Introduction

Climate change is the long-term shift in the Earth's average temperatures and weather conditions. The ninth and latest in a series of annual 'State of the UK Climate', the 2022 report shows that recent decades have been warmer, wetter and sunnier than the 20th century, and extremes of temperature in the UK are changing much faster than the average temperature. 2022 was the warmest year in the UK data series from 1884, 0.9°C above the 1991-2020 average, with 40°C recorded in the UK for the first time. In 2023 Wales & Northern Ireland were the hottest on record, and England second hottest.

Climate change adaption in the NHS is about organisational resilience and the prevention of avoidable illness. Everyone will be impacted by a changing climate and this Plan, alongside identifying adaptation leads, will achieve the requirements of the Trust's Sustainability Development Management Plan. It will be reviewed annually and presented to the Trust Board alongside sustainability updates.

It is expected that climate change will impact our physical and mental health and these changes could lead to poorer health outcomes for our population and exacerbate health inqualities. The impacts of climate change on our health, services, infrastructure and our ability to cope with extreme weather events will place significant additional demands on the NHS in the future.

This Climate Change Adaptation Plan (CCAP) identifies the risks and related actions needed to begin to adapt services to a changing climate within areas such as: governance, data gathering, procurement, building adaptations, education and awareness raising and an improved response to weather events.

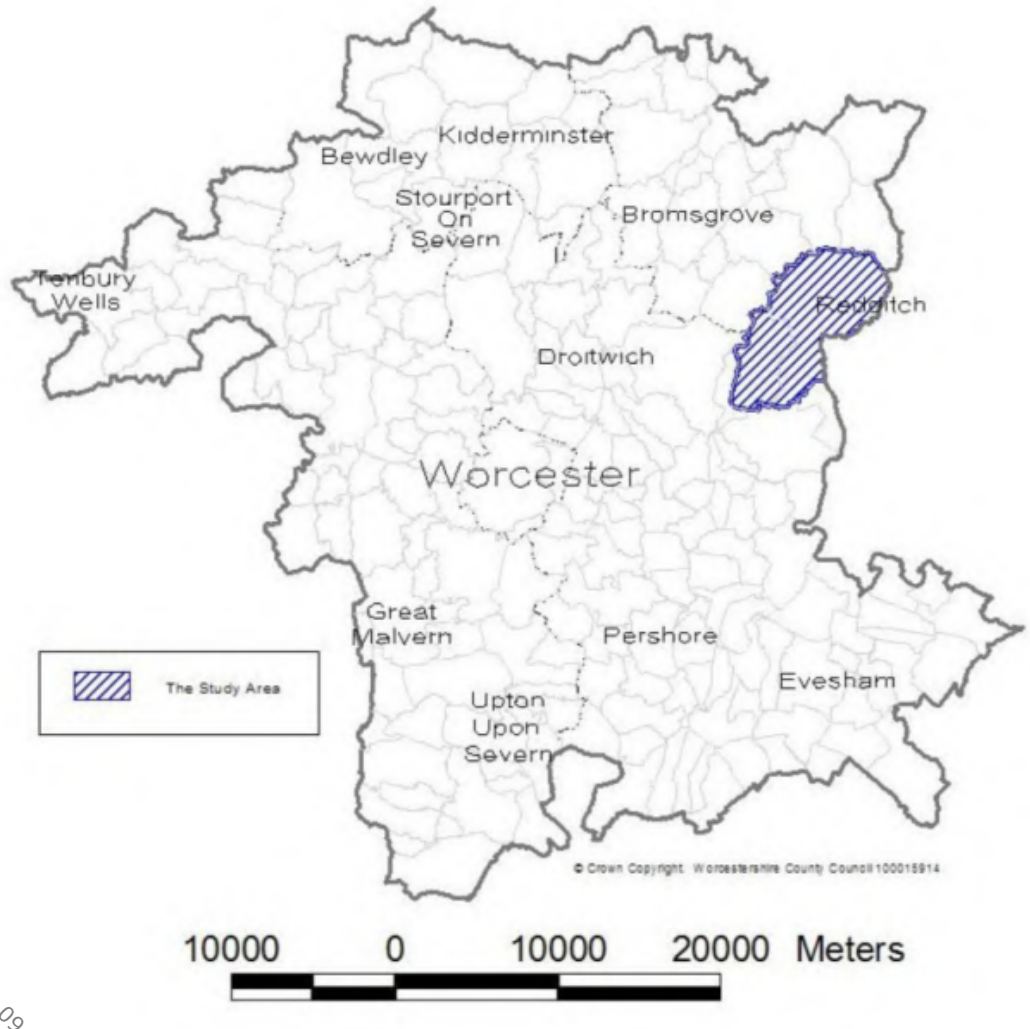


Image credit: Worcestershire Area:

Adapting to the future climate – *Everybody's Business*

The NHS has identified a route to net zero emissions and the targets set are as ambitious as possible, while remaining realistic; and are supported by immediate action and commitment to continuous monitoring, evaluation, and innovation. However, even if the Trust and others eliminate all emissions today, the climate will continue to change and there remains a need to adapt to those changes.

Extreme weather events are already becoming more frequent and intense, impacting the NHS due to increased patient numbers and, or exacerbation of existing health conditions as well as affecting supply of goods and services which in turn affect our ability to deliver care.

Climate changes impacts include extreme heat and cold, storms and flooding. We must therefore consider how we make our service resilience and adapt to the known and likely risks. This goes beyond creating business continuity plans but recognising the change and including adaptations in business as usual.

This plan is a high level first attempt to describe the challenges that the Trust faces and the adaptations required to mitigate those challenges.

In 2023, HM Government published their third National Adaptation Programme (NAP3) which included the strategy for the fourth round of climate adaptation reporting under the Adaptation Reporting Power. NAP3 sets out an expectation that guidance to build resilience in both infrastructure and service delivery in the health and social care sectors includes actions carried out by the Department for Health and Social Care (DHSC), NHS England and UKHSA who will:

- Implement the Adverse Weather and Health Plan, which was published in April 2023, to support local and national organisations to prepare, build and respond to future adverse weather events to protect lives and promote health and wellbeing.
- Review and update NHS 'standards for facilities' resilience planning by 2025.
- Support NHS Trusts and Integrated Care Boards in incorporating climate change adaptation within their Green Plans by 2027.
- Include adaptation measures in the NHS Standard Contract for NHS buildings and services from 2023.

As NHSE develop these standards, guidance and measures over the coming years the Trust will need to update its plans accordingly, and in more detail, and therefore this plan needs to be viewed as the first version of an iterative document.
It is worth noting that that the CQC is introducing a KLOE on Green / sustainability as part of the well-led review.

1. Climate change impacts

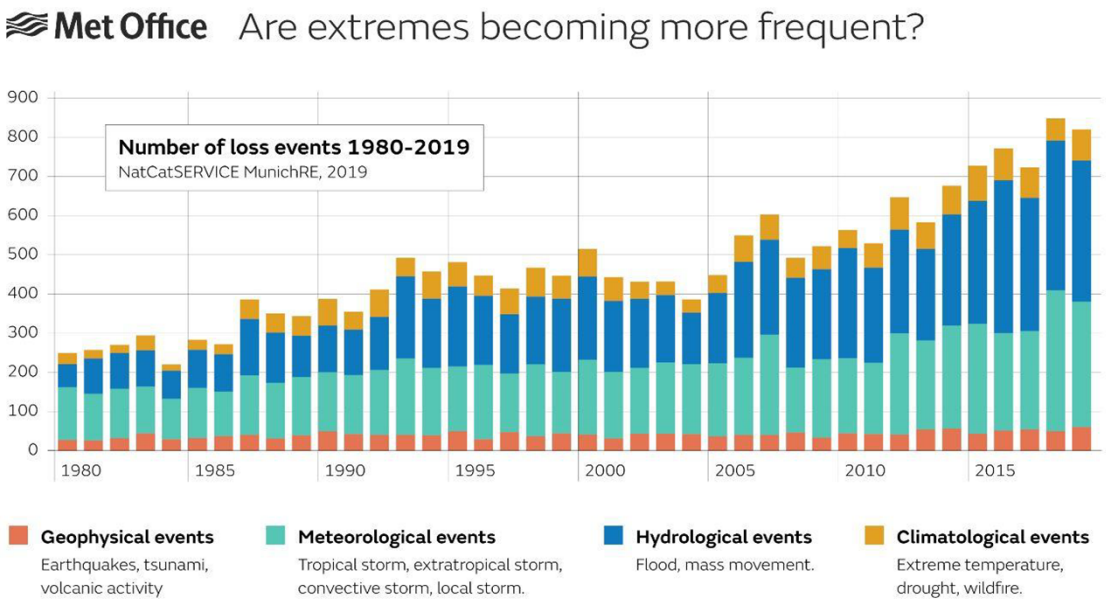
The UK MET Office reports that recent decades have been warmer, wetter and sunnier than the 20th century with temperatures in the UK changing much faster than the average temperature. The effects of climate change are already apparent, the UK is particularly at risk of drought, flooding and extreme weather events, all of which threaten our water, food, infrastructure and supply systems.

The Met Office states in its UK Climate Projections: Headline Findings V4 published in August 2022 that:

“General climate change trends projected over UK land for the 21st century in UKCP18 are broadly consistent with earlier projections (UKCP09) showing an increased chance of warmer, wetter, winters and hotter, drier summers along with an increase in the frequency and intensity of extremes.”

Total rainfall may decline but the intensity of summer and winter rains could increase, leading to surface water flooding. Droughts could lead to water shortages as well as impact surface water runoff leading to flooding. Not every winter will necessarily be rainier than the one before, and not every summer will be dry, but both trends could have big impacts.

Figure 1: Increase in extreme weather events



The Met Office graph shows an increasing trend for all extreme events displayed.

The Acute Trust has identified that the climate change could impact our workforce, patients, buildings and building services assets reflected on our risk register impacting on patient safety and clinical experience. However, these risks can mask local vulnerabilities. For example, risk of wild fires from dried up grass land and bush, high traffic volumes, low lying lands prone to flooding, old building fabrics, and building services equipment. From a logistics perspective transportation issues could impact supply chains, poor surface water drainage service, ambulance conveyancing amongst others.

The impact of Climate Change in Worcestershire

Worcestershire County Council completed a climate change impact study specifically for Worcestershire area in 2004 which identified changes in Worcestershire's climate, including hotter and drier summers, and milder but wetter winters. In July 2021 the Council signed up to the Climate Emergency. The reports indicate that the county is likely to see an increase in extreme weather events, such as storms, heatwaves and flooding. It indicates that future climate projections will depend on carbon emissions scenarios. The higher the emissions, the more likely it is to see more extreme changes to the local climate. The summary report published the baseline climate for the county for improvement progress reporting as illustrated below.

Worcestershire's Baseline Climate

The current baseline climate (1961-1990) in Worcestershire is as follows:

- Annual mean temperature 9.5ºC
- Mean maximum temperature 13.4ºC
- Mean minimum temperature 4.9ºC
- Mean annual rainfall 669 mm
- Mean number of snow days 17 days
- Average cloud amount 70% (5-6 octas)
- Mean daily wind speed 8.5 knots

(Ref: https://www.ukcip.org.uk/wp-content/PDFs/WorcestershireCCImpactStudy.pdf)

Climate and health

The figure below shows how the climate in England is warming: each stripe representing a year, with darker red indicating higher temperatures. It is clear that Birmingham is warming up, with a potential impact on our the NHS and our health.

