

Reporting to:	Trust Board
Title	Quality & Safety Committee Annual Report
Sponsoring Director	Director of Quality & Safety
Author(s)	Director of Quality & Safety
Previously considered by	Quality & Safety Committee - July 2013
Executive Summary	<p>The committee was established as a sub-committee of the Board in November 2010. Its main role is to provide the Board with assurance on the Trust's Quality Improvement Programme as well as meeting core standards and registration compliance by considering:</p> <ul style="list-style-type: none"> • Risk management systems (clinical risk); and • Key enabling strategies. <p>This committee also appraises and monitors the controls surrounding clinical safety and effectiveness.</p> <p>The Committee also visit a clinical ward or Dept the hour prior to the Committee. They use this opportunity to talk to staff, patients and review samples of notes to check the standard of documentation and compliance with key safety issues (Infection Control and VTE).</p> <p>During 2012/13 the Committee</p> <ul style="list-style-type: none"> • continued to review and develop its role through the management of the agenda and work plan. It has been able to give varying levels of Board assurance on all the areas defined in its objectives. • is satisfied with the systems and processes established to provide the soft and hard intelligence to identify care issues which require improvement. • has been concerned with some areas of clinical outcomes (eg increase in pressure ulcers and serious outcomes from a small number of falls) and have noted the remedial action plans presented to the Committee to improve these outcomes. They have reviewed and approved the annual Quality account which provides an open and transparent account of the clinical indicators. • have noted the need to develop an improved process for gaining assurance and agree that the revised Committee structure should provide the ability for the Committee to work at the required level.
<p>Strategic Priorities</p> <p><input checked="" type="checkbox"/> Quality and Safety</p> <p><input type="checkbox"/> Healthcare Standards</p> <p><input type="checkbox"/> People and Innovation</p> <p><input checked="" type="checkbox"/> Community and Partnership</p> <p><input type="checkbox"/> Financial Strength</p>	<p>Operational Objectives</p> <p>QS1 Reduce avoidable deaths</p> <p>QS2 Improve the nutritional status of patients and hydration and fluid management</p> <p>QS3 Enhance communication and information for all patients and their carers</p> <p>QS4 Eradicate all avoidable grade 3 and 4 pressure ulcers</p> <p>QS5 Reduce the number of RIDDOR reportable falls</p> <p>CP6 Achieve sustained improvement in trust, confidence, reputation, customer service and public/community engagement</p>

Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards <input type="checkbox"/> Clear Clinical Service Vision or we may not deliver the best services to patients <input type="checkbox"/> Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve <input type="checkbox"/> Appoint Board members in a timely way or may impact on the governance of the Trust <input type="checkbox"/> Achieve a Financial Risk Rating of 3 to be authorised as an FT
Care Quality Commission (CQC) Domains <input checked="" type="checkbox"/> Safe <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led	Outcomes SAFE - 8: Cleanliness and infection control - People should be cared for in a clean environment and protected from the risk of infection. 10: Safety and suitability of premises - People should be cared for in safe and accessible surroundings that support their health and welfare. 11: Safety, availability and suitability of equipment - People should be safe from harm from unsafe or unsuitable equipment. CARING - 1: Respecting and involving people who use services - People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run. 4: Care and welfare of people who use services - People should get safe and appropriate care that meets their needs and supports their rights. RESPONSIVE - 5: Meeting nutritional needs - Food and drink should meet people's individual dietary needs. 17: Complaints People should have their complaints listened to and acted on properly. WELL-LED - 16: Assessing and monitoring the quality of service provision - The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation The Board is asked to NOTE the Annual report through which the Committee has outlined an evaluation of its performance for 12/13 in its role as the Committee with responsibility for ensuring and assuring the Board on its continuous drive for high quality and safe services.

Quality and Safety Committee Annual Report 2012/13

2012/13

1. Introduction

The committee was established as a sub-committee of the Board in November 2010. Its main role is to provide the Board with assurance on the Trust's Quality Improvement Programme as well as meeting core standards and registration compliance by considering:

- Risk management systems (clinical risk); and
- Key enabling strategies.

This committee also appraises and monitors the controls surrounding clinical safety and effectiveness. This includes;

- Receiving an agreed level of clinical data and trend analysis to inform and analyse the effectiveness of the clinical services provided at the Trust;
- Monitoring the quality of the service by considering patient outcomes; and
- Receiving and commenting on action plans and progress reports in response to SUI and other incidents.

In order to discharge this function the Quality and Safety Committee has approved an Annual Report for the Board and Accountable Officer. This Report includes references to information provided by Internal Committee's, Commissioners and Care Quality Commission.

2. The role and operation of the Quality and Safety Committee

2.1 Membership of the Committee

The Quality and Safety Committee is a senior Board committee. The Quality and Safety Committee met 12 times during 2012/13. It is chaired by a Non-Executive Director. The members of the Committee disclosed their interests, which included the following, in the Trust's register of interests as of 2012/13:

- | | |
|--|---|
| ▪ Dr Peter Vernon (Chair) | Managing Director of Alberi Limited
Director of H10 Limited
Related to the Directorate Manager of Facilities |
| ▪ Dr Simon Walford | Governor, University of Wolverhampton
Director, Wolverhampton Academies Trust
Director, Wolverhampton Grammar School Ltd.
In receipt of an NHS Pension |
| ▪ Mr Martin Beardwell (27 th September 2012 became Chair of the Trust from then on would not have attended Committee) | Director, Impact Alcohol Advisory Services |
| ▪ Mrs Vicky Morris- Director of Quality and Safety/ Chief Nurse | Nil |
| ▪ Dr Ashley Fraser- Medical Director | Trustee of Shropshire Education and Conference Centre Company Limited;
Chairman of Shropshire Education and Conference Centre Company Limited;
Hon. Colonel 202 (Midlands) Field Hospital;
Co-opted Member of the BMA Medical Managers Sub Committee |

- Mrs Sarah Bloomfield- Deputy Chief Nurse None
- Mr Chris Beacock- Deputy Medical Director None
- Chief Operating Officer None
- Interim role- Andrew Stenton- April to October '12
- Debbie Kadum Substantive role- 17th Dec'12

Other Non-Executive directors are able to attend this meeting and key senior Trust personnel.

The Director of Quality and Safety/ Chief Nurse supports the chair with the agenda and papers required supported by the Chief Nurse's executive administration assistant.

