

Reporting to:	Trust Board – 1 December 2016																		
Title	Sustainable Development Management Plan - update																		
Sponsoring Director	Julia Clarke - Director of Corporate Governance																		
Author(s)	Tony Holt – Corporate Governance Manager																		
Previously considered by	Trust Board – June 2016																		
Executive Summary	<p>The NHS Sustainable Development Unit (SDU) is a national organisation working on behalf of the health and care system in England and is funded by, and accountable to, NHS England and Public Health England. The SDU has developed a template to help and support the NHS, public health and social care, to embed and promote the core elements of sustainable development which are measured by nine categories: Corporate approach; Travel; Procurement; Facilities Management; Workforce; Community Engagement; Buildings; Adaption <i>and</i> Models of Care. A self-assessment against the SDU criteria has shown that the Trust has improved year-on-year, achieving a 65% score this year compared to 62% in 2015 and 57% in 2013 (shown at Appendix 1). This also compares favourably to a regional average score of just 29% for 2016.</p> <p>The Trust's Sustainable Development Management Plan (SDMP) is based on the SDU template and was approved by the Board in February 2014; now in year three of its five year plan.</p> <p>Summary progress of five year SDMP:</p> <table border="1"> <thead> <tr> <th>Action status (RAG)</th> <th>No. of actions</th> </tr> </thead> <tbody> <tr> <td>Closed</td> <td>284</td> </tr> <tr> <td>Green</td> <td>4</td> </tr> <tr> <td>Amber</td> <td>61</td> </tr> <tr> <td>Amber/Green</td> <td>13</td> </tr> <tr> <td>Amber/Red</td> <td>10</td> </tr> <tr> <td>Red</td> <td>0</td> </tr> <tr> <td>Not due (Years 4-5)</td> <td>75</td> </tr> <tr> <td>Total</td> <td>447</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • This paper summarises key progress points for 2016/17 and highlights priority areas for 2017/18. • Year-to-date progress of the SDMP is reported in full within the supporting Board Information Pack. 	Action status (RAG)	No. of actions	Closed	284	Green	4	Amber	61	Amber/Green	13	Amber/Red	10	Red	0	Not due (Years 4-5)	75	Total	447
Action status (RAG)	No. of actions																		
Closed	284																		
Green	4																		
Amber	61																		
Amber/Green	13																		
Amber/Red	10																		
Red	0																		
Not due (Years 4-5)	75																		
Total	447																		
Strategic Priorities																			
1. Quality and Safety	<input type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme																		
2. People	<input checked="" type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work																		

3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4 Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input checked="" type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5 Financial Strength: Sustainable Future	<input type="checkbox"/> 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	<input type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our 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	<input type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation The Trust Board is asked to NOTE the progress of the SDMP

Shrewsbury and Telford Hospital NHS Trust
Annual Sustainability Update
Trust Board - 1 December 2016

1. Introduction

Our Trust-wide programme of sustainable development and added social value has received national recognition in recent years.

This is a direct result of the Trust's ongoing commitment to the national public sector 'Good Corporate Citizen' programme which has been a feature of our aspiration to achieve an 'excellent' rating in sustainability by 2020. The Trust Board approved a Sustainable Development Management Plan (SDMP) in 2014 and progress against this goal is monitored quarterly at the Social & Environmental Responsibility Group – a tier 3 committee reporting to Workforce Committee

We were delighted to receive notification in the summer that the Trust the Trust won the Green Apple NHS award for its work encouraging active travel

Earlier in the year the Trust was runner-up in the NHS Sustainable Development Unit's national awards in the area of Waste Management for our work in reducing food waste and disposal through grey water food digesters in our catering department.

The Board has shown continuous support through adoption of the SDMP, Volunteer Strategy, Sustainable Procurement Strategy and Green Travel Plan; with over 100 'Sustainability Champions' and a regular sustainability newsletter along with 'Green Pages' on our intranet.

2. Developments in 2016/17

The Trust's Sustainable Development Management Plan is included in the Board information pack. Some of our areas of focus this year include;

2.1 Our community

As well as having an extended and robust internal network of sustainability champions and communication, we have also recognised and addressed the wider community implications. We have strong working relationships with our local authorities and have jointly appointed a Travel and Transport Co-ordinator to improve our performance in this area with key agreed outcomes and measures. We regularly update our 10,000+ public members on sustainability developments and invite their ideas and contributions. We have seen an increase from 27 to over 800 public volunteers and we have developed a number of roles, from general ward help to dementia buddies, feeding buddies and befrienders, through to more ad-hoc opportunities such as gardening, painting and other refurbishment projects (eg the creation of a public gardens at PRH and green spaces and wildlife gardens at RSH). We now have a SaTH Volunteer Facebook page which enables instant and interactive communication with our community

https://www.facebook.com/pages/SATHVolunteers/261078124086604?fref=ts&ref=br_tf).

We have an established Young Volunteers programme which has seen 91% of participants go on to study for a healthcare related degree, and now have over 150 young volunteers

New roles have been introduced such as Meet and Greet volunteers and we are currently developing new roles such as End of Life volunteers. The Royal Voluntary Service Volunteers transferred to the Trust in April 2016 and this has ensured a consistent approach to training and checks. All SaTH volunteers are trained as Dementia Friends. It was very humbling to see the standing ovation that Babs and Terry Seston received at the Trust's inaugural VIP award ceremony in September for their wonderful work in Radiology and other areas of the Trust.

We have also put on regular events to invite the community into the hospital – health lectures, fun runs and for the first time this year the Annual General Meeting was held on a rainy day in September, and plans are already in place for next year’s event on 22 July which will be combined with the annual inter-hospital run/cycle/walk. We have also provided a number of opportunities for community volunteers to work on both our hospital sites to create beautiful and healing garden environments for patients, staff and visitors. This has involved working with private sectors partners who have donated time, money and equipment to help us achieve this, and we are now developing a programme of ‘Make A Difference’ days for more local businesses to come forward to help with this type of project. This year Boningale’s Nursery and Viv Marsh have both enhanced the green healing spaces at PRH. This has been coupled with a partnership approach working closely with the Shropshire Wildlife Trust to further enhance the national environment on both sites.

There has also been work engaging with the Compassionate Community scheme to improve the journey between hospital and home for our patients, working with well established networks of support in the community

2.2 Energy efficiency

In addition to this culture changing approach we are also focusing on hard targets such as energy and water efficiency. For example, all of our new builds incorporate BREEAM excellent standards.

2.2.2 Energy usage and emissions:

SaTH SMDP target is to reduce our carbon emissions 30% by 2018/19 using 2007/08 as the baseline year.

