



**NHS**  
The Royal  
Orthopaedic Hospital  
NHS Foundation Trust

# The Royal Orthopaedic Hospital

## NHS Net Zero Plan 2022- 2032

## **Executive Summary:**

The National Health Service (NHS) is one of the largest employers in the UK, providing health care to a population of over 68 million people. The NHS is also one of the UK's biggest users of energy and has a range of consumables that stretches from medical supplies to catering and cleaning products.

The NHS Executive has set out its plan to reduce the impact of the NHS on the environment and aims to be the world's first net zero national health service by 2040.

At the Royal Orthopaedic Hospital (ROH), the Trust Board of Directors are equally committed to reducing the organisation's impact on the local health economy and population, and to actively contribute towards the NHS meeting this realistic, yet ambitious target.

This document forms part of the overarching Birmingham and Solihull Integrated Care System (BSol ICS) Carbon Reduction Plan, and sets out the ROH response and series of action plans. These are challenging, innovative and mirror the level of ambition that has been set out nationally. The organisation is fully committed to meeting its obligation and responsibility to our population.

*Jo Williams*

Jo Williams



The Royal  
Orthopaedic Hospital  
NHS Foundation Trust

# NHS Net Zero Plan 2022- 2032

## The ambition of the whole NHS



For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;



For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

## The commitment of the Royal Orthopaedic Hospital to Net Zero

The Royal Orthopaedic Hospital is committed to playing its part in achieving a Net Zero NHS. Our contribution will be achieved through ten workstreams:

Workforce  
and system  
working

Sustainable  
Models of Care

Digital  
Transformation

Travel and  
Transportation

Estates and  
Facilities

Medicines and  
Anaesthetics

Supply  
Chain and  
Procurement

Food and  
Nutrition

Adaptations

Comms and  
Media

Read our full plan  
[roh.nhs.uk](http://roh.nhs.uk)



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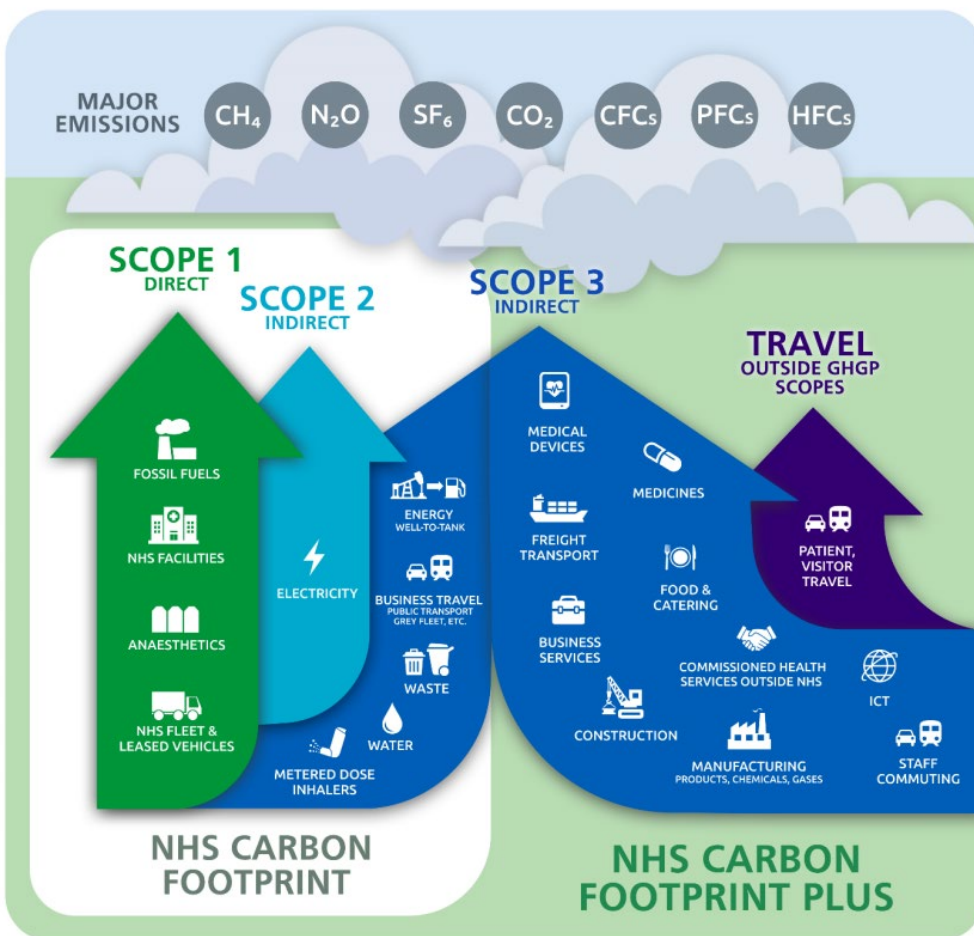
## 1. Introduction

The NHS Net Zero Expert Panel has set out an ambitious plan for the NHS family as a whole, with each organisation contributing to its core aim; to be the world's first net zero national health service.

Within this aim are two key strategic targets (see Fig 1.):

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

**Fig. 1 NHS Net Zero Plan (2021)**



The Royal Orthopaedic Hospital NHS Foundation Trust (ROH) has been providing specialist orthopaedic care at a local, regional, national and international level for over 200 years. Situated within the Birmingham and Solihull Integrated Care System (BSol ICS), it has 1300 staff, 120 beds (over 7 wards) and 14 operating theatres. The hospital provides specialist care for all areas of orthopaedics including; arthroplasty, arthroscopy, spinal, foot & ankle, hand, MSK, pain management and core therapies, and is a national centre for orthopaedic oncology.

The hospital is located in the south of Birmingham with good transport access for patients, staff and visitors. It has recently undergone major capital redevelopment with a new modular build theatre and ward complex, providing 4 new state of the art operating theatres to complement the 10 existing theatres and a new 20 bedded, mainly single en-suite accommodation, ward.

The Trust has also recently invested in:

- A new Pre-Operative Admissions Centre (POAC)
- A new Children and Young Peoples' Outpatient department
- A new Sonography suite
- A 2<sup>nd</sup> MRI Scanner
- A new Pharmacy Department with Robotic Dispensing
- A newly upgraded education & training centre (known as 'The Knowledge Hub') with a bespoke clinical and IT skills centre
- A new Junior Doctors Business Lounge

The Trust has an international reputation for high quality Research and Innovation, with many of its clinicians publishing prolifically in high impact journals and presenting at respected international conferences.

The Trust is situated in an area of social and economic need, and provides employment for a significant number of its staff base.

The Trust published its 'Five Year Strategy for Excellence' in 2019, setting out the following strategic objectives:

1. **Patients:** Safe high quality patient care
2. **People:** A diverse, high skilled and well supported workforce
3. **Partnerships:** Improved and integrated services
4. **Process:** Productive and efficient processes
5. **Performance:** A sustainable future through growth and financial stability

This document aligns itself to the Trust's strategy, and seeks to build upon each of the 5Ps in reaching the NHS net zero target.

## **2. Organisational Vision**

In the summer of 2021, the Trust Board received the NHS Net Zero report and the aims and targets within. The Trust Board is and will remain committed to playing its part in achieving these aims and developing a realistic plan to deliver the ROH contribution towards a net zero NHS.

In keeping with many NHS Trusts the organisation has already started to examine and question its approach to environmental factors, carbon reduction and achieving a more ecological sustainability.

Examples of recent initiatives include:

- Investment in electric vehicles, replacing highly polluting diesel vehicles
- Adding to the 76 existing trees within the Trusts woodland setting, by planting an orchard of 40 fruit trees to help with carbon off-setting

However, the Trust Board is aware that these initiatives form the beginning of an extensive series of transformational improvements, and has committed to developing and delivering a Net Zero plan alongside our ICS partners in BSol.

To that end a new committee has been established to start to develop a Net Zero Strategy. The focus will be in line with the NHS Guidance 'How to produce a Green Plan: A three-year strategy towards net zero' and will address the 9 themes within the plan document. In addition, the Trust has included a further workstream for Communications and Media, which we feel is a critical workstream within any effective plan.

Therefore the committee has been established with 10 workstreams each with an Executive Sponsor and a working group designed around the themes of:

- 1. Workforce and system working**
- 2. Sustainable Models of Care**
- 3. Digital Transformation**
- 4. Travel and Transportation**
- 5. Estates and Facilities**
- 6. Medicines and Anaesthetics**
- 7. Supply Chain and Procurement**
- 8. Food and Nutrition**
- 9. Adaptations**
- 10. Communications and Media**

To ensure Board oversight, each workstream will report to the Trust Net Zero Committee on a monthly basis, who will in turn report to Trust Board through the Finance and Performance Committee (See **Appendix 1.**).

The Net Zero plan will be populated by key individuals responsible for delivering the Net Zero Strategy and the workstream leads.

The Trust will be required to produce its draft first strategy by the middle of January 2022.

## **Section 3. Workstreams**

### **3.1 Workforce and system working**

Critical to the success of the Trust's net zero ambition is ensuring that we have a workforce that feels educated and empowered to achieve our sustainability objectives.

The main priority of this workstream is to create a workplace culture where people understand how they can positively contribute to this agenda and aligning this with supportive Trust policies and practices which enable a sustainability culture to emerge, in turn supporting the objectives of the other workstreams.

