applied has been issued explaining the updated regulation.

Metric owner:
Gary Flockhart delegated to
Hayley McGowan

Monitored at:
Quality Committee

Data source:
CWP Incidents Team

Report Against Strategic Objectives

End Sheet

Helping people to be
the best they can be

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	CWP Green Plan 2021-2024
Agenda ref. number:	21.22.19
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	24/11/2021
Presented by:	Justin Pidcock: Associate Director Infrastructure

Which strategic objectives this report provides information about:	
Improving Care, Health and Wellbeing	Yes
Working within Communities	Yes
Working in Partnership	Yes
Delivering, Planning and Commissioning Services	Yes
Making Best Value	Yes
Reducing Inequalities	Yes
Enabling our People	Yes
Improving and Innovating	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes
http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	No
All strategic risks	

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	Yes/ No
N/A	

REPORT BRIEFING

Situation – a concise statement of the purpose of this report

This paper covers CWP’s Green Plan - covering the period between 2021-2024. Each NHS provider organisation within the NHS is mandated to adopt a board approved Green Plan by mid January 2022 – progress against this requirement is being monitored and managed through Cheshire & Merseyside Sustainability board within the overarching Integrated Care System. This Green Plan has been drafted to reflect the requirements of the DOH template for NHS Green Plans.

Background – contextual and background information pertinent to the situation/ purpose of the report

It is our Trust’s vision to set the national standard for leadership in healthcare, staff wellbeing, engagement, and community. To achieve this, it is important that we do not only look at the services we offer and how we can improve but also the three pillars of sustainability, covering environmental, economic, and social performance.

Our Green Plan seeks to integrate sustainable development in the way we offer vital healthcare services and help the NHS to become the first health service in the world with net zero greenhouse gas (GHG) emissions. The Department of Health target for a Net Zero NHS is 2040 for directly controlled emissions and 2045 for indirectly controlled emissions.

The climate crisis is also a health crisis. Rising temperatures and extreme weather will disrupt care and impact the health of our patients and the public, especially the most vulnerable in our society. As a Mental Health and Community Trust, rated “Outstanding for Caring” by the Care Quality Commission, CWP has a central role to play in reducing health inequalities and helping the NHS to reach net zero.

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

CWP Infrastructure Services appointed Inspired Energy early in 2021’ to support us drafting our Green Plan, we held two sustainability workshops which were well attended with representation from throughout the Trust. We have continued this engagement through circulation of various iterations of the Green Plan over the last few months and this work has culminated in the completion of our plan for consideration and discussion.

Assessment – analysis and considerations of the options and risks

This Green Plan sets out a clear and unambiguous plan to deliver the above ambition. It outlines our key areas of focus and the work that the organisation will undertake to contribute to improved environmental performance throughout the Trust in the form of individual action plans linked to each of the 13 areas of focus.

The action plans outline a high-level assessment of potential carbon reduction associated with each action together with an indication of level of financial investment required to achieve. The Green Plan covers both decarbonisation and wider environmental and social issues linked to anchor institution and corporate responsibility.

The nature of how the Green Plan is set out is iterative in nature and the plan is designed to be a live working document that is refined and adapted as we work through the coming years. In terms of both governance process and delivery of the plan, it is suggested that the Trust recognises that there are significant undertakings outlined in the plan and that clear and dedicated resource is required to support the Trust in delivery of this plan. In recognition of this, the plan includes the commitment to appoint a sustainability manager at band 7/8a to sit within Infrastructure services in addition to formation of a sustainability committee. Although it is proposed that this dedicated resource sits within Infrastructure services, it is noted throughout the plan that all areas of the organisation will be challenged to play their part in delivery of this plan.

Consideration of where a Sustainability Sub Committee sits within the Trust’s existing governance structure requires further discussion. Progress against plan will need to be reviewed throughout the year and reported through the Annual plan – this report will cover:

- the progress made and the ability to increase or accelerate agreed actions
- new initiatives generated by staff or partner organisations
- advancements in technology and other enablers
- the likely increase in ambition and breadth of national carbon reduction initiatives and targets.

Operational Committee recommend the Green Plan to the Board of Directors for approval.

Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board of Directors are asked to discuss and approve this Green Plan, as recommended by the Operational Committee.

Who has approved this report for receipt at the above meeting?	Suzanne Edwards Director of Operations
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Contributing authors:	Justin Pidcock Associate Director Infrastructure
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Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
V01	Green Plan workshops x 2	Oct 21’
V01	Operational Committee	Nov 21’

Appendices provided for reference and to give supporting/ contextual information:

Appendix No.	Appendix title
1	Green Plan



Cheshire and Wirral Partnership NHS Foundation Trust

Green Plan 2021 - 2024



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Foreword

It is our Trust's vision to set the national standard for leadership in healthcare, staff wellbeing, engagement and community. To achieve this, it is important that we do not only look at the services we offer and how we can improve but also the three pillars of sustainability, covering environmental, economic and social performance.

This Green Plan sets out a clear and unambiguous plan to deliver this ambition. It outlines our key areas of focus and the work that the organisation will undertake to contribute to improved environmental performance throughout the Trust. This covers both decarbonisation and wider environmental and social issues.

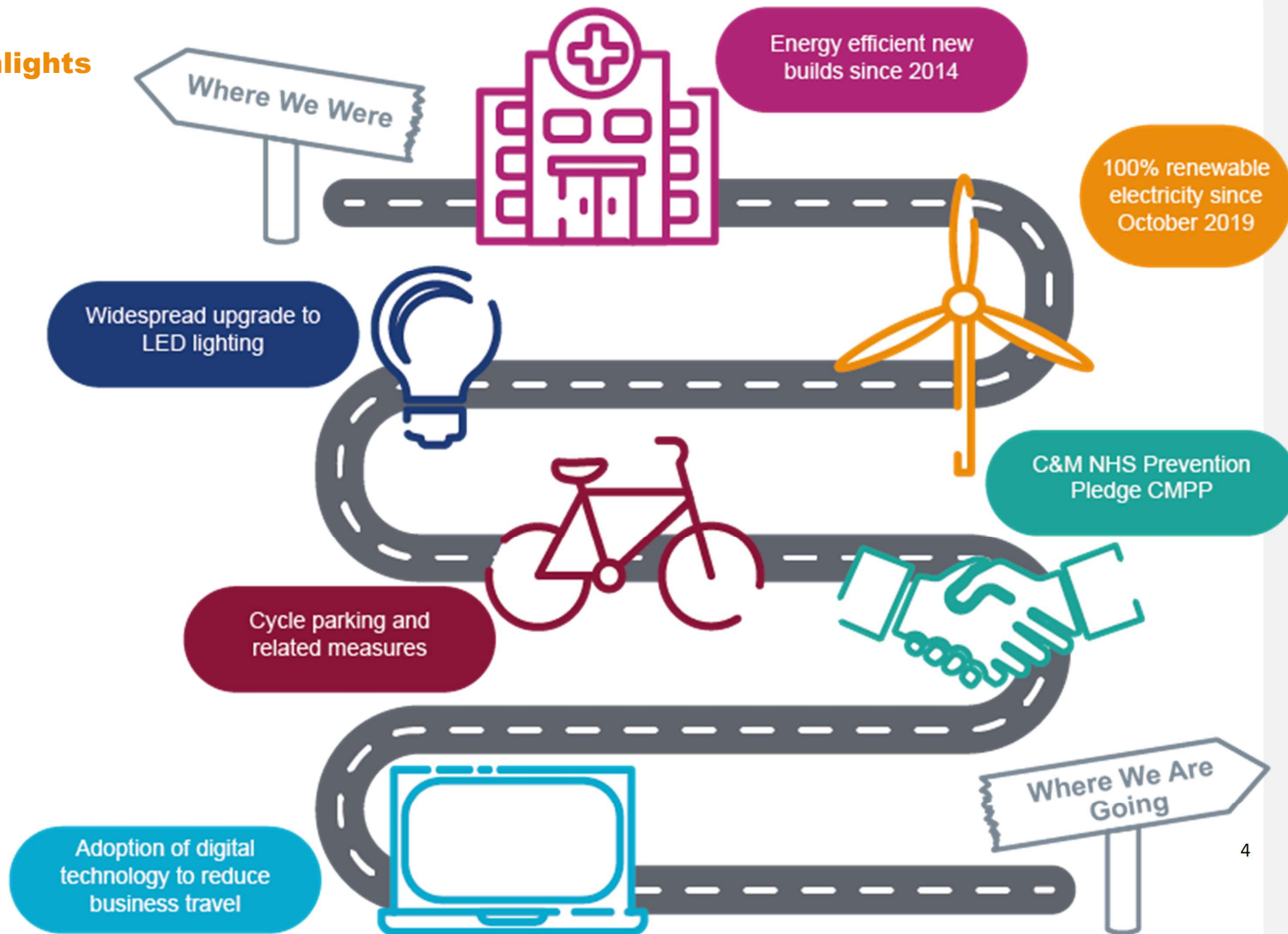
The Trust already incorporates sustainability in many aspects of its activities. However, we recognise that more can be done. The huge challenge presented by COVID-19 is also an opportunity for us to rethink the way we deliver care. Realising the potential for sustainable development will help the Trust meet the objectives of its Clinical Strategy. The financial benefits accruing from increasingly sustainable activities will also allow the Trust to invest further in its clinical services.

We are confident that we can work with our partners across our Integrated Care System and the wider local community to achieve a more sustainable healthcare service, and I am pleased to endorse this Green Plan.

**Suzanne Edwards, Director of Operations at CWP
Executive Net Zero Lead**



Highlights



Introduction

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

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

Sir Simon Stevens, former NHS Chief Executive

We are at the end of the five-year [Cheshire & Merseyside Sustainability & Transformation Plan](#), and Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is proud to share our Green Plan.

Our Green Plan seeks to integrate sustainable development in the way we offer vital healthcare services and help the NHS to become the first health service in the world with net zero greenhouse gas (GHG) emissions.

The climate crisis is also a health crisis. Rising temperatures and extreme weather will disrupt care and impact the health of our patients and the public, especially the most vulnerable in our society. As a Mental Health and Community Trust, rated “Outstanding for Caring” by the Care Quality Commission, CWP has a central role to play in reducing health inequalities and helping the NHS to reach net zero.

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

The progress will be reviewed and reported formally to the Trust board and other key stakeholders annually, considering:

- the progress made and the ability to increase or accelerate agreed actions
- new initiatives generated by staff or partner organisations
- advancements in technology and other enablers
- the likely increase in ambition and breadth of national carbon reduction initiatives and targets.

CWP NHS Trust in 2019/20

Number of employees (FTE):
3,900

Key Services:
Specialist Mental Health / Learning Disability , ABI/ Children Young People Services / Community Physical Health services together with three GP surgeries

Footprint of Sites:
47,162m²

Geography:
Cheshire East, Cheshire West & Wirral peninsula together with satellite sites in Warrington, Sale & Bolton

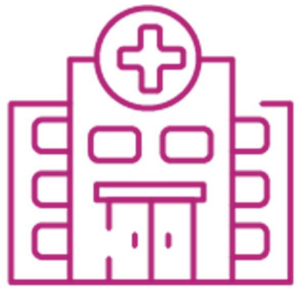
Patient Numbers:
270,000 (excludes child health)

What Sites do:
Provision of Clinical and non-clinical support services

Number of Sites:
70



Key Resources



Building Energy
14,000,987 kWh

Baseline year for Plan
2019/2020



Waste Arisings
548.2 tonnes



Procurement Activity
£23,152,088 of relevant spend



Water Supplied
44,199 m3



Business Travel
6,306,189km



Patient/Visitor/ Communiting Travel
42,360,109 km

Organisational Vision

Vision

'Work in partnership to improve health and wellbeing by providing high quality, person-centred care'

The Trust's vision sets out our aspiration to achieve sustainable, person-centred care in a safe and quality-focused way.

To support our Vision, we have six core values, called the Six Cs (as illustrated), which reflect the way we do things at CWP.

Our people have always been the focus of our Trust. We work together to empower and support our colleagues, patients and communities to deliver our Vision, as detailed in the following pages.

Our Strategic Objectives for 2021 build on the Six Cs and encompass the core themes of this Green Plan and other NHS strategies, such as the Long Term Plan. These Strategic Objectives are given in Figure 1, where we have referenced how each objective is linked to an Area of Focus in this Green Plan.

To hone and help deliver our Strategic Objectives, we are running a consultation called '[Imagining the Future](#)'. We want to work in partnership with other organisations so that we are all working together to improve the lives of the people we support. We also want as many people as possible to get involved with us and give us their views.

The 6Cs



Our Strategic Objectives and the 'Imagining the Future' platform are vehicles of the delivery of actions within this Green Plan, complementing them.

Our Green Plan reflects our core values and Strategic Objectives within the framework of environmental protection alongside social enhancement.

This Green Plan underpins our journey towards Net Zero emissions and provides the basis to become resilient and adaptable to the impacts of climate change for both service delivery and the care of our community.

CWP's Strategic Objectives

Green Plan Actions

SO1. Improving Care, Health and Wellbeing
We will serve the people of Cheshire and Wirral (and beyond) through identifying need, reducing inequalities and improving outcomes for all



1. Our People & Systems Leadership
2. Sustainable Models of Care
3. Digital Transformation
9. Adaptation

SO2. Working within Communities
We will support the development of capability, resilience and social value within communities



1. Our People & Systems Leadership
2. Sustainable Models of Care
3. Digital Transformation
4. Travel & Transport
7. Supply Chain & Procurement

SO3. Working in Partnership
We will serve communities by working in partnership with others and providing leadership that influences, advocates and supports



1. Our People & Systems Leadership
2. Sustainable Models of Care
3. Digital Transformation
4. Travel & Transport
7. Supply Chain & Procurement
9. Adaptation

SO4. Delivering, Planning and Commissioning Services
We will support the provision of integrated services that are outstanding and evidence-based and enable equitable access for all



1. Our People & Systems Leadership
2. Sustainable Models of Care
3. Digital Transformation
4. Travel & Transport
7. Supply Chain & Procurement
9. Adaptation

Figure 1 CWP Strategic Objectives 2020/21 and how they align to Green Plan 'Areas of Focus'

CWP's Strategic Objectives

Green Plan Actions

SO5. Making Best Value
We will make best use of the resources available to us and will allocate them according to need and best value outcomes



1. Our People & Systems Leadership
2. Sustainable Models of Care
3. Digital Transformation
5. Estates & Facilities
6. Medicines
7. Supply Chain & Procurement
8. Food & Nutrition
9. Adaptation

SO6. Reducing Inequalities
We will use our influence, physical presence and assets to reduce inequalities and improve the environment



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

SO7. Enabling our People
We will be person-centred and value-based and make CWP a place which enables each of us to be the best that we can be



1. Our People & Systems Leadership
9. Adaptation

SO8. Improving and Innovating
We will continuously improve and innovate and share our learning across communities



1. Our People & Systems Leadership
2. Sustainable Models of Care
3. Digital Transformation
6. Medicines
7. Supply Chain & Procurement

Our Green Plan Areas of Focus set out our priorities for the next three years to lay a strong foundation to contribute to the NHS' longer-term net zero commitment, including:

- Incorporating net zero actions, such as improving the energy efficiency of our built estate, decarbonising heating systems and strengthening sustainable procurement practises
- Enhancing net zero awareness and skill bases across clinical and non-clinical areas of the Trust.
- Strengthening our data collection processes to allow refined target-setting, monitoring and action-planning
- Developing green travel plans for staff, patients and visitors and purchasing/leasing ultra-low emissions or zero emission fleet vehicles
- Developing a robust climate change adaptation plan

Our Green Plan Vision

We will work through our Green Plan to achieve a net zero NHS, reduce harm to the environment and to improve health outcomes and wellbeing for the people of Cheshire and the Wirral, now and for future generations. Drawing on our people, our values, and position as an anchor institution, we will incorporate sustainable development into everything we do.

Our Drivers for Change

CWP is committed to deliver the NHS' Long Term Plan, Standard Contract, and the recommendations in the Priorities and Operational Planning Guidance, Cheshire and Merseyside Health and Care Partnership's Prevention Pledge and 'Delivering a Net Zero NHS'-report, all of which have informed our Green Plan and shape our Vision.

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

We also commit to review and participate in Cheshire and Wirral regional partnerships and strategies related to sustainable development wherever appropriate.

Priority	Link to our Green Plan
NHS NHS Long Term Plan (LTP)	<p>2.18. Take action on healthy NHS premises.</p> <p>2.21. Reduce air pollution from all sources.</p> <p>2.24 Take a systematic approach to reduce health inequalities.</p> <p>2.3. Improve preventative care.</p> <p>2.37. Commission, partner with and champion local charities, social enterprises and community interest companies.</p> <p>4.38. Make the NHS a consistently great place to work – promoting flexibility, wellbeing and career development.</p> <p>4.42. Place respect, equality and diversity at the heart of workforce plans.</p> <p>16. Play a wider role in influencing the shape of local communities.</p> <p>17. Lead by example in sustainable development and in reducing use of natural resource and the carbon footprint of health and social care</p> <p>18. Create social value in local communities as an anchor institution.</p>
NHS NHS Standard Contract 21/22 SC18	<p>18.1 Take all reasonable steps to minimise adverse impact on the environment.</p> <p>18.2 Maintain and deliver a Green Plan, approved by the Governing Body, in accordance with Green Plan Guidance.</p>
NHS Planning Guidance 21/22 PG	<p>C1 Where outpatient attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation</p>
NHS Greener NHS / Net Zero Plan NZ	<p>Net zero by 2040 for the NHS Carbon Footprint, with 80% reduction by 2028 to 2032.</p> <p>Net zero by 2045 for the NHS Carbon Footprint Plus, with an ambition for an 80% reduction by 2036 to 2039.</p>




Priority	Link to our Green Plan
 NHS Estates 'Net Zero' Carbon Delivery Plan NZCDP	<ol style="list-style-type: none"> 1. Making every kWh count: Investing in no-regrets energy saving measures 2. Preparing buildings for electricity-led heating: Upgrading building fabric 3. Switching to non-fossil fuel heating: Investing in innovative new energy sources 4. Increasing on-site renewables: Investing in on-site generation
 C&M NHS Prevention Pledge CMPP	<p>14 core commitments to be adopted by NHS Provider Trusts to signal their commitment to scaling up prevention</p>
 Cheshire and Wirral Partnership <small>NHS Foundation Trust</small> Strategic Objectives 2021/22 SO	<ol style="list-style-type: none"> 1. Improving Care, Health and Wellbeing 2. Working within Communities 3. Working in Partnership 4. Delivering, Planning and Commissioning Services 5. Making Best Value 6. Reducing Inequalities 7. Enabling our People 8. Improving and Innovating

Figure 2 NHS Drivers for Sustainable Development

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

Figure 3 Legislative Drivers with UK Guidance

The UN Sustainable Development Goals

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

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

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

“The NHS belongs to all of us.” *

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

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

A leading Mental Health and Community NHS Trust, CWP also contributes to Target 3.4, to reduce mortality from non-communicable diseases and promote mental health.

