**Gloucestershire ICS Green Plan**

**2022-2025**

**This Green Plan was developed in partnership with the sustainability teams at Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust.**

# About us

One Gloucestershire is comprised of 6 partner organisations which position themselves as anchor institutions within the local economy to support the promotion of wider social goals

* Gloucestershire County Council,
* Primary Care Providers,
* Gloucestershire Health and Care NHS Foundation Trust,
* Gloucestershire Hospitals NHS Foundation Trust,
* South Western Ambulance Service NHS Foundation Trust,
* NHS Gloucestershire Clinical Commissioning Group

Our Vision is:

To improve health and wellbeing of our population, we believe that by all working better together - in a more joined up way, and using the strengths of individuals, carers and local communities - we will transform the quality of support and care we provide to all local people.



# Introduction

**This three-year Green Plan serves as the central document for the ICS sustainability agenda and details how we intend to reduce our emissions, and thus support the delivery of our wider sustainability objectives between now and 2025; recognising the long-term net zero targets and working with other NHS providers and system partners to achieve our common goals**

We have a legal and social responsibility to address climate change and to reduce our carbon emissions, as set out in the UK’s Climate Change Act.

Climate Change and human health are inextricably linked, with rising global temperatures and air pollution contributing to the direct and immediate increase in rates of major diseases, including asthma, heart disease, and cancer, and wider health inequalities. Left unabated, climate change threatens to undermine the foundations of good health, with the potential for floods, storms, and heatwaves that will significantly disrupt healthcare services across the country.

In Gloucestershire, the effects of climate change are happening now – from increased summer temperatures to winter flooding. These events threaten the physical and mental health of our local population and exacerbate already existing pressures on healthcare services.

* *This plan does not replace green plans already published by ICS organisations, but is intended to confirm common and collaborative actions and timelines*
* *Whilst the majority of actions here are for NHS organisations, Gloucestershire ICB is committed to collaboration with partners in local authorities and beyond*
* *A key focus are the actions for year one, 2022-23. At the end of year one the plan will need to be reviewed to monitor progress and ensure that the plan remains sufficiently ambitious and in line with national targets*

# Delivering national net zero NHS targets

The NHS is a significant contributor to climate change and carbon (totalling around 4% of the UK’s carbon emissions) and we use a significant quantity of resources to keep our healthcare services running 24 hours a day, 365 days a year.

To reduce the negative impact of health services on climate change, NHS England has declared the ambition to be the world’s first net zero carbon healthcare service, with two key targets emerging from this process:

1. **NHS Carbon Footprint** to reach net zero by 2040, with an ambition for an 80% reduction in emissions (compared with a 1990 baseline) between 2028 to 2032
2. **NHS Carbon Footprint Plus** to reach net zero by 2045, with an ambition for an 80% reduction in emissions (compared with a 1990 baseline) between 2036 to 2039

Meeting these trajectories is only possible if they are supported by collective action from all NHS Trusts, Primary Care, Integrated Care Boards (ICBs), NHS staff, and collaborative partnerships working across the healthcare system. We play an important role in this to contribute to a greener, healthier, and more prosperous Gloucestershire.

## **Wider Sustainability Impacts**

Whilst this strategy focuses on reducing carbon emissions and improving the condition of our environment, it is important to note that we also have wider sustainability ambitions. We consider ourselves an ‘Anchor Institution’ within the local system – as a commissioner of local health services, we recognise that we can support our local community’s health and wellbeing and help tackle health inequalities, for example, through procurement, training, employment, professional development, buildings and land use. Our Green Plan will touch on many of these aspects and is a key enabler to supporting and influencing the health and wellbeing of communities.

# Developing our ICS Green Plan

We developed and aligned this strategy with the sustainable development objectives in the NHS Long Term Plan and the NHS commitment to NHS net zero carbon emissions. Sustainability is a very broad and multi-faceted agenda and we recognise the importance of wider public views and expectations. Our step-by-step process for developing this Green Plan enables us to involve a wider audience and empower people to contribute their views on sustainable healthcare and develop key objectives. This is an iterative process and we will continue to develop the plan over the coming years with the input of all key stakeholders.

# Green Plan Vision

“Working together across all local organisations in a sustainable way we will transform the quality of support and care we provide to all local people [using the strengths of individuals, carers and local communities].

# Our Sustainability Journey

Before the development of this three-year Green Plan, as part of our ongoing commitment towards sustainability, the following achievements were made across the CCG.

|  |  |
| --- | --- |
| City**Energy** | **Between 2015-21 the head office has reduced carbon emissions from electricity use by 59%****Electric vehicle charging is available to our staff at various locations**  |
| Cycling**Travel** | **Trust cycle-to-work schemes offered to incentivise active travel** **New home working policy reduced commuting emissions for CCG staff by 87%****Virtual meetings reduced CCG’s business miles by 50%** |
| Cloud Computing**Digital Enabled Care** | **We have digitally enabled 55 of our services with Attend Anywhere to support the delivery of care** |
| Heart with pulse**Sustainable Care** | **Implemented over 60,000 energy saving measures from Gloucestershire’s Warm and Well Scheme** **Introduced a COPD Greener Inhaler guide to inform clinical practice and raise awareness of lower carbon care** **Since 2019 we have referred over 3,500 patients to social prescribing** |

# Our Carbon Impact

All of our activities have a carbon footprint which are arranged into three categories, or scopes. Scope 1 is for emissions produced as a direct result of our building operations and travel, scope 2 is the emissions from electricity purchased. Scope 3 is for indirect emissions from operational activities, such as waste production and water usage.

Although activities such as waste and water have a lesser impact on our carbon footprint, they still account towards our Trusts resources footprint and are considered a key factor within this strategy.

Below are the graphics for the national NHS carbon emissions.



Figure 1: Delivering a net zero NHS



Figure 2: NHS carbon footprint

# Gloucestershire CCG’s Baseline 2020-21 Carbon Footprint

The carbon footprint for the Gloucestershire CCG has been calculated for 2020-21 from a combination of direct and estimated data sources using the nationally recognised Sustainability Reporting Portal. This will be replaced by Greener NHS re porting in 2021-22.



We can see that the majority of the footprint for the CCG is commissioning. It is obvious that, in order to reduce the carbon footprint of the CCG in terms of Scope 3, the CCG will need to work with the providers it commissions in order to support them to reduce their carbon emissions.

The organisations included in the commissioning are:

***Primary Care (GP) providers***

***Gloucestershire Health and Care NHS Foundation Trust***

***Gloucestershire Hospitals NHS Foundation Trust***

***South Western Ambulance Service Foundation Trust***

**Primary Care (General Practice) carbon footprint**

Gloucestershire ICS has 71 registered GP practices, with over 670,000 registered patients. In February 2022 there were 1,662 FTE staff, with 414 GPs, 212 Nurses, 212 other direct patient care (DPC) and 824 admin.

