GREEN PLAN 2025 – 2028
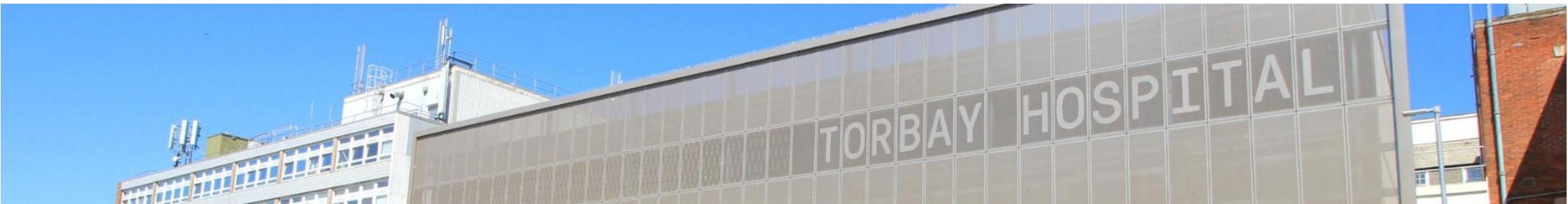
TORBAY & SOUTH DEVON NHS FOUNDATION TRUST

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1. WELCOME

I am pleased to introduce our refreshed Green Plan, covering the period from 01 October 2025 to 30 September 2028. This document builds on the foundations laid in 2022 and reflects our continued commitment to reducing our environmental impact while delivering high-quality care.

The 10-Year Health Plan for England makes clear that the NHS must embrace transformational change to remain sustainable. It calls for a reimagined model of care—one that is predictive, preventative, and resilient. Environmental sustainability is central to this vision, and our Green Plan is a key part of how we will deliver it.

Over the next three years, we will:

- review our progress and engage with clinical and staff groups to refresh priorities.

- align our actions with national targets, including the NHS's interim 80% emissions reduction goals for both carbon footprint and carbon footprint plus.

- define clear actions and key performance indicators (KPIs) for each area of focus.

- strengthen governance and reporting processes to ensure transparency and accountability.

- uphold our legal duties, including reducing inequalities and considering the wider effects of our decisions.

We recognise the urgent need to act. Climate change, waste accumulation, air pollution, and biodiversity loss are not distant threats they are realities affecting the communities we serve. As part of the wider Devon health and care system, our environmental footprint is significant.

We must empower our people, teams and volunteers to help us meet the NHS net zero target and become a truly sustainable organisation.

But we're not starting from scratch. Across our organisation, passionate individuals and teams have already made meaningful contributions. We've installed high-efficiency LED lighting, reduced emissions from anaesthetic gases, cut single-use plastics, sourced more food locally, enabled remote working, planted trees, and partnered with our local authority to develop a large-scale solar PV farm adjacent to Torbay Hospital.

But we must go further. Our Green Plan is a live strategy—one that will evolve alongside our Building a Brighter Future (BBF) programme and broader organisational strategy. It will be reviewed internally twice a year and updated annually to reflect new insights and priorities.

We face a formidable challenge, but I am confident that through the dedication of our people and our unwavering commitment to collaboration with system partners, local authorities, and our communities, we will play our part in delivering a net zero NHS.

Let's move forward together—with purpose, with urgency, and with hope.

Adel Jones - Deputy CEO and Chief Operating Officer

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ABOUT US

2.1 WHO WE ARE

We are one of England's few integrated health and social care organisations. Since 2015, we've delivered joined-up care across our communities—from acute services at Torbay Hospital to health and social care in homes and community settings from Dawlish to Dartmouth.

We work closely with partners to provide accessible support as close to home as possible, making best use of our community estate and digital technology and innovation. Our specialist services, such as day surgery, are nationally recognised for best practice.

In line with the 10-Year Health Plan for England, we're committed to going even further to transform care by shifting services closer to home, embracing digital innovation, and prioritising prevention. Sustainability is central to this mission.

2.2 WHO WE SERVE

We serve a resident population of over 290,000 people across Torbay and South Devon, including communities from Dawlish to Dartmouth and around 100,000 visitors during the summer holiday season. Our geography covers 350 square miles, including rural communities, urban centres and 75 miles of coastline

Our integrated health and social care services are designed to support people at every stage of life—whether they need urgent hospital care, help managing long-term conditions, or support to live independently at home.

We work in partnership with local authorities, voluntary organisations, and community groups to ensure care is accessible, inclusive, and tailored to local needs. Our aim is to help people live well, stay connected, and access the right support, in the right place, at the right time.

2.3 OUR ORGANISATION IN NUMBERS

Number of staff	7387		Population	293,400
Foundation Trust Public members	7315		Visitors during holiday season	+100,000
Number of volunteers	567		GP practices	28

Per Annum	
Number of outpatients appointments	450,000
Number of elective day case procedures	3,822
Number of elective inpatient procedures	37,802
Number of Accident and Emergency attendances (including Minor Injury Units)	127,953
Number of emergency admissions	38,321

3. OUR VISION

We are refreshing our organisational vision and strategy in response to the ambitions set out in the 10-Year Health Plan for England. This national plan calls for a shift towards more preventative, digitally enabled, and community-based care—principles that align closely with our care model and our own ambitions for our services.

Our purpose has remained clear, to support the people of Torbay and South Devon to live well.

To shape a sustainable future together, we are actively engaging with our staff, partners, and local communities to understand what matters most to them. Their insights will help us co-create a refreshed vision that reflects local priorities, tackles health inequalities, and builds on our strengths in innovation, partnership working, and environmental responsibility.

We are proud to be a part of the government's £20 billion New Hospital Programme, which gives us a once-in-a-generation opportunity to transform our acute estate and services. Our plans include rebuilding inpatient wards, expanding emergency care, and creating a modern, digitally enabled hospital on the Torbay site—designed to be faster to build, more sustainable, and better suited to future care needs

Together, we are building a brighter, more resilient future for health and care in Torbay and South Devon.

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.
- defining our strategic approach in such a way that we make the right sustainability decisions first time.

- prioritising interventions that support world-leading patient care and population health, and reduce inequalities, while tackling climate change and broader sustainability issues
- supporting high-quality, preventative and low-carbon care, in line with the NHS's goal to boost out-of-hospital and digitally enabled care, improve prevention of ill health and reduce health inequalities
- reducing air pollution by decarbonising the NHS fleet, which is set to save the NHS over £59 million every year and deliver a range of health benefits valued at over £270 million.
- modernising and decarbonising the NHS estate, which is expected to reduce energy costs while creating a better environment for patient care
- minimising waste through circularity – where reusable, remanufactured or recycled solutions are used – which is often cost-saving and helps protect against external supply disruptions

Our plan covers 2025-2028 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 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 KEY 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.
Health & Care Act	On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the Health and Care Act 2022. This places duties on NHS England, and all trusts, foundation trusts, and integrated care boards to contribute towards statutory emissions and environmental targets.

4.4.2 FINANCIAL

Energy costs have continued to rise year on year. 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.

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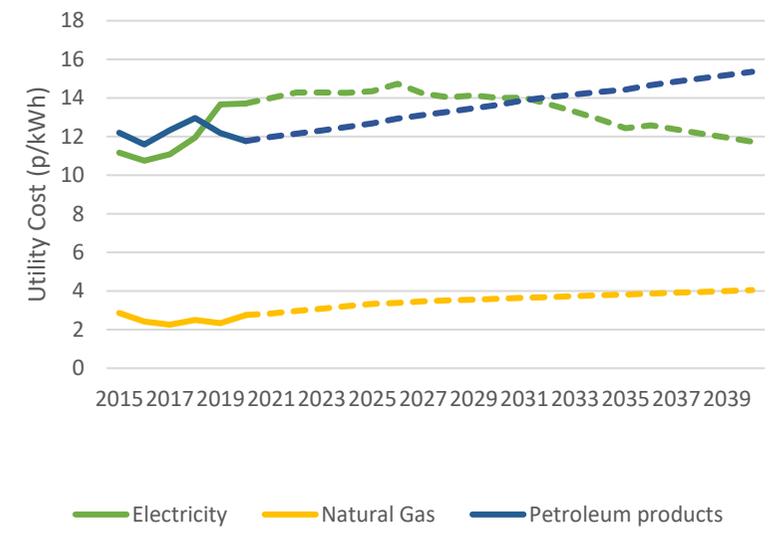
Figure 1: Forecast utility costs per kWh (BEIS, 2019)

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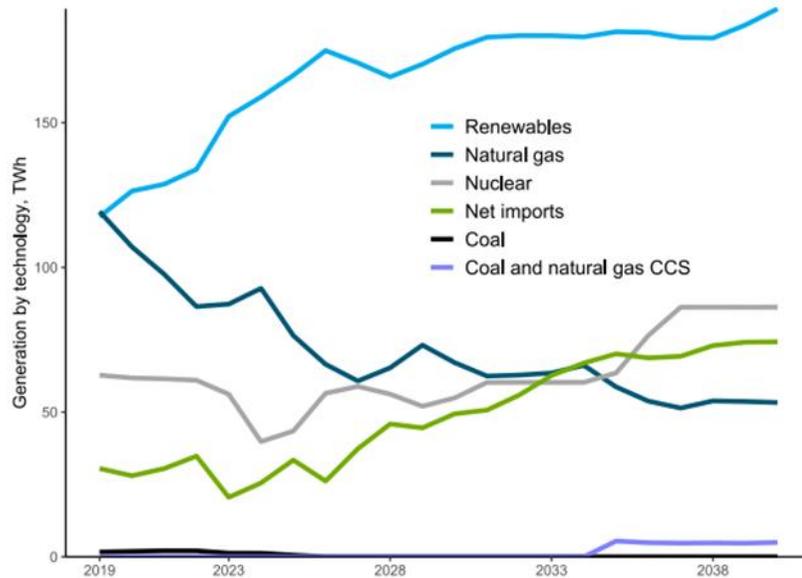
Figure 2: UK Energy Mix forecasts (BEIS, 2019)

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

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

5 NHS CARBON FOOTPRINT

Figure 4: GHG emissions scope - NHS Carbon Footprint

Figure 5: Our Carbon Footprint breakdown

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.

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.
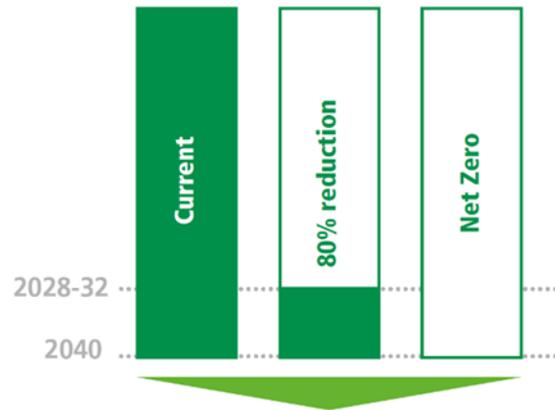
Figure 6: NHS Carbon Footprint reduction targets

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 it the earliest year for which we believe we have good quality data upon which to calculate our emissions

In Figure 7, 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.
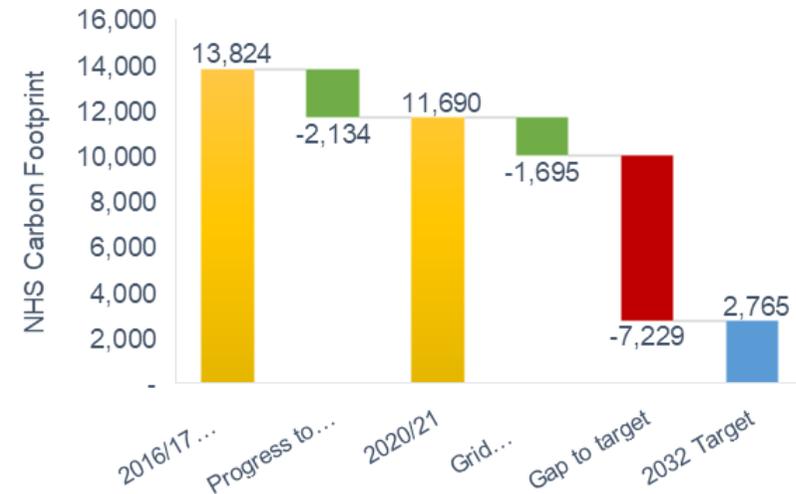
Figure 7: Our 'Business as Usual' carbon footprint forecast

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.

sourced heat pumps for new developments within our Acute Medical Unit.

