

**NHS North Lincolnshire
Clinical Commissioning Group**

Whistleblowing Policy – Freedom to Speak Up

Version:	V1.0 – This is based on the NHSE national integrated policy and follows the latest information
Ratified by:	Executive Team – IA&G Committee 3 July 2019
Name of originator/author:	HoG
Name of Lead:	John Pougher, NHS North Lincolnshire CCG
Date issued:	July 2019
Review date:	July 2021 or if changes are notified by NHSE
Target audience:	Organisation wide

Any changes made to this policy should be outlined in the below Review and Amendment Log. In the event of any changes to relevant legislation or statutory procedures this policy will be automatically updated to ensure compliancy without consultation. Such changes will be communicated.

Version No	Type of Change	Date(s)	Description of change
V1			

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1. Introduction

NHS North Lincolnshire CCG (hereinafter the CCG) is committed to ensuring the highest possible standards of service and the highest possible ethical standards in delivering this service. It is the responsibility of all staff to ensure that if they become aware that the actions of other employees or officers or anyone working for, with, or connected to it, might compromise this objective, they will be expected to raise the matter.

The CCG encourages all individuals to raise any concerns that they may have about the conduct of others in the organisation, independent contractors, or organisations with which the CCG has a relationship/contract.

The recommendations of “Freedom to Speak Up”, the independent review commissioned by the Secretary of State and chaired by Sir Robert Francis QC into whistleblowing in the NHS were published in 2015. The purpose of the review was to provide independent advice and recommendations on creating a more open and honest reporting culture in the NHS.

The review recommended a ‘standard integrated policy’, aimed at improving the experience of whistleblowing in the NHS.

The CCG’s local process has been integrated into the NHS standard integrated policy resulting in this CCG Policy – “Whistleblowing Policy – Freedom to Speak Up”.

The Public Interest Disclosure Act (PIDA) 1998 ensures protection for employees who have concerns about the organisation they work for. This policy is to create and encourage a climate of openness and dialogue, recognising that actively encouraging staff to raise concerns about health care, probity and quality matters responsibly and without delay, ensures that the interests of patients are always put first.

2. Scope

In accordance with PIDA, this policy applies to ‘workers’ of the CCG, including substantive and temporary staff, bank staff, agency staff, contracted staff and trainees.

This policy will be applied equally to all staff covered by the policy and in accordance with the CCG’s Equality and Inclusion Policy.

Staff private employment matters such as personal employment contract disputes and grievances are outside the scope of this policy.

3. Policy Statement

The CCG has a responsibility as an employer to ensure that all staff are aware of their right to raise concerns about potential poor practices or wrong-doing within their organisation this is often referred to as “whistleblowing”.

4. RESPONSIBILITIES

4.1 Responsibilities of the CCG

- To monitor this procedure and the concerns/issues that are raised as a result
- To provide a point of contact for staff who wish to raise concerns under the provision of this policy and who feel it is inappropriate to raise the matter through their Line Manager

4.2 Responsibilities of Managers

- Consider staff concerns carefully and (where necessary) to undertake an investigation
- Understand the difficult position that the individual staff member may be in
- Seek appropriate advice from your line manager or the Freedom to Speak Up Guardian
- Take prompt action to resolve the concern or refer it on to the Accountable Officer / Chair
- Keep the member of staff informed about the ongoing processes and/or proposed solution
- Regularly review situations that have been reported to them
- Ensure individuals who genuinely report concerns are not penalized or discriminated against in any way

4.3 Responsibilities of Employees

- Ensuring that the best standards of care are achieved
- Report their concerns to a member of CCG staff as outlined in this procedure
- Raising concerns in the public interest with a true belief that poor standards of practice have occurred

4.4 Responsibilities of Human Resources

- To advise the employee of the options open to them and the relevant Policy to follow
- To support any employee who wishes to bring a Whistleblowing complaint to the attention of the CCG
- To monitor the implementation of the policy and to ensure that procedures are managed fairly and consistently across the CCG. Human Resources will provide guidance and support to line managers on the operation of this policy at all stages

5. SPEAK UP – WE WILL LISTEN

Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving the services we commission for all patients and the working environment for our staff.

