

FINAL REPORT

An independent evaluation of the Sustainable
Development Commission Good Corporate Citizenship
Assessment Model

Produced by The Environment Council

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Independent Evaluation of the Sustainable Development Commissions Good Corporate Citizenship Assessment Model

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1 Executive Summary

The Good Corporate Citizenship Assessment Model (the Model) has been used by the NHS for over 2 years to facilitate the integration of sustainable practices in the NHS. The Sustainable Development Commission (SDC) has commissioned The Environment Council to carry out an independent evaluation of the Model with a view to understanding what the Model has achieved to date and what it could achieve in future. The Environment Council is an independent charity specialising in stakeholder engagement and evaluation.

The evaluation was carried out through a combination of phone interviews and an online survey. A total of 300 NHS Trusts and 17 other organisations with an interest in the Model were invited to participate, of which 43 responses were received.

The findings reveal that all users find the Model effective, and a significant amount of enthusiasm and support for the Model. In particular the Model has helped to initiate many activities within Trusts, ranging from high level, such as Trust-wide sustainable development strategies and sustainability committees, to more practical applications such as individual staff targets and the implementation of green transport plans. Furthermore, a large proportion of users return to the Model repeatedly to monitor their progress.

Some specific areas for further development to the Model are suggested, ranging from training and more in-depth case studies to develop effective implementation of sustainable development, to the manner in which the Model is promoted within Trusts and within the NHS generally. The need for champions to promote the Model within and outside Trusts is also a strong theme, as is the need for more personal contact amongst Trusts to learn and share best practice.

Beyond the Model, there is a desire for sustainable development to feature more prominently in the NHS. In addition, respondents show strong support for the introduction of mandatory targets around sustainable development, and more leadership at senior level to ensure that all the NHS's activities are monitored according to sustainability criteria.

A full set of recommendations based on the findings of the evaluation is provided in chapter 4 of this report.

1 Introduction

1.1 Background to the Model

The NHS has the potential to use its resources to enhance the environment, improve social well-being and strengthen local economies whilst improving people's health.

The Good Corporate Citizenship Assessment Model (the Model) is one way by which NHS organisations can become more responsible bodies, by promoting more sustainable practice. The Model has now been active for over 2 years, and has had a great response from NHS organisations who recognise the many benefits of embracing sustainable development in their day-to-day activities. There are over 220 NHS organisations registered with the Model, including almost half of all NHS Trusts in England.

1.2 Evaluation of the Model

The NHS, Department of Health, and the Sustainable Development Commission are working together to ensure that the momentum created by the Model continues, and as such have commissioned The Environment Council to carry out an independent and confidential evaluation of the Model. The results from this work will help inform further improvements to the model and feed into the national programme of sustainable development for the NHS, as its work on sustainable development progresses - from the new NHS Sustainable Development Unit to the NHS Carbon Reduction Strategy.

The evaluation objectives are to assess:

1. The contribution of the Model to sustainable development in the NHS
2. The future opportunities and barriers for the Model to support the NHS as a Good Corporate Citizen

In effect, these objectives are seeking to review what the Model is achieving and what the Model could potentially achieve.

Furthermore, we anticipate that the findings may be useful to help inform future health sector regulation on sustainable development and a more detailed peer-review of the Model itself.

The key target audiences for the evaluation findings are:

- The Sustainable Development Commission (SDC)
- The new NHS Sustainable Development (SD) Unit
- Department of Health SD policy leads
- Regional Strategic Health Authorities (SHAs)

We expect NHS organisations themselves to gain value from the findings, and in connection with this, the SDC seeks to utilise the evaluation exercise to raise the profile of the Model amongst non-registered Trusts.

This evaluation has a very short timescale (approximately 1 month). Added to this is the fact that the time given for responses is affected by the Easter weekend and the resultant extended leave that occurs around bank holiday periods. As such, the evaluation has required very close collaboration between the SDC and The Environment Council to ensure a successful response rate.

2 Evaluation methodology

2.1 Process overview

This evaluation is based upon a population of 412 organisations made up of 395 NHS Trusts and 17 others including Strategic Health Authorities (SHAs) and non - NHS organisations. From this population we took two sample sets, one invited to complete an on-line survey and one invited to take part in a telephone interview. In both cases the questions are the same, but interviewers were given prompts to encourage more in-depth feedback. A number of organisations were held on a separate sample list and were not included in the initial round of contacts, to allow for a second mailout should the response for interviews be poor (this has not been required).

In all, a sample set of 200 NHS Trusts and 7 non-Trust organisations were invited to complete an on-line questionnaire and a sample set of 100 NHS Trusts and 5 non-Trust organisations were invited to participate in a telephone interview. We anticipated that approximately 40 -50 responses would be received via a combination of completed survey and phone interview, representing a response rate of 13 to 16%.

The composition of the NHS Trust organisations in each sample set were then defined, shaped by categorisation in terms of their involvement with the Model as agreed with the SDC. Four levels of involvement were defined as follows :

- Very Involved – ‘Case study’ organisations for the Model i.e. NHS Trusts who have produced a case study for the SDC GCC website on their activities around sustainable development
- Quite Involved – NHS Trusts that are registered for the Model but are not ‘case study’ organisations
- Involved – Organisations that are registered for the Healthy Futures Newsletter but not registered for the Model and are not ‘case study’ organisations
- Not Involved – Organisations that are not registered for the Model, not registered for the HSJ newsletter and are not ‘case study’ organisations

Samples were defined by equal proportional representation by SHA region for each of the four levels of involvement described above. Additionally, a spread of different types of NHS Trust was incorporated into each sample set. Some Trusts were swapped from one sample set to another to gain a good balance in terms of Trust type and region.

The following table illustrates the numbers of different Trust Types invited to participate:

Trust Type	Number invited	% of Total sample
Ambulance	9	3%
Acute	94	31%
Care	7	2%
Foundation	49	16%
Mental Health	23	8%
PCT	118	39%
<i>Total</i>	<i>300</i>	<i>100%</i>

Due to data protection constraints, the SDC were unable to supply contact details of registered and case study Trusts. As a result, these organisations were invited to participate directly by the SDC. The invitation email contained links to The Environment Council's interview registration page or online survey depending on the sample. In order to maintain consistency, it was agreed that the SDC would also send invitations to the remaining Trusts, although The Environment Council researched these contact details. In researching contact details for non-registered Trusts, emphasis was placed on finding the most suitable individual within each Trust. This was done by mirroring the types of job titles of individuals in registered Trusts.

A common deadline to complete an on-line questionnaire or take part in a telephone survey was then set according to project time constraints. Invitation emails were sent out two weeks before this deadline with reminder emails sent out one week later. In addition to reminder emails sent by the SDC, those invitees who had not responded were followed up by a phone call from The Environment Council (for non-registered Trusts and other organisations) or the SDC (for registered and case study Trusts), encouraging participation in the evaluation. It is worth noting that almost all non-registered Trusts were called in this regard in order to encourage as much participation from this category as possible, given that the evaluation exercise has the potential to raise the profile of the Model.

2.2 On-line questionnaire and telephone interview form design

Both the on-line questionnaire and telephone interview form incorporated a series of multiple choice and open questions devised to meet the evaluation objectives. Where appropriate, the questions were designed using the Model structure which stakeholders were likely to be familiar with, i.e. utilising the six key sustainability areas of Transport, Procurement, Facilities Management, Employment and Skills, Community Engagement, New Buildings.

The questionnaire was divided into 3 main sections for different respondents – those Trusts who have used the Model, those Trusts who have not used the Model, and other organisations. Questions in all 3 areas did to some extent

mirror each other in order to gain a comparative view, with registered Trusts asked further questions about the Model itself.

2.3 Analysis

In using an on-line questionnaire system, data was automatically downloaded into Excel format. This data was then re-organised to arrange similar or identical questions in each of the 3 sections and aid analysis.

