



# Queenscourt Strategic Direction 2021 - 2026



Registered Charity 518801

## Our Mission:



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## 1. Introduction & Background

This document sets out the strategic direction of Queenscourt to 2026. Our Strategic Map and Matrix are developed with #teamqueenscourt and from there our annual business, departmental and individual plans are formed. Along with our budget plans, the Strategic Map, Strategic Risk Register and Matrix are reviewed and agreed for each coming financial year. At that point, this document is updated accordingly.

Queenscourt is an independent, charitable, voluntary body funded mainly by the generosity of local people. We opened in our purpose-built facility on Town Lane in 1991 having originally provided Saturday-day care for patients with palliative care needs from 1988 elsewhere. We provide free specialist palliative care principally for the people of Southport, Formby and West Lancashire.

Our Statement of Purpose and Philosophy of Care identifies our purpose of existing, what we aim to achieve and how we deliver this through our organisational structure.

This strategy has always assumed that we can afford to continue doing what we do over the next 3 years. However, we are currently in a time critical period for financial forecasting that may trigger decisions about our services and finances moving forward. We will work to 'survive '25' whilst we endeavor to make in-roads to a financially sustainable future with the recent change in Government. The next 12 months will be crucial in identifying future funding opportunities. Should these funding opportunities not be realised in the coming year, it could mean difficult choices about what we do, as well as how we do it. We will monitor our financial position via monthly accounts and our Finance Committee. This is our agreed Strategic Direction for the remaining year until April 2026 and it is overseen by our Executive Directors, Council of Trustees and our Board Assurance Framework. Our key performance targets and measures are detailed within our Strategic Matrix. During our consultation process this year it has been agreed that we will significantly refresh our Strategic Direction in 2025 and focus on the development of a new 3 year plan that will guide us from 2026 – 2029.

There is little doubt that costs will continue to rise over the year, largely for reasons beyond our control. Efficiency must be a continual consideration and review of expenditure is ongoing. Our aim is to achieve the financial sustainability and level of predictable income that will allow us to achieve our aims and strategic objectives. This requires a clear focus on managing expenditure and increasing income, ensuring a move to a stable position. Our reserves are still strong but continue to reduce while meeting the recurring significant deficit. This approach cannot continue if we wish to be able to support our local communities in the future.

Public funding cannot be guaranteed. It is unlikely to rise in line with cost and there is always a risk that it will reduce. There are opportunities to collaborate regionally and to engage with commissioners to evidence the case for more sustainable funding. This has yielded positive results, including the Lancashire and South Cumbria wide Hospice review which was undertaken in the latter half of 2024. Our reserves and positive investment results have enabled us to weather years of deficit. However, we can no longer rely on this approach. Understanding the real cost of the delivery of our services and evidencing their value and impact to statutory funders, voluntary funding bodies, major donors and the general public who support us so generously, will continue to be paramount as we seek to find more consistent and sustainable income streams.

## 2. Our Strategic Themes & Values

Our strategic themes are informed by our Vision and the 6 ambitions for Palliative and End of Life Care:



We have 5 strategic themes to assist us in achieving these ambitions. They are:

- *Compassionate Communities*
- *Financial Stability, Integrity and Accountability*
- *Interactive Transformational Education*
- *Transparent and Robust Governance*
- *High Quality Supportive and Specialist Palliative Care*

These themes are aligned to, and underpinned by, our core values:



### 3. External Factors

What we do now and how we do it will continue to be driven largely by factors that we can only hope to influence, rather than control. The NHS is constantly changing, more recently with the introduction of the 'NHS 10 year plan', regardless of party politics and it is vital that we continue to engage in the national debate, led by Hospice UK, the regional collaboratives and the local landscapes of:

- Integrated Commissioning Boards (ICB), who allocate funding regionally.
- Place Based approaches and devolution that seeks to influence and deliver the regional agenda on a more local footprint.
- Primary Care Networks (PCN)
- Integrated approaches and partnerships between professionals and the charitable sector
- Palliative and End of Life strategic leadership

It is vital to maintain channels of communication and productive relationships with commissioners, clinical networks, provider collaboratives and the partners that support us or with whom we have begun to network so effectively.

