



# Salisbury NHS Foundation Trust

## Green Plan

2021-2024

## Foreword

The NHS is responsible for 4-5% of the UK's carbon emissions and 3.5% of all road travel; at the same time, climate change is recognised as having a negative impact on health, exacerbating health inequalities.

We recognise the important role we have in helping to reduce carbon emissions and improve sustainability, to deliver high quality care today without compromising the needs of future generations.

Our Green Plan sets out a framework for how we will reduce the impact of climate change, embrace 'green' learning and innovation and support the NHS deliver a carbon net zero healthcare system, by 2040.

The quality of our environment has a direct impact on our health. Through engagement and partnership working we will transform our environmental impact and make a positive difference on the health and wellbeing of our staff and the population we serve.

The Green Plan is our commitment to reduce our impact on the environment and put us on a path to deliver a cleaner, greener, healthier and more equitable future.



Nick Marsden  
Chairman



Stacey Hunter  
Chief Executive Officer

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## 1. Introduction

Salisbury NHS Foundation Trust ('the Trust') is a statutory body, which became a public benefit corporation on 1 June 2006. The Trust provides services at Salisbury District Hospital (SDH) (*see appendix 1*), where 4, 800 staff deliver a broad range of clinical care to approximately 270,000 people in Wiltshire, Dorset and Hampshire, which includes:

- Emergency and elective inpatient services
- Women and newborn
- Day case services
- Outpatient services
- Diagnostic and therapeutic services
- Specialist spinal rehabilitation, plastics and burns Specialist services, such as burns, plastic surgery, cleft lip and palate, rehabilitation and the Wessex Regional Genetics Laboratory extend to a much wider population of more than three million people.

The Trust is located within and aligned to the Bath, Swindon and Wiltshire (BSW) Integrated Care system (ICS). In its long term plan for the next five years, the BSW system describes a vision for the future of supporting and sustaining healthy, independent living.

## 2. Organisational Vision

As a leading local anchor Institution, we play an important role beyond the boundaries of our Estate, in contributing to a greener, healthier and more prosperous city.

We can further contribute to the local area through: partnership working, health promotion and prevention, employing more local people, supporting local procurement and reducing the environmental impact of our activities.

We are committed to reducing our carbon footprint in line with the NHS target, to reach net zero by 2040 for direct carbon emissions and by 2045, for indirect carbon emissions.

Our aims:

1. Ensure greater engagement with the community, a greater sense of community ownership and involvement with the hospital
2. Contribute to the development of Salisbury as a place
3. Reduce the organisation's carbon footprint and deliver sustainable initiatives that support site development
4. Contribute to a reduction in the causes of ill-health (e.g. air pollution), with an impact on unplanned admissions
5. Improve recruitment and retention
6. Support for local enterprises through procurement.

### 3. Sustainability Plans and Targets

The health consequences of Climate change were acknowledged at the Paris climate conference (in 2015), resulting in the 'Paris Agreement', a legally binding international treaty on climate change. The NHS contributes 4% of national carbon emissions; the Climate emergency is a health emergency with Climate change and health inextricably linked with consequences for our patients, the public and the NHS.

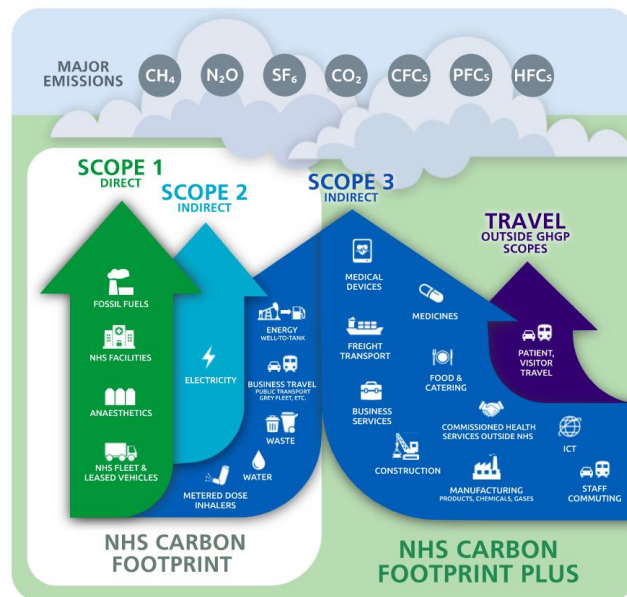
Climate change threatens the foundations of good health; we, therefore, need to take actions that will lead to a reduction in carbon emissions.

All NHS Trusts were required (under the NHS Standard Contract 2017-19) to have a Board approved Sustainable Development Management Plan (SDMP), to support an 80% reduction in carbon emissions by 2050 (Climate Change Act 2008). In the latest SDMP report (2019) the Trust identified that the 2015 target, of a 10% reduction in carbon footprint (from the 2007 baseline), had been achieved.