You may feel worried about raising a concern, and we understand this. But please don't be put off. In accordance with our duty of candour, our senior leaders and entire Governing Body are committed to an open and honest culture. The CCG will look into what you say and you will always have access to the support you need.

6. POLICY

6.1 What concerns can be raised?

You can raise a concern about risk, malpractice or wrongdoing you think is harming the service we commission. Just a few examples of this might include (but are by no means restricted to):

- unsafe patient care
- unsafe working conditions
- inadequate induction or training for staff
- lack of, or poor, response to a reported patient safety incident
- suspicions of fraud (which can also be reported to our local counter-fraud team on 0191). Employees who wish to speak with complete confidentiality can also contact the NHS Fraud and Corruption Reporting Line on 0800 028 40 60 or <https://cfa.nhs.uk/reportfraud> to report their concerns. Callers may remain anonymous if they wish
- a bullying culture (across a team or organisation rather than individual instances of bullying)

For further examples, please see the [Health Education England video](#).

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Don't wait for proof. The CCG would like you to raise the matter while it is still a concern. It doesn't matter if you turn out to be mistaken as long as you are genuinely troubled.

This policy is not for people with concerns about their employment that affect only them; that type of concern is better suited to the CCG's grievance policy.

6.2 Feel safe to raise your concern

If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a concern. Nor will we tolerate any attempt to bully you into not raising any such concern. Any such behaviour is a breach of our values as an organisation and, if upheld following investigation, could result in disciplinary action.

Provided you are acting honestly, it does not matter if you are mistaken or if there is an innocent explanation for your concerns.

We do not however extend this assurance to someone who maliciously raises a concern that they know is untrue. Any such conduct may be liable to disciplinary action or other appropriate action.

Raising a concern will not, in itself, halt any on-going disciplinary action or redundancy procedure that may have already started.

6.3 Confidentiality

Employees should feel comfortable raising their concern openly, but the CCG also appreciates that you may want to raise it confidentially. This means that while you are willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. Therefore, we will keep your identity confidential, if that is what you want, unless required to disclose it by law (for example, by the police). You can choose to raise your concern anonymously, without giving anyone your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

6.4 Who can raise concerns?

Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes agency workers, temporary workers, volunteers and governing body members.

6.5 Who should a concern be raised with?

In many circumstances the easiest way to get your concern resolved will be to raise it formally or informally with your line manager. If raising it with your line manager does not resolve matters, or you do not feel able to raise it with them, you can contact one of the following people:

- The CCG Freedom to Speak Up Guardian for the CCG is the Strategic Head of Commissioning, Jane Ellerton at jane.ellerton@nhs.net - this is an important role identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the Accountable Officer, or if necessary, outside the organisation

If you still remain concerned after this, you can contact:

- The executive director with responsibility for whistleblowing is Emma Sayner the Chief Finance Officer at emma.sayner@nhs.net
- The Governing Body Lay Member with responsibility for whistleblowing is Janice Keilthy at janice.keilthy@nhs.net

7. Process

7.1 How should you raise a concern?

You can raise your concerns with any of the people listed above in person, by phone or in writing (including email). Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concern.

7.2 What will the CCG do?

The CCG is committed to the principles of the Freedom to Speak Up review and its vision for raising concerns, and will respond in line with them (see Appendix 4). If your concern suggests a Serious Incident has occurred, an investigation will be carried out in accordance with the NHSE Serious Incident Framework 2015 (<https://improvement.nhs.uk/documents/920/serious-incident-framwrk.pdf>) and the NLCCG Serious Incident policy (<https://portal.yhcs.org.uk/documents/55582/11939224/NLCCG+Serious+Incident+Policy+V4+April+2019.pdf/>)

The CCG is committed to listening to its staff, learning lessons and improving patient care. On receipt, the concern will be recorded and you will receive an acknowledgement without unreasonable delay. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback.

7.3 Investigation

Where matters are unable to be resolved quickly (usually within a few days) with your line manager, the CCG will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained/with investigation experience – and we will reach a conclusion within a reasonable timescale (which we will notify you of). Wherever possible we will carry out a single investigation. The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

The CCG may decide that your concern would be better looked at under another process; for example, our process for dealing with bullying and harassment and we will discuss this with you if necessary.