The analysis itself places emphasis on identifying themes, and where appropriate looks for trends within these themes in terms of Trust type, geographical location and levels of involvement. Such trends or differences between different groups are highlighted where they appear; otherwise the analysis combines all feedback given. Other organisations provide an external perspective, and where appropriate support the points raised.

2.4 Reporting and Dissemination

The evaluation report is intended for a wider audience than the SDC. As such it will be posted on the SDC's website, and all participants in the evaluation will receive an emailed copy. The SDC also plan to send a copy out with the next Healthy Futures newsletter.

3 Analysis

In order to give context to the analysis, some data on responses is given in Sections 3.1 and 3.2.

The remainder of this chapter provides an analysis of the responses in terms of three broad areas:

1. Areas of work around sustainable development within Trusts, including the enabling factors and barriers they and others perceive in the NHS (relating to Evaluation Aim 2)
2. Extent of usage of the Model within user Trusts (relating to Evaluation Aim 1)
3. Ways in which the Model could be further improved (relating to Evaluation Aim 1)

The questions asked in both the interviews and the online surveys are provided in Appendix I (section 5).

3.1 Responses

A total of 43 responses have been received, of which 22 are phone interview and 21 are online surveys. 2 of the online survey responses have come from the same NHS Trust.

Table 1 provides a breakdown of the nature of the organisations that responded:

Table 1

NHS Trusts		Other organisations
Non-registered	Registered	
13	22	8

Due to the nature of the topic and the stakeholder groups involved, we expected a lower response rate from non-registered Trusts. The above illustrates that this is what has happened in practice. However, we were not expecting the discrepancy between registration and actual perception of usage (detailed in the section below). When this is factored in, the ratio of users vs. non-users is almost completely reversed to 12 users vs. 23 non-users.

Figures 1 to 3 illustrate the demographic aspects of the NHS Trust respondents:

Figure 1

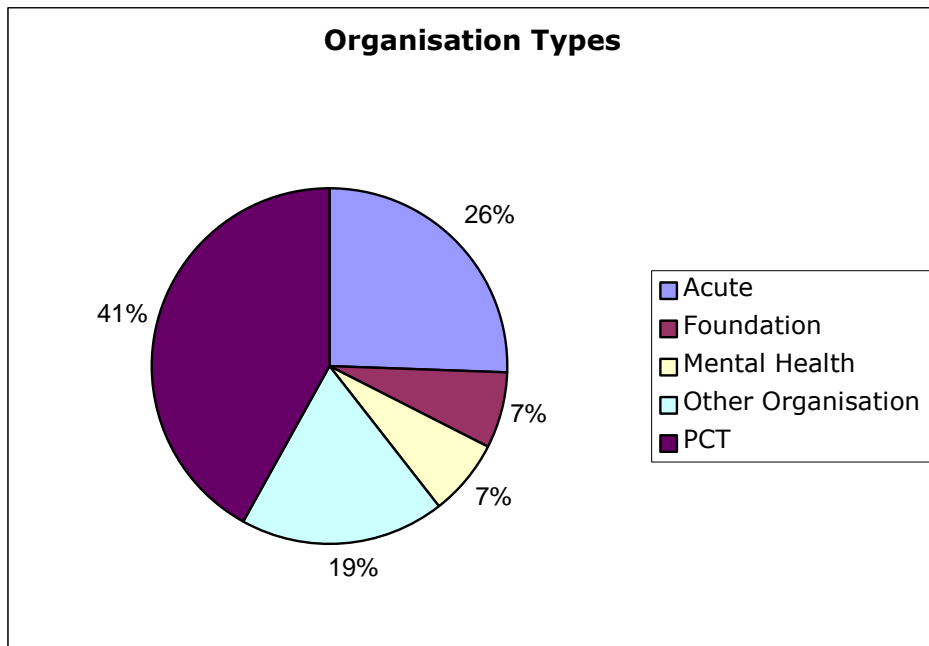


Figure 2

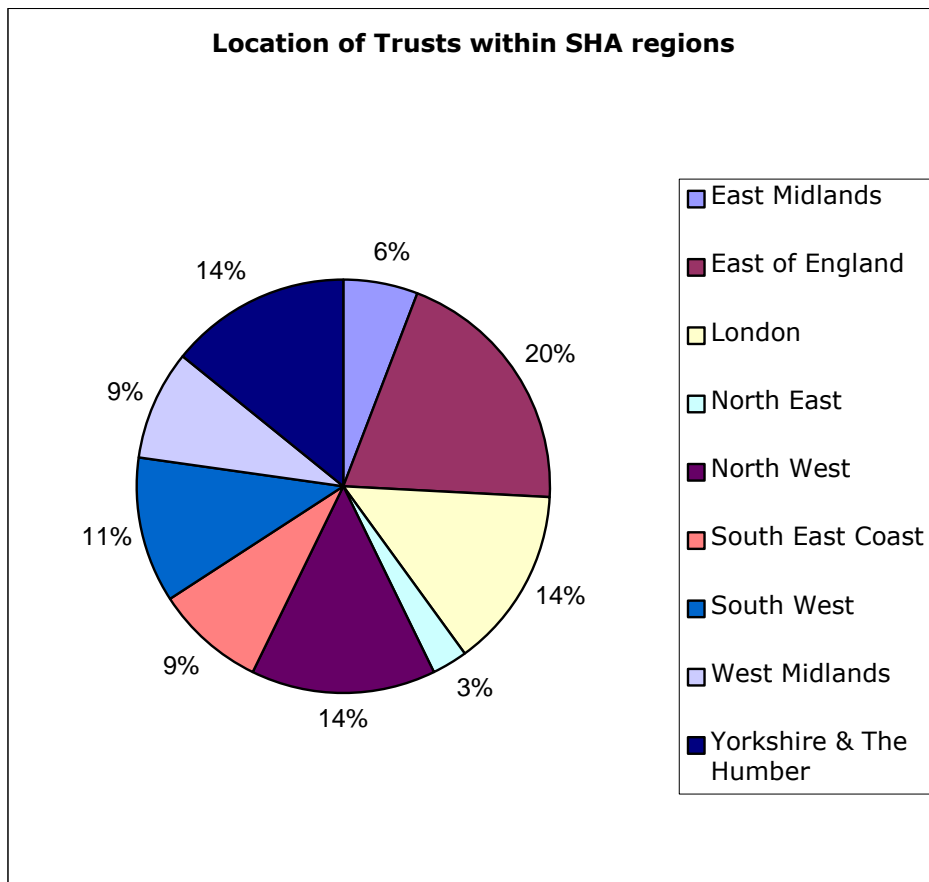
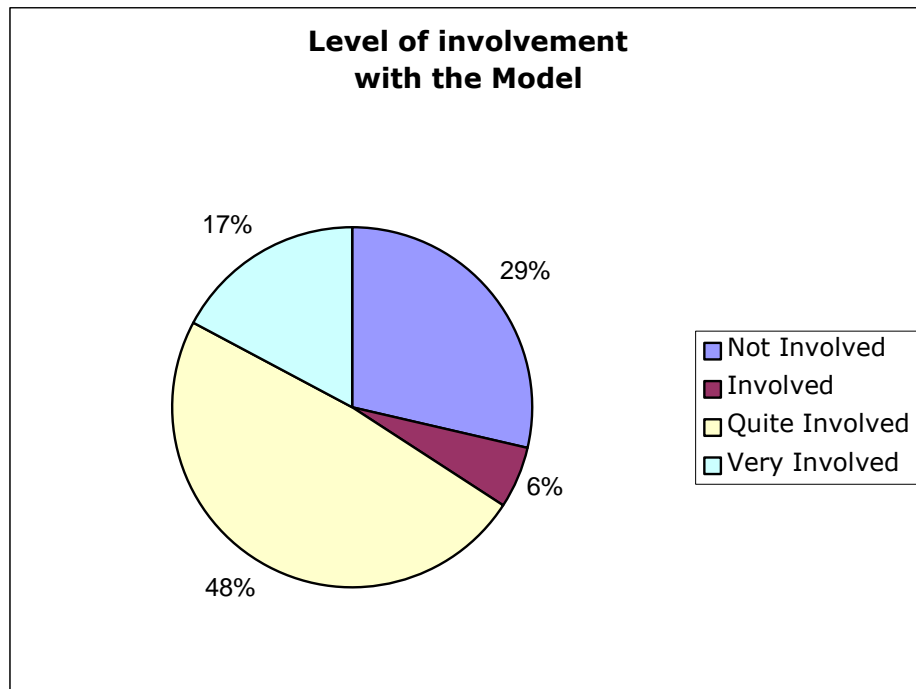


Figure 3



A full list of participating Trusts and other organisations is given in Appendix 4.

