



North West Anglia
NHS Foundation Trust
Green Plan 2022



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Introduction

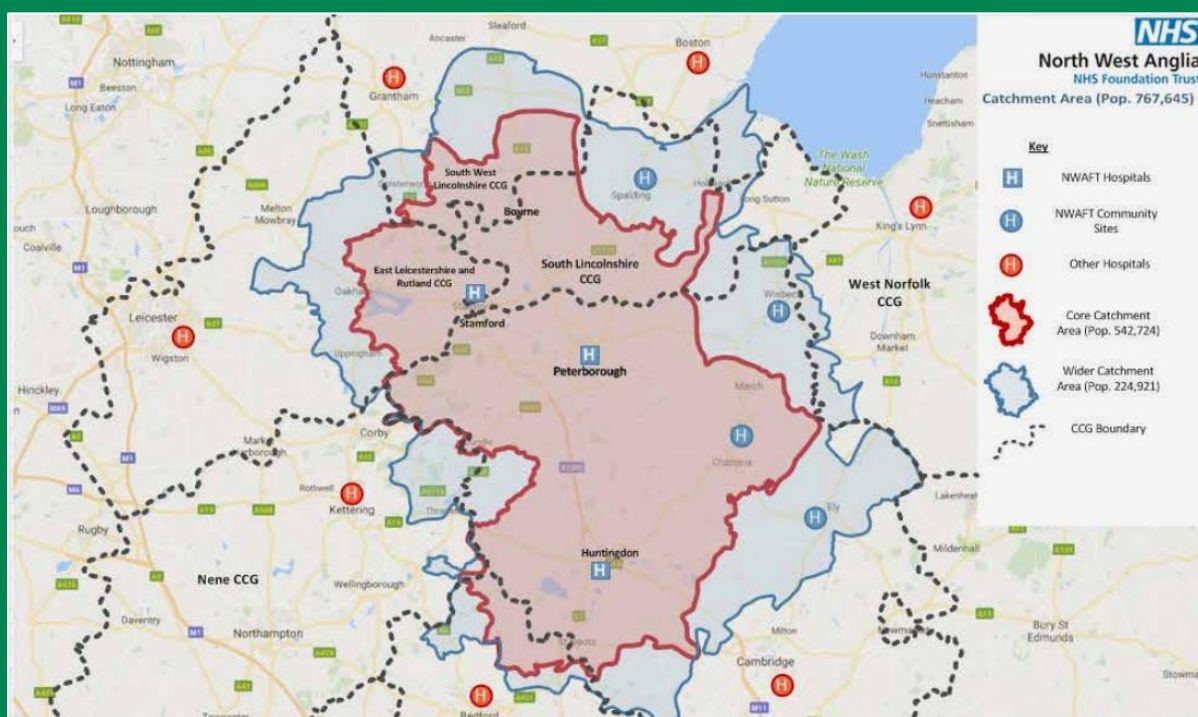
This document sets out our vision for becoming a ‘sustainable’ trust – in a wide-reaching definition of the term, and to deliver on the NHS Net Zero carbon reduction targets.

About NWAFT

North West Anglia NHS Foundation Trust (NWAFT) was formed in April 2017 from the amalgamation of Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingbrooke Healthcare NHS Trust. NWAFT provides a wide variety of acute services to a population of around 770,000 people living in Cambridgeshire, South Lincolnshire and the neighbouring counties. We employ ~7,000 staff, supported by an army of ~500 volunteers.

We have three hospital sites at:

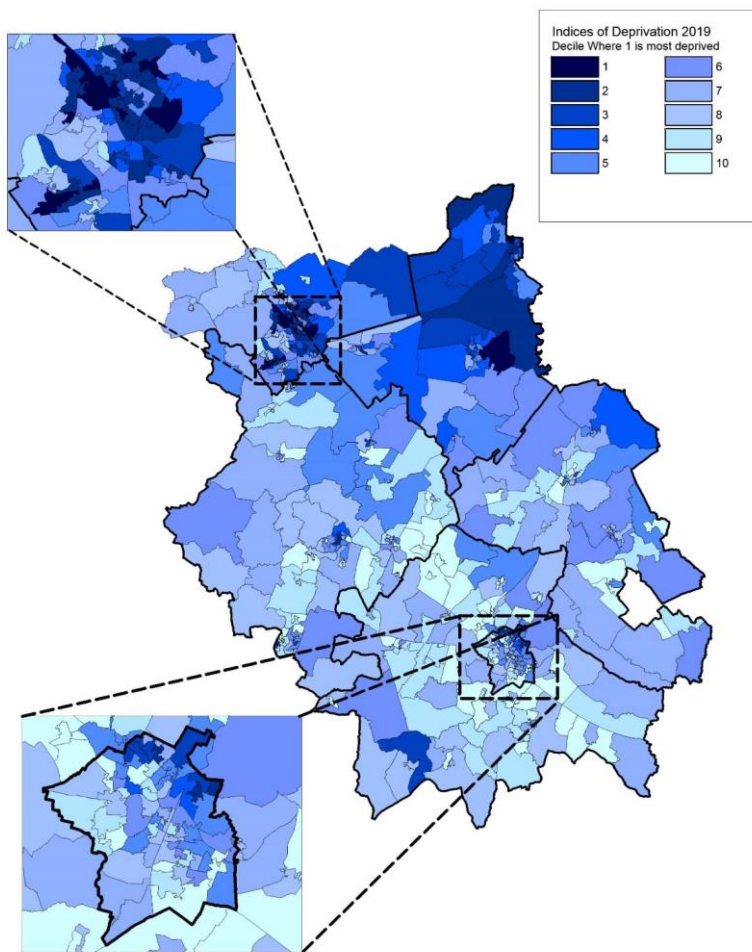
- Peterborough City Hospital
- Hinchingbrooke Hospital
- Stamford and Rutland Hospital



In addition to the three main Hospital sites the Trust operates outreach services via Community Clinics at the following locations:

- Princess of Wales Hospital, Ely
- Doddington Community Hospital, March
- Johnson Community Hospital, Spalding
- North Cambridgeshire Hospital, Wisbech
- City Care Centre, Peterborough

Health inequalities are a core issue for the NHS in general and for our Trust. Across our region there is a significant gap between our most and least deprived areas, with Peterborough and Fenland having highest deprivation levels. There is a 10-year life expectancy gap between men living in the poorest areas of Peterborough compared to the richest areas of Cambridge. The gap



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in life expectancy is driven by early deaths due to cardiovascular disease, cancer and respiratory conditions. Inequalities do not just cross rich and poor areas, but also in disadvantaged communities (e.g., minority ethnic communities). Our green plan takes a broad view of sustainability, beyond carbon emissions, to consider the broader social impacts of our work.

This Green Plan sets out where we aim to be as a sustainable organisation by the end of 2024 and what we need to do to get there, in an increasingly changing world and NHS environment. During the short to medium-term we will be working hard to improve the CQC ratings of our services, whilst also delivering our key strategic transformation projects.

What is a Green Plan?

In October 2020 the NHS declared its aim to become the “Worlds First ‘Net Zero’ Health Service”, setting targets for the NHS to reach net zero:

- For the emissions we control directly (the NHS Carbon Footprint), 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), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

To support this, the 2021-22 NHS Standard contract set out the requirements for trusts to develop a Green Plan to detail their approaches to reducing emissions alongside a number of additional stipulations related to improving the sustainability of the NHS.

This Green Plan is a Board-approved strategic document, which sets out the Trust’s commitment and approach to achieving net zero and to improving the sustainability of the Healthcare Services we provide. It includes how the Trust plans to achieve several priority objectives to reduce carbon emissions and implement enabling actions to support the reduction in carbon emissions and other sustainability impacts.

Why a Green Plan?

Human activities, primarily the burning of fossil fuels have increased the concentration of greenhouse gases in Earth’s atmosphere, warming the planet, which in turn is leading to a change in climate.

The strategy, ‘Delivering a net Zero National Health Service’, released in October 2020, highlighted that as global temperatures increase, damaging changes to the natural environment will transform humans’ way of life, disrupt healthcare and cause a worsening of major diseases, including cardiac problems, asthma, and cancer.

As an organisation the NHS is responsible for approximately 4% of the country’s carbon emissions and over 7% of the economy, as such the NHS contributes significantly to the causes of climate change and the associated health impacts. This conflicts with the principle First Do No Harm and our staff support our desire to respond to limit our impact and contribution to climate change.

Carbon and the Context of the NHS

Since the 2008 Climate Change Act set national targets for the reduction of carbon emissions in England, the NHS has been working to reduce its carbon footprint and has been monitoring its progress against a 1990 baseline of carbon emissions.

However, the 1990 targets and emissions calculations do not cover the full scope of emissions from the NHS. To remedy this, the strategic report 'Delivering a Net Zero National Health Service', aligned the scope of the carbon emissions reporting with the internationally recognised Greenhouse Gas Protocol (GHGP).

In addition, the report defined the emissions sources, against which the NHS would be required to achieve the net zero targets, the 'NHS Carbon Footprint', for the emissions we can control directly and the NHS Carbon Footprint *Plus* for emissions we can only influence – see Figure 1.

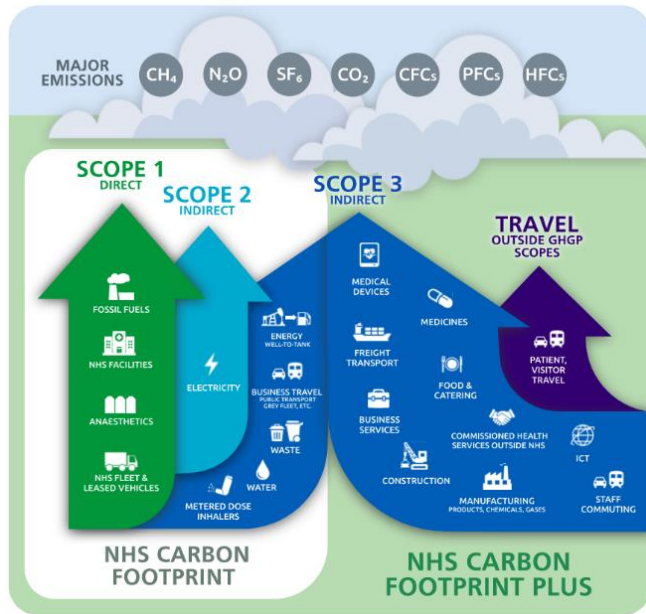


Figure 1: GHGP scopes in the context of the NHS

We have aligned our future carbon calculation and reporting with these scope categories and have publicised our 'NHS Carbon Footprint' in this Green Plan. We intend to explore our broader 'Footprint Plus' emissions in coming years to find ways to drive reductions.

