NHS
Cambridgeshire and Peterborough
NHS Foundation Trust

Green Plan

January 2022

CPFT is supported by the **HeadtoToe Charity** – visit www.HeadToToeCharity.org for more details

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A member of Cambridge University Health Partners

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1.0 Introduction

1.0.1 Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is dedicated to providing high quality care with compassion. We deliver many of the NHS services that are provided outside of hospital and in the community, such as physical and mental health, and specialist services. Together with global, national and local partners, we conduct high-quality and ground-breaking research into mental and physical health and support innovation to improve patient care.

1.0.2 We strive to improve the health and wellbeing of the people we care for, our staff and members, to support and empower them to lead a fulfilling life.

1.0.3 CPFT are a health and social care organisation and have clinical teams providing different services in inpatient, community and primary care settings.

1.0.4 Services include:

- Adult mental health
- Forensic and specialist mental health
- Older people's mental health
- Children's mental health
- Children's community
- Older people and adult community
- Specialist learning disability
- Primary care and liaison psychiatry
- Substance misuse
- Social care
- Research and development

1.0.5 CPFT support a population of just under a million people and employ nearly 4,000 staff. Our biggest bases are at the Cavell Centre, Peterborough, and Fulbourn Hospital, Cambridge, but staff are based in more than 50 locations.

1.0.6 As a Foundation Trust, CPFT has a membership made up of members of the public, service users and staff.

1.0.7 CPFT is a smoke-free Trust.

1.0.8 CPFT is supported by Head to Toe Charity.

1.1 Our values - PRIDE

- **Professionalism -** We will maintain the highest standards and develop ourselves and others ... *by demonstrating compassion and showing care, honesty and flexibility*
- **Respect** - We will create positive relationships ... *by being kind, open and collaborative*
- **Innovation -** We are forward thinking, research focused and effective ... *by using evidence to shape the way we work*
- **Dignity -** We will treat you as an individual... *by taking the time to hear, listen and understand*
- **Empowerment -** We will support you ... *by enabling you to make effective, informed decisions and to build your resilience and independence*

1.1.1 Our work is guided and supported by the pledges and values in the NHS Constitution.

1.2 Research at CPFT

1.2.1 We are a University of Cambridge Teaching Trust and member of Cambridge University Health Partners working collaboratively with the University of Cambridge Clinical School.

1.2.2 We are also a partner in the National Institute for Health Research's Applied Research Collaboration East of England. The NIHRARC East of England is a five-year collaboration between Cambridgeshire and Peterborough NHS Foundation Trust, and the Universities of Cambridge, East Anglia, Hertfordshire and Essex along with other NHS Trusts, Local Authorities, Regional Sustainability and Transformation Partnerships (STPs), patient-led organisations, charities, and industry partners across the region. ARC East of England has a focus on improving the health and wellbeing of vulnerable people in complex health systems, while retaining a population health view.

This Green Plan establishes the Trust's sustainable vision, our targets and the actions by which to achieve this vision.

This Green Plan is designed to enable the Trust to:

- Reduce our total carbon emissions (through consumption of fuels, energy, and materials consumption)
- Reduce our contribution to air pollution
- Reduce our use of plastic and improve recycling

2.0 What is a Green Plan?

2.0.1 A Green Plan is a Board approved, current live strategy document outlining the organisation's aims, objectives, and delivery plans for sustainable development. The development of a Green Plan should be led by a designated board-level net zero lead, which should generally be one of the existing executive directors. The plan will require senior, expert input from a broad range of disciplines and functions, including clinicians, estates and facilities, procurement, finance and human resources. These senior individuals should also be informed by vibrant, representative and well-supported sustainability groups and networks drawn from a wide range of staff.

2.0.2 The plan includes implementation of the NHS Long Term plan deliverables.

2.0.3 Developing a Green Plan aims to help the organisation to:

- Deliver on the Long-Term plan
- Improve the health of the local community
- Achieve its financial goals
- Meet its legislative requirements

2.0.4 A Green Plan may be valid for 3 to 5 years and should be reviewed at least once in the interim period. To ensure a Green Plan has impact and maintains progress against the commitments set out, updates are expected to be reported to the Board or Governing Body on an annual basis. A Green Plan should be submitted to relevant partners and communicated to staff and the public via intranet, newsletters and the organisation's website.

2.0.5 The NHS Long Term Plan (2019) began to set out how the NHS would deliver upon its decarbonisation commitments by stipulating all NHS organisations should begin to develop a Green Plan, which should include commitments for:

- Reduction of carbon
- Reduction of water consumption
- Reduction of waste including measures of processing to reduce carbon
- Phasing out coal and oil as primary fuel sources for heating
- Reducing and phasing out high carbon asthma inhalers
- Reducing anaesthetic gases
- Improving air quality, with measures linked to reducing business mileage and fleet air pollution emissions (by 20%) by promoting and engaging with staff and public to grow active travel solutions
- Reducing single use plastics

2.0.6 From 2021 onwards, NHS Standards contracts will see the above measures included - enabling and ensuring NHS organisations work to support the Long Term Plan commitments.

2.0.7 The Sustainable Development Assessment Tool (SDAT) is a self-assessment tool to help organisations understand their sustainable development work, measure progress and help make plans for the future. It uses four cross cutting themes 'Governance & Policy', 'Core responsibilities', 'Procurement and Supply chain' and 'Working with Staff, Patients & Communities' – and is made up of ten modules:

- Corporate Approach
- Asset Management & Utilities
- Travel and Logistics
- Adaptation
- Capital Projects
- Green Space & Biodiversity
- Sustainable Care Models
- Our People
- Sustainable use of Resources
- Carbon / GHGs

2.0.8 The adoption of these modules helps ensure that actions are linked to, and measured against, the United Nations (UN) Sustainable Development Goals (SDG's) many of which have a direct link to health.

3.0 The Need For Change & Drivers

3.0.1 The earth is warming and oceans acidifying at a rate faster than ever observed and carbon dioxide from fossil fuel use is the main causative agent.

3.0.2 The UK Climate Change Risk Assessment (2017) Evidence Report identified 6 priority risks from climate change within the United Kingdom:

- Flooding and Coastal change risks to communities, business and infrastructure;
- Risk to health, well-being and productivity from high temperatures;
- Risks of shortages of public water supply;
- Risks to natural capita (ecosystems, soil and biodiversity);
- Risks to domestic and international food production;
- New and emerging pests and diseases (public and animal health threats).

3.0.3 As we experience more frequent and rapid change of severe weather, the risk to health increases. We experience hotter summers, colder winters, and more significant levels of rain which our drains, rivers and sewerage infrastructure fail to cope with. These events become more likely to impact on the quality of life and health and wellbeing of a majority of the communities we aim to provide care to.

3.0.4 Climate change is recognised as a significant threat to the health of our patients, the public, and the NHS. Over the last decade, the UK has recorded increasing rises in temperatures, noting that almost 900 people died as a result of heatwaves in England during 2019.

3.0.5 NHS chief executive Sir Simon Stevens has described this climate emergency as a health emergency we should recognise that the NHS, as the biggest employer in the country comprising nearly a tenth of the UK economy, is both part of the problem and part of the solution.

3.0.6 Healthcare is responsible for 5% of the UK's carbon emissions and the NHS is in a unique position of having to treat diseases for which it is partly responsible for through its own CO_2 emissions and air pollution. The implications of the observed rapid increase in atmospheric CO_2 cannot be ignored and will have profound effects on planetary, oceanic and human health.

