



**Scottish Health Technical Note 02-00  
Sustainable Development Strategy  
for NHSScotland 2012**



February 2012

# Contents

	<i>page</i>
<b>1. Executive summary.....</b>	<b>5</b>
<b>2. Introduction .....</b>	<b>7</b>
2.1 Background.....	7
2.2 Context.....	8
2.3 Scope.....	10
2.4 Achievements to date.....	10
2.5 Challenges .....	11
2.6 Implementation.....	12
2.7 Reporting.....	14
<b>3. A framework for sustainable development .....</b>	<b>16</b>
3.1 Good Corporate Citizenship - six key areas of action .....	16
3.2 Travel .....	17
3.3 Procurement.....	20
3.4 Facilities management .....	23
3.5 Workforce.....	26
3.6 Community engagement .....	27
3.7 Buildings.....	29
<b>4. Requirements for NHSScotland bodies.....</b>	<b>33</b>
<b>5. Guidance on implementation of the requirements .....</b>	<b>36</b>
5.1 Establishing or using an appropriate management structure .....	36
5.2 Appointment of a sustainability champion .....	38
5.3 Establishing an Environmental Management System (EMS) .....	39
5.4 Waste management officer .....	41
5.5 Partnerships .....	42
5.6 Sustainable development action plans .....	43
5.8 Using the Good Corporate Citizenship Assessment Model.....	45
5.9 Sustainable development-related reports and tools .....	46
<b>Appendix 1: National Performance Framework (National Outcomes) .....</b>	<b>49</b>
<b>Appendix 2: Template for an SD action plan .....</b>	<b>51</b>
<b>Appendix 3: The three climate change duties of public bodies.....</b>	<b>53</b>
<b>Appendix 4: Acronyms and abbreviations .....</b>	<b>58</b>

<b>References</b> .....	<b>60</b>
Acts and regulations:.....	60
Publications:.....	60
Tools: .....	62
Other useful websites or information sources:.....	62

**Disclaimer**

The contents of this document are provided by way of general guidance only at the time of its publication. Any party making any use thereof or placing any reliance thereon shall do so only upon exercise of that party's own judgement as to the adequacy of the contents in the particular circumstances of its use and application. No warranty is given as to the accuracy, relevance or completeness of the contents of this document and Health Facilities Scotland, a Division of NHS National Services Scotland, shall have no responsibility for any errors in or omissions therefrom, or any use made of, or reliance placed upon, any of the contents of this document.

### **Note on Strategic Environmental Assessment (SEA)**

In drafting the first sustainable development strategy for NHSScotland (published in April 2009), Health Facilities Scotland (HFS) considered the requirements of the Environmental Assessment (Scotland) Act 2005. After informal discussion with the SEA Gateway, HFS concluded that the strategy fell outwith the definition of plan, programme or strategy under the 2005 Act, as it formed non-restrictive guidance to NHSScotland bodies on how they could contribute to the delivery of the sustainable development objectives set by the Scottish Government. This remains our conclusion for this updated version of the strategy.

Despite the above conclusion, NHSScotland bodies, when developing their own sustainable development action plans, will need to determine whether their individual plans fall within the scope of the 2005 Act and whether the actions they contain are likely to result in significant (positive or negative) environmental effects.

# 1. Executive summary

---

Our future ability to improve health and to provide healthcare services sustainably to Scotland's population is affected by the management and design decisions we take now. For this reason, today's decision-makers and managers have a significant opportunity, and a responsibility, to take appropriate decisions that consider sustainability fully, and to see that these are followed through consistently. In addition, the resulting actions will need to be monitored and reported simply and effectively. This will assist future reviews of progress to ensure the ongoing relevance of decisions taken and help to drive positive and continuous improvement.

This strategy is issued alongside CEL 2 (2012), the 2012 sustainable development policy of the Scottish Government Health and Social Care Directorates (SGHSC). The strategy's purpose is to interpret and provide clear guidance on the requirements of CEL 2 (2012) for NHSScotland bodies. The strategy, along with the Good Corporate Citizenship Assessment Model (GCCAM), provides support and helps to establish a framework for meeting the challenges and requirements set by CEL 2 (2012). Their joint objective is to improve the sustainability of NHSScotland's activities, principally in the context of estates, property and asset management, but also to contribute to the overall purpose and wider strategic objectives of the Scottish Government (SG).

This strategy is published as NHSScotland bodies are already responding well to the sustainable development agenda. For example, annual energy use in hospitals has reduced by 40% over the past 20 years. However, during the same period, annual expenditure on energy has doubled<sup>1</sup>. Clearly, present rates of resource and energy consumption cannot be sustained, and further fundamental shifts in culture and behaviour are required.

Unsustainable practices, whether in NHSScotland or elsewhere, often become visible as a range of negative financial, environmental, social and health impacts. The current austerity measures in all sectors, requiring immediate and ongoing budget savings, emphasise even more the essential need for a sustainable approach to all elements of healthcare service planning, management and delivery. To deal with the main sustainability challenges, NHSScotland will need the cooperation, support and expertise of its staff, other stakeholders and the public. Everyone working for the NHS in Scotland has a responsibility to manage resources effectively and efficiently. Above all, a sustainable NHS requires commitment and leadership from all NHSScotland Chief Executives to enact and enable the principles laid out in CEL 2 (2012).

[Section 2](#) of this strategy provides an overview of the background, context and scope of the strategy. It highlights the main challenges, progress, implementation and current reporting requirements for NHSScotland bodies.

---

<sup>1</sup> Source: Annual National Environment Report 2009/10

The Good Corporate Citizenship Assessment Model for NHSScotland remains integral to the over-arching framework for delivering the policy requirements. Each of the six key areas of GCCAM is summarised in [section 3](#), with brief but relevant facts, benefits and example strategies or activities.

[Section 4](#) provides a basic checklist of all mandatory requirements in CEL 2 (2012).

[Section 5](#) provides guidance on implementation of these mandatory requirements.

It should be noted that each NHSScotland body's Chief Executive will be accountable to the SGHSC for his or her organisation's performance in respect of sustainable development.

## 2. Introduction

### 2.1 Background

In 2007, the Scottish Government set out its purpose as creating a more successful country, with opportunities for all to flourish through increasing sustainable economic growth. The government's approach to sustainable development is underpinned by five strategic objectives: i.e. a Scotland that is *wealthier and fairer; smarter; healthier; safer and stronger, and greener*.

UK-wide, the stated goal of sustainable development is:

*“to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations.”<sup>2</sup>*

For development to be sustainable, the economy, including service delivery, should provide for society's needs. This must be within the ecological limits or capacity of the environment to supply the resources needed, and for the environment to be able to recover.

Unsustainable practices or negative impacts often become visible as:

- rising or unpredictable costs (for example through energy costs and maintenance backlogs);
- problems with supply (of goods or services);
- pollution (e.g. from the amount and types of waste discarded), and other types of environmental degradation (e.g. the loss of habitat and species), may have detrimental health and social consequences.

The inextricable links between health improvement, healthcare provision and sustainable development are well understood, within which access to, and the condition of, the environment have fundamental roles. A healthy natural environment has a beneficial effect on both mental and physical human health. Conversely, many long-term illnesses are related, at least in part, to environmental triggers and to economic and social factors.

Issues of social justice profoundly influence public health concerns, which are central to sustainable development. Social, economic, environmental and health inequalities often coincide, resulting in disadvantaged communities being disproportionately affected by pollution, poor air quality, and limited or no access to safe outdoor green spaces.

Chapter 23 of the UK National Ecosystem Assessment provides evidence of the many direct and indirect relationships between the environment and a range of

<sup>2</sup> Defra (2005). One future – different paths. UK shared framework for sustainable development.

health benefits<sup>3</sup>. It includes the telling statistic that if 1% of the sedentary population moved to a healthy pathway, 1063 lives and £1.44 billion could be saved.

There are clear messages here for society and public service budgets generally, and a small but important role that NHSScotland can play in improving access to and use of its own outdoor estate.

Our future ability to improve health, and to provide healthcare services sustainably to Scotland's population, is affected by the management and design decisions we take today. For this reason, today's decision-makers and managers have a significant opportunity, and a responsibility, to take the right decisions and to see that these are followed through consistently. In addition, the resulting actions will need to be monitored and reported simply and effectively. This will assist future reviews of progress to ensure the ongoing relevance of decisions taken and to help drive positive and continuous improvement.

## 2.2 Context

The scope of the 2012 sustainable development policy - CEL 2 (2012) - issued by the SGHSC to NHSScotland body Chief Executives focuses mainly on estates, property and asset management, although it draws attention to the need for effective consideration of the wider sustainability requirements. This strategy, which interprets and provides guidance on CEL 2 (2012), together with GCCAM, provides a framework for delivery of the policy's requirements. Both the policy and strategy attempt to streamline and rationalise a number of the existing HDLs and CELs that also address sustainability issues. Whilst a more comprehensive review of the monitoring and reporting requirements is required, as highlighted by the consultation process in June 2011, it is hoped that this strategy makes it simpler for NHSScotland bodies to continue to respond effectively to the vital sustainability agenda and to report their progress.

As a public body, NHSScotland has a number of important duties which are integral to this strategy, and the policy from which it stems. Firstly, since 2002 NHSScotland has had a legal duty to contribute to the achievement of sustainable development under 'best value' legislation<sup>4</sup>. NHSScotland bodies are subject to the [Best Value Guidance](#) (updated in March 2011) for two reasons. Firstly, they are non-departmental public bodies sponsored by Scottish Government. Secondly, they have to comply with requirements set out in the Scottish Public Finance Manual. The updated Best Value guidance groups nine relevant characteristics for Public bodies into five specific and two cross-cutting themes. The five generic themes are: Vision and Leadership; Effective Partnerships; Governance and Accountability; Use of Resources; and Performance Management. The two cross-cutting themes which should underpin all activities and delivery of outcomes are: Equality, and Sustainability.

<sup>3</sup> <http://uknea.unep-wcmc.org/LinkClick.aspx?fileticket=kHZuV08uyEs%3d&tabid=82>

<sup>4</sup> <http://www.scotland.gov.uk/Topics/Government/PublicServiceReform/14838/bv-ps>



The 'best value' requirements above are also consistent with the principles of equity, participation, empowerment and sustainability which underpin the Health Promoting Health Service<sup>5</sup> agenda. In turn, these link with the current policy focus on patient-centred care; a clean and safe environment and clinical excellence driven by the NHS Quality Strategy (2010)<sup>6</sup>, which developed from the 'Better Health Better Care' Action Plan (2007)<sup>7</sup> that focussed on improving public health and reducing health inequalities.

Secondly, the Climate Change (Scotland) Act 2009 places three main duties on public bodies. More detail on the scope of these duties is available<sup>8</sup> and Appendix 3 of this strategy briefly outlines the duties and key issues, and indicates what NHSScotland is doing and still needs to do. In exercising their functions, NHSScotland bodies must act in the way that is:

- best calculated to contribute to delivery of the Act's greenhouse gas emissions reduction targets (referred to as mitigation);
- best calculated to deliver any statutory adaptation programme,
- considered most sustainable.

Furthermore, all of NHSScotland's 14 territorial Boards and 8 special Boards are currently considered to be '*major players*' with respect to the public body climate change duties<sup>9</sup>, owing to their large estate and staff numbers.

Finally, under the Nature Conservation (Scotland) Act 2004, it is the duty of every public body and office-holder, in exercising their functions, to further the conservation of biodiversity so far as is consistent with the proper exercise of those functions. For the NHS in Scotland, this means it needs to protect and enhance wildlife species and habitats on its estate. Such actions can and should be consistent with other beneficial healthcare outcomes and opportunities on the estate, and some NHSScotland Boards are contributing to this through principles and initiatives linked to the Green Exercise Partnership.

NHSScotland bodies have key (and in many ways, related) roles to play through these various duties, all of which contribute to the delivery of Scottish Government's five strategic objectives - wealthier and fairer; smarter; healthier; safer and stronger, and greener. The Scottish Government has allocated over £11 billion of funding to healthcare in 2011/12, about one third of its budget. The scale of NHSScotland and the challenges it faces are illustrated by the following statistics. NHSScotland:

- employs around 153,000 staff (June 2011), excluding GPs and dentists, approximately 25% of Scotland's public sector staff;

<sup>5</sup> <http://www.healthscotland.com/topics/settings/health/hphs.aspx>

<sup>6</sup> <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/QualityStrategy>

<sup>7</sup> <http://www.scotland.gov.uk/Topics/Health/Action-Plan>

<sup>8</sup> <http://www.scotland.gov.uk/Publications/2011/02/04093254/4>

<sup>9</sup> <http://www.scotland.gov.uk/Resource/Doc/175776/0113483.pdf>

- has an estate comprising over 4.6 million m<sup>2</sup> of building floor area encompassing over 1,000 buildings / sites ranging in size from 40 m<sup>2</sup> to 200,000 m<sup>2</sup>;
- had an estimated carbon footprint in 2004 of 2.63 million tonnes of carbon dioxide (MtCO<sub>2</sub>), representing 3.6% of Scotland's total carbon footprint and 23% of Scotland's public sector emissions. The main emission sources and approximate proportions of the 2004 CO<sub>2</sub> footprint were:
  - buildings (23%); travel (24%), and procurement of goods and services (52%, half of which were from pharmaceuticals and medical equipment).

In 2009/10, NHSScotland hospitals:<sup>10</sup>

- produced some 41,000 tonnes of waste, at a disposal cost of £8.8 million;
- used 5,809,706 gigajoules (GJ) of energy, at a cost of £64.4 million;
- used 5.27 million cubic metres (m<sup>3</sup>) of water, with water and waste water charges of £9.2 million.