Resource		2007/08	2013/14	2014/15	2015/16
Gas	Use (kWh)	53097000	66958293	61793258	68581780
	tCO2e DD adjusted	10850	13720	12835	14210
Oil	Use (kWh)	2500000	0	549396	197957
	tCO2e	797	0	176	63
Electricity	Use (kWh)	17055237	19198043	20346831	20213381
	tCO2e	6270	4431	6969	5375
Total CO2e		17917	18636	20109	19827
DD- and GIA-adjusted CO2e		17917	17273	17528	16965

Compared with the 2007/08 baseline, emissions have reduced by 5.3%, despite an increasing footprint due to:

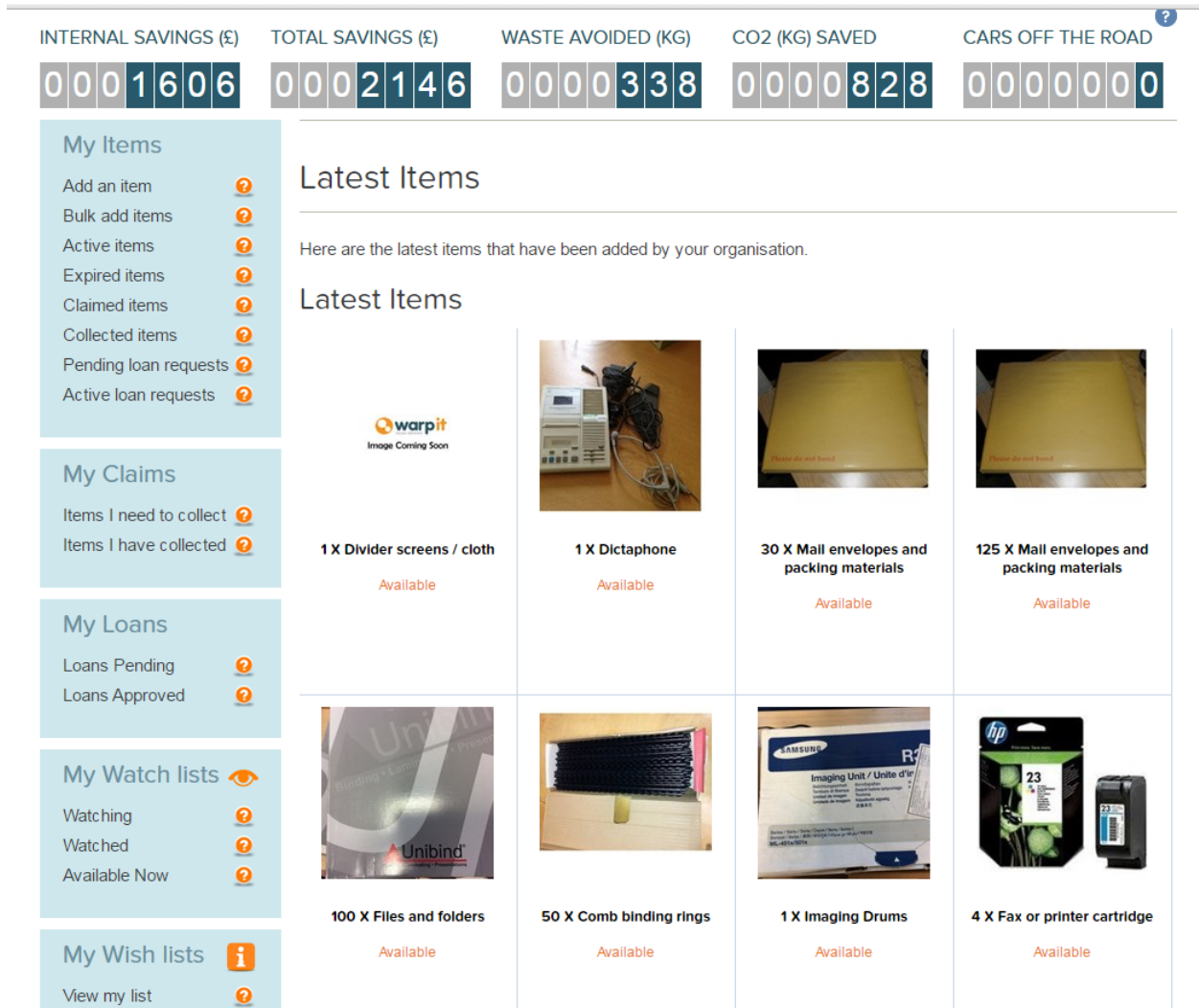
- investment in higher efficiency lighting, reduction in steam leaks and resetting of space (room) temperatures on the Building Management System
- investment in new power plant at PRH enabled the Trust to generate lower carbon electricity than would be the case if it was imported from the grid

2.2.3 Waste Management - Warp-it

This is a scheme to encourage staff to recycle and reuse equipment rather than sending it to landfill. There is an easy to use ‘e-bay’ style app on the intranet where unwanted office equipment can be advertised, free to first claimer. This has just been linked to the Oracle ordering process, so anyone placing an order is directed to look at Warp-it first to see if the item is already available. Currently there are around 120 registered staff users and benchmarking with other Trusts suggests savings of at least £40k pa are possible, with all the concomitant CO² savings. We are working with the Warp-it team to fully exploit potential. There is ongoing staff communications plan to promote use.

A screenshot of a page from the app is shown below.

Warp-it screen shot



2.2.4 Procurement

This is recognised as having the greatest potential for impact, both in terms of the Trust's behaviour but also influencing the behaviour of suppliers. The Trust spent £51m on supplies and services during 2015/16, based on Purchase Order data only, and £28 million was for Pharmacy.

The Trust Procurement Department has calculated a baseline carbon footprint of 36,378 tonnes of carbon (including Pharmacy) as a result of the Trust's procurement activities in the financial year 2015/16. Relative to total spend, this equates to a 22% compared with 2012/13 and an overall reduction of 13%. The Procurement Department now issue an annual sustainability questionnaire to the Trust Top 20 suppliers with high carbon usage. *Contracts Finder* is used to advertise all projects over £25k to allow SMEs to bid for contracts to encourage support of local businesses. Sustainability was also one of the evaluation criteria on the recent major contracts for Linen & Laundry, Managed Print Service and the Pathology Managed Service. As part of their contractual obligations, these suppliers will assist in the monitoring of impacts of their services on the environment.

2.2.5 Travel and Transport

This has been an area of significant focus in 2016. Following a grant from Telford & Wrekin Council, we have been able to install more cycle shelter at PRH – increasing capacity by 60 spaces (to 87) and improving shower facilities on both sites.

The Trust Board approved a new Travel & Parking policy in September and accurate monitoring of staff parking demand/capacity at both hospital sites has been undertaken to inform future planning. 'Zonal' allocation of staff parking will be introduced at both hospital sites for staff, so staff who work shifts outside main office hours will be able to park closer to the building for safety reasons. There will also be an introduction of application restrictions for all new starters residing within one mile exclusion zone, which will be extended to existing staff, subject to exemptions, when online permits are in place. The team are currently working with IT to develop this. An assessment for change, including analysis of current and future scenarios with an action plan, is underway which will also look at reviewing charging rates and introducing Pay as You Park for staff, to encourage them to leave the car at home.

This should release spaces so that patients can park closer to the hospital. Negotiations are also being undertaken with Arriva to extend the current bus service to the north of the site so patients travelling to the Treatment Centre will be able to alight there.

Lift Share was introduced in July this year and has nearly 300 staff signed up, with dedicated spaces to the rear of both hospitals.

3. Priorities for 2017/18

3.1 Volunteering

- Partnership with Shropshire Wildlife Trust to establish a significant tree planting programme on both hospital sites. Volunteer recruitment will target people with long-term health conditions.
- Outdoor Gymnasium to be installed at RSH through successful funding obtained from Tesco 'Bags of Help' grant programme.
- Expansion of Young Volunteers scheme by 20%.