*Constitution of NHS England

CWP will work to ensure:

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

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

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



Linking our Green Plan to NHS Net Zero

Emitting around 4% of the country's carbon emissions, and attributable to over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets set under the Climate Change Act 2008.

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

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

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

Greenhouse Gas Emissions

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

The emission sources and their 'scope' are shown in the infographic (Figure 4).

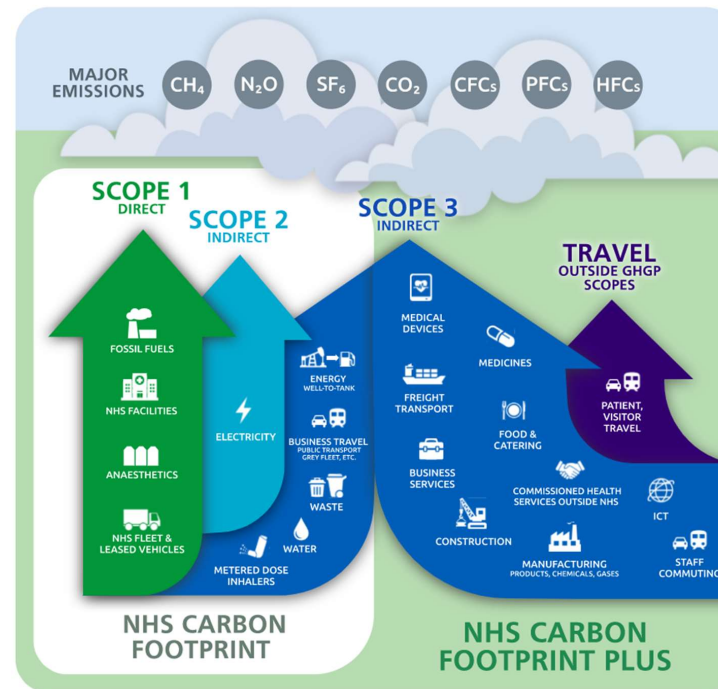


Figure 4 Greenhouse gas emission sources and scopes

Data and methodology

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

Our GHG Emissions footprint was calculated following an internationally recognised methodology for compiling a GHG emissions inventory. This methodology was guided by published reporting and best practise guidance from the UK Government, which is aligned with the GHG Protocol for Corporate Reporting and ISO 14064:1.

We have calculated our Trust's carbon footprint from 2018/19 to 2020/21 in terms of building energy and delivery of care, travel, and our supply chain, as per the categorisations in the NHS Net Zero report.

We have used the following primary data:

- resource consumption (electricity, gas, water) data from utility bills
- waste arisings from data sets from waste contractors
- number of inhalers from our prescribing data
- business miles travelled (by car) from our expenses system
- business travel (by rail, air etc.) from our travel operator system
- published procurement spend

Travel data is unavailable for commuting and patient/visitor travel. We therefore used the NHS' Health Outcomes of Travel Tool (HOTT) to arrive at estimated distances and emissions from these emission sources.

We are using 2019/20 as our baseline year to set targets against. This is because it aligns with the NHS Net Zero report and represents our trust's activity before the COVID-19 pandemic.

CWP's Net Zero ambitions

CWP fully commits to reduce our greenhouse gas emissions to Net Zero over these timescales to prevent the worst impacts of climate change and meet NHS Net Zero commitments. This plan outlines high-level emissions reductions and enabling actions for each area of focus.

This means CWP needs to act now to reduce our emissions from a variety of direct and indirect sources; from our estate to the care we deliver and beyond each year from now until we achieve Net Zero.

We are using this Green Plan to improve our Net Zero-related data collation, carbon footprint and reporting capacity over time.

This Includes:

Determining weaknesses in our current reporting processes and taking remedial action to ensure robust data is collected

Developing processes to measure/record emissions we have not previously tracked, such as emissions related to volatile anaesthetics and our supply chain

Identifying reduction actions for categories we cannot yet easily measure

An emissions-reduction trajectory for each emission source has been given in each Area of Focus (if applicable) for the next three years until 31st March 2024. To achieve these emission reductions, we have listed a series of actions in each Area of Focus. Where possible, we have given an indicative emission reduction rating: little, moderate and significant for each action.

There will be residual emissions at both the 2040 and 2045 target dates, and these will need to be 'offset' or sequestered (which is not in scope for this Plan).

As a mental health and community care NHS trust, CWP also has a special role to play in meeting ambitions for enhancing



CWP Staff Source: [Website](#)

Sustainable Models of Care, by being at the forefront of preventative care and addressing health inequalities.

The environmental impacts of improving health for all are extremely difficult to detect and measure: reduced requirements for inpatient care and carbon-intensive resources will result in a healthier population along with environmental and social benefits.

Throughout the Green Plan, we are using the metric of 'tonnes of carbon dioxide equivalent (tCO₂e).

What does 1 tonne of carbon dioxide look like?

One tCO₂e can be visualised as a volume of gas the size of a hot air balloon – a sphere about 10 metres in diameter.

The average 3-bedroom semi-detached home in the north-west of England emits around 1 tCO₂e per year from electricity consumption and almost 2 tCO₂e from the use of natural gas for heating and cooking.



Our Current Position

Akin to the NHS Net Zero report, most of our emissions (79.5%) came from sources we have little or no control over: 71.8% from our supply chain, and a further 7.6% from patient and visitor travel (see Figures 5 and 6 for a comparison of CWP's and NHS England's emissions sources and their relative proportions).

The remaining 20.5% arose from sources we can control or strongly influence: 9.7% of our emissions came from the operation of our buildings, 0.1% from our prescription of inhalers and 10.7% from transport associated with the delivery of care.

In 2019/20, our 39 sites (where CWP are directly responsible for purchase of energy) were responsible for a combined gas and electricity consumption of 13,867,051 kWh, costing just over £1million.

Our Carbon Footprint in 2019/20 was **32,471 tCO₂e**

To meet the NHS Net Zero commitments, we need to avoid around **1,370 tCO₂e** from all sources each year until 2040/45.

As shown in Figure 7, we can see that about two thirds more kWh of gas is consumed than electricity, highlighting our heavy reliance on fossil fuels. The size of each 'building' is relative to the number of emissions; the largest energy consumer being Bowmere Campus in Chester.

CWP Emissions in Tonnes of CO ₂ e FY 2019/20			
		tCO ₂ e	Trust %
Delivery of Care	Building Energy	3,097	9.5%
	Water & Waste	56.6	0.2%
	Anaesthetic Gases & Metered Dose Inhalers	28	0.09%
	Business Travel & NHS Fleet	1,184.1	3.6%
Personal Travel	Patient Travel	421.6	1.3%
	Staff Commute	2,301.0	7.1%
	Visitor Travel	2,058.4	6.3%
Commissioned	Commissioned Health Services Outside NHS	999.3	3.1%
Supply Chain	Medicines & Chemicals	7,886.6	24.3%
	Medical Equipment	3,577.9	11.0%
	Non-Medical Equipment	4,517.6	13.9%
	Food & Catering	590.4	1.8%
	Other Procurement	981.9	3.0%
	Business Services	4,770.1	14.6%
	Total	32,470.7	100%

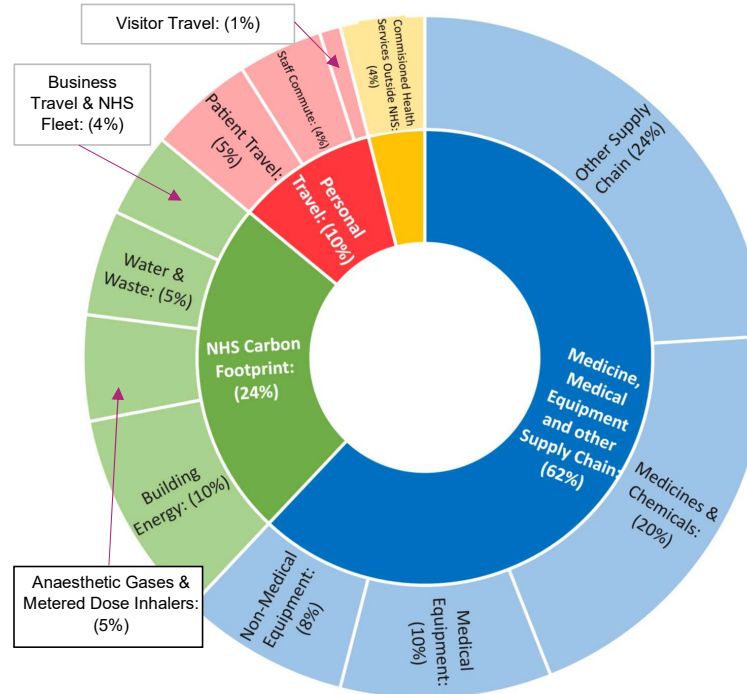
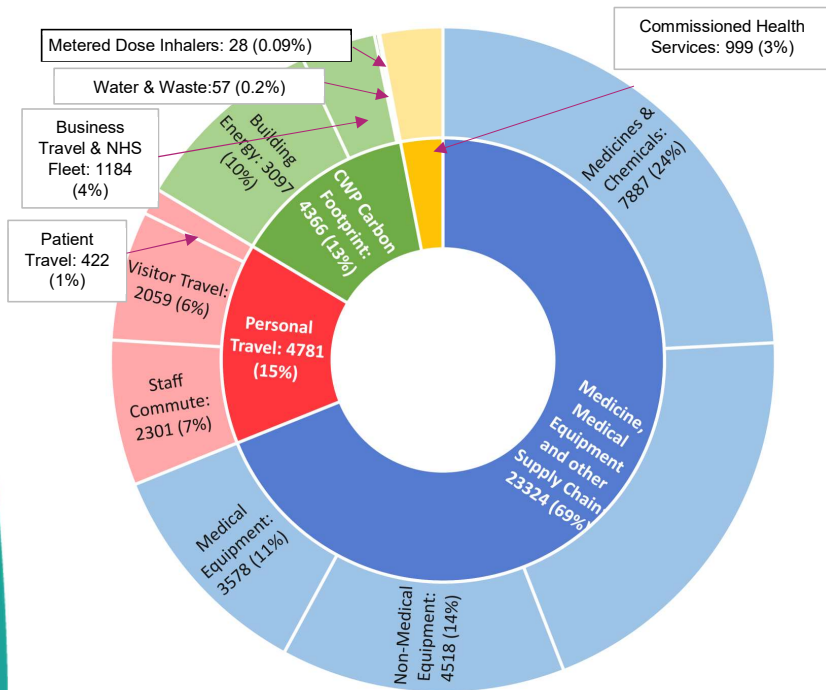


Figure 5 Pie chart showing CWP's emission sources, GHG Emissions in tCO₂e and their relative proportions in 2019/20 (Supply chain emissions determined via spend-based methodology)

Figure 6 Pie chart showing NHS England's emission sources and their relative proportions in 2019/20

Figure 7 Energy consumption and emissions arising from CWP's localities and aggregated sites in 2019/20

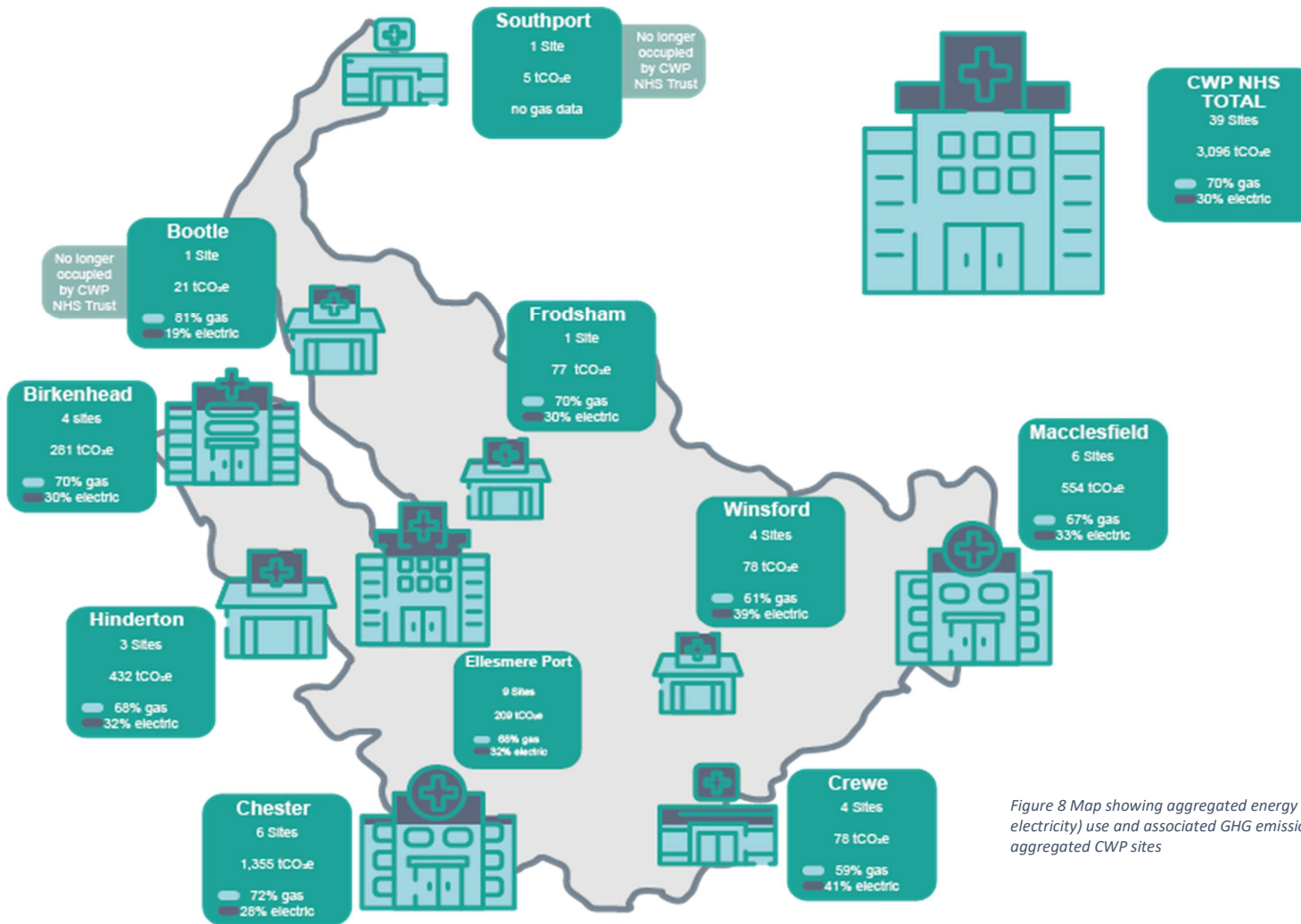


Figure 8 Map showing aggregated energy (gas and electricity) use and associated GHG emissions of aggregated CWP sites

The following series of tables illustrate our emissions from 2018/19 to 2020/21. *Trend arrows relate to emissions only.*

Grouped Emission Source and metric	2018/19		2019/20		2020/21		Trend in (tCO ₂ e)
	Total Consumption /output	Total Emissions (tCO ₂ e)	Total Consumption /output	Total Emissions (tCO ₂ e)	Total Consumption /output	Total Emissions (tCO ₂ e)	
Building Energy (kWh and kWh/th)	14,209,616	3,374.0	14,000,987	3,097.0	15,394,053	2,969.0	↓
Water Consumption & Treatment (m ³)	41,096.0	41.8	44,199.0	44.9	53,356.5	54.2	↑
Waste Arisings - Incineration (tonnes)	44.5	1.0	35.3	0.8	60.0	1.3	↑
Waste Arisings - Recycling (tonnes)	489.4	10.5	512.9	10.9	476.8	10.2	↓
Business Travel inc. commuting (kilometres)	30,993,692	3,954	28,318,854	3485.14	24,693,863	2820.5	↓
Patient & Visitor Travel (km)	20,347,444	2,584	20,347,444	2,480.0	20,347,444	2388.0	↓
Inhalers (No. Prescribed)	Not known	Not known	800	28.1	800	28.1	↔
Supply Chain (£ spent)	£16,771,382	23,847.9	£23,152,088	23,323.9	£17,756,339	25,469.6	↑
TOTAL		33,812.9		32,470.7		33,740.9	↑

Figure 9 Carbon indicators with totals and trends. Note there has been an increase in building energy consumption in 2020/21, though with an inverse correlation with emissions due to ongoing decarbonisation of the energy sector and reflecting the procurement of 100% renewable electricity

2020/2021 Total Emissions (tCO₂e)