The carbon reduction target for the NHS was revised when in October 2020; the Greener NHS National Programme published its new strategy, *delivering a net zero National Health Service*. This report highlighted that left unabated climate change will disrupt care, with poor environmental health contributing to major diseases, including cardiac problems, asthma and cancer.

The report set out trajectories and actions for the NHS to reach net zero carbon emissions by 2040, for the emissions it controls directly (with an ambition to reach an 80% reduction by 2028 to 2032), and 2045 (The NHS Carbon Footprint Plus) for those it can influence (such as those embedded within the supply chain), with an ambition to reach an 80% reduction by 2036 to 2039.

Emissions are broken down into categories identified by the Greenhouse Gas Protocol (GHGP):



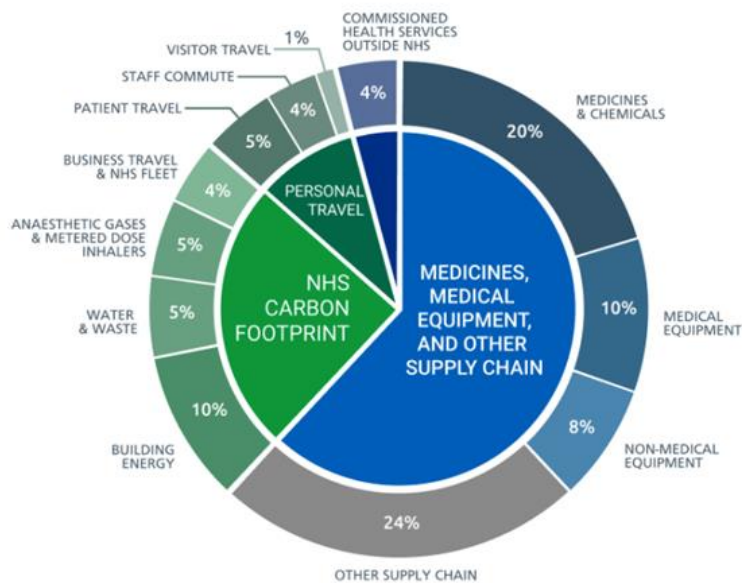
**Scope 1 – All Direct Emissions** from the activities of an organisation or under their control. Including fossil fuel combustion on site such as gas boilers, NHS fleet & leased vehicles, NHS Facilities and Anaesthetics.

**Scope 2 – Indirect Emissions** from electricity purchased and used by the organisation. Emissions created during the production of the energy and eventually used by the organisation.

**Scope 3 – All Other Indirect Emissions** from activities of the organisation, occurring from sources that they do not own or control. These are usually the greatest share of the carbon footprint, covering emissions associated with business travel, freight transport, waste, water, and medicines, medical devices, ICT, staff commuting, construction/building Services, food and catering.

**Travel – Outside GHGP Scopes** - emissions from patient and visitor travel.

## Sources of carbon emissions, in the NHS:



*Delivering a 'Net Zero' National Health Service (2020)*

The 2021/22 NHS Standard Contract sets out the requirement for Trusts and each ICS to replace Sustainable Development Management Plans with a Board approved Green Plan detailing the approaches to reducing carbon emissions, in line with national trajectories. The Green Plan will not actively consider offsetting; instead will focus on efforts to tangibly reduce Carbon emissions.

In developing this Green Plan we have reviewed our progress on reducing carbon emissions and developed an action plan with a renewed focus, including:

1. Changes in the governance and management arrangements for sustainability
2. Improved monitoring and reporting of progress against action plans and commitments
3. Reviewed our communication strategy around the Green Plan agenda
4. Plans for greater engagement with the local community, Trust staff and ICS colleagues

Priorities for the next three years, as an organisation we will:

1. Embed 'Sustainability' into everything we do, support behaviour change and undertake the actions that will lead to the delivery of Health services within a low or zero carbon NHS.
2. Engage with our community, partners and staff, working collaboratively to embrace the use of technologies, innovation and develop new models of care and new ways of working.
3. Seek to become 'Carbon Literate' raising our staff's awareness of the impact everyday activities have on the climate and know what steps can be taken to reduce emissions, individually, in our teams and as an organisation.
4. Move towards more sustainable low carbon energy sources

5. Develop and promote flexible and remote working, a low or zero carbon commute to work
6. Ensure modern building methods are applied to new building projects
7. Ensure suppliers meet minimum standards expected on net carbon zero and social value
8. Prepare the Estate, develop mitigation and adaptation plans in response to climate change
9. Promote and invest into energy (and water) saving measures, *'make every KWh count'*
10. Increase healthier, more sustainable menu choices and reduce food waste
11. Reduce (or replace) the use of medical gasses and medicines, high in carbon emissions
12. Promote 'active travel' with improved secure storage and e-bike charging facilities
13. *Increase Resource Productivity* – Extend the life of items purchased (repair), increase the volume of recycled waste and repurpose items (e.g. furniture)
14. Reduce the volumes of residual waste through supplier engagement (avoidance), reuse and recycling

## 4. Green Action Plan

### 4.1 Workforce and system leadership

Working with the Carbon Literacy Project we aspire to become a 'Carbon Literate' organisation, aware of the impact everyday activities have on the climate and know what steps can be taken to reduce carbon emissions, individually, in our teams and as an organisation.