3.0.7 By decreasing our impact on the environment, we reduce the burden of disease on both individuals and healthcare providers. By improving planetary, oceanic and coastal health, we improve the physical and mental health of patients and staff, improve wellbeing and reduce the requirement for healthcare services. These goals however are not 'tick boxes' and we must be ambitious, aiming to be net zero ASAP as the longer we delay, the more damage is done.

3.0.8 Reducing carbon dioxide emissions is the law with the Climate Change Act 2008 setting legally binding targets for the UK to reduce its CO_2 emission by 100% (net zero reduction) by 2050 and all public sector organisations to have plans in place to meet this target. The NHS Standard Contract is mandated by NHS England for use by commissioners of healthcare services (other than primary care) and requires all healthcare providers to have a Green Plan in place.

3.0.9 We have a moral responsibility. By striving to become net zero, we become an exemplar and honour the obligation of all healthcare professionals to 'first, do no harm'. A sustainable approach to providing care must be the norm, not the exception.

4.0 The National Picture - The NHS Vision

4.0.1 To deliver the world's first net zero health service and respond to climate change, improving health now and for future generations.

4.0.2 The NHS was founded to provide high-quality care for all, now, and for future generations. Understanding that climate change and human health are inextricably linked, in October 2020, it became the first in the world to commit to delivering a net zero national health system. This means improving healthcare while reducing harmful carbon emissions and investing in efforts that remove greenhouse gases from the atmosphere.

4.0.3 The NHS accounts for around 4% of the country's carbon emissions, and over 7% of the economy and therefore has an essential role to play in meeting the net zero targets set under the Climate Change Act.

4.0.4 Two clear targets are outlined in the Delivering a 'Net Zero' National Health Service report:

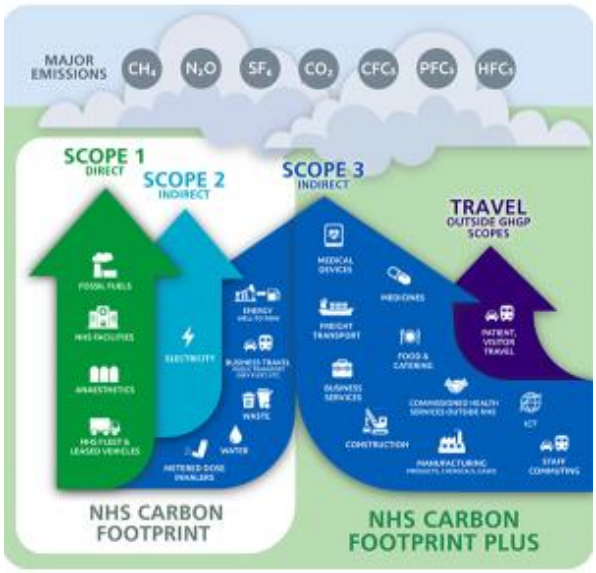
- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

4.0.5 Reported as the NHS Carbon Footprint, the data must also include emissions from The Greenhouse Gas Protocol (GHGP):

- GHGP Scope 1 – Direct Emissions from owned or directly controlled sources, on site;
- GHGP Scope 2 – Indirect Emissions from the generation of purchased energy, mostly electric;
- GHGP Scope 3 – All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.

4.0.6 The NHS Carbon Footprint Plus includes these three GHGP scopes, in addition to the emissions from patients, visitors and staff travel to and from the NHS services and medicines used at home.

The GHGP Scopes in the context of the NHS



4.0.7 The targets set are as ambitious as possible, while remaining realistic; and are supported by immediate action and a commitment to continuous monitoring, evaluation and innovation.

4.0.8 The aim is to be the world's first net zero national health service.

4.1 Universal Areas of Focus

4.1.1 Models of care

4.1.1.1 The NHS Long Term Plan sets out a commitment to deliver care in new ways for the 21st century. This must also include a focus on reducing carbon emissions and will involve using environmental impact as an additional factor in care design.

4.1.1.2 Principles that improve quality of care and patient experience can also help to decarbonise care pathways:

- Optimising the location of care;
- Earlier and quicker detection, diagnosis and treatment;
- Embedding the best clinical practice;
- Treating for the long-term;
- Digital technology.

4.1.1.3 Carbon savings will mainly come from reduced presentations in A&E, primary care and outpatients, reduced staff and patient mileage, reduced bed days, fewer pharmaceuticals prescribed, and less intensive procedures. A net zero framework will be developed to help consider and evaluate carbon reductions associated with new models of care.

4.1.2 Workforce

4.1.2.1 The NHS is committed to mobilising, informing and upskilling its 1.3 million staff to drive and implement the interventions needed to support a Greener NHS. This workforce will be vital to delivering the net zero ambitions.

4.1.3 Medicines

4.1.3.1 Medicines account for about 25% of emissions within the NHS in England. A small number of medicines account for a substantial proportion of these emissions, particularly anaesthetic gases and nitrous oxide which account for around 2% of NHS emissions, and inhalers which account for around 3%.

4.1.3.2 The NHS is working with patients, clinicians and industry to reduce emissions by reducing waste, ensuring that the right medicines are available for patients and enabling shared, informed decision making.

4.1.4 Estates and facilities

4.1.4.1 The NHS estate and its supporting facilities services comprises 15% of the total carbon emissions profile (NHS Carbon Footprint Plus).

4.1.4.2 Delivering a net zero health service will require work to ensure new hospitals and buildings are net zero compatible, as well as ensuring improvements are made to the existing estate.

4.1.4.3 For the existing estate a wide range of interventions including air conditioning and cooling, building fabric, LED lighting, space heating, ventilation and hot water could all be rolled out to further reduce carbon emissions.

4.1.5 Travel and transport

4.1.5.1 Approximately 3.5% (9.5 billion miles) of all road travel in England relates to patients, visitors, staff and suppliers to the NHS, contributing around 14% of the system's total emissions.
The NHS is implementing a range of measures to reduce carbon emissions from travel relating to patients, visitors, staff and suppliers. This includes transitioning the NHS transport fleet to zero-emission vehicles, reducing unnecessary journeys and enabling healthier, active forms of travel such as cycling and walking.

4.1.5.2 The NHS has committed to having a zero emission non-emergency patient transport fleet by 2035 (Non-Emergency Patient Transport Review).

4.1.6 Supply chain

4.1.6.1 The NHS uses products from more than 80,000 suppliers, encompassing medical equipment, food, business and office goods. The non-medicines supply chain makes up 42% of the NHS Carbon Footprint Plus.

4.1.6.2 While the NHS does not control these emissions directly, it can use its considerable purchasing power to influence change.
Reductions in emissions from the supply chain are being made in a range of different ways:

- More efficient use of supplies;
- Low-carbon substitutions and product innovation;
- Ensuring our suppliers are decarbonising their own processes.

4.1.6.3 CPFT will continually review the PTOM Sustainability Guidance released from the NHS EI central sustainability team and incorporate best practice where applicable.

4.1.6.4 CPFT will support the appointed ICS regional procurement lead as appropriate to incorporate sustainability into the foundations for delivery as per the ICS Procurement Guidance.