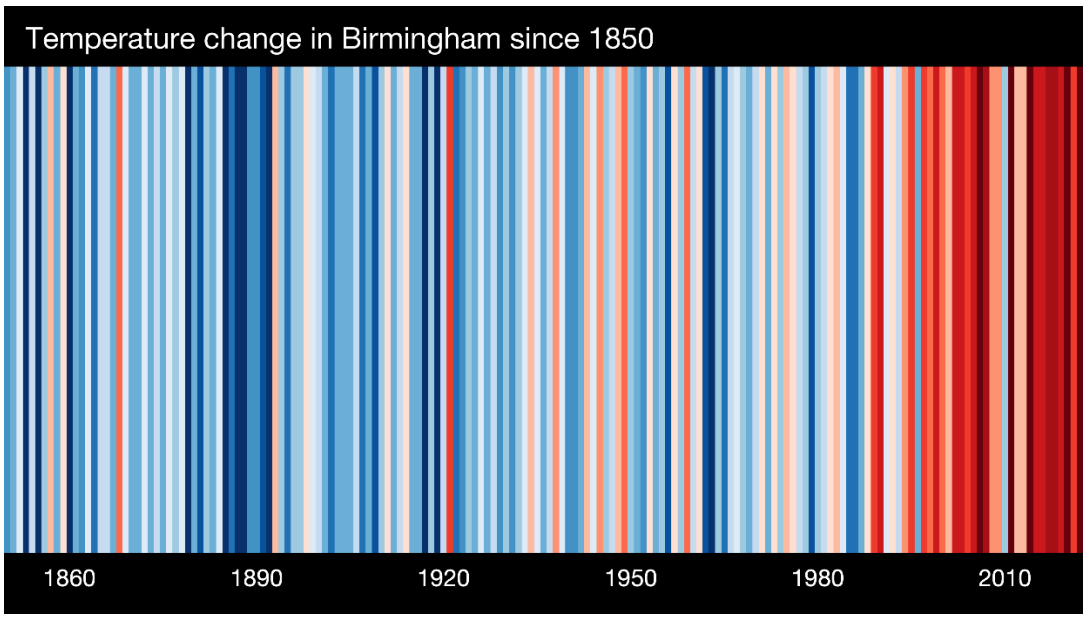
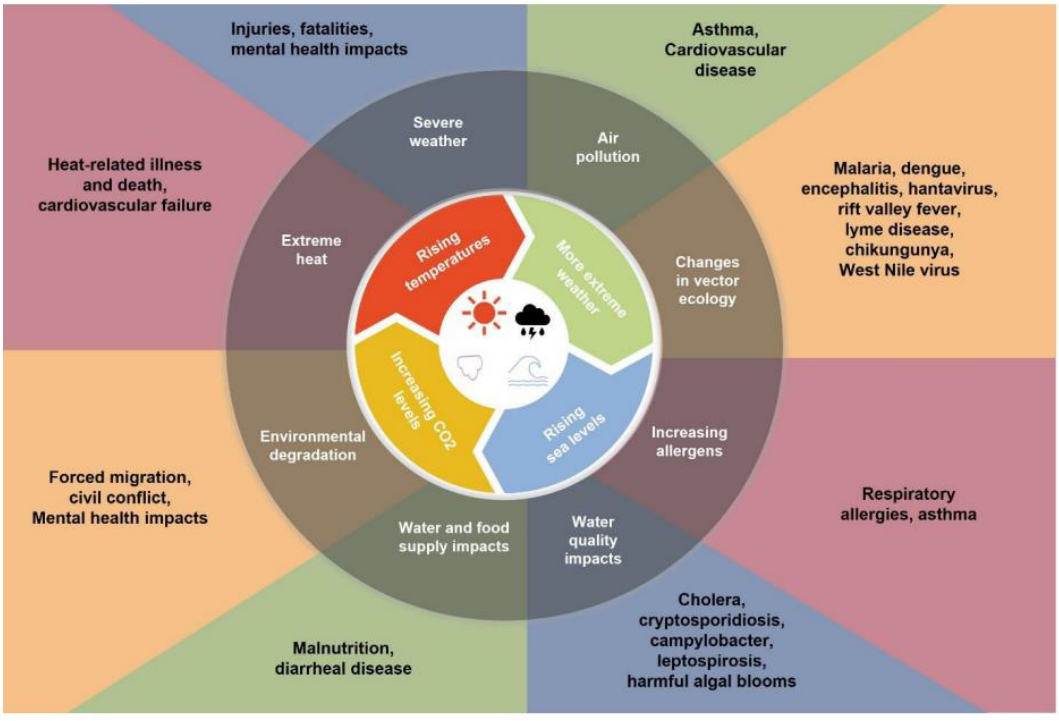


Image credit: University of Reading, Prof Ed Hawkins. Temperature increase from 18840 to 2022 #ShowYourStripes

What happens without adaptation?

Without an adaptation and mitigation actions, indirect impacts on health and service may include impacts as detailed below**:**

- The number of people exposed to flooding doubling by 2050 (1.9 million at present).
- Extreme heat creating more health issues for wild animals, wildfires and invasion of pests affecting biodiversity and habitats.
- Rising demand for electricity as decarbonisation forces a shift to electrification (e.g. more electric vehicles and heat pumps, as more people move away from gas fired boilers and petrol/ diesel engine vehicles). This may make electricity more expensive and risk a lack of supply.
- Greater risks of infrastructure failures from temperatures, floods and storms, including rail, road, water and energy infrastructure and services failures.
- Risk of supply chain disruption or price fluctuations due to severe weather events in other countries.
- Risks of population's cognitive performance and ability to learn degeneration due to hot weather.
- Risk of food security being impacted by a range of factors such as agricultural productivity decline due to animals suffering in heat and severe weather, or crops being damaged or less successful due to the changing climate impacts.
- Increased risks of **people in more deprived areas and more vulnerable populations to be worst affected**, making this an issue of social justice as well and cause for mass migration and conflicts.



Centre circle: different climate change events. Middle circle in grey: impacts on our surroundings from these climate change events. Outer section: examples of impacts these will have related to health services. Taken from centres for Disease Control and Prevention Report Climate effects on health (2017), replicated in the NHS Third Health and Care Adaptation Report

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Ref: ***Adapt to Survive:*** *A Tool for Building Resilience to Climate Change into Healthcare Systems Published by Sustainability West Midlands and Environmental Agency UK (12 September 2023)*

A warming climate affects health in three main ways:

Climate	Effect	Health impact
Extreme weather	• Heatwaves • Flooding • Wildfire • Storms • Drought	• Physical and mental health (e.g. fatalities, injuries and trauma, heat-related illness) • Sunlight (UV risk) • Ozone risk • Cardiovascular failure
Planet's life-support systems	• Rising sea levels and water quality impacts • Changing patterns of zoonotic and vector-borne disease (for example malaria, dengue fever) • Increased allergens • Reduced pollination and crop failure leading to food shortages	• Incidence and exposure to marine and freshwater pathogens. Diarrheal disease, cholera, harmful algal blooms • Respiratory allergies, asthma • Malnutrition
Effects on our social systems	• Livelihood loss, • Rising prices of food and fuel, • Supply chain disruption, • Conflict or forced migration • Food scarcity/ food poverty	• Mental health impacts • Malnutrition • System pressure leading to poorer health outcomes

The climate crisis affects our ability to safeguard the health of our population and therefore tackling it as a determinant of health is crucial to our role as health and care professionals. Adaptation for health and social care falls into two categories:

Patient volume and need	Operational delivery
Climate change could negatively impact the physical and mental health and wellbeing of our residents which could affect the volume and pattern of demand.	Our infrastructure and supply chains need to be prepared for and resilient to weather events and other crises (e.g. buildings, communications, emergency service vehicles, models of care) and supply chain (e.g. fuel, food, consumables and medical equipment supplies)

Using the Local Climate Adaptation Tool at local authority level for Worcestershire, the following health impacts have been identified. These are currently being reviewed and ratified by our health analytics team. At the macro level, it can also hide vulnerabilities by geography or demography. Further research will be needed to consider the local impacts on our estate, staff, patients and the goods and services we depend on.

Health impact	Worcestershire (projected tbc)	
Cold related deaths	decreasing	

Cardiovascular deaths	increasing	
Cerebrovascular deaths	increasing	
Cognitive performance & the ability to learn	decreasing	
Sleep disruption & disorders	increasing	
Cold related morbidity	decreasing	
Respiratory deaths	increasing	

In the next section we consider different impacts, our past exposure to them, expectations in the future and how we may adapt to them. A summary of actions is included at the end of the plan, including a requirement to work with the Integrated Care Board to ensure they are aware of the risks and considering this as part of commissioning of services.

3. mpacts and adaptation options

The following tables detail the impact to date on our 3 sites, future projections and potential areas of adaption required:

a. Flooding (**Flood risks by site shown in Appendix 2**)

Surface Water and Ground	County	Worcestershire Royal Hospital site	Alexandra Hospital site	Kidderminster General Hospital

water (flash floods)				and Treatment site
Past Experience	Not directly applicable But may impact some Journeys to health Care facilities	Not directly applicable But may impact some Journeys to health Care facilities Intense rainfall causing leakage into WRH building via roof	Not directly applicable But may impact some Journeys to health Care facilities	Not directly applicable But may impact some Journeys to health Care facilities
Data and future projections	Increased localised surface water flooding, potentially affect internal deliveries and logistics, workforce attendance and supply chain			
Adaptation Considerations	Mapping of local roads to identify where closures can cause access issues			
	Access to specialist support (e.g. 4x4) that can drive through localised flooding			
	Review flood risk assessments for all health premises where WAHT provides services			
	Identify flood risk hotspots to avoid			
	Map risk to a wider number of sites. Sustainable drainage systems to help reduce risk of localised flooding			
	Sustainable drainage systems to help reduce risk of localised flooding			

River flooding	County	Worcestershire Royal Hospital site	Alexandra Hospital site	Kidderminster General Hospital and Treatment site
Past Experience	Not directly applicable But may impact some Journeys to health Care facilities	Not directly applicable But may impact some Journeys to health Care facilities	Not directly applicable But may impact some Journeys to health Care facilities	Not directly applicable But may impact some Journeys to health Care facilities
Data and future projections	Potential for increased risk (frequency and area affected)			
	Increased risk to community-based services such as maternity.			
	Increased risk of disruption to transportation (staff, patients and supplies)			
	Potential flood risk to landlord sites affecting WAHT staff/ services			
Adaptation Considerations	· Identify flood risk hotspots			
	· Map risk to a wider number of sites			
	· Relocate away from flood risk where possible			

b. Heat waves

Drought	County	Worcestershire Royal Hospital site	Alexandra Hospital site	Kidderminster General Hospital and Treatment site
Past Experience	Water drought restrictions; impact the outdoor space. No supply interruptions			
Data and future projections	Longer drought periods			
Adaptation Considerations	Maintain drinking water tanks			
	Drought resistant planting in landscaped areas			
	Grey water collection*			
	Provision of advice to patients			
	Sub metering, Publicising saving water,			
	Increased fire risk			

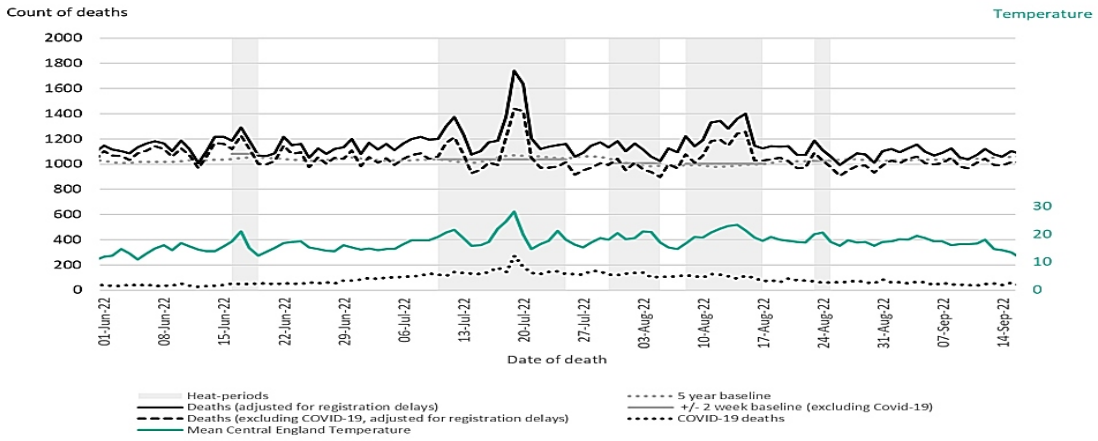
* Consideration of infection prevention concerns.