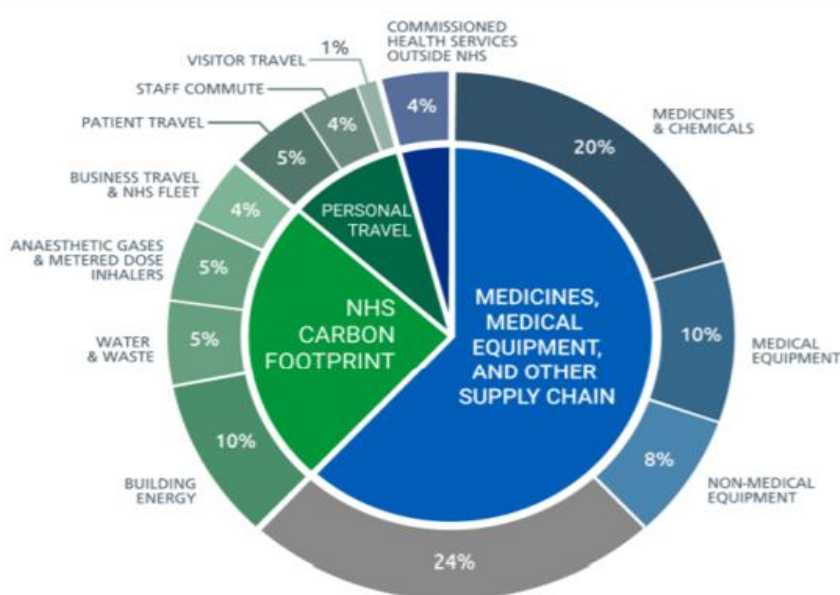


Figure 2: Sources of carbon emissions by proportion of the NHS Carbon Footprint (in shades of green) and Footprint Plus (in shades of blue)

Carbon in the Context of NWAFT

As part of preparing this Green Plan we have calculated our NHS Carbon Footprint for two years, 2015/16 and 2020/21. We will now continue to calculate this annually and report our progress.

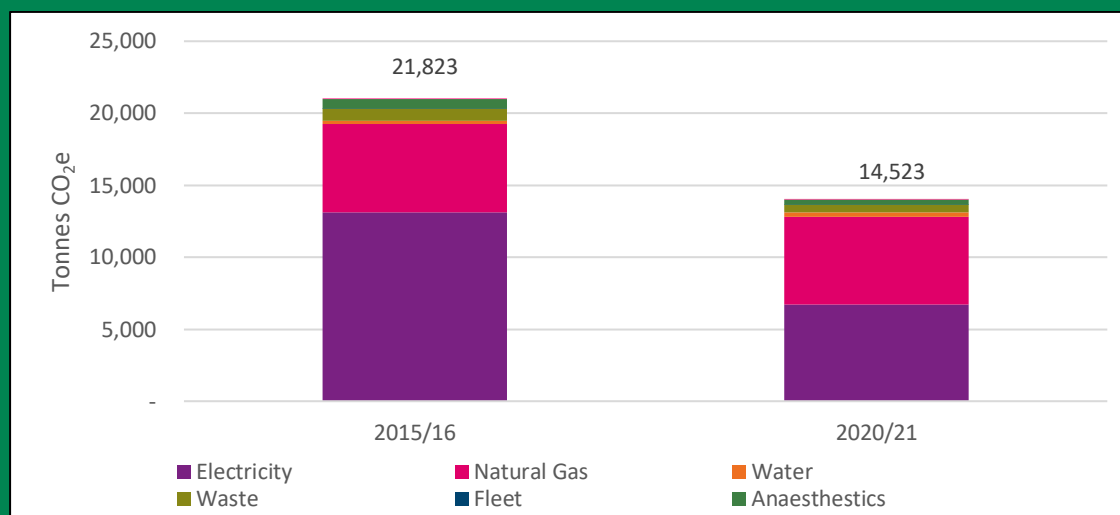


Figure 3: NWAFT Carbon Footprint

Our carbon footprint analysis above shows we have reduced carbon emissions by 33% since 2015/16. Reductions have been achieved across all emissions sources, with the exception of Natural Gas, which has increased by 0.2% and emissions from consumption and treatment of water, which have increased by 22%.

tCO ₂ e	2015/16	2020/21	% Change
Grid Electricity	13,124	6,697	-49%
Natural Gas	6,110	6,124	+<1%
Gas Oil	26	1	-95%
Water	242	296	+22%
Waste	854	532	-38%
Fleet	<1	<1	-8%
Total	20,357	13,650	-33%

Various factors will have affected our carbon figures, such as Covid, but the largest single effect is the 49% reduction in the carbon intensity of UK grid electricity. Our electricity *consumption* has remained level across the period (an 0.8% increase), but the decarbonisation of the UK electricity grid has resulted in a significant drop in emissions.

Our proportions are shown below in the NHS Carbon Footprint format.

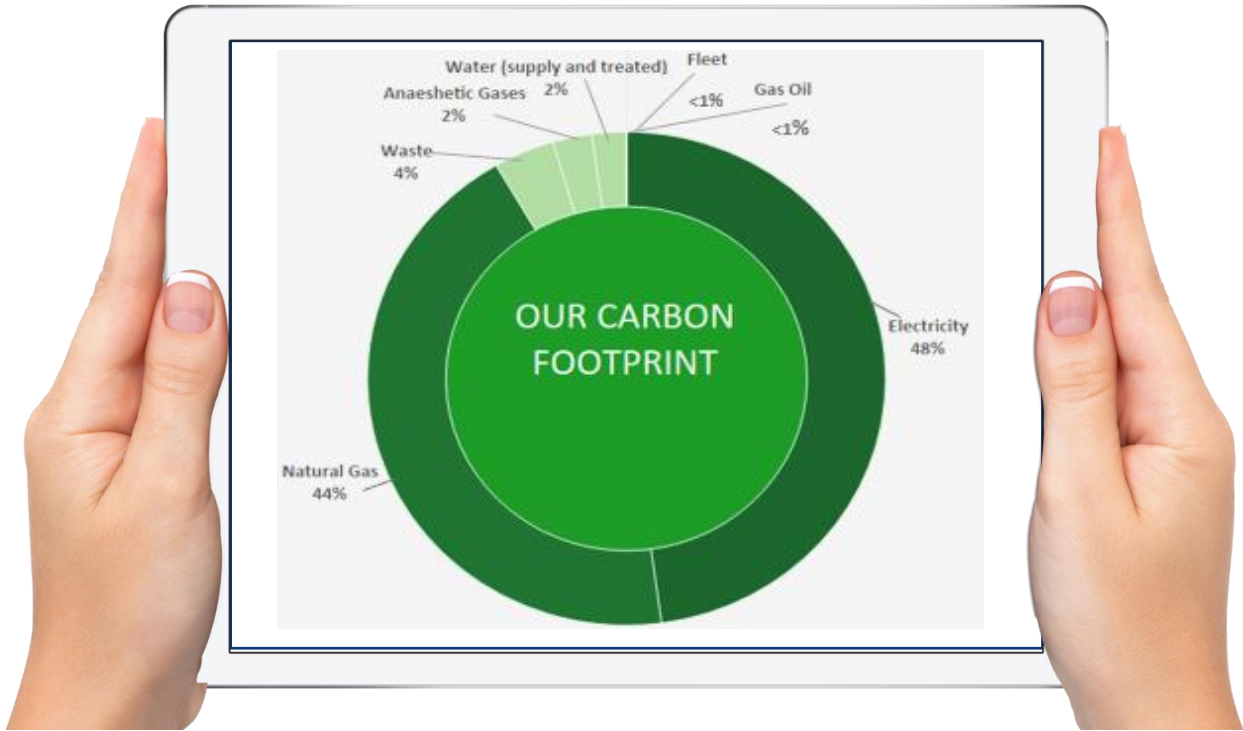


Figure 4: NWAFT's 2020/21 'NHS Carbon Footprint'

To ensure that the Trust is monitoring its progress in reducing carbon emissions, we will calculate our footprint annually and report this to the Board which will be a part of our Annual Report which we share with staff, patients, visitors, the local community, and other stakeholders.

Our Vision

Our trust vision is:

“Working together to provide outstanding care for our local communities

In order to provide outstanding care to our local communities, we must protect them from the harm of climate change and so sustainability is a core part of this wider vision.”

“Sustainability

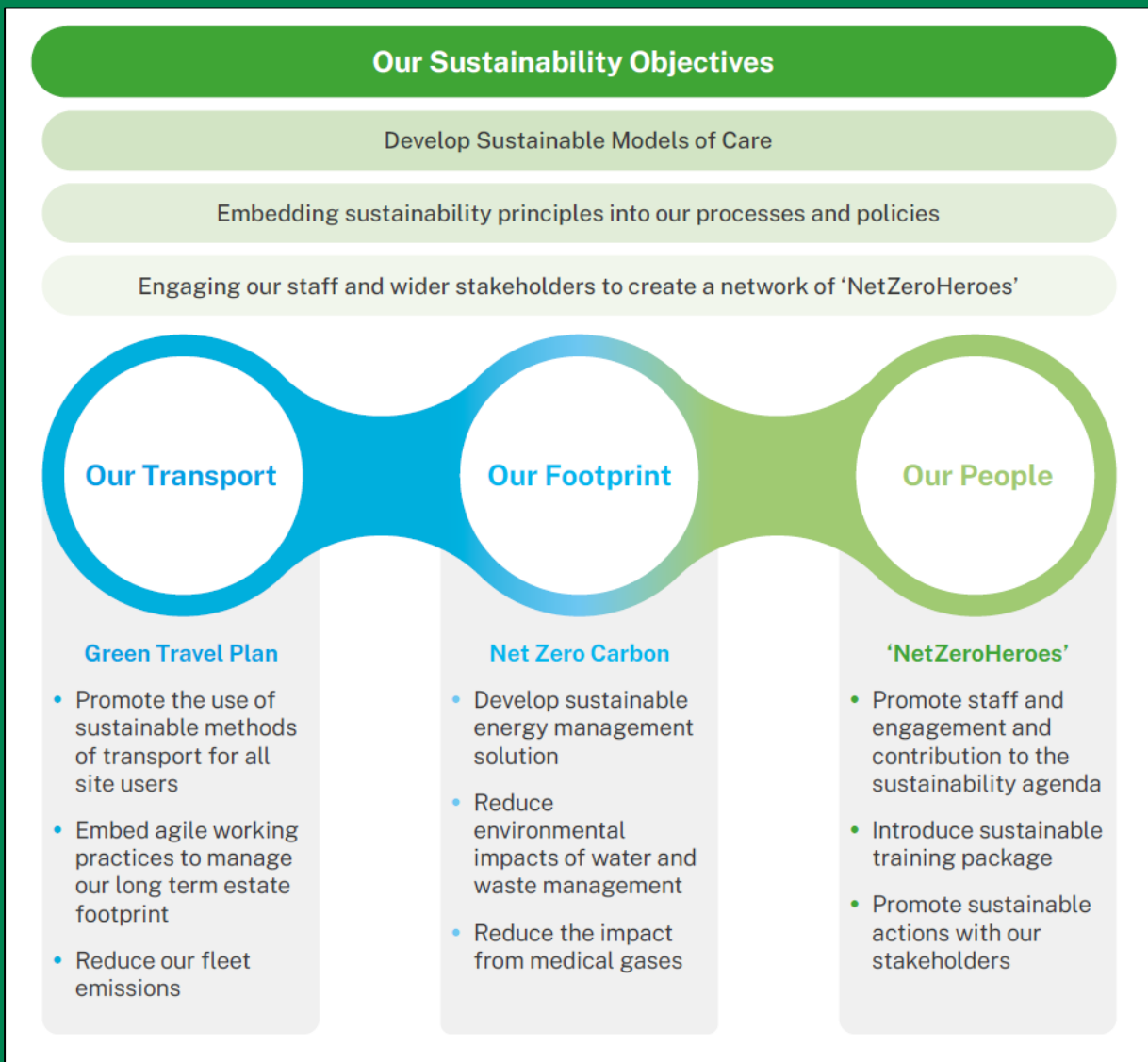
Protecting our fragile planet and the environment around us is no longer optional. We will take a bigger role in delivering sustainable healthcare to protect the wellbeing of our local communities for generations to come. We will take giant strides, not steps, to reduce the environmental damage.”

