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TECHNICAL
REPORT

Sustainable Development in the National Health Service (NHS)

The views and values of NHS leaders

Tom Ling, Janice S. Pedersen, Samuel Drabble,
Claire Celia, Laura Brereton, Christine Tiefensee

Prepared for the UK National Health Service (NHS)
Sustainable Development Unit (SDU)

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The research described in this document was prepared for the UK National Health Service (NHS) Sustainable Development Unit (SDU).

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Preface

This Report provides an analysis of the priorities and approaches of National Health Service (NHS) leaders towards sustainability. It includes a survey of 172 NHS leaders along with follow-up interviews with twelve of these, and it locates these findings within wider evidence on achieving improvement in healthcare and delivering sustainability outside the UK NHS. It both takes stock of where current thinking within the NHS has reached, and provides a commentary on ways forward. Its purpose is to help build the evidence base to support further thinking in this challenging area.

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This Report should be of interest to leaders and practitioners within the NHS, policy makers, and service users with an interest in sustainability. For more information about RAND Europe or this document, please contact:

Dr Tom Ling

RAND Europe
Westbrook Centre
Milton Road
Cambridge CB4 1YG
United Kingdom
Tel. +44 (1223) 353 329
tling@rand.org

Foreword

This Report outlines and analyses the first systematic survey of the values and attitudes of NHS leaders. The Report shows that NHS leaders believe that achieving a sustainable NHS is an important part of the core business of the organisations they lead. Achieving this sustainability depends crucially upon developing staff culture and finding effective ways to engage people in and around NHS organisations. This will include having incentives especially relating to delivering benefits for patients.

A caring culture is essential if the NHS is to deliver its goals. What better way to strengthen this culture than to support activities to protect both the patients of today and the citizens of tomorrow?

Professor Martin Roland, CBE

MA, BM, BCh, DM, FRCGP, FRCP, FMedSci

Chair in Health Services Research, University of Cambridge and

Special Advisor to RAND Europe

Acknowledgements

This report would not have been possible without the support of many very busy senior people from the NHS and their equally busy administrative staff who gave their time and applied their knowledge with great courtesy and good humour. We also benefited directly from the challenges and wisdom of David Pencheon and Sonia Roschnik from the NHS SDU. The authors also benefited from the comments made, as part of our Quality Assurance process, by Professor Martin Roland and Susan Guthrie.

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Abbreviations

ASHE	American Society for Healthcare Engineering
CCG	Clinical Commissioning Group
CE	Chief Executive
CEO	Chief Executive Officer
CQC	Care Quality Commission
DH	Department of Health
DOE	US Department of Energy
EP&L	Environmental Profit & Loss Account
FT	Foundation Trust
GE	General Electric
GP	General Practitioner
GPCC	General Practice Commissioning Consortium
GSHI	Global Health and Safety Initiative
HECA	Healthy Environments for Children Alliance
HM	Her Majesty's
HWH	Healthcare Without Harm
NGO	Non-governmental organisation
PCT	Primary Care Trust
QIPP	Quality, Innovation, Productivity and Prevention
R&D	Research and development
SDMP	Sustainable Development Management Plan
SDU	Sustainable Development Unit
SHA	Strategic Health Authority
UCL	University College London

UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Programme
US	United States
USGBC	US Green Building Council
WBCSD	World Business Council for Sustainable Development
WHO	World Health Organisation

Executive Summary

In this first systematic exploration of their views and values on sustainable development and future proofing the NHS, we surveyed 172 NHS leaders, representing a broad cross section of the English NHS. We followed up with twelve interviews. We then compared and contrasted the findings with what we found among leaders from outside the NHS. This Executive Summary describes the key findings.

There is strong support for delivering a high quality, sustainable NHS; a firm belief that sustainability is part of delivering corporate goals; and a more general awareness of current NHS policies and practices on sustainability

There is widespread and strong support for delivering sustainability among NHS leaders. Almost nine out of every ten leaders actively engage with sustainability and believe it to be important, a view supported by more detailed interviews. A similar proportion agreed with the NHS Sustainable Development Unit's (SDU) definition of sustainability as: 'the needs of [patients and public] today are met, without compromising the needs of tomorrow'. Over 60% of leaders believe that sustainability can help them deliver corporate goals. We conclude that the core messages of the NHS SDU are understood. We also show that leaders' responses vary from one NHS organisation to another, and that there is no shared 'one size fits all' to delivering sustainability in the NHS. NHS leaders have thought carefully about the issues around sustainability and use their experience and reflections to inform coherent accounts of how to deliver change in the NHS. 60% of leaders consider themselves to be fully aware of current NHS policies to deliver sustainability, and see themselves as being generally knowledgeable about sustainable development efforts in the NHS.

Organisational culture is widely seen, by 55% of leaders, as a barrier to improving sustainability, with 83% of leaders agreeing that incentives and local diversity are necessary to progress more rapidly towards a sustainable NHS

Leaders have a variety of views about barriers to delivering sustainability, largely reflecting local organisational circumstances. However, a more consistent view is that NHS culture is a barrier: 56% of NHS leaders feel that they have the necessary formal legal powers that they need to make and implement decisions regarding sustainable development. However, the roles played by other NHS decision-makers and staff regarding sustainable development may prevent leaders who would like to drive the sustainability agenda forward more ambitiously. Meanwhile, the 83% of leaders who regard more obvious (and perhaps more aligned) incentives as necessary are clear that these are wide ranging, including the satisfaction derived from securing financially aligned incentives, improved

outcomes for patients, as well as reputational incentives (which might also be seen as 'motivations'). Incentives are seen to be most important for Directors and Board members. Many areas are perceived by leaders to need particularly concentrated focus, for example the broad areas regarding changes to pathways and models of care; working with other groups and organisations; and infrastructural changes. Equally, there is no consensus about which areas offer the easiest opportunities. We summarise this leadership view as: 'sustainability is delivered through culture change, re-balanced incentives, and exploiting the particular win-wins locally'.

Leaders not only consider that decision-makers in the NHS are unable to share best practice to spread effective action but are also uncertain how to deal with this

Less than half of the survey respondents agree or strongly agree that decision-makers are able to share best practice to spread effective actions for sustainability across NHS organisations. Furthermore, only around one third agree that staff are sufficiently aware of or engaged with issues regarding sustainability to support a sustainable NHS. Leaders are uncertain whether the best way to deal with this is to appoint a responsible individual (with the risk that sustainability becomes 'someone else's problem') and/or to support Board, executive team, clinicians and other staff more at a whole organisation (or even whole system) approach to help achieve large scale change collaboratively and culturally.

Interviewees add richness to the survey findings about 'locking in the moral imperative with the economic imperative' (linking together the multiple win-wins)

There was a strong feeling that a leading societal position for the NHS with respect to sustainability could only be achieved with a sound understanding of individual and organisational behaviour change. We were told of creating a sense of purpose: 'locking in the moral imperative with the economic imperative' and communicating this through the organisation and to external partners. There appears to be a strong need to recruit and empower the 'guiding coalition' within the organisation of the 'brightest and best'. And we learnt about the benefits of partnership across the local health system: working to secure improvements in food supply, energy use, transport and reputation.

Sustainability is believed to support two crucial corporate goals of staff engagement and creating a caring culture

In particular, it was said that in difficult times for the NHS, sustainability offered an opportunity to engage staff and both reinforce and clarify a sense of organisational purpose and values. Expressing care for both present and future generations was seen to be an effective way to build a culture of care to deliver improved healthcare services today.

Metrics matter and incentives must be aligned, and at the right level

Interviewees emphasised 'metrics are vital or everything else is well intentioned hot air'. We were told of the importance of 'sentinel metrics' that could identify key dimensions of activity and measure progress. It was also said that like all metrics, these should be low cost and easy to collect. At least some of these should be oriented towards identifying the basis for incentives and these should be visible, culturally appropriate, and at the right level (for example, the individual staff member might be too narrow and the department too wide but the ward 'just right').

Lessons from other sectors need to be treated with care but some themes are key; delivering sustainability requires very substantial pan-organisational commitment, close links to the values of the organisation via effective staff and partner engagement and communications, and effective, aligned use of performance metrics and incentives

The literature from beyond the NHS on leading for sustainability identifies many insights but there is no one single obvious model that should be adopted by the NHS. The difficulty of importing approaches developed in other sectors strengthens the belief that 'sustainability in healthcare represents a particularly challenging undertaking as it necessarily encompasses the wide variety of facilities, operations and activities in a typical healthcare organisation'. However, although there is no single approach, successful case studies suggest that delivering sustainability is eminently possible albeit requiring substantial organisational commitment. Sustainability cannot be delivered 'at the margins' or as an add-on.

Two themes from the wider literature were less apparent in this study of NHS leadership's views: training and standardisation

NHS leaders support the aim of linking sustainability to core delivery and use a range of approaches to achieve this. However, these approaches do not yet typically include at least two approaches pursued with success in other sectors; standardisation and training. One possible focus of such standardisation would be around the evidence of alternative models which leaders identified as being helpful.

Summary

Our overall findings are summarised in Table 1, below.

Table 1: Issues and related recommendations for delivering improvements in sustainability

Key finding	Survey	Interviews	Wider sources	Recommendations
NHS leaders identify a mandate for action on sustainability, agree with the NHS SDU's definition of sustainability, and believe leadership has a crucial role	Most NHS leaders believe sustainability is important to the NHS and **89%** agree with the NHS SDU's definition of sustainability in the NHS **62%** of NHS leaders believe it to be compatible with or supportive of wider goals	Leaders personally believe sustainability to be important and not just a 'boutique' activity	Leadership is seen to be crucial to delivering complex changes such as moving towards a more sustainable NHS	Leaders are now engaged with and understand sustainability issues. For the future they need support in using knowledge of individual and organisational change to deliver corporate aims through meeting a sustainability agenda
Organisations need support to exploit local entry points and opportunities	Leaders identify different priorities and barriers apparently according to local circumstances	Leaders provided many accounts of the diverse ways they organised and how they drew upon local resources and opportunities	Leadership approaches need to vary according to local circumstances	Since being adaptable to local circumstance is crucial to success, local leadership requires not only the capacity but also the freedom to craft local strategies
Staff culture and engagement remain key to delivering a sustainable	Staff culture and awareness and weak learning are more of a barrier than limited formal powers (**56%** of	NHS leaders have well-developed understandings of how to change culture and	Evidence from the corporate world suggests that changing culture requires sustained and	There is already a requisite variety of ideas within the NHS and beyond to support innovative approaches to sustainability. Maximising

Key finding	Survey	Interviews	Wider sources	Recommendations
NHS	leaders believe they have the necessary formal powers)	improve learning	substantial leadership attention	learning from existing knowledge may be more fruitful than creating new approaches
Incentives must align motivations with performance measurement	**83%** of NHS leaders believe that incentives matter but that these are more about organisational and patient benefits than personally acquired rewards for staff. **36%** of leaders believe that incentives are especially important for Directors and Board members. Measurement and metrics are said to be key to success	Incentives might be symbolic and rewards should be focused on benefits for patients and targeted at an appropriately sized group. Lean thinking is one way to align organisational benefit with sustainability	Performance measurement is identified as a key component of successful moves towards sustainability by health organisations[1]	Incentives should be as much about wider motivations as personal rewards and should be crafted to support the desired cultural changes (for example, improved patient outcomes were seen to be an incentive). These should be measured and visible and should be considered for Directors and Board members
Achieving sustainability requires acting on multiple fronts in the long run but may benefit from more focus at any one time	NHS leaders have strongly held views about the challenges they face and the best way to address these. There is a variety of approaches across the NHS at any one time	Embedding sustainability took different forms and these reflected leaders' deeply held views about leadership and delivering change in their organisations	More sustained efforts to shift organisational behaviour in the corporate sector might have to be adapted in the NHS to support a requisite variety of approaches	Leaders need to be flexible to seize short term opportunities but also aware that in the long term action across a range of dimensions will be needed

[1] Boone T, *Creating a Culture of Sustainability: Leadership, Coordination and Performance Measurement Decisions in Healthcare,* Health Care Without Harm (2001).

CHAPTER 1 Introduction

NHS leaders in recent years are well aware of the many and substantial reports and guidance on health and climate change. In 2009 the Lancet UCL Global Health Commission pronounced: 'Climate change is the biggest global health threat of the 21st century'.[2] Elsewhere, NHS organisations were identified as significant contributors to CO2 emissions and encouraged, with regard to sustainability, to become 'good corporate citizens'.[3] Meanwhile, health and well-being was being defined as 'not just the absence of pain, discomfort and incapacity' but as 'a positive physical, social and mental state'[4] and we have all come to recognise the importance of wider lifestyle issues such as diet and physical exercise in shaping health outcomes. Together these represent a radical shift in thinking about the relationships between public health, the behaviour of citizens, the environment, and the delivery and leadership of healthcare services. Sustainability has emerged within this context as a key issue and yet understanding of how NHS leaders can and should integrate this into their thinking has been limited. This is the first systematic attempt to understand the priorities and approaches of NHS leaders in relation to delivering more sustainable healthcare services. Its purpose is to stimulate thinking within and beyond the NHS about how leaders view the opportunities and challenges facing them as they integrate their knowledge of sustainability into decision making within the NHS.

Delivering a more sustainable NHS cannot be achieved by leaders acting alone. The public, patients, staff and other organisations all have important roles to play. However, leaders are central to setting the tone and strategic direction without which progress would be patchy at best. This Report examines this changing role drawing on the results from a leadership survey and follow-up interviews. We then locate the findings within a wider discussion of other leadership approaches to sustainability.

This is not only a growing issue for the delivery of healthcare; engaging with sustainability will become both necessary and inevitable for most if not all industries and is transforming

[2] Costello A *et al* ,'Managing the health effects of climate change', *Lancet; 373 (2009): 1693-733.*

[3] NHS SDU, Sustainable Development Commission and NHS Sustainable Development Unit, *Are you a good corporate citizen?,* Cambridge (2009).

[4] HM Government, *Sustainable Development: creating sustainable communities and a fairer world* (2009). *http://www.fera.defra.gov.uk/news/documents/sustainableDevelopmentPlanV2.pdf*

the way they work.[5] There are therefore likely to be lessons to be learned for NHS leaders by considering actions taken by leadership in other sectors.

In conducting this exercise we were very aware that we were researchers 'dropping in' to a particular corner of the world. This provides a snapshot which belongs to a particular place and time but it also draws upon years of experience and reflection which supports survey respondents or interviewees' comments. If the survey told us something about numbers and scale, the interviews provided us with what we found to be well-considered, thoughtful and illustrated stories. By combining these we are able to develop easily understood accounts about how sustainability is shaping NHS organisations and how the NHS might in turn shape sustainability. These insights, we believe, are helpful for others seeking to understand how best to harness the drivers of sustainability to achieving improved healthcare while recognising the need for financial integrity. We will return to this in the conclusion, but leaders' accounts from interviews echo Bates and colleagues' discussion[6] of quality in health organisations which see successful leadership engaging with:

- Hindsight: making sense of where we come from
- Insight: understanding how to engage with present challenges
- Foresight: preparing for an uncertain future

In considering these accounts, there is an important contextual factor that should not be ignored: there are well documented gaps between evidence-based recommendations and the actual delivery of health services[7] and there have been many attempts to address these gaps. Achieving large-scale change in healthcare systems is beset with difficulties. We were therefore not anticipating simple solutions and nor were we offered any. What we have is the first systematic drawing together of the insights of NHS leaders on how to deliver more sustainable health services.

In the following chapters we assess the responses to our online survey, provide an analysis of the interviews, and follow this with a discussion of sustainability leadership in other contexts. Finally we arrive at conclusions and proposals.

The United Kingdom's NHS SDU, who commissioned this Report, works across NHS organisations to promote a sustainable health system which respects future generations by not denying them environmental, social and financial choices because of the choices we make today.

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[5] Lubin DA and Esty DC, 'The Sustainability Imperative', *Harvard Business Review* vol 88 no 5 (2010): 42-50.

[6] Bate P, Mendel P and Robert G, *Organising for quality: the improvement journey of leading hospitals in Europe and the United States*, Oxford: Radcliffe Publishing Ltd (2008).

[7] Steel N et al, 'Self reported receipt of care consistent with 32 quality indicators: national population survey of adults aged 50 or more in England', *British Medical Journal* Vol 337 No. A957 (2009); McGlynn EA et al, 'The quality of healthcare delivered to adults in the United States', *New England Journal of Medicine* Vol 348 (2003): pp 2635-45.

CHAPTER 2

Online survey responses from 172 NHS leaders

Leaders have considerable accumulated experiences and insights giving their views particular relevance and weight. The survey aimed to identify and explore NHS leaders' views of delivering sustainable development in the NHS. In this chapter we present the overall findings from the survey regarding NHS leaders' views of sustainable development and finally briefly discuss the extent to which there may be emerging consensus around the topics mentioned above. Section 2.2 provides additional focus on chief executives' (CE) views, rather than those of NHS leaders in general.

491 NHS leaders were invited to take part in the survey, and were selected from the NHS Sustainable Development Unit's database of all CEs in NHS England; 172 leaders (CEs and others) took part. For more details on the methods, methodologies and caveats regarding findings please see Appendix A:. Appendix B: is a copy of the survey questions.

Our key findings from the survey are:

- 89% of leaders actively engage with sustainability and believe it to be important
- 62% of leaders believe sustainability can support achieving other corporate goals
- Priorities and perceived barriers vary considerably according to local circumstances: no 'one size fits all'
- 59% of leaders bring their personal values regarding sustainability to work, but once there they face different barriers, especially regarding financial considerations (28%), attitudes of colleagues (18%), and externally imposed governance regulations (17%)
- Limited formal legal powers is thought to be less of a limitation than insufficient awareness and learning from others (56% believe that they have the necessary formal legal powers, 45% do not believe that there is sufficient awareness of sustainability at all levels of their organization)
- In going forward, incentives will matter according to 30% of leaders, especially for Board members and Directors (36% believe this) and especially for demonstrating health outcomes
- NHS leaders have strongly held views about sustainability in their organisations. We think this reflects their view that there is no 'single best' approach for all NHS organizations

28% of the leaders who were invited to take part in the first round of the survey actually took part. Although we made every effort to recruit CEs only, in some NHS organisations, responding to the survey was delegated to other colleagues. Delegation and the generally low response rate suggest that those leaders who did respond to the survey are likely to have a greater interest in NHS sustainable development than your average NHS leader, and this should be borne in mind when interpreting the results.

In addition, the wording of some survey questions could introduce social desirability bias into the results. For example, leaders are likely to feel encouraged to respond favourably to questions about the extent to which they are aware of sustainability initiatives in their organisations or have attended SDU events. Nevertheless, responses to open questions in the survey and the follow-up interviews with leaders reinforce the view that leaders have strongly held views about sustainable development in the NHS that they are happy to communicate, whether positive or negative.

2.1 Background information on survey respondents; we received responses from very senior leaders across a wide spread of organisations from across England

In order to contextualise the survey responses, some background information about the respondents was requested.

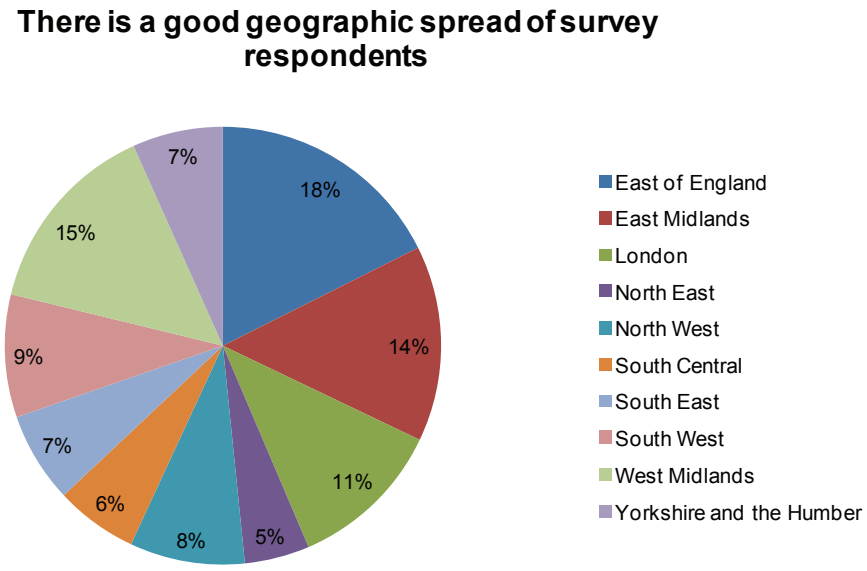

Figure 2.1: Geographic spread of respondents

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

Survey respondents represented a good geographic spread of NHS organisations.

