<table>
<thead>
<tr>
<th>Reporting to:</th>
<th>Trust Board  27 March 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Sustainable Development Management Plan/Strategy</td>
</tr>
<tr>
<td>Sponsoring Director</td>
<td>Director of Corporate Governance</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Director of Corporate Governance</td>
</tr>
<tr>
<td>Previously considered by</td>
<td>Sustainable Development Committee Feb 14, Hospital Executive Committee Feb 14</td>
</tr>
</tbody>
</table>

**Executive Summary**

A national five year Sustainability Strategy was launched by NHS England in January 2014. The Strategy outlines a vision and three goals based on the challenges that factor in the environmental impact of the health and care system and the potential health co-benefits of minimising this impact.

SaTH is committed to improving its sustainability performance for environmental and financial reasons and has reviewed its five year Sustainability Strategy in the light of the latest requirements and its longer-term vision and objectives. The Strategy and action plan are in the Information Pack and on the Trust’s website. It should be noted that the action plan incorporated the national Good Corporate Citizen objectives, as well as locally derived ones, aligned to our own priorities.

### Strategic Priorities
- [ ] Quality and Safety
- [ ] Healthcare Standards
- [ ] People and Innovation
- [ ] Community and Partnership
- [x] Financial Strength

### Operational Objectives

- FS9 – to continue to develop environmental and social sustainability through Good Corporate Citizen progress

### Board Assurance Framework (BAF) Risks

- [x] Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience
- [ ] Implement our falls prevention strategy to help prevent patients suffering serious injury
- [ ] Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards
- [ ] Clear Clinical Service Vision or we may not deliver the best services to patients
- [x] Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve
- [ ] Resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position
NHS Sustainability Day 27 March 2014

OUR PLEDGE

For Sustainability Day 2014 The Shrewsbury and Telford Hospital NHS Trust will be holding events at both our hospitals, promoting the work we have done around sustainability and asking members of staff and public to make pledges for things that they can do individually. We are also asking people to sign up as sustainability champions! Our Sustainable Development Management Strategy with action plan, will also be taken to Trust Board that day, after extensive engagement and consultation, to align with our strategic priorities for the next five years.
1. Introduction

Many organisations, individuals and communities across the health and care system are working together to deliver better outcomes for all and doing so by reflecting the principles of sustainable development. It is clear that we need to work in partnership within and across our organisation, the local health and care system and local government, as well as with our communities to make working sustainably a priority. This will also demonstrate our responsibility and commitment to a broader and more global perspective of health and wellbeing.

The challenge for the health and care system is to continually improve health and wellbeing and deliver high quality care when needed. The challenge is how to do this now and for future generations within available financial, social and environmental resources. NHS England and Public Health England held a consultation on their five-year Sustainable Development Strategy last year, which this Trust responded to and which was launched in January 2014 – Sustainable, Resilient, Healthy People and Places.

There was intensive engagement across the health and care system, which NHS organisations, including SaTH contributed to, as well as local government, public health, social care and professional bodies. The Strategy emphasises that reducing carbon emissions and preparing for extreme weather events can be achieved whilst protecting natural resources and strengthening social systems, which in turn can provide significant short-term and priceless long term benefits for our health, communities and services. It goes on to say that the NHS, public health and social care system is at a crossroads and it is widely accepted that the current health and care system is unsustainable, without radical transformation. It concludes that the sustainability creates many positive benefits and demonstrates our responsibility and commitment to a broader and more global perspective of health and wellbeing.

A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage. There is a balance and overlap between the different elements of sustainability:

Chart 1: Sustainable health and care system
The Strategy outlines a vision and three goals based on the challenges that factor in the environmental impact of the health and care system and the potential health co-benefits of minimising this impact; how the health and care system needs to adapt and react to climate change, including preparing and responding to extreme events and how the NHS, public health and social care system maximises very opportunity to improve economic, social and environmental sustainability

**The Vision** – A sustainable health and care system works within the available environmental and social resources protecting and improving health now and for future generations and adopts a positive approach to improving physical and social sustainability.

**Chart 2:** Enabling positive approaches to sustainability whilst reducing negative impacts

**Goal 1: A healthier environment**

A healthier environment can contribute to better outcomes for all. This involves valuing and enhancing our natural resources, whilst also reducing harmful pollution and significantly reducing carbon emissions. Contributing to the Climate Change Act target with a 24% reduction in carbon emissions by 2020 is a key measure.

**Goal 2: Communities and services are ready and resilient for changing times and climates**

When periods of heat, cold, flooding and other extreme events occur it is the vulnerable people and communities that suffer the worst. Those communities and their services bear the responsibility of addressing the consequences of these events. Multi-agency planning and organisational collaboration, underpinned by local plans and assurance mechanisms, provide a better solution to these events than working independently, individually and ineffectively.

**Goal 3: Every opportunity contributes to healthy lives, healthy communities and healthy environments**

Every contact and every decision taken across the health and care system can help build the immediate and longer-term benefits of helping people to be well and reduce their care needs. There are multiple mechanisms that can support this
approach from improved information, more integrated approaches and smarter, more aligned, incentives that help minimise preventable ill-health, health inequalities and unnecessary treatment. A sustainable system cannot be achieved without taking very opportunity to support communities and people to be independent and self-manage conditions and events.

1.2 There are also legislative and policy requirements;

- **The Kyoto Protocol** (1997) was an international agreement linked to the United Nations Framework Convention on Climate Change and its major feature is that it legally bound developed countries to emission reduction targets.

- **The Climate Change Act** (2008 and amended 2009) sets ambitious targets of reducing carbon dioxide emissions by 80% by 2050. The key aims of the Act focuses on improving carbon management whilst moving towards a low-carbon economy as well as demonstrating UK leadership internationally, signalling a commitment to take responsibility for reducing global emissions.

- **CRC Energy Efficiency Scheme** (formerly known as the Carbon Reduction Commitment) was announced in the 2007 Energy White Paper. The Scheme is a mandatory carbon emissions reporting and pricing scheme to cover all organisations using more than 6,000MWh per year of electricity. It was introduced in April 2010 and requires public and private sector organisations to account for their carbon emissions. The NHS currently emits 21 million tonnes of carbon dioxide equivalent each year and it is rising at the rate of 1.5% per year and predicted to be 23 million tonnes by 2020. To meet the government’s target of an 80% reduction by 2050 emissions need to drop by 3% per year. This is shown in the chart below

**Chart 3:** Current CO²e position and the trajectory required to achieve compliance of 34% reduction by 2020 and 80% reduction by 2050
SaTH’s CRC Energy Efficiency Scheme contribution has increased year on year. This contribution is based on our energy-related carbon emissions although the calculation formula was reviewed in 2012/13, making comparison difficult.

**Table 1: SaTH’s CRC Contribution**

<table>
<thead>
<tr>
<th>Year</th>
<th>Contribution (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>£117k</td>
</tr>
<tr>
<td>2012/13</td>
<td>£201k</td>
</tr>
<tr>
<td>2013/14</td>
<td>£270k</td>
</tr>
</tbody>
</table>

2. **SaTH’s position**

SaTH has an approved Sustainable Development Plan/Carbon Management Strategy and has been a member of the national ‘Good Corporate Citizen’ (GCC) public sector initiative for seven years. This is an assessment model designed to measure and drive progress, developed by DoH, NHS Confederation and Sustainable Development Unit. It was revamped in 2013 and now has nine standards, which help the public sector improve their contribution to sustainable development. SaTH currently performs better than average in most standards, although Procurement, including pharmaceutical spend, needs reviewing in relation to the sustainability agenda as this is an area where we could use our considerable purchasing power to better influence the behaviour of suppliers. The GCC sections are:

- Overall – the corporate approach
- Travel
- Procurement
- Facilities management
- Workforce
- Community engagement
- Buildings
- Adaptation – to climate change
- Models of Care – (financial and environmentally) sustainability of care models

These form the framework for our strategy for the next five years and the headline performance against each standard and our goals for the next five years, with measures and success indicators are shown in Attachment 1.

The full five year action plan is available through the Director of Corporate Governance, with the first year 2014/15 shown in the Information pack and on the internet. This is Year 1 of a five year action plan. It should be noted that much progress

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*Strapline suggested by competition winner Dr Michael Brian*
has already been made against the GCC standards. The Trust’s Sustainable Development Management Strategy is wider than the GCC standards and incorporates all the key requirements identified by NHS England as well as our local priorities.

The Trust has set an operational objective for 2014/15 of continuing “to develop environmental and social sustainability through Good Corporate Citizen progress”. Last month a sustainability update was sent out with staff payslips (Attachment 2) and a number of suggestions for future developments have been received which have been incorporated into our action planning. An extensive campaign of raising awareness amongst both our own staff and our 9,000 strong FT members is being launched today – 27 March, which is NHS Sustainability Day.

Another key development is the inclusion of invest to save projects in the Trust’s capital planning process. The Trust spent £2.936m on energy during 2012/13 against national projections of increases in energy costs. However this was a reduction of 9% on 2011/12 saving over £270,000. Improvements in our energy consumption could reduce our energy bill and our CRC contributions. The key components are identified below

Table 2: Invest to save schemes

<table>
<thead>
<tr>
<th>Year</th>
<th>Detail</th>
<th>Capital £</th>
<th>Time for Return on Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Local programmable thermostatic radiator valves – assume £150 each control. Include in all refurbishments plus²; Plan 50 per year</td>
<td>7,500</td>
<td>208 days (less than one heating season)</td>
</tr>
<tr>
<td>2</td>
<td>PC automatic Power down after working hours³</td>
<td>34,000</td>
<td>18 months</td>
</tr>
<tr>
<td>3</td>
<td>Daylight and motion sensors on light fittings – assume £100 each. Include in all refurbishments plus; Plan 50 per year</td>
<td>5,000</td>
<td>4.5 years</td>
</tr>
<tr>
<td>4</td>
<td>PRH clinical waste segregation and recycling – upgrades to PRH waste holding areas to be included as part of general ward upgrading schemes, plus two outpatient areas per year. Assume £5k per waste hold x 35 and 50% waste segregation.</td>
<td>10,000</td>
<td>28 months</td>
</tr>
<tr>
<td>5</td>
<td>Photovoltaics - ‘rent-a-roof schemes available, generally 25 year lease with conditions re maintenance and access. Trust receives peppercorn rent and free electricity. Schemes usually 50kW output during daylight hours (RSH minimum loading 2000KW and PRH 1600kW). Discussions taking place with Procurement.</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>Local electricity metering – to undertake as part of ongoing long-term electrical distribution upgrade. Would allow ‘league table’ of consumption to be compiled to encourage efficient usage</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Larger schemes which would require several millions eg cladding RSH Ward block to improve insulation and appearance, De-steaming PRH to provide more efficient boiler plant, de-centralising heating system at RSH

² This could be included from the Estates Contingency / Replacement funds of £500k pa ie 5% of budget.
³ This could be considered from Corporate contingency funds of £1m ie 0.36% of budget
3. Recommendation

As one of the largest employers in the county and a large user of resources, we recognise the importance of using our position responsibly and have regularly reported progress on our sustainability agenda to the Board through a well-established programme of waste, energy and water management. The Sustainable Development Management Strategy Plan (SDMP) highlights the key areas of focus and sets out a range of actions necessary to continue to make progress across the full range of sustainability measures and demonstrates SaTH’s commitment to the sustainability agenda. The strategy will help to raise the profile of sustainability by providing clear direction and leadership to embed the sustainability agenda across the organisation.

Sustainability will be considered in its wider sense; how it can contribute to reducing costs and improving quality, as well as improving staff and community awareness about tackling environmental concerns.

There is an associated five year action plan which covers 2014/15 to 2018/19, based on the requirements of the Sustainable Development Unit Good Corporate Citizen Model and our own local priorities. Year 2014/15 is attached as an appendix to the Strategy document. This has clear objectives with identified lead and timescales that relate to the Key Performance Indicators identified in this Strategy. At the beginning of each year the Sustainable Development Committee will consider the progress against achievement of the priorities for the past year and the key priorities for the new financial year.

