Reporting to:	Trust Board – 25 September 2014
Title	Membership, Volunteers & Sustainability Update
Sponsoring Director	Julia Clarke – Director of Corporate Governance
Author(s)	Tony Holt – Corporate Governance Manager Hannah Roy – Governance and Membership Manager
Previously considered by	Finance Committee (HDD) Sustainable Development Committee (SDMP) Hospital Executive Committee (SDMP)
Executive Summary	This paper provides an update to the Board on our progress towards Foundation Trust status in the context of local, regional and national constraints. Included are items mandated within the FT authorisation process, and the current status of our membership. This update also describes progress against our commitments to sustainable development, and includes volunteering and other engagement initiatives. Board members should note that the appendices referred to in this paper are included within the supplementary Information Pack.

Strategic Priorities	
1. Quality and Safety	☒ Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy
2a) Healthcare Standards: Operational Performance Standards	☐ To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15 ☐ To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15 ☐ To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16
2b) Healthcare Standards: Service Reconfiguration	☐ Complete and embed the successful reconfiguration of Women and Children's services ☒ Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
3. People and Innovation	☐ Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy ☐ Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)
4 Community and Partnership	☐ Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy
5 Financial Strength: Sustainable Future	☒ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme

Board Assurance Framework (BAF) Risks	☒ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If we do not implement our **falls** prevention strategy then patients may suffer serious injury ☐ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☐ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☐ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☒ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☐ If we are unable to resolve our (historic) shortfall in **liquidity** and the structural imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	☐ Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well led

☐ **Receive** ☐ **Review** ☒ **Note** ☒ **Approve**	**Recommendation** The Trust Board is asked to: ▪ **NOTE** the Governance & Sustainability update *and* ▪ **APPROVE** that FT Board Governance Assurance Framework progress is monitored by Audit Committee to provide ongoing assurance to the Board.

Membership, Volunteers & Sustainability Update
Trust Board - 25 September 2014

1.   Foundation Trust status

The Trust continues to aspire to become a Foundation Trust, although until health economy wide reconfiguration (and consequent financial stability) has been achieved, the Trust would not be considered (nor request to be considered) for FT authorisation.

1.1   National and regional position

Nationally, the FT pipeline is static; the number of Foundation Trusts created since 2011 has been in steady decline, and there have been no authorisations so far in 2014 (**Appendix A**, fig 1- information pack). A number of Trusts await assessment from the NHS economic regulator Monitor, having been granted support from the NHS Trust Development Authority (TDA) – a key milestone in the assessment process. However it is highly unlikely that any applications will progress before the General Election in 2015. Only one acute Trust from the region, the Royal Wolverhampton Hospitals NHS Trust, is listed within this cohort (Monitor, 2014) with the Midlands and East region having the highest proportion of non-FTs outside of London (**Appendix A**, fig 2 - information pack).

1.2   Local position

The Trust remains broadly compliant with the mandatory elements of the FT assessment process.

1.2.1   *Clinical and Financial performance*
The Trust has been unable to achieve several of the national clinical performance standards in the first half of 2014/15, although the position is showing improvements. Based upon the Monitor continuity of services risk rating, the Trust is presently described as having a 'material level of financial risk' by the TDA and is classified as being at Level 4 (of five, with 5 being the highest risk). Improvement trajectories for both clinical and financial performance have been agreed with the TDA.

1.2.2   *Board Governance Assurance Framework (BGAF)*
Led by the Chairman and Chief Executive, the Trust maintains an updated version of the Board Governance Memorandum, which is a key component of the FT authorisation process and reflects the Board's development status against the BGAF criteria. Current status against the fifteen areas (Table 1); eight are rated Green, six are Amber-Green and one is Amber-Red. It is suggested that going forward, progress against the BGAF is reported to the Audit Committee to provide assurance to the Board.

Table 1: Board Governance Memorandum summary

Ref	Area	Initial assessment	Current assessment	Red Flags[1]
1. Board composition and commitment				
1.1	Board positions and size	RED	GREEN	0/3
1.2	Balance and calibre of Board members	GREEN	GREEN	1/4
1.3	Board member commitment	GREEN	GREEN	0/4
2. Board evaluation, development and learning				

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[1] *Red Flags as defined within the BGAF guidance. Numbers indicate Red Flags identified as 'open' / number of Red Flags within the BGAF section*

Ref	Area	Initial assessment	Current assessment	Red Flags[1]
2.1	Effective Board-level evaluation	AMBER RED	AMBER RED	2/4
2.2	Whole Board development programme	AMBER RED	AMBER GREEN	0/2
2.3	Board induction, succession and contingency planning	RED	AMBER GREEN	1/3
2.4	Board member appraisal and personal development	RED	GREEN	0/2
3. Board insight and foresight				
3.1	Board performance reporting	RED	AMBER GREEN	1/7
3.2	Efficiency and Productivity	RED	AMBER GREEN	1/2
3.3	Environmental and strategic focus	RED	GREEN	0/3
3.4	Quality of Board papers and timeliness of information	AMBER GREEN	GREEN	0/3
4. Board engagement and involvement				
4.1	External stakeholders	RED	GREEN	0/4
4.2	Internal stakeholders	RED	AMBER GREEN	1/3
4.3	Board profile and visibility	GREEN	AMBER GREEN	0/2
4.4	Future engagement with FT Governors	GREEN	GREEN	0/3

