

The DBTH Green Plan

Our sustainable path to net zero





Foreword

As a Trust, we acknowledge the significant challenges posed by the impact of climate change, as well as the repercussions that this could have on our patients throughout Doncaster and Worksop.

As a Trust, we believe it is truly important that we operate as environmentally, economically, and socially sustainable as possible. Implementing the actions presented within this Green Plan will help ensure that the Trust is creating the best environment for our staff and patients, all of which, we believe, will help us in our overall vision of being the 'Safest Trust in England, outstanding in all that we do.'

As one of the largest employers within the two towns we serve, operating across three major sites, a result of this is that we have a significant environmental footprint through our carbon emissions, contribution to air pollution and production of waste materials.

Within this plan, we have detailed a proactive and positive approach that our Trust can take to do our part to reduce and negate the impact of the above and that climate change may have on local people.

This comprehensive strategy will enable us to reduce our contribution to these factors and will help to mitigate potential impacts of climate change. Something we believe strongly is our social responsibility.

We need to embed sustainability within our organisations and must work together with our partners and the NHS to improve our sustainability and collaborate further in to advance our green agenda.

For the Trust to be a truly sustainable organisation, we need all our staff to play their part in delivering this Green Plan and we strongly encourage all of our colleagues to work together to achieve the aims which are set out in this plan.

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Executive Summary

In October 2020 the UK Government made a declaration of their ambition that the NHS become the “Worlds First ‘Net Zero’ Health Service”, stating the ambition 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.

This Green Plan is a Board Approved strategic document, which sets out the Trusts commitment and approach to achieving net zero and to improving the sustainability of the Healthcare Services we provide.

We will prioritise enabling actions that include the development and training of our workforce, providing system leadership, developing sustainable models of care, improving access to preventative health advice and access to fresh and healthy food options on our Estate.

Alongside these interventions we will prioritise interventions that reduce carbon emissions and improve sustainability performance. This strategy outlines our intention to implement direct interventions within estates and facilities, travel and transport, supply chain and medicines to reduce carbon emissions and to improve sustainability performance and to adapt to a changing climate.

Key areas for action are:

Estates and Facilities:

- Development of a Decarbonisation Strategy for the Estate across all sites
- Reduce energy and water consumption, through the deployment of optimisation strategies
- Increase the reuse of medical equipment, for example walking aids
- Reduce waste by employing the principles of the waste hierarchy, including targeting a reduction in single use plastics
- Maintain and enhance the biodiversity of our green space
- Development of a criteria for assessing the sustainability of refurbishments and new construction works
- Implementation of whole life costing policy for refurbishment and new buildings, in the design, refurbishment, construction, operational and decommissioning stages.
- Implementation of efficient design principles and new technologies, by working with our contractors

Adaptation:

- Complete a Climate Change Risk Assessment
- Develop a Climate Change Adaptation Plan for our facilities and estate

Travel and Transport:

- Develop a Green Travel Plan aimed at reducing air