We will support the Greener NHS Team - *'Healthier Planet, Healthier People'*, staff engagement campaign, which seeks to bring to life the link between our health and that of our environment, empowering staff to create a greener sustainable health service, in a way that is meaningful to them.

We plan to better engage with our local community and Staff to develop a Green Forum with Green Champions, empowered to lead a programme of employee led Green initiatives.

Staff Led Actions may include:

- Using a refillable bottle for a year saving 64kg of CO<sub>2</sub> compared with single use plastic bottles.
- Turning off equipment and lights and controlling temperatures can lead to great savings, and significant reductions in CO<sub>2</sub>.

*TLC – Turn off equipment, Lights out, Close doors.*



- Saving one car journey a week of 16.7 miles (average daily commute) reduces the equivalent of 230kg of CO<sub>2</sub>e per person over a year.
- Using the right bin: In 2017, the NHS sent 15% of its waste to landfill, a total of 47,000 tonnes, a weight equal to 650 times the Space Shuttle.

**Our actions, we will:**

1. Become Carbon Literate, with training and support for staff
2. Support and engage with the '*Healthier Planet, Healthier People*' staff engagement campaign and establish a network of 'Green Champions'
3. Embed our Green Plan objectives within our leadership teams and promote sustainability in our approach to quality and service improvement.
4. Establish and maintain a multi-disciplinary Sustainability Group to develop and deliver the sustainability agenda
5. Develop internal and external engagement and communications to highlight and promote the sustainability agenda
6. Encourage and recognise our staff that embrace sustainability and support us with the 'climate change' challenge

**4.2 Sustainable models of care**

During the Pandemic significant progress has been made in delivering virtual outpatient appointments, resulting in positive patient feedback. Investment is in place to further develop this work and increase the number of non-face to face appointments, and establish virtual appointments (where clinically appropriate).

We have been running a number of paper lite projects (e.g. E outcome forms for out-patients) and have reduced the number of printers on site. We will seek to develop further opportunities to adopt paper lite strategies in the delivery of care.

We will embed sustainable practices within our models of care, challenge and review the use of 'single use' items and seek alternatives.

**Our Actions, we will;**

1. Increase the number of non-face to face outpatient appointments
2. Establish and promote further paper lite models of care
3. Challenge and review the reliance upon 'single use' items and seek credible alternatives
4. Support the ongoing development and expansion of online clinical discussions aimed at reducing Hospital admissions e.g. the Virtual Ward project.

### **4.3 Digital transformation**

Our IT team have achieved savings in power consumption and storage capacity by moving to a centralised data centre (The Cloud). We have expanded the use of “Attend anywhere” to ensure outpatient consultations can take place virtually and expanded the use of Video conferencing for multi-disciplinary meetings. Advice and guidance software has been purchased for clinicians (including GP’s) to communicate with each other via an app.

The use of virtual meetings and webinars has become ‘business as usual’ and are routinely used throughout the Trust, resulting in a reduced demand for meeting room space and ‘off site’ travel.

#### **Our actions, we will;**

1. Further develop our electronic patient records system to reduce the use of paper and enable mobile access to information.
2. Work to develop a clear case for change including benefits such as improved virtual collaborative working, and seamless information sharing that could be enabled by a shared electronic patient record across the three Acute Hospitals in the ICS.
3. Implement electronic personal held records to reduce the use of paper with people and they are able to own their care and effectively engage virtually with clinicians.
4. Commit to Digital transformation with reference to the NHSX’s ‘What Good looks like’ framework.
5. Investigate the introduction of a room/desk booking solution to improve the utilisation of office/meeting space.

### **4.4 Travel and transport**

The Trust has established a multi-agency, Transport Strategy Steering Group (TSSG). Through this route we will continue to promote and deliver low carbon strategies to support Green Plan objectives.

Working with a leading provider we have established a platform to support ‘car sharing’ in the commute to and from work.

In 2020 we installed 14, 7kw Electric Vehicle chargers, available to patients, staff and visitors. We plan to further expand this network and make the Estate ‘EV’ ready.

To promote the use of public transport we have agreed discounts in place with the local bus company.

The Non-Emergency Patient Transport service was successfully tendered in 2020 requiring the provider to evidence their progress towards an ultra-low (or zero) emission fleet.