The Board is asked to APPROVE the attached Strategy and associated Year 1 action plan (in Information pack and on internet).
Sustainability Development Management Plan

1. WHAT DOES SaTH NEED TO DO?

1.1 Sustainability goals are often broad and to assess performance, we must now focus on specific issues or areas of priority. Every sustainability initiative undertaken should be associated with a specific sustainability performance indicator. As we implement new programmes or invest in new technologies to improve sustainability performance, we must clearly define goals and targets and compare these to actual performance. The results of corporate decisions and strategies are being scrutinised more closely than ever before. Various stakeholder groups require increased information about corporate governance and the impact of corporate activities. Achieving a successful corporate strategy for sustainability must be viewed over a longer time horizon.

The revised Good Corporate Citizen (GCC) model identifies a number of areas to focus on. The Trust has signed up to membership of each these categories with the NHS Sustainable Development Unit.

The next section looks at each of the standards and considers SaTH’s current position and achievements, what we want to achieve over the next five years and how we will know that we have achieved what we set out to do. This is supported by a detailed five year action plan based on the SDU Good Corporate Citizen model and with our own local priorities.
1.2 Travel

Where are we now?

- The Trust has calculated a baseline carbon footprint of circa 16,000 tonnes of carbon from travel activities based on activities in 2012/13 representing 20% of the Trust’s calculated emissions. The Trust pool fleet CO₂ emissions are around 30% cleaner. The aim is to shift business mileage from private vehicles to pool cars.

- The Trust Board approved an update to its Travel and Transport Plan in 2012 which outlined plans to promote a reduction in car travel for patients, visitors and staff through closer working with local authorities and public transport providers who provide discounted travel for staff. A further updated Plan is being prepared for 2014 with key actions to improve site parking and reducing emissions.

- The Trust has worked with both Local Authorities to provide cycle routes directly to each hospital site and SaTH jointly recruited a Travel Co-ordinator in December 2013 with both Local Authorities to oversee travel improvements.

- Cycle shelters and improved shower facilities have been improved to encourage more staff to cycle to work. A review of access to car parking facilities for staff living close to both hospital sites is planned. The Trust participates in the Bikes for the NHS purchase scheme

- The Trust switched to an eco-version for its base model pool car for staff

- The Trust operates a car share scheme with Local Authorities to encourage alternatives to car use.

- All site maps and patient information highlight public transport options and Freephone access to local taxi firm.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reduce overall business travel by 25% by 2019 – including taxi travel</td>
<td>5%</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>Increase proportion of travel undertaken in pool cars</td>
<td>20%</td>
<td>25%</td>
<td>30%</td>
<td>35%</td>
<td>40%</td>
</tr>
<tr>
<td>Achieve a score of ‘Excellent’ in Travel standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How will we know?

- Annual travel surveys of staff.

- Annual review of car park management plan to ensure fit between supply and demand. Weekly reviews of excess parking demand.

- Monitor costs of staff travel
1.3 Procurement

Where are we now?

- The Trust spent £69m on supplies and services, and £23m on pharmacy drugs, during 2012/13.

- The Trust has calculated a baseline carbon footprint of 47,060 tonnes of carbon from procurement activities as a result of the Trust’s procurement activities in 2012/13. Nationally procurement represents 59% of the Trust’s calculated emissions.

- The Board approved a Sustainable Procurement Strategy and Supplier Pre-Qualification Questionnaire for all OJEU bids (developed with Shropshire Healthcare Procurement Service) in 2012 to ensure goods and services procured by the Trust are designed, manufactured, delivered, used and disposed of in an environmentally and socially responsible manner.

- A Sustainability questionnaire was issued in 2013 to suppliers with high carbon usage. This included a section on ethical procurement drawn up with support from the BMA.

- ContractsFinder has been introduced to allow SMEs to bid for contracts to encourage support of local businesses.

- Catering department source yoghurt, eggs, milk and bottled water locally. All chicken is British and Fair Trade goods are used wherever possible. Healthy eating options are promoted.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate a 5% reduction in the carbon footprint relative to spend.</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Engage with high carbon suppliers to improve their carbon footprint with SaTH using scored supplier sustainability questionnaire.</td>
<td>0%</td>
<td>25%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>Achieve a score of ‘Excellent’ in Procurement standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How will we know?

- Requirement for suppliers to demonstrate management information as part of ongoing contract awards, management and reviews.

- Active participation in Good Corporate Citizen model and contribution to the NHS Sustainable Procurement Forum to improve current carbon assessment techniques related to procurement.

- Increase in locally sourced products for catering.
1.4 Facilities Management (energy/water/waste)

1.4.1 Energy and associated carbon management

Where are we now?

- The Trust CO₂e emissions have been calculated at 18,843 tonnes of carbon based on its electricity consumption – 24% of its total emissions

- The Trust Board approved the Carbon Management Strategy in 2010 and this has been delivered with a rolling communications and engagement programme. The Trust spent £2.936m on energy during 2012/13 with ongoing cost pressures anticipated in line with national projections of increases in energy costs. However this was a reduction of 9% on 2011/12 saving over £270,000

- The Trust Board approved business cases for the installation of combined heat and power plants on both sites – use gas to generate electricity and utilise any ‘waste’ heat to provide heating and cooling (through absorption) for the buildings reducing our buildings-related carbon footprint by 5,713 tonnes in 2012/13

- The energy usage profile for Royal Shrewsbury Hospital and Princess Royal Hospital provides an overall usage figure of 97Gj/100m³ and 79Gj/100m³ compared with a target of 35-55 Gj/100m³ for new and existing buildings respectively. Heating, ventilation and cooling controls have been upgraded and new less carbon-intensive lighting. Since 2007/8 SaTH’s energy usage and CO₂ emissions (Degree-Day adjusted to take account of relative coldness of a year) have reduced from 0.15 per m² floor area and 4.16 per FTE to 0.14 m² floor area and 3.39 per FTE in 2012/13

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce energy consumption, DD adjusted, per m² floor area and per FTE compared to 2007 baseline</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Achieve a score of ‘Excellent’ in Facilities Management standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How will we know?

- Maintain accurate records of energy usage and direct carbon emissions across the site
- Active participation in Good Corporate Citizen model and improved position in Carbon Reduction Commitment (CRC) published performance tables
- Continued identification of invest to save scheme applications to Capital Planning Group eg PC shutdown software solution, local lighting and thermostat heating controls.
Facilities Management (energy/water/waste)

1.4.2 Water

Where are we now?

- Water use is reported annually via the ERIC returns. The Trust consumption of water in 2012/13 was 193,754 m³ at a cost of £316,432.
- Our water consumption has reduced by 25,019 cubic meters in 2012/13 compared to 2011/12.
- This has been due to a number of initiatives including regular water audits to detect leaks, fitting water devices in male urinals, introduction of food waste disposal to local college reducing flushing of food waste down drains.
- The combined heat & power plants installed on both sites have also helped to reduce water usage.
- Food waste digester producing grey water in PRH kitchen from 2014 and planned introduction at RSH.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieve a reduction of 10% in Trust’s water consumption (m³ per m² of floor or per FTE)</td>
<td>2%</td>
<td>4%</td>
<td>6%</td>
<td>8%</td>
<td>10%</td>
</tr>
</tbody>
</table>

How will we know?

- Ongoing data monitoring and inspection (planned, exceptional and ad-hoc) of systems through manual or automated meter reading and on-site inspection of various water systems, whether conventional or specialised steam or condensed systems.
- Include changing showerheads and flush W/Cs to low flow fittings in capital aspirations plan.
Facilities Management (energy/water/waste)
1.4.3 Waste management

Where are we now?
- In 2012/13 SaTH only recovered or recycled 458 tonnes of domestic waste, which was just 29% of the total domestic waste produced.
- A new domestic waste contract tendered in 2013 continues to reduce our waste disposal to landfill with only 1% now going to landfill. All domestic waste is now segregated off-site to remove recyclables.
- The non-recyclable 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 which indirectly reduces costs and also produces electricity as a commodity.
- An on-site food digester is being piloted in PRH kitchens in Sprint 2014 before introduction at RSH in the summer. This will recycle food waste into greywater.
- The clinical waste contract was tendered in 2012 to introduce an improved waste tracking system which should save a minimum of £15,000pa. This is an area where we could improve processes.
- We are aware of the impact of hazardous chemicals on climate change and the cost of their storage and disposal, compared to less toxic alternatives. We actively monitor and seek to reduce our use of hazardous chemicals, working closely with colleagues in health & safety.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase recycling levels of clinical waste</td>
<td>5%</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>28%</td>
</tr>
</tbody>
</table>

How will we know?
- Ensure recycling scheme is clearly understood across Trust with storage, segregation and collection schemes implemented and comply with routine waste audits and targets.
- Monitor contractor’s compliance with contractual requirements in relation to building projects.
- Audit disposal of Waste Electrical and Electronic Equipment (WEEE).
1.5 Workforce

Where are we now?

- SaTH Board has approved a five-year People Strategy which emphasises staff involvement and engagement to reflect the transformational nature of our approach.

- SaTH joined the Prince’s Trust scheme in 2013 with 14 ‘work-ready/young people undertaking a four-week period of work experience with the Trust to improve their work skills and gain insight into the NHS. Over half the group went on to find permanent employment. A 2nd cohort is starting in March 14.

- A key area for the Trust was the development of Apprenticeships. In 2013-14, almost 120 staff have undertaken an Apprenticeship Framework qualification.

- A dedicated Sustainability page on the Intranet Learning Zone has been established to signpost staff to a variety of resources and free learning materials.

- An e-learning programme on sustainability in the Trust was developed in 2013 which will be launched in 2014 on the National Management Learning System. Regular communications have been issued to staff around sustainability including a dedicated section in the Staff Quarterly Newsletter.

- A Staff Volunteering Scheme is being piloted in the Corporate Governance Directorate with a view to wider adoption. In 2014, we are looking to introduce a staff pledge scheme in conjunction with a sustainability awareness campaign coupled with a sustainability champions initiative.

- Health and Wellbeing of staff continues to be a priority with awareness events at both sites, zumba and mindfulness classes, and the promotion of winter wellness and flu prevention measures.

What do we want to achieve?

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased participation by staff in sustainability learning and events</td>
<td>1%</td>
<td>5%</td>
<td>10%</td>
<td>25%</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>Achieve a score of ‘Excellent’ in Workforce standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
<td></td>
</tr>
</tbody>
</table>

How will we know?

- Monitor awareness levels of staff in relation to sustainability with inclusion of question in annual staff survey
- Increase in number of ‘green’ champions with energy action plans to raise carbon literacy
1.6 Community Engagement

Where are we now?

- The Trust went through an extensive period of public engagement and consultation in 2012/13 with the development of its new Women & Children’s Centre at Princess Royal. There was also full engagement of users in the design of the Lingen Davies Centre for cancer and haematology patients resulting in support for the inclusion of many sustainable features. The Futurefit clinical service review planned in 2014 following the national ‘Call to Action’ has a full communications and engagement plan.

- The Trust works closely with the local Health Overview & Scrutiny Committee and Wellbeing Board to ensure the input of these democratic groups. It also has a strong Maternity Liaison Committee and Cancer Users Forum as well as other support groups in many disciplines.

- There is a Patient Engagement and Involvement Panel that are at the heart of the Trust’s efforts to improve patient experience and play an active and proactive role across the Trust. There is also a Clinical Audit patient panel.

- The Trust has over 1000 volunteers across both sites and has recently strengthened its recruitment and training for volunteers and is focusing on developing roles for young volunteers and has established strong relationships with local schools and colleges.

- In 2013 the Trust introduced an Arts in Hospital Scheme working with the community to provide a healing environment for patients.