2.2 Meetings and Attendance

The Committee is required to meet at least monthly with agreed meetings on alternate months being workshops focusing on specific topics.

6 Meetings and 6 workshops took place during this period and were attended by members as shown overleaf:

	19 th Apr **'12	24 th May '12	21 st June* '12	19 th July '12	23 rd Aug* '12	20 th Sep '12	18 th Oct* '12	22 nd Nov '12	20 th Dec* '12	17 th Jan '13	21 st Feb* '13	21 st Mar '13	Totals		
													No of mtgs	%	
Members															
Chair (P. Vernon)		✓		✓		✓		✓	✓	✓		✓	7	100%	
Simon Walford		X		X		✓		✓	✓	✓		✓	5	71%	
**Martin Beardwell		✓		✓		X	X	X	X	X	X	X	2	29%	
Other Attendees															
DQS		X		✓		✓		✓	✓	✓		✓	6	86%	
Medical Director Ashley Fraser		✓		✓		✓		X	X	✓		✓	5	71%	
Deputy Medical Director		X		✓		✓		✓	X	X		X	3	43%	
Deputy Chief Nurse		✓		✓		✓		✓	X	✓		✓	6	86%	
Chief Operating Officer	X	X	X	X	X	X	X	X	X	X	X	X	0	0%	
Head of Assurance		X		X		X		X	X	X		✓	1	14%	

Key – ✓ (Present) / x (Absent) from meeting * Workshop

** Martin Beardwell attended until September when he became acting Chairman

2.3 Terms of Reference

The Committee's Terms of reference outline that its purpose is to ensure that the Trust has appropriate and effective systems in place that cover all aspects of Clinical Quality and Safety to include the following:

- To provide assurance to the Trust Board on Clinical Quality and Safety (including Clinical Effectiveness, Patient Safety and Patient Experience) utilising best practice metrics that provide robust clinical governance processes to deliver safe, high quality and patient centred care.
- To drive an improvement culture to promote excellence in patient care across the domains of Quality and Clinical Effectiveness, Patient Safety and Patient Experience.
- To set clear quality performance expectations and ensure the development of high quality care and continuous improvements through innovation and the use of levers such as CQUIN.
- To identify and advise on quality improvement priorities, for example, by commissioning in depth reviews of service areas and receiving exception reports from QIPP workstreams and external reviews of provider services.
- To ensure systems are aligned to maximise the benefit and organisational learning from all quality related data and intelligence information.
- To ensure that the Trust fulfils its obligations with regard to the Health Act (2009) and Monitor in the production of an Annual Quality Account and Report.
- To monitor performance of all reporting groups, approving Terms of Reference and receiving minutes, action plans and exception reports.
- To ensure that the Trust is meeting all regulatory and mandated care standards, with robust response and tracking processes in place to meet national alert requirements, national guidelines and relevant external quality and safety standards with a focus on agreed patient sensitive indicators.
- To receive an agreed level of patient safety and outcomes data which provides trends and themes from care delivery, utilising clinical metrics to uniform and analyse the range of clinical services across the Trust.
- To advise the Trust Board about the level of assurance or risks on the standards of care provided across the range of Trust services, including actions in place to drive improvements and mitigate risks, using the Board Assurance Framework and Corporate Risk Register Framework.
- To receive and review regular progress reports for achieving and maintaining compliance against all aspects of the CQC Essential Standards of Quality and Safety and develop a Quality Assurance Framework to support the governance arrangements required as an FT.

2.4 Reporting from the Committee

An outcome summary of the Quality and Safety Committee is formally reported to the public session of the Trust Board. (contained in the Information pack). In addition, the Chair of the Quality and Safety Committee summarises the key issues following each meeting in an update to the following Trust Board. Examples of issues brought to the attention of the Board during the year are:

- **CQUINS**
Reviewed the CQUIN's process for 2013/14 which now requires a pre-qualification phase as well as some tough nationally mandated targets. The committee reported that the CQUIN's needed to be discussed by the whole board
- **Mortality Index**
The committee noted that the trusts high SHMI (mortality index) score remains high. The medical director informed the committee that a great deal of work had been initiated to better understand what was driving the trust's score and what needed to be done to lower it.

- Francis report**
 The Committee received the report providing analysis and high level overview of the Francis report (2013) and the suggested next steps. The Committee agreed those next steps and agreed to sign up to the “Statement of Common Purpose” which had been adapted from the DH version. It was agreed that the Board needed to review this paper in May and the Committee agreed that the Board should be asked to consider adopting the “Statement of Common Purpose”.
- Patient Representatives**
 It was agreed to appoint patient representatives to the Quality and Safety Committee. The Chief Nurse and Medical Director have been requested to provide a Job Description and develop a recruitment process.
- Quality Governance Framework**
 The Committee reviewed in detail the updated QGF following the Trust Board validation in summer 2012. The Committee agreed the Board required a Board update and would review in the next Quarter.
- Clinical Centre- Quality Governance arrangements**
 A series of workshops have been held where representatives from the Clinical Centres presented the Quality Governance arrangements within their centres. Non Executives were able to gain assurance that each centre were reviewing the outcomes from incidents/ complaints and were monitoring the Performance of quality within their centre

Assurance outcomes from visits to Clinical areas

The Committee visit a clinical ward or Dept the hour prior to the Committee. They use this opportunity to talk to staff, patients and review samples of notes to check the standard of documentation and compliance with key safety issues (Infection Control and VTE).

2.5 Reporting to the Committee

In line with the terms of reference there are a number of standing items on each Committee agenda. The following were presented at each meeting.

- Detailed Quality report outlining all aspects of Quality (Patient experience, Patient safety and Clinical effectiveness).
- From October the Integrated Performance report has also been presented each month to provide the high level Board variance report. This has provided the ability to review the key Quality performance Indicators against the Operational and financial performance indicators.