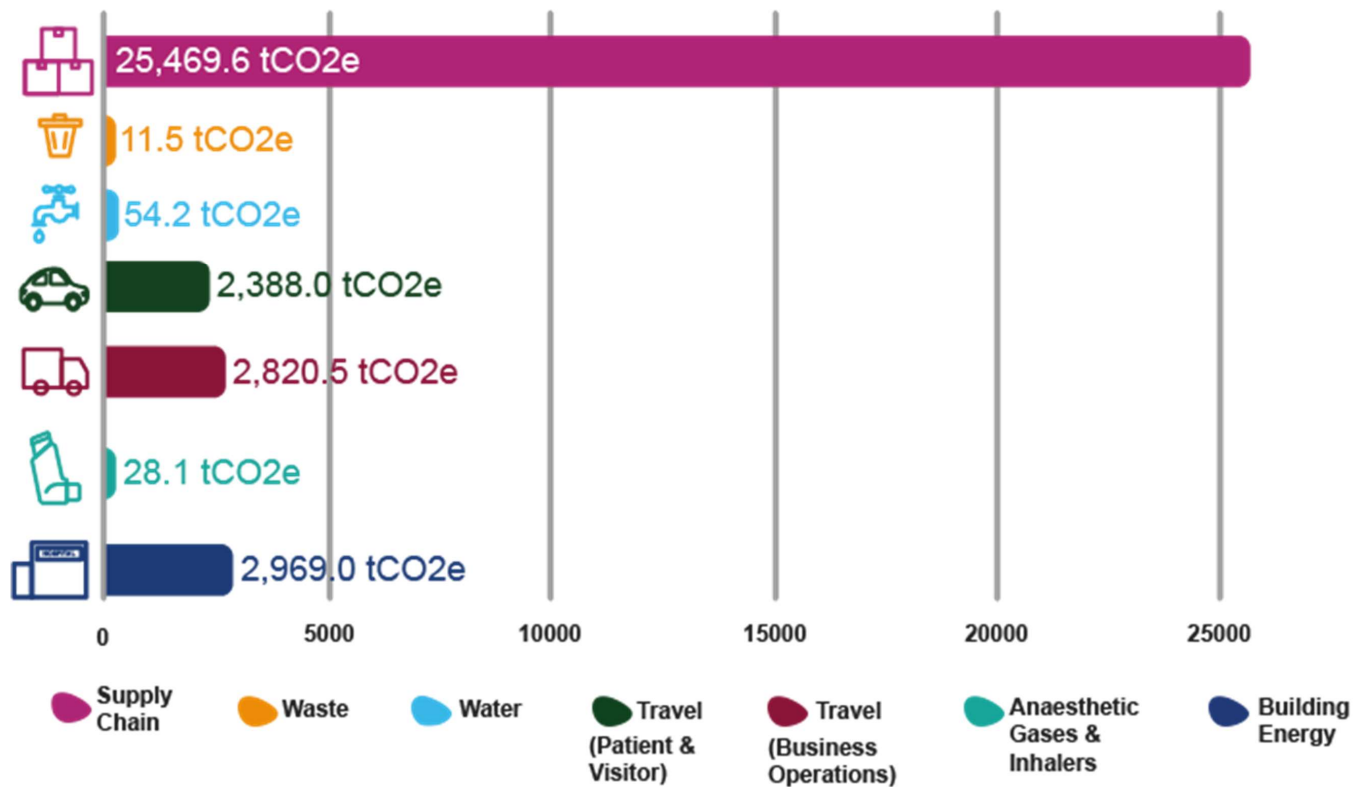


Figure 10 CWP total carbon footprint breakdown. Note: most emissions arising from our supply chain

Our Emissions-reduction trajectory

Our Green Plan has a three-year time scale to 2023/24. Using the 4% year-on-year emission reductions target, we have calculated the annual targets per emission source based on the 2019/20 baseline.

By 2023/24, we aim to reduce emissions from all sources listed by 6,687.4 tCO₂e. This will be achieved via behavioural change, investment in making our estate more energy efficient and the electrification of transport.

Grouped Emission Source	Previous Year's Emissions			Future Emissions Targets		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	Total Emissions (tCO ₂ e)	Total Emissions (tCO ₂ e)	Total Emissions (tCO ₂ e)	Total Emissions (tCO ₂ e)	Total Emissions (tCO ₂ e)	Total Emissions (tCO ₂ e)
Building Energy	3,374.0	3,097.0	2,969.0	1,905.1	1,828.6	1,754.7
Water Consumption & Treatment	41.8	44.9	54.2	43.1	41.4	39.8
Waste Arisings	11.3	11.7	11.4	11.2	10.8	10.3
Business Travel inc. Staff Commuting	3,954	3485.1	2820.5	1136.8	1091.3	1047.7
Patient & Visitor Travel	2,584.0	2,480.0	2388.0	4365.1	4316.4	4267.7
Inhalers	Not known	28.09	28.1	28.0	27.8	27.6
Building Energy	3,374.0	3,097.0	2,969.0	1,905.1	1,828.6	1,754.7
TOTAL	33,812.9	32,470.7	33,740.9	29,880.3	28,811.6	27,783.3

Figure 11 CWP's Estimated GHG Reduction Target for three years by activity to meet 'Delivering a Net Zero NHS'

We have provided an emissions-reduction trajectory using three-yearly interim targets until 2040/45 (see Figure 11), roughly aligned with the Science Based Targets to achieve the Paris Agreement carbon limits.

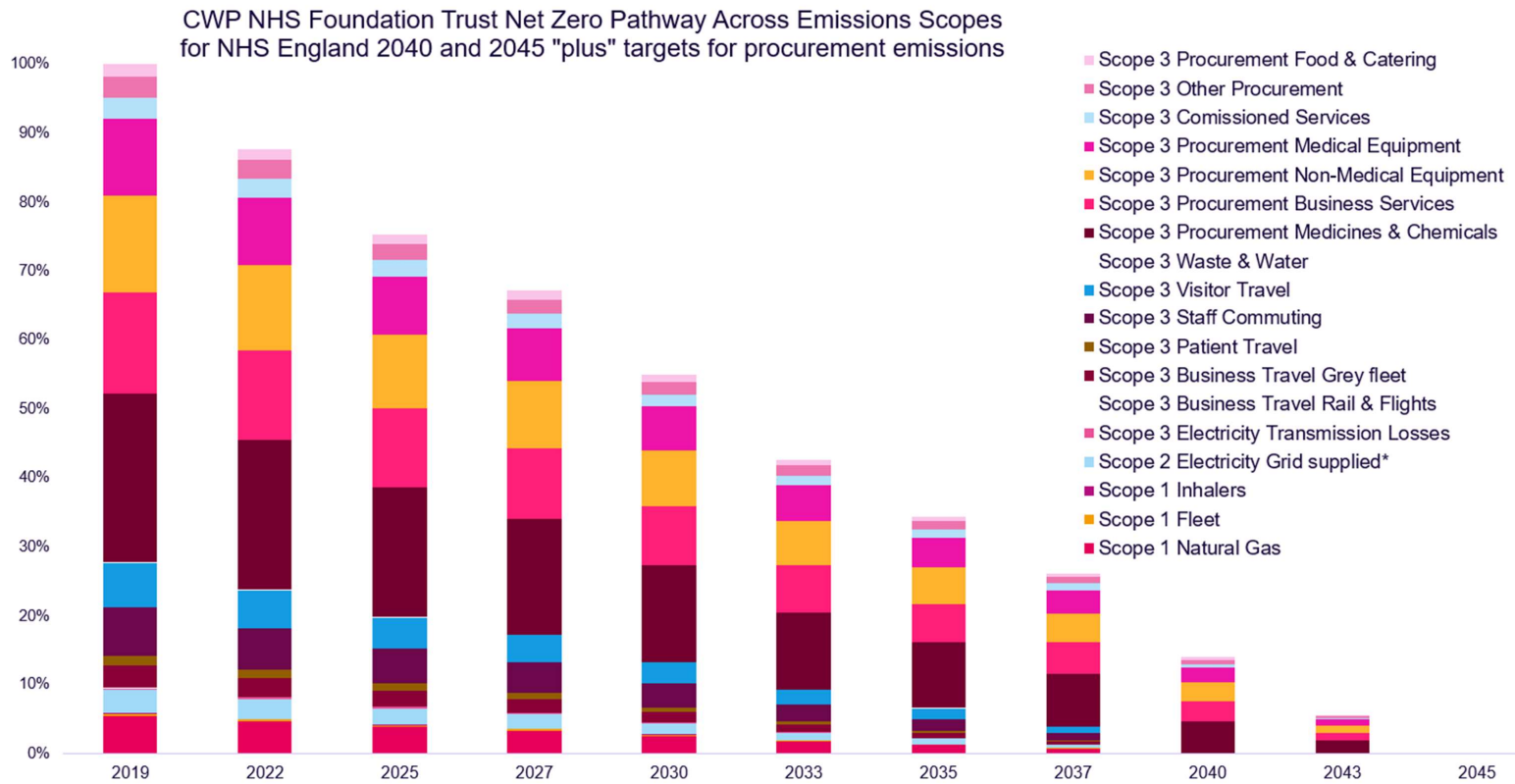


Figure 12 This is a Net Zero scenario pathway for CWP from a 2019 baseline to 2045. This chart visualises the emissions reductions required from different CWP activities to meet NHS England's Net Zero by 2040 and 2045 "plus" targets, reflecting CWP's real activity data across emissions scopes. It demonstrates how a wide range of consistent and concurrent actions will be needed across both clinical and non-clinical areas for CWP to reach our goal.

Areas of Focus

The following 'Areas of Focus' give an overview of our current performance/status and an Action Plan. The Action Plans state individual actions to achieve our Green Plan goals over the next three years.

Individual actions will be monitored and evaluated routinely. Progress has been recorded by a 'red', 'amber' or 'green' colour coding. Areas that require significant action are marked as 'red' for example. As we move through the delivery of each action, these will change from red to amber to green.

Indicative Cost to achieve:

£ No or low cost

£ Moderately expensive

£ Significantly expensive

Indicative Emissions reduction:

Low or incremental reduction

Moderate reduction

Significant reduction

Not applicable

We have given indicative costs and emission reductions. These are very high-level assumptions. However, as costs and emission reductions become known, the information will be inserted in the action plans. A key is given below.



Our People and System Leadership

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

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


Suzanne Edwards, Director of Operations is CWP's net zero lead, who will oversee the resourcing and delivery of this Green Plan. Adequate budgets are being set aside for energy efficiency upgrades to our buildings, improvements to systems, processes and staff development. We will also seek internal and third-party funding to support the roll-out of Green Plan actions.

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

At a strategic level, we will:

- Maintain and deliver this Green Plan, approved by our Board of Directors, providing at least annual summaries of progress to our Coordinating Commissioner.
- Evaluate and revise our Green Plan at least annually, where necessary, to maintain progress
- Set aside budgets and resources to achieve the aims of this Green Plan
- Ensure that we have a board-level Net-Zero/Green Plan Lead with responsibility for coordinating the implementation of this plan, allocating necessary budgets and resources and delivering the resource and emission reduction targets across the Trust's estate.
- Ensure that we have a board-level Health Inequalities Lead and a Climate Change Adaptation Lead
- Appoint a sustainability manager within Infrastructure services to lead the organisation in delivery of Green Plan (A4C band 7/8a)
- Nominate committee- and service-level clinical and non-clinical champions to deliver Green Plan commitments and ensure sustainable development is 'business as usual'. Sustainability Committee to report through Infrastructure services Sub-Committee within existing established governance structure.
- Quantify our environmental impacts and publish progress data in our Annual Report, including our GHG emissions and reduction progress.

 LTP 2.24, 17

 SC 13.9, 13.10, 18.2, 18









 NZ 4.2.3

13 CLIMATE ACTION



Target 13.2 Integrate climate change measures into policy and planning

Target 13.3 Build knowledge and capacity to meet climate change

No.	CWP Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Review and approve the plan at our Board level, monitoring delivery at Board meetings and relevant committees.	Governance & policy	21/22		£		Board of Directors	SC 18.2
02	Nominate and empower a: <ul style="list-style-type: none"> • Net Zero Lead • Climate Change Adaptation Lead • Health Equalities Lead keeping the Coordinating Commissioner informed at all times of the persons holding these positions. Resource appointment of Sustainability Manager (A4C Band 7/8a)	Governance & policy	21/22		£70k pa		Board of Directors	LTP 2.24,17 SC 18.2.2
03	Ensure staff are resourced to undertake Green Plan duties and nominate a lead person or department for each Green Plan 'areas of focus' to develop.	Governance & policy	22/23		£		Sustainability Manager Infrastructure services	LTP 2.24,17
04	Create a management/reporting structure for each 'area of focus'.	Governance & policy	21/22		£		Sustainability Manager Infrastructure services	LTP 2.24,17
05	Ensure the Green Plan delivery is reflected in our corporate risk register.	Governance & policy	21/22		£		Board of Directors	LTP 2.24,17
06	Identify budgets for the delivery of each 'area of focus' and the Green Plan as a whole.	Governance & policy	21/22		£		Business & Value Services	LTP 2.24,17
07	Identify internal and proactively seeks third-party funding to enable key Green Plan actions.	Governance & policy	Ongoing		£		Sustainability Manager Infrastructure services	LTP 2.24,17
08	Work in partnership with neighbouring NHS trusts and public authorities to enhance the delivery of the Green Plan and share best practice.	Governance & policy	Ongoing		£		Board of Directors	LTP 2.24,17

No.	CWP Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
09	Produce an annual granular carbon account in line with HM Treasury's 'Public sector annual reports: sustainability reporting guidance', with the intention of widening its scope and data quality, when possible, along with an annual review of the progress against the Green Plan actions / emission reduction targets	Core responsibilities	21/22		£		Infrastructure services	SC 18.3
10	Streamline data collection processes and produce a comprehensive monthly data report with relevant Green Plan metrics	Governance & policy	21/22		£		Infrastructure services	NZ 3.1.1, 3.1.2
11	Review procurement plan at board level to achieve a net zero supply chain. Fulfilling our role as an anchor institution to achieve social value and wider benefits for our communities, particularly for our care groups.	Core responsibilities	Ongoing		£		Procurement	LTP 2.24,17
12	Identify and action ways to engage patients and community in Green Plan delivery, including links between health inequality and climate action.	Procurement & Supply Chain	22/23		£		Communications & Engagement Team	LTP 2.24,17

Figure 13 Green Plan actions for our people and system leadership

Indicative Cost:

- No or low cost
- Moderately expensive
- Significantly expensive

Indicative Emissions reduction:

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

Our People

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

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

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

We will inspire and empower our people to actively engage in this Green Plan by providing relevant training and platforms. This Green Plan and progress updates will be widely communicated and accessible to all staff and stakeholders.

Building on our experience of leading a person-centred trust, we will explore how Green Plan objectives can be embedded within staff workplans and performance reviews to ensure our Green Plan becomes a core driver in the care we deliver.



CWP Staff Source: [Website](#)

No	CWP Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost	Indicative Emissions reduction	Responsible lead/dept	NHS Req.
01	CWP is committed to widening participation in the work and volunteer opportunities we offer. The CWP People Strategy and associated Delivery Plan supports achievement of the following aims to help people be the best they can be and be an employer of choice for the communities we serve: >Creating a place of positive health and wellbeing and, through our policies and practices, treating colleagues equitably and fairly. > Ensuring that everyone within CWP knows they belong and has the confidence to make their own unique contribution. >Providing opportunities to develop knowledge and skills and to fulfil our potential. Being a community of people which is representative of the communities we serve.	Governance & policy	Ongoing		£	✗	People & OD PACE Education CWP	LTP 4.1, 4.3, 4.39, 4.42 SC 13.1 to 13.10
02	Incorporate the Green Plan into the Essential Mandatory Training and Induction policies.	Governance & policy	21/22		£	☁	Education Services	NZ 4.2.1
03	Provide training related to this Green Plan to build capability in all staff, including on the link between climate change and health and practical actions that staff can take to help achieve net zero	Core responsibilities	22/23		£	☁	Education Services	NZ 4.2.1
04	Create Green Plan intranet pages for staff access and external webpages for other stakeholders; upload Green Plan content and progress updates accordingly	Governance & policy	21/22		£	✗	Sustainability Manager Infrastructure services	NZ 4.2.1
05	Use the Green NHS 'ONE YEAR ON' Communications Toolkit and/or the ' Healthier Planet, Healthier People ' Toolkit to create and share communications about our Green Plan	Working with patients, staff & communities	21/22		£	☁	Communications & Engagement	NZ 4.2.1
06	Sign up to the NHS Greener Community and encourage staff to be active participants in this and other fora such as the Greener AHP Hub, Centre for Sustainable Healthcare and related workspaces on the FutureNHS platform	Working with patients, staff & communities	21/22		£	☁	Communications & Engagement	NZ 4.2.1
07	Consult, explore and action how clinical and non-clinical staff can best participate in our Green Plan delivery, ensuring this is incorporated into workplans, work-time allocations, performance reviews, and collaborating with other trusts where appropriate.	Governance & policy	21/22		£	☁	Sustainability Manager Infrastructure services	NZ 4.2, 4.2.1, 4.2.2, 4.3.3
08	Work with our suppliers to ensure that onsite workers are subject to the Real Living Wage, fair working practices and protections against discrimination.	Procurement & People & OD	22/23		£	✗	Procurement & People & OD	LTP 4.1, 4.3, 4.39, 4.42

Figure 14 Green Plan actions for our people

Sustainable Models of Care

The NHS Long Term Plan updates the NHS service model, with a focus on preventative care in communities and tackling health inequalities, now and in the future.

Our own Strategic Objectives are centred around sustainable models of care, and as a signatory of the Cheshire and Merseyside NHS Prevention Pledge, we prioritise the long-term focus on prevention and early intervention. Preventative healthcare is linked to emissions reductions and greener activities.

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

Our community outreach, critical for our service delivery, allows us to provide excellent preventative care. Getting it Right First Time-programme (GiRFT) helps avoid additional hospital bed days and patient and visitor travel to our clinics, and their associated environmental impacts. Strong interagency partnership working enhances GiRFT, providing better preventative care.