Excess heat wave deaths in Worcestershire

According to the available data, there is no specific information on excess heat wave deaths in Worcestershire. However, national data on excess deaths during heatwaves in the UK from National Data indicates suggests that:

- In 2022, the UKHSA estimated that there were 2,803 excess deaths during periods of heat in summer 2022, the highest number since 2016.
- The UKHSA also reported that there were 3,271 excess deaths in England and Wales during the heatwaves in June and August 2022, which is 6.2% above the five-year average. This is illustrated

in the following graph.



High temperature	County	Worcestershire Royal Hospital site	Alexandra Hospital site	Kidderminster General Hospital and Treatment site
Past Experience	Overheating incidents 2022/23	Concern at ward level - No reported overheating incidents 2022/23	No reported overheating incidents 2022/23	No reported overheating incidents 2022/23
	Regular high temperatures on top floor of main building	Regular high temperatures	Regular high temperatures	Regular high temperatures
	Requirement to wear PPE exacerbates impacts of high temperatures	Requirement to wear PPE exacerbates impacts of high temperatures	Requirement to wear PPE exacerbates impacts of high temperatures	Requirement to wear PPE exacerbates impacts of high temperatures
	Summer 2022 Heatwave produced failures in critical infrastructure such as freezers and critical air conditioning	None reported The Trust has a program of works for hiring in Temporary Portable Air condition unit for patients	None Reported The Trust has a program of works for hiring in Temporary Portable Air condition unit for patients	None Reported The Trust has a program of works for hiring in Temporary Portable Air condition unit for patients
Data and future projections	More frequent higher temperatures for longer duration.			
Adaptation Considerations	Assess and adapt building fabric to adapt to current and future need. Consider shading for buildings, external shading (including tree cover) at inpatient sites, natural ventilation, disperse heat in areas such as kitchen and servery.			
	Future proof new building design and construction in line with NHSE Net Zero Carbon Building Standard			
	Cool spots in buildings and green spaces shaded by trees			
	Improved insulation			

UV radiation	County	Worcestershire Royal Hospital site	Alexandra Hospital site	Kidderminster General Hospital and Treatment site
Past Experience	Not reported	Not reported	Not reported	Note reported
Data and future projections	Difficult to predict. Hotter peak daytime temperatures could discourage exposure to the most harmful effects. However, potential for more sunburn and cancer due to harmful UVB radiation.			
	Cloud cover levels may increase or decrease due to global warming. Changes in cloud cover and air pollution (e.g. smoke from wildfires) could reduce UVB exposure			
	Potential benefit for Vitamin D synthesis if more exposure.			
	General education about the harmful effects of UV exposure to continue.			
	The benefits of more outdoor activity with appropriate clothing and sunscreen may outweigh the negative effects of managed UV exposure.			
Adaptation Considerations	Sunscreen for staff and patients.			
	Outdoor shaded areas (natural i.e. trees and man-made such as sails)			
	Consideration of immediate and long-term health impacts from projected changes			

Farmland and forest fires	All Sites
Past Experience	Failed potato and vegetable harvests due to water logged land and failed precipitation.
Data and future projections	Wildfires in the county, which may affect staff or patients but impact not recorded.
	Trust buildings not directly affected
Adaptation Considerations	Public health advice for staff and patients.
	Digital tools to enable patients to be seen in other locations if access to sites affected by fire/flooding/High wind storms/ and heavy snow.
	Firebreaks in vegetation near key sites

c. Cold conditions

Cold snaps	All Sites
Past Experience	Staff access to/from work during snow storms. Workforce absence due to external factors e.g. school closures/ childcare responsibilities.
	Onsite slips, trips and falls, high number of patients with broken limbs
	Gritting runs can be erratic particularly in rural parts of county and on western flank
Data and future projections	Increased awareness and inclusion in winter planning
	Cold weather information through global emails and other social media
Adaptation Considerations	Continue with current planning arrangements
	Emergency on site accommodation, catering and 4x4 volunteers are already in place and have been used

d. Storms and winds

Storms and high winds	All Sites
Past Experience	Roads blocked due to storm debris
	Drains and water courses blocked due to more leaves, twigs and larger items
	Roof damage,
	Restricted access to patients in the community/ missed appointments
	Workforce absence
Data and future projections	Greater frequency and intensity of named storms
Adaptation Considerations	Revise PPM schedules to address areas of concern
	Condition surveys undertaken, suitability of roofing materials and other impacted building elements is assessed
	Plan for disruption to power supply, liaise with National Grid, particularly to non-hospital sites.

e. Vector and water borne diseases

Disease type and prevalence	All Sites
Past Experience	N/A
Data and future projections	Increased likelihood of disease outbreaks of existing or novel infectious diseases.
	Could impact volume of community nursing patients.
Adaptation Considerations	Review risks of onsite or nearby standing or flowing water and potential for increased water borne disease.
	Take a lead from UK Health Security Agency on this issue. Continued support from infection prevention team Work with public health to communicate with public regarding risks

f. Food Supply

Food supply	All Sites
Past Experience	Climate change impacts affecting harvests overseas and in the UK and therefore supply costs.
Data and future projections	Lack of access to affordable, fresh food could impact nutrition of service users, staff and our catering team ability to supply meals.
	Limited choices of food could contribute to malnutrition and more strain on acute hospital admissions. Fresh produce costs may increase
Adaptation Considerations	Raise awareness of sustainable diets with colleagues, and patients.
	Diversify supply chain.
	Allotment options.
	Government and NHS nationally looking at the issue of food security
	Working with catering suppliers to improve the sustainability of the food they offer.
	Review policies and practical arrangements for Trust and inter-Trust storage of food and stockpiling capacity in case of supply chain disruption.
	Work with Procurement teams and our supply chains to identify adaptation and resilience work of suppliers themselves.

g. Air quality

Aeroallergens	County and Worcester City Council	Redditch & Bromesgrove District Council	Kidderminster, WYRE Valley District Council.
Past Experience	Worcester City has a 5 years Air Quality Management Plan for hot spot area in the city.	Bromsgrove, Redditch District councils are working to develop and deliver 5 year AQMP for hot spot areas within their districts by September 2024.	The WYRE Valley District Council is working to develop and deliver 5 year AQMP for hot spot areas within their district by September 2024.
	Worcestershire's air quality is adversely impacted traffic related greenhouse gas emissions. Emissions from motor cars alone represents the biggest source greenhouse gas emission contributing to global warming gas emissions and negative health impacts. The University of Worcester has raised concerns about air quality in Worcester City linked to bus usage and location of student accommodation		

4. Our services

All of the above impacts can affect the Trust's ancillary and clinical services. It is recommended that the operational plans for each of the relevant services below, includes a new section to consider adaptation opportunities that will preclude or delay the need to enact Business Continuity Plans (BCP). We also introduced Sustainability Impact Assessment's (SIA's) across the trust in 2023 which we will need to audit to understand uptake which is low.

In future, it is anticipated that amended operational plans will feed into this document to highlight the breadth and depth of adaptation and any enable stakeholders to consider synergies or replication within other services.

Ancillary	Clinical
Patient & Staff Travel	Pathology Services
Waste Services	Pharmaceutical supplies
Linen & Laundry Services	General clinical
Catering Services	Palliative care
Sterile Services	Urgent Care
Supplies/ Stores Management	Infectious disease outbreaks
Utility provision	Respiratory conditions
Digital services	

It is recommended that future suppliers submitting tenders identify their climate change adaptation plan within the social value section of the tender.

a. Estates

To create a climate resilient estate, wherever practical buildings will need to:

- Have capacity to cope with rising temperatures,
- Be designed to deal with surface water drainage and flooding, including flood barriers, sand bags, reverse flow stops for toilets etc.
- Be built with sustainability in mind.
- Retrofitted to green standards and ensure buildings are insulated.
- Provide resilience to the shortage of energy and water.
- Change behaviour for working patterns and locations, to reflect the changing landscape and social needs of the area served.
- Install robust monitoring and report system for effective control measures
- Thus minimising the risk to individuals (both patients and staff).

Climate and health: applying All Our Health - GOV.UK (www.gov.uk)

Where this is not practical due to limitations of the Estate, this will need to be reflected in the organisations Business Continuity Plans (BCPs).

b. Fleet preparation and transport advice

To be prepared for more extreme weather conditions in future, our staff will need to:

- Reduce journeys e.g. through planning and digital solutions like virtual appointments or tools.
- Regularly review where staff are and patient need/ hotspots are to ensure skilled staff are available for caseload redistribution in case access barriers arise.
- Not drive through flood waters.
- Ensure communication channels identified with staff so they know when there are roads

closed due to flooding or other event, e.g. tree blockage.

- Build in resilience for a zero-emission fleet in the event of power cuts through battery storage and onsite renewable energy generation.

Operational preparation

To prepare our clinical colleagues we will need to:

- Understand the impact that extreme weather events will have on specific services (hence consideration within Operational plans and BCPs).
- Discuss with corporate and HR colleagues, the impact that extreme weather events will have on staff, which in turn may impact service delivery.
- Understand the changes in volume of patients with specific needs resulting from climate change, e.g. PTSD after extreme events, respiratory or cardiovascular health impacts.
- Understand who is most vulnerable, where they are and how to adapt services to meet their needs, e.g. if there are road closures affecting community care or power or internet disruption affecting home treatment or virtual appointments.
- Work with the ICB, public health and other organisations to understand the impact of climate change on health inequality and vulnerability.

Adaptation actions

WAHT recognise the need to have climate change adaptation plan that identifying the climate hazards that could affect its infrastructure services, staff and patients. We have therefore forged links with our local authorities and other public sector services, acknowledging that joint working will be required to address local climate adaptations.

Each section below present actions we propose to take to begin to address climate change adaptation needs.

a. Collaboration and governance

1. Establish a Climate Change Adaptation working group.
2. Engage the ICB/ICS to influence adaptation needs across the region and increase activity across Herefordshire and Worcestershire; sharing learning and good practice.
3. Identify the internal governance for climate change adaptation activity and links with local organisations such as across the Foundation Group, property landlords such as NHS Property Services and local authorities.
4. Work with Local Resilience Forum to identify local risks and Public Health team to communicate risks across the area.

b. Identify local climate impacts

1. Complete an internal or consultant led adaptation project to identify local hotspots for climate change risks.
2. Map (increased) risk of flooding for all sites within the organisation.
3. Review the performance of our building assets and facilities.
4. Document infrastructure network connectivity and interdependencies.
5. Conduct further research needed to consider the local impacts on our estate, staff, patients and the goods and services we depend on, identify specific vulnerabilities and co-dependent determinants of health and wellbeing.
6. Identify adaptation actions that provide resilience (see Section d.).

c. Procurement

1. Increase awareness of climate change adaption requirements with suppliers.
2. Will require all future tenders request and tenderers to identify their climate change adaptation and resilience plan within the social value section of the tender.
3. Identify the critical path within the supply chain together with any issues that may arise with an extreme weather event, and identify an alternative before the event occurs.
4. Consider appropriateness of regional hubs for stock, e.g. reduce reliance on one location for example one laundry provider.
5. Work to identify any providers with high dependency at place (for example supply key stock) and consider mitigations to address.
6. Encourage suppliers to apply for the NHS England Evergreen Framework to enable Trusts to identify ‘greener’ suppliers.

d. Practical adaptations

1. Consider evidence-based practical changes on site to mitigate direct impacts of climate change such as:

i. Development of Green infrastructure;
ii. Sustainable urban drainage;
iii. Provision of cooling shelters;
iv. Install permeable or cool pavements on site;
v. Encourage active travel (to counter the negative health impacts of climate change);
vi. Passive cooling (mechanical cooling if essential); Improve ventilation;
vii. Install cool roofs (e.g. reflective surfaces) or green roofs and walls;
viii. External shading and shutters and internal blinds or curtains;
ix. Mediation of heat risk e.g. change daily routines or location of specific groups or services to minimise impacts of heatwaves;
x. Communicate heat health action plans, particularly to vulnerable staff and patients.

e. Raising awareness

1. It is also important for people to understand how serious the threat of extreme temperature and heat can be. Heatwave plans do protect the public during the alert periods (hottest days) but are known to be less effective when no alert is issued. People do not take heed of the advice about hot weather, perhaps because people often feel positive about warm summer days and do not see the risk to health. At most it may cause discomfort. As a consequence, many people, including the most vulnerable, do not act always act in their own best interest. This is largely due to lack of awareness.
2. Education, training and raising awareness and communicating the need to adapt will be important in the short term. Lack of knowledge is a barrier to change therefore we need better communication of climate risks for managers and (frontline) staff.
3. Training requirements and guidance on how to respond to extreme weather events, including for community staff.

