

SUSTAINABILITY COMMITTEE – 18 APRIL 2018

Sustainable Development Assessment Tool – Summary Report

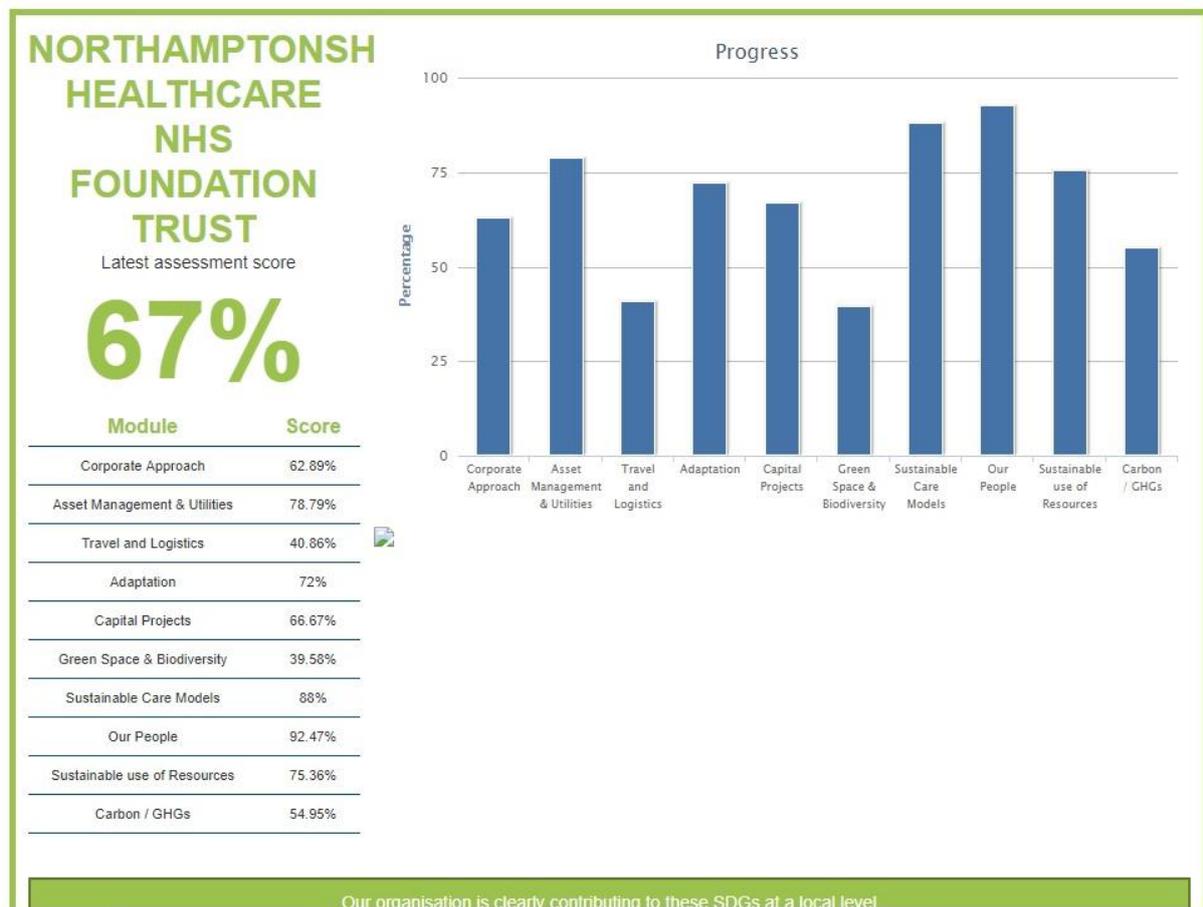
Introduction

The Sustainable Development Assessment Tool (SDAT) is an online self-assessment tool designed to help organisations understand their current sustainability performance and to help make plans for future improvement. It has been developed by the NHS Sustainable Development Unit (SDU) with a particular focus towards sustainability within the NHS.

The tool contains approximately 280 individual statements across ten different topics. The user must answer each statement with either a “Yes”, “No”, “In progress” and “N/A” if the statement is not applicable.

SDAT summary

The current overall score from the Sustainable Development Assessment Tool (SDAT) for NHFT is 67%.