- The Trust has recruited over 9,000 FT members who receive regular updates, attend behind the scene tours and health lectures and get involved in hospital planning.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase % of public members receiving updates by email rather than post and link to plant a native plant/tree/shrub on-site</td>
<td>10%</td>
<td>20%</td>
<td>35%</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Introduce sustainability champions for both staff and public</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>Achieve a score of ‘Excellent’ in Community Engagement standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How will we know?

- We will have achieved our FT membership target with a diverse and reflective membership, with hard copy circulation of Healthier Future publication reducing.

- We will have greater involvement of staff, volunteers and FT members in awareness of the sustainability agenda, involving them in any future sustainability agenda consultations.
1.7 Buildings

Where are we now?

- SaTH has calculated a baseline carbon footprint of 18,843 tonnes of carbon from buildings in 2012/13 representing 24% of the Trust's calculated emissions.
- SaTH currently aims to achieve a BREEAM (Building Research Establishment Environmental Assessment Method) rating of ‘Excellent’ for all new buildings and ‘Very Good’ for refurbishments. This standard was applied to the Lingen Davies Centre in 2012 and the Women & Children's build in 2013/14. Both buildings have partial natural ventilation and natural light where possible.
- SaTH looks for ways to increase the availability of green spaces to the public. Natural habitat for local wildlife is preserved and play areas installed in the residential block. There has been a programme of improved seating facilities, accessible garden development in areas such as ITU and the Hamar Centre for cancer patients at RSH.
- An Estates strategy is in development that will outline a blueprint for site redevelopment and will be aligned to the Trust’s Clinical Service Strategy which is being developed in conjunction with the national ‘Call to Action’.
- SaTH has installed new lighting and less carbon-intensive cooling systems and has replaced ill-fitting windows on the RSH site.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>All new builds should achieve a target of ‘low carbon’ by 2015 and ideally ‘zero carbon’ by 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achieve an absolute reduction in Trust's buildings-related carbon emissions by at least 30% from 2007 baseline</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Achieve a score of ‘Excellent’ in Buildings standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How will we know?

- Improve performance in CRC reporting.
- Rationalise estate to provide better space utilisation and reduce energy-inefficient buildings.
- Develop invest to save schemes for capital planning process.
- Monitor reduction in energy usage and carbon footprint.
1.8 Adaptation

Where are we now?

- A dedicated Emergency Planning and Resilience officer was appointed in 2013 to oversee planning at SaTH and to work closely with other key partners.

- This includes developing business continuity plans to deal with heatwaves, cold weather and other climate-related situations being drawn up by all business-critical areas including IT and Estates. A series of workshops were held in 2013 to test the robustness and sustainability of the plans.

- We are part of the West Mercia Local Resilience Forum (LRF) which helps us work with our partners across Herefordshire, Shropshire, Telford & Wrekin and Worcestershire to plan for and respond to major incidents. The West Mercia Local Resilience Forum has a website called [West Mercia Prepared](http://www.westmercia-prepared.org.uk/). This provides information and advice for public and businesses about actions to take during or after a major incident, covering a range of situations including localised flooding or terrorist attack.

- SaTH has been working towards compliance with the National Commissioning Board’s Core Standards for Emergency Planning and Business Continuity and action plans are in place which were approved by the Board in November 2013.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieving ISO standard of compliance for 100% of Trust Business Continuity Plans</td>
<td>10%</td>
<td>25%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>Achieving 100% compliance with Core Standards for Emergency Planning and Business Continuity</td>
<td>70%</td>
<td>75%</td>
<td>85%</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Achieve a score of ‘Excellent’ in Adaptation standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How will we know?

- All relevant risks and mitigation/action plans captured in Trust Risk Register
- Business continuity plans in place across all Trust services, which are based on UK Climate Impacts Programme model: [http://www.ukcjp.org.uk/wizard/](http://www.ukcjp.org.uk/wizard/)
1.9 Models of Care

Where are we now?

**Service Development:** The Trust's 2014/15 Operational Objectives, which provide the framework for future service development plans include:
- Development of emergency ambulatory care
- Implementing a comprehensive Medicine Strategy
- Address bed capacity shortfalls including community alternative models
- Implement 7-day working

**Integrated Strategies:** The *Futurefit* Programme has been established to develop our future clinical services strategy and develop models of care that meet the needs of our urban and rural communities by including a review of community hospitals and an assumption of new models of care closer to home.

**Telehealth:** The Assistive Technology and Telehealth Group established to advise and progress initiatives, informed by established models, to support patients enabling them to receive care either in the community or within their homes. Our ambition is to increase productivity through the use of telemedicine.

**Video Conferencing:** Equipment and technology is being utilised to address some of the challenges of operating two sites 30 minutes travel time apart. Facilities have been established on both sites and facilitate operational meetings and clinical MDT reviews.

**Care Closer to Home: Community Hospitals:** The Trust provides a wide range of services in community settings and is progressing schemes to increase consultant led services at Bridgnorth and Ludlow Community Hospitals and improved access to diagnostics.

**Care Closer to Home: GP Practices:** The Trust currently provides services within GP Practices and Health Facilities within the county. Work has recently commenced to assess the viability of increasing access to diagnostics at 2 GP Practices and developing phlebotomy models to increase the level of services that patients can access in the community.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15 2015/16</th>
<th>2016/17</th>
<th>2017/18 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased ambulatory care capacity</td>
<td>Agree clinical vision</td>
<td>Explore opportunities to redistribute some urgent, ambulatory and outpatient care</td>
<td>Implement Futurefit solutions</td>
</tr>
<tr>
<td>Progress on High Impact innovations – 3millionlives</td>
<td>Agree priorities with Commissioners through QIPP &amp; link to IT strategy</td>
<td>Implement telecare/telehealth solutions</td>
<td></td>
</tr>
</tbody>
</table>

How will we know?

- Capacity within the community will increase resulting in a reduction of length of stay, number of patients ‘fit to transfer’ and activity provided on the acute sites.
- Delivery of RTT and A&E targets
- Increased patient satisfaction as patients cared for in most appropriate setting
- More non face-to-face contacts
- Improved productivity and better outcomes
CATERING

We have increased our supplies of locally sourced products – all our poultry is British, we use local dairies, fruit and vegetable suppliers and fresh local eggs. We have just appointed a local cake supplier for our outlets and get bread and milk from West Midland sources.

We have also adopted a pricing strategy where healthier options are cheaper e.g. sugar-free drinks. We also use Fair Trade goods where possible.

You can help by:

• Buying from local, ethical and fair trade suppliers
• Making healthier food choices

PROCUREMENT

59% of all NHS carbon emissions are related to Procurement, particularly pharmaceutical supplies.

SaTH is working with our suppliers through Procurement to ensure they use ethical and sustainable processes. This is now a section in all our tender documents as we can use the NHS purchasing power to influence change. We are also looking to work with suppliers to consolidate freight deliveries.

You can help by:

• Looking for ‘green’ alternatives when ordering
• Only ordering what you really need

Calculate your carbon footprint [http://footprint.wwf.org.uk/](http://footprint.wwf.org.uk/) can you reduce it?

Could you become a Sustainability champion at work? – contact:

Julia.clarke@sath.nhs.uk
WHY IS SUSTAINABILITY IMPORTANT?

The NHS carbon footprint is 21 million tonnes

The NHS has UK Government carbon reduction targets - 10% by 2015, 34% by 2020 and 80% by 2050. We need your help to do this.

This is also important because:

- It improves health
- It saves money

The government’s Carbon Reduction Commitment (CRC) Energy Efficiency Scheme means we have to report, monitor and reduce our energy use. Last year it cost us £117k, this year £201k. Saving carbon will save us money that we can reinvest in delivering services.

ENERGY

If every Trust cut their energy bill by 5% the NHS in England would save around £20m per year.

Last year SaTH spent £2,864,445 on energy costs – that’s equivalent to 4,400 homes. We have installed energy-efficient Combined Heat & Power plants on both hospital sites. We are looking at installing photovoltaic panels and biomass boilers.

You can help by:

- Switching off lights (including fluorescent ones it is a myth that it uses more electricity to switch them off/on!)
- Switching off your PC when not in use – your screen uses 2/3 of the energy of your PC, a TV on standby uses 24% of the energy used when fully on
- If too warm turn down local thermostats one degree or switch off rather than opening windows
- Always print double-sided and, at work, NEVER in colour as we’re charged significantly more per page!
- Minimise time energy-hungry clinical equipment is on but unused.

WATER

If the adult population of England and Wales turned off the tap when they were brushing their teeth, it would save 180million litres a day – enough to supply nearly 500,000 homes.

You can help by:

- Reporting leaks, dripping taps
- Switching off taps

TRAVEL

1 in 20 road journeys in England are on NHS business.

At SaTH demand for car parking in increasing and two-thirds of parking is for staff. Approximately 1600 staff live within 15min walk/cycle ride of work but 95% arrive in driver-only car. We have better cycle facilities, cycle access and showers for staff wanting to cycle and LiftShare on the intranet if you could share a journey.

You can help by:

- Walking or cycling to work
- Sharing lifts
- Using teleconferencing instead of travelling

WASTE

99% of our domestic waste is now recycled. We could make further improvements by separating hazardous clinical waste. We also recycle 2 tonnes of our food waste from RSH every week to Harper Adams Agricultural College instead of wasting water flushing it away down sinks into drains.

You can help by:

- Not over-stocking
- Segregating hazardous clinical waste
SUSTAINABLE DEVELOPMENT MANAGEMENT STRATEGY/PLAN
2014-2019

Sustainable Development
Healthcare with a kind touch and a small footprint
Carbon footprints around the world

- USA: 20 tonnes
- UK: 9 tonnes
- France: 6 tonnes
- China: 3 tonnes
- Philippines: 1 tonne
- India: 1 tonne
- Ethiopia: 0.1 tonnes
- Nigeria: 0.3 tonnes
Sustainability is the business of the 21st Century
There’s a strong correlation between ‘corporate social responsibility’ activities and employee satisfaction and engagement\(^1\)

Climate change is one of the greatest threats to our health and wellbeing. It is already affecting health across the globe\(^2\)

Business can benefit from pursuing sustainable development in two basic ways –
By driving down cost efficiencies and generating growth\(^3\)

Development which meets the needs of the present without compromising the ability of future generations to meet their own needs\(^4\)

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\(^1\) Sunday Times Best Companies survey 2010
\(^2\) NHS Carbon Reduction Strategy 2009
\(^4\) Brundtland Report – Our Common Future 1987
1. **INTRODUCTION**

Many organisations, individuals and communities across the health and care system are working together to deliver better outcomes for all and doing so by reflecting the principles of sustainable development. It is clear that we need to work in partnership within and across our organisation, the local health and care system and local government, as well as with our communities to make working sustainably a priority. This will also demonstrate our responsibility and commitment to a broader and more global perspective of health and wellbeing.

The challenge for the health and care system is to continually improve health and wellbeing and deliver high quality care when needed. The challenge is how to do this now and for future generations within available financial, social and environmental resources. NHS England and Public Health England held a consultation on their five-year Sustainable Development Strategy last year, which this Trust responded to and which was launched in January 2014, based on three goals;

- **GOAL 1** **A healthier environment** – this can contribute to better outcomes for all. This involves valuing and enhancing our natural resources, whilst also reducing harmful pollution and significantly reducing carbon emissions. Contributing to the Climate Change Act target with a 34% reduction in carbon emissions by 2020 is a key national target.

- **GOAL 2** **Communities and services are ready and resilient for changing times and climates when** periods of heat, cold, flooding and other extreme events occur it is vulnerable people and communities that suffer the worst. Those communities and their services bear the responsibility of addressing the consequences of these events. Multi-agency planning and organisational collaboration, underpinned by local plans and assurance mechanisms, provide a better solution to these events than working independently, individually and ineffectively.