[3] Use nature-based solutions to reduce flooding in your area - GOV.UK (www.gov.uk)

f. Improved response to weather events

1. Consider adaptation opportunities in service specific operational and business continuity plans.
2. Start to record impacts so they can be monitored and reported on, trends identified, and further adaptations made. Consider how this can be integrated within and between organisations, e.g. develop an adverse weather event reporting procedure and share between Trusts.
3. Mapping of staff, service users and climate vulnerable hotspots.
4. Information, including targeted warning systems, support to individuals and organisations who may be most at risk, to help them take basic action to be more resilient to climate change influencing fundamental changes in behaviours.
5. Social impacts of climate change - migration, transient populations or community resilience.

6. Adaptation Plan timetable

Topic area	Action	2024	2025	2026	2027	2028	2029	2030
Collaboration and governance	1. Establish a Change Adaptation working group. A sub group of the existing green plan steering group.							
	2. Create individual activities to achieve the aims of the Plan. For example reducing task group to work on air quality management, actions to remove from the work stream activities know to encourage the emission of greenhouse gas emissions, actions to create green spaces and encourage the planting of Trees and increase promote bio diversity.							
	3. Identify the internal governance for climate change adaptation activity and links with local organisations such as the Foundation Group, property landlords such as NHS Property Services and the local authorities							
	4. Work with Local Resilience Forums to identify local risks and Public Health teams to communicate risks across the area.							
Identify local climate impacts	5. Complete an internal or consultant led adaptation project to identify local hotspots for climate change risks. Air quality monitoring and reporting. Adoption of alternative fuel vehicles and active mode of travel for healthcare related journeys.							
	6. Review risk of flooding.							

	7. Assess the performance of our buildings with the view for adaptation for improve resilience against extreme weather conditions and utilization of local sustainable energy and material resources.							
	8. Infrastructure network connectivity and interdependencies. This is to include supply chain resilience, power supply and water supply infrastructure. Alternative modes of moving goods and people at times of fuel shortages etc.							
	9. Further research will be needed to consider the local impacts on our estate, staff, patients and the goods and services we depend on, identify specific vulnerabilities and co-dependent determinants of health.							
	10. Identify essential adaptation action such essential actions and services continuity plans and responses to climate change crises. For example, alternative water supply lines in the event of drought.							
Procurement	11. Increase awareness of climate change adaption requirements with suppliers, including contingencys plans for the delivery of essential services in support of essential Acute Trust services. Learn from COVID 19 incident with shortages of PPEs and Oxygen supply line capacity deficiency.							

Topic area	Action	2024	2025	2026	2027	2028	2029	2030
	12. All suppliers of goods and services to identify their climate change adaptation plan within the social value section of the tender.							
	13. Identify the critical path within the supply chain and any issues that may arise with an extreme weather event, and identify an alternative before the event occurs.							
	14. Consider appropriateness of regional hubs for stock, e.g. reduce reliance on one location for example one laundry provider.							
	15. Work to identify any providers with high dependency at place (for example suppliers of key stock) and consider mitigations to address.							
Practical adaptations	16. Consider practical changes on site to mitigate direct impacts of climate change.							

Topic area	Action	2024	2025	2026	2027	2028	2029	2030
Raising awareness	17. Raising awareness and communicating the need to adapt will be important in the short term. Lack of knowledge is a barrier to change therefore we need better communication of climate risks for managers and (frontline) staff.							
	18. Training requirements and guidance on how to respond to extreme weather events, including for community staff.							
Improved response to weather events	19. Consider adaptation opportunities in service specific operational and business continuity plans.							
	20. Start to record impacts so they can be monitored and reported on, trends identified, and further adaptations made. Consider how this can be integrated within and between ICS organisations, e.g. develop an adverse weather event reporting procedure and share between Trusts.							
	21. Mapping of staff, service users and climate vulnerable hotspots.							
	22. Information, including targeted warning systems, support to individuals and organisations who may be most at risk, to help them take basic action to be more resilient to climate change influencing fundamental changes in behaviours.							
	23. Social impacts of climate change - migration, transient populations or community resilience.							

Appendix 1: NHS Trust climate change projections

Climate change projections for Worcestershire

Season	Weather impact	Global temperature	Worcestershire Royal Hospital	Alexandra Hospital Redditch	Kidderminster Treatment Centre
			WR5 1DD	B98 7UB	DY11 6RJ
Summer	Hottest day	Current (1991-2019)	34.4°C	34.4°C	33.8°C
		2°C global warming	36.8°C	37.0°C	36.1°C
		4°C global warming	41.3°C	41.5°C	40.5°C
	Summer days above 25°C per month (on average)	Current (1991-2019)	4	4	3
		2°C global warming	8	8	7
		4°C global warming	17	17	15
	Rainy days	Current (1991-2019)	9	9	9
		2°C global warming	8	8	9
		4°C global warming	6	6	6
	Wettest days	Current (1991-2019)	85mm	79mm	76mm
		2°C global warming	86mm	80mm	74mm
		4°C global warming	75mm	76mm	69mm
Winter	Hottest day	Current (1991-2019)	18.2°C	18.2°C	17.9°C
		2°C global warming	18.6°C	18.6°C	18.2°C
		4°C global warming	20.0°C	20.0°C	19.6°C
	Rainy days	Current (1991-2019)	11	11	11
		2°C global warming	11	11	11
		4°C global warming	11	11	11
	Wettest days	Current (1991-2019)	40mm	38mm	38mm
		2°C global warming	43mm	41mm	41mm
		4°C global warming	47mm	52mm	48mm

Source https://www.bbc.co.uk/news/resources/idt-d6338d9f-8789-4bc2-b6d7-3691c0e7d138

Appendix 2: Flood risk

Flood risk according to NHS Flood Risk Tool Kit

Site	Risk level	
	Surface water flooding	River flooding
Worcestershire Royal Hospital WR5 1DD	High 100m	No risk
Alexandra Hospital Redditch B98 7UB	High 100m	No risk
Kidderminster Treatment Centre DY11 6RJ	High 100m	No risk

Workbook: Flood Risk Toolkit (england.nhs.uk)

Flood risk according to Government long term flood risk

Site	Risk level	
	Surface water flooding	River flooding
Worcestershire Royal Hospital WR5 1DD	Low Risk	Very low risk
Alexandra Hospital Redditch B98 7UB	Very Low Risk	Very low risk
Kidderminster Treatment Centre DY11 6RJ	Low Risk	Very low risk

Your long term flood risk assessment - GOV.UK (check-long-term-flood-risk.service.gov.uk)

Assessment of flood risk of additional buildings will be completed during the timescale of this plan, liaising with property landlords such as NHS Property Services and the local authority.

Appendix 3: Legislation and Guidance

- Civil Contingencies Act 2004
- Public Services (Social Values) Act 2012
- Climate Change Act 2008
- Climate Change Act 2008 (2050 Target Amendment) Order 2019 enacting a Net Zero target by 2050
- NHS Sustainability Strategy, Sustainable, Resilient, Healthy People and Places (2014-2020)
- National Adaptation Programme (2018)
- Health and Social Care Act 2022
- UK climate change risk assessment (CCRA)
- HM Treasury's Sustainability Reporting Framework
- Public Health Outcomes Framework
- Department of Environment, Food and Rural Affairs (DEFRA) The Economics of Climate Resilience 2013
- The Stern Review 2006; the Economics of Climate Change
- Health Protection Agency (HPA) Health Effects of Climate Change 2012
- The National Adaptation Programme 2013: Making the country resilient to the changing climate
- Department of Environment, Food and Rural Affairs (DEFRA) 25 Year Plan

International

- United Nations (UN) Sustainable Development Goals (SDG's) 2016
- World Health Organisation (WHO) toward environmentally sustainable health systems in Europe 2016
- World Health Organisation (WHO) Health 2020; European policy for Health and Wellbeing
- World Health Organisation (WHO) Europe – Social Determinants and the Health Divide
- The Global Climate and Health Alliance; Mitigation and Co-benefits of Climate Change

Health specific

- The Marmot Review 2010: Fair Society, Healthy Lives
- NHS Standard Contract Sustainable Development requirements
- Sustainable Development Strategy for the Health and Social Care System 2014-2020
- Saving Carbon, Improving Health: a NHS carbon reduction strategy
- Adaptation to climate change for health and social care organisations
- 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
- NHS Long Term Plan aims to reduce fleet air pollutant emissions by 20% by 2023/24 and to support the government’s target to reduce emissions by 80% by 2050
- Principle 6 – NHS Constitution
- Public Health Outcome Framework
- Sustainable Transformation Partnerships (STP) Plans
- Lord Carter's review into unwarranted variation in NHS ambulance trusts 2018
- NHS Operational Planning and Contract Guidance 2020/21

NHS
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Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**23/07/2024**
Title of Report:	**2024/25 Annual Plan**
Status of report:	**☐Approval ☐Position statement ☒Information ☐Discussion**
Report Approval Route:	Trust Management Board
If Other, provide details:	Also presented to Financial Recovery Board on 20th June 2024
Lead Chief Officer/Director:	**Director of Strategy and Planning**
Author:	Lisa Peaty, Deputy Director of Strategy & Planning; Jo Kirwan, Deputy Director of Finance; Nikki O'Brien, Deputy Chief Information and Performance Officer; Bianca Edwards, Assistant Director of People and Culture
Documents covered by this report:	Click or tap here to enter text.

1. Purpose of the report

This report presents the annual operational plan for 2024/25 which has been developed through the operational planning process in line with national guidance and timescales. It is the basis of plans and budgets delegated to divisions, directorates and departments.

2. Recommendation(s)

Trust Board is asked to:

i) Note the 2024/25 annual operational plan submission (as set out in this report) of 12th June which was submitted under delegated authority from trust board due to timescales

ii) Note the level of risk associated with the delivery of the plan

3. Chief Officer/Executive Director Opinion[1]

We submitted our annual plan in line with national guidance on 2nd May 2024. However, all Integrated Care Systems were asked by NHSE to re-submit their annual plans on 12th June 2024 showing progress in closing the gap against the ambitions set out in the NHSE Operational Planning Guidance. In particular, systems were asked by NHSE to consider the size of their deficit given that there was no more funding available from the Treasury at that point. The challenge of meeting all the requirements of the planning guidance across operational performance, workforce and finance should not be underestimated, particularly in light of our underlying exit deficit position from 2023/24. Given this, our approach this year has been to focus on income growth and productivity. There remains a significant level of risk associated with delivering the plan, for which mitigations continue to be sought.

