

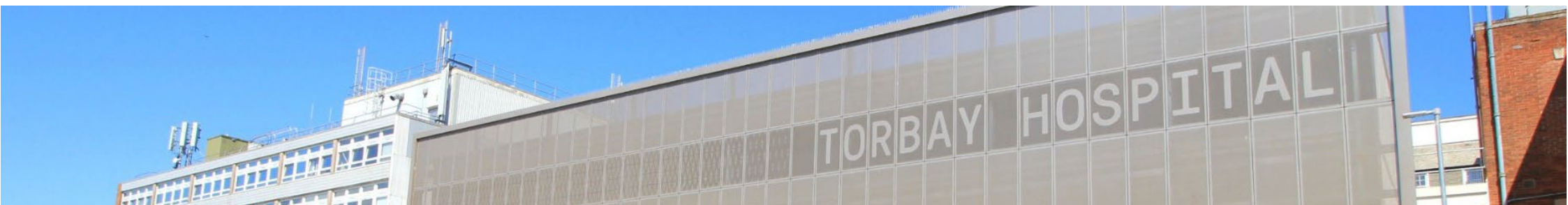
Green Plan 2022-2025

TORBAY & SOUTH DEVON NHS FOUNDATION TRUST

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1. WELCOME

We fully recognise the devastating impact that human activity is having on the natural environment. The numerous environmental impacts include the rapidly warming climate, unsustainable accumulation of waste, deteriorating air quality and widescale elimination of biodiversity. We form an integral part of the wider Devon health and care system, serving a population of over 290,000 people. As such, we have a significant environmental footprint at both a local and national level. We must therefore ensure that we can enable our brilliant staff and amazing volunteers to dedicate the time and energy required to drive towards the NHS net zero target and make us a truly sustainable organisation.

That is not to say that this is our first step on this journey. I am proud to say that we are fortunate to have people and teams throughout our organisation who are passionate about sustainability and the need to address the climate emergency. In the last few years, we have invested in high-efficiency LED lighting to reduce electricity demand, drastically cut emissions from volatile gases used for anaesthetics, made strides to reduce single use plastics in clinical settings, increased the amount of food sourced locally, supported staff to work remotely to reduce commuting, and contributed to the NHS tree planting scheme.

Despite the positive progress we have made, it is now critical that we step up our commitment, affirming this at a leadership level and driving a more holistic approach to sustainable development. This is what our Green Plan is all about. It is our live strategy document which will inform stakeholders on our approach to sustainability across a number of different areas of focus supporting them to hold us to account while also allowing us to track our progress against our declared targets. We recognise that that our Green Plan will need to evolve alongside our Building a Brighter Future (BBF) programme to redevelop Torbay Hospital and our wider strategy and as such will be reviewed internally twice a year, with a revision published annually.

We face an enormous challenge ahead but I am confident that through the dedication of our workforce and collaboration with our health and care system partners, our local authorities and the communities we serve, we will be able to play our part in delivering a net zero National Health Service.



David Stacey – Deputy Chief Executive and Chief Finance Officer –
Senior Responsible Officer for Sustainability



CONTENTS

1. Welcome	1	5.4 Anaesthetic gases and Metered-dose inhalers	15
2. About Us.....	3	5.4.1 Volatile Anaesthetic gases	15
2.1 who we are	3	5.4.2 Nitrous Oxide and Entonox	16
2.2 Who we serve	3	5.4.3 Metered dose Inhalers (MDIs)	17
2.3 Our Organisation in Numbers.....	3	5.5 Workforce and System leadership	18
3. Our Vision	4	5.6 Digital Transformation	19
4. About this document.....	5	6. NHS Carbon footprint PLus	20
4.1 Background	5	6.1 Carbon Targets	20
4.2 Purpose.....	5	6.2 Supply chain and Procurement.....	21
4.3 Who is our Green Plan for?	5	6.3 Capital Projects	22
4.4 Drivers for change	5	6.4 Food and Nutrition	23
4.4.1 Legislative	5	7. Other Environmental Impacts	24
4.4.2 Financial	6	7.1 Non-Carbon Targets.....	24
4.4.3 Capacity.....	7	7.2 Local Air Pollution	24
4.4.4 Greener NHS	7	7.3 Green Space and Biodiversity.....	25
5. NHS Carbon Footprint.....	8	7.4 Adaptation	26
5.1 Carbon Targets.....	8	8. Sustainability Governance	27
5.2 Estates and Facilities	10	8.1 Governanceand& Reporting.....	27
5.2.1 Energy.....	10	8.2 Tracking Progress.....	28
5.2.2 Waste.....	11	8.3 Sustainability Risk Management.....	28
5.2.3 Water.....	13	9. Appendices.....	30
5.3 Travel and Transport.....	14	9.1 Appendix A: KPI Tracking.....	30
		9.2 Appendix B: Areas of focus – Summrary Action Plan	31

2. ABOUT US

2.1 WHO WE ARE

We are Torbay and South Devon NHS Foundation Trust and since 2015 have been one of the few Integrated Health and Social Care Organisations in the country.

We serve our local people by providing joined up care across our communities. We deliver acute services from Torbay Hospital and community-based health and social care, in people's homes and across a wide range of community buildings stretching from Dawlish to Dartmouth. In addition, we work flexibly with our partners to provide services in community buildings to ensure our local people can access the support they need e.g. in job centres. We have a proven track-record of innovation both in terms of our integrated care services and with some of our specialist clinical services, for example day surgery, being nationally recognised nationally for their best practice.

2.2 WHO WE SERVE

The South Devon and Torbay area covers some 350 square miles, including rural communities, urban centres and 75 miles of coastline. We serve a resident population of approximately 286,000 people, plus around 100,000 visitors at any one time during the summer holiday season. Our commitment to working in partnership to improve services underpins everything we do. We are the lead provider for the Devon Children and Families Alliance, and we share clinical services across other hospitals for cancer, vascular surgery, sexual health services, plastic surgery and many more.

2.3 OUR ORGANISATION IN NUMBERS

Number of staff	6,387	Population	293,400
Foundation Trust Public members	8,800	Visitors during holiday season	+100,000
Number of volunteers	573	GP practices	28

Per Annum	
Number of outpatients appointments	322,000
Number of elective day case procedures	3,660
Number of elective inpatient procedures	35,600
Number of Accident and Emergency attendances (including Minor Injury Units)	113,000
Number of emergency admissions	39,000

3. OUR VISION

In 2022 we published our refreshed strategy which affirms our vision for 'better health and care for all'. Our vision will be delivered through our health and care plan which is underpinned by a set of key principles:

- prevention and community development
- what matters to me – personalised care
- home first
- digitally enabled
- majority of services closer to home
- safe and effective general acute care
- specialist services in partnership
- equity of access

Never has our vision for better health and care for all, been more important. The impact of COVID-19 has not only increased the pressure across all aspects of health and social care, but those who live in our most deprived coastal communities have seen an increasing gap in health inequalities.

Our strategy to deliver integrated care with our communities, through collaboration with partners, is now also a key part of the Government's legislation for the creation of Integrated Care Systems.

This means that our longstanding belief that the best way to care for people is by focusing on what matters to them, putting them at the centre of everything we do and integrating services around them, is now supported nationally.

We are proud to be part of the Government's New Hospitals Programme which we call Building Our Brighter Future. Sustainability and net zero carbon are core to this once in a generation investment in our buildings, digital infrastructure and people. Our Green Plan complements and supports our vision and is a key enabling plan for our strategy.



4. ABOUT THIS DOCUMENT

4.1 BACKGROUND

In October 2020 the *Greener NHS* National Programme released a landmark report *Delivering a Net Zero National Health Service*. The connection between climate change and healthcare was made clear and with the NHS, one of the largest employers in the UK, contributing to 4% of England's carbon footprint, it is evident that the NHS has a significant role to play. Our Green Plan provides context for our place in the wider NHS green journey now and in the future. The report also drew attention to the necessity to build adaptive capacity and resilience into the way care is delivered. While we acknowledge the importance of the NHS net zero target, adapting to the changing physical climate, such as increases in extreme weather, is just as important to ensure sustainable healthcare.

To help achieve a net zero NHS, both NHS trusts and integrated care systems are required to develop green plans, as set out by the NHS standard contract in 2021/22. Our Green Plan aims not only to focus our efforts in delivering ever-more sustainable healthcare but also to improve people's experience of health and care services while supporting our vision for better health and care for all.

4.2 PURPOSE

Our Green Plan defines our commitment to environmental sustainability with a primary focus on how we will drive towards the NHS net zero targets. The key outcomes include:

- ensuring we are aligned to the NHS-wide ambition, and that of the Devon Integrated Care System to become the world's first healthcare system to reach net zero carbon emission

- prioritising interventions which improve the quality of healthcare we deliver, while also tackling greenhouse gas emissions and broader sustainability challenges
- defining our strategic approach in such a way that we make the right sustainability decisions first time

Our plan covers 2022-2024 however we will ensure it is updated and expanded regularly, as and when there is a better understanding of our environmental impacts and how to reduce them. Our Green Plan will also be aligned with actions and timescales that *Delivering a Net Zero National Health Service* set out, including the targets for the next 20+ years.

4.3 WHO IS OUR GREEN PLAN FOR?

Our Green Plan summarises both where we currently are on our sustainability journey and where we aim to get to. As such, it is intended for all of our key stakeholders, including;

- our staff
- our Board of Directors and senior leadership teams
- our Sustainability and Wellbeing Group
- our governors and members
- our patients and the communities we serve
- our partners in Torbay and South Devon including local authorities, voluntary, community and social enterprise organisations, housing and education

4.4 DRIVERS FOR CHANGE

4.4.1 LEGISLATIVE

Table 1: Legislative and healthcare sustainability drivers

Climate Change Act 2008 (2050 Target Amendment) Order 2019	This sets legally binding UK targets for the reduction of carbon emissions. As a public body the NHS must meet these targets. The targets include a 34% reduction by 2020, which has already been achieved, and a 50% reduction by 2025. The act was amended in 2019 to add a goal of net zero carbon by 2050.
Civil Contingencies Act 2004	Requires all NHS organisations to prepare for adverse events and demonstrate they have undertaken risk assessments and that carbon reduction plans are in place.
Public Services (Social Value) Act 2012	All commissioners of public services to consider social and environmental value, when buying goods and services. Social value is defined as the collective gain to the community from commissioning/procurement.
The Second National Adaptation Programme 2018-2023	Sets out actions that organisations need to take to respond to the risks identified in the Climate Change Risk Assessment. This report forms part of the five-yearly cycle of requirements laid down in the Climate Change Act 2008.
NHS Standard Forms Contract	Mandated by NHS England which contains a requirement for NHS providers to maintain a Green Plan demonstrating how progress will be made.