The specific deliverables for this workstream are as follows:

- Engage with the [Carbon Literacy Project](#) to increase staff awareness and education around the impact of carbon emissions and how they can make a difference
- Encourage staff to sign up to the Greener NHS Community
- Link sustainability to the Trust health and wellbeing agenda and incentivise sustainability actions to increase staff engagement
- Further embed an agile/flexible working culture across the Trust
- Ensure that sustainability and the responsibilities of staff in terms of moving towards net zero are included within recruitment literature, Trust induction and job descriptions for all staff
- Ensure all leaders are aware of their responsibilities with regards to sustainability and include in individual objectives and team annual plans where appropriate

### **3.2 Sustainable Models of Care**

The main focus for the operational team is to lead and implement a range of projects which reduces the Trust reliance on printing and use of paper, reducing the number of patients to the site to reduce transport emissions and support the reduction of plastic waste. The projects to do this include;

- Increase virtual consultations
- Increase number of patients on a patient initiated follow up pathway
- Increase use of Advice and Guidance
- Increase uptake of electronic letters
- Increase virtual aspects of the Joint Care pathway

All the projects detailed above are currently in progress. In the short term, the number of visitors to site has naturally decreased due to an increase in virtual consultations and restricting the number of visitors during lockdowns. To maintain this over the longer term, the use of virtual consultations including video is increasing with the aim to offer 25% of consultations virtually by March 2023.

The aim to offer advice and guidance in 15% of referrals will support a reduction in patients travelling to site as they may be more appropriately managed in primary care.

The Trust has implemented electronic letters and text messages to reduce the number of printed letters being sent to patients. This has had the short term effect of reducing missed appointments but in the long term will support the ambition to become a paperless Trust.

We have organised virtual coffee catch ups for patients who have taken part in our Joint Care programme, initially to maintain patient contact during the pandemic however they have been popular and allowed patients who would not ordinarily be able to travel to attend. To increase the electronic and virtual offer for these patients the longer term ambition is to reduce paper forms and print outs and to offer an online coaching app which patients can access at any time.

Additionally, longer term, our theatres team are exploring the reduction of plastic wrapping for theatre equipment kits with the benefit of reducing cancellations but also reducing plastic and unnecessary repeat sterilisation of equipment.

### **3.3 Digital Transformation**

The Digital Programme Team work closely with teams from across the organisation to establish new processes and technologies to enhance patient care. Below is a summary of the digital progress made over the past two years:

- Electronic GP documentation (90,000 sent 2021 reducing paper, costs)
- Offsite Printing of Clinic Letters (200,000 letters so far sent) – printing reduction onsite.
- Video Consultations – 1400 conducted since March 2020
- Digital Patient letters -reduces paper output – sent to patient electronically (58,000 read in 2021)
- EPMA – NEWS2, Observations and Assessments captured electronically (previously paper) Introduction of digital clinical noting and operation notes in Q1 2022
- RPA – Over 20 paper processes have been redesigned to a digital process so far (2021)
- Patient SMS Appointment service – 89,000 Appointment SMS sent 2021
- Referral Management System – replaces paper-based referrals and imports referrals from Primary care via an electronic system – widespread implementation throughout Q1
- HIE/ShCR – Onboarded the trust to the new ICS shared care record for all BSOL (Primary, Secondary and Social Care providers) with patient records access available from providers
- Cloud Migration – IT – Migration of the trust’s servers to cloud based solution in flight

#### Short Term Objectives

- Utilise Virtual/Video Consultations further to reduce journey and travel costs and reduce carbon emissions for service users
- Digital Care Pathway Redesign will assist reducing current paper-based processes across the trust and allow patient records to be viewed digitally
  - PreOp Digitisation – reduce journey and travel costs to service users
  - Clinical Portal – Patient record accessible digitally, Access to Shared Care record for West Midlands
  - Medical Record Digitisation. Convert all current paper hosted medical records to a digital version
- Expand patient communication services (SMS, Digital Letters) to other trust specialties to support the replacement of paper-based appointment letters and clinic letters
- Reduce the printer estate significantly by digitising as many paper-based processes as

- possible
- The implementation of Order Comms to allow imaging requests to be conducted via the trusts EPMA solution mitigating all paper processes associated with this process
- Automation – Redesign current paper processes where possible and use Robotic Process Automation to convert to digital data entry points ensuring data is captured into efficient databases and not stored on paper
- Expand the electronic documentation service to Primary Care further by onboarding other trust services where applicable
- Centralised PMO function – Implement a solution that hosts all Project/Programme related documents into a web-based repository replacing paper-based documentation

### Long Term Objectives

- To digitally enable care pathways for service users that will significantly reduce travel and journeys to the Trust with care closer to home being delivered through remote consultations and monitoring where possible
- Front-line digitisation of clinical records, clinical and operational workflow and communications aided by digital messaging and electronic health and care record systems (EPR)
- Large-scale migration of Trust data centres into the cloud; reducing the need for the storage of large volumes of data on power consuming hardware
- Replacement of the current telephony solution with a cloud-based solution reducing power consumption
- Liaise with suppliers providing digital services/solutions to the trust to minimise their environmental impact and adapt their solutions accordingly to support the Net Zero principle
- Enhance the electronic documentation service to Primary Care into a fully Digital “Transfers of Care” model
- Aspire to become a paperless Trust
- Provide a Digital Front Door for service users to allow access to a Patient Portal for Applications, Data submissions

### **3.4 Travel and Transportation**

A key factor within our net zero plan is the aim to reduce local air pollution as this has a direct impact on our patients, staff and the local community. We can attribute 14% of all the NHS emissions to patient, staff, visitor, business and NHS fleet. In comparison, the building energy use, water and waste totals 15%.

The Trust has already replaced its fleet diesel cars by purchasing two zero emission vehicles (ZEV). This has demonstrated a saving of 9,164kg of CO<sub>2</sub> per annum. Through the Covid pandemic, new and innovative ways of staff working and delivery of services were introduced (e.g. remote working / virtual consultation) that reduced the number of journeys to our site.

As an organisation we should be embedding active, clean and low carbon travel to reduce carbon emissions linked to our business activity. The following objectives have been set:

- Develop a Healthy Travel Strategy with targets & measures to reduce single occupancy car journeys and the impact of transportation within the supply chain
- Reduce carbon emissions and air pollution from non-emergency patient transport

- Use ROH/BSOL partnerships to reduce our emissions in supply chain transportation
- Increase the amount of people travelling to the ROH by active and sustainable travel methods
- Increase use of digital applications for patient appointments or provide care nearer to home
- Flexible/hybrid working for staff to reduce the workforce travelling to site
- Business travel restricted with all staff having access to video/teleconferencing to minimise business miles
- Consider the Clean Air Hospital Framework by monitoring indoor and outdoor air quality on the site to identify hotspots, with a view to improving these areas
- All contracts to include a sustainability and travel criteria
- Introduce a site-wide No Idling Policy

### 3.4.1 Staff Travel

The Trust already has a plan in place for staff travel and promotes active and sustainable transport as a mode of travel for commuting. This year, the Trust received a Bronze Accreditation for its staff travel plan from *Mode Shift Staff*, working with Birmingham Council and Transport for West Midlands. This collaboration has also enabled a partnership with the charity *Living Streets* to promote walking and also provide *Dr Bike* sessions facilitated by the charity New Roots.

The work to achieve the business accreditation also enabled a successful grant application for £5,000 which is being used to purchase one E-bike and two hybrid bikes, with accessories and storage lockers, for staff to use for business use and also to borrow for their commute. This will give staff a flavour of how their commute could be improved and encourage them to purchase their own bicycle using the Cycle to Work Scheme.

However, despite the various campaigns undertaken over the last ten years, there has not been a significant modal change. This was shown in the recent travel survey that indicated 60% of staff travel by single occupancy car. There is an opportunity for modal change with 45% of staff living within five miles of the site and almost 70% of staff living within ten miles.

We have set ourselves the following objectives:

- Develop Green Car Parking Policy with exclusion zone for applications
- Promotion of cycling and cycle to work scheme – Cycle to Work Lead and Cycling Club to be established
- Provision of more secure cycling storage onsite
- Dedicated showers/changing/locker facilities that can be accessed by patients, visitors and staff considered in future site developments
- Regular *Dr Bike* sessions with teaching sessions for staff/patients to learn new skills.
- Promotion of staff discounted public transport tickets and route planning
- Working with local public transport providers to offer new staff free public transport on their commencement date
- Consider a Staff Lease Car scheme offering Ultra Low Emission (ULEV) and Zero Emission Vehicles (ZEV), so those staff that can't use active travel can replace their diesel/petrol vehicles
- Encourage flexible/hybrid working to reduce car journeys to site

We will measure the improvement in this area through:

- Annual Staff Travel Surveys

- Uptake of Cycle to Work Scheme
- Uptake of ULEV/ZEV Car Leasing Scheme
- Use of Pool Bikes for commuting
- 'Count' audit of bikes on site
- Applications from staff for car parking from non-essential car users
- number of secure onsite cycle parking vs vehicle parking spaces
- Carbon emissions from Staff Travel
- Air quality on-site and adjacent to our hospital site

### **3.4.2 Patient and Visitor Travel**

Patient travel to our site may be more challenging to change, particularly for the type of treatment being delivered (MSK, orthopaedic and spinal conditions). This is not monitored or documented so we have no baseline data to work from. We will proactively work towards decreasing the level of patient travel required through the following actions:

- Greater proportion of virtual clinic delivery (in line with NHS Operational Guidance)
- Work with local transport providers to provide discounted travel to patients
- Introduce 'How They Travelled Today' onto the booking-in systems to collect data
- Conduct an annual Travel Survey for patients and visitors
- Provide information to patients and visitors on active and sustainable travel options
- Improve availability of shower and changing facilities for patients and

visitors We will measure the improvement in this area through:

- Number of virtual/telephone patient consultations and the resulting patient travel miles avoided.
- Reduction in car parking demand on-site
- Health Outcomes Travel Tool (HOTT) modelling
- Air quality on-site and adjacent to our hospital site
- Annual patient and visitor travel survey

### **3.4.3 Business Travel**

The Trust Zero Emission Vehicles (ZEV) fleet cars were commissioned in May 2021. This has shown a significant reduction in emissions. However, individual business travel is still a concern as mileage/reasons for travel data is not collected, only the incurred by the Trust. Going forward, our focus will be on the following areas:

- A new Green Policy on Business Travel with restrictions
- Increase in Video/Teleconferencing (staff meetings)
- Introduce a competitive 'Cycle to Meeting' rates
- Promote use of Trust Pool Bicycles
- Collate payroll information on mileage claims and reasons for travel to provide

baseline We will measure the improvement in this area through:

- Hours of virtual meetings undertaken
- Number of business miles claimed via payroll data
- Carbon emissions from business miles
- Use of Pool Bikes for Business Travel
- Proportion of Trust fleet that is ULEV or NEV

### **3.4.4 Deliveries/Supply Chain**

The Trust will be required to work with the Birmingham and Solihull Integrated Care System (ICS) Procurement Team, to look at how we can encourage NHS supply chain and our other suppliers to minimise journeys to the site. Along with this keep abreast of innovative delivery methods being used, such as using ULEV or ZEV. We aim to:

- Reduce daily deliveries
- Increase of storage facilities onsite to accommodate larger

deliveries We will measure the improvement in this area through:

- Reduction in deliveries made to site
- Improvement in air quality onsite and the adjacent area
- Use of innovative ULEV/ZEV vehicles/bicycles

### **3.4.5 Non-Emergency Patient Transport (NEPT)**

The Trust provider for NEPT, West Midlands Ambulance Service (WMAS), already has a strategy to reduce their own emissions. Nationally there is work being undertaken on a zero emission Electric Dual Crewed Ambulance (E-DCA), with trials being undertaken by WMAS. The ROH commits to:

- Reducing its use of Non-Emergency Patient Transport
- Requesting data from WMAS on their ROH-attributed miles to provide a

baseline We will measure the improvement in this area through:

- Reduction of NEPT attending site
- Data received from WMAS on ROH NEPT miles
- HOTT modelling tool
- Improvement in air quality on-site and adjacent area

## **3.5 Estates and Facilities**

### **3.5.1. Estates**

Please find further detail about the Estates workstreams in sections 4 (Travel & Transportation) and section 9 (Adaptations).

### **3.5.2. Facilities**

Within this section of the strategy we will outline ways to reduce the quantities of waste sent for landfill which in turn reduces our carbon footprint and will include two key areas of focus:

- Healthcare Clinical Waste
- Commercial Waste ( General household )

The following goals have been set for the next 5-10 years:

- Increase recycling rates
- Reduce plastic waste
- Educate users on better waste segregation
- Reduce single use medical equipment
- Reduce food waste and find alternative solution to its disposal

Waste is a significant cost to the NHS, with clinical waste requiring expensive methods of disposal. Disposing of waste cost the Trust approximately £142,076 in 2020-21. To reduce this cost, reduce the strain on natural resources and improve the environment, the Facilities department have made moderate changes on how waste is managed within the Trust which is evidenced by the introduction of the non-infectious waste stream, confidential waste, cardboard segregation and dry mixed recyclables segregation. It is expected these waste streams along with others waste reduction and recycling schemes will be further explored/improved and actioned upon once the newly appointed Waste Manager is in post.

#### **3.5.2.1 Healthcare Clinical waste**

While not seen as a prominent contributing factor to the reduction of carbon emissions, the introduction of the non-infectious waste stream has been a success, in relation to waste compliance and regulation. We are working with our clinical waste treatment providers *Stericycle* to pursue alternative avenues of how this waste stream is treated and sent for final disposal, as it is current disposed of to landfill.

Our infectious waste stream is currently treated via an alternative treatment process. Waste is autoclaved rather than incinerated or treated with harmful chloride substances. Once treated waste has two routes for final disposal:

1. Used as a fuel stock in the manufacturing of cement
2. Sent to deep landfill

The ROH anticipates the revised version of the 'Healthcare Technical Memorandum 17-01' which is hoped to provide guidance on how healthcare waste can be diverted from landfill.

**ROH | Volumes of Healthcare waste –categorised (2020/21).**

Waste Stream	Tonnage
Non-Infectious (Offensive waste)	38.80
Infectious ( Alternative Treatment)	101.20
Incineration ( Sharps, Pharmaceutical & Anatomical )	9.10
<b>Total Healthcare waste</b>	<b>149.10</b>

**3.5.2.2 Commercial Waste**

The recycling provision for dry recyclables (paper, card, glass, plastics and metals) has increased where permitted by healthcare guidance. This equates to 252 tonnes diverted from landfill, and Energy from waste incineration 27% of our total waste arising. This has been achieved by providing additional internal recycling bins, greater operational management of cardboard capture, and working closely with our commercial waste contractor *Veolia*. Furthermore the trust has managed to avoid a further 93 tonnes our commercial waste entering landfill (zero to landfill).

This has been achieved through the tendering of a combined contract with our partners BSoI Procurement and the Birmingham Trust consortia. General waste has been diverted from landfill and is used as a fuel stock to generate power that services the Birmingham region.

**ROH | Volumes of Commercial waste-categorised (2020/21)**

Waste Stream	Tonnage
General Waste ( Energy from Waste-incineration)	93.00
Dry Mixed Recyclables	32.00
Confidential waste (Paper)	78.00
Cardboard	142.00
<b>Total waste diverted from Landfill (tonnes)</b>	<b>345.00</b>

**3.5.2.3 Progress to date**

Progress against the goals outlined in section 3.5.2 above includes:

- Removal of all plastic, spoons, knives and forks – replaced by bio degradable bamboo
- Removal of plastic single use cups – replaced with bio-degradable composite materials
- Removal of plastic straws- replaced with paper composite materials
- Removal of polystyrene take-away trays – replaced with bio-degradable composite materials

- Removal of un-recyclable take away hot drinks cups- replaced with bio-degradable composite materials” and the introduction of re-usable hot drinks cups
- Confidential paper waste is 100% recycled
- Cardboard is 100% recycled
- Dry mixed recyclable bin roll out capturing paper, card, plastics and metals
- Glass only recycling bins
- Battery recycling stations introduced
- Introduction of bulky scrap metal recycling
- Cleaner hazardous waste disposal (Waste electronic, electrical equipment WEEE)
- Reduction in paper waste complimented by the use of electronic mailing systems
- Re-useable mop and microfiber heads – reducing waste tonnage

#### 3.5.2.4 Key objectives for 2022-23

Facilities will undertake a comprehensive review of all waste management system and processes. This will identify areas where waste management could be improved to increase recycling tonnage, deploy better waste segregation of all waste streams, and seek to reduce plastic waste by education, training and communication within the following key waste resources:

- Removal of Plastic Milk bottles ( Inpatient areas)
  - *Data capture analysis undertaken – It is estimated that we use over 17,000 plastic milk bottles per annum*
- Examine other plastic waste produced and seek alternative solutions to recycle more.
- Examine alternatives to plastic sharps boxes and waste medicine containers
- Reduce and divert food waste to Anaerobic Digestion or composting initiatives
  - *It is estimated that we would need around 20 x 120 Eurobins to capture weekly waste quantities generated. Quotes obtained from our current waste provider Veolia has the estimated increase spend of £15,000 per annum*
- Introduce “Wood only recycling”
  - *Quotes obtained from Veolia for this provision has been estimated @ £3,000 per annum*
- Remove all “take away disposable items- replace with re-useable containers
  - *Current spend on disposable has been estimated @ £11,000 per annum*
- Continue to work with our waste contractors to ensure that waste is managed and disposed of at the highest level of the waste hierarchy.

Throughout **2023-2025** the Facilities department will review its 2022-23 objectives, and continue to work towards the following goals:

- Capture all paper waste enabling the Trust be 100% paper recyclable
- Work with our colleagues within theatres – exploring improved waste segregation and recycling
- Remove all local workstation bins – replace with dedicated recycling station alternatives- This encourages recycling rates as staff are required to use centrally located recycling

stations as opposed to personal bins. This will be seen as Health and Wellbeing advantages, through encouraging more frequent movement away from desks. This also benefits the facilities team, via a reduction in number of bins that they have to Service.

- Remove where possible paper based hand towels – replace with hygienic/micro-biological hand dryers
- Membership to the Warp-It; a public sector reuse initiative that facilitates trading of surplus assets within and between organisations.
- Will work to reduce single use plastic items in other areas, including; gloves, gowns and hygiene products.
- Reduce the number of “General waste bins” within all areas – encouraging greater recycling and ownership to the producer.

### **3.6 Medicines and Anaesthetics**

Medicines account for about 25% of emissions within the NHS in England.

There are 2 types of medicines that account for a high amount of these emissions

- Anaesthetic Gases and Nitrous Oxide- 2%
- Metered Dose Inhalers – 3%

At ROH the area that has an effect on us is the anaesthetic gases and Nitrous Oxide usage. The inhaler usage and changes to different devices will be led by the CCG/ICS and we will then follow their guidance.

The anaesthetic gases that we are working to reduce are desflurane and Nitrous oxide.

Desflurane has a Global Warming Potential of 2540 whereas an alternative, Sevoflurane, has a potential of 130.

At present at ROH we do use mainly sevoflurane and the plan for the future is to reduce the desflurane usage to zero. Success will be monitored by looking at drug usage.

The Nitrous oxide usage is under investigation at present. We use piped manifold systems for this, and in some other Trusts leakage from these have been identified as being a significant problem. We do not believe that we have this problem here at ROH, but work will be taken to ensure that this is not the case. In addition, we will be looking to see if we can reduce usage further by changes in clinical usage or moving to cylinders rather than piped manifolds. The use and amount of Entonox will also be looked at as part of this project.

Until we have done more work on this, it is difficult to say what we can actually reduce this usage to.

We also will work with our other Trusts in the ICS with any ideas and suggestions of how to reduce this further.