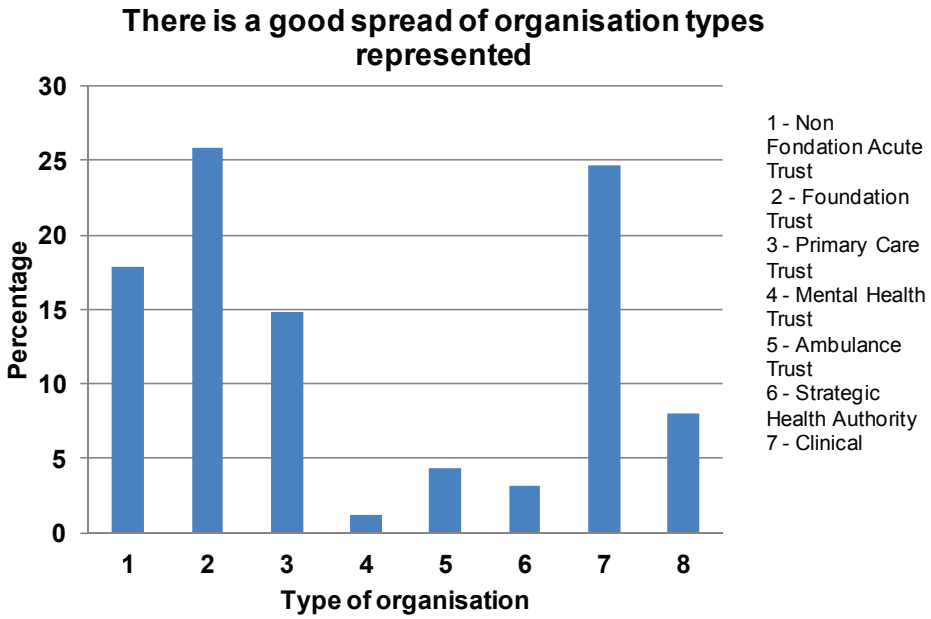

Figure 2.2: Types of organisations represented in the survey

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

Foundation Trusts (FTs) and Clinical Commissioning Groups (CCGs) are particularly well-represented.

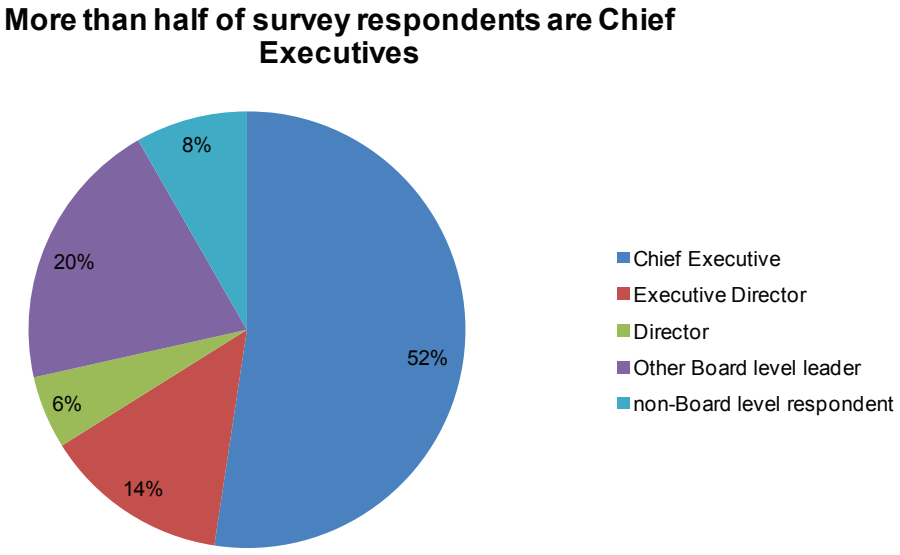

Figure 2.3: Types of leaders represented in the survey

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

Over half of the respondents were CEs of their organisations

We contacted CEs directly and explicitly solicited their views, rather than those acting as leads on organisational sustainability or other non-Board level colleagues. In eight percent

of cases participation in the survey was nevertheless delegated to non-Board level colleagues. These respondents are, for example, sustainability leads, energy managers, heads of facilities and estates management, and commissioning leads. This wide spread of respondents' roles suggests that responsibility for sustainable development is located in different areas within organisations. Interviews with leaders, discussed in Chapter 2, show that approaches to sustainable development and its position in the organisation can vary greatly between NHS organisations.

Leaders who took part in the survey had held their positions for varying lengths of time

As a group, just over a third of respondents had held their positions for between one and three years, just under a third had done so for less than a year, and the remainder had held their positions for four years or more.

2.2 Leaders know about and actively engage with issues concerning sustainability and believe them to be important

The first set of substantive questions in the survey was intended to identify respondents' general attitudes to sustainability in both their home and their working lives. We asked leaders to explain their understanding of sustainable development. They were then asked to what extent they agreed or disagreed with the NHS SDU definition of sustainable development, reproduced in the box below.

NHS SDU definition of sustainable development

'The NHS Sustainable Development Unit takes sustainability to mean that the needs of today are met, without compromising the needs of tomorrow. This means that we can't continue using current levels of resources as this will not leave enough for future generations. Stabilising and reducing carbon emissions is key to living within environmental limits. The SDU believes that operating within the right economic, social AND environmental boundaries will create a truly sustainable NHS, one that is fit for the future. In the NHS, sustainable development is often partnered with good corporate citizenship. This means that the NHS can use its organisations' corporate powers and resources in ways that benefit rather than damage the economic, social and physical environment in which we live.'

Source: NHS SDU website – http://www.sdu.nhs.uk/about-us/

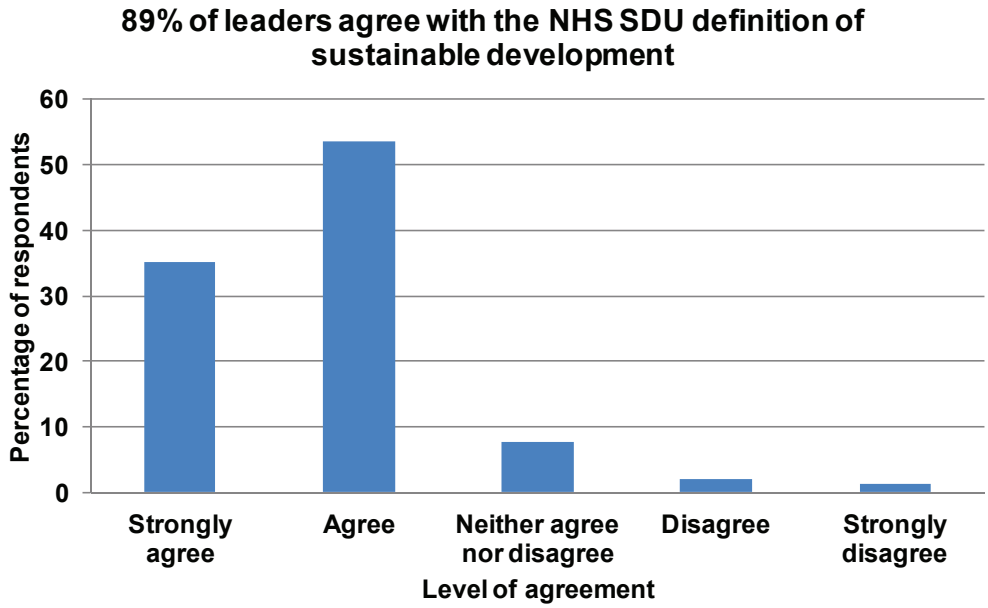

Figure 2.4: Q: To what extent do you agree with the NHS SDU definition of sustainable development?

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

As Figure 2.4 shows, the great majority of respondents either agree (53%) or strongly agree (35%) with this definition. It is likely that leaders who are inclined to agree with the definition would also be more willing to respond to the survey, skewing the information in favour of agreement. Fewer than eight percent of all respondents neither agree nor disagree, while about three percent either disagree or strongly disagree with the definition.

63% of respondents who strongly agree with the NHS SDU's definition of sustainability are chief executives.

CEs identify sustainable development as relevant to the NHS. However, responses to questions about where to focus effort in achieving sustainability and how to do this in practice, which we discuss later in this report, show that there are a number of perceived constraints on achieving progress in sustainable development. Some CEs differentiate between the sustainable delivery of healthcare, mainly in terms of financial viability and therefore continued existence in the future, and supporting a sustainable environment in which healthcare delivery takes place, without necessarily seeing how these two aspects are interconnected. For others, there is felt to be a lack of clarity about how to achieve sustainability through concrete actions such as reducing carbon and making buildings more environmentally friendly. There is a tendency for CEs to focus on (primarily financial) constraints and a focus on sustainable development arising from a need to operate in the context of increasingly limited resources of all kinds. The leaders who disagree with the NHS SDU definition define sustainability narrowly as being about sustainable energy use or carbon reduction, or else they interpret the SDU definition as being narrowly about this. Sustainable development means slightly different things to

different CEs, and, while being in broad agreement with the NHS SDU definition, they highlight different aspects of what sustainability means to them in the context of the NHS.

A number of chief executives primarily associate sustainable development with environmental sustainability and minimising their organisations' carbon footprint

In explaining their understanding of what sustainability means in the NHS, some leaders responded as follows:

> 'I understand it to mean the NHS moving to a position where all decision making, with regards to the use of resources, is made with sustainability in mind in order to protect the planet.'
>
> Robert[8], CE, non-foundation acute trust, London

> 'The important role of the NHS in working in partnership to seek improvements for example in travel awareness plans and reducing carbon footprint'
>
> Georgia, CE, acute trust, London

> 'Reducing carbon emissions in line with the organisation target'
>
> Stuart, CE, acute trust, west midlands

> 'Low carbon /carbon reduction in healthcare'
>
> Katherine, CE, foundation trust, west midlands

Chief executives recognise that sustainable development is about delivering core business while supporting social, economic and environmental gains

In explaining their understanding of what sustainability means in the NHS, some leaders responded as follows:

> 'Sustainability in the context of the NHS is the ability for organisations to provide efficient, high quality, safe, evidence based healthcare services within the confines of finite resources. The provision of services must take into account the social, economic and environmental factors of the populations that we serve to ensure that people have the best chance of enjoying healthy life styles in decent living environments and communities.'
>
> Rupert, CE, foundation trust, east of England

> 'In broader terms NHS sustainability aims to bring about improvements in health and wellbeing without impacting on global resources. It should consider social, economic and environmental conditions and focus on avoiding wrong outcomes, reducing waste, improving consistency of care and treatment through innovation and moving towards preventative care, thus allowing the reshaping of the NHS whilst maintaining value.'
>
> Larry, CE, ambulance trust, south west

[8] Respondents are anonymised.

> 'sustainable clinical services - that is, services that can be run effectively into the future, taking into account workforce and quality requirements, potential income and costs associated with running them.'
>
> Emma, CE, organisation type not given, south central

> 'Something which can continue as the normal day job and not require supreme effort to achieve'
>
> Xenia, CE, clinical commissioning group, east midlands

Chief executives recognise the need for the NHS to play a leading role in sustainable development in society

In explaining their understanding of what sustainability means in the NHS, some leaders responded as follows:

> 'The ability at one level to continue to deliver safe and quality health services for a given population in the face of external changes and of ensuring that all services put as much in to a local economy as they take out.'
>
> Keith, CE, non-foundation acute trust, north

> 'Ensuring that a major part of the public sector plays its appropriate role in the global sustainability challenge'
>
> Ethan, CE, primary care trust, west midlands

60% of leaders consider themselves to be fully aware of current NHS policies to deliver sustainability, and see themselves as being generally knowledgeable about sustainable development efforts in the NHS

About sixty percent of the survey respondents consider themselves to be fully aware of NHS sustainability policies and claim to have a good understanding of the Carbon Reduction Strategy. Over half of the respondents have at a minimum heard of the NHS SDU's "Route Map to Sustainable Health". Just over half of respondents represent organisations where a member of the executive team has attended an NHS SDU-hosted event. However, a fifth of respondents have never heard of the Route Map.

2.3 Organisational sustainability practices

Leaders are generally aware of the use of sustainability tools in their organisations, although the Good Corporate Citizen Assessment Tool is less well known than others

As Figure 2.5 shows, 53% agree that their organisation has a sustainable development management plan (SDMP); 62% made decisions taking carbon reduction criteria into account; 36% use the Good Corporate Citizen Assessment Tool; and 56% measure, monitor and publicly report on progress regarding sustainability. It is important to note that CCGs, making up 25% of leaders' survey responses, have not yet been asked to adopt these tools.

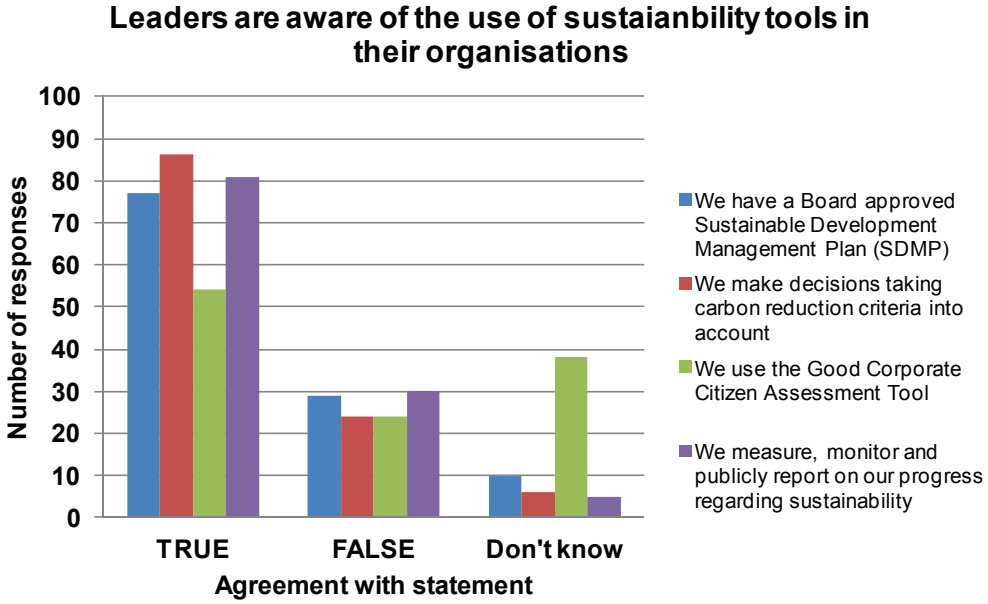

Figure 2.5: Leaders' knowledge of sustainability practices in their organisations

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

2.3.1 In a third of organisations, carbon reduction considerations are said to be key to decision-making in collaborations with other organisations

In respondents' own organisations, carbon reduction criteria tend to feature strongly in decision-making (in 62% of organisations). Interviews with leaders and their responses to open questions in the survey suggest that, for many respondents, a reduction of their carbon footprint is considered to be the main focus of sustainability efforts. It appears that the importance of sustainability in decision-making within organisations doesn't translate to decision-making in collaborative working with other organisations. These other organisations include other NHS organisations, public sector organisations, private or voluntary organisations.

2.3.2 62% of leaders see a strategy of sustainability as supporting other corporate goals, but the area to focus on differs according to organisational and local circumstances

About sixty percent of respondents agree or strongly agree that pursuing a strategy for sustainability helps their organisation to achieve other corporate objectives, as shown in Figure 2.6. Figure 2.7 and Figure 2.8, below, show where leaders believe that the easiest opportunities currently exist to increase sustainability in their organisations and where it will be necessary to focus effort in the longer term. In answering these questions, each respondent was asked to choose up to six of the fourteen possible focus areas. Improving energy efficiency is clearly seen as the easiest opportunity in the short term. Second to energy efficiency, infrastructural changes, procurement practices, waste management, and transport are seen as being about as easy as each other to achieve.

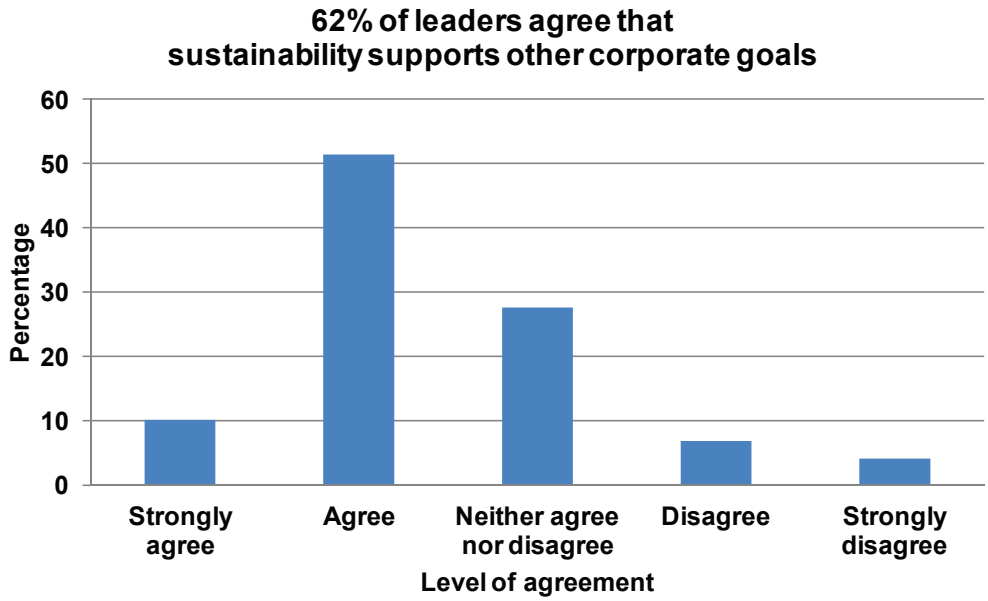

Figure 2.6: Q: To what extent do you agree or disagree with the following statement?: Pursuing a strategy for sustainability helps my organisation to achieve other corporate objectives

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

Clinical Commissioning Groups view education and innovation as areas for easy sustainability wins

The table below shows that NHS leaders see the easiest opportunities for achieving sustainability as being through a focus on energy efficiency. Procurement contracts are highlighted by a couple of CEs as providing an easy way to incorporate sustainable development goals into everyday practice. This would involve including sustainability-related performance and quality indicators in contracts. The CE of a foundation trust chose not to respond to the question of where it would be easiest to achieve more sustainability, as their organisation is already doing 'the expected'[9], suggesting that they felt that the easiest short-term opportunities lie in adhering to imposed rules, regulations and targets but not making any efforts beyond these. This raises the question as to what exactly these 'expected' approaches to sustainable development entail, and who the Trust or the CE in particular feel accountable to. Three chairmen of CCGs highlighted the importance of learning from others and the overall education of the public about sustainable development, as well as practical innovations in information technologies (IT) as areas presenting easy opportunities for sustainability wins. This could suggest a greater willingness to collaborate across organisations and to share best practice among CCGs than among other NHS organisations.

[9] Martha, chief executive, foundation trust, North West.

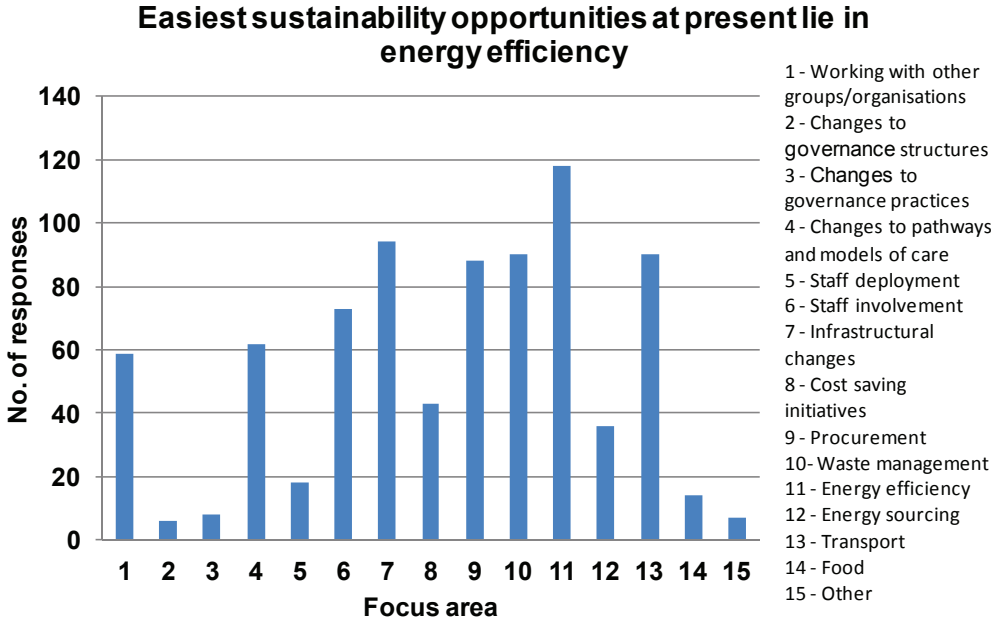

Figure 2.7: Q: At present in your organisation, where do you think the easiest opportunities exist to improve sustainability?