4.4.2 FINANCIAL

Energy costs have risen sharply over the last three years with gas prices increasing by around 25% and electricity prices by as much as 30% since

2016. Government projections indicate that gas and transport fuel costs will continue to rise for the foreseeable future; electricity prices, however, are expected to peak around the middle of the current decade, before beginning to fall again. Figure 1 and Figure 2 suggest that grid electricity will become a more financially-attractive resource over the next two decades, however as it is currently considerably more expensive per unit than gas, we can expect our overall energy costs to rise if we do not reduce our consumption.

In addition to this, in 2021 we saw a significant rise in volatility in energy markets with the day-ahead price per unit of natural gas rising to many times higher than historic winter peak prices. The volatility in the gas market has had a knock-on impact on the cost of electrical power which has also seen extreme short-term pricing.

Given turbulent market conditions are expected to prevail in the near term, it is critical now, more than ever, that we focus on minimising energy consumption across our estate. It also highlights the importance of considering additional opportunities to source a greater proportion of our energy demands from on-site, low carbon generation such as solar PV.

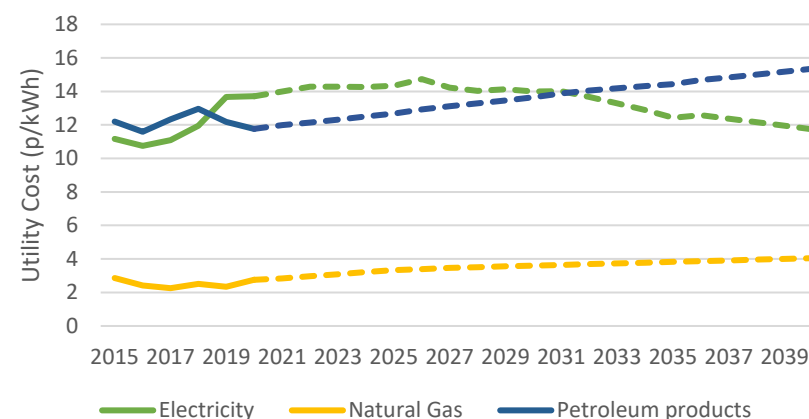


Figure 1: Forecast utility costs per kWh (BEIS, 2019)

4.4.3 CAPACITY

The UK faces a significant challenge in the near future to supply sufficient energy to meet the country's ever-growing demand. By 2030 a large proportion of the UK's operating nuclear reactors are due to be retired. At the same time, the Government has stated that it aims to close all remaining coal power plants by 2025 to align with its decarbonisation targets. Forecasts from the Department of Business, Energy and Industrial Strategy show that while renewable generation will continue to grow, nuclear is expected to make up an increased proportion of future energy mix. There is a risk that if new nuclear projects suffer delays or cancellation, that fossil fuels will continue to be relied upon to make up the shortfall. It is therefore critical that we prioritise reductions in energy demand wherever possible, along with improving resilience of supply and reducing reliance on grid systems.

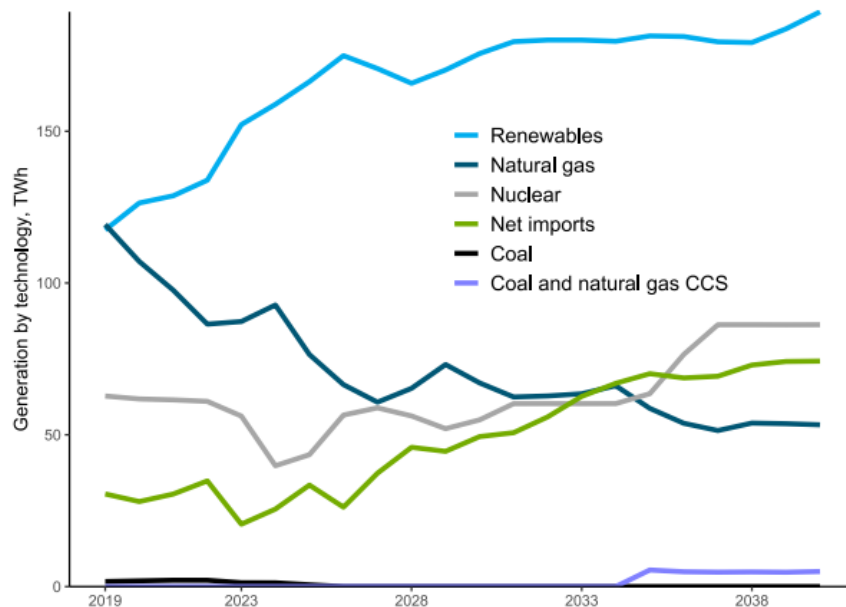


Figure 2: UK Energy Mix forecasts (BEIS, 2019)

4.4.4 GREENER NHS

In January 2020 the then Chief Executive of the NHS, Sir Simon Stevens, launched the campaign "For a Greener NHS" which outlines a practical, evidence-based and quantified path to a net zero NHS. Later that year, within the landmark report *Delivering a Net Zero National Health Service* the organisation has defined clear targets for the NHS to reach net zero carbon;

- Net Zero by 2040 for the NHS Carbon Footprint, with an ambition for an 80% reduction by 2028 to 2032
- Net Zero by 2045 for the NHS Carbon Footprint Plus, with an ambition for an 80% reduction by 2036 to 2039

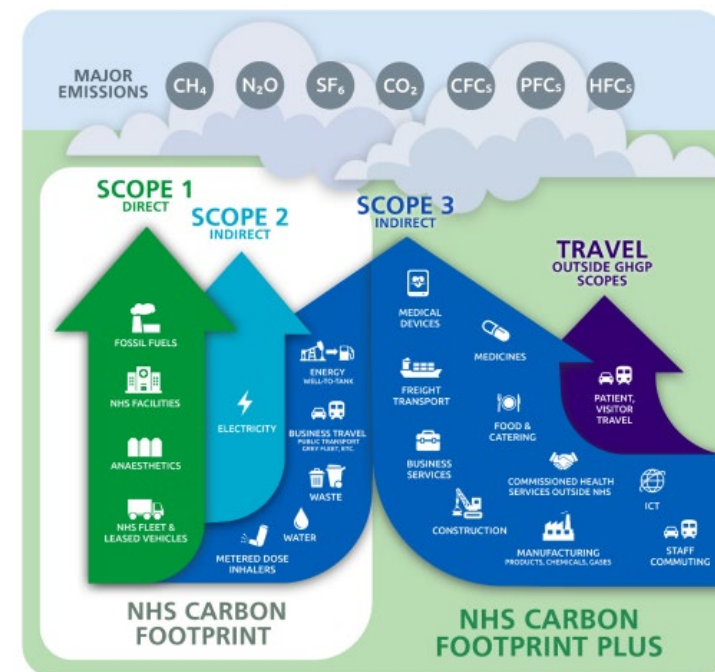


Figure 3: GHG Protocol scopes set out in Delivering a 'Net Zero' National Health Service (Greener NHS, 2020)

5. NHS CARBON FOOTPRINT

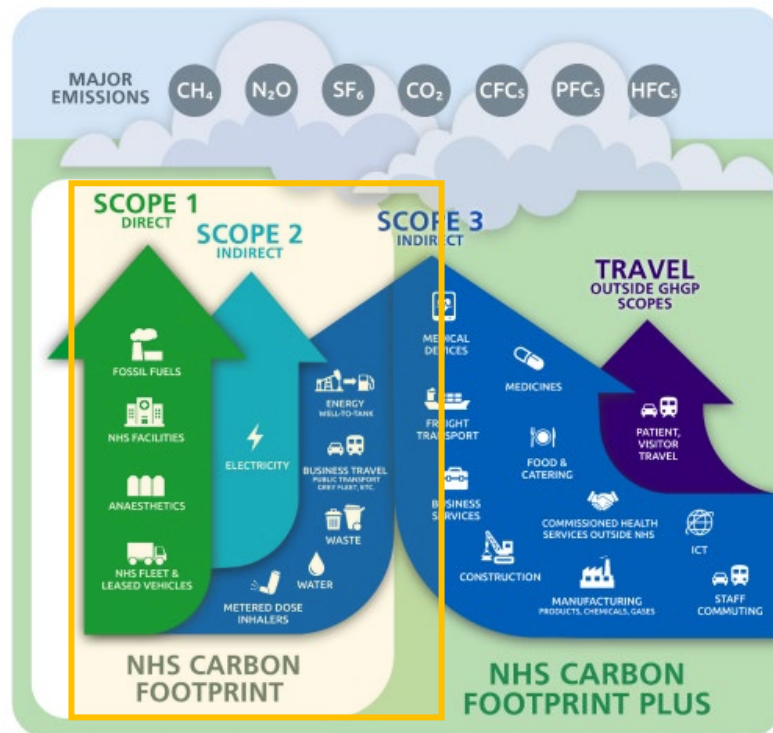


Figure 4: GHG emissions scope - NHS Carbon Footprint

This section addresses areas of focus which will primarily impact our NHS Carbon Footprint (as shown in Figure 4). These are the carbon emissions for which we have direct control.

Figure 5 presents a breakdown of our NHS Carbon Footprint. The chart shows that emissions that result from heating and powering our buildings make up over 85% of our total footprint. Reducing emissions from energy use, in particular eliminating natural gas, presents the greatest challenge for us to reach net zero for our NHS Carbon Footprint.

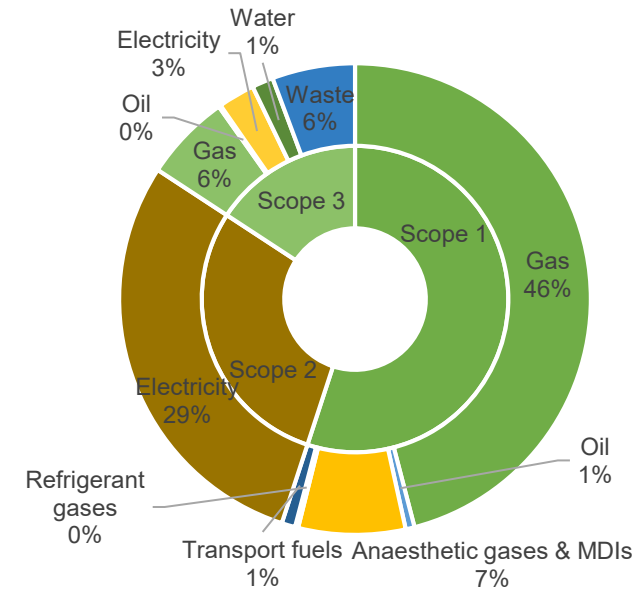


Figure 5: Our Carbon Footprint breakdown

5.1 CARBON TARGETS

Figure 6 displays the NHS targets for reducing the NHS Carbon Footprint. We are aligned to reaching these goals, recognising as we do, that it will require a significant, concerted effort both from ourselves and through collaboration with the wider Devon Integrated Care System and central NHS functions.