4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

☒ ***Focus on Flow***	☐ ***Think/Act as a Lead Provider***
☐ ***Governance***	☒ ***Improve Staff Experience***
☒ ***Home First Mindset***	☒ ***Tertiary Partnerships***
☒ ***4ward Improvement System***	☒ ***Leadership and Structures***
☒ ***Elective Care: No Delays***	☒ ***Strategic 'Big Moves'***

2024/25 Annual Plan

Formal 2024/25 operational planning guidance was released by NHSE on 28 March and our final plan (in line with the published guidance) was submitted to NHSE as part of the Herefordshire & Worcestershire ICB plan on 2nd May 2024. However, all ICBs were asked to resubmit their plans following local discussions between each ICB and NHSE. This was accomplished on time on 12th June. However, the plan was resubmitted under delegated authority due to timescales.

The overall priority for 2024/25 remains the recovery of our core services and productivity, whilst focusing on the overall quality and safety of services. This includes managing winter pressures which will place further pressure on UEC and elective services, and associated finances. Our plan is to deliver 121.2% value weighted activity compared to the 2019/20 position. We have submitted a plan which is compliant with delivery of the key performance metrics included in the national operational planning guidance, including achievement of zero 65 week waits by September 2024; cancer and diagnostic standards, 4 hour emergency access standards and patient initiated follow up outpatient targets. Effective oversight of delivery against the system workforce plan will be critical, including a reduction of agency staffing of 102.2 wte and achievement of 5.4% sickness rate, 11% turnover rate and 6% bank and agency by end March 2025. We have a planned financial deficit of £57.3m for 2024/25 which includes £45.1m (c. 6.5%) of CPIP.

The following table provides a summary of the key elements of the system plan requirements as set out by NHSE in the 'plan close down' letter dated 5th July 2024.

Area	Plan commitments
Use of resources	• Deliver the revenue finance plan • Reduce agency spending to a maximum of 5.9% of the total pay bill across 2024/25
Urgent and Emergency Care	• Improve A&E 4 hour performance to a minimum of 78.0% in March 2025
Elective care	• Eliminate 65 week waits by 30 September 2024. • Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 45.6% across 2024/25
Cancer	• Improve performance against the headline 62-day standard to 71.1% in March 2025. Improve performance against the 28 day Faster Diagnosis Standard to 77.2% in March 2025.
Diagnostics	• Increase the percentage of patients that receive a diagnostic test within six weeks to 91.2% in March 2025.

Specific areas of work required include:

- Continuation of work to de-risk the plans to ensure delivery of the revenue finance plan limit.
- Development of the elective recovery programme to maximise revenue opportunities for the system.
- Mitigation and management of operational delivery risks to achieve delivery of the submitted plan.

We have clearly submitted a highly ambitious plan with a considerable level of risk associated with its delivery. Corporate and operational divisional plans are being signed off, with escalation meetings being held on 15th July where issues remain. Monitoring the delivery of divisional plans will take place via the monthly Finance and Performance Executive meetings. Our ICB and other system partners have similarly high-risk plans and we will all need to play a significant role in supporting key pieces of work to enable us to achieve this collectively.

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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	Public Board
Date of Meeting:	**23/07/2024**
Title of Report:	Trust response to NHSE letter: Action required: Maintaining focus and oversight on quality of care and experience in pressurised services
Status of report:	☐**Approval** ☐**Position statement** ☒**Information** ☐**Discussion**
Report Approval Route:	Choose an item.
If Other, provide details:	**Managing Director**
Lead Chief Officer/Director:	**Executive Triumvirate: Chief Nursing Officer, Chief Medical Officer, Chief Operating Officer**
Author:	Chief Nursing Officer
Documents covered by this report:	NHSE letter dated 26 June 2024 – Maintaining focus and oversight on quality of care and experience in pressurised services.

1. Purpose of the report

To offer assurance to the Board that all points included within the NHSE letter have been reviewed and to provide a response describing the actions taken to date.

2. Recommendation(s)

Trust Board is invited to consider the assurances offered in this report and to advise of any opportunities to further improve Board assurance in order to reduce the risk of our patients experiencing the same episodes of unacceptable care that were seen in the Dispatches documentary.

3. Main content of Report

Following the airing of the Channel 4 Dispatches documentary, filmed in the Emergency Department at Royal Shrewsbury Hospital, on the 26 June 2024 NHSE wrote to all Integrated Care Boards, NHS Trusts and Local Authority Chief Executives and requested that every Board across the NHS assure themselves that they are working with system partners to do all they can to:

- provide alternatives to emergency department attendance and admission, especially for frail older people who are better served with a community response in their usual place of residence
- maximise in-hospital flow with appropriate streaming, senior decision making and board and ward rounds taking place and that timely discharge takes place – regardless of patient pathway.

In addition, the letter states that wherever a patient is receiving care, there are fundamental standards of quality which must be adhered to. National directors have been clear that there should be a shared responsibility to ensure that quality is central to the system-level approach to managing and responding to significant operational pressures.

The letter requests that Board members across ICS partners should individually and jointly assure themselves across the following six areas. The Executive Triumvirate have reviewed the above six points and would like to offer the following assurance to the Board:

- **Implementing actions set out in the UEC Recovery Plan year 2 letter**

There is a structured UEC flow program that covers elements of the year 2 letter relating to acute providers. The remaining elements are monitored at system level through the UEC system Board. UEC performance metrics are monitored at Trust Board Board, UEC flow board and ICS UEC Board. Detailed

action plans are in place supported by UEC dashboard and key reporting metrics. Additional funded beds remain open across both sites. The focus on the reduction of ambulance hand over delays is a priority and these are beginning to reduce month on month. There is a large SDEC footprint that is 7 days per week and 12 hours per day incorporating medicine, surgery, frailty and cardiology. The acute frailty service is in its infancy, however, is beginning to show early signs in reducing length of stay and admission prevention. Single point of access and care coordination hubs are now in place across the system.

- **Basic standards of care, based on the CQC's fundamental standards are in place in all care settings**

A Fundamentals of Care (FOC) Committee was established in October 2023 and meets monthly to provide continued and targeted oversight to ensure that all aspects associated with the fundamentals of care framework are delivered to patients within the Trust. Assurance is gained from senior Divisional representation at all committee meetings. The FOC committee is accountable to and provides exception / highlight reports to the Nursing, Midwifery and AHP Board (NMAB) and the Quality Governance Committee (QGC) on a quarterly basis. Patient Public Forum (PPF) member audits have recommenced in May 2024 at the request of the CNO. These audits focus on the ED waiting room, patients who are being nursed in a corridor including patients who are being boarded on a ward (outside of a bed space). Feedback is provided to the FOC and any immediate concerns are escalated to the CNO office for urgent attention. Patient boarding criteria and standard operating procedures (SOP) is in place and daily audits are undertaken by the clinical site matrons and the divisional matrons to ensure that patients dignity is maintained and that patients are receiving the level of care expected in the Trust.

- **Services across the whole system are supporting flow out of ED and out of hospital, including making full and appropriate use of Better Care Fund**

Streaming via single point of access is in place to support alternatives to ED and direct access to alternatives. The expansion of Urgent Community Response (UCR), call before convey and virtual wards support admission prevention and streaming out of ED and earlier discharge. A review of the Better Care Fund is being undertaken across the system with all stakeholders over the next 6 weeks.

- **Executive teams and Boards have visibility of the Seven Day Hospital Services audit results, as set out in the relevant Board Assurance Framework guidance**

The Board Assurance Framework has been reviewed and over the last 12 months papers have been presented to the Board at various times describing where the Trust is at in relation to providing seven day services. This work is being revisited as part of the Hospital Flow Delivery Board and an update is expected to be presented to the Board in the next 3 – 6 months.

- **There is consistent, visible, executive leadership across the UEC pathway and appropriate escalation protocols in place every day of the week at both trust and system level**

Within the trust there are a minimum of 3 flow calls per day attended by senior decision makers and COO or deputy. At system level there are 3 system calls per day attended by senior decision makers across the system partners. This is 7 days per week. Additional meetings/ oversight can be added as required. There are 5 programs of work to support UEC flow across the system that are led by an executive director and a clinician from the acute and partner organisations, these are focused on discharge, virtual wards, development of an integrated therapy model and home first, flow through community hospital beds, primary care on the day capacity, discharge to assess.

- **Regular non-executive director safety walkabouts take place where patients are asked about their experiences in real time and these are relayed back to the Board**

The CNO has recently reviewed the process for NED visits to the Trust. The process has been strengthened and structured to allow information to be captured real time with regular reporting to the Board. The revised process is being presented to Quality Governance Committee on 25 July for discussion and approval with the 1st visits scheduled to take place in September 2024. In addition, the CNO has reviewed the PPF member visiting process and has removed the requirement for the visits to

be announced and for members to be escorted around services. PPF members are our un-announced eyes and ears and provide valuable patient and family feedback. The process for providing feedback has also been strengthened with reporting through to the Healthcare Standards team and themes reported into the FOC Committee and the PPF for wider discussion. Moving forwards this will be captured in the bi-annual PPF report to the Board and via the quarterly FOC Committee update to Quality Governance Committee.

Integrated Care Board Response

The ICB Managing Director has confirmed that the letter will be discussed at the July ICS Urgent Care Board meeting and system plans will be reviewed to ensure that delivering against the points included in the letter. In addition, the System Quality Group will collectively review the assurance processes that are in place across all providers to ensure that patients are treated with dignity and respect, wherever they are receiving care.

4. Chief Officer/Executive Director Opinion[1]

This paper outlines the good governance, implementation and oversight at Trust Board level and the assurance that the six points outlined in the NHSE letter have been urgently reviewed and that we are working with system partners to ensure that our patients and families are treated with kindness, dignity and respect especially at times of pressure when our Emergency Departments are experiencing increasing demand, ambulance off load delays and delays in flow causing overcrowding and exit block. We recognise that there is more work to do, however we are seeing green shoots of progress in our UEC programmes and have demonstrated closer working relationships with our colleagues across the system.

5. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:

☒ ***Focus on Flow***	☐ ***Think/Act as a Lead Provider***
☒ ***Governance***	☐ ***Improve Staff Experience***
☒ ***Home First Mindset***	☐ ***Tertiary Partnerships***
☐ ***4ward Improvement System***	☐ ***Leadership and Structures***
☐ ***Elective Care: No Delays***	☐ ***Strategic 'Big Moves'***

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

NHS England

To:
- Integrated care board:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
- Integrated care partnership chairs
- NHS trust:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
- Regional directors

CC:
- Local authority chief executives

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

26 June 2024

Dear colleagues,

Action required: Maintaining focus and oversight on quality of care and experience in pressurised services

Thank you for everything that you and your teams continue to do to provide patients, the public and people who use our services with the best possible care during the period of sustained pressure that colleagues in all health and social care services are experiencing.

Despite the hard work of colleagues, and everything they are achieving in the face of these challenges, we would all recognise that on more occasions than we would like, the care and experience patients receive does not meet the high standards that the public have a right to expect, and that we all aspire to provide.

However busy and pressurised health and care systems are, people in our care – as well as their families and carers – deserve at all times to be treated with kindness, dignity and respect. This week's Channel 4 Dispatches documentary, filmed in the Emergency Department at Royal Shrewsbury Hospital, was a stark example of what it means for patients when this is not the case. While Urgent and Emergency Care (UEC) is facing real pressures as a result of increasing demand, lack of flow and gaps in health and social care capacity,

the documentary highlighted examples of how the service some patients are experiencing is not acceptable.

We are therefore asking every Board across the NHS to assure themselves that they are working with system partners to do all they can to:

- provide alternatives to emergency department attendance and admission, especially for those frail older people who are better served with a community response in their usual place of residence
- maximise in-hospital flow with appropriate streaming, senior decision-making and board and ward rounds regularly throughout the day, and timely discharge, regardless of the pathway a patient is leaving hospital or a community bedded facility on

These interventions are clearly set out in the UEC recovery plan year 2 document, and it is evident from the data that those systems with fewer patients spending over 12 hours in an emergency department are doing a combination of all of them, consistently, with direct executive ownership.