Support for ‘active travel’ has included:

- Improved signage on cycle routes, to and from the Hospital
- Promotion of a 'cycle to work' scheme, linked to salary sacrifice
- Provided access to lockers and showers through 'Active Travel' membership of our Leisure Centre
- Increase the threshold in our cycle to work scheme, supporting the purchase of e-bikes

#### **Our Actions, we will:**

1. Develop and gain support for a Travel to Work strategy that contributes to a reduction in carbon emissions, for the commute to work.
2. Further improve facilities to support and promote 'active travel', including secure cycle storage, a bike-Dr Service, dedicated shower and changing facilities.
3. Promote the use of public transport through the development of personal Travel Plans and better engagement with local transport providers
4. Further develop and promote formal car-sharing and a reduction in single occupancy car travel, in the commute to work
5. Support the move to zero emission vehicles, including the addition of further Electric Vehicle (EV) charging infrastructure on site
6. Work towards moving the Trust vehicle fleet to ultra-low (or zero) emission, vehicles
7. Ensure a greater focus on providing staff with travel information combined with the development of Personalised Travel Plans.
8. Continue to promote the use of delivery vehicles with ultra-low (or zero) emissions.
9. Identify the opportunities to improve air quality using the cleaner air hospital framework.

### **4.5 Estates and Site Redevelopment**

#### **4.5.1 Our Estate**

We are committed to reducing our carbon footprint and our Estates team have made significant progress with actions across a range of initiatives, which includes:

- Following an Estates Review (in 2020), we appointed an Energy Conservation Manager
- In 2014 we invested in photovoltaic 'Solar' Panels, generating 4% of our electricity
- 40% of our electricity demand is generated onsite via a Combined Heat and Power (CHP) generator.
- In 2021 we invested £100k in LED lighting systems
- All waste is disposed of through contracts which ensure that opportunities are maximised for recycling, with no waste going to landfill. Our clinical waste is incinerated and the heat generated supplies hot water to Bournemouth Hospital.

- We have developed a recycling centre, which has been the subject of national interest. Volunteers work with procurement and staff to recycle, repair and repurpose as much furniture, mobility aids and other items, as possible.
- The grounds team have been marking and conserving areas of wildflowers since 2018, a Nature Guide has been produced, funded by League of Friends.

Despite the progress made, many challenges remain, including the thermal efficiency of older buildings still in use and the need to decarbonise the estate.



*Four step approach to decarbonise the NHS Estate*

*NHS Estates 'Net Zero' Carbon Delivery Plan (October 2021)*

#### **Our actions, we will:**

1. Adopt the 4 stage approach to decarbonise our estate:
  - *Make every kWh count,*
  - *Prepare buildings for electricity-led heating,*
  - *Switch to non-fossil fuel heating and*
  - *Increase on-site renewables.*
2. Seek opportunities to further increase the use of renewable energy
3. Promote Energy Conservation and waste recycling initiatives
4. Develop plans for the transition to more efficient lighting and prepare our buildings for electricity-led heating
5. Review and seek to further reduce the amount of exterior night time lighting
6. Reduce water loss (leaks) and investigate the opportunity to recycle water in our swimming pools
7. Develop plans to replace our Combined Heat and Power (CHP) generator, by 2024

8. Develop a coherent energy strategy that supports our low carbon objectives
9. Through our Estates strategy, seek to develop our estate replacing inefficient infrastructure and buildings, adopting low carbon strategies and prepare our estate for severe weather events
10. Ensure construction and capital spend supports modern building methods and low carbon strategies
11. Upskill our Estates staff to be more 'energy aware', and conscious of their contribution to our Green Plan
12. Further promote and facilitate recycling, repurpose and repair, supporting a low/zero waste culture
13. Working with our staff and local community, develop our 'green' spaces to support the health and wellbeing of our staff, patients and visitors, scope out options for onsite tree planting, supporting the 'NHS Forest' movement.

#### **4.5.2 The Elective Care Centre and Site Redevelopment.**

Achieving NHS carbon reduction targets will require new hospitals and buildings to be, at the very least, net zero carbon compatible (Net Zero Carbon Hospital Standard, 2021). We are committed to the delivery of NHS Carbon net zero objectives and our 'campus development' programme will make a significant contribution to achieving this commitment. It will enable us to move out of old, inefficient buildings and facilitate the construction of new buildings that meet modern building standards and use technologies that are highly energy efficient.