The ten topics within the SDAT are listed below along with the scores achieved by NHFT, in addition the topics have been ordered from the highest score to the lowest score.

| SDAT Topic | Percentage score | Number of questions |
|------------------------------|-------------------------|----------------------------|
| Our people | 92.47% | 31 |
| Sustainable care models | 88.00% | 26 |
| Asset mgmt. & utilities | 78.79% | 23 |
| Sustainable use of resources | 75.36% | 24 |
| Adaptation | 72.00% | 26 |
| Capital projects | 66.67% | 21 |
| Corporate approach | 62.89% | 53 |
| Carbon / GHGs | 54.95% | 37 |
| Travel & logistics | 40.86% | 32 |
| Green space & biodiversity | 39.58% | 23 |

Within each topic there are a number of questions which can be answered with either Yes, No, In Progress or N/A. The table below summarises the specific responses from NHFT and is ordered according to those topics for which NHFT responded 'No'.

| | No | Yes | In Progress | N/A |
|---------------------------------------|-----------|------------|--------------------|------------|
| Carbon / GHGs | 16 | 20 | 1 | 0 |
| Corporate approach | 13 | 30 | 10 | 0 |
| Travel & Logistics | 11 | 9 | 11 | 1 |
| Green Space & Biodiversity | 9 | 6 | 1 | 7 |
| Capital projects | 7 | 14 | 0 | 0 |
| Adaptation | 5 | 17 | 3 | 1 |
| Sustainable use of resources | 5 | 17 | 0 | 1 |
| Asset mgmt & utilities | 4 | 17 | 1 | 1 |
| Sustainable care models | 3 | 22 | 0 | 1 |
| Our People | 1 | 28 | 2 | 0 |

Appendix 1 contains all of the questions for which NHFT has currently responded with a 'No'. These should be reviewed by the Sustainability Committee as the questions are cross-cutting over multiple business units. If NHFT wishes to improve its SDAT score, it should implement the suggestions made by each question.

Appendix 1 also lists all of the questions for which NHFT has currently responded with N/A, these should also be reviewed by the sustainability committee to confirm that the suggestions within the statements are not applicable to NHFT. The SDAT has limited N/A responses to 5%, at present NHFT has 4.07% N/A responses.

Appendix 1

No Responses

Carbon / GHGs

We have set a local carbon reduction target for business mileage emissions, which is aligned to/or exceed the Climate Change Act 2020 target.

We have reviewed our sustainability impacts and developed an ambitious Sustainable Development Management Plan (SDMP) to reduce negative impacts (carbon emissions and air pollution) and maximising benefits (health promotion, illness prevention and social value) (as required by the NHS Standard Contract). We can demonstrate that our carbon emissions from travel and transport are reducing in line with achieving our local target.

After occupancy we assess energy / carbon performance of the building in-use to ensure the parameters set in the design process have been achieved and work with the contractor to rectify any areas of poor performance.

We have calculated the environmental / carbon impact of a specific care model(s), this helps identify the most impactful areas or hotspots which allows us to minimise the environmental impact.

We communicate to staff and patients the value we place on being a low carbon organisation due to the adverse effects of climate change on human health.

We can demonstrate that our approach is leading to a continual reduction in our absolute levels of energy and water use and therefore reducing carbon emissions.

We have identified which of the products and services that we source have a big contribution to our overall carbon footprint (in use and/or embedded) and can evidence interventions to reduce their impacts (e.g. by specifying lower carbon alternatives).

We buy green energy and assess if the carbon benefits are additional.

Key contracts have CO₂e and/or NO_x reduction KPIs for the delivery/logistics associated with goods and services and is monitored (e.g. using the Health Outcomes of Travel Tool).

We monitor the environmental impacts (CO₂e and air pollution) associated with our suppliers' transport and logistics and are actively working with our suppliers to find ways to minimise their traffic burden (e.g. more efficiently planned deliveries, less polluting vehicles etc.).

We have identified our strategic suppliers and can evidence that we are working with them to reduce the overall carbon impacts of the goods and services that they provide to our organisation.

We invite our providers and suppliers to disclose/share their organisation-wide carbon and other environmental impacts (e.g. NO₂ and PM_{2.5}) with us and encourage/support them to reduce these.

We quantify our 'citizen' footprint; the carbon impact we have some influence over such as staff commuting habits and patient and visitor travel as well as staff home utility usage.

We consistently encourage our staff and patients to consider and reduce the carbon emissions and climate change impacts of high impact activity such as air travel, vehicle use, energy use and food supply.

We have made carbon emissions 'visible' in key identified high carbon activities where patient and staff choice is available to encourage behaviour change (e.g. choice of lease car, options for travel mode, use of dry power rather than metered dose inhalers, data heavy IT use, turning off lights/equipment).

In our SDMP we have set SMART carbon targets in relation to various carbon hotspots (e.g. energy, travel, goods), with a baseline year and clear target date (e.g. aligned to or exceeding the Climate Change Act targets).

Annually we measure our carbon impact including core emissions such as energy, water, waste, anaesthetic gases and business travel, we analyse trends over time to help validate performance and ensure lessons are learnt.