WHERE WE ARE
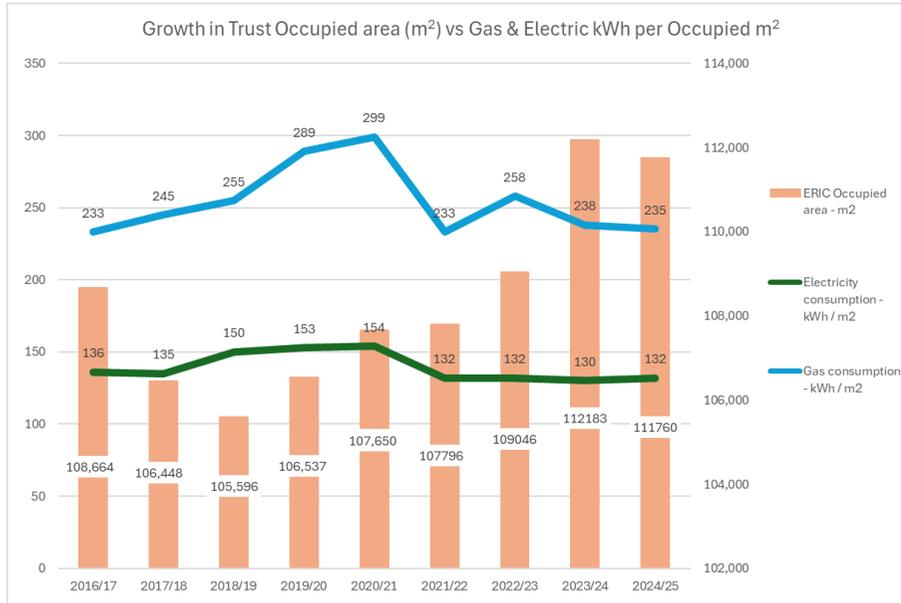
Figure 8: Our annual energy demand by resource

Figure 8 shows that our total energy consumption since our baseline year 2016/17 had risen, driven by an increased demand for natural gas however, for year 2024/25 energy consumption has now plateaued. This shows an overall improvement in our Trust energy usage even with an increase in our occupied floor space, in part, due to the introduction of air
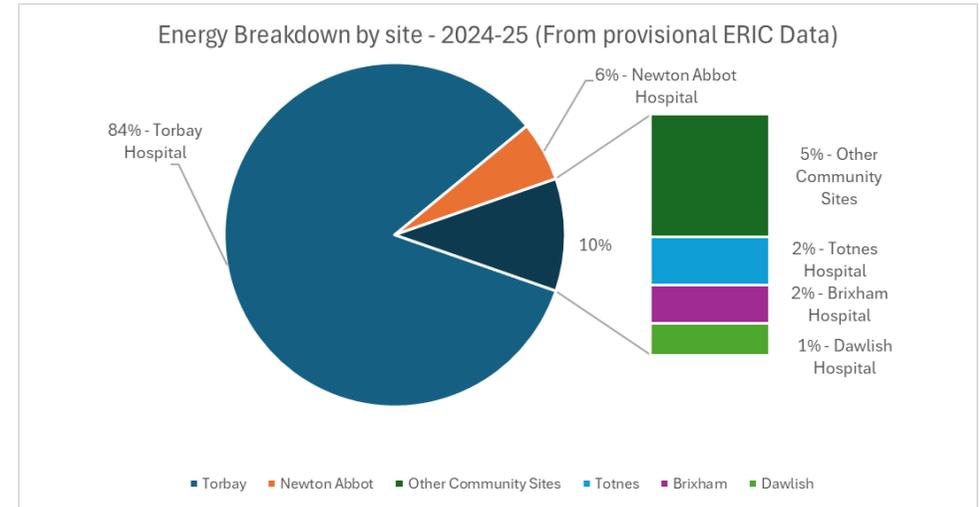
Figure 9: Our 2024/25 energy breakdown by site

Figure 9 reveals the relative energy demand of different sites across our estate. Our acute site consumes 84% of our energy and therefore must remain the priority for delivering energy saving but we recognise that the energy demands of our community estate are by no means insignificant at 16%. 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 tCO_2e p.a.

Energy Breakdown by site - 2024-25 (From provisional ERIC Data)

- 84% - Torbay Hospital
- 6% - Newton Abbot Hospital
- 5% - Other Community Sites
- 2% - Totnes Hospital
- 2% - Brixham Hospital
- 1% - Dawlish Hospital
- 10%

Legend: Torbay | Newton Abbot | Other Community Sites | Totnes | Brixham | Dawlish

Figure 9: Our 2024/25 energy breakdown by site

WHERE DO WE WANT TO BE

We must find innovative ways to reduce the total energy we consume, in line with increased service demand and deteriorating condition of our estate due to the age of our buildings. We also need to understand opportunities to decarbonise heat, through the elimination of gas-fired heating systems where suitable.

WHAT WE HAVE ACHIEVED 2022 -2025

1. **Automated Meter Reading (AMR).** Introduced accurate meter recording providing half hourly readings, accurate up to date information to reduce wastage, eliminate estimated readings.
2. **Building management system, sub metering**. Introduced in our new developments providing accurate readings and enable profiling to review electricity efficiency from events.
3. **Building management systems**. Providing improvements in maintenance and enabling replacement programmes.

4. **Air sourced heat pumps**. These have been installed in our new developments within our Acute Medical Unit, new Theatres and Endoscopy unit.
5. **Thorlux Building Management System**. Provides a smart reporting system which scans energy usage and effectiveness with further innovation opportunities for energy reduction.
6. **Lighting presence detection**. Automatic turn off periods after specific time period.
7. **LED Lighting replacement programme**. Within specifications for any new works and replacements.
8. **PV Farm Tender process**. Completed in 2023, progress ongoing.
9. **Decarbonisation Plan**. Produced Trust plan in 2022, progress ongoing.

HOW WE PLAN TO IMPROVE

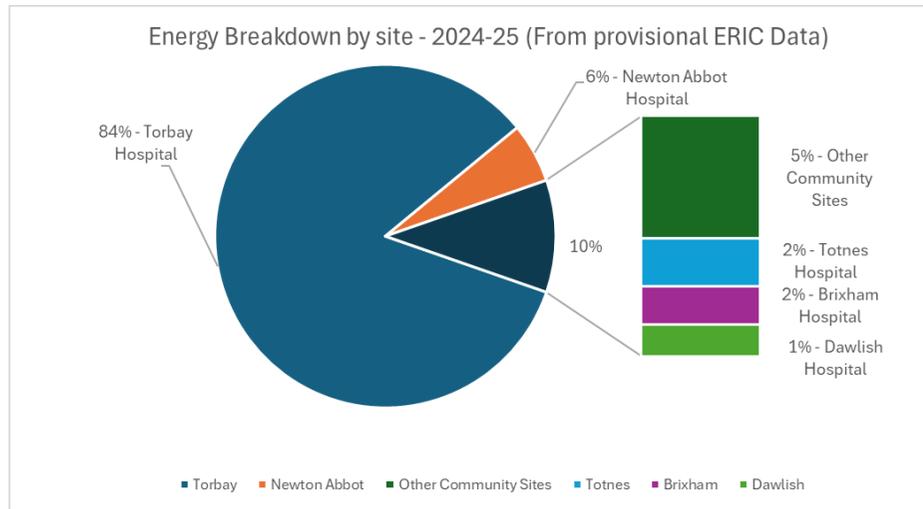1. **Site Redevelopments**. Embed net zero design into our Building a Brighter Future programme.
2. **Decarbonisation Plan**. Continue to implement actions within our decarbonisation plan.
3. **Heat decarbonisation.** Complete heat decarbonisation plans funded via Low Carbon Skills Fund such as phasing and replacing fossil fuel heating systems with lower carbon alternatives, such as heat pumps or connecting to a heat network system
4. **Utilities**. Procure certified green electricity backed by REGOs for all our supplies.
5. **Solar Farm**. Continue to collaborate with local authority to develop opportunity for large-scale solar Photovoltaics (PV) farm to be built adjacent to Torbay Hospital for the creation of renewable energy.
6. **Energy Efficiency**. By installing measures such as insulation and double-glazed windows.
7. **Local Area Energy Plans**. Consider opportunities from heat networks and other low-carbon solutions.
8. **Identifying installations** in scope of the UK Emissions Trading Scheme and outline plans to reduce emissions in line with allocated targets

9. **Business cases**. To deliver the measures outlined in the HDP, as energy efficiency and renewable energy interventions, with a view to submitting a funding application through the public sector decarbonisation scheme (PSDS) if projects cannot be financed through internal budgets.

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.

In 2023 a new NHS clinical waste strategy was produced by NHSe to support NHS providers in making the necessary step change in waste management practices;

- reduce waste and improve compliance to lower waste volumes
- encourages the use of innovation to increase NHS waste management resilience
- improve data use to help guide decision making
- improve staff engagement and training to improve compliance and seek out carbon reduction opportunities

Figure 10 shows the waste hierarchy for clinical waste. There are 7 levels to the hierarchy, signifying the most to the least desirable clinical waste management techniques from an environmental perspective. At the top of the hierarchy and least harmful is level 1: prevention. Level 2 is 'correctly segregate'; level 3 'recirculate/back into use', level 4 'recycle', level 5 'generate for energy sources' level 6 'dispose' and level 7 'in the ground

landfill'. At level 6, 'dispose', there is an additional arrow to 'Flock' which, depending on whether it contains metal or plastic can re-enter the hierarchy at level 4 (yes) or level 5 (no).
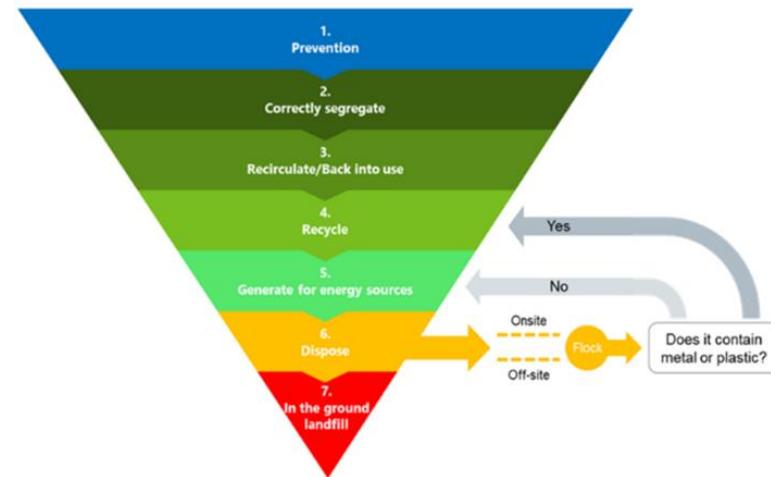
Figure 10: The Waste Hierarchy (adapted for clinical waste)