Key actions over the second half of 2014/15 are:
Effective Board level evaluation (2.1)
▪ Formal independent evaluation of the Board to be undertaken in 2014/15 consistent with the NHS Foundation Trust Code of Governance - to include stakeholder views on capacity and capability. *Action: Chair*
Whole Board Development Programme (2.2)
▪ Five year rolling Board development programme in place - further iterations to be appraised independently as part of Board /Committee assessment. *Action: Chair/Workforce Director*
Board induction, succession and contingency planning (2.3)
▪ Identify skills needed to govern organisation effectively in the future and implications of key Board-level leaders leaving the organisation and ensure succession plan developed. *Action: CEO/Workforce Director*
Efficiency and Productivity (3.2)
▪ Details of routine monitoring and post-implementation reviews to be reported to the Board (eg business developments and QIAs). *Action: Director of Business and Enterprise/Finance Director*
Internal Stakeholders (4.2)
▪ Regular updates to the Board on improvements made as part of the People Strategy. Where improvements have not been realised, alternative arrangements should be discussed and agreed by the Board, drawing on the expertise and experiences of NEDs where appropriate. Areas where staff survey results are good should be analysed and an organisational best practice established. *Action: Workforce Director*
Board profile and visibility (4.3)
▪ Non-executive Directors have a co-ordinated schedule for meeting patients and carers, with a clear approach and purpose and suggested 'open' questions. Feedback from the schedule should be assessed as part of the external Board assessment – see (2.1). *Action: Director of Nursing and Quality*

1.2.3   Quality Governance Assurance Framework (QGAF)

During the course of the year, the Quality and Safety Committee has received additional assurance related to the Quality Governance Assurance Framework (QGAF). Issues highlighted within recent Care Quality Commission (CQC) Intelligent Monitoring Reports have previously been reported to the Board with the Trust currently classified as being in Risk Group 3 (of six, where 1 is the highest risk). The CQC will undertake a comprehensive inspection of the Trust commencing 13th October 2014 which will further inform the development of the QGAF.

1.2.4   Historic Due Diligence (HDD)

Progress continues against the recommendation of the HDD (stage 1) exercise carried out by our assessment partner Grant Thornton in August 2012, although it should be noted that the planning assumptions informing the associated action plan have significantly changed. The Board receives assurance from the Finance Committee, where a detailed update is reported quarterly. Table 2 shows a summary status of HDD actions, and Table 3 breaks the lists the actions by heading.

Table 2: HDD summary status of actions

Initial assessment (Nov-12) Priority[2]	Current position	Overdue
High	11	4	0
Medium	20	5	0
Low	2	1	0
Complete	10	34	

Table 3: HDD actions listed by heading

Heading	Open	Closed
1. Audit Arrangements	2	2
2. Corporate Governance	0	11
3. Financial Controls and Reporting	2	3
4. High Level Control	4	7
5. IT Arrangements	0	2
6. Key Risks	0	1
7. Management Reporting and Control	0	5
8. Risk Management	2	2
9. Standards and Targets	0	1
Total	**10**	**34**

Table 4 (overleaf) shows a detailed status of the HDD open actions.

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[2] *Priority level as defined by Grant Thornton*