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

7.4 Communicating with you

The CCG will treat you with respect at all times and will thank you for raising your concerns. The CCG will discuss your concerns with you to ensure we understand exactly what you are worried about. Advice will be given to tell you how long it is expected the investigation will take and keep you up to date with its progress. Wherever possible, the full investigation report will be shared with you (while respecting the confidentiality of others).

7.5 How will the CCG learn from your concern?

Where an investigation identifies improvements that can be made, the CCG will track them to ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

7.6 Governing Body oversight

The Governing Body and the Information Audit & Governance Committee will be appraised of all whistleblowing concerns and the outcomes and learning changes made of the result.

7.7 Safeguarding Concerns

Any potential issues/concerns relating to the safety and welfare of a child and/or adult at risk will be referred for advice and guidance to a member of the CCG Safeguarding Team.

Where it is considered that a child and/or adult is at risk of abuse or neglect a referral to the Local Authority must be made in line with the agreed multi-agency safeguarding policies and procedures and in accordance with the NLCCG Safeguarding policy.

7.8 Raising your concern with an outside body

Alternatively, you can raise your concern outside the organisation with:

- NHS Improvement for concerns about:
 - how NHS trusts and foundation trusts are being run
 - other providers with an NHS provider licence
 - NHS procurement, choice and competition
 - the national tariff
 - Care Quality Commission for quality and safety concerns
- NHS England for concerns about:
 - primary medical services (general practice)
 - primary dental services
 - primary ophthalmic services
 - local pharmaceutical services
- Health Education England for education and training in the NHS
- NHS Protect for concerns about fraud and corruption.

7.9 Making a 'protected disclosure'

There are very specific criteria that need to be met for an individual to be covered by whistleblowing law when they raise a concern (to be able to claim the protection that accompanies it). There is also a defined list of 'prescribed persons', similar to the list of outside bodies on page 9, who you can make a protected disclosure to. To help you consider whether you might meet these criteria, please seek independent advice from the Whistleblowing Helpline for the NHS and social care, Protect or a legal representative.

8. Advice and support

Advice & support is available from:

- **The NHS and Social Care Whistleblowing Helpline** (www.wbhelpline.org.uk) on 08000 724 725. This service offers free, confidential advice to all staff within the NHS and Social care. The helpline will be able to clarify whether you have a whistleblowing concern and talk you through the processes to raise your concern; or will advise you on how to escalate the concern, if you feel that the issues raised have not been dealt with appropriately.

•**Protect – (formerly Public Concern at Work)**

Telephone:

Protect Advice Line: 020 3117 2520 (* option 1)

Fax

020 7403 8823

Email

Protect Advice line: whistle@protect-advice.org.uk

- Your professional body or trade union representative

9. National Guardian Freedom to Speak Up

The National Guardian can independently review how staff have been treated having raised concerns where NHS trusts, CCGs and foundation trusts may have failed to follow good practice, working with some of the bodies listed above to take action where needed. Further information can be found at <https://www.nhsemployers.org/retention-and-staff-experience/raising-concerns-whistleblowing>

10. Associated Documentation and References

Relevant Legislation

Employment Rights Act 1996 (ERA)

Public Interest Disclosure Act (1998)

Fraud Act 2006

Freedom of Information Act (2000)

Equality Act (2010)

Public Interest Disclosure (Prescribed Persons) Order 2014

11. Associated Policies and Guidance Documents

- Disciplinary Policy
- Grievance Policy
- Complaints Policy
- Incident Reporting

12. Impact Analyses

12.1 Equality Impact Assessment

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.

In developing this policy, an Equality Impact Analysis has been undertaken (Appendix 5). As a result of the initial screening, the policy does not appear to have any adverse effects on people who share protected characteristics and no further actions are required at this stage.

12.2 Sustainability Impact Assessment

A Sustainability Impact Assessment has been completed for this policy (Appendix 5).

12.3 Quality

A Quality Impact Assessment has been completed for this policy and is included in Appendix 5.

12.4 Bribery Act 2010

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery.

Due consideration has been given to the Bribery Act 2010 in the development of this policy document and consistent application of this policy will mitigate bribery in relation to this policy.