Pressures on public sector funding over the next few years will only continue to increase, but for the first time in a number of years there are potential opportunities to lobby for greater contributions to our core costs, not least the formation of larger ICS footprints where the inequity of funding between Hospices has now become starkly apparent. We will use our participation in the Lancashire and South Cumbria review of Hospices and the Cheshire and Mersey ICB Place Based Needs Analysis to highlight inequity and support the development of fairer funding models. We will also highlight this message through all the engagement channels that we can identify.

There appears to be a greater awareness of the value and contribution of Hospice services. Key indicators of this include:

- An amendment to the Health and Care Act 2022 that for the first time enshrined a right to palliative care into law.
- Increased engagement between NHSEI and the Hospice Networks.
- The development of the PEOLC Commissioning Investment Framework that defines core/ specialist palliative care as the responsibility of the ICS and / or Local Authority, whilst enhanced support is identified as the realm of Hospice teams. Whilst this tool is not prescriptive, it does offer a useful mechanism to guide conversations with commissioners and seems to have been adopted as a framework.
- Reference to the importance of community palliative care and transfer of services from acute to community as detailed in the NHS 10-year plan
- Debate in the parliament to discuss the need for fairer funding settlements as well as the Assisted Dying Bill. We cannot predict the outcomes of these debates; however, we must continue to highlight the gaps in access to palliative care whilst being prepared for the conclusions.

We will always depend heavily on volunteers. To pay for any of the wide variety of work they do would be an immense added financial burden. Roles are consistently designed, when needed, that support new ways of working. Recruitment of volunteers and their varied experience and skills will continue to be a key piece of work in 25/26.

We can and do provide care to those patients with non-malignant terminal illness as well as malignant. As providers, or future providers, of general palliative care, nursing homes serve those with longer term general palliative care needs. We continue to value excellent collaborative working relationships with them to ensure the best possible services for the local population.

Our Education Centre provides a wide-ranging programme of education available to District Nurses and Community teams, GP's and GP registrars and many other health professionals. Our education philosophy is about increasing the knowledge, skills and confidence of others so that more people can be supported in their own homes where that is their preferred place of care at the end of life. We shall continue to offer placements for medical, nursing and therapy students. We will review our education provision to more fully understand impact and the true cost of provision.

We have to meet the standards of our statutory regulatory authority, the Care Quality Commission, and cancer/palliative care peer review standards. 'Iwantgreatcare' feedback from our patients and families along with Thymometrics feedback and analysis from staff, along with regular visits by our Integrated Governance Committee Visiting Group help us to keep in touch with what the patients, their loved ones and #teamqueenscourt need from us.

#### 4. Strategic Map

| Our Values  | Our Themes   | Our Objectives  | <br>Queenscourt<br>Hospice<br>where life is for living... |
|---|--|---|--|
| <br>COMPASSION       | Compassionate Communities and Employment               | <ul style="list-style-type: none"><li>• Cultivation of compassionate communities, sensitive to the needs of those who are dying and their families, who support one another in times of need and development of family support services sensitive to the needs of those approaching the end of life and those recognised as likely to be dying and their families.</li><li>• Contributing to the development of a community that is better prepared to support one another in times of need.</li><li>• This will be alongside the development of QCH family support services which encompasses intervention and support for the bereaved, carers, and children facing loss and grief.</li><li>• Work to ensure Queenscourt has a supported and engaged, healthy and resilient workforce.</li><li>• Promote our Health and Wellbeing strategy to #teamqueenscourt, as well as pension salary sacrifice schemes.</li></ul>  |  |
| <br>LEARNING         | Interactive Transformational Education                 | <ul style="list-style-type: none"><li>• Develop both the paid and volunteer workforce and keep under review the skills, training and recruitment required to best support the roles required by Queenscourt.</li><li>• Undertake a costing review of education delivery to ensure a fair cost to delegates versus financial sustainability in education.</li><li>• Development of an annual quality account evidencing education delivery which also captures its impact in the clinical workforce.</li><li>• Maintain a clear branded identity for Queenscourt to raise awareness and maintain or enhance our reputation.</li></ul>  |  |
| <br>EXCELLENCE       | High Quality Supportive and Specialist Palliative Care | <ul style="list-style-type: none"><li>• People will receive the highest possible standard of free supportive and specialist palliative care for those with far advanced and progressive, incurable illness.</li><li>• Collaborative work with local services and providers in the wider health care system to enable people to be cared for, and to stay, in their own homes as far as possible, including work toward Getting to Outstanding (GTO).</li><li>• Further development and implementation of the QCH PSIRF policy to ensure patient safety through extensive sharing of lessons learnt and wider staff engagement to ensure high quality care across all clinical services.</li></ul>   |  |
| <br>ACCOUNTABILITY | Transparent & Robust Governance                        | <ul style="list-style-type: none"><li>• Ongoing evaluation of Queenscourt services and determination of our long-term direction.</li><li>• Keep under review the size, skills, training and recruitment of the Council, and comply with best governance practice generally.</li><li>• Refine information sharing, performance management and reporting systems. Monitor performance KPI's and strategic risks within the appropriate subcommittee.</li></ul>  |  |
| <br>RESOURCES      | Financial Stability, Integrity and Sustainability      | <ul style="list-style-type: none"><li>• Make full use of available Marketing &amp; Comms resource to create compelling case for support, using collateral and impact information to assist with influencing key stakeholders such as Hospice UK, NHSE, ICBs and other commissioners such as the local NHS trusts.</li><li>• Monitor and consolidate our income generation approach and continue to creatively develop our approaches to our retail business, lottery and fundraising - change and adapt fundraising approaches to ensure best ROI (Return on Investment).</li><li>• Reduce the use of our reserves through service review and principles of best value.</li><li>• Plan for succession and sustainability of the workforce, both paid and voluntary.</li><li>• Embed a reduction in our carbon footprint by working to the principles of our sustainability statement and considering environmental impact in working practices and procurement evaluations.</li></ul> |  |