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

Leaders' views differ regarding the best future course of action for their organisation; some see a focus on other improvement approaches as including sustainability gains

As seen in Figure 2.8: Q: In the longer term in your organisation, where do you think most focus will be needed to improve sustainability?, below, there appears to be less agreement among leaders regarding views of priorities in the longer term than there is regarding areas for quick and easy wins. Changes to pathways and models of care; working with other groups or organisations, and infrastructural changes are seen as being almost equally important, and as more important in the long term than the other areas. These are followed in degree of importance by procurement, transport, staff involvement and waste management. Again, IT is mentioned as an additional focus area by the General Practice Commissioning Consortium (GPCC) chair who sees IT as an easy focus area. In addition, one CE of a Foundation Trust pointed to the organisation's commitment to the operationalisation of Lean[10] methodology as supporting longer-term improvements in its sustainability, because Lean 'ticks all the boxes'[11] by being applied to all of the focus areas mentioned here.

[10] According to the NHS Institute for Innovation and Improvement, 'Lean is an improvement approach to improve flow and eliminate waste that was developed by Toyota. Lean is basically about getting the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change.' (source: http://www.institute.nhs.uk/building_capability/general/lean_thinking.html)

[11] Martha, chief executive, foundation trust, North West.

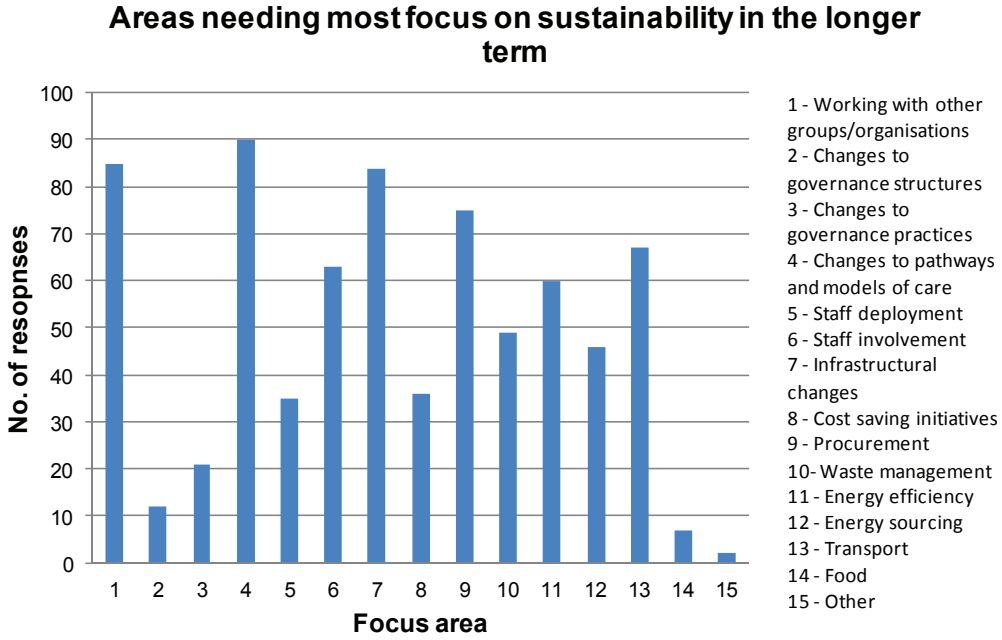

Figure 2.8: Q: In the longer term in your organisation, where do you think most focus will be needed to improve sustainability?

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

When asked to tell us their one priority to improve sustainability in their organisation, two CEs highlighted the need for sustainability to become embedded in policy at the level of individual organisations, e.g. through the inclusion of impact assessment metrics in Board-approved plans. For this to happen, however, another CE points out that there is a need to educate the Board and staff about sustainability. Engaging staff is seen as being positive for staff themselves.

2.3.3 Priorities for delivering sustainability means different things in practice

When asked to point to one key thing that they should be doing to improve sustainability, responses are greatly varied. One respondent answered that he/she has no idea what they should be focusing on, given the numerous other priorities in NHS organisations. In general, a strong theme in responses is the need to improve awareness and understanding of sustainability throughout organisations, so that it becomes embedded in practice, rather than being seen solely as a leadership priority. With the structural changes in the NHS, several leaders express concern that sustainability gains will be lost with the formation of new clinical commissioning groups. This suggests that sustainability is still seen by these respondents as an add-on to their core business practice, rather than being seen as a fundamental part of delivering core business (or that they fear that new commissioners of services might behave in this way). Reducing transport for patients and staff is mentioned by a number of respondents as being a key focus area, which could be achieved by bringing services closer to patients, encouraging working from home, and generally improving IT systems to facilitate eHealth solutions. Some responses are very specific; for example, one

leader suggests a radical change to or removal of Payment by Results, which is seen as continuously undermining what the organisation is trying to achieve with respect to sustainable development.

2.4 Personal preferences regarding sustainability; 59% of leaders feel able to bring their home values to work but there is perceived to be a wide range of different local challenges to doing so

Most leaders see sustainability as being equally important in their personal and work lives, with financial considerations and colleagues' attitudes limiting the extent to which personal preferences can be acted on at work

60% of leaders prioritise sustainability to the same extent in their personal and their work lives, with 36% placing a higher priority on sustainability in their personal lives than at work.

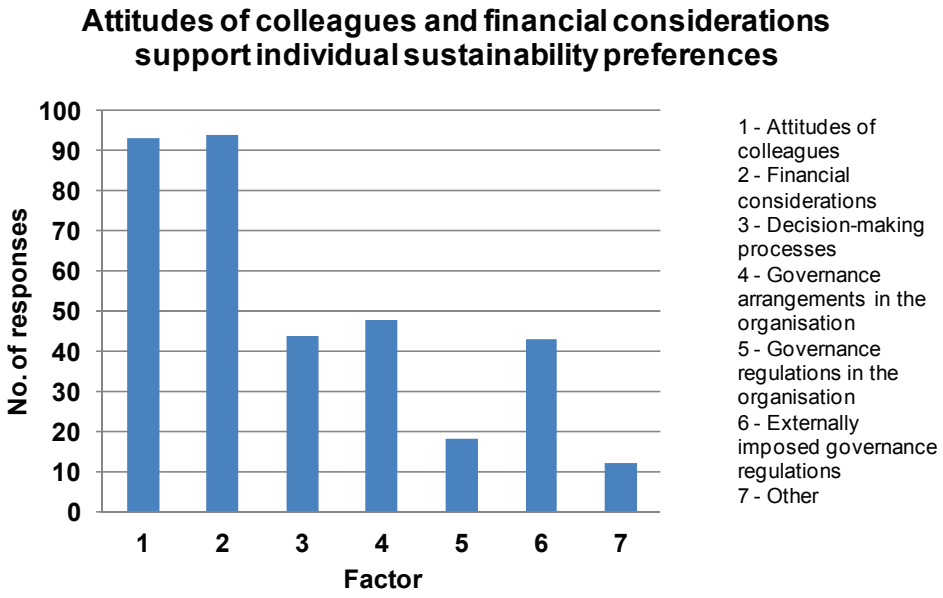

Figure 2.9: Q: In your workplace, what in particular supports you to act on your personal preferences regarding sustainability?

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

As shown in Figure 2.9, above, financial considerations and attitudes of colleagues are said to be key in allowing individuals to act on their personal preferences regarding sustainability. These two factors are considered to be significantly more important than other potentially influential factors. Figure 2.10, below, suggests that, financial considerations are also (by far) the most important factor in preventing leaders from acting on their personal preferences regarding sustainability. Attitudes of colleagues are also seen to be both a help and a hindrance to acting on these individual preferences. Externally imposed governance regulations are seen as another key barrier.

Eleven percent of respondents chose to add an additional or different response to those suggested as potential challenges to leaders' ability to act on their personal preferences regarding sustainability. Most of these point to the importance of competing priorities in NHS organisations and the relatively low priority given to sustainable development. In addition, some respondents point out that the NHS is driven by short-term priorities, e.g. with regard to procurement, and longer-term sustainability-related considerations are not prioritised. One respondent highlights current structural changes underway and the Quality, Innovation, Productivity and Prevention (QIPP) agenda as being prioritised above sustainability, and points to the need for more information to support decision-making that could have a greater focus on sustainability.

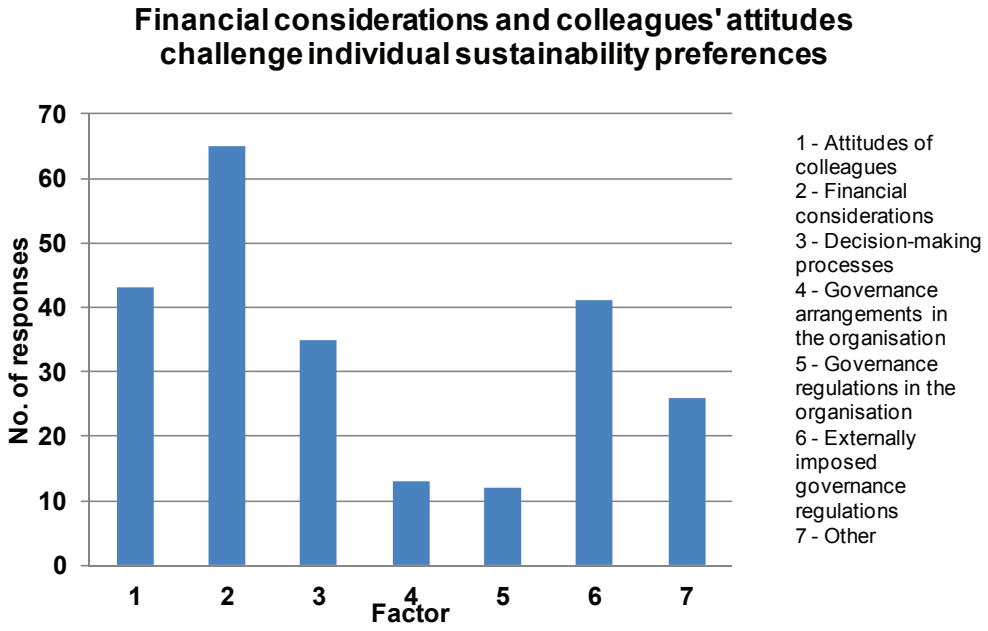

Figure 2.10: Q: In your workplace, what in particular prevents you from acting on your personal preferences regarding sustainability?

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

Lack of formal legal powers is perceived to be less of a barrier to improving sustainability than a lack of awareness and learning from others

NHS leaders generally feel that they have sufficient formal legal powers to make and implement decisions regarding sustainable development. However, the roles played by NHS decision-makers and staff regarding sustainable development may prevent leaders driving forward the sustainability agenda. Leaders' views of decision-makers and staff are shown below.

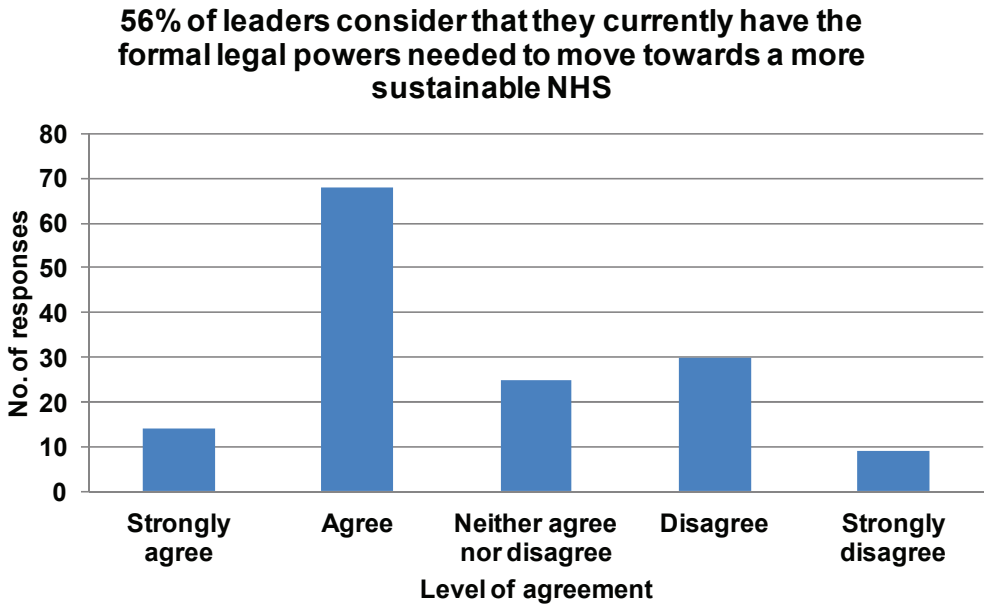

Figure 2.11: Q: To what extent do you agree or disagree with the following statement: In my role I currently have the formal legal powers that I need to move towards a more sustainable NHS.

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

Leaders do not agree about the extent to which NHS decision-makers are aware of issues around sustainability

The charts in this section show that leaders are generally divided in their attitudes to decision-makers in the NHS. A large proportion of respondents have taken a neutral position in response to all three questions. However, there is a significant group suggesting that NHS decision-makers are unaware of these opportunities, and that they are not able to share best practice regarding sustainable development.

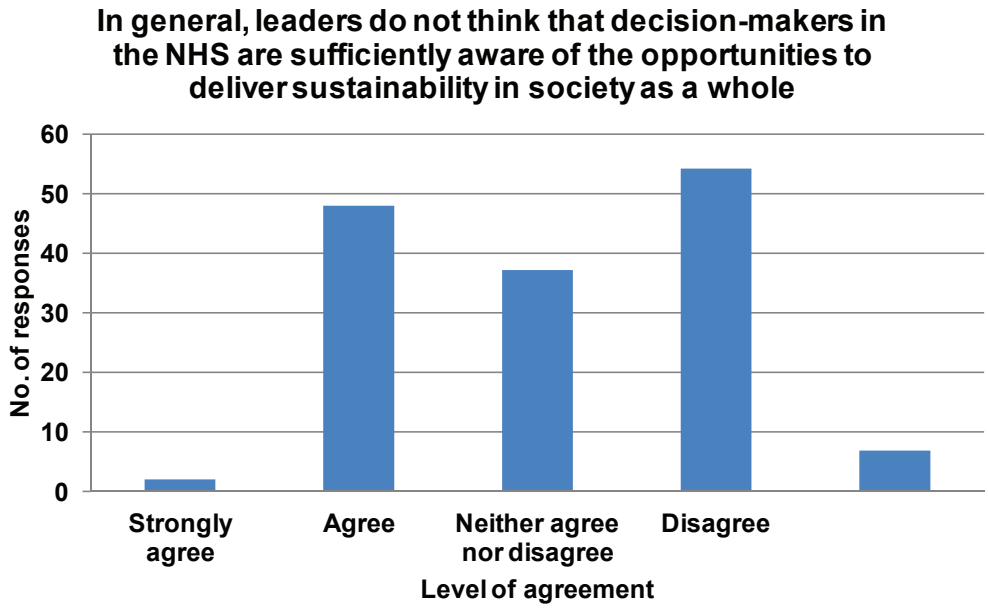

Figure 2.12: Q: To what extent do you agree or disagree with the following statements?: Decision-makers in the NHS are sufficiently aware of the opportunities to deliver sustainability in society as a whole.

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

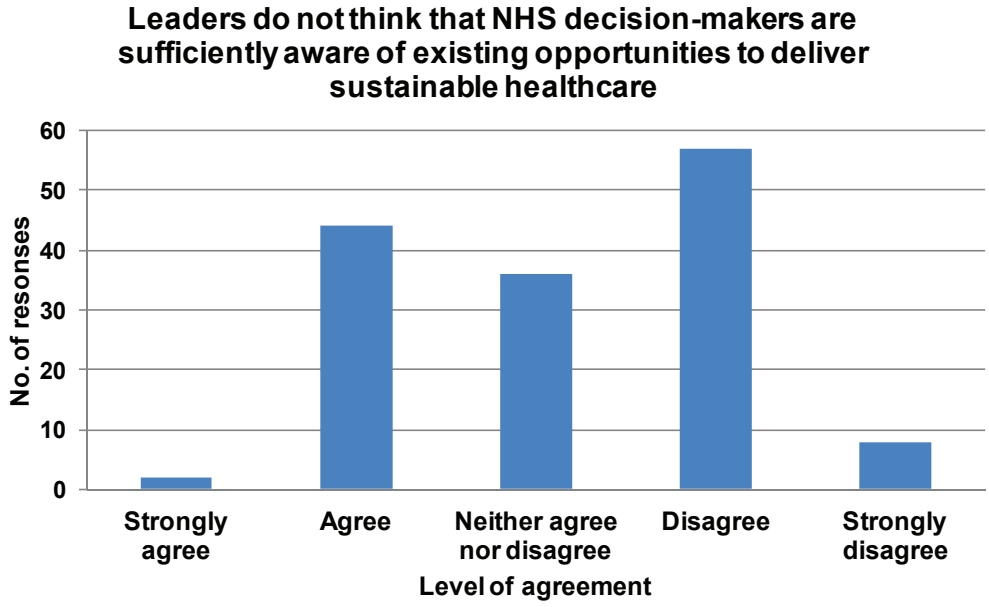

Figure 2.13: Q: To what extent do you agree or disagree with the following statements?: Decision-makers in the NHS are sufficiently aware of existing opportunities to deliver sustainable healthcare.

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

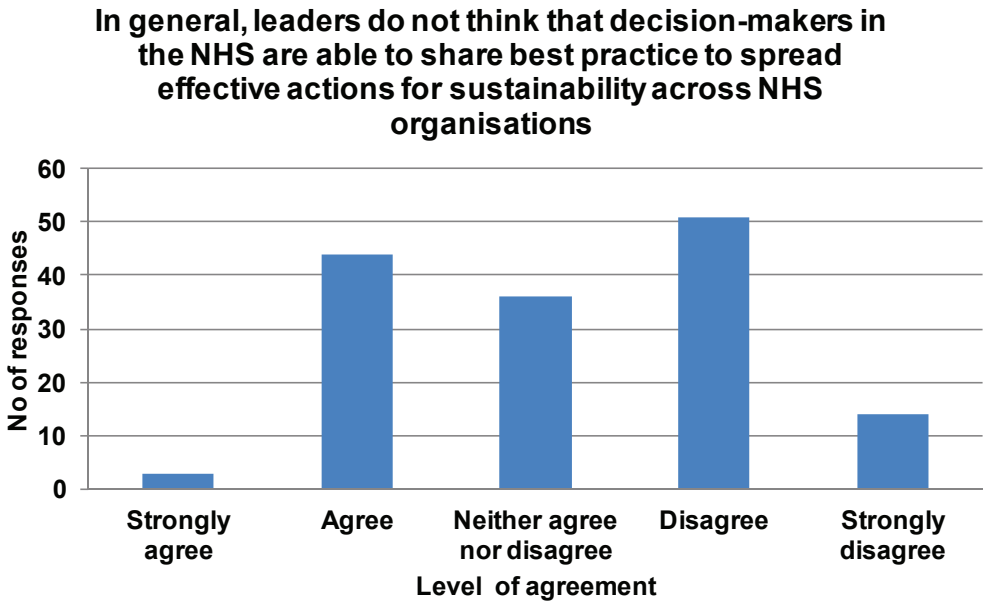

Figure 2.14: Q: To what extent do you agree or disagree with the following statements?: Decision-makers in the NHS are able to share best practice to spread effective actions for sustainability across NHS organisations

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

Staff at different levels in the organisation need to be motivated to embrace a sustainability agenda, but leaders disagree on where a focus on sustainable development should be located

In interviews with leaders, the importance of bringing staff along on a journey towards sustainability, of encouraging and supporting their own sustainability initiatives, and of communicating clearly about aims and achievements regarding sustainability emerged as important factors. The two tables below show that, while leaders generally feel that they have the necessary support staff for sustainable development initiatives, they do not think that staff are sufficiently aware of issues regarding sustainable development in the NHS.