Under the Bribery Act 2010, it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

Failure to prevent bribery; The Bribery Act also introduced a corporate offence for a relevant commercial organisation (the CCG) to bribe another person intending (1) to obtain or retain business, or (2) to obtain or retain an advantage in the conduct of business. The only defence available to the CCG against Bribery Act offences would be to prove that it had adequate procedures in place designed to prevent persons associated with it from undertaking any of the conduct outlined above.

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper.

It is therefore, extremely important that staff adhere to this and other related policies and documentation (as detailed on the CCG's intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

If fraud, bribery and corruption are particularly relevant to a policy, the section should be headed Anti-fraud, Bribery and Corruption and should include a cross reference to the Local Anti-fraud, Bribery & Corruption Policy.

The following wording should also be included:

- If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the LCFS and/or to NHSCFA as follows:
- LCFS, AuditOne, Kirkstone Villa, Lanchester Road Hospital, Lanchester Road, Durham, DH1 5RD. Tel: 0191 4415936;

Email: counterfraud@audit-one.co.uk or ntawnt.counterfraud@nhs.net

- The CCG's Chief Finance Officer,
- NHSCFA, 0800 028 40 60 (powered by Crimestoppers).

Online: <https://cfa.nhs.uk/reportfraud>

13. Management and Review of Policy

The Audit Committee has overall responsibility for the maintenance and operation of this policy and for reviewing the effectiveness and actions taken in response to concerns raised under this policy.

The effectiveness of this policy and local process will be reviewed at least annually, with the outcome published and changes made as appropriate.

Process for raising and escalating a concern

Step one

If you have a concern about a risk, malpractice or wrongdoing at work, you should feel able to raise it first with your line manager. This may be done orally or in writing.

Step two

If you feel unable to raise the matter with your line manager, for whatever reason, please raise the matter with the CCG Freedom to Speak up Guardian:

- Strategic Head of Commissioning – Jane Ellerton at jane.ellerton@nhs.net or via mobile – 077 676 14531

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

Step three

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact the Clinical Commissioning Group Accountable Officer / Chair.

Step four

You can raise concerns formally with external bodies as detailed in section 8.

The Role of the Speak Up Guardian

This person has been given special responsibility and training, has experience in dealing with whistleblowing concerns. They will:

- treat your concern confidentially unless otherwise agreed;
- ensure you receive timely support to progress your concern;
- escalate to the board any indications that you are being subjected to detriment for raising your concern;
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with;
- ensure you have access to personal support since raising your concern may be stressful.

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

Acting Upon your suspicions – THE DO'S AND DON'TS

If you suspect fraud, corruption or malpractice within the workplace, there are a few simple guidelines that should be followed:

DO

- 1. Make an immediate note of your concerns:**
Note all relevant details, such as what was said in telephone or other conversations, the date, time and the names of any parties involved.
- 2. Convey your suspicions to someone with the appropriate authority and experience.**
 - This is usually the CCGs Local Counter Fraud Specialist (LCFS) –0191 4415936; Email: counterfraud@audit-one.co.uk or ntawnt.counterfraud@nhs.net Alternatively, you might contact the Accountable Officer, Chief Finance Officer or Head of Governance.
- 3. Deal with the matter promptly, if you feel your concerns are warranted.** Any delay may cause the CCG to suffer financial loss, or injury to fellow colleagues or patients depending upon the nature of the concern/allegation.

DON'T

- 1. Ignore it**
- 2. Be afraid of raising your concerns:**
You will not suffer any recrimination from your employer as a result of voicing a reasonably held suspicion. The CCG will treat any matter you raise sensitively and confidentially.
- 3. Approach or accuse any individuals directly.**
- 4. Try to investigate the matter yourself:**
There are special rules surrounding the gathering of evidence for use in criminal cases. Any attempt to gather evidence by people who are unfamiliar with these rules may destroy the case.
- 5. Convey your suspicions to anyone other than those with the proper authority.**

A vision for raising concerns in the NHS



Source: Sir Robert Francis QC (2015) *Freedom to Speak Up: an independent report into creating an open and honest reporting culture in the NHS.*