The following reports were also presented to the Committee April 2012 – March 2013:

Ophthalmology External Report	September '12		
Quality Governance Framework	19 th July '12	20 th December '12	21 st March '12
Quality Risk Register	19 th July '12	20 th Sep '12	21 st March '13
Annual Infection Control Report	19 th July '12		
Quality Accounts (11/12 & 12/13 draft)	24 th May '12	19 th July '12	21 st Feb '13
Review of Key national Inquiries - Francis report & Winterbourne	Winterbourne 17 th Jan '13	Francis Report 18 th April '13	

Care Quality Commission reports	24 th May '12		
CCG or LINKs enter and view reports	24 th May '12		
Quarterly Clinical audit reports	24 th May '12	19 th July '12	22 nd Nov '12
Patient experience reports/ PEIP	19 th July '12	20 th Sep '12	
Board Assurance Framework	19 th July '12	20 th Sep '12	22 nd Nov '12
Risk Management Executive Annual Report	19 th July '12		
NICE Guidance Quarterly Report	24 th May '12	22 nd Nov '12	
Internal Audit Review	17 th Jan '13		
CQUINS	22 nd Nov '12	21 st Feb '13	

4.0 Overview of Quality Outcomes

4.1 Patient Safety

Serious Incidents (SIs): Over the year the Committee has received updates and reports on all SI's and Never Events. In the case of the Never Event, the Committee commissioned an External review of Ophthalmology services in 12/13 and this was received and reviewed in October by the Trust Board.

Detailed reports have been subject to detailed scrutiny and discussion by the Committee. The Committee have been concerned with the high numbers of SI's and commissioned an initial benchmarking exercise which will need to be followed up in 2013/14. The Committee fully support the positive reporting culture and in each case the Committee have been satisfied with the thoroughness of the reports and the actions and recommendations being made by the Executive.

4.2 Patient Experience

The Committee continues to hear a patient story before it commences its core business. It has also received regular reports on the work of PEIP and patient experience through the monthly quality reports and additional detailed reports. CCG and LINKs enter and view reports have been discussed. The Chair of the Quality and Safety Committee attended a PEIP meeting to reiterate the importance of patient representation in the Quality Improvement work of the Trust. The Committee now want to progress to recruiting a patient representation on the Quality and Safety Committee in 2013/14.

4.3 Patient / Clinical Effectiveness

The Committee continue to receive the Quarterly Clinical audit report and have noted the need for more regular reports on patient related outcome measures. The Committee have with the Board acknowledged the need for a revised Committee structure to facilitate a more robust Clinical Governance process. The Committee will be supported in 2013/14 by a Clinical Governance Executive Committee which will review a range of operational / Clinical Quality Committee reports and outcomes, so that the Q&S committee can focus on the appropriate level of assurance.

4.4 Patient based Risk management

The Committee has reviewed the ward to Board measures developed in 2011/12 and in place for the whole of 2012/13. A workshop of the Committee focused down to Centre and ward based ward to Board measures to gain assurance on the robustness of the process.

The Committee has also reviewed the summary of soft and hard Intelligence developed over the last two years by the Executive and the level of assurance that this also provides.

The Committee has also reviewed the Quality Improvement Framework process and reports which have involved patient representatives, commissioner and Educational colleague representation.

The Committee's review of Clinical Centre Governance arrangements in year (12/13) will be followed up with a review of Care group arrangements to ensure that the soft and hard Intelligence is reviewed effectively at Care Group level to ensure ward based/ care group ownership of any improvements required.

4.5 Quality Governance Framework and assurance

Significant time within the Committee has been taken up with developing an agreed Quality Governance Framework which has been through two validation processes during 2012/13. A Committee workshop enabled all members to review the Framework in detail followed by a Board level workshop to review the outcomes and agreed process for 2013/14.

External inspections by Commissioners and the Care Quality Commission have been received by the Committee as well as briefing and response papers to national reviews/ Inquiries.

The Committee's key report to the Board to provide assurance is the annual Quality account which was published in June 2012.

Following the approval of the Quality Improvement Strategy in March 2012, the Committee noted and reviewed the Quality development plans developed by each Clinical Centre as well as reviewing the Quality Impact assessments undertaken by October 2012.

4.6 Corporate Risk Register

Risk Register: On a regular basis the Committee has reviewed the Trust's risk register for the risks which are relevant to the Committee and in line with the terms of reference.

5.0 Internal Audit

The Committee receives any Internal Audit reports which have a quality and/ or safety focus

The full range of recommendations have been reviewed by the Committee and acted on to the satisfaction of the Committee.

An Internal report was also carried out on the annual Quality account providing a level of assurance and a current review of the 12/13 Quality account is being carried out.

5.0 Conclusions

Based on information presented and discussed at the Quality and Safety Committee meetings during the year we have concluded the following;

- The Committee continued to review and develop its role through the management of the agenda and work plan. It has been able to give varying levels of Board assurance on all the areas defined in its objectives.
- The Committee is satisfied with the systems and processes established to provide the soft and hard intelligence to identify care issues which require improvement.
- The Committee has been concerned with some areas of clinical outcomes (eg increase in pressure ulcers and serious outcomes from a small number of falls) and have noted the remedial action plans presented to the Committee to improve these outcomes. They have reviewed and approved the annual Quality account which provides an open and transparent account of the clinical indicators.
- The Committee have noted the need to develop an improved process for gaining assurance and agree that the revised Committee structure should provide the ability for the Committee to work at the required level.

This report is accompanied by the Committees second Annual Self Assessment.

Dr Peter Vernon
Chair of Quality and Safety Committee

QUALITY AND SAFETY COMMITTEE

21ST MARCH 2013

QUALITY AND SAFETY COMMITTEE CHECKLIST MARCH 2013

ISSUE	YES /NO	COMMENTS	RECOMMENDATION	AGREED ACTION
Does the Committee have written terms of reference that adequately and realistically define the Committee's role?	Y	Reviewed in year in line with revised Board Committee structure	Amendments made following review	Annual review of terms of reference to continue.
Have the terms of reference been adopted by the Board?	Y			
Are the terms of reference reviewed annually to take into account governance developments	Y			
Has the Committee established a plan for the conduct of its own work across the year?	Y		Regular review of the work plan to ensure that this supports the Executive in ongoing improvements.	Standing agenda item on the agenda along with an annual detailed review and forward plan.
Are changes to the Committee's current and future workload discussed and approved at Board level?	Y	The TOR and the workload generated is managed and prioritized by the Executive and agreement that an enhanced Clinical Governance Executive Committee will enhance the level that the Committee can effectively work at to provide adequate Board assurance	Clinical Governance to receive the key headline reports from each of the clinical Committee's	Action in place