### **3.7 Supply Chain and Procurement**

The Trust has commissioned Birmingham and Solihull Procurement Collaborative (BSOLPC) (hosted by UHB) to provide specialist supply chain and procurement services. The Managing Director is leading the supply chain and procurement Green Plan for the ICS.

BSOLPC is constantly working with suppliers to ensure we are obtaining their Greener agendas and monitoring their carbon omissions. The BSOL ICS is looking to introduce a system where suppliers can report their carbon omissions and we will then be able to collectively understand the baseline to apply to focus on omission reductions as one of our key performance indicators.

In February 2022 the Trust will be moving all of our stock management to Kings Norton through the BSOLPC; all transport of stock across BSOL will be through HGV Electric vehicles. This is part of the national pilot with the Department of Transport to support HVG electricalisation.

All BSOL tenders now include a Sustainability and Social Value section which will be 10% of the overall scoring to ensure Greener Procurement solutions are an integral part of supplier selection.

The Trust will be looking at onsite storage in a move to reduce the number of weekly deliveries and will be trying to support the 'Think Birmingham - Buy Birmingham' Social Value priorities.

### 3.8 Food and Nutrition

This section of the plan will outline ways to reduce the carbon emissions generated from the food made, processed and served within the Trust.

It will evidence key objectives which will be introduced within a five year plan focusing on the following key goals:

- More sustainable procurement
- Food waste minimisation -reduction of food waste inpatient and catering retail
- Introduction of “meat free Mondays and Fish Friday” (replacing meat product offerings)
- Reintroduce “seasonal menus” i.e. Winter and summer menu
- Evaluate current meal provision remove where possible processed foods
- Work towards accreditation to demonstrate that the trust commitment to the sustainability agenda (e.g. Soil Association accreditation)

#### 3.8.1 More sustainable procurement

The Trust alongside other NHS Trusts that form part of the Birmingham and Solihull shared Procurement Hub, has a huge amount of buying power, particularly when working together regionally, and nationally. We can therefore significantly influence improvements to farming practices as well as improving environmental outcomes and enhancing social value.

Within our hospitals, there are many elements that create a sustainable food system. We already have robust tools in place to support environmentally sustainable food in NHS hospitals such as the Hospital food review, and the Public Services (Social Value) Act [67], both of which support Part Two of the National Food Strategy. The Hospital Food Review Panel has been exploring opportunities for managing food procurement sustainably in hospitals.

They are recommending that, as part of the food standards, the BSol shared procure hub should use Defra’s *‘A plan for public procurement: Food and catering: the balanced scorecard’* to assess our procurement and catering practices.

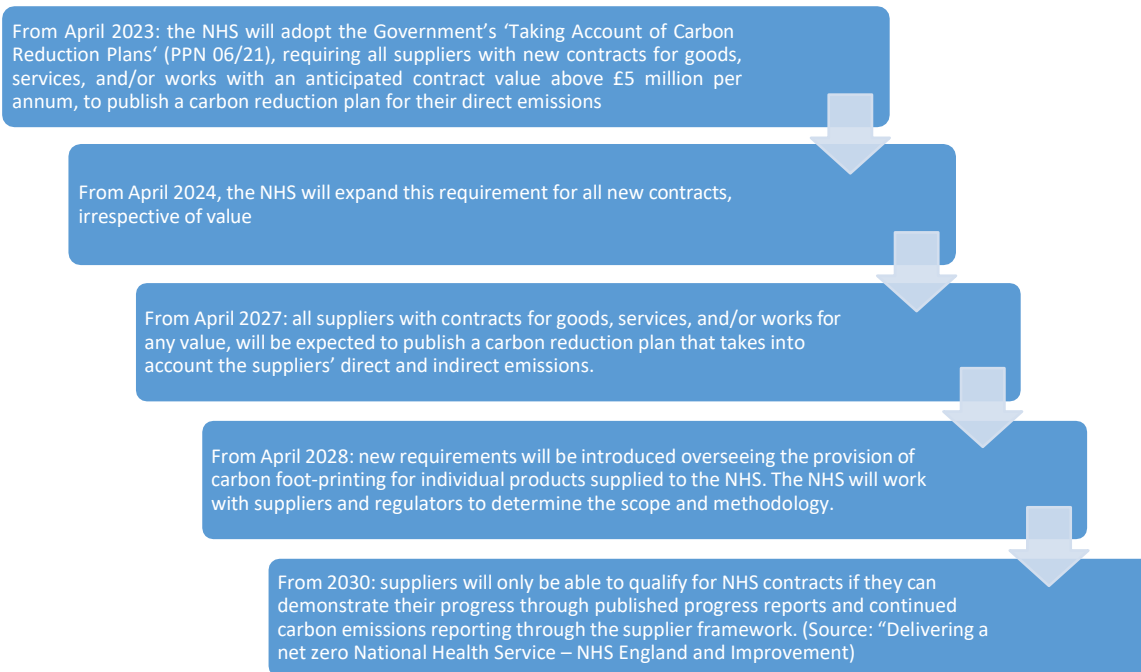
Public sector procurement has long recognised the need to promote value for society, environment, and the local economy and there have been previous government initiatives to encourage public sector bodies to purchase food in a sustainable way and to help local and small businesses compete for public sector contracts.

There is also growing interest in the NHS about its role as an ‘anchor institution’ with considerable awareness of the economic, environmental, social and health benefits of sustainable food procurement by public bodies.

It is anticipated that the new NHS food standards (when published) will include recommendations regarding mandatory procurement standards along with the tools to support implementation.

Through making food procurement and catering more sustainable and reducing the amount of food wasted by the NHS in hospital settings.

### 3.8.2 Net Zero Supplier Roadmap



### 3.8.3 Food waste minimisation

Food waste WRAP have estimated that food waste represents a cost to the UK healthcare sector of

£230 million each year which includes food procurement, labour, utilities and waste management costs.

A data capture exercise has been undertaken 2020-21 outlining estimated costs in relation to food wastage at ROH:

Month	Inpatient (£)	Catering retail
September	922.90	620.60
October	910.70	633.05
November	920.20	631.60
December	930.30	722.10
January 2021	890.35	660.70
February	907.35	626.05
March	923.10	797.10
April	915.30	601.75
May	950.35	588.60
June	895.95	783.60
July	840.15	636.95
August	895.40	629.10
Sub-Total	10902.05	7931.2
<b>TOTAL</b>		<b>£18,833.25</b>

Further analysis of the data evidences the reasons for the waste is mainly due to over ordering of both inpatient meals and portions required within of Café Royale restaurant.

A review of how inpatient meals will be undertaken at the through the Trust's Nutritional Steering Group. Furthermore an action plan will be developed on agreed portion production for café Royale, once implemented it is anticipated that this will greatly reduce the quantities of food waste generated.

#### **3.8.4 Key objectives – Our pledge 2022- 23**

Currently, plate waste within the Trust and nationally is not measured. Plate waste in hospitals refers to the food served that remains uneaten by patients. High levels of plate waste can contribute to malnutrition-related complications and there are also financial and environmental costs.

- We will begin to capture and document all inpatient plate waste
- Electronic Patient meal ordering system – currently being explored (through a new patient entertainment system – PES)
- Inpatient meal ordering process to be improved. Clearer understanding of process and how quantities are captured
- Re-affirm clear communications to Café Royale team – on the request of additional portions. Examine ways on how to gauge quantities required

#### **3.8.5 Buy British**

Buying British can offer benefits to local farmers and communities and help reconnect consumers with where their food comes from. Choosing British means supporting the economy; everyone from the farmer, to those who work in food processing and the retailers selling the food. British food travels a shorter distance from farm to shop and supports the local food economy.

Foods in season contain the nutrients, minerals and trace elements that our bodies need at particular times of the year. British meat is produced to some of the highest welfare standards in the world. Communication is key to our patients, staff and visitors. Showcasing the trust supports British produce.

We will develop and reintroduce a seasonal inpatient and Café Royale menu – taking into account season British produce in conjunction with the BSol Shared procurement hub NHS Trust partners.

#### **3.8.6 Removal of processed foods from all menus**

A review has been undertaken, and we will remove the following processed items from our menus:

- Turkey (Processed) - Replace with “Fresh”
- Ham (Processed) – Replace with “Fresh”
- Corned Beef (Processed) – Seek an alternative product (sliced beef)
- Pork Pie (Processed) - seek an alternative product

### **3.8.7 Independent accreditation – The Soil Association**

Identified as a robust way to demonstrate that our trust is fulfilling strong sustainability criteria and complying with the relevant mandatory standards. We will pledge to achieve The Soil Association

'Food for Life Served Here' Bronze award within 2022 and demonstrate, our commitment to a wide range of product assurance schemes:

1. Red Tractor
2. Fairtrade
3. LEAF Marque
4. Marine Stewardship Council
5. Freedom Food, and Organic.

This will guarantee very good or excellent performance by the hospital catering team against Defra's balanced scorecard.

### **3.8.8 Meat free Monday & Fish Friday**

Development is underway on choice menus –once drafted and costed. Menu will be share for discussion and endorsement via the Green Project Team.

## **3.9 Adaptations**

### **3.9.1 Climate Change Adaptations**

Climate change is one of the biggest public health challenges we face. Extreme weather conditions such as flooding and heatwaves are becoming more frequent and more intense, and we need to adapt our environment to these changing conditions. We need to be aware of these climate changes and embed strategies into our organisation to deal with any impacts on our infrastructure, services and procurement of goods/services.

We need to invest in adaptation and mitigation strategies/measures to minimise the effects of Climate Change. We have developed a Climate Change Risk Assessment (CCRA) to highlight any risks to clinical service continuity and resilience of our supply. This will ensure our adaptation and contingency strategies work together as one. We will continue to raise awareness and understanding of the causes and impacts of climate change amongst our staff and service users.