- **GOAL 3** **Every opportunity contributes to healthy lives, healthy communities and healthy environments** – every contact and every decision taken across the health and care system can help build the immediate and longer term benefits of helping people to be well and reduce their care needs. There are multiple mechanisms that can support this approach from improved information, more integrated approaches and smarter more aligned incentives that help minimise preventable ill-health, health inequalities and unnecessary treatment. A sustainable system cannot be achieved without taking every opportunity to support communities and people to be independent and self-manage conditions and events.

NHS England has also produced supporting modules (see below) which have been shared with the relevant Director at SaTH to inform future strategic development:
Chart 1: Diagram of NHS Strategy vision, goals and modules

**VISION**

A sustainable health and care system works within the available environmental and social resources protecting and improving health now and for future generations. This means working to reduce carbon emissions, minimising waste & pollution, making the best use of scarce resources, building resilience to a changing climate and nurturing community strengths and assets.

**GOALS**

- **GOAL 1**: A healthier environment
- **GOAL 2**: Communities and services are ready and resilient for changing times and climates
- **GOAL 3**: Every opportunity contributes to healthy lives, healthy communities and healthy environments

**MODULES**

- Carbon hotspots
- Sustainable clinical and care models
- Healthy, sustainable and resilient communities
- Innovation
- Commissioning and procurement
- Leadership, engagement and development
- Metrics
- Social capital

*Jan 2015*
1.1 **Sustainability** has been defined as ‘development which meets the needs of the present without compromising the ability of future generations to meet their own needs’. Sustainable development is about energy efficiency, carbon reduction, recycling as well as integrating environmental, health, social, political and economic issues into decision-making.

The NHS is one of the largest employers in the world and has a significant carbon footprint. It is a major buyer of goods and services locally, nationally and internationally. As such the NHS has a duty to become a leading exemplar in the area of financial, social and environmental sustainability. The NHS is the largest public sector contributor to climate change in Europe. The NHS has the largest property portfolio in Europe, covers 10,000ha of estate, employs over 1 million people (largest UK employer), and accounts for 5% of all road journeys. Carbon is now an explicit cost.

The carbon footprint of the NHS in England was 25 MtCO₂e in 2012. This is similar to the emissions of a medium-sized country and has risen by 5 million tonnes since measured in 2000. This is partly due to the growth in NHS services and partly due to changes in measurement which now includes other Greenhouse Gases rather than just carbon dioxide and is referred to as carbon dioxide equivalent CO₂e. The NHS in England spends £20 billion every year on goods and services. Emissions from this comprise the largest contribution to the NHS carbon footprint totalling over 11 million tonnes CO₂ per annum: nearly 60% of the total NHS carbon footprint. Within this procurement proportion of the NHS carbon footprint, nearly 6 million tonnes CO₂ can be attributed to the pharmaceuticals, medical instruments and equipment that the NHS procures and uses. This is more than the emissions from either building energy use or travel.

However sustainability is not just about environmental considerations. Promoting sustainability can also improve quality of care and reduce costs. It offers the potential of true value creation for the NHS. Many of the real benefits of sustainability can only be realised by collaborating with supply chains and the wider community. Sustainable development principles are enshrined in UK Government policy and international law. All UK public sectors are required to consider the economic, social and environmental consequences of their actions.

---

6 Carbon Footprint update for NHS in England 2012 – Sustainable Development Unit Dec 2013
The NHS have adopted the five guiding principles outlined in Securing the Future\(^8\) and captured in the NHS Carbon Reduction Strategy for England 2009\(^9\); namely

**Chart 2: Sustainable development aims and principles**

<table>
<thead>
<tr>
<th>Aim</th>
<th>Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living Within Environmental Limits</td>
<td>Respecting the limits of the planet’s environment, resources and biodiversity – to improve our environment and ensure that the natural resources needed for life are unimpaired and remain so for future generations.</td>
</tr>
<tr>
<td>Ensuring a Strong, Healthy and Just Society</td>
<td>Meeting the diverse needs of all people in existing and future communities, promoting personal wellbeing, social cohesion and inclusion, and creating equal opportunity for all.</td>
</tr>
<tr>
<td>Achieving a Sustainable Economy</td>
<td>Building a strong, stable and sustainable economy which provides prosperity and opportunities for all, and in which environmental and social costs fall on those who impose them (polluter pays), and efficient resource use is incentivised.</td>
</tr>
<tr>
<td>Promoting Good Governance</td>
<td>Actively promoting effective, participative systems of governance in all levels of society – engaging people’s creativity, energy, and diversity.</td>
</tr>
<tr>
<td>Using Sound Science Responsibly</td>
<td>Ensuring policy is developed and implemented on the basis of strong scientific evidence, whilst taking into account scientific uncertainty (through the precautionary principle) as well as public attitudes and values.</td>
</tr>
</tbody>
</table>

\(^8\) Securing the Future – UK strategy for sustainable development 2005 (HMSO)

1.2 Sustainable Health
A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage. There is a balance and overlap between the different elements of sustainability:

Chart 3: Sustainable health and care system

The ‘Route Map for Sustainable Health’ framework outlined a number of transformational shifts required for a more sustainable health and care system. They provide an indication of what we mean by sustainable health care:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>health care as an institution led service</td>
<td>health and social care as part of the community</td>
</tr>
<tr>
<td>curative and fixing medical care</td>
<td>early intervention and preventative care</td>
</tr>
<tr>
<td>sickness</td>
<td>health and wellbeing</td>
</tr>
<tr>
<td>professional</td>
<td>personal</td>
</tr>
<tr>
<td>isolated and segregated</td>
<td>integrated and in partnership</td>
</tr>
<tr>
<td>building</td>
<td>healing environments</td>
</tr>
<tr>
<td>decision making based on today’s finances</td>
<td>an integrated value of the future which accounts for the impacts on society and nature</td>
</tr>
<tr>
<td>single indicators and out-of-date measurements</td>
<td>multiple score card information and in real time</td>
</tr>
<tr>
<td>sustainability as an add-on</td>
<td>integration in culture, practice and training</td>
</tr>
<tr>
<td>waste and over-use of all resources</td>
<td>a balanced use of resources where waste becomes a resource</td>
</tr>
<tr>
<td>nobody’s business</td>
<td>everyone’s business</td>
</tr>
</tbody>
</table>

1.3 A sustainable approach

NHS England stress that helping to create **sustainable, resilient, healthy places and people** needs to be approached both by enabling the positives and reducing the negatives, allowing virtuous cycles to constantly improve outcomes.

**Chart 4:** enabling positive approaches to sustainability whilst reducing negative impacts

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**Enable the positives**

By valuing our physical and social environment, we can restore our natural environment and strengthen our social assets, whilst enhancing our independence and wellbeing at both a personal and community level. By doing so, we improve the quality of care, build strong communities and generate conditions where life is valued in ways that current generations can be proud to pass on.

**Reduce the negatives**

By radically reducing the harmful impacts of how we currently live we can stop wasting finite resources, reduce the burdens of preventable mental and physical ill health, reduce social inequalities and reduce risks from a changing climate. In addition, many interventions that reduce harmful impacts also promote positive co-benefits and reduce the burden of disease.
2. WHAT ARE THE INTERNATIONAL AND NATIONAL DRIVERS?

The Kyoto Protocol (1997) was an international agreement linked to the United Nations Framework Convention on Climate Change and its major feature is that it legally bound developed countries to emission reduction targets. Recent research\(^1\) suggests that even the commitments already made are insufficient to keep an increase in global temperature manageable and the risk is that the world will need to become even more aggressive in the management of carbon than is currently intended.

2.1 Legal drivers

The UK has passed legislation that introduces the world's first long term legally binding framework to tackle the dangers of climate change. The Climate Change Act (2008 and amended 2009) sets ambitious targets of reducing carbon dioxide emissions by 80% by 2050. The key aims of the Act focuses on improving carbon management whilst moving towards a low-carbon economy as well as demonstrating UK leadership internationally, signalling a commitment to take responsibility for reducing global emissions.

The UK Government’s Sustainable Development Strategy has a suite of 68 national sustainable development indicators in the following four priority areas:

- sustainable consumption and production
- climate change and energy
- national resource protection and enhancing the environment
- creating sustainable communities and a fairer world


2.2 Government policy

2.2.1 The CRC Energy Efficiency Scheme (formerly known as the Carbon Reduction Commitment) was announced in the 2007 Energy White Paper. The Scheme is a mandatory carbon emissions reporting and pricing scheme to cover all organisations using more than 6,000MWh per year of electricity. It was introduced in April 2010 and requires public and private sector organisations to account for their carbon emissions. Failure to adopt a strategy over and above the Building Regulations basic requirements in energy efficiency of new and existing building refurbishment can be expected to increase consumption (and therefore cost) linearly with growth. This cost would be an extra cost pressure (and carbon footprint) for the buildings' lifetime. At the same time gas and electricity prices remain high and potentially unstable and oil prices remain unpredictable due to continuing uncertainty in the Middle East. It is a mandatory cap and trade scheme that features a range of reputational, behavioural and financial performance drivers including the publication of annual results, along with increasing costs linked to increasing carbon emissions.

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The table below summarises the targets:

### Table 1: Carbon Reduction Targets

<table>
<thead>
<tr>
<th>Reference</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK Climate Change Act</td>
<td>Reduction in greenhouse gases compared to 1990 levels of</td>
</tr>
<tr>
<td></td>
<td>34% by 2020</td>
</tr>
<tr>
<td></td>
<td>64% by 2035</td>
</tr>
<tr>
<td></td>
<td>80% by 2050</td>
</tr>
<tr>
<td>NHS Carbon Reduction Target *</td>
<td>Reduction in greenhouse gases compared to 2007 levels of</td>
</tr>
<tr>
<td></td>
<td>10% by 2015</td>
</tr>
</tbody>
</table>

* NHS England now reports on greenhouse gas (GHG) emissions, displayed in CO₂ equivalent (CO₂e). This means that CO₂ is not the only GHG measured. This is consistent with the 2008 Climate Change Act and also the 2009 DEFRA GHG reporting conventions.

2.2.2 The **NHS Carbon Reduction Strategy (2009); Saving Carbon, Improving Health** recognises the scale of reduction in carbon required for the NHS to progress towards the Climate Change Act requirements and recommends key actions for the NHS to become a leading sustainable and low carbon organisation. To meet the government’s target of an 80% reduction by 2050 emissions need to drop by 3% per year.

2.2.3 The **NHS Sustainable Development Unit** (NHS SDU) is a national unit that provides expert advice and support to the NHS to help it become a more sustainable organisation environmentally, financially and socially. It focuses on helping the NHS fulfill its potential as a leading sustainable and low carbon healthcare service. This is achieved by developing organisations, people, tools, policy and research which will enable the NHS to promote sustainable development and mitigate climate change. The SDU is funded by, and accountable to, NHS England and Public Health England to work across the NHS, public health and social care system. It has developed the Good Corporate Citizen assessment model for the public sector.
It is now broadly recognised that energy consumed in buildings is roughly 17% of the "NHS England" carbon footprint; the remainder of the carbon footprint being related to procurement (61%), travel (13%) and commissioned 9%. More detail is shown below.

**Chart 5: NHS England detailed Carbon Footprint**

NHS carbon footprint breakdown 2012

1 SDU Carbon Footprint update for NHS Dec 2013
2.2.4 Good Corporate Citizen (GCC) assessment model.

The GCC tool is overseen by the NHS SDU and was significantly updated in 2013 and now contains 9 modules (compared to six before). The three new sections are: Overall approach, Models of Care and Adaptation to climate change. These three extra modules 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 Good Corporate Citizen sections are:

- Overall – the corporate approach
- Travel
- Procurement
- Facilities management
- Workforce
- Community engagement
- Buildings
- Adaptation – to climate change
- Models of Care – (financial and environmentally) sustainability of care models

2.3 Predicted future changes in the UK and West Midlands climate system

UKCIP reports on two studies published in October 2013 which report that the proportion of the earth subjected to extreme heat (defined as temperatures far beyond normal for summer at that latitude, currently 5% of the globe) will double by 2020, and quadruple by 2040 – regardless of immediate emissions action. We may, however, be able to mitigate the heat extremes expected in the second half of the century, if we curb our emissions acutely. Also extreme weather events could make things worse, releasing more CO₂ into the atmosphere, leading to a vicious cycle. Forest fires release huge volumes of CO₂, drought restricts plant growth and therefore the planet’s vegetation’s ability to soak up CO₂. In fact, because of extreme weather already occurring, our ecosystems take in about 11 billion tonnes of CO₂ less than they would without the extremes.