ISSUE	YES /NO	COMMENTS	RECOMMENDATION	AGREED ACTION
Does the Committee report regularly to the Board?	Y	Key headlines agreed at the end of each meeting and shared in the information pack within the next public Board. Minutes are shared when approved by the chair	Practice to continue as evaluated well by the Board. Standing agenda reflects this requirement	In place
Are members, particularly those new to the Committee, provided with training?		To look at the induction programme for new committee members. Work programme to be sent to Martin Beardwell Consider how the committee are updated with ongoing training requirements. Discussion for work programme was to pick 3 or 4 things to do over the year (information governance, MCA and DOLs training, safeguarding) and allow time on the agenda of each meeting/workshop	Review training needs for new and established members of the Committee	Reviewed in June '13 Committee as part of annual review
Does the Board ensure that members have sufficient knowledge of the organisation to identify key risk areas	Y			
Does the Committee prepare an annual report on its work and performance in the preceding year for consideration by the Board?	Y	The committee has considered and prepared an annual report on the Committee's activities and Governance arrangements	Annual report to be produced each June	Action in place
Has the Committee fulfilled the "Key Responsibilities as set out in the TOR 1 Quality	Y	The key responsibilities are set out in the TOR which has been reviewed in 2012/13, however further review can now take place facilitated by the Clinical Governance Executive Committee being established	Review in June 2013	Action in place
Has the Committee fulfilled the "Key Responsibilities as set out in the TOR 2 Safety	Y			

Reporting to:	Trust Board
Title	Sustainable Development - Corporate Citizen and Carbon Management Annual Report 2012/13
Sponsoring Director	Julia Clarke - Director of Corporate Governance
Author(s)	John Ellis-Tipton - Estates Manager - Environment & Risk
Previously considered by	Good Corporate Citizen group, HEC - July 2013
Executive Summary	Sustainable development is an aspiration of both the public and private sector with the aim to benefit the social, economic and physical environment. This is coupled with legislative requirements to reduce carbon emissions linked to financial incentives through the Carbon Reduction Scheme, that in 13/14 will result in costs to the Trust of £201k through the mandatory purchase of carbon allowances based on calculated carbon emissions. The Good Corporate Citizen is a development for the public sector to measure progress against 8 specified elements that contribute to the wider sustainability agenda
Strategic Priorities <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Healthcare Standards <input type="checkbox"/> People and Innovation <input checked="" type="checkbox"/> Community and Partnership <input checked="" type="checkbox"/> Financial Strength	Operational Objectives CP6 Achieve sustained improvement in trust, confidence, reputation, customer service and public/community engagement FS9 Develop environmental and sustainability through Good Corporate Citizen progress
Board Assurance Framework (BAF) Risks	<input type="checkbox"/> Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards <input type="checkbox"/> Clear Clinical Service Vision or we may not deliver the best services to patients <input type="checkbox"/> Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve <input type="checkbox"/> Appoint Board members in a timely way or may impact on the governance of the Trust <input checked="" type="checkbox"/> Achieve a Financial Risk Rating of 3 to be authorised as an FT
Care Quality Commission (CQC) Domains <input checked="" type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led	Outcomes 10: Safety and suitability of premises - People should be cared for in safe and accessible surroundings that support their health and welfare 14: Supporting workers - Staff should be properly trained and supervised, and have the chance to develop and improve their skills.
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	Recommendation The Board is asked to APPROVE identified priority areas for each element during 2013/14 and NOTE the continued progress made by SaTH

THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST
SUSTAINABLE DEVELOPMENT - NHS CORPORATE CITIZEN &
CARBON MANAGEMENT STRATEGY UPDATE 2012/13

1. INTRODUCTION

The Shrewsbury and Telford Hospital is one of the largest employers in the county and along with all NHS organisations, it is a large user of resources. This gives us an important role in the community and a duty to use our position responsibly.

For some time sustainable development has been rising up the government agendas and, in the business community there has been longer recognition of 'corporate social responsibility' or 'corporate citizenship' to benefit the social, economic and physical environment. The benefits can also produce revenue reductions through a more effective use of resources.

The Climate Change Act sets national targets for reducing carbon emissions against a baseline of 1990 emissions of, 34% by 2020, 64% by 2035 and 80% by 2050. Additionally, the NHS has set itself a target of a 10% reduction against 2007 emissions by 2015.

The Carbon Reduction Commitment Energy Efficiency Scheme (CRC) is a mandatory scheme to encourage reduction in energy usage and carbon emission by large energy users. The CRC attaches cost to carbon emissions. Carbon 'Allowances' for buildings-related emissions are retrospectively purchased in July - October each year. Changes to the way in which relevant emissions are calculated, mean that the cost to the Trust of £117k for 2011-12 emissions, has increased to £201k for 2012-13. It is estimated that this cost would have been in excess of £270k if the Trust's own electricity power plants were not in place.

2. NHS CORPORATE CITIZEN - POSITION AT SHREWSBURY & TELFORD HOSPITAL NHS TRUST

2.1 Background

In the NHS the *NHS Good Corporate Citizenship Assessment Model* is central to achieving sustainable development. It is a web-based tool designed to benefit staff, patients and the community. It will also save money and help the planet. This has been significantly improved and re-launched in 2013.

The NHS, with its focus on improving health and wellbeing and preventing illness has a major role to play in improving sustainability. It is the largest employer in Europe with the largest property portfolio. It has an annual budget of around £100 billion a year. It therefore is in a prime position and has the influence and capability to make a difference. It can make a difference in many ways such as being an employer or purchaser, a manager of transport, energy, waste and water, a landholder and commissioner of building work and as an influential partner in many communities.

What is the Good Corporate Citizenship (GCC) Assessment Model?

The GCC tool for 2012-13 has been significantly updated and now contains 9 sections (compared to 6 before). The three new sections are: Overall approach, Models of Care and Adaptation to climate change.

These three extra sections have been included to ensure the GCC tool reflects the truly cross-organisational impact of sustainability and to ensure the model is as future-proof as possible.

The scoring system has also been updated. The “Getting Started”, “Getting There” and “Excellent” sections of each question have been divided into three parts. This enables organisations to provide far more accurate GCC scores.