3.2 Energy and emissions

- Continued investment in low-energy LED lighting in areas identified for refurbishment.
- Capitalise on new installation of food waste digesters in the RSH kitchens.
- Optimise the use of the power generating plant at PRH, by maximising the hours of operation and thereby reducing the carbon footprint of the electrical consumption.
- Continue to review the temperature settings on our building energy management systems (BEMS) so as to ensure that we are not wasting energy through overheating areas.
- Installing new controls on theatre ventilation systems so as to align operation with demand.
- Planning for a new energy-efficient cooling system for the RSH data centre.
- As part of the Sustainable Services review, we are looking at the most energy-efficient options for heating and cooling the estate and will be working closely with the design engineers to ensure that the technology that is installed will provide long-term financial and environmental benefits.

3.3 Travel and Transport

- Work with Local Authority's to capitalise on investment in facilities and maximise uptake of cycling as a viable mode of commuter travel.
- Agile management of spaces which responds to needs of staff parking at both hospital sites, based on robust demand/capacity assumptions.
- Assess feasibility for prioritisation of clinical staff parking at both hospital sites.
- Introduction of application restrictions for all staff residing within one mile exclusion zone.
- In-house development and implementation of PAYP system.

3.4 Procurement

- Demonstrate a 5% reduction in the carbon footprint per pound spent.
- Continue to engage with high carbon suppliers to improve their carbon footprint with SaTH using scored supplier sustainability questionnaire.

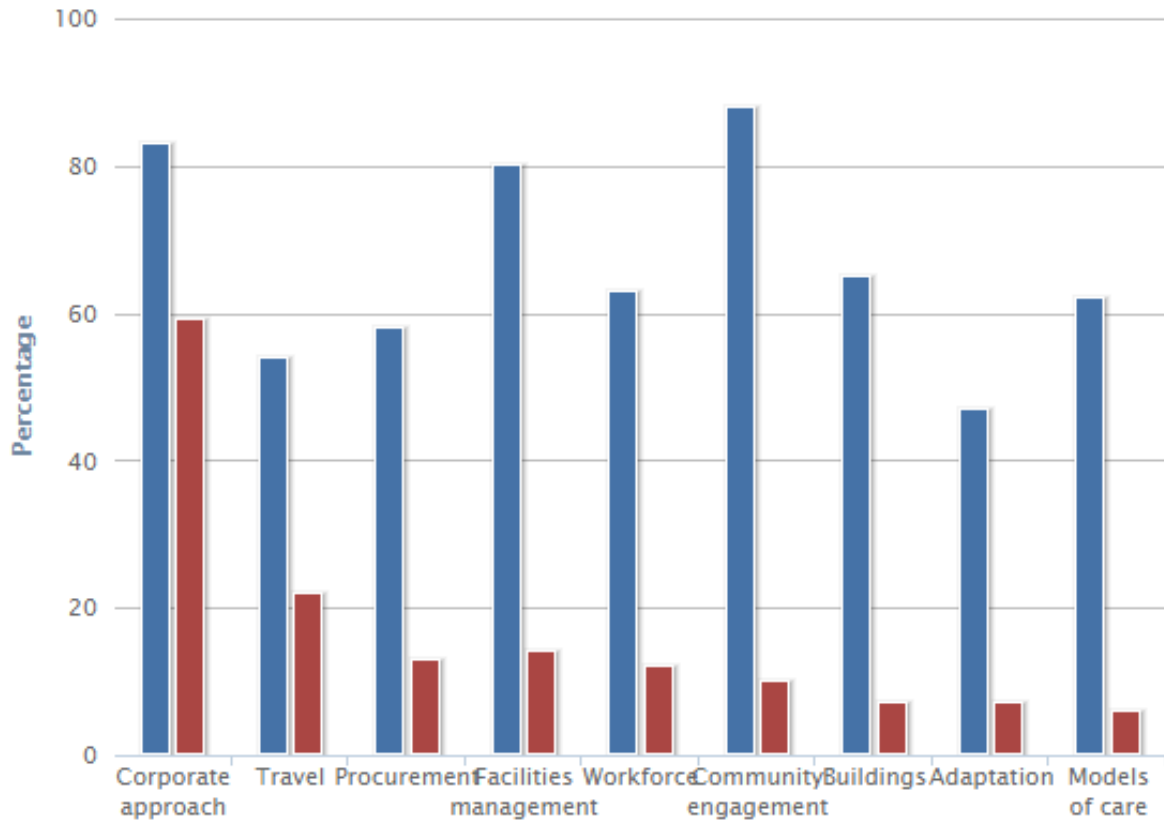
- Consolidate 'Getting There' score and achieve a score of 'Excellent' in Procurement standard in Good Corporate Citizen model by 2018/19.

4. Recommendation

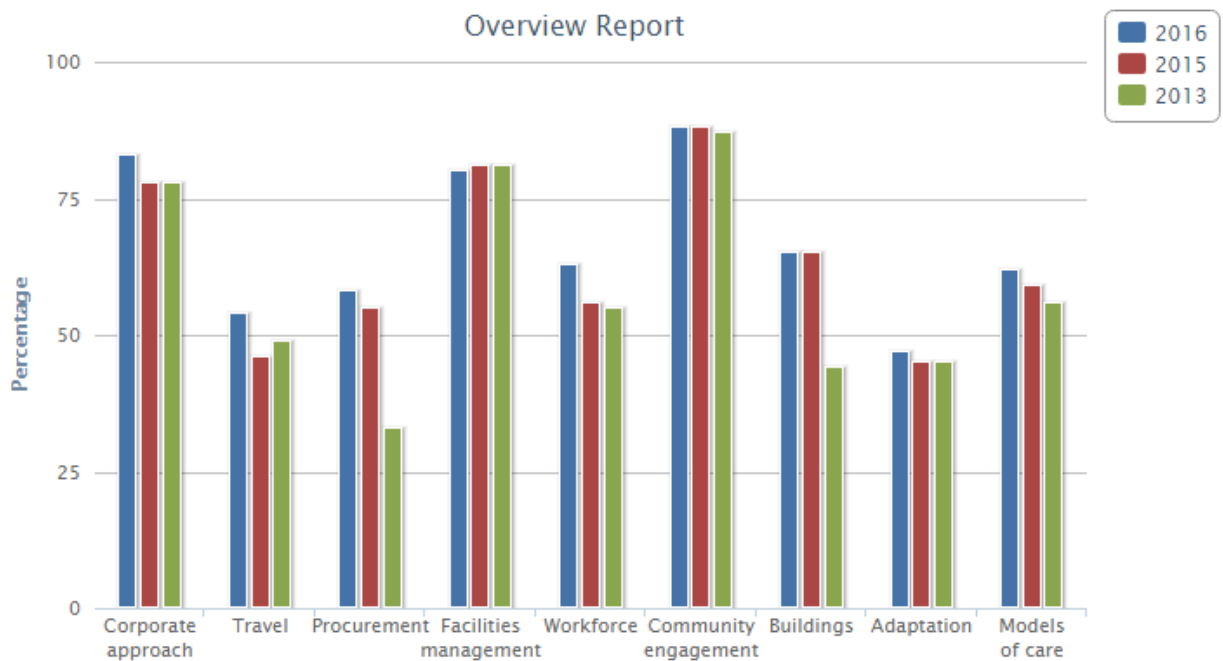
The Trust Board is asked to **NOTE** the Sustainability and SDMP action plan update. The work is ongoing in all areas – we have not focused on just one single project and thrown all our efforts into it, rather we have recognised that we need to rely on the enthusiasm and commitment of our 100 champions, our 900 volunteers, our 5000 staff and our 500,000+ local population to achieve the strategic and cultural shift to make sustainability truly sustainable, to deliver

Healthcare with a kind touch and a small footprint.