WHERE WE ARE
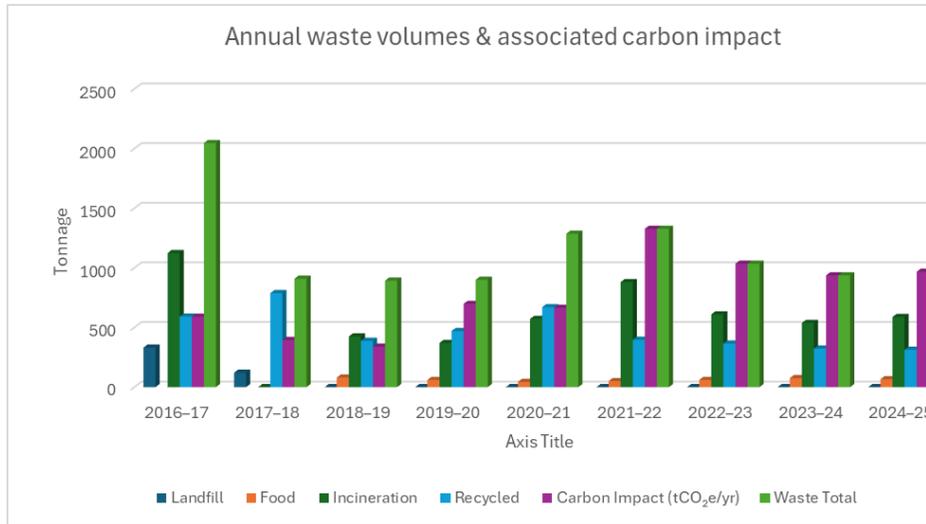
Figure 11: Annual waste volumes & associated carbon impact

Figure 11 shows our annual waste volumes since our baseline year of different waste streams and carbon impact. The chart shows the pattern of waste streams with a removal of landfill disposal from 2018/19. In the years from 2021/2022 the trust has shown a reduction in its annual waste disposal. The highest impact of carbon emissions is our food waste at 1.9.CO_2e per kg which has a very high impact due to methane and embodied emissions with our lowest impact being recycling at 0.05 CO_2e per kg.
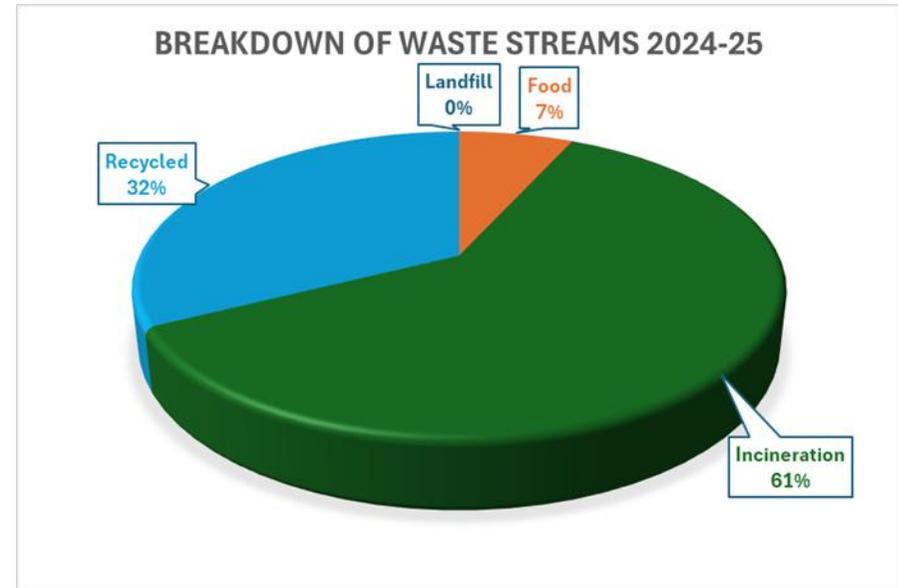
Figure 12: Breakdown of waste streams 2024/25.

Figure 12 shows that, including food sent for anaerobic digestion, we currently recycle 32% of our waste, with 61% being sent for incineration and 0% to landfill.

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 which reduces disposal of existing single-use containers and improves waste segregation with movable bins on trolleys rather than being fixed. 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 six hundred times. Since the trial commenced, we have achieved a 70% phased introductionIn the financial year April 24 to March 25, we have seen;

- an estimated avoidance of 99.05 tonnes of CO2 emissions

- 8,325 sharps contained diverted from incineration
- An avoided of 16.06 tonnes of plastic from manufacturing.

In addition to this, we have an exemplary recycling segregation system which means we separate streams on site for cardboard, metal, food, electronics, glass, and wood. 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 to improve our use of resources and reduce carbon impact. To proactively work to reduce harmful emissions, improving local air quality and achieve the 2045 net zero carbon target. Key activities to achieve a 50% reduction in the carbon emissions produced from waste management by **2026** and an 80% reduction by **2028-32.**

WHAT WE HAVE ACHIEVED 2022 -2025

1. **Waste reduction**. Implemented 70% of biosystems (reusable sharps bins) at the Trust.
2. **Tiger waste stream**. Offensive (tiger) waste stream is now providing waste to energy.
3. **Segregation**. Improved waste segregation in line with NHSe clinical waste strategy targets.
4. **Recycling**. Approximately 6 tonnes of cardboard waste is recycled monthly undertaken by in house waste team by baling and then put back into circular economy.
5. **Recycling**. We continue to recycle metal, food, electronics, glass and wood and seen increased activity.
6. **Recycling**. Introduced recycled coffee granules from our on-site coffee shops as compost for our trust gardens.
7. **Waste reduction**. Introduced glove off campaign to reduce single use plastics.

8. **Metal recycling.** Introduced metal bins for the recycling of clinical instruments used within our dermatology department. These products are disinfected and recycled, reducing waste generation, lower disposal costs and reducing carbon impact.

HOW WE PLAN TO IMPROVE

1. **Biosystems**. To continue to rollout Biosystems reusable sharps bins and pharmaceuticals more extensively.
2. **Circular Systems**. Continue to minimise waste through circularity - where reusable, remanufactured or recycled solutions.
3. **Education**. Continue to educate clinical teams through regular departmental, ward audits to encourage the correct segregation of waste.
4. **Innovation**. Continue to support innovative initiatives Trustwide to reduce the use of single use plastics entering waste streams.
5. **Clinical Waste Strategy.** In line with the 2023 NHS clinical waste strategy in waste management practices, strive and continue to, reduce waste and improve compliance to lower waste volumes, encourage the use of innovation to increase NHS waste management resilience, improve data use to help guide decision making, improve staff engagement and training to improve compliance and seek out carbon reduction opportunities

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 considerable proportion our overall utilities bill. Compared with other utilities, water does not have a significant 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 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. From 2020 to 2025 we have seen a gradual marked increase in water consumption on the acute site.

Water Consumption and Carbon Impact - 2024-25

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Acute (m3)	123638	108270	125476	97606	143653	131384	160471	182432	194676
Community (m3)	18996	25284	49487	27898	18875	29370	26861	22006	21212
Total Carbon Impact (tCO2e)	150	140	184	132	171	169	178	194	205
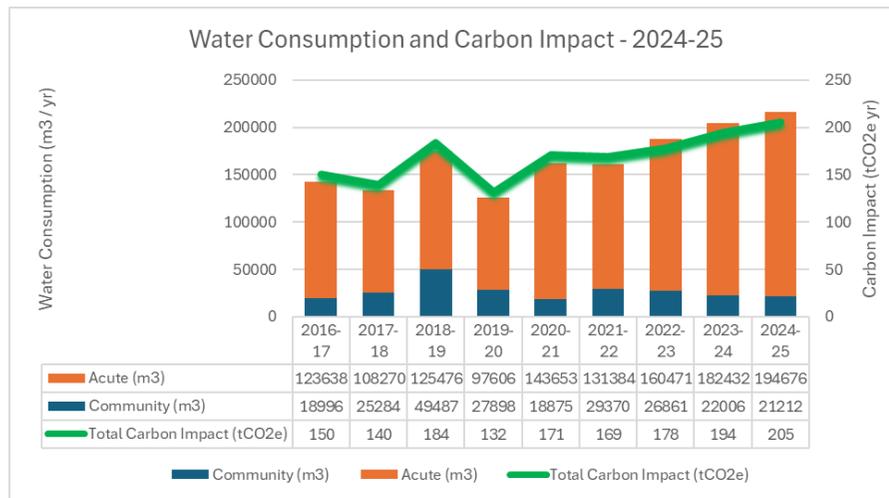
Figure 13: Our annual water consumption

Our water consumption is primarily driven by an identified leaks at the main hospital due to the aged estate with a marked increase up to 2024/25. 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, in addition our water safety procedures are more robust in its process with flushing regimes.

WHERE DO WE WANT TO BE

Our aim is to ensure that we use this valuable resource effectively and efficiently by minimising waste.

We have engaged with water management company Advanced Demand Side Management (ADSM) with a 5-year term to utilise their AquafundTM programme.

Through AquafundTM we are looking at ways to improve water management and reduce consumption on a permanent and sustainable basis.

Preventing us from achieving our aim is our aged infrastructure, and our restricted ability to locate leaks promptly. Improving our coverage of AMR's will reduce the time in locating water leaks.

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 assist in identifying leaks quickly, reducing water waste, and thus, costs, it is expensive to install. Using the Aquafund™ National Grant the Trust would benefit from (ADSM) installing these meters, funded through the grant and repaid though the savings achieved. 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, aiding our ability, (ADSM) will also assist in managing this. Educating our staff and the patients can also help reduce the overall water consumption; through provision the correct training and awareness programmes, costs and our overall carbon impact can be kept to a minimum.

WHAT WE HAVE ACHIEVED 2022 -2025

1. Engaged water management company (ADSM) 5-year term to utilise their AquafundTM programme.

2.   Introduction of Automatic Meter Readings (AMR).
3.   Leak prevention strategies.
4.   Improved infrastructure. Pipe replacement programme scheme.

HOW WE PLAN TO IMPROVE

1. **AMR**. Continue to review opportunities to deploy AMR technology and decide whether they are a cost-effective option to drive down water consumption.

2. **Training and Education**. Undertake staff training and increase patient awareness of sustainable water management.

3. **Leak Detection**. Improve and progress with prevention strategies.

4. **Management systems.** Improve system collaborations.

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 with defined travel measures 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 reduces carbon emissions from their journeys to and from work, while also reducing pressure on our limited car parking provision. We will be focusing on active travel, public transport, and zero-emission vehicles, and have a clear understanding of staff commuting. We review and update our green travel plan and sustainable travel measures regularly in line with the NHS net zero travel and transport strategy.
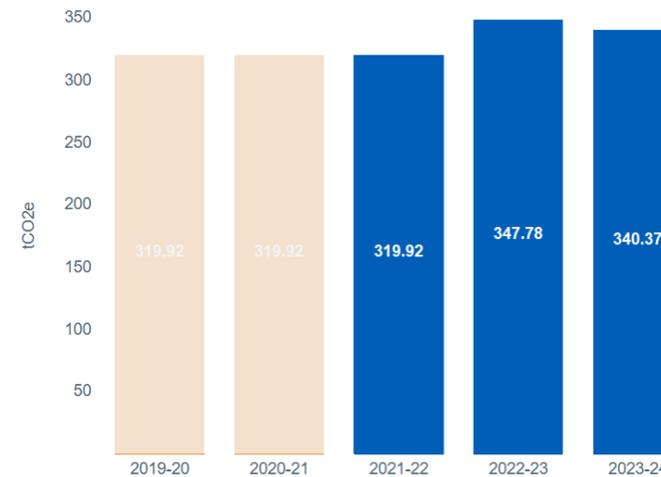
Figure 14: Total fleet emissions.