The UK Climate Impacts Programme¹ (UKCIP) has made a number of assessments of the potential impacts of climate change on the UK. The most significant forecasted effects are:

¹ http://www.ukcip.org.uk/increase-in-future-heat-extremes/
• Annual temperatures averaged across the UK may rise between 2 and 3.5° C by the 2080s, depending on the future scale of global emissions
• High summer temperatures may become more frequent and cold winters will become increasingly rare
• Heavy winter precipitation will become more frequent, but the amount of snow may decline by 90% in England and Wales by the 2080s
• Occurrence of heavy downpours are set to double by 2080s.

There is now a global consensus on the urgent and compelling need to address climate change. It is widely recognised that without action, climate change is one of the greatest threats to our health and wellbeing. As the climate is changing, there are increasing pressures being placed on the world’s natural resources giving rise to major health implications. The NHS and climate change are intertwined in two ways:
- health implications associated with climate change and non-renewables will place increasing burden on the NHS and health services; and
- the NHS itself is a major polluter, and therefore represents an opportunity to address the root cause of climate change.

2.4 Potential carbon reduction measures

Chart 6: Current CO$_2$e position and the trajectory required to achieve compliance of 34% reduction by 2020 and 80% reduction by 2050.
3. WHERE IS SaTH NOW?

We set a key strategic objective in 2013/14 and 2014/15 – to develop environmental and corporate sustainability through Good Corporate Citizen progression. It is our intention to build on this commitment in future years.

NHS buildings consume over £410 million worth of energy and produce 3.7 million tonnes of CO₂ every year. Only 4% of this energy is derived from renewable sources therefore the technical potential for further renewable exploitation is vast. Whilst energy use contributes 17% of the total NHS carbon footprint it also offers many opportunities for saving and efficiency, allowing these savings to be directly reinvested into further reductions in carbon emissions and improved patient care.

SaTH’s CRC Energy Efficiency Scheme contribution has increased year on year. This contribution is based on our energy-related carbon emissions, although our degree day adjusted emissions have decreased compared to the baseline year of 2007/8 (See Table 4). We are very conscious that this is an area we can improve on and intend to ensure that all new builds include in their specification measures to help us achieve our sustainability targets. We also will ask for a final report to be submitted to the Sustainable Development Committee to identify how many of the proposals remain in the final specification.

Table 2: SaTH’s CRC CONTRIBUTION

<table>
<thead>
<tr>
<th></th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>£117k</td>
<td>£201k</td>
<td>£270k</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: SaTH Buildings Energy Usage and CO₂ Emissions 2007 - 2013:

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual Energy usage kWh</th>
<th>DD-corrected energy kWh (to 2007/08) (See Note 1)</th>
<th>Actual CO₂ emissions Tonnes</th>
<th>DD-corrected CO₂ emissions (tonnes) (to 2007/08) (See Note 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>65,145,514</td>
<td>65,145,514</td>
<td>15,775</td>
<td>15,775</td>
</tr>
<tr>
<td>2008/09</td>
<td>69,847,083</td>
<td>66,195,659</td>
<td>15,999</td>
<td>15,452</td>
</tr>
<tr>
<td>2009/10</td>
<td>68,732,006</td>
<td>65,036,344</td>
<td>15,514</td>
<td>14,958</td>
</tr>
<tr>
<td>2010/11 (Note 2)</td>
<td>74,572,546</td>
<td>69,911,276</td>
<td>16,273</td>
<td>15,417</td>
</tr>
<tr>
<td>2011/12</td>
<td>71,950,581</td>
<td>72,341,714</td>
<td>16,039</td>
<td>16,111</td>
</tr>
<tr>
<td>2012/13</td>
<td>75,974,578</td>
<td>67,655,671</td>
<td>17,025</td>
<td>15,498</td>
</tr>
</tbody>
</table>

Although Table 3 shows an increase in overall usage, when this is adjusted to take account of the increase in the Trust’s footprint and the numbers of staff we employ (Table 4 below), it can be seen that there has been a significant decrease since the baseline year. There was an increase in 2010/11 when Queensway opened and 2011/12 when it became fully operational but since then a number of actions have reduced consumption; these include:

i) Boiler temperature control adjusted at Queensway.

ii) Combined Heat & Power now running more efficiently at PRH

iii) Repaired significant steam leaks on both sites.

Table 4: SaTH Energy usage and CO₂ emissions (both DD-corrected to 2007/08) per unit floor area of estate and per WTE 2007 – 2013:

<table>
<thead>
<tr>
<th>Year</th>
<th>DD-corrected energy kWh</th>
<th>DD-corrected CO₂ emissions (tonnes) (see Note 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>per m² floor area</td>
<td>per FTE per m² floor area</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007/08</td>
<td>618</td>
<td>17,184</td>
</tr>
<tr>
<td>2008/09</td>
<td>628</td>
<td>16,956</td>
</tr>
<tr>
<td>2009/10</td>
<td>617</td>
<td>15,477</td>
</tr>
<tr>
<td>2010/11 (see Note 2)</td>
<td>634</td>
<td>17,043</td>
</tr>
<tr>
<td>2011/12</td>
<td>656</td>
<td>16,001</td>
</tr>
<tr>
<td>2012/13</td>
<td>607</td>
<td>14,817</td>
</tr>
</tbody>
</table>

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 but not fully online until 11/12.

This covers Scope 1 and scope 2 emissions. Scope 1 emissions are directly attributable to our activities. Scope 2 emissions are indirect emissions from the consumption of purchased electricity, or delivery of energy via hot water, heat or steam. We do not currently cover Scope 3 emissions (related to travel-related activities, outsourced activity, waste disposal and any other emissions not reported in Scope 1 and 2).
4.1 Governance arrangements
In 2013, in addition to the Director of Corporate Governance who has been the Lead Director for sustainability for a number of years, the Medical Director was appointed as the clinical lead and we have a NED lead, currently Dr Robin Hooper. There is a lead manager of sustainability matters across the Trust – Estates Manager – Environment & Risk. We also reviewed our governance arrangements in 2013/14 to ensure that sustainability is firmly embedded in our day-to-day operational management, so it is built in, rather than bolted on. Key Performance Indicators are also reported to the Board every six months.

Chart 7: Governance Framework
4.2 Monitoring and Reporting
This strategy document sees the publication of targets to reduce the amount of carbon emissions 2014 – 2019. The intention is to achieve 34% by 2020. This will ensure SaTH meets the NHS Carbon Reduction target and will align to long-term aims to reduce emissions by 80% by 2050.

- Sustainability will be reported annual to the Board, incorporating progress against the Good Corporate Citizen model.
- There will also be a six monthly update on progress against KPIs.
- The Sustainable Development Committee will meet quarterly and report to HEC
- Progress will also be reported in the Annual Report.

4.3 Communication / Awareness
The Trust is planning to launch a Sustainability Campaign. There have been regular updates in the past but the plan in 2014/14 is to issue quarterly updates on progress. We will also be celebrating NHS Sustainability Day in 2014 with the launch of sustainability pledges, sustainability champions and the staff volunteering scheme. The Sustainability Champions will be identified to raise awareness in local areas with an annual Award for the best contribution. SaTH will also aim to reduce FT members printed newsletters by encouraging move to electronic membership and allocating some of the financial savings to improve green space on both sites and signposting these to staff and visitors.

Sustainability will also become a core element of the Trust's business planning cycle. The Trust has also developed an on-line e-learning awareness package for staff that will be rolled out in 2014. We will launch this with a ‘Plan A’ campaign (there is no Plan B for sustainability).

One of the hardest to quantify but potentially greatest benefits of sustainability is its power to engage the workforce. This happens through two main channels: creating opportunities for the employees to improve themselves, typically through nutrition and exercise programmes and creating a culture which encourages people to initiate change in the organisation. The NHS is fortunate in that its ethos is about helping others and many of its employees work in it for vocational reasons so are already broadly engaged. There are many examples of environmental engagement in our hospital. If we can maximise this employee goodwill effectively it is likely to reap significant second order rewards in terms of staff morale and employee retention.

4.4 Partnership Arrangements
We aim to work in partnership with local organisations and set out the framework for action to manage the risks associated with climate change and contribute towards the global effort to avert future dangerous climate change by reducing emissions of carbon dioxide. Local planning policy is set out by key organisations as described below.
SaTH works closely with all partners and members from Shropshire and Telford & Wrekin have regularly attended meetings of the Trust's Sustainable Development Committee. The Trust's Estates Risk & Environment Manager has close working links with colleagues and planners at the local Councils to deliver joined up solutions. This was illustrated by the joint appointment of a Travel Co-coordinator by the Trust and the two Local Authorities early in 2014 to look at joined up solutions to travel issues.

NHS England suggest that NHS organisations, public health and social care organisations should consider the following approach to support their assurance in meeting legal, regulatory and policy requirements. Public Health England will support action for sustainable development across the health and care system by collecting, synthesising and sharing information about the health impacts of environmental and social change and the most effective actions which can be taken to address these with support from the Chartered Institute of Environmental Health, with NHS England encouraging the collaborative approach and working to align into existing thinking and processes.

**Chart 8: Organisational contributions**

<table>
<thead>
<tr>
<th>JSNAs</th>
<th>Health and Wellbeing Strategies</th>
<th>HWBR reports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sustainability as an identifiable component of local plans</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Organisation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Board approved plan</td>
<td>• Sustainable Development Management Plan (or equivalent) including carbon reduction, adaptation plans and actions across the sustainability agenda</td>
<td></td>
</tr>
<tr>
<td>2. Measure, monitor and report</td>
<td>• Statement of progress and action on sustainable development and adaptation performance with recognisable core standard figures in annual report</td>
<td></td>
</tr>
<tr>
<td>3. Evaluation</td>
<td>• Evaluation, for instance with the Good Corporate Citizenship self-assessment tool, to ascertain areas of strengths and opportunities for development</td>
<td></td>
</tr>
<tr>
<td>4. Engage staff, service users and the public</td>
<td>• Engagement with public, patients, clients and staff to help understand and support the development of a more sustainable and resilient health and care system</td>
<td></td>
</tr>
</tbody>
</table>
4.4.1  Shropshire

Their Climate Change Strategy brings together council policies and specific actions to help mitigate and adapt to climate change, and to ensure a sustainable future for the county. A key aim of the strategy is to help develop a collective council response, and to harness all existing activity and strategies. This is essential to ensure all services know they have a vital role to play in addressing climate change issues, and communicating collective action is far more effective. It has three main objectives;

- To mitigate the effects of climate change through carbon reduction of our services
- To adapt services and their delivery to respond to changes in the climate
- To promote sustainable practices via all services

4.4.2  Telford & Wrekin


“A Climate for Change” presents the issues and describes their possible local impacts. It suggests responses to these issues - actions that everyone in our community can take. The strategy encourages organisations in the community to examine the issues and plan their response to the impacts they face. “A Climate for Change” has been produced to set out a framework for communities of Telford & Wrekin to understand the impacts and issues of climate change locally and how to take action to both reduce our contribution to CO2 emissions and prepare for the effects of a changing climate. “A Climate for Change” is in three parts

- The first part describes the science behind temperature and weather change and its effect locally.
- The second part sets out a climate change strategy for the community of Telford and Wrekin and has been designed so that it can act as a starting point for any community group or business in the Borough commencing work on its own action plan.
- The third part introduces the Council’s key actions for tackling climate change and will link to the Council’s website which will contain more detail on the programmed actions the Council intends to pursue.
4.4.3 Mid-Wales
The Climate Change Strategy for Wales sets out where they will act to reduce the greenhouse gas emissions that Wales produces. It also explains how they will prepare for the impacts of climate change. [http://wales.gov.uk/topics/environmentcountryside/climatechange/publications/strategy/?lang=en](http://wales.gov.uk/topics/environmentcountryside/climatechange/publications/strategy/?lang=en) Their Strategy addresses:

- the current scientific evidence about climate change and the impacts we might expect to see in Wales and across the world
- the need for urgent action to reduce greenhouse gas emissions, and to prepare for the impacts of climate change
- their role in leading and supporting action on tackling climate change, and the roles of other organisations in taking action
- how the Strategy supports their Sustainable Development Scheme, ‘One Wales: One Planet’, and how they will deliver their vision of Wales in the year 2050
- their key target to cut greenhouse gas emissions by 3% per year in areas they control.