The carbon footprint of general practice in Gloucestershire ICS is estimated to be 26,446 tCO2e a year, this is equivalent to a single person taking 7,556 return flights from London to Hong Kong.

As shown in Figure 1, prescribing is responsible for 66% of the primary care carbon footprint adding 17,409 tCO2e. Patient travel contributes 11% adding 2,915 tCO2e, staff commuting adds 2,325 tCO2e (9%), energy adds 2,160 tCO2e (8%), other procurement adds 1,623 tCO2e (6%), and business travel (home visits) contributes 15 tCO2e (0.1%).

Figure : Gloucestershire ICS primary care carbon footprint

*Prescribing*

As shown in Figure 2, 65% (11,303 tCO2e) of prescribing GHG emissions comes from non–inhaler pharmaceuticals and 35% (6,106 tCO2e) comes from inhalers.

Figure : breakdown of prescribing GHG emissions

Inhaler GHG emission estimation includes high dose inhaled corticosteroids and Short Acting Beta Agonist (SABA) inhalers. The top 3 most prescribed SABA inhalers in the quarter ending January 2022 were all metered-dose inhalers (MDIs), whereas only the top prescribed high dose inhaled corticosteroid was an MDI with the second and third most prescribed being dry-powdered inhalers (DPIs). MDIs contain propellants such as hydrofluorocarbons which are potent greenhouse gases.

Table 1 shows the top 3 GHG emitting high dose inhaled corticosteroids and SABA inhalers prescribed by Gloucestershire ICS GPs in quarter ending January 2022.

Table 1: Top 3 types of SABA and high dose inhaled corticosteroid inhalers prescribed by Gloucestershire ICS in quarter ending January 2022

|  |  |  |  |
| --- | --- | --- | --- |
| Inhaler type | Quantity prescribed per quarter | GHG emissions per quarter (kg CO2e) | Annual GHG emissions (kgCO2e) |
| SABA | Salbutamol 100 micrograms/does inhaler CFC free (generic) | 31,309 | 790,239 | 3,160,956 |
| Ventolin 100 micrograms/dose Evohaler | 15,653 | 438,284 | 1,753,136 |
| Salamol 100 micrograms/does inhaler CFC free | 6,793 | 81,176 | 324,705 |
| High dose inhaled corticosteroids | Fostair 200micrograms/dose/6micrograms/dose inhaler | 3854 | 54,542 | 218,167 |
| Flutiform 250micrograms/dose/10micrograms/dose inhaler | 726 | 26,499 | 105,996 |
| Sereflo 25 micrograms/dose/250 micrograms/dose inhaler | 710 | 25,915 | 103,660 |

*Other procurement*

GHG emissions associated with other procurement contributes 1,623 tCO2e to the total ICS primary care carbon footprint. Information and communication technology goods and services are responsible for 84% of these emissions (1,368 tCO2e). Medical and surgical equipment contribute 11% (181 tCO2e), business services (e.g., consultancy and professional fees) contribute 2% (40 tCO2e) and 2% is due to office equipment (33 tCO2e).

*Patient travel*

Patient travel is the second largest contributor to the Gloucestershire ICS primary care carbon footprint with 2,350,622 attended face-to-face (F2F) appointments generating 2,915 tCO2e. Table 2 shows the total attended GP appointments for the most recent annual data period of March 2021 to February 2022.

Table 2: Number and types of GP appointments attended annually across Gloucestershire ICS

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| --- | --- | --- |
| Appointment type | Number of attended appointments | Proportion of all appointments (%) |
| F2F | 2,350,622 | 64.6% |
| Virtual (telephone/video/online) | 1,126,257 | 30.9% |
| Unknown | 153,597 | 4.2% |
| Home visit | 10,606 | 0.3% |
| *Total* | *3,641,082* |  |

*Staff commuting*

Staff commuting is responsible for 9% of Gloucestershire ICS primary care carbon footprint adding 2,325 tCO2e. No data was available on the breakdown of modes of transport used for commuting, instead data from the National Transport Survey was used to estimate mode of transport.

*Energy*

Practice building energy is responsible for 2,160 tCO2e, with natural gas contributing 62% and electricity 38% of energy GHG emissions.

*Business travel (Home visits)*

GHG emissions associated with business travel are relatively small. This estimation includes home visits only, which make up 0.3% of all GP appointments. Additional business travel such as travelling for meetings, training or conferences has been excluded due to lack of data.

The carbon footprint of primary care in Gloucestershire ICS will be higher than 25,188 tCO2e as it is estimated here based on general practice only and excludes other primary care services such as opticians and dentists.

# Gloucestershire Health and Care NHS FT Baseline 2019-20 Carbon Footprint

Gloucestershire Health and Care NHS FT (GHC) calculated the carbon footprint as a newly merged organisation from a combination of accurate and estimated data sources using the nationally recognised Sustainability Reporting Portal which is being superseded by the Greener NHS reporting in 2021-22.





## Energy

In 2019-20 GHC emissions from energy use was 2,090 tCO2e from electricity and 2,936 tCO2e from natural gas. Gas is the main source of energy used to heat Trust buildings with the exception of the Dilke Hospital which uses heating oil. During this period the carbon emmsions from heating oil was 573 tCO2e.

In 2020-21 the Trust was successful in its application for £683,000 from the Public Sector Decarbonisation Scheme (PSDS) which was invested in upgrading lighting at Charlton Lane and Wotton Lawn Hospitals to energy efficient LED. Roof-mounted solar PV was also installed at Charlton Lane to enable on-site generation of electricity. Since the initial installation, the solar PV has generated 14.74MWh of electricity since installation in June 2021.

In 2021-22 the Trust have also commited funds to upgrade lighting to LED at Community Hospitals for Cirencester and Stroud, and at mental health sites Laurel House, Honeybourne and Brownhills. The energy use and reduction in carbon emissions will be available once the Trust next receive calculations for their carbon footprint in 2022-23.

Since 2021, all electricity procured by the Trust is sourced from 100% Green Renewable Energy.

## Travel and Transport

In 2019-20 GHC emissions from fleet was recorded at 128 tCO2e. The fleet is used for activites such as district nursing, transporting goods and undertaking estates maintenance activities. In 2020-21 the Trust invested £102,000 in 18 x electric vehicle charging points which have been installed at 5 different locations across Gloucestershire county. In 2022-23, the Trust introduced 2 electric vehicles to the fleet. These are currently being piloted and tested by staff before more EVs are introduced to the Trust’s fleet. Buisness mileage from staff’s use of their own vehicles was 1,703 tCO2e in 2019-20, however, in 2020-21 the Trust was pleased to see a 27% reduction in business mileage from the introduction of remote working i.e. by working and meeting virtually using MS Teams.

The Trust has a number of active travel facilites in place to support people who cycle to and from our sites and there also is a cycle-to-work scheme in place to incentivise staff.

## Total Carbon Footprint 2019-20

The total carbon footprint for Gloucestershire Health and Care NHS FT in 2019-20 was 7,730 tCO2e. This footprint encompasses emissions from energy use, waste materials and Trust travel.