Our Trust delivers inpatient care, outpatient appointments and care in the community. We had 31 active clinical sites in 2020/21 (32 in our baseline year of 2019/20), one domestic supported living scheme, 2 administration offices and 3 sites for our estates and facilities management. Our Trust operates over a wide and

disparate geography, and this presents challenges in terms of travel and access to services.

Our Trust will commit to link GHG reductions with our delivery of the Long Term Plan sustainable care model. We will work with our clinicians, patients and community to identify environmental and social benefit opportunities through sustainable delivery of care.

CWP Staff Source: [Website](#)



No.	CWP Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Build on current efforts (GIRFT, National Safety Improvement Programme and CMPP) to reduce health inequalities and improve early intervention, linking this work to potential emissions reductions	Governance & policy	Ongoing		£		Board of Directors and relevant clinical leads	LTP 2.26 SC13.9.11 8.4.2.1 NZ 4.1.3 CMPP
02	Use the Embedding Public Health into Clinical Services Programme's toolkit and Sustainable in Quality Improvement (SusQI) Framework to ensure the best possible health outcomes with minimum financial and environmental costs, while adding positive social value at every opportunity	Governance & policy	Ongoing		£		Board of Directors and relevant clinical leads	LTP 2.26 SC13.9.11 8.4.2.1 NZ 4.1.3 CMPP
03	Continue to collaborate with other trusts and public authorities on the population's health	Governance & policy	Ongoing		£		Board of Directors	LTP 1.53 SC 18.6 NZ 4.1.3
04	Appoint a Health Inequalities Lead to coordinate delivery of an updated Health Inequalities Action Plan	Core Responsibilities	21/22		£		Board of Directors	LTP 2.26 SC 13.9.2, 13.10 NZ 4.1.3
05	Follow Greener NHS guidance or support the development of GHG emissions reduction metrics linked with sustainable care actions, including establishing links between better health outcomes and reduction in emissions from avoided care and travel.	Core responsibilities	22/23		£		Estates	SC 18.4.2.1 NZ 4.1.1, 4.1.2
06	Work to engage suppliers related to sustainable care in relevant emissions reduction and health equalities activities.	Procurement	22/23		£		Procurement & service providers	NZ 4.1.3
07	Explore new ways of delivering care at or closer to home, meaning fewer patient journeys to hospitals	Working with patients, staff & communities	Ongoing		£		Clinical leads	NZ 4.1.1

Figure 15 Green Plan actions for Sustainable care models

Indicative Cost:

- No or low cost
- Moderately expensive

- Significantly expensive

Indicative Emissions reduction:

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

Digital Transformation

The NHS Long Term Plan commits all NHS bodies to focus on digital transformation by establishing a 'digital front door' to the NHS with digital first care.

CWP is well-placed to lead the development of digital care as a tool to promote inclusion and increase access to quality care in the Cheshire and Wirral region and is committed to ensuring that digital services are tailored to meet the needs of our different specific care groups.

CWP's MyMind 2.0, Starting Well and our other website services are leading examples of digital first care and a crucial part of CWP's care delivery. Our digital services complement and link to our in-person services. During the COVID-19 pandemic, leveraging our digital services and remote consultations has even led to an increased uptake of our services in the community, especially among care populations who have difficulties making in-person meetings.

CWP patient records have been electronic since 2004 and we are improving the security and interoperability by migrating our mental health electronic patient records to a nationally used system shared by primary and secondary care organisations called Systm1. Once migrated, we have plans to progress by purging any remaining paper systems and introducing patient portals, ensuring sharing is achieved virtually, eliminating paper and travel.

Since the beginning of the pandemic, we have started tracking the number of face-to-face, telephone and video consultations (see

Figure 16). However, there will always be a need for face-to-face appointments and consultations for some of our patient groups.

Community services	June 2020*	December 2020	June 2021
Face to face contacts	c. 11,600	28,068	36,598
Telephone contacts	c. 14,000	17,174	15,965
Video-conferencing contacts	c. 475	1,222	1,315

Figure 16 Changes in face-to-face and remote consultations from June 2020 to June 2021

Figure 16 shows how community services consultations have been conducted after the first Covid lockdown from June 2020 to June 2021. Following the easing of Covid restrictions, there has been a steady increase in face-to-face consultations. However, the number of video conferencing consultations increased by over 176% by June 2021 compared with June 2020.

In June 2021, 32% of all community services appointments were conducted remotely, exceeding the NHS Planning Guidance target of where outpatient attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation.

The Covid pandemic has led to a blended working approach, especially for our staff working within Mental health services with a mixture of office and home-based working. Community services have adopted an agile working pattern for some time. With the roll-out of sufficient ICT at the beginning of the pandemic, we are now able to consider what opportunities this potentially offers to maximise use our assets with our building estate.

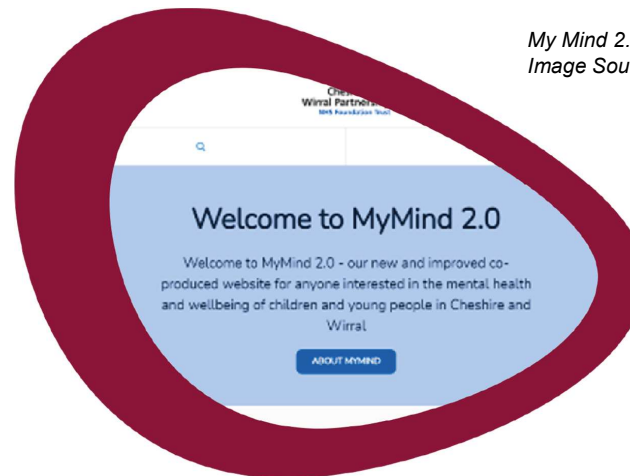
Maximising the use of our estate will lead to service improvement but potentially reduce our energy-related emissions. However, we must be cautious not to 'outsource' these environmental impacts to our staff.

We continue to digitise our administrative functions. Internal post is the exception, with limited movement of written documents and patients' records, with e-documents and electronic communication being the norm. We rely on external mail to arrange appointments and send results, letters, and reports, although we are using SMS messaging for appointment reminders. Some aspects of our expenses system are paper-based, and we continue to look to digitise these where possible.

Starting Well Website Image Source: [Website](#)



My Mind 2.0 Website.
Image Source: [Website](#)



No.	CWP Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Build on our current practice and current online patient guidance, participate in delivery of the Long-Term Plan commitments for digital first primary care and an NHS digital front door, linking this to potential emissions reductions	Governance & policy	Ongoing		£		ICT	LTP 1.43, 1.44, 5 NZ 4.1.4
02	Follow NHS guidance on information collection, including any subsequent process for GHG emissions reduction metrics linked with digital-first care actions, such as the CSH's Carbon Calculator for Avoided Patient Travel	Governance & policy	Ongoing		£		Sustainability manager & Infrastructure services.	SC 28
03	Use the What Good Looks Like Framework , the Greening Government: ICT and Digital Services Strategy 2020-25 and The Technology Code of Practice as guides to ensure the trust has robust ICT systems in place to deliver on digital transformation	Procurement & ICT	22/23		£		ICT	NZ 4.1.4
04	Build on current practice of engaging staff and care groups in digital care channels, meaning fewer patient journeys	Working with patients, staff & communities	Ongoing		£		ICT	NZ 4.1.4 PG C1
05	Transfer paper-based systems such as prescribing, bed state, observations, ward state, referrals, expense claims forms to a digital alternative	Working with patients, staff & communities	22/23		£		ICT	LTP 1.43, 1.44, 5
06	Offer more digital and remote appointments: set targets against the baseline recorded in June 2021.	Working with patients, staff & communities	21/22		£		Care Groups	PG C1
07	Planned migration of data systems to cloud based systems. Adoption of staff and patient portals. Continued cyclical replacement programme rollout of IT hardware to including the rollout of smart phones to all front-line staff.	Working with patients, staff & communities	22/23		£		ICT& Business & Value	LTP 1.43, 1.44, 5
08	Explore electronic platforms (email, SMS, e-calendars etc) to send appointment letters and follow-up documentation to patients as the second phase of the mail central project.	Working with patients, staff & communities	Ongoing		£		Infrastructure & Care Groups	LTP 1.43, 1.44, 5

Figure 17 Green Plan actions for digital transformation

Travel and Transport

Emissions associated with the Trust's travel and transport amounted to around 5,965 tCO₂e or 18% of all emissions in 2019/20 (see Figure 18 for a breakdown of costs and emissions associated with travel).

Out of this, over 1,000 tCO₂e was emitted by staff undertaking their work duties using their own vehicles (grey fleet). Just over 11 tCO₂e was attributed to rail and air transport by staff, and over 100 tCO₂e emitted by the small fleet of Trust vehicles.

The overwhelming majority of transport-related emissions can be linked to staff commuting and patient/visitor travel. Using the NHS Health Outcomes Travel Tool (HOTT), a high-level appraisal is given for 2019/20.

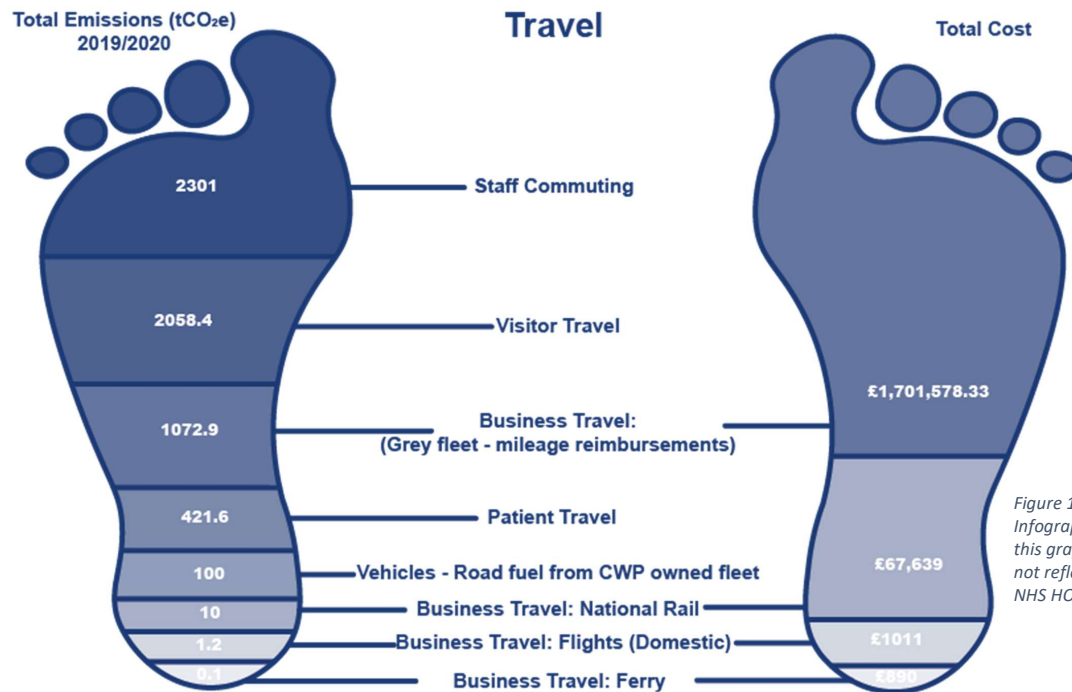


Figure 18 Carbon Footprint Infographic. Please note figures within this graphic are estimated and may not reflect true values (based on the NHS HOTT Tool).

Please note:
Emissions and costs for short and long haul international business flights are zero.

CWP Fleet Vehicles Facilities

Our facilities team has a small fleet of around 30 vehicles. Minibuses, specialist vans and cars are used to transport patients between sites. Vans are used for maintenance/facilities work, internal post and transporting blood (in some cases for other NHS trusts). In 2020/21, our fleet used 42,406 litres of fuel (98% was diesel) and emitted 108 tCO_{2e}.

We aim to reduce these emissions by using a centralised distribution centre in Ellesmere Port and consolidating services.

Other Fleet Vehicles

We do have a fleet of vehicles that our staff use, though have no meaningful data to assign emission factors to. We do not operate a salary sacrifice scheme and provide no incentives for staff to choose lower emission vehicles.

Electric Vehicles

At present, we do not have any electric vehicle charge points at any of our sites. This prohibits us from procuring and using electric vehicles (Zero Emission Vehicles or ZEVs) and plug-in electric hybrid vehicles (Ultra Low Emission Vehicles or ULEVs) at present.

In line with emission reductions, market forces (the scheduled phase-out of diesel and petrol engine vehicles) and the new NHS Non-Emergency Patient Transport Services (NEPTS) review

requirements, CWP will be looking to procure ULEVs and ZEVs soon. However, we need to install the charging infrastructure first.

Our disparate geographies and use of large vans/minibuses present challenges in terms of ULEV and ZEV alternatives, and range limitations. However, more ULEVs and ZEVs are coming onto the market each year and we are confident that viable alternatives will be available soon.

Grey Fleet

We have an extensive 'grey fleet' within our Trust. Grey fleet refers to employees' own vehicles and/or hire cars used for business purposes. As a Trust that provides care in the community, emissions associated with our grey fleet are sizeable. We reimburse staff and bank staff for the fuel used in line with their duties through our expenses system. In 2019/20, we reimbursed £1,701,578 for mileage claims, which equates to roughly 1,073 tCO₂e and over 3,764,000 miles.

It is worth noting that in 2020/21, with the changed working styles affected by the pandemic, this had dropped to £928,155 in mileage claims and 554 tCO₂e respectively. The residual figure reflects our core provision of community care. However, the drop can be associated with the negation of other business-related travel, such as attending physical business meetings. In reference to sustainable models of care and digital transformation, this significant drop in emissions (and cost) illustrates that these changes in working practice should continue.

By 2023/24, we are aiming for the total emissions to have fallen by 583 tCO₂e in comparison to 2019/20, to 490 tCO₂e for the year (see Figure 19).

We anticipate that ongoing remote working will help achieve this, but over this period, staff will be purchasing newer vehicles with higher efficiency standards, and a much higher prevalence of zero emission vehicles.

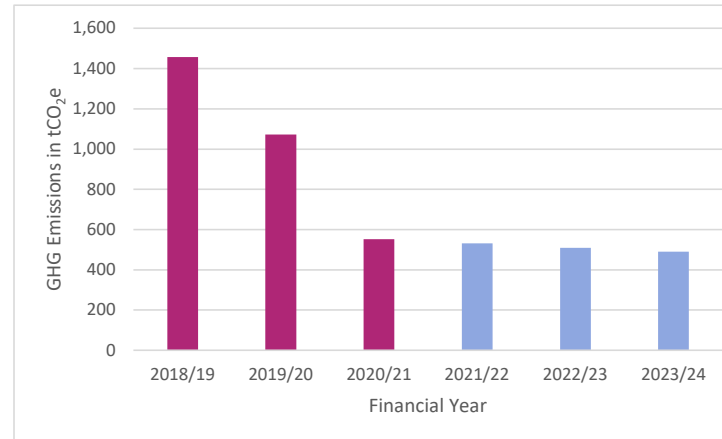


Figure 19 Emissions associated with our Grey Fleet and reduction trajectory to 2023/24 (note we have used 2021/21 data to be our targets on)

Business Travel (public transport)

Before the pandemic in 2019/20, our staff took 1004 train journeys and 11 domestic flights, emitting a total of 11.2 tCO₂e (see Figure 20). In 2020/21, this had reduced to 19 and 1 respectively, with total emissions dropping to 0.3 tCO₂e. This exemplifies how remote working has had a beneficial impact in terms of carbon emissions and air quality.

We however expect business travel to increase from the very low levels in 2020/21 have estimated indicative emissions for 2021/22 as 6tCO₂e. Using this as a baseline, an overall emissions reduction target of 0.5 tCO₂e is to be achieved by 2023/24 (2021/22 data will need to be confirmed and the target amended). We expect the continuation of remote meetings and business engagements, as reflected in 2020/21, with the negation of business travel.

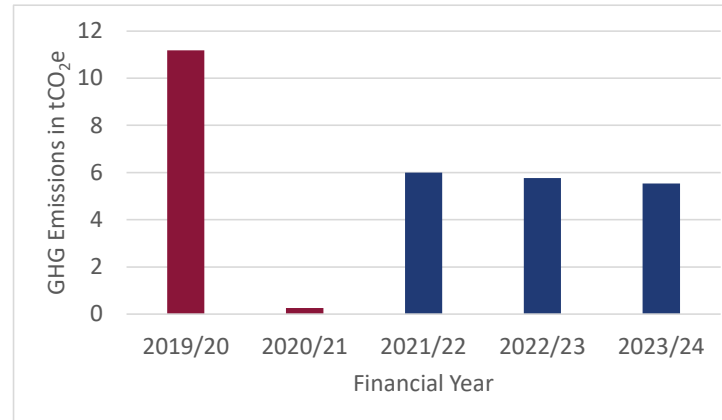


Figure 20 Bar chart to show total emissions from business travel (public transport) and reduction trajectory to 2023/24



Man waiting at airport. Source: [Website](#)

Commuting, Visitor/patient travel

Our Trust does not currently have a formal Travel Plan for staff or visitors, a named Travel Plan lead, nor have we undertaken any travel plan surveys.

We have used the NHS HOTT Tool to estimate the emissions associated with staff commuting and patient and visitor travel (see Figure 21). The HOTT Tool uses national and regional datasets to generate figures for transport mode, distances, and emissions from a 2018 baseline and projections into the near future.

However, these figures are indicative and need to be bolstered and verified by local travel plan survey data. Hence, the impacts of Covid, with less need for commuting, do not fully feature in the results for 2020/21 and the projected 2021/22 data (the sequentially lower emissions are attributed to improvements in vehicle efficiencies and electrification of transport).

As a Trust, we do have a level of influence on how staff commute to work. We anticipate the need to roll out ZEV charging capability across all our sites soon to accommodate the increase of staff-owned ZEVs. Having sufficient at-work charging may be an important factor for a person choosing to buy an electric vehicle. Visitors and outpatients would also benefit. An EV charging policy will be required to support public and staff EV charging.