## 2.3 Scope

The purpose of this strategy is to establish a clear approach to meeting the requirements of CEL 2 (2012) and to enable all NHSScotland bodies to coordinate their responses and activities within the specific asset management context (including estates, property and land). In addition, the wider sustainability challenges in CEL 2 (2012) and framework for implementation, for both the policy and the strategy, remains that set by the Good Corporate Citizenship Assessment Model. GCCAM focuses on six priority areas of travel; procurement; facilities management; community engagement; workforce, and buildings. Adopting the approach in this strategy will enable NHSScotland bodies to meet CEL 2 (2012) requirements and contribute to the wider strategic objectives of the Scottish Government.

## 2.4 Achievements to date

This second sustainable development strategy for NHSScotland is published as NHSScotland bodies have responded well to the previous strategy<sup>11</sup> by putting in place appropriate governance structures and developing and implementing their preliminary Sustainable Development Action Plans (SDAPs).

NHSScotland has lead by example and made good progress on some key aspects of its sustainability performance. Achievements include<sup>12</sup>:

- by 2009-10, from a baseline of 1989-90, NHSScotland hospitals have:
  - reduced annual CO<sub>2</sub> emissions from energy use by 41.4%;

<sup>10</sup> Source: Annual National Environment Report 2009/10

<sup>11</sup> CEL 15/2009 ([http://www.pcpd.scot.nhs.uk/PDFs/CEL2009\\_15.pdf](http://www.pcpd.scot.nhs.uk/PDFs/CEL2009_15.pdf))

<sup>12</sup> Source: Annual National Environment Report 2009/10

- reduced annual energy use by 39.9% (a fall from over 9 million GJ per annum in 1989-90 to 5.8 million GJ in 2009-10);
- water consumption in hospitals has reduced from 12 million m<sup>3</sup> in 1990-91 to 5.3 million m<sup>3</sup> in 2009-10.

## 2.5 Challenges

Despite these achievements, present rates of resource and energy consumption cannot be sustained. Global population levels and demand for resources are increasing, and it is inevitable that future resources will be available at increased cost.

- despite reducing annual energy use in hospitals over 20 years by 39.9%, rising prices have caused annual energy costs to double in that time;
- inflationary pressures will increase the future cost of fuels and energy as well as other goods and services which need energy for manufacture and delivery. This will affect food, medicines, equipment and raw materials, effectively squeezing healthcare budgets further;
- a consequence of this is that supply chains and procurement processes will need regular review to ensure that they remain cost effective. Local supply may have some advantages.

Challenges include:

- implementing plans effectively to mitigate risks from restricted resource availability, and from climate change impacts, which might affect service provision and health outcomes;
  - this may include the ability to deal with disruption to energy supply, flood risk, and heat waves or cold spells where appropriate building temperatures must be maintained;
- addressing resource implications of demographics and population movements. For example, as we live longer, we will need to provide services for an ageing population. This may lead to transfer of investment to the public health agenda to help people remain healthy, avoiding them falling into ill health in the first place;
- fully incorporating life cycle costs and value into capital expenditure decisions;
- managing change in a large and complex organisation such as NHSScotland.

To deal with these challenges NHSScotland will need the cooperation, support and expertise of all staff, other stakeholders and the public. Success will also be dependent on the awareness, commitment and leadership of senior staff.

## 2.6 Implementation

Everyone working for the NHS in Scotland has a responsibility to manage resources effectively and efficiently. This is why working to improve the sustainability of NHSScotland’s activities will involve action at national, NHS body and site level. [Figure 1](#), from CEL 2 (2012), illustrates this:

### Three levels of actions driving sustainability in NHSScotland

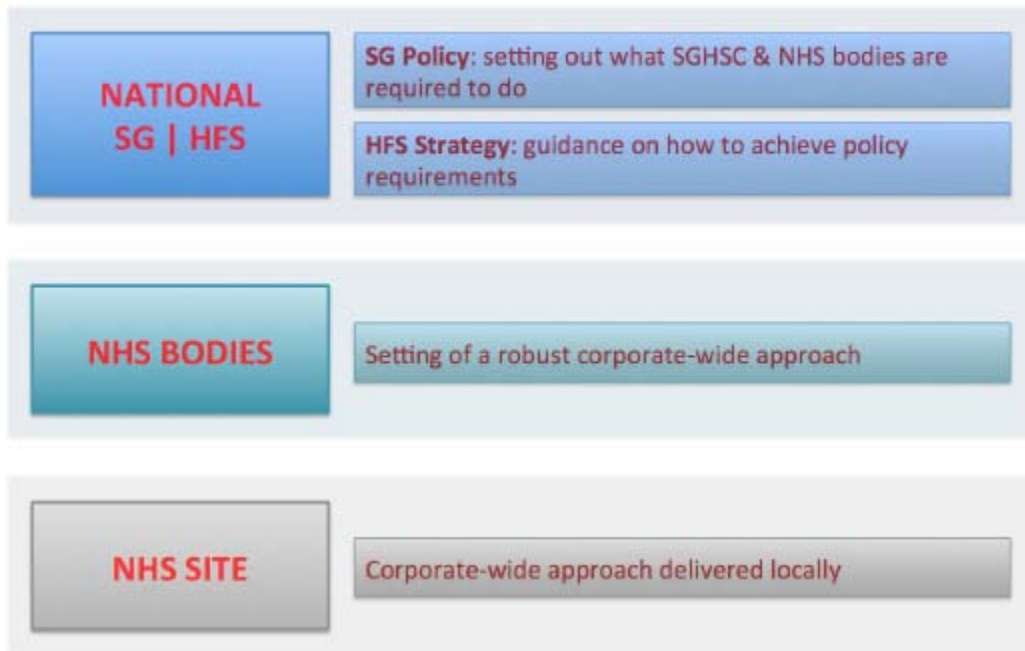


Figure 1

The framework for implementation of sustainable development policy remains based on the Good Corporate Citizen Assessment Model (GCCAM) which is described in more detail in [section 3](#) of this document.

The GCCAM action areas remain the same, and will be those on which NHSScotland bodies should remain focused in terms of maximising their contributions to the achievement of improving sustainable development over the next 5-10 years.

SGHSC and HFS have tried to streamline mandatory requirements and concentrate on using existing toolkits when developing this strategy. This is in order to keep the requirements and language as simple and familiar as possible for NHSScotland bodies, to facilitate sharing of information, and to avoid duplication of work.

[Section 4](#) of this strategy provides a basic checklist of the mandatory requirements contained in CEL 2 (2012). It indicates further sources of information, and provides a basic template that NHSScotland bodies could use or modify to track their progress on the requirements.

**Section 5** provides further specific guidance on implementation of some of the mandatory requirements, indicating useful information and national toolkits that are available.

Implementing these requirements, and achieving a more sustainable NHS in Scotland, requires further fundamental shifts in culture and behaviour. It will take time and resources, however the benefits and savings from this investment should significantly outweigh the cost.

Sustainable development requires an integrated approach, harmonising environmental, social and economic issues. NHSScotland organisations must provide leadership and commitment from the top. This means ensuring appropriate governance arrangements are in place, supporting behavioural change, and supporting the actions of departments and employees.

Sustainable healthcare provision is not an added option or ‘bolt-on’ when we can afford it. By definition, we cannot afford not to deliver or not to focus on a sustainable NHS. Success can be demonstrated by:

- fully and effectively integrating sustainable development priorities and considerations from the outset into ‘business as usual’ practices, ensuring the sustainability of everyday actions in healthcare planning and delivery (it is worth re-emphasising that sustainability cannot be seen or treated as an ‘add-on’ to our day jobs; it must be integral to everything we do);
- implementing a culture of continual improvement and best practice (i.e. moving beyond a culture of compliance with minimum standards);
- protecting and enhancing service delivery through financial savings, e.g. through energy efficiency, waste reduction, careful use of resources and more sustainable asset management;
- coordinating and fulfilling the organisation’s public duties to contribute to the national target to achieve a 42% reduction in greenhouse gas emissions by 2020; to adapt to climate change, and to act sustainably;
- contributing to community cohesion, e.g. by utilising better, more active and healthier travel options and, where possible, supporting local economies, local employment and skills;
- capturing and promoting good practice lessons to ensure these can be replicated in other areas;
- minimising future operational, maintenance and refurbishment costs (this infers that robust life cycle costing and design assessment processes are in place);
- maximising the value of our built and outdoor estate, and increasing its flexibility of use;
- maximising the NHSScotland role as a ‘good corporate citizen’, thereby contributing to addressing common national and global sustainability challenges.

## 2.7 Reporting

Currently, NHSScotland bodies have a number of management tools to assist them to deliver on national policy requirements, and to report on the required range of issues and activities. The main environmental and asset management or estate-focused tools include:

- environmental Monitoring and Reporting Tool (eMART);
- Statutory Compliance Audit and Risk Tool (SCART);
- Property Asset Management System (PAMS);
- National Performance Framework / HEAT targets / and a range of audits and inspections, including Healthcare Environment Inspectorate (HEI) audits;
- utilising Corporate GREENCODE to manage and measure environmental performance and environmental legal compliance.

NHSScotland bodies also have a current requirement, under CEL 14 (2010), to have registered to use the Good Corporate Citizenship Assessment Model (GCCAM). They must also use its self-assessment test to check their wider sustainability performance.

Responses to the consultation draft of this strategy in June 2011 highlighted the need to review the national monitoring and reporting requirements, and wherever possible, to streamline and simplify them. As indicated in the covering letter attached to CEL 2 (2012), SGHSC intends to review reporting arrangements, identify emerging requirements and to monitor the implementation and effectiveness of both CEL 2 (2012) and this strategy. This will require collaboration between NHSScotland bodies, NHS NSS, SG, and other key stakeholders as necessary.

In February 2012, the Scottish Government released guidance to assist Scottish public bodies to report on sustainability alongside their annual reports and accounts, commencing with the 2011-12 financial year. It is targeted at all central government bodies in Scotland, including all Health Boards, which produce annual reports and accounts in accordance with HM Treasury's Government Financial Reporting Manual (FRoM). It is understood that this guidance ("Public Sector Sustainability Reporting - Guidance on the Preparation of Annual Sustainability Reports") is to be put on the climate change and public body/duty pages of the Scottish Government website.

In advance of a monitoring and reporting review, CEL 2 (2012) has made the reporting requirements as flexible as possible. This is to allow for the different challenges faced by NHSScotland bodies, and to allow them to concentrate on progress through focussing more on effective planning and delivery, rather than on reporting effort.

CEL 2 (2012) places two broad mandatory requirements on NHSScotland bodies to monitor and report their performance to the Scottish Government. Requirement 13 means each NHSScotland body must conduct a regular self-



assessment of its sustainable development performance priorities and opportunities using GCCAM. Requirement 14 means each body must submit data directly to SGHSC (or via HFS), as and when required. The details of these are explored further in [sections 4 and 5](#).

## 3. A framework for sustainable development

### 3.1 Good Corporate Citizenship - six key areas of action

The Good Corporate Citizenship Assessment Model for NHSScotland sets out **six key areas of action**.

Utilising the GCCAM tool, and implementing Sustainable Development Action Plans, will help NHSScotland bodies to achieve enhanced sustainability outcomes, improve environmental performance, and make important and direct contributions to the strategic objectives of the Scottish Government.

In this section, each of the six GCCAM areas is summarised with brief but relevant facts, an indication of benefits, and example activities that can assist NHSScotland bodies and managers to address cross-cutting challenges and opportunities such as greenhouse gas emissions, waste, and community benefits:

- **Travel** – including journeys to, from, around and between sites by patients, staff and visitors;
- **Procurement** – including equipment and food, and sustainable building materials;
- **Facilities management** – including ‘soft’ FM (catering, domestic, cleaning, laundry, portering, telecommunications and security services) and ‘hard’ FM (planned, preventive and reactive building fabric and building services maintenance (mechanical, electrical, public health and fire safety), and biodiversity and land management;
- **Workforce** – including staff training, retention and recruitment;
- **Community engagement** – including health inequality and community consultation; and working with community partners on decision making;
- **Buildings** – the design, refurbishment and construction of NHSScotland sites.

The actions below are recognised good practice and are rooted in existing legal and policy requirements. In some cases, the actions mentioned here are already being delivered by NHSScotland bodies. This section is not intended to be a comprehensive guide covering all practical issues on the ground; rather, it is an indication of where to start. It should reassure staff already undertaking such actions, and energise others who wish to do more. Further references, and a more detailed list of activities and outcomes, can be found under the same topic headings on GCCAM’s website - <http://www.corporatecitizen.scot.nhs.uk/>.

As compliance with mandatory requirements and implementation of performance improvements is not yet comprehensive or consistent across all NHSScotland bodies, a coordinated and sustained effort is needed to ensure greater emphasis on their delivery. A greater focus on delivery will enhance



NHSScotland's contribution to the national outcomes sought under the Scottish Government's National Performance Framework (please see [Appendix 1](#)).

### 3.2 Travel:

Travel choices have a wide range of impacts on the environment and quality of life. Active, green travel choices have clear health benefits.



NHSScotland's travel policies can influence the behaviour of staff, patients, visitors and suppliers, reduce single-occupancy car travel and help reduce social exclusion.

The Scottish Government aims to achieve 'almost complete decarbonisation of road transport by 2050', as outlined in the Climate Change Delivery Plan<sup>13</sup>. As a public body, NHSScotland has a responsibility to support the Scottish Government in achieving this target<sup>14</sup>.