In addition, wherever a patient is receiving care, there are fundamental standards of quality which must be adhered to. Corridor care, or care outside of a normal cubical environment, must not be considered the norm – it should only be in periods of escalation and with Board level oversight at trust and system level, based on an assessment of and joined up approach to managing risk to patients across the system (through the OPEL framework). Where it is deemed a necessity – whether in ED, acute wards or other care environments - it must be provided in the safest and most effective manner possible, for the shortest period of time possible, with patient dignity and respect being maintained throughout and clarity for all staff on how to escalate concerns on patient and staff wellbeing.

While these pressures are most visible in EDs and acute services, they are also wider issues which need whole-system responses, including local authorities, social care and primary and community services. There is therefore a shared responsibility to ensure that quality (patient safety, experience, and outcomes) is central to the system-level approach to managing and responding to significant operational pressures.

In achieving this, Board members across ICS partners should individually and jointly assure themselves that:

- their organisations and systems are implementing the actions set out in the UEC Recovery Plan year 2 letter
- basic standards of care, based on the CQC's fundamental standards, are in place in all care settings
- services across the whole system are supporting flow out of ED and out of hospital, including making full and appropriate use of the Better Care Fund
- executive teams and Boards have visibility of the Seven Day Hospital Services audit results, as set out in the relevant Board Assurance Framework guidance
- there is consistent, visible, executive leadership across the UEC pathway and appropriate escalation protocols in place every day of the week at both trust and system level

- regular non-executive director safety walkabouts take place where patients are asked about their experiences in real time and these are relayed back to the Board

In line with the NHS operating framework, regional COOs, chief nurses and chief medical directors will continue working with ICB colleagues across systems (CMO, CNO, COO/CDOs) and trusts to support a planned approach to clinical and operational assessment of system pressures and risks, ensuring an integrated approach to any tactical response and balancing clinical risk across the system. This collaboration should include provider CEOs, system executives, local authority, and third sector partners where applicable.

Where any organisation is challenged we will work with you to use the improvement resources at our disposal, including clinical and operational subject matter expertise from the highest performing organisations, GIRFT, ECIST and Recovery Support. We also have a joint improvement team with the Department for Health and Social Care for complex discharge led by Lesley Watts, CEO of Chelsea and Westminster. If you are unclear how to ask for help in any of these areas, please do so via your regional COO in the first instance.

We recognise that all colleagues across health and social care are working extremely hard in very difficult circumstances, and that UEC is not the only pathway in which this is the case. However, there are interventions and standards that do make a difference and can address much of the variation in quality and waiting times across the country, and it is incumbent on us all to do everything we can to ensure that the poor quality of care we saw on Monday evening is not happening in our own organisations and systems.

Yours sincerely,

Sarah-Jane Marsh

National Director of Integrated Urgent and Emergency Care and Deputy Chief Operating Officer

NHS England

Dr Emily Lawson DBE

Chief Operating Officer

NHS England

Professor Sir Stephen Powis

National Medical Director

NHS England

Dame Ruth May

Chief Nursing Officer

England

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Minutes for Quality Governance Committee

Thursday 30th May 2024 at 10.00 am – 1.00 pm
Via MS Teams

			Attendance Status
Chair	Julie Moore	Non-Executive Director	**Apols**
Required Attendees	Sarah Shingler	Chief Nursing Officer	**Apols**
	Julie Booth	Deputy Director IPC	**Y**
	Rachel Dunne	Deputy Chief Nursing Officer - ICB	**Y**
	Justine Jeffery	Director of Midwifery	**Y**
	Baylon Kamalarajan	Consultant Paediatrician and POSCU Lead	
	Helen Lancaster	Chief Operating Officer	**Apols**
	Simon Murphy	Non-Executive Director	**Y**
	Vikki Lewis	Chief Digital officer	**Y**
	Michelle Lynch	Associate Non-Executive Director	**Y**
	Edwin Mitchell	Associate Divisional Director - SCSD	**Apols**
	Richard Oosterom	Associate Non-Executive Director	**Y**
	Nicholas Purser	Surgery Governance Lead	
	Stephen Collman	Managing Director	**Y**
	Alison Robinson	Deputy Chief Nursing Officer	**Y**
	Rosemary Smart	Public Patient Forum	**Y**
	Susan Smith	Deputy Chief Nursing Officer	
	Sue Sinclair	Associate Non-Executive Director (Chair)	**Y**
	Jules Walton	Acting CMO – Quality, Governance & Professional Standards	**Y**
	Julian Berlet	Acting CMO	
	Chris Byrne	Healthwatch	**Y**
	Erica Hermon	Company Secretary	
Attending	Scot Dickinson	Director of Estates & Facilities	**Y**
	Rebecca Fox	Deputy Director of Midwifery	**Y**
	Emma Fulloway	Infection Prevention & Control Nurse Manager	**Y**

Item	Title
QGC/24/1	**Welcome and Apologies for Absence**
	Ms Sinclair welcomed all present at the meeting.
QGC/24/2	**Declarations of Interest**
	There were no new declarations of interest raised. Ms Fox and Ms Fulloway attended the meeting to observe.
QGC/24/3	**Minutes of the last meeting**

	The minutes of the meeting held on the 25th April 2024 were confirmed as a factual representation of the meeting and approved.
QGC/24/4	**Action Schedule**
	Progress on the outstanding actions were reviewed and updates received.
QGC/24/5	**Escalations from Chief Medical Officer and Nursing Officer for items outside of standard report / not on the agenda**
	Ms Jeffrey updated that the windows in the delivery suite were not closing properly. There had been an increase in admissions with cold babies. There is a recognition that the widows require replacing and mitigation work is underway. Mr Dickinson shared a presentation and photographs in relation to the windows. Improvements have been made but had not improved the issue enough. The Trust supported installation of thermal screening and approved replacement given the disruption. It was suggested that the windows are replaced next summer and not during the winter period. Ms Sinclair noted the progress but the area remains cold. Mr Dickinson replied that the repair has reduced the issue but the thermal barriers will be installed prior to being replaced next year. Mr Oosterom suggested continuing with the replacement and resolving the case with EQUANS later. Mr Dickinson replied that it would be a significant cost to the capital plan but could explore with finance. Ms Jeffrey cautioned the disruption to the unit and the need to time it around ASR theatre work. Mr Collman advised that the options needed to be discussed at Trust Management Board and that it should be added to the risk register. *Mr Dickinson left the meeting.*
QGC/24/6	**Best Services for Local People**
QGC/24/6.1	**Perinatal Safety Report**
	Ms Jeffery presented the report and highlighted the following key points: • Booking by 12+6 had dropped to 81%. A deep dive was being completed to understand the reduction. • Single Point of Access work continued. An admin review was also underway in order to create a virtual booking office. • Mortality rate is below national average. No stillbirths or neonatal deaths have been reported during April. During May, there have been a number of stillbirths and an unexpected neonatal death. • Focus remains on sickness but improvement was being seen. • Trajectory of training is indicative to achieve. Medical staff mandatory training is slowly improving. • There were still challenges with middle grades and junior recruitment. • Delays in induction had been reported but had now reduced due to an increase in staffing. • There was 1 area of concern in the CNST year 6 scheme. • Work continued with the MNVP. Ms Sinclair observed an increase in maternity staff turnover. Ms Jeffrey replied that there were some long term sick issues but support was in place.

	Resolved that: The report was noted for assurance.
	Perinatal Incident Report
QGC/24/6.2	Ms Jeffery advised that 1 incident had been reported. The baby was born in an unexpected poor condition 9 action plans are in place and there are no red actions. Housekeeping of actions was being undertaken.
	Resolved that: The report was noted for assurance.
QGC/24/6.3	**MBRRACE**
	Ms Jeffrey presented the 2022 summary report and highlighted the following key points: • The Trust was overall within 5% of comparator Trusts. • An improved position was being reported for 2023. • 22 cases were reported. Overall, 6 cases were graded C or D where the outcome may have been affected by care provided. • The Trust can improve the area of notification within 7 days. • It was positive that the Trust offers post mortems.
	Resolved that: The report was noted for assurance.
QGC/24/6.4	**Midwifery Safe Staffing Report**
	Ms Jeffery updated that turnover had slightly increased within maternity due to retire and return. Vacancy rate of support staff had reduced. Shift leader was not supernumerary on some occasions. Acuity was met 76% of the time prior to escalation. Inpatient staff only moved on 11 occasions. Continuity plans were used twice. 16 midwifery posts had been offered to students for September and October, which will address the final vacancies.
	Resolved that: The report was noted for assurance.
QGC/24/6.5	**Nurse Staffing Report**
	Ms Robinson advised that staffing was maintained as safe levels. Recruitment continues for RNs and HCSWs. The international nurse target had been achieved. Use of surge capacity continues which drives agency and bank spend on Aconbury 0. The PDU expansion did close during April. Mr Collman advised that temporary wards had been raised with the ICB along with corridor nursing. Establishment discussions were taking place.
	Resolved that: The report was noted for assurance.
QGC/24/6.6	**Safeguarding Annual Report 2023/24**
	Ms Robinson presented the report which provided good assurance. The Trust has met the obligations. Obligations with PREVENT duty were met. Areas for continued focus were mandatory training compliance, industrial action and mental health act detentions continue to exceed the service level agreement.
	Resolved that: The Safeguarding Annual Report 2023/24 was approved.
QGC/24/6.7	**Quality Account**
	Ms Robinson presented the Quality Account which was required to be provided to the Secretary of State by 22nd June. It had been approved at TMB and following approval by the Committee, would be presented to Trust Board.

	Changes are being made following comments from system partners. Ms Sinclair observed that VTE is not being nationally recorded since covid and asked whether the Trust was recording it. Ms Walton replied that it is recorded and monitored through divisions. Compliance is 80%. Mandatory reporting was likely to recommence and it will be reported through a forum, the process of which is being explored. Mr Oosterom complimented the team on the positive feedback received. Ms Smart queried whether an easy read form of the Account would be considered. Ms Robinson replied that it will be formatted prior to full publication once approved. Ms Sinclair observed that reporting to c-pod was poor. Ms Walton will review offline.
	Resolved that: The Quality Account was approved.
QGC/24/6.8	**IPC Annual Report**
	Ms Booth presented the Annual Report which would progress to Trust Board. A failure of meeting contractual requirements was reported. Benchmarking was included within the document and was a similar national problem. C.diff required stronger focus in the coming year. A Task and Finish Group had been established to provide assurance of PVD. Capacity and flow has impacted on length of stay. A very risk-based approach was being taken and a number of mitigations were in place. Work was ongoing working with the ISS, environments and partners. There was real focus on actions rather than process. Mr Oosterom stated that the cleaning issues are specific to this Trust and queried whether the issue should be emphasised. Ms Sinclair referred to the failure of meeting national targets with c.diff and queried the issues. Ms Booth replied that it is a complex system but lots of work was underway to address. The biggest difference between the Trust and others is the PFI contract. Bed pan washers has an impact and zonal kitchens are the differences between the sites. Ms Smart queried whether high bed occupancy and boarding was factor. Ms Booth replied that they were. The volume of patients caused restrictions of daily cleans. Ms Booth added that there are partial compliance elements of the BAF detailed within the report.
	Resolved that: The IPC Annual Report was approved.
QGC/24/6.9	**Patient Safety Alerts**
	Ms Walton informed that patient safety alerts are managed through the Patient Safety Team and there was a robust process in place. There were 2 overdue alerts which require resolve from last year but are near completion.
	Resolved that: The report was noted for assurance.
QGC/24/6.10	**Fundamentals of care**
	Ms Robinson presented the quarterly report for assurance and outlined the areas of quality improvement being taken forward.