4.1.6.5 CPFT will adopt PPN 06/20 so that all tenders include a minimum 10% net zero and social value weighting.

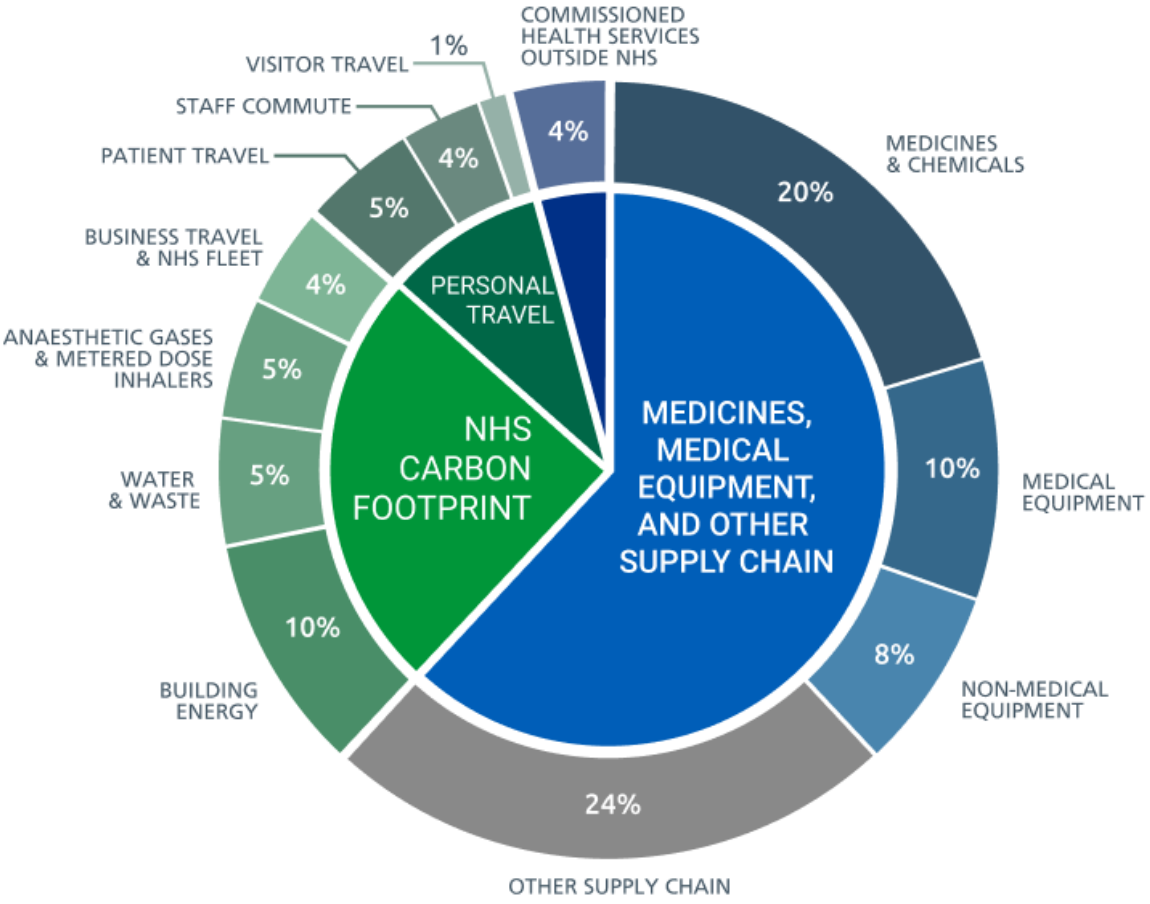
4.1.6.6 By 2030, the NHS will no longer purchase from suppliers that do not meet or exceed our commitment to net zero.

4.1.7 Food and nutrition

4.1.7.1 Food and catering services in the NHS accounts for approximately 6% of the NHS' Carbon Footprint Plus. A healthy balanced diet, with reduced processed foods high in sugar, salt and fats is also a low-carbon diet.

4.1.7.2 The Greener NHS programme is working closely with the Hospital Food Review and the new National Review of NHS Food Standards. Collaboration with NHS catering leads, dieticians and suppliers will help provide healthier, locally sourced food to patients, staff and visitors, while cutting emissions related to agriculture, transport, storage and food waste across the supply chain and on our NHS estate.

Sources of carbon emissions by proportion of NHS Carbon Footprint Plus



5.0 CPFT Carbon Footprint

5.0.1 CPFT commissioned specialist company, Inspired Energy, to collate the necessary data and calculate the Trust's carbon footprint. Although figures for 2018/19 and 2019/20 were also produced, only the values for 2020/21 are shown as this was the only year for which full supply chain/procurement data was available.

5.0.2 The 2020/21 data will, thus, be taken as our baseline starting point for reduction of emissions: 24,466 tCO_2e.

5.1 Emissions by Scope

5.1.1 The table below shows the emissions data collated by Scope (see 4.0.5 for explanation of Scopes 1, 2 and 3).

Business Area	Emission Source	Reporting Scope	2020/21			
			Total Consumption/Output	Metric	Total Cost £	Total Emissions (tCO_2e)
Estate & business operations	Natural Gas - Heating	1	7,054,926	kWh	187,738	1297.2
	Natural Gas - CHP use		0	kWh		0.0
	Heat - CHP produced		0	kWh/th	see 'Natural Gas - CHP use'	see 'Natural Gas - CHP use'
	LPG - Heating		113,238	kWh	7,338.94	24.29
	Vehicles - km travelled from C&P owned fleet (av. Car, unknown fuel)		1,322,231	km	Not known	226.6
Medicines & Anaesthetic Gases	Inhalers (F-gas Metered Dosed)		0	No. of inhalers	0	0.0
	Anaesthetic gases: Nitrous oxide		0	Litres	0	0.00
	Anaesthetic gases: Desflurane		0	No. of 240ml bottles	0	0
	Anaesthetic gases: Sevoflurane		0	No. of 250ml bottles	0	0
	Anaesthetic gases: Isoflurane		0	No. of 250ml bottles	0	0
Scope 1 Sub-total					195,077	1,548.1
Estate & business operations	Electricity - grid supplied (location based)	2	11,753	kWh	3,029	2.7
	Electricity - 100% renewable grid supplied (market based)		3,183,614	kWh	454417	0
	Electricity - CHP produced		0	kWh	see 'Natural Gas - CHP use'	see 'Natural Gas - CHP use'
	Electricity - Solar PV Generation		0	kWh	n/a	0
Scope 2 Sub-total			3,195,367		457,447	2.7

Losses	Electricity - Transmission & Distribution Losses	3	n/a	n/a	n/a	64.1
	Electricity (Grid)- Well-to-tank generation		n/a	n/a	n/a	102.8
	Electricity (Grid) - Well-to-tank Trasnmissions & Distribution Losses		n/a	n/a	n/a	8.9
	Gas- Well-to-tank		n/a	n/a	n/a	168.7
	LPG - Well-to-tank		n/a	n/a	n/a	7.2
Travel	Vehicles - km travelled from C&P owned fleet (av. Car, unknown fuel)		see Scope 1 Vehicles	km	see Scope 1 Vehicles	58.4
	Business Travel - National Rail		118140	km	16149.94	5.22
	Business Travel - Flights (Domestic)		0	km	366.35	0.00
	Business Travel - Flights (Short Haul international)					
	Business Travel - Flights (Long Haul international)					
	Business Travel - Bus (av. Local)		0	km	3071.87	0.00
	Business Travel - Bicycle		1915	km	29.12	0.00
	Business Travel - Tax (regular)		1656	km	4494.14	0.30
	Business Travel - Underground		158	km	147.7	0.00
	Business Travel - Ferry		0	km	0	0.00
	Business Travel (Grey fleet - mileage reimbursements)		1,322,231	km	Not known	285
	Patient Travel (*out of scope*)		984,988	km	n/a	115.6
	Staff Commuting		22,929,090	km	n/a	2307.3
	Visitor Travel (*out of scope*)		13,116,331	km	n/a	1539.4
Water	Water consumption		58,070	m^3	123,275	20
	Wastewater treatment (95% returned to sewer)		55,167	m^3		37
Waste	Waste arisings - Incineration		6.03	tonnes	4,359	0.1
	Waste arisings - Alternative Treatment		9.19	tonnes	3,463	0.2
	Waste arisings - Offensive Waste (Landfill)		15.230914	tonnes	4,236	7.0
	Waste arisings - Dry Mixed Recycling		149.60338	tonnes	23,579	3.2
	Waste arisings - Confidential Waste (recycling)		79.197	tonnes	8,083	1.7
	Waste arisings - General Waste (Landfill)		0	tonnes	0	0.0
	Waste arisings - General Waste (RDF - Incineration)		161.34507	tonnes	50,604	3.4
	Waste arisings - Electrical and electronic		2	tonnes	349.52	0.03
	Waste arisings - Batteries		0	tonnes	0	0.00
	Waste arisings - Hazardous		0	tonnes	0	0.00
	Waste arisings - food waste processing		0	tonnes	0.00	0.00
Medicines & Anaesthetic Gases	Inhalers (Dry Powder)		0	No. of inhalers	0	0.0
	Medicines & Chemicals		£857,973.57	£ spent	n/a	1714.59