Sustainable and active travel has been encouraged by deployment of a few 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 collaborate 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.
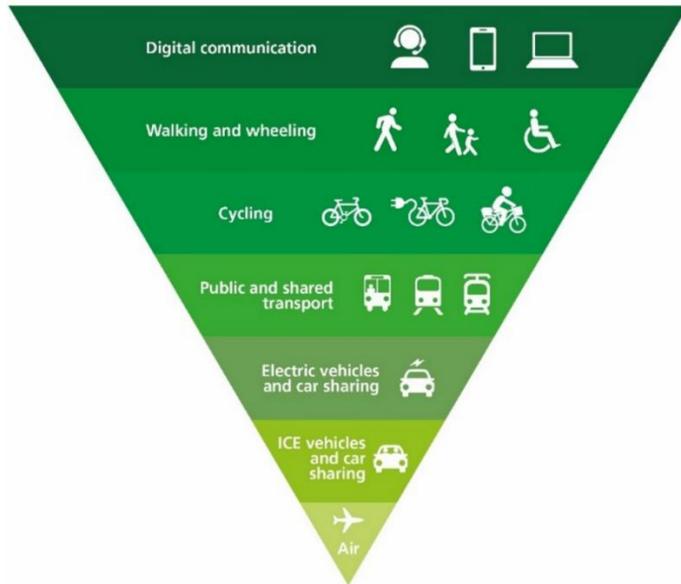
Figure 15: Sustainable travel hierarchy.

WHERE DO WE WANT TO BE

We recognise that to fully meet the expectations of our patients, staff, and visitors we need to improve sustainable travel options to our site encouraging the use of public transport and other options such as cycling.

We also respect that we serve a rurally dispersed community where personal vehicular access is sometimes the only way to access our services.

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.

The NHS Net zero travel and transport strategy outlines a roadmap to decarbonise NHS travel and transport, while also providing cost-saving and health benefits.
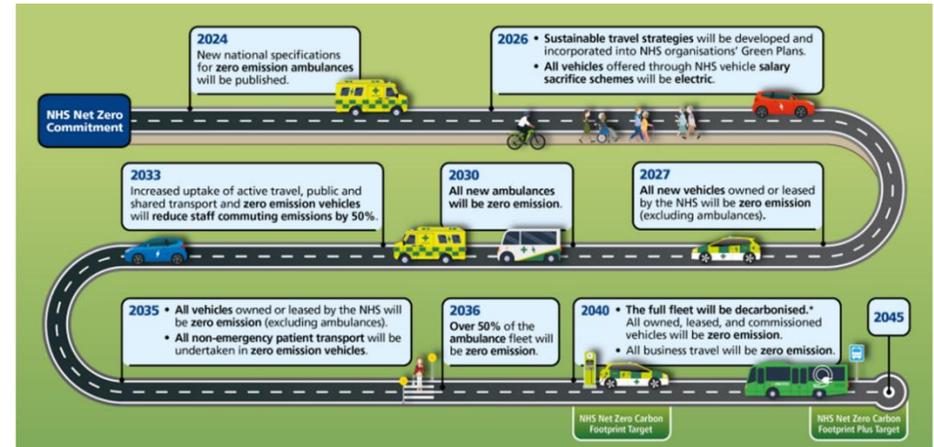
Figure 16: Travel & Transport strategy roadmap.

WHAT WE HAVE ACHIEVED 2022 -2025

1. **Fleet EV.** IT team purchased three electric vehicles for fleet.
2. **Fleet EV**. Transport team purchased two electric vehicles for couriers.
3. **EV Charging points**. Installed three dual use electric charging points.
4. **PTPs.** Introduced personal travel plans available for all staff.
5. **Events**. Introduced regular sustainable travel events.
6. **E. Bike Scheme**. Implemented a free e. bike loan scheme for staff.
7. **Data Mapping**. Introduced annual data mapping of staff locations to support sustainable travel options, influencing public transport providers to provide additional transport routes to hospital sites.
8. **Staff Travel Surveys**. Introduced annual staff travel surveys providing an understanding of staff travel modes to work and support additional sustainable travel modes.

9. **Introduced ACEL Rating**. On an annual basis we record the average commuter emissions of our staff. This rating is the only standardised methodology for benchmarking and comparing commuter emissions. This rating system empowers the Trust to understand, benchmark and improve their commuting emissions.
10. **Bike Shelters.** Additional bike shelters have been installed on the Torbay hospital site.

HOW WE PLAN TO IMPROVE

1. **Fleet Vehicles**. To transition courier vans, to zero emission vehicles: target date 2027 for new vehicles and all vehicles owned or leased by 2035.
2. **Pool Vehicles**. To transition fleet to zero emission vehicles: target date 2027 for new vehicles and all vehicles owned or leased by 2035.
3. **Patient Transport Fleet**. To investigate solutions in line with technology. Review in line with the current lease agreement arrangements with any new ambulances to be zero emissions by 2035.
4. **Pharmacy Home Delivery Fleet**. To transfer to zero emission vehicles: target date 2027 for new vehicles and all vehicles owned or leased by 2035.
5. **Salary Sacrifice Scheme**. Offer only zero-emission vehicles through vehicle salary sacrifice schemes from December 2025 onwards (for new lease agreements)
6. **Metrics.** To introduce metrics to track progress of, total fleet and grey emissions, % of owned and leased fleet that is ultra-low emission vehicle (ULEV), or zero-emission vehicle (ZEV) and salary sacrifice travel schemes.
7. **Drive/Car Share**. To accelerate staff car sharing to introduce a dedicated car share platform to encourage and reduce single mode occupancy car journeys to work.
8. **Electrical Infrastructure**. To increase electrical capacity to sites to support transition to electric vehicle fleet.

9. **Dedicated shower facilities**. To introduce dedicated shower facilities to encourage and support sustainable and active travel for staff.
10. **Existing green travel plan**. To incorporate this plan as an annex document within this green plan.
11. **Public transport**. To collaborate with public transport providers to influence additional bus routes support sustainable travel for patient, visitors, and staff.
12. **Patient and visitor travel surveys.** To undertake these surveys to understand travel patterns to support sustainable travel.

5.4 MEDICINES - ANAESTHETIC GASES AND METERED-DOSE INHALERS

Medicines account for around 25% of NHS emissions. A few medicines account for a substantial portion of these emissions, for example, anaesthetic gases (2% of NHS emissions) and inhalers (3%).

Inhaled anaesthetic agents, including volatiles - used for anaesthesia in theatres - and Nitrous Oxide (N_2O) & Entonox (50% O_2/50% N_2O) - 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, shows that they make-up 7% of 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.
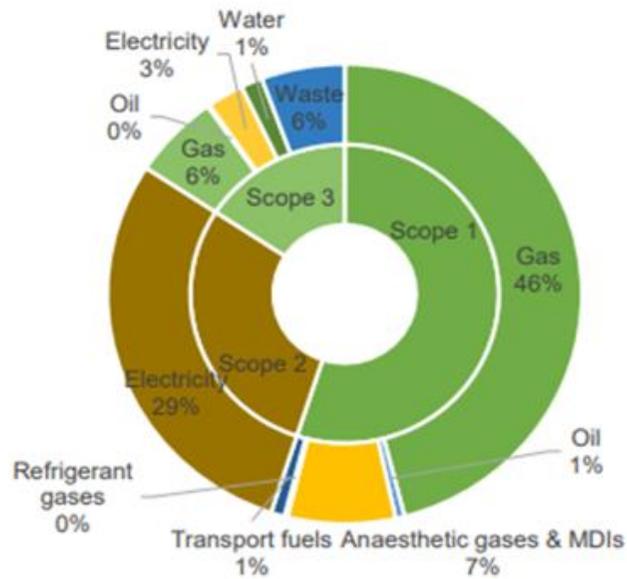
Figure 17 Our Carbon Footprint breakdown
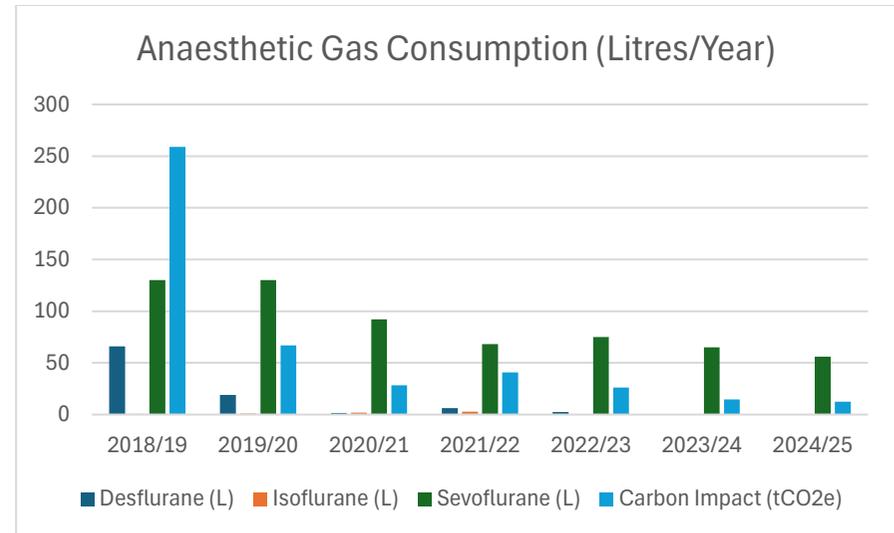
Figure 18: Volatiles use and associated carbon impact.

Figure 18 shows how volatiles use has reduced over a six-year period, with a desflurane (the most detrimental gas used in theatres) having been eradicated. The result of this has been a significant reduction in carbon emissions which 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.

....

WHAT WE HAVE ACHIEVED 2022 -2025

1. **Medical Gases.** Desflurane eradicated.

HOW WE PLAN TO IMPROVE

Our plans to further mitigate volatiles impact include;

1. **Anaesthesia.** Encourage use of regional/neuraxial anaesthesia in an increased % of cases, plan to look at new patient pathways using neuraxial techniques in place of general anaesthesia and to measure the carbon footprint of each pathway.
2. **Alternative Anaesthetics**. Review potential to use intravenous anaesthetic alternatives e.g. remifentanil.
3. **Gas Capture.** Evaluate cost and carbon reduction benefits of exhaled gas capture/treatment technologies.
4. **Drug Waste and Processes.** As high users of intravenous anaesthetic alternatives e.g. Propofol/remifentanil we will need to audit our drug waste and then institute measures to reduce this.
5. **Funding Streams**. Continue to look at grants for funding volatile gas capture in our 'high volatile use' theatres, this will mean a high return on investment.