The sections are:

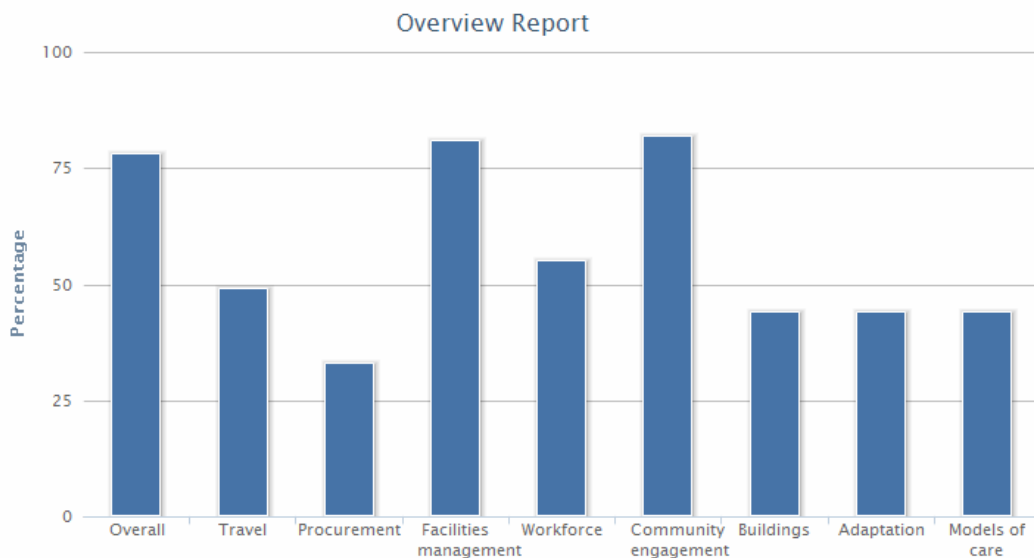
- i. Overall – the corporate approach to all domains
- ii. Travel
- iii. Procurement,
- iv. Facilities management,
- v. Workforce
- vi. Community engagement.
- vii. Buildings,
- viii. Adaptation – to climate change
- ix. Models of Care – (financial and environmentally)sustainability of care models

2.2 NHS Good Corporate Citizen (GCC) Assessment Model

Although the GCC Assessment model has been running since 2008 and SaTH has made continual improvement during the years that followed, the changes made to the Assessment tool, mean that a comparison with previous years is not possible this year. It will be possible to compare SaTH with other similar Trusts in the Midlands area. Year-on-year assessments will again be possible starting next year. SaTH’s self-assessment score for 2012/13 using the GCC Model is shown in Chart 1 below.

Overview

58%



1) Overall – This looks at corporate responsibility and accountability for sustainable development, with a focus on key performance indicator reporting to the Board, sharing of good practice, communicating and benchmarking progress and ongoing engagement with stakeholders. It is important that focus at the highest level is maintained by organisations to ensure improvements are driven through.

At SaTH – we have made good progress with board reporting on sustainable development and communicate this with staff through 'Green' updates. We will include six-monthly KPI updates as part of the Integrated Performance Report. Considerable work has been undertaken with local authorities and public transport providers in relation to minimising traffic and carbon emissions. We will need to confirm our GCC results by external verification.

2) Travel – Travel and parking are inextricably linked and are areas where we receive a lot of adverse comments. There are clear health, financial and environmental benefits resulting from active, green travel choices. The NHS is responsible for 5% of all journeys made in this country. Its travel policies can influence the behaviour of millions of people every day – not only the 1.4 million people who work for the NHS, but the vast numbers of patients, visitors and suppliers who flow in and out of the system. Sustainable transport and travel in the NHS means:

- Encouraging people to make active and sustainable travel choices where possible, such as walking and cycling
- Ensuring that health services can be accessed by good quality foot and cycle paths, and effective public transport systems, and encouraging their use ahead of private vehicles
- Making sure that collisions, noise, pollution, congestion and CO2 emissions are minimised through effective travel planning
- Providing facilities and working arrangements that reduce the need for travel and distances travelled
- Managing travel in ways that benefit communities, support local economies and help protect the environment

At SaTH there has been progress in terms of travel and transport planning, visitor and staff engagement and consultation as part of the reconfiguration of hospital services and in compliance with the Planning conditions attached to the new Women and Children's building. Travel on both sites has been a longstanding problem with limited access to car parking spaces available for staff and public visitors. Negotiations are underway with local authorities and local transport providers about improving transport links between our sites and also encouraging staff to find alternatives to the car to get to work. An awareness and launch event (to be repeated at intervals throughout the year) is planned in the late summer. The Trust is also reviewing the way in which it manages its parking and will shortly be introducing a new camera-based system. This will open up new opportunities to incentivise alternative travel arrangements for staff.

The new building work at PRH has seen a cycle link made to the adjacent Silkin Way, plus additional cycle parking. This was funded by Telford and Wrekin Council.

Finally, a Travel Plan Coordinator will shortly be appointed (in funding partnership with the two Local Authorities) to oversee the implementation of the Trust's Travel Plan.

3) Procurement – The NHS in England spends £20 billion a year on products and services. Decisions about how this money is spent can have a huge impact on sustainable development. They can influence the way that suppliers think about their environmental impacts, or the fairness of their supply chains. And they can support the local economy, with knock-on benefits for the health and wellbeing of the community. Through the vast scale of its procurement, the NHS can drive innovation and shift markets towards more sustainable modes of operation. This is not simply a desirable characteristic of NHS organisations: it is a critical element of their corporate citizenship, and the country relies upon them to lead by example. Sustainable procurement means:

- Buying what is needed, and seeking innovative, lower impact products and services
- Understanding demand to ensure most efficient delivery of outcomes
- Specifying environmental and social standards through the procurement process to influence supply chains and drive innovation
- Basing procurement decisions on whole life rather than short-term costs and benefits
- Providing business opportunities and supporting skills development amongst supplier communities
- Making sure procurement supports and facilitates a reduction in resource use and waste

At SaTH The Board approved a Sustainable Procurement Strategy in August 2012. GreenInsight also undertook analysis to identify key suppliers for Procurement to target. The Catering Department source yoghurt, eggs, milk and bottled water locally. All poultry used at RSH is British. Fair Trade products are also used wherever possible. Shropshire Healthcare Procurement Service (SHPS) have a Sustainability Pre-Qualification Questionnaire for all OJEU bids (£>£113k) and whole life costing analysis is included in evaluation of some bids to include sustainable considerations. SHPS continue to look at ways to reduce packaging and are involved with the work to reduce drug wastage. ContractsFinder has been introduced which is a system open to SMEs to bid for contracts to encourage support of local businesses. Discussions are underway with the BMA re incorporating ethical procurement standards into existing processes.