Our Aims

‘Delivering long term sustainability’ Is one of our five Trust Strategic Goals, both Environmental and Financial.

“Environmental sustainability”

We play a major environmental role in our local community affecting not only the air and water quality for those living close to our sites but also the wider environment through the choices we make to limit the damage caused to the climate. We will set ambitious targets and monitor our performance recognising that an environmental sustainability strategy will bring many social benefits too.



Our Priorities

Our immediate priorities are aligned with our objectives above and other items detailed within this plan:

Workforce and System Leadership	✓ We will create an Action Plan from our Green Plan and create working groups to hold responsibility for the delivery of our immediate aims
	✓ We will write and publish a Talent Management Strategy
	✓ We will finalise our Social Responsibility Policy
	✓ We will add sustainability training to our induction program
	✓ We will introduce climate change awareness training for staff
Sustainable Models of Care	✓ We aim to continue to deliver 40% of consultations virtually on an ongoing basis, above the NHS target of 25%
	✓ Initially we are focussing on providing Diagnostic Hubs in areas with higher deprivation to improve equality
Digital Transformation	✓ We are currently working on a new Digital Strategy; we are engaging with our patients on their needs currently as part of the patient engagement forum
	✓ We will promote further reductions in paper usage by removing photocopiers where not needed
Travel and transport	✓ We intend to hire a Travel Co-Ordinator who will act as the cycle to work champion as well as leading on car free agenda, and will report into our new Environment and Sustainability Manager
Estates & Facilities	✓ We are hiring an Environment and Sustainability Manager, who will cover utilities, waste and water from a strategic perspective and ensure we reach the NHS Carbon Footprint Net Zero targets.
	✓ We will put in place a regime of usage-reduction projects in line with the Step 1 suggestions within the Estates 'Net Zero' Carbon Delivery Plan to make every kWh count.
	✓ Develop phased plans to replace lighting with LED lights over a three year period
Medicines	✓ We will reduce the proportion of Desflurane to Sevoflurane to 10%
	✓ We will monitor NOx emissions going forwards and target to reduce
	✓ We will monitor the proportions of low emission inhalers prescribed
Supply Chain and Procurement	✓ We will publicise our Green Plan to our existing Supply Chain
	✓ We will adopt the new NHS Evergreen Supplier Framework
	✓ We will identify our suppliers who are SME and quantify our spend with SMEs going forwards
	✓ We will develop projects to reduce the use of single use plastics
Food and Nutrition	✓ We will create a formal Food and Drink Strategy to capture our existing and future plans in this area. This will include a meat free day each week.
Adaptation	✓ We will create a Climate Change Risk Assessment. This will allow us to then aim to create an Adaptation Plan.
	✓ We will ensure that projected climate change scenarios are considered during building design.

Reducing our Carbon Impacts

Figure 5 below shows our *estimated* carbon emissions from 1990/91 to 2014/15. In the absence of actual data, we have assumed that the Trust made equivalent reductions to the NHS as a whole (54% reduction from 1990 to 2015).

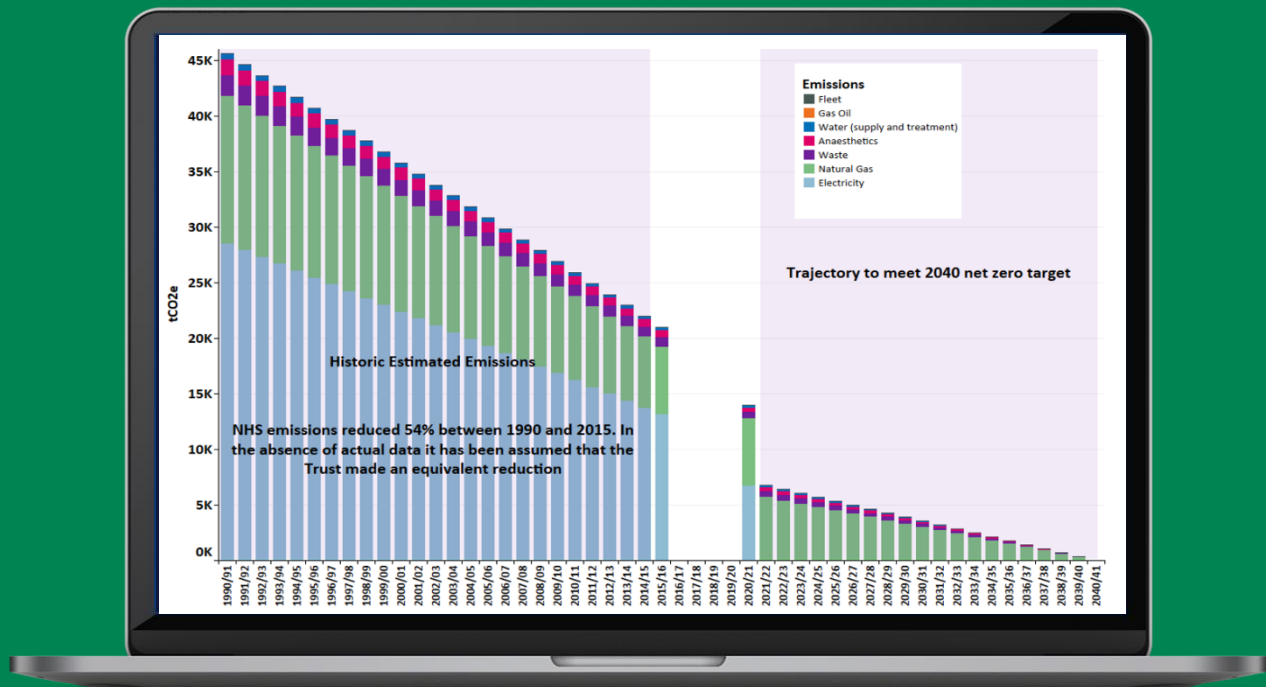


Figure 5: our carbon footprint trajectory and net zero targets. Note that the only years of actual data are 2015/16 and 2020/21.

NWAFT have invested in a low-carbon electricity tariff from April 2021. We do not have our 2021/22 figures at the time of writing, but our REGO-backed tariff will remove electricity from our carbon footprint from 2021/22 onwards, as can be seen in the large step down from 2020/21 to 2021/22 in Figure 5 above. NHS targets are to reach net zero emissions by 2040, with an interim target of an 80% reduction (against a 1990 baseline) by 2028-32. We are pleased to report that our investment in a low-carbon electricity tariff, combined with our broader efficiency measures, mean that we have already hit the interim target. This places us in a good position, but the incremental effort required to reduce each additional tonne of Carbon equivalent increases significantly, so we cannot be complacent.

We recognise however that a REGO-backed tariff does not completely remove our emissions from electricity and BEIS best practice is to also state emissions were the tariff not purchased. The Grid Equivalent will be used internally within business cases to drive consumption reductions on electricity and ensure focus is not lost.

We also note that there are within our NHS Footprint Plus Transmission and Distribution losses from Electricity which are not captured here.

We will aim to reduce further than this trajectory requires and by the end of this Green Plan we will have a firm idea of what is achievable by 2028 and will set ourselves an ambitious target to ensure we continue to overachieve.

Workforce and System Leadership

This document has been created with support from our board leads and stakeholders across the organisation to ensure it reflects the current aspirations of the teams who can impact its delivery. It has also been board approved prior to issue to ensure accountability and engagement at all levels.

Governance

We have nominated three board leads for various facets of sustainability and are creating a board sustainability governance policy which will include the structure of our various workstreams to support delivery of this Green Plan.



We will create an Action Plan from our Green Plan and create working groups to hold responsibility for the delivery of our immediate aims. Our intent is for our working groups to fall into the above three workstreams; Travel, Net Zero Carbon & 'My Green Pledge'. We hope by taking this approach to ensure that each area has suitable focus and accountability.

One of our key actions will be to undertake an in-depth Mid-Point Review utilising all new guidance and tools issued by NHSi over the coming year to support our development of more in-depth actions.

Workforce

Health and Wellbeing of our staff is hugely important to us, and to the sustainability of the Trust. We have appointed an Executive Lead for Health and Wellbeing and have begun to make excellent progress in this respect.

Agile Working

We moved to agile working as a Trust during the pandemic but this was done reactively, not aligned to the Trust Strategy, People Plan or Talent Management. We are now reviewing this in line with the new policies being written and including our digital team in the design to ensure it is sustainable technologically.

Emotional Wellbeing

During 2020 we rolled out designated rooms/areas as emotional wellbeing spaces for our staff where they can drop in for a few minutes to share their worries or if they are having a 'wobble' and just need to say it out loud, cry a little or just sit quietly. This went along with a bespoke Wellbeing Wheel, training and toolkit that we developed for line managers to use to talk about wellbeing with their staff. We encouraged every member of staff to have a wellbeing conversation with their teams and held "Awesome August" Health and Wellbeing Week and Winter Well-Being week in December. We are tracking uptake of Health and Wellbeing conversations from next year and strengthening our well-being support with psychological and other services and support.