3.2 Levels of use and registration status

In carrying out this evaluation it has become apparent that registration with the Model does not necessarily guarantee that a Trust considers itself to be a user. There are two types of discrepancy identified:

3.2.1 'Registered but don't know they are'

Of the 22 Trusts who are registered with the Model, 12 Trusts describe themselves as non-users. This could be because they did not realise they had registered whilst trying out the Model online, because they registered but never went through the assessment exercise, because the respondent is not the person who originally registered, or because the questionnaire was forwarded to a colleague to complete. Furthermore, with case study trusts who are not registered to use the Model this may be largely because they feel they do not require the Model as their work around sustainable development is already well developed.

3.2.2 'Users without being formally registered'

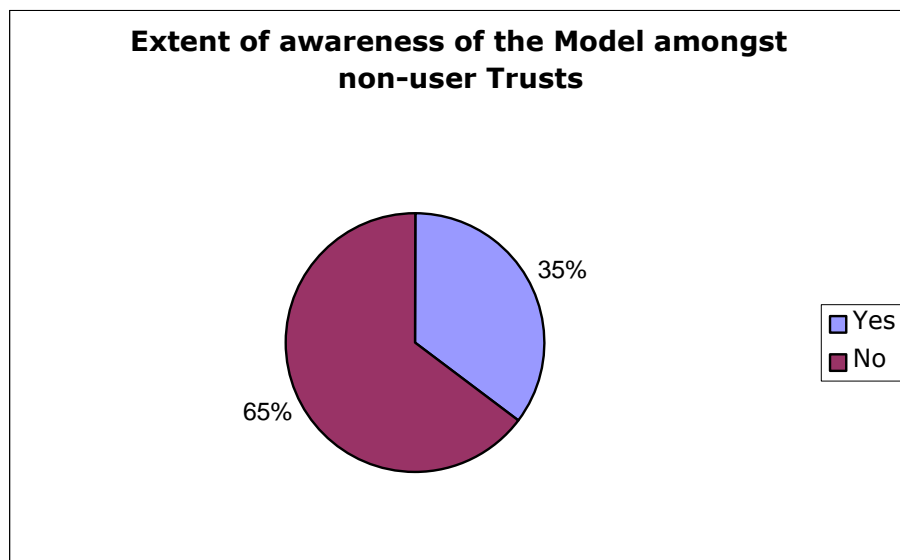
Of the 13 non-registered Trusts, one describes themselves as a user. Again there are several possibilities as to how this discrepancy can occur – either due

to Trust mergers taking place after registration, or use of the document version of the Model, which does not require registration.

For the purposes of this evaluation, we have assessed responses based on actual usage rather than registration status. However, for the purposes of monitoring the usage and success of the Model, these discrepancies highlight the potential for improvements to the registration process.

3.3 Awareness of the Model amongst Trusts

Figure 4



Of 23 non-user Trusts, 8 are aware of the Model and cite the reasons for not using it as follows:

1. Time
2. Resources
3. Corporate agreement / executive buy-in
4. Model is inaccessible – i.e. doesn't provide training or ideas
5. IT problems with website

It is interesting to note that these reasons for non-involvement mirror the kinds of feedback given by user Trusts in terms of where the Model could do more and the barriers to sustainable development in their Trust.

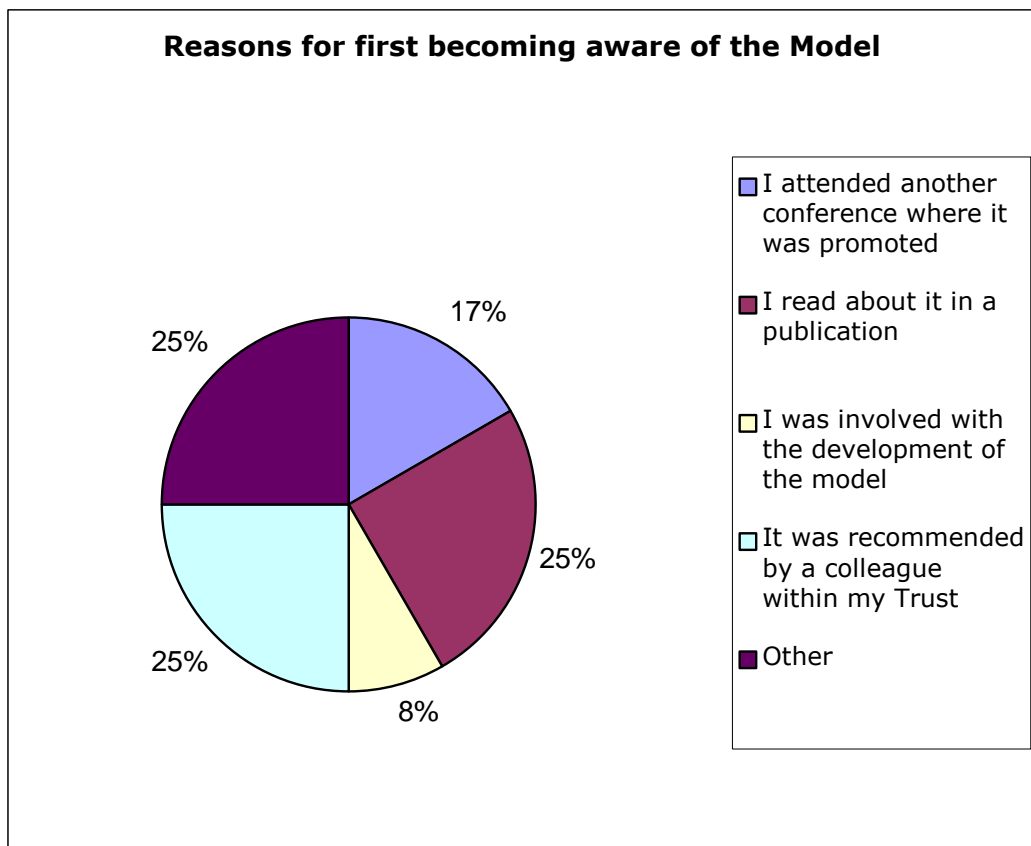
Those non-user Trusts who have not heard of the Model are predominantly interested in hearing more about it, reflected in the fact that 14 of 15 such respondents have provided their contact details to hear more about the GCC and the Model in future.

Figure 5 illustrates how user Trusts first became aware of the model. The fairly evenly spread across answers indicates the diverse channels of communication the model has employed since its inception.