Supply Chain	Medical Equipment		£98,371.83	£ spent	n/a	196.59
	Non-Medical Equipment		£7,746,443.29	£ spent	n/a	7820.09
	Food & Catering		£0.00	£ spent	n/a	441.01
	Other Procurement		£16,576,491.51	£ spent	n/a	3472.35
	Business ServicesOther		£13,330,581.52	£ spent	n/a	3714.96
	Comissioned Health Services Outside the NHS		£2,155,638.40	£ spent	n/a	820.46
Scope 3 Sub-total			£40,765,500		£242,208	22916

Total (All Scopes)					**£894,732**	**24466**

5.2 Emissions by Type

5.2.1 Alternatively, the emissions may be grouped together according to Green Plan Chapter.

	Emission Source	Emissions Scope	2020/21			
			Total Consumption/Output	**Metric**	**Total Cost £**	**Total Emissions (tCO_2e)**
Building Energy	Natural Gas - Heating	Scopes 1,2 & 3	7,054,926	kWh	187,738	1,297.2
	Natural Gas - CHP use		0	kWh		0.0
	LPG - Heating		113,238	kWh	7,339	24.3
	Natural Gas WTT		n/a	n/a	n/a	168.7
	LPG WTT		n/a	n/a	n/a	7.2
	Heat - CHP produced		0	kWh/th	see 'Natural Gas - CHP use'	see 'Natural Gas - CHP use'
	Electricity - grid supplied (location based)		11,753	kWh	3,029	2.7
	Electricity - 100% renewable grid supplied (market based)		3,183,614	kWh	454,417.34	0.0
	Electricity - Solar PV Generation		0	kWh	n/a	0.0
	Electricity - CHP produced		0	kWh	see 'Natural Gas - CHP use'	see 'Natural Gas - CHP use'
	Electricity (Grid) - Transmission & Distribution Losses		n/a	n/a	n/a	64.1
	Electricity (Grid)- Well-to-tank generation		n/a	n/a	n/a	102.8
	Electricity (Grid) - Well-to-tank Trasnmissions & Distribution Losses		n/a	n/a	n/a	8.9
	TOTALS		**10,363,531**		**£652,523**	**1,675.8**

	Emission Source	Emissions Scope	2020/21			
			Total Consumption/Output	**Metric**	**Total Cost £**	**Total Emissions (tCO_2e)**
Medicines and Anaesthetic Gases	Inhalers (Dry Powder)	1 & 3	0	No. of inhalers	0	0.00
	Inhalers (F-gas Metered Dosed)		0	No. of inhalers	0	0.0
	Anaesthetic gases: Nitrous oxide		0	Litres	0	0
	Anaesthetic gases: Desflurane		0	No. of 240ml bottles	0	0
	Anaesthetic gases: Sevoflurane		0	No. of 250ml bottles	0	0
	Anaesthetic gases: Isoflurane		0	No. of 250ml bottles	0	0
	TOTALS		0		£0	**0.0**

	Emission Source	Emissions Scope	2020/21			
			Total Consumption/Output	**Metric**	**Total Cost £**	**Total Emissions (tCO_2e)**
Travel	Vehicles - km travelled from C&P owned fleet (av. Car, unknown fuel)	1	1,322,231	km	Not known	226.6
	Vehicles - km travelled from C&P owned fleet (av. Car, unknown fuel) - WTT	3	see Scope 1 Vehicles	km	see Scope 1 Vehicles	58.4
	Business Travel - National Rail	3	118,140	km	16149.94	5.22
	Business Travel - Flights (Domestic)		0	km	366.35	0.00
	Business Travel - Flights (Short Haul international)					
	Business Travel - Flights (Long Haul international)					
	Business Travel - Bus (av. Local)		0	km	3072	0
	Business Travel - Bicycle		1915	km	29	0
	Business Travel - Tax (regular)		1656	km	4494	0.30
	Business Travel - Underground		158	km	148	0.00
	Business Travel - Ferry		0	km	0	0
	Business Travel (Grey fleet - mileage reimbursements)		1,322,231	km	Not known	285
	Patient Travel (out of scope)		*984,988*	*km*	*n/a*	*115.6*
	Staff Commuting		*22,929,090*	*km*	*n/a*	*2307.256707*
	Visitor Travel (out of scope)		*13,116,331*	*km*	*n/a*	*1,539*
	TOTALS		**40,602,434**		**£24,259**	**4,537.9**

	Emission Source	Emissions Scope	2020/21			
			Total Consumption/Output	**Metric**	**Total Cost £**	**Total Emissions (tCO_2e)**
Water	Water consumption	3	58070	m^3	123,275	20
	Wastewater treatment (95% returned to sewer)		55167	m^3		37
	TOTALS		**58,070**		**123,275.2**	**57.1**

	Emission Source	Emissions Scope	2020/21			
			Total Consumption/Output	**Metric**	**Total Cost £**	**Total Emissions (tCO_2e)**
Waste	Waste arisings - Incineration	3	6.0	tonnes	4,359	0.1
	Waste arisings - Alternative Treatment		9.2	tonnes	3,463	0.2
	Waste arisings - Offensive Waste (Landfill)		15.2	tonnes	4,236	7.0
	Waste arisings - Dry Mixed Recycling		149.6	tonnes	23,579	3.2
	Waste arisings - Confidential Waste (recycling)		79.2	tonnes	8,083	1.7
	Waste arisings - General Waste (Landfill)		0.0	tonnes	0	0.0
	Waste arisings - General Waste (RDF - Incineration)		161.3	tonnes	50,604	3.4
	Waste arisings - Electrical and electronic		1.5	tonnes	350	0.0
	Waste arisings - Batteries		0.0	tonnes	0	0.0
	Waste arisings - Hazardous		0.0	tonnes	0	0.0
	Waste arisings - food waste processing		0.0	tonnes	0	0.0
	TOTALS		**422.1**		**£94,674**	**15.7**

	Emission Source	Emissions Scope	2020/21			
			Total Consumption/Output	**Metric**	**Total Cost £**	**Total Emissions (tCO_2e)**
Supply Chain	Medicines & Chemicals	3	£857,974	£ spent	n/a	1,714.6
	Medical Equipment		£98,372	£ spent	n/a	196.6
	Non-Medical Equipment		£7,746,443	£ spent	n/a	7,820.1
	Food & Catering		£0	£ spent	n/a	441.0
	Other Procurement		£16,576,492	£ spent	n/a	3,472.4
	Business Services Other		£13,330,582	£ spent	n/a	3,715.0
	Comissioned Health Services Outside the NHS		£2,155,638	£ spent	n/a	820.5
	TOTALS		**£40,765,500**			**18,180.1**