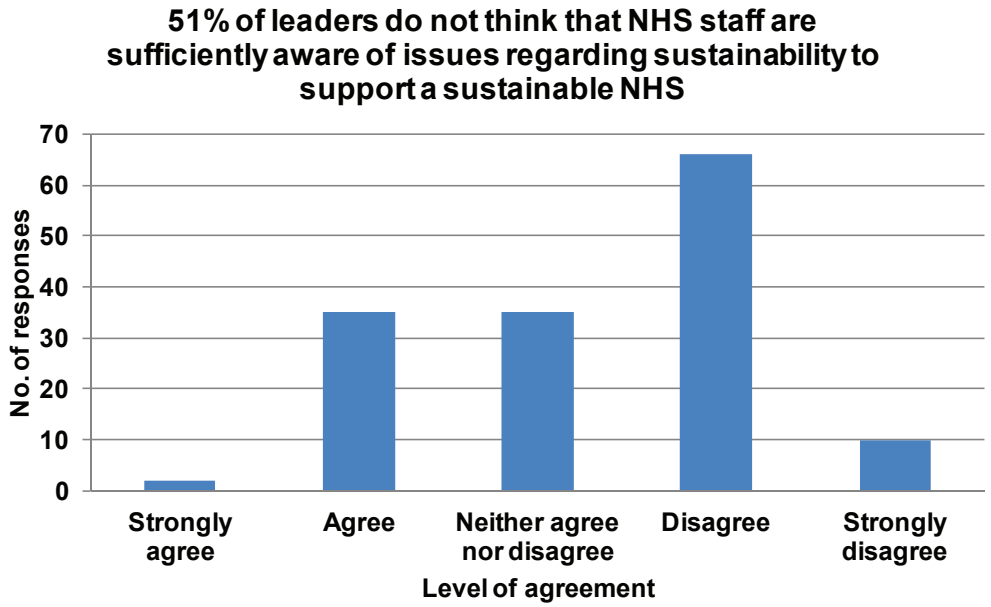

Figure 2.15: Q: To what extent do you agree or disagree with the following statements?: NHS staff are sufficiently aware of issues regarding sustainability to support a sustainable NHS.

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

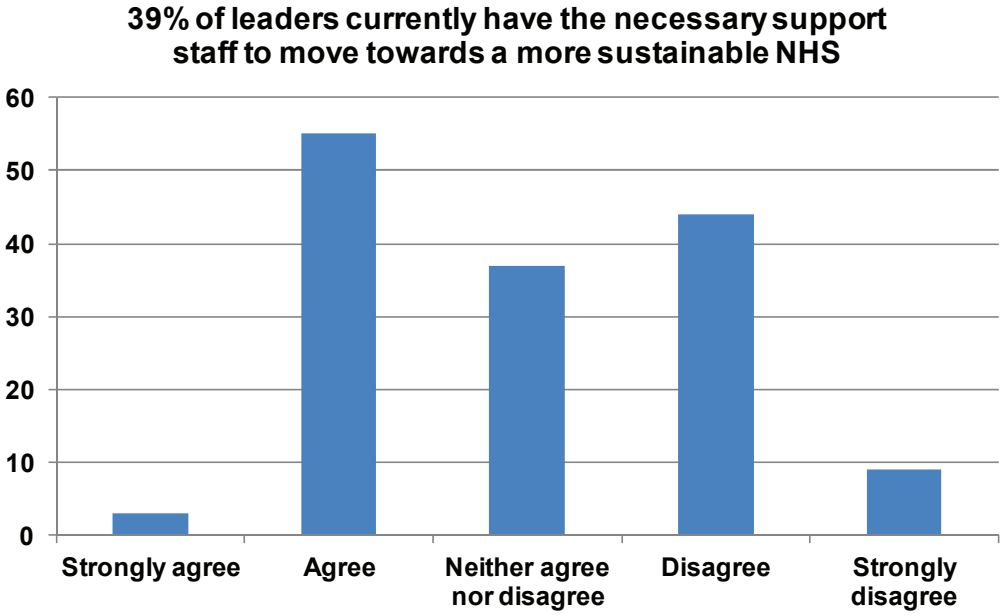

Figure 2.16: Q: To what extent do you agree or disagree with the following statement?: I currently have the necessary support staff to move towards a more sustainable NHS.

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

Leaders were asked to explain why they feel that they do or do not have the necessary support staff with respect to sustainable development and responses revealed different interpretations of which staff this entailed

Some leaders feel that it is more important to include all staff in sustainability initiatives, and that together they have the necessary expertise to improve sustainable development. Some leaders have dedicated sustainability leads at Board level or at a more operational level, while others have sustainability teams made up of individuals from across the organisation, in different fields (e.g. finance, clinical, procurement, estates) and at different hierarchical levels. One of them points out that having one person whose core concern is sustainability means that it becomes 'someone else's problem'[12] rather than being embedded in the organization as a core concern of all staff. Some leaders see sustainability as being the purview of certain specific teams, e.g. procurement, estates, transport. A number of leaders mention the good corporate citizenship model as encapsulating their engagement with sustainability. In some cases, the presence of highly motivated sustainability champions throughout the organisation is seen as being key. A few leaders point out that having the necessary resources is more important than staff; as one of them puts it, 'sustainability requires investing to save'[13].

Leaders who feel that they don't have the necessary support staff point to a number of explanations for this

One leader feels that NHS sustainability is too conceptual, and is not concrete enough to fully engage NHS staff, suggesting that a more focused campaign such as Marks & Spencer's 20/20 campaign would be better. A few leaders point to the need for better external support to assess where opportunities lie to develop more sustainable initiatives, to make a clear case for why sustainability is important in the middle of a recession, as well as to better measure and report on sustainability so that it becomes more visible; ready access to experts and clear advice are needed. A number of the respondents feel that staff and expertise are available, but sustainability needs to be prioritised. Yet others feel constrained by a lack of finances to prioritise sustainability over other concerns.

[12] Quentin, Executive Director, primary care trust, South West.

[13] Marge, Chief Executive, mental health foundation trust, South East.

2.5 Actions needed to improve sustainability in the NHS; there are varied priorities and challenges but staff and patient culture can be unhelpful and incentives matter – especially at Board level and for demonstrating health outcomes

Organisational culture is seen as a barrier to improving sustainability by 55% of leaders

While it is not possible to explore details of what leaders understand culture to mean through survey responses on a Likert scale, we can assume that there is a shared understanding of 'culture' in the context of the NHS and with respect to individual groups within it. The figures in this section show that there is general agreement that the culture of the NHS as a whole does not support changes towards achieving sustainability. However, there is disagreement as to whether the cultures of NHS managers, clinicians and patient groups support sustainability. This suggests that there are likely to be context/organisation-specific considerations impacting on leaders' views.

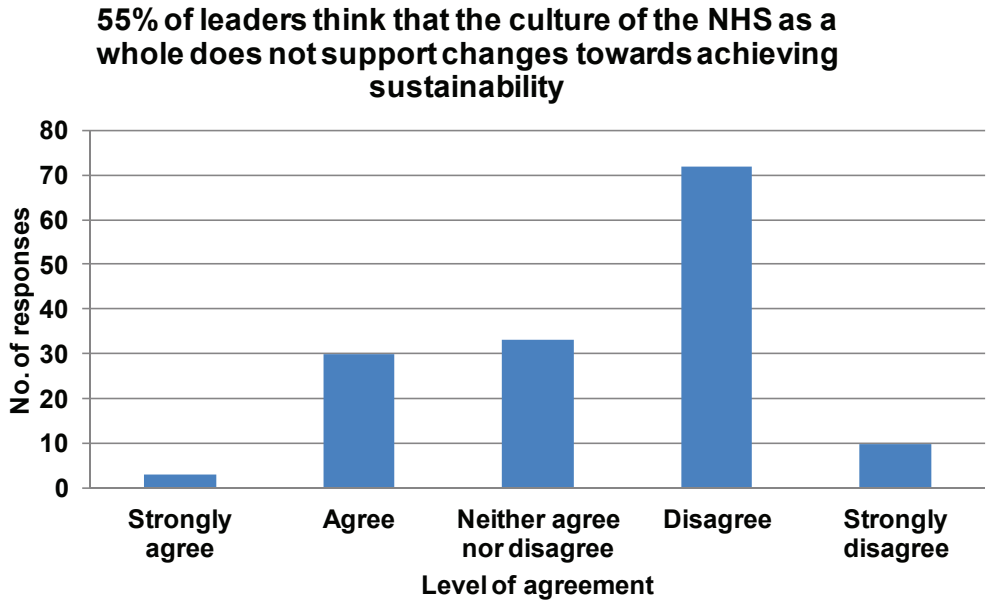

Figure 2.17: Q: To what extent do you agree or disagree with the following statements?: The culture of the NHS as a whole is one that supports changes towards achieving sustainability

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

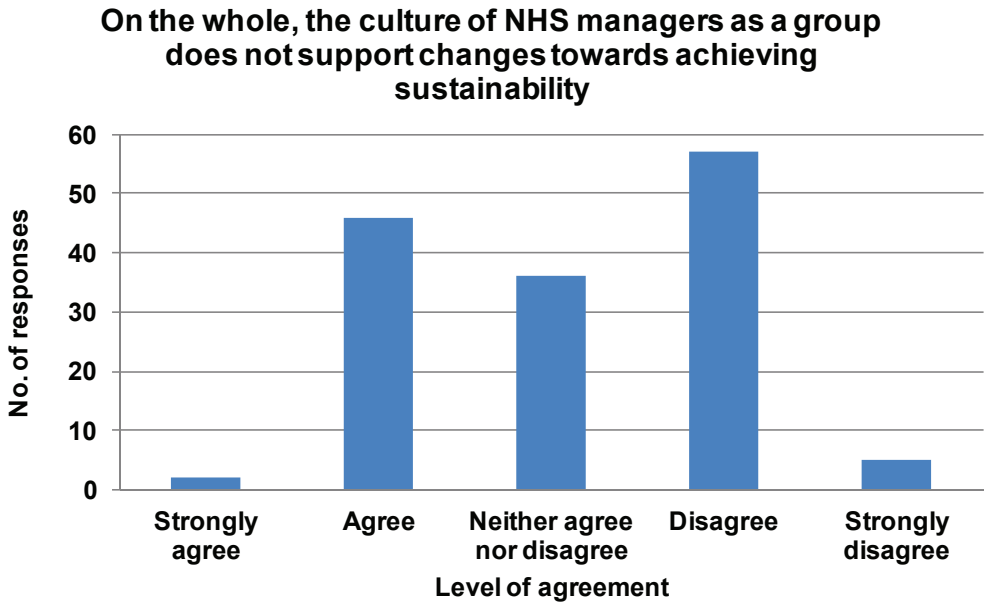

Figure 2.18: Q: To what extent do you agree or disagree with the following statements?: The culture of NHS managers as a group is one that supports changes towards achieving sustainability.

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

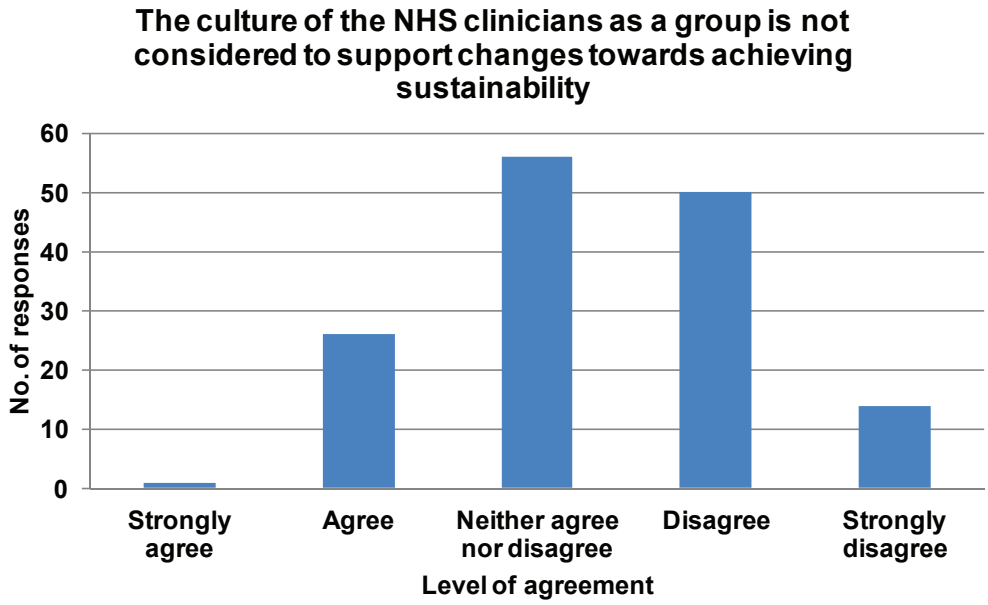

Figure 2.19: Q: To what extent do you agree or disagree with the following statements?: The culture of the NHS clinicians as a group is one that supports changes towards achieving sustainability

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

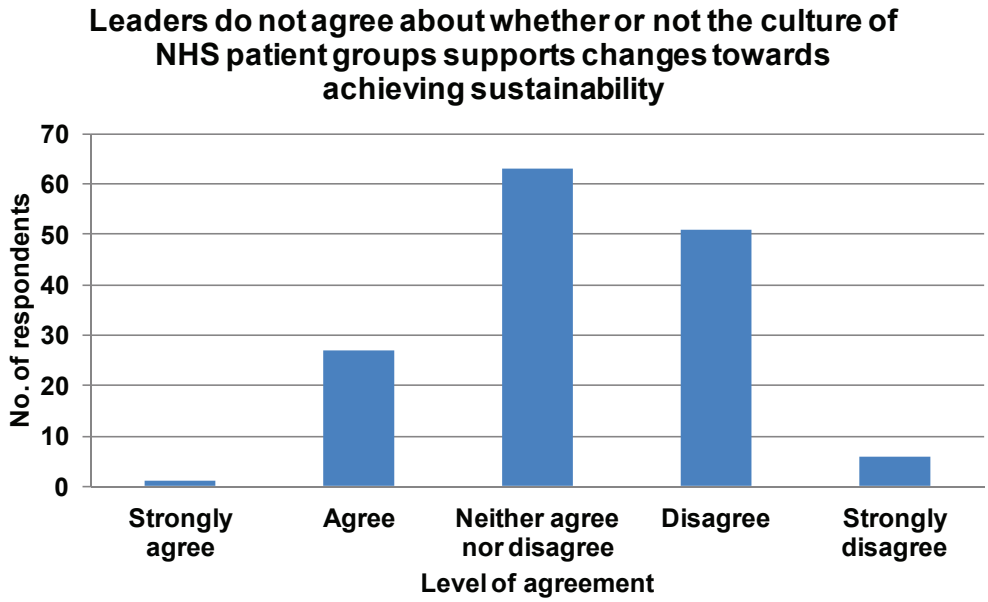

Figure 2.20: Q: To what extent do you agree or disagree with the following statements?: The culture of NHS patient groups is one that supports changes towards achieving sustainability

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

2.6 Incentives are essential but should be group specific

The results presented in this section show that leaders consider incentives to be important for achieving sustainability

There is strong agreement that incentives can be aligned with other organisational goals. The fact that incentives are thought to be most important at Director and Board level suggests that high-level buy-in and commitment is considered to be important. Nevertheless, without incentivising staff, sustainable development objectives cannot be achieved. There is not one type of incentive that is considered to be significantly more important than others, but resilience, regulatory and reputational incentives are seen to be more important than financial incentives or those relating to health outcomes for patients.

In open responses to their views of incentives to encourage sustainable development, a number of leaders suggest that incentives are needed at all levels of their organisations, and that this needs to become systemic

Incentives at the level of the whole health system are suggested. One respondent does not feel that it is easy to identify the form that incentives might take, as there are currently only penalties for not meeting agreed targets. It is also suggested that incentives need to be obvious and that different incentives will be needed for different groups. Suggestions of incentives include the incentivisation of interpersonal contacts, capital funding at the organisational level, and transport and green planning incentives for patients and local councils.

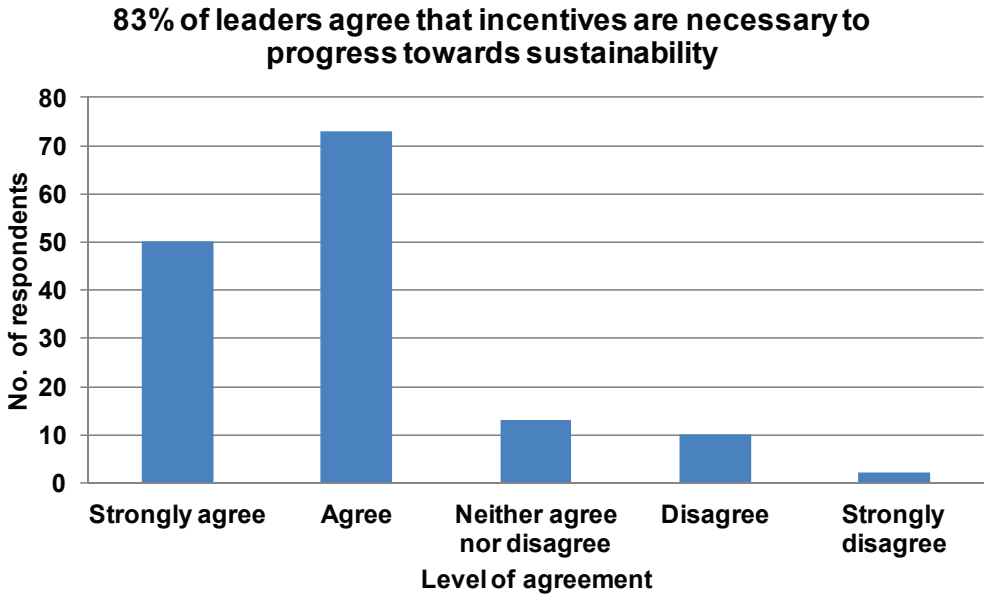

Figure 2.21: Q: To what extent do you agree or disagree with the following statement: Incentives are necessary to progress towards sustainability

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

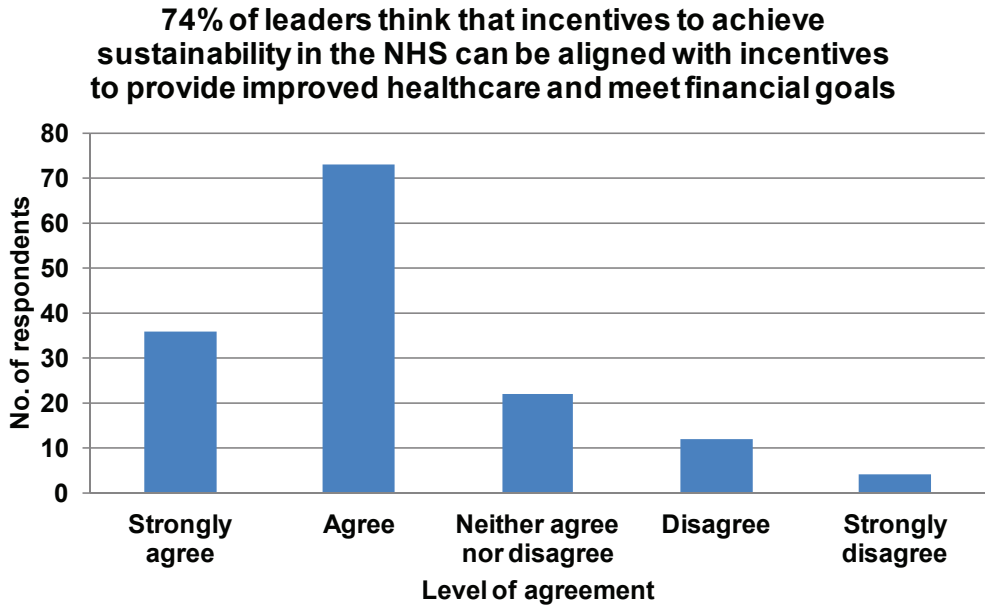

Figure 2.22: Q: To what extent do you agree or disagree with the following statement: Incentives to achieve sustainability in the NHS can be aligned with incentives to provide improved healthcare and meet financial goals

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

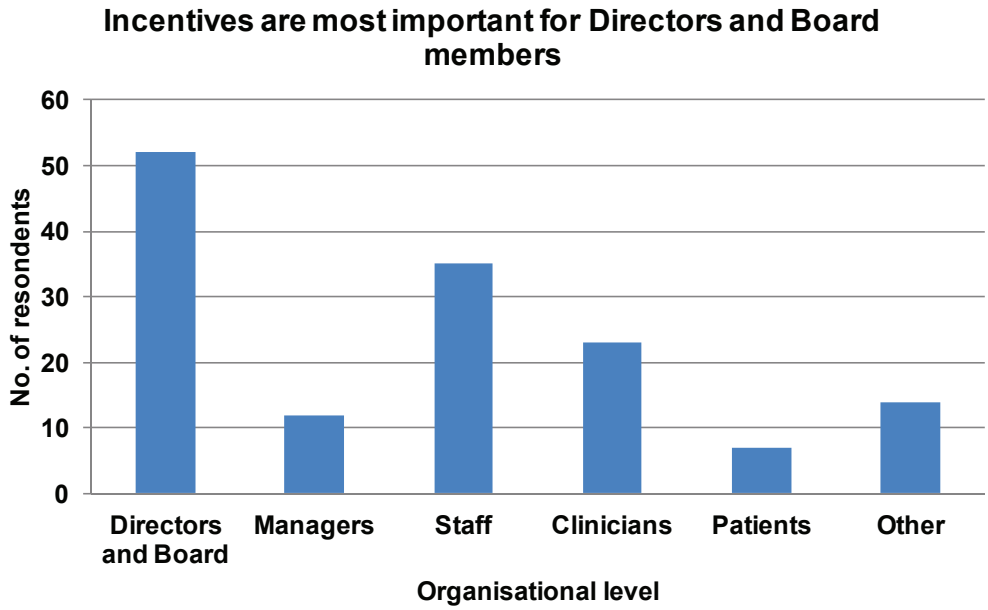

Figure 2.23: Q: If incentives are needed to achieve sustainability, at which organisational level are they most essential?