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 N_2O. Figure 19 shows the breakdown of volume (litres) of nitrous oxide, and we can see a downward trend since mid-year 2022/23 in manifold usage indicating a reduction in waste of the carbon emissions of inhaled agents used. This reduction has been actualised due to our decommissioning action plans to cap off

pipework leg supplies. On, this basis, reduction of N_2O use must be the priority for us going forward. Our priority for reducing the impact of N_2O/Entonox use must be to identify where wastage is occurring within our system and reduce the reduce nitrous oxide waste from medical gas pipeline systems. This will involve collaborative working between clinical leads, estates teams and the medical gases committee we are currently at a stage where the completion of. 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 N_2O/Entonox can be limited or eliminated.

Volume (litres) of nitrous oxide
Litres of nitrous oxide procured to trusts, split into manifold and portable cylinders. A downward trend in manifold cylinders is likely to indicate a reduction in waste. Bars show the total of the lines selected on the dropdown above.
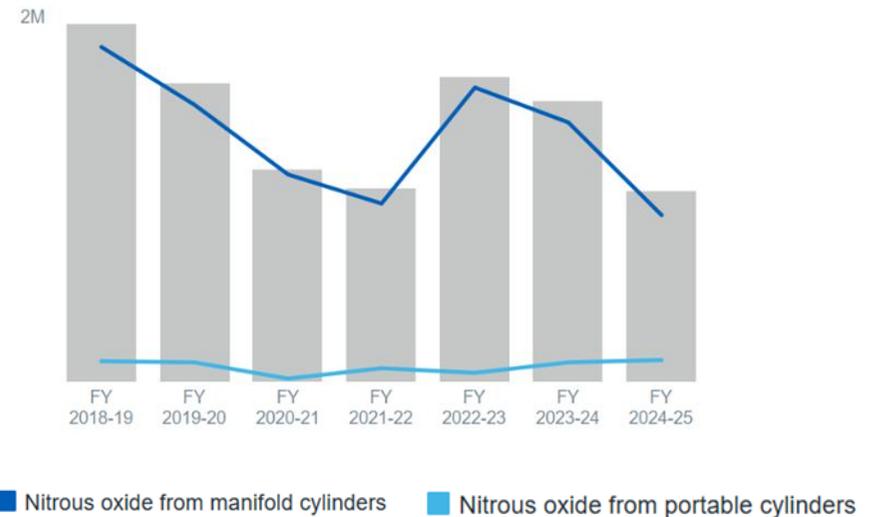

■ Nitrous oxide from manifold cylinders   ■ Nitrous oxide from portable cylinders

Figure19: Breakdown of volume (litres) of nitrous oxide

WHAT WE HAVE ACHIEVED 2022 -2025

1. Programme of works implemented with end of July 2025 date for manifold supply to be capped off.
2. Decommissioning of all nitrous oxide outlets in all the anaesthetic rooms and theatres (and any other places where anaesthesia is delivered in the hospital) current plan in progress; timeline, pipework legs will be capped off by the end of May 2025. AVSU valves to be shut off by end June 2025. Manifold supply capped off by end of July 2025. Work confirmed as completed.

HOW WE PLAN TO IMPROVE

1. Review options for portable delivery systems for entonox.
2. Conduct Entonox waste review by evaluating consumption in maternity against benchmarks and producing plans for reduction.

5.4.3 METERED DOSE INHALERS (MDIS)

Pressurised metered dose inhalers (pMDIs) prescribed within the National Health Service (NHS) contribute approximately 3% of all greenhouse gas emissions generated by the healthcare system. These inhalers contain hydrofluorocarbon (HFC) gases that are used as propellants to deliver medicine to a patients' lungs; the propellants that are used are potent greenhouse gases with a global warming effect.

pMDI use in England is responsible for nearly one million tonnes of CO2 equivalent per year.

Salbutamol MDI, a short acting reliever inhaler, has been identified as the largest single source of carbon emissions from NHS medicines prescribing. In December 2023, a total of 50,795 salbutamol MDI inhalers prescribed across Devon, and an additional 66,164 non-salbutamol MDI inhalers were prescribed across Devon.

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.

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

Torbay and South Devon NHS Foundation Trust as local prescribers work in collaboration with other Trusts in Devon to form The Devon Formulary which promotes safe, effective, and economic prescribing across primary and secondary care in Devon. It provides clinical guidance on the management of a wide variety of common conditions, including locally recommended drug choices and extensive information regarding the carbon impact.

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 continue to collaborate with clinicians as part of our 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.

To support high-quality, lower-carbon respiratory care in secondary care, including supporting patients to choose the most appropriate inhaler(s) in alignment with clinical guidelines.

Procurement, prescribing, dispensing and collection of medicines all have an environmental impact. If these medicines are subsequently not used – the environmental impact could be avoided.

WHAT WE HAVE ACHIEVED 2022 -2025

1. **Guidance**. Each available inhaler is listed quoting the annual carbon impact to support prescribers and members of the respiratory team.
2. **Transition Strategy**. Working in conjunction with the Devon formulary continue make decisions which take carbon impact into consideration.
3. **Safe Disposal.** Used pMDI canisters still contain propellants; all used pMDI canisters returned to pharmacy to dispose of in an environmentally safe way.
4. **Prescription waste**. We have put in place processes within the Trust to help ensure that we do not supply medicines that are not required by the patient.

HOW WE PLAN TO IMPROVE

1. Continue to develop transition strategies to increase the use of lower carbon alternatives to pMDIs.
2. To continue to choose the most appropriate inhaler(s) in alignment with clinical guidelines considering the environmental impact of inhalers
3. Continue to undertake technique checks with patients and promote the appropriate disposal of inhalers
4. To continue build on progress reducing point of use emissions while improving patient care and reducing waste.

5. Environmental Impact of prescription waste. To continue to deliver schemes which focus on only supplying medicines that patients are going to take.

5.5 WORKFORCE AND SYSTEM LEADERSHIP

WHERE WE ARE

We have appointed the Deputy Chief Executive/Chief Operating Officer to take the role of senior responsible officer to oversee net zero carbon reduction and its operational support, workforce capacity and skill requirements for the delivery of the green plan.

We will promote, and consider setting uptake targets for, core training offers set out on the Greener NHS Training Hub and promote specialist training for staff groups who underpin the delivery of green plans, such as board members, procurement, finance, estates and facilities staff and clinicians.

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.

There has been a clear benefit to both the environment and our staff from travelling less. With this in mind, and through staff engagement, we will be optimising hybrid working across our community estate. This will enable staff to make shorter journeys reducing carbon emissions and, in some cases, offer walking or cycling opportunities, while working in an office setting with other staff colleagues.

As a Trust we need to assess our workforce capacity and skill requirements for delivering the green plan, considering good practice examples such as hybrid roles, apprenticeships, fellowships, and NHS estates sustainability career pathways. We need to support our staff and leaders to learn, innovate and embed sustainability into everyday actions.

WHAT WE HAVE ACHIEVED TO DATE

1. **Established Groups**. Creation of our Sustainability and Wellbeing Group (SWG) and department sustainability subgroups.
2. **Carbon Literacy Training**. Delivery of training to Estates and Facilities core staff and other core staff groups.

HOW WE PLAN TO IMPROVE

1. **Communications Plan.** Communicate our Green Plan all our teams and encourage feedback and engagement.
2. **Integrate**. To support Trust staff and leaders to learn, innovate and embed sustainability into everyday actions.

3. **Training.** To continue to promote training opportunities via the Greener NHS Training Hub for varying staff groups who underpin the delivery of green plans, such as board members, procurement, finance, estates and facilities staff and clinicians.
4. **Training.** To continue to embed internal sustainability training for staff from induction to essential to role and to mandatory
5. **Promotion.** To promote and consider setting targets for core training offers set out on the Greener NHS Training Hub.

5.6 DIGITAL TRANSFORMATION

WHERE WE ARE

Digital transformation of health and care, and the success of our new hospital redevelopment 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 continue to work toward the delivery of (EPR) Electronic Patient Records a new One Devon electronic patient record in 2026.

WHERE DO WE WANT TO BE

Our key objectives are to maximise the benefits of digital transformation to reduce emissions and improve patient care, by reducing the use of paper and providing virtual pathways where clinically appropriate. To deliver digital assets and services which are carbon-efficient and support the net zero carbon agenda whilst ensuring digital inclusion for all our communities. We intend for our future digital systems to meet national standards in relation to the environment and net zero carbon. Our transformation programme will demonstrate how digital innovation can be a primary enabler of sustainability goals, including:

- reducing requirement to travel through expanded virtual care pathways, driving measurable emissions reductions in patient and staff travel

- eliminating paper-based processes through full EPR implementation
- optimising resource utilisation through AI and digital twin technologies
- embedding circular economy principles in all digital procurement and asset management
- ensuring digital inclusion strategies leave no patient or staff member behind in our digital transformation

WHAT WE HAVE ACHIEVED TO DATE

1. **Virtual printing** follow on printing, eliminates automatic printing, higher specification and capacity printers reduces number of printers required
2. **Recycled copier paper** the introduction of highly recycled paper use.
3. **IT Fleet** the whole fleet transitioned to Electric vehicles. Electric Charging stations introduced.
4. **IT Equipment Refresh** undertaken every 4 years to ensure not running energy inefficient equipment
5. **WEEE Waste Strategy** sustainable disposal of IT equipment, reconditioned for re-use, deployed via third party, extending life of equipment
6. **Digital Supplier Data Centre** tender completed for the consolidation of data or new data centres to minimise electricity demand

HOW WE PLAN TO IMPROVE

We are looking to drive improvements through the following activities;
1. Continue to encourage the use of video conferencing options for meetings between teams at different sites, with remote contractors and with patients, where appropriate, establishing targets for virtual delivery of routine follow-up appointments across suitable specialties.
2. Continue with circular approach to IT hardware management, with re-use as a priority and WEEE recycling as a fall back.
3. Continue with equipment refresh which include longer device lifetimes and energy efficient equipment.
4. Consider pc power down software options.

5. To continue to promote staff agile/homeworking and hot desks to reduce journeys to and from work reducing carbon emissions and energy usage.
6. To continue with tender to progress with the consolidation and relocation of data and data systems providing high efficiency equipment and resilient storage facilities. New data centre designed for maximum efficiency using renewable energy and smart systems minimising electricity demand. To benchmark energy savings realised with change to new data centre.
7. To continue to progress to improve virtual pathways, clinics, attend anywhere.
8. To continue to work toward the delivery of (EPR) Electronic Patient Records a new One Devon electronic patient record in 2026. The One Devon EPR will enable us to improve the way we use and share patient information. The requesting of paper notes will reduce significantly as the patient record will be accessed digitally as the programme is fully embedded and more records are digitised contributing to a more efficient and sustainable way of working.
9. To undertake digital maturity assessment to consider opportunities and to continue to embed sustainability in digital services.
10. Where possible, embed NHS Net Zero Supplier Roadmap requirements in all digital procurement exercises, including mandatory carbon reduction plans and sustainability weighting in tender evaluations for all major digital purchases.
11. Establish community digital champions network and partner with local organisations to provide digital skills training, ensuring 90% of patients can confidently access basic digital health services by 2027, with alternative pathways for digitally excluded groups.
12. Use the Digital Futures Hub to develop AI-powered energy optimisation systems, smart building IoT sensors for environmental monitoring, and digital twin technology for space utilisation and carbon footprint reduction.
13. Integrate digital solutions into clinical pathways specifically targeting carbon reduction, including remote monitoring programmes to reduce

hospital visits, AI-assisted diagnostics to minimise repeat appointments, and digital therapeutics for chronic disease management.