An ongoing reduction in staff commuting levels may arise from continued working from home, even if a hybrid model is adapted, and conducting more remote care consultations should reduce patient/visitor travel.



View over Chester Source: [Website](#)

With a fully functioning travel plan, we expect a decrease in single-occupancy car travel to our sites. However, we accept that many of our community staff need a vehicle to undertake their duties, curtailing modal shifts, such as cycling and car sharing, and electrification of these vehicles is the only viable way to reduce emissions.

Public transport to our sites is essential and reduces health inequalities, especially for staff, visitors and patients that do not own a car. However, bus and rail provision are not under the Trust's control, with economic drivers affecting the provision of a bus route for example. However, as a Trust we can promote bus/rail use to staff, visitors and patients and display bus timetables and routes.

Offering season tickets to our staff on a salary sacrifice scheme (realising substantial discounts versus the purchase of daily fares) is something we could negotiate with local bus and rail operators.

We have cycle parks for staff and visitors and showering and locker facilities for staff at Bowmere, Ancora House, Clatterbridge, Lime Walk House and Saddlebridge Recovery Centre. Improving these facilities and ensuring they exist at other sites, along with strong active travel incentives will aid the uplift in non-single occupancy commuting and site visits.

A travel plan that formalises and promotes active travel and more sustainable modes of transport (such as public transport and electric vehicles) for both staff and visitors is needed.

A travel plan survey is required to understand our staff's commuting behaviour and provide a travel baseline to which we can set modal shift targets against. Travel Plan tools, such as [Modeshift STARS](#) could be used for developing a travel plan and target setting.

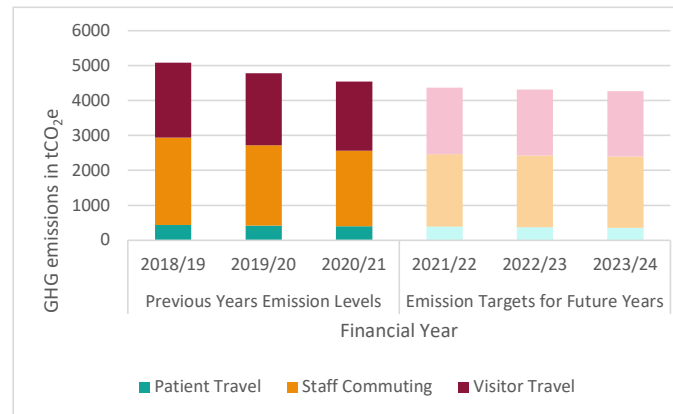


Figure 21 Stacked bar chart to show total emissions from patient, visitor and staff travel and reduction trajectory to 2023/24

Commented [PJ(AWPNT1)]: Formatting requires review

Commented [AA2R1]: I'm not sure what this means?

Air Quality

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

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

Travel is a key contributor to air pollution, and with as many as 1 in 20 road journeys in the UK attributable to the NHS, our activity has enormous potential impact both on our communities' air quality and our ambition to reduce emissions.

Improvements in air quality will be addressed by national and international drivers, such as improved vehicle emission standards and the electrification of transport. Though as a Trust, as mentioned in the Travel and Transport section, we can have a local influence to encourage active travel and Zero Emission Vehicle use.








Emissions and particulates from logistics are likely to be significant. We do not have a mechanism to track and measure emissions from the transport involved in our supply chain (aside from the generic spend-based data presented). Consolidating orders and reducing the number of goods vehicles visiting our sites is something we can influence and are looking at.

We commit to tackle this issue through investment and engagement with staff, patients and our partner local authorities.

We will give special consideration to the air quality surrounding our estate and opportunities to improve its impacts on our care groups.



Woman Cycling Image Source: [Website](#)

No	CWP Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost	Indicative GHG reduction	Responsible lead/dept.	NHS Req.
01	Nominate a Travel Plan lead and create/embed a sustainable travel plan, with modal shift targets, to be supported by an active travel expenses policy	Governance & policy	21/22		£		Infrastructure Services	LTP 2.21, 3.82, 17 SC 18.4.1.3 NZ 3.2, 3.2.2
02	Create and embed an employee Cycle-to-work scheme to incentivise staff to not use their cars to commute to work	Governance & policy	21/22		£		Infrastructure Services	LTP 2.21, 3.82, 17 SC 18.4.1.3 NZ 3.2, 3.2.2
03	Assess staff (and visitor) changing facilities and bike storage facilities, with a view to make improvements where necessary	Governance & policy	21/22		£		Infrastructure Services	LTP 2.21, 3.82, 17 SC 18.4.1.3 NZ 3.2, 3.2.2
04	Assign an Electrification of Transport lead to devise ways of installing charging infrastructure and transition of the fleet to ULEVs and ZEVs and add to the Capital Programme	Governance & policy	22/23		£		Infrastructure Services	NZ 3.2, 3.2.2
05	Draft an EV charging policy for staff and public, to support the use of any new charging infrastructure							
06	Install telematics to our fleet vehicles to understand journey distances and times to determine appropriate ULEV and ZEV alternatives	Governance & policy	22/23		£		Infrastructure Services	NZ 3.2, 3.2.2
07	Undertake green fleet reviews to identify immediate areas of action at the individual trust level.	Core responsibilities	21/22		£		Infrastructure Services	NZ 3.2, 3.2.2
08	Ensure at least 50% vehicles purchased or leased are low and ultra-low emission (ULEV) or zero emission (ZEV) from 2023, ¹ in line with the latest NHS non-emergency transport guidance	Core Responsibilities	23/24		£		Infrastructure Services & Business & Value	SC.18.4.1.1, 18.4.1.4 NZ 3.2.1

09	Explore the creation of an NHS Fleet Solutions vehicle salary sacrifice scheme to support EVs and other EV incentives	Working with patients, staff & communities	22/23		£		Business & Value	NZ 3.2, 3.2.2
10	Enhance the staff mileage reimbursement system to collate vehicle type/engine size and fuel type data to allow more accurate emissions foot printing, monitoring and reduction targets	Core responsibilities	22/23		£		Business & Value	NZ 3.2, 3.2.2
11	Improve stores provision and work with our suppliers to consolidate goods orders through better planning wherever possible, reducing transport emissions.	Procurement & Facilities	22/23		£		Infrastructure Services & Procurement	NZ 3.2, 3.2.2
12	Work with staff currently home working under pandemic conditions to explore voluntary blended working.	Working with patients, staff & communities	22/23		£		People & OD	LTP 2.21, 3.82, 17 SC 18.4.1.3 NZ 3.2, 3.2.2
13	Conduct a Travel Plan survey to quantify staff commuting and visitor travel, verify HOTT Tool outputs and adjust Travel Plan targets accordingly	Working with patients, staff & communities	22/23		£		Sustainability Manager Infrastructure Services	NZ 3.2, 3.2.2

Figure 22 Green plan actions for Travel and Logistics

Indicative Cost:

£ No or low cost

£ Significantly expensive

£ Moderately expensive

Indicative Emissions reduction:

Low or incremental reduction

Significant reduction

Moderate reduction

Not applicable

Estates and facilities

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

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

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

Energy and emissions

As a top priority, CWP has planned a range of actions to decarbonise our operations. This includes a switch to renewable electricity (which we completed in October 2020), and improving building efficiency, prioritising the parts of our estate that consume the most energy, as per our consumption analysis.

In 2019/20, we had 39 active sites where we were directly responsible for procuring the energy supply contracts. 32 of these offer clinical services (including 3 G.P. practices) and wards within other trusts' sites and buildings, (such as Bowmere Campus and Springview Hospitals and Silk Ward). The number of sites increased to 41 in 2020/21.

Estates & Facilities – Energy

- **2,844 tCO₂e** emitted from buildings across our estate in 2019/20
- We have procurement of 100% renewable electricity since October 2020, resulting in a reduction of almost **400 tCO₂e**
- Bowmere Campus is our largest energy consuming site in 2019/20 with a combined energy consumption of **4,401,962 kWh**
- Ongoing energy and thermal efficiency improvements, such as LED lighting upgrades are needed across all our sites to help reduce our energy load



CWP Ancora House, Source: CWP Library

Commented [PJ(AWPNT3)]: Photo of Ancora required JP to provide

Figure 23 below shows the trust's top ten highest emitting sites. Bowmere campus is by far the largest emitter (at 971 tCO₂e per annum), due to it being one of the largest sites, but also because it consumes the most gas within the estate. Princeway, the tenth largest emitter, attributed 77 tCO₂e in 2019/20. The largest energy consuming sites are 24/7 inpatient units.

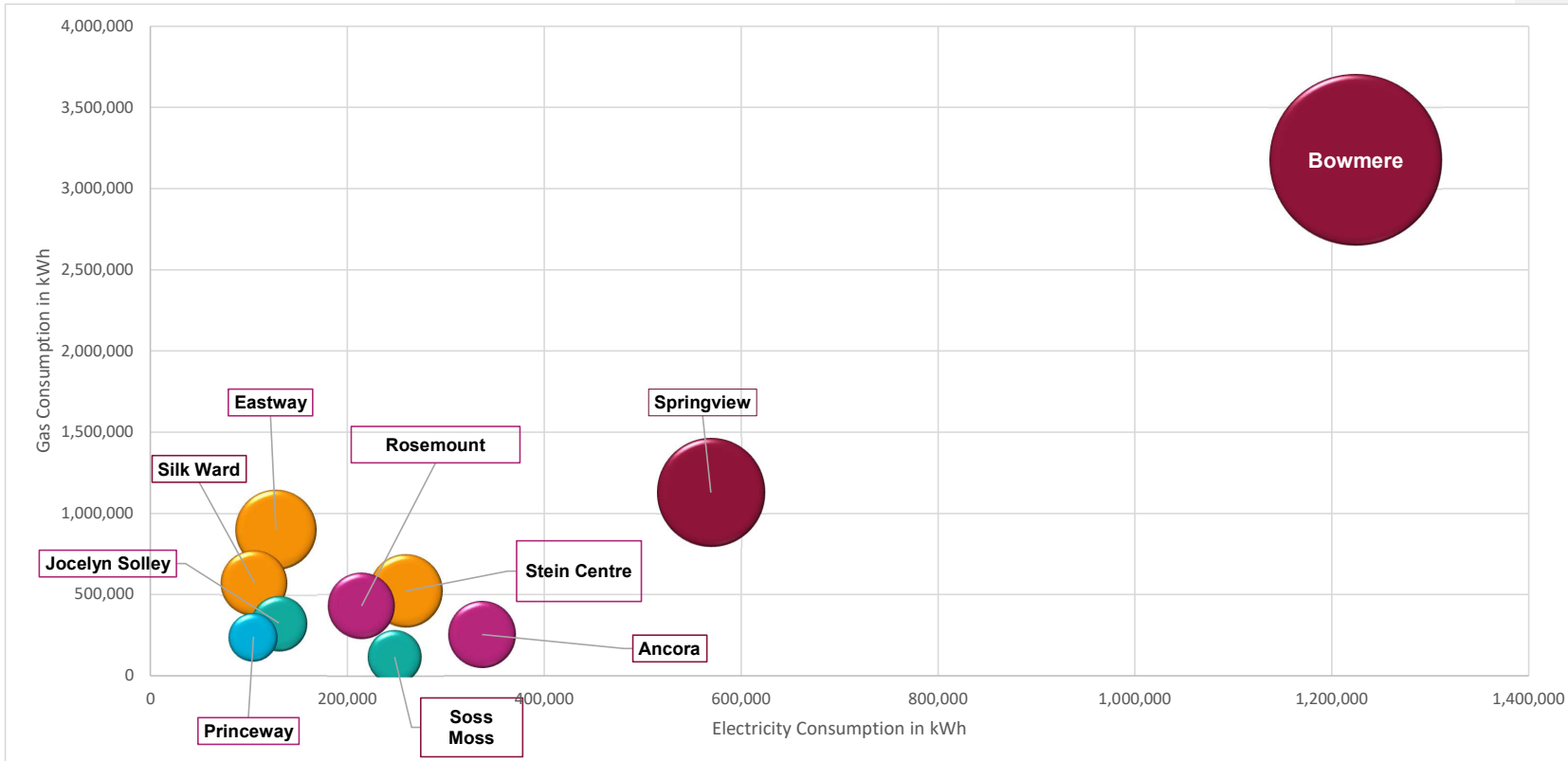


Figure 23 Bubblegraph showing CWP's 10 highest emitting sites

The full site emissions list is in Appendix A with appraisals given to energy consumption, energy intensity (kWh per m²) and emissions.

Figure 24 shows the total emission from our built environment from 2018/19. A steady decrease in emissions can be seen, which is attributed to the decarbonisation of the UK's energy generation and our switch to 100% renewable electricity.

However, gas consumption rose by 17.5% in 2020/21 compared to 2019/20 (see Figure 25) offsetting the fall in emissions through the procurement of renewable electricity (see Figure 26).

We have two solar photovoltaic installations – one at Soss Moss and one at Ancora House. Ancora House also contains a small gas-powered Combined Heat and Power plant that generates electricity and provides hot water.

Since October 2020, the trust has procured 100% renewable electricity, resulting in an 80% reduction in emissions attributed to our electricity use (emissions are still associated with the transmission and distribution losses of electricity through the national grid). However, despite these negated emissions, it is vital to continue to reduce both our electricity and gas consumption.

Our largest energy-consuming sites and especially those with the highest energy intensity (kWh/m²) should be targeted for energy efficiency measures and projects, as in general, the largest savings and cost-benefits can be achieved from them.

Strong partnerships are needed to tackle energy efficiency at sites, such as Bowmere campus, where we need to work collaboratively with our neighbouring site occupiers (which is the

case for our largest emitters). We will work with other NHS trusts who house/share our facilities to mutually assist with achieving their Green Plan and net zero aspirations.

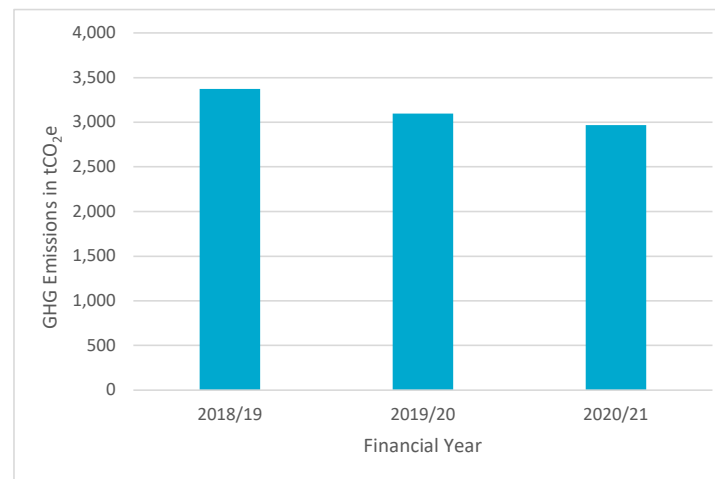


Figure 24 bar chart to show total building energy emissions

Detailed building energy surveys will be needed to provide robust energy efficiency recommendations at each of our sites. The measures are likely to include thermal upgrades to buildings (insulation, air tightness etc.), efficient LED lighting upgrades, building control optimisation (Building Management Systems (BMSs), heating/cooling controls) and upgrading heating, ventilation and air conditioning systems (HVAC).

On-site renewable energy systems, such as solar photovoltaics and integrated large battery storage technologies, will provide additional resilience to power outages, with the potential to negate using our back-up diesel generators.

Decarbonising our heating systems shall also be explored during these surveys. This will be the start of developing our Heat Decarbonisation Plan.