We report SDMP key performance indicators to the Board on a regular basis (at least 6 monthly)

encompassing the measurement of areas such as social value, procurement, use of resources, carbon and

We have assessed our transport and travel and have calculated the carbon footprint of our business travel (all road, rail and air) and patient transport services.

Corporate approach

Sustainable development and social value are a material consideration in all business cases.

Our sustainability and social value commitments are reflected in our existing procurement policy frameworks (e.g. integrated in our SDMP or as a standalone document; sustainable procurement action We have an active approach where possible to identifying potential social, economic, environmental opportunities in procurement and supplier management (e.g. green public procurement or beyond the minimum requirements in the Government Buying Standards).

We can evidence which products pose a high ethical and labour standards risk and have implemented mitigation processes.

We can report on the value/volume of goods that we source ethically.

We have a process/awareness raising programme to ensure that our procurement team understand and can maximise the benefits of whole life costing and circular economy.

We have a supplier engagement programme to communicate our sustainability commitments to suppliers and expect them to work with us to help implement our sustainable vision.

We invite and reward innovative solutions from suppliers that achieve both our financial and sustainability goals.

We capture and quantify the sustainability improvements directly attributable to procurement / commercial interventions.

We have assessed our spending and £1 in every £3 we spend is with SMEs and social enterprises.

The responsibility and accountability for integrating environmental and social criteria into our external/community engagement activities processes are clear, and the individual(s) are supported with training and development.

We seek to ensure that underrepresented and disadvantaged groups within our local community are engaged in our SDMP and initiatives through providing accessible multi format/language resources, information and advice where appropriate.

We can evidence that our engagement on sustainable development has had benefitted our local

Travel & logistics

We have set a local carbon reduction target for business mileage emissions, which is aligned to/or exceed the Climate Change Act 2020 target.

We support staff to make lower carbon options (e.g. information on cost and air pollution benefits of salary sacrifice low carbon vehicles).

Our staff are provided with information about the cost savings and personal benefits of sustainable modes of commuting (e.g. personal travel planning advice, health benefits of active travel, potential personal savings of different modes of transport).

At least 10% of our fleet and pool vehicles are fully electric i.e. on the government Go Ultra Low approved vehicles or similar government approved EV list.

We have a target for reducing the environmental impact (GHGs and Air pollution) of the logistics associated with the delivery of goods and services to our organisation.

During procurement of our own pool cars, fleet vehicles and/or logistics and transport solutions we assess which option is the most sustainable i.e. measuring the CO₂e, NO_x, PM_{2.5} impacts of each option/vehicle type.

Key contracts have CO₂e and/or NO_x reduction KPIs for the delivery/logistics associated with goods and services and is monitored (e.g. using the Health Outcomes of Travel Tool).

We monitor the environmental impacts (CO₂e and air pollution) associated with our suppliers' transport and logistics and are actively working with our suppliers to find ways to minimise their traffic burden (e.g. more efficiently planned deliveries, less polluting vehicles etc.).

We monitor the travel choices for our visitors, patients, users and clients and promote active travel and the use of public transport.

We provide detailed information to patients, users, clients and visitors on how to avoid using a car when accessing our sites (e.g. information on webpages, patient appointment letters, meeting requests and locally at sites).

We can evidence that we discourage solo occupancy staff commute journeys (e.g. Car sharing networks, access to public transport, free bus links between sites etc.).

Green space & biodiversity

We have a board approved green space and/or biodiversity action plan / strategy.

We work with local greenspace and biodiversity partners such as wildlife trusts, local bee keepers, or the local nature partnership to improve biodiversity on our estate in line with local strategic plans.

Our plans for maintaining and enhancing green space and biodiversity and access to such are publically available and easy to understand (e.g. with clear diagrams, images and maps).

We can evidence that biodiversity has improved due to our actions (e.g. increase in accessible green space, increase in local species (animal and plant), reduction in invasive species).

We can evidence that biodegradable materials in our wastes, particularly food waste and green waste and other organic matter return nutrients to the soil (e.g. through composting on-site or via a contractor).

We engage staff and patients in food growing onsite or at home and/or local sustainable food sourcing.

We provide staff with opportunities, and encourage engagement in, local volunteering activities in maintenance of green spaces and biodiversity.

We promote the health benefits of green space to our staff, patients and the wider community.

There is open access to good quality well maintained green spaces on our estates for the use of local residents and the wider community.

Capital projects

Within commissioning and handover processes we monitor and report on the in-use performance of our new building and refurbishment projects to ensure they meet our design objectives and aspirations.

After occupancy we assess energy / carbon performance of the building in-use to ensure the parameters set in the design process have been achieved and work with the contractor to rectify any areas of poor performance.