6. NHS CARBON FOOTPRINT PLUS
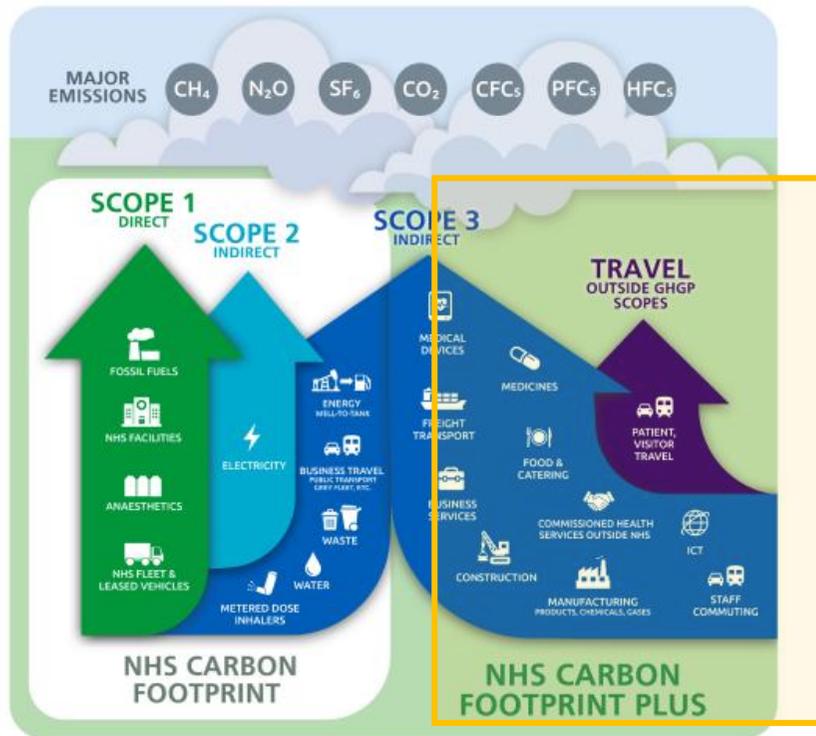
Figure 20: GHG emissions scope - NHS Carbon Footprint Plus

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

Figure 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 like 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.
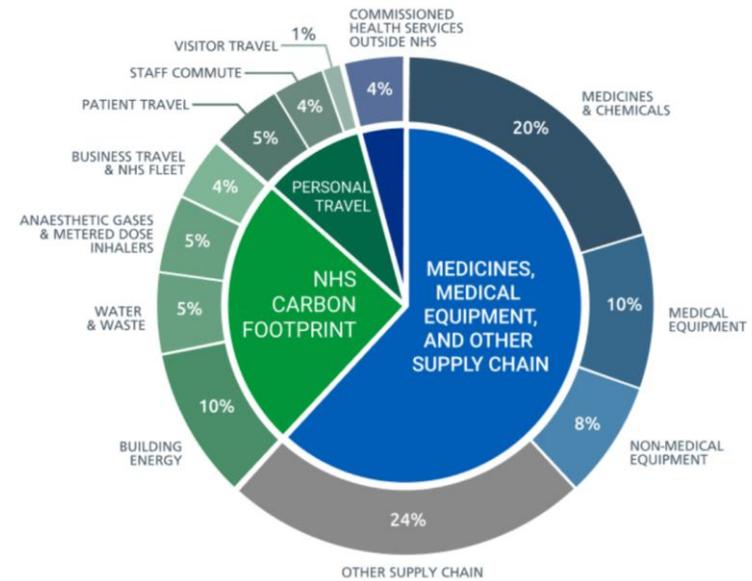
Figure 21: NHS average emissions breakdown by source.

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

Figure 22 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**
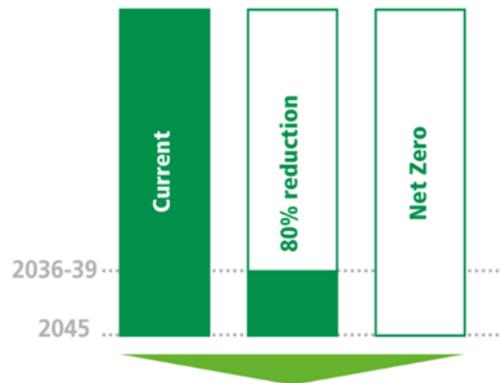
Figure 22: NHS Carbon Footprint Plus reduction targets.

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.

WHERE DO WE WANT TO BE

We recognise that before we can 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

	Ambulance	Community	Mental Health	Acute	Primary Care	Non-clinical support activities
NHS CARBON FOOTPRINT						
Building Energy	·	●	●	●	●	·
Waste		·	·	●	·	·
Water		·	·	●	·	·
Anaesthetic gases	●		·	●		
Metered Dose Inhalers			·	●	●	
Business Travel & NHS Fleet	●	●	·	●	●	·
MEDICINES, MEDICAL EQUIPMENT AND OTHER SUPPLY CHAIN						
Medicines & Chemicals		·	·	●	●	·
Medical Equipment		·	·	●	●	·
Non-Medical Equipment		·	·	●	·	·
Business Services		·	·	●	●	·
Construction & Freight		·	·	●	●	·
Food & Catering		·	·	●	●	·
PERSONAL TRAVEL						
Patient & Visitor Travel		·	·	●	●	
Staff Commuting		·	·	●	●	·
Commissioned Health Services Outside NHS		·	·	●		●

Figure 23: Emissions sources by activity type and care setting (Greener NHS, 2020)

WHAT WE HAVE ACHIEVED TO DATE

1. **All tendered contracts**. To now include a minimum 10% social value criteria from the Social Value Model and includes sustainability and carbon reduction criteria where appropriate.
2. **All tendered contracts**. Above relevant threshold contracts are required to meet the Carbon Reduction Plan provisions and proportionate Net Zero Commitment as detailed in the NHS net zero supplier roadmap .
3. **Single Use Plastics**. The Trust have introduced schemes such as, Reusable sharps bin's, Gloves off campaign, keep me cups enabling single use plastic reductions from our supply chain.

4. **Contract Renewal**. Elis our laundry contract provider has made the 2045 net zero commitment and joined the NHS Net Zero International Leadership Group.
5. **Training.** In Support of the Net Zero targets the procurement senior leadership team have all undergone Carbon Literacy training through The Carbon Literacy Project.
6. **Devon wide Finance and Procurement**. The Trust has committed to a Devon wide Finance and Procurement solution supported by NHS SBS (Shared Business Services) from April 2026. NHS SBS has made the commitment to be net zero from 2040 with a plan to achieve a 90% emission reduction and 10% offset. The Trusts in Devon will work together on a shared procurement policy and strategy in line with the NHS Net Zero ambitions.
7. **New Contract**. A new Devon wide sandwiches contract with local supplier Tamar Fresh, a supplier currently ahead of its committed path to net zero by 2050. The new contract includes a commitment to investment in a 'One Devon' sustainable, easily accessible, sandwich packaging, produced and supplied in a certified carbon neutral production facility based in Plymouth, including biodegradable sandwich window that is fully recyclable.
8. **New Contract**. Contracts signed to move Trust's data centres to the Crown Hosted Ark Centres that prioritize environmental sustainability and efficiency utilizing green sourced electricity and achieving prominent levels of water savings compared to UK averages, emphasizing energy-efficient cooling technologies and compliance with relevant environmental standards.

HOW WE PLAN TO IMPROVE

1. To 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.

3. NHS Net Zero Supplier Roadmap. To undertake steps to ensure suppliers follow and align with the NHS net zero ambition between now and 2030.
4. From April 2026 the Net Zero Commitment requirement will be extended to all relevant contracts.
5. To encourage suppliers to go beyond minimum requirements and engage with the Evergreen Sustainable Supplier Assessment to support a single conversation between the NHS and its suppliers on sustainability priorities.
6. To continue to reduce reliance on single-use products, considering how to safely build this work into clinical improvement projects.
7. To reduce reliance on single-use products, considering how to safely build this work into clinical improvement projects
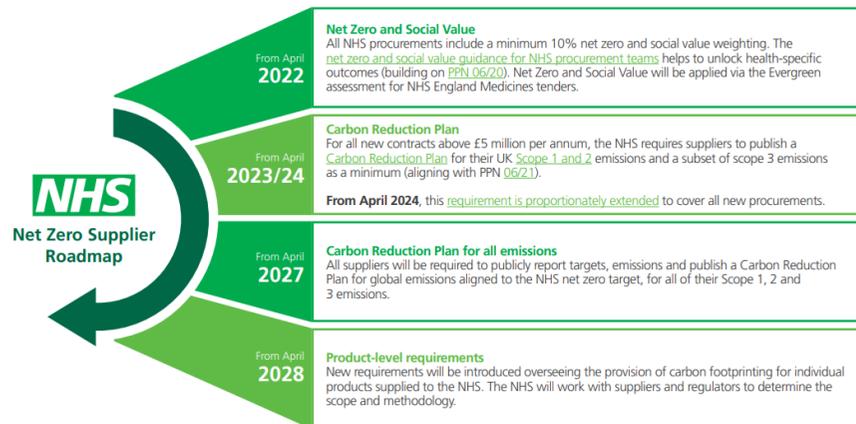
6.3 CAPITAL PROJECTS

WHERE WE ARE

The NHS aims to become the world's first net zero national health service. TSDFT is committed to aligning with this ambition by addressing both embodied and operational carbon across its estate.

To date, the Trust has made progress in embedding sustainability into the design of new developments, such as the appointment of a global healthcare architectural practice to lead the Building a Brighter Future programme. This team is actively assessing the embodied carbon impact of concept designs for future hospital buildings. Early efforts also include raising awareness within the capital team and referencing the NHS Net Zero Building standards in project planning.

However, achieving Net Zero requires a much broader view that extends beyond construction materials. The current estate relies heavily on legacy systems, including fossil fuel-based heating infrastructure, ageing electrical networks, and inadequate energy distribution systems. The existing electrical load capacity (3.9 MVA) is already under strain and building energy systems remain fragmented and carbon intensive. The infrastructure does not yet support the long-term electrification required for a Net Zero healthcare model.

NHS Net Zero Supplier Roadmap

From April 2022 — Net Zero and Social Value
All NHS procurements include a minimum 10% net zero and social value weighting. The net zero and social value guidance for NHS procurement teams helps to unlock health-specific outcomes (building on PPN 06/20). Net Zero and Social Value will be applied via the Evergreen assessment for NHS England Medicines tenders.

From April 2023/24 — Carbon Reduction Plan
For all new contracts above £5 million per annum, the NHS requires suppliers to publish a Carbon Reduction Plan for their UK Scope 1 and 2 emissions and a subset of scope 3 emissions as a minimum (aligning with PPN 06/21).
From April 2024, this requirement is proportionately extended to cover all new procurements.

From April 2027 — Carbon Reduction Plan for all emissions
All suppliers will be required to publicly report targets, emissions and publish a Carbon Reduction Plan for global emissions aligned to the NHS net zero target, for all of their Scope 1, 2 and 3 emissions.

From April 2028 — Product-level requirements
New requirements will be introduced overseeing the provision of carbon footprinting for individual products supplied to the NHS. The NHS will work with suppliers and regulators to determine the scope and methodology.

Figure 24: Net zero supplier roadmap

Figure 25: Embodied carbon of buildings - mitigation hierarchy.