Underpinning the campus development are some key guiding principles:

- Avoid carbon emissions by designing buildings that require fewer materials and construction activities to build and less energy to run.
- Minimise carbon emissions by using materials and construction activities that result in fewer carbon emissions and ensuring efficient use of energy.
- Replace higher carbon energy sources with low or zero carbon energy sources, both in construction and operation.
- Offset residual carbon emissions that cannot be avoided through quantifiable and verifiable carbon offsetting measures

In order to make a positive contribution to the Trust's net zero carbon objectives through the Elective Care Centre, key requirements will be:

- Developing a carbon emissions model to enable assessment of design procurement and construction options
- Facilitate non-carbon based delivery systems
- Use of modern methods of construction to reduce carbon impact of construction

- Replace higher carbon energy sources with low or zero carbon energy sources, both in construction and operation.
- Offset residual carbon emissions that cannot be avoided through quantifiable and verifiable carbon offsetting measures

Measures such as the BREEAM excellent score and net zero carbon assessment will be used to monitor progress.

The Elective Care Centre is the first major opportunity the Trust will have to establish the key principles of building design which will then influence further developments.

#### **4.6 Medicines/Medical gasses.**

Through our Medical Gas Committee we have ceased using Desflurane, a medical gas responsible for a significant amount of carbon emissions, replacing it with Sevoflurane.

We have made progress on recycling foil packaging/blister strips, with collections in place to ensure products are recycled.

We need to focus on ways in which the use of Nitrous Oxide can be reduced. Nitrous Oxide is a major component of Entonox and whilst a very effective analgesic for labouring women, Entonox is a greenhouse gas that accounts for over 2% of the NHS carbon footprint (*Sulbaek et al, 2012; Sustainable Development Unit, 2013*).

Many inhalers used within the Trust are aerosol based and as such, release carbon emissions. Alternatives to current commonly used inhalers may be more expensive and not as effective. Our Pharmacy team are working closely with healthcare colleagues in Primary Care to achieve the transition to more environmentally friendly products.

There is significant wastage of Medicines that could otherwise be avoided; our Pharmacy team are working to reduce this.

#### **Our actions, we will:**

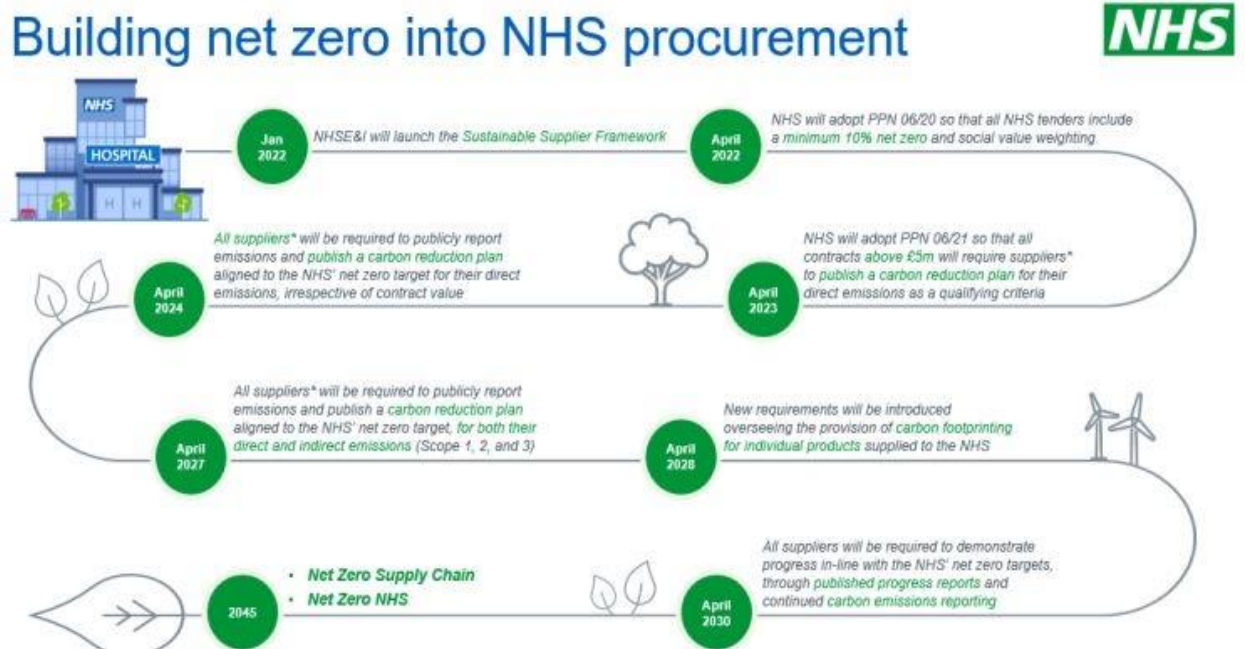
1. Aim to eliminate the use of Nitrous Oxide in the theatre setting within 3 years.
2. Explore more sustainable alternatives to the use of Entonox
3. Work closely with the Primary Care network across BSW to ensure that there are environmentally friendly and affordable options to enable us to move away from reliance on aerosol inhalers
4. Undertake a review of medicines that generate high levels of carbon emissions and explore alternatives
5. Continue to reduce Pharmacy waste.