Staff Retention

We track the Health and Wellbeing of our workforce daily with our sickness/absence information and weekly with occupational health information. We hypothesised that we were seeing a large absence due to stress during the pandemic, however whilst we saw a slight increase it was not to the extent we expected to see. We have seen some increase in stress/anxiety/depression absence, but the impact was felt more due to pandemic resourcing issues due to other sickness. We have created a very supportive "Absence Policy", with an early intervention approach with fast-track to mental health services and psychologists provided on-site for support.

Talent Management & Scope for Growth

We will write and publish a Talent Management Strategy over the next year which will be based on the People Plan and will help us to begin to put in place training regimes for our staff. We have been inducted onto the new "Scope for Growth" framework which will support us to structure career conversations with our staff. It views everyone as talent and puts our NHS workforce at its centre so we can best understand them and their aspirations. Our Ambition for

Talent is that it mobilises the many, rather than a special few at the Trust, and therefore unleashes potential across the whole workforce driving greater retention, skill development, mobility and pipelines to critical roles within the Trust and across the ICS enabling and supporting both internal and system wide talent management.

The “Scope for Growth” framework covers 3 key areas:

- Health and well-being, motivations, values, traits, behaviour, and performance
- Career history as a whole and levels of fulfilment
- Current role and future career aspirations

Our focus for the launch of Scope for Growth is on Operations and General Management, with a clear priority around Diversity & Inclusion as we struggle to ensure we are equitably represented in these roles and in growing our own or recruiting externally into these posts.

Volunteers

We were awarded a two-year grant by the Pears Foundation to implement a young volunteers programme which has allowed us to recruit and employ a full time Volunteer Co-ordinator.



Our first cohort of 16–19-year-olds started with us in January 2020 for a 6-week program to support our Elderly wards and Discharge Lounge. Three quarters of those who started the program want to continue to volunteer with us in some way. These young people could be our future workforce.

'We get to learn many things not taught in schools': Young volunteer Aditi from North West Anglia NHS Foundation Trust

Our partnership with Switch Now is a long-term success story for the Trust. Switch Now provides anyone (18-30 years old) with learning difficulties and disabilities supported training to develop employment skills, with the objective to be 'work ready'.



In 2016 we welcomed our first volunteer Chris, in 2019 we welcomed 6 more volunteers into Hinchingsbrooke Hospital and Chris has become an immensely proud volunteer at the hospital, so much so he is now a buddy to one of Switch Now's newer co-workers volunteering at the hospital. Since Switch Now volunteers have been working with us, we have seen their confidence, self-esteem levels and employability skills vastly improved, along with their mental health and well-being, which should improve their long-term health outcomes.

We will finalise our Social Responsibility Policy to enable our staff to volunteer easily outside of the Trust.

Menopause Monday

Our Menopause Policy launched on Menopause Monday with over 200 attendees for our speaker session. As a Trust with significantly more female staff than male this is a crucial area for us to educate our managers on, to ensure staff feel supported and we are retaining staff who may well otherwise feel unable to continue their role or career in the NHS.

Leveraging our Workforce

Our workforce are our talent and will drive us forwards if given the right support. We will add sustainability training to our induction program and intend to offer CPD learning on sustainability. As part of this goal we will continue to track progress in improving the standard NHS tools for learning management to encompass the wider training needs of our workforce.

Sustainable Models of Care

The term Sustainable Models of Care refers to the principle of delivering Care Pathways with reduced carbon impacts, as well as activities and interventions that reduce patient demand on the Healthcare system by negating the need for Healthcare Interventions. This includes reducing unwarranted variations in care delivery.

One of the core reasons for the merger which created North West Anglia NHS Foundation Trust was to remove variations in quality of care across the sites. Our Clinical Strategy clearly mirrors the goals of sustainable care:

“We will move beyond our traditional role of District General Hospital (DGH) to be a co-provider of integrated secondary, primary and community services for our local population. We will keep our population healthy and reduce admissions to hospital through increased ambulatory care, providing specialised care locally in partnership with specialist providers, and give more advice and guidance to primary care physicians”

This is an area where we have made great progress already and need now to improve quantitative assessment of the co-benefits of our newer approaches.

Remote Consultations

During the Covid pandemic 70% of consultations were delivered remotely. We aim to continue to deliver 40% of consultations virtually on an ongoing basis, above the NHS target of 25%.

Virtual Wards & Drive-Through Clinic

Our award-winning Diabetes team have established a virtual ward system to enable discharge of patients who would otherwise need to remain in hospital for monitoring to instead be provided with care at home. Peterborough City and Hinchingsbrooke Hospitals both put in place drive-through clinics for spirometer monitoring of lung function whilst reducing the risk of Covid-19 to patients and staff and improving waiting times.

Diagnostic Hubs

Our community hospitals are being used more for diagnostic services, referring patients to the nearest clinic, which may be a partner site, where they receive the right level of care closer to home and with the opportunity for joint engagement with GPs and community carers. This integrated approach will be more sustainable and help alleviate capacity issues on Trust sites which can impact on quality of care. Initially we are focussing on providing this in areas with higher deprivation to improve equality.

See and Treat

For some of our specialities, patients are offered the option of treatment at their first outpatient appointment to reduce time cost to the patient and transport requirements to site for a follow-up appointment. We hope to quantify the impact of these changes as we roll them out to other specialities.

Designated Hospital Status Reduces Transportation Out of Area

Cancer patients in Huntingdon aged between 19-24 years no longer need to be transferred to CUHFT for their care as the Trust has designated Hospital status for the care of Teenagers and Young Adults with cancer.

Digital Transformation

Innovation and Digital technology play a significant part in our everyday lives and have improved the way we socialise, shop and work. The potential for innovation and technological advances to continue to deliver improvements is significant and healthcare is no exception and whilst this is a relatively new area of focus, it is likely to provide critical sustainability improvements.

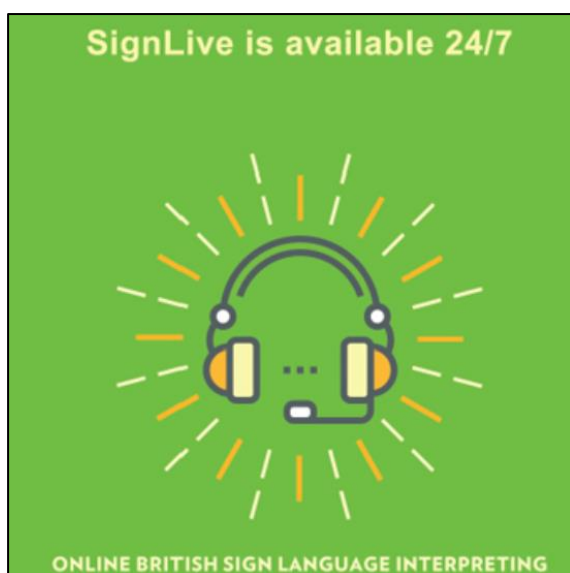
Our Trust adapted rapidly to the changes needed during the pandemic, with approximately 1/3 of our staff switching to remote working and “attend anywhere” remote consultations being set up.

Staff

Across the NHS there is an urgent need to address current and future capability and capacity challenges and to build a future workforce with the right skills and shape, but nowhere is this more significant than within technology. We are keen to develop graduates and apprentices and are involved in the Graduate Digital, Data and Technology Programme (DDaT).

Apps

As a Trust we embrace the use of apps to improve our care models. We have a forum to agree which apps we will use within a department based on our consultants’ recommendations and have seen positive uptake in certain areas such as Urology treatment for teenagers.



In 2019 we worked with the Cambridge Deaf Association to implement “Sign Live” live video interpreting, an innovative application where translation for deaf patients can be accessed quickly and simply remotely.

All translators on the App are highly qualified, have at least five years’ interpreting experience, are NRCPD-registered and DBS/PVG licenced. This has improved the accessibility of our services and we hope will improve health outcomes for our local deaf community.

We aim to have a Trust app in future and will understand our route to achieving this within the term of this green plan.

Digital Aspirant

The Digital Aspirant programme helps NHS trusts raise their digital maturity by supporting organisations to deliver a set of core capabilities, reducing the gap between the levels of digitisation across the NHS.

We are thrilled to have been selected for the Digital Aspirants wave two seed funding to receive £250,000 to develop our digital strategy and business case.

As we are currently working on a new Digital Strategy, we are engaging with our patients on their needs currently as part of the patient engagement forum. We expect the new strategy to include a pathway to remove data centres from our sites and it will consider enabling actions to assist other areas of the Trust on our sustainability journey.

Travel and Transport

The NHS Standard T&Cs 21/22 make it incredibly clear how much of a priority reducing emissions from Transport and Travel are for the NHS from an air pollution perspective:

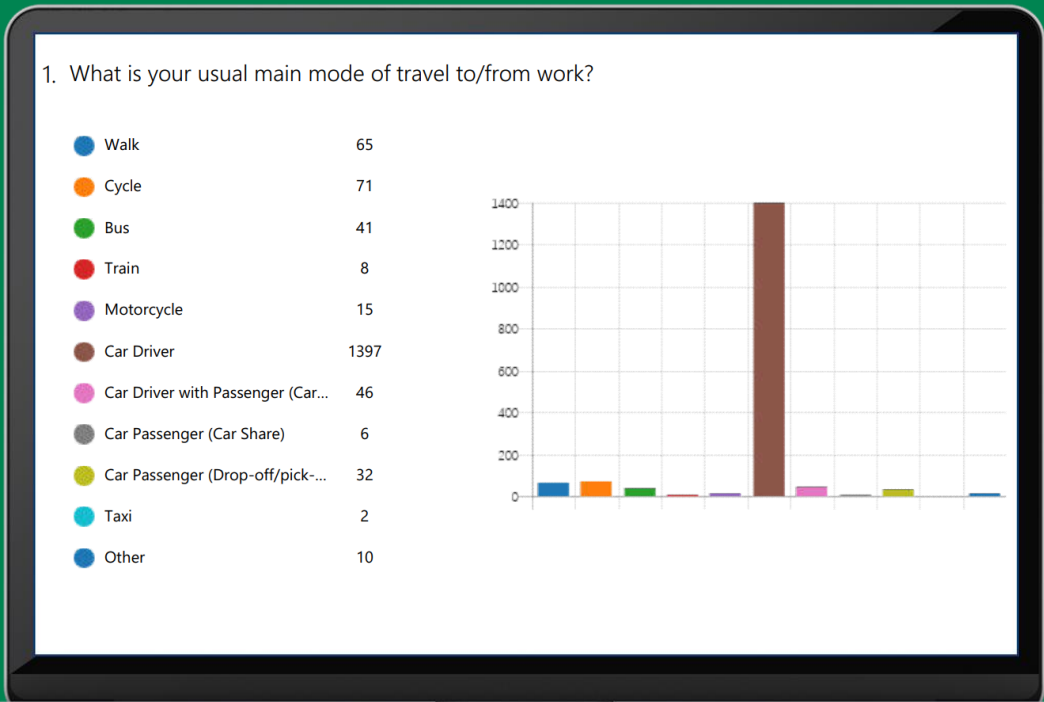
“18.4.1 air pollution, and specifically how it will, by no later than 31 March 2022:
18.4.1.1 take action to reduce air pollution from fleet vehicles, transitioning as quickly as reasonably practicable to the exclusive use of low and ultra-low emission vehicles; ...
18.4.1.3 develop and operate expenses policies for Staff which promote sustainable travel choices; and 18.4.1.4 ensure that any car leasing schemes restrict high emission vehicles and promote ultra-low emission vehicles;”

Our Trust Travel Plan encompasses the full range of travel and transport impacts across staff, and patients. It includes a consultation with the workforce around travel preferences including questions on how more active travel could be encouraged.