## 5. Strategic Matrix – 2025 - 2026

Our strategic objectives are informed by our five main strategic themes and our values:

- **Compassionate Communities** (*Compassion*)
- **Interactive Transformational Education** (*Learning*)
- **High Quality Supportive and Specialist Palliative Care** (*Excellence*)
- **Transparent and Robust Governance** (*Accountability*)
- **Financial Stability, Sustainability, Integrity and Accountability** (*Resources*)

Our strategic matrix is supported by the annual budget plans for the financial year but recognises that we are operating in a continually evolving and dynamic environment and in a context within the wider health services. A key objective for 25/26 is to update our Strategic Direction with information regarding our Key Strategic Risks, our appetite for risk and the Board Assurance Framework following adoption of the BAF from September 2024.

We will continue to describe where we are heading, by setting long-term goals, objectives, and priorities for the future. This Strategy clearly identifies our Vision, Mission, Values and Objectives.

The following matrix details how we aim to achieve our strategic objectives during 2025 to 2026 and it identifies appropriate timescales.

This summary of our strategic direction (our Strategy Map and Matrix) will be made available to staff and volunteers and used via the appraisal process to inform and agree individual objectives and development plans.



| <b>Strategic Objective</b><br>(What do we want to achieve?)  | <b>Initiative</b><br>(How will we do it?)<br>(Who is responsible?)  | <b>Key Performance Question</b><br>(What results really matter)                               | <b>Measure</b><br>(What is the best way to measure progress?)  | <b>Accountable</b><br>(Who will be accountable for ensuring objective is being met) | <b>Target and mechanisms</b><br>Quarterly<br>(Traffic light)  |
|--|---|---|--|---|---|
| 1. People receive the highest possible standard of free supportive and specialist palliative care for those with far advanced and progressive, incurable illness (QC01) & (QC10) | Provide a wide range of palliative care services of the highest quality: <ul style="list-style-type: none"> <li>• Use of patient's own medication (in line with CQC GTO) – Processes in place by 1<sup>st</sup> Quarter 25/26</li> </ul>  | To what extent are we delivering the highest quality possible? How do we compare with others? | Mandatory Training & Feedback responses                        | Integrated Governance Committee   | Keep above our chosen benchmarks – falls, pressure ulcers, medication and PPC / Patient and family / friends feedback.                                |
| 2. Collaborative work with local place-based services to enable people to be cared for, and to stay, in their own homes as far as possible (QC03)                                | Influence and build the capacity of other providers of end-of-life care in our community to ensure seamless quality community care: <ul style="list-style-type: none"> <li>• Participate in programmes of GTO and Shaping Care together across the integrated footprint.</li> <li>• QCH acts as a senior partner in place-based (Sefton and West Lancashire) collaborations to enable people to be cared for to live and die well.</li> </ul> | How many people are able to stay in their own home when it is their preferred place of care?  | Number of people able to die in their preferred place of care. | Integrated Governance Committee   | % of people PPC achieved<br>Course outcomes<br>No. ACMPs developed<br>Success of REOLTs<br>Quarterly performance reporting and annual quality account |