This means:

- implementing green Travel Plans, (wherever possible in collaboration with Local Authorities) in order to promote more sustainable travel choices;
- encouraging people to make active and sustainable travel choices where possible, such as walking and cycling, thereby contributing to health improvement and being consistent with the concept of a 'Health Promoting Health Service'<sup>15</sup>;
- ensuring that health services can be accessed by good quality footpaths and cycle routes, and effective public transport systems, and encouraging their use ahead of private vehicles, and especially to reduce single-occupancy vehicle journeys;
- making sure that accidents, noise, pollution, congestion and CO<sub>2</sub> emissions are minimised through effective travel planning;
- providing facilities and working arrangements that reduce the need for travel and distances travelled, including tele- and video-conferencing and other IT solutions, and
- managing travel in ways that benefits communities, supports local economies and helps protect the environment.

Some NHSScotland bodies may face particular challenges and require imaginative solutions to rationalise the requirement for decarbonisation of transport with the increasing needs of service provision where patients and staff

<sup>13</sup> Scottish Government Climate Change Delivery Plan - Meeting Scotland's Statutory Climate Change Targets, June 2009

<sup>14</sup> Low Carbon Scotland: Meeting the Emissions Reduction Targets – <http://www.scotland.gov.uk/Publications/2011/03/21114235/9>

<sup>15</sup> [http://www.sehd.scot.nhs.uk/mels/CEL2008\\_14.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2008_14.pdf)

need to access acute or specialist healthcare services in remote community settings.

#### Facts

- in 2008, 274 people were killed and 2532 people were seriously injured in road accidents in Scotland.
- travel, including patient and staff transport, accounted for 24% of the NHSScotland carbon footprint in 2004.
- in 2007, there were 24 million face-to-face appointments with NHSScotland GPs and practice nurses.
- in 2003, 64% of men and 57% of women were found to be overweight in Scotland.
- in 2005, only 50% of men and 35% of women in Scotland achieved the recommended levels of physical activity.

#### Potential benefits of action include

- tackling obesity, heart disease and mental health problems – through active travel;
- saving money that can be redeployed to frontline healthcare services – by reducing transport costs and increasing value for money;
- meeting legally-binding government carbon dioxide reduction targets;
- reducing health risks and the pressure they put on the health service – by decreasing road accidents, stress, noise and air pollution;
- enhancing reputation – with staff, patients, visitors and the wider community;
- supporting co-ordination of the provision of transport solutions in Scotland in both rural and urban environments.

### Example actions

- **compile, understand and utilise carbon footprint data** (including business travel, fleet travel, leased vehicles and impact of delivery of goods and services). Determine which travel is essential. Set, monitor and report performance on target(s) to stakeholders;
- **promote a travel hierarchy, and reduce the need to travel** – promote healthy and low-carbon options: zero travel, walk, cycle, public transport and car sharing. Is the travel required? Could webinars, tele- or video-conferencing be used? This may involve implementing changes following travel / satisfaction survey(s), policy intervention, and development of possible incentives.
- **plan layouts and services with travel in mind** – decisions on site selection for services to consider impact on travel. Make sites easy and safe to access on foot / by bicycle, and for those with mobility issues; consider features such as well-lit, and secure, cycle storage within sight of main entrances, and provision of changing areas / showers.
- **consider health inequalities** – work with partnerships to shape availability of public transport to coincide with visiting hours. Consider accessibility for marginalised communities, and socially excluded groups. This will include work with Community Planning Partnerships.
- **publish information** – consult with regional travel partnerships and travel providers to provide tailored information on website(s) and at site entrances for active and public travel options. e.g. bus routes and timetables at all sites, with live displays showing arrival of next services at large sites (using energy efficient information screens).
- **use fiscal incentives** – such as a ‘cycle to work’ scheme; assist with public transport season tickets; become a ‘cycle-friendly employer’<sup>16</sup>.
- **support fuel-efficient driving** - provide information, logistics, route choice and scheduling guidance, training and consider in-vehicle technologies.
- **improve the efficiency of all vehicles** – ensure procurement criteria include fuel efficiency, life cycle environmental impact, local air quality, reliability, cost of maintenance, and depreciation. Lead by example with executive, lease and fleet vehicles having low CO<sub>2</sub> emissions. Consider pilot projects for novel options, such as hybrid vehicles;
- **leading by example** – reduce the impact of travel of senior management, e.g. reducing flights.

<sup>16</sup> <http://www.cyclingscotland.org/our-projects/award-schemes/cycle-friendly-employer/>

### 3.3 Procurement

Decisions about how the NHSScotland budget is spent can have a huge impact on its contribution to sustainable development.



Procurement criteria:

- influence the way that suppliers think about their environmental impacts, and the fairness of the supply chains;
- can support the local economy, with knock-on benefits for the health and wellbeing of the communities we serve.

There are valuable lessons and opportunities for all NHSScotland bodies in applying the principles of the Scottish Sustainable Procurement Action Plan<sup>17</sup> (2009) which contains best practice procurement actions. NHS NSS National Procurement is a centre of excellence and a lead for sustainable procurement in NHSScotland.

This means:

- buying only what is needed, and seeking innovative products and services which maximise opportunities for re-use and recycling; which maximise positive environmental and social impacts and minimise negative ones;
- understanding demand to ensure most efficient delivery of outcomes;
- specifying environmental and social standards through the procurement process, to influence supply chains and drive innovation;
- basing procurement decisions on the 'whole life cycle' rather than short-term cost and benefit considerations;
- providing business opportunities and supporting skills development amongst supplier communities;
- ensuring procurement supports and facilitates a reduction in resource use, CO<sub>2</sub> emissions and waste.

<sup>17</sup> <http://www.scotland.gov.uk/Publications/2009/10/sspap>

### Acts

- NHSScotland spends about £1.5 billion a year on goods and services;
- goods and services procured by NHSScotland accounted for 52% of its CO<sub>2</sub> in 2004;
- about half of the procurement CO<sub>2</sub> was from pharmaceuticals and medical equipment;
- NHSScotland activities were estimated to account for 3.6% of Scotland's total carbon footprint and 23% of Scotland's public sector emissions in 2004.<sup>18</sup>

### Potential benefits of action include

- securing Best Value through inclusion of tailored sustainability criteria and weightings in procurement decisions;
- protecting the environment – by reducing demand for natural resources, producing less waste and minimising transportation effort (this includes requiring our suppliers to reduce their impact on the environment);
- promoting fairness and good working conditions through supply chains;
- reducing costs – through demand management, and by challenging wasteful practices;
- meeting government carbon dioxide reduction targets;
- supporting a strong and sustainable local economy, by involving local suppliers in procurement opportunities;
- health benefits realised – e.g. from specifying fresh, seasonal produce in NHSScotland facilities and catering, and
- enhanced skills for staff involved in procuring goods and services.

### Example actions

- all NHSScotland bodies should ensure the integration of sustainability considerations into procurement policy, strategy and action plans. This should be supported by guidance and training for staff;
- develop objectives and monitor indicators for social and performance benefits from a more sustainable supply chain – e.g. fair competition for contracts is ensured and the spend on local suppliers monitored;
- document sustainable procurement performance to build corporate knowledge and ensure future procurement decisions learn from previous lessons and good practice;
- review Standing Financial Instructions and consider a requirement for assessment of lifecycle costing, with justification to and sign-off by senior management required where deviation from lowest lifecycle costs is selected as the preferred option;
- provide healthy menus – ensure that menus and retail outlets reflect “5-a-day” advice for fruit and vegetables. Carbon footprint of goods (including food) and services is monitored and minimised, build menus around availability and seasonal produce, and to encourage a range of healthy options. Consider targeting the Healthy Living Award<sup>19</sup>. This may go beyond compliance with NHS QIS<sup>20</sup> Clinical Standards for Food, Fluid and Nutritional Care in Hospitals, which are minimum standards for all hospital in-patients;
- engage with suppliers to reduce packaging, and encourage or require ‘take-back’;
- monitor and increase the content of recycled and recyclable materials in purchases;
- review options other than purchasing new, wherever repair, sharing with other departments or purchase of services rather than products are appropriate, and
- monitor carbon footprint from suppliers and use the buying power of the NHS to create a more sustainable supply chain – by challenging suppliers to offer more sustainable goods and services, and by specifying the Best Practicable Environmental Option<sup>21</sup>.

<sup>19</sup> <http://www.healthylivingaward.co.uk/>

<sup>20</sup> NHS Quality Improvement Scotland is now NHS Healthcare Improvement Scotland

<sup>21</sup> The BPEO is the option that offers the greatest positive sustainability outcomes while meeting fitness for purpose and budget requirements as a minimum standard. IEMA, the Institute of Environmental Management & Assessment can provide guidance.

### 3.4 Facilities management

*“Facilities management is the integration of processes within an organisation to maintain and develop the agreed services which support and improve the effectiveness of its primary activities”<sup>22</sup>*



Facilities management (FM) plays a key role in ensuring that the care delivered by NHSScotland is safe and of high quality. FM may include: catering; cleaning; domestic; portering; telecommunications; building services maintenance (mechanical, electrical, public health and fire prevention); security and transport services, biodiversity and land management. It also involves improving building performance (fabric and systems, including energy saving measures).

Delivering effective FM may involve the integration of the planning and management of a wide range of services both ‘hard’ (e.g. building fabric) and ‘soft’ (e.g. catering, cleaning, security, mailroom, and health & safety) to achieve better quality and economies of scale. This will require co-ordination between Estates / FM and Capital teams where these teams are separately managed.

NHSScotland bodies are required to have an effective Environmental Management System (EMS) in place at their sites. Corporate GREENCODE assists bodies in legal and policy compliance, and also helps them monitor, report, and improve their environmental performance. Corporate GREENCODE therefore has a central relevance to FM, asset management and overall sustainability of all NHSScotland bodies.

This means:

- complying with environmental and other appropriate legislation;
- making highly efficient use of resources, such as energy, water, land and goods and services; and minimising waste;
- considering climate change risks, and implementing adaptation and mitigation strategies;
- protecting green space and biodiversity on the healthcare estate;
- supporting local communities and economies wherever possible.

<sup>22</sup> Source: BIFM, British Institute of Facilities Management

### Facts

- NHSScotland was responsible for emitting over 410,000 tonnes of CO<sub>2</sub> during the year 2009 - 10;
- the total NHSScotland energy bill was £66.4 million for the year 2009 - 2010;
- the total NHSScotland water bill was £4.2 million for the year 2009 - 2010;
- the total NHSScotland waste bill was £8.8 million for the year 2009 - 2010;
- building energy use, including heating and lighting, accounted for 23% of the overall NHSScotland carbon footprint in 2004;
- in 2009, NHSScotland owned 2900 hectares of land, supporting its services. However, there are no uniformly available data on the type or quality of that land indicating how it could be used for wider healthcare and biodiversity benefits.
- climate change risk assessment and adaptation work is at an early stage in most NHSScotland bodies, and reporting data on these areas has not yet been sought or collated.

### Potential benefits of action include

- saving money by reducing energy use and waste and, in the longer term, redeploying savings to frontline healthcare services;
- reducing patient recovery times and improving health – by protecting biodiversity and promoting green space and the outdoor estate as a healthcare ‘facility’ and health promoting health service opportunity;
- meeting national CO<sub>2</sub> reduction targets;
- reducing health risks – by using fewer chemicals and toxic products;
- enhancing reputation – with staff, patients, visitors and the wider community;
- meeting the biodiversity duty requirements of the Nature Conservation (Scotland) Act 2004<sup>23</sup>.

<sup>23</sup> Support is available from Scottish Natural Heritage, including guidance: <http://www.snh.gov.uk/protecting-scotlands-nature/biodiversity-scotland/biodiversity-duty-guidance/>



### Example actions

- continue to develop, implement and review energy and carbon management programmes for buildings and plant to reduce CO<sub>2</sub> emissions. Continue to consider sub-metering programmes and 'invest to save' initiatives;
- conduct regular audits linked to the effective EMS (Corporate GREENCODE) to identify and benchmark usage and problems covering issues such as energy, water, waste and legal compliance, e.g. identify the true cost of waste segregation issues;
- maintenance, cleaning, clinical, and other site staff should be encouraged and incentivised where possible to report issues and problems;
- calculate site environmental performance including: carbon footprints, energy and water consumption and waste arisings. Regularly publish performance data locally, perhaps in conjunction with awareness raising programmes, and monitor the effect of initiatives;
- set and monitor targets for waste, energy and water usage reduction and minimisation in addition to management indicators (such as waste recycling rates and segregation). Report results back to staff at operational and senior level. This can be through implementation of an effective EMS using Corporate GREENCODE;
- identify types of materials and equipment that might constructively be re-used either within or out-with the organisation in preference to recycling;
- identify benefits / performance of water-efficient fittings and equipment (low-flush toilets, aerated and auto-stop taps, PIR<sup>24</sup> initiation, etc.) into maintenance and replacement programmes;
- in accordance with Green Exercise Partnership (GEP) principles, consider how to make use of the estate as an attractive outdoor space suitable for promoting physical activity by patients, staff and visitors, as well as for other therapeutic and wildlife benefits;
- protect and enhance green space and biodiversity (implementing the Biodiversity Duty as set out in the Nature Conservation (Scotland) Act 2004) and manage access positively to comply with Section 1 of the Land Reform (Scotland) Act 2003;
- improve data on the extent and condition of NHSScotland land, and its opportunities. Boards are already responding to this opportunity through GEP funding applications on a number of sites.

**Note:** case studies and further guidance may be available from the GCCAM website - <http://www.corporatecitizen.scot.nhs.uk/>.

<sup>24</sup> Passive infra-red sensors (PIRs) are commonly used to control lighting and save energy.

### 3.5 Workforce

In many parts of the country NHSScotland is the largest local employer.

Employment is a key determinant of health and social cohesion. Employers can make a big difference to the wellbeing of the communities they serve through their approach to recruitment, learning and skills development, management, career progression, working conditions and equal opportunities. Employers can also promote sustainable development through the learning opportunities they provide, and the examples they set.