Table 4: HDD (stage 1) - open actions

Section	Task ID	Description of Task / Issue	Exec Lead	Priority	Due (Original)	Due (Current)	Current Status	Lead update	Action underway / completed
Risk Management	GT-SaTH-025	The Trust will need to provide evidence that clearly sets out the basis of the demand assumptions and competitor analysis in the LTFM and suitable levels of assurance regarding the validity of the assumptions	DBE	*High*	Sep-12	Sep-14	AG	DV leading discussions with NN – re: validity of LTFM assumptions. Forming the basis of Board Development session Nov-14 to inform BP and LTFM for 15/16	Updated LTFM part of annual plan submission to NTDA Apr-14
High Level Control	GT-SaTH-020	The Trust will need to provide evidence to demonstrate that the CIP programme is on track or where slippage has occurred, recurrent schemes have been developed to bridge any gap before HDD2	FD	*High*	Jan-13	Sep-14	AG	Still developing CIPs through SLR for 14/15 and 15/16. Monthly update on CIP position by PMO to Exec Directors. Non-compliant areas invited to attend and explain recovery plan. CIP position now reported to Board and Finance Committee.	Internal Efficiency Schemes routinely reported monthly at EDs meeting
High Level Control	GT-SaTH-017	The Trust should prepare a detailed CIP programme for FY14 and FY15 that reconciles to the figures in the LTFM supported by appropriate evidence that schemes are deliverable and agreed by Divisional Directors and which are signed off as clinically safe by the Director of Nursing or the Medical Director	FD	*Medium*	Dec-12	Sep-14	AR	QIA process approved at Feb-13 TB. 13/14 CIPs presented to TB Mar-13. CIP QIAs reported to TB Jul-13 (DQS) Financial Recovery Board established Oct-13, chaired by CEO. Acting Director of Nursing and Quality update to TB Nov-13	Status of each CIP QIA to be formally signed off by ADNQ, MD, COO and reported in finance section of IPR (FD)
High Level Control	GT-SaTH-018	The Trust should prepare a higher level yet still comprehensive CIP plan for the outer years of the LTFM	FD	*Medium*	Feb-13	Sep-14	AR	Initial focus on 14/15.Medium term financial plan constructed showing balanced position by 15/16 - contingent on avg.annual savings of 4.5 % over 5 yrs	Updated LTFM part of annual plan submission to NTDA Apr-14
High Level Control	GT-SaTH-022	The Trust will need to provide evidence to demonstrate that the implementation of controls over pay expenditure are effective before HDD2	FD	*Medium*	Dec-12	Sep-14	R	Pay costs continue to exceed the budget. The main areas of pay overspend are within Consultant and Medical Staff) and Nursing	Deloitte (IA) scheduled to undertake audit of pay controls during 14/15.
Audit Arrangements	GT-SaTH-039b	The Trust should achieve a break even position in FY14 and FY15	FD	*High*	Dec-12	Apr-15	R	The Financial Strategy is based on a £8.2 million deficit, reconfiguration of clinical services to enable the establishment of an Emergency Care Centre and projection to secure a balanced budget by 2018.	FD to agree an acceptable 5 year plan with TDA
Risk Management	GT-SaTH-024	The Trust should ensure that a range of LTFM down side scenarios are modelled regarding income growth and CIPs to ensure that the Board has sufficient assurance regarding the ability to achieve financial balance	FD	*High*	Jul-13	Jun-15	R	Monitor view is incorporated into model but will test assumptions and mitigating action. Current outturn view significantly influenced by downside assumptions regarding CIP delivery and continued income reduction. Break-even position not forecast until FY18. Downside assumptions to be updated at BDS Nov-14	Updated LTFM part of annual plan submission to NTDA Apr-14
Financial Controls and Reporting	GT-SaTH-035	The Trust should ensure that suitable arrangements are put in place to secure a working capital facility prior to authorisation	FD	*Medium*	Jul-13	tbc	N/A	To consider closer to authorisation date	
Financial Controls and Reporting	GT-SaTH-037	The Director of Finance should ensure that an FT ready Treasury Management policy and Investment Strategy are in place prior to authorisation	FD	*Low*	Jul-13	tbc	N/A	To consider closer to authorisation date	
Audit Arrangements	GT-SaTH-038	The Audit Committee should review the external audit service and consider tendering out the service following authorisation as a Foundation Trust involving the Governors appropriately in the process	FD	*Medium*	Jan-13	tbc	N/A	Post authorisation task	

1.3   Foundation Trust Membership

The current total FT membership stands at 15,099 members (9,339 public and 5760[3] staff members). Public membership is ahead of trajectory (ie >1% of our catchment). A current 'Monitor compliant' membership report can be seen at **Appendix B** (information pack).

1.3.1 *Overview of Membership: Recruitment and Engagement*
Over the past 6 months we have continued to develop ways for members to become involved with the Trust, and attended local events to promote membership. The Trust now has an ongoing programme of engagement activities for foundation trust members, but we acknowledge the importance of continuing to recruit. Whilst our current public membership is above Monitor's requirement of 1% of our population, the Trust aspires to increase this to c.2% by the date of authorisation as a Foundation Trust (10,000 members), whilst ensuring that we actively manage the representativeness of the membership body. By increasing our membership we hope to encourage greater involvement of our local community in our hospitals.

1.3.2 *Membership Strategy*
Our strategy outlines the steps the Trust will take over the next 3 years to ensure we have a membership which is representative of its local community and is actively engaged with the work of the Trust. Progress against key strategic goals:
- We have an ongoing series of health lectures which are open to all staff and members of the public. There has been a large increase in attendance at these events, on average between 60-70 people attend
- We are continuing to provide opportunities for younger people to become involved with the organisation, particularly those between the ages of 16 to 21. Our Young Volunteer Scheme has provided a successful platform for engaging young people within the Trust and we have seen an increase in younger members attending health lectures and training
- We have continued to build relationships with local schools and colleges and we aim to involve young people in our Courtyard projects at Princess Royal Hospital
- We are currently developing ways to engage staff; a successful pilot project we carried out this year is our staff volunteer scheme which enables staff the time to volunteer on wards and departments to support our patients. This project will now be expanded to offer placements to staff across the Trust
- Health Lectures continue to be popular with average attendances of 60+. Recent health lectures include:
  - 'Care of the Elderly in our Hospitals' by Dr Eardley (Unscheduled Care Group Director)
  - 'Keeping Patients Safe in our Hospitals' by Jo Banks (interim Deputy Director of Nursing and Quality

1.3.3 *Communication and recruitment activities*
- Attendance at local events to promote foundation Trust membership; recently including the Shrewsbury Flower Show, local school and college events, department open days and other community events
- We continue to keep our membership informed through our Foundation Trust newsletter, *A Healthier Future* which informs members of ways they can become involved with the Trust.