| <b>Strategic Objective</b><br>(What do we want to achieve?)   | <b>Initiative</b><br>(How will we do it?)<br>(Who is responsible?)   | <b>Key Performance Question</b><br>(What results really matter)   | <b>Measure</b><br>(What is the best way to measure progress?)  | <b>Accountable</b><br>(Who will be accountable for ensuring objective is being met) | <b>Target and mechanisms</b><br>Quarterly<br>(Traffic light)   |
|---|--|---|--|---|--|
| 3. Cultivation of compassionate communities, sensitive to the needs of those who are dying and their families and supportive of a healthy, engaged, and resilient workforce #teamqueenscourt (QC02) | Wider public engagement informing 'compassionate community' development <ul style="list-style-type: none"> <li>Promote wellbeing strategy with pre and post survey to measure familiarity</li> <li>Implement salary Sacrifice scheme</li> <li>Implement SMI rostering system by April 2025</li> <li>Development of appropriate marketing &amp; comms messaging &amp; collateral</li> </ul> | What levels of engagement are there with our support programmes and bereavement support?<br><br>How familiar are staff with wellbeing strategy? | Numbers of people accessing bereavement & family support<br><br>Sickness rates<br><br>Development of appropriate marketing & comms by end of Quarter 2 2025/26 | Strategy & Succession Committee   | Attendance at support and events<br><br>Continued reduction in sickness levels   |
| 4. Wherever possible, carers' individual needs are recognised (QC02)  | Assessment of carers needs and provision of, or signposting to appropriate support: <ul style="list-style-type: none"> <li>Link into Q@H where there are gaps and/or crisis</li> <li>Carers support groups underway by 1<sup>st</sup> quarter 2025/26</li> </ul>   | Do carers know how they can receive support?  | Number of carers attending programmes and events   | Education Committee   | No. of carers' assessments / engagement  |
| 5. Ongoing evaluation of Queenscourt services and determination of our long-term direction (QC04) & (QC12)  | <ul style="list-style-type: none"> <li>Extended implementation of Vantage for FTSU processes, mandatory training &amp; policy review.</li> <li>Identify Vantage champions in applicable teams by end of 1<sup>st</sup> quarter of 25/26</li> <li>Embed quality initiatives identified through incident trend analysis</li> </ul>   | Are our services fit for purpose & sustainable on a long-term basis?  | Feedback and satisfaction rates from 'Iwantgreatcare' and THYMO analysed on a monthly basis and increased from agreed baseline                                 | Information Governance Committee  | No of complaints<br><br>% ratings in IWGC<br><br>Continued reduction of recurrent themed incidents recorded in Vantage |

| <b>Strategic Objective</b><br>(What do we want to achieve?)   | <b>Initiative</b><br>(How will we do it?)<br>(Who is responsible?)   | <b>Key Performance Question</b><br>(What results really matter)   | <b>Measure</b><br>(What is the best way to measure progress?)                         | <b>Accountable</b><br>(Who will be accountable for ensuring objective is being met) | <b>Target and mechanisms</b><br>Quarterly<br>(Traffic light)   |
|---|--|---|---|---|--|
| 6. Ongoing review of the size, skills, training and recruitment of the Council and comply with best governance practice generally (QC07) & (QC10) | Ensure mechanisms in place to evidence best practice and effective governance. <ul style="list-style-type: none"> <li>• Board development plan and Trustee individual - annual review by Dec 25.</li> <li>• Mandatory training for Trustees</li> <li>• Monitoring of FPPT framework</li> </ul>   | Is the Council fully informed and equipped to govern effectively? | Reporting information is available to measure against key objectives<br><br>Clear ToR | Strategy & Succession Committee   | 100 % Trustee reviews completed<br><br>Minimum 90% mandatory training compliance   |
| 7. Refine information sharing, performance management and reporting systems. (QC12) & (QC10)  | Ensure clear systems for the collection, collation, reporting and measurement of information: <ul style="list-style-type: none"> <li>• Development of performance reporting systems for commissioners by Data and Comms - leading to the generation of annual Quality accounts.</li> <li>• Data Warehouse or equivalent operational with S&amp;O IT by Oct 25</li> </ul> | How well do we hold ourselves to account for performance?         | Board Assurance Framework<br>Integrated Governance Committee<br>Triple A reports      | Information Governance Committee  | Subcontract performance reports<br>Quality KPIs in Integrated Governance report<br>Quarterly meetings and reporting with commissioners |