SaTH compared to 37 NHS organisations who have submitted a self –assessment against the Good Corporate Citizen tool in 2016



SaTH self assessment 2013-16 (65% overall in 2016)



SaTH SDMP Action Plan

1. 2016/17 summary position

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
1. TRUST-WIDE	C (i)	Our carbon reduction and GCC results are confirmed by external verification.	DCG	Julia Clarke	Tony Holt	Amber/Green	i) Carbon reduction to be audited by CHPQA process ii) Include results of GCC in Audit Forward Plan iii) CRC submission evidence subject to self-assessment criteria	Aim to conduct audit upon all categories achieving 'getting there' self-assessment.
2.1 TRAVEL Policies & Performance	A (iii)	We have a clear vehicle policy which limits the gCO2 allowed for company/fleet/lease cars and encourages staff to choose the cleanest fuel powered vehicle. Our policy actively discourages driving as a primary form of transport.	DCG	Tony Holt	Alex Ford	Amber/Green	Policy developed with staff side and clinical body engaged - approved by Trust Board Sep-16 38 lift share only parking spaces allocated on hospital sites. Liftshare scheme launched Jul-16. Currently c.250staff have signed up.	Cycle shelter installation at PRH underway Oct-16, increasing capacity by 60.
2.1 TRAVEL Policies & Performance	B (i)	We monitor and report regularly on staff business mileage by transport mode and give details on miles avoided.	DCG	Tony Holt	Trish Penny / Alex Ford	Amber	TPC undertaking detailed analysis from most recent travel survey. Travel and transport options approved by Board Jan-16. Issues with availability of management data from e-Expenses system. Procurement leading on resolving issues with Software Europe (supplier).	Business case for teleconferencing under development. Discussions underway with STP team in building sustainable transport elements into reconfiguration proposals

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
2.1 TRAVEL Policies & Performance	B (ii)	We carry out an annual staff travel survey to measure shifts in modes of transport.	DCG	Tony Holt	Alex Ford	Amber/ Green	Permanent Travel Co-ordinator appointed 2016. Initial work on grey mileage completed. Annual Travel survey to be undertaken in 15/16 to inform planning for 16/17.	Annual travel survey to be undertaken in 2016/17
2.1 TRAVEL Policies & Performance	B (ii)	We have a Business Planning objective to reduce staff travel.	FD	Kate Shaw	Steve Doore	Amber	Specific GCC targets were included in business planning process. Some care groups have moved towards this but no overall objective.	<ul style="list-style-type: none"> - Scheduled care have a GCC priority to reduce resource use and unnecessary travel through increasing use of community facilities, video/telephone conferencing and homeworking - Pathology are producing a Sustainable Development plan involving use of a pool care and travel reduction - Pharmacy are reviewing the supply chain distributions of medicines to avoid duplication of travel - Therapy are undertaking a review of their countywide travel requirements to reduce travel. Undertaking BP review to include TH, we will look to include more robust GCC priority (and monitor them) in 16/17 BPs.
2.2 TRAVEL Area Planning	B (i)	We monitor the travel choices available in our wider community. With this evidence we encourage key stakeholders to make strategic community travel planning decisions which minimise traffic	DCG	Tony Holt	Alex Ford	Amber/ Green	Considerable on-going work with Local Authorities and Public Transport providers. Maps at railway stations have been updated. Timetables obtained from train companies. Dr Bike (bike maintenance) run at both sites, liaised with Police on cycle security marking. Display boards around the	Currently liaising with Telford and Wrekin Council, London Midland, Arriva buses, Cycle Experience, SWM-ACTive travel forum Cycle shelter installation at PRH underway Oct-16, increasing capacity by 60. Travel survey to be repeated in 16/17 by TPC

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
		and carbon emissions, and promote active travel and the use of public transport.					sites relating to cycling and train usage. Discounted Arriva bus tickets. Liftshare arrangement in place	
2.2 TRAVEL Area Planning	B (ii)	We work with our local strategic partnership and other key stakeholders to ensure an integrated local approach to carbon reduction.	DCG	Tony Holt	Alex Ford	Amber/ Green	Aspiration to reduce overall business travel by 25% by 2019 partly through building up a culture of cycling. Significant support from LAs around pathway and signage improvement, cycleway development, support for shuttle bus proposal and grant funding for improving facilities on hospital sites. Cycle to work scheme - 41 cycles leased out to staff via the scheme - CIP saving in NI salary saving estimated at £7k. Greener Travels User group established.	Improvements to cycle parking and changing facilities at both sites continuing over the year.
2.2 TRAVEL Area Planning	C (i)	We set a leading example of healthy, sustainable travel planning. We cooperate closely with our local strategic partnership, our Health and Wellbeing Board and other key stakeholders in travel planning in our community.	DCG	Tony Holt	Alex Ford	Amber	Travel User Groups re-invigorated – up to 40+ attending. Cycle to Work scheme regularly operated. Close cooperation with LAs. The Trust participated in the Workplace Challenge (County Sports Partnership, Shropshire, Telford and Wrekin) to encourage activity in the workplace. Trust also signed up to Living Streets Walk-to-Work Week and also Love-to-Ride Challenge (Bike Week Event) run by CTC.	Discussions underway with STP team in building sustainable transport elements into reconfiguration proposals

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
							Suite of sustainable T&T options approved by TB Jan-16 See 2.2 A(iii)	
2.2 TRAVEL Area Planning	C (ii)	We can demonstrate that our travel plan is reducing carbon emissions in line with corporate and national targets.	DCG	Tony Holt	Alex Ford	Amber/Red	Travel Co-ordinator to demonstrate reduction in emissions through analysis and evidence. We have introduced ANPR to enable incentivisation of staff.	Part of Travel Plan aspiration for 2016/17
2.2 TRAVEL Area Planning	C (iii)	We can demonstrate that our approach has contributed to health improvements in our local population.	FD	Kate Shaw	Steve Doore	Amber	Rationalised stroke services onto a single site. Futurefit development ongoing	Non Emergency Patient Transport - quarterly reviews monitor CO2 emissions. Assessed as part of procurement process for new suppliers and demonstrated by supplier as part of their own Good Corporate Citizen programme.
2.3 TRAVEL Service Delivery & Estates Design	B (i)	We have set ambitious targets to minimise the environmental impacts associated with travel to our sites and delivery of goods and services.	FD	Paula Davies	Paul Adams	Amber	Continue to increase stores capacity with bulk buy and stocking of the most popular Top 100 items thus reducing singular deliveries to RSH and PRH we currently hold 183 products in the Internal Stores supplied by 11 companies @ Q1 16/17. Stores will be including Path Lab issues adding another 26 lines of stock, this will harmonise deliveries to just one delivery location rather than two pathology deliveries. Continually reducing distributors by consolidating items to NHS Supply	More consolidation of items to one delivery location (i.e. Pathology Items/Theatre Stores) Potential Issues: Decrease in external deliveries but possible increase in internal deliveries. Complexity of the supply chain due to the number of deliveries, diversity of requirements and geographical footprint of the Trust.