	The inpatient survey was underway and collecting 50 per ward per month. Over 500 replies had been received so far. A safety walk report had been implemented and focus was on boarding and risk assessments. This was also mapped against the Big Quality Conversation to ensure areas of quality improvement were targeted. Areas to offer sleep masks, ear plugs and managed lights out had been implemented. Paediatrics presented their first report last month with good assurance. The Committee had now been established for 6 months.
	Resolved that: The report was noted for assurance.
QGC/24/6.11	**MSA Breaches**
	Ms Robinson presented the report which included 6 months of detail of breaches. The breaches were predominately in ITU and the step down of patients to wards, due to capacity and flow. Breaches will be reported through the Fundamentals of Care Committee. The Trust has reduced mixed sex breaches in the last month and would continue to monitor. Mr Oosterom stated that there were too many breaches but reasons why they occurred are well known.
	Resolved that: The report was noted for assurance.
QGC/24/6.12	**#NOF Update**
	Ms Walton updated that was no movement in numbers but there was a significant amount of enthusiasm for driving improvement. Actions are being undertaken and the teams are meeting weekly. There is reassurance that improvements are being made. Ms Sinclair applauded the positive work underway and commended the team. Achieving the national target on delirium is a testament to the care of the ward. A further update would be provided in September. *Mr Murphy left the meeting.*
	Resolved that: The report was noted for assurance.
QGC/24/7	**Best Experience of care and best outcomes for patients**
	Experience
QGC/24/7.1	**Integrated Performance Report**
	Mr Collman advised that flow in the UEC is problematic. Board rounds work is underway. In regard to length of stay, there are good analytics driving long term solutions. Focused work on interventions was underway. The cat 2 response has improved. Cancer has moved from tier 1 to tier 2 but there were further improvements to be made. There are areas of risk and teams were looking for mutual aid. Some clinical interventions underway are making progress with flow. Mr Oosterom observed that attendances keep increasing. Productivity-wise, there is concern around activity. Mr Collman replied that the results of a review of walk ins was awaited. Conversations with primary care regarding differences in practice are taking place. A deep dive on SPOA to take place. *Ms Lewis left the meeting.* Ms Sinclair stated that it was encouraging that plans are in place.

	Resolved that: The report was noted for assurance.
QGC/24/7.2	**Virtual Ward**
	Ms Walton presented the internal virtual wards reports which had gynae, respiratory and IT supporting. Gynae would go live soon. Work across the system was taking place with wards, not just at the Acute looking at frailty and SPOA. Ms Walton presented the report on behalf Mr Berlet, who was happy to be emailed any questions. Ms Sinclair queried if there were plans to extend the scheme further. Ms Walton replied that urology and cardio plans were being worked through. Ms Sinclair thanked Mr Berlet for the work undertaken. Mr Byrne advised that timelines would be helpful. Mr Collman added that teams were keen on progressing with virtual wards and could share positive feedback from another Trust.
	Resolved that: The report was noted for assurance.
QGC/24/7.3	**Patient Experience & Engagement Report**
	Ms Robinson presented the report and highlighted volunteering and their support around patient experience. The team had recently met with HelpForce to help to work with volunteers to improve patient engagement. The Trust had over 250 volunteers including McMillan. Friends & Family Test feedback continues to be worked on Work was underway with learning disability nurses to provide reasonable adjustments to patients. New initiatives were being showcased. Plans are in place to ensure that key documents are in place. Mr Byrne encouraged getting feedback from patients who have been through the virtual ward progress. Healthwatch are supportive of it. Ms Jeffrey added that the F&FT had never been popular in maternity and the team had tried multiple ways to obtain feedback. Ms Lynch queried whether volunteers were utilised to help patients. Ms Robinson replied that appropriate training was part of the new proposal.
	Resolved that: The report was noted for assurance.
QGC/24/7.4	**Clinical Effectiveness Group Update**
	Ms Walton updated that only 1 meeting had been held to date. There was variable feedback which was being worked through. The programme of work would be more action and outcome focused.
	Resolved that: The report was noted for assurance.
QGC/24/8	**Governance**
QGC/24/8.1	**Risks**
	Ms Walton asked that risks were deferred to the next meeting.
	Resolved that: The report was noted for assurance.
QGC/24/8.2	**Revised Quality Reporting Structure ToRs**
	Quality Governance Framework

	Ms Jeffrey informed that the surveillance model for maternity was not reviewed at some of the new forums. Discussion would take place with Ms Shingler and Ms Walton. Mr Oosterom advised there was a clear intent to reduce meetings and this appeared contrary. Ms Walton replied that the intention is that the representation at the meetings is different. They are shorter and more action and outcome focused. Written reports for divisions have decreased and are largely verbal updates. Feedback was being obtained with the continuous improvement model.
	Clinical effectiveness group
	Approved.
	Regulatory Compliance Group
	Approved.
	Improving Safety Action Group
	Approved.
	Patient and Public Forum
	Approved.
QGC/24/9	**Committee Escalations**
	Trust Board
	Escalations: Maternity windows.
QGC/24/9.1	**Other Committees**
	No further items for discussion.
QGC/24/10	**Any Other business**
QGC/24/11	**Reflections on the meeting**
	Progress on learning disabilities was fantastic. Exciting updates from the #NOF pathway. Reduction in agency was noted. Volunteer sector progress is good. There was clear sight of underlying concerns regarding changing the way we work. Ongoing concerns with the PFI provider.
QGC/24/12	**Close**
	The meeting closed at 11.50.

Enc A

AUDIT AND ASSURANCE COMMITTEE

Minutes of the Meeting held on Thursday 8 May 2024 at 10.00am held via MS Teams

PRESENT:		
CHAIR:	Colin Horwath	Non-Executive Director
MEMBERS:	Simon Murphy	Non-Executive Director
	Tony Bramley	Non-Executive Director
IN ATTENDANCE:		
	Erica Hermon	Company Secretary
	Neil Cook	Chief Finance Officer
	Lynne Walden	Associate Director of Finance (Financial Services & Coding)
	Emma Masters	Internal Audit
	Paul Westwood	Counter Fraud
	Zoe Thomas	External Audit
	Leanne Hawkes	Internal Audit
	Kristina Woodward	Internal Audit
	Liz Faulkner	Deputy Chief People Officer (for item 005/24)
	Stephen Collman	Managing Director (for item 010/24)
	Sanjeev Narwal	Director of Procurement (for item 016/24)
APOLOGIES:	Karen Martin	Non-Executive Director

001/24 **WELCOME AND APOLOGIES FOR ABSENCE** **ACTION**

Mr Horwath welcomed all to the meeting. There were no further items of business identified.

A private discussion took place prior to the meeting with internal and external audit. No issues of concern were raised with the Chair. Ms Hermon advised that going forward, best practice is for audit and NEDs to stay on following the meeting for such discussion to take place.

002/24 **DECLARATIONS OF INTEREST**

There were no new declarations of interest. Declarations are available on the Trust's website.

003/24 **MINUTES OF MEETING HELD ON 14 MARCH 2024**

The minutes of the meeting held on 14 March 2024 were approved.

RESOLVED THAT: The minutes of the meeting held on 14 March 2024 were approved.

004/24 **Matters Arising and Action Schedule**

The action schedule was reviewed and updates were noted.

Internal Audit

005/24 **Internal Audit Progress Report**

Ms Masters updated that 3 final reports had been issued and were included on the agenda. A draft UEC report update to be provided and field work for bank and agency staffing had been completed.

In regard to action tracking, the Trust had implemented 94% of actions this year. Only 47% were completed by the due date. 2 remained outstanding as they were not yet fully implemented. Revised review date at the of end of May.

Appendix A is the full audit plan and KPIs were outlined in appendix B.

Mr Bramley referred to appendix B and access to staff, noting that it had been problematic and asked how it could be improved. Ms Masters replied that there have been difficulties with management responses in a timely manner but this has improved. Staff need to be aware the importance and the team did escalate when required. Mr Bramley encouraged the mindset of positive engagement for improvements.
Mr Horwath asked if the message of importance was enforced. Mr Cook replied that a report is presented to Trust Management Board where escalations were raised.

Ms Hawkes added that the follow up rate of 47% is poor performance and encouraged setting realistic timeframes. The target is 75%.

Client End Controls – Finance & Payroll
Ms Masters advised that a review of processes undertaken by the Trust had been completed and there was significant assurance. One element is moderate and has been raised previously regarding the overpayment of salaries. Targeted training had been identified for key offenders. Overall, assurance was significant.

Mr Bramley queried whether there was a trend to show improvements. Ms Masters informed that there hasn't been significant improvement over time, but a number of Trusts report the same issue. Ms Walden stated that a report had been provided at a previous committee and would present a further update at the next meeting. The People & Culture Committee had received an update to highlight areas of trends.

Mr Horwath referred to aged debt and whether there is an issue. Ms Masters replied that there were some issues with SBS but the Trust had evidenced that escalation was taking place. Ms Walden advised that there were issues with SBS but additional staff were now in place, trained and the team were meeting regularly with them. It was a short term issue which is now resolved. Mr Horwath advised that there is a concern that there was slippage.

Budget Setting & PEP
Ms Masters advised that overall, there was moderate assurance. There were issues with training and budget sign off. The forecasting shortfall of PEP delivery had been taken into account. Satisfactory arrangements were in place for PEP oversight. A detailed action plan was included along with ongoing monitoring.

Mr Murphy queried whether there was concern about the low level of sign off and what the implications are. Ms Masters replied that it is best practice that budgets are signed off. Teams should be involved in the setting of budgets and they are reported on. It is best practice to formally sign up to the process. Mr Cook stated that it was

expected that formal sign off would be achieved at the Finance & Performance Executive meeting next week.

Mr Bramley queried whether the issues related to this year or last year. Ms Masters replied that it was last year and that there were new plans in place for this year. The moderate assurance wasn't just the result of the sign off of budgets.

Consultant Job Plans
Ms Faulkner joined the meeting.
Ms Masters presented the limited assurance report which was due to issues to achieve compliance. The Policy had been out of date for a number of years.
Not all divisions used Allocate and issues were noted with awareness of compliance with declarations of interest. A detailed action plan was now in place.

Ms Faulkner informed that the Trust now have an agreed Job Planning Policy which was ratified in January. The team were supporting the implementation of the Policy and working with the Foundation Group to support with training.

Mr Horwath expressed disappointment given the amount of focus the Board has had regarding job planning. He was encouraged to hear that progress was being made but required assurance that it is being dealt with rapidly.

Mr Murphy observed that there were missed opportunities and steps should be taken to implement what we say we will.

Mr Bramley sought assurance that the People & Culture Committee are monitoring progress. Ms Faulker replied that regular compliance updates were provided to the Committee. The action plan had not been reviewed and it was encouraged that the report was presented to the Committee in June. The matter would be escalated to Board and the Chief Medical Officer invited to attend the next meeting to provide feedback.

Ms Masters added that some recommendations had already been actioned or were due to be completed.

Mr Murphy queried whether the Trust had probationary periods. Ms Faulker replied that the Trust did not.

Interim Audit Opinion
Ms Hawkes introduced the report which anticipated limited assurance:
There were gaps in reporting throughout the year in regard to the strategic risk management framework.
Audit outturn was limited and reports were being finalised.
Audit actions had significant assurance on the overall implementation rate.
Follow up rate is limited assurance.

An update of the final position would be provided at the next meeting.

Mr Murphy was disappointed to hear that there was limited assurance.

Mr Bramley observed a lack of scrutiny of the BAF and risk register. Ms Hermon advised that there is a new policy which aligned the BAF with the risks.

Mr Horwath asked whether the overall control culture is sufficient and suggested further discussion at the development day. Mr Bramley encouraged taking learning and assurance that plans are in place to improve.

RESOLVED THAT: The reports were noted.

Counter Fraud

006/24 **Counter Fraud Progress Report**

Mr Westwood presented the report and updated that there had been 3 incidents reported for investigation.