Some of the comments recorded under the "Other" category are:

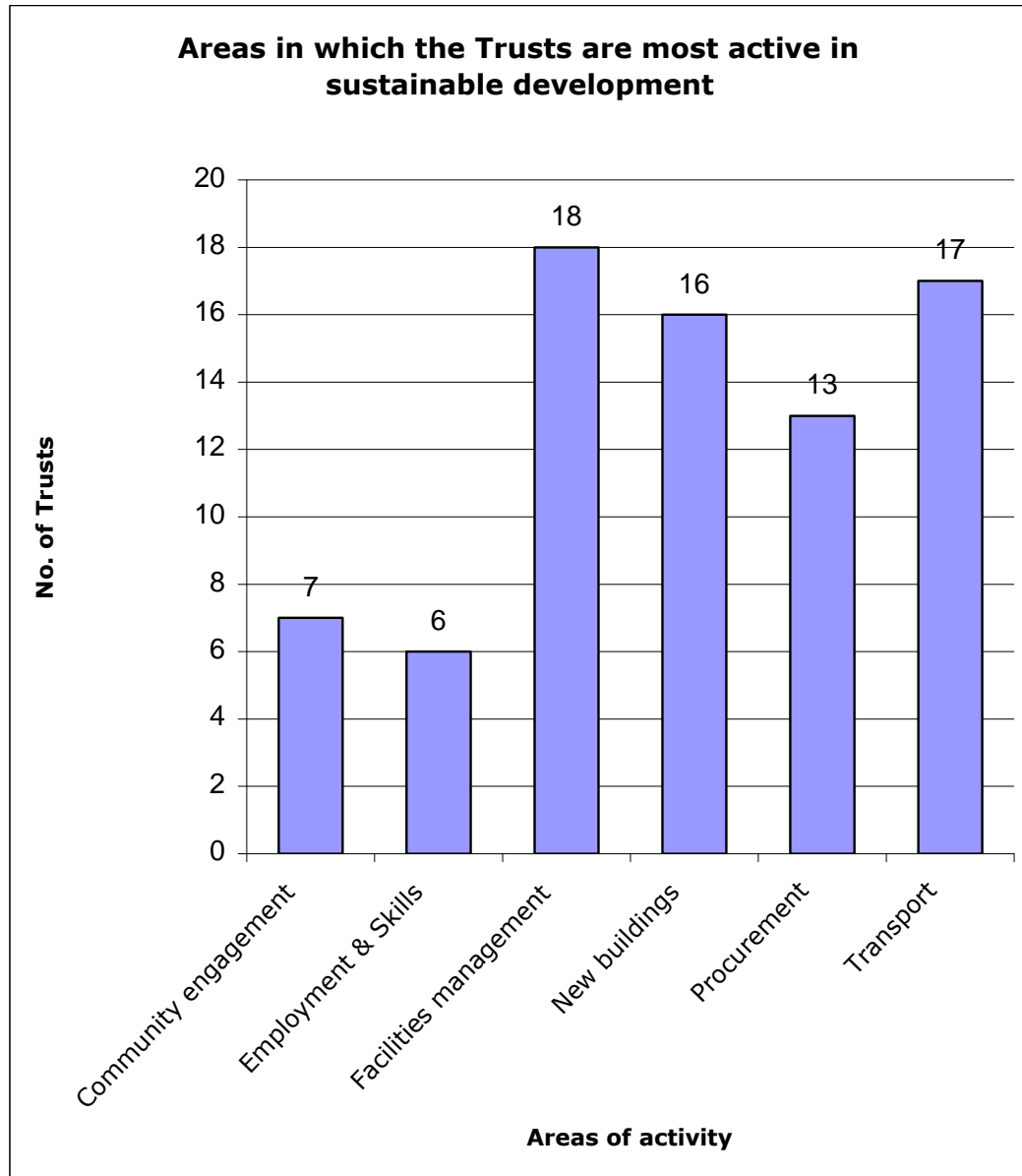
- Already in place when I joined the organisation
- A letter was sent to the Chief Executive
- Passed on to me by former director of the Trust who had been nominated to take it forward from the pilot programme

Figure 5



3.4 Areas of focus around sustainable development

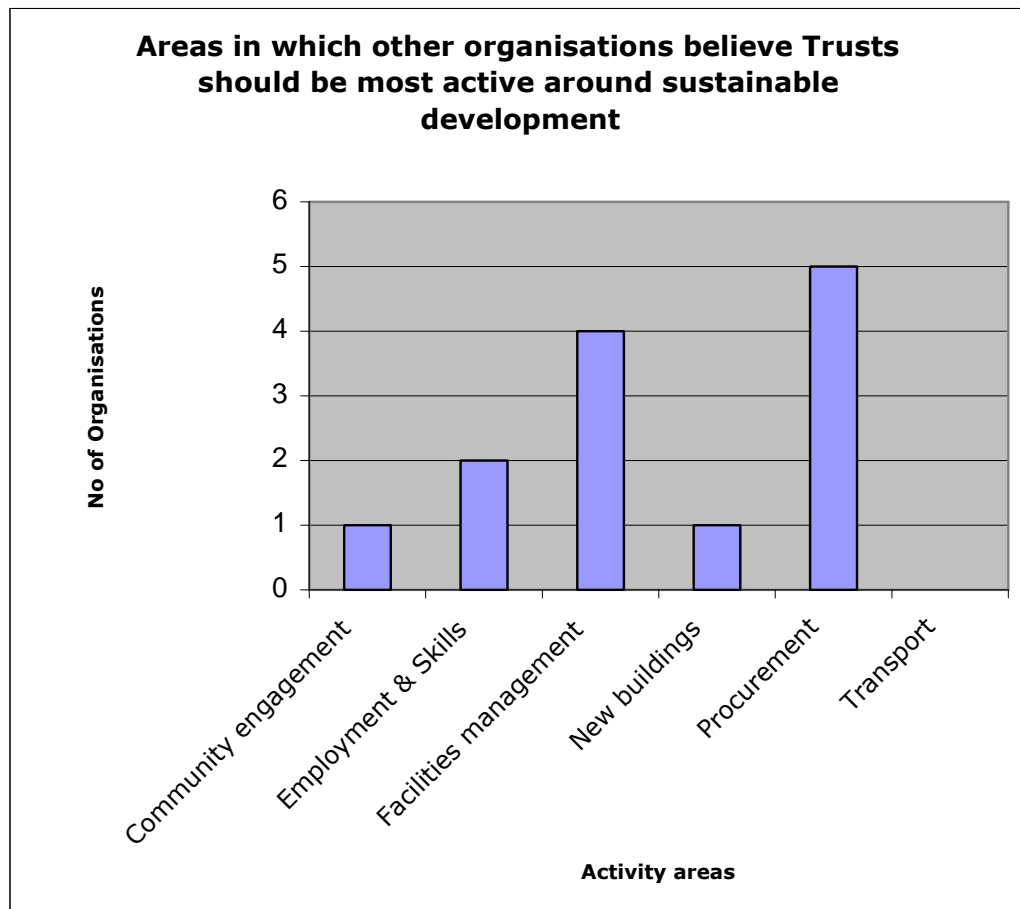
Figure 6



As can be seen from Figure 6, Trusts cite Transport and Facilities as the two main areas of focus around sustainable development in their individual Trusts. The areas where they are least active, Community Engagement and Employment & Skills may reflect the fact that these are less measurable and less well understood in terms of the benefits to sustainability.