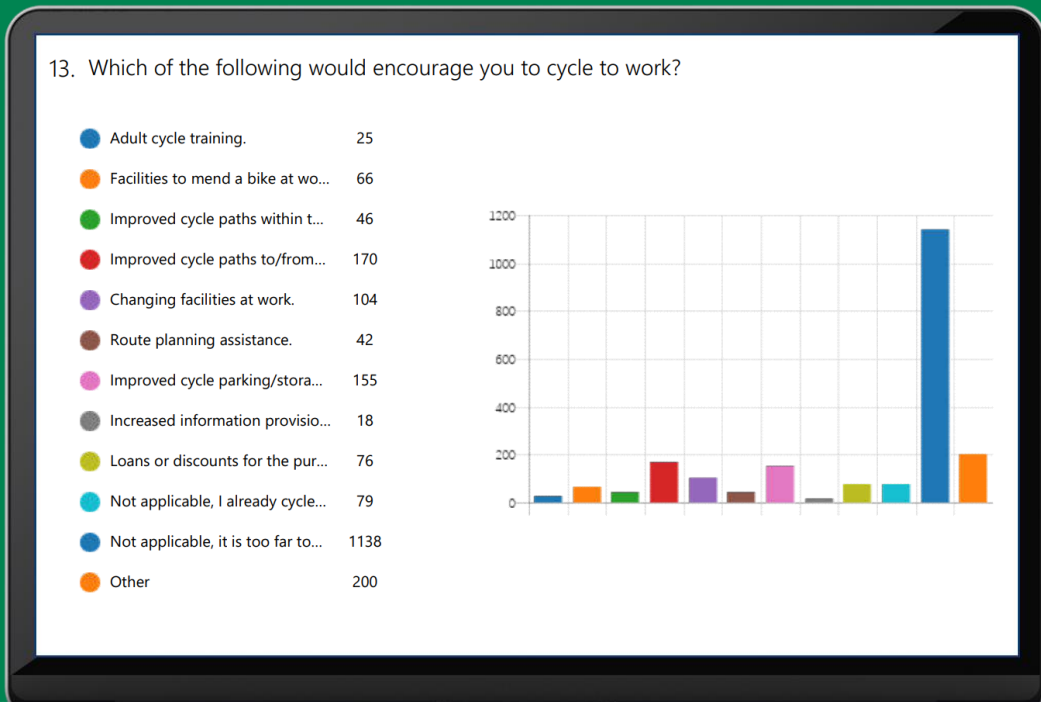
Our objectives are clear:

Objective Number	Objective Description
1	To ensure that staff can adequately access the Trust's sites (Peterborough City Hospital, Hinchingsbrooke Hospital, and Stamford and Rutland Hospital) by non-car modes.
2	To manage the parking supply in a fair and equitable manner. ²⁷
3	To reduce the Trust's transport carbon footprint in line with NHS carbon reduction targets.
4	To provide safe and efficient management of traffic and travel within and around Hospital sites.

The majority of our staff self-report that they drive to work, without passengers or car sharing. Only a very small quantity currently uses public transport. If we can work with our local councils to improve on services for our staff, we may be able to significantly reduce emissions from staff owned vehicles.

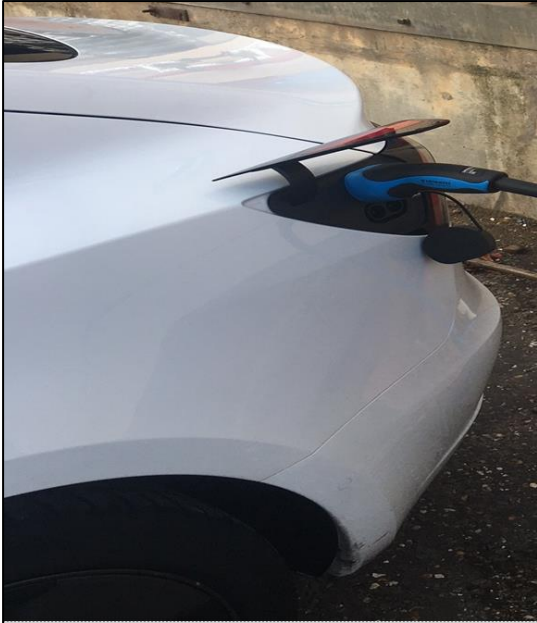


It is clear that whilst a significant portion of our staff feel their commute is too long to consider cycling to work there are actions which we can take to improve our facilities or work with local partners on cycle routes to increase the proportion of our staff who are traveling actively to work significantly.



Electric vehicles

We initially installed some EV charging for our own Estates Vehicles and our soft FM provider to utilise to reduce our fleet emissions ahead of a strategy for staff and patient charging. We are establishing an EV rollout plan and initially whilst this is created are targeting ten new charge points per site.



Alongside our Green Travel Plan we have developed a Car Parking Management Plan which supports more usage of public transport, active travel alternatives and car sharing.

We intend to hire a Travel Co-ordinator who will report into our new Sustainability Manager once in post and will begin to refine and own the Action Plan outlined within the document to meet the objectives of our Travel Plan.

Estates and Facilities

The Trust has a disparate Estate ranging from state-of-the-art facilities to heritage buildings. Clinical Strategy has traditionally driven our estate strategizing and will continue to do so, however Sustainability must also be considered beyond the financial going forwards.

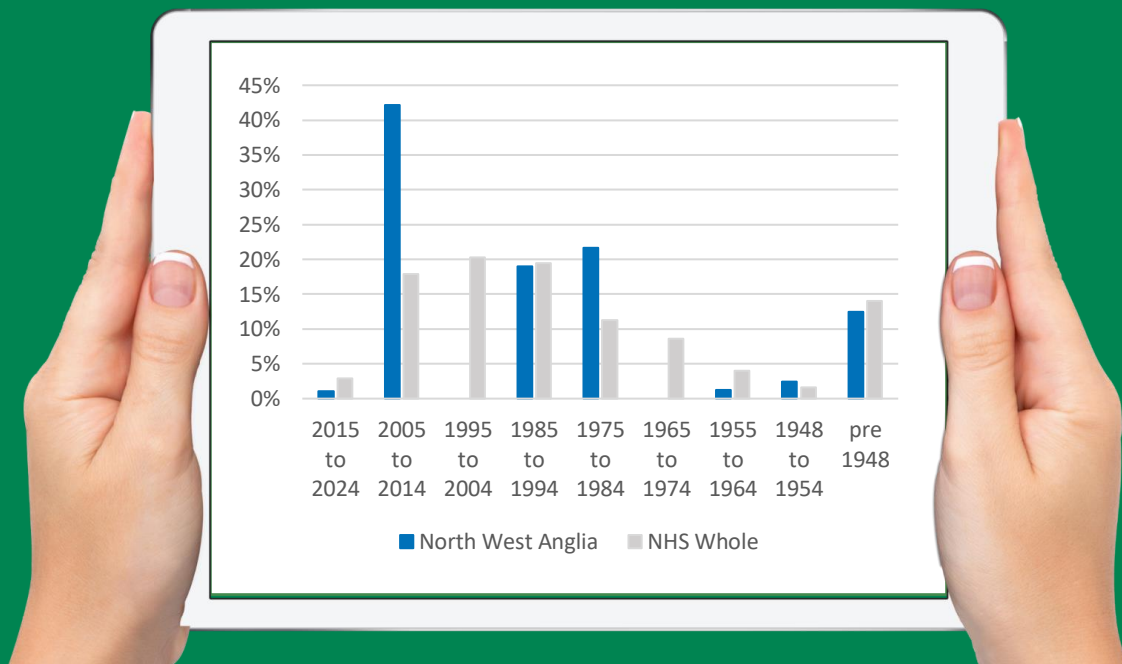


Figure 6: the age of the buildings in our estate compared to those of the NHS as a whole

We have a significant challenge in decarbonising our estate, similar to the NHS as a whole, with over 10% of our buildings constructed pre 1948 and a further 40% built around 40 years ago. This means that the thermal performance of our buildings is significantly worse than more modern estates and deep refurbishments will be needed to maximise efficiency.

We also face a significant challenge with a portion of our estate under PFI agreements where considerable investment will be needed by all parties in order to meet Net Carbon Zero targets, we will work with our partners to gain their commitments to the aspirations of our Green Plan.

We are working to ensure we improve on our estate whenever possible and target BREEAM Excellent as minimum criteria on our designs. Our Hinchingsbrooke New Theatre Block project design stage meets this, but in the long term the Hinchingsbrooke site requires significant redevelopment and we have also invested £2.6m of our own resources to developing a SOC for full redevelopment to Net Zero as part of a possible New Hospital program.

In all our sites we are upgrading to LED lighting and our HH treatment centre is already at almost 100% LED, which has delivered carbon and cost savings. This programme will be rolled out in PCH and SRH as an on-going commitment to invest in sustainability.

Case study: Captain Sir Thomas Moore House



During the pandemic we were required to innovate quickly and chose to do so in a way which prioritised sustainability. We needed to deliver urgent new accommodation within close proximity to our Hinchingsbrooke Hospital for ten clinical staff, and within 13 weeks 'Zed Pods' were installed on site.

These homes were built with SAP-A rated energy-efficient performance standards that exceed the building regulations and offers an example of scalable, high-quality, zero-carbon, modular homes.