This means:

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

Facts
<ul style="list-style-type: none"> <li>• NHSScotland currently employs 153,000 people, equivalent to 25% of public sector employees in Scotland;</li> <li>• 70% of NHSScotland's expenditure is on staff;</li> <li>• NHSScotland's workforce age profile reflects an ageing population;</li> <li>• there are 840,000 individuals in Scotland living in relative poverty. However poverty and deprivation are not distributed evenly throughout Scotland, with Glasgow having the highest incidence of both;</li> <li>• in 2005/2006 depression and other mental health conditions were the fifth most common group of conditions reported in GP consultations in Scotland;</li> <li>• through the Corporate Greencode User Group, NHSScotland is developing a pool of skilled environmental managers able to review their peers' environmental management and compliance arrangements with recognised standards. This transferable expertise is appropriate to all NHSScotland bodies.</li> </ul>

Potential benefits of action include

- meeting your organisation's workforce requirements – by developing in the local population the skills you will need in the future;
- improving the health of the local community and reducing health inequalities – by providing work opportunities for local people at all levels of the organisation;
- helping to move from treatment to prevention – by increasing employment levels, one of the key determinants of health;
- reducing financial and environmental costs – by developing a local workforce, local networks and minimising negative travel impacts, and
- increased job satisfaction, career progression and empowerment of workforce.

Example actions

- **invest in facilities that enable flexible working practices**, e.g. secure server access to IT systems from home, creche facilities, rooms or clinics that can support different uses / users;
- build on existing good practice to **strengthen employment diversity and equality**, for example with targets set to provide opportunities for the long-term unemployed, both directly and through the letting of contracts;
- consider capital project requirements for **local labour, and disability access**;
- recruitment and training policies to contain **structured training, facilities and career development approaches for all staff**, and
- **improve recruitment, retention and productivity by providing a healthy workplace** (reference sustainable design objectives) – green spaces, good indoor air quality, daylight, opportunities for active travel, etc. (linking with management of healthcare estate and buildings section below).

**Note:** case studies and further guidance may be available from the GCCAM website - <http://www.corporatecitizen.scot.nhs.uk/>.

### 3.6 Community engagement

NHSScotland bodies play a central role in any community and can make significant contributions to health. This goes beyond the obvious clinical functions and benefits. NHSScotland bodies can help local people make better informed decisions about healthier and more sustainable lifestyles, integral to their role in being a 'health promoting health service'.



By understanding the needs of the local population, NHSScotland bodies can understand how to influence people's behaviours in relation to health and sustainable development.

This means:

- listening to, understanding and involving the local community in decision-making and scrutiny processes;
- involving members of the local community in the planning and delivery of healthcare services. This should include consideration of communities of interest – e.g. those with specific health or communication needs;
- working positively with key stakeholders to ensure local decisions (e.g. on planning or transport) consider and ensure healthier travel options leading to more sustainable outcomes;
- supporting a strong and sustainable local economy, by involving local suppliers in appropriate procurement opportunities;
- promoting healthy, sustainable food and nutrition;
- engaging local people in the design and use of the outdoor healthcare estate, and promoting access to it. Maximise benefits of ‘green exercise partnership’ opportunities and similar initiatives for local people and wildlife;
- sharing service provision / delivery with other partners to meet local community needs.

**Facts**

- in 2005/2006, depression and other mental health conditions were the fifth most common group of conditions reported in GP consultations in Scotland;
- there are 840,000 individuals (approximately 1 in 6 of the population) in Scotland living in relative poverty. However poverty and deprivation are not distributed evenly throughout Scotland, with Glasgow having the highest level of both.

**Potential benefits of action include**

- tackling health inequalities and promoting social cohesion;
- empowering the local community to adopt healthier, more sustainable lifestyles;
- more effective service development and delivery - based on evidence of need;
- reducing waiting times and the financial burden on the NHSScotland resources – by helping to move from treatment to prevention;
- enhancing reputation – with staff, patients, visitors and the wider community.

### Example actions

- **Identify local sources of goods and services**, and monitor and report on expenditure within the local community;
- Build on existing good practice within NHSScotland to **improve, expand and devise new civic participation schemes**. Seek to include the involvement of poorer communities as well as better off communities. Community engagement delivers shared facilities that promote better health as well as healthcare;
- Align strategies and **share resources with** and between **Local Authorities and other support partners** such as Registered Social Landlords;
- **Ensure patient and community focus** with public representation optimised in community consultation, evaluation and decision-making processes. This includes involving communities in the planning, operation and maintenance of facilities and services;
- **Encourage staff involvement in local community** and environmental initiatives, and participate in networks active in sustainable development;
- Align strategies by developing links between outreach projects and programmes, care in the community, and the sustainable development strategy. **Work in partnership with other agencies to tackle inequality**;
- **Share ideas and performance** with other organisations;
- **Set a leading example** in sharing assets and resources with the local community;
- Seek new opportunities to **work in partnership with a range of volunteer involving organisations** to take forward actions on sustainable development and further develop community engagement. Volunteer Development Scotland<sup>25</sup> may be a useful source of guidance.

**Note:** case studies and further guidance may be available from the Good Corporate Citizenship website (<http://www.corporatecitizen.scot.nhs.uk/>).

## 3.7 Buildings

NHSScotland's asset base was valued at £4.9 billion in 2010. Decisions about the planning, design and construction of new buildings (and the refurbishment of existing ones) are important to a more sustainable health service in Scotland.

In short, sustainable buildings are likely to be more pleasant to be in, and be better for health and healthcare outcomes, for patients, staff and visitors. They minimise running costs *and* future maintenance and refurbishment costs. What all NHSScotland bodies need to do is determine the processes, features and design issues that maximise the above to meet best the local context and community needs.



<sup>25</sup> <http://www.vds.org.uk/>

Although this section is entitled 'Buildings' for consistency with Good Corporate Citizenship, actions here should focus beyond a given building to its 'site' and the wider hard and soft landscape. There may be valuable and simultaneous opportunities for integrating outdoor health promotion with green prescription, wildlife enhancement, sustainable urban drainage schemes (SUDS) and carbon reduction measures. Asset rationalisation, leading to the disposal of underutilised or redundant healthcare sites (buildings, facilities and land), may have budgetary advantages. However, the impacts on the local community should be carefully considered (e.g. voiding property can create holes in the community 'fabric', risking inappropriate development taking its place or attracting anti-social behaviour). Clearly others, e.g. local authority planning departments, have responsibilities here too and, where possible, NHSScotland should work with local communities and other partners to secure a viable future when vacating sites or premises.

Health and healthcare needs will change as demographics and treatments change and as NHSScotland moves to more sustainable delivery of services. It will normally be more sustainable to refurbish buildings than to build new ones. In any decision-making, flexibility and life cycle considerations must be built in to allow long-term occupancy, or sustainable deconstruction and re-use of resources. There are several resources available to assist NHSScotland bodies in evidencing decisions, including the design quality policy and design assessment process in the Scottish Capital Investment Manual (SCIM). Many of the issues and opportunities that follow, and those discussed in [section 3.4](#) on FM, have key relevance to sustainable asset planning and management.

This means:

- seeking to maximise the value of the NHSScotland sites (while respecting other sustainability considerations);
- considering if all buildings in all locations are needed, and/or if they might accommodate additional activities, either from within the service, or by partner organisations;
- plan new/altered buildings flexibly such that spaces can be shared and used between services (both within the NHSScotland body and partner organisations);
- consider if a new building is always needed for services new to an area, or if services can be provided from a partner's venue or by re-using other existing buildings;
- including climate change adaptation and mitigation requirements as part of good design;
- listening to the views of the local community on their needs from healthcare buildings (and other buildings occupied by NHSScotland bodies);
- working with design teams and contractors to ensure sustainable development objectives are properly specified, understood and delivered;
- using building projects to trigger improvement in other areas, like boosting people's physical and mental wellbeing and morale, aiding patient recovery,



promoting active travel, cutting carbon, providing a haven for wildlife by protecting, managing and enhancing natural areas, and encourage their use;

- maximising sustainability performance through all phases of a building's lifetime - planning, design, construction, operation and decommissioning;
- supporting a strong and sustainable local economy by involving local suppliers in building projects.

The environmental performance of a building cannot compensate for a development where materials or provision of rooms have been over-specified, or for power used in heating empty rooms. However, this does not mean that the minimum area possible should be built. Flexibility to improve occupancy may need an increase in circulation spaces, allowing options for accessing rooms and creative thinking on how circulation spaces may be designed for multiple uses.

**Facts**

- Building energy use, including heating and lighting, accounts for some 23% of the overall NHSScotland carbon footprint.
- NHSScotland hospitals have reduced annual energy consumption by around 40% over the past 20 years. However, during the same period, annual energy costs have doubled.

**Potential benefits of action include**

- More efficient buildings, with lower running costs, mean less money spent on bills, effectively increasing the resource available for frontline healthcare services;
- Meeting increasing environmental legal requirements, including the legally-binding government carbon dioxide reduction targets;
- Buildings that reduce the risk to service disruption from future climate change and energy supply issues;
- Buildings that exemplify sustainability to their users, promoting awareness and confidence;
- Improved quality of the indoor and outdoor environment – reducing patient recovery times, and providing better environments for staff and visitors;
- Protecting the environment and improving health – for example by reducing waste and encouraging physical activity, perhaps through shared community facilities.

### Example actions

- **Senior level commitment** is required to implement sustainability principles. For building projects this could involve a formal requirement for senior management to sign off any deviation from lowest lifecycle costs;
- **Improve linkages between building design team and building users** and consider how management processes will ensure vision and design concepts move from concept design to delivery. (See also the community engagement section of this strategy);
- **Focus on the influence of building design on health** – e.g. daylight, views, air quality, and toxic chemical reduction in buildings;
- **Consider integration of requirements** to provide capital works procedures that meet the objectives of asset management strategies, the Scottish Capital Investment Manual, and Design Quality Policy for NHSScotland;
- **Risk assess** for climate change adaptation and energy supply so that existing and future healthcare buildings can withstand and operate comfortably in the changing climate;
- **Monitor and report on the Building Research Establishment Environmental Assessment Method (BREEAM) scores** obtained by all development and refurbishment projects with a value over £2million;
- **Recognise that low carbon design** is more cost-effective. Highly efficient buildings need less plant (and space for it), sometimes resulting in lower capital costs. Reducing energy losses by first focussing on high levels of insulation and air-tightness before considering introduction of new plant, and maximising natural lighting and ventilation also reduces costs. Designing for deconstruction reduces future costs;
- **Take a site-wide approach to the supply of heat, cooling and power** – not just one building at a time;
- **Adopt a similar broad approach to masterplanning** - materials can be wasted, and costs can increase through piecemeal development, moved roads/services, and demolished recent works;
- **Revisit your design action plan to ensure consistency with the sustainable development action plan** – the aims and benefits of both are closely aligned;
- Develop and implement strategies that **minimise the immediate impact of construction projects** on the environment and neighbours including site waste management plans (SWMPs) and contractor EMS certification. Increase use of prefabrication and off-site manufacture to minimise waste and improve quality management.



## 4. Requirements for NHSScotland bodies

CEL 2 (2012) sets out 14 mandatory requirements. The requirements are shown below in a checklist format intended to support internal monitoring and reporting within NHSScotland bodies. Due to its simple nature, this template can not, on its own, be used to represent the true sustainability performance of an NHSScotland body. Further guidance on reporting can be found in [section 5.9](#).

Mandatory Requirement	Guidance Available	Current Status / and deadline	Lead / Responsible Person
<b>Governance-related requirements</b>			
1. Each NHSScotland body must implement a strong management structure as a means of ensuring the effective delivery of its strategic Sustainable Development Policy Statement and supporting Sustainable Development Action Plan ( <a href="#">see 5</a> )	<a href="#">Section 5.1</a> . Elements of <a href="#">section 5.5</a> on partnerships may be helpful.		
2. Each NHSScotland body must appoint a member of its board to act as <b>Champion for Sustainability</b> at a strategic level to assist in articulating and promoting its sustainability priorities. <b>Each NHSScotland body Chief Executive will be accountable to the Scottish Government Health and Social Care Directorates for the NHSScotland body's performance in respect of sustainable development.</b>	<a href="#">Section 5.2</a>		
3. Each NHSScotland body must appoint an <b>Environmental Management Representative</b> (EMR) with organisation-wide responsibility for the implementation of an effective <b>Environmental Management System</b> (EMS) to measure, and through which it can continually aim to improve, environmental performance, consistent with the European Union's and the Scottish Government's commitment to sustainable development. Corporate GREENCODE is the exemplar tool towards achieving these goals and NHSScotland bodies are expected to utilise Corporate GREENCODE unless given SGHSC approval of an equivalent alternative.	Corporate GREENCODE Tool ( <a href="#">Section 5.3</a> )		