### **3.9.2 Capital Design Adaptations**

In the development and design of our Estate we need to embed sustainability; we need to use smart design and emerging technologies to support our improvement programmes.

We need to take a 'Whole Life Cycle Costing' approach to our projects by considering sustainability in design, construction, commissioning, operation and decommissioning to help futureproof the Trust.

We will aim to reduce the environmental impact of our buildings. We will develop sustainability guidelines for all our major capital developments, we will take a 'Design for Performance' approach considering the BSRIA soft landings framework and recognised methodologies such as BREEAM selecting the most appropriate measures to maximise the benefits.

We will endeavour to meet the Passivhaus Standard and BREEAM Outstanding status for new buildings. We will prioritise access to natural light, ventilation, greenspace and active travel

infrastructure in the development of our Estate. We will weight 'Social Values Outcomes' when procuring new services in the design and construction of new space.

We will work with and engage with industry professionals to try and ensure all our major projects are 'Net Zero in Operation'. We will include an assessment of the energy / carbon performance of our buildings in-use to ensure the parameters set in the design process have been achieved.

We will use Sustainability Impact Assessments (SIA) as part of our Business Development Investment approval procedure.

### **3.9.3 Service Design Adaptations**

The ROH has already undertaken service adaptations to address some of its clinical environmental issues such as the re-purposing of Block 37. This has seen the closure of old Ward 11, which did not have a 'controlled air' environment and was subject to high internal temperatures in the summer months. The functional change to an outpatient type activity has reduced the operation of this building from 24 hours a day to 12 hours thereby reducing its impact on its service providers.

There are two other Inpatient Wards on the Trust, namely Ward 10 and Ward 12 which do not have a 'controlled air' environment. Currently the service users experience high temperatures in the summer months and this is likely to increase further with climate change. Strategic plans are being developed to provide additional ward capacity, this will enable these wards to be relocated in future years and the areas to be re-purposed.

The Hydrotherapy service is in a prime location off the main hospital street. The relocation of this service to a purpose built, energy efficient, stand-alone building on the site would make noticeable improvements for its service users and release the land area for future clinical development.

The Theatre service operates from a collection of buildings, some buildings are of modern design/construction, and other buildings/theatres are in need of regular improvement. The High Dependency Unit is co-located within the Theatre complex, strategic plans are being developed to relocate our HDU service to enable a phased replacement of our aging theatre stock. The service adaptation will enable well designed, energy efficient replacement theatres to be delivered in a phased manner.

The adaptation of patterns of working is likely to result in changes to the way we use of offices/buildings, the development of 'Hot Desks' and 'Bookable Space' will assist in any future

'Agile Working' strategies.

### **3.9.4 Building Adaptations**

The evolving 'Estates Strategic Development Plan' has looked at future site adaptations in the form of demolition of our older building stock.

The buildings under consideration are:

- Block 02 – this building currently provides accommodation for our Human Resources Department, the building was built in circa 1925;
- Block 03 – this building provides Body Storage, the building was built in circa 1925;
- Block 14 – this building provides accommodation for our Hydrotherapy Department, the building was built in 1979;
- Block 21 – this building provides Administration Accommodation for our Spinal Team, the building was built in 1935;
- Block 30 – this building provides accommodation for our High Dependency Unit, the building was built in 1938;
- Block 46 – this building provides our Therapy Gymnasium Service, the building was built in 1930;
- Block 72 – this building provides our Theatre 9 & 10 Facilities, built in 2004 under a modular design, demolition would pave the way for future Theatre expansion.

### **3.9.5 Energy Adaptations**

The estates part of the Estates & Facilities section of this Green Plan will be covering, in more detail, the strategic changes needed to its physical service infrastructure and energy strategy for future years.

Technological development in 'alternative energy' will play a big part in adapting our environments

to meet the future needs of the service and working towards our 'Net Zero' target. The development of a 'Solar Farm' on the roof of Block 37 will add to our solar capacity on site and enable us to move over to alternative energy solutions.

The super insulating of existing buildings which are to remain on site will be a necessity in the drive to reduce energy leakage and improve the buildings thermal qualities. When existing buildings are refurbished a review of the thermal capability needs to be undertaken and judged against the latest Building Regulation standards for energy preservation.

The orientation of our buildings need to be considered, where buildings are in direct sunlight then solar shading such as 'Brise Soleir' needs to be investigated. The use of 'Free Heating' and 'Free Cooling' needs also to be considered and harnessed.

### **3.9.6 Green Spaces & Bio-diversity Adaptations**

Nurturing and improving our 'Greenspace' has benefits for Health & Wellbeing, and also leads to improved air quality, noise reduction and supports Biodiversity. We need to maximise the quality and benefits of our greenspace, reduce biodiversity loss by protecting and enhancing our natural assets.

The ROH Trust has a long history in providing well maintained grounds & gardens for its staff and service users. The 'Woodlands Site' has a varied collection of trees which support the control of greenhouse gases. The Trust continues to maintain its green canopies, invest in the planting of new trees and is proud of its 'Green Apple' award status.

We need to enhance our 'Health & Wellbeing' by maximising the quality and resilience of our 'Greenspace' to help mitigate the effects of climate change. We will work with internal and external stakeholders to ensure we have a Climate Change Adaptation Plan.

We will raise awareness of the benefits of the natural environment, encourage our staff and volunteers to get involved in gardening and food growing schemes which have the potential to incorporate the food products into our catering services.

The ROH Trust has recently planted 39 Fruit Trees which is part of the Queen's Platinum Jubilee, we will continue to nurture and maintain these trees, the orchard has been given 'Royal Ascent' and it now known as the 'Platinum Jubilee Orchard'.

The ROH Trust has created an 'Herb Garden' in the central wooded area of the site, this will provide sensory stimulation for our service users and a food source for our pollinators. The development of 'Green Roofs' and 'Living Walls' will further enhance the eco-system.

The ROH Trust has installed a number of 'Bird Boxes' around its site in its tree canopies, this will encourage birds to nest and help with the local ecology.

### 3.10 Communications and Media

Within this section details of how communications will support the delivery and promotion of the Trust's strategy, from its launch:

Objectives for 2022 and beyond:

- To work with staff across the Trust to understand the work they are doing to reduce carbon emissions and help us to reach the targets that have been set
- To deliver a draft Net Zero Strategy to the ICS as part of the wider system plan
- To educate staff on how they can become 'greener' at home and at work
- To generate positive publicity for the Trust and its staff
- To make financial savings where possible
- To ensure patients, visitors and external stakeholders know we are working together to create a healthier, more sustainable environment

It is essential that these objectives are evaluated and measured to demonstrate progress:

	Objective	Evaluation /measureable metric
1	<b>Informed and engaged internal stakeholders</b> <i>Stakeholders are mapped and communicated with effectively to support the ambitions and realisation of project</i>	<ul style="list-style-type: none"> <li>• Evidence of comms materials/ message distribution</li> <li>• Analytics of digital channels</li> </ul>
2	<b>Delivery of programme communication enablers</b> <i>Communications activities are delivered which enable the different areas of work to launch successfully.</i>	<ul style="list-style-type: none"> <li>• Delivery of marketing collateral</li> <li>• Delivery of digital platforms</li> <li>• Delivery of communications activities/events</li> </ul>
3	<b>Positive public relations</b> <i>Key messages are communicated widely to support staff, patients and visitors to be more educated and knowledgeable on the subject.</i>	<ul style="list-style-type: none"> <li>• Local media coverage; increased impressions</li> <li>• National coverage; increased impressions</li> </ul>

The key messages that will form the core of all communications and engagement include:

	Key messages
1	What we are doing to help reduce our carbon emissions and get down to net zero and importantly WHY
2	The benefits for our staff, patients and visitors, and the community (health benefits, financial benefits etc.)
3	What people can do to support and help reduce emissions, live healthier and more sustainably

<b>4</b>	What staff can do within their own departments and at home to help
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### 3.10.2 Approach to communications & engagement

- Sharing and communicating progress will be ongoing as the Trust begins to deliver the priorities set out in this strategy. Once approved by The Green Board, news will be shared via our internal and external communications channels. Where relevant, press releases will also be prepared and shared with media outlets to generate positive publicity.
- Identifying an ROH 'hook' for press & media release
- Short videos for social media with key members of staff describing the ROH Net Zero plan
- Refresh ROH Net Zero branding
- Include more marketing materials to display across the Trust and online and making the brand more prominent on all of our channels
- Develop a website or section of ROH website dedicated to this plan including our ambitions, case studies, as well as simple, effective ways people can become more sustainable. Example here: <https://www.carewithoutcarbon.org/>
- The Trust have contacted a number of schools in the area, and surrounding areas, to see whether they would like to work with us on educating staff and the public on the benefits of becoming net-zero (waiting on responses). There could be a link we could create around our orchard or green spaces.
- Consider new partnerships i.e. Oxfam or Northfield Charity Partnership to allow staff to drop off unwanted clothes to the hospital
- Translate progress/achievements into a written case study to publish in the 'green' section of our website and anywhere else appropriate
- Develop a internal section (staff intranet) which will be a hub where staff can find all relevant information.

We are working on a 'roadmap' to share with staff internally and externally online. This will lay out exactly what our ambitions are and how we plan to achieve them.

#### **Section 4. Conclusions and Recommendations**

The ROH Green Plan is a starting point of the Trusts commitment to reducing harmful emissions, improving efficiency, developing new ways of working through the transformation of the delivery of services and the estate. It clearly articulates the work that has been undertaken to date and sets out an ambitious change programme for the future.

This plan sets out how, the Royal Orthopaedic Hospital will play its part in contributing towards the NHS NetZero plan. The work will require ongoing support of the Trust Board, the staff, patients and visitors to the site, alongside capital investment and behavioural change to enable sustainable change.