4.4.4 Community

Our role in the community – being a Good Corporate Citizen. Good corporate citizenship is very important to us. SaTH is committed to sustainability; to do all we can to protect our environment and to sustain high quality health and care services. This commitment is reflected in our values and objectives.

Our commitment is to improve the health and wellbeing of our patients, staff and the local community, and to develop our services in a sustainable and environmentally friendly way. There is a section in our action plan dedicated to greater engagement with the community in joining with us to progress our sustainability agenda. We are working closely with Shropshire Horticultural Society to enable a joint approach to improving green spaces at both hospital sites.

We will be looking to identify sustainability champions and involve a member of the public on the Sustainable Development Committee.

We will use our 9,000 strong FT membership base to develop our plans and priorities in this area, reflecting and working with our local communities.
4.6 Finance

While the targets that need to be hit with regard to carbon are demanding it is worth remembering that the forces driving change - environmental, financial and regulatory - are pointing in broadly the same direction. The first and most immediate benefit of adopting a sustainability approach is that by collecting the data necessary to understand our own carbon footprint, we will gain incremental insight into our cost structure.

Given that hospitals consume 50% of their electricity on lighting and that they use 2.5 times as much energy as commercial buildings, lighting is an obvious quick win for all NHS providers. The Department of Health has highlighted the Prince Charles Hospital at Merthyr Tydfil, which has undertaken a £150,000 lighting refurbishment project which reduced energy consumption by 61% while improving lighting levels from 100 lux to 300 lux and all within a payback of three years. In the case of new buildings there is now an understanding of the importance of natural light for patient well-being on top of the obvious cost advantages. This approach features in both the Lingen Davies Centre and the new Shropshire Women's & Childrens Centre.

Investment in server virtualisation over the past 3-5 years means that rather than there being the traditional 1:1 relationship between software and hardware there is now up to an 8:1 relationship at SaTH. We make our server hardware work harder for the same power input and reduce the need for energy-hungry cooling in computer rooms.

There is a member from the Finance team who is a core member of the Sustainable Development Committee to ensure that this aspect of sustainability is incorporated.

SaTH has drawn up a prioritised ‘invest to sustain’ capital programme (Table 5) which in future will be considered by the Capital Planning Group along with service priorities. This has been discussed at Executive Directors and Hospital Executive Committee and includes suggestions received from staff following a ‘Sustainability’ news item in a payslip drop newsletter issued in January 2014, which received very positive feedback. This will now be considered as part of the normal capital planning process.
<table>
<thead>
<tr>
<th>Year</th>
<th>Detail</th>
<th>Capital (£)</th>
<th>Time for Return on Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Local programmable thermostatic radiator valves – assume £150 each control. Include in all refurbishments plus¹; Plan 50 per year</td>
<td>7,500</td>
<td>208 days (less than one heating season)</td>
</tr>
<tr>
<td>2</td>
<td>PC automatic Power down after working hours²</td>
<td>34,000</td>
<td>18 months</td>
</tr>
<tr>
<td>3</td>
<td>Daylight and motion sensors on light fittings – assume £100 each. Include in all refurbishments plus; Plan 50 per year</td>
<td>5,000</td>
<td>4.5 years</td>
</tr>
<tr>
<td>4</td>
<td>PRH clinical waste segregation and recycling – upgrades to PRH waste holding areas to be included as part of general ward upgrading schemes, plus two outpatient areas per year³. Assume £5k per waste hold x 35 and 50% waste segregation.</td>
<td>10,000</td>
<td>28 months</td>
</tr>
<tr>
<td>5</td>
<td>Photovoltaics - 'rent-a-roof schemes available, generally 25 year lease with conditions re maintenance and access. Trust receives peppercorn rent and free electricity. Schemes usually 50kW output during daylight hours (RSH minimum loading 2000KW and PRH 1600kW). Discussions taking place with Procurement.</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>Local electricity metering – to undertake as part of ongoing long-term electrical distribution upgrade. Would allow ‘league table’ of consumption to be compiled to encourage efficient usage</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Larger schemes which would require several millions eg cladding RSH Ward block to improve insulation and appearance, De-steaming PRH to provide more efficient boiler plant, de-centralising heating system at RSH

To approach Central Government/ NHSE Modernisation funds in future

¹ This could be included from the Estates Contingency / Replacement funds of £500k pa ie 5% of budget.
² This could be considered from Corporate contingency funds of £1m ie 0.36% of budget.
5. WHAT DOES SaTH NEED TO DO?

5.1 Sustainability goals are often broad and to assess performance, we must now focus on specific issues or areas of priority. Every sustainability initiative undertaken should be associated with a specific sustainability performance indicator. As we implement new programmes or invest in new technologies to improve sustainability performance, we must clearly define goals and targets and compare these to actual performance. The results of corporate decisions and strategies are being scrutinised more closely than ever before. Various stakeholder groups require increased information about corporate governance and the impact of corporate activities. Achieving a successful corporate strategy for sustainability must be viewed over a longer time horizon.

The revised Good Corporate Citizen (GCC) model identifies a number of areas to focus on – see s2.2.4. The Trust has signed up to membership of each these categories with the NHS Sustainable Development Unit.

The next section looks at each of the standards and considers SaTH’s current position and achievements, what we want to achieve over the next five years and how we will know that we have achieved what we set out to do. This is supported by a detailed five year action plan based on the SDU Good Corporate Citizen model and with our own local priorities.
5.2 Travel

Where are we now?

- The Trust has calculated a baseline carbon footprint of circa 16,000 tonnes of carbon from travel activities based on activities in 2012/13 representing 20% of the Trust's calculated emissions. The Trust pool fleet CO₂ emissions are around 30% cleaner. The aim is to shift business mileage from private vehicles to pool cars.

- The Trust Board approved an update to its Travel and Transport Plan in 2012 which outlined plans to promote a reduction in car travel for patients, visitors and staff through closer working with local authorities and public transport providers who provide discounted travel for staff. A further updated Plan is being prepared for 2014 with key actions to improve site parking and reducing emissions.

- The Trust has worked with both Local Authorities to provide cycle routes directly to each hospital site and SaTH jointly recruited a Travel Co-ordinator in December 2013 with both Local Authorities to oversee travel improvements.

- Cycle shelters and improved shower facilities have been improved to encourage more staff to cycle to work. A review of access to car parking facilities for staff living close to both hospital sites is planned. The Trust participates in the Bikes for the NHS purchase scheme.

- The Trust switched to an eco-version for its base model pool car for staff.

- The Trust operates a car share scheme with Local Authorities to encourage alternatives to car use.

- All site maps and patient information highlight public transport options and Freephone access to local taxi firm.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reduce overall business travel by 25% by 2019 – including taxi travel</td>
<td>5%</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>Increase proportion of travel undertaken in pool cars</td>
<td>20%</td>
<td>25%</td>
<td>30%</td>
<td>35%</td>
<td>40%</td>
</tr>
<tr>
<td>Achieve a score of ‘Excellent’ in Travel standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How will we know?

- Annual travel surveys of staff.

- Annual review of car park management plan to ensure fit between supply and demand. Weekly reviews of excess parking demand.

- Monitor costs of staff travel
5.3 Procurement

Where are we now?
- The Trust spent £69m on supplies and services, and £23m on pharmacy drugs, during 2012/13.

- The Trust has calculated a baseline carbon footprint of 47,060 tonnes of carbon from procurement activities as a result of the Trust's procurement activities in 2012/13. Nationally procurement represents 59% of the Trust's calculated emissions.

- The Board approved a Sustainable Procurement Strategy and Supplier Pre-Qualification Questionnaire for all OJEU bids (developed with Shropshire Healthcare Procurement Service) in 2012 to ensure goods and services procured by the Trust are designed, manufactured, delivered, used and disposed of in an environmentally and socially responsible manner.

- A Sustainability questionnaire was issued in 2013 to suppliers with high carbon usage. This included a section on ethical procurement drawn up with support from the BMA.

- ContractsFinder has been introduced to allow SMEs to bid for contracts to encourage support of local businesses.

- Catering department source yoghurt, eggs, milk and bottled water locally. All chicken is British and Fair Trade goods are used wherever possible. Healthy eating options are promoted.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate a 5% reduction in the carbon footprint relative to spend.</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Engage with high carbon suppliers to improve their carbon footprint with SaTH using scored supplier sustainability questionnaire.</td>
<td>0%</td>
<td>25%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>Achieve a score of 'Excellent' in Procurement standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How will we know?
- Requirement for suppliers to demonstrate management information as part of ongoing contract awards, management and reviews.
- Active participation in Good Corporate Citizen model and contribution to the NHS Sustainable Procurement Forum to improve current carbon assessment techniques related to procurement.
- Increase in locally sourced products for catering.
5.4 Facilities Management (energy/water/waste)

5.4.1 Energy and associated carbon management

Where are we now?

- The Trust CO₂e emissions have been calculated at 18,843 tonnes of carbon based on its electricity consumption – 24% of its total emissions

- The Trust Board approved the Carbon Management Strategy in 2010 and this has been delivered with a rolling communications and engagement programme. The Trust spent £2.936m on energy during 2012/13 with ongoing cost pressures anticipated in line with national projections of increases in energy costs. However this was a reduction of 9% on 2011/12 saving over £270,000

- The Trust Board approved business cases for the installation of combined heat and power plants on both sites – use gas to generate electricity and utilise any ‘waste’ heat to provide heating and cooling (through absorption) for the buildings reducing our buildings-related carbon footprint by 5,713 tonnes in 2012/13

- The energy usage profile for Royal Shrewsbury Hospital and Princess Royal Hospital provides an overall usage figure of 97Gj/100m³ and 79Gj/100m³ compared with a target of 35-55 Gj/100m³ for new and existing buildings respectively. Heating, ventilation and cooling controls have been upgraded and new less carbon-intensive lighting. Since 2007/8 SaTH’s energy usage and CO₂ emissions (Degree-Day adjusted to take account of relative coldness of a year) have reduced from 0.15 per m² floor area and 4.16 per FTE to 0.14 m² floor area and 3.39 per FTE in 2012/13

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce energy consumption, DD adjusted, per m² floor area and per FTE compared to 2007 baseline</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Achieve a score of ‘Excellent’ in Facilities Management standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How will we know?

- Maintain accurate records of energy usage and direct carbon emissions across the site
- Active participation in Good Corporate Citizen model and improved position in Carbon Reduction Commitment (CRC) published performance tables
- Continued identification of invest to save scheme applications to Capital Planning Group eg PC shutdown software solution, local lighting and thermostat heating controls.
Where are we now?