| <b>Strategic Objective</b><br>(What do we want to achieve?)   | <b>Initiative</b><br>(How will we do it?)<br>(Who is responsible?)   | <b>Key Performance Question</b><br>(What results really matter)   | <b>Measure</b><br>(What is the best way to measure progress?)   | <b>Accountable</b><br>(Who will be accountable for ensuring objective is being met) | <b>Target and mechanisms</b><br>Quarterly<br>(Traffic light)  |
|---|--|---|---|---|---|
| 8. Develop both the paid and volunteer workforce and keep under review the skills, training and recruitment required to best support the roles required by Queenscourt (QC08) | Deliver and evaluate a continuous professional development/education programme for staff and volunteers. <ul style="list-style-type: none"> <li>Review appraisal documentation to reflect the updated Mission and Values in order to carry out solution focused appraisals to all staff by Oct 2025</li> <li>Develop a behavioural framework to support the appraisal process by Apr 26</li> <li>Use team stories to promote QCH as a preferred place to work</li> <li>External marketing campaign on working for QCH by Oct 25</li> </ul> | To what extent are staff and volunteers skilled and motivated to deliver our mission?                                     | Staff satisfaction and competence.<br>Appraisal<br>Retention<br><br>Volunteer satisfaction and competence<br>Recruitment<br>Retention<br><br>FTSuG data returns | Strategy & Succession Committee   | <b>Staff</b> trajectories via THYMO<br><br>% Appraisal & mandatory training completion<br><br>% Retention<br><br>No. applications for vacancies<br><br><b>Volunteer</b><br>% Attendance at induction<br><br>% Attendance Communications skills courses<br><br>%Retention<br>Recruitment results |
| 9. Continue to offer transformative education for professionals, care homes, community members and others in the field of palliative care (QC09)                              | Educate health professionals and others by providing a comprehensive palliative care education programme <ul style="list-style-type: none"> <li>Develop a regular Education communications programme</li> <li>Undertake a financial analysis review</li> <li>Review the costing structure</li> <li>Develop quarterly and annual reports</li> </ul>   | How well do we measure the impact of our education programmes?<br><br>How well do we understand what our education costs? | Student and participant attendances and formative / summative feedback  | Education Committee   | No. attendees on programmes / numbers achieving qualifications<br><br>% Target - Satisfaction / impact rating of evaluation   |

| <b>Strategic Objective</b><br>(What do we want to achieve?)  | <b>Initiative</b><br>(How will we do it?)<br>(Who is responsible?)  | <b>Key Performance Question</b><br>(What results really matter)                        | <b>Measure</b><br>(What is the best way to measure progress?)   | <b>Accountable</b><br>(Who will be accountable for ensuring objective is being met) | <b>Target and mechanisms</b><br>Quarterly<br>(Traffic light)   |
|--|---|--|---|---|--|
| 10. Reinforce our clear branded identity for Queenscourt (QC06)  | <p>Maximise publicity in all available media and promote a positive public image of the work of Queenscourt across all areas.</p> <ul style="list-style-type: none"> <li>• Install TVs with messaging in reception by May 25</li> <li>• Develop our website through our inhouse communication resource by Oct 25</li> </ul>   | How well informed are people about our whole range of support, services and education? | <p>Measure potential impact of legacy campaign by reviewing level of legacy pledges / receipts over next 5 years</p> <p>Increased social media engagement and communications performance against identified benchmarks.</p> | Communications & Marketing Committee  | <p>Increase level of general donations against 24/25 performance</p> <p>Use of at least 1 story from QCH teams to raise awareness of what we do each quarter</p>                 |
| 11. Foster a close working arrangement with collaboratives, CQC, Hospice UK, NHSEI, the local NHS trusts, the ICS structures ensure a clear understanding of what we are expected to do (QC03) | <p>Engage with and influence key stakeholders thus evidencing our best practice to a growing pool of partners and influencers.</p> <ul style="list-style-type: none"> <li>• Provide (and clearly evidence impact of) integrated approach to palliative care across MWL, QCH and community services</li> <li>• Work across ICB regions as part of Hospice collaboratives.</li> <li>• Agree how specialist palliative care services, delivered by Queenscourt Hospice and subcontracted teams integrate into MWL governance structures by June 25.</li> </ul> | How do we ensure that we are clearly meeting our obligations / requirements?           | Evidence of our performance and best practice through Key Performance indicators  | Integrated Governance Committee   | <p>CQC ratings</p> <p>Engagements with networks</p> <p>Quality KPIs Benchmarking approach</p> <p>Integrated Governance reporting</p> <p>Quarterly reporting to commissioners</p> |