WHERE DO WE WANT TO BE

To support the NHS Carbon Footprint targets—net zero by 2040 (direct) and 2045 (indirect)—the Trust must transition to a fully electric, low-carbon estate supported by smart, resilient infrastructure and improved building performance.
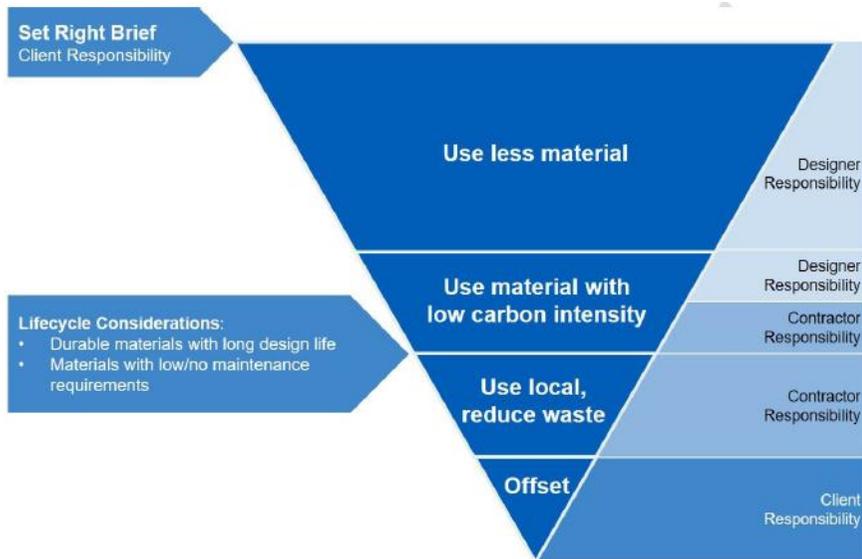
By 2035, TSDFT aims to:

- Fully electrify the site's heating, hot water, and operational energy systems.
- Replace existing gas-fired and steam-based systems with decentralised heat pumps and electric generation.
- Upgrade building fabric performance (insulation, high-performance glazing) to reduce energy demand and support heat retention.
- Expand electrical network capacity to a predicted 7.2 MVA load to support electrification and growing digital integration.

- Integrate resilient, low-carbon utilities infrastructure across both clinical and support services to ensure compliance with NHS Net Zero objectives and mitigate climate-related risks.

WHAT WE HAVE ACHIEVED TO DATE

1. **High Volatility (HV) strategy** developed, and a 5-year programme of work has commenced to fulfil the forecast net zero capacity requirements.
2. **New buildings** being delivered embracing modern methods of construction with all electric solutions using renewable energy solutions.
3. **Building management systems** being delivered on all new infrastructure replacements to improve efficiencies.

HOW WE PLAN TO IMPROVE

To achieve these goals, the Trust will adopt a phased, system-wide infrastructure transformation programme that aligns with clinical, operational, and sustainability priorities. Key actions include:

Energy Infrastructure Upgrades

- Substation upgrades to increase current load capacity and support increased electrification.
- Installation of new substations and reinforcement of the high-voltage (HV) network across both North and South sites.
- Replacement of centralised boilers with decentralised ground-source heat pumps and electrical steam generation units.

Building Performance Enhancements

- Improve energy efficiency of retained estate through targeted fabric improvements, including insulation and high-efficiency windows and cladding.
- Ensure all refurbishment and new build projects comply with the latest NHS Net Zero Building Standards.

Operational Integration and Governance

- Embed Net Zero and infrastructure resilience as core criteria in capital investment business cases.
- Continue engaging external sustainability and technical advisors to inform system design and delivery.
- Monitor electrical and environmental performance across the estate, using data to inform phased investment planning.

By addressing both embodied and operational carbon, and modernising energy infrastructure in parallel with estate redevelopment, TSDFT will move confidently toward its Net Zero goals, while improving system resilience, operational efficiency, and patient safety.

6.4 FOOD AND NUTRITION

We are committed to reducing the carbon impact of our food offer to patients, staff and visitors and continue to implement the national standards for healthcare food and drink delivering high quality, healthy and sustainable food and minimise waste.

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 twelve 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 sixty-six tonnes of food waste last financial year 2024/25, this is a significant improvement from seventy-six tonnes in the previous reporting period 2023/24.

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 the next three years. We must continue with good practices we have already adopted such as;

- sourcing fruit and vegetables from a large variety of over sixty 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
- using fresh fish sourced from suppliers certified with the Marine Stewardship Council (MSC)
- making menus healthier and lower carbon, providing seasonal menus high in fruit and vegetables and low in heavily processed foods

WHAT WE HAVE ACHIEVED TO DATE

1. **Removed single use cups from Bayview Restaurant:** On 01st November 2023, re-usable cups were established in the restaurant preventing 35,000 single use cups going to landfill each year.
2. **Single use plates, cups and cutlery removed from wards:** Apart from a few critical areas, disposable items have been replaced with reusables. This has further reduced waste, reduced the environmental impact, reduced spending, and lowered our carbon footprint.
3. **Reduced our supply base to only use reputable vendors:** Using reputable vendors helps to meet our social and environmental responsibility. For example, reputable vendors will share their green plans outlining human rights protection through supply, environmental sustainability, reduced waste, and resource efficiency.
4. **Reduced deliveries on site by consolidating suppliers and capping deliveries:** A further benefit of reputable vendors is the use of modern multi-temperature vehicle fleet. This enables all produce (chilled, frozen, and ambient) to be delivered on one drop. This coupled with a strict delivery schedule reduces on-site congestion and air quality.
5. **Collaborated with key supplier to ensure that our fresh fruit and veg is sourced from local suppliers where possible:** Our fresh fruit and veg, along with our patient sandwiches are supplied by Tamar Fresh. They provide pro produce from local growers and producers.
6. **Patient sandwiches will be in fully sustainable packaging:** Tamar Fresh also provide our patient sandwiches and have committed to introducing 100% sustainable packaging for these products. This includes the clear film on the cardboard sandwich pack. This demonstrates a further benefit of collaborating with reputable suppliers.
7. **Introducing a new catering system including plated meals:** The introduction of the 'CarteChoix' plated meal throughout the bedded wards will result in a significant reduction of food waste. These meals are nutritionally balanced and created using sustainable ingredients. The move from a multi portion service to a single plated meal will minimise unnecessary over ordering by caterers.

8. **Introduced a system of weighing food to reduce waste:** All food waste is now collected and weighed prior to disposal. This enables us to monitor flow and put in measurable mechanisms to further waste from both the wards and the restaurant.
9. **Developed menus that include greater quantities of plant-based elements:** Following engagement with suppliers and staff engagement with industry professionals we have been able to modernise our menus to incorporate a greater level of plant-based produce. This has the benefit of increased health appeal, cost savings, and sustainable raw produce.

10. **Reduction of equipment/freezers in kitchen:** Over the last two years we have gone through a programme of reducing excess refrigeration equipment within the main kitchen. This has resulted in a drop of around 30% with further reductions expected as new processes are introduced. This has resulted in improved energy efficiency within the department.

HOW WE PLAN TO IMPROVE

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

1. To use products with added sustainable palm oil only
2. To further reduce the amount of processed meat offered (currently five types) and replace with fresh meat where possible.
3. To implement further processes and controls to ensure food waste is reduced.
4. To ensure that all takeaway food to be served in recyclable packaging
5. To reduce food waste by the implementation of plated meals – 10% reduction 2026

6. To introduce food waste collections across all wards & set a food waste reduction target.
7. To introduce a 'Boomerang' mechanism for packaging: 'Project Boomerang' is an initiative by Apetito, our patient food supplier. This is a closed loop mechanism where food and specialist diet meal trays are returned to the supplier free of charge, recycled, and put back into circulation. This represents an estimated 1696kg CO2e per year.

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

Enhancing the natural environment on Trust sites and using our significant green footprint to improve conditions for wildlife, and make outdoor space more enjoyable for staff, patients, and the local community remains a priority for the Trust.

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 26: The topography and openness of our acute campus allows for many areas of green space.

Figure 27: Tree planting activity on the Torbay Hospital site

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. We continue on an annual basis our tree planting programme to form hedgerows and increase overall biodiversity.

Both the acute and community sites continue to benefit from biodiversity initiatives including bee and bug hotels; meadows; pollinator patches; bird and bat boxes and sensory walks.

In July 2023, Devon Wildlife Trust undertook a baseline ecological survey of the acute site to establish the work the Trust is required to undertake in order to achieve the prestigious Biodiversity Benchmark, which is a standard that certifies and celebrates the management of landholdings for first NHS Trust in England to attain this standard.

The report recognises and commends the biodiversity initiatives already implemented by the Trust, and has made a series of recommendations for implementation, which would support the Trust's project for the

Biodiversity Benchmark. These recommendations are currently being implemented and will be reviewed at the end of 2025 for potential completion.

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.

WHAT WE HAVE ACHIEVED TO DATE

1. **Staff Plant shop**. The introduction of a plant shop for staff issuing c1500 plants for offices, staff rooms, waiting, reception area enhancing the hospital environment.

2. **Biodiversity Benchmark**. The continuation of standards to enhance environment working towards biodiversity benchmark.

3. **Green Space Enhancements.** New gardens created including sensory planting schemes and rehabilitation wheelchair planters in our acute and within our community settings.

4. **Woodland Trail**. Additional enhancements to improve woodland trail environment including tree, sensory trails, interpretation boards, hibernaculum's, bug, bat and bird boxes and wildflower meadows.

5. **Planting schemes**. Annual tree planting and pollinator patch schemes

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.
3. To continue to work toward the biodiversity benchmark for the Torbay Hospital site

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.

WHAT WE HAVE ACHIEVED TO DATE

1. **Weather Alerts**. Cascade weather health alerts, severe weather warnings, digital messaging across the organisation, in line with the government's Adverse Weather and Health Plan
2. **System wide exercises**. participation in system wide exercises relating to severe adverse weather linked to climate change.
3. **Local resilience forum.** Participation in local resilience forum and local health resilience partnership meetings

HOW WE PLAN TO IMPROVE

1. To produce a CCRA, detailing the risks to our operations associated with climate change, and how they are able to adapt.
2. Climate change adaption planning to be considered as a longer-term impact on an organisation as part of a business continuity policy and plans.
3. To factor in the effects of climate change when making infrastructure decisions and designing new facilities, including enhancements like improved green spaces, drainage systems and passive cooling solutions.

Figure 27: 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 & REPORTING

Our Green Plan will be updated and approved by the Trust Board on an annual basis. At the end of quarter two 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: Adel Jones, Deputy CEO and Chief Operating Officer.

The administration and upkeep of the plan will be the responsibility of the Workplace Director and team with its implementation and development being driven primarily via our Sustainability and Wellbeing Group.