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

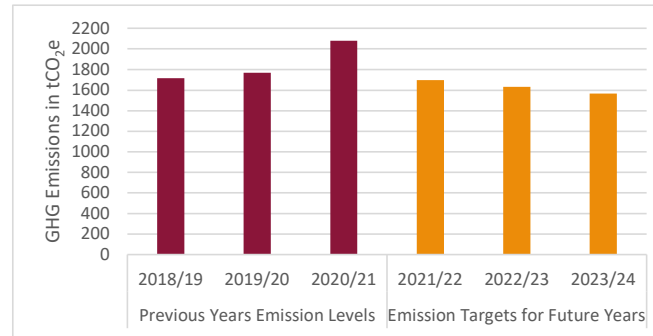


Figure 25 Bar chart to show total emissions from gas and reduction trajectory to 2023/24

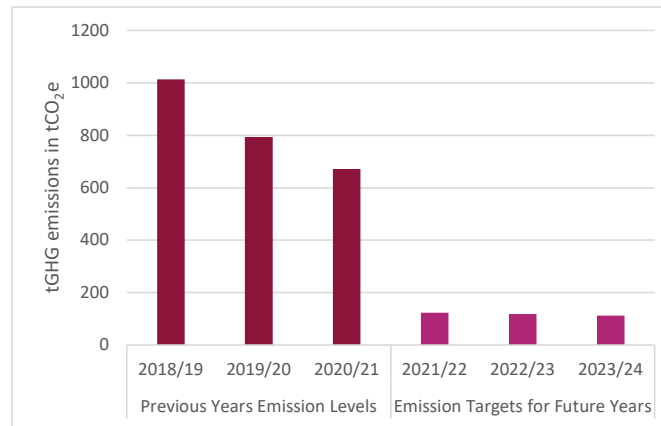


Figure 26 Bar chart to show total emission from Electricity Consumption (note the decrease due to the procurement of 100% renewable electricity from October 2020) and reduction trajectory to 2023/24

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



Target 7.2 Increase global percentage of renewable energy

Target 7.3 Double the improvement in energy efficiency



Target 13.2 Integrate climate change measures into policy and planning

Target 13.3 Build knowledge and capacity to meet climate change












No	CWP Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Conduct detailed building energy surveys to identify energy/thermal efficiency opportunities	Governance & policy	22/23		£		Infrastructure Services	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
02	Develop a Decarbonisation of Heat Plan that focuses on the phaseout of existing gas-fired boilers and replacement with low-carbon alternatives, where feasible.	Governance & policy	Ongoing		£		Infrastructure Services	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
03	Explore the possibility of creating District Heat Networks with neighbouring partners	Working with patients, staff & communities	Ongoing		£		Infrastructure Services	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
04	Enhance Planned Preventative Maintenance (PPMs) of our facilities and assets to be proactively energy-focused and to identify opportunities to upgrade equipment/plant based on SFG 20 principles	Core responsibilities	21/22		£		Infrastructure Services	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
05	Access the NHS Energy Efficiency Fund (NEEF) to upgrade all lighting to LED alternatives.	Core responsibilities	21/22		£		Infrastructure Services	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
06	Optimise energy use by embedding networked Automatic Meter Readers (AMRs) across the Estate with appropriate controls to reduce energy consumption. Monitor and assess risk from overheating events where room temperature exceeds 26 degrees.	Core responsibilities	22/23		£		Infrastructure Services	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
07	We currently procure 100% of renewable electricity with Renewable Energy Guarantees of Origin (REGO) certificates backed by Npower.	Procurement	20/21		£		Infrastructure Services	SC 18.5
08	Look to procure 'green gas' through the Green Gas Certification Scheme as and when existing energy contracts are due for renewal.	Procurement	22/23		£		Procurement	SC 18.5
09	Incorporate energy conservation into staff training and education programmes and deliver behaviour-based energy-saving campaigns.	Working with patients, staff & communities	22/23		£		Education Services	NZ 3.1.1
10	Develop communication materials for our patients/local community highlighting energy efficiency projects, including potential community energy projects.	Working with patients, staff & communities	22/23		£		Communications & engagement	NZ 3.1.1
11	Explore how the Trust can implement an ISO 50001 Energy Management System	Governance & policy	22/23		£		Estates	NZ 3.1.1

Figure 27 Green plan action table for Energy and Emissions from the built environment

Capital Projects

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

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

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

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

Our trust, furthering a previous commitment to ensure all capital development complies with BREEAM 'Excellent' or above, ensures that our plans will focus on the reduction of building emissions from all sources.

NHS LTP 16

NHS SC 18.4.2.1,
18.4.2.3

NHS NZ 3.1.1,
3.3.1



Target 8.5
Full
employment
and decent
work with
equal pay



Target 9.4
Upgrade all
industries and
infrastructures
for
sustainability



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

Target 13.2 Integrate
climate change measures
into policy and planning

Estates & Facilities - Capital Projects:

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



CWP Staff visiting Macclesfield mental health facility construction site. Source: CWP [Website](#)

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

Figure 28 Action plan for Capital Projects

Indicative Cost:

- No or low cost
- Significantly expensive
- Moderately expensive

Indicative Emissions reduction:

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

Water Efficiencies

In 2019/20, we used 44,198m³ of water, which cost at total of £175,564. There are emission impacts associated with the supply of fresh water and treatment of wastewater, equating to 45 tCO₂e in 2019/20 (see Figure 29). Although the emissions are low compared to those produced by energy use, being water efficient is important to prevent and alleviate water stress.

We have three rainwater harvesters across our estate; the collected water is used for non-potable purposes, such as flushing toilets. Installing rainwater harvesters to other buildings within our estate will help to reduce water stress and potentially alleviate flooding by attenuating surface water run-off in storm events.

We are aware of a potential water leak at one of our sites. This may explain why our water consumption rose by 20% in 2020/21 to 53,356, despite less staff attending sites due to the pandemic. As a water efficiency and leak preventative measure, we are looking to install Automatic Meter Readers (AMRs) to our water network. This will help us pinpoint areas of high water usage, locate leaks and take remedial action.

Figure 30 shows our emissions reduction trajectory to 2023/24, with an associated reduction of just over 5,000m³ of water (6.5 tCO₂e) from the 2019/20 baseline.

Additional water efficiency measures, such as installing low-flow taps and waterless urinals can be explored.

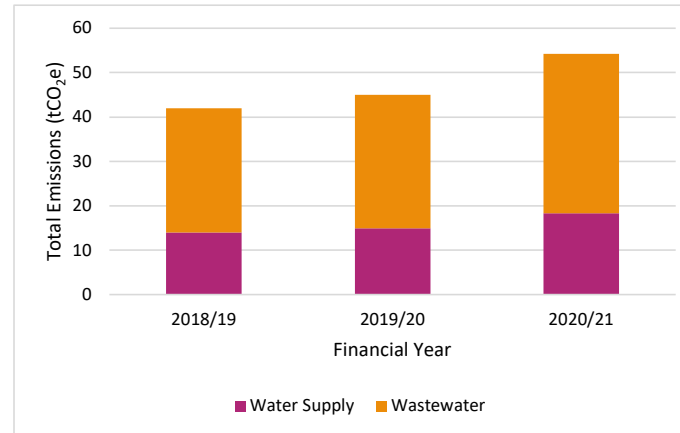


Figure 29 Stacked bar chart to show total water emissions from supply and waste

Estates & Facilities – Water:

- We used 44,198m³ of water in 2019/20 – enough water to fill 16 Olympic size swimming pools
- 45 tCO₂e was attributed to the supply of water and wastewater treatment
- We need to reduce water consumption by 5,000m³ by 2023/24
- Water efficiency and sustainable drainage will become ever more important in the future

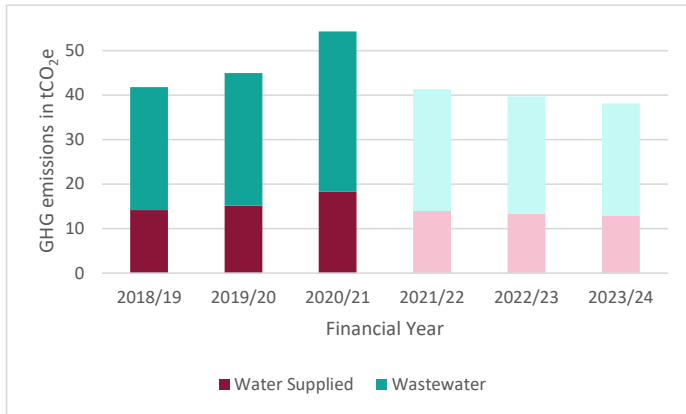


Figure 30 Stacked bar chart to show total water emissions from supply and waste and reduction trajectory to 2023/24

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

Figure 31 Table to show green plan actions for Water

Indicative Cost:

£ No or low cost

£ Significantly expensive

£ Moderately expensive

Indicative Emissions reduction:

Low or incremental reduction

Significant reduction

Moderate reduction

Not applicable

Waste and Recycling

We collect four main waste types: general, clinical/offensive, food and waste electrical and electronic equipment (WEEE) waste.

We only use general waste bins for non-clinical and non-hazardous waste. Our waste contractor reclaims recyclable materials, and all non-recyclables are sent to energy-from-waste incinerators. None of our waste is landfilled.

Food waste (spoiled fresh produce or damaged items) is only collected from our two distribution centres for further processing. Food waste arising from patient and staff meals is disposed of through macerators in the foul drainage. An audit conducted several years ago estimated that 6% of all inpatient food ended up as waste.

Reducing waste not only reduces costs, but it also protects biodiversity green space, especially limiting the impacts of plastics and chemicals on the oceans and water systems, or through reducing the amount of land that is used in production by limiting unnecessary or wasteful purchases.

The Covid pandemic has led to an increase in the usage of single-use plastic items; a necessary response to managing the crises. However, we are mindful of the environmental impacts of single-use items throughout their lifecycle, such as the crude oil used in their manufacture to the difficulty in recycling them at the end-of-use. Innovations are coming on to the market for reusable Personal Protection Equipment (PPE), such as face masks and aprons, that meet the various clinical safety standards. These alternatives should be explored to help reduce waste arisings.

Estates & Facilities - Waste:

- **548 tonnes** of waste were produced, emitting **11.7 tCO₂e** in 2019/20
- Waste arisings must reduce by **more than 20 tonnes** year-on-year until 2023/24
- The reuse of PPE should be explored where clinically appropriate
- Recycling rates needs to be improved by better waste segregation:
 - Installing food waste bins and collections will ensure food is used for energy and compost generation
- Train and engage staff on reuse, recycling and waste disposal, including climate impact of waste

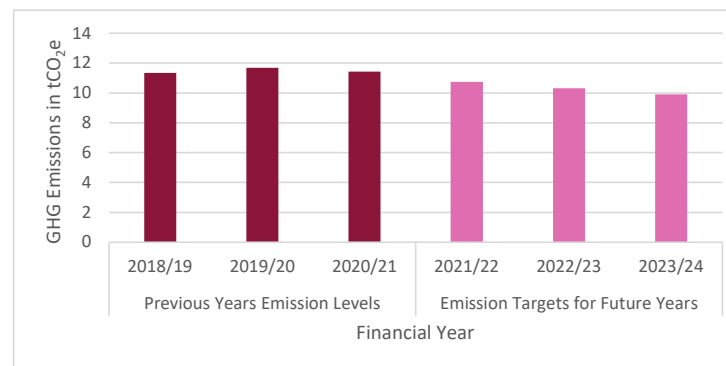


Figure 32 Bar chart to show total emissions from all waste streams and reduction trajectory to 2024

The amount of waste incinerated rose by over 70% in 2020/21 compared to the previous year. This is due to the pandemic and increased use of disposable personal protective equipment and cleaning materials. Conversely, total waste arisings decreased during this period, possibly reflecting the absence of office staff.

Waste reduction (negation) needs to be our aim. In line with the NHS' net zero plan, we should reduce our waste arisings by 83 tonnes in 2023/24 from our 2019/20 baseline (equating to 1.78 tCO₂e emission reduction).

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

In line with waste legislation, the waste hierarchy and circular economy principles, we need to improve our recycling rates. The nature of providing clinical care will, for the near future, necessitate the use of single-use items.

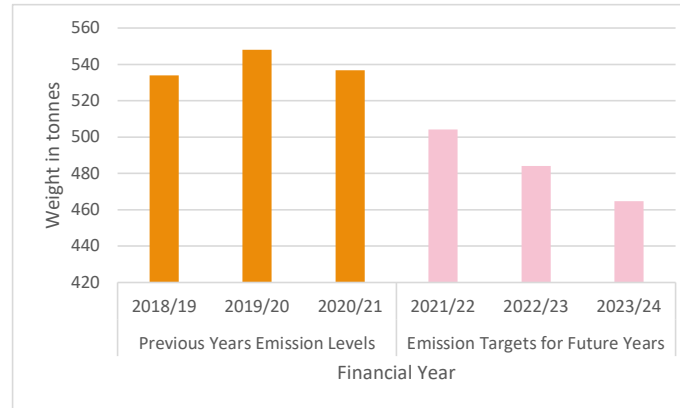


Figure 33 bar chart to show total waste produced from all waste streams and reduction trajectory to 2023/24



Waste Bin Source: [Website](#)











No	CWP Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Review food waste disposal process and look to reduce the amount of food waste entering foul drainage via macerators within inpatient units	Governance & policy	22/23		£		Infrastructure Services	NZ 3.1
02	Ensure that single use items used in catering adhere to current legislation and elect to use sustainable alternatives as listed by NHS Supply Chain	Core Responsibilities	22/23		£		Facilities & procurement	LTP 17 SC 18.4.3.1 NZ 3.1
03	Review PPE (aprons, wipes, face masks) in line with Public Health England's guidance for disposal of PPE	Core responsibilities	22/23		£		Clinical Teams & Procurement	NZ 3.1
04	Ensure all waste streams are recorded, including ad hoc collections, such as furniture and fluorescent lamps avoiding landfill	Core responsibilities	21/22		£		Infrastructure Services	NZ 3.1
05	Collate all waste stream data from all sites (including sites we are not responsible to waste collection) and produce quarterly reports for Infrastructure sub-committee	Core responsibilities	21/22		£		Infrastructure Services	NZ 3.1
06	Work with our staff and patients by communicating the importance of waste segregation	Working with patients, staff & communities	Ongoing		£		Facilities; Communications & Engagement	NZ 3.1

Figure 34 Green plan actions on waste

Indicative Cost:

-  No or low cost
-  Significantly expensive
-  Moderately expensive

Indicative Emissions reduction:

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

Biodiversity and Green Space

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

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

Green space and nature are important for the health and wellbeing of patients and colleagues alike. At a global scale, greenspace affects the planet’s ability to absorb carbon dioxide; forests hold the key to undiscovered medicines and therapies. Our Trust will promote access to greenspace, considering areas of operations where this may be lacking.

We will also consider opportunities and risks for biodiversity in the areas we operate, for example priority woodland areas in our region and the partnership agreement to form Countess of Chester Country Park



Saddlebridge Recovery Centre Source: [Website](#)

NHS LTP 17

NHS SC 18.4.3, 18.4.3.1 to 18.4.3.5

NHS NZ 3.1.1, 3.3.2

11 SUSTAINABLE CITIES AND COMMUNITIES



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

3 GOOD HEALTH AND WELL-BEING



Target 3.9 Reduce illnesses and deaths from hazardous chemicals and pollution

13 CLIMATE ACTION



Target 13.2 Integrate climate change measures into policy and planning

No	CWP Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Review our policies and practices around greenspace and biodiversity, to ensure that our impact on these is reduced. Identify opportunities to provide safe and easy access to green space, where appropriate.	Governance & policy	22/23		£	⊗	Infrastructure Services	LTP 17 SC 18.1 NZ 3.5
02	Engage with regional partners to ensure that adequate greenspace and identified native species are considered and supported in planning and operations of our estates wherever possible. This includes supporting bees and other pollinators.	Core responsibilities	22/23		£	☁	Infrastructure Services	SC 18.1 NZ 2.2, 3.5
03	Work to better understand biodiversity and habitat risks and opportunities in our procurement. Where possible, apply evidenced standards or engage with our suppliers to address issues, such as food production and provenance of meat, avoiding Palm Oil or limiting to RSCO-certified Palm Oil in food and cleaning products.	Procurement	22/23		£	☁	Infrastructure Services 7 Procurement	SC 18.1
04	Continue to engage our staff, patients and communities in greenspace initiatives.	Working with patients, staff & communities	Ongoing		£	⊗	Infrastructure Services & Communications & Engagement	NZ 2.2, 3.5

Figure 35 Green plan actions for greenspace and biodiversity

Indicative Cost:

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

Indicative Emissions reduction:

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

Medicines

Medicines - Volatile Anaesthetic Gases and Inhalers

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

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

Due to the nature of our Trust, we do not use any desflurane or nitrous oxide (Entonox) in our clinical practice.

However, we do prescribe both Dry-powder (DPI) and Metered Dose Inhalers (MDI). Metered dose inhalers use fluorinated gases as the propellant.

The NHS Standard Contract stipulates that 30% of all inhalers prescribed across NHS England should be DPIs, potentially saving 374 ktCO₂e per year, according to the NHS Net Zero report.

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

In 2020/21, the prescription of 635 MDIs contributed to 28 tCO₂e, whereas the 165 prescribed DPIs equated to around 0.2 tCO₂e. To illustrate this, we prescribed 333 Salamol inhalers, creating emissions equating to 16.7 tCO₂e.

Medicines: Volatile anaesthetics and inhalers

- Inhaler prescriptions emitted 28 tCO₂e
 - 26% of all inhalers prescribed were DPIs – below the NHS target of 30%

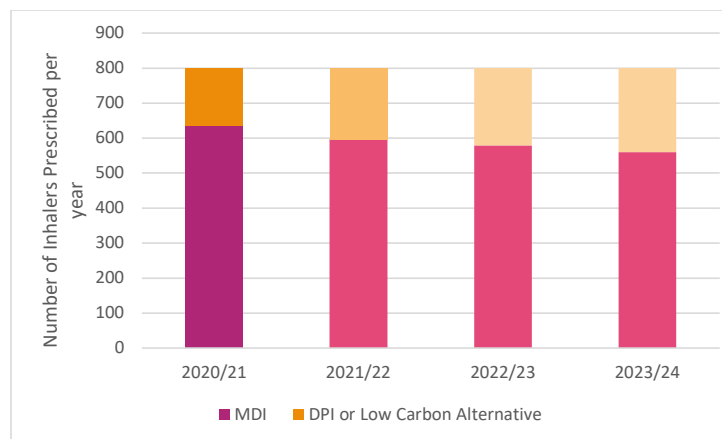


Figure 36 This chart shows a scenario where CWP gradually increases DPI uptake over the course of this green plan

DPIs accounted for 26% of all inhalers prescribed by the Trust. A 30% switch to DPI prescriptions at CWP (from 165 to 405 prescriptions per year) could save 12 tCO₂e per annum on an ongoing basis.

A full breakdown of our inhaler prescriptions can be found in Appendix B.

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

At the end of use, inhalers still contain as much as 20% of high-GWP propellant. Greener disposal of these items, where residual fluorinated gases are captured and destroyed, is therefore another key priority.

Lastly, overuse of inhalers leads to 250,000 tonnes of equivalent carbon emissions (250 ktCO₂e) annually across the UK, according to a [new study](#).

CWP will work across our Trust to address disposal and overuse, and work with our clinical staff and patients through the [NICE Patient decision aid](#) to help increase the uptake of low-carbon inhalers wherever clinically appropriate.