| (What do we want to achieve?)   | <b>Initiative</b><br>(How will we do it?)<br>(Who is responsible?)   | <b>Key Performance Question</b><br>(What results really matter)  | <b>Measure</b><br>(What is the best way to measure progress?)   | <b>Accountable</b><br>(Who will be accountable for ensuring objective is being met) | <b>Target and mechanisms</b><br>Quarterly<br>(Traffic light)  |
|---|--|--|---|---|---|
| 12. Monitor and consolidate income generation approach and creatively develop our approaches to our retail business and fundraising (QC05)                    | <p>Maximise and monitor income raised through our various fundraising activities &amp; subsidiaries:</p> <ul style="list-style-type: none"> <li>• Increase income from statutory sources through negotiation of grants and contracts, inflationary uplifts, lobbying or tendering for contractual income.</li> <li>• Increase net income from shops.</li> <li>• Conduct feasibility study for expansion of Retail through a multi-purpose premises or additional multi-site premises by Dec 25</li> <li>• Monitor capacity, roles and focus of Fundraising Team to increase income &amp; ensure increased ROI</li> </ul> | To what extent are we maximising income from the full range of opportunities available?                                  | <p>Increased income against prior year</p> <p>Number of Lottery Members retained &amp; new Members Recruited by LHL</p> <p>Number of new Regular Givers</p> | Finance Committee   | <p>£ income</p> <p>% ROI for income</p> <ul style="list-style-type: none"> <li>• % income increase on prior year from Statutory sources</li> <li>• Grant funding</li> </ul> |
| 13. Monitor use of, and if possible, reduce reduction of our reserves. Reflect the wider priorities of sustainability within our strategies and plans. (QC05) | <p>Manage deficit and aim to increase income.</p> <ul style="list-style-type: none"> <li>• Ensure clear budgetary controls used</li> <li>• Finance committee to use 3 year forecast tool to monitor long term impact on reserves when budget setting annually.</li> <li>• Continue regular internal communications reminding of the importance of cost-effective initiatives</li> </ul>  | How do we develop an approach to sustainability that both addresses our environmental impact and our underlying deficit. | <p>Management accounts and P&amp;L % measures</p> <p>Budget profiling and monitoring tool</p>   | Finance Committee   | £ expenditure % increase within tolerance and according to budget   |

| <b>Strategic Objective</b><br>(What do we want to achieve?)                      | <b>Initiative</b><br>(How will we do it?)<br>(Who is responsible?)  | <b>Key Performance Question</b><br>(What results really matter)   | <b>Measure</b><br>(What is the best way to measure progress?)  | <b>Accountable</b><br>(Who will be accountable for ensuring objective is being met) | <b>Target and mechanisms</b><br>Quarterly<br>(Traffic light) |
|--|---|---|--|---|--|
| 14. Develop a sustainable approach to estates management and procurement. (QC11) | <ul style="list-style-type: none"> <li>Develop tangible measures to demonstrate our reduced impact on environment</li> <li>Embed a reduction in our carbon footprint by working to the principles of our sustainability statement and considering environmental impact in working practices and procurement evaluations.</li> </ul> | How do we develop an approach to sustainability that has a greater focus on our environmental impact and estates management | <p>KPI suite to be developed for reduction of energy usage.</p> <p>Identification of any applicable KPIs for impact on environment</p> | Risk, Health and Safety Committee   | <p>Expenditure on energy</p> <p>kW usage of energy</p>       |