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| --- | --- |
| **Carbon Footprint** | **2019/20** |
| Natural Gas Scope 1 | 2,926.00 |
| Heating oil Scope 1 | 573.00 |
| Waste Scope 3 | 103.00 |
| Electricity Scope 1 | 2,090.00 |
| Water Scope 3 | 207.00 |
| Trust Fleet Scope 1 | 128.00 |
| Business Travel Scope 3 | 1,703.00 |
| **Total**  | **7,730** |

## Gloucestershire Hospitals NHS FT 2020-21 Carbon Footprint

## Energy

In 2020-21 the Gloucestershire Hospitals Trust’s emissions from energy use was 16,641 tCO2e from natural gas. Gas is the Trust’s primary energy source and is used to heat the hospital buildings and also serves as a fuel source for the combined heat and power (CHP plant) which provides energy to both the main hospital buildings at Gloucestershire Royal and Cheltenaham Hospitals. This means that the amount of electricity drawn from the grid is minimised and therefore emissions from electricity for the Trust in 2021 were only 867 tCO2e.

In 2021 the hospitals Trust was successful in its application for £12.3m,awarded by the Public Sector Decarbonisation Scheme (PSDS) and invested in a variety of projects at the hospital sites.

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| Total Project Breakdown  | Capital Value  |
| Transformers and voltage optimisation at sub-stations  | £2.6m |
| Electric fan fan retro-fit to air handling plant  | £0.5m |
| Solar PV electricity generation  | £0.4m |
| LED lighting upgrades  | £1.0m  |
| Building Management System Upgrades | £0.25m |
| Pipework insulation to steam distribution plant and secondary systems | £0.07m |
| Plate heat exchangers for hot water systems  | £1.6m |
| Replaced steam generated heat with plate heat exchangers  | £0.42m |
| Energy battery storage  | £5.1m  |
| **Total investment**  | **£12.3m** |

## Travel and transport

The electrical infrastructure at Gloucestershire Royal Hospital is being upgraded. This will provide adequate capacity for installing EV chargers to start transitioning the fleet to EV by 2025.  Saba Parking UK (parking contractor) are seeking to introduce EV chargers for the public in GRH multi-storey car park and there is also potential for the same at Cheltenham General Hospital in 2022/3.  The Hospitals Trust will send out a 2022 travel survey to staff to inform of the future staff parking policy and next steps on active travel promotion. The Trust also have adequate active travel facilites in place to incentivise people who cycle to and from the main hospital sites.

## Medical gases

Medical gases account for 2,215 tCO2e which is 12% of the Trust’s carbon footprint. Volatile medical gases such as desflurane will be reduced by 10% by 2022-23 in line with the NHS national targets. The anaesthetic team will also seek ways to reduce administration of other medical gases such as nitrous oxide, which is used for pain relief.

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| **Carbon Footprint** | 2020-21 |
| Natural Gas 82% | 16,641 |
| Electricity 4% | 867 |
| Medical Gases 12% | 2,215 |
| Fleet 1% | 118 |
| Business Travel and Water 2% | 439 |
| **Total**  | **20,280** |

# Gloucestershire CCGs Carbon Footprint (Plus)





## Commissioning

The national NHS Long Term Plan (LTP) was published in January 2019. In response, Gloucestershire ICB has been collaborating with others on the development of a local NHS Long Term Plan. With the Long-Term Plan’s emphasis on prevention, support for self-care and nurturing of community strength and assets the CCG is taking a big step towards a more sustainable health system. Though there has been a 13.1% increase in carbon emissions associated with commissioning due to a rise in the CCG’s commissioning expenditure in 2020-21, the initiatives in the Long-Term Plan are predicted to reduce commissioning in the longer term by alleviating the pressure on environmental and social resources whilst improving patient care.

## Procurement

There has been a rise of 9.28% in greenhouse gas emissions associated with the CCG’s overall procurement – from **191,727 tCO2e** in 2019-20 to **215,650 tCO2e** in 2020-21.

Within procurement, pharmaceuticals are the highest contributor of greenhouse gas emissions, currently at 19,531 tCO2e in comparison to last year at 18,199 tCO2e, meaning that the carbon footprint of the CCG’s pharmaceuticals has increased by 7.31% for 2020-21.

2020-21 saw an increase of 39.96% in greenhouse gas emissions associated with information and technology, this increase resulted from purchasing IT equipment so that staff could work from home during Covid-19.

## CCG Carbon Footprint excluding commissioning 2020-21

If we then look at a graphic without the commissioning carbon emissions from the CCG, we are left with the elements which are more directly under the control of the CCG HQ.





The CCG has already made a fantastic start to going green by reducing energy use by more than 50% over the past 5 years and now by sourcing all electricity for the CCG offices from a renewable supplier.

# The CCG HQ Carbon Hotspots

## Staff commuting

Pre-covid figures reported that staff commuting contributed 105 tCO2e to the CCG’s carbon footprint in 2019-20, this level of emissions was reduced to just 12 tCO2e (-87.63%) in 2020-21 The reduction comes as a result of the new homeworking policy with most staff working at home since the outbreak of Covid-19.

Other incentives in place to reduce commuting emissions include a car share and a *Bike to Work* scheme. Gloucestershire Health and Care NHS Foundation Trust have also introduced 4 electric vehicle charge points at the nearby Edward Jenner Court for staff use.

## Business Mileage

Pre-covid figures reported that business mileage contributed 134 tCO2e to the commissioners’ carbon footprint in 2019-20. After the introduction of the new homeworking policy and MS Teams for meeting virtually, the emissions reduced to 65.93 tCO2e (-50.80%) in 2020-21. Now that the new working style has been fully adopted, we can expect to see the emissions from travel to stabilise at these low levels in the years ahead.

## Energy

The footprint of the CCG’s direct energy use is shown below.

Electricity still stands out as the biggest contributor towards the commissioner’s carbon footprint. Electricity provides the main energy source for both heating and cooling which means that emissions from gas are significantly lower than many organisations. Furthermore, as of April 2021 all of the electricity purchased is “Green” and comes from renewable sources of energy such as wind, solar and hydroelectricity. This benefits from the UK’s national effort to cut carbon emissions from source by decarbonising the grid and from the increase in the number of renewable suppliers.

# Sustainability Priorities

Our four sustainability priorities will ensure that we deliver our wider sustainability and carbon reduction commitments. These priorities are formed from the main drivers of change and sources of carbon emissions and will enable us to deliver our Green Plan.

## Areas of Focus

This section outlines the core sections, aligned to the main drivers of change and sources of carbon emissions across the NHS.

**Workforce and system leadership**

*Engaging and developing our workforce and system partners in defining and delivering carbon reduction initiatives and broader sustainability goals.*

Include the operation of sustainability committees and working groups; development of online sustainability training and pledge platforms for staff; and investment in specific staff to support sustainability goals.