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
							Chain or Bunzil. Product list is changing regularly with new product implementations and standardisation across the Trust and constant reviewing of ordering patterns to consolidate spend.	
2.4 TRAVEL Active Travel	B (i)	We have ambitious targets to increase active travel and improve health amongst our staff and stakeholders.	DCG	Tony Holt	Alex Ford	Amber/ Green	Linked to above target.	New cycle shelters installed to help promotion of active travel. Cycle numbers at each site are bench marked on parked bikes at stands taken every month, it does not count those cycles taken into the workplace either on a convenient factor or a security risk. Currently cycle numbers stand at 80 for RSH, 15 at PRH.
2.4 TRAVEL Active Travel	C (i)	We provide every new member of staff with detailed information about how to commute to work and the financial cost of doing so. There is active participation and leadership at Director and Board level.	WD	Paula Dabbs		Amber	Information will be included in induction packs for new staff, once the TPC is in post. To include in induction packs	Liftshare scheme widened to include Keel University and Staffordshire University students
2.5 TRAVEL Business Travel	B (i)	We promote, support and encourage alternative, more sustainable forms of travel. When travel by car is necessary, we encourage use of low carbon pool/hire cars.	DCG	Tony Holt	Alex Ford	Amber	Base pool car is Corsa eco-car. Lift share scheme in place across County. Reavel plan approved by Board Jan-16 includes grey fleet reform, staff travel habits, meeting requirement / locations, staff commute patterns, provision and management of pool and lease cars. Funding obtained for additional, secure cycle parking at both sites.	Cross-site shuttle services discussed with STP team as part of reconfiguration plans. SATH Travel Plan includes introduction of Centralise Pool Car scheme as part of suite of sustainable T&T options approved by TB Jan-16.

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
2.6 TRAVEL Traffic Management	B (iii)	We work with our suppliers to find ways to minimise their traffic burden (e.g. more efficiently planned deliveries).	FD	Paula Davies	Charlotte Hill	Amber	Consolidating freight deliveries where possible and including reductions from Trust transport provider via KPIs	No update
3.2 PROCUREMENT Procurement Skills	B (iii)	We review the learning and development needs of staff against key sustainability objectives for the role in question, as part of a personal development review process.	WD	Paula Dabbs	Mary Beales	Amber	To include in revised appraisal process as one of trust's core objectives.	It is proposed to develop a number of optional sustainability objectives which will be promoted and can be included in personal objectives and reviewed in annual appraisals.
3.2 PROCUREMENT Procurement Skills	C (i)	We set a leading example in developing the sustainable procurement skills of our workforce.	WD	Paula Dabbs	Paula Dabbs	Amber		No update
3.1 PROCUREMENT Policies & Performance	B (ii)	We monitor and report on the sustainability impacts of the key procurement decisions in our organisation.	FD	Paula Davies	Charlotte Hill	Amber/Green	looking in to ways we can assess & report impacts of decisions	Annual survey undertaken
3.2 PROCUREMENT Procurement Skills	C (iii)	We regularly reassess sustainable procurement skills levels in our staff and develop training programmes accordingly, advising colleagues in the NHS Sustainable Procurement Forum.	FD	Paula Davies	Charlotte Hill	Amber		No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
3.3 PROCUREMENT Procurement processes	C (ii)	We can demonstrate how our procurement processes contribute to achieving our organisation's sustainable development objectives, including carbon reduction.	FD	Paula Davies	Charlotte Hill	Amber	Looking into ways these can be demonstrated	No update
3.5 PROCUREMENT Procuring for Resource Efficiency	B (iii)	We are looking at the best options for purchasing green energy and/or to produce our own low carbon energy on site.	FD	Martin Foster	John Ellis-Tipton	Amber/ Green	We produce low-carbon electric at our sites using Combined Heat and Power plant. We do not currently procure green electricity.	Future – will consider green electric tariff when contract due for renewal. Presently looking at possible suppliers through HTE. Once chosen, will explore green tariff. Have queried with Severn Trent Water about in-line turbines. Water Act prohibits use of mains water for power generation. Would require change to legislation.
4.2 FACILITIES MANAGEMENT Energy Use & Carbon	C (iii)	We encourage innovation and support new technologies that help improve our performance.	FD	Joanne Yale	Paul Corbett	Amber		No update
4.3 FACILITIES MANAGEMENT Waste	B (ii)	We work closely with other parts of the organisation to ensure a coordinated approach to waste minimisation (e.g. procurement).	FD	Had of Estates	John Ellis-Tipton	Amber		No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
4.3 FACILITIES MANAGEMENT Waste	B (iii)	Our approach is leading to a continual reduction in our levels of waste, relative to the size of our organisation.	FD	Martin Foster	John Ellis-Tipton	Amber		No update
4.3 FACILITIES MANAGEMENT Waste	C (iii)	We encourage innovation and support new methods of reducing waste through our waste/recycling contracts (e.g. energy recovery, conversion to building materials).	FD	Martin Foster	John Ellis-Tipton	Amber/Green	New domestic waste contract Oct 2013 reduces landfill and used to produce electricity. Harper Adams - collect 2 tonnes waste food per week from RSH. Moving to food digesters on both sites in 2014 to convert waste into greywater	No update
4.4 FACILITIES MANAGEMENT Water	B (iii)	Our catering, laundry and facilities contracts specify low water use.	FD	Paula Davies	Paul Adams	Amber		No update
4.5 FACILITIES MANAGEMENT Hazardous Substances	B (i)	We are actively reducing the use of hazardous substances on our estate by replacing them with less harmful alternatives.	FD	Martin Foster	John Ellis-Tipton	Amber	Work with H&S colleagues to increase the use of low-solvent paints and cleaning agents.	No update
4.5 FACILITIES MANAGEMENT Hazardous Substances	B (iii)	We work with our suppliers and contractors to ensure they [are actively reducing the use of hazardous substances] ie same approach as B(i)	FD	Martin Foster	John Ellis-Tipton	Amber	Work with Procurement colleagues to influence suppliers and contractors.	No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
4.5 FACILITIES MANAGEMENT Hazardous Substances	C (i)	We can demonstrate that our approach is leading to a continual reduction in absolute levels of hazardous substances and chemicals on our estate.	DCG	Clare Jowett	Kath Titley	Amber/Red	Cannot quantify or evidence at present	We will develop a COSHH database to maintain this
5.1 WORKFORCE Policies & Performance	B (i)	Our workforce is highly aware of our corporate sustainable development objectives as a result of learning, development and training opportunities we provide.	WD	Paula Dabbs	Mary Beales	Amber	Executive Directors to confirm the requirement for every staff member to have a sustainability objective. - Lean (VMI) training launched in 15/16 may well have a positive impact on awareness of sustainability and individual performance	Staff awareness of sustainability was measured in the staff survey. As Trust departments are able to offer sustainability training this will be offered and promoted to all staff on an on-going basis. Intranet learning site is finalised and promoted and kept up to date.
5.1 WORKFORCE Policies & Performance	C (i)	Our workforce strategy sets a leading example, with independently verified positive impacts on health, wellbeing and sustainable development.	WD	Paula Dabbs	Charlotte Banks	Amber/Green	VBA Interview Training introduced as part of the People Strategy commitments to ' <i>Attract, recruit and retain people who believe and live our values to ensure our patients receive the best care</i> '. The course sets a standard to recruit the best people with the right values, behaviours and attitudes that align with the Trusts. Staff Survey results 15/16 released end of Feb-16 and improvements noted.	<ul style="list-style-type: none"> • Refresher training schedule ongoing with evaluation to feed into overall VBI evaluation • HWB strategy update ongoing.
5.2 WORKFORCE Diversity & Inclusion	B (i)	We measure and report on the impacts of our recruitment strategy.	WD	Paula Dabbs	Liz Walton	Amber	Executives have approved centralised recruitment being set up under management of Workforce Director with remit to measure and report on impacts of recruitment strategy as well as day to day management.	No further update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
							Currently developing processes and metrics to enable us to measure and report on the impacts of our recruitment strategy.	
5.2 WORKFORCE Diversity & Inclusion	C (ii)	Our workforce reflects the local demography.	WD	Paula Dabbs	Liz Walton	Amber	Developing strategies to target local communities more effectively, including developing relationships with Job Centre Plus and promoting our employer branding and marketing strategy at a local level.	No further update
5.4 WORKFORCE Healthy Workplace	A (iii)	Our Organisation and estate are totally smoke free.	DCG	Paula Dabbs	Charlotte Banks	Amber/Red	The Trust has a smoking policy and currently provides Smoking shelters. The Trust has a smoking policy and currently provides Smoking shelters	No further update
5.4 WORKFORCE Healthy Workplace	B (ii)	We promote the health benefits of spending time in green space.	WD	Paula Dabbs	Charlotte Banks	Amber	Health and Wellbeing Roadshows held at both hospital sites annually. Walking and running routes currently being developed Analysis of Health Kiosks to be published in 2016 Health and Wellbeing needs assessment currently being analysed to shape the HWB 3 year plan	Liz Evans from "Walking for Health", North Shropshire Council Walking Coordinator has agreed to plan and lead lunch time walks for staff at RSH (20-30 mins/1 mile) around the site with tag line of "Walking Wednesdays" during Sep/Oct-16. Aiming to establish some in-house walk leaders.