The main recommendation of the report, is that the ROH Net Zero Committee is formally established to continue the work of the plan and will report to the Trust Board half yearly on progress. The Finance and Performance Committee will receive quarterly reports, and will actively monitor progress against the plan set out in detail in the appendix of this report.

**Professor Phil Begg**  
**Executive Director of Strategy and Delivery**

**Section 5. Appendices**

**APPENDIX 1: ROH Net Zero Reporting Structure**

Appendix 2. ROH Net Zero Action Plan

# The Royal Orthopaedic Hospital NHS Net Zero Trust Strategy 2022- 2032: Action Plan

Status key	
5	Complete
4	Ongoing
3	Slight delay
2	Delayed
1	Not yet started

Ref	Objective	How/Measurement	Senior/Executive	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
<b>WORKSTREAM 1: Workforce and system working</b>								
1.01	Engage with the Carbon Literacy Project to increase staff awareness and education around the impact of carbon emissions	% of staff who have received Carbon literacy training  % staff reporting that they have made a change to support sustainability as a result of the training	Sharon Malhi	David Richardson /Claire Felkin	End of Q2 22 - ongoing	Link to QSIR  Dependent on engagement with the sustainability agenda leading up to launch of training and feedback from induction sessions		4
1.02	Encourage staff to sign up to the Greener NHS Community linked to the Sustainability strategy	% of staff signed up to the initiative	Sharon Malhi	Comms	By end of Q1 22 -ongoing	Staff need to feel able to make changes which will make a difference		4

Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
		Communicating successful projects/ideas across the Trust and wider Establishment of a 'Greener ROH' staff network/community of practice	Sharon Malhi Begg	Clare Mair / Jeeves Sundar / Sustainability Project leads	By end of Q2 – ongoing			
1.03	Link sustainability to the Trust Health and Wellbeing agenda and incentivize sustainability actions to increase staff engagement	% uptake of carbon friendly wellbeing initiatives i.e. walking to work week, linking with local partners e.g. Living Streets  Portfolio of wellbeing initiatives related to substantiality within overall wellbeing offer from the Trust	Sharon Malhi	Clare Mair/ Laura Tilleyhood /Comms	By end of Q1 – ongoing	Risk that staff don't engage due to operational demands  Interdependency – managers to support/champion initiatives  Secure future funding for initiatives e.g. Living Streets		4

1.04	Further embed an agile/flexible working culture across the Trust	% of total staff with flexible working arrangements (including working from home arrangements where appropriate)  Increase in positive responses to flexible working questions within the annual staff	Sharon Malhi	Amy Horrocks	Ongoing	Staff turnover/reductions in workforce availability/large vacancy gaps may result in less flexible working requests being considered/ approved		4
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Ref	Objective	How/Measurement	Senior/Executive	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
1.05	Ensure that sustainability and the responsibilities of staff in terms of moving towards net zero are included within recruitment literature for all staff	Statement within recruitment literature which highlights the Trusts commitment to sustainability/net zero	Sharon Malhi	Jake Cullotty/Comms	End of Q1 22			4
1.06	Ensure that sustainability and the responsibilities of staff in terms of moving towards net zero are included within Trust Induction and Mandatory training for all staff	Trust and local inductions to include information  Delivered by Sustainability Officer	Sharon Malhi	David Richardson/Clare Felkin  Relevant session to be confirmed	End of Q1 22			4
1.07	Ensure that sustainability and the responsibilities of staff in terms of moving towards net zero are included within job descriptions for all staff	Generic statement/s to be agreed and included in all Job description templates	Sharon Malhi	Jake Cullotty/HR & Recruitment Team	End of Q1 22 – ongoing			4

1.08	Ensure all leaders are aware of their responsibilities with regards to sustainability and include in individual objectives and one-to-one conversations where appropriate	Spot checks of individual objectives	Sharon Malhi	All Trust leaders/HR & OD team	Ongoing	Dependent on all trust leaders understanding their responsibilities in relation to sustainability  Dependent on all staff having individual appraisals/objective setting		4
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Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
1.09	Ensure all leaders are aware of their responsibilities with regards to sustainability and include in team annual plans where appropriate	Reviews of annual plans  Annual planning template to include standard section to prompt teams to consider  Included as topic in Management and Leadership programme	Rebecca Lloyd/Amanda Gaston	All Trust leaders/Business planning teams  Facilitators of development programmes	End of Q4 21 - Ongoing	Dependent on all team annual plans being completed  Duration and frequency of development programmes		4
<b>WORKSTREAM 2: Sustainable Models of Care</b>								
2.01	Reduce number of patients travelling onto site - Increase number of virtual consultations	<ul style="list-style-type: none"> <li>Increasing number of virtual appointments</li> <li>Reduced traffic to site</li> </ul>	Marie Peplow	Matt Payne	Ongoing	Dependent on uptake of virtual consultations	Ongoing	4
2.02	Reduce number of patients travelling onto site and reduced number of unnecessary consultations with increased uptake of PIFU	<ul style="list-style-type: none"> <li>Reduced traffic to site</li> </ul>	Marie Peplow	Matt Payne	Ongoing	Dependant on uptake of patients on a PIFU pathway	Ongoing	4

Ref	Objective	How/Measurement	Senior/Executive	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
2.03	Reduce number of patients travelling onto site and reduced number of unnecessary consultations with increased uptake of Advice and Guidance	<ul style="list-style-type: none"> <li>Reduced traffic to site</li> <li>Reduction in inappropriate referrals</li> </ul>	Marie Peplow	Matt Payne	Ongoing	Dependent on number of A&G requests vs direct referrals	Ongoing	4
2.04	Reduce printing and letter sending through use of online letters and texts	<ul style="list-style-type: none"> <li>Increase in number of patients accepting electronic messaging and electronic letters.</li> <li>Decrease in the number of printed letters being sent</li> </ul>	Marie Peplow	Matt Payne	Ongoing	<p>Dependent on patient's acceptance of electronic messaging.</p> <p>Risk to increased uptake with patients who are unable to access via smart phone / phone / another IT equipment</p>	Ongoing	4
2.05	Reduce number of patients travelling to joint care catch ups by moving the meetings online	<ul style="list-style-type: none"> <li>Reduced traffic</li> </ul>	Marie Peplow	Matt Payne	Ongoing	Risk to increased uptake with patients who are unable to access via smart phone / phone / another IT equipment	Ongoing	4

2.06	Reduce printing of paper booklets through utilising my recovery app	<ul style="list-style-type: none"> <li>Increase in number of patients using the app</li> </ul>	Marie Peplow	Matt Payne	Ongoing	Dependent on patient's acceptance of using an app.	Ongoing	4
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Ref	Objective	How/Measurement	Senior/Executive	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
		<ul style="list-style-type: none"> <li>Decrease in the number of printed sets of information</li> </ul>				Risk to increased uptake with patients who are unable to access via smart phone /phone/ another IT equipment		
2.07	Reduce paper in OPD through the Intouch Upgrade	<ul style="list-style-type: none"> <li>Reduced sets of papers and forms being printed</li> </ul>	Marie Peplow	Matt Payne	Yet to start			1
2.08	Reduce plastic waste though exploring alternatives to kit wrappers in theatres	<ul style="list-style-type: none"> <li>Reduction in plastic waste</li> <li>Reduction in kits being re-sterilised due to breakages in wrapping</li> </ul>	Marie Peplow	Matt Payne	Yet to start			1
<b>WORKSTREAM 3: Digital Transformation</b>								
3.01	Digital Care Pathway Redesign - Clinical Portal	<ul style="list-style-type: none"> <li>% of paper patient- based notes not being required for clinic.</li> <li>% of Patient information available electronically.</li> </ul>	Steve Washbourne	Gavin Newmann	9 months	Reliance on UHB Resource	Configuration underway	4

3.02	Cloud Migration– Replacing Hardware	<ul style="list-style-type: none"><li>Total amount of ROH estate migrated to cloud.</li></ul>	Steve Washbourne	Matt Maycock	12 months			4
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Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
		<ul style="list-style-type: none"> <li>Total Power and cooling costs saved.</li> </ul>						
3.03	Removal of Data Centre hardware	<ul style="list-style-type: none"> <li>Power consumption saved.</li> </ul>	Steve Washbourne	Matt Maycock	12 months			4
3.04	EPMA Phase 3	<ul style="list-style-type: none"> <li>Total paper-based process replaced.</li> </ul>	Andy Toogood	Gavin Newman	9 months	Reliance on UHB Resource	Delivery planning underway	4
3.05	Order Comms	<ul style="list-style-type: none"> <li>% electronic ordering completed</li> </ul>	Andy Toogood	Gavin Newman	9 months	Reliance on UHB Resource		4
3.06	RPA (FX) replace paper processes	<ul style="list-style-type: none"> <li>Total paper processes replaced with electronic/web-based solutions</li> </ul>	Steve Washbourne	Gavin Newman	18 months			4
3.07	Digitise Medical Records	<ul style="list-style-type: none"> <li>% of full electronic patient records ingested to Clinical Portal</li> </ul>	Steve Washbourne	Gavin Newman/ Matt Payne	18 months	ICS based initiative dependant on funding.		1

3.08	Electronic Referral Management (Replacement of paper-based referrals)	<ul style="list-style-type: none"> <li>• % of Referrals managed via RMS.</li> </ul>	Marie Peplow	Sarah Moulton/ Tim Cox	9 months	Adoption in all departments	Underway	4
3.09	Reduced Printer estate	<ul style="list-style-type: none"> <li>• % reduction in printing</li> <li>• Total amount of</li> </ul>	Steve Washbourne	Matt Maycock	12-18 months	Risk – Increased printing volumes		4

Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
		printers reduced						
3.10	Digital Care Pathway Redesign – Digitise PreOp	<ul style="list-style-type: none"> <li>Total reduction in patient costs and distance travelled.</li> <li>% of completed pre-assessments electronically</li> </ul>	Marie Peplow	Kirstie Owens/ Gavin Newman	6-9 months	Board approval of Project Charter	Project Charter due to go Execs Jan 2022	3
3.11	Video Consultations	<ul style="list-style-type: none"> <li>Total amount of consultations conducted virtually (Phone, Video)</li> </ul>	Marie Peplow	Matt Payne/ Gavin Newman	12 months	Integration to Clinical Portal an interdependency	1400 consultations conducted so far	4
3.12	Electronic correspondence to Patients/GP's	<ul style="list-style-type: none"> <li>Total amount of correspondence sent digitally to patients</li> <li>Total amount of correspondence sent digitally to GP Surgeries.</li> </ul>	Marie Peplow	Gavin Newman/ Matt Payne	12 months	Operational onboarding of outstanding departments.  Linking up additional services to GP surgeries requires UHB resource	200,000 documents sent to GP'S  65,000 Digital appt letters opened so far.	4

#### WORKSTREAM 4: Travel and Transportation

4.0	Reduce Air pollution to improve Health in the Greater Birmingham area.	<ul style="list-style-type: none"> <li>• No Idling Zones</li> <li>• Green Car Parking Policy</li> <li>• Reduce</li> </ul>	Phil Begg	Deputy Director of Delivery	December 2024	National Policy Financial Cost West Midlands Travel Infrastructure		<b>1</b>
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Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
		Patient/Visitor <ul style="list-style-type: none"> <li>• Travel</li> <li>• Reduce use of Non-emergency patient transport</li> <li>• Reduce Deliveries to site</li> </ul>				Employee engagement Staff Resource Birmingham and Solihull Integrated Care System Procurement of goods Internal resource to undertake changes		
4.01	Green Car Parking Policy	<ul style="list-style-type: none"> <li>• Flexible/Hybrid Working</li> <li>• Annual Staff Travel Survey</li> <li>• Car Club/Car sharing platform</li> <li>• Reduce Staff Car Parking Spaces</li> </ul>	Phil Begg	Deputy Director of Delivery	March 2023	Government Policy on NHS Car Parking HR Policy Financial commitment Staff engagement Estates Department	Undertaken annual staff survey.  Will increase No. of EV charges on site	<b>1</b>

						Staff resource		
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Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
		<ul style="list-style-type: none"> <li data-bbox="613 320 862 443">• Introduce ULEV/ZEV Car Lease Scheme for staff</li> <li data-bbox="613 491 862 614">• Reduction in Non- essential staff Parking Applications</li> <li data-bbox="613 662 862 687">• No idling zones</li> </ul>						

DRAFT

4.02	Increase Staff Cycling to Work	<ul style="list-style-type: none"> <li>• Establish Cycling Club</li> <li>• Provide Additional Secure cycle storage</li> <li>• Dedicated changing/showering facilities</li> <li>• Regular Dr Bike</li> </ul>	Phill Begg	Cycle to work lead	March 2024	<p>Take up may be limited due to commuting routes not suitable for cycling.</p> <p>Distance too great</p> <p>Staff fitness to cycle</p> <p>Limited space onsite for additional provision of changing, etc</p> <p>Financial costs to introduce initiatives and facilities</p>	<p>Loan bikes on order, financed via TFWM Grant</p> <p>Additional cycle storage in progress</p> <p>Ad-hoc Dr Bike sessions held</p>	<b>4</b>
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Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
						<p>Lack of interest in cycling club</p> <p>Lack of engagement with pool bikes</p>		
4.03	Increase staff using public transport	<ul style="list-style-type: none"> <li>Promotion of flexible discounted NHS Staff Swift Ticket Scheme</li> <li>Free New Starter Public Transport ticket</li> <li>Work with Birmingham and Solihull ICS and transport providers to offer better options for staff</li> </ul>	Phil Begg	Sustainability Officer/HR	December 2022	<p>Transport for West Midlands/National Express West Midlands commercial offering may change.</p> <p>Staff not taking up offers.</p>	<p>Already promote the discounted NHS Travel Tickets Agreed to pilot a scheme for new starter free travel from NXWM</p> <p>Discussion at ICS Green Board how the ICS will achieve this</p> <p>Achieved Bronze accreditation</p>	4

								for Green Travel Plan	
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Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
4.04	Increase staff walking to Work	<ul style="list-style-type: none"> <li>Promote Benefits of Walking to Work</li> <li>Review car parking policy and increase no car parking application</li> </ul>	Phil Begg	Sustainability Officer/ Engagement and Wellbeing Officer	March 2023	Lack of Staff interest Policy not amended HR Policy Financial – cost continue project with Living Streets	Working with Living Streets to promote benefits of walking Achieved Bronze accreditation for Green Travel Plan	3
4.05	Reduce Outpatient Appointments onsite by 25%	<ul style="list-style-type: none"> <li>Record reduction of clinical appointments</li> <li>Patient Travel Survey Data</li> <li>Use of Healthy Outcomes Travel Tool (HOTT)</li> </ul>	Marie Peplow  Phil Begg	Operations department Sustainability Officer	March 2023	Clinical and/or Operational Changes as part of Sustainable Models of Care Minimal response to patient travel survey	Working with Digital Team to produce online travel survey for patients	4

4.06	Promote Sustainable Travel Modes	<ul style="list-style-type: none"> <li>• Offer discounted travel to patients and their carers</li> <li>• Changing / showering facilities</li> </ul>	Phil Begg	Sustainability Officer	March 2023	<p>National Express West Midlands (NXWM) offering discount</p> <p>Government Policy on Hospital car</p>	<p>Discussion with NXWM</p> <p>Promote ways to travel on ROH</p>	<b>4</b>
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Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
		<p>available</p> <ul style="list-style-type: none"> <li>Reduced demand for car parking</li> </ul>				<p>parking</p> <p>How do patients access the discounted rate?</p> <p>Financial commitment to provide facilities</p>	<p>Website</p> <p>Working with ICS Green Board</p> <p>To increase no. of EV chargers onsite</p>	
4.07	Reduce Business Travel	<ul style="list-style-type: none"> <li>Use of Teleconferencing</li> <li>Executive Sign off for any non-essential business travel</li> </ul>	Phil Begg	Deputy Director of Delivery	March 2023	<p>HR Policy</p> <p>Staff Access to IT</p> <p>BSOL ICS Travel arrangements</p> <p>Staff engagement</p>		<b>1</b>

4.08	Use of Sustainable Modes of Travel	<ul style="list-style-type: none"> <li>• Use of Trust Pool Bikes</li> <li>• Procure ZEV pool vehicles for longer journeys</li> <li>• Reduce mileage claim rate</li> <li>• Provide public transport tickets</li> </ul>	Phil Begg	Deputy Director of Delivery	March 2023	Financial Resource Staff Engagement HR Policy Insurance	ZEV for specimen vehicles  To increase available EV chargers on-site	<b>1</b>
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Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
		<ul style="list-style-type: none"> <li>Introduce cycle mileage</li> </ul>						
4.09	Collate Payroll data for Business Mileage	<ul style="list-style-type: none"> <li>To provide a baseline to identify essential journeys</li> </ul>	Phil Begg	Sustainability officer	March 2022	Lack of payroll data to provide baseline or monitor	Emailed Finance to speak to Payroll to collect data	<b>1</b>

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4.10	Reduce No. Of Deliveries	<ul style="list-style-type: none"> <li>Increase Storage Space on site</li> <li>Work with suppliers to reduce No. of journeys made to ROH site</li> </ul>	<p>Phil Begg</p> <p>Steve Washbourne</p>	<p>Deputy Director of Delivery</p> <p>Procurement Lead</p>	<p>March 2024</p> <p>March 2024</p>	<p>Lack of available space</p> <p>Financial commitment to increase storage capacity</p> <p>Led by Central Procurement Team and BSOL ICS</p> <p>Contracts amend to include Major logistic changes may be a barrier to delivery companies making only one delivery</p> <p>Potential Additional Costs</p>		<b>1</b>
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Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
4.11	Reduce use of NEPT	<ul style="list-style-type: none"> <li>Virtual clinics</li> </ul>	Marie Peplow	Operations Department	March 2024		WMAS are trialing ZEV	1
4.12	Request journey data from contractor	<ul style="list-style-type: none"> <li>HOTT Modelling</li> </ul>	Chief Nurse	Facilities Manager	March 2023	<p>WMAS have their own plan/targets</p> <p>Data may not be readily available</p>		1

### WORKSTREAM 5: Estates and Facilities

5.01	Utility metering – automatic reading	<ul style="list-style-type: none"> <li>Being able to view live utility consumptions for half hourly data.</li> </ul>	Phil Begg	Dave Cooke	12 months or more	Many meters are needed across site. This will be needed if the Trust want to see and understand its carbon performance that relates to activity and energy based consumptions	0%	2
5.02	BMS Building Management System – Consultant to advise on best practice set up and operation to minimise carbon	<ul style="list-style-type: none"> <li>Consultant based report</li> </ul>	Phil Begg	Dave Cooke	>12 months	<p>Mat need more monitoring and sensor installations.</p> <p>Will depend upon a good level of sub metering</p>	0%	2

5.03	Boilers – old mid 1980s install	<ul style="list-style-type: none"> <li>Consultant to report on replacement options to renew. Is it worth replacing</li> </ul>	Phil Begg	Dave Cooke	>18months	Other M & E costs will be associated with boiler replacement.	0%	2
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Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
		with gas? Do we replace with an electric only solution, if so what?				Should an alternative method of heat be used then these costs could be significant. QS and or Consultant to advise Trust.		
5.04	Combined Heat and Power	<ul style="list-style-type: none"> <li>Viability re CHP installation – Consultant to investigate and provide report.</li> </ul>	Phil Begg	Dave Cooke	24months or more	Gas supply size on to site. Location requirements. Impact on Estates Strategy work etc Cost. Space. Planning. Noise. Electrical shutdowns.	0%	2
5.05	Photovoltaic generation	<ul style="list-style-type: none"> <li>Consultant to report upon viability of PV for the Trust</li> </ul>	Phil Begg	Dave Cooke	12months	Cost. Space. Planning.	0%	2
5.06	Solar Thermal	<ul style="list-style-type: none"> <li>Consultant to report upon viability of solar thermal for the Trust</li> </ul>	Phil Begg	Dave Cooke	12months	Cost. Space. Planning.	0%	2