Gas and electricity consumption

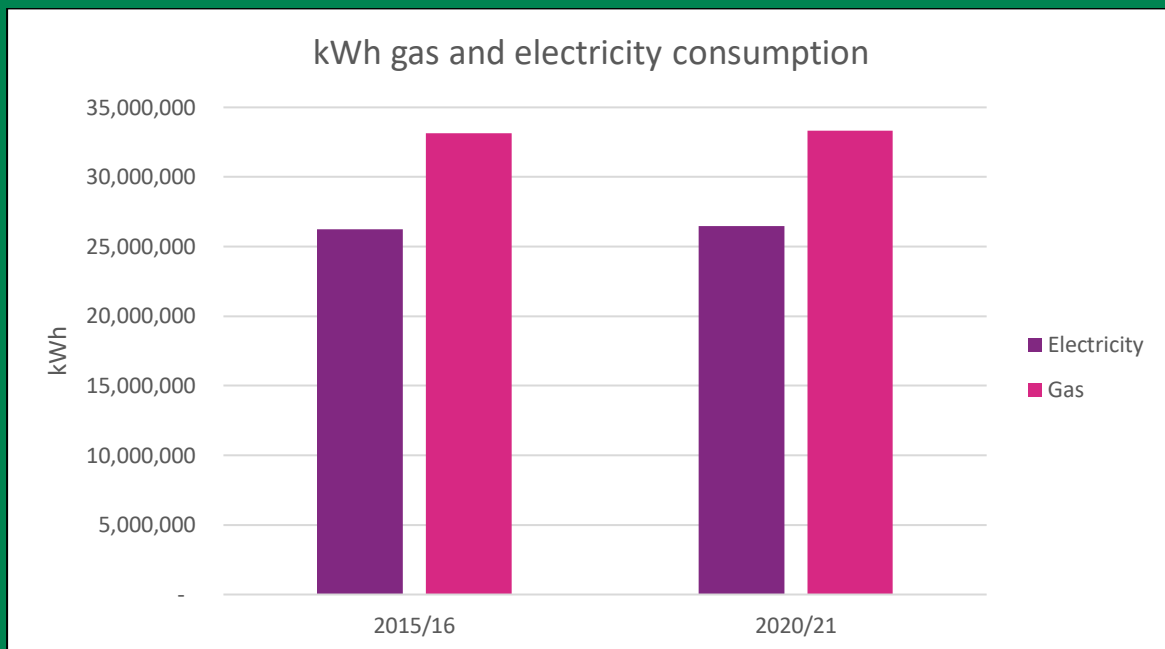


Figure 2: gas and electricity consumptions

Our gas and electricity usage have not shown any significant trend of decrease since 2015, which means our reductions in footprint have been driven elsewhere in the trust and in grid decarbonisation. We will put in place a regime of usage-reduction projects in line with the Step 1 suggestions within the Estates 'Net Zero' Carbon Delivery Plan to make every kWh count.

We have also invested in a zero-carbon electricity tariff from April 2021, which will significantly reduce our carbon footprint.

We are hiring a Sustainability team over the next 6 months to support us through this journey and take responsibility for utilities, waste and water from a strategic perspective. They will also help to develop plans for optimising our existing estate further to ensure we reach the NHS Carbon Footprint Net Zero targets.

Case-study: innovative UPS System

Powerstar is providing an innovative Uninterruptible Power Supply (UPS) and power management system for our Peterborough City Hospital site to accelerate our transition to net zero. With a total of 1.5MWh of battery storage built in, the cheapest, greenest electricity can be purchased from the grid, or sold back when not required.

This is the only battery storage system with integrated Voltage Regulation, which directly saves 7.5% of electricity, alongside HTM-06 compliant UPS.



Consuming a fraction of the energy of a traditional UPS system and lasting twice as long, the total installations will save the trust over £250,000 per year, reduce our electricity usage, and correspondingly reduce our CO₂ grid equivalent emissions from electricity.

Water and waste

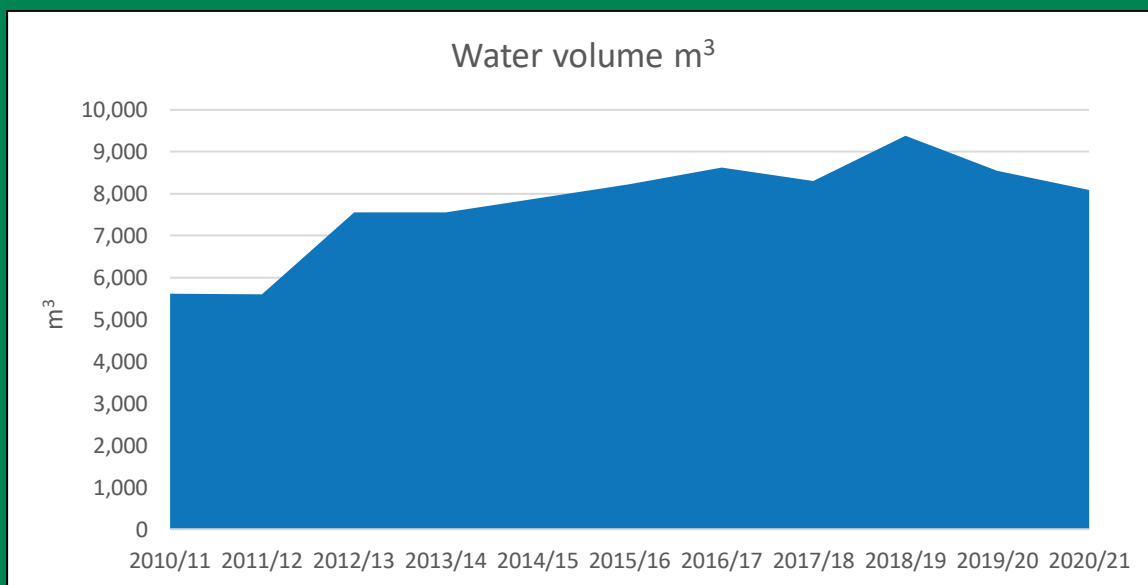


Figure 3: water consumption since 2010/11

Our water consumption was on a general increasing trend from 2010/11 to 2018/19, but we are pleased to have reversed this trend since then. We continue to monitor this data to better understand the trends and to drive further improvements in water efficiency.

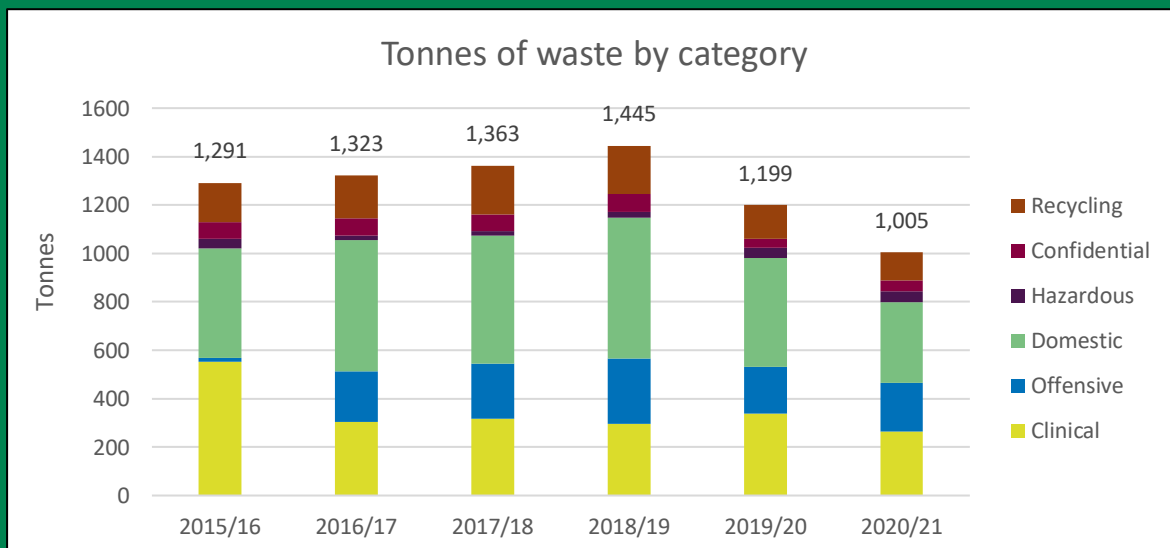


Figure 4: waste arisings by category since 2015/16

A visible impact in the above is additional segregation moving more waste previously designated as “Clinical” to more correctly be processed as “Offensive”. This significantly reduced our Clinical waste impact.

Other waste streams have remained predominantly static, other than Domestic which has seen sustained reductions since 2018/19. As discussed in our Supply Chain and Procurement area of focus, we have recently tendered waste services with a focus on sustainability.

Our Trust Waste Policy includes the objectives to “Explore ways to minimise waste through responsible purchasing, waste minimisation and increased recycling” and to “Ensure waste is managed effectively to minimise impact on the environment”. We are working to move our waste management processes up the waste hierarchy and recognise there are improvements to be made here in reuse and recycling. We collect used walking aids from patients, and if in good condition and therefore safe, we clean and recycle for patient use.

Case study: upcycling curtains



In a dual sustainability win, this year one of our staff champions identified fire retardant curtains which were to be thrown away and decided to repurpose instead, solving an issue costing resources on laundry and reducing our waste.

Our champion identified that the curtains could be sewn into bed covers for beds stored in corridors to ensure they remain clean and ready for use.

Biodiversity & Green Space

Green space can be incredibly important in-patient experience and improving the wellbeing of our staff.

The Malcolm Whales Foundation, which raises money to support younger people who have received a cancer diagnosis, generously pledged ten thousand pounds to regenerate the garden area at our Hinchbrook Hospital Woodlands site, which is located next to the waiting room for cancer patients.



Our support volunteer team now ensure this space is kept beautiful and feedback from our patients is highly positive about how it has improved their experience.

We intend to look for additional opportunities to roll out similar projects across the estate.

Case study: robotic scrubber-dryer

We have embraced innovative approaches to managing our estate day-to-day and in partnership with Mitie introduced a state-of-the-art cleaning system to our Hinchingsbrooke site in 2017, named 'Moptimus Prime' by the public.

The robotic scrubber-dryer uses ultraviolet technology to eliminate 99.9 per cent of viruses and bacteria, and its advanced purification and recycling system can save up to 26,000 litres of water and chemicals associated with manually operated auto-scrubbers. As part of our efforts to reduce the impact on the environment, we will also use only using cleaning products in pre-dosed sachets to limit the amount of chemicals used. The sachets are made of 100 per cent recyclable material to help reduce waste from packaging.