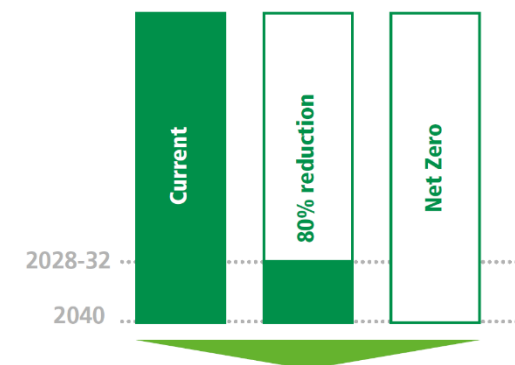


Figure 6: NHS Carbon Footprint reduction targets

With a baseline year of 2016/17, our Carbon Footprint targets are:

- **80% reduction by 2032**
- **100% reduction by 2040**

2016/17 has been selected as our baseline year as it is the earliest year for which we believe we have good quality data upon which to calculate our emissions.

Figure 7 presents a breakdown of our Carbon Footprint over the last five years. It can be seen that total emissions have been reduced by 15% since the baseline year. The bulk of the improvement has been driven by reduced emissions from electricity, although this benefit has been mitigated by an increase in emissions from natural gas consumption.

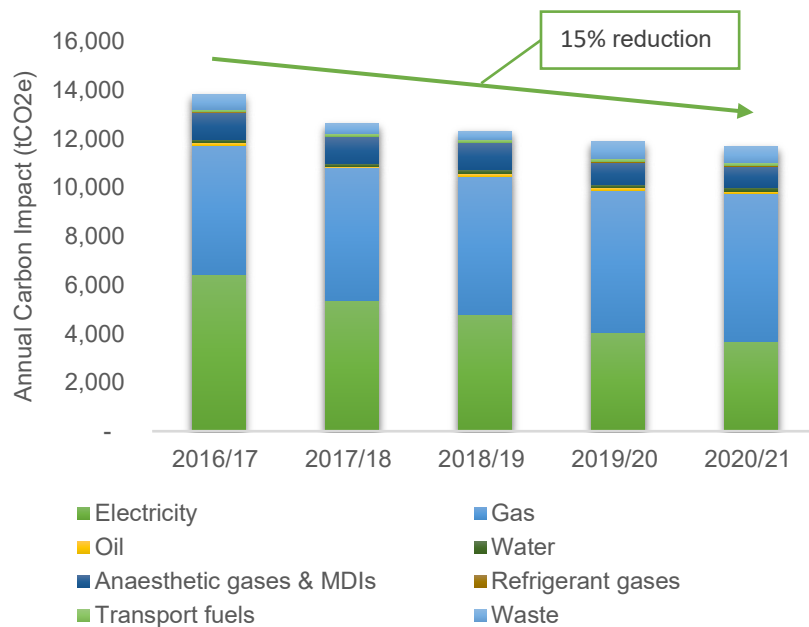


Figure 7: Our annual NHS Carbon Footprint emissions

In Figure 8, we can see the scale of the challenge ahead of us for meeting our interim 80% reduction target by 2032. The chart shows our progress between the baseline year and the last financial year. It also shows the further emissions reduction we would expect to see if we continued to operate in the same way, without any changes in service demand. This reduction would occur as a result of the electricity grid continuing to reduce in carbon intensity as it has done for the last five years owing to the increased use of renewables and phasing out of fossil fuels for power generation (see Figure 2).

Figure 8 reveals that without dedicated interventions, we would only achieve around 28% reduction in emissions by 2032, well short of our 80% reduction target.

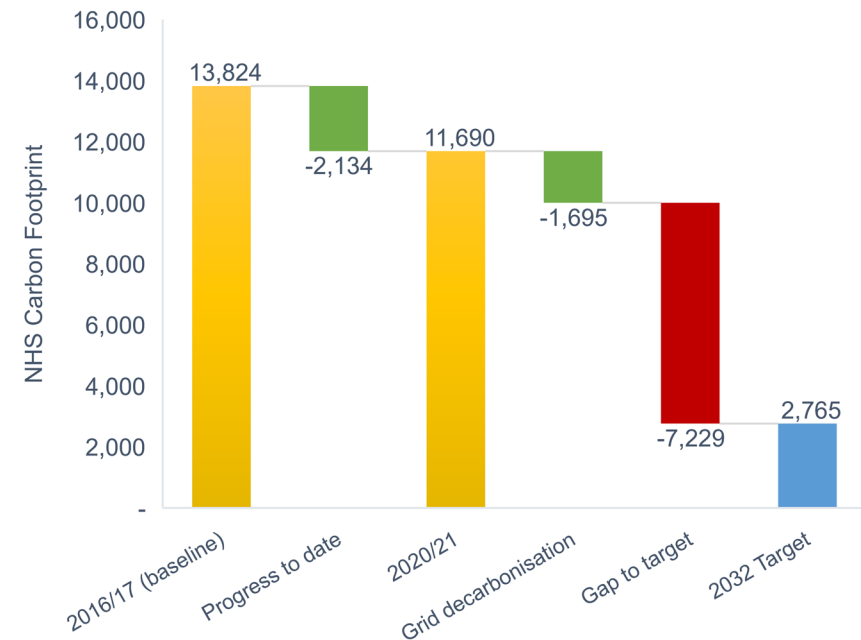


Figure 8: Our 'Business As Usual' carbon footprint forecast

5.2 ESTATES AND FACILITIES

5.2.1 ENERGY

Emissions from energy use in our buildings make up 85% of our NHS Carbon Footprint. It is therefore critical that we make reductions in this area to achieve our target of 80% reduction by 2032.

WHERE WE ARE

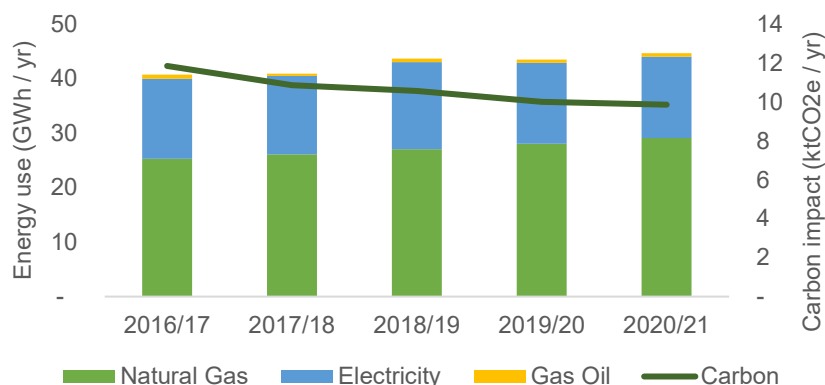


Figure 9: Our annual energy demand by resource

Figure 9 shows that our total energy consumption has risen 10% since the baseline year driven by an increased demand for natural gas. The aggregate size of the estate has not changed significantly during this period so it is likely that a major contributor to the rise will have been an increased demand for our services. Additionally, the safety needs of our staff and patients during the pandemic has necessitated an increase in the ventilation of our buildings. This has increased the demand for gas across the estate as more heat is released to atmosphere through open windows and via increased air changes from mechanical ventilation. In spite of this,

carbon emissions from energy have fallen 17% since 2016/17, driven by the decarbonisation of the national electricity grid.

Figure 10 reveals the relative energy demand of different sites across our estate. Our acute site consumes 81% of our energy and therefore must remain the priority for delivering energy saving

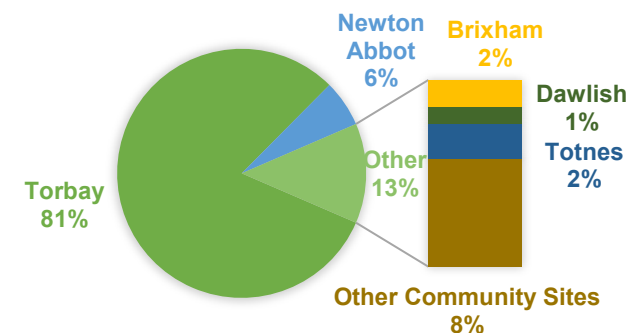


Figure 10: Our 2020/21 energy breakdown by site

issues but we recognise that the energy demands of our community estate are by no means insignificant at 18%. In 2021, we commenced a programme to upgrade lighting to high efficiency LEDs both at Torbay Hospital and across several community sites. The project will reduce our utility bills by £140k and save around 290 tCO₂e p.a.

WHERE DO WE WANT TO BE

We must find innovative ways to reduce the total energy we consume, despite the challenges presented by the pandemic and an increased service demand from an ageing population. We also need to understand opportunities to decarbonise heat, through the elimination of gas-fired heating systems where suitable. To support this activity, we successfully secured grant funding from the Low Carbon Skills Fund (LCSF) which is being used to develop Heat Decarbonisation Plans for a number of our sites.

HOW WE PLAN TO IMPROVE

1. embed net zero design into our Building a Brighter Future programme

2. complete heat decarbonisation plans funded via Low Carbon Skills Fund
3. procure certified green electricity backed by REGOs for all our supplies.
4. collaborate with local authority to develop opportunity for large-scale solar PV farm to be built adjacent to Torbay Hospital.

5.2.2 WASTE

Waste disposal is a key support service without which hospitals cannot operate. In 2019 Simon Corben, newly appointed Senior Responsible Officer for clinical waste across the NHS, wrote to all NHS trusts to encourage a renewed focus on the area. A clear, directional strategy was developed for the next 10 years including building a national infrastructure and supplier resilience plan which aimed to;

- remove plastics from high temperature incineration
- move toward UK approved reusable containers or non-plastic sharps and pharmaceutical packaging.