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| --- | --- | --- |
| Organisation  | Goal  | Objectives and actions |
| Gloucestershire Health and Care NHS FT | To create a culture of sustainability across the organisation by 2024/25Improve the awareness of Sustainability across the organisation by 2023/24 (against a 2021/22 baseline)Embed sustainability into Trust transformational, learning & development and quality improvement programmes of work by March 2024. | Develop and deliver sustainability training, communications, events and engagement campaigns to raise the profile of sustainability across the Trust. Specifically:* Board level training for senior leadership
* Training provided in sustainability at appropriate levels for all staff
* Staff provided support to understand how sustainability has co-benefits for health
* Include sustainability in induction
* Include sustainability on the agenda at all relevant meetings (Transformation, QI, Education, Workforce, Board?)
* Develop a Sustainability Impact assessment into all strategic business cases over £250,000
* Create an Operational Task and Finish Sustainability Action Group to implement deliverables within this Green Plan.
* Set up a Green Champions tea
 |
| Gloucestershire Hospitals NHSFT | Improve understanding of sustainability across the organisation by 2023/24 (against a 2021/22 baseline)Sustainability to be incorporated into Quality Improvement training. | * Staff survey to ascertain baseline understanding of sustainability
* Board level training for senior leadership
* Training provided in sustainability at appropriate levels for all staff
* Training in Sustainable QI provided for all staff in QI.
* Staff provided training to understand how sustainability has co-benefits for health
* Secure funding for the Green Ward programme (Centre for Sustainable Healthcare).
 |
| Integrated Care Board  | Sustainability to be embedded across the organisation  | * Delivered through e-learning, recognised training frameworks and regional sustainability workshops
 |
| Primary Care  | Increase awareness of £ savings from sustainable actionsAll 72 GP Practices to sign up to the Green Impact Award Scheme by 2022 | * Develop communication and engagement plan
* Campaign for wider recruitment of Green Champions within GP practices
* Undertake and report on actions within the Green Impact toolkit
 |

## Measures of success: **Workforce and Systems Leadership**

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| --- | --- |
| April 2022 | Every Trust and the ICS to ensure a board member is responsible for their net zero targets and their Green Plan (SC) |
|  | All staff understand the importance of sustainability for the future of health |
|  | All staff understand that acting sustainably brings co-benefits to health |
| April 2022 | All GP Practices to sign up to the Green Impact Award Scheme |
|  | All staff empowered to act sustainably within their role |
|  | Include sustainability in induction for all staff |
|  | Include sustainability on the agenda at all relevant meetings (Transformation, QI, Education, Workforce, Board?) |
|  | Develop a Sustainability Impact assessment into all strategic business cases over £250,000  |
|  | Senior staff using principles of sustainability to underpin strategies and to collaborate across the ICS |

# Sustainable models of care

Embedding net zero principles across all clinical services is critical. This section considers carbon reduction opportunities in the way care is delivered.

Examples include the provision of care closer to home; default preferences for lower-carbon interventions where they are clinically equivalent; and reducing unwarranted variations in care delivery and outcomes that result in unnecessary increases in carbon emissions.

Work in this area relates also to digital transformation and to medicines.

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| Green Social Prescribing In Gloucestershire we are privileged to have access to the most beautiful locations for promoting Biodiversity and Greenspace. This will enable us to forge the link between the benefits of the natural world and provide sustainable models of care. Through innovation and creativity, we can also form areas of natural biodiversity or gain access to local greenspaces with the aim to enable community health and wellbeing. |
| Organisation  | Goals  | Objectives and actions |
| Gloucestershire Health and Care NHS FT | Understand opportunities that biodiversity and, greenspace offer in order to promote a more sustainable model of care.Increase the amount of accessible Greenspace across the Trust by March 2025. | * Development of a Greenspace and Biodiversity Plan to enable us to understand our existing Greenspaces & Biodiversity and make improvements
* Support people to get involved in greenspace and other outdoor activities by maintaining current green spaces.
 |
| Gloucestershire Hospitals NHS FT | Help and improve physical and mental health and wellbeing of staff, patients and local community through access to greenspace and biodiversity on our sites  | * We will develop hospital maps highlighting grounds, areas of interest and suggested walking routes. To include interpretation boards at key locations to aid understanding and inclusion of staff, patients and public.
 |
| Primary Care  | Social prescribers to introduce Green Prescriptions and promote use of local greenspaces | * Connect with neighbouring Trusts, system partners and local volunteers to identify availability of local greenspaces
 |

In 2019 GPs in Gloucestershire referred over 3,500 people to social prescribing through the community and wellbeing hub. The 2016 evaluation[[1]](#footnote-2) of social prescribing in Gloucestershire showed that social prescribing improved patients’ wellbeing, reduces hospital emergency admissions and the number of GP appointments including GP home visits and calls to the GP. With a visit to the A and E department and a GP consultation being responsible for 13.8 kgCO2e/visit and 1.14 kgCO2/visit respectively, social prescribing has the potential to reduce the impact of healthcare on the environment.

## Measures of success: Sustainable Models of Care

|  |  |
| --- | --- |
| March 2022 | Reduction of desflurane to 10% of all volatile gas by volume  |
| March 2025 | Reduce meter dose inhalers prescribed by 25% |
|  | Where outpatient attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation (NHS Planning Guidance) |
|  | All GP practices have access to refer for social prescribing |
|  | Green prescribing is offered where appropriate |
|  |  |

# Digital transformation

Digitally enabled care will transform the way in which our services are delivered, and therefore will improve the patient experience whilst systematically reducing waste, resources and carbon emissions.

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| --- | --- | --- |
| Organisation  | Goals  | Objectives and actions |
| Gloucestershire Health and Care NHS FTGloucestershire Hospitals NHS FTPrimary Care  | Conduct outpatient appointments remotely where clinically appropriate, taking account of patient preferences, aiming for 25% to be delivered remotely overall | Develop a digitalised pathway to become a paperless organisation where clinically possible Embed digital technology to reduce face-to-face appointments for clinical activities in line with NHS Targets.Introduce digitalised meal ordering system to reduce hospital food waste |

## Measures of success: Digital Transformation

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|  | Where outpatient attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation (PG) |
|  | Reduce paper use to absolute minimum |
|  | Digital meal ordering system in Trusts |

# Travel and transport

Transport across the county has a carbon impact and also contributes towards poor air quality. As technology and infrastructure improves, we will reduce all unnecessary travel and switch towards sustainable, lower carbon forms of travel.