No.	CWP Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Identify and implement key enabling actions, e.g., nominate clinician champion, engage with procurement, waste teams and partner pharmacies, and data sources to measure impact.	Governance & policy	22/23		£		Procurement	LTP 17 SC 18.4.2.2 NZ 3.4.1
02	Work with our clinical partners across the ICS to encourage the uptake of alternative inhalers (DPIs) where appropriate	Governance & policy	22/23		£		Clinical Pharmacy Team	SC 18.6 NZ 3.4.1
03	Continue to collate inhaler prescribing data and report quarterly	Working with patients, staff & communities	21/22		£		Clinical Pharmacy Team	LTP 17
04	Set a target of prescribing at least 30% DPIs for all inhaler types (as long as the product is available as a DPI)	Governance & policy	22/23		£		Clinical Pharmacy Team	NZ 3.4.1
05	For prescribing DPIs and soft mist inhalers (SMIs) where clinically appropriate, with the goal of reducing MDIs to 25% of all non-salbutamol inhalers	Governance & policy	23/24		£		Clinical Pharmacy Team	IIF ES-01 LTP 17
06	For prescribing lower carbon salbutamol inhalers, with the goal of reducing average emissions from salbutamol inhalers to 11.1kg per inhaler	Governance & policy	23/24		£		Clinical Pharmacy Team	IIF ES-02 LTP 17
07	Promote greener disposal of inhalers, through review of Medicine Management and Waste Policy informing patients and clinicians through engagement and plain English guides, and engagement with our partner pharmacies.	Core responsibilities	Ongoing		£		Clinical Pharmacy Team	SC 18.6 NZ 3.4.1
08	Follow any new Greener NHS / NHS Digital guidance and tools to ensure purchasing enables greener inhaler options and facilitates simple collection of relevant data	Procurement	22/23		£		Clinical Pharmacy Team	NZ 3.4.1
09	Work with clinicians and patients to address overuse of inhalers.	Working with patients, staff & communities	22/23		£		Clinical Pharmacy Team	NZ 3.4.1

Figure 37 Green plan actions for inhalers

Supply chain and procurement

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

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

We are currently engaged with a Cheshire and Merseyside sustainable procurement working group that is working with NHS Supply Chain to review products and services. A strategy is being developed which will highlight areas and products that we can review and influence as a local group.

We procure around 80% of our products and services through NHS Supply Chain and benefit from their purchasing power and centralised contracts. Figure 35 shows the emissions related to procurement categories.

Supply Chain and Procurement:

- Emissions from our supply chain were estimated to be 21,084 tCO₂e in 2019/20
- Use closed-loop 100% recycled paper for office and marketing use
- A new NHS Sustainable Supplier Framework will be launched in January 2022 and will require all suppliers to publish progress reports and continued carbon emissions reporting by 2030
- Reusable items such as face masks and aprons would reduce waste (as per the Waste section)
- Reclaiming mobility aids and other devices from patients will prevent waste and save money
- An ISO 20400 Sustainable Procurement Strategy would enhance the Trust's environmental and social performance of its supply chain
- Ensure tenders adopt the new social value procurement note PPN 06/20 and carbon management PPN 06/21 in major contracts in April 2022 and 2023 respectively

Procurement and Climate Action

Our supply chain emissions represent a huge portion of CWP's overall carbon footprint. We have baselined our estimated supply chain emissions for 2019/20 utilising the GHG Protocol Scope 3 spend-based method.

Spend-based emissions change yearly with total spend and will not help measure progress initially. However, they will help CWP identify our carbon hotspots to plan for actions. This includes working with service providers that support our focus on mental health, where possible.

We have embarked on a project to improve our storage capacity which we hope can reduce the emissions from external deliveries and will also engage our regional partners and NHS Supply Chain to identify lower carbon product options in the future.

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

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

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

These additional requirements will enable us to determine the carbon and social impact of the products and services more

accurately we buy, and ensure suppliers are reducing the emissions associated with their operations and products.

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

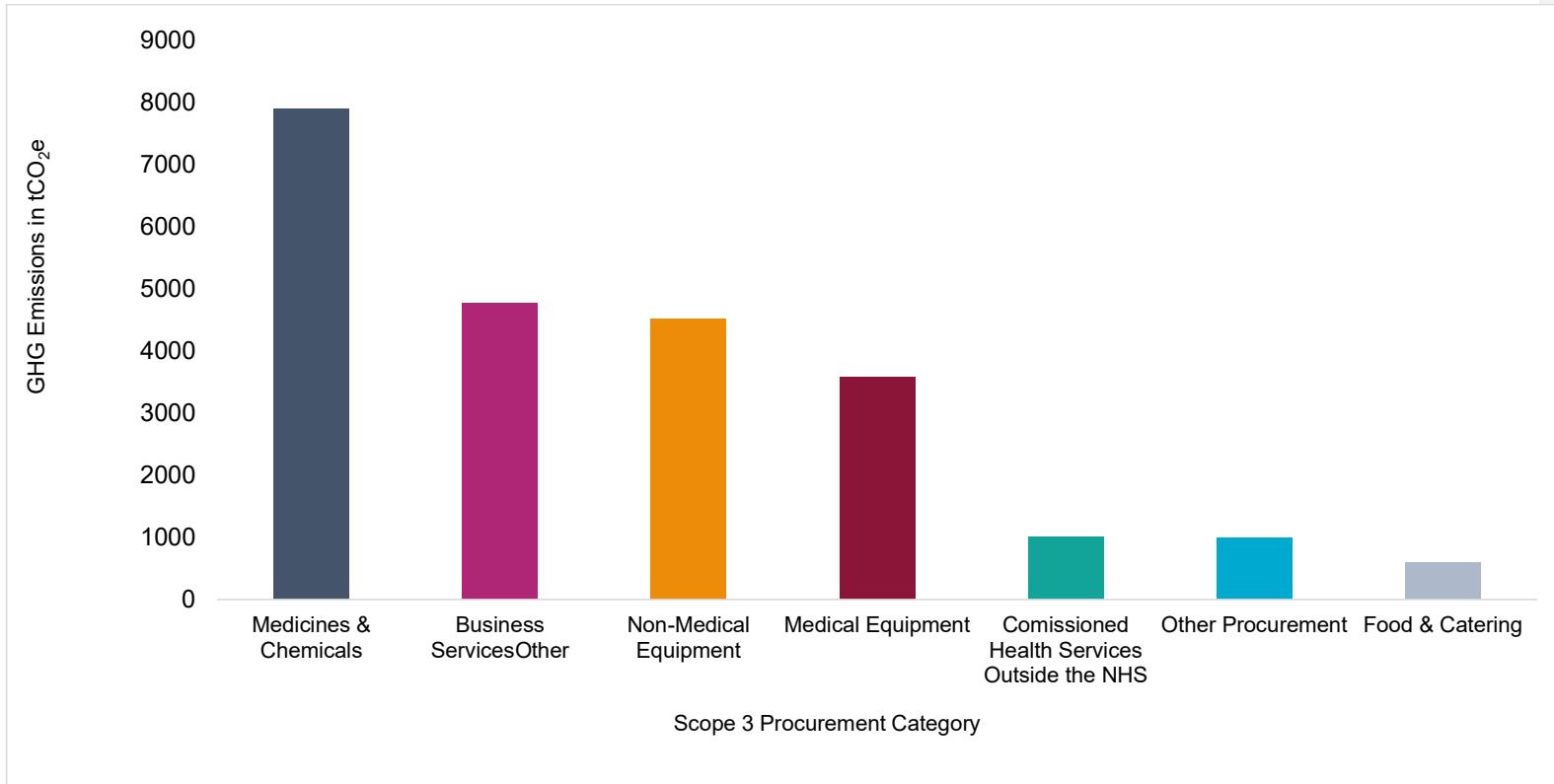


Figure 38 Emissions from different procurement categories in 2019/20, *[using] spend-based emission factors*

Commented [AA4]: This graph needs rework!

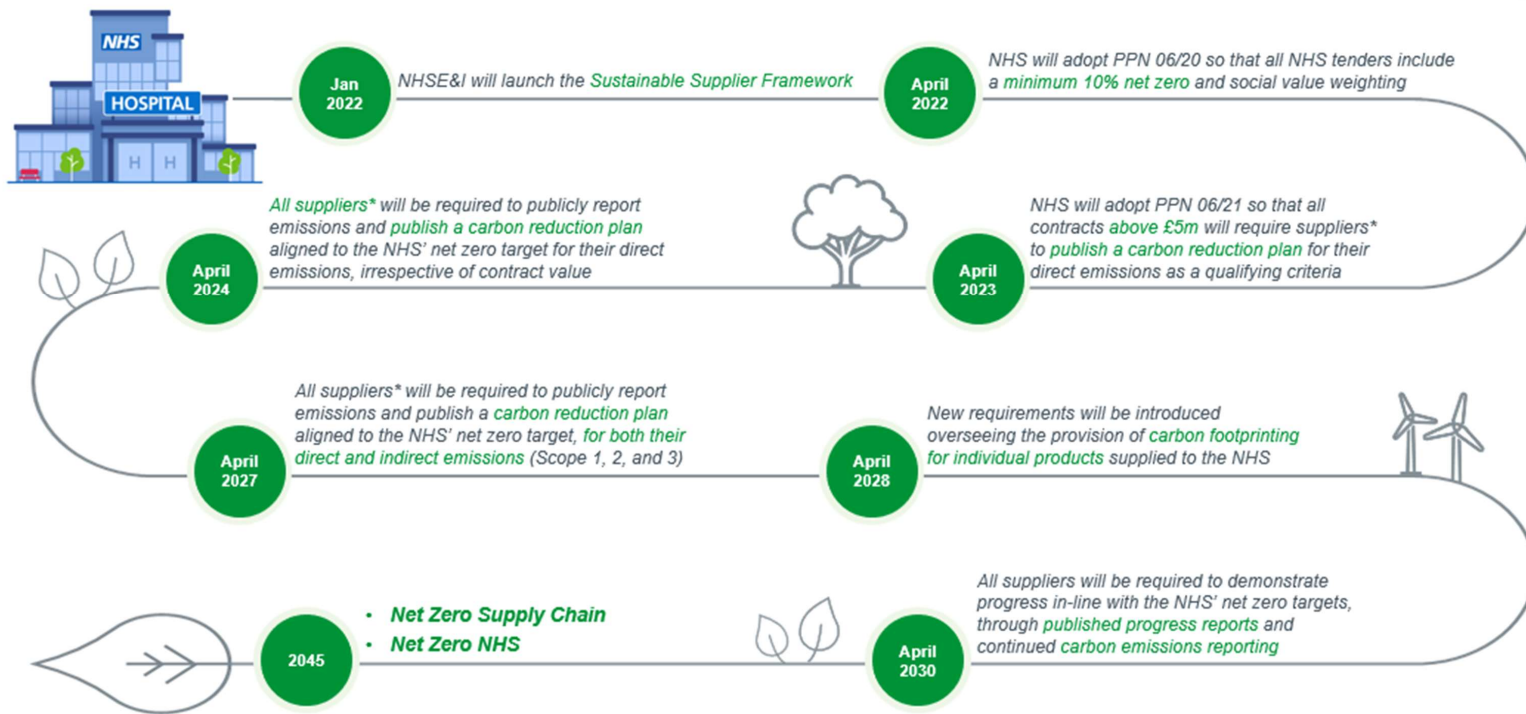


Figure 39 Building net zero into NHS Procurement – shows how NHS England will require all suppliers to provide carbon and social value reporting by 2030

Product retainment and lifecycle extension

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

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

Mobility aids, such as walking frames, crutches and walking sticks, are given to outpatients where appropriate. Unfortunately, once issued, these items are no longer under our control.

Although many outpatients will use mobility aids for the long term, many are only used for weeks or months, and we have no way of reclaiming these mobility aids. Ultimately, these items end up in outpatients' domestic waste.

Mobility aids are robust pieces of kit, with long service lives. Reclaiming, cleaning/refurbishing and reissuing mobility aids will negate useful items being scrapped and potentially save the Trust money.

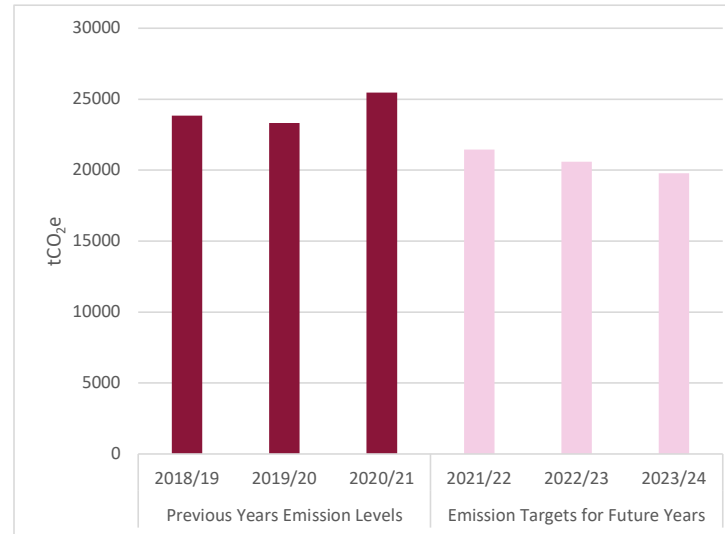
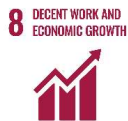
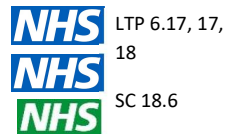


Figure 40 bar chart to show total emission from the supply chain and reduction trajectory to 2023/24



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



Target 12.7 Promote sustainable public procurement practices



Target 13.2 Integrate climate change measures into policy and planning

Our role as an anchor trust

In partnership with the Cheshire and Merseyside Health and Care Partnership, CWP is pursuing social value and anchor institution opportunities into spend areas, such as waste and food.

This involves identifying opportunities for regional SMEs, as well as engaging suppliers to ensure wider community benefits. While we cannot reserve spend locally, we do take proactive steps to support inclusive growth, including a policy on the payment of the Real Living Wage for our service suppliers.



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

Figure 41 Official NHS Sustainable Procurement Objectives Source: website

No.	CWP Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Review our sustainable procurement approach to find relevant links to enable our Green Plan and work closely with NHS Supply Chain and NHS Improvement to promote their sustainability programmes.	Governance & policy	Ongoing		£		Procurement	LTP 6.17, 17
02	Identify and deliver potential to secure wider social, economic and environmental benefits for the local community and population in its purchase and specification of products and services, discussed and agreed with the Coordinating Commissioner.	Governance & policy	2022/23		£		Procurement	SC 18.6
03	Adhere to the requirements in the NHS Sustainable Supplier Framework	Governance & policy	January 2022		£		Procurement	SC 18.6
04	Engage a key supplier on plans to align their operations and delivery with NHS Net Zero targets over time. Leverage NHS England and NHS Improvement Supplier Engagement Strategy approach for fostering partnerships.	Core responsibilities	2022/23		£		Estates	NZ 3.3, 3.3.1
05	Ensure tenders adopt the new social value procurement note PPN 06/20 and carbon management PPN 06/21 in major contracts in April 2022 and 2023 respectively	Governance & policy	April 2022		£		Procurement	SC 18.6
06	Ensure tenders adopt the carbon management PPN 06/21 in major contracts in April 2023	Governance & policy	April 2023		£		Procurement	SC 18.6
07	Ensure the purchase of 100% closed-loop recycled paper	Core Responsibilities	2021/23		£		Procurement & Business & Value	NZ 3.3, 3.3.1
08	Create a new system for cataloguing and reclaiming mobility aids and other devices from patients	Governance & policy	2022/23		£		Physio and Occupational Therapy	NZ 3.3, 3.3.1
09	Work to identify impactful future supply chain emissions reduction opportunities and links to climate adaptation and other Green Plan	Procurement	2023/24		£		Procurement	NZ 3.3, 3.3.1

	commitments in procurement specifications and through contract delivery							
10	Work with NHS Supply Chain to address Modern Slavery and domestic and international supply chain environmental and human rights risks, including those linked to PPE.	Procurement	2022/23		£	⊗	Procurement	SC 18.6
11	Explore the creation of an ISO 20400 Sustainable Procurement Strategy	Procurement	2022/23		£	☁	Procurement	SC 18.6
12	Enable procurement to support Social Value and Anchor Institution NHS aims, e.g., understanding and increasing local, SMEs and social enterprise spend or collaborating with suppliers to promote positive action in equalities or to collaborate on innovation or climate action.	Working with patients, staff & communities	Ongoing		£	⊗	Procurement and Equality & Diversity	LTP 18

Figure 42 Green plan actions for supply chain management and procurement

Indicative Cost:

£ No or low cost

£ Significantly expensive

£ Moderately expensive

Indicative Emissions reduction:

☁ Low or incremental reduction

☁ Moderate reduction

☁ Significant reduction

⊗ Not applicable

Food and nutrition

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

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

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

CWP will work to fulfil Long Term Plan priorities for food provision on our premises, promoting plant-forward diets, higher welfare and more sustainable food options, and supporting regional producers wherever we can.

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



Catering Spread Source: [Website](#)

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

In 2019/20, the Trust served 314,584 hot meals over 12 months (3 meals per day to 104,861 patients). In previous waste audits, we have ascertained that 6% of all meals end up as waste.

We offer a wide choice of meals for inpatients, including vegetarian and vegan options and other dietary requirements. Our hot food provider sources many local ingredients near their point of manufacture and offers a seasonal menu. This lessens the number of food-miles generated and bolsters the British rural economy.

Hot meals are cook-chilled and adhere to the Government Buying Standards for Food and Catering Services. They are transported to our distribution warehouse under temperature-controlled conditions, and then redistributed to our sites where they are reheated and served. This prevents food waste as meals are served to order.

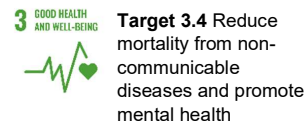
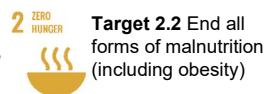
As well as adhering to [Government Buying Standards for Food and Catering Services](#), our provider also uses company Vegware) and complies with the [CQUIN framework](#), which reduces the quantity of high-sugar drinks offered, replacing them with healthy alternatives.

We have an excellent working relationship with our hot food provider and are confident that more plant-forward meals and seasonality can be integrated into our menu.