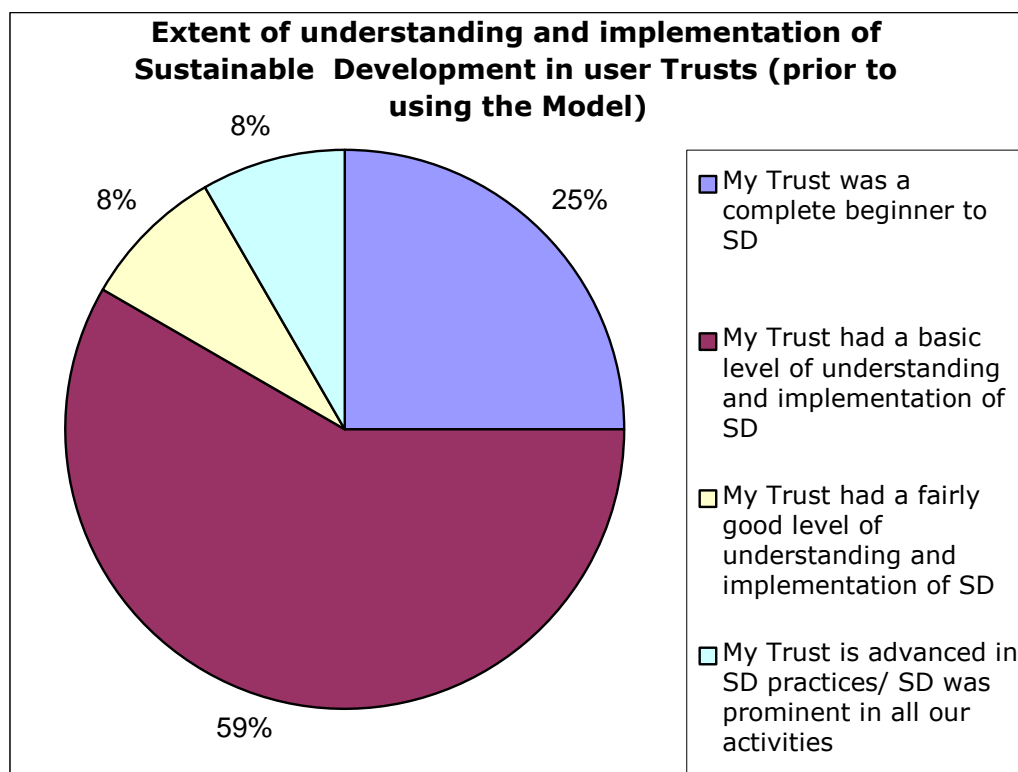
Other organisations, when asked about the most important areas of focus for Trusts, give a different view, illustrated in Figure 7. For these organisations, procurement and facilities management are the most important areas for NHS Trusts to concentrate on, whilst transport is not considered a priority at all. This represents an interesting difference which is supported by other information given by these organisations: they tend to focus more on procurement, staff training and leadership as key issues for Trusts. This difference could be due to the fact that Trusts prefer to tackle areas that are relatively easy to address and which bring about immediate benefits, such as local transport plans. Other organisations may prefer to see the NHS address longer term, more intractable problems such as procurement.

Figure 7



3.5 Activities on Sustainable Development within the Trusts

Figure 8

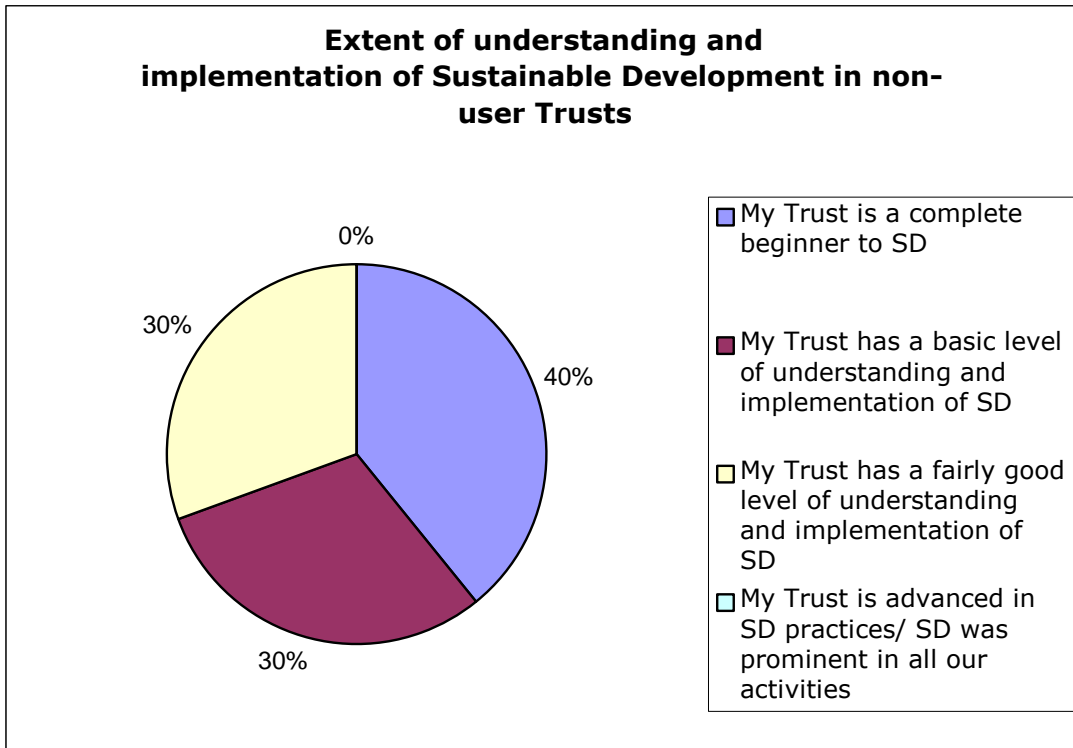


As can be seen from Figure 8, those Trusts that have used the Model show a range of prior knowledge of sustainable development, although there is a clear majority who feel they had only a basic level of understanding prior to using the Model.

For user Trusts, the following types of activities have been initiated as a result of using the Model:

1. Developing a trust-wide sustainability strategy
2. Identifying priority areas for change
3. Implementing action plans – e.g. Green Travel Plans, recycling
4. Reviewing procedures – e.g. procurement
5. Setting up good corporate citizenship / sustainability groups (in some cases with Board involvement and with representation from all directorates)
6. Tasking sustainability group members to act as champions within their directorate
7. Setting targets to move from the baseline and assigning responsibility for these targets to individuals in the Trust.

Figure 9



Non-user Trusts indicate a very evenly spread range of understanding and implementation of sustainable development. Although none suggest they are “advanced or prominent in SD practices” Figure 9 illustrates a general cultural trend of increasing awareness around sustainable development.

It is interesting to note that non-user Trusts are also active around sustainable development, with only 2 trusts citing no activity to date. The responses given by non-users tend more towards examples of detailed activity such as installation of CHP or recycling schemes, rather than the development of strategies or establishing sustainability groups to oversee change. This implies that the Model assists Trusts in gaining an overview of where they need to take action and provides a systematic, more holistic approach, which encourages the development of strategies. Other questions also prompt responses to support this view and take it a step further to identify an opportunity for the Model to go beyond being a framework / strategic Model to a more practical, hands on tool.

That said, non-user Trusts have in some cases taken a different, perhaps more tailored approach to activity around sustainability, such as:

1. Collaborating with local authorities and other local partners on an environmental charter
2. Implementing a wider range of action plans – e.g. energy efficiency, food miles, carbon footprint reduction, local sourcing / employment
3. Establishing public health committees with interest group involvement

4. Establishing community engagement on various levels (youth groups, foundation trust members etc) to feed into policies on procurement and local employment.

3.6 Enabling factors and barriers to sustainable development

Enabling factors and barriers are frequently interchangeable across respondents who may have either a positive or negative experience around a particular issue. As such, the feedback given could be more usefully perceived as criteria to facilitate sustainable development.

Nevertheless, the following types of enabling factors are highlighted by Trusts:

1. Board and executive buy-in
2. The existence of committees to take action and act as champions in their areas
3. Regional groups / relationships with local councils
4. Sustainability standards integrated into contracts nationally (Purchasing and Supply Agency (PASA) agreements)

Other organisations make similar observations, but add that another key enabling factor is engagement with staff in the NHS to raise awareness and gain buy-in. This provides a useful external perspective about the way in which sustainability is currently understood and addressed by NHS staff, and is reinforced by the responses to barriers and desirable changes to the NHS.