Our Capital project staff are trained in how they can develop sustainable outcomes within their roles (this also forms part of their job description), such as understanding energy efficiency technologies, use of space, space utilisation and adaptation.

From the outset of capital projects we establish an extended commissioning protocol such as soft landings, to ensure the building is commissioned for maximum energy efficiency, usability and wider building performance.

Resource efficacy (e.g. recycled/reused materials, low embodied carbon products, design for deconstruction principles) is embedded into the design specification for new builds and major Social value outcomes (e.g. engagement of local small businesses, local labour, certified considerate construction, and local skills development) are embedded into the design specification for new builds and major refurbishments.

After a successful sustainable, low embodied carbon and wellbeing enhancing capital project we share best practice with other healthcare organisations of the lessons learnt and key success points.

Adaptation

The effects of climate change are embedded in our Organisation's risk register, in relation to clinical needs, types of clinical intervention, the quality of our estate and supporting infrastructure.

Once we have assessed the local climate change impacts we use this to prioritise the development of actions/interventions.

We have a monitoring process for over heating events (aligned to ERIC reporting) and a rectification/implementation strategy to manage over heating risk especially in clinical and ward areas.

Training is provided to staff relevant to their role, to ensure they understand their roles and responsibilities in relation to adaptation planning.

We risk assess the impact of our adaptation decisions on local communities (e.g. using of air conditioning and effects on climate change and urban heat island effects, or flood attenuation doesn't divert flow to populated areas etc.).

Sustainable use of resources

We track the food miles, consumption patterns and disposal of food and drink products for staff and patients to reduce the environments of catering and food.

We actively promote access to sustainable products to our staff and patients, (e.g. regularly hosting a local products marketplace, promoting local farmers markets etc.).

We engage with our staff to support them to minimise waste and expense at home (e.g. through swap shops, repair facilities, encouragement to recycle or reuse).

We support staff on how to reduce food wastage to reduce the environmental impact and to help support staff avoid food poverty.

We communicate the benefits of sustainable products and services to our employees, to encourage staff to maximise similar benefits at home.

Asset management & utilities

Across our major sites we have implemented significant sub metering for water to better help the management of demand and detect leaks.

We evaluate energy and water consumption as a factor in whole life costing during the procurement of relevant goods and services.

We buy green energy and assess if the carbon benefits are additional.

Where capital funds are not available we adopt diverse/varied funding options for reducing energy and water usage such as zero interest loans, community energy/funding schemes, off balance sheet

Sustainable care models

Our board has received training on sustainable care models and how they are developed and deployed.

We have calculated the environmental / carbon impact of a specific care model(s), this helps identify the most impactful areas or hotspots which allows us to minimise the environmental impact.

Our staff induction and training refers to more holistically sustainable (clinically, socially, environmentally as well as financially) care models (or equivalent).

Our people

We have an agreed training and awareness raising programme focusing on increasing knowledge and understanding of sustainability and social value amongst our staff.

Not Applicable Responses

Sustainable use of resources

We work with external stakeholders to encourage greater provision of healthy and sustainable food choices more widely in the local area.

Sustainable care models

We have a process to publicise to clinical staff International Health Partnership schemes; trained clinical staff volunteering in low or middle income countries to provide mutually beneficial outcomes through sharing expertise and learning e.g. THET.

Green space & biodiversity

We have assessed the impacts of the provision of our services on local biodiversity and this has allowed us to put in place mitigating actions to reduce these impacts (e.g. appropriate bunding around fuel stores, treatment of effluent, dimming or cowlng on external lights etc.).

Appropriate resource and expertise is available/in place to manage the implementation of our biodiversity action plan.

Our Biodiversity strategy is communicated to staff, patients and stakeholders.

We report on the quality and accessibility of our green spaces and biodiversity regularly to the Board, emphasising the value of green space in health environments.

We are actively and systematically working to maintain and enhance biodiversity on our estates, for example through monitoring protected species and maintaining high quality green features.

We engage with suppliers of high biotoxicity risk products to identify and manage these risk (e.g. extraction of raw materials and handling and transport of goods).

We work closely with our local strategic partnership and other key partners to plan, protect and promote the use of green space across our local area (e.g. identifying and enhancing green routes to our facility).

Adaptation

We have reviewed the risks, and created mitigation actions, to workforce and service delivery due to changes in disease patterns and to the health needs of the population.

Asset management & utilities

We offer energy efficiency advice and warm homes support to patients, users, carers and the local community to improve their health and wellbeing (e.g. energy efficiency advice and warm homes support).

Travel & logistics

We have implemented and advertised electric vehicle charging points at our key sites and they can be accessed by staff, patients and visitors.