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[3] *Figures provided by ESR for Staff Membership as of July 2014 state 4,983 permanent (headcount) in addition to 777 bank staff/fixed term that are eligible as they have 12 months or more service.*
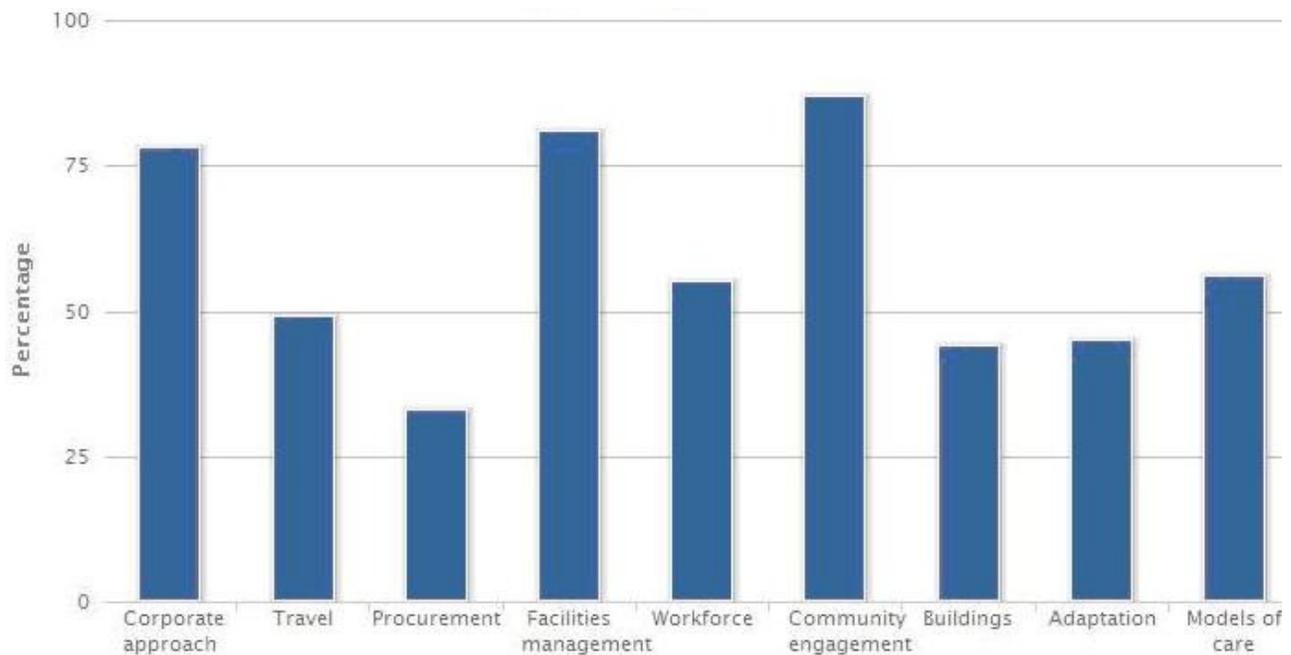
2. Sustainability

The Trust is committed to developing a sustainable health and care system that works within the available environmental and social resources, protecting and improving health now and for future generations, and adopts a positive approach to improving physical and social sustainability.

2.1 Sustainable Development Management Plan (SDMP)

The SDMP highlights the key areas of focus around the Trust's sustainability agenda through a well-established programme of waste, energy and water management, and sets out a range of actions necessary to continue to make progress across the full range of sustainability measures. Responsibility for progression of the SDMP sits with the Sustainable Development Committee; convening quarterly, includes a Non-executive Director and a Patient Representative among its members, and reports to the Hospital Executive Committee. A summary of the position against the 8 sustainability (Good Corporate Citizen) standards is shown in Figure 1.

Figure 1: GCC Overview Report (Summer 2014)

The 2014/15 SDMP action plan can be seen at **Appendix C** (information pack).

2.2 NHS Sustainability Events and Awards

2.2.1   National NHS Sustainability Day- 11 March 2014
Stands were held at both hospital sites promoting sustainability, showing how individuals could make a difference. We received over fifty individual pledges and over thirty staff members came forward to be Sustainability Champions.

2.2.2   National NHS Sustainability Awards – 10 April 2014
Following on from the success of NHS Change Day we received notification that the Trust had been shortlisted in for the national NHS Sustainability Day Awards 2014, where we were awarded *Highly Commended Runner Up* in the Community Engagement category.

2.3   Other Sustainable Development initiatives

2.3.1   Wildlife Garden – RSH
We have created a Wildlife Garden in an area of the RSH site behind the main public car park and Oak House. The gardening team has undertaken a great deal of work in cultivating and re-introducing a variety of native species of trees and shrubs. A local nursery is supporting our plans to enhance the Wildlife Garden and has already donated 12 trees. With the support of one of our public members we have also introduced mason bees to this area, as this particular species of bee is very good at pollinating, particularly fruit trees. We will soon be introducing signage to direct visitors and encourage staff to use the area to promote physical and emotional wellbeing.