GRAND TOTAL		**1, 2, 3**			£41,660,231.70	**24,466.45**

5.3 Summary table

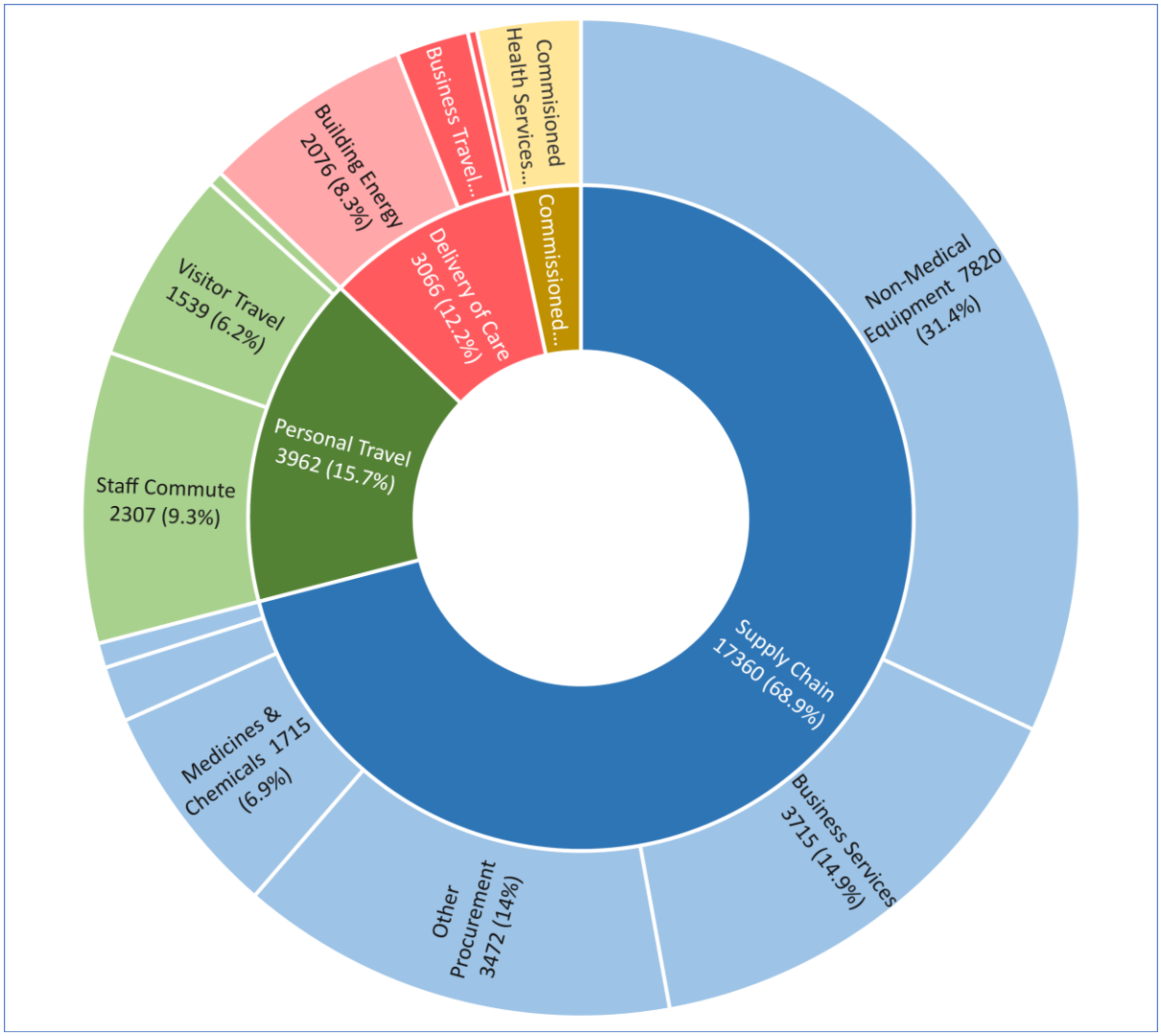
5.3.1 Summarising the finding helps show the principal sources of carbon emissions, useful in prioritising the targeting of reduction actions.

Grouped Emission Source and metric	2020/21	
	Total Consumption/Output	Total Emissions (tCO_2e)
Building Energy (kWh and kWh/th)	10,363,531.39	1,675.8
Water Consumption & Treatment (m^3)	58,070	57.1
Waste Arisings - Incineration (tonnes)	6.0	0.1
Waste arisings - Alternative Treatment	9.2	0.2
Waste arisings - Offensive Waste (Landfill)	15.2	7.0
Waste arisings - Dry Mixed Recycling	149.6	3.2
Waste arisings - Confidential Waste (recycling)	79.2	1.7
Waste arisings - General Waste (RDF - Incineration)	161.3	3.4
Waste arisings - Electrical and electronic (recycling)	1.5	0.0
Waste arisings - food waste processing	0.0	0.0
Business Travel inc. commuting (kilometres)	25,695,422	2882.9
Patient & Visitor Travel (kilometres)	14,101,318	1655.0
Anaesthetic Gases & Volatile Agents	n/a	0.0
Inhalers (No. MDIs & DPIs Prescribed)	0	0
Supply Chain (£ spent)	£40,765,500	18,180.1
TOTAL		**24,466.5**

5.3.2 The top four areas of emissions are:

1st (by a very large margin)	SUPPLY CHAIN
2nd	BUSINESS TRAVEL (INCLUDING COMMUTING)
3rd	PATIENT AND VISITOR TRAVEL
4th	BUILDING ENERGY

5.3.3 The contributions made by the different sectors are, perhaps, most easily evidenced by the following wheel graph.



5.4 Future Emissions Targets

5.4.1 Inspired Energy has also calculated targets for the next 3 years that, if achieved and maintained long term, will take the Trust towards its net zero target.

Grouped Emission Source and metric		Future Emissions Targets		
	2020/21	2021/22	2022/23	2023/24
	Total Emissions (tCO_2e)	Total Emissions (tCO_2e)	Total Emissions (tCO_2e)	Total Emissions (tCO_2e)
Building Energy	1,675.8	650.0	624.0	599.1
Water Consumption & Treatment	57.1	54.8	52.6	50.5
Waste Arisings	15.7	15.0	14.4	13.8
Business Travel inc commuting	2882.9	2,767.6	2,656.9	2,550.6
Patient & Visitor Travel	1655.0	1605.4	1557.2	1510.5
Anaesthetic Gases & Inhalers	0.0	0.0	0.0	0.0
Supply Chain	18,180.1	17,634.7	17,105.6	16,592.4
TOTAL	**24,466.5**	**22,727.4**	**22,010.7**	**21,316.9**

This table shows the Trust's carbon emissions for the last two years and a suggested target for the first two years of the plan. From this data a target for each year leading to the delivery dates of 2040 and 2045 will be derived so that the Trust can report progress against. This will be subject to some variation depending on other changes to carbon usage eg increase/decrease in estate/business.

At the present time we have no data from which to compare our carbon usage with other Trusts. This will change as data is collected from Green Plans going forward.

6.0 Our Vision

6.0.1 Our vision is to ensure CPFT provides the safest, most compassionate and joined up healthcare whilst taking all reasonable steps to minimise its adverse impact on the environment and society; thereby not compromising the health and wellbeing of future generations.

6.0.2 Through integrating sustainability in all business, we will aim to reduce the cost of providing healthcare through both improvements in energy efficiency and reduction in taxes relating to carbon and waste.

6.0.3 We want to facilitate behavioural and cultural change across the whole organisation where every member of staff understands their responsibilities and positively engages with our Green Plan agenda; not because they must, but because they want to.