WHERE WE ARE

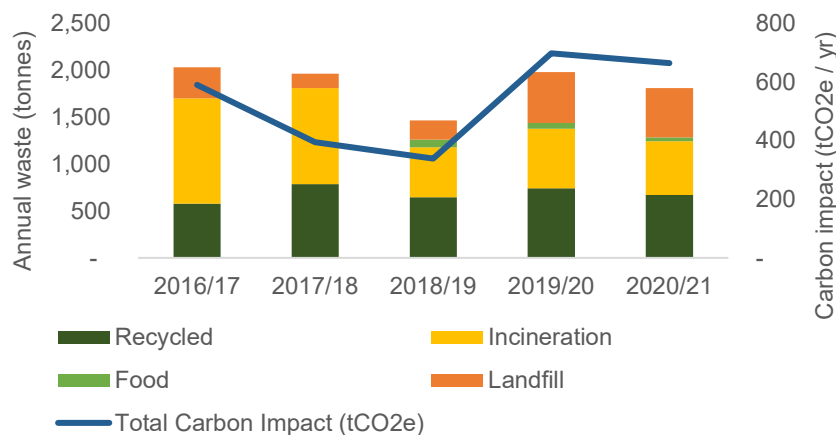


Figure 11: Annual waste volumes & associated carbon impact

Figure 9 shows our annual waste volumes since our baseline year. The chart shows that with the exception of 2018/19, for which data is believed to be incomplete, total waste volumes have stayed relatively consistent at 1,800 – 2000 tonnes p.a. The chart also reveals that the associated carbon impact of waste treatment has risen significantly since 2017/18 owing to a greater proportion of our waste being directed to landfill.

Figure 10 shows that, including food sent for anaerobic digestion, we currently recycle 39% of our waste, with 32% being sent for high temperature incineration and 29% to landfill. The increase in landfill waste is largely a result of an increased demand for single-use PPE driven by the COVID-19 pandemic.

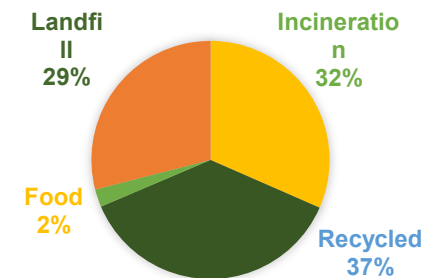


Figure 12: Breakdown of waste streams

We recognise that there is scope for us to improve in this area but we have already driven significant improvements in our management of waste. In 2019 we commenced a trial to implement Biosystems an alternative to sharps and pharmaceutical bins. Biosystems is a safe, sustainable and cost-effective way to dispose of sharps, pharmaceuticals and instruments into a container that can be used up to 600 times. The benefits of the system include;

- reduces disposal of existing single-use containers and improves waste segregation with movable bins on trolleys rather than being fixed.
- reduces carbon emissions by an estimated 64 tCO2e / yr

In addition to this, we have an exemplary recycling segregation system which means we separate streams on site for cardboard, metal, food, electronics, glass, wood and even crisp bags. On site segregation minimises the need for downstream treatment and enables high quality output from recycled materials.

WHERE DO WE WANT TO BE

We recognise that we must find innovative ways to reduce waste and in particular waste sent to landfill, while still meeting clinical needs during the pandemic.

HOW WE PLAN TO IMPROVE

1. rollout Biosystems reusable sharps and pharmaceuticals more extensively.
2. investigate options to implement reusable facemasks and PPE

5.2.3 WATER

Water is a basic necessity and in many parts of the world is very scarce. While its availability is currently not a major concern in the UK, with an increasing population and a fast-warming climate, the problem is likely to develop.

Water is a critical resource and its consumption drives a significant proportion of our overall utilities bill. Compared with other utilities, water does not have a large impact on our carbon footprint, but its cost and potential future scarcity mean we must make sure that it is monitored, controlled and used sensibly.

WHERE WE ARE

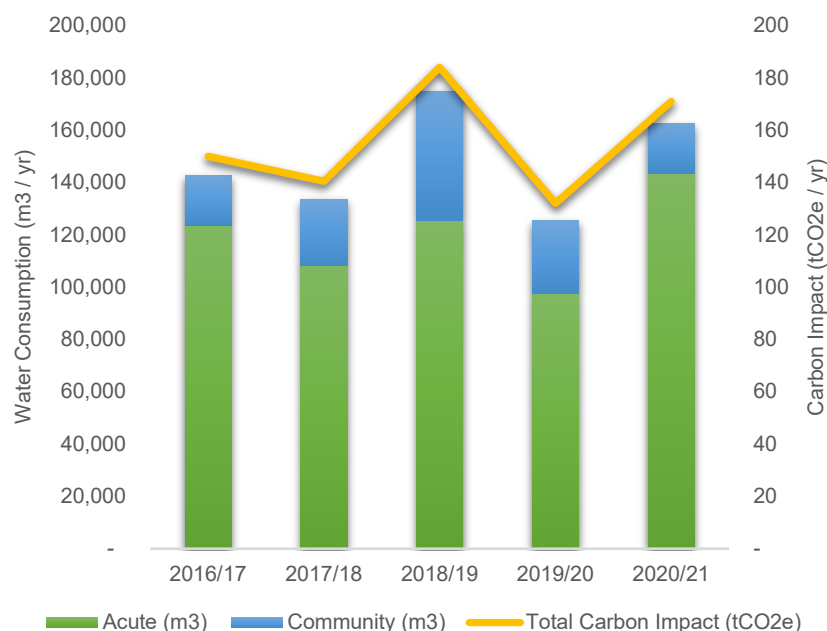


Figure 13: Our annual water consumption

Figure 10 shows our water consumption since 2016 and the respective carbon impact. From 2016/17 to 2017/18, our water consumption declined by 6%, but then saw a dramatic increase in 2018/19 by 31% to approximately 175,000 m3/yr. The anomalously high consumption in this year was primarily driven by issues at a number of community sites.

In 2019/20 our water consumption came back on track to around 125,500 m3/yr. However, once again, consumption increased by around 30% primarily driven by an unidentified leak at the main hospital. Developing the capability to quickly identify and resolve abnormally high consumption across our estate will be critical to drive down our water demand on an ongoing basis.

WHERE DO WE WANT TO BE

Automatic Meter Reading (AMR) devices are a technology that we could implement and install onto our water meters to provide accurate and consistent readings. Although this technology would identify leaks quickly, reducing water waste, and thus, costs, it is expensive to install. In addition to the use of AMR devices, we should review opportunities to deploy submeters across the acute site, these are relatively low cost and can be effective for identifying abnormal consumption in specific areas. Educating our staff and the patients can also help reduce the overall water consumption; through provision of the correct training and awareness programmes, costs and our overall carbon impact can be kept to a minimum.

HOW WE PLAN TO IMPROVE

1. review opportunities to deploy AMR technology and decide whether they are a cost-effective option to drive down water consumption.
2. organise staff training and increase patient awareness of sustainable water management.

5.3 TRAVEL AND TRANSPORT

We have had a green travel plan since 2007. This section provides an update on the current initiatives and planned action to support sustainable travel choices for patients, staff and visitors. It also describes the transition of our transport fleet to ultra-low and zero-emission vehicles.

WHERE WE ARE

We support our staff to work differently and closer to home in a way that enhances wellbeing and also reduces carbon emissions from their journeys to and from work, while also reducing pressure on our limited car parking provision. We are in the process of reviewing and updating the our green travel plan with an intent to publish by June 2022. Sustainable and active travel has been encouraged by deployment of a number of EV chargers at our acute site, installation of cycle shelters and a cycle path entrance separate from the main road.



We have recently introduced digital technology to enable the assessment and benchmarking of staff commuting patterns and emissions. This will include a scoping analysis to achieve ACEL (Average Commuter Emissions Level). Through this data analysis, we will identify further travel options that will include optimised car sharing for staff via a digital platform

and information to support improved public transport options to our various locations of care (and work).

We work closely with our local authority partners on all green travel initiatives to ensure we maximise opportunities reduce carbon emissions through improved public transport links and healthy choice options.

WHERE DO WE WANT TO BE

We recognise that to fully meet the expectations of our patients, staff and visitors we need to improve our cycle amenities on site. A new bicycle user group will be established in 2022.

We also respect that we serve a rurally dispersed community where personal vehicular access is sometimes the only way to access our services, therefore we intend to revise our car parking provisions in 2022, which we will outline in our new car parking strategy which will be published by July 2022.

The NHS Long Term Plan sets out a commitment for 90% of the NHS fleet to use low, ultra-low and zero-emission vehicles by 2028, reaching net zero emissions by 2040. We must align to this ambition.

HOW WE PLAN TO IMPROVE

1. courier vans, fleet of 5 – to transfer to ultra-low emission or zero emission vehicles: target date from 2025. One vehicle has already transitioned to fully electric.
2. pool cars, fleet of 7 - to transfer to ultra-low emission or zero emission vehicles: target date 2023 and to transition to zero emission vehicles: target 2030.
3. patient transport fleet of 19 – investigating solutions in line with technology. Review in line with the current lease agreement arrangement in 2023/2024.
4. pharmacy home delivery fleet of 4 – to transfer to ultra-low emission or zero emission vehicles: target date 2026.

5.4 ANAESTHETIC GASES AND METERED-DOSE INHALERS

Inhaled anaesthetic agents, including volatiles - used for anaesthesia in theatres - and Nitrous Oxide (N₂O) & Entonox (50% O₂/50% N₂O) - used for pain relief in a range of clinical settings, are critical to our delivery of care. However, these are also potent greenhouse gases and thus even with low volumes used across our services, Figure 5 shows that they make-up 7% of the our NHS Carbon Footprint.

5.4.1 VOLATILE ANAESTHETIC GASES

WHERE WE ARE

We are fortunate to have an exceptionally talented clinical team in this area, many of whom are passionate about sustainability. Team members have setup a Green Theatres Group which is dedicated to encouraging wider theatre users to help address the environmental impact of this aspect of care. The group is driving sustainability improvements in a range of areas and has been particularly effective at reducing the carbon impact from volatiles use in theatres.