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

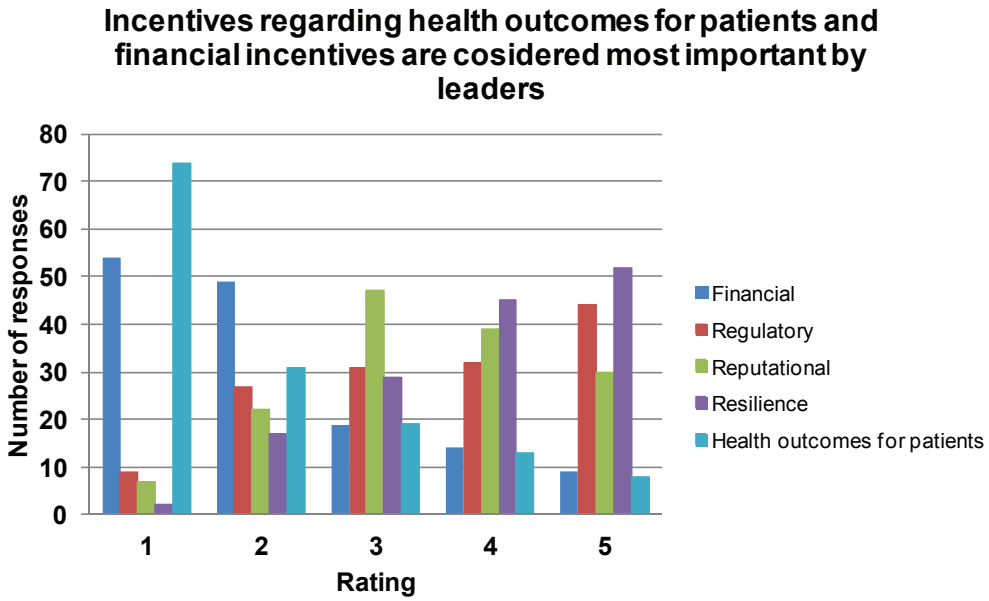

Figure 2.24: Q: Please rate the following types of incentives in order of importance, with 1 being the most important and 5 being the least important (all responses)

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

* with 1 being the most important and 5 being the least important

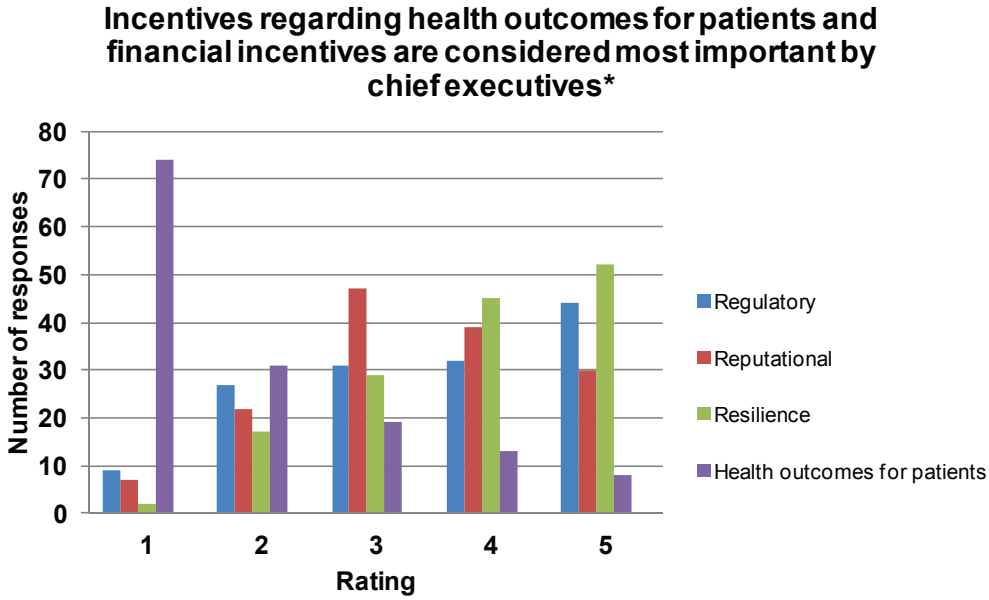

Figure 2.25: Q: Please rate the following types of incentives in order of importance, with 1 being the most important and 5 being the least important (chief executives' responses)

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

* with 1 being the most important and 5 being the least important

2.7 Innovation

Most leaders are aware of initiatives underway in their organisations to improve sustainability, but eleven respondents were not aware of any initiatives at all

In elaborating on their choices, leaders provided some detail of other, specific initiatives underway in their organisations. The leader whose organisation was implementing the Lean programme, feels that this focus 'ticks all the boxes'[14] regarding sustainable development, and this will therefore continue to be their focus going forward. Other initiatives underway include the use of electric vehicles; green IT to support office share initiatives, working from home and other use of Information Communication Technology (ICT) to avoid transport; waste management; coalitions of sustainability champions in the public and private sector, etc.

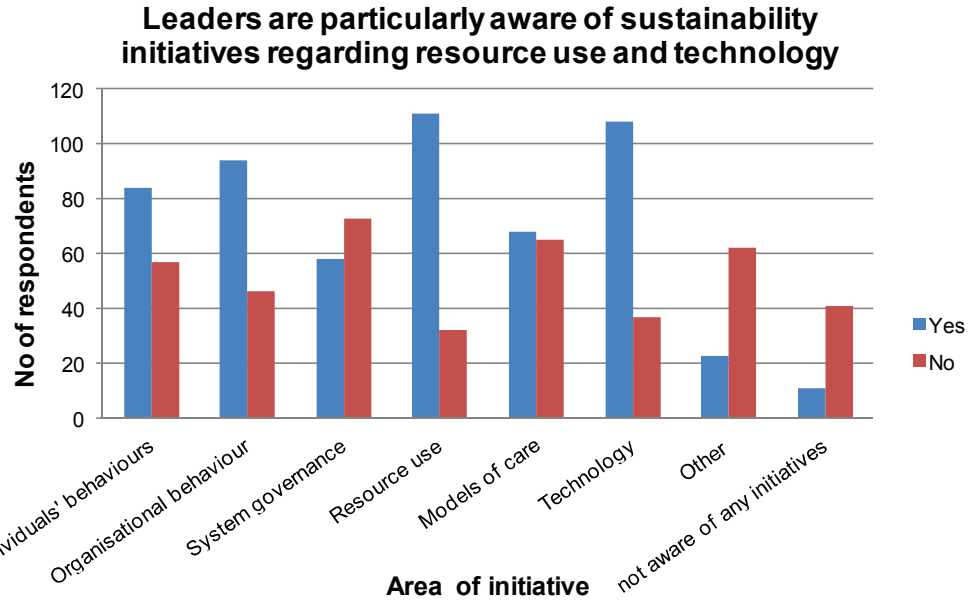

Figure 2.26: Q: Are you aware of initiatives under way in your organisation related to sustainability but specifically regarding the following areas?

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

[14] Molly, chief executive, foundation trust, North West.

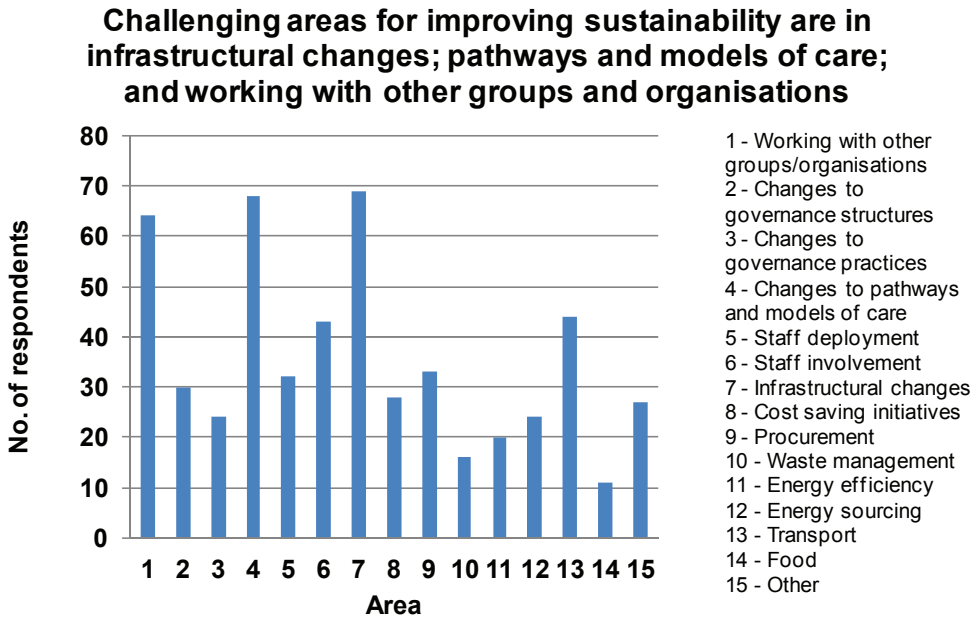

Figure 2.27: Q: In your organisation, where do you think it will be most challenging to make changes to improve sustainability?

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

Leaders responded that the most challenging areas for improving sustainability were in infrastructural changes, changes to pathways and models of care, and in working with other organisations. Perhaps paradoxically, some of these areas are also considered to be essential focus areas in the long term for achieving sustainability, i.e. working with other organisations and changing pathways and models of care. In discussing other potential challenges, one leader pointed out that sustainability could be confused with the green agenda, to the former's detriment. A few respondents mention the need to change attitudes, e.g. to get staff to consider more sustainable transport options and, in particular, the need for high level changes in attitude so that leaders can be seen to set a good example: 'some senior folk still see sustainability as a form of tree hugging. This needs to be tackled in the language of common sense'[15]. Again, challenges of procurement practices are mentioned.

[15] Bill, chief executive, primary care trust, East Midlands.

CHAPTER 3 Interviews with twelve NHS leaders

The survey provides a rich account of what NHS leaders are thinking and doing in relation to sustainability in the NHS. It provides us with a sense of the scale and range of views held by leaders across the NHS in England. In this, shorter chapter we report on the key messages we were given in twelve interviews with NHS leaders. In the interviews we had the opportunity to follow up on the issues raised in the survey by exploring the reasons and motivations of leaders along with their assessments of how best to deliver change. In addition, we asked them about the complexities of interactions around sustainability with other organisations, and the challenges and rewards of engaging with staff and patients. Interviewees came from a range of types of organisation and reflected the range of opinions about sustainability articulated in the survey. Here we do not attempt to reproduce all the views expressed or the interesting accounts of change provided, but we have tried to capture key insights to make sense of the survey results and to highlight assessments of changes currently either happening or possible within the NHS. We have assumed that there is a shared understanding among leaders regarding definitions of terms used in survey questions such as 'models and pathways of care'. Appendix A: provides background information about how interviews were carried out, and with whom.

Our key findings from the interviews are:

- Reinforcing the survey findings, all interviewees regarded sustainability as relevant to their behaviour as an NHS leader and none regarded it as merely a 'boutique activity'
- Interviewees stressed the importance of identifying win-wins but these vary greatly according to local circumstances. Two important potential areas for win-wins were models of care and exploiting new technologies.
- Interview responses strengthen the survey finding that NHS leaders bring their values to work but, once there, face different challenges
- In many different ways we heard that the way to support learning and improvement was through internal 'guiding coalitions' of the brightest and best and external networks with organizations which could support further progress (including businesses, Universities and especially Local Government)
- The need for an informed understanding of how to achieve organisational and behavioural change was stressed (and demonstrated) in our discussions
- In various ways there was a perceived need to lock in the moral imperative with the economic imperative and in order to achieve this measurement and metrics are important

3.1 Changing Behaviours

Every interviewee agreed that sustainability was relevant to their behaviour as NHS leaders. Furthermore, all saw the need for staff to change their behaviour. Interviewees had very different opinions about how to bring about these behaviour changes.

No-one argued that sustainability would be a sufficient end in itself to bring about lasting behaviour change. Most sought to integrate it with other dimensions of the work of the organisation. For some, it was about taking a whole system approach and applying the principles of Lean thinking where the emphasis on reducing waste chimed well with all aspects of sustainability. In a related argument it was emphasised that principles that could drive forward financial success could also be applied to changing behaviours around sustainability. We heard of the benefits of creating a 'guiding coalition' of the bright and enthusiastic, ensuring that the approach had a sense of urgency, creating and communicating a vision, empowering others to act, allowing and celebrating successes and institutionalising new approaches.

We were also told that if behaviour change relating to sustainability was to succeed it had to be linked to a sound understanding of behaviour and organisational change more widely. It was emphasised that it should not be treated as a 'boutique activity'. This was summarised to us as 'locking in the moral imperative with the economic imperative'.

The relationship between sustainability and the so-called 'core business'[16] of the NHS was often raised. Each had a different understanding of how best to manage this tension. For one interviewee, although sustainability was not the core business of the NHS, 'how we evidence our values will shape the core business' and, it was suggested, displaying values of care and commitment to sustainability would support care and community interaction, building a platform for a more preventive and integrated healthcare system.

Changing behaviour in relation to sustainability therefore requires establishing clarity about the tasks, showing why these tasks are a legitimate part of the core business, creating a 'guiding coalition' within the organisation, and linking the moral sense of purpose to the economic realities of delivery.

3.2 Improving the use of resources

Collaboration with other organisations and learning from best practice is necessary to improve resource use

If sustainable working was to connect the 'moral' and 'economic' imperatives, a better use of resources was seen to be key to delivering this. We were told of well developed approaches to heat and power plants, of efforts to reduce car transport for both patients and staff, support for local bus schemes, and schemes to introduce solar panels and wind turbines. In addition, a minority of those interviewed mentioned having local sourcing of food and other materials while others were actively evaluating the possibility. Almost all saw improved procurement as a vital way forward and the majority believed that this

[16] Phrases in quotation marks were used by interviewees during interviews, and are used in this chapter to reflect the rich imagery and sometimes personal examples that were discussed.

should be coordinated across both health and non-health public organisations. Most saw that local authorities were natural allies in this and most believed that local authorities already had more developed approaches to sustainability. One had also established relationships with their local University to help create a more sustainable city.

Sustainable procurement provides opportunities for win-wins

Improving the use of resources was where many leaders identified 'win-wins'. We mentioned the use of Lean thinking as a driving force in one Trust. Leaders believed that delivering these win-wins could help to 'ground' the desirability of 'saving the planet' in the realities of managing NHS organisations. Some even went further and one had a vision of using the buying power of not only NHS bodies but also all of their staff to secure improvements in the sustainability of supplies of domestic energy. We even speculated whether the NHS could organise the buying power of patients to drive change in the provision of goods and services. Looking outwards to the private sector, one leader was a member of a Business Sustainability Network. In practical terms, it was believed that a focus on sustainable procurement could lead over time to less packaging, less waste, less duplication, and efficiencies arising from standardisation. There was a strongly held view that some of the easiest opportunities for this lay in working across existing organisational boundaries. However, it was also commented that this will only succeed if individual members of staff change how they 'use and abuse' resources.

Partnership and inclusive working may offer various unrealised opportunities for delivering more sustainable services both through improved collaborations with other organisations and through mobilising insights of staff.

3.3 System Governance

Measurement and metrics encourage accountability, celebration of success and focused efforts

For most leaders, getting the right measurements and metrics in place was an essential early step in achieving more sustainability; 'metrics are vital or everything is well intentioned hot air'. We were told of the importance of identifying a small number of 'sentinel metrics' that would be linked to making progress in the key areas of sustainability. It was also suggested that easy to collect low-cost metrics were needed, also referred to as 'frictionless metrics'. The need for a small number of sentinel metrics was also contrasted with the 'blizzard' of data facing leaders in NHS organisations. Demonstrating improvement was seen as not only important for accountability purposes but also because it allowed success to be celebrated and so maintain pace and momentum. For others it was believed that metrics helped to focus an organisation on reducing defects, raising productivity and reducing inventories.

Incentives need to be visible, appropriate and focused at the right level of the organisation

Interviewees varied in the extent to which they identified the need for incentives to achieve this. We heard of more team-based incentives (where choosing the size of the team to be incentivised was seen to be crucial and the ward was seen as being an appropriate unit) than individual incentives. Rewards ranged from symbolic (including the altruistic satisfaction of being seen to be doing good and awards) to material benefits for their

patients. In all cases it was suggested that rewards should be visible and speedy. There were fewer examples of providing individual financial rewards (although the example of securing bulk purchasing on behalf of staff and patients could be seen as an example of personal benefits).

Governance with respect to sustainability needs high-level buy-in and an operational-level focus

Interviewees also varied on how this system governance should be managed. One had appointed a sustainability manager but another view was that unless these were very senior they would be marginalised. All saw it as requiring Board level approval and support if it were to succeed.

Interviewees seemed to be describing the need for a focussed dashboard of key performance indicators appropriate for both Board level strategy, and wider communications of achievements.

3.4 Models of Care

A focus on sustainability supports improved models of care and can be aligned with other improvements to quality delivery of care

One interviewee commented that 'sustainability needs to be put in the quality improvement, productivity and prevention area'. Another saw changing the model of care as one of the top two things that would lead to a more sustainable health system. This reflected a common theme that sustainability should inform the core working of the NHS and that the very heart of the NHS is the delivery of care. There was no uniformity about how this might be achieved, however. For another interviewee this model of care should begin with the injunction to find 'a disciplined, imaginative way to do no harm' and that 'harm' includes not only harm to today's patients but also to future generations. We have already noted that another interviewee saw the relevance of Lean thinking to the whole business model, including the model of care; reducing defects and reducing waste were identified as key ways to improve care. Others saw improving the whole patient journey (including, literally, the journey to and from care) as important to the aim of bringing the 'economic and moral imperatives' together.

Measurable options for low carbon care pathways will allow organisations to choose the most appropriate option for them

Approaches to achieving this varied. One was aligning with the actions of a Royal College as an effective way to secure clinician involvement. Another saw public and community engagement as key. Others saw providing information about who was travelling where and when as an effective means to encourage car sharing and changing how care was delivered. This was a specific illustration of a more general view that 'low carbon patient pathways' could be developed (and in this case information about the carbon footprint of different options would be an important facilitator).

Understanding how to build sustainability around models of care seems to offer a coherent way of achieving more sustainable ways of working.