6.0.4 The net zero ambitions outlined in this report will need to be appropriately resourced with the right capital investment and will require recurrent investment and an aligned financial policy and decision-making process.

6.0.5 These net zero ambitions will be aligned with existing commitments as far as possible; for example, to ensure that major building works and refurbishments consider the need to reduce emissions, and that, wherever possible, maintenance or the replacement of equipment is done in a way that improves energy efficiency and reduces emissions. We will work to ensure that these factors are considered in investment decisions.

6.1 Examples of how we plan to make a difference

- Decrease CO2 emissions by reducing our need for fossil fuel derived energy through renewable energy generation / procurement, reduced energy use, conservation of heat and installation of new technologies.

- Increase CO2 extraction and improve staff health through greening our estates, enhancing biodiversity and utilising sustainable, local procurement whenever possible.

- Reduce fossil-fuelled powered mileage and air pollution through supporting active travel, use of public transport, car sharing, EV and ULEV vehicle purchase / use, video and telephone conferencing and consultations.

- Prepare our staff and healthcare infrastructure to adapt to the effects of climate change such as extreme weather events, temperature-related illnesses and infectious diseases; the management of which may be limited by supply chain and utility interruption.

- Social and Environmental accounting to be developed and included as separate sections within business case documentation for evaluating changes or the introduction of new services.

- To reduce the impact of providing clinical services on the planet and global communities through a reduction in clinical energy use, waste and atmospheric and ocean toxins.

- Ensure all staff receive education / training in sustainability to ensure full understanding and engagement with the Green Plan.

- Fully embed the Sustainable Procurement Policy to reduce the impact of delivering our healthcare services, seeking local suppliers whenever possible.

- Reduce – reuse – recycle to decrease the waste arising from the delivery of both clinical and support services.

- Decrease our water usage through improved monitoring, reducing wastage and implementing efficiency technologies.

7.0 CPFT Green Targets for 2025

7.1.0 ESTATES AND FACILITIES

7.1.0.1 A significant proportion of our environmental impacts are associated with our estate.

7.1.0.2 Gas and electric consumption are the largest source of emissions at the Trust so the continual improvement in utilities management is crucial to reducing our carbon footprint and achieving our emissions targets.

7.1.0.3 The Trust will continue to roll out energy saving initiatives as part of our campaign on energy and resource efficiency. The Building Management System will be optimised and improved, including the upgrade, maintenance and replacement of individual components. Energy efficiency will also be factored into procurement decisions in order that all new products, services and buildings acquired are suitably efficient. The Trust will utilise new technology and innovations to improve carbon performance.

7.1.0.4 Refurbishing and rebuilding parts of the estate provides the opportunity to implement new technology and more efficient design to help reduce our emissions, resource air pollution and reduce waste.
To ensure that the new capital projects also meet the needs of their users, the Trust will engage with key stakeholders including staff, patients, visitors and the local community throughout the design process. To provide high quality, integrated care in the community the Trust will also consult with local health and social care organisations when designing new buildings. Following the completion of capital projects, the Trust will then review the performance of the building and share the key lessons learnt from the project and the areas where best practice has been demonstrated.

7.1.0.5 By adopting a more sustainable approach to managing resources the Trust has the opportunity to reduce the amount of waste we generate, our carbon emissions and air pollution.

7.1.0.6 We will continue to apply the principles of the waste management hierarchy to our resource management and incorporate a life cycle consideration into our procurement process to reduce the amount of waste produced, and process the waste we do produce through the most sustainable method. The Trust will work to significantly reduce single use items.

- **Prevention** – Using less material in design and manufacture. Keeping products for longer; re use.
- **Reuse** – (and preparation for reuse) – Checking, cleaning, repairing, refurbishing, whole items or spare parts
- **Recycle** – Turning waste into a new substance or product.
- **Energy Recovery** - Includes anaerobic digestion, incineration with energy recovery, gasification and pyrolysis which produce energy (fuels, heat and power) and materials from waste;
- **Treatment and Disposal** – Landfill and incineration without energy recovery

7.1.0.7 Providing greenspace and protecting biodiversity can greatly benefit the local environment, by improving air quality and helping remove the carbon emitted, it also has been proven to improve wellbeing. The Trust understands the value of greenspace and will work to protect and enhance the natural environment on our estate.

7.1.1 What do we want to achieve?

Priority Actions
• To take actions to purchase or generate 100% electricity from renewable energy sources from April 2022. • Ensure CPFT's estates plans are aligned with deliverables in the Estates Delivery Plan published on FutureNHS in November 2021 – for example replacing lights with LED, removal of oil boilers, renewable energy generation.

- Reduce energy used and emissions across our estates and facilities.
- Develop unused green spaces to enhance the biodiversity of our land.
- Develop a sustainability 'roadmap' for all capital projects.
- Reduce the amount of single use plastic.
- Incrementally increase the amount recycled of non-healthcare waste.
- Improve segregation to reduce the amount of waste in the infectious clinical stream.
- Internally repurpose items to reduce waste and resource consumption.
- Reduce use and wastage of water.
- Use the Capital Planning Tool to support decarbonisation of the estate.
- Replace lighting with LED lights, as part of BAU maintenance.

7.1.2 How will we achieve it?

- Improve monitoring, availability, reporting and analysis of energy and carbon data.
- Develop a programme of targeted energy efficiency schemes.
- Review how low and zero carbon energy sources might replace existing fossil fuel energy infrastructure and implement a programme of priority works.
- Develop our design criteria for new builds and refurbishments.
- Switch to 100% REGO Certified Renewable Energy.
- Create an action plan to maximise opportunities for green space creation and enhance biodiversity of existing areas.
- Introduce an interactive online reuse portal.
- Produce a waste action plan to support implementation.
- Assess buildings and supporting infrastructure, reduce water losses and develop a programme of targeted water efficiency schemes

7.1.3 How will we measure it?

- Total energy use and energy use intensity.
- Total water consumption and water use intensity.
- Carbon emissions from energy and water use / use intensity.
- Amount of waste produced according to each individual waste stream.
- Quantity of items being reused and the amount of waste being recycled.

- Monitoring, reporting and analysis of water use and wastage.
- Establish a metric to track progress towards enhancing the biodiversity of our estates.

7.2.0 TRAVEL AND TRANSPORT

7.2.0.1 Actions have been established to improve the sustainability of travel associated with the Trust. The actions primarily focus on reducing the environmental impact of staff, patients and supplier travel at the Trust, both by reducing the requirement for travel and by encouraging the use of greener modes of transport.

7.2.0.2 These actions will capitalise upon suitable technologies, where practicable, to remove the necessity of staff and patient travel. The use of virtual meeting technologies will allow staff to work remotely and will therefore reduce the requirement for staff to travel for work.

7.2.0.3 Similar technology will also be used in the delivery of telemedicine services which will allow patients to access health services without having to travel. This will be coupled with the Trust's Travel plan and a low carbon travel campaign to ensure that when staff and patients are required to travel, they are aware of low carbon options available.

7.2.1 What do we want to achieve?

Priority Actions
• Encourage all new purchases and lease arrangements to be for cars that are ultra-low emissions vehicles (ULEVs) or zero emissions vehicles (ZEVs). • Only ULEVs or ZEVs are made available to staff through car sacrifice schemes. • Appoint a named "cycle-to-work" lead. • Implement a staff salary sacrifice cycle-to-work scheme. • Plan CPFT's approach to improving air quality - e.g. through developing a plan to support active travel, participation in the anti-idling cleaner air hospital framework.