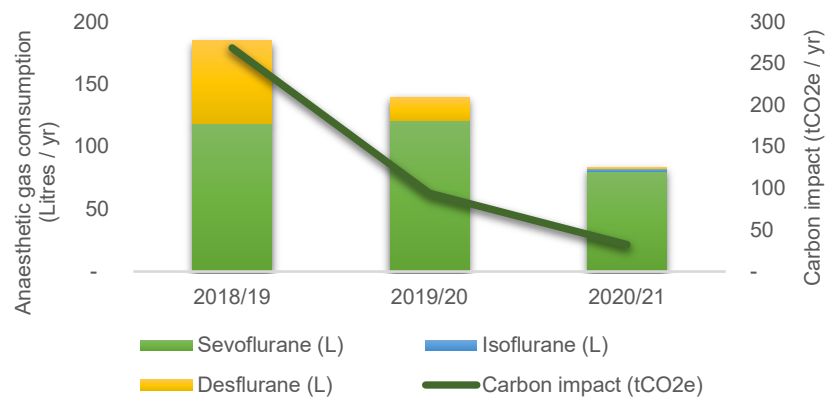


Figure 14: Volatiles use and associated carbon impact

Figure 11 shows how volatiles use has reduced over a three-year period, with a desflurane (the most detrimental gas used in theatres) having been reduced to a negligible quantity. The result of this has been an 88% reduction in carbon emissions. While some of this reduction will have been influenced by a reduction in the number of surgical procedures owing to the COVID-19 pandemic, the majority of the benefit has been driven by concerted actions by our clinical teams;

- desflurane bottles have been removed from anaesthetic machines and are stored separately, only available on specific request.
- low flow techniques have been adopted to reduce sevoflurane use.

WHERE DO WE WANT TO BE

We aim to maintain and where possible, further reduce our carbon impact from volatiles, we will continue to keep desflurane off the anaesthetic machines and use only when clinically critical. We will also continue to encourage low flow techniques, even in the anaesthetic room. Furthermore, we will look to drive down the use of sevoflurane by considering how to deploy regional/neuraxial anaesthesia in greater proportion of scenarios, reviewing options for increased use of intravenous anaesthetics and assessing options for capturing exhaled volatiles.

HOW WE PLAN TO IMPROVE

Our plans to further mitigate volatiles impact include;

1. maintain policy of desflurane being available only by request
2. encourage use of regional/neuraxial anaesthesia in an increased % of cases
3. review potential to use intravenous anaesthetic alternatives e.g. remifentanyl
4. evaluate cost of exhaled gas capture/treatment technologies

5.4.2 NITROUS OXIDE AND ENTONOX

WHERE WE ARE

Given that the impact of volatiles has been dramatically reduced, our most significant carbon impact is driven by N₂O. Figure 15 shows that in 2020/21 the gas contributed 96% of the emissions of inhaled agents used by us. On this basis, reduction of N₂O use must be the priority for us going forward. Analysis of N₂O use in 2018/19 at Torbay Hospital indicates that only 5-6% of the N₂O used in the hospital is actually delivered in clinical settings. This means that as much as 95% of the hospital's carbon impact from N₂O results from wastage.

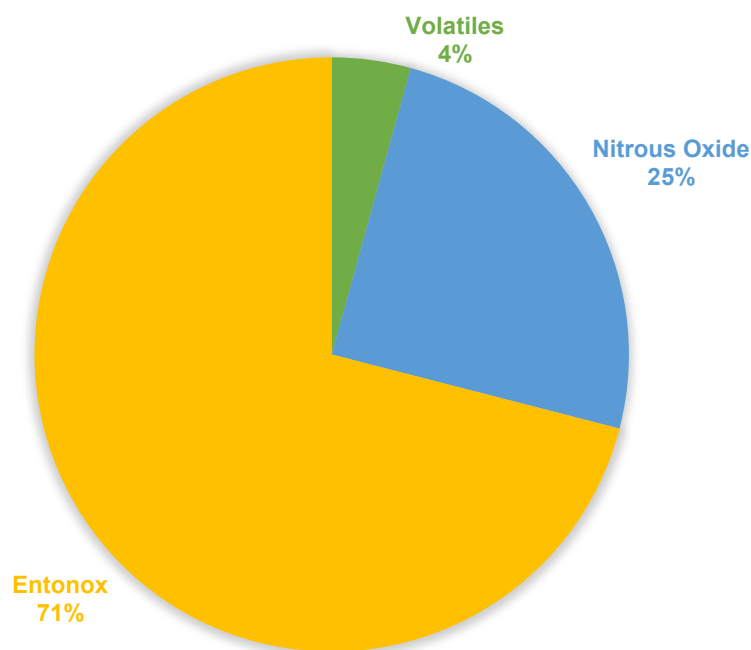


Figure 15: Our 2020/21 breakdown of carbon impact from inhaled agents

WHERE DO WE WANT TO BE

Our priority for reducing the impact of N₂O/Entonox use must be to identify where wastage is occurring within our system. This will involve collaborative working between clinical leads, estates teams and the medical gases committee. While cutting our gas wastage will have the most significant impact in this area, we must also encourage and challenge clinical colleagues to consider where clinical use of N₂O/Entonox can be limited or eliminated.

HOW WE PLAN TO IMPROVE

Our plans to reduce the impact of N₂O use include;

1. identify pipework legs to clinical areas which no longer require N₂O and prepare plans to terminate supply to these areas.
2. review options to limit stock of cylinders retained on site such as reducing size of manifold or decommissioning piped system in favour of portable delivery systems.
3. conduct Entonox waste review by evaluating consumption in maternity against benchmarks and producing plans for reduction.

5.4.3 METERED DOSE INHALERS (MDIS)

Inhalers are medications breathed through the mouth into the lungs to help open the airway thereby allowing increased ease of breathing. They are predominantly prescribed to patients with asthma. Some inhaler types contain propellants with high global warming potential (GWP) making them potent greenhouse gases.

Table 2: Description of inhaler types

Inhaler type	Description	Carbon impact
Pressurised Metered Dose Inhaler (pMDI)	Most common type. Pressurised propellant in aerosol chamber expels medicine into lungs.	Contain hydrofluorocarbon (HFC) propellants that have very high GWPs.
Breath-Actuated Inhaler (BAI)	Inhalation combined with propellants enable medicine to reach lungs.	Typically contain the same HFC propellants as pMDIs so similar carbon impact.
Dry Powder Inhaler (DPI)	Medicine is in powder form and is inhaled without propellants.	Do not use propellants and active ingredients have relatively low GWP.
Soft Mist Inhaler (SMI)	Medicine is in liquid form delivered as a mist without propellants.	Do not use propellants so lower impact than MDI & BAIs.

WHERE WE ARE

In 2020/21 we issued over 5000 inhalers to patients. Figure 13 shows the breakdown of the type of inhalers provided. The chart shows that 56% of all inhalers issued were pMDIs. Owing to carbon impact of the propellants in the medications, pMDIs contributed 92% of the total estimated carbon impact of inhalers. While it may not be possible to use SMIs or DPIs in place of pMDIs for all patients, it is clear there is an opportunity to reduce pMDI use.

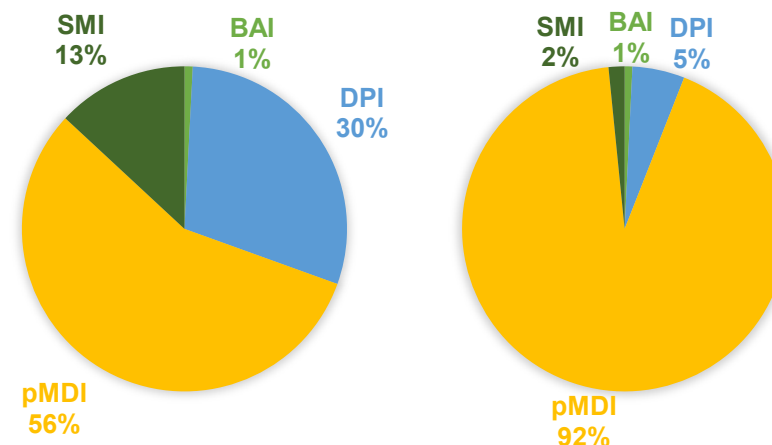


Figure 16: Breakdown of inhaler types by number (left) and by estimated carbon impact (right)

WHERE DO WE WANT TO BE

We are committed to moving away from pMDIs to dry powder and soft mist alternatives as part of its plan to reduce the carbon impact of medicines. Our Chief Pharmacist will work with clinicians over the next twelve months to evolve a transition strategy which will report proposed target milestones and delivered progress to our Sustainability and Well Being Group. Progress will be reported within future editions of our Green Plan.

HOW WE PLAN TO IMPROVE

1. develop transition strategy to increase the use of lower carbon alternatives to pMDIs.

5.5 WORKFORCE AND SYSTEM LEADERSHIP

WHERE WE ARE

We have appointed the deputy chief executive to take the role of senior responsible officer for net zero carbon and the delivery of our Green Plan.

We have also approved the creation of a Sustainability and Wellbeing Group who will maintain central leadership on all sustainability, wellbeing and green plan matters. The group will be responsible for agreeing objectives, setting targets, approving relevant work plans and monitoring progress. We will also use the forum to share ideas, create solutions and plans with our system partners within the Devon Integrated Care System and the broader NHS.

As already identified, our Green Plan is a key enabling plan to support us to deliver our vision for 'better health and care for all' and our organisational strategy.

WHERE DO WE WANT TO BE

We recognise and fully embrace the climate emergency and the imperative to meet nationally set targets. We must therefore ensure net zero carbon is fully considered in all our business going forward. To achieve this level of consideration, all our governance will include acknowledgement of whether or not carbon reduction/mitigation is relevant to a decision process, and where it is, we will report how carbon reduction mitigation will be achieved or not.

Since the pandemic, our workforce has admirably adjusted to working differently, often working from home continuously or intermittently. We have learnt much about how to better support our staff to work from home.

We also recognise as we learn to live with COVID-19, and adjust to the opportunities it has presented, there is a clear benefit to both the environment and our staff from travelling less. With this in mind, and through staff engagement, we will be developing community administration hubs across our community estate. This will enable staff to make shorter journeys and also in some cases offer walking or cycling opportunities, while working in an office setting with other staff colleagues.

HOW WE PLAN TO IMPROVE

1. support the establishment and development of our Sustainability and Wellbeing Group (SWG)
2. communicate our Green Plan all our teams and encourage feedback and engagement.
3. review the potential to harness near-real time data such as smart meter data, to create a dashboard highlighting energy consumption and carbon impact at different sites and in different areas.

5.6 DIGITAL TRANSFORMATION

WHERE WE ARE

Digital transformation of health and care, and the success of our Building a Brighter Future programme, are vital to delivering our health and care plan and our overall vision and strategy and with it the associated carbon reduction benefits. This success requires both investment and commitment to a major transformational change programme. We will submit our digital outline business case in February 2022 and expect to receive the outcome by June 2022.