As would be expected, respondents give more feedback on barriers to sustainable development. Although there is some repetition with the above list of enabling factors, the barriers in themselves present a more complete picture with a greater range of examples provided. The following types of barriers are identified:

1. A lack of resources (finances, dedicated SD staff, capital funding, ring - fenced budgets, specific expertise e.g. carbon monitoring)
2. Corporate issues (SD is secondary to delivering NHS services, SD is not integrated into strategies or business plans, size of the NHS, changes to Trust structures and reorganisations)
3. Not enough external high level pressure from outside the NHS
4. Staff awareness and buy-in (SD as a concept is not well understood, considered low priority)
5. Not enough sharing of best practice (a lack of evidence about benefits of doing things sustainably)

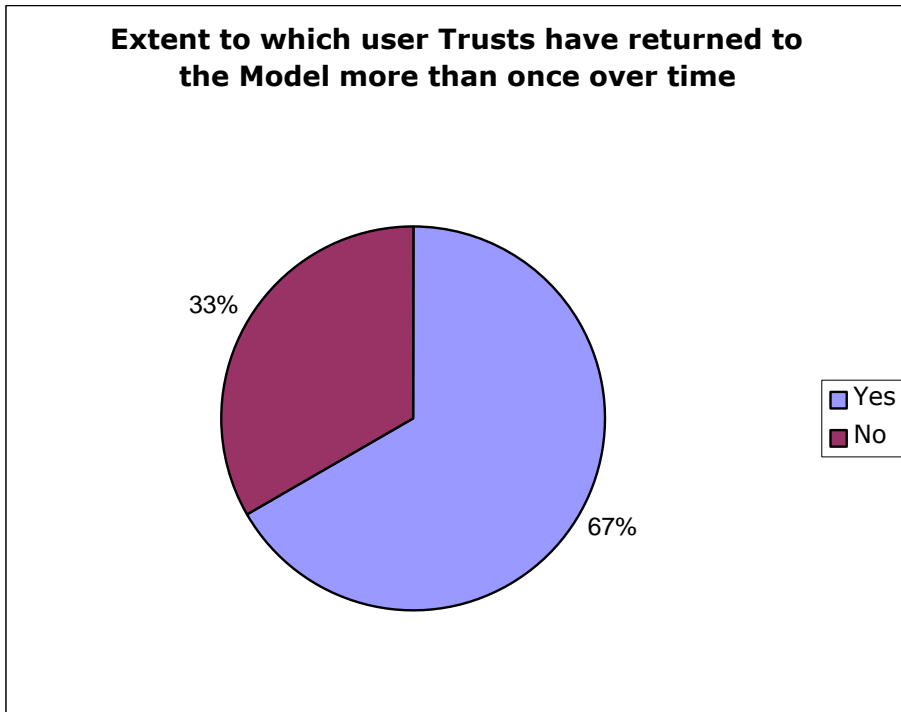
Building on from the barriers described above, respondents give specific types of suggested changes they would like to see in the NHS. In some cases these suggestions have implications for the Model itself and are explored in further detail in section 3.9.

1. More leadership on sustainable development (within Trusts at Chief Executive and Board level, at SHA level, from Chief Executive of NHS, and from DoH itself – a national champion)
2. Standardised contracts and targets (a standard national contract with sustainability criteria integrated, PASA agreements, performance indicators / targets for all Trusts, employee targets)
3. A shift from voluntary to mandatory approach
4. More case studies, in particular evidence of cost savings
5. Improved resources (ring-fenced budgets for SD, dedicated personnel, staff training, external experts and not for profit consultants)
6. Sharing good practice amongst Trusts (regional networking / mentoring / road shows)
7. Advice, training (especially around implementation)
8. Maximising regional and local initiatives (local area agreements and regional supply hubs) and allowing local flexibility
9. Financial incentives / centralised subsidies
10. Specific areas for improvements (energy efficiency, transport, local procurement, new buildings)
11. Making SD more relevant to individuals' work life (use of relevant language, making the connection between SD and people's jobs)

Although respondents mention staff awareness and buy-in earlier on, this does not feature strongly in the way forward for the NHS. Respondents focus instead on leadership and a national, mandatory target system, both of which are repeatedly highlighted.

3.7 Extent of use of Model amongst user Trusts

Figure 10



8 of the 12 user Trusts have returned to the Model more than once. Reasons for this repeat usage relate to:

1. The need to monitor progress over time – in one case specifically it was used as a benchmark tool for individuals to monitor their progress on target delivery
2. The use of the Model as a means to focus / encourage discussion
3. Revisiting the Model as part of a monthly standard agenda item in an environmental committee
4. Interest in ongoing improvements to the Model
5. Gradually exploring the full range of resources available

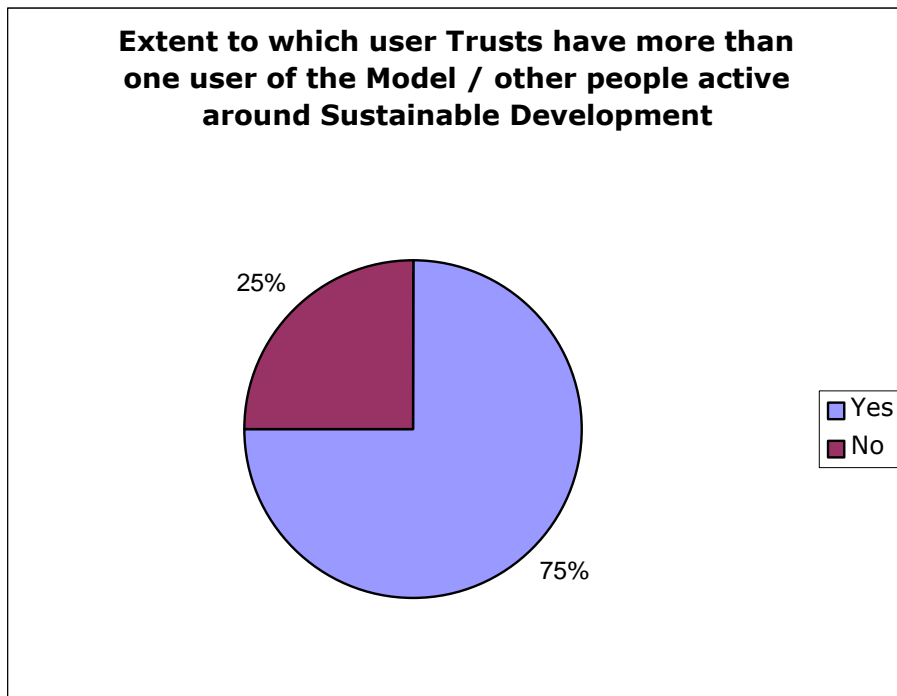
Those user Trusts who have only used the Model once (4 out of 12) do not provide explanations which provide further insight – in one case the reason cited is a transfer of responsibility to another individual. Another respondent intends to return in future as a means of monitoring progress over time.

However, some of the answers to the question about areas for improvement to the Model may illustrate where repeat usage could be further encouraged:

1. Provision of more detail on best practice case studies
2. Development of separate assessment criteria for different trust types (i.e. making the model more relevant to PCTs and even enable individual community sites to score themselves)

3. Enabling easy printing of the assessment for Board reports etc
4. Inclusion of a standard or kitemark to incentivise the use of the Model by Trusts
5. Inclusion of a repeat scoring mechanism to allow Trusts to re-score over time and monitor their progress online (rather than having to do this manually via a spreadsheet)¹
6. Inclusion of a means to network with other Trusts to share experience.