- Significantly reduce all mileage and associated air pollution.
- Sustainable travel options available to staff, patients and visitors.
- Maximise opportunities for active travel.
- To align with any local ultra-low emission or clean air zones.
- Ensure sites have facilities to encourage staff & visitors to cycle to work such as cycle parking.
- Implementing the cleaner air hospital framework.

7.2.2 How will we achieve it?

- Promote the use of technology for cross site meetings and virtual consultations.
- Review fleet vehicles and replace at the end of current contract.
- Further encourage and incentivise low emission car choices through lease scheme.
- Introduce EV charging hubs.
- Improve facilities for those who commute through active travel.

7.2.3 How will we measure it?

- Assessment of staff travel to identify modes of transport, business and commuter miles.
- Assessment of patients and visitors' travel, modes of transport and distances travelled.
- Monitoring adoption of remote consultations.
- Ongoing monitoring of travel arrangements via staff surveys.

7.3.0 SUPPLY CHAIN

7.3.0.1 CPFT is committed to seeking sustainable procurement options. This involves reviewing current processes and ensuring we adapt, factoring in the economic, environmental and social considerations when procuring goods and services.
We will endeavour to look beyond the short-term and look at the longer-term impacts when conducting procurement processes. Life Cycle costing is an efficient tool used that enables the review of all elements of the cycle including but not limited to:

- Purchase price and associated costs including delivery, transportation etc.
- Operating and maintenance costs including maintenance, utilities etc.
- End of life costs including disposal etc.

7.3.0.2 NHS Supply Chain is a major supplier of products to the Trust and it benefits from the sustainability programme which they are following. This involves the following activities:

- Reducing waste, saving money and minimising environmental impacts;
- Sustainable and ethical food procurement, factoring in economic and social considerations when procuring food for the NHS;
- Build supply chain resilience;
- Improve delivery efficiencies, ensuring continuity of supply.

7.3.1 What do we want to achieve?

Priority Actions
• To inform suppliers and adhere to the commitments in the supply chain roadmap announced at the NHSE/I September 2021 board, including the 10% minimum social value weighting from April 2022. • Only purchase 100% recycled paper and reduce paper usage. • Take action to address single use plastics, and specifically eliminate unnecessary catering plastics.

- Reduce scope 3 emissions from procurement.
- Increase the number of local suppliers from which we purchase.
- Ensure CPFT utilises suppliers that have a similar sustainability ethos to the Trust.
- To introduce or participate in a remanufactured devices collection programme, and introduce the use of remanufactured devices
- To run programmes or projects to reduce use of clinical single use plastics.
- Adopt programmes looking to reuse items, such as reusable gowns.

7.3.2 How will we measure it?

- Include sustainability in tender evaluation criteria.
- Remove barriers and ensure budgetary mechanisms enable and support sustainable procurement by demonstrating and documenting long-term benefits.
- Develop standard evaluation criteria and questions for common and high impact items.
- Split requirements into lots to support SMEs where appropriate.
- Work with NHS Supply Chain to increase the visibility of sustainability within procurement processes and purchases.
- Review the National Themes Outcomes and Measures Framework for social value measurement to understand if and how we can apply it.
- Baseline and ongoing carbon footprint from procurement.
- Capture how many contracts include the Social Value Act and outcomes we achieve.
- Develop KPIs further to include detailed categorisation.

7.4.0 FOOD, CATERING AND NUTRITION

7.4.0.1 We will improve our use of resources where possible to reduce our wider impact on biodiversity. Food contracts will be updated to improve sustainability credentials and meet government guidelines. The Trust will seek to reduce the environmental impact of food at the Trust. The Trust will review the foods provided at the Trust and look to revise the catering contracts to include sustainability criteria. The Trust will also look to substitute foods in vending machines for healthier alternatives and try to encourage staff to make sustainable choices. Composting and anaerobic digestion will be explored as possible methods that the processing of food waste at the Trust could be made more sustainable.

7.4.1 What do we want to achieve?

Priority Actions
• Implement approaches to measure and reduce food waste. • Review and adapt menus to offer healthier lower carbon options for patients, staff and visitors.

- Achievement of the NHS Plastics Pledge.
- Exceeding government guidelines (e.g. Government Buying Standards through external accreditation such as Food for Life, red tractor, dolphin friendly, sustainable fish cities mark).
- On-going reduction of food waste.
- Communicate the health and carbon benefits of diets with fewer processed foods.
- Plan to change menus at least twice a year by 2025 to maximise the use of seasonal ingredients.

7.4.2 How will we achieve it?

- Provide space for growth and cultivation of food.
- Review products available locally and increase use where possible.
- Review all catering contracts and work closely with the Procurement Department.

- Review food disposal systems appropriate for each site.
- On-going unannounced food waste audits and working with the individual wards.
- Review menus to identify where alternatives to dairy products can be used.
- Introduce Meat Free days.
- Utilise resources such as the EatWell plate to communicate clearly.

7.4.3 How will we measure it?

- Compliance with the NHS Hospital Food Review.
- Ongoing compliance with NHS Plastic Pledge.
- Procurement reports on locally purchased produce.
- Food Waste Reports.

7.5.0 MEDICINES AND CLINICAL CARE

7.5.1 What do we want to achieve?

Priority Actions
• Develop plans for clinically appropriate prescribing of lower carbon inhalers, in line with the commitment of a 50% reduction by 2028 and a 6% reduction in 2021/22 on a 2019/20 baseline. • Implement approaches to optimise use of medical gases, including reducing nitrous oxide waste.

- Reduction in energy use, waste, atmospheric and ocean toxins arising from clinical care.
- Focus on healthcare prevention as the most carbon efficient healthcare.

7.5.2 How will we achieve it?

- Undertake a full assessment of N_2O delivery pathways and minimise system leaks.
- Replace nitrous oxide with alternatives where possible.
- Continue to replace Metered Dose Inhalers with dry powder alternatives and if unavoidable, ensure disease treatment and patient education minimise environmental impact.
- A complete review of all disposable clinical equipment moving to reusable wherever possible.
- A review of existing endoscopy pathways and identify areas to reduce environmental impact.
- Work across all care sectors to improve the health and wellbeing of communities served.

7.5.3 How will we measure it?

- N_2O procured, used /lost before and after repair / change in practice.
- Metered Dose Inhaler unit use and recycling rates.
- Waste volumes and water use from our endoscopy units.
- Reported uptake of blue and green prescribing initiatives.

7.6.0 SUSTAINABLE MODELS OF CARE

7.6.0.1 To improve the sustainability performance of our Trust it is important to improve the sustainability of our care models, so we can continue to provide high quality care that does not create negative environmental, social or economic impacts. To achieve a systems approach, the Trust will work with partner organisations to develop an approach which can effectively manage resources, staff, patients, infrastructure and finances in the local healthcare system.

7.6.0.2 The sustainable use of all resources will be incorporated into the development and commissioning of new care models. We will begin to use sustainability as an indicator of quality and will link this with other quality measures including fairness and equality when designing, delivering and commissioning care models.

7.6.0.3 The Trust will work with staff and external partners to attempt to improve the factors which contribute to poor health and cause illness to ensure the Trust is helping to improve.

7.6.1 What do we want to achieve?

Priority Actions
• Develop plans for embedding carbon reduction principles in the way that all care is delivered, including digitally-enabled care, default preference for lower-carbon interventions where clinically equivalent, and reducing unwarranted variation in care delivery & outcomes resulting in unnecessary carbon emissions.

- Refine evaluation processes to balance economic, social and environmental factors.
- Visibility on the key environmental measures and impacts at service-by-service level.
- Develop use of technologies across care pathways that directly reduce unnecessary movement of patients and staff without compromising care and safety.