Mandatory Requirement	Guidance Available	Current Status / and deadline	Lead / Responsible Person
<b>Governance-related requirements (continued)</b>			
4. Each NHSScotland body must appoint a senior staff member as Waste Management Officer (WMO) as a single point of contact, with responsibility for all aspects of waste management within the organisation consistent with the Scottish Government's commitments towards zero waste. The WMO will report to the Chief Executive through formal channels (see 1). [CEL 8 (2007) - Waste Management in NHSScotland Action Plan: 2007 refers]	Section 5.4		
<b>Planning-related requirements</b>			
5. Each NHSScotland body must have a Sustainable Development Action Plan (SDAP), which sets out the organisation's contribution to the Scottish Government's sustainable development aims and objectives in the context of the <b>key strands of activity</b> identified by this Policy (CEL 2 2012). The Sustainable Development Action Plan should be consistent with, and supportive of, the organisation-wide strategic Sustainable Development Policy Statement, and should include actions to ensure an integrated approach is taken to core business, guided by the key strands.	Section 5.6 and elements of section 5.5 on partnerships may be helpful. Appendix 2 of this document		
6. The SDAP must undergo a review process with actions monitored, evaluated and updated, using past progress as a context for the renewed actions the organisation will take to continually improve its performance. The review process will be assisted through self-assessment using the GCCAM toolkit (see 13).	Section 5.6 and GCCAM toolkit		
7. The SDAP must include an assessment of the impacts of climate change and a suitable adaptation strategy in compliance with public sector duties.	Appendix 3, and Adaptation Scotland's public sector workbook <sup>26</sup>		
8. The SDAP must include appropriate actions to contribute to the overall NHSScotland H.E.A.T. (Health; Efficiency; Access; Treatment) Targets.	Section 5.6		

<sup>26</sup> <http://www.adaptationscotland.org.uk/3/105/0/Adapting-to-Climate-Change--Workbook-for-Public-Sector-Organisations.aspx>

Mandatory Requirement	Guidance Available	Current Status / and deadline	Lead / Responsible Person
<b>Planning-related requirements (continued)</b>			
9. The SDAP will be consistent with each NHSScotland body's Property and Asset Management Strategy (PAMS). A PAMS is required for business case approval through the SGHSC Capital Investment Group process.	SGHSC (Capital and Facilities Division) website <sup>27</sup>		
10. The SDAP must be signed off annually by the Chief Executive and the Sustainable Development Champion.	Section 5.6		
11. Each NHSScotland body must submit a copy of its Sustainable Development Action Plan annually to SGHSC Capital and Facilities Division by 31 October each year, regardless of the frequency of review (see 6).	Section 5.6		
12. All NHSScotland bodies engaged in the procurement of both new-build and refurbishment of healthcare buildings must carry out independent sustainability accreditation for projects. This is a requirement of the Scottish Capital Investment Manual (SCIM) business case approval process.	Section 5.7 SGHSC web sites <sup>28</sup>		
<b>Monitoring, evaluation and reporting requirements</b>			
13. Each NHSScotland body must conduct a self-assessment using the GCCAM toolkit to help understand, monitor and evaluate its progress on its own sustainable development priority issues and opportunities. <b>[CEL 14 (2010) refers]</b>	Section 5.8		
14. Each NHSScotland body must submit data to SGHSC Capital and Facilities Division and Health Facilities Scotland as and when required in order to meet SGHSC and wider Scottish Government reporting requirements.	Section 5.9		

<sup>27</sup> <http://www.pcpd.scot.nhs.uk/Property.htm>

<sup>28</sup> <http://www.pfcu.scot.nhs.uk/> and <http://www.scim.scot.nhs.uk/>

## 5. Guidance on implementation of the requirements

The following section provides guidance on implementing the mandatory requirements of CEL 2 (2012), outlined in the previous section. The GCCAM website contains a number of reference materials that may be helpful, <http://www.corporatecitizen.scot.nhs.uk/>.

### Governance-related requirements

#### 5.1 Establishing or using an appropriate management structure

Each NHSScotland body is advised to implement a strong management structure as a means of ensuring the effective delivery of its body-wide Sustainable Development Policy Statement and supporting Sustainable Development Action Plan objectives. Additionally, each NHSScotland body will have to decide whether its corporate-wide and site-based governance arrangements for delivering sustainability are in place and working effectively.

**What needs to be done?** Given the variation between NHSScotland bodies (e.g. size, geography, and structure) it is neither reasonable nor sensible to propose a 'one size fits all' prescriptive governance structure for sustainability. Instead, what follows is an attempt to explore or describe the characteristics of effective governance needed to achieve more sustainable outcomes.

Accordingly, NHSScotland bodies should develop appropriate management structures that:

- place emphasis on outcomes and deliverables;
- ensure legal compliance as a minimum standard (e.g., on environmental legal requirements guidance is available through Corporate GREENCODE);
- ensure coordination between different working groups and avoidance of duplication (both internal and external to the NHSScotland body, as many similar challenges will also be faced by other NHSScotland bodies);
- ensure a comprehensive coverage of the breadth of sustainable development issues. However, it is probably desirable (if not essential) that these are prioritised according to local circumstances to ensure manageable numbers are addressed at any one time or action cycle;
- ensure that the management structure includes key roles such as a Champion for Sustainability and an Environmental Management Representative, and that the functions of these key roles are widely communicated.

While the governance arrangements may be achieved through existing management structures, there is a clear need to co-ordinate actions within and across each NHSScotland body on the six GCCAM priority areas to ensure more sustainable outcomes. This will require representation and engagement from various divisions or departments, which may cut across existing

management structures. Some organisations may require new structures or specific roles to achieve these outcomes.

Each NHSScotland body should consider the best options on;

- raising awareness and encouraging all staff to deliver on wider sustainability opportunities for their NHSScotland Board;
- how to co-ordinate and communicate the work of specialist sub-groups (e.g. for travel or energy or CO<sub>2</sub> reduction) to those charged with developing the Sustainable Development Action Plan and Environmental Management Systems. Coordination needs to include approaches at both strategic and site-specific levels;
- how to instil an integrated approach, avoiding the creation of 'silos' and rigid separation of roles;
- the strategic review and management of staff structures to deliver sustainability goals. For instance, should there be one management steering group for all sustainability issues, supported by site teams delivering a broad range of sustainability improvements, rather than separate teams for the EMS, carbon management, travel, etc.?
- how to conduct site-based assessments of legal compliance and sustainability issues, to identify opportunities for improvement;
- how frontline, facilities and estates staff can be supported to deliver the challenging improvements required for more sustainable outcomes;
- how to share best practice more effectively between sites, and between other NHSScotland bodies;
- how to ensure focus on a broad range of sustainability issues (i.e. ensuring that focus is not limited solely to one area, e.g. carbon reduction);
- whether ring-fenced funding is required to deliver mandated objectives.

**Note:** HFS has a role to facilitate best practice, training, professional development and networking on sustainability. This may include development of guidance on the required competencies, measurables and resources, as well as development of bespoke tools, and training for champions and Environmental Management Representatives (EMRs) once they are in place. The Corporate GREENCODE User Group (a valuable peer network), and the Corporate GREENCODE web-based toolkit, are practical examples where expertise is being developed in NHSScotland. This presents specific training opportunities which are intended to be rolled out more widely to all NHSScotland bodies.

**Who needs to be involved?** It is up to individual NHSScotland bodies to decide the most appropriate governance structure to meet legislative and policy requirements. NHS Greater Glasgow & Clyde has found it helpful to create a high-level Sustainability Planning and Implementation Group that includes the sustainability champion and senior management representatives from several divisions. This group coordinates actions within the Board to deliver the six key strands of activity identified in GCCAM, which assists the group to identify

resources, and decide accountability for actions within their SD Action Plan. This model might be appropriate for other NHSScotland bodies.

Figure 2 below shows some of the strategic drivers, action plans, and review functions at national and local levels.

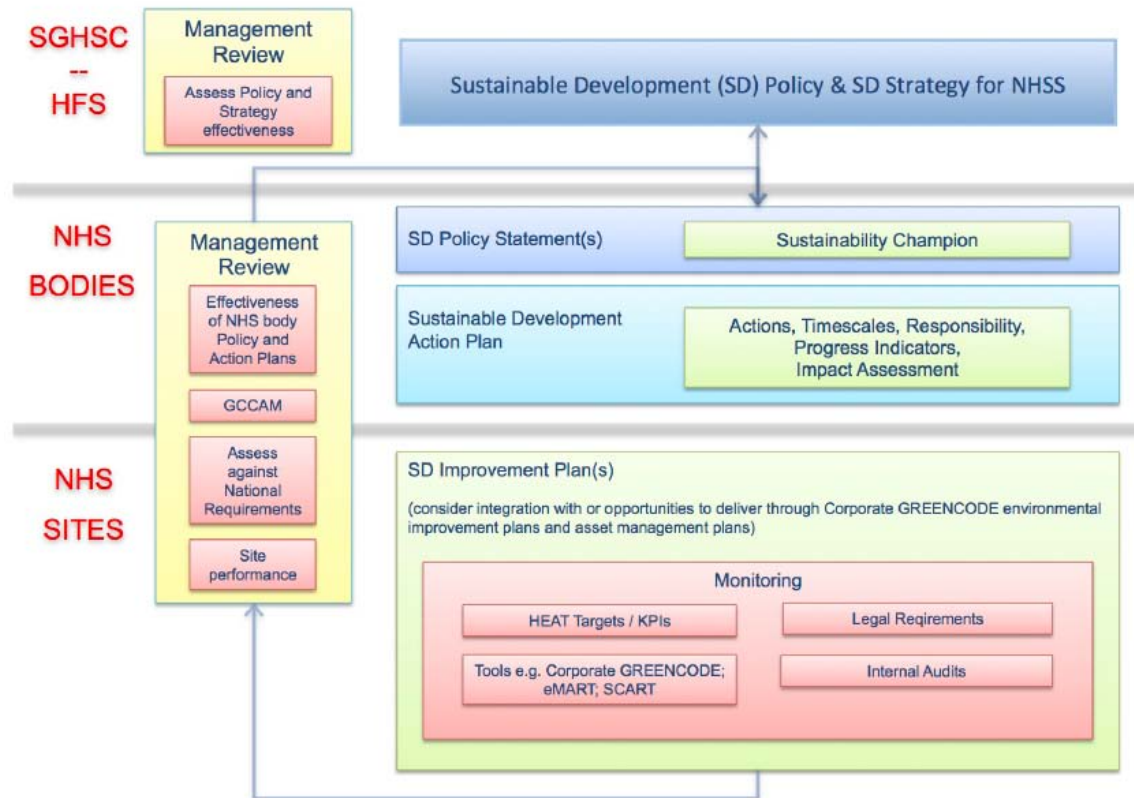


Figure 2: Governance, action planning and management review framework

## 5.2 Appointment of a sustainability champion

NHSScotland bodies' sustainability champions / managers have a crucial role to facilitate the delivery of improved sustainable development within and across all departments, and for reporting performance. However, they cannot be expected to deliver all the sustainable development objectives outlined in this strategy single-handedly; that responsibility must be shared by all staff.

Clarity and co-ordination of various roles and responsibilities within each NHSScotland body is essential for successful implementation of CEL 2 (2012). Influencing the effectiveness of the organisation's governance and management structures will be a vital task for the champions, as they are central to the delivery of sustainable development outcomes (see 5.1).

Responsibility for the performance of individual departments normally rests with the existing line management structures, and ultimately with the NHSScotland body's Chief Executive.

**What needs to be done?** Appoint a sustainability champion (and consider appointing a deputy to the role). This is likely to be an appointment added to an existing role, rather than a new member of staff. It is expected that the



champion is likely to have significant time pressures from other high-level responsibilities. Given the strategic importance of the champion's role, the body's Chief Executive should consider the need to protect the champion's time to provide leadership and motivation at the required level in order to drive the local and contribute to the national and regional agendas, and/or appoint a deputy champion to share delivery of this workload.

**How will we achieve and monitor performance?** HFS is to be provided with the contact details for the champion (and ideally deputies).

**Who needs to be involved?** Executive and senior management teams; HR personnel to inform or support any internal staffing issues such as changes to job descriptions and KSF outlines.

**Competent persons:** criteria for a sustainability champion should be defined by the NHSScotland body. Criteria may include (but not be limited to) someone who:

- has a sound understanding of sustainability principles and concepts as they relate to healthcare service planning and delivery;
- sits at board level in the management structure, in order to be aware of and be able to influence strategic decisions and flag up strategic performance issues where necessary;
- has a willingness to do the role (a volunteer, rather than a volunteered person, is more likely to be effective).

**When does this need to happen?** Now, if not already in place. The sustainability champion role is of strategic importance to each NHSScotland body.

### 5.3 Establishing an Environmental Management System (EMS)

Although every NHSScotland body does not have a formal EMS in place, each spends significant resources on managing their environment and the associated legal compliance. All NHSScotland bodies face many of the same environmental issues, and clearly benefit from information sharing.

**What needs to be done?** Each NHSScotland body must establish and maintain an effective EMS to measure, and through which it can continually aim to improve, its environmental performance. NHSScotland bodies are expected to utilise Corporate GREENCODE to report performance unless given SGHSC approval of an alternative.

Corporate GREENCODE is now a web-based tool that enables users to establish and implement an effective EMS. There is a User Group coordinated by HFS to support the EMS development and roll-out programme within each Board. Both the User Group and the helpline facility are vital in supporting individual users in their use of the toolkit. Corporate GREENCODE provides:

- systematic structures and processes that assist users to identify the most significant environmental risks; to prioritise actions and deliver legal and policy commitments;
- a peer network to share information between bodies, e.g. by providing access to real examples of environmental policy, controls and management procedures, thereby saving users' time and reducing duplication of effort;
- an environmental legal register which summarises the increasing environmental legal requirements, and allows users to identify and record compliance at their sites more easily. The register is updated monthly;
- assistance with environmental auditing and performance reporting.

By implementing an effective EMS, NHSScotland bodies can expect:

- increased predictability of costs (e.g., through identification of forthcoming legal requirements, such as air conditioning inspections);
- reduced costs, through greater knowledge and resource control at site level, resulting in reduced environmental impact (linked to the adage of being unable to manage effectively what is not measured properly);
- identification of potential liabilities, e.g. gaps between requirements and actual performance, which can then be included in the NHSScotland body's risk register.

Using Corporate GREENCODE will also facilitate certification of the EMS to ISO14001 (the international standard for EMSs), should this be required.