WHERE DO WE WANT TO BE

A key objective our digital transformation business case is to deliver an asset which is kind on the environment and in line with the net zero carbon agenda identified through the climate emergency status set by the Torbay local authority.

We intend for our future digital system to be compliant with national standards in relation to the environment and net zero carbon, and where possible, to go beyond and above these requirements. Aspirations for our transformation programme include;

- reducing requirement to travel, driving emissions reductions and improvements to local air quality
- reducing use of paper and printing materials
- streamline multiple aspects of delivery of service thereby demanding fewer resources

HOW WE PLAN TO IMPROVE

We are looking to drive improvements through the following activities;

1. consolidation of data systems and selection of high efficiency equipment for new data centres to minimise electricity demand.
2. continue to encourage the use of video conferencing options for meetings between teams at different sites, with remote contractors and with patients, where appropriate.
3. review options for sustainable disposal of IT equipment with re-use as a priority and WEEE recycling as a fall back.

6. NHS CARBON FOOTPRINT PLUS

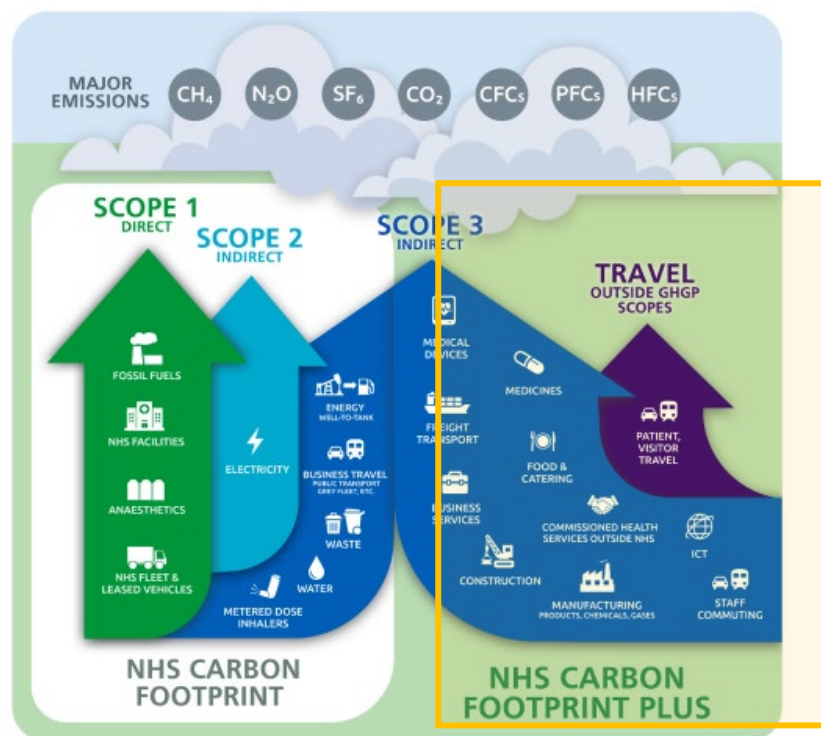


Figure 17: GHG emissions scope - NHS Carbon Footprint Plus

This section addresses areas of focus which will primarily impact our NHS Carbon Footprint Plus (as shown in Figure 13). These are the carbon emissions for which we generally do not have direct control but are able to influence.

Figure 14 presents an overview of the NHS Carbon Footprint Plus. We have not yet completed a baselining exercise to evaluate our specific breakdown but as an integrated care trust, it is expected to be similar to the average. On this basis, we can see that 76% of the total emissions

result from sources extraneous to our core business operations. We recognise the significance of our challenge in this area.

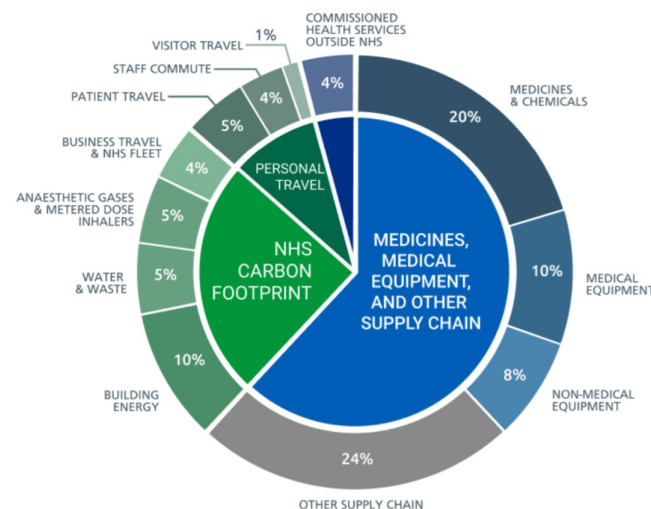


Figure 18: NHS average emissions breakdown by source

6.1 CARBON TARGETS

In line with much of the NHS, our approach to carbon reduction to date has focussed on reducing operational emissions – those associated with building utilities and transport. Going forward, it is clear that a broader approach must be adopted to tackle not only the emissions which we control but also our wider emissions, which we are able to

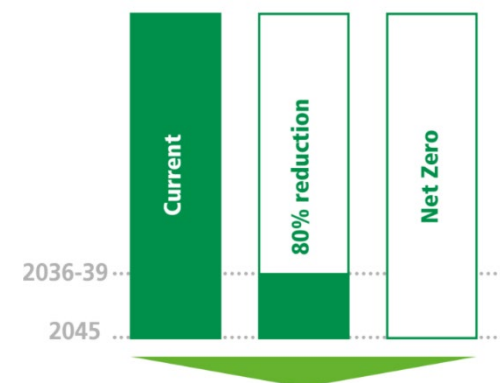


Figure 19: NHS Carbon Footprint Plus reduction targets

influence. Our initial focus will be to understand the breakdown of our own Footprint Plus to enable us to prioritise improvement.

Figure 19 displays NHS targets for Carbon Footprint Plus. We are aligned to reaching these goals, recognising as we do, that it will require a significant, concerted effort both from within our organisation and through collaboration with the wider Devon Integrated Care System and central NHS functions. With a provisional baseline year of 2016/17, our Carbon Footprint plus targets are:

- **80% reduction by 2039**
- **100% reduction by 2045**

6.2 SUPPLY CHAIN AND PROCUREMENT

WHERE WE ARE

According to the *Delivering a Net Zero National Health Service* report from October 2020, the NHS supply chain is responsible for 62% of the NHS Carbon Footprint Plus. Torbay & South Devon is an integrated care Trust and therefore it is likely that our supply chain will contribute a similar proportion of our footprint. To verify this, we are undertaking a Scope 3 baselining assessment, the output of which will be incorporated within future revisions of this plan.

WHERE DO WE WANT TO BE

We recognise that before we are able to define clear plans to mitigate the carbon impact of our supply chain, we must understand our baseline position. We will commit to completing an initial baselining assessment of our NHS Carbon Footprint Plus prior to the annual review of this Green Plan. Our baseline will enable us to understand where 'hotspots' exist in our supply chain and thus allow us to prioritise plans for reduction.

While defining our baseline will be our primary focus, we know that there are actions that we can undertake now to proactively reduce the carbon impact our purchased goods and services. Our procurement team are

currently reviewing how to effectively incorporate sustainability metrics as a core element of future tender evaluation processes.

NHS ACTIVITY TYPE

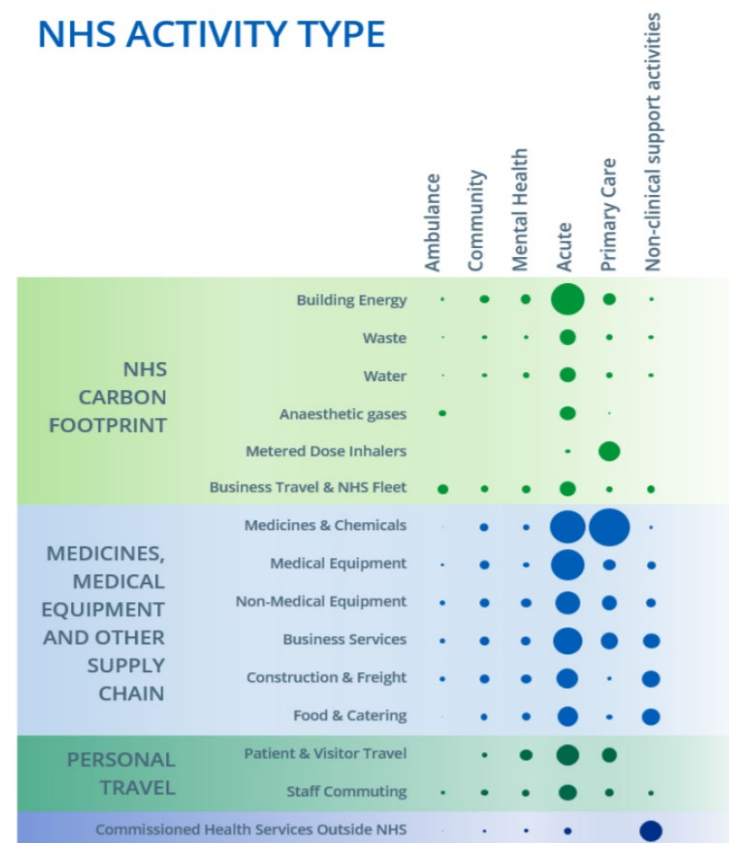


Figure 20: Emissions sources by activity type and care setting (Greener NHS, 2020)

HOW WE PLAN TO IMPROVE

1. collate financial and material data required to complete NHS Carbon Footprint Plus baseline.
2. implement process to ensure sustainability KPIs are included in tender evaluation criteria for tenders above a defined value.

6.3 CAPITAL PROJECTS

WHERE WE ARE

The embodied carbon of a building includes all elements of its lifecycle that lead from its inception through to the design, construction, operation and eventual life expiry of the built asset. It is therefore an imperative that we recognise the importance of mapping the extent of embodied carbon within any building we plan to build, develop a robust mitigation plan to minimise environmental impact, and monitor our performance against our plan.