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| --- | --- | --- |
| Organisation | Goals  | Objectives and actions |
| Gloucestershire Health and Care NHS FT | To achieve a net zero carbon Trust Fleet by March 2025.Reduce Trust business mileage by 20% by March 2025 (against a 2019 baseline). | Ensure new vehicles purchased and all new lease vehicles are ultra-low emission vehicles (ULEV’s) or zero emission vehicles (ZEV’s).Reduce business travel through the increased use of virtual platforms such as Microsoft Teams and Attend Anywhere. |
| Gloucestershire Hospitals NHS FT | Cut business mileage by 20% by March 2024Install EV charging points on our sites by 2023 | New Travel Plan to support colleagues in active travel and use of public transportUpdate of all travel related policies to favour sustainable travel options and promote fewer polluting vehicles |
| All | Work with ICS and local partners to improve air quality and encourage active travel with the associated health benefits Work across organisations to maximise efficiencies in the transport of goods and services commissioned by the organisation, such as patient transport, courier services and deliveries | Increase the amount of sustainable and active travel facilities across sites to contribute towards improved air quality, and health and wellbeing.Develop a healthy travel plan (in line with NHS Targets) to increase active and sustainable modes of travel to our sites and within local communities.Set up a working group to look at coordination of transport of goods and services and deliveries in the county |
| Gloucestershire County Council  | Promote and encourage all modes of sustainable travel across the county  | Ongoing development and promotion of the GCC Think Travel website  |

## Measures of success: Travel and Transport

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| --- | --- |
| 2022 | All Trusts to have a Green Travel Plan (NZ) |
| 2022 | Each organisation to have a cycle-to-work lead (NZ) |
| 2023/24 | All organisations to cut business mileage by 20% |
|  | Salary sacrifice schemes for vehicles allows for the purchase of only ULEVs or ZEVs or bicycles (SC) |
| March 2028 | At least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emissions) |

# Estates and facilities

Trust estates and primary care will be transformed by incorporating green technologies into new building developments, refurbishment programmes to improve resilience and reduce energy use and switch to renewable energy wherever possible.

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| --- | --- | --- |
| Organisation  | Goals | Objectives and Actions |
| Gloucestershire Health and Care NHS FT | Reduce emissions from building use by 25% by March 2026Develop and construct a net zero community hospital in the Forest of Dean by 2024/25. | For each of our sites to have carbon reduction plans to identify hotspots and net zero opportunities across our estate. |
| Gloucestershire County Council  | Future proof the design of new developments and through retro-fit - improve the efficiency of existing buildings and homes | Develop and implement the Greener Gloucestershire Workplan to reduce carbon footprint from the built environment.  |
| Gloucestershire Hospitals NHS FT | Ensure Estates strategy clearly demonstrates our commitment to sustainability 2021/22 | Develop an energy policy to promote sustainable use of energy and the introduction of new technologies to the estate  |
| Primary Care  | Develop plan for reducing carbon footprint from the Primary Care Estate | Review of the primary care infrastructure plan during 2022/ 23 to set out journey to net zero carbon and the requirements of primary care Establish carbon footprint and baseline for the primary care estate |

# Measures of success: Estates and facilities

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| 2022 | Each organisation purchases 100% of its electricity from renewable sources (SC) |
| 31 March 2022 | Detailed plan on how we will phase out oil and coal for primary heating (SC) |
| 31 March 2022 | Detailed plan on how we will reduce waste and water usage through best practice efficiency standards and adoption of new innovations |

# Medicines

Medicines are used by people that use our services and they are a surprisingly large proportion of our carbon footprint: more than the buildings! By improving how medicines are used and the way in which they are prescribed – we can minimise medicine wastage and reduce emissions by prescribing lower carbon alternatives.

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| Pharmaceuticals and Medicines |
| Organisation  | Goals  | Objectives and actions |
| Gloucestershire Hospital NHS Foundation Trust  | Reduction of desflurane to 10% of all volatile gas by volume by 2021/22 | Anaesthetic team will continue to look at ways to minimise use of anaesthetic gases and nitrous oxide  |
| Gloucestershire Health and Care NHS FT | Optimise and reduce the use of pharmaceuticals and harmful medical gases by 2025/26. | Reduce harmful volatile medical gases (e.g. Desflurane and nitrous oxide) in exchange for lower-carbon alternatives where clinically appropriate, in line with NHS Targets. |
| Primary Care Gloucestershire Health and Care NHS FTGloucestershire Hospitals NHS FT | Reduce meter dose inhalers prescribed by 25% by 2025 | Increasing the number of low-carbon inhalers consumed where clinically appropriate, in line with NHS Targets. |

## Measures of success: Medicines

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| March 2023 | Providers have met the target of reducing the proportion of desflurane to volatile gases used in surgery to 10%. Reduce target to 5% or less. (SC)  |
| 2022 | Every ICS to develop plans for clinically appropriate prescribing of lower carbon inhalers. (SC) |
| 2022 | Have a detailed plan on how to encourage service users to return their inhalers to pharmacies for appropriate disposal (SC) |
| 2025 | Reduce meter dose inhalers prescribed by 25% (NZ) |

# Supply chain and procurement

The NHS supply chain accounts for approximately 62% of total carbon emissions and is a clear priority area for focus.

The plan shows how Gloucestershire healthcare organisations may use their individual or collective purchasing power and decisions to reduce carbon embedded in their supply chains.

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| As an anchor institution we have the ability to invest in local business and create local employment opportunities - reducing the impacts on inequality and improving the health and wellbeing of our communities. |
| Organisation  | Goals  | Objectives and actions |
| Integrated Care Board Gloucestershire Health and Care NHS FT | Increase local business spends by 10% where financially viable (against the 2022/23 baseline).Embed a 10% sustainability and social value into the weightings criteria of all procurement contracts by 2022/23. | * Seek to support local businesses through awarding of contracts where feasible.
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| Circular Economy and ReuseWe will increase the amount of equipment that is reused and recycled – by embedding a whole-lifecycle approach to our procurement process, we will improve our decision making to decrease the amount of waste disposed. |
| Organisation  | Goal  | Objectives and actions |
| Integrated Care Board | Embed whole lifecycle costing into procurement processes  | Embed whole lifecycle and circular economy principles into tendering processes |
| Gloucestershire Health and Care NHS FT | Deliver annual savings in cost and tonnage of waste produced by standardising what we purchase and use, repairing and sharing equipment | * Embed a whole lifecycle and circular economy principles in the tendering of Trust equipment and prioritise suppliers who can fix, refurbish or remanufacture.
* Work with clinicians to reduce the amount of unnecessary single-use or disposable items used and replace them with reusable or lower carbon alternatives that are medically appropriate.
 |
| Gloucestershire Hospitals NHS FT | Promote whole lifecycle costing into procurement  | * Part of GHFT new procurement policy for 2022
 |

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## Measures of success: Commissioning and Procurement

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| By 2023 | All organisations to measure and report annual reductions against 2028-32 targets, reportable annually to the Gloucestershire ICB |
| by March 2022 | Stop use at ICS premises of single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo degradable plastic (single use plastics and waste)  |
| From April 2022 | A minimum weighting of 10% of the total score for social value should be applied in all procurement (PPN 06/20) |
| By 31 March 2022 | All organisations signed up to the NHS Plastics Reduction Pledge (SC) |
| By March 2023 | 10% reduction in clinical single-use plastics (NZ) |
| By March 2024 | Procure 100% recycled paper and reduce paper usage by 50% |
|  | Service Users returning their inhalers to pharmacies for appropriate disposal |
|  | Suppliers to provide a Carbon Reduction Plan (PPN 06/21) |
| From April 2023 | require suppliers to publish carbon reduction plans for contracts over £5m and from 2024 for contracts of any value (NZ) |
| 2022 - 2027 | 40% of all walking aids refurbished in next 5 years (NZ) |

# Food and nutrition

We plan to reduce the carbon emissions from the food made, processed or served within our organisations. This includes reducing overall food waste and ensuring the provision of healthier, locally sourced and seasonal menus high in fruits and vegetables, and low in heavily processed foods.