**Who needs to be involved?** The Environmental Management Representative (EMR) leads on the EMS, and will be supported by site-based EMS team(s).

**Competent persons:** criteria for the EMR role should be defined and agreed by the NHSScotland body. Criteria may include (but not be limited to) someone who:

- understands environmental issues as they relate to healthcare service delivery;
- as a manager, can ensure an effective EMS is established, implemented and maintained;
- is able to report to top management, e.g. the sustainability champion.

**Note:** a volunteer, rather than a volunteered person, is more likely to be effective.

A defined standard has not yet been set for those undertaking the roll of EMR. It is expected that continuous professional development (CPD) will be crucial to the success of these post holders. NHSScotland bodies should consider supporting training for the EMR in subjects including:



- introduction to Environmental Management Systems (EMS); and EMS Implementation
- foundation in Environmental Auditing;
- certificates / Diploma in Environmental Management.

**Appointment:** where not already in place, NHSScotland bodies should appoint an EMR (and consider appointing a deputy to the role). This is likely to be an extension to scope of an existing role rather than a new member of staff, and their contact details (or any changes of details) should be provided to HFS.

**Responsibility:** EMRs have a crucial role to facilitate the delivery of improved environmental management within all departments, and for reporting performance, similar to the sustainability champion. However, they cannot be expected to deliver environmental improvements and compliance on their own. All staff must share collective responsibility for this.

Responsibility for the individual performance of departments normally rests with the existing line management structures, and ultimately with the Chief Executive.

In most cases NHSScotland bodies will find it helpful to have a central 'corporate' EMR, with a deputy from one of possibly several site-based EMRs. The corporate EMR is a key role supporting the sustainability champion.

Where they have not already done so, EMRs should contact HFS to gain user access privileges to the [www.corporategreencode.org](http://www.corporategreencode.org) toolkit, and to attend the user group to benefit from the established and active peer network.

Environmental Improvement Plans may be linked to the organisation's Sustainable Development Action Plan.

**When does this need to happen?** It has been a mandatory requirement to have an effective EMS since 2006, so this should already be in place. Implementing an EMS is a process of continual improvement. Most organisations will find it useful to implement their EMS on a pilot site before widening the scope to complete its roll-out to other sites. Effectively managing environmental and legal obligations is central to addressing key sustainability issues, as well as to the essential management of cost and public relations risks.

**How will we achieve and monitor performance?** HFS will support and monitor progress on the Corporate Greencode roll-out programme, and will report to the Strategic Facilities Group, and Scottish Government.

## 5.4 Waste management officer

**What needs to be done?** If not already in place, appoint a waste management officer (WMO), and consider appointing a deputy. All WMOs should make their contact details (or any changes of details) available to HFS, either via the Waste Management Steering Group (WMSG), or via their Board's national

waste contract regional consortia chair. HFS holds a current list of WMOs for NHSScotland bodies, and will request this to be updated periodically.

**What is the role of the WMO?** HFS published a Waste Management in NHSScotland Action Plan (WMAP) in 2007, which states that the WMO is:

*“a single point of contact. This person will be the professional lead for all aspects of waste management within the organisation and will have delegated responsibility from the Chief Executive”.*

The imminent Zero Waste (Scotland) Regulations will have far-reaching implications for all NHSScotland bodies. The WMO will be central to NHSScotland bodies achieving compliance with waste-related requirements, and in the communication of information to, and/or representation on, the HFS WMSG. The WMSG has important links to the Scottish Government, SEPA and Zero Waste Scotland (ZWS).

**Competent persons:** criteria for the WMO should be defined and agreed by the NHSScotland body. Criteria may include (but not be limited to) someone who:

- is experienced at managing and improving waste management performance;
- is able to report to top management, e.g. the sustainability champion;
- is familiar with the increasingly stringent waste management legislation, and Health Service-specific requirements in Scotland.

The WMO is another key role supporting the sustainability champion.

**When does this need to happen?** Now, if not already in place.

**How will we monitor performance?** HFS maintains a list of WMOs and facilitates the Waste Management Steering Group.

Waste management data are also submitted to eMART and reported in the Annual National Environment Report. NHSScotland bodies use of an effective EMS will assist management of waste and compliance with waste legislation (see 5.3).

## 5.5 Partnerships

“The Government aims to help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.”<sup>29</sup>

One way in which this might be achieved is by considering further partnership approaches with other NHSScotland bodies, other public sector bodies and the private sector. It may also be achieved by seeking continual improvements in

<sup>29</sup> Source: <http://www.scotland.gov.uk/Topics/Health>

performance in existing partnerships and developing best value initiatives to deliver the sustainability objectives through economy of scale.

NHSScotland bodies are already likely to operate in partnership with other organisations at various levels. Examples of current and future partnership opportunities include:

- **Travel** – work with regional travel partnerships, local authorities and public transport providers;
- **Procurement** – collective purchasing power through National Procurement, or NHSScotland body ‘Heads of Procurement’;
- **Facilities management** – sharing of information between NHSScotland bodies, for example environmental control measures and initiatives, and access to example documents through Corporate GREENCODE;
- **Workforce** – sharing of expertise and peer review of approaches;
- **Community engagement** – engaging with local people in the design, utilisation and requirements of the NHS estate, and
- **Buildings** – *“From small GP practices to large combined community, health and sports centres, the hub initiative is set to revolutionise the way Scotland’s public bodies plan new facilities and deliver their services. The hub initiative brings together local public sector organisations to increase joint working and the shared delivery of sustainable community buildings.”*<sup>30</sup>

NHSScotland bodies may wish to demonstrate or include in their Sustainable Development Action Plans (SDAPs) where they are working in partnership with their local communities and others on their initiatives and priorities, as community interests will underpin their sustainability.

## Planning-related requirements

### 5.6 Sustainable development action plans

**What needs to be done?** Each NHSScotland body must have an SDAP consistent with its Sustainable Development Policy Statement. The SDAP should set out the organisation’s contribution to the Scottish Government’s sustainable development aims and objectives in the context of the six key strands of activity identified in the GCCAM tool. Its actions should be integrated in core business.

#### Interim guidance on creating an SDAP:

The example SDAP in [Appendix 2](#) indicates a possible structure and contents to assist bodies in preparing their SDAP, although it is not compulsory to use this template. Although each Board should cover the six GCCAM priority areas, it is accepted that there needs to be some flexibility, as the exact focus and extent

<sup>30</sup> Source: <http://www.scottishfuturestrust.org.uk/a.asp?a=22>

of activities will be determined by local circumstances and priorities in these six areas.

- the SDAP-related mandatory requirements contained in CEL 2 (2012) should be covered adequately (see [Appendix 2](#));
- CEL 2 (2012) also has a mandatory requirement for NHSScotland bodies to conduct a self-assessment using the GCCAM toolkit;
- this self-assessment should help NHSScotland bodies to understand, monitor, and evaluate their progress on sustainable development priority issues and opportunities. The output from this self-assessment should help identify items for inclusion in the SDAP (see [section 5.8](#)),
- to ensure any SDAP is effective, it would be good practice to consult with existing management groups within the NHSScotland body, and / or set up a high-level sustainability group to ensure this (see [section 5.1](#)).

**Who needs to be involved?** This is up to individual NHSScotland bodies. The Chief Executive and sustainability champion are required to approve the SDAP.

**When does this need to happen?** Each NHSScotland body must submit a copy of its SDAP to SGHSC Capital and Facilities Division by 31 October each year.

The creation, and monitoring and reporting, of an annual SDAP will be part of a continuous cycle for all NHSScotland bodies.

**How will we achieve and monitor performance?** It is proposed that all SDAPs submitted to SGHSC are reviewed by HFS to assess content and priorities, and to provide feedback and support to NHSScotland bodies and SGHSC as required. This is intended to identify any service-wide lesson-learning opportunities. (Please refer to [sections 2.7 and 5.9](#) on reporting.)

## 5.7 Independent environmental accreditation for buildings, and associated implementation strategy for sustainability principles

In 2008, a UK-wide healthcare version of the Building Research Establishment Environmental Assessment Method (BREEAM) replaced the NHS Environmental Assessment Tool (NEAT).

Using the BREEAM toolkit enables assessment of buildings against benchmark criteria. However, each project is different, and use of the tool cannot and will not provide a sustainable building on its own. The toolkit must be supported by other mechanisms to move beyond a compliance approach and to challenge design teams and contractors to provide the most sustainable building and best possible performance within cost constraints.

**Who needs to be involved?** A BREEAM Healthcare assessor will also be required for each project. There are trained BREEAM assessors within some NHSScotland bodies, and in HFS.

Input from procurement / capital teams / local management / sustainability specialists and the Board's sustainability champion may be required to define project sustainability requirements adequately. These must not be limited to conducting a BREEAM assessment alone; consideration should also be given to issues such as life cycle costs, flexibility and local consultation in order to identify priorities.

**What needs to be done?** All NHSScotland bodies engaged in the procurement of both new-build and refurbishment of healthcare buildings must carry out independent environmental accreditation for projects.

The Scottish Capital Investment Manual (SCIM) requires that all new builds above £2m obtain a BREEAM Healthcare (or equivalent) 'Excellent' rating and all refurbishments above £2 million obtain a 'Very Good' rating.

BREEAM assessments can be expensive. For all capital works, development of an implementation strategy to facilitate an effective transition between project stages (e.g., from design to construction to commissioning) and project packages (e.g., shell and core to tenant fit-out) are required to ensure that the original vision, objectives and targets are carried through to completion. It is important to aim for optimum, rather than merely compliant performance, particularly when this is at no added cost. It is also important to avoid increased life cycle costs that future generations will be left to deal with in the long term.

The design assessment process of SCIM will assist with this and NHSScotland bodies should ensure that management of all projects includes consideration of sustainability as part of standard monitoring. This will include post-project occupancy review.

**When does this need to happen?** This is a current requirement of SCIM, and is inherent in sustainable asset management.

**How will we achieve and monitor performance?** NHSScotland bodies will be required to provide to SGHSC the number of projects above £2 million, and for these projects, the sustainability criteria used and the ratings achieved at design stage and post construction.

## **Monitoring, evaluation and reporting requirements**

### **5.8 Using the Good Corporate Citizenship Assessment Model**

The Good Corporate Citizenship Assessment Model (GCCAM) for NHSScotland is an online toolkit developed by the Sustainable Development Commission Scotland in conjunction with SGHSC and HFS. The tool's purpose is to help NHS organisations embrace sustainable development and tackle health inequalities through their day-to-day activities.

The website <http://www.corporatecitizen.scot.nhs.uk/> includes links to case studies and essential resources, and a checklist-based benchmarking tool.

**Who needs to be involved?** To be decided by NHSScotland bodies. One person may be given responsibility for completion of the self-assessment test. However, it is likely that, for each action area, input will be needed from at least two staff (one management and one operational) to make an assessment accurate. The assessment could be achieved via a workshop, or by other means.

**What needs to be done?** A self-assessment of performance needs to be conducted on a body-wide basis, with scores entered on the website. The results should help inform the content of the SD Action Plan.

**When does this need to happen?** Now, if not already done, and then reviewed no later than every two years but preferably annually, by 31 August. This will allow preparation and submission to SGHSC of the NHSScotland body's next SD Action Plan by 31 October each year.

**Note:** GCCAM recommends that self assessments are undertaken every six months. However, owing to the different progress and priorities in NHSScotland bodies, CEL 2 (2012) recognises the need for flexibility. It has allowed bodies to focus effort on establishing their planning and delivery, rather than on reporting. However, it is hoped that, rather than seeking to extend the period between such important reviews to the two-year maximum indicated above, Bodies will recognise the benefit of more frequent self assessment to identify the effectiveness of measures they are putting in place.

**How will we achieve and monitor performance?** Whilst HFS and other GCCAM users may be able to view other bodies' performance scores, these will not be monitored formally by HFS or SGHSC. It is recognised that scores, are unlikely to be comparable in a robust way for methodological reasons.

Individual NHSScotland bodies may assess similar but slightly different priorities and actions in a slightly different way, due in part to local needs or circumstances. These differences would affect data assessment and recording. What will be monitored is the requirement for bodies to complete their GCCAM self-assessment.

The most important issue here is that each individual NHSScotland body undertakes its own self-assessment test in as honest and robust a way as possible, so that it can be replicated in future years on the same basis. The real value of the tool is for each body to be able to assess its own progress year on year, rather than focussing on comparison between organisations. There may be lessons for all bodies as a result of these tests, and from transparency and information sharing on their activities and outcomes.

## 5.9 Sustainable development-related reports and tools

In advance of a review of monitoring, evaluation and reporting requirements, SGHSC and HFS have concentrated on streamlining mandatory requirements and referring to existing toolkits in order not to place additional reporting requirements on NHSScotland bodies.



Despite this, meeting the various mandatory, legal and other reporting requirements is likely to be increasingly challenging. The consultation process revealed support for a review of the sustainability reporting framework. SGHSC, HFS and NHS bodies will need to prepare and undertake this review, agreeing the content, timescale and resources required. Clarity on this will be provided, with the principal aims being for a monitoring, evaluation and reporting process that:

- meets the Scottish Government's and NHSScotland bodies' purposes;
- meets increasing legislative requirements;
- fits well with existing processes or tools;
- removes duplication where it can be shown to occur;
- allows NHSScotland bodies to focus on delivering improved outcomes, but with less time on reporting.

Lessons from local authority 'single outcome agreements' may merit consideration given their potential relevance to NHS bodies.

A summary is provided below of some of the existing tools and reports capturing information relevant to sustainable development performance criteria.