- Water use is reported annually via the ERIC returns. The Trust consumption of water in 2012/13 was 193,754 m³ at a cost of £316,432.
- Our water consumption has reduced by 25,019 cubic meters in 2012/13 compared to 2011/12.
- This has been due to a number of initiatives including regular water audits to detect leaks, fitting water devices in male urinals, introduction of food waste disposal to local college reducing flushing of food waste down drains.
- The combined heat & power plants installed on both sites have also helped to reduce water usage.
- Food waste digester producing grey water in PRH kitchen from 2014 and planned introduction at RSH.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieve a reduction of 10% in Trust's water consumption (m³ per m² of floor or per FTE).</td>
<td>2%</td>
<td>4%</td>
<td>6%</td>
<td>8%</td>
<td>10%</td>
</tr>
</tbody>
</table>

How will we know?

- Ongoing data monitoring and inspection (planned, exceptional and ad-hoc) of systems through manual or automated meter reading and on-site inspection of various water systems, whether conventional or specialised steam or condensed systems.
- Include changing showerheads and lush W/ Cs to low flow fittings in capital aspirations plan.
Facilities Management (energy/water/waste)

5.4.3 Waste management

Where are we now?

- In 2012/13 SaTH only recovered or recycled 458 tonnes of domestic waste, which was just 29% of the total domestic waste produced.

- A new domestic waste contract tendered in 2013 continues to reduce our waste disposal to landfill with only 1% now going to landfill. All domestic waste is now segregated off-site to remove recyclables.

- The non-recyclable 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 which indirectly reduces costs and also produces electricity as a commodity.

- An on-site food digester is being piloted in PRH kitchens in Sprint 2014 before introduction at RSH in the summer. This will recycle food waste into greywater.

- The clinical waste contract was tendered in 2012 to introduce an improved waste tracking system which should save a minimum of £15,000pa. This is an area where we could improve processes.

- We are aware of the impact of hazardous chemicals on climate change and the cost of their storage and disposal, compared to less toxic alternatives. We actively monitor and seek to reduce our use of hazardous chemicals, working closely with colleagues in health & safety.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
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<tbody>
<tr>
<td>Increase recycling levels of clinical waste</td>
<td>5%</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>28%</td>
</tr>
</tbody>
</table>

How will we know?

- Ensure recycling scheme is clearly understood across Trust with storage, segregation and collection schemes implemented and comply with routine waste audits and targets.

- Monitor contractor’s compliance with contractual requirements in relation to building projects.

- Audit disposal of Waste Electrical and Electronic Equipment (WEEE).
5.5 Workforce

Where are we now?

- SaTH Board has approved a five-year People Strategy which emphasises staff involvement and engagement to reflect the transformational nature of our approach.

- SaTH joined the Prince’s Trust scheme in 2013 with 14 ‘work-ready/young people undertaking a four-week period of work experience with the Trust to improve their work skills and gain insight into the NHS. Over half the group went on to find permanent employment. A 2nd cohort is starting in March 14.

- A key area for the Trust was the development of Apprenticeships. In 2013-14, almost 120 staff have undertaken an Apprenticeship Framework qualification.

- A dedicated Sustainability page on the Intranet Learning Zone has been established to signpost staff to a variety of resources and free learning materials.

- An e-learning programme on sustainability in the Trust was developed in 2013 which will be launched in 2014 on the National Management Learning System. Regular communications have been issued to staff around sustainability including a dedicated section in the Staff Quarterly Newsletter.

- A Staff Volunteering Scheme is being piloted in the Corporate Governance Directorate with a view to wider adoption. In 2014, we are looking to introduce a staff pledge scheme in conjunction with a sustainability awareness campaign coupled with a sustainability champions initiative.

- Health and Wellbeing of staff continues to be a priority with awareness events at both sites, zumba and mindfulness classes, and the promotion of winter wellness and flu prevention measures.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased participation by staff in sustainability learning and events</td>
<td>1%</td>
<td>5%</td>
<td>10%</td>
<td>25%</td>
<td>33%</td>
</tr>
<tr>
<td>Achieve a score of ‘Excellent’ in Workforce standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How will we know?

- Monitor awareness levels of staff in relation to sustainability with inclusion of question in annual staff survey
- Increase in number of ‘green’ champions with energy action plans to raise carbon literacy
5.6 Community Engagement

Where are we now?

- The Trust went through an extensive period of public engagement and consultation in 2012/13 with the development of its new Women & Children’s Centre at Princess Royal. There was also full engagement of users in the design of the Lingen Davies Centre for cancer and haematology patients resulting in support for the inclusion of many sustainable features. The Futurefit clinical service review planned in 2014 following the national ‘Call to Action’ has a full communications and engagement plan.

- The Trust works closely with the local Health Overview & Scrutiny Committee and Wellbeing Board to ensure the input of these democratic groups. It also has a strong Maternity Liaison Committee and Cancer Users Forum as well as other support groups in many disciplines.

- There is a Patient Engagement and Involvement Panel that are at the heart of the Trust’s efforts to improve patient experience and play an active and proactive role across the Trust. There is also a Clinical Audit patient panel.

- The Trust has over 1000 volunteers across both sites and has recently strengthened its recruitment and training for volunteers and is focusing on developing roles for young volunteers and has established strong relationships with local schools and colleges.

- In 2013 the Trust introduced an Arts in Hospital Scheme working with the community to provide a healing environment for patients.

- The Trust has recruited over 9,000 FT members who receive regular updates, attend behind the scene tours and health lectures and get involved in hospital planning.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase % of public members receiving updates by email rather than post and link to plant a native plant/tree/shrub on-site</td>
<td>10%</td>
<td>20%</td>
<td>35%</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Introduce sustainability champions for both staff and public</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>Achieve a score of ‘Excellent’ in Community Engagement standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How will we know?

- We will have achieved our FT membership target with a diverse and reflective membership, with hard copy circulation of Healthier Future publication reducing.

- We will have greater involvement of staff, volunteers and FT members in awareness of the sustainability agenda, involving them in any future sustainability agenda consultations.
5.7 Buildings

Where are we now?

- SaTH has calculated a baseline carbon footprint of 18,843 tonnes of carbon from buildings in 2012/13 representing 24% of the Trust's calculated emissions.

- SaTH currently aims to achieve a BREEAM (Building Research Establishment Environmental Assessment Method) rating of 'Excellent' for all new buildings and 'Very Good' for refurbishments. This standard was applied to the Lingen Davies Centre in 2012 and the Women & Children's build in 2013/14. Both buildings have partial natural ventilation and natural light where possible.

- SaTH looks for ways to increase the availability of green spaces to the public. Natural habitat for local wildlife is preserved and play areas installed in the residential block. There has been a programme of improved seating facilities, accessible garden development in areas such as ITU and the Hamar Centre for cancer patients at RSH.

- An Estates strategy is in development that will outline a blueprint for site redevelopment and will be aligned to the Trust's Clinical Service Strategy which is being developed in conjunction with the national ‘Call to Action’.

- SaTH has installed new lighting and less carbon-intensive cooling systems and has replaced ill-fitting windows on the RSH site.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>All new builds should achieve a target of ‘low carbon’ by 2015 and ideally ‘zero carbon’ by 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achieve an absolute reduction in Trust’s buildings-related carbon emissions by at least 30% from 2007 baseline</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Achieve a score of ‘Excellent’ in Buildings standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How will we know?

- Improve performance in CRC reporting.
- Rationalise estate to provide better space utilisation and reduce energy-inefficient buildings.
- Develop invest to save schemes for capital planning process.
- Monitor reduction in energy usage and carbon footprint.
5.8 Adaptation

Where are we now?

- A dedicated Emergency Planning and Resilience officer was appointed in 2013 to oversee planning at SaTH and to work closely with other key partners.

- This includes developing business continuity plans to deal with heatwaves, cold weather and other climate-related situations being drawn up by all business-critical areas including IT and Estates. A series of workshops were held in 2013 to test the robustness and sustainability of the plans.

- We are part of the West Mercia Local Resilience Forum (LRF) which helps us work with our partners across Herefordshire, Shropshire, Telford & Wrekin and Worcestershire to plan for and respond to major incidents. The West Mercia Local Resilience Forum has a website called West Mercia Prepared. This provides information and advice for public and businesses about actions to take during or after a major incident, covering a range of situations including localised flooding or terrorist attack.

- SaTH has been working towards compliance with the National Commissioning Board’s Core Standards for Emergency Planning and Business Continuity and action plans are in place which were approved by the Board in November 2013.

What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieving ISO standard of compliance for 100% of Trust Business Continuity Plans</td>
<td>10%</td>
<td>25%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>Achieving 100% compliance with Core Standards for Emergency Planning and Business Continuity</td>
<td>70%</td>
<td>75%</td>
<td>85%</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Achieve a score of ‘Excellent’ in Adaptation standard in Good Corporate Citizen model by 2018/19</td>
<td>Getting started</td>
<td>Getting started</td>
<td>Getting there</td>
<td>Getting there</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How will we know?

- All relevant risks and mitigation/action plans captured in Trust Risk Register

### Where are we now?

**Service Development:** The Trust's 2014/15 Operational Objectives, which provide the framework for future service development plans include:
- Development of emergency ambulatory care
- Implementing a comprehensive Medicine Strategy
- Address bed capacity shortfalls including community alternative models
- Implement 7-day working

**Integrated Strategies:** *Futurefit* Programme has been established to develop our future clinical services strategy and develop models of care that meet the needs of our urban and rural communities by including a review of community hospitals and an assumption of new models of care closer to home.

**Telehealth:** The Assistive Technology and Telehealth Group established to advise and progress initiatives, informed by established models, to support patients enabling them to receive care either in the community or within their homes. Our ambition is to increase productivity through the use of telemedicine.

**Video Conferencing:** Equipment and technology is being utilised to address some of the challenges of operating two sites 30 minutes travel time apart. Facilities have been established on both sites and facilitate operational meetings and clinical MDT reviews.

**Care Closer to Home: Community Hospitals:** The Trust provides a wide range of services in community settings and is progressing schemes to increase consultant led services at Bridgnorth and Ludlow Community Hospitals and improved access to diagnostics.

**Care Closer to Home: GP Practices:** The Trust currently provides services within GP Practices and Health Facilities within the county. Work has recently commenced to assess the viability of increasing access to diagnostics at 2 GP Practices and developing phlebotomy models to increase the level of services that patients can access in the community.

### What do we want to achieve?

<table>
<thead>
<tr>
<th>Target</th>
<th>2014/15 2015/16</th>
<th>2016/17</th>
<th>2017/18 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased ambulatory care capacity</td>
<td>Agree clinical vision</td>
<td>Explore opportunities to redistribute some urgent, ambulatory and outpatient care</td>
<td>Implement <em>Futurefit</em> solutions</td>
</tr>
<tr>
<td>Progress on High Impact innovations – 3millionlives</td>
<td>Agree priorities with Commissioners through QIPP &amp; link to IT strategy</td>
<td>Implement telecare/telehealth solutions</td>
<td></td>
</tr>
</tbody>
</table>

### How will we know?

- Capacity within the community will increase resulting in a reduction of length of stay, number of patients 'fit to transfer' and activity provided on the acute sites.
- Delivery of RTT and A&E targets
- Increased patient satisfaction as patients cared for in most appropriate setting
- More non face-to-face contacts
- Improved productivity and better outcomes
6. Conclusion

As one of the largest employers in the county and a large user of resources, we recognise the importance of using our position responsibly and have regularly reported progress on our sustainability agenda to the Board through a well-established programme of waste, energy and water management. This Sustainable Development Management Plan (SDMP) highlights the key areas of focus and sets out a range of actions necessary to continue to make progress across the full range of sustainability measures.

The NHS Carbon Reduction Strategy requires all Trusts to reduce their carbon footprint. The government target expects a reduction of 10% by 2015 against our position in 2007. To achieve this reduction we will focus on reducing the use of natural resources that we use, including energy and water, and reducing emissions through efficiency measures and recycling. Our sustainable procurement policy also ensures that when purchasing goods and supplies we consider not only the need for them but also what the products are made of and where they come from. Sourcing goods locally reduces carbon emissions but also supports our local communities.