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
5.4 WORKFORCE Healthy Workplace	C (ii)	We can demonstrate that the health of our workforce is improving as a result of our actions.	WD	Paula Dabbs	Charlotte Banks	Amber/ Green	People Strategy includes reduction of staff sickness and improvement of staff survey results as key outcome objectives. Sickness level trend continues to reduce in small increments Staff Survey results 15/16 released Feb-16 and improvements noted.	2015/16 Staff Survey saw a 14% increase in staff stating 'My manager takes a positive interest in my health and wellbeing' Bid to HEE for outdoor gym ongoing
5.5 WORKFORCE Child Care & Career Support	B (ii)	We measure the impact of this [health and wellbeing] support on recruitment and retention.	WD	Paula Dabbs	Liz Walton	Amber	This will be developed through Centralised recruitment June 2014 to measure the impact of child care and career support on recruitment and retention.	No update
5.5 WORKFORCE Child Care & Career Support	C (i)	We set a leading example in the childcare and carer support we offer. We can demonstrate the positive effect of our childcare and carer support on recruitment and retention.	WD	Paula Dabbs	Liz Walton	Amber	We are currently developing metrics to effectively monitor the impact of childcare and carer support on recruitment and retention.	No update
5.5 WORKFORCE Child Care & Career Support	C (ii)	We constantly seek innovative ways of working to improve the support we can offer.	WD	Paula Dabbs	Liz Walton	Amber	We are currently developing metrics to effectively monitor the impact of childcare and carer support on recruitment and retention.	No update
5.6 WORKFORCE Learning & Development	C (ii)	Our organisation has developed a multi-level training programme which ensures that our staff understand the environmental, financial and social opportunities	WD	Paula Dabbs	Charlotte Banks	Amber	Development and approval of a sustainable and deliverable Training Needs Analysis .	No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
		afforded by running a more sustainable operation. Our vision regarding sustainability is well understood.						
5.6 WORKFORCE Learning & Development	A (iii)	Staff have a clear view of their potential career development path within the organisation, if they wish to advance. This includes sustainable development objectives.	WD	Paula Dabbs		Amber	Clarification required of the links between sustainable development objectives and career development paths.	No update
6.2 COMMUNITY ENGAGEMENT Partnership & Planning	A (ii)	We play a key role in strategic partnerships locally and actively influence their strategies to promote health and sustainable development.	FD	Kate Shaw	Steve Doore	Amber/Red	Included within STP development during 16/17	No update
6.2 COMMUNITY ENGAGEMENT Partnership & Planning	A (iii)	When opportunities arise we contribute effectively to the plans of our key partners in the local area, and use these opportunities to discuss and promote sustainable development.	FD	Kate Shaw	Steve Doore	Amber/Red	Included within STP development during 16/17	No update
6.2 COMMUNITY ENGAGEMENT Partnership & Planning	B (i)	We look for opportunities to develop joint initiatives with key partners to improve local health outcomes, economic development, social cohesion and the	FD	Kate Shaw	Steve Doore	Amber/Red	Included within STP development during 16/17	No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
		environment. We contribute to local and regional networks to support sustainable development, and monitor the impact of this cooperation.						
6.3 COMMUNITY ENGAGEMENT Engaging with People Collectively	B (i)	We monitor and report on the level and effectiveness of engagement in our planning and decision making processes, and look for new ways to encourage participation by underrepresented groups.	FD	Kate Shaw	Steve Doore	Amber	For 2016/17 we will investigate ways in which to ensure volunteer, patient and GP representation in the business planning process. Revised process being developed for 16/17	No update
6.5 COMMUNITY ENGAGEMENT Assets & Resources	B (ii)	We work with all parts of our organisation to coordinate the deployment of our assets and resources	FD	Kate Shaw	Steve Doore	Amber		No update
6.5 COMMUNITY ENGAGEMENT Assets & Resources	B (iii)	We promote engagement with all our stakeholders in achieving agreed goals of sustainability	FD	Kate Shaw	Steve Doore	Amber		No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
6.3 COMMUNITY ENGAGEMENT Engaging with People Collectively	C (i)	We set a leading example of community engagement. We look for new ways to empower members of the community as leaders.	DCG	Hannah Roy	John Kirk	Amber/Green	Trust Patient Experience and Involvement Panel represents our community and various community groups Engaging with local business Increased volunteer and FT membership	No update
6.4 COMMUNITY ENGAGEMENT Engaging with People Individually	C (ii)	Our board considers engagement at all board meetings. We evaluate all new business proposals in relation to patient and public engagement.	FD	Kate Shaw	Steve Doore	Amber	Community Objective CP6 in 2013/14 on Exec Summary Business Planning template	No update
7.1 BUILDINGS Policies & Performance	A (ii)	We have reviewed our building stock, and developed a sustainable buildings strategy. We have communicated this clearly to key partners and suppliers.	FD	Martin Foster	Dave Thomas	Amber	"Six Facet" survey undertaken May-15. Backlog maintenance to be addressed within STP development.	No update
7.1 BUILDINGS Policies & Performance	C (iii)	We work closely with our partners and suppliers to find new, innovative ways to improve our performance. Our sustainable buildings strategy incorporates the need to adapt to climate change.	FD	Martin Foster	Dave Thomas	Amber	We invest in technologies where they are demonstrably worthwhile and are affordable. Our new Cancer Centre includes features to reduce the impact of prevailing weather and temperatures, on the internal environment. STP development will dictate our future Estates Strategy.	No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
7.2 BUILDINGS Planning	B (ii)	We work closely with our local strategic partnership and other key partners to ensure an integrated approach to sustainable development in our local community, including carbon reduction.	FD	Martin Foster	John Ellis-Tipton	Amber		No update
7.2 BUILDINGS Planning	B (iii)	We ensure and demonstrate that all capital projects contribute to a more sustainable health and social care system.	FD	Martin Foster	John Ellis-Tipton	Amber		No update
7.2 BUILDINGS Planning	C (i)	We set a leading example of embedding health and sustainable development considerations in our building planning.	FD	Kate Shaw	Steve Doore	Amber		No update
7.2 BUILDINGS Planning	C (ii)	We work closely with our local strategic partnership and other key stakeholders to promote the delivery of health and sustainability outcomes, when planning the built environment.	FD	Kate Shaw	Steve Doore	Amber		No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
7.3 BUILDINGS Design	C (i)	We set a leading example of sustainable design in our new building and refurbishment projects.	FD	Martin Foster	John Ellis-Tipton	Amber		No update
7.5 BUILDINGS Energy & Carbon	A (iii)	We monitor the energy use of finished projects closely to ensure they meet design expectations.	FD	Martin Foster	John Ellis-Tipton	Amber		No update
7.6 BUILDINGS Green Space	B (iii)	We encourage our partners to improve and extend their own green spaces.	DCG			Amber		No update
8.1 ADAPTATION Planning & Performance	A (iii)	We develop plans, which are part of our Sustainable Development Management Plan and link to our major incident planning programme.	COO	Sara Biffen	Fran Collins	Amber	Working group set up to plan for major incident triggers eg floods, severe weather and fuel shortage, chaired by Sara Biffen.	No update
8.1 ADAPTATION Planning & Performance	C (i)	We set a leading example of adaptation planning for our community, verified by external assessment. We have identified and understood the future risks and vulnerabilities to our service and	COO	Sara Biffen	Fran Collins	Amber	Identifying key groups for development - focus on capacity team and Exec team in first instance Training took place – unfortunately HoC has since left and training has not be rolled out to extended capacity team	No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
		patients/staff associated with local climate change impacts.						
8.1 ADAPTATION Planning & Performance	C (ii)	We engage our Centres in adaptation plans.	COO	Sara Biffen	Fran Collins	Amber	Identifying key groups for development - focus on capacity team and Exec team in first instance	No update
8.5 ADAPTATION Workforce & Service Delivery	B (i)	We develop plans to ensure that our workforce is prepared and trained to deal with different scenarios and these are reviewed on a regular basis.	COO	Sara Biffen	Fran Collins	Amber	Identify key groups for development - capacity team leading Central repository under development for existing departmental Business Continuity plans - to identify best practice and share across Trust. Plans have been collated – further work is required in both developing business continuity plans and testing them. MAJAX plans and action cards are under review to ensure they are up to date and operational.	No update