7.6.2 How will we achieve it?

- Complete a review and refresh of the policies and procedures underpinning the business case, annual service planning and business change processes.
- Develop and communicate support mechanisms that aim to train and educate on how to determine key economic, social and environmental impacts from change.
- Work collaboratively with NHS bodies to help develop and utilise a common and shared currency for a suite of environmental measures specific to clinical practices.
- Work jointly with IT colleagues to help communicate the art of the possible for technology use within and across clinical pathways.
- Support clinicians in understanding what technology is or could be available to aid improvements in the delivery of clinical interventions.

7.6.3 How will we measure it?

- Amended internal policies and procedures approved via CPFT Trust Board.
- Scorecard on key environmental factors developed and in use across the business.
- Adaptations to clinical pathways where environmental and/or social impact realised.
- Number of “ideas” generated from benchmarking / best practice arrangements per annum.

7.7.0 WORKFORCE, NETWORKS AND SYSTEM LEADERSHIP

7.7.0.1 To successfully achieve our targets and provide sustainable healthcare, staff engagement with the Green Plan is required at all levels of our organisation. We aim to educate our staff so that they can reduce their emissions, carbon footprint and waste at home as well at the Trust. It is also extremely important that we provide a positive working environment and try to protect and improve the wellbeing of our staff.

7.7.0.2 The Trust will also promote healthy and sustainable choices to staff. We will seek to work to improve social sustainability in the wider community by working with suppliers who promote equality, diversity and wellbeing in their workforce. We shall also work collaboratively with local partners to improve the provision of local accessible employment opportunities at the Trust.

7.7.1 What do we want to achieve?

Priority Actions
• Appoint a net zero board level lead. • Develop plans should demonstrate how all staff will be encouraged to undertake climate change awareness training, e.g. the Delivering a NZ NHS "e-Learning for Healthcare" module.

- All staff to have an increased understanding of sustainability.
- Introduce sustainable behaviours into everyday practice in their roles at work.
- Empower staff to become advocates for sustainability in both professional and personal lives.
- Encourage staff with training, support and incentives to engage with active travel.
- Support agile and flexible working arrangements.
- Develop a network of Green Champions to facilitate communication and actions.
- Ensure members of the Board and Senior Staff are carbon literate and numerate.

7.7.2 How will we achieve it?

- Include sustainability in CPFT Induction Programme and further training.
- Reflection of approach to sustainability to be included in staff appraisal.
- Job descriptions to clearly describe CPFT's expectation of all employees.
- Continue Cycle to Work Salary Sacrifice.
- Work with staff and union representatives to identify and promote sustainability.
- Deliver training for all Capital Projects and Estates staff to enhance sustainability knowledge and carbon literacy and emerging technology awareness.

7.7.3 How will we measure it?

- Number of staff educated as part of CPFT Trust Induction.
- Uptake of Cycle to Work Scheme.
- Uptake of agile or flexible working.
- Number of Green Champions.

- Record of senior staff training.

7.8.0 ADAPTATION

7.8.0.1 The Trust recognises the importance of adaptation in order to mitigate the impact of the changing climate and to ensure that we can continue to deliver a high quality of care during extreme weather events.

7.8.0.2 The actions identified outline the measures required to ensure the Trust can adapt to the likely changes in demand and impacts on operational delivery caused by climate change. These measures will ensure that the Trust assess the risks posed by climate change, both internally and externally. Internal risks can include impact on service provision. External risks can include impact on our supply chains and risk to the local population.

7.8.1 What do we want to achieve?

Priority Actions
• Appoint a named adaptation lead by April 2022. • Develop plans to mitigate the risks or effects of climate change and severe weather conditions on the Trust's business and functions. This should include specific plans to mitigate the effects of flooding or heatwaves on the infrastructure, patients, and staff where sites are identified as being at risk.

- Continue to invest in adaptation and mitigation measures to ensure business continuity during periods of resource limitations.
- Incorporate adaptation into our sustainability governance structure, corporate risk register and reporting processes.
- Build climate adaptation and resilience into the management of our existing estate, as well as new builds and all refurbishments.

7.8.2 How will we achieve it?

- Ensure our emergency plans consider support to vulnerable communities during extreme weather events.
- Climate change adaptation planning referenced and considered in all new service delivery design and Business Continuity Plans.
- Invest in mitigation and adaptation technologies.
- Maximise the quality and resilience of our green space to help mitigate effects of climate change.
- Ensure all staff receive education in climate change associated disease presentation.
- Develop a communication strategy to ensure all members of the public are aware of our plans.

7.8.3 How will we measure it?

- Regular key performance indicators of measures reporting to the Board.
- Monitoring of critical policies to ensure adaptation included in future versions.
- Quantifying the impact of adopted mitigation technologies.
- Staff trained in adaptation strategies.

8.0 A Final Word

8.0.1 Hospital activities providing services not only impact on patients, visitors and staff. They have a wider impact within the local community in terms of employment, energy usage, transport, consumables etc.

8.0.2 Senior level staff engagement with the Green Plan is crucial to ensure that the plan is delivered throughout the organisation. Top-down awareness of sustainability at the Trust can ensure that the principles of sustainability become embedded within the Trusts policies, procedures and systems. Management can also keep the Trust accountable for reducing our emissions, air pollution, waste and delivering the wider aims of the Green Plan.

8.0.3 Actions have been established to improve the corporate approach to sustainability at the Trust. The Trust will focus on improving colleague engagement at the Trust, all staff will be actively encouraged to contribute and the Trust will provide engagement programmes which will highlight the importance of integrating social and environmental aspects and will provide training to staff to support them in implementing this.

8.0.4 The Trust will work to identify potential social, environmental and economic opportunities in procurement and shall look to extend our evaluation process for procurement to include a range of social and environmental standards such as ethical labour standards. The Trust will work with the supply chain to ingrain sustainability into the procurement process and capture data so that the progress with the changes to procurement can be monitored.

8.0.5 Engagement with stakeholders such as patients, staff and the local community will be carried out at the Trust to help shape the sustainable development policy. Where possible, we will work to assist our key partners in the development of their strategies and will use these opportunities to promote sustainable development. We will seek to implement schemes which maximise the support given to the community and add social value in the community.

8.0.6 Supporting a healthier and more sustainable contribution to the lives of our staff, patients, visitors and the wider community is a fundamental aspect of the Trust's Green Plan.

8.0.7 An indicative but not restrictive pathway of Trust considerations to promote improving health can be seen below:

- **Living within Environmental Limits**
  Respecting the limits of the planet's environment, resources and biodiversity – to improve our environment and ensure that the natural resources needed for life are unimpaired and remain so for future generations
- **Ensuring a Strong, Healthy and Just Society**
  Meeting the diverse needs of all people in existing and future communities, promoting personal wellbeing, social cohesion and inclusion and creating equal opportunity for all
- **Achieving a sustainable economy**
  Building a strong, stable and sustainable economy which provides prosperity and opportunities for all, and in which environmental and social costs fall on those who impose them (polluter pays) and efficient resource use is incentivized
- **Using sound science responsibly**
  Ensuring policy is developed and implemented on the basis of strong scientific evidence, whilst taking into account scientific uncertainty (through the precautionary principle) as well as public attitude and values

- **Promoting Good Governance**
  Actively promoting effective, participative systems of governance in all levels of society – engaging people's creativity, energy, and diversity
- **Health Equality and Inequalities**
  Delivering a net zero NHS has the potential to secure significant benefits across the population, and particularly for vulnerable and marginalized populations, addressing existing health inequalities.

8.0.8 These benefits will only be fully realised through public participation, involvement and engagement with those communities as this work goes forward, having regard to the need to reduce health inequalities and taking into account the public sector equality duty.