**Property and Asset Management Strategy (PAMS).** Estates Asset Management software, and estate surveys are being utilised to identify information about performance of the estate. This information will assist NHSScotland bodies to make strategic building and refurbishment decisions. Work is already under way to ensure PAMS draws on other existing tools wherever possible, to minimise additional inputs from NHSScotland bodies.

HFS, in consultation with NHSScotland bodies, is developing guidance to ensure a consistent approach to strategic estate asset management across NHSScotland.

**SCART** enables organisations to measure their level of compliance and risk with respect to a range of legal aspects, and to produce a simple, prioritised, high-level action list or summary for consideration at NHSScotland body level.

**eMART** facilitates the standardised collection of key environmental data from all NHS bodies. The data is used to compile the NHSScotland Annual National Environment Report, allowing NHSScotland bodies and SGHSC to monitor performance trends.

HFS is continually improving and enhancing the capability of eMART, extending it beyond hospitals to include all NHS sites, both owned and leased. One significant example which seeks to reduce the data input effort required by NHSScotland staff has been the trial of automated uploading of utility bills. This could lead to simplification, improvements and greater efficiencies in reporting



on requirements such as the Carbon Reduction Commitment Energy Efficiency Scheme (CRC EES).

**Corporate GREENCODE** – please see [section 5.3](#).

**Good Corporate Citizenship Assessment Model** – please see [section 5.8](#).

There is a recognised need for a review of the monitoring and reporting requirements as there is some potential overlap and complexity in the above arrangements. Additionally, sustainability reporting is a changing field. CEL 2 (2012) has indicated that SGHSC, with support from HFS, will seek to progress this review at the earliest opportunity, and will engage NHSScotland bodies in this process. CEL 2 (2012) indicates that the findings of this review will be incorporated into future revisions of this strategy and the NHSScotland sustainable development policy from which it stems.

As noted in [section 2.7](#) on reporting, the Scottish Government released guidance in February 2012 to assist Scottish public bodies to report on sustainability alongside their annual reports and accounts, commencing with the 2011-12 financial year. It is targeted at all central government bodies in Scotland, including all Health Boards, which produce annual reports and accounts in accordance with HM Treasury's Government Financial Reporting Manual (FRoM).

This new guidance ("Public Sector Sustainability Reporting - Guidance on the Preparation of Annual Sustainability Reports") will need to be taken into account as part of the review of monitoring and reporting arrangements noted above. The outcomes of the review will be communicated clearly to NHSScotland bodies.

## Appendix 1: National Performance Framework (National Outcomes)

'Scotland Performs' measures and reports on progress towards the Scottish Government's purpose of creating a more successful country, with opportunities for all to flourish through increasing sustainable economic growth.

Progress is tracked by seven purpose targets (one of which is sustainability). The purpose is supported by 15 national outcomes<sup>31</sup> which describe the kind of Scotland we want to be. These are stated below. Scotland Performs also contains 45 national indicators which are used to measure progress, covering key areas of health, justice, environment, economy, and education.

1. We live in a Scotland that is the most attractive place for doing business in Europe.
2. We realise our full economic potential with more and better employment opportunities for our people.
3. We are better educated, more skilled and more successful, renowned for our research and innovation.
4. Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
5. Our children have the best start in life and are ready to succeed.
6. We live longer, healthier lives.
7. We have tackled the significant inequalities in Scottish society.
8. We have improved the life chances for children, young people and families at risk.
9. We live our lives safe from crime, disorder and danger.
10. We live in well-designed, sustainable places where we are able to access the amenities and services we need.
11. We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.
12. We value and enjoy our built and natural environment and protect it and enhance it for future generations.
13. We take pride in a strong, fair and inclusive national identity.
14. We reduce the local and global environmental impact of our consumption and production.
15. Our public services are high quality, continually improving, efficient and responsive to local people's needs.

---

<sup>31</sup> Source: <http://www.scotland.gov.uk/About/scotPerforms/outcomes>

NHSScotland also measures performance against the HEAT targets which contribute towards delivery of the Scottish Government's purpose and outcomes. The HEAT targets are grouped into four priorities:

- **Health improvement for the people of Scotland** – improving life expectancy and healthy life expectancy;
- **Efficiency and governance improvements** – continually improve the efficiency and effectiveness of the NHS;
- **Access to services** – recognising patients' need for quicker and easier use of NHS services; and
- **Treatment appropriate to individuals** – ensure patients receive high quality services that meet their needs.

The latest targets are available at:

<http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance>

The foregoing strategy, and the policy from which it stems, are consistent with and specifically geared to underpinning NHSScotland's approach to delivering the HEAT targets and contributing to the purpose and national outcomes sought by the Scottish Government.

## Appendix 2: Template for an SD action plan

---

CEL 2 (2012) sets out the mandatory requirements for SD Action Plans (see [section 4](#)).

The example headings for an SD Action Plan below represent interim guidance only. Although consistency of approach may be helpful across NHSScotland bodies, this structure is not intended to be prescriptive.

It is the intention of SGHSC that HFS will review the SD Action Plans submitted annually, and provide feedback to NHSScotland bodies as required.

### Title page

This may also include information such as the date and version of the plan.

### 1. Foreword

Brief statement from, e.g. the Chief Executive and / or sustainability champion.

### 2. Introduction

Setting the context: indicate the NHSScotland body's sustainable development policy. Consider inclusion of some key facts such as:

- size and main functions of the organisation, and the community it serves;
- budget; number of facilities; number of employees, etc.;
- expenditure on goods and services and, e.g. energy, waste disposal, etc.;
- key sustainability trends, challenges and opportunities faced.

### 3. Governance, management, monitoring and communication

Consider a description of how the SD Action Plan will be implemented. For example, this may include comment on how the NHSScotland body will:

- embed the policy aims within 'business as usual' management structures and practices;
- monitor and report sustainability performance and progress on items within the SD Action Plan;
- measure the cost and benefit of outcomes;
- identify future sustainability challenges and issues;
- communicate the SD Action Plan and/or sustainability initiatives to staff and the wider community.

It may also detail information such as:

- the leadership structure for sustainability;
- when the plan will be reviewed or updated.

#### 4. Sustainable development actions

This can be a simple table such as the following:

Ref No	Action (e.g. assessment of impact of climate change; adaptation strategy)	Outcomes (e.g. lessons factored into SCIM / PAMS business cases)	Accountability / Lead role (name, role, contact details)	Timescale / Deadline	Current Status (e.g. not started; in progress; completed)	References (e.g. to national outcomes or NHSScotland body policy aims)
1						
2						
3						
4						
5						

Action Plans are a key part of a continual improvement process. Accordingly, they should reflect and anticipate ongoing and further actions. They may refer to initiatives that will already be underway but should not include actions already completed at the start of the period covered by the plan. Actions could include:

- those required to deliver the mandatory requirements in CEL 2 (2012);
- those focused on the 6 GCCAM priorities; and
- establishing or implementing necessary governance arrangements.

## Appendix 3: The three climate change duties of public bodies

The following table provides only a brief overview of the public sector climate change duties, and the key principles behind the Scottish Government's related guidance. The right hand column includes suggestions on what NHSScotland is already doing, or could do. As this is an indicative summary, NHSScotland bodies are advised to check the full Scottish Government guidance on: <http://www.scotland.gov.uk/Publications/2011/02/04093254/4>

Scottish Government guidance	NHSScotland – current activities or proposed responses
<p><b>1. Mitigation – reducing greenhouse gas emissions</b></p> <p>Referred to as mitigation, the first duty is that, in exercising their functions, public bodies must act in the way best calculated to contribute to delivery of the 2009 Climate Change (Scotland) Act's greenhouse gas (GHG) emissions reduction targets.</p> <p>The Act set an interim target of a 42% reduction in greenhouse gas emissions by 2020 and an 80% reduction by 2050. The targets will be complemented by annual targets, to be set in secondary legislation.</p> <p>In "exercising functions" public bodies can be challenged over their compliance with the duties, so are advised to take a broad approach and not restrict this simply to their direct impacts. Indirect impacts should be considered too. Interpretation of the duties are for public bodies themselves, and ultimately for the courts to decide.</p>	<p>NHSScotland has made significant progress already, reducing emissions from buildings by over 40% since 1989/90. Further progress is coordinated through the E8 HEAT target, and related activities (CRC, CEEF projects, etc.).</p> <p>NHSScotland's active role is demonstrated by having published its carbon footprint, indicating both direct and indirect emissions.</p>

<p style="text-align: center;"><b>Scottish Government guidance</b></p>	<p style="text-align: center;"><b>NHSScotland – current activities or proposed responses</b></p>
<p><b>2. Adaptation – adapting to the climate change</b></p> <p>The second duty is that, in exercising their functions, public bodies must act in the way best calculated to deliver any statutory adaptation programme. The first such programme is not expected until 2013, but public bodies are advised to consider their approach to adaptation now.</p> <p>Organisations will have varying degrees of influence in relation to adaptation in Scotland.</p> <p>All public bodies need to be resilient to the future climate and to plan for business continuity in relation to delivery of their functions and the services they deliver to the wider community.</p>	<p>NHSScotland Boards are required to undertake climate change risk assessments on their estate. SCIM guidance may be updated on this, in line with the Health Sector Adaptation Plan.</p> <p>The Health Sector is coordinating a response to the Scottish Government’s 2013 Climate Change Adaptation Plan, as part of the UK climate change risk assessment.</p> <p>NHSScotland bodies should seek support from and work in partnership with the Adaptation Scotland<sup>32</sup> team in addressing adaptation challenges on its estate.</p>
<p><b>3. Acting sustainably – sustainable development as a core value</b></p> <p>The third duty requires public bodies to act in a way considered most sustainable.</p> <p>Decision-making should take full account of social, economic and environmental aspects over the short and long term, alongside the impact on GHG emissions</p> <p>It is recommended that public bodies equip themselves to be able to demonstrate how sustainability has been integrated into their decision-making processes, for example by devising procedures for sustainability proofing or assessing the sustainability of policy decisions and strategies.</p>	<p>CEL 2 (2012) and this strategy provide a framework focussing on the social, economic and environmental issues and opportunities linked to the six key GCCAM areas: travel, procurement, facilities management, community engagement, workforce and buildings. NHSScotland bodies can demonstrate integration of sustainability in decision-making through their governance arrangements and SD Action Plans.</p>

<sup>32</sup> <http://www.adaptationscotland.org.uk/1/1/0/Home.aspx>



<p style="text-align: center;"><b>Scottish Government guidance</b></p>	<p style="text-align: center;"><b>NHSScotland – current activities or proposed responses</b></p>
<p><b>Proportionality</b></p> <p>What is required in compliance with the duties may vary from one public body to the next. Scottish Ministers consider some public bodies to be 'Major Players', as they have a larger influence or impact on climate change than others. Major players are those:</p> <ul style="list-style-type: none"> <li>• with large estates and large numbers of staff;</li> <li>• with a high impact and influence, e.g. Scottish Government, local authorities, SEPA, SNH;</li> <li>• with large expenditure;</li> <li>• that provide an auditing or regulatory function.</li> </ul> <p>A list of major players<sup>33</sup> is available on the public bodies climate change duties website<sup>34</sup>. It will be kept current.</p> <p>In some aspects of the guidance, it is suggested that major players could consider doing more in comparison with other public bodies. Where this is the case, it is clearly specified throughout the guidance in the sections containing 'suggested actions', which set out those suggested actions for major players in <b>bold</b> text. However, it is up to public bodies to decide what action is appropriate for them.</p>	<p>NHSScotland bodies are considered to be major players, by virtue of the size of their estate, and the number of staff they employ.</p> <p>NHSScotland, in conjunction with SGHSC, should consider the level of its contribution.</p>
<p><b>Key principles of the Scottish Government guidance</b></p> <p>Its guidance is underpinned by the following key principles. Further details are available<sup>35</sup>:</p> <p>Focus on outcomes - the Scottish Government wishes to see Scotland's public sector playing a key role and setting an international example through:</p> <p>Leading and contributing to the achievement of Scotland's ambitious climate emissions reduction targets. Scottish public bodies have a key role to play in championing climate change action and ensuring their own emissions are reduced as far as possible.</p> <p>Building a resilient Scotland prepared for the challenges of the changing climate.</p>	<p>NHSScotland has been a key player in the Leading by Example group, and is now engaged in the Public Sector Climate Action Group.</p>

<sup>33</sup>

<http://www.scotland.gov.uk/Topics/Environment/climatechange/howyoucanhelp/publicbodies/publicsector>