8.6 ADAPTATION Social & Community Impacts	B (ii)	We consider the effects of resource supply fluctuations, migration and mental health on vulnerable communities and develop plans to minimise the impacts.	COO	Sara Biffen	Fran Collins	Amber		No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
9.1 MODELS OF CARE Organisational Structure	B (ii)	We have a board level clinical lead for developing sustainable models of care (e.g. Medical Director or Director of Nursing) and sustainability features in the job descriptions of key managers. We have set targets for reducing carbon emissions (or other valid sustainability metric) of delivering services.	MD	Sam Hooper	Sam Hooper	Amber	Medical Director clinical lead from April 2013 Emissions target set in SDMP To include in job descriptions	Development programme to be set up for CDs for 2017/18
9.1 MODELS OF CARE Organisational Structure	B (iii)	Our board understands the concept of sustainable healthcare and has undertaken board level training (e.g. The Board Leadership Pack developed by the SDU).	WD	Paula Dabbs		Amber	Trust Board support sustainable healthcare - TB March 2014. To arrange a sustainable healthcare training session	No further update
9.3 MODELS OF CARE More Empowering Care	A (i)	We explore more financially and environmentally sustainable models of care particularly in relation to chronic disease management and long term conditions.	FD	Kate Shaw	Steve Doore	Amber	We will incorporate more explicitly into our business planning process and our clinical service strategy	No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
9.3 MODELS OF CARE More Empowering Care	A (ii)	We have specific projects to establish improved pathways that empower patients (for instance improved telephone follow up support to reduce clinic attendance, or programmes to encourage self-care).	FD	Kate Shaw	Steve Doore	Amber	We will incorporate more explicitly into our business planning process	No update
9.3 MODELS OF CARE More Empowering Care	A (iii)	We have policies in place that promote remote diagnostics, surveillance and therapeutic self-monitoring services to encourage more sustainable models of care.	FD	Kate Shaw	Steve Doore	Amber	We will incorporate more explicitly into our business planning process and our clinical service strategy	Radiology are reviewing and developing their IT infrastructure to improve remote diagnostics and deliver care closer to home.
9.3 MODELS OF CARE More Empowering Care	B (i)	We have set targets for increasing non-contact first specialist appointments, telemedicine interventions, patient experience of using the service and reducing patient journeys.	FD	Kate Shaw	Steve Doore	Amber/Red	We will incorporate more explicitly into our business planning process and our clinical service strategy	Not aware of any set targets, and not delivered through business planning process.
9.3 MODELS OF CARE More Empowering Care	B (ii)	Our staff are trained to interact with service users using multiple methods and technologies. They are trained in the use of equipment and in the style of communication required for each	WD	Paula Dabbs		Amber	Suite of social media workshops set up by Health Library team during 16/17	No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
		technology						
9.3 MODELS OF CARE More Empowering Care	B (iii)	We engage with our partners across the health and social care system to develop empowering models of care	FD	Kate Shaw	Steve Doore	Amber	In contributing the NHS Future Fit programme to design the future of local health services we are contributing to a programme that looks to ensure that more care is delivered safely in the community, in people's homes and through primary care. The programme also looks at how we can contribute to help people prevent themselves from becoming unwell in the first place and preventing themselves from long-term illnesses as a result of lifestyle choices.	Telemedicine 'forward plan' included within ongoing teleconferencing business case.
9.4 MODELS OF CARE Care Closer to Home	A (iii)	Our organisation is demonstrably reducing emergency admissions and delayed transfers of care.	COO	Sara Biffen	Ceri Adamson	Amber/Red	<ul style="list-style-type: none"> - Daily escalation of DTOC delays to LHE along agreed escalation pathways. - Work with the LHE and including the private sector ongoing to agree a single referral and assessment document (the FFA), once agreed this will need to be linked into SaTH IT projects programme. - Further work with Ambulatory emergency Care and pathway development in order to reduce emergency admissions and further develop same day emergency care. - Work with the LHE including 	No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
							community hospitals and MIUs to further develop the OPAT (intravenous antibiotic) service to support admission avoidance and earlier discharge from hospital. - Further development of “trusted assessors” within SaTH to reduce the time patients are on the Fit to Transfer list waiting for external assessments	
9.4 MODELS OF CARE Care Closer to Home	B (i)	We set clear targets on reducing length of stay, readmission rates and avoidable admissions	COO	Sara Biffen / Sara Biffen	Ceri Adamson	Amber/Red	Plans in place but LHE element not delivering Ongoing work with LHE. Winter Plan approval by Trust Board Q3 Trust Board updates monthly via IPR	for update See 9.4 (A) iii
9.5 MODELS OF CARE Efficient & Transformed Acute Care	A (iii)	We consider carbon reduction in our decision making and business planning for the design and delivery of services.	FD	Kate Shaw	Steve Doore	Amber/Red	Priorities that have been produced that contribute to reducing carbon emissions are: Scheduled Care: Reducing travel to and from sites, including home-working and video/telephone conferencing Therapy: Undertaking review of countywide travel requirements to support services to streamline travel, and provide high mileage users with more carbon efficient pool cars to reduce carbon footprint Pathology: Developing a Sustainable Development Plan involving use of an efficient pool care between site, and looking to reduce travel and waste. Pharmacy: Looking to support	No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
							changes with its suppliers of medicines and in particular seek to ensure the chain distribution of medicines avoids duplication of travel and journeys.	
9.5 MODELS OF CARE Efficient & Transformed Acute Care	B (ii)	We use a process methodology (for example lean systems or productive series) across the organisation to identify and eliminate waste. In addition we use tools for reducing carbon emissions.	CEO	Cathy Smith	Nick Holding	Amber/ Green	The 5 year journey has commenced, which has full and total commitment from the Trust Board. The first aspect of the work began in January, with planned further expansion through 2016 using lean methodologies and cultural change. Representatives from Virginia Mason support our work, providing coaching, guidance and transformational expertise.	No update
9.6 MODELS OF CARE System Approach to Care	A (ii)	We use continuous monitoring of patient experience and feedback to support us to identify and eliminate waste	DNQ	Graeme Mitchell	Graeme Mitchell	Amber	Continuous FFT would identify any qualitative data. We use Patient Led Assessment of Clinical Environment as annual assessment with action Plan. Also include in Public Newsletter issue quarterly. Food quality surveys identifying patient satisfaction to try to reduce waste.	No update
9.6 MODELS OF CARE System Approach to Care	B (i)	We actively consider ways of delivering services that minimise resource use and reduces carbon emissions in service delivery	FD	Kate Shaw	Steve Doore	Amber	Care groups are encouraged to consider reduction of carbon emissions through the business planning workshops. Care groups are required to produce good corporate citizen priorities in their business plans. Priorities that have been produced that contribute to reducing carbon emissions are:	No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
							<p>Scheduled Care: Reducing travel to and from sites, including home-working and video/telephone conferencing</p> <p>Therapy: Undertaking review of countywide travel requirements to support services to streamline travel, and provide high mileage users with more carbon efficient pool cars to reduce carbon footprint</p> <p>Pathology: Developing a Sustainable Development Plan involving use of an efficient pool care between site, and looking to reduce travel and waste.</p> <p>Pharmacy: Looking to support changes with its suppliers of medicines and in particular seek to ensure the chain distribution of medicines avoids duplication of travel and journeys.</p>	
9.6 MODELS OF CARE System Approach to Care	C (i)	In the design and delivery of services we deliver on the triple bottom line i.e. simultaneous financial, social and environmental return on investment.	FD	Kate Shaw	Steve Doore	Amber	All business planning undertaken by the centre during 16/17 Revised business case process which considers all of the "4 legged stool" criteria.	No update
9.6 MODELS OF CARE System Approach to Care	C (ii)	Sustainability is an explicit and measurable domain in our definition of quality.	FD	Kate Shaw	Steve Doore	Amber	Included in Corporate Objectives financial strength domain	No update