2.3.2   *Courtyard Regeneration – PRH*
At PRH, we have been working on two community garden projects. Our successful nomination in the national NHS Sustainability Awards earlier this year resulted in us winning the services of a professional landscape designer. A key design consideration has been how to create really interesting areas which will benefit our elderly patients, specifically those in rehabilitation and patients with dementia, and which can also be enjoyed by staff, other patients and visitors. Help and donations (eg for gardening tools) have already been pledged by local businesses, and we are seeking further donations to include plants. We are also approaching local charities for grants for support; the League of Friends at PRH has expressed interest in sponsoring an element of this project.

2.4   Volunteering Update

The Trust has a large and vibrant volunteer community. We currently have over 400 Trust volunteers who provide support to a number of different services within the Trust, complemented by around 450 volunteers with a range of charitable organisations within the hospital (such as The League of Friends, Royal Voluntary Service, and Red Cross). Over the past six months there have been a variety of developments for volunteering within the Trust and overarching these changes has been our recently approved Volunteer Strategy for 2014-2019.

2.4.1   *Key developments*
- SaTH has been selected as one of 42 Trusts by the Department of Health to pilot a new, secure online volunteer management database (*Slivers of Time*). We plan to working with the Slivers of Time development team to implement this new database and roll it out across the Trust and community over the next three years
- Our Young Volunteer Scheme (which offers a 6 month placement to individuals aged 16 and 17 years old, with an interest in a career within health) continues to be a popular and successful scheme. In the past 18 months, the scheme has grown from an initial 9 participants to 66 individuals having gained a place on this scheme this year. We are delighted that 89% of participants from the original pilot scheme have confirmed that they will be starting a health related university degree this month
- Training opportunities for volunteers is an area in which we have developed over the past 6 months. In addition to their mandatory training, all volunteers working in patient areas attend a half day training session which covers topics such as dementia awareness, communication, manual handling, sight impairment awareness etc. We also offer all volunteers and foundation Trust members the opportunity to attend further training sessions such as The Guide Dog Association Level 1 Community Sighted Guide training and a Dementia Information Session (in Association with the Alzheimer's Society)
- Over the past 6 months we have piloted a staff volunteer scheme within the Corporate Governance Directorate. Due to the success of this project we will be launching this scheme Trust wide in October
- The Governance and Membership Office currently links with the Police, Fire and Shropshire Council to develop a VIP's scheme (*Volunteering in Public Services*). This aims to develop opportunities for young people to volunteer within public sector organisations, allowing them to gain 'employability' skills and contribute to their communities

2.5   Further opportunities for engagement

In the forthcoming months the Governance and Membership Office will be offering further opportunities for our local communities to become involved with the organisation.

2.5.1   *The launch of the Trust's Citizen's Academy*
        The Citizen's Academy for Health will enable up to 30 members of the public to attend a once weekly meeting over a 6 week programme, in which they will be given an insight into the different departments and workings of our organisation. Through lectures, practical sessions and workshops, the attendees will learn about a range of topics. Other public sectors have found Citizen's Academies as being a valuable way of engaging and involving local communities. As yet it does not appear to have been a format adopted by the NHS.
2.5.2   *Informal volunteering and 'Making a difference Days'*
        These are to be launched over the next 6 months providing members of the public and local businesses the opportunity to participate in "one-off" volunteering days. This enables our community to get more involved with the Trust without the formality of an ongoing volunteering commitment. Already, we have confirmed the commitment of a large accounting firm, Whittington Riddell, for their staff to volunteer on specific days to support the PRH Courtyard project.
2.5.3   *Forthcoming health lectures*
        ▪ "*Dementia*" by Professor Tony Elliott, 23rd September 2014, 6pm, SECC
        ▪ "*Murder - it's in the bones*" by Professor Archie Malcolm, 7th October 2014, 6pm, SECC

3.   Recommendation

The Trust Board is asked to:

        ▪ **NOTE** the Governance & Sustainability update *and*

        ▪ **APPROVE** that the FT Board Governance Assurance Framework progress is monitored by Audit Committee to provide ongoing assurance to the Board.