4) Facilities Management – Facilities management plays a key role in contributing to safe, high quality care delivered by the NHS. Sustainable facilities management ensures that environmental impacts are minimised and local economies and communities are supported in the operation of the NHS estate. This means:

- Complying with environmental and other appropriate legislation
- Making highly efficient use of resources such as energy, water, land and products
- Minimising waste
- Protecting green space and biodiversity
- Supporting local communities and economies wherever possible

At SaTH the new domestic waste contract continues to reduce our waste disposal to landfill. Much of our domestic waste is now going to create refuse-derived fuel used in energy-generating schemes. This not only reduces the harmful disposal of waste to landfill and the associated landfill (greenhouse gases) but also produces a useful-commodity; electricity. We have introduced a food waste collection scheme at RSH and this is reducing the unsustainable disposal of food waste to the sewers (which also caused numerous drain blockages). It is also reducing our usage of water (used to wash the food waste down the drains) considerably and should achieve approximately £8000 savings each year.

We are presently tendering for a new domestic waste contract and are looking for innovation in the responses as regards sustainability and waste reduction to landfill.

We are working with our new clinical waste Contractor to introduce a waste tracking system to replace the present version at a further saving of £15,000 each year.

Our duck families have done well this year through the kindness of a team of duck welfare volunteers. They are appreciated by staff and visitors alike but we hope that they will soon be leaving us to fend for themselves!

5) Workforce - The NHS is the biggest employer in the UK, and one of the biggest in the world. In many parts of the country it is the largest local employer. Employment is a key determinant of health and social cohesion. Employers can make a big difference to the wellbeing of the communities they serve through their approach to recruitment, learning and skills development, management, career progression, working conditions and equal opportunities. They can also promote sustainable development through the learning opportunities they provide, and the examples they set. A People (workforce) strategy that supports sustainable development means:

- Understanding and responding to local employment conditions and needs
- Proactively building a skilled local workforce
- Building partnerships with education, training and skills providers, and voluntary organisations that help specific groups of people find employment
- Promoting the health and wellbeing of employees through enlightened HR policies
- Providing opportunities for employees to practice sustainable development.

At SaTH - the People Strategy is in its final stages and is due to be presented to Trust Board in July 2013. We have regular Board and Centre reports and Key Performance measures. A big area for development in 2012/13 was joining the Prince's Trust scheme to give youngsters an opportunity to experience the workplace. The NHS Staff Survey was issued to all staff and an Action Framework has been developed. We work with Remploy and operate the two ticks symbol (re employment of disabled people). Apprenticeships were a key area of focus in 2012/13 and 110 members of staff are undertaking an Apprenticeship Framework qualification. The Prince's Trust also saw 14 'work ready' unemployed young people embark on a 4-week programme to gain insight and experience. Six of the group have subsequently gained employment in related fields. Work has been carried out on an E-learning programme for Good Corporate Citizen linked to the national Learning Management System.

There has been a lot of activity around health & wellbeing of staff including development of an annual plan, roadshows, introduction of zumba classes and 'Fruity Friday', summer hydration event, flu campaign and free NHS Healthchecks on site for staff aged 40-74. The sickness and appraisal policies have been under review. 8-week Mindfulness courses have been provided and were very well received and will be repeated. Two cohorts of executive Coaches/mentors have been trained. There has also been retirement planning events and finance drop-in sessions.

6) Community Engagement – NHS organizations play a central role in any community and can make a significant contribution to health that goes beyond their obvious clinical functions. They can demonstrate leadership through the example they set to others in areas like food, active travel and energy efficiency. By understanding the needs of the local population, NHS organisations can understand how to influence their behaviours in relation to health and sustainable development. This means:

- Understanding the local community and involving its members in decision making and scrutiny
- Involving members of the local community in the planning and delivery of healthcare
- Working positively with key stakeholders to ensure local decisions (e.g. on planning or transport) are good for health and sustainability
- Supporting a strong and sustainable local economy by involving local suppliers in appropriate procurement opportunities
- Promoting healthy, sustainable food and nutrition.

At SaTH We have an active Foundation Trust membership of almost 9,000 and we communicate to members on a regular basis through the A Healthier Future newsletter and different Trust engagement activities. A newly formed Corporate Citizen Communication and Engagement group is looking at ways to further engage with our local communities on green issues. A Patient Engagement and Involvement Panel has been convened which provides scrutiny and support for the trust quality, safety and patient experience agenda. The NHS Foundation Trust process has enabled our public members to let us know if they have an interest in "Environment and Community" issues. This information is held on the membership database and can be used to invite members to attend focus groups etc. We provide some facilities beyond health care (including meeting rooms that are used by community groups, support for community groups linked to our services e.g. Hope for Life, Hamar Centre). Gym facilities are also available for families of staff.

7) Buildings – The NHS has the largest property portfolio in Europe. Decisions about the planning, design and construction of new buildings, and the refurbishment of existing ones, are important opportunities to contribute to health and wellbeing, and to a more sustainable NHS. Since July 2008, there has been a formal requirement to apply the [BREEAM Healthcare](#) environmental and sustainability standard to healthcare building and refurbishment projects above certain capital thresholds. New buildings are expected to achieve an Excellent rating and refurbishments a Very Good rating, within the scheme. Sustainable building and refurbishment means:

- Listening to the views of the local community on their needs from healthcare buildings
- Working with contractors to ensure sustainable development objectives are properly specified, understood and delivered
- Using building projects to trigger improvement in other areas, like promoting active travel, cutting carbon, and expanding green and natural spaces
- Maximising sustainability performance through all phases of a building's lifetime – planning, design, construction and operation
- Supporting a strong and sustainable local economy by involving local suppliers in building projects.

At SaTH - All major new building works now achieve 'Excellent' BREEAM rating – the Lingen Davies Centre and the currently-being-constructed W&C Centre at PRH are two examples. An 'excellent' BREEAM rating confirms that the local community has been involved in the design process and also that the environmental impact of the building during its entire lifecycle is reduced. The new W&C centre will have partial natural ventilation and natural light where possible. It will be served by very efficient heating and cooling plant and will include a scheme to change the existing boiler plant at PRH to a more efficient system. The new building work at PRH has seen a cycle link made to the adjacent Silkin Way, plus additional cycle parking. Significant improvements continue to be made to garden areas at RSH by the in-house team this year.

8) Adaptation – The health system is taking great strides to mitigate climate change by reducing its emissions and acting more sustainably. However, this will not protect it from the effects of climate change such as longer and more frequent heat waves, increased flooding, harsher cold snaps and the impact these events will have on healthcare services. During the 2003 European heat wave 35,000 people died, 1500 of who lived in England. Adapting to climate change is a necessary strategy. It will ensure high quality services are maintained when there is an influx of patients during critical climate events.

