

The NHS enters 2010 with an enormous to do list, increasing pressures on budgets, the need to improve outcomes and a relentless drive for quality. It is arguable that the combination of challenges facing the organisation today is wider and more complex than ever before. Sitting firmly on the to do list are the regulatory compliance issues and stakeholder drivers that surround the need to improve carbon management and address the broader sustainability agenda.

Regardless of the furore surrounding the recent Copenhagen summit, resource efficiency will continue to be one of the key determinants of economic success, health and human well-being during the 21st century. This recognition has in part been translated into legislation and the Department has made clear commitments regarding carbon reduction that will bring the issue into sharp relief for everyone.

One cannot help but wonder how the NHS will effectively get to grips with the broad agenda; it will be a real challenge on a site by site basis, let alone across the organisation collectively. However, given that the NHS accounts for approximately 3% of the nation's carbon footprint and almost one quarter of that emitted by the public sector, it is a challenge that will have to be successfully met.

The looming reduction targets are made even more critical by the implications of the CRC (Carbon Reduction Commitment) Energy Efficiency Scheme, which is scheduled to become law in April 2010. It will initially comprise an introductory three-year phase, and is in effect a mandatory energy efficiency scheme that will affect all sectors.

In terms of activity to date, a recent survey conducted by the Campaign for Greener Healthcare in the South East England Region looked at the number of active projects during the summer of 2009. The survey identified that the projects tended to be led by estates and facilities personnel and that the highest number, 17 (37%), fall into the area of carbon and energy management, 12 (26%) in the area of travel and transport, 5 (11%) in procurement and food, 4 (9%) in waste management, 4 (9%) in governance, 2 (4%) in design and the built environment, 1 (2%) in water with only 1 (2%) in organisational development.

There has, of course, been a considerable amount of communication within the NHS relating to guidance, targets and the sharing of Best Practice. Indeed, the Sustainable Development Unit has been working hard to focus on this very issue.

A recent experience of working with a PCT that is leading on efforts to embrace the full sustainability agenda produced some very interesting lessons in how to make real progress in improving sustainability. The PCT was trying to identify the best ways to increase the levels of engagement and to significantly reduce their carbon footprint through converting the Trust's strategy into day to day tactics that all parts of the organisation could understand and adopt.

The PCT had created an all encompassing strategy but had apparently generated very little activity resulting in only modest improvements. This rather curious situation prompted a few questions; questions such as "what has been done so far to relocate services closer to patients?" and "how has the estates strategy changed the performance of the built assets?" i.e how do we move improving our sustainability performance to not only deal with issues like carbon, but help us to deliver against the other core business goals simultaneously.

As we explored these and other areas of focus, it became clear that the PCT was struggling to get senior management attention, board time or engagement with colleagues when considering the carbon reduction programme. There were just too many other competing priorities to put sustainability at the top of the list. However, when the focus changed to think about the service evolution, the transformation programmes currently running and the cross cutting aspects of sustainability within them the way forward became apparent.

The overall approach to resource efficiency is critical because of the positive synergies that can be created by seeking to address a number of the key challenges. There is no contradiction between carbon reduction, the

broader sustainability agenda and financial efficiency savings. By repurposing the existing data that has already been captured into some sort of carbon 'hub' it would save time and ensure robust governance in the event of an audit.

One very practical first step is to run an engagement workshop with the senior team, positioning the sustainability agenda, understanding where good practice already exists and highlighting the opportunities that a sustainability focus offers to transform the service through simple interventions, approaches, tools and methodologies.

Diana Standing, Hampshire PCT's Head of Estates and Sustainability agreed that this method was *"the way ahead for her PCT and the NHS as a whole. By addressing the issues in such a way it would engage the executive team and ensure that there was an understanding on how sustainability as a whole could help achieve the trusts financial and commissioning targets."*

The approach that the NHS takes to sustainability cannot be only a sequence of isolated projects but, instead, should focus upon the potential to make the organisation future proof. Sustainability can act as a point of engagement, an enabler and common currency to ensure that wasteful, damaging activity is reduced at the same time that efficiency of service delivery is increased - it just depends how you think about it.

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