Membership, Volunteers & Sustainability Update
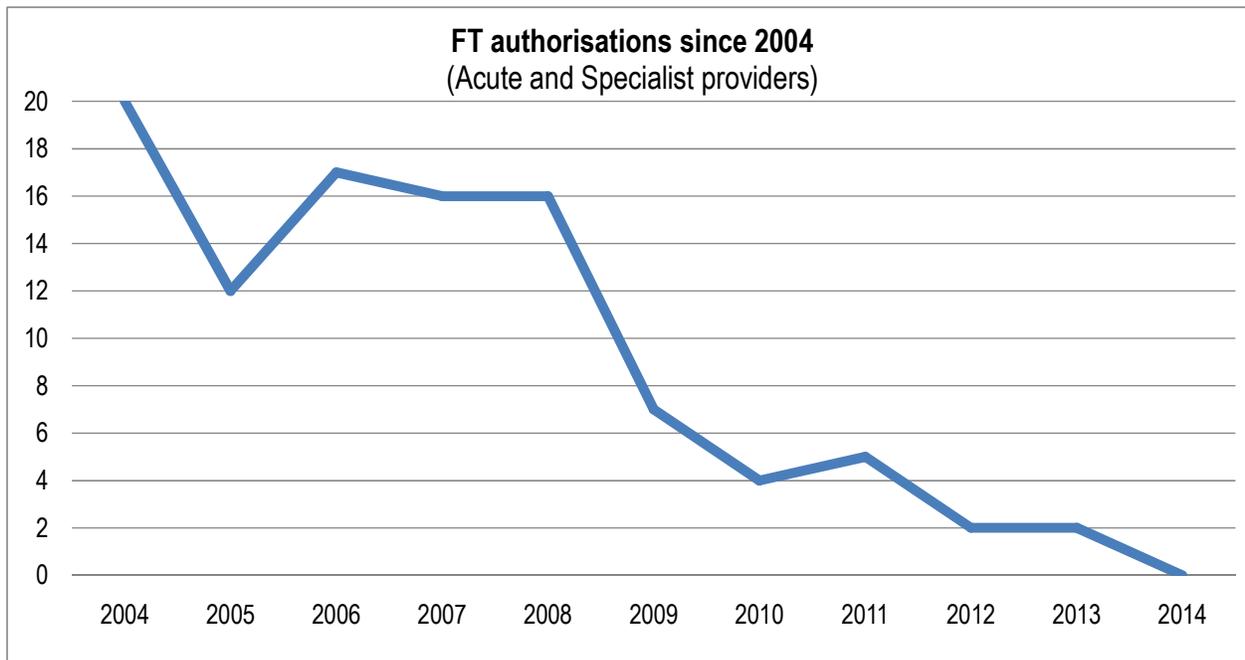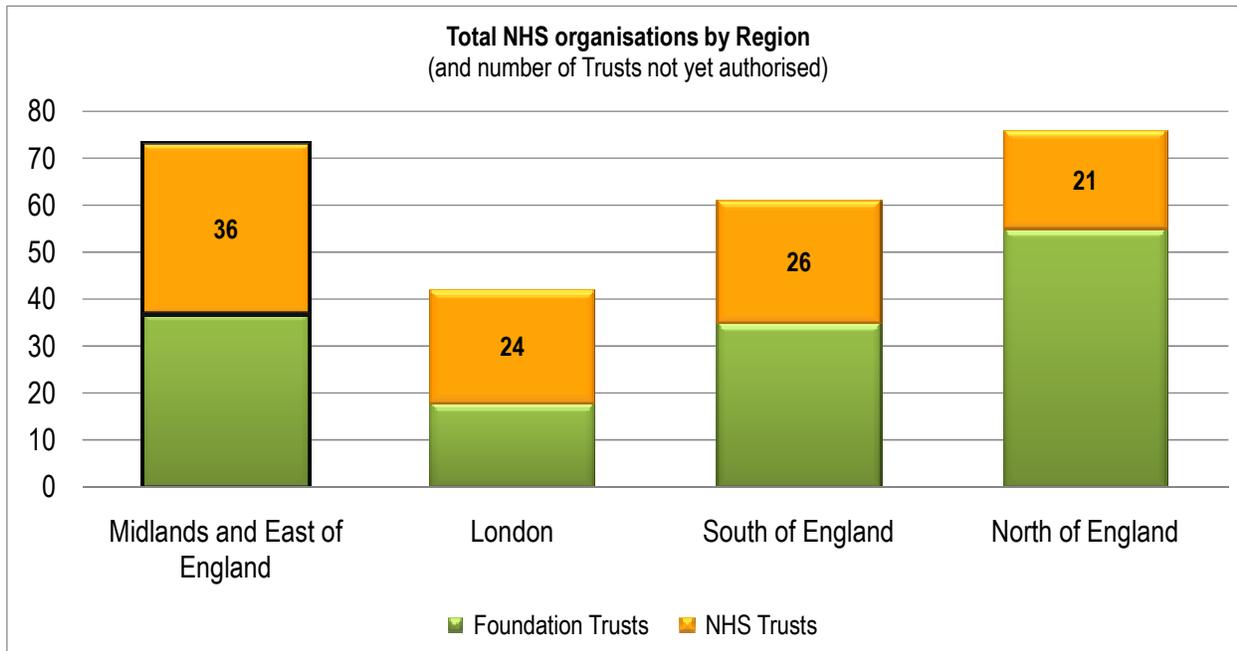
Appendix A – FT Authorisations [1]

Figure 1

Figure 2

[1] *Source: Monitor, 2014*

Appendix B - Representativeness of Membership

Public Constituency		Number of Members	Eligible Member-ship	Representative?
Gender	Male	4,038	299,148	Broadly representative
	Female	5,043	305,023	Over representative
	Gender unknown	258	-	-