<sup>34</sup> <http://www.scotland.gov.uk/Publications/2011/02/04093254/12>

<sup>35</sup> <http://www.scotland.gov.uk/Publications/2011/02/04093254/4>

<b>Scottish Government guidance</b>	<b>NHSScotland – current activities or proposed responses</b>
<p><b>Use of evidence</b> - keeping abreast of evidence is essential if public bodies are going to understand climate change issues and methodologies for tackling these. Public bodies should use evidence-based policy and decision making to identify priorities and in due course demonstrate compliance with the duties. It is also important that public bodies have information about the communities they serve, and the people they employ, in order to champion climate change in the broader sense.</p>	<p>NHSScotland bodies provide a range of relevant data via eMART and other tools. Each body's SDAP should contain relevant community and staffing details.</p> <p>A carbon reduction policy scenario tool may also be applicable here.</p>
<p><b>Consultation and involvement</b> – public bodies should think about the consultation they carry out in relation to their climate change duties, plans and policies, along with how they disseminate information about these and progress against them.</p>	<p>NHSScotland bodies work in partnership with a range of national and local organisations in planning and delivering services for the communities they serve.</p>
<p><b>Transparency</b> – public bodies should be open and transparent to enable the Scottish Government, the Scottish Parliament and the wider community to understand their plans in relation to climate change action and to determine progress.</p>	<p>As above, partnership and consultation is common practice in NHSScotland.</p>
<p><b>Building capacity</b> – knowledge and research about the causes of climate change and methodologies for tackling this is growing all the time. While meeting the challenges of climate change is stretching, it also brings many opportunities. In taking forward their responsibilities, public bodies should consider how best to build capacity within their organisation. This may mean looking at embedding new approaches and cultures across the organisation or creating or improving capacity in relation to specific tools or projects.</p>	<p>NHSScotland bodies have access to a range of expert staff and support on climate change mitigation and adaptation, as well as on sustainable development. HFS and Adaptation Scotland will be key here.</p>
<p><b>Cultural change</b> – cultural and behavioural change among organisations and employees will be a key part of successful climate change action. Change has been shown to be most successful when seen as a joint endeavour where individuals are equal partners in collective action towards the same goal, with mutual benefits for both employer and employee. Public bodies are encouraged to consider how they will work with their staff as joint partners in promoting cultural change, in order to achieve buy-in to action throughout the organisation. They should identify those areas of activity which would both help meet their climate change duties and have positive effects on employees' everyday lives. Programmes such as Healthy Working Lives<sup>36</sup> and Active Nation<sup>37</sup> (which is part of 'A Games Legacy for Scotland') can help in this.</p>	<p>Many NHSScotland bodies have a range of behavioural change and awareness raising programmes, e.g. on energy efficiency, cycle to work, etc.</p>

<sup>36</sup> <http://www.healthyworkinglives.com/>

<sup>37</sup> <http://www.ouractivation.co.uk/>

Scottish Government guidance	NHSScotland – current activities or proposed responses
<p><b>Simplicity</b> – public bodies may wish to make use of existing mechanisms in relation to corporate planning processes and existing reporting arrangements where possible. This will ensure that planning and reporting on progress are done in an effective and efficient way, avoiding duplication of effort on the part of public bodies.</p>	<p>Simplicity is central to HFS' objective to review and streamline the monitoring, evaluation and reporting requirements on sustainable development parameters. This requires support from SGHSC and engagement of NHSScotland bodies.</p>
<p><b>Cost</b> - this approach to implementing the climate change duties seeks to mainstream climate change action across organisations and make it a natural part of decision-making processes, with the aim of keeping associated potential costs as low as possible. Reducing emissions through, for example, improved energy efficiency may also contribute towards greater efficiencies which could assist in addressing current public expenditure constraints.</p>	<p>Savings, energy efficiency and climate change are inextricably linked to effective asset management of the healthcare estate.</p>
<p><b>Leadership</b> - the public sector as a whole accounts for an estimated 3% of Scotland's total greenhouse gas emissions. As well as reducing their own emissions, public bodies have a key role to play in leading by example and promoting climate change action more widely. Strong leadership at all levels will be crucial if Scotland is to meet its ambitious climate change targets. Public bodies that are further ahead in addressing climate change have an opportunity to play a leading role in supporting the implementation of the duties across the public sector by sharing best practice and providing advice.</p>	<p>NHSScotland has been an active participant in the Scottish Government's 'leading by example' group. This role is being continued through its engagement on the Public Sector Climate Action Group.</p>
<p><b>Empowerment</b> - detailed planning and identifying priorities for climate change must be for public bodies themselves and this guidance does not seek to be prescriptive or attempt to set targets for individual public bodies. The guidance aims to offer suggested actions which empower public bodies themselves to deliver the duties in a way which best meets their own circumstances and those to whom they deliver services.</p>	<p>NHSScotland's carbon reduction targets are set by the E8 Heat target. This is reviewed on a regular basis, with direct SGHSC involvement.</p>
<p><b>Partnership working</b> – public bodies are encouraged to work together through existing mechanisms (e.g., Community Planning Partnerships and Single Outcome Agreements) or through devising new partnerships, to explore opportunities for building capacity and sharing best practice.</p>	<p>NHSScotland bodies already engage in their local CPPs and SOAs with local authorities and other partners. Some have also pledged support and deliver action jointly at the local level through signing Scotland's Climate Change Declaration.</p>

## Appendix 4: Acronyms and abbreviations

---

**ADS** Architecture and Design Scotland

**BREEAM** Building Research Establishment Environmental Assessment Method

**CEEF** Central Energy Efficiency Fund

**CEL** Chief Executive Letter

**CO<sub>2</sub>** Carbon dioxide

**(Cont)** Continued

**CPD** Continuous Professional Development

**CRC** Carbon Reduction Commitment

**DEFRA** Department for Environment, Food and Rural Affairs

**eMART** Environmental Monitoring and Reporting Tool

**EMR** Environmental Management Representative

**EMS** Environmental Management System

**EU** European Union

**FE/HE** Further Education/Higher Education

**FReM** Financial Reporting Manual (UK Treasury/Scottish Government requirement)

**GCCAM** Good Corporate Citizenship Assessment Model

**GDP** Gross Domestic Product

**Gha** Global hectare

**GP** General Practitioner

**HDL** Health Department Letter

**HEAT** (target) Health Improvement, Efficiency, Access, Treatment

**HFC** Hydrofluorocarbon

**HFS** Health Facilities Scotland

**ISO** International Organisation for Standardisation

**KPI** Key Performance Indicator

**KSF** Knowledge & Skills Framework

**m<sup>2</sup>** and **m<sup>3</sup>** square metre and cubic metre

**NEAT** NHS Environmental Assessment Method

**NEET** Not in education, employment, or training

**NHSScotland** National Health Service Scotland

**PFC** Perfluorocarbon

**SCIM** Scottish Capital Investment Manual

**SDAP** Sustainable Development Action Plan

**SDC** Sustainable Development Commission

**SEA** Strategic Environmental Assessment

**SEDA** Scottish Ecological Design Association

**SEPA** Scottish Environment Protection Agency

**SFG** Strategic Facilities Group

**SGHSC** Scottish Government Health and Social Care Directorates

**SHTN** Scottish Healthcare Technical Note

**SWMP** Site Waste Management Plan

**WEEE** Waste Electrical and Electronic Equipment

**WRAP** Waste Resources Action Programme

**ZWS** Zero Waste Scotland

## References

---

### Acts and regulations:

**Climate Change (Scotland) Act 2009**

<http://www.legislation.gov.uk/asp/2009/12/contents>

**Environmental Assessment (Scotland) Act 2005**

<http://www.legislation.gov.uk/asp/2005/15/contents>

**Nature Conservation (Scotland) Act 2004**

<http://www.legislation.gov.uk/asp/2004/6/contents>

**Land Reform (Scotland) Act 2003**

<http://www.legislation.gov.uk/asp/2003/2/contents>

**2002 Duty of Best Value, under the Public Finance and Accountability (Scotland) Act 2000**

<http://www.scotland.gov.uk/Topics/Government/PublicServiceReform/14838/bv-ps>

### Publications:

#### Scottish Government, including Chief Executive Letters (CELs):

**A policy on sustainable development for NHSScotland 2012.** Scottish

Government CEL 2 (2012). [http://www.sehd.scot.nhs.uk/mels/CEL2012\\_02.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2012_02.pdf)

**Best Value in Public Services: Guidance for Accountable Officers.** Scottish Government, March 2011. ISBN 9781780451466

<http://www.scotland.gov.uk/Publications/2011/03/22154607/7>

**Zero Waste (Scotland) Regulations Draft Business and Regulatory Impact Assessment.** Scottish Government consultation (2011).

<http://www.scotland.gov.uk/Publications/2011/10/14120940/0>

**Regulations to Deliver Zero Waste: A Consultation on the proposed Zero Waste (Scotland) Regulations 2011.** Scottish Government.

<http://www.scotland.gov.uk/Publications/2011/02/09135833/0>

**Health; Efficiency; Access; Treatment (HEAT) Targets.** Scottish Government (2011).

<http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance>

**Sustainable development: Good Corporate Citizenship Assessment Model for NHSScotland.** Scottish Government CEL 14 (2010).

[http://www.sehd.scot.nhs.uk/mels/cel2010\\_14.pdf](http://www.sehd.scot.nhs.uk/mels/cel2010_14.pdf)

**NHSScotland Quality Strategy (2010).** Scottish Government.

<http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/QualityStrategy>

**A policy on design quality for NHSScotland: 2010 revision.** Scottish

Government CEL 19 (2010). [http://www.sehd.scot.nhs.uk/mels/cel2010\\_19.pdf](http://www.sehd.scot.nhs.uk/mels/cel2010_19.pdf)

**Scottish Sustainable Procurement Action Plan.** Scottish Government (2009).

<http://www.scotland.gov.uk/Publications/2009/10/sspap>

**A sustainable development strategy for NHSScotland.** Scottish Government

CEL 15 (2009). [http://www.pcpd.scot.nhs.uk/PDFs/CEL2009\\_15.pdf](http://www.pcpd.scot.nhs.uk/PDFs/CEL2009_15.pdf)

**Scottish Capital Investment Manual (SCIM).** Scottish Government (2009).

<http://www.scim.scot.nhs.uk/>

**Health Promoting Health Service: Action in Acute Care Settings.** Scottish

Government CEL 14 2008. [http://www.sehd.scot.nhs.uk/mels/CEL2008\\_14.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2008_14.pdf)

**Waste Management in NHSScotland Action Plan: 2007.** Scottish

Government CEL 8 (2007). [http://www.sehd.scot.nhs.uk/mels/cel2008\\_02.pdf](http://www.sehd.scot.nhs.uk/mels/cel2008_02.pdf)

**Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland.** Scottish Government (2008).

<http://www.scotland.gov.uk/Publications/2008/06/24145312/0>

**Better Health Better Care' Action Plan (2007).** Scottish Government (2007).

<http://www.scotland.gov.uk/Topics/Health/Action-Plan>

### **Climate change, and public body duties:**

**Public Bodies Climate Change Duties: Putting Them Into Practice - Guidance Required by Part 4 of the Climate Change (Scotland) Act 2009.** Scottish Government (2011).

<http://www.scotland.gov.uk/Publications/2011/02/04093254/0>

**List of Public bodies considered to be 'Major Players' under the Climate Change (Scotland) Act 2009.** Scottish Government (2011).

<http://www.scotland.gov.uk/Resource/Doc/175776/0113483.pdf>

**Low Carbon Scotland: Meeting the Emissions Reduction Targets 2010-2022: The Report on Proposals and Policies.** Scottish Government (2011).

<http://www.scotland.gov.uk/Publications/2011/03/21114235/0>

**Carbon Reduction Commitment Energy Efficiency Scheme (CRC EES)**

<http://www.scotland.gov.uk/Topics/Environment/climatechange/international-action/uk/CRC-1>

**Climate Change Delivery Plan: Meeting Scotland's Statutory Climate Change Targets.** Scottish Government (2009).

<http://www.scotland.gov.uk/Publications/2009/06/18103720/0>



## Financial and sustainability reporting:

**Public Sector Sustainability Reporting - Guidance on the Preparation of Annual Sustainability Reports: Financial Year 2011-12.** Scottish Government (2012).

## Miscellaneous:

**Health values from ecosystems: Chapter 23 of the UK National Ecosystem Assessment: Technical Report (2011).** UNEP-WCMC, Cambridge.

<http://uknea.unep-wcmc.org/LinkClick.aspx?fileticket=kHZuV08uyEs%3d&tabid=82>

**Biodiversity duty guidance.** Scottish Natural Heritage (2010).

<http://www.snh.gov.uk/protecting-scotlands-nature/biodiversity-scotland/biodiversity-duty-guidance/>

**NHSScotland Annual National Environment Report (2009-2010).** Health Facilities Scotland (2010). <http://www.hfs.scot.nhs.uk/online-services/publications/environment/environment-reports/>

**Carbon Footprint of NHSScotland (1990-2004).** Health Facilities Scotland (2009). <http://www.hfs.scot.nhs.uk/online-services/publications/environment/environment-reports/>

**One Future, Different Paths – The UK’s shared framework for sustainable development.** DEFRA (2005).

<http://archive.defra.gov.uk/sustainable/government/documents/SDFramework.pdf>

## Tools:

**Corporate GREENCODE** <http://www.corporategreencode.org/>

**Good Corporate Citizenship Assessment Model (GCCAM)**

<http://www.corporatecitizen.scot.nhs.uk/>

**environmental Monitoring and Reporting Tool (eMART)**

**Statutory Compliance Audit and Risk Tool (SCART)**

**Property Asset Management System (PAMS);**

<http://www.pcpd.scot.nhs.uk/Property.htm>

## Other useful websites or information sources:

**Active Nation: a Games Legacy for Scotland**

<http://www.ouractivenation.co.uk/>

**Adaptation Scotland** <http://www.adaptationscotland.org.uk/1/1/0/Home.aspx>

**Building Research Establishment Environmental Assessment Method (BREEAM)** <http://www.breeam.org/>

**Cycling Scotland: cycle-friendly employer**  
<http://www.cyclingscotland.org/our-projects/award-schemes/cycle-friendly-employer/>

**Healthcare Environment Inspectorate (HEI)**  
[http://www.healthcareimprovementscotland.org/programmes/inspecting\\_and\\_regulating\\_care/environment\\_inspectorate\\_hei.aspx](http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/environment_inspectorate_hei.aspx)

**Healthy Living Award** <http://www.healthylivingaward.co.uk/>

**Health Promoting Health Service**  
<http://www.healthscotland.com/topics/settings/health/hphs.aspx>

**Healthy Working Lives** <http://www.healthyworkinglives.com/>

**Scottish Futures Trust** <http://www.scottishfuturestrust.org.uk/a.asp?a=22>

**Scotland Performs: The National Performance Framework**  
<http://www.scotland.gov.uk/About/scotPerforms>

**Volunteer Development Scotland** <http://www.vds.org.uk/>