Category	Sub	Statement	Lead Director	Lead Manager	Operational Lead	SDMP RAG	Actions to date	Lead update
9.1 MODELS OF CARE Organisational Structure	C (ii)	We have a vision for sustainable healthcare that is consistent with the NHS Route Map for Sustainable Health.	FD	Kate Shaw	Steve Doore	Amber		No update
9.1 MODELS OF CARE Organisational Structure	C (iii)	Sustainability is part of our decision making and business planning process for the design and delivery of healthcare services.	FD	Kate Shaw	Steve Doore	Amber		No update
9.2 MODELS OF CARE Shifting Emphasis of Care	B (iii)	We are strong supporters of the Joint Strategic Needs Assessment around sustainable health for our area and support its delivery.	FD	Kate Shaw	Steve Doore	Amber	Requirement of Local Government and Public Involvement in Health Act 2007. These are commissioner-led although we work closely with commissioners to ensure achievement of these aims	No update
9.5 MODELS OF CARE Efficient & Transformed Acute Care	B (iii)	We use carbon reduction to support our decision making and business planning for the design and delivery of services.	FD	Kate Shaw	Steve Doore	Amber		No update

2. Priorities for 2017/18

a. Volunteering

- Partnership to commence with Shropshire Wildlife Trust in establishing a significant tree planting programme on both hospital sites. Volunteer recruitment will target people with long-term health conditions.
- Outdoor Gymnasium to be installed through successful funding obtained from Tesco 'Bags of Help' grant programme.
- Expansion of Young Volunteers scheme by 20%.

b. Energy and emissions

- Continued investment in low-energy LED lighting in areas identified for refurbishment
- Capitalise on new installation of food waste digesters in the RSH kitchens.
- Optimise the use of the power generating plant at PRH, by maximising the hours of operation and thereby reducing the carbon footprint of the electrical consumption.
- Continue to review the temperature settings on our building energy management systems (BEMS) so as to ensure that we are not wasting energy through overheating areas.
- Installing new controls on theatre ventilation systems so as to align operation with demand.
- Planning for a new energy-efficient cooling system for the RSH data centre.
- As part of the Sustainable Services review, we are looking at the most energy-efficient options for heating and cooling the estate and will be working closely with the design engineers to ensure that the technology that is installed will provide long-term financial and environmental benefits.

c. Re-use

- Increase amount of staff users on Warp-it by 50%.
- Benchmarking suggests savings of at least £40k pa - working with Warp-it team to fully exploit potential.
- Ongoing staff comms plan to promote use with further support and promotion essential for success.
- Working with Procurement team to link on Oracle directing staff to Warp-it site before they buy.

d. Travel and Transport

- Work with LAs to capitalise on investment in facilities and maximise uptake of cycling as a viable mode of commuter travel.
- Accurate monitoring of staff parking demand/capacity at both hospital sites to inform future planning.
- 'Zonal' allocation of staff parking to be introduced at both hospital sites.
- Introduction of application restrictions for all staff residing within one mile exclusion zone.
- In-house development and implementation of PAYP system.

e. Procurement

- Demonstrate a 5% reduction in the carbon footprint per pound spent.
- Continue to engage with high carbon suppliers to improve their carbon footprint with SaTH using scored supplier sustainability questionnaire.
- Consolidate 'Getting There' score and achieve a score of 'Excellent' in Procurement standard in Good Corporate Citizen model by 2018/19.