We can also use digitalised menus and reduce single-use plastics and other damaging materials in catering.

|  |  |  |
| --- | --- | --- |
| Organisation  | Goal  | Objectives and actions |
| Gloucestershire Health and Care NHS FTGloucestershire Hospitals NHS FT | Continue to reduce single-use plastics as part of the NHS Plastics Pledge  | Work with catering departments to reduce single-use plastic and packaging supplied in our catering outlets and vending machines. |
|  |  [Reduce single use consumables associated with food and drink](https://www.england.nhs.uk/wp-content/uploads/2021/03/3-FL-SCs-2122-republished-may.pdf)  | no later than 31 March 2022: take action to so far as clinically appropriate, to cease use at the Provider's Premises of single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo degradable plastic (SC) |

## Measures of success: Food and Nutrition

|  |  |
| --- | --- |
| By April 2022 | Stop use at ICS premises of single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo degradable plastic (single use plastics and waste) |
|  | To buy locally sourced, organic food wherever possible |

# Adaptation

The risk we face from an ever-changing climate makes it is essential to improve the robustness of our healthcare buildings, and the resilience of our services, staff and people that use our services, in order to minimise potential disruptions to patient care and reduce the impact from climate related events.

|  |  |  |
| --- | --- | --- |
| Organisation  | Goals  | Objectives and Actions |
| Gloucestershire Health and Care NHS FT | To increase our resilience against climate-related severe weather events by March 2026. | Carry out a Risk Assessment and ensure climate change and adaption features on the Trust risk register.Develop a Climate Adaptation Plan to outline the actions and interventions required to mitigate the risks. |
| Gloucestershire Hospitals NHS FT | Develop a Climate Change Adaption Plan outlining interventions and action to mitigate the risks by June 2022 | Undertake risk assessment to highlight risks to continuity and resilience of supply by March 2022 |
| Gloucestershire County Council  | Mitigate risks from climate change and Improve adaption resilience across the county  | Complete adaption risk mapping and work with NHS Trusts on all aspects of Climate Adaption |

## Measures of success: Adaptation

|  |  |
| --- | --- |
| By March 2022 | Undertake risk assessment to highlight risks to continuity and resilience of supply |
| By June 2022 | Develop a Climate Change Adaption Plan outlining interventions and action to mitigate the risks |

Metrics required by the Regional Greener NHS Team

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| Q17. How many overheating occurrences triggered a risk assessment since the last snapshot date?  |
| Q18. How many overheating occurrences have triggered a risk assessment since the start of the financial year?  |
| Q19. Does your organisation have a nominated lead who is accountable for adaptation planning and management?  |
| Q20. Does your organisation have a long-term climate change adaptation plan separate from your business continuity plan?  |

# Green Space and Biodiversity

Green space contributes to lower carbon estates, staff wellbeing and improved patient care.

Urban green spaces, such as parks, can have a positive impact on mental and physical wellbeing by providing relaxation, stimulating social cohesion, encouraging physical activity, and mitigating air pollution, noise, and excessive heat.[[2]](#endnote-2) The benefits of green space can also be experienced by NHS staff on site. Research at three NHS sites found that NHS staff who spent time in their site’s green space felt ‘relaxed and calm, refreshed and re-energized and experienced a positive effect on their mental and physical wellbeing’.[[3]](#endnote-3) Urban blue spaces, like rivers and lakes, have similar mental and physical health benefits.[[4]](#endnote-4)

We have an opportunity to contribute to the improvement and expansion of these green and blue spaces and help to facilitate access for our local communities. Green prescribing and onsite green space projects can increase biodiversity while improving health, whilst new NHS developments will increase biodiversity by 10% as required by the Environment Act 2021.

Gloucestershire has already started some fantastic Green Space projects.

|  |  |
| --- | --- |
| **Initiative** | **Aim/Benefit** |
| Gloucestershire Funders - Nature | Gloucestershire Funders (GF) is a collaboration of organisations and foundations that came together in response to the Covid-19 pandemic. The aim of GF is to provide funding for charities, groups and activities in Gloucestershire. Barnwood Trust acts as the central point of contact for GF and run the administration of the process for applications. The ICS will support local VCSE organisations to continue the essential work they do in supporting the health and wellbeing of local citizens. The GF partnership and process allows the CCG to do just that. Alongside this, being part of the panel brings a wealth of information sharing, knowledge and opportunities for collaboration which the CCG would be unable to access anywhere else. The funding will be specifically targeted towards initiatives focussing on environmental sustainability, and nature/natural environment and the benefits this brings to health and wellbeing.  Allocation of the funds in response to applications to the GF panel will be overseen by the CCG Healthy Communities and Individuals (HC&I) team.  |
| Social Prescriptions – Nature  | AimTo offer a non-medical ‘nature on prescription’ programme, through grant funded projects, to support tackling health inequalities in line with the Core20Plus5 NHS strategy, linking to the local ICS identified ‘plus’ elements. The projects will offer people psychosocial support and link to tackling the wider determinants of health Benefits:Sustainable projects across the county linked to Core20Plus5 that link people to nature and have a positive impact on health and wellbeing, as demonstrated by a validated outcome measure. Linked to current social prescribing activities and link workers to ensure maximum benefit/uptake and support for future sustainability. |
| Nature Highways   | AimTo support the development of a nature highway, to include items such as nature murals, refreshing existing green infrastructure, and creating a network of hanging baskets all along Barton Street to enhance the wellbeing of Barton and Tredworth residents. The programme will work with local people, community groups and social prescribers and link to tackling the wider determinants of health. Benefits will include improved air quality on Gloucesters most polluted street in one of our most deprived wards; opportunities for getting physically involved in green infrastructure improvements and maintenance; positive impacts on peoples mental wellbeing. Many studies show that just viewing nature can have a positive impact on our brains, helping reduce anxiety and stress and increasing attention capacity, creativity and our ability to connect with each other. Working with social prescribers, activities along the nature highway will be developed to maximise benefit and ensure sustainability. |
| Severnside Nature Development   | Several wards in Gloucester do not meet the accessible greenspace standards. The Severnside site does not currently celebrate its high heritage value, and only four footpaths cross through the waterside meadows. The potential to build this area's reputation as a place to improve health and wellbeing for the people of Gloucester, and to reduce visitor pressures on nearby designated sites, is significant and exciting. Gloucestershire Local Nature Partnership will develop a process for monetising the recreational value of the site. Working with the Integrated Care System, GFirst LEP and Visit Gloucestershire and local planners to develop a methodology for valuing and marketing the benefits generated by enhancing the site's recreational assets.  |

## Measures of success: Green Space and Biodiversity

|  |  |
| --- | --- |
| By June 2022 | For primary care to explore the nature-based prescribing opportunities in conjunction with the VCSE sector and secondary care  |
|  | All areas to meet accessible greenspace standards. |
| By March 2024 | All organisations to create a green/blue space and biodiversity plan |
| By March 2024 | Offer patients and staff the opportunity to access, maintain and improve green space and biodiversity on site |

# Governance and Reporting

Sustainability is central to the work of One Gloucestershire and will be integrated into all appropriate governance aqnd reporting structures. Collaboration across organisations will be enabled by working groups with membership/representation from all organisations.