This sustainability strategy demonstrates SaTH’s commitment to the sustainability agenda. The strategy will help to raise the profile of sustainability by providing clear direction and leadership to embed the sustainability agenda across the organisation.

Sustainability will be considered in its wider sense; how it can contribute to reducing costs and improving quality, as well as improving staff and community awareness about tackling environmental concerns.

There is an associated five year action plan which covers 2014/15 to 2018/19, based on the requirements of the Sustainable Development Unit Good Corporate Citizen Model and our own local priorities. Year 2014/15 is attached as an appendix to this strategy document. This has clear objectives with identified lead and timescales that relate to the Key Performance Indicators identified in this Strategy. At the beginning of each year the Sustainable Development Committee will consider the progress against achievement of the priorities for the past year and the key priorities for the new financial year.
## Sustainable development management plan - Year 1 2014/15 Action Plan

<table>
<thead>
<tr>
<th>Category</th>
<th>Statement</th>
<th>Director</th>
<th>Lead Manager</th>
<th>SDMP RAG</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. TRUST-WIDE</strong></td>
<td>Report SDMP key performance indicators to the board on a regular basis (at least 6 monthly).</td>
<td>Julia Clarke</td>
<td>John Ellis-Tipton</td>
<td>Amber</td>
<td>To include 6 monthly update in IPR / Annual Report.</td>
</tr>
<tr>
<td><strong>2.1 TRAVEL Policies &amp; Performance</strong></td>
<td>We have assessed our transport and travel options and have calculated the carbon footprint of our business travel, fleet and patient transport services</td>
<td>Chris Needham</td>
<td>John Ellis-Tipton</td>
<td>Amber</td>
<td>Joint Travel Co-ordinator appointed 2014 (with LAs). Initial work on grey mileage completed. To calculate carbon footprint</td>
</tr>
<tr>
<td><strong>2.5 TRAVEL Business Travel</strong></td>
<td>We capture data on the number of journeys taken, mode of travel, cost and carbon emissions associated with business travel, including grey fleet (i.e. private vehicles used for business travel).</td>
<td>Neil Nisbet</td>
<td>Tricia Penney</td>
<td>Amber</td>
<td>Issuing by Centre Jan 14. Does not currently capture carbon emissions.</td>
</tr>
<tr>
<td><strong>2.5 TRAVEL Business Travel</strong></td>
<td>We seek to reduce carbon emissions produced by transport.</td>
<td>Paula Davies</td>
<td>Charlotte Hill</td>
<td>Amber</td>
<td>To minimise carbon transport emissions by consolidating freight deliveries where possible.</td>
</tr>
<tr>
<td><strong>3.4 PROCUREMENT Engaging Suppliers</strong></td>
<td>A Board approved business case for ethical procurement is included in our procurement policies. The policy has been communicated to all relevant staff and suppliers.</td>
<td>Paula Davies</td>
<td>Charlotte Hill</td>
<td>Amber</td>
<td>Sustainable Procurement Strategy &amp; PPQ approved by Board in August 2012. To include ethical procurement aspect in Procurement Policies</td>
</tr>
<tr>
<td><strong>3.4 PROCUREMENT Engaging Suppliers</strong></td>
<td>To discuss photovoltaic schemes with view to market test.</td>
<td>Paula Davies</td>
<td>Charlotte Hill / John Ellis-Tipton</td>
<td>Red</td>
<td>To consider specification details</td>
</tr>
<tr>
<td><strong>3.6 PROCUREMENT Ethical Procurement</strong></td>
<td>We have undertaken labour standards risk assessments for all our major procurements.</td>
<td>Paula Davies</td>
<td>Charlotte Hill</td>
<td>Amber</td>
<td>To monitor responses from PPQ.</td>
</tr>
<tr>
<td><strong>3.6 PROCUREMENT Ethical Procurement</strong></td>
<td>We have identified priority areas, and have started to engage with suppliers on these (e.g. surgical instruments, textiles, rubber products, ethically sourced certified timber).</td>
<td>Paula Davies</td>
<td>Charlotte Hill</td>
<td>Amber</td>
<td>To include in Contract Management meetings initially with top 10 suppliers</td>
</tr>
<tr>
<td>Category</td>
<td>Statement</td>
<td>Director</td>
<td>Lead Manager</td>
<td>SDMP RAG</td>
<td>Action</td>
</tr>
<tr>
<td>----------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>Our suppliers understand our expectations on labour standards and fair working practices. Our key suppliers provide detailed information on measures they take to ensure our standards are upheld within their supply chains.</td>
<td>Paula Davies</td>
<td>Charlotte Hill</td>
<td>Amber</td>
<td>PQQ approved by Board in Aug 12. Has been updated to include ethical practices working with BMA. To review the Pre Purchase Questionnaire (PPQ) to focus more on labour standards, fair working practices &amp; ethically sourced materials</td>
</tr>
<tr>
<td></td>
<td>We have an ambitious plan to meet NHS carbon reduction targets and support staff in achieving it.</td>
<td>Julia Clarke</td>
<td>John Ellis-Tipton</td>
<td>Amber</td>
<td>Included in GCC &amp; Carbon Strategy - Board papers. Included in SDMP 2014.</td>
</tr>
<tr>
<td>4.2 FACILITIES MANAGEMENT</td>
<td>We will reduce paper and printing costs.</td>
<td>Julia Clarke</td>
<td>Tricia Penney</td>
<td>Amber</td>
<td>Increase electronic FT membership. Move to paperless Board/meetings. To set Centre targets</td>
</tr>
<tr>
<td>Energy Use &amp; Carbon</td>
<td>We have reviewed our waste outputs and developed plans to apply the waste minimisation hierarchy in our organisation (i.e. rethink, reduce, reuse, repair, recycle).</td>
<td>Chris Needham</td>
<td>John Ellis-Tipton/Hannah Roy</td>
<td>Amber</td>
<td>To include in awareness campaign</td>
</tr>
<tr>
<td></td>
<td>To include 50 programmable thermostatic radiator valves and 50 daylight and motion sensors on light fittings each year.</td>
<td>Chris Needham</td>
<td>John Ellis-Tipton</td>
<td>Red</td>
<td>To include in Estates Planning.</td>
</tr>
<tr>
<td></td>
<td>To include local electricity metering to enable high usage to be identified.</td>
<td>Chris Needham</td>
<td>John Ellis-Tipton</td>
<td>Amber</td>
<td>To incorporate into electrical distribution upgrade.</td>
</tr>
<tr>
<td></td>
<td>To consider PC automatic powerdown software implementation.</td>
<td>Nigel Appleton/Angela Lewis</td>
<td>John Ellis-Tipton</td>
<td>Red</td>
<td>To review and develop plan.</td>
</tr>
<tr>
<td>Category</td>
<td>Statement</td>
<td>Director</td>
<td>Lead Manager</td>
<td>SDMP RAG</td>
<td>Action</td>
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<td>--------</td>
</tr>
<tr>
<td><strong>4.3 FACILITIES MANAGEMENT</strong> Waste</td>
<td>We actively raise awareness about waste minimisation, including in staff learning and development.</td>
<td>Victoria Maher</td>
<td>Mary Beales</td>
<td>Amber</td>
<td>E-learning module being finalised and revised appraisal process</td>
</tr>
<tr>
<td></td>
<td>We have reviewed our water use and developed ambitious plans to reduce our water demand and improve our water efficiency.</td>
<td>Chris Needham</td>
<td>John Ellis-Tipton</td>
<td>Amber</td>
<td>To review and develop plans</td>
</tr>
<tr>
<td></td>
<td>To include waste hold upgrades at PRH in general ward upgrades and two additional clinical areas annually.</td>
<td>Chris Needham</td>
<td>John Ellis-Tipton</td>
<td>Red</td>
<td>To include in Estates Planning</td>
</tr>
<tr>
<td><strong>4.4 FACILITIES MANAGEMENT</strong> Water</td>
<td>We have a known system in place for reporting faults/leaks. We regularly report progress to our Board.</td>
<td>Chris Needham</td>
<td>John Ellis-Tipton</td>
<td>Amber</td>
<td>Will be included in SDMP updates to Board</td>
</tr>
<tr>
<td></td>
<td>We monitor our water use closely, across all parts of our organisation, and over time.</td>
<td>Chris Needham</td>
<td>John Ellis-Tipton</td>
<td>Amber</td>
<td>To review and develop plans</td>
</tr>
<tr>
<td></td>
<td>To investigate options for alternative means of water supply in theatres (e.g. sensor or foot activated)</td>
<td>Chris Needham</td>
<td>John Ellis-Tipton</td>
<td>Amber</td>
<td>To review and feedback to SDM Committee</td>
</tr>
<tr>
<td></td>
<td>We procure products containing non/less hazardous chemicals where possible (e.g. non-toxic paints and cleaning products).</td>
<td>Paula Davies</td>
<td>Charlotte Hill</td>
<td>Amber</td>
<td>To review and develop plan</td>
</tr>
<tr>
<td><strong>4.5 FACILITIES MANAGEMENT</strong> Hazardous Substances</td>
<td>We have an active communications strategy to raise awareness about sustainability at every level of the organisation and to promote leadership competencies and deliver carbon reduction.</td>
<td>Victoria Maher</td>
<td>Mary Beales</td>
<td>Amber</td>
<td>Initial work undertaken. To identify sustainability leadership competencies (KA)</td>
</tr>
<tr>
<td><strong>5.1 WORKFORCE Policies &amp; Performance</strong></td>
<td>A process for Sustainability Champions to be identified is in place.</td>
<td>Julia Clarke</td>
<td>Hannah Roy</td>
<td>Amber</td>
<td>To introduce sustainability awareness campaign and identify clear roles.</td>
</tr>
<tr>
<td></td>
<td>We engage with our staff to expand their working experience.</td>
<td>Victoria Maher</td>
<td>Joanne Hulse</td>
<td>Amber</td>
<td>Values development during 2013/14. Workforce plan development To introduce Staff Volunteer Scheme.</td>
</tr>
<tr>
<td><strong>5.3 WORKFORCE Valuing</strong></td>
<td>We have a clear strategy for understanding patient and carer experience of our services with regular data gathering, which is promptly analysed and fed back to</td>
<td>Sarah Bloomfield</td>
<td>Graeme Mitchell</td>
<td>Amber</td>
<td>Patient experience surveys Inpatient and Outpatient. ED patient survey. FFT collected for inpatients, ED and Maternity.</td>
</tr>
<tr>
<td>Category</td>
<td>Statement</td>
<td>Director</td>
<td>Lead Manager</td>
<td>SDMP RAG</td>
<td>Action</td>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Workforce</td>
<td>appropriate parts of the organisation.</td>
<td></td>
<td></td>
<td></td>
<td><em>Data fed back to ward, care group and board level. Actions monitored at care group governance PEIP and Q&amp;S Committee Patient Experience Strategy being finalised for 2014/15 onwards. Holding maternity events to ensure stakeholder engagement.</em></td>
</tr>
<tr>
<td>6.3 COMMUNITY ENGAGEMENT Engaging with People Collectively</td>
<td>We educate clinical staff about how they can contribute to sustainable health care delivery (e.g. communicate the messages in the SDU Five To Survive series) and how they can try to reduce the carbon impact in some areas of service delivery.</td>
<td>Victoria Maher</td>
<td>Mary Beales</td>
<td>Amber</td>
<td>Intranet learning site to be finalised and promoted by Sept 2014</td>
</tr>
<tr>
<td>7. Buildings</td>
<td>We introduce a system to include Trust's sustainability aspirations in new build specification and ensure final report is presented which identifies compliance with original spec.</td>
<td>Paula Davies / Julia Clarke</td>
<td>Charlotte Hill / John Ellis-Tipton</td>
<td>Red</td>
<td>To develop specification protocol.</td>
</tr>
</tbody>
</table>