Our cold food (sandwiches, salads, fruit) is provided by a local company, and again, we have plant-forward sandwich options. However, many of our patients have restrictive diets, and we will always need to find a balance between nutrition and patient's wishes in these circumstances.



Preparing Food Source: [Website](#)



No.	CWP Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Review food and catering to explore opportunities to push forward Long Term Plan objectives to address obesity, benefit CWP's local area, and reach Net Zero emissions.	Governance & policy	Ongoing		£	⊗	Infrastructure Services	LTP 2.18, 17 SC 19.1, 19.2 NZ 3.3.2 CMPP 11
02	Phase in more Plant-forward diets and other updated NHS requirements and explore greater seasonal menu changes, while ensuring appropriate patient choice	Governance & policy	2022/23		£	☁	Procurement & Infrastructure Services	LTP 2.18
03	Remove sugary drinks sales at our facilities and fulfil other updated NHS requirements	Core Responsibilities	2022/23		£	☁	Infrastructure Services	SC 19.3 CMPP 11
04	Work with NHS Supply Chain to ensure positive impacts from contract management of any updates to Government Buying Standards' sustainable food criteria.	Procurement	2022/23		£	☁	Procurement & Infrastructure Services	SC 19.3 CMPP 11
05	Ensure all food providers meet or exceed the requirements outlined in Report of the Independent Review of NHS Hospital Food	Procurement	Ongoing		£	☁	Procurement & Infrastructure Services	SC 19.3 CMPP 11
06	Work with regional partners to identify opportunities for local and SME food producers for CWP.	Procurement	2022/23		£	☁	Infrastructure Services & Procurement	NZ 3.3.2
07	Review internal and NHS strategies for sustainable food procurement, including sustainable fish, elimination of palm oil or limit to RSPC-certified palm oil and Fairtrade items where relevant	Procurement	2022/23		£	☁	Procurement & Infrastructure Services	LTP 17
08	Continue to work with patients and partners on the link between food, health and obesity, as well as the emissions impact.	Working with patients, staff & communities	Ongoing		£	⊗	Infrastructure Services	LTP 2.18 SC 19.1, 19.2 NZ 3.3.2

Figure 43 Green plan actions for food and nutrition

Adaptation

Climate Change Adaptation

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

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

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

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

Building on our 2019 Heat Wave policy, CWP will analyse these risks and develop actions for our care delivery, estate planning and management, including flood risks across our estate and service area.

Strong partnership working and medium to long term risk planning are key elements to ensure CWP remains an adaptable and resilient organisation.

No	CWP Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost	Responsible lead/dept.	NHS Req.
01	Appoint a Climate Change Adaptation lead and follow the recommendations of the third Health and Social Care Sector Climate Change Adaptation Report.	Governance & policy	2022/23		£	Board of Directors	LTP 17 SC 18.4.2.3 NZ 1
02	Embed Climate Change as a strategic risk within our corporate risk register and manage appropriately	Governance & policy	2022/23		£	Board of Directors; Emergency Planning	SC 18.4.2.3 NZ 1
03	Create an ISO14090 Climate Change Adaptation Plan including plans for adapting our premises to mitigate climate change and extreme weather risks, using a recognised methodology, that is routinely reviewed considering the changing climate and scientific advancements.	Core responsibilities	2022/23		£	Infrastructure Services	SC 18.4.2.3 NZ 1
04	Work with NHS Supply Chain to better understand the climate change risks in our supply chain and proactively seek to make our supply chain 'climate-ready'.	Procurement	2022/23		£	Procurement	SC 18.4.2.3 NZ 1
05	Embed and adapt existing health-related contingency planning, such as Heat Wave Plans to reflect predicted impacts.	Working with patients, staff & communities	2022/23		£	Emergency Planning	SC 18.4.2.3 NZ 1
06	Incorporate newly emerging climate-related health care risks into our contingency planning, such as the increasing prevalence of Vector Borne Diseases	Working with patients, staff & communities	2022/23		£	Emergency Planning	SC 18.4.2.3 NZ 1

Figure 44 Green plan actions for climate adaptation

Indicative Cost:

- £ No or low cost
- £ Moderately expensive

Indicative Emissions reduction:

- £ Significantly expensive
- Low or incremental reduction
- Moderate reduction
- Significant reduction
- Not applicable

Conclusion

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

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

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

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



Cheshire and Wirral Partnership NHS Foundation Trust

For more information, please contact

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This Green Plan was created for Cheshire and Wirral Partnership NHS Trust in partnership with Inspired PLC.



Appendix A Site Utility Consumption, emissions and energy intensities 2020/21

Site Data		Grid Supplied Electricity			100% Renewable REGO Electricity (from Oct 2020)				Gas			Water		
Property/Block Details	Floor Area	Cost	Usage	Scope 2 & 3 Total	Cost	Usage	Energy Intensity ('Brown'; & 'Green' Elec)	Scope 3 Total	Cost	Usage	Total Scope 1	Water & Sewerage Costs	Water volume supply	Total Water (supply and treatment) Emissions
	m ²	£	kWh	tCO ₂ e	£	kWh	kWh/m ²	tCO ₂ e	£	kWh	tCO ₂ e	£	m ³	tCO ₂ e
Greville House		303	1,676	0	463	2735	-	0.2	844	22088	4.1	£144	42	0.0
Hough Green		433	3,020	1	788	5440	-	0.3	No gas supply		-	No data	-	-
Maple House	216	413	2,422	1	305	2302	21.9	0.1	2365	67630	12.4	£2,447	532	0.54
Pensby Clinic	385	1,093	6,282	2	1402	7889	36.8	0.4	2507	63179	11.6	£3,704	610	0.6
St Anne's Centre	360	1,443	9,131	3	771	4998	39.2	0.3	2357	70405	12.9	£2,075	460	0.5
Catherine House	255	581	3,822	1	1654	9979	54.1	0.5	No gas supply		-	£474	-	0.0
Crook Lane	264	479	2,694	1	1650	9424	45.9	0.5	3005	68939	12.7	£1,233	206	0.2
Hawthorns Centre	396	806	4,460	1	4380	23780	71.3	1.3	No gas supply		-	£4,747	1,032	1.0
Mill Street	430	2,843	15,422	4	2966	16991	75.4	0.9	3059	88389	16.3	£3,993	868	0.9
Stalbridge Road	340	384	2,246	1	819	5697	23.4	0.3	1554	32066	5.9	£626	20	0.0
Hope Farm Clinic	404	2,033	11,416	3	1920	10856	55.1	0.6	2575	66540	12.2	£1,650	91	0.1
Neston Clinic	371	2,717	15,452	4	5180	27680	116.3	1.5	2925	71448	13.1	£1,059	250	0.3
Great Sutton Clinic (vacated)	350	2,360	13,675	4	2186	12333	74.3	0.7	5976	213032	39.2	Vacated - No Water		
Plas Dinas	433	531	3,195	1	315	1855	11.7	0.1	1104	22510	4.1	£195	23	0.0
Oaks Office Park	239	1,667	9,462	3	1428	9121	77.8	0.5	2217	68702	12.6	£2,138	116	0.1
Fence Avenue	217	4,126	25,768	7	6824	42374	314.0	2.3	No gas supply		-	£857	144	0.1
Stein Centre	3750	21,625	108,011	31	23444	138351	65.7	7.6	25397	564378	103.8	£2,902	833	0.8
Sycamore House	606	3,125	17,867	5	3060	15294	54.7	0.8	No gas supply		-	£5,482	1,192	1.2
Cherrybank/Kingsley/Pathways	1407	4,231	21,770	6	5488	29115	36.2	1.6	5476	178358	32.8	£1,655	507	0.5
Coronation Rd Workplace Hub	1102	4,148	21,874	6	5228	25037	42.6	1.4	3387	144490	26.6	£80	6	0.0
Jocelyn Solley/Springbank	1592	8,427	53,030	15	11187	72634	78.9	4.0	11576	367910	67.6	£16,863	4,315	4.4
Delamere Resource Centre	1307	2,772	18,998	5	4240	23201	32.3	1.3	6330	280284	51.5	£2,008	474	0.5
Vale House	1202	5,870	33,699	10	8969	50445	70.0	2.8	4521	148155	27.2	£4,678	823	0.8
Princeway Health Centre	912	21,632	113,853	33	-	-	124.8	-	12614	315350	58.0	£3,654	794	0.8
Units 1&2 Cheshire Oaks Trade Park	715	8,277	47,012	14	14656	79696	177.2	4.4	No gas supply		-	£4,736	105	0.1

Site Data	Grid Supplied Electricity				100% Renewable REGO Electricity (from Oct 2020)				Gas			Water	Water	Water
Property/Block Details	Floor Area	Cost	Usage	Scope 2 & 3 Total	Cost	Usage	Energy Intensity ('Brown'; & 'Green' Elec)	Scope 3 Total	Cost	Usage	Total Scope 1	Water & Sewerage Costs	Water volume supply	Total Water (supply and treatment) Emissions
	m ²	£	kWh	tCO ₂ e	£	kWh	kWh/m ²	tCO ₂ e	£	kWh	tCO ₂ e	£	m ³	tCO ₂ e
Gordon House	480	1,615	4,635	1	-32	0	9.7	0.0	No gas supply		-	£369	80	0.1
Old Hall Surgery	280	5,369	28,256	8	-	-	100.9	-	3783	94575	17.4	£1,673	364	0.4
Westminster Surgery	155	2,592	13,640	4	-	-	88.0	-	2160	54000	9.9	£1,161	252	0.3
Willaston Surgery	188	5,331	28,058	8	-	-	149.2	-	3492	87302	16.1	£1,135	247	0.3
Stella Nova (Vacated)	650	3,632	13,724	4	1135	3644	26.7	0.2	3744	26415	4.9	£1,133	246	0.3
Thornheys	179	5,212	38,196	11	4380	23780	346.2	1.3	3932	96475	17.7	£13,220	369	0.4
2a Price Street	497	No data		-	-	-	0.0	-	No data		-	No data	-	-
Springview Hospital	7218	115,153	569,553	164	-	-	78.9	-	36274	1279135	235.2	£22,670	6,525	6.6
Eastway Unit	1255	7,559	52,281	15	6120	43566	76.4	2.4	20423	828604	152.4	£4,646	1,290	1.3
Mulberry Ward	1215	6,145	39,553	11	15550	92589	108.8	5.1	13237	489890	90.1	£6,481	596	0.6
Silk Ward	1066	17,578	96,000	28	-	-	90.1	-	7749	346153	63.6	£9,334	2,029	2.1
Soss Moss Site	3726	13,591	100,735	29	21494	152414	67.9	8.4	2700	90000	16.5	£9,621	3,093	3.1
									1253	25973	4.8			
Rosemount Site	2467	10,531	69,425	20	11828	76280	59.1	4.2	18304	546344	100.5	£10,011	2,176	2.2
Bowmere Hospital Site	7550	176,715	930,366	268	-	-	123.2	-	129434	4315488	793.5	£53,827	18,701	19.0
Ancora House	3480	57,111	344,000	99	-	-	98.9	-	5077	171917	31.6	£13,181	3,945	4.0
TOTAL	47659	530453	2894679	834	169800	1019500	82	56	351350	11306127	2079	215865	53356	54

Appendix B Inhaler prescriptions and related GHG emissions 2020/21

Metered Dose Inhalers					
Brand	Drug	Strength	Qty	Type	Total tCO ₂ e
Salamol	Salbutamol	100	333	HFA 134a	16.65
Fostair	Beclometasone/Formoterol	100/6	135	HFA 134a	4.05
Clenil	Beclometasone	100	70	HFA 134a	3.5
Clenil	Beclometasone	50	17	HFA 134a	0.85
Seretide Evohaler	Fluticasone/Salmeterol	50/25	14	HFA 134a	0.42
Flutiform	Fluticasone/Formoterol	250/10	4	HFA 227	0.34
Fostair	Beclometasone/Formoterol	200/6	10	HFA 134a	0.3
Atrovent	Ipratropium	20	6	HFA 134a	0.3
Seretide Evohaler	Fluticasone/Salmeterol	250/25	8	HFA 134a	0.24
QVAR	Beclometasone	100	5	HFA 134a	0.19
QVAR	Beclometasone	50	4	HFA 134a	0.15
Trimbow	Beclometasone/Formoterol/Glycopyrronium	87/5/9	9	HFA 134a	0.14
QVAR Autohaler	Beclometasone	100	3	HFA 134a	0.11
Clenil	Beclometasone	250	2	HFA 134a	0.1
Salamol Easi Breathe	Salbutamol	100	2	HFA 134a	0.1
Sirdupla	Fluticasone/Salmeterol	125/25	3	HFA 134a	0.09
Sirdupla	Fluticasone/Salmeterol	250/25	3	HFA 134a	0.09
Flutiform	Fluticasone/Formoterol	125/5	1	HFA 227	0.08
Combisal	Fluticasone/Salmeterol	125/25	2	HFA 134a	0.06
Seretide Evohaler	Fluticasone/Salmeterol	125/25	2	HFA 134a	0.06
QVAR Easi-Breathe	Beclometasone	100	1	HFA 134a	0.04
Combisal	Fluticasone/Salmeterol	50/25	1	HFA 134a	0.03
Flixotide	Fluticasone	50	0	HFA 134a	0
Serevent Evohaler	Salmeterol	25	0	HFA 134a	0
Total prescriptions			635		28

Percentage of MDIs prescribed	79%
Percentage of DPIs prescribed	21%

Dry Powder Inhalers					
Brand	Drug	Strength	Qty	Type	Total tCO ₂ e
Fostair Nexthaler	Beclometasone/Formoterol	100/6	13		0.029
Braltus	Tiotropium	10	23		0.026
Trelegy Ellipta	Fluticasone/Umeclidinium/Vilanterol	92/55/22	19		0.021
Symbicort	Budesonide/Formoterol	200/6	19		0.021
Anoro Ellipta	Umeclidinium/Vilanterol	55/22	18		0.02
Revlar Ellipta	Fluticasone/Vilanterol	92/22	11		0.012
Spiriva Respimat	Tiotropium	2.5	11		0.012
Symbicort	Budesonide/Formoterol	400/6	10		0.011
Seretide Accuhaler	Fluticasone/Salmeterol	500/50	8		0.009
Fostair Nexthaler	Beclometasone/Formoterol	2006	3		0.007
Spiriva	Tiotropium	18	6		0.007
Eklira Genuair	Aclidinium	322	4		0.005
Duosp Spiromax	Budesonide/Formoterol	320/9	4		0.005
Spiolto Respimat	Tiotropium/Oldodaterol	2.5//2.5	4		0.005
Ultibro Breezhaler	Indacaterol/Glycopyrronium bromide	85/54	2		0.002
Revlar Ellipta	Fluticasone/Vilanterol	184/22	2		0.002
Seretide Accuhaler	Fluticasone/Salmeterol	250/50	2		0.002
Symbicort	Budesonide/Formoterol	100/6	2		0.002
Easyhaler	Budesonide	200	1		0.002
Seretide Accuhaler	Fluticasone/Salmeterol	100/50	1		0.001
Incruse Ellipta	Umeclidinium	55	1		0.001
Oxis 12	Formoterol	12	1		0.001
Easyhaler	Salbutamol	100	0		0
Duosp Spiromax	Budesonide/Formoterol	160/4.5	0		0
Pulmicort	Budesonide	200	0		0
Pulmicort	Budesonide	400	0		0
Total prescriptions			165		0.2

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Guardian of Safe Working Quarterly Report
Agenda ref. number:	21.22.20
Report to (meeting):	Trust Board of Directors
Action required:	Information and noting
Date of meeting:	24/11/2021
Presented by:	Dr F Alam – Medical Director

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes
http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	Yes/ No

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	Yes/ No

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
This report is to update the trust on the issues regarding junior doctors, their working conditions and locum use due to vacancies, during the period of September to November, 2021. Consideration has been given for any current and future risk.

Background – contextual and background information pertinent to the situation/ purpose of the report
The 2016 contract for Doctors in training created the post of Guardian of Safe Working in order to monitor and provide reassurance of Safe Working practice related to hours worked. This is an independent post and requires a responsibility of providing reports.

Assessment – analysis and considerations of the options and risks

Exception reporting: This has been discussed through the Junior Doctor Forum on how and when to do exception reporting. There was no exception report during this period. There are 67 trainees with 7 vacancies.

There have been no concerns raised regarding safe practice or access to education and training experiences. There have been no fines levied against the Trust

Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board is asked to approve the report.

Who has approved this report for receipt at the above meeting?

Dr F Alam – Medical Director

Contributing authors:

Sumita Prabhakaran, GOSW

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
	Junior Doctor Forum Mark Cadwalder Jon Ruffler	

Appendices provided for reference and to give supporting/ contextual information:

Appendix No.	Appendix title
1	Guardian of Safe working report

Guardian of Safe working Hours Report to the Trust Board for the period

August 2021 to November 2021

Report Author: **Dr Sumita Prabhakaran**
Guardian of Safe Working Hours

There has been no report of exception, during this period. There have been no highlighted areas of concern regarding safe working or access to educational and training opportunities. There was a new set of trainees starting in August 2021.

Introduction

The introduction of the 2016 Junior Doctor created the role of the Guardian of Safe Working Hours and ended the previous hours monitoring system, replacing it with a continuous system of reporting exceptions occurring from a previously agreed work schedule aiming to ensure rotas and working hours are safe for Doctors and patients. The Guardian is bound by the terms and conditions of the contract to provide reports to the Trust Board regarding the safety of Doctor's working hours and areas and plans for improvement.

Background Data

Number of doctors in training (total):	67
Number of vacancy:	7
Amount of time available in job plan for guardian to do the role:	0.5 PAs per week
Admin support provided to the guardian (if any):	No admin support
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

Exception reports

There were no exception report for this time. Trainees were encouraged at last Junior doctor forum to report this.

Work schedule reviews

There have been no work schedule reviews requested or completed.

Summary

There have been no concerns raised regarding safe practice or access to education and training experiences. There have been no fines levied against the Trust