## 4.7 Supply chain and procurement

Our Procurement team work closely with all NHS supply chain partners to achieve a sustainable procurement route for the goods and services used across the Trust and the wider ICS.

The Procurement team are committed to the principles of sustainable procurement and was one of the first teams within the Trust to develop a strategy to deliver sustainable objectives.

To demonstrate effective environmental management suppliers to the Trust will be requested to have (or to be working towards), Environmental Management System certification (ISO14001, EMAS, BS8555 or equivalent).



\*To account for the specific barriers that Small & Medium Enterprises and Voluntary, Community & Social Enterprises encounter, a two-year grace period on the requirements leading up to the 2030 deadline, by which point we expect all suppliers to have matched or exceeded our ambition for net zero.

## Net Zero Supplier Roadmap

- **From April 2023:** the NHS will adopt the Government's '[Taking Account of Carbon Reduction Plans](#)' (PPN 06/21), requiring all suppliers with new contracts for goods, services, and/or works with an anticipated contract value above £5 million per annum, to publish a carbon reduction plan for their direct emissions. From April 2024, the NHS will expand this requirement for all new contracts, irrespective of value.
- **From April 2027:** all suppliers with contracts for goods, services, and/or works for any value, will be expected to publish a carbon reduction plan that takes into account the suppliers' direct and indirect emissions.
- **From April 2028:** new requirements will be introduced overseeing the provision of carbon foot-printing for individual products supplied to the NHS. The NHS will work with suppliers and regulators to determine the scope and methodology.
- **From 2030:** suppliers will only be able to qualify for NHS contracts if they can demonstrate their progress through published progress reports and continued carbon emissions reporting through the supplier framework.

### Supply Chain Challenges include:

- Reduction of the use of plastics. During 2019 / 2020 alone, the NHS purchased 184 tonnes of plastic catering consumables.
- To ensure 'sustainability' is a crucial consideration in all procurement decisions;
- The Public Sector has a vital role to play in furthering sustainable development through the procurement of goods, supplies, and services works and utilities.
- Procurement will raise the profile of sustainable procurement practices, working with suppliers to help achieve this
- Protecting biodiversity
- Training and develop our staff in the principles of sustainability and sustainable procurement
- Supporting innovation that provides sustainable solutions and reduces the consumption of resources, working with commissioners within the Trust and our supply chain
- Reduce transactional costs by supporting eProcurement, eTendering and eCatalogues
- Ensuring procurement activity is compliant with current and future government and public procurement legislation
- Supporting the Trust's sustainability action plan, working with stakeholders to deliver the NHS Carbon Reduction Strategy for England.
- Ensuring all tendering documentation outlines the Trust sustainable policies and requirements.
- Specifying and evaluating sustainability requirements in all tenders and contracts.
- Building sustainable outcomes into procurement staff appraisals



- Ensuring consideration of the waste hierarchy principles (reduce, reuse, recycle, recover)

#### **Our actions, we will:**

1. Develop a robust process for managing 'continuous improvement' and Net Zero commitments.
2. Reduce the amount of material that is disposed of by assessing the requirements for goods and encouraging the use of recycled goods where possible
3. Where waste material needs to be disposed of, we are committed to sourcing solutions to recycle in line with legislative requirements and duty of care
4. As an Anchor Institution, make a positive contribution to the local economy and its ambitions to develop sustainable working practices. Our Procurement processes will add social value by supporting local business opportunities recirculating wealth and bringing community benefits.
5. Act upon available national guidance and adopt a Social Value Policy which will build social value into most, or all contract specifications and award and award a significant proportion of tender scoring based on this.
6. Support the NHS Supply Chain in its commitment to reduce the use of single use items in its supply chain and aim to reduce plastic catering consumables used by the NHS by 50 tonnes during 2021 / 2022.
7. Actively seek to increase the utilisation of national contracts where it is clear that sustainability issues have been addressed
8. Undertake whole-life costing when purchasing equipment to include training, implementation, and disposal of goods, consumables, utilities and energy efficiency.
9. Encourage suppliers to propose innovations which improve the sustainability of their tender offering and reflect this in tender evaluation criteria.
10. Include a statement to all suppliers of goods and services that the Trust is committed to leading on sustainability and expects all members of the supply chain to actively support us in this aim
11. Seek the adoption of the Evergreen Supplier Framework as a mechanism to benchmark suppliers and shift to those that actively support the NHS sustainability principles.
12. Ensure the nomination of an ICS lead for sustainable supply chain and procurement to incorporate sustainability into foundations of ICS delivery
13. Work towards ensuring that all paper purchased for use by the organisation, contains recycled content.