Medicines

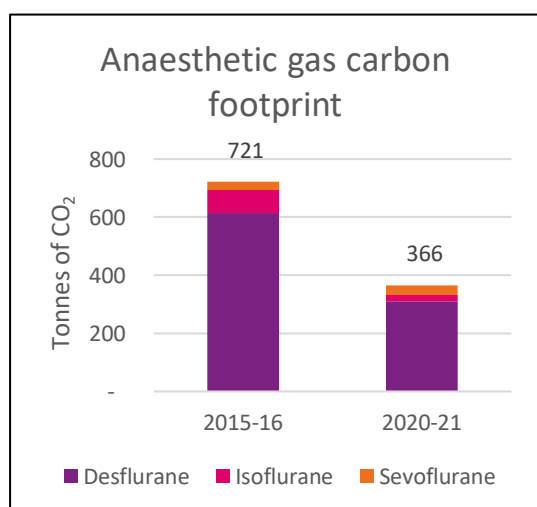
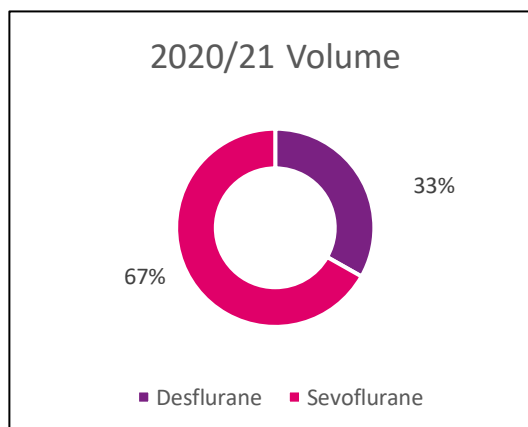
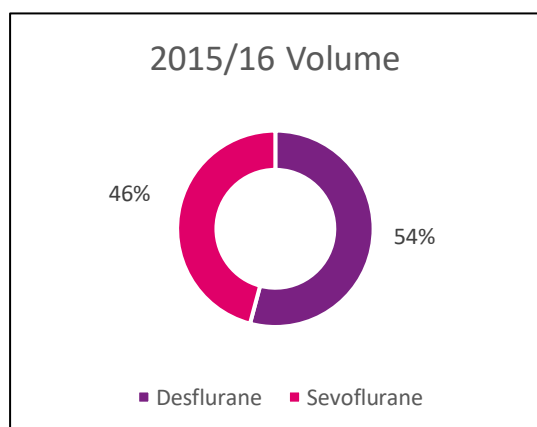
Medicines and associated medical equipment is a significant portion of our Trust footprint. We need to identify clinically appropriate ways to reduce carbon emissions from medicines and their use.

Anaesthetic gases account for 2% of all NHS emissions. Desflurane has 60 times the environmental impact of less harmful alternatives, for the same clinical outcome. Using a single bottle of Desflurane has the same global warming effect as burning 440kg of coal.

The NHS Standard Contract 21/22 states:

18.4.2 climate change, and specifically how it will, by no later than 31 March 2022, take action: ... 18.4.2.2 in accordance with Good Practice, to reduce the carbon impacts from the use, or atmospheric release, of environmentally damaging gases such as nitrous oxide and fluorinated gases used as anaesthetic agents and as propellants in inhalers, including by appropriately reducing the proportion of desflurane to sevoflurane used in surgery to less than 10% by volume, through clinically appropriate prescribing of lower greenhouse gas emitting inhalers, by encouraging Service Users to return their inhalers to pharmacies for appropriate disposal.

The Trust has reduced the use of desflurane from 54% in 2015/16 to 33% in 2020/21. We need to reduce this to 10% by April 2022 and last quarter was 13%.



We have already reduced our Carbon Footprint from Fluorine gasses by 49% and expect to be below 200 in 2021-22.

Our Head Anaesthetist is establishing a very limited criteria for clinically appropriate use of Desflurane and the Trust will consult the science, aiming to remove all usage.

We already encourage Total intravenous anaesthetic (TIVA) to reduce quantitative usage and will write an Anaesthetics Policy to formalise this and the criteria.

We are gathering data on NOX for future targeting.

Another significant source of emissions is from propellant gases in meter dosed inhalers (MDIs), we need to prescribe options with lower global warming potential, for example Dry Powder Inhalers (DPIs).

CONSIDER GOING GREEN

Dry powder inhalers (DPIs) have a lower carbon footprint than metered dose inhalers: consider going GREEN (1st line). ***Please note that DPIs may not be suitable for all adults.*** Always check technique.

Optimising therapy to the lowest number of doses per day is GREENER.

Our new ICS care pathway for Pharmacological treatment of chronic asthma in adults aged 17 and over includes an explicit encouragement to use DPIs where suitable.

We will monitor the proportions of each prescribed and create a Trust target to reduce the proportion of MDIs and the overall quantity.

Supply Chain and Procurement

Sustainable procurement is the process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis. This means generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment.

Within the NHS it also means that we should use our purchasing power to influence the sustainability of our supply chain; it expands the concept of best value to include qualitative measures such as social impact and additional quantitative measures such as emissions and biodiversity impact.

The NHS uses products from more than 80,000 suppliers for items such as medicines, medical equipment, food, business and office goods. It is calculated the non-medicines supply chain produces 42% of the NHS Carbon Footprint Plus. Although we have no direct control over these emissions, we can use our purchasing power to influence and promote change.

We are directly targeted to take actions via the NHS Standard T&Cs:

“18.4.3 single use plastic products and waste, and specifically how it will, no later than 31 March 2022 take action:

18.4.3.1 to reduce waste and water usage through best practice efficiency standards and adoption of new innovations;

18.4.3.2 to reduce avoidable use of single use plastic products, including by signing up to and observing the Plastics Pledge;

18.4.3.3 so far as clinically appropriate, to cease use at the Provider’s Premises of single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo degradable plastics;

18.4.3.4 to reduce the use at the Provider’s Premises of single use plastic food and beverage containers, cups, covers and lids; and

18.4.3.5 to make provision with a view to maximising the rate of return of walking aids for re-use or recycling and must implement those plans diligently.”

Upcycling, recycling, and re-using

Wherever we can we try to avoid the need for new products to be manufactured. We have been using recycled paper as standard for many years now. We are proud of our scheme to collect used walking aids from patients and provide them onwards for new patients, and of our upcycling efforts to make bed covers out of unwanted fire-retardant curtains.

Social value

From April 2022 the NHS as a whole will adopt PPN06/20 which will mean that in all of our tenders there will be a minimum 10% weighting of the total score for social value. This will continue our journey with our supply chain towards the requirement for Carbon Reduction Plans aligned to the NHS Net Zero targets by 2024. We have already begun introducing these requirements into our tenders, including the recent publication of a construction tender with PPN06/20 requirements included. By April 2030 all suppliers to the NHS will be required to demonstrate their progress towards the NHS Net Zero targets and the NHS will no longer purchase from suppliers that do not meet or exceed our commitment to net zero targets.

The ICS Procurement Action Plan will support us to adopt a national approach to incorporating environmental and social value in procurements at ICS level, and to develop a robust process for managing net zero commitments. We will also adopt the new NHS Evergreen Supplier Framework – a mechanism to benchmark suppliers and shift to those that actively support NHS sustainability principles.

In line with the government's commitment that £1 in every £3 be spent with small businesses, we encourage SMEs to tender when we undertake a procurement exercise for an appropriate service or product. We don't currently record well which of our suppliers are SMEs but we are investigating ways to enable us to baseline and increase our spend with SMEs going forward.

Carbon-reducing tender specifications

The dramatic reduction to our carbon footprint brought about by our recent move to a low-carbon electricity tariff is an example of the power of procurement decisions to help us on our sustainability journey.

We recently tendered for transportation services alongside the community and mental health trusts, in which we applied pressure on the successful supplier to rationalise the frequency of transport between the trust sites. We intend to include a requirement to present data on vehicle-movement reduction in future tenders.

Our recent tender for waste management services required the successful bidder to propose their approach to delivering the service in a sustainable and environmentally friendly manner, and to demonstrate how their proposal adheres to environmental management standards and policies.

The procurement of a new building is a crucial sustainability intervention point, with long-lasting effects on a range of physical and social impacts. To this end, we target a minimum BREEAM rating of 'Excellent' for all our new builds. This ensures that our buildings will make strong positive contributions to a broad range of areas, from the health and wellbeing of our staff to the biodiversity of our estate and the lifecycle costs of our buildings.

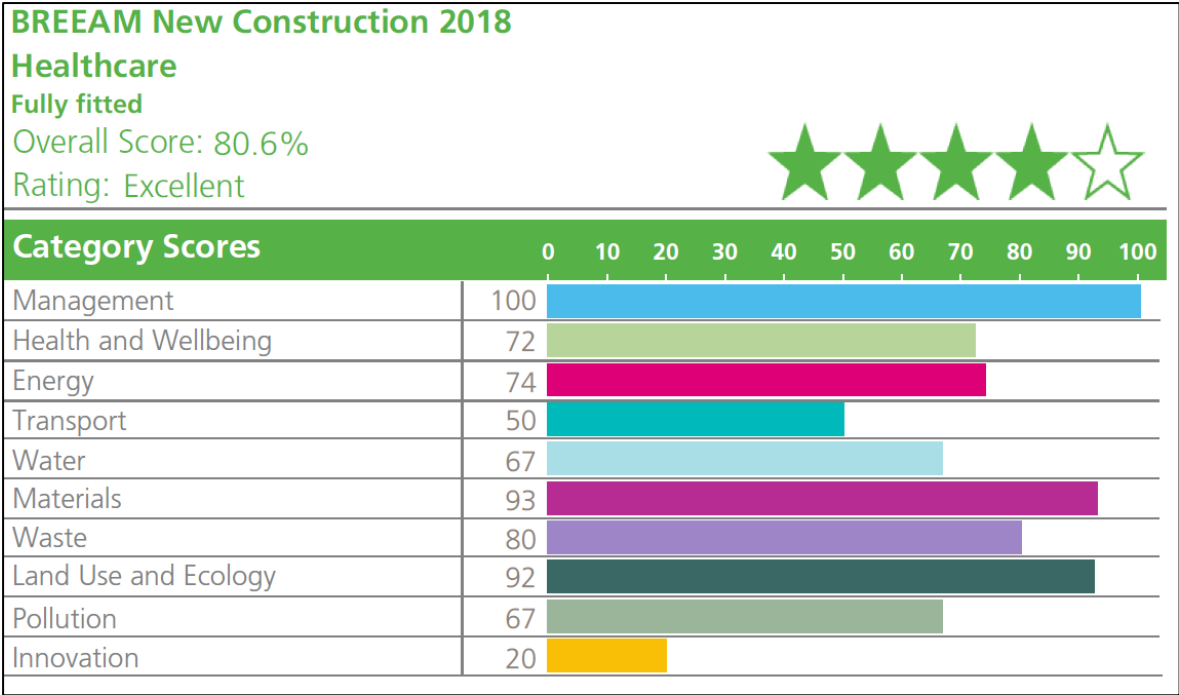


Figure 7: Extract from the design stage BREEAM certificate for Hinchingsbrooke New Theatre Block issued in July 2021, targeting an 'Excellent' rating.