5.07	Lighting & small power	<ul style="list-style-type: none"><li>• Consultant to review clinical and non- clinical lighting and power use and</li></ul>	Phil Begg	Dave Cooke	12 – 18 months	Costs. Electrical isolations. Consultant to advise.	0%	2
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Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
		report upon any reductions from models or investments made/implemented						
5.08	Building thermal performance	<ul style="list-style-type: none"> <li>Consultant to assess buildings internally and externally for thermal performance and appraise</li> </ul>	Phil Begg	Dave Cooke	12-18 months	Viability. Costs. Planning.	0%	2
5.09	Estates helpdesk	<ul style="list-style-type: none"> <li>Staff awareness of Helpdesk calls that relate to carbon reduction/efficiency</li> </ul>	Phil Begg	Dave Cooke	3 months		0%	2
<b>WORKSTREAM 6: Medicines and Anaesthetics</b>								
6.01	To have a nominated anaesthetist to work with	<ul style="list-style-type: none"> <li>Agreed</li> </ul>	Matt Revell	Maureen Milligan	Dec 2021	Nil	Dr Stankus Appointed	5
6.02	To review if we need to stock Desflurane in the Trust at all	<ul style="list-style-type: none"> <li>Discuss with Anaesthetic Team and CSL</li> </ul>	Matt Revell	Maureen Milligan	End Jan 2022	May need to keep for some individual patients		4

6.03	To find out the usage of Nitrous Oxide in the Trust so we can then make an opinion if we can get rid of the manifold in the Trust and use small cylinders instead	<ul style="list-style-type: none"> <li>Dave Cooke to discuss with Steve Harnett and try and obtain figures</li> </ul>	Matt Revell	Maureen Milligan	End Jan 2022	We hope that BOC can give us the data		4
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Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
6.04	To swap to “brown bags” for medicines dispensed rather than plastic and white bags	<ul style="list-style-type: none"> <li>Change been made and bags swapped over</li> </ul>	Matt Revell	Maureen Milligan	End Feb 2022	Need to use up the existing bags		4
6.05	To see if strip packs can be recycled and work out the financial implications	<ul style="list-style-type: none"> <li>Discuss with a specialist company</li> </ul>	Matt Revell	Maureen Milligan	End Jan 2022	Has costs associated with this		4
<b>WORKSTREAM 7: Supply Chain and Procurement</b>								
7.01	TBC (ICS-wide workstream)	<ul style="list-style-type: none"> <li></li> </ul>						
<b>WORKSTREAM 8: Food and Nutrition</b>								
8.01	Meat Free Mondays	<ul style="list-style-type: none"> <li>Implementation</li> </ul>	Garry Marsh	Himadri Ghosh	Jan 2022	Decreased revenue	Menu under development	3
8.02	Fish Fridays	<ul style="list-style-type: none"> <li>Implementation</li> </ul>		Himadri Ghosh	Jan 2022	Decreased revenue	Menu under development	3
8.03	Sustainable Procurement	<ul style="list-style-type: none"> <li>Data capture</li> </ul>		Steve Harnett	Jan 2022	NHS national	SH- Has contacted NHS supply chain	3
8.04	Patient plate waste capture	<ul style="list-style-type: none"> <li>Data capture</li> </ul>		Himadri Ghosh	Jan 2022	Ownership		3
8.05	Ward portion waste capture	<ul style="list-style-type: none"> <li>Data capture</li> </ul>		Himadri Ghosh	Jan 2022	Ownership		3
8.06	Electronic Patient meal ordering	<ul style="list-style-type: none"> <li>Data capture</li> </ul>		Himadri Ghosh	Jan 2022	Ownership	Himadri attends PES meetings	3

8.07	Seasonal Menu – café royale	<ul style="list-style-type: none"> <li>• Implementation</li> </ul>	Himadri Ghosh	April 2022	Increased spends		3
8.08	Food for life – Bronze award	<ul style="list-style-type: none"> <li>• Local action plan</li> </ul>	Steve Harnett	April 2022	Food item analysis	Work underwa y	3

Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
8.09	Food for like – Silver award	<ul style="list-style-type: none"> <li>Local action plan</li> </ul>		Steve Harnett	June 2022	Food item analysis		3
8.10	Food for life – Gold award	<ul style="list-style-type: none"> <li>Local action plan</li> </ul>		Steve Harnett	April 2023	Food item analysis		3
<b>WORKSTREAM 9: Adaptations</b>								
9.01	Promote smart technology and emerging technologies in our future developments.	<ul style="list-style-type: none"> <li></li> </ul>	Phil Begg	SWL/JD				3
9.02	Take a 'Whole Life Cycle Approach' to sustainability and reductions in environmental impact.	<ul style="list-style-type: none"> <li></li> </ul>	Phil Begg	SWL/JD				3
9.03	Develop local sustainability standards/guidelines for major capital developments.	<ul style="list-style-type: none"> <li></li> </ul>	Phil Begg	SWL/JD				3
9.04	Endeavour to meet the 'Passivhaus Standard' and 'BREEAM Outstanding' status.	<ul style="list-style-type: none"> <li></li> </ul>	Phil Begg	SWL/JD				2
9.05	Strive for 'Net Zero in Operation'.	<ul style="list-style-type: none"> <li></li> </ul>	Phil Begg	All				3
9.06	Assess and monitor the energy performance of the building throughout its life.	<ul style="list-style-type: none"> <li></li> </ul>	Phil Begg	SWL/DC				3

9.07	Invest in greener alternative energy solutions such as a 'Solar Farm'.	•	Phil Begg	SWL/JD/DC					2
9.08	Improve the thermal capacity of the retained	•	Phil Begg	SWL/JD/DC					3

Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
	estate and reduce energy leakage.							
9.09	Always consider the use of 'Free Heating' and 'Free Cooling'.	•	Phil Begg	SWL/JD/DC				2
9.10	Develop our 'Agile Working' strategies and link this to service adaptation & improvement.	•	Phil Begg Sharon Malhi	SWL				3
9.11	Agree a 10 year estates development strategy which incorporates the ROH Green Plan.	•						3
9.12	Maintain and maximize our 'Greenspace' to enhance everybody's Health & Wellbeing.	•						3
9.13	Develop outdoor Health & Wellbeing facilities.	•						2

9.14	Further enhance the local ecology.	•						3
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**WORKSTERAM 10: Communications and Media**

Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
10.01	Identify stakeholders- Ensure target stakeholders are identified (liaise with project leads to identify cohort groups)	<ul style="list-style-type: none"> <li>Comms internally (to staff) via staff bulletins, physical materials i.e. posters, Team Brief, manager's meetings, digital screens and desktop screensavers.</li> <li>Comms to external stakeholders (public, schools, councils, other Trusts) via website, social media, emails.</li> <li>Press releases and briefings to stakeholders in the media.</li> </ul>	Phil Begg  Rebecca Lloyd	Comms			Have liaised with departments and specialties around case studies. Have reached out to local schools to work with them.	4

10.0 2	Agree communications approach/key messages with project group- Work with project group to agree communications approach and build engagement to access their areas.	<ul style="list-style-type: none"> <li>• Highlight reasons group was created</li> <li>• Agree best way to engage with staff Trust wide on what they can do to make a difference both at work and at home</li> <li>• Make changes as easy as possible to</li> </ul>	Phil Begg  Rebecca Lloyd	Comms			Comms plan created. Will be furthered once trust strategy is completed.	4
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Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
		<ul style="list-style-type: none"> <li>make for all staff groups</li> <li>Liaise with work streams to see what work has already been done to create case studies and future work planned.</li> </ul>						
10.03	Identify data required- Identify baseline figures and data (where possible) in order to measure our growth and improvement	<ul style="list-style-type: none"> <li>Figures from each work stream to be consolidated</li> </ul>	Phil Begg  Rebecca Lloyd	Comms			Have engaged group for figures. It was decided that some would not have a 'baseline' figure to measure from as work has already begun.	3

10.0 7	Finalise marketing budget- Ensure communications and marketing activities are adequately resourced from appropriate budgets, if necessary.		Phil Begg  Rebecca Lloyd	Comms				4
10.0 8	Create dedicated resources- intranet and website pages,	<ul style="list-style-type: none"> <li>• Create an intranet page for staff</li> </ul>	Phil Begg	Comms			Planning of website/intr	4

Ref	Objective	How/Measurement	Senior/Exec	Operational Lead	Timescale	Interdependencies/Risks	Progress	Status
	holding information for stakeholders in Birmingham and Solihull, digital content (social media). Disseminate this.	<p>internally, with all important information and documents within it</p> <ul style="list-style-type: none"> <li>• Dedicated website page for external audiences.</li> <li>• Print materials where absolutely necessary (be conscious of carbon foot print here)</li> <li>• Use progress generated from other work streams to populate this.</li> </ul>	Rebecca Lloyd				anet is in early stages. Waiting for finished plan to further work on resources.	

10.1 1	Coordinate positive PR (local TV and radio pieces, press releases for online and print and media briefings.)	<ul style="list-style-type: none"> <li>• Use strategy to define what our 'launch' looks like</li> <li>• Engage with staff to create case studies which showcase the work they are doing</li> <li>• Package these with a 'hook' to generate interest from press and media.</li> </ul>	Phil Begg  Rebecca Lloyd	Comms			Have engaged group on a 'hook' for PR but this needs to be confirmed.	4
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