Precise lines of accountability and management will be finalised once the new ICB structures are in place.

# Summary

We know that our services face significant challenges and opportunities in the coming years, and these include maximising the value of our services to benefit the health and well-being of our community while minimising their environmental impact.

Our Green Plan is underpinned by strong core values and includes key areas of focus. We know it will help us to make a positive difference and achieve the ICS vision.

We will update this Green Plan annually, as data improve our understanding of the issues and research, collaborations and technology help us to find new solutions.

Thank you for taking the time to read our plan.

Appendix 1: Carbon footprinting methodology

Energy

A list of 71 GP practices and their addresses was provided by Gloucestershire ICS. Due to some practices having multiple branches this amounted to 75 physical practice buildings.

Practice energy data and floor space was obtained using Energy Performance Certificates (EPCs) and Display Energy Certificates (DECs) taken from the UK Government website. Out of the 75 practice buildings, 40 had DECS, 25 had EPCs and 10 had neither.

DECs were the preferred form of data collection as they provide both electricity and heating fuel kWh per m2 per year along with practice floor space. Where a building had a DEC, kWh per m2 per year was multiplied by the total floor space to provide annual kWh for both electricity and heating fuel. Annual kWh for each practice was multiplied by an appropriate carbon conversion factor.

Where practice buildings had an EPC rather than a DEC, the average kWh per m2 per year for electricity and heating per practice was taken from the 40 practices with DECs. This average was multiplied by the m2 of the practice taken from the EPC of each building to estimate the total annual kWh consumed. Annual kWh for each practice was multiplied by an appropriate carbon conversion factor.

Where practice buildings had neither a DEC nor an EPC, the average annual energy carbon footprint per practice was estimated from the 65 practices with available data. The average carbon footprint was then multiplied by 10 for the remaining practice buildings.

GHG emissions were estimated using the 2021 BEIS conversion factors. Factors include Well-to-Tank (WTT) emissions, and in the case of electricity, also Transmissions and Distribution (T&D) emissions.

*Energy limitations*

Practice buildings did not have DEC/EPCs for the same year, therefore data from the most recent DEC/EPC for all buildings was used. However, this could be an over estimation if a practice has undertaken energy savings projects since its last DEC/EPC.

Prescribing

Annual GP prescribing costs split into respiratory (inhaler) costs and other medicines was supplied for April 21 – Jan 22 by the ICS. Cost data for the two missing months was extrapolated using the 10 month data.

To estimate GHG emissions associated with annual prescribing of ‘other medicines’, an Environmentally Extended Input Output Analysis (EEIOA) was used. In EEIOA, financial spend in a sector is directly converted into CO2e. Annual prescribing costs for other medicines only were multiplied by the carbon conversion factor for pharmaceuticals taken from the Greener NHS database.

To estimate the GHG emissions associated with Inhalers, data on the quantity and type of high dose inhaled corticosteroids and Short Acting Beta Agonist (SABA) Inhalers prescribed in quarter ending Jan 2022 was taken from openprescribing.net. The quantity of each type of inhaler prescribed was multiplied by an appropriate carbon conversion factor for each type of inhaler.

Carbon conversion factors were taken from PrescQIPP inhaler carbon emissions database.[[5]](#endnote-5)

*Other procurement*

Procurement data for 21/22 was provided by the CCG procurement primary care team.

To estimate the carbon footprint, an Environmentally Extended Input Output Analysis (EEIOA) was used. In EEIOA, financial spend in a sector is directly converted into CO2e. The annual spend of each procurement category was multiplied with its associated sector specific emissions factor. Emissions factors used were taken from the Greener NHS database (Trust factors).

Patient travel

Data on the number of face-to-face GP appointments in Gloucestershire ICS for the most recent annual period March 2021 – February 2022 was obtained from NHS digital[[6]](#endnote-6).

Average return journey in miles for a patient visit to a GP was estimated using the Health Outcomes for Travel Tool (HOTT). In Gloucestershire ICS the average patient journey for a GP visit is 4.8 miles return. This was converted into GHG emissions using The Centre for Sustainable Healthcare’s carbon calculator for travel[[7]](#endnote-7) which is based on the results of the 2020 National Travel Survey[[8]](#endnote-8).

Average GHG emissions per patient GP visit was multiplied by the number of face-to-face GP appointments to estimate to GHG emissions associated with annual GP patient travel.

Staff commuting

Data on the number of staff working at all GP practices across Gloucestershire ICS was taken from the national workforce data from NHS digital[[9]](#endnote-9). The total number of staff and the FTE staff in February 2022 for GPs in Gloucestershire ICS was used to estimate the average number of working days for all staff across the ICS.

Average commute in miles for GP staff was estimated using HOTT[[10]](#endnote-10). In Gloucestershire ICS the average commute for GP staff is 16.62 miles return. This was converted into GHG emissions using The Centre for Sustainable Healthcare’s carbon calculator for travel which is based on the results of the 2020 National Travel Survey.

The total number of staff working days was multiplied by the average GHG emissions per commute to estimate the GHG emissions associated with annual GP staff travel.

*Staff travel limitations*

Staff travel GHG emissions have been estimated based on the average number of days worked per week derived from FTE and number of staff. However, the pattern of part-time work is unknown, therefore this is likely to be an under-estimation of the full GHG emissions associated with staff travel.

Business travel – home visits

Data on the number of home visits by GPs for the most recent annual period March 2021 – February 2022 was obtained from NHS digital.

It was assumed that the average return journey for staff to travel to home visits would be the same as that of a patient travelling to a GP appointment. It was also assumed that GP staff travelled to home visits by car. For the associated GHG emissions, the carbon conversion factor for a car was taken from the BEIS database[[11]](#endnote-11) based on an average sized vehicle reflecting the average fuel mix found the on UK roads.