Figure 11



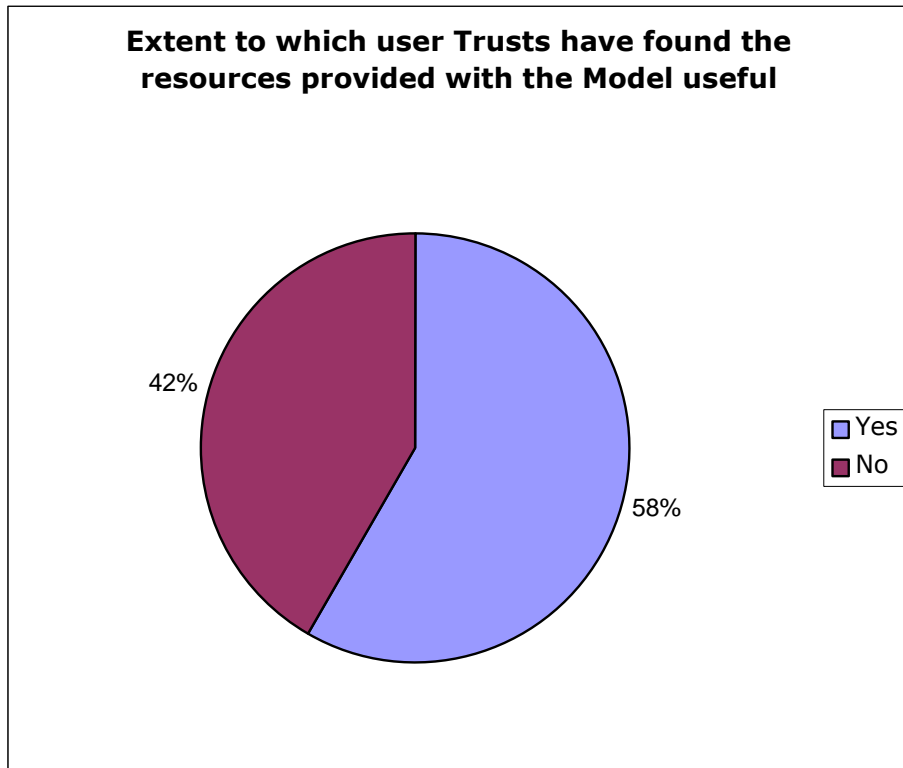
In terms of numbers of users within the Trusts, 9 out of 12 user Trusts explain that there is more than one person in their Trust who is involved in sustainable development activities or actually uses the Model. The types of people involved include:

1. Board
2. Chief Executive
3. Directors
4. GCC / Sustainability Committee members: representing all relevant Directorates and acting as champions within them
5. Facilities / PPI / HR Managers
6. Purchasing and Supply Department

¹ Although a few respondents give this as a reason for less usage of the Model, in fact the Model does permit repeat scoring over time. It may be that the way this is described is not clear to users.

Although non-user Trusts were not asked this question, feedback they have given about enabling factors within their Trusts echoes the need for Board and Executive buy-in, and for a sustainability committee to put strategies into action.

Figure 12



In terms of resources on the GCC website, 7 of the 12 user Trusts consider the resources provided to be useful. In particular, the following areas are given:

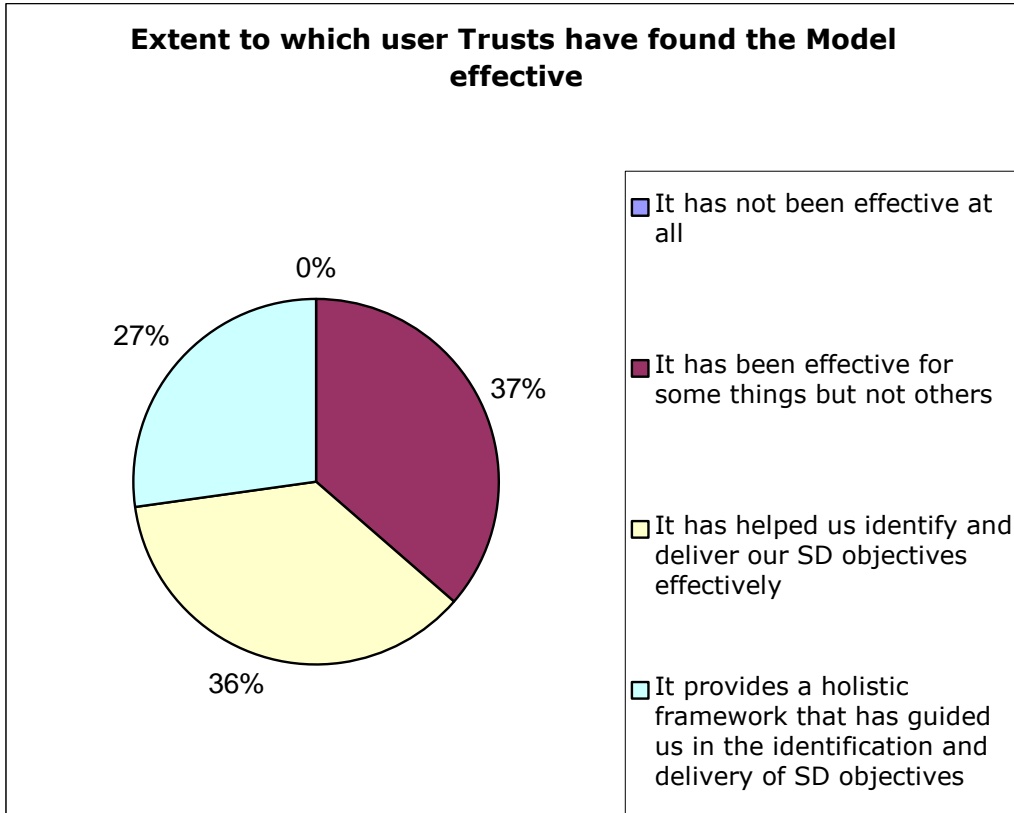
1. Travel
2. Regional groups
3. Support network resource

Some respondents appear to have misunderstood the question, in that they give general feedback on the usefulness of the Model in communicating to their Board and identifying areas to improve on. Although this may reflect on the wording of the question, it is also possible that users are not fully aware of the resources section on the website.

Given that much of the feedback for improvements to the Model is around in depth case studies, practical advice and training, it is interesting to note that respondents do not have much to say about the resources currently provided. This could be due in part to their lack of prominence on the website, and partly due to their content.

3.8 Progress on Sustainable Development as a result of the Model

Figure 13



Of the 12 user Trusts, none rate the Model as 'not effective at all' in helping to identify and deliver sustainability objectives. In itself, this illustrates that all user Trusts have been able to make use of the Model. In some cases there is a high level of enthusiasm for the Model.

It is useful to provide a few quotations on the Model to illustrate the range of opinion:

'It provides good step by step and comprehensive guidance'

'In reality model is a toe in the water but has been a fantastic toe'

'The assessment has been key as we have been able to demonstrate an evidence base'

'It has helped with identifying a framework rather than delivering the objectives'

Other organisations provide a useful external perspective on this issue. Again, all of the 8 non NHS Trusts consider that the Model has improved the understanding and implementation of sustainable development in the NHS. Their reasoning is as follows:

1. The Model enables Trusts to go beyond energy efficiency and waste management and begin to consider local procurement and community engagement
2. The Model has generally improved Trusts' understanding of sustainable development and what they can do
3. There is evidence of impact within certain Trusts in the past 12 months, especially amongst PCTs
4. Referring to Good Corporate Citizenship rather than sustainable development has made the topic more digestible to NHS staff
5. The Model demonstrates benefit to Board level concerns such as budgets and statutory requirements

However, most of these external organisations also qualify their responses by stating that the Model has had a variable impact from Trust to Trust as it is dependent on a variety of other factors, such as buy-in from the Board and Executive, financial status of the Trust, and the existence of internal champions to drive and deliver change. This confirms what the Trusts themselves perceive to be the main enablers or barriers within their own organisations, detailed in section 3.6.

3.9 Areas for improvement to the Model

The above sections all touch on possible areas of improvement to the Model. Some of the trends that emerge from this earlier feedback are:

1. The Model could do more in providing practical advice at implementation stage
2. The Model needs more in-depth case studies and evidence of cost savings
3. The Model is generally used by people within Trusts at operational level and as such senior buy-in is not guaranteed
4. There are technical limitations to the Model which restrict its usefulness, especially for Trusts wishing to repeatedly self-score over a period of time² or easily produce a report for their Board
5. The Model may achieve more if it becomes part of a mandatory target system across the NHS

When asked specifically where the Model could be improved, user Trusts provide additional insights. One respondent gives an interesting view that the Model can only go so far, and that in effect it is human contact which will encourage and support change. This supports a theme emerging throughout the evaluation regarding the need for local support networks and other mechanisms to enable Trusts to learn from and be encouraged by each other. In addition, the Model could be made more applicable to PCTs by a series of tailored criteria or questions.