Integrated Impact Assessment

INTEGRATED IMPACT ASSESSMENT							
Policy/project/function/service	Whistleblowing – Speaking Out Policy						
Date of analysis:	July 2019						
Type of analysis completed	Quality						
	Equality						
	Sustainability						
What are the aims and intended effects of this policy/project or function?	<p>NHS North Lincolnshire CCG is committed to ensuring the highest possible standards of service and the highest possible ethical standards in delivering this service. It is the responsibility of all staff to ensure that if they become aware that the actions of other employees or officers or anyone working for, with, or connected to it, might compromise this objective, they will be expected to raise the matter.</p> <p>The CCG encourages all individuals to raise any concerns that they may have about the conduct of others in the organisation, independent contractors, or organisations with which the CCG has a relationship/contract.</p>						
Please list any other policies that are related to or referred to as part of this analysis							
Who does the policy, project, function or service affect?	Employees	X					
	Service users						
	Members of the public						
	Other (please list)						
QUALITY IMPACT							
	Please 'X' ONE for each			Brief description of potential impact	Mitigation strategy and monitoring arrangements	Risk 5 x 5 risk matrix)	
	Chance of Impact on Indicator					Likelihood	Consequence
	Positive Impact	No Impact	Negative Impact				

	X	X	X				
PATIENT SAFETY							
Patient safety /adverse events		X					
Mortality position		X					
Infection control MRSA/CDIFF		X					
CQC status		X					
NHSLA / CNST		X					
Mandatory/statutory training		X					
Workforce (vacancy turnover absence)		X					
Safe environment		X					
Standard & suitability of equipment		X					
CLINICAL EFFECTIVENESS							
NICE Guidance and National Quality Standards, eg VTE, Stroke, Dementia		X					
Patient related outcome measures		X					
External accreditation e.g. professional bodies ie RCN		X					
CQUIN achievement		X					
PATIENT EXPERIENCE							
Will there be an impact on patient experience if so how		X					
Will it impact on carers if so how		X					
INEQUALITIES OF CARE							
Will it create / reduce variation in care provision?		X					
STAFF EXPERIENCE							

What is the impact on workforce capability care and skills?		X					
Will there be a change in working practice, if so, how?		X					
Will there be an impact on training		X					

TARGETS / PERFORMANCE

Will it have an impact on performance, if so, how?		X					
Could it impact on the achievement of local, regional, national targets, if so, how?		X					

EQUALITY IMPACT

Analysis Rating (see completion notes)	Red		Red/Amber		Amber		Green
Approved by:	Commissioner Lead:				GP lead for E&D:		
	Date				Date		

Local Profile Data

General	
Gender (Men and Women)	
Race (All Racial Groups)	
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)	
Religion or Belief	
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	

Pregnancy and Maternity	
Transgender	
Marital Status	
Age	

Equality Data

Is any equality data available relating to the use or implementation of this policy, project or function?	
List any consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function.	
Promoting inclusivity; How does the project, service or function contribute to our aims of eliminating discrimination and promoting equality and diversity?	

Equality Impact Risk Assessment test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

Protected Characteristic:	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)				
Race (All Racial Groups)				

Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)				
Religion or Belief				
Sexual Orientation (Heterosexual, Homosexual and Bisexual)				
Pregnancy and Maternity				
Transgender				
Marital Status				
Age				

Action Planning

As a result of performing this Equality Impact Analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by The Equality Act 2010?

Identified Risk:	Recommended Action:	Responsible Lead	Completion Date	Review Date

SUSTAINABILITY IMPACT

Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the Trust's key Strategies and the Trust has made a corporate commitment to address the environmental effects of activities across Trust services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the Trust's Sustainability Themes.

	Positive Impact	Negative Impact	No Specific Impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020				

New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.				
Reduce the risk of pollution and avoid any breaches in legislation.				
Goods and services are procured more sustainability.				
Reduce carbon emissions from road vehicles.				
Reduce water consumption by 25% by 2020.				
Ensure legal compliance with waste legislation.				
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020				
Increase the amount of waste being recycled to 40%.				
Sustainability training and communications for employees.				
Partnership working with local groups and organisations to support sustainable development.				
Financial aspects of sustainable development are considered in line with policy requirements and commitments.				