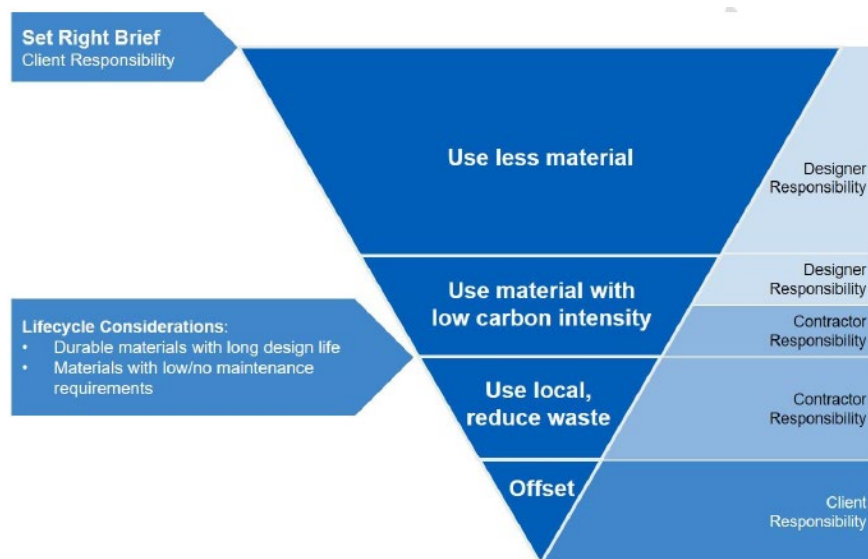


Figure 21: Embodied carbon of buildings - mitigation hierarchy

WHERE DO WE WANT TO BE

Within our embodied carbon strategy, we will describe how we meet the embodied carbon reduction requirements of our Building a Brighter Future programme, how we translate this into the new healthcare buildings we construct, and also any of those we refurbish.

We will deliver this strategy work by the engagement of suitably qualified and experienced technical advisors who will support us in understanding all embodied carbon considerations and how we will most appropriately mitigate.

The appointment of our technical advisors for our Building a Brighter Future programme has already been achieved. We have appointed a globally-recognised, leading healthcare architectural practice as the lead practitioner in the design of our new hospital buildings. The appointed practice is highly skilled at assessing the impacts and necessary mitigations associated with construction embodied carbon and are currently working on an assessment of the likely embodied carbon based upon their concept designs.

HOW WE PLAN TO IMPROVE

1. ensure all current and new capital team members have reviewed the latest NHS guidance on Net Zero Building standards.
2. seek independent advice as required, to ensure that large redevelopment works conducted as part of our Building a Brighter Future programme meet the highest sustainability standards.

6.4 FOOD AND NUTRITION

We are committed to reducing the carbon impact of our food offer to patients, staff and visitors.

WHERE WE ARE

Patient food is provided throughout all our sites using 'cook freeze' products purchased from an NHS national framework supplier. As the food is frozen, the shelf life is longer and helps to reduce food waste. Food is packaged in recyclable containers and available in multi portion units which again contributes to reducing food waste.

Patients order meals twice per day via an electronic meal ordering system; fast turnover wards such as maternity and the emergency admissions wards offer an individual plated meal system which is ordered at the point of service, giving patients more choice while providing an efficient, flexible solution to help further reduce cost and waste.

Food is managed and regenerated at ward level by catering assistants who solely focus on patient feeding, liaising closely with the main kitchen ensuring the patients receive the correct food, thus minimising food waste.

Our Bayview restaurant provides retail food for staff and visitors and is freshly cooked daily. Seasonal menus are offered and locally grown produce from nominated suppliers used wherever possible. Out of the 12 fresh meat products purchased, only five are processed. The aim is to reduce the amount of processed food used while incorporating more fresh, sustainable products into the menus and including more plant-based dishes where possible.

The Trust reported 37 tonnes of food waste last financial year, this is a significant improvement from 46 tonnes in the previous reporting period.

WHERE DO WE WANT TO BE

The catering team will develop initiatives and plans to deliver further food waste reduction year on year with an ambition to reduce food waste to only unavoidable residual waste within three years. We must continue with good practices we've already adopted such as;

- sourcing fruit and vegetables from a large variety of over 60 growers throughout the South West of England
- purchasing dairy products from a local family-owned business delivering the finest locally sourced food and produce in South Devon since 1
- using cups that have a 26% lower carbon footprint than a standard takeaway cup when recycled
- using fresh fish sourced from suppliers certified with the Marine Stewardship Council (MSC)

HOW WE PLAN TO IMPROVE

Further to our ongoing sustainability drive in this area we will look to;

1. use products with added sustainable palm oil only
2. further reduce the amount of processed meat offered (currently five types) and replace with fresh meat where possible.
3. ensure plant-based substitutes are available on staff and patient menus
4. implement further processes and controls to ensure food waste is reduced.
5. all takeaway food to be served in recyclable packaging.

7. OTHER ENVIRONMENTAL IMPACTS

7.1 NON-CARBON TARGETS

This section addresses aspects of sustainability that do not have a direct link with net zero carbon but are still important to our holistic aim of reducing our environmental impact as an organisation.

7.2 LOCAL AIR POLLUTION

If not carefully measured, polluted air is a serious health hazard which can lead to respiratory diseases, with young children and older adults being the most vulnerable. Improving the air quality around the trust and the NHS lies alongside one of the UK's main priorities, with cleaner air benefiting both the quality of life and the economy. Pollutants of specific concern include oxides of nitrogen (NO_x and particulate matter (PM) as these have been shown to drive respiratory issues.

WHERE WE ARE

The primary sources of local air pollution in and around the communities we serve will be vehicular traffic and, to a lesser extent, combustion of gas in our heating systems. According to the government website, UK Air, the air quality in the surrounding area of Torbay Hospital is currently level 2, "Low".

WHERE DO WE WANT TO BE

While the local air quality is not especially bad in our area, we recognise that we must ensure minimise our impact. We are also aware that while

the general air quality in the area is not poor, there may be specific 'hotspots' in and around our sites which could be negatively impacting on the health and wellbeing of our staff, patients and visitors. Developing a clearer picture of risk areas would be a key step in developing a targeted action plan.

HOW WE PLAN TO IMPROVE

1. review potential benefits of an air sampling campaign to identify high risk areas for NO_x and particulates.
2. engage with local council to understand opportunity to align on awareness-raising communications such as a 'no engine idling' campaign.
3. review viability of adopting key actions from the Clean Air Hospital Framework developed at Great Ormond Street Hospital.

7.3 GREEN SPACE AND BIODIVERSITY

WHERE WE ARE

We are constantly looking to expand the number of green spaces within our estate and through this promote biodiversity. We recognise the benefits green space has on our staff, and especially to the patients around our sites. Built environments which incorporate significant green space and associated biodiversity has been proven to improve patients' health outcomes, and decrease the duration of hospital stays.



Figure 22: The topography and openness of our acute campus allows for many areas of green space

In 2019, Torbay Hospital joined the NHS Forest scheme where 160 trees were planted and circular habitats around the hospital were produced, where staff and patients can walk along various paths through the nature and enjoy the wildlife. On top of this, last year, we planted 100 trees to form hedgerows and increase overall biodiversity.



Figure 23: Tree planting activity on the Torbay Hospital site

WHERE DO WE WANT TO BE

Green spaces are of huge value for hospitals, and our goal is to increase the quantity, and the quality of biodiversity throughout. Through our Building a Brighter Future programme, we have a fantastic opportunity to incorporate green spaces into redeveloped areas of the site. This is a core priority of our programme's sustainability agenda. We also have an opportunity to collaborate with the local authority and community nature organisations, to discuss how best to promote biodiversity throughout our local communities.

HOW WE PLAN TO IMPROVE

1. communicate plans to develop green space and biodiversity as part of our Building a Brighter Future programme to staff and garner feedback
2. incorporate green space and biodiversity promotion into our Sustainability and Wellbeing Group's areas of focus and engage with local authority to discuss collaborative approach.

7.4 ADAPTATION

WHERE WE ARE

This section addresses plans to ensure that we are able to suitably adapt to meet the challenges that will arise from the changing climate. While the NHS as a whole is driving towards our net zero targets to minimise its contribution to climate change, we are already seeing weather conditions becoming more extreme each year. Last year we saw forest fires, flooding, and heat waves all over the globe with many people losing their homes and their livelihoods. As an NHS trust, we are in danger of our services being overrun and/or disrupted due to such events, therefore, we are continually looking to improve our efforts to minimise our contribution to climate change.

WHERE DO WE WANT TO BE

While some risks which are likely to be exacerbated by the changing climate are already being managed through our Emergency Planning procedures, we do not currently have a Climate Change Risk Assessment (CCRA) document in place. The CCRA is used to specify the risks associated with climate change, how our operations might be affected, and what needs to be done to minimise and/or avoid the risks involved. By producing a CCRA for the next five years, we will understand where we are vulnerable and where our priorities lie, thus, allowing each site to adapt to minimise the effect of the risks.

HOW WE PLAN TO IMPROVE

1. produce a CCRA, detailing the risks to our operations associated with climate change, and how they're able to adapt.



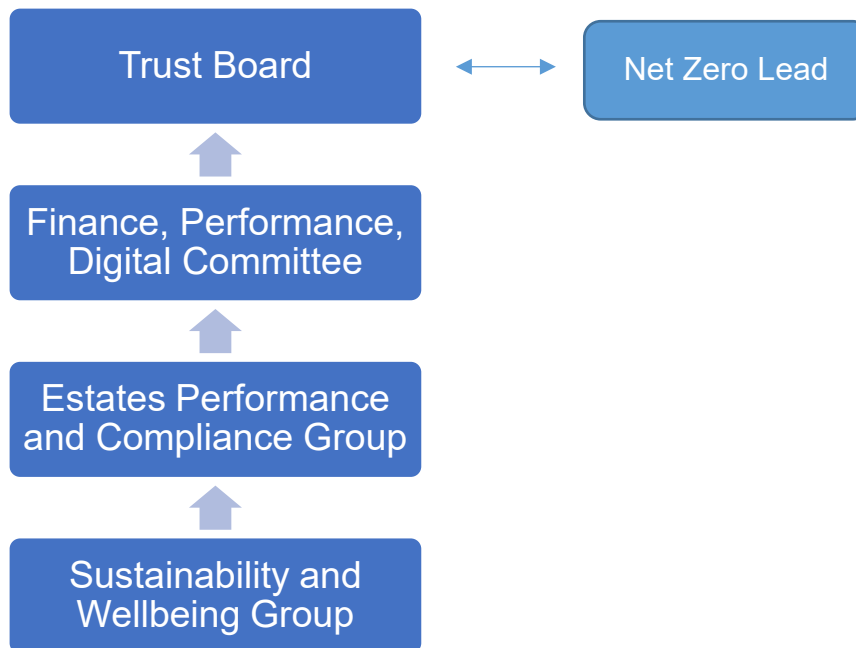
Figure 24: Climate change risks and their variation by area (Under the Weather V2 – improving health, wellbeing and resilience in a changing climate, March 2015)