#### **4.8 Food and nutrition**

In 2018 our Catering Team achieved the 'Food for life' bronze award, awarded to recognise the use of locally sourced, fresh produce and the use of seasonal menus.

The catering team support animal welfare and sustainable methods used in the supply of food and actively work to reduce food miles, with the sourcing of goods and services locally, whenever possible.

Meat and dairy items contribute to our carbon footprint; in response we have promoted plant based diet choices for staff and visitors and developed a bespoke vegan menu for our patients. Additionally, we have increased the number of plant based menu options onto our standard hospital menu.

We have ceased using single use plastic cups, replaced polystyrene products and have replaced all 'take-a-way' plastic cutlery with wooden items. Plastic straws have been changed to a more eco-friendly biodegradable product. Disposable plastic cups used by patients (for water) have been replaced with re-usable beakers.

**Our actions, we will:**

1. Work to significantly reduce the volume of 'single use' items used in food service e.g. coffee cups, take a way containers
2. We will review our recipes and working with Dietitians, reduce the volume of meat and dairy from our menus
3. Working with our Estates team we will seek further improve our energy efficiencies and reduce energy consumption, in the food service process '*Make Every KWh Count*'
4. With an increase in the use of organic products, we will seek to achieve the Food for Life Silver award'
5. We will investigate alternative methods for waste food disposal, removing the food macerator
6. We will seek to increase the volume of food consumed by our patients, supporting a reduction in food waste e.g. reintroduce the '*course by course*' initiative
7. We plan to introduce an electronic patient meal ordering system, reducing paper and supporting a reduction in food waste
8. We will work with our Procurement team to increase the percentage of locally sourced foods.

**4.9 Adaptation**

Adaption is the process of adjusting our systems and infrastructure to continue to operate effectively, while the climate changes. We will develop plans to mitigate the risks and effects of climate change including severe weather conditions such as flooding and heatwaves.

Using the Climate Adaptation Risk Assessment template, we will monitor the significant risks facing our organisation and set out the adaptation and mitigation actions required.

## Our actions, we will

1. Identify a named Adaptation lead by April 2022
2. Complete the Climate Adaptation Risk Assessment and manage these risks through the Trusts Business Assurance Framework.
3. Develop longer term plans through our site development work, to militate against these risks.

## 5. Green Plan Governance

The Chief Operating Officer is the Trust Board nominated Executive Director and net zero lead, with responsibility for sustainability and the delivery and implementation of this Green Plan.

The Head of Facilities is the Trust lead for sustainability and will provide the Trust Management Committee (TMC) with progress reports, against Green Plan objectives.

We will work collaboratively with our ICS partners, staff and our community, to further develop our response to the climate emergency and plans for carbon reduction, evolving and updating our Green Plan to meet this challenge.

Our Green Plan will support the development of a system wide Green Plan (in 2022), for the BSW ICS.