SATH – A dedicated Emergency Planning and Resilience officer was appointed in 2013 to oversee Major Incident planning across the Trust and with other key partners. The Emergency Planning and Resilience Manager completed the self assessment baseline for the last financial year, this assesses the Trust's preparedness to deal with a range of scenarios including heatwaves, floods, civil unrest etc and key elements are closely linked to the adaptation element of sustainability.

9) Models of Care – this element focuses on the organisational structure, with responsibility included in the values/mission statement and education of clinical staff on their contribution, with a board-level clinical leader. There is also focus on shifting emphasis of care to educate staff and patients about the benefits of healthy lifestyles. Also empowering care particularly in relation to chronic disease management and long-term conditions and exploring options in relation to care closer to home, with a systems approach that involves users, families, carers or the public in development of services and models/pathways of care.

At SATH – we have included environmental and social sustainability in our operational objectives (FS9), an e-learning tool is in its final stages of development and we have appointed the Medical Director as the Board-level clinical lead. We have set clear targets to reduce length of stay and readmission rates and report to the public on our stewardship of resources. We are also considering Admission/attendance avoidance as a key workstream with our partners in 2013/14.

3. GCC PRIORITIES 2012 - 2013

The Strategic Steering Group has overall responsibility for setting targets, providing direction and focus and for monitoring the three 'working' sub-groups. The three sub-groups, which comprise 'grass-roots' staff, are assigned responsibilities around (i) Estates and Transport, (ii) Procurement and (iii) Workforce and Engagement.

The GCC priorities for 2012-13 and the progress made are outlined below:

1. Estates and Transport sub-group–

- a. *To assist with promotion and implementation of the Travel and Transport Plan resulting from the recent visitor consultation and staff engagement. This will include promotion of cycling, walking, public transport and car sharing etc.* A number of initiatives in the Plan have been explored with the Local Authorities and with Arriva and a launch of alternative travel arrangements to include cycling, walking and bus is planned later this year. Arriva has agreed to provide discounted travel tickets for staff. Shropshire Council has proposed a scheme to use the Oxon P&R facility near to RSH and the costs are presently being reviewed. A new cycle access point has been created at PRH.
- b. *To promote alternatives to the car for business travel, particularly between the two hospital sites (e.g. tele / video conferencing, intersite bus).* Prices have been obtained from Arriva and are also being sought from STS for this service and will be integrated into a full transport report later this year.
- c. *To promote the value of waste recycling.* We have introduced food waste recycling at RSH and are presently tendering for a new domestic waste contract – with innovation in terms of reducing waste to landfill being a key point.
- d. *To continue to push for incorporation of sustainability measures in the new W&C Centre.* The new building includes natural ventilation where possible, and will also be served by a very efficient heating and cooling system; linked to a proposal to improve the efficiency of the entire heating plant at PRH.

2. Procurement sub-group –

- a. *To source more products locally within the existing legislative framework* – Contract Finder makes procurement visible to suppliers to enable better access to local suppliers, which has seen modes uptake.
- b. *Include sustainability criteria in EU tenders* - PQQ now introduces sustainability issues for all EU tenders. Plan is to adapt and include in lower value contracts.
- c. *Issue sustainability questionnaire to top 20 suppliers annually and monitor any improvements* – SHPS to issue July 13 to provide benchmark year

3. Workforce and Engagement sub-group –

- a. *Introduce Evergreen scheme to convert FT members from postal to email contacts* – Almost 3,000 FT members now receive updates by email. Plan to relaunch initiative in Autumn
- b. *Extend annual Staff Survey to all staff* - completed and issued to all staff in October 2012
- c. *Implement Cultural Assessment survey* – completed to be presented to Trust Board July 2013
- d. *Implement Health & Wellbeing programme* – extensive progress made in this area – roadshows, zumba etc

4. GCC PRIORITIES 2013 – 2014

The priorities for the year 2013 – 14 for the individual sub-groups are as follows. However we are looking to incorporate these groups into the relevant mainstream management meetings. This should help to improve our GCC scores and position:

1. Estates and Transport sub-group –
 - a. To continue to develop the Travel and Transport Plan and implement the schemes therein to reduce staff commuting and also business travel between the two main sites.
 - b. To improve our water usage performance and implement the new domestic waste contract, including recycling facilities.
 - c. To further improve our energy performance through new energy schemes and to explore opportunities to improve the green space for wildlife and staff / patient enjoyment.

2. Procurement sub-group –
 - a. To use labour Standards risk assessments as part of bid evaluation
 - b. To include energy consumption of items as part of bid evaluation
 - c. Meet with key suppliers annually to discuss sustainability improvements
 - d. Assess 'miles' of top used items and source more ethical, greener alternatives

3. Workforce and Engagement sub-group –
 - a. Health and Wellbeing
 - b. Supporting local employment – apprentices, Prince's Trust and HCA values-based recruitment with two-week tailor-made induction programme with focus on Fundamentals of care
 - c. Developing our workforce - review appraisal process
 - d. To increase number of Young Volunteers in Trust to 50
 - e. To increase electronic FT membership to 3500

4. Adaptation
 - a. To link Major Incident into the sustainable development plans, along with all aspects of resilience including Business Continuity plans – with the supply chain issues linking into procurements processes. Thus ensuring there is standardization and continuity in line with the procurement service sustainable action plan.
 - b. A series of business continuity workshops will be held in August and September to assist in the development of plans. Corporate Citizen will be included - to ensure all the new plans reflect and contain sustainability as part of the plan writing process.

5. Clinical models of care
 - a. Promote e-learning site for all staff
 - b. Promoting admission/attendance avoidance with LHE, particularly for chronic and long-term conditions

The full action plan will continue to be monitored through the Corporate Citizen Steering Group which meets quarterly and is available through the Director of Corporate Governance or on the Trust intranet. It is also intended to review the current sub-group process and to incorporate quarterly updates into regular management meetings to embed into main business of organisation.

5. SUSTAINABILITY AND CARBON MANAGEMENT STRATEGY

5.1 *Background*

The NHS emits around 18 million tonnes of CO₂ every year. Increases in chronic conditions such as obesity, diabetes, asthma, hypertension and heart disease are in part caused by adverse environmental factors such as poor air quality, poor quality food, over-reliance on cars, and badly-designed environments limiting opportunities for physical activity. Mental health and health inequalities are also linked to these factors.