We will consider higher standards and are committed to amalgamating new design ideas to target net zero as a goal in future.

Our initial key action here will be to publicise our Green Plan to our existing Supply Chain and educate them on the journey the Trust will be taking over the coming three years so that they can begin to work with us.

Food and Nutrition

A well balanced, nutritional diet is fundamental for health and well-being. Two-thirds of the British adult population are overweight, and 27% are living with obesity. Overweight and obesity is the third largest contributor to ill health and early death (behind smoking and poor diet).

Transportation of food is also a major source of carbon emissions – sourcing locally can ensure that these emissions are minimised, whilst maximising the benefit to our local community.

“Fresh Cook” Our award-winning catering service

A chef from our Hinchingbrooke Hospital was named Public Sector Chef of the Year in 2018 by the Craft Guild of Chefs. Our amazing Head Chef, Lisa Normanton was the first NHS chef to be presented with the award since it was introduced in 1993.

The catering team produce over 750 meals a day for patients on the wards, as well as other food outlets. All of the team’s meals are cooked from fresh on-site using ingredients that are sourced locally with high levels of nutrition and very little or no salt.

The team were further recognised by Health Business Award for Hospital Catering in a second award their fresh cooked meals with locally sourced ingredients.

All our sites receive high scores in Patient-Led Assessments of the Care Environment, with our PCH hospital offering 26 different choices of meals per day.



Supporting staff, patients, and visitors to source healthy food locally

We are proud of our efforts to support staff, patients and visitors to eat healthy locally sourced food. We have a bustling fruit and veg stall in the car park of our Peterborough City Hospital. We also provide free reception desk fruit and veg for our staff and our vending machines offer only healthy food and drinks, with no full-fat versions so staff and patients can access healthy food 24/7. Our popular Christmas Markets also allow staff, patients and visitors the opportunity to find locally produced craft products, supporting the local economy.

We will create a formal Food and Drink Strategy across our three sites to capture our future plans in this area. This will include a meat free day each week.

Adaptation

We must ensure that our Trust is prepared for the effects of climate in the future, including the effects on the health of our community and the operation and accessibility to our hospitals for staff, patients, and visitors.

Resilience

Our Chief Medical Officer attends our Local Resilience Forum with the CCG, Emergency services, Local Authorities, and the Environment Agency who meet regularly to discuss risks around the community and hold the County Risk Register. We understand our roles to mitigate community risks. Our health sub-group assesses risks such as flood risk from local rivers and ensures that infrastructure is in place to support in the event of an incident, the risks from weather and climate are assessed as part of this.

We do regular Emergency/Resilience Test Exercises with local emergency services and local agency partners in line with our responsibilities under the Civil Contingencies Act. Frequency of exercises was impacted by COVID, but we prioritised this action to continue as we recognise its value. Our most recent multi-agency practice was in September 2020 as a multi-service table-top and the learning points from this are now embedded into our Major Incident Planning

Our extreme weather event planning is in place for both cold and heatwave conditions, including providing cool areas for vulnerable patients, monitoring their hydration, and switching off heat emitting equipment where possible. One of our sites is a known challenge in regard to overheating and we actively mitigate this risk in the summer; switching off lighting, ensuring staff clothing is lightweight, supplying additional liquids and increasing air changes.

We have business continuity for water/power shortages and every area's Business Continuity Plan tells them what to do if water or power supply fails. This year we are increasing our power outage testing and black start testing.

Pandemics have been on our risk register for some time, with Disease 'X' always in consideration and we keep a very active view of community prevalence of disease via modelling both external and internal.

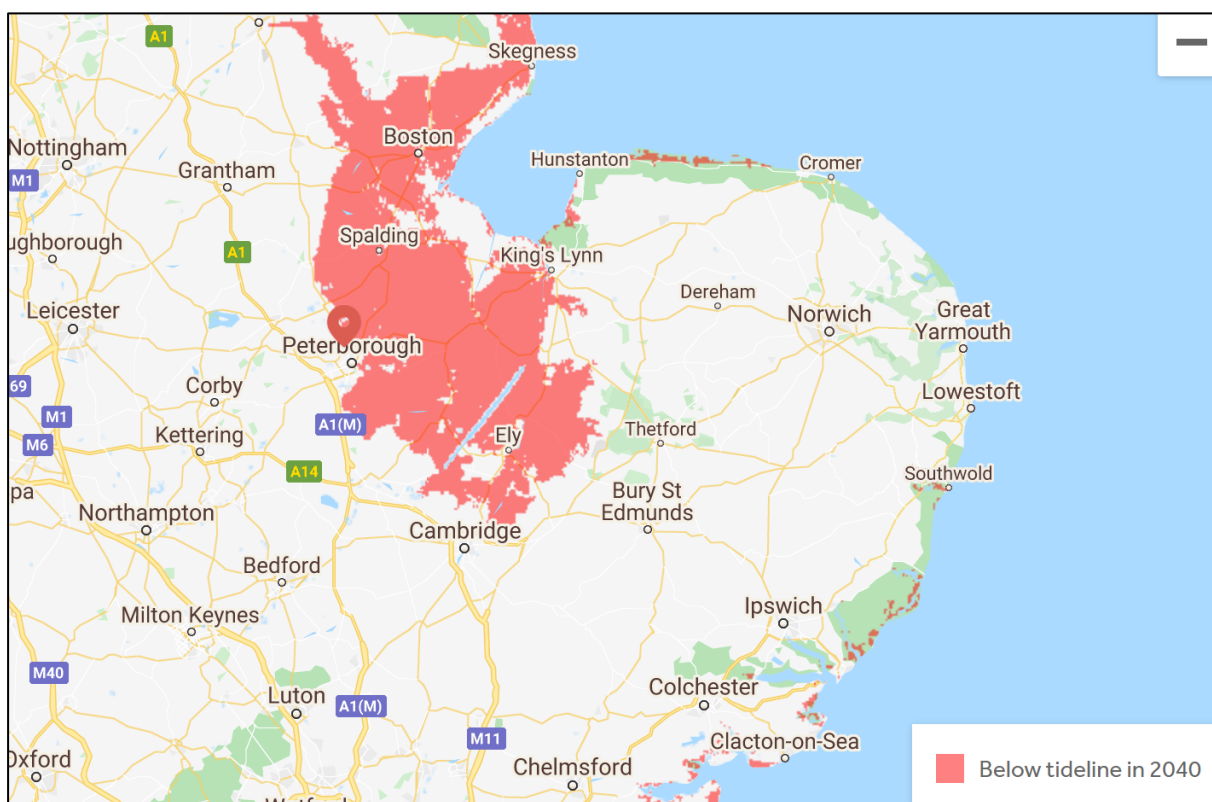
As an organisation we ensure we can maintain Business as Usual services to the last possible moment to maximise service delivery despite external threat.

Climate Change Risk Assessment

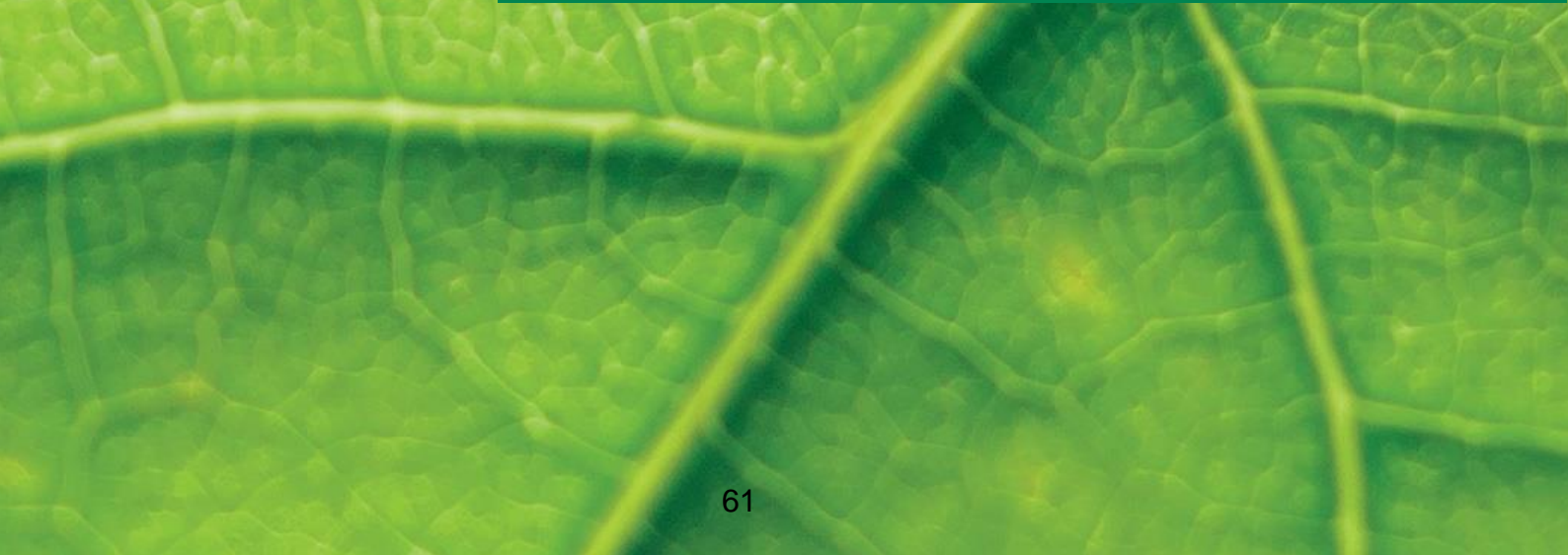
We will create a Climate Change Risk Assessment which will identify how the models for climate change prediction will affect our current estate and services from extreme weather conditions and other risks, such as flooding, loss of utilities and the spread of diseases amongst the community. This will allow us to then aim to create an Adaptation Plan.

To date we have received these climate change risk assessments from our PFI providers and these will be rolled out over the coming months

This is a crucial piece of work given our geographical location, as under a 2°C temperature increase much of our catchment area will be below the tideline by 2040. This will have implications for our investment choices in our estate and our Major Incident Plans.



As part of the design process for our estate new builds or refurbishments, we will ensure that projected climate change scenarios are considered during the design, ensuring our hospital buildings and spaces are fit for the future, including considerations of location in a changing landscape.



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