3.5 Technology

Opportunities to investment in sustainable technology differ between organisations and depend on actual or perceived constraints on capital

Investing in more sustainable technologies was seen by many as an important way forward. However, opinion differed sharply around how easy it might be to secure the capital needed to invest in this. For some there were opportunities to do land sharing deals with other organisations, or sharing facilities, or making a compelling business case which meant that there were often opportunities that were not being exploited. In other circumstances such options were not considered feasible and they faced a direct choice between investing in new medical equipments, for example, or solar panels. In this situation, it was suggested, the medical equipment would always win. There were also different experiences (reflecting the status of different Trusts) of how tight the capital constraints were.

Visible, easily understood technological improvements are more likely to be embraced as win-wins for the triple bottom line of people, planet and profit

Combined heat and power technology was often commented on and identified as both a financial 'win-win' and an important symbolic expression of how sustainability can contribute and become part of 'the language of common sense'. In one ambulance trust the focus was on lighter and more fuel efficient ambulances (although another provider believed that capital constraints were currently preventing this). Possibly reflecting negative experience of IT over recent years, ICTs were not immediately identified as important contributors to sustainability by the interviewees, although a few survey respondents did point to opportunities in improving sustainability through better use of ICTs.

Technology is seen to be a two-edged sword capable of either delivering significant benefits or inflicting self-harm. Selecting, communicating and managing the delivery of technological improvements is crucial.

3.6 Conclusion

The accounts we were given through the interviews cohere around key messages:

- Behaviour change of staff and partners lies at the heart of delivering sustainability and this requires identifying what the project is, why it is a necessary and legitimate part of core delivery, and showing how progress will be organisationally achieved and measured
- Metrics are required to support ongoing change, including showing measurable improvements in the use of resources
- Thinking about the models of care being used offers a creative way to develop more sustainable strategies
- Technology is a two-edged sword in achieving sustainability

CHAPTER 4

NHS sustainable development and leadership in a broader context

This section presents the findings of a short literature search into international practices regarding sustainability in healthcare and business. We wanted to quickly test whether the findings from the survey and the interviews were broadly in line or not with findings from leadership studies elsewhere. This was not intended to be an exhaustive or systematic review, but was conducted to provide contextual information on the emerging findings and a commentary on the particularity (or not) of the approaches taken by the NHS leadership to sustainability. We were also interested to consider the NHS SDU route map in this light.

This chapter is therefore not intended to present a systematic account of international developments but instead we have selected a small number of readily available illustrations of other approaches to the issue of sustainability that the NHS might learn from or be inspired by.

Our highlighted messages are:

- Some organizations campaigning for sustainability in healthcare place more emphasis than NHS leaders on the relationship between environmental damage and harms to public health
- Complex corporations have been able to integrate sustainability into their bottom line reporting
- It is possible to brand a corporation so that it is explicitly projected as a sustainable organization
- It is possible to have a clear set of messages about sustainability running through an organization but this requires substantial commitment
- Training of all staff will reinforce the messages around sustainability
- Delivering sustainability requires significant senior time and commitment, integration with the corporate identity (or brand), and clear metrics to measure and demonstrate progress

4.1 Sustainability in Healthcare: some international developments

A number of our interviewees expressed the view that the NHS is regarded as an international leader in promoting sustainable development in healthcare systems. Our quick literature search supported this assertion; at least in the narrow sense that our search of published literature for examples of initiatives underway in other countries that were clearly more successful than approaches in the NHS were not fruitful. Where reference was given to sustainability in healthcare, the NHS often featured. One such example was a

special report for the Ecologist[17, 18]. The report discussed environmental aspects of Western medical practices, and cited the NHS SDU's route map as being notable for its premise of carbon reduction, and its goal of bringing about a sustainable health service.[19]

Healthcare Without Harm; an international coalition inspired by the NHS SDU's approach

Organisations aiming to embed sustainability in healthcare practices have usually been transnational rather than national

One prominent example is Healthcare Without Harm (HWH), an international coalition of more than 470 organizations in 52 countries, which, according to the NHS SDU leadership[20], has demonstrated an awareness of the work of the unit and has sought to build on the NHS SDU's broad and transparent approach. HWH notes that the huge scale of the healthcare sector worldwide means that unsustainable practices such as poor waste management, the use of toxic chemicals, and reliance on polluting technologies have a major negative impact on the health of people and the environment. The stated goal of HWH is therefore 'to transform the healthcare sector worldwide, without compromising patient safety or care, so that it is ecologically sustainable and no longer a source of harm to public health and the environment''.[21] The coalition that constitutes HWH includes hospitals and healthcare systems, medical professionals, community groups, health-affected constituencies, environmental and environmental health organizations.

HWH has a number of stated goals that relate to the aims of the NHS SDU

These include the transformation of the design, construction and operations of healthcare facilities to minimize environmental impacts and foster 'healthy, healing environments'; the promotion of safer waste treatment practices; and the promotion of measures to address climate change, by improving energy practices and reducing the overall climate footprint of the healthcare sector.[22] HWH does not appear to have a timeline or 'route map' to achieving these objectives. However since its inception in 1996, HWH claims to have achieved a number of successes. These include the following:

- Significantly reducing the market for mercury-based medical equipment in the United States, banning mercury thermometers in the European Union, and securing national policies to phase out mercury-based medical devices in the Philippines and Argentina;
- Initiating a Green Building Programme specifically geared to hospitals;
- Developing a Healthy Food project aimed at changing the way hospitals purchase food to support sustainable agricultural practices;
- Creating new programmes to reduce the climate footprint of the healthcare sector;

[17] Britton D, Special report: Can the NHS ever be green?, *Ecologist* (2011).

[18] This is an environmental affairs magazine, founded in 1970, and now part of the Guardian Environment Network.

[19] http://www.theecologist.org/investigations/health/865752/can_the_nhs_ever_be_green.html

[20] Personal communication.

[21] http://www.noharm.org/all_regions/about/

[22] http://www.noharm.org/all_regions/about/mission.php

- Closing thousands of medical waste incinerators and promoting safer technologies and waste management practices around the world.[23]

HWH is working in partnership with governments, non-governmental organizations and mainstream healthcare institutions in order to achieve its goals

For example, it is currently collaborating with the United Nations Development Programme (UNDP) and the World Health Organization (WHO), to implement a Global Environment Facility project to demonstrate sustainable healthcare waste management in Argentina, Latvia, Lebanon, India, the Philippines, Senegal, Vietnam and Tanzania.[24]

Comparisons with NHS leaders must be made with care

HWH is a transnational organisation operating at a more macro level than the NHS leaders involved in our research. However, much of the emphasis on green buildings and plant, healthy food projects, and carbon use reduction resonate with issues facing the NHS. The particular emphasis on the damaging public health consequences of environmental harm is less prominent among NHS leaders.

Leaders in the Healthcare Sustainability Movement in the US are more prominent than are any counterparts in Europe

Our search indicated that literature concerning the healthcare sustainability movement in Europe is relatively scarce. However HWH was found to be one of a number of actors with a presence in the United States (US), who are helping to develop and implement healthcare sustainability programmes. Other such organisations include the following:

- **Global Health and Safety Initiative (GSHI):** GSHI is a collaboration of leading healthcare systems in the US that are working to transform the way the healthcare sector designs, builds and operates its facilities. Vernon (2009) states that GSHI was formed in recognition of the fact that many healthcare organizations are willing to make sustainable facility and environmental changes, but are hampered by limited available guidelines, instruments, models, and other strategies. By pooling resources from partners and other organizations, GHSI aims to provide tools and information for achieving breakthrough outcomes.[25] In aiming to develop tools and information to support decision makers within healthcare organisations, the GHSI has parallel aims to those of the NHS SDU.
- **Practice Greenhealth** (formerly 'Hospitals for a Healthy Environment'): Originally formed to help healthcare organizations eliminate mercury from their operations, Practice Greenhealth gradually expanded its role to work with facility operations, housekeeping, food service, engineering and materials management staffs to improve the performance of hospital facilities. It is now a membership

[23] http://www.noharm.org/all_regions/about/history.php

[24] http://www.noharm.org/all_regions/about/partnerships.php

[25] Vernon W, "Helping Hands: Leaders in the Healthcare Sustainability Movement", Journal of Healthcare Management (2009): 54:4: 228.

organization that offers educational tools, including e-newsletters and online performance measurement tools.[26]

- **US Green Building Council (USGBC):** A nonprofit association, the US Green Building Council offers greenbuilding certification, provides courses and workshops, publishes reference guides, and disseminates information.
- **The American Society for Healthcare Engineering (ASHE):** ASHE is an informational and educational resource and advocate for performance improvement, particularly in the area of energy consumption.
- **US Department of Energy (DOE):** The DOE is aggressively working to help the healthcare sector make dramatic improvements in energy efficiency. In addition to supporting its national laboratories—National Renewable Energy Laboratory and Lawrence Berkeley National Laboratory—in conducting various healthcare energy-related studies, DOE is collaborating with the American Society of Heating, Refrigerating, and Air-Conditioning Engineers to produce a series of documents called Advanced Energy Design Guide for small hospitals.[27]

These latter three organisations are interesting as efforts to focus directly on the planet and on buildings used in delivering healthcare.

We interviewed leaders who had differing views about the appropriate role of estates managers, but we were not made aware of courses and training dedicated to equipping a new generation of sustainability-focused estates managers.

The efforts of these organisations may denote that the healthcare sustainability movement is gaining impetus in the US. However the literature suggests that the NHS SDU is a relatively unusual example of a healthcare organisation with a strategy for embedding sustainable practices in Europe, as other organisations making similar efforts were not identified.

World Health Organisation (WHO); goals similar to those of the NHS transposed on a global scale

Although responsible for providing leadership on global health matters, and in setting norms and standards, information is relatively unforthcoming on the WHO's position towards sustainable development in healthcare.

The WHO states that it conceives of health and sustainability as a two-way process: the goals of sustainable development cannot be achieved when there is a high prevalence of debilitating illness and poverty, and the health of a population cannot be maintained without a responsive health system and a healthy environment.[28] The WHO also states that it is working to ensure that development policies take into account current and future impacts on health and the environment.[29]

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[26] Ibid: 228.

[27] Ibid: 229.

[28] http://www.who.int/wssd/en/

[29] http://www.who.int/wssd/en/

A key development in linking health to the other economic, social and environmental aspects of sustainable development was the World Summit on Sustainable Development (Johannesburg, South Africa, August 26 - September 4, 2002). At the summit health was singled out as one of five priority areas, along with water, energy, agriculture and biodiversity, and was devoted a separate chapter in the resulting Plan of Implementation, which highlighted a range of environmental health issues as well as issues relating to health services, communicable and non-communicable diseases.[30] Following the summit, the Healthy Environments for Children Alliance (HECA) was launched by the WHO in conjunction with a number of other United Nations (UN) agencies, NGOs and governments.

A number of the stated goals of WHO concerning healthcare and sustainability reflect the ambitions of the NHS SDU transposed on a global scale, most notably the aim of strengthening the capacity of health-care systems to deliver basic health services to all 'in an efficient, accessible and affordable manner'.

4.2 Sustainability in Business: a growing international trend

The belief that long-term economic success requires embedding social and environmental concerns within business models has grown increasingly strong

This heightened focus on sustainability can be seen not only in the creation of the Dow Jones Sustainability Indexes, but also in the growing trend for businesses to design their own specific sustainability approaches and the creation of platforms that foster the engagement of businesses with questions surrounding sustainability. Lubin and Esty (2010) identify sustainability as the newest business megatrend and argue that it is transforming the competitive landscape in many industries.[31] We were also told in a number of interviews that NHS organisations have relationships relating to sustainability with other business leaders through local networks. In this section, we focus on one platform for engaging business, the World Business Council for Sustainable Development. In addition, we present three examples of businesses which have extensive experience in sustainability strategies and aim to incorporate economic, social and environmental concerns within their respective business plans.

The selection of these examples was guided by two principles. The first demanded that the respective companies be recognised by an expert community as sustainability leaders. In this context, the Sustainability Survey 2011[32] carried out by GlobeScan and SustainAbility, a research firm and think tank specialising on sustainability issues, served as a major reference point. This survey was completed by 559 experts drawn from corporations, governments, NGOs, academia and service organisations. Respondents spanned 66 countries in Asia, Africa, Middle East, Europe, North America, Latin America, Caribbean, Australia and New Zealand and were highly experienced, with 56 percent having more than ten years of experience and 33 percent having five to ten years of experience working

[30] http://www.johannesburgsummit.org/html/documents/summit_docs/2309_planfinal.htm

[31] Lubin DA and Esty DC, 'The Sustainability Imperative', *Harvard Business Review* vol 88 no 5(2010): 42-50.

[32] http://www.sustainability.com/library/survey-on-sustainability-leadership

on sustainability issues. The second selection criterion pertained to the potential insights that could be gained from sustainable business approaches, aiming to present a variety of lessons that promise to be useful in the attempt to build a more sustainable NHS. More precisely, we chose to concentrate on PUMA (see Section 3.2.2) in light of its groundbreaking initiative to place an economic value on its environmental impact. General Electric, in turn, was selected in light of its aim to drive innovation and economic growth on the basis of sustainability (see Section 3.2.3). Finally, we focused on Interface (Section 3.2.4) because of the influential role that its founder played in the initiation of change and the launch of ambitious sustainability campaigns.

A considerable proportion of the information is taken from the companies' websites. Accordingly, the self-reported nature of this information calls for caution. In order to militate against distorted self-presentation, we attempted to verify the information provided on the basis of other sources wherever possible and drew mostly on the companies' published sustainability reports, rather than general narratives found on the respective websites.

World Business Council for Sustainable Development (WBCSD); example of wider business interest in embedding sustainability in business practice

One source of thinking about route maps for the NHS SDU[33] has been the WBCSD's study 'Vision 2050: The new agenda for business'. WBCSD is a Chief Executive Officer (CEO)-led, global association of 200 companies dealing exclusively with business and sustainable development. The Council provides a platform for companies to explore sustainable development, share knowledge, experiences and best practices, and to advocate business positions on these issues in a variety of forums. It works with governments, non-governmental and intergovernmental organisations, with members drawn from more than thirty countries and twenty major industrial sectors.[34]

Twenty-nine companies, led by Alcoa, PricewaterhouseCoopers, Storebrand and Syngenta, came together to rethink the roles that business must play over the next few decades to enable society to move toward being sustainable. Participating companies contributed through workshops, virtual working groups and feedback throughout the project. The strategy aims to encourage companies to 'reinvent themselves, their products and services to get where they and society want to be'.[35]

The remit of the strategy is broader than the NHS SDU's route map – it aims to embed sustainability in business practice on a global scale. The report outlines a beginning period (taken to be 2010 – 2020) followed by 'transformation time' (2020 – 2050). A pathway outlines the desired transformations that need to be made in nine key areas, and outcomes that could serve as 'measures of success'. As with the NHS SDU's route map, emphasis is

[33] Personal communication.

[34] http://www.wbcsd.org/home.aspx

[35] http://www.wbcsd.org/templates/TemplateWBCSD5/layout.asp?type=p&MenuId=MTYxNg&doOpen=1&ClickMenu=LeftMenu

placed not only on technological innovations, but equally on changing societal behaviours and attitudes.

The case of PUMA; sustainability goals supporting core business

PUMA is one of the world's leading sport clothes manufacturers, designing and developing footwear, apparel and accessories, with consolidated sales for the financial year 2010 amounting to €2,706.4 million and the long-term mission to become 'the most desirable and sustainable sport lifestyle company'.[36] PUMA's approach to attaining this goal is not published in the form of a route map, but is laid out within its framework 'PUMAVision'.[37] This encompasses PUMA's core corporate values of being fair, honest, positive and creative, as well as the programmes 'PUMA.Safe', comprising initiatives and commitments for environmental protection and improved working conditions, 'PUMA.Peace', supporting the global day of ceasefire, and 'PUMA.Creative', offering a platform for creative exchange between artists and organisations. It reflects an interesting example of how the aspiration of many NHS leaders to integrate the aims of sustainability with the 'core business' has been attempted in a very different environment.

The first sustainable shoe and PUMA's Environmental Profit and Loss (E P&L) Account

To give just one example of its attempts to become a more sustainable company and minimise environmental impact, in October 2011 PUMA presented the first sustainable shoe, with the upper, sock liner, laces and sub lining made from 100% recycled materials and an innovative new outsole material.[38] However, of perhaps greater interest for the NHS SDU and NHS leaders is PUMA's most groundbreaking initiative in the context of sustainability, which concerns its advances in corporate reporting. Putting the approach of the triple bottom-line into practice, PUMA became the first major company to place an economic value on its environmental impact in 2011. More precisely, PUMA, together with its parent company PPR (previously Pinault-Printemps-Redoute), developed an Environmental Profit & Loss Account (E P&L) which measured the environmental impacts caused by greenhouse gas emissions and water consumption within all of PUMA's operations and along its entire supply chain.[39]

General Electric; making money ethically and making a difference

Having long been 'considered an environmental scofflaw' (Savitz/Weber, 2006, p. 22), over the last ten years General Electric (GE) has built a strong reputation for sustainability.[40] GE is a diversified infrastructure, finance and media company, ranging

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[36] http://about.puma.com/?cat=4, http://about.puma.com/?cat=6

[37]http://vision.puma.com/us/en/

[38] http://safe.puma.com/us/en/?

[39] For the following information, see http://safe.puma.com/us/en/category/key-performance-indicators/. See also http://www.guardian.co.uk/sustainable-business/puma-value-environmental-impact-biodiversity

[40] http://www.sustainability.com/library/survey-on-sustainability-leadership. In the most recent global survey on sustainability leadership, Unilever topped the list of sustainability leaders and GE came second. However, Unilever's reputation for sustainability rose only last year due to its 'Unilever Sustainable Living Plan' (http://www.unilever.com/images/UnileverSustainableLivingPlan_tcm13-239379.pdf). Hence in light of GE's longer sustainability track record and its emphasis on sustainability-driven innovation, we chose to concentrate on GE, rather than on Unilever.

from aircraft engines and power generation to financial services, medical imaging, and television programming. In 2010, GE achieved earnings of $12.6 billion.[41] Given the specific nature of its company, GE explicitly pursues a business plan which strongly intertwines and directly integrates economic goals with ethically responsible actions, aiming to create business opportunities and inspire innovation by seeking solutions to the world's biggest challenges. GE's self-declared goals are, accordingly, 'to make money (strong, sustained economic performance), to make it ethically (through rigorous compliance with financial and legal rules), and to make a difference (through ethical actions, beyond formal requirements, to advance GE's reputation and long-term health)'.[42] These goals are further spelt out in its 'corporate citizenship strategy' which is defined 'by three key pillars of energy and climate change, sustainable healthcare and community building, and underpinned by a foundation of operational excellence in the way that [GE does] business'.[43] The incorporation of social and environmental issues within the heart of its business plan is, therefore, not based on philanthropy, but core to GE's growth strategy.

The initiative 'Ecomagination' is one example of GE's combination of sustainability-driven innovation and economic value creation.

Launched in 2005, the aim of Ecomagination is to address challenges such as the need for cleaner and more efficient sources of energy, reduced emissions and increased sources of clean water, whilst at the same time providing value to customers and investors. In 2010 alone, GE invested $1.8 billion in Ecomagination R&D (research and development) and introduced 22 new innovations which created $18billion in revenues.[44] These products and services range, for instance, from new systems that allow airlines to reduce flying times, fuel and emissions, to energy managers that help improve home energy conservation and the development of the world's largest wind farm. Since its launch, Ecomagination generated more than $85 billion, developed 110 innovations and allowed GE to cut its own greenhouse gas emissions by 22 percent, water usage by 30 percent and energy costs by $130 million.

Making a strong business case for the integration of sustainability within business strategies, GE is confident that its citizenship strategy will attract shareowners' support for aligning its business strategy with long-term, value-creating opportunities. The GE example suggests a model of explicitly corporate branding in relation to sustainability that goes beyond what has been attempted by NHS organisations so far. By so pinning their colours to the mast, GE invites attention from the public and sustainability activists alike which reinforces their internal approach to performance measures.

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[41] http://www.ge.com/company/factsheets/corporate.html

[42] http://www.ge.com/company/citizenship/index.html

[43] http://www.ge.com/company/citizenship/index.html

[44] For the following information, see
http://files.gecompany.com/ecomagination/progress/GE_ecomagination_2010CondensedReport.pdf

Interface; using a road map to show the world what sustainability can do

Interface is a leading company in the design, production and sales of environmentally responsible modular carpet. Its mission is to be 'the first company that, by its deeds, shows the entire world what sustainability is in all its dimensions: people, process, product, place and profits – and in doing so, become restorative through the power of influence'[45]. This vision was developed by Interface's Founder Ray Anderson in 1994, 21 years after the company came into being. Emphasising the pivotal role of Ray Anderson for the company's approach to sustainability, Interface explains that 'we didn't have a map, but Ray's vision was a compass for our journey.'[46] Subsequently, though, Interface did develop a roadmap to sustainability.