Age (Years)	0 – 16	57 [2]	14,543	Under representative
	17-21	435	34,302	Broadly representative
	22+	8,541	453,518	Over representative
	Age unknown	306	-	-

ONS/Monitor Classifications	AB	2,544	37,533	Over representative
	C1	2,618	49,045	Over representative
	C2	2,069	44,283	Broadly representative
	DE	2,040	43,678	Broadly representative

[2] *Note: individuals are eligible for membership of the Trust from the age of 14*

Appendix C – SDMP summary position (2014/15)

Category	Statement	Exec Lead	Mgt Lead	SDMP RAG	Action	Lead update
1. TRUST-WIDE	Report SDMP key performance indicators to the board on a regular basis	Julia Clarke	Tony Holt	Amber	Appropriate KPIs being co-ordinated for each category.	Full suite of KPIs still under development
2.1 TRAVEL Policies & Performance	We have assessed our transport and travel options and have calculated the carbon footprint of our business travel, fleet and patient transport services	Chris Needham	John Ellis-Tipton	Amber	Initial work on grey mileage completed. GCC Corporate objective in 2014/15.	▪ Mileage calculated as part of yearly ERIC submission, in addition to commissioned Green Fleet Review examining SaTH business mileage. ▪ Travel and Transport Plan approved by the Trust Board, setting out Trust goals for transport in the future and options open to the Trust for Transport ▪ Joint Travel Co-ordinator no longer in post
2.5 TRAVEL Business Travel	We capture data on the number of journeys taken, mode of travel, cost and carbon emissions associated with business travel, including grey fleet (i.e. private vehicles used for business travel).	Neil Nisbet	John Ellis-Tipton	Amber	Do not currently capture carbon emissions. Will be providing baseline information on travel costs to Centres in 2014 to allow target reductions to be set. Lack of information about grey fleet, necessitating use of approximation for carbon estimations	▪ Scoping exercise for new pool car scheme completed ▪ Business mileage data reviewed and calculated as part of ERIC submission
3.4 PROCUREMENT Engaging Suppliers	We seek to reduce carbon emissions produced by transport.	Paula Davies	Charlotte Hill	Green	To review and provide quarterly update on reduction of carbon emissions produced by transport.	Non patient transport provider, STS, is ISO14000 accredited and "...actively seek ways to reduce our carbon footprint by Best Management Practice , Training and the use of technology where possible"

Category	Statement	Exec Lead	Mgt Lead	SDMP RAG	Action	Lead update
3.6 PROCUREMENT Ethical Procurement	We have undertaken labour standards risk assessments for all our major procurements.	Paula Davies	Charlotte Hill	Green	Pre Purchase questionnaire now includes International Labour Organisation (ILO) Standards.	Key suppliers will be informed of policy during sustainability questionnaire exercise
	Our suppliers understand our expectations on labour standards and fair working practices. Our key suppliers provide detailed information on measures they take to ensure our standards are upheld within their supply chains.				Approaching suppliers and all new tenders have ILO standards in them.	
	We have identified priority areas, and have started to engage with suppliers on these (e.g. surgical instruments, textiles, rubber products, ethically sourced certified timber).				Approaching suppliers of top carbon producing product ranges.	Issuing sustainability questionnaire to Top 20 Carbon contributing suppliers and analysing / scoring responses to repeat annually
3.6 PROCUREMENT Ethical Procurement	A Board approved business case for ethical procurement is included in our procurement policies. The policy has been communicated to all relevant staff and suppliers.	Paula Davies	Charlotte Hill	Amber	Sustainable Procurement Strategy updated Apr 14 - will be presented at May 14 dept meetings.	▪Policy approved by Board ▪Sustainable Management on agenda for monthly Procurement dept. meetings
4.2 FACILITIES MANAGEMENT Energy Use & Carbon	We have an ambitious plan to meet NHS carbon reduction targets and support staff in achieving it.	Julia Clarke	John Ellis-Tipton	Green	Included in GCC & Carbon Strategy.	▪Work started on linking new WCC building to existing boilerhouse (in preparation for future de-steaming of the site and installation of new, more efficient boilers). ▪Opened discussions with EnerG about lighting replacement and new controls for lighting and heating at RSH. ▪Travel Plan approved. Undertake presentations to staff about increased parking fees. ▪On-line learning module launched