The UK Government's strategy for sustainable development 'Securing the Future' and the Department of Health's strategy 'Taking the Long Term View' are both major public health policies which provide a mandate for the NHS to engage in sustainable development and provide the framework for SATH NHS Trust's Sustainability and Carbon Management Strategy which was approved by the Board in October 2010. The full Sustainability and Carbon Management Strategy and the Action Plan are available from the Director of Compliance & Risk Management or the Trust website www.sath.nhs.uk.

Good progress is being made against the actions in the Plan, with further actions now showing a green RAG status.

5.2 *Climate Change Act*

The Climate Change Act CO₂ targets are for a 34% reduction against 1990 emissions by 2020, 64% by 2035 and 80% by 2050. In 1990 national emissions were just under 21Mt CO₂ and, in 2010 they were just over this, with projected emissions for 2010 of approximately 24 Mt. CO₂. The Climate Change Act aims to reduce this to 14 Mt CO₂ by 2020. . Additionally, the NHS has set itself a target of a 10% reduction against 2007 emissions by 2015.

5.3 *SaTH emissions*

There are no figures available for the Trust of levels in 1990. The Trust has very accurate figures for the carbon emissions resulting from building and process energy usage (heating, lighting and ventilating of buildings and equipment sterilisation using electricity, gas and oil) for the period 2007 onwards. Typically across the NHS, buildings-related CO₂ emissions account for 22% of total emissions, the remainder arising from procurement (59%) and transport (18%), plus some miscellaneous.

SaTH has already undertaken significant work to reduce the energy demand and carbon footprint of its buildings – heating, ventilation and cooling controls have been upgraded, and new lighting and less carbon-intensive cooling systems have been installed. Combined heat and power (CHP) plants have been installed at both sites, which use gas to generate electricity and then utilise the 'waste' heat to provide heating and - through an absorption process - cooling for the buildings. The work at RSH site was completed in 2006 and therefore this had already reduced our carbon footprint by the time the NHS-baseline year of 2007 was decided upon. The improvements at PRH, which were carried-out in 2009, are also reducing our footprint. The two systems during 2012/13 reduced our buildings-related carbon footprint by 5,713 tonnes - approximately one third - and realised a financial saving on the Carbon Reduction Commitment (CRC) of c£69,000.

Table 2 shows the buildings-related energy usage and emissions of CO₂ – both *actual* and; in green, *Degree-Day corrected* (which takes account of the relative coldness of a year and enables a like-for-like comparison). In 2009 / 10, the CHP at PRH was commissioned and this brought about a reduction in overall energy usage and CO₂ emissions. The operation of both the CHP plants (i.e. RSH and PRH) has also reduced the need to import carbon-intensive electricity from the grid by using gas as the prime energy source instead. This is less carbon-intensive than grid electricity. The opening of the off-site CSSD facility at Queensway in 2010, reversed the downward trend in energy usage but it has created the opportunity to consider more efficient boiler plant at PRH and this is presently being looked into as part of the new WCC.

It is pleasing to note that whilst the *actual* energy usage in 2012/13 has increased compared with previous years, it was exceptionally cold – approximately 36% colder than the previous year. The DD-corrected figures, which enable us to discount for the effect of the colder weather; show that the efficiency with which we are using energy, is increasing and also, very importantly from an environmental viewpoint, our carbon intensity is also improving (reducing).

Table 2: SaTH Buildings Energy Usage and CO₂ Emissions 2007 - 2013:

Year	Actual Energy usage kWh	DD-corrected energy kWh (to 2007/08) (See Note 1)	Actual CO ₂ emissions Tonnes	DD-corrected CO ₂ emissions (tonnes) (to 2007/08) (See Note 1)
2007/08	65,145,514	65,145,514	15,775	15,775
2008/09	69,847,083	66,195,659	15,999	15,452
2009/10	68,732,006	65,035,344	15,514	14,958
2010/11 (Note 2)	74,572,546	69,911,276	16,273	15,417
2011/12	71,950,581	72,341,714	16,039	16,111
2012/13	75,974,578	67,655,671	17,025	15,498

Note 1. DD-correction only applied to boiler gas (i.e. not applied to electric import, oil, CHP gas or Queensway gas, as these are all weather-independent).

Note 2. New Queensway CSSD plant opened.

Our estate is increasing in size; the new Lingden Davies Centre has opened, FTE staff numbers have increased and we are becoming increasingly sophisticated in terms of use of technology. Table 3 below however, gives us reassurance that the usage and emissions per standardisation unit of floor area and FTE, are decreasing.

Table 3: SaTH Energy usage and CO₂ emissions (both DD-corrected to 2007/08) per unit floor area of estate and per WTE 2007 – 2013.

Year	DD-corrected energy kWh		DD-corrected CO ₂ emissions (tonnes)	
	per m ² floor area	per FTE	per m ² floor area	per FTE
2007/08	618	17,184	0.15	4.16
2008/09	628	16,956	0.15	3.96
2009/10	617	15,477	0.14	3.56
2010/11	634	17,043	0.14	3.76
2011/12	656	16,001	0.15	3.56
2012/13	607	14,817	0.14	3.39

6. CARBON REDUCTION COMMITMENT (CRC) SCHEME

The CRC has now been operating for three years (papers have previously been presented to the Board on this subject). The Trust has reported its emissions for all years in accordance with the scheme's requirements. The accounting period 2011/12 was the first for which 'carbon allowances' needed to be purchased – at a cost of approximately £117,000. Changes to the way that carbon allowances are calculated mean that the cost for 2012/13 has increased to approximately £201,000, although this would have been nearer to £270,000 were it not for some of the efficiency measures that are in place.

The only ways to reduce the cost of the scheme are to reduce energy consumption and a move to less carbon-intensive energy usage. We are exploring a major restructuring of the energy plant at PRH as part of the WCC and this will see a reduction in energy usage and CRC compliance costs.

Further schemes to reduce energy consumption, which may feature in future years' requirements are being explored. A PC-shutdown software solution has been proposed to Capital Planning Group as this would see a ROI in 18 months (cost c £30k) plus future cost benefits if the CRC scheme is extended.

7. RECOMMENDATIONS

The Board is asked to :

- (i) **APPROVE** identified priority areas for each element during 2013/14
- (ii) **NOTE** the continued progress made against the Good Corporate Citizen agenda and carbon reduction and the Carbon Management Plan