Interface's roadmap for sustainability

This roadmap relied on the expertise of authors, activists, scientists and entrepreneurs and employed the concept of biomimicry, which uses nature as a model in the attempt to use only renewable energy, fit form to function, recycle everything and create no waste.[47] The roadmap focuses on the following three key areas:

- Footprint reduction: targeting Interface's environmental impact;
- Product innovation: designing and manufacturing innovative products with reduced environmental and social impacts;
- Culture change: achieving the engagement of employees, opening the culture to tolerate failure and encourage experimentation, and setting highly ambitious goals, such as the aim to reach a footprint of Zero by 2020 ('Mission Zero').[48]

Vaccaro (2007, p. ii) usefully identifies ten core practices that helped Interface tackle these areas: 'It engaged a wide range of stakeholders, incorporated multiple languages, sought external validation, communicated the "sustainability" message consistently, framed sustainability in terms of a higher purpose, rejected "greenwash", developed a comprehensive measurement system called EcoMetrics™, blended novelty and continuity, persisted in the face of opposition, and built a team committed to sustainability'.

It is widely agreed, though, that Ray Anderson's inspiring vision in particular as well as employees' motivation to make Mission Zero a success were key for Interface's transition into a more sustainable company (Rosenberg, 2009; Vaccaro, 2007). In an attempt to maximise employee's engagement, the roadmap for Mission Zero was visualised as the ascent of 'Mount Sustainability', a symbol used to describe the size as well as the scope of the mission. The Interface example suggests how a sustained effort can create a clear message and that training can help to deliver it. It also suggests the scale of effort required.

Conclusion; lessons to learn but not models to copy

Despite the fact that we have identified only a few comparators, there are examples from elsewhere in healthcare and in other sectors where there may be lessons to be drawn for the

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[45] http://www.interfaceglobal.com/Sustainability.aspx

[46] http://www.interfaceglobal.com/Sustainability/Interface-Story.aspx

[47] http://www.interfaceglobal.com/Sustainability/Interface-Story.aspx

[48] http://www.forbes.com/sites/ericagies/2011/08/10/interface-founder-ray-anderson-leaves-legacy-of-sustainability-success/

NHS as a whole as well as specifically for NHS leaders. We have identified international organisations, notably Healthcare Without Harm and the WHO, whose stated visions project the goals of NHS leaders on a global scale.

In addition, we have chosen three examples of sustainability leaders in the business world which can provide useful insights for the NHS SDU's future approach to sustainability. PUMA's development of an Environmental Profit & Loss Account could help the NHS SDU measure the environmental and social impact not just of its own operations, but throughout the whole supply chain. Moreover, placing an economic value on this footprint could not only highlight key action areas, but also promote the reduction of costs by making them more visible. GE, in turn, can be used as a model for the NHS SDU to drive innovation in healthcare on grounds of sustainability. Finally, the vital role played by Interface's Founder within Mission Zero and the successful engagement of employees provides helpful ideas for NHS SDU's efforts to lead from the top as well as achieve the strong commitment of NHS staff to a more sustainable NHS.

However, on a more cautious note it is important to acknowledge that NHS leaders in both the survey and the interviews suggest a wide variety of approaches are required, and the interviews reinforce the sense that these vary considerably according to local circumstances, It might therefore be difficult to transfer lessons from a more centrally drivable organisation such as PUMA to the context of the NHS. However, we do know that delivering improvements in the NHS requires effective leadership and that this requires attention to context if it is to succeed.[49]

[49] Ling T et al, '*How do you get clinicians involved in quality improvement?,* London: The Health Foundation (2010).

CHAPTER 5 Achieving a more sustainable NHS

5.1 Introduction

We might summarise our findings so far in the following table.

Table 5.1: Issues and related recommendations for delivering improvements in sustainability

Key finding	Survey	Interviews	Wider sources	Recommendations
NHS leaders identify a mandate for action on sustainability, agree with the NHS SDU's definition of sustainability, and believe leadership has a crucial role	Most NHS leaders believe sustainability is important to the NHS and **89%** agree with the NHS SDU's definition of sustainability in the NHS **62%** of NHS leaders believe it to be compatible with or supportive of wider goals	Leaders personally believe sustainability to be important and not just a 'boutique' activity	Leadership is seen to be crucial to delivering complex changes such as moving towards a more sustainable NHS	Leaders are now engaged with and understand sustainability issues. For the future they need support in using knowledge of individual and organisational change to deliver corporate aims through meeting a sustainability agenda
Organisations need support to exploit local entry points and opportunities	Leaders identify different priorities and barriers apparently according to local circumstances	Leaders provided many accounts of the diverse ways they organised and how they drew upon local resources and opportunities	Leadership approaches need to vary according to local circumstances	Since being adaptable to local circumstance is crucial to success, local leadership requires not only the capacity but also the freedom to craft local strategies
Staff culture and engagement remain key to delivering a sustainable NHS	Staff culture and awareness and weak learning are more of a barrier than limited formal powers (**56%** of leaders believe they have the necessary formal powers)	NHS leaders have well-developed understandings of how to change culture and improve learning	Evidence from the corporate world suggests that changing culture requires sustained and substantial leadership attention	There is already a requisite variety of ideas within the NHS and beyond to support innovative approaches to sustainability. Maximising learning from existing knowledge may be more fruitful than creating new approaches.
Incentives must align motivations with performance measurement	**83%** of NHS leaders believe that incentives matter but that these are more about organisational and patient benefits than personally	Incentives might be symbolic and rewards should be focused on benefits for patients and targeted at an	Performance measurement is identified as a key component of successful moves towards sustainability by	Incentives should be as much about wider motivations as personal rewards and should be crafted to support the desired cultural changes (for example,

Key finding	Survey	Interviews	Wider sources	Recommendations
	acquired rewards for staff. **36%** of leaders believe that incentives are especially important for Directors and Board members. Measurement and metrics are said to be key to success	appropriately sized group. Lean thinking is one way to align organisational benefit with sustainability	health organisations[50]	improved patient outcomes were seen to be an incentive). These should be measured and visible and should be considered for Directors and Board members
Achieving sustainability requires acting on multiple fronts in the long run but may benefit from more focus at any one time	NHS leaders have strongly held views about the challenges they face and the best way to address these. There is a variety of approaches across the NHS at any one time	Embedding sustainability took different forms and these reflected leaders' deeply held views about leadership and delivering change in their organisations	More sustained efforts to shift organisational behaviour in the corporate sector might have to be adapted in the NHS to support a requisite variety of approaches	Leaders need to be flexible to seize short term opportunities but also aware that in the long term action across a range of dimensions will be needed

In the following sections we draw out the implications these findings have for delivering sustainability in the NHS.

5.2 Achieving change requires a range of approaches; leaders have developed their own understanding of how to deliver change but share certain commonalities

The evidence suggests that there is no 'one tool for all organisations' and that the NHS should support a variety of approaches (and, hopefully, encourage learning from one place to another). The survey data, and also the interview data, suggests an NHS leadership which thinks carefully about how to deliver change and holds firmly to their views. However, we might identify shared assumptions on how to deliver sustainable development in their organisations as follows:

1. Communicate a consistent and coherent message about what sustainability means to the individual NHS organisation (with particular attention paid to cultural change)
2. Demonstrate how sustainability provides a basis for working together in new ways and reward it when it happens (with particular attention paid to motivations and a wide range of incentives targeted at the appropriate level of the organisation)
3. Use the often latent power that exists through mobilising local relationships including networks with communities, patients, staff, and other organisations. One way of strengthening this was seen to be exploiting the collective purchasing power this creates

[50] Boone T, *Creating a Culture of Sustainability: Leadership, Coordination and Performance Measurement Decisions in Healthcare,* Health Care Without Harm (2011).

4. Collect and communicate metrics to support incentives, learning and cultural change

5.3 Lessons regarding improvements in sustainability from other NHS improvement initiatives

A discussion of current leadership views of sustainable development in the NHS cannot disregard the context within which improvements to sustainable development will need to be made. NHS leaders' responses to the survey and during the twelve follow-up interviews clearly illustrate the need for sustainable development initiatives to be sensitive to the differences between various NHS organisations and to the opportunities and barriers inherent in these differences. In addition, the regulatory, financial, and cultural constraints on NHS organisations have been seen to have a great impact on the relative success of NHS-wide interventions designed to produce changes in organisational attitudes and practices.

For example, we know that the gaps between recommended healthcare and actual provision have been well-documented across healthcare systems and specialisations and we know that sustained and focused efforts to reduce these gaps have usually produced patchy and limited improvements[51] [52] and there have been many attempts to address these gaps in the UK and elsewhere. Achieving large-scale change in healthcare systems is beset with difficulties. We were therefore not anticipating simple solutions and nor were we offered any. In delivering quality improvement in the NHS, we know that creating an organisational platform for improvement, establishing purpose and meaning, collecting data and encouraging learning and reflection all matter.[53] Similarly, our forthcoming evaluation of the Integrated Care Pilots in England will show, amongst other things, the difficulty of achieving change in measurable outcomes even in well-run and well-founded schemes.

These challenges could be described using different conceptual frameworks but our analysis resonates with Boone's suggestion, as part of a study of leadership, coordination and performance measurement in creating a culture of sustainability in healthcare, that Mintzberg's synthesis of organisational design research[54] usefully identifies the options available to coordinate sustainability efforts. These are described as:

- Mutual adjustment and informal communication among staff
- Direct supervision with one person coordinating change
- Training and education to standardise employee skills

[51] As discussed in Ling et al op cit.

[52] Steel N et al, 'Self reported receipt of care consistent with 32 quality indicators: national population survey of adults aged 50 or more in England', *British Medical Journal* Vol 337 No. A957 (2009); McGlynn EA et al ,'The quality of healthcare delivered to adults in the United States', *New England Journal of Medicine* Vol 348 (2003): pp 2635-45.

[53] Ling et al op cit.

[54] Mintzberg H, 'Structure in 5's: A synthesis of the Research on Organisational Design', *Management Science* vol 26 (1980): 322-341 quoted in Boone op cit.

- Standardisation of routines and procedures through rules and guidelines
- Standardisation of organisational norms and values

In the light of these requirements for organisational change, we might see a particular bias of NHS leaders towards relationship building, goal setting and incentives but arguably less attention given to training, standardisation of procedures and standardisation of norms. We saw that training and standardisation also emerged as important to delivering sustainability in other sectors. It is not hard to recognise that delivering training and standardisation are especially hard to deliver in an NHS with such a complex combination of national accountabilities, professional interactions, technical complexity, resource constraint and growing demand. This is not to argue that efforts to deliver a more sustainable NHS are 'doomed' but it might suggest that we should have realistic expectations of the challenges they face.

The Health and Social Care Bill and implications for sustainability initiatives

Any current assessment of NHS management would not be complete without consideration of potential impacts of the changes to organisational structure and national policy proposed by the Health and Social Care Bill of 2011 (HL Bill 92). These changes, most of which are already being implemented at local and national levels, focus on transferring commissioning authority for most services from regional Primary Care Trusts (PCTs) to smaller CCGs, with dentistry and some specialty services to be planned and purchased nationally by an independent NHS Commissioning Board. Other changes include (but are not limited to) expanding the role of the Care Quality Commission (CQC) to authorise operation of all health and social care providers; strengthening the role of Monitor, the foundation trust regulator, to oversee competition and economic regulation of the health service; creation of Public Health England—an executive agency of the Department of Health (DH)—to provide a national public health function; and further emphasis on public involvement through development of a body called Health Watch England (to be situated within the CQC).[55] [56]

The most obvious implications of these reforms relate to the economic and social aspects of sustainability as opposed to the more common interpretation of environmental and, specifically, carbon emissions-related, impact reported by our survey respondents and interviewees. Because individual respondents may have answered questions with this more environmentally focused meaning in mind, aggregate level survey data may not be as relevant for assessing implications for NHS financial and social sustainability. However, with that limitation in mind, our findings indicate a few issues that may be particularly relevant to sustainability initiatives after passage of the Health and Social Care Bill.

Changes needed for long-term sustainability

According to survey respondents, among the areas in which change would be most necessary for long term sustainability, 'working with other groups/organisations' ranked highly. This may be easier after passage of HL Bill 92. The proposed Bill requires that

[55] Health and Social Care Bill (HL Bill 92), (2011).

[56] Government response to the NHS Future Forum report: Briefing notes on amendments to the Health and Social Care Bill, London: Department of Health (2011).

CCGs work alongside Local Authorities in order to jointly commission health and social care services. There is also a mandate on clinical senates (which will provide oversight to CCGs) to encourage care integration. However, competition between providers is also encouraged and to be enforced by Monitor, and pro-competition policy, unless explicitly presented, might be interpreted as anti-collaboration[57].

'Changes to pathways and models of care' was also ranked highly as necessary to long term sustainability. Local health economies should have more flexibility to create new care pathways in the post-Bill environment, with CCGs making more locally relevant commissioning decisions and having the ability to purchase from independent and voluntary providers. Procurement, too, was identified as an area for change, and with more provider organisations encouraged to apply for and achieve Foundation Trust status, they will have more flexibility in purchasing and financial management.

Regarding the barriers to sustainability, respondents commonly identified externally imposed governance regulations. However, leaders may find they have more freedom to develop their organisation's individual governance strategy in future years, as both CCGs and foundation trusts are intended to have more freedom over internal processes then do current PCTs and non-foundation providers.

Incentives for sustainability

In terms of incentives for working sustainably, commissioners in the new NHS structure may need to think about creating incentives at a cross-organisational level in order to simultaneously uphold incentives for provider integration. For example, certain benefits might be given to all organisations contracted to provide part of an integrated service that decreases the number of places to which a patient would previously have had to drive– therefore incentivising both environmental sustainability and provider integration. Noting that regulatory incentives were found by leaders to be one of the most effective types, financial sustainability could be further incentivised through relevant regulation passed by Monitor.

Reforms increase importance of sustaining NHS legitimacy

Creation of CCGs will bring those with the authority to make decisions about availability and quality of health and social care services even closer to the people who use them. As patients become aware of these changes they may hold their local care purchasers, particularly General Practitioners (GPs), more accountable for care they experience. The NHS, as a taxpayer financed service, may find itself needing to prove and sustain its legitimacy in the eyes of the public now more than in previous years—especially with HealthWatch operating as a part of national regulator CQC. Local-level HealthWatch groups, commissioned by Local Authorities, will have representation on Health and Wellbeing Boards (committees tasked with oversight of local health economy integration) and will have the ability to enter and view health and social care providers and report unsatisfactory care to CQC .

[57] Brereton L, Gubb J, Refusing Treatment: the NHS and market-based reform, London: Civitas: Institute for the Study of Civil Society (2010); vv

The validity of the main messages around the need for sustainable development will probably not be impacted by structural and policy reforms

A strong theme running through survey responses and interviews is the need to improve awareness and understanding of sustainability throughout organisations, and to embed it in practice rather than operating as isolated leadership-driven initiatives. Many responses indicated that competing priorities often trumped sustainable development, and with no real-time increases in NHS budgets predicted through 2014/15, cost savings will likely remain a focus of NHS leaders. Communicating ways to improve sustainability that also reduce costs would probably resonate most effectively.

In general, without the active support and engagement of new commissioners and regulators at local and national levels, NHS leaders will be unable to coordinate significant step changes in delivering a sustainable NHS.

5.4 Concluding remarks

We have identified broad support for delivering sustainability among NHS leaders. We have also seen that priorities and challenges vary across NHS organisations, most probably reflecting their differing circumstances, and that there is no 'one size fits all' suitable for every NHS organisation. NHS leaders engage thoughtfully with the issues around delivering sustainability and draw upon their experience and knowledge to form strongly held understanding shaping how they proceed. The wider literature on leading for sustainability identifies many insights but there is no obvious single model that can be adopted. However, successful case studies from other sectors suggest that delivering sustainability in the NHS requires very substantial organisational commitment, corporate branding, and effective use of performance metrics and rewards; the implication is that sustainability cannot be delivered 'at the margins' of the core business. Although we have noted that NHS leaders utilise a range of approaches, they appear to avoid some of the more difficult coordinating mechanisms used apparently successfully in other sectors – especially standardisation and training. One possible focus of such standardisation of norms and practices would be around the care model which leaders identified as a helpful focus. Finally, NHS organisations operate in a wider context which is currently changing. Unless these changes provide support for sustainability it is hard to believe that leaders on their own – however strong their personal commitments – will be able to deliver a step change towards a more sustainable NHS.

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APPENDICES

Appendix A: Survey and Interview Methodology

The survey provides a rich account of what NHS leaders are thinking and doing in relation to sustainability in the NHS. It provides us with a sense of the scale and range of views held by leaders across the NHS in England. In twelve interviews with NHS leaders, we had the opportunity to follow up on the issues raised in the survey by exploring the reasons and motivations of leaders along with their assessments of how best to deliver change. In addition, we asked them about the complexities of interactions around sustainability with other organisations, and the challenges and rewards of engaging with staff and patients. Interviewees were selected to represent a range of types of organisation and to reflect the range of opinions about sustainability articulated in the survey.

Survey Methodology

The survey questions, developed in collaboration with the NHS SDU, were intended to get some contextual background information about the leaders being interviewed and to explore the following themes: 1) leaders' general knowledge of sustainability, 2) their organisations' sustainability practices, 3) their views on the current state of NHS sustainability practices, and 4) actions they feel are needed to achieve a sustainable NHS. These questions were then piloted by carrying out cognitive interviews with two NHS leaders. These interviews involved asking the respondents to review the survey questions independently, following which a RAND Europe researcher held a follow up conversation with them to discuss 1) the clarity and flow of the questions, 2) the usability of the survey and any other issues relating to individual questions or sections. Based on these interviews, final amendments were made to the survey, which was then finalised online.

28% of those NHS leaders who were contacted took part in the survey

An e-mail request to complete the survey using a unique username and password was sent to 491 NHS leaders in the NHS SDU database, covering all CEs in NHS England. The survey remained open for thirteen days, from the tenth to the twenty-third of September. During this time, as contact details for NHS leaders in the database were updated and amended, additional respondents were invited to complete the survey. As a result, a total of 623 individuals were invited to take part. 172 responses were received.

Interview Methodology

Interviews were carried out with twelve NHS leaders, who were selected from the forty survey respondents who indicated that they were happy to be contacted further.

Interviewees were selected to ensure good regional coverage, a variety of organisation types, and varying levels of engagement with sustainable development. Ultimately, however, the interviews were dependent on the availability of leaders, and a pragmatic decision had to be taken as to who to include. Given that half of the interviewees were based in the East Midlands, there is some bias in favour of this region and its specific contextual influences. However, while giving rich detail of specific sustainability-related activities underway in organisations, interviewees also provided high-level reflections about leadership with respect to sustainability that are relevant to all NHS leaders.