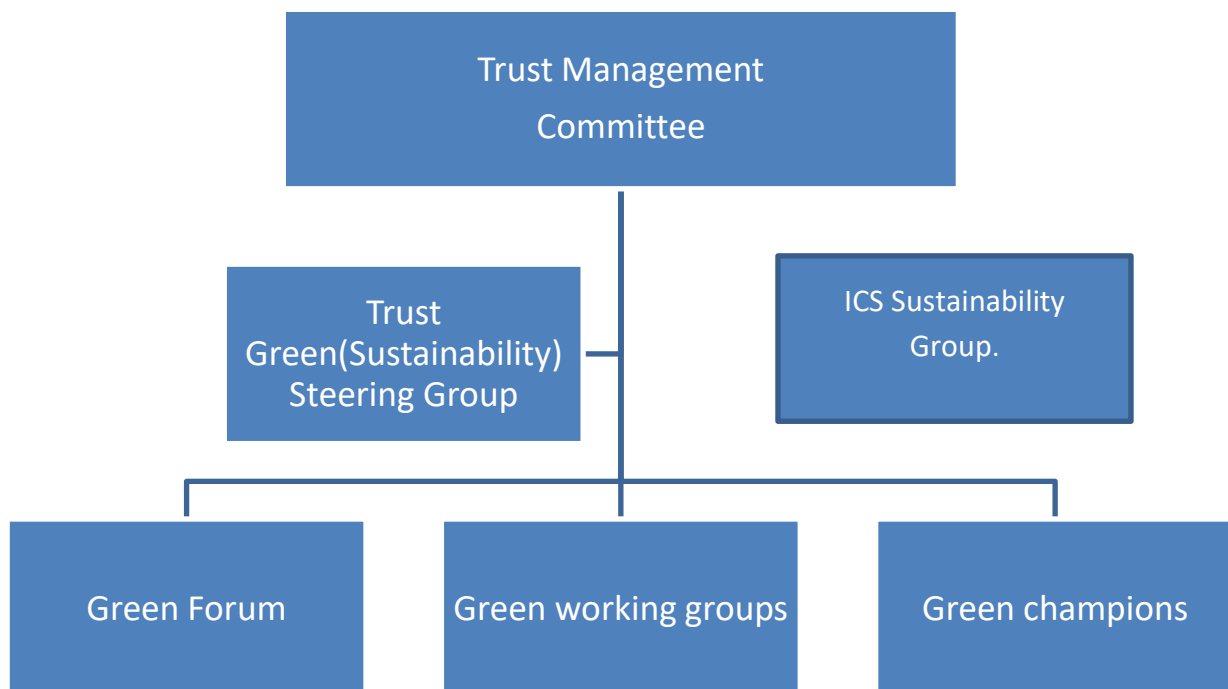


Figure 1: Green Governance Structure

## **5.1 Reporting Progress**

Progress against the Green Plan will be formally reported to the Trust Management Committee (TMC) and will consider:

1. The progress made and the ability to increase or accelerate agreed actions
2. New initiatives generated by the community we serve, our staff, ICS colleagues or partner organisations
3. Advancements in technology or other enablers
4. The likely increase in ambition and breadth of national carbon reduction initiatives and targets.

A detailed action log will be developed and monitored by the reconfigured Sustainability Steering Group. The action log will be consistent with the themes and aims identified in this Green Plan and will provide a level of detail that will ensure accountability for the delivery of objectives.

## 6. Appendices

### 6.1 Salisbury NHS Foundation Trust Overview and Dimensions

Salisbury NHS Foundation Trust (SFT) is a statutory body, which became a public benefit corporation on 1 June 2006. The Trust provides services at Salisbury District Hospital (SDH) which is located a mile south of the city centre. We deliver a broad range of clinical care to approximately 270,000 people in Wiltshire, Dorset and Hampshire which includes:

- Emergency and elective inpatient services
- Women and newborn
- Day case services
- Outpatient services
- Diagnostic and therapeutic services
- Specialist spinal rehabilitation, plastics and burns Specialist services, such as burns, plastic surgery, cleft lip and palate, rehabilitation and the Wessex Regional Genetics Laboratory extend to a much wider population of more than three million people.

Salisbury District Hospital includes the Duke of Cornwall Spinal Treatment Centre. This is a purpose built, 45 bed unit which specialises in caring for people who have spinal cord injury and serves a population of 11 million covering an area across most of southern England. Our services are delivered by 4,800 staff.

SFT is located within and aligned to the Bath, Swindon and Wiltshire (BSW) Integrated Care system (ICS). BSW has a population of approximately 920,000 people. There is a combined health and care workforce of approximately 40,000 staff. All the hospital trusts within the ICS are located on the fringes of its boundary and patients are referred to specialist centres outside of the BSW footprint for expert support and treatment, e.g. cancer services in teaching hospitals in Oxford, Bristol and Southampton.

Bath, Swindon and Wiltshire all have growing populations and have local communities with very different health and care needs. BSW achieved an ICS status in December 2020. In its long term plan for the next five years the BSW system describes a vision for the future of supporting and sustaining healthy, independent living.

The local population which SFT covers is predicted to grow by about 14% between now and 2030 and overall by about 11% by 2041. This is largely driven by an increase in housebuilding across the area and by the military rebasing project which has seen large numbers of army personnel and their dependents settling in Wiltshire following the closure of military bases in Germany.

Whilst the overall population is increasing about the same level as for the rest of England, in the Wiltshire ICS area the proportion of people in older cohorts is increasing more than in the rest of the country. In particular the over 80's is forecast to increase by 120% (England

91%) and the over 64's by 45%. At the same time, the number of younger people is reducing, as is the number of working age residents – this puts Wiltshire at odds with the national picture.

This presents a future demographic challenge for the system – growing demand associated with an ageing population with an increasing number of life limiting long term conditions and at the same time a potentially reduced workforce to care for those needs. There is a clear link between age and increased levels of long term conditions.

Our Estate covers some twenty one hectares, of which a substantial element comprises accommodation which is single-storey and originally built in the early 1940s and which are still being used for clinical services. The site is large, but is sprawling and inefficient to run and has some areas of extremely old accommodation, and even the more recent facilities are approaching thirty years old.

A large proportion of the hospital site is housed in older accommodation. Instead of new buildings, the Trust has sought to use its resources most effectively by moving out non-clinical services from the newer parts of the hospital to the north of the site and converting these areas into clinical space. There is now relatively limited non-clinical functions accommodated in the newer parts of the site - the opportunities for this approach are now exhausted. Yet there remain clinical services provided out of 1940's accommodation (maternity, neonatal intensive care) and in buildings that have exceeded their economic life (day surgery) or in accommodation where the clinical model and therefore the accommodation requirements have changed substantially.