8. SUSTAINABILITY GOVERNANCE

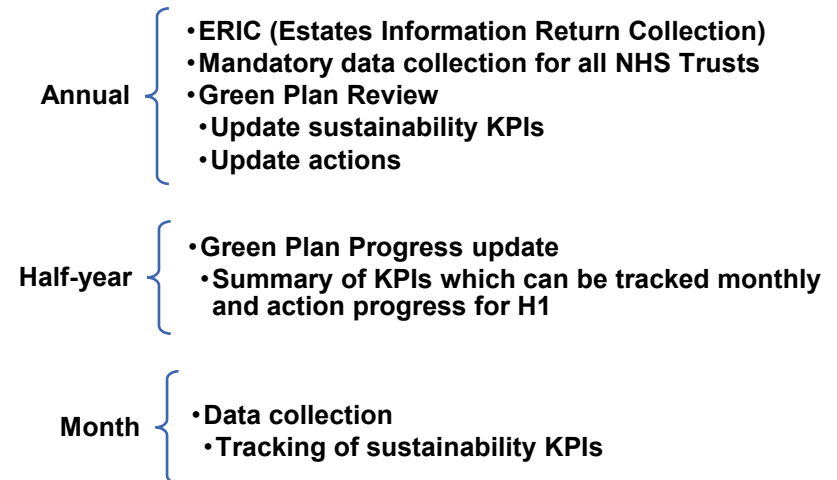
8.1 GOVERNANCE AND REPORTING

Our Green Plan will be updated and approved by the Trust Board on an annual basis. At the end of quarter 2 each year, a progress report will be submitted to the Board to review Key Performance Indicators and the progress of improvement actions.

Our drive for sustainable development and our net zero agenda will be championed at Board level by our designated net zero lead: **David Stacey – Deputy Chief Executive Officer and Chief Finance Officer**. The administration and upkeep of the plan will be the responsibility of the Estates and Facilities team with its implementation and development being driven primarily via our Sustainability and Wellbeing Group.



Key elements of our sustainability reporting and the respective timescales are outlined below.



8.2 TRACKING PROGRESS

Our annual Green Plan update will allow us to provide a narrative to our staff, patients and community about the actions we are taking to improve our sustainability. We will also use it to report our progress against our targets, using a number of key environmental indicators. These are outlined in Table 2.

Table 3: Our Sustainability KPIs

KPI	Unit	Description
Electricity consumption	kWh/ m ²	Total electricity demand per m ² of occupied floorspace.
Gas consumption	kWh/ m ²	Total gas demand per m ² of occupied floorspace.
Carbon from energy	kgCO ₂ e/ m ²	Total carbon output per m ² of occupied floorspace.
Waste production	kg / m ²	Total waste produced by Trust per m ² of occupied floorspace.
Waste recycled	%	Proportion of total waste fraction which is segregated into recycled waste streams.
Water impact	m ³ /m ²	Total water consumption per m ² of floorspace.
NHS Carbon Footprint	tCO ₂ e	Total emissions from Trust-controlled activities
NHS Carbon Footprint Plus	tCO ₂ e	Total emissions from wider Trust-influenced emissions

8.3 SUSTAINABILITY RISK MANAGEMENT

Risks and opportunities relating to sustainable development will be tracked and managed through our Sustainability and Wellbeing Group and overseen by the Director of Environment.

Identifying and mitigating potential risks which may inhibit our sustainability agenda, in particular our drive towards net zero carbon will be critical to enable us to achieve our ambitions.

Within this first iteration of our Green Plan, we have identified generic sustainability risks which are likely to be faced by trusts throughout the NHS. In future versions, we will aim to develop our sustainability risk register to be specific to our operations and challenges.

Failing to meet carbon reduction targets

When considering factors such as the planned changes to our estate, the evolving requirements of high-quality healthcare and changing carbon intensity of grid utilities it is by no means guaranteed that we will continue our current trend of reducing overall core carbon emissions.

To minimise the impact that factors outside of our influence can have on our sustainability reporting, we have chosen to benchmark our KPIs using normalising factors (e.g. m² floorspace or patient numbers)

Finance

Finance will be required to deliver on the commitments of our strategy. Efficiency savings and embedded sustainability practices may be masked by rising utility costs and changing requirements of healthcare.

We can mitigate this risk through senior support and clear, consistent reporting.

Failing to comply with environmental legislation

Given our size, disaggregated estate and complexity of operations it is conceivable that we could inadvertently fail to comply with one or more elements of environmental legislation.

This risk is managed on an ongoing basis through the retention of expert support and diligent oversight.

Climate change

Climate change risks are currently incorporated within our Emergency Planning Risk Register, however it is important that we produce a specific Climate Change Risk Assessment (CCRA).

Identified risks will be managed through the accompanying Climate Change Adaptation Plan (CCAP) as specified by SDU guidance.

Local community influence








As part of our purpose to support local people live well we recognise that a coordinated approach which incorporates environmental and social sustainability is paramount. As a core part of the community and an anchor institution, we must lead by example on sustainable development to ensure the concept is embedded in the wider community.

This will be managed through a robust commitment to our sustainability strategy and reporting.

9. APPENDICES

9.1 APPENDIX A: KPI TRACKING

Table 4: Annual sustainability Key Performance Indicator Summary

KPI	Unit	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Trend
Electricity consumption	kWh/ m ²	136	135	150	153	154					
Gas consumption	kWh/ m ²	233	245	255	289	299					
Carbon from energy	kgCO ₂ e/ m ²	109	102	100	103	101					
Waste production	kg / m ²	18.7	18.4	13.8	20.4	18.6					
Waste recycled	%	28%	40%	50%	41%	39%					
Water impact	Litres/m ²	1,313	1,255	1,651	1,294	1,672					
NHS Carbon Footprint	tCO ₂ e	13,824	12,623	12,322	11,887	11,690					
NHS Carbon Footprint Plus	tCO ₂ e	No data	No data	No data	No data	Pending					N/A

9.2 APPENDIX B: AREAS OF FOCUS – SUMMARY ACTION PLAN

Area of focus	Ref.	Action
Energy	1.1	Embed net zero design into our Building a Brighter Future programme
	1.2	Complete heat decarbonisation plans funded via Low Carbon Skills Fund
	1.3	Procure certified green electricity backed by REGOs for all our supplies.
	1.4	Collaborate with local authority to develop opportunity for large-scale solar PV farm to be built adjacent to Torbay Hospital.
Waste	2.1	Rollout Biosystems reusable sharps and pharmaceutical more extensively.
	2.2	Investigate options to implement reusable facemasks and PPE
Water	3.1	Review opportunities to deploy AMR technology and decide whether they are a cost-effective option to drive down water consumption.
	3.2	Organise staff training and increase patient awareness of sustainable water management.
Transport & Travel	4.1	Courier vans, fleet of 5 – to transfer to ultra-low emission or zero emission vehicles: target date from 2025. One vehicle has already transitioned to fully electric.
	4.2	Pool cars, fleet of 7 - to transfer to ultra-low emission or zero emission vehicles: target date 2023 and to transition to zero emission vehicles: target 2030.
	4.3	Patient transport fleet of 19 – investigating solutions in line with technology. Review in line with the current lease agreement arrangement in 2023/2024.
	4.4	Pharmacy home delivery fleet of 4 – to transfer to ultra-low emission or zero emission vehicles: target date 2026
Volatile anaesthetic gases	5.1	Maintain policy of desflurane being available only by request
	5.2	Encourage use of regional/neuraxial anaesthesia in an increased % of cases
	5.3	Review potential to use intravenous anaesthetic alternatives e.g. remifentanyl
	5.4	Evaluate cost of exhaled gas capture/treatment technologies
N ₂ O & Entonox	6.1	Identify pipework legs to clinical areas which no longer require N ₂ O and prepare plans to terminate supply to these areas.
	6.2	Review options to limit stock of cylinders retained on site such as reducing size of manifold or decommissioning piped system in favour of portable delivery systems.
	6.3	Conduct Entonox waste review by evaluating consumption in maternity against benchmarks and producing plans for reduction.
MDIs	7.1	Develop transition strategy to increase the use of lower carbon alternatives to pMDIs.
Workforce & System Leadership	8.1	Support the establishment and development of our Sustainability our Wellbeing Group (SWG)
	8.2	Communicate our Green Plan to all our teams and encourage feedback and engagement.
	8.3	Review the potential to harness near-real time data such as smart meter data, to create a dashboard highlighting energy consumption and carbon impact at different sites and in different areas.

Digital Transformation	9.1	Consolidation of data systems and selection of high efficiency equipment for new data centres to minimise electricity demand.
	9.2	Continue to encourage the use of video conferencing options for meetings between teams at different sites, with remote contractors and with patients, where appropriate.
	9.3	Review options for sustainable disposal of IT equipment with re-use as a priority and WEEE recycling as a fall back.
Supply Chain & Procurement	10.1	Collate financial and material data required to complete NHS Carbon Footprint Plus baseline.
	10.2	Implement process to ensure sustainability KPIs are included in tender evaluation criteria for tenders above a defined value.
Capital Projects	11.1	Ensure all current and new capital team members have reviewed the latest NHS guidance on net zero building standards.
	11.2	Seek independent advice as required, to ensure that large redevelopment works conducted as part of our Building a Brighter Future programme meet the highest sustainability standards.
Food & Nutrition	12.1	Use products with added sustainable palm oil only
	12.2	Further reduce the amount of processed meat offered (currently five types) and replace with fresh meat where possible
	12.3	Ensure plant-based substitutes are available on staff and patient menus
	12.4	Implement further processes and controls to ensure food waste is reduced
	12.5	All takeaway food to be served in recyclable packaging
Local Air Pollution	13.1	Review potential benefits of an air sampling campaign to identify high risk areas for NO _x and particulates
	13.2	Engage with local council to understand opportunity to align on awareness-raising communications such as a 'no engine idling' campaign
	13.3	Review viability of adopting key actions from the Clean Air Hospital Framework developed at Great Ormond Street Hospital
Green space & biodiversity	14.1	Communicate plans to develop green space and biodiversity as part of our Building a Brighter Future programme to staff and garner feedback
	14.2	Incorporate green space and biodiversity promotion into our Sustainability and Wellbeing Group's areas of focus and engage with local authority to discuss collaborative approach
Adaptation	15.1	Produce a CCRA, detailing the risks to our operations associated with climate change, and how they're able to adapt