Profiles of interviewees

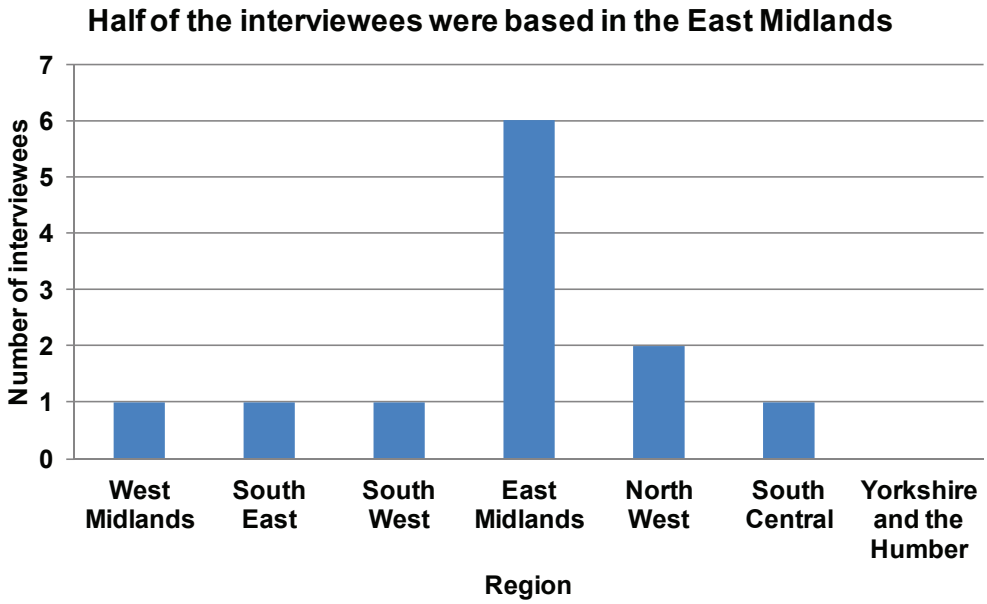

Figure A.1: Regional spread of interviews

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

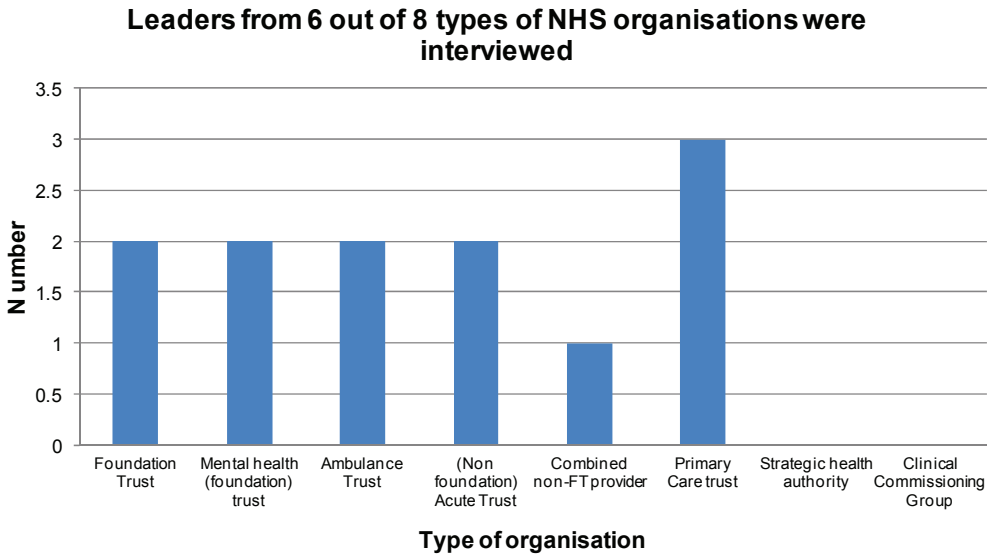

Figure A.2: Types of organisations represented in interviews

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

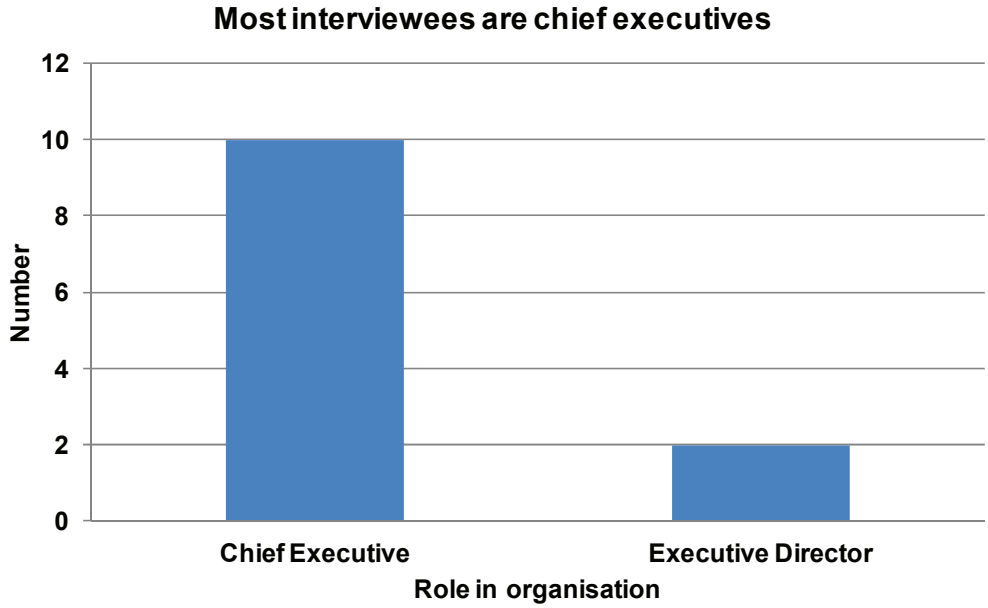

Figure A.3: Roles of interviewees in their organisations

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

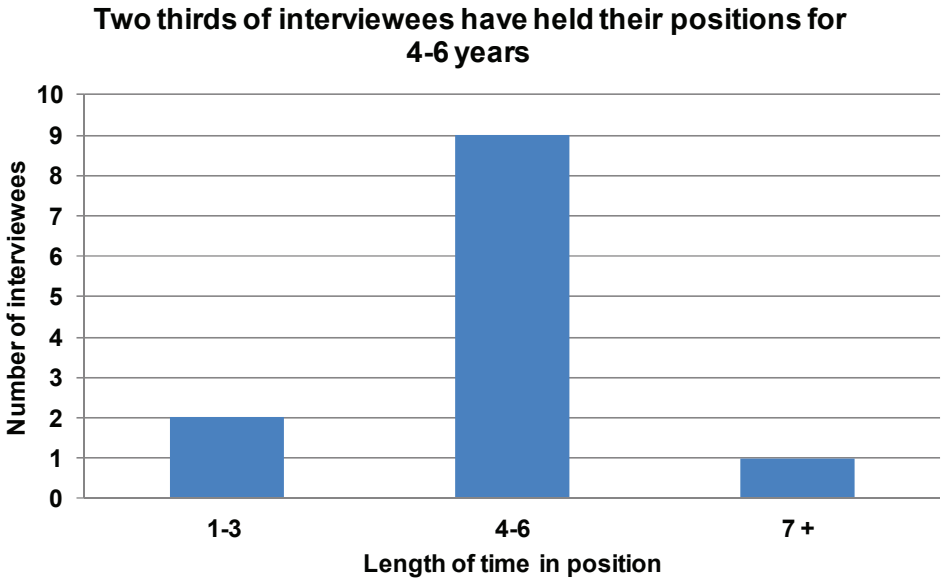

Figure A.4: Length of time interviewees have held their current positions

Source: RAND Europe survey "Sustainable Development and the NHS: Where are we now?" results, 2011

Interview structure and analysis

The structure of each interview was the same but the flow and timing varied considerably and interviewees were encouraged to develop their responses where they had the most experience or enthusiasm. Interviewees were sent a broad interview protocol (see Appendix C:) prior to the interviews, which outlined the main topics for discussion. Extensive notes were taken in each interview along with a recording. The purpose of recording was exclusively to check the notes in cases of uncertainty or ambiguity and the recordings will be destroyed at the end of the study.

Each interview began with an explanation of the purpose of the interview and permission to record the interview was requested (and in each case granted). We then began by asking what the term 'sustainability' meant to the interviewee, how it came on their radar and how it had taken root (or not) within their organisation. We then asked how collective action had been organised around this, both within their organisation and more widely across the local health system. We also asked interviewees about their use of metrics and measurements to chart progress and mobilise support before discussing where they saw future opportunities and the role of NHS leadership in securing these. Finally we invited interviewees to speculate on what one thing they would do or create if they had a 'magic wand' to create a more sustainable health system.

As we began to organise the interview data it became clear that we could organise the analysis around the structure of the interviews. However, it also became apparent that there was another visible structure and this followed the broad categories for action described in the NHS SDU route map for sustainable health. Pragmatically this was preferred on the grounds that it fits more closely with the strategic challenge facing the NHS SDU and would more readily feed into the planned NHS SDU report due to be produced in February 2012. The results are reported in Chapter 3.

Appendix B: Survey Questions

This appendix presents the survey questions as seen by NHS leaders. It is responses to these questions, together with interviews with leaders, on which the bulk of the analysis in this report is based.

Background information

Initially, we would like to find out about your position.

1. My organisation is based in:
   - ☐ East of England
   - ☐ East Midlands
   - ☐ London
   - ☐ North East
   - ☐ North West
   - ☐ South Central
   - ☐ South East
   - ☐ South West
   - ☐ West Midlands
   - ☐ Yorkshire and the Humber
   - ☐ Other (please specify):

2. I have a leadership role in:
   - ☐ a (non foundation) Acute Trust
   - ☐ a Foundation Trust
   - ☐ a Primary Care Trust
   - ☐ a Mental Health Trust
   - ☐ an Ambulance Trust

- ☐ a Strategic Health Authority
- ☐ a Clinical Commissioning Group
- ☐ Other (please specify):

3. I hold the following leadership role:

- ☐ Chief Executive
- ☐ Executive Director
- ☐ Director
- ☐ Other Board level leader

(Please specify your position and your portfolio, i.e. finance, HR, medical dir.,etc)

4. Please note that this survey is intended for Board level leaders, but if you do not hold a Board level position, please specify your role below:
5. I have held my current position for:
   - ☐ less than a year
   - ☐ 1-3 years
   - ☐ 4-6 years
   - ☐ 7 years or more

Section 1: Your knowledge of sustainability

In this first section, we would like to find out what you understand by sustainability.

6. Please briefly describe what you understand sustainability to mean for the NHS:

Section 1: Your knowledge of sustainability (continued)

Please read the following description of 'sustainability' and answer the question below:

The NHS SDUtakes sustainability to mean that the needs of today are met, without compromising the needs of tomorrow. This means that we can't continue using current levels of resources as this will not leave enough for future generations. Stabilising and reducing carbon emissions is key to living within environmental limits. The SDU believes that operating within the right economic, social AND environmental boundaries will create a truly sustainable NHS, one that is fit for the future. In the NHS, sustainable development is often partnered with good corporate citizenship. This means that the NHS can use its organisations' corporate powers and resources in ways that benefit rather than damage the economic, social and physical environment in which we live.

7. To what extent do you agree with this definition?
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Neither agree nor disagree
   - ☐ Disagree
   - ☐ Strongly disagree

8. To what extent do you agree or disagree with the following statement: I am fully aware of current NHS policies to deliver on sustainability.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

9. To what extent are you aware of the NHS Carbon Reduction Strategy?

- ☐ I have never heard of it
- ☐ I have heard of it but do not know much about it
- ☐ I know a fair amount about it
- ☐ I know a lot about it

10. To what extent are you aware of the NHS SDU's "Route Map to Sustainable Health"?

- ☐ I have never heard of it
- ☐ I have heard of it but do not know much about it
- ☐ I know a fair amount about it
- ☐ I know a lot about it

11. To what extent do you agree or disagree with the following statement: Decisions are taken within the organisation where I work with a full understanding of what the NHS needs to do to deliver sustainability.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

- ☐ Strongly disagree

12. To what extent do you agree or disagree with the following statement: Key stakeholders for the organisation where I work understand the NHS's commitments towards achieving sustainability.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Section 2: Your organisation's sustainability practices

In this section, we would like to find out about your organisation's actions regarding sustainability.

13. Have you (or anyone else on your organisation's Executive Team) attended an event hosted by the NHS Sustainable Development Unit?

- ☐ Yes
- ☐ No

14. To what extent do you agree or disagree with the following statement: There is an awareness at every organisational level of efforts to improve sustainability.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

15. As far as you are aware, at your organisation, which of the following are true?

	True	False
We have a Board approved Sustainable Development Management Plan(SDMP)	☐	☐
We use the Good Corporate Citizen Assessment Tool	☐	☐
We measure, monitor and publicly report on our progress regarding sustainability	☐	☐

We make decisions taking carbon reduction criteria into account	☐	☐	☐

16. To what extent do you agree or disagree with the following statement: When I work collaboratively with other organisations (including public, voluntary and private), sustainability is a key part of the shared decision-making process.

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

17. To what extent do you agree or disagree with the following statement: Pursuing a strategy for sustainability helps my organisation to achieve other corporate objectives.

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

18 *At present* in your organisation, where do you think the easiest opportunities exist to improve sustainability?

Select no more than 6.

- ☐ Working with other groups/organisations
- ☐ Changes to governance structures
- ☐ Changes to governance practices
- ☐ Changes to pathways and models of care
- ☐ Staff deployment
- ☐ Staff involvement
- ☐ Infrastructural changes (e.g. buildings)
- ☐ Cost saving initiatives
- ☐ Procurement
- ☐ Waste management
- ☐ Energy efficiency
- ☐ Energy sourcing
- ☐ Transport
- ☐ Food
- ☐ Other (please specify):

19 *In the longer term* in your organisation, where do you think most focus will be needed to improve sustainability?
Select no more than 6.

- ☐ Working with other groups/organisations
- ☐ changes to governance structures
- ☐ Changes to governance practices
- ☐ Changes to pathways and models of care
- ☐ Staff deployment
- ☐ Staff involvement
- ☐ Infrastructural changes (e.g. buildings)
- ☐ Cost saving initiatives
- ☐ Procurement
- ☐ Waste management
- ☐ Energy efficiency
- ☐ Energy sourcing
- ☐ Transport
- ☐ Food
- ☐ Other (please specify):

20. In your opinion, what *one thing* should your organisation be doing to have the greatest impact on achieving sustainability and why?

Section 3: Your personal preferences regarding sustainability

In this section, we would like to find out about your own preferences about sustainability.

21. In your personal life, do you give a higher or lower priority to supporting sustainability than in your working life?

- ☐ Higher
- ☐ About the same
- ☐ Lower

22. In your personal life, which actions do you take to support sustainability?

23 In your workplace, what in particular *supports* you to act on your personal preferences regarding sustainability?

Please select all the options that are applicable.

- ☐ Attitudes of colleagues
- ☐ Financial considerations
- ☐ Decision-making processes
- ☐ Governance arrangements in the organisation
- ☐ Governance regulations in the organisation
- ☐ Externally imposed governance regulations
- ☐ Other, please specify:

24 In your workplace, what in particular *prevents* you from acting on your personal preferences regarding sustainability?

Please select all the options that are applicable.

- ☐ Attitudes of colleagues
- ☐ Financial considerations
- ☐ Decision-making processes
- ☐ Governance arrangements in the organisation
- ☐ Governance regulations in the organisation
- ☐ Externally imposed governance regulations
- ☐ Other, please specify:

Section 4: Current state of NHS sustainability practices

In this section, we ask about your impressions of the NHS. Please draw upon your current experience and perspective to provide an immediate judgement in response to our questions. We are interested in your impressions (and we do not expect complete awareness). We have divided these up into questions about: information; capacity; culture; incentives; and innovation.

Availability of information

To what extent do you agree or disagree with the following statements?:

25. NHS staff are sufficiently aware of issues regarding sustainability to support a sustainable NHS.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

26. Decision-makers in the NHS are sufficiently aware of the opportunities to deliver sustainability in society as a whole.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

27. Decision-makers in the NHS are sufficiently aware of existing

opportunities to deliver sustainable healthcare.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

28. Decision-makers in the NHS are able to share best practice to spread effective actions for sustainability across NHS organisations.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Organisational capacity

29. To what extent do you agree or disagree with the following statement: In my role I currently have the formal legal powers that I need to move towards a more sustainable NHS.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree

- ☐ Disagree
- ☐ Strongly disagree

30. To what extent do you agree or disagree with the following statement: I currently have the necessary support staff to move towards a more sustainable NHS.
    - ☐ Strongly Agree
    - ☐ Agree
    - ☐ Neither agree nor disagree
    - ☐ Disagree
    - ☐ Strongly disagree
31. If you agree, which existing types of staff are these?
32. If you disagree, what type(s) of additional staff support do you need?

Section 4: Needed action for a sustainable NHS?

This page covers the NHS's organisational culture and the relative importance of incentives for improved sustainability.

(Please REVIEW THE QUESTIONS ON THIS PAGE AND AMEND YOUR RESPONSES where prompted to do so, if your view has changed.)

Organisational culture

To what extent do you agree or disagree with the following statements?:

33. The culture of the NHS as a whole is one that supports changes towards achieving sustainability.

(Please DO NOT AMEND this response.)

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

34. The culture of NHS managers as a group is one that supports changes towards achieving sustainability.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

35. The culture of the NHS clinicians as a group is one that supports changes towards achieving sustainability.

- ☐ Strongly agree

- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

36. The culture of NHS patient groups is one of supports changes towards achieving sustainability.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Incentives

37. To what extent do you agree or disagree with the following statement: Incentives are necessary to progress towards sustainability.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

38. To what extent do you agree or disagree with the following statement: Incentives to achieve sustainability in the NHS can be aligned with incentives to provide improved healthcare and meet financial goals.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

39. Please rate the following types of incentives in order of importance, with 1 being the most important and 5 being the least important. Rank the items below, using numeric values starting with 1.

Financial	
Regulatory	
Reputational	
Resilience	
Health outcomes for patients	

40. If incentives are needed to achieve sustainability, at which organisational level are they most essential?

- ☐ Directors and Board
- ☐ Managers
- ☐ Staff
- ☐ Clinicians
- ☐ Patients
- ☐ Other (please specify):

Section 4: Needed action for a sustainable NHS?

This page covers innovation.

Innovation

41. Are you aware of initiatives under way in your organisation related to sustainability but specifically regarding:

	Yes	No
Individuals' behaviours	☐	☐
Organisational behaviour	☐	☐
System governance	☐	☐
Resource use	☐	☐
Models of care	☐	☐
Technology	☐	☐
Other type of initiative	☐	☐
I am not aware of any initiatives under way in my organisation	☐	☐

42. If you selected "other type of initiative" in the previous question, please briefly explain below:

43. In your organisation, where do you think it will be *most challenging* to make changes to improve sustainability?

Select no more than 6.

- ☐ Working with other groups/organisations
- ☐ Changes to governance structures
- ☐ Changes to governance practices
- ☐ Changes to pathways and models of care
- ☐ Staff deployment
- ☐ Staff involvement
- ☐ Infrastructural changes (e.g. buildings)
- ☐ Cost saving initiatives
- ☐ Procurement
- ☐ Waste management

- ☐ Energy efficiency
- ☐ Energy sourcing
- ☐ Transport
- ☐ Food

44. Are there other important challenging areas not included here? (if so, please specify):

45. Please explain briefly which of the areas you have chosen you think will be *most* challenging and why:

Section 5: Follow up

46. If you are happy for us to contact you to discuss some of these issues further, please indicate below.

- ☐ Please contact me
- ☐ Please do not contact me

47. If you have any comments on this survey, please indicate these below:

Appendix C: Interview protocol sent to interviewees

Introduction

The aim of this interview is to discuss in further detail some of the themes raised in the survey "Sustainable development and the NHS – Where are we now?" which you kindly participated in. There are no right answers, as we are interested in your personal expertise and insight (and especially your knowledge of the NHS). Very broadly, we would like to understand what sustainability means to you, both in theory and in everyday practice, and how this relates to the NHS.

With your permission, we would like to record the interview, as a supplement to note-taking. This recording is for the use of the RAND Europe research team only and will not be shared with the NHS SDU or any third parties. All answers that you give will be non-attributable, and we will only quote you if we have requested and received permission to do so. Upon the completion of this project, in February 2012, this recording will be deleted.

Please note that the questions outlined below are merely for guidance. The conversation will develop based on the issues that we feel are most useful and interesting to explore with you. We commit to finishing within one hour and we look forward to understanding your views and insights.

General questions for discussion

1. What does sustainability mean to you?
2. Please briefly describe your position on sustainable development in the NHS?
3. To what extent do you think that other people in your organisation share your view of what thinking about sustainability in everything you do means in practice?
4. What do you personally get out of engaging or choosing not to engage with an increased focus on sustainability in development?
5. How is a focus on sustainability different from what you used to do or usually do in your organisation?
6. To what extent is a focus on sustainability aligned with the delivery of core business priorities?

7. What if anything in your organisation is preventing you from thinking about/implementing/embedding/incorporating sustainable development in everything that you do? Or what has allowed you to start doing this?
8. How, if at all, does your organisation work with other NHS organisations in relation to sustainable development?
9. How do you measure/monitor/know about the effects of actions that you take to increase sustainable development? Or the effects of not taking action?
10. What do you think the role of leaders such as yourself is in developing a more sustainable NHS?
11. If we were living in a world where you could wave a magic wand to make any change that you wanted and thought the system needed, what one thing would you change about the role of sustainable development in the NHS and why?