Other organisations add to the above by emphasising the need for the Model to make more of the case studies and to proactively approach Board and Executive within Trusts to raise awareness of the Model. Further, there is a case for revisions to the actual questions in the Model to build on learning.

Some specific initiatives, which may be of relevance to the Model, are the E. England Environment Index, the NHS Environmental Assessment Tool (NEAT) and the Sustainable Procurement report 'Procuring for Health & Sustainability 2012'. Respondents who mention these feel that these may identify gaps or revisions for the Model.

² See footnote 1

4 Recommendations

Taking the responses given and the analysis in chapter 3, we have produced a set of recommendations that the SDC and their partners could consider as part of future developments to the Model. Some recommendations may be easily and quickly addressed, others may involve further discussion and buy -in from other interested parties.

The recommendations are grouped into 5 main categories:

1. The personal touch
 - a. Actively promote regional networks to share best practice via face-to-face activities such as road shows or via online networking
 - b. Consider a training and advice programme, provided by regional SHAs or SD Unit to improve awareness of sustainable development and the ways in which to implement initiatives
 - c. Actively develop regional (SHA) and national (DoH) champions for the Model
2. Resources
 - a. Reduce number of case studies but enhance their content: provide more information on what the initiatives cost, how much money they saved, and the specific steps taken or 'ingredients for success'
 - b. Provide case studies on regional networks showing how they have helped Trusts learn from each other and link up with organisations and institutions outside the NHS
 - c. Enable resources to be downloaded in html format as well as pdf format
 - d. Make the resources section more prominent on the website
3. The Model itself
 - a. Help community engagement and employment & skills become more prominent areas of activity in Trusts by providing more support and information in these areas
 - b. Make registration more obvious and formal (e.g. by sending a 'welcome to the Model' email) to reduce 'accidental registration'
 - c. Collect baseline data at registration to compare changes over time (for evaluation purposes)
 - d. Review the way in which repeat self scoring is described to reduce misunderstandings around this feature and encourage repeat usage
 - e. Enable the results from the self assessment to be downloaded easily into Board reports and for other purposes
 - f. Provide criteria more suited to the circumstances of PCTs and small sites to enable these Trusts to maximise the benefit from the Model
 - g. Consider the potential to link into other initiatives within and beyond the NHS

4. Leadership
 - a. Actively promote the Model to Trusts at Board and Executive level to gain their buy-in and encourage use within their Trusts
5. Targets for Sustainable Development
 - a. Develop a national mandatory system for targets around sustainable development within the NHS, which incorporates the Model

Given that almost all respondents wish to be contacted in future about the Model and that several other organisations expressed a belated interest in the evaluation, we also recommend further engagement take place in future. To enable information sharing, discussion and networking to take place, we suggest that an event or workshop may be appropriate prior to a planned revision of the Model or other relevant activity in the Good Corporate Citizenship programme.

5 Appendices

5.1 Appendix I: On-line survey and interview questions

Please refer to the separate attachments provided with this report.

5.2 Appendix II: Telephone interview registration

Screenshots of the interface.

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Good Corporate Citizenship in the NHS - Evaluation Telephone Interview Registration

Welcome to the 'Good Corporate Citizenship in the NHS - an independent evaluation of the Assessment Model' telephone interview registration page. Please complete the form below to let us know when would be best for you to be contacted. This evaluation is being undertaken by The Environment Council on behalf of the Sustainable Development Commission. Should you have any questions regarding registration or The Environment Council, please contact Donna James by [email](#) or phone on 02076320109.

First Name *

Last Name *

Organisation *

Telephone *

Email Address *

Preferred interview:

Date (dd/mm) *

March 2008						
Su	Mo	Tu	We	Th	Fr	Sa
24	25	26	27	28	29	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

 Select from the 12th March through to 26th of March (inclusive), excluding weekends and the Easter break.

Time (24hr clock) *

Alternate interview:

Date (dd/mm) *

March 2008						
Su	Mo	Tu	We	Th	Fr	Sa
24	25	26	27	28	29	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

 12th March through to 26th of March (inclusive), excluding weekends and the Easter break.

Time (24hr clock) *

Thank you for providing your contact details. Please note that this information will be used by the independent evaluation team at The Environment Council to arrange and undertake an interview with you and will not be used for any other purpose. The information you provide during interview will remain anonymous meaning that neither you nor your organisation will be attributed to a specific comment. Your organisation will be listed as having participated in this evaluation. A report will be produced by The Environment Council for the Sustainable Development Commission which will be made public on their website in early April 2008.

[Click here to Register](#)

5.3 Appendix III: Response data (non-attributed)

Please refer to the separate attachment provided with this report.

5.4 Appendix IV: List of participating organisations

1. Barnet Enfield & Haringey Mental Health NHS Trust
2. Barnet PCT
3. Barnsley PCT
4. Basildon and Thurrock University Hospitals NHS Foundation Trust
5. Bradford and Airedale Teaching PCT
6. County Durham and Darlington PCTs
7. Department of Health
8. Department of Health West Midlands
9. Derby City PCT
10. Devon Partnership Trust And Devon PCT (Royal Devon And Exeter Foundation Trust)
11. Devon PCT
12. East Kent Hospitals NHS Trust
13. East Sussex Hospitals Trust
14. Healthcare Commission
15. Humber Mental Health NHS Trust
16. King's College Hospital NHS Foundation Trust
17. Luton Primary Care Trust
18. Manchester PCT
19. Mid Yorkshire Hospitals NHS Trust
20. Newham PCT
21. NHS London
22. NHS Northwest
23. NHS Purchasing and Supply Agency
24. Norfolk PCT
25. Norfolk and Norwich University Hospital
26. North Cheshire Hospitals NHS Trust
27. Nottingham University Hospitals
28. Plymouth Hospitals NHS Trust
29. Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust
30. Royal Brompton and Harefields NHS Trust
31. Salford PCT (*2 responses*)
32. Shropshire County PCT
33. Somerset PCT
34. South East Essex PCT
35. South West SHA
36. Suffolk PCT
37. The Princess Alexandra Hospital NHS Trust
38. University Hospitals Coventry and Warwickshire NHS Trust
39. University Hospitals of Morecambe Bay
40. Walsall PCT
41. West Sussex PCT
42. Yorkshire And Humber SHA

5.5 Appendix V: List of job titles of respondents

Assistant Director of Public Health
Associate Director, Corporate Governance
Associate Director of Public Health
Catering Manager
Chief Workforce Officer
Consultant in Public Health
Corporate Citizenship Officer
Deputy Catering Manager
Deputy Head of Community Estates Services
Director of Commissioning and Performance
Director of Corporate Affairs
Director of Corporate Services
Director of Estates and Facilities
Director of Finance
Director: Governance, Infrastructure and Corporate Services
Director of Projects and Facilities
Economic, Environmental and Social Programmes Director
Energy and Environmental Manager
Environmental Manager (Facilities)
Facilities Manager
Head of Business Systems and Resilience
Head of Environmental Services
Head of Estates
Health Improvement in Public Health
Office Manager for Sterile Services
Medical Director
Mental Health Promotion Coordinator
Programme and Project Manager
Public Health Consultant: sustainability lead
Public Health Manager
Public Health Programme Manager
Public Health Project Manager
Risk Manager: with responsibility for the environment
Service Development Manager: User Engagement and Empowerment
Strategy Group: Public Health Team
Sustainable Development Programme Manager
Sustainable Procurement Specialist
Trust Board Secretary