Counter Fraud was now included at induction.

Proposed scoring for returns were detailed within the report. 2 ambers were due to turn to green during 2024/25. Sign off would be completed by Mr Cook and Mr Horwath by 31st May.

One case was due to go to trial in July following a not guilty plea made.
A further case had been adjourned until September 2025.

3 new cases had been reported. 1 was impersonating the Chief Finance Officer which was spotted by the Trust and no payments had been made.
The other 2 are possible identity fraud. Witness statements are being taken.

1 duplicate payment has been identified for recovery which was circa £21k.

Mr Horwath thanked the team for spotting the attempted scam.

Ms Hermon queried whether the Trust undertook ID checks undertaken for new starters. Mr Westwood replied that HR completed the ID checks but would pursue line management verification as HR were often not involved with the interview.

Mr Murphy queried if the Trust had probationary periods and would liaise with HR.

RESOLVED THAT: The report was noted for assurance.

External Audit

007/24 **External Audit Progress Report**

Ms Thomas advised that some evidence was lacking in terms of income and contracts. A contract with H&W ICB has not yet been signed.
The team had attended several stocktakes.
Senior officer renumeration and pension information had not yet been supplied.
Creditors work was not yet processed. This was not currently an issue but is required fairly soon. Any concerns will be escalated.

Value for Money work was progressing well. It was planned to be delivered by the end of June.

Ms Walden updated that she had chased contracting information. Senior officers are a national issue and it related to 2 staff members. Creditor work had started to be updated.

Mr Murphy queried how issues were escalated. Ms Thomas replied that she met weekly with Ms Walden.

RESOLVED THAT: The report was noted.

008/24 **Draft Accounts**

Ms Walden advised that the draft accounts were submitted on 23rd April and met the deadline. The accounts would be presented at Trust Board on 11th June for formal delegated authority for the Committee to sign off. The key messages were highlighted within the report and comments back to Ms Walden were welcomed.

Mr Horwath agreed for members to review and provide feedback.

Mr Bramley advised that the dates in the report should be updated and queried whether Charles Hastings should be included within the related parties. Ms Walden informed that the team have it as an adjustment ready to include.

Mr Horwath asked if there was any background information regarding a change in valuation. Ms Walden replied that it was the first time that it involved in a full onsite evaluation which is completed every 5 years. Teams were fully aware of the consultant time spent on capital products which plays in to the valuation of it.

Mr Cook recognised the efforts of the team on completion on time and gave thanks to the team. Mr Horwath thanked the team on behalf of the Committee.

RESOLVED THAT: The report was noted.

009/24 **Draft Annual Report**

Ms Hermon presented the draft Annual Report, advising that the new code of governance had been used to ensure we are compliant with requirements. Delegation would be sought from the Board for this Committee to provide final sign off. The Communications team were completing the Foreword and would fully review. Comments and feedback were welcomed.

Mr Bramley cautioned some of the language given the external audience, referring to finance and use of resources as an example.

Mr Murphy advised that the volunteer numbers seemed very low and encouraged being proactive about closing the gender pay gap. There should also be reference to the zero assurance reference to bank and agency audit review and reference to international nurses.

RESOLVED THAT: The Draft Annual Report was noted for information.

010/24 **UEC Independent Report**

Mr Collman joined the meeting and presented slides to provide an update on the UEC. Easy key lessons of observation were shared regarding programme arrangements, governance and oversight, financial implications and additional headcount.

Key lessons were shared:

- Board oversight – proactive planning, discussion and use of Board Development. Risk appetite and management of external relationships.
- Exec Leadership – clear SRO and supporting arrangements. Underlying dynamic of challenge and support. Escalation of concerns and issues.
- Estates capacity and capability – PFI management and large capital projects.
- Management of risk – Claims and rules, optimism bias, mitigation planning and pulling together multiple demands.

Mr Horwath observed accurate capture of the issues and welcomed the openness and transparency. The response was now an important step and suggested a Board discussion. The Committee will monitor and track the actions being taken.

Mr Murphy advised that the Trust were given 6 weeks' notice, starting the programme on the wrong foundation.

Mr Bramley welcomed the approach.

Mr Horwath stated that the fundamental question is the revenue implications without having clarity. There was not enough transparency with the system and welcomed exposure to the issues and guidance. Mr Collman encouraged exploring further in the Board discussion.

RESOLVED THAT: The UEC Independent Report was noted.

011/24 **Internal Audit Plan 2024/25**

Ms Masters shared the Internal Audit Plan for next year. 2 plans had been presented to TMB and would continue with 230 days. Formal ratification would be sought at the June committee.

Ms Hermon advised that a report was being presented to the Foundation Group Board regarding the Fit & Proper Persons process.

Committee were invited to give any comments prior to formal approval at the next meeting.

Mr Muphy left the meeting.

RESOLVED THAT: The Internal Audit Plan would be presented at the next meeting.

012/24 **Cyber Security**

Ms Hermon updated that the team have asked to attend the next meeting and would share a presentation. Cyber security has been added to the risk register.

RESOLVED THAT: The update would be provided at the next meeting.

013/24 **Workplan**
The workplan would be reviewed and discussed at the development day.

Ms Hermon added that the work of the Audit Committee is to review the process of the BAF, not the actual risk and BAF, which will be presented at Trust Board.

RESOLVED THAT: The Workplan would be reviewed at the development day.

014/24 **Development Day**
Ms Hermon queried preference of dates and whether it would be virtual or face to face. It was suggested that there is a presentation on risk process, consider training of colleagues and a review of the workplan.

Mr Horwath agreed with the principle and asked that an email was circulated to scope dates.

RESOLVED THAT: An email would be circulated to members regarding availability.

015/24 **Terms of Reference**
Ms Hermon presented the ToR for information. They had been reviewed at a previous meeting but there had been minor amendments made. The ToR had been approved at the Foundation Group Board.

RESOLVED THAT: The Terms of Reference were noted.

016/24 **Waiver Update**
Mr Narwal joined the meeting.

During the period of January – March 2024, there had been a steep decrease down from 39 to 16.
Value had reduced down from £3m to £820k.
Improvement was due to engagement with end users.

The biggest department use was corporate due to the lack of formal agreements for training.

KPI's had decreased due to the decrease in waivers.

Mr Cook applauded the good work of the teams. There are challenges but there was now better engagement with departments to educate and change practice.

Mr Bramley advised that the improvements were commended.

RESOLVED THAT: The update was noted for assurance.

For Information

017/24 **Any Other Business**
There was no other business.

018/24 **Committee Escalations**

Job planning report
Interim Audit opinion

Acronym	
AAU	Acute Admissions Unit
AEDB	Accident & Emergency Delivery Board
AHP	Allied Health Professional
AKI	Acute Kidney Injury
AMU	Ambulatory Medical Unit
A&E	Accident & Emergency Department
ATAIN	Avoidable Term Admissions into Neonatal Units
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BAPM	British Association of Perinatal Medicine
BCF	Better Care Funding
CAMHS	Child and Adolescent Mental Health Services
CAS	Central Alert System
CAU	Clinical Assessment Unit
CCU	Coronary Care Unit
C. Diff	Clostridium Difficile
CCG	Clinical Commissioning Group
CPIP	Cost Productivity Improvement Plan
CNST	Clinical Negligence Scheme for Trusts
COPD	Chronic Obstructive Pulmonary Disease
COSHH	Control Of Substances Harmful to Health
CCOSMOS	CNST, CQC, Ockenden 1, Single Delivery Plan (SDP), Maternity Self-Assessment Tool, Ockenden 2 and Saving Babies Lives
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
CNST	Clinical Negligence Scheme for Trusts
DOLS	Deprivation of Liberty Safeguards
DCU	Day Case Unit
DNA	Did Not Attend
DTI	Deep Tissue Injury
DTOC	Delayed Transfer Of Care
ECIST	Emergency Care Intensive Support Team
ED	Emergency Department
EDD	Expected Date of Discharge
EDS	Electronic Discharge Summary
EPMA	Electronic Prescribing & Medication Administration
EPR	Electronic Patient Record
ESR	Electronic Staff Record
FAU	Frailty Assessment Unit
FBC	Full Business Case
FOI	Freedom of Information
F&F	Friends & Family
FRP	Financial Recovery Plan
FTE	Full Time Equivalent
GAU	Gilwern Assessment Unit
GE	George Eliot Hospital
GIRFT	Getting It Right First Time
GMC	General Medical Council

HASU	Hyper Acute Stroke Unit
HCA	Healthcare Assistant
HCSW	Healthcare Support Worker
HDU	High Dependency Unit
HIE	Hypoxic-Ischaemic Encephalopathy
HSE	Health & Safety Executive
HFMA	Healthcare Financial Management Association
HAFD	Hospital Acquired Functional Decline
HSMR	Hospital Standardised Mortality Ratio
HV	Health Visitor
ICS	Integrated Care System
IG	Information Governance
IV	Intravenous
JAG	Joint Advisory Group
KPIs	Key Performance Indicators
LAC	Looked After Children
LAT	Looked After Team
LMNS	Local Maternity and Neonatal System
LOCSIPPS	Local Safety Standards for Invasive Procedures
LOS	Length Of Stay
MASD	Moisture Associated Skin Damage
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
MEWS	Maternal Early Warning Scores
MCA	Mental Capacity Act
MCA	Maternity Care Assistant
MES	Managed Equipment Services
MHPS	Maintaining High Professional Standards
MIS	Maternity Incentive Scheme
MIU	Minor Injury Unit
MLU	Midwifery Led Unit
MNSI	Maternity & Newborn Safety Investigations
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MSW	Maternity Support Worker
NEWS	National Early Warning Scores
NEWTT	Newborn Early Warning Trigger and Track
NHSCFA	NHS Counter Fraud Authority
NHSLA	NHS Litigation Authority
NHSR	NHS Resolution
NICE	National Institute for Health & Clinical Excellence
NIV	Non-invasive ventilation
OBC	Outlined Business Case
OOC	Out Of County
OOH	Out Of Hours
PALS	Patient Advice & Liaison Service
PAS	Patient Administration System
PCIP	Patient Care Improvement Plan
PIFU	Patient Initiated Follow Up
PPE	Personal Protective Equipment
PFI	Private Finance Initiative
PID	Project Initiation Document

PIFU	Patient Initiated Follow Up
PLACE	Patient Led Assessment of the Care Environment
PHE	Public Health England
PMR	Perinatal Mortality Rate
PROMs	Patient Reported Outcome Measures
PROMPT	PRactical Obstetric Multi-Professional Training
PSIRF	Patient Safety Incident Response Framework
PTL	Patient Tracking List
QIA	Quality Impact Assessment
QIP	Quality Improvement Programme
RAG	Red, Amber, Green rating
RCA	Root Cause Analysis
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RGN	Registered General Nurse
RRR	Rapid Responsive Review
RTT	Referral to Treatment
SAA	Surgical Assessment Area
SCBU	Special Care Baby Unit
SDEC	Same Day Emergency Care
SDP	Single Delivery Plan (maternity)
SOP	Standard Operating Procedures
SOC	Strategic Outline Case
SSNAP	Sentinel Stroke National Audit Programme
SHMI	Summary Hospital Level Mortality Indicator
SI	Serious Incident
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SOP	Standard Operating Procedure
STF	Sustainability and Transformation Funding
STP	Sustainability and Transformation Plan
SWFT	South Warwickshire NHS Foundation Trust
TMB	Trust Management Board
TIA	Transient Ischemic Attack
TOR	Terms of Reference
TTO	To Take Out
TVN	Tissue Viability Nurse
UTI	Urinary Tract Infection
WAH	Worcestershire Acute Hospitals
WTE	Whole Time Equivalent
WHO	World Health Organisation
WVT	Wye Valley NHS Trust
WW	Week Wait
YTD	Year To Date
#NOF	Fractured Neck of Femur