The plan will also require senior leadership and oversight of delivery from a range of functions, which may include:

- chief medical, chief nursing, chief allied health professional officers and chief pharmacists

- directors of estates and facilities

- directors of procurement

- chief information officers

- directors of finance

Trust Board ←→ Net Zero Lead

↑

Building a Brighter Future (BBF) Committee

↑

Executive Committee

↑

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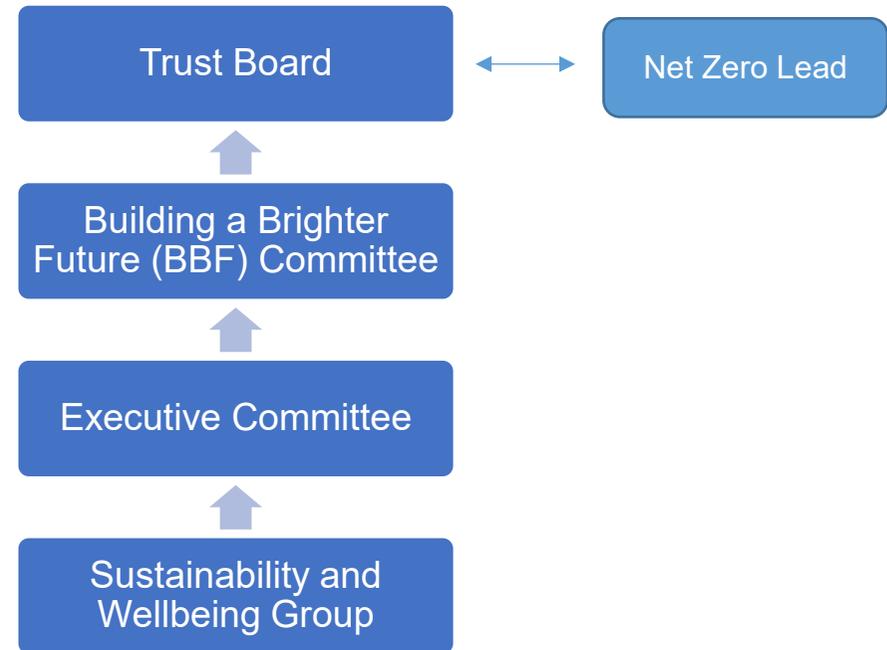
Key elements of our sustainability reporting and the respective timescales are outlined below.

Annual
- **ERIC (Estates Information Return Collection)**
- **Mandatory data collection for all NHS Trusts**
- **Green Plan Review**
  - **Update sustainability KPIs**
  - **Update actions**

Half-year
- **Green Plan Progress update**
- **Summary of KPIs which can be tracked monthly and action progress for H1**

Month
- **Data collection**
  - **Tracking of sustainability KPIs**
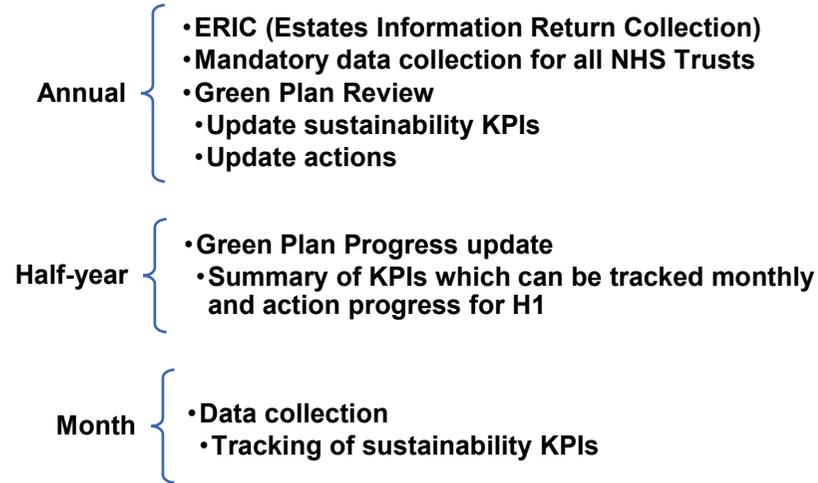
8.2 TRACKING PROGRESS

Our Green Plan updates 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 3.

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	$kgCO_2e/m^2$	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_2e	Total emissions from Trust-controlled activities
NHS Carbon Footprint Plus	tCO_2e	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. m^2 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

KPI	Unit	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Trend
Electricity consumption	kWh/ m^2	136	135	150	153	154	132	132	130	⬇
Gas consumption	kWh/ m^2	233	245	255	289	299	233	258	238	⬇
Carbon from energy	kgCO$_2$e/ m^2	109	102	100	103	101	tbc	tbc	tbc	⬇
Waste production	kg / m^2	18.7	18.4	13.8	20.4	18.6	22.4	16.7	15.5	⬇
Waste recycled	%	28%	40%	50%	41%	39%	32%	20%	19%	⬇
Water impact	Litres/m^2	1,313	1,255	1,651	1,294	1,672	1,427	1,718	1,822	⬆
NHS Carbon Footprint	tCO$_2$e	13,824	12,623	12,322	12,481	10,051	9689	10023	10027	⬇
NHS Carbon Footprint Plus	tCO$_2$e	No data	No data	No data	No data	Pending	tbc	tbc	tbc	N/A
Number of Oil-led heating systems	No	No data	No data	No data	No data	No data	No data	1	1	↔
% of GIA covered by LED lighting	No	No data	No data	No data	No data	No data	No data	31.85%	35.90%	⬇
ERIC Occupied area	m^2	108,664	106,448	105,596	106,537	107,650	107796	109046	112183	⬆

Table 4: Annual sustainability Key Performance Indicator Summary

1.2 APPENDIX B: KEY PERFORMANCE INDICATORS (KPIS) – 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 and site redevelopments
	1.2	Continue to implement actions within our decarbonisation plan
	1.3	Procure certified green electricity backed by REGOs for all our supplies.
	1.4	Continue to collaborate with local authority to develop opportunity for large-scale solar PV farm to be built adjacent to Torbay Hospital for the creation of renewable energy
	1.5	Complete heat decarbonisation plans funded via Low Carbon Skills Fund such as phasing and replacing fossil fuel heating systems with lower carbon alternatives, such as heat pumps or connecting to a heat network system
	1.6	Identify installations in scope of the UK Emissions Trading Scheme and outline plans to reduce emissions in line with allocated targets
Waste	2.1	Rollout Biosystems reusable sharps and pharmaceutical more extensively
	2.2	Investigate options to implement reusable facemasks and PPE
Water	3.1	Continue to 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.
	3.3	Improve and progress leak detection prevention strategies with prevention strategies
	3.4	Improve management system collaborations
Transport & Travel	4.1	Continue to work toward transition of Trust fleet to ultra-low and zero emission vehicles in line with the NHS Net zero travel and transport strategy roadmap. .
	4.2	To only offer only zero-emission vehicles through vehicle salary sacrifice scheme from December 2025 onwards (for new lease agreements)

	4.3	To review and source funding streams for sustainable travel options for staff including a dedicated car sharing application, travel hub including cycle facilities, shelters and shower facilities
	4.4	To collaborate with public transport providers to influence additional or amended bus routes to support sustainable travel to the hospital for patient, visitors, and staff
	4.5	To undertake travel surveys for our patients and visitors to support sustainable travel.
	4.6	To review, update the Trusts Green healthy travel plan and travel measures
Volatile anaesthetic gases	5.1	Encourage use of regional/neuraxial anaesthesia in an increased % of cases, plan to look at new patient pathways using neuraxial techniques in place of general anaesthesia and to measure the carbon footprint of each pathway
	5.2	To put in processes to audit our drug waste and then institute measures to reduce this
	5.3	Undertake a review for the use intravenous anaesthetic alternatives e.g. remifentanil
	5.4	Source funding streams such as grants to use exhaled gas capture/treatment technologies volatile gas capture in our 'high volatile use' theatres
N_2O & Entonox	6.1	Conduct Entonox waste review by evaluating consumption in maternity against benchmarks and producing plans for reduction
	6.2	Review options for portable delivery systems for Entonox
MDIs	7.1	Develop transition strategy to increase the use of lower carbon alternatives to pMDIs and to choose the most appropriate inhaler(s) in alignment with clinical guidelines considering the environmental impact of inhalers
	7.2	To educate by undertaking technique checks with patients to ensure the correct usage and promote the appropriate disposal of inhalers reducing environmental waste
Workforce & System Leadership	8.1	To integrate and support Trust staff and leaders to learn, innovate and embed sustainability into everyday actions.
	8.2	To continue to promote training opportunities via the Greener NHS Training Hub for varying staff groups who underpin the delivery of green plans, such as board members, procurement, finance, estates and facilities staff and clinicians
	8.3	To continue to embed sustainability training for staff from induction to essential to role and to mandatory

	8.3	Communicate our Green Plan objectives to all our teams and encourage feedback and engagement.
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	Continue with circular approach to IT hardware management, with re-use as a priority and WEEE recycling as a fall-back including equipment refresh which include longer device lifetimes and energy efficient equipment
	9.4	Progress with the tender for consolidation and relocation of data and data systems providing high efficiency equipment and resilient storage facilities. New data centre designed for maximum efficiency using renewable energy and smart systems minimising electricity demand. To benchmark energy savings realised with change to new data centre.
	9.5	To continue to work toward the delivery of (EPR) Electronic Patient Records a new One Devon electronic patient record in 2026. The One Devon EPR will enable us to improve the way we use and share patient information. The requesting of paper notes will reduce significantly as the patient record will be accessed digitally as the programme is fully embedded and more records are digitised contributing to a more efficient and sustainable way of working.
	9.6	To undertake digital maturity assessment to consider opportunities and to continue to embed sustainability in digital services.
	9.7	Embed NHS Net Zero Supplier Roadmap requirements in all digital procurement exercises, including mandatory carbon reduction plans and sustainability weighting in tender evaluations for all major digital purchases.
	9.8	Establish community digital champions network and partner with local organisations to provide digital skills training, ensuring 90% of patients can confidently access basic digital health services by 2027, with alternative pathways for digitally excluded groups.
	9.9	Use the Digital Futures Hub to develop AI-powered energy optimisation systems, smart building IoT sensors for environmental monitoring, and digital twin technology for space utilisation and carbon footprint reduction.
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.
	10.3	To undertake steps in line with the NHS net Zero Supplier roadmap to ensure suppliers follow and align with the NHS net zero ambition between now and 2030

	10.4	To encourage suppliers to go beyond minimum requirements and engage with the Evergreen Sustainable Supplier Assessment to support a single conversation between the NHS and its suppliers on sustainability priorities.
	10.5	From April 2026 the Net Zero Commitment requirement will be extended to all relevant contracts
	10.6	To continue to reduce reliance on single-use products, considering how to safely build this work into clinical improvement projects
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	Continue engaging external sustainability and technical advisors to inform system design and delivery, to ensure redevelopment works conducted as part of our Building a Brighter Future programme and other meet the highest sustainability standards
	11.3	To undertake Energy Infrastructure Upgrades, substations to increase current load capacity and support increased electrification
	11.4	To undertake a replacement programme of centralised boilers with decentralised ground-source heat pumps and electrical steam generation units
	11.5	Improve energy efficiency of retained estate through targeted fabric improvements, including insulation and high-efficiency windows and cladding and ensure all refurbishment and new build projects comply with the latest NHS Net Zero Building Standards
	11.6	Embed net zero and infrastructure resilience as core criteria in capital investment business cases
	11.7	Monitor electrical and environmental performance across the estate, using data to inform phased investment planning
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	To implement further processes and controls to ensure food waste is reduced including all takeaway food to be served in recyclable packaging and introduce food waste collections across all wards and set a food waste reduction target
	12.6	To reduce food waste by the implementation of plated meals – 10% reduction 2026
	12.7	To introduce a 'Boomerang' mechanism for packaging a closed loop mechanism where food and specialist diet meal trays are returned to the supplier free of charge, recycled, and put back into circulation.
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
	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
	14.3	To continue to work toward the biodiversity benchmark for the Torbay Hospital site
Adaptation	15.1	Produce a CCRA, detailing the risks to our operations associated with climate change, and how they are able to adapt
	15.2	Review and consider climate change adaption planning as a longer-term impact on the organisation as part of a business continuity policy and plans i.e., when making infrastructure decisions and designing new facilities, including enhancements like improved green spaces, drainage systems and passive cooling solutions