Category	Statement	Exec Lead	Mgt Lead	SDMP RAG	Action	Lead update
	We will reduce paper and printing costs.	Julia Clarke	Charlotte Hill	Green	Increase electronic FT membership. Move to paperless Board/meetings. To identify baseline and set Centre reduction targets in 2014.	▪ Colour print option removed as standard ▪ Received rebate from managed service provider, Danwood (first in 6 years of contract) ▪ Tier 1 & 2 Committees no longer print meeting papers – use tablets
4.3 FACILITIES MANAGEMENT Waste	We have reviewed our waste outputs and developed plans to apply the waste minimisation hierarchy in our organisation (i.e. rethink, reduce, reuse, repair, recycle).	Chris Needham	John Ellis-Tipton	Green	Looking to implement clinical waste segregation in new WCC wef October to enable non-infectious clinical waste to be sent for recycling instead of landfill.	▪ Learning Zone page developed and launched ▪ Leadership competencies developed to increase awareness of sustainability.
	We actively raise awareness about waste minimisation, including in staff learning and development.	Victoria Maher	Paula Dabbs	Green	E-learning module being redeveloped with resource to develop e-learning module. Green learning page developed in Learning Zone with gives access to OU free study modules.	
4.4 FACILITIES MANAGEMENT Water	We have reviewed our water use and developed ambitious plans to reduce our water demand and improve our water efficiency.	Chris Needham	John Ellis-Tipton	Green	Ensure new schemes and refurbishments include low-water usage fittings. Monitor water usage by steam systems and undertake repairs to steam traps as required.	▪ Water use continues to be monitored monthly and recorded on a computerised database. ▪ Water meter installed on GP Practice at PRH ▪ On-going repairs to steam mains / traps at RSH and PRH.
	We have a known system in place for reporting faults/leaks. We regularly report progress to our Board.				On-Line Fault Reporting System (Apollo FM) which enables staff to request work and performance to be accurately monitored /reported	Steam leaks are immediately (visibly) apparent and are recorded and acted upon by Estates staff. Any faults observed by staff are reported to the Estates Helpdesk or to the on-call engineer out-of-hours.
	We monitor our water use closely, across all parts of our organisation, and over time.					

Category	Statement	Exec Lead	Mgt Lead	SDMP RAG	Action	Lead update
4.5 FACILITIES MANAGEMENT Hazardous Substances	We procure products containing non/less hazardous chemicals where possible (e.g. non-toxic paints and cleaning products).	Chris Needham	John Ellis-Tipton	Green	To review and provide quarterly update on reduction of hazardous products.	Continue with policy to utilise low-solvent (water based) paints where possible.
4.6 FACILITIES MANAGEMENT Healthy Lifestyles	We will continue to increase our range of goods from local suppliers.	Chris Needham	Chris Fisher / Ian Stuart	Green	To review quarterly on new suppliers and choose local wherever possible.	
	We will increase the range of healthier options for patients and staff and reduce less healthy options.			Green	To review and provide quarterly update on new healthier options and any goods removed.	▪ Meal deals offered within the restaurants have been reviewed and deals which include unhealthy options such as chips have been stopped. ▪ Annual retail price increase has taken place and healthy option prices were not increased. ▪ Moved from frozen to fresh vegetable in the restaurant ▪ Vegetable price has been reduced
5.1 WORKFORCE Policies & Performance	We have an active communications strategy to raise awareness about sustainability at every level of the organisation and to promote leadership competencies and deliver carbon reduction.	Victoria Maher	Mary Beales	Green	First draft sustainability leadership competencies identified – to be included in induction process.	▪ Sustainability Leadership competencies agreed at Sustainability and Workforce Committees ▪ Item in Quarterly newsletter to staff
	A process for Sustainability Champions to be identified is in place.	Julia Clarke	Hannah Roy	Green	Pledges for Sustainability Champions gathered at Trust NHS Sustainability Day events and ongoing.	In total we have recruited 35 sustainability champions across the Trust.

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5.3 WORKFORCE Valuing Workforce	We engage with our staff to expand their working experience.	Victoria Maher	Paula Dabbs	Green	Values development – introduction of Staff Volunteer Scheme.	▪ Training and development opportunities offered ▪ Apprenticeships ▪ Princes Trust programmes ▪ Values based recruitment ▪ Health and Wellbeing programmes ▪ Implementation of Trust Values
6.3 COMMUNITY ENGAGEMENT Engaging with People Collectively	We have a clear strategy for understanding patient and carer experience of our services with regular data gathering, which is promptly analysed and fed back to appropriate parts of the organisation.	Sarah Bloomfield	Cery Adamson	Green	Patient Experience Strategy being finalised for 2014/15 onwards. Holding maternity events to ensure stakeholder engagement. Patient experience surveys for Inpatients and Outpatients. ED patient survey. FFT collected for inpatients, ED and Maternity. Data fed back to ward, care group and board level. Actions monitored at care group governance meetings, PEIP and Q&S Committee.	Patient Listening Events arranged for August and September in Partnership with Powys CHC, Healthwatch Shropshire and Healthwatch Telford.
9.1 MODELS OF CARE Organisational Structure	We educate clinical staff about how they can contribute to sustainable health care delivery (e.g. communicate the messages in the SDU Five To Survive series) and how they can try to reduce the carbon impact in some areas of service delivery.	Victoria Maher	Mary Beales	Amber	Intranet learning site finalised and promoted. Learning Zone updated to link to SDU initiative.	▪ Five to Survive added to Learning Zone for all staff with access to Intranet to be able to access. ▪ Notice about Sustainability Learning Zone pages included on front page of Learning Zone ▪ Attention drawn to these resources highlighted in Sustainability Committee meeting to members