1. [↑](#footnote-ref-2)
2. World Health Organisation (2016). Urban green spaces and health - a review of evidence. [↑](#endnote-ref-2)
3. The Centre for Sustainable Healthcare (2020). Space to Breathe. [↑](#endnote-ref-3)
4. Environment Agency (2021). Blue Space – the final frontier.
 https://environmentagency.blog.gov.uk/2021/08/04/blue-space-the-final-frontier/ [↑](#endnote-ref-4)
5. PrescQIPP inhaler carbon emissions database. [Bulletin 295: Inhaler carbon footprint | PrescQIPP C.I.C](https://www.prescqipp.info/our-resources/bulletins/bulletin-295-inhaler-carbon-footprint/) [↑](#endnote-ref-5)
6. NHS digital. Appointments in General Practice. [Appointments in General Practice - NHS Digital](https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice?msclkid=f07dbe7dc56d11ec91c53de2f52a75c9) [↑](#endnote-ref-6)
7. The Centre for Sustainable Healthcare in collaboration with PD transformation Carbon Calculator for (avoided) Patient Travel. [Remote Consultations: Do they reduce Greenhouse Gas Emissions? Your Guide to calculating the Answer | CSH Networks (sustainablehealthcare.org.uk)](https://networks.sustainablehealthcare.org.uk/networks/commissioning-sustainable-healthcare/remote-consultations-do-they-reduce-greenhouse-gas) [↑](#endnote-ref-7)
8. 2020 National Travel Survey. [nts0308.ods (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F1016891%2Fnts0308.ods&wdOrigin=BROWSELINK) [↑](#endnote-ref-8)
9. NHS Digital national workforce data February 2022 [General Practice Workforce, 28 February 2022 - NHS Digital](https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/28-february-2022) [↑](#endnote-ref-9)
10. Health Outcomes of Travel Tool. [Health Outcomes of Travel Tool | CSH Networks (sustainablehealthcare.org.uk)](https://networks.sustainablehealthcare.org.uk/networks/sustainable-healthcare/health-outcomes-travel-tool?msclkid=9d55482bc56111ecb6babbe3cd98f75a) [↑](#endnote-ref-10)
11. BEIS greenhouse gas carbon conversion factors. [Greenhouse gas reporting: conversion factors 2021 - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/greenhouse-gas-reporting-conversion-factors-2021?msclkid=c6876c60c56111ec94714b585f6fc951)

Appendix 2: Supply Chain actions

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| **Decarbonisation of supply chain**  | [Delivering a Net Zero NHS, 2020](https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf) | Decarbonising the supply chain through more efficient use of supplies; low carbon substitutions and innovation; and ensuring suppliers decarbonise their processes. Clear long-term signals on direction of travel to suppliers to encourage decarbonisation of their own processes [before the end of the decade the NHS will longer purchase from suppliers that do not meet or exceed our commitment to net zero |
| **Decarbonisation of supply chain - adoption of social value (includes climate change)** | [Procurement Policy Note – Taking Account of Social Value in the Award of Central Government Contracts Action Note PPN 06/20](https://www.gov.uk/government/publications/procurement-policy-note-0620-taking-account-of-social-value-in-the-award-of-central-government-contracts) | Social value should be explicitly evaluated in all central government procurement, where the requirements are related and proportionate to the subject-matter of the contract, rather than just ‘considered’ as currently required under the Public Services (Social Value) Act 2012. A minimum weighting of 10% of the total score for social value should be applied in the procurement to ensure that it carries a heavy enough score to be a differentiating factor in bid evaluation; a higher weighting can be applied if justified |
| **Decarbonisation of supply chain - adoption of requirement for carbon reduction plans** | [Procurement Policy Note – Taking Account of Carbon Reduction Plans in the procurement of major government contracts Action Note PPN 06/21](https://www.gov.uk/government/publications/procurement-policy-note-0621-taking-account-of-carbon-reduction-plans-in-the-procurement-of-major-government-contracts) | As part of assessing a supplier's technical and professional ability, In-Scope Organisations should include, as a selection criterion, a requirement for bidding suppliers to 4 provide a Carbon Reduction Plan (using the template at Annex A) confirming the supplier's commitment to achieving Net Zero by 2050 in the UK, and setting out the environmental management measures that they have in place and which will be in effect and utilised during the performance of the contract. |
| **Decarbonisation of supply chain - roadmap for adoption of social value and carbon reduction plans**  | [NHS Net Zero Procurement Roadmap](https://www.england.nhs.uk/greenernhs/get-involved/suppliers/) | The roadmap, which builds on the UK Government's procurement policy 'Taking Account of Carbon Reduction Plans', sets out that: From April 2023, we will require suppliers to publish carbon reduction plans for contracts over £5m and from 2024 for contracts of any value ; From April 2027, suppliers will have to account for their direct and indirect emissions in published carbon reduction plans ; From April 2028, new requirements will be introduced overseeing the provision of carbon foot-printing for individual products supplied to the NHS ; 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. A Supplier Framework for benchmarking and reporting progress against these requirements will be available in 2022. |

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| **Reduce paper use and uptake of recycled options** | [Delivering a Net Zero NHS, 2020](https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf) | Steeerd to reduce, refurbish and reuse: reduced reliance on office paper by 50% through digitisation; and 100% switch to recycled for all office-based functions | Q15. Does your organisation purchase only recycled paper?  |
| **Clinical reduction in single use consumables associed with food and drink - LINK TO MOC WG** | [NHS Standard Contract 21/22 Service Conditions](https://www.england.nhs.uk/wp-content/uploads/2021/03/3-FL-SCs-2122-republished-may.pdf) | How we will, by no later than 31 March 2022: take action to so far as clinically appropriate, to cease use at the Provider's Premises of single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo degradable plastic (single use plastics and waste) |   |
| **Corporate reduction in single use consumables associed with food and drink** | [NHS Standard Contract 21/22 Service Conditions](https://www.england.nhs.uk/wp-content/uploads/2021/03/3-FL-SCs-2122-republished-may.pdf) | How we will, by no later than 31 March 2022: take action to reduce the use at the Provider's Premises of single use plastic food and beverage containers, cups, covers and lids (single use plastics and waste) |   |
| **Sustainable food and catering**  | [Delivering a Net Zero NHS, 2020](https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf) | Steer around food, catering and nutrition to incorporate any new national standards that may include ensuring suppliers have sustainable production and transportation practices, sourcing local supplies of food, the use of seasonal produce, increased use of sustainably sourced fish and efforts to limit food waste | Q12. Does your organisation have a digital meal ordering system installed, as recommended by the Independent Review of NHS Hospital Food, to enable more accurate meal planning and reduce food waste?  |
|   |   |   | Q13. Does your organisation change menu regularly to use more seasonal ingredients?  |
|   |   |   | Q14. Does your organisation have a plant-based menu that is readily available for patients and staff?  |
|   |   |   | Q11. Does your organisation have access to a food waste technology installed in at least one of its sites to process food waste? (all options: Yes, a macerator on site; Yes, a biodegester on site; Yes, a composting technology on site; Yes, a dewatering system on site; Yes, another technology on site; Yes, a food waste solution off site; No; We do not separately collect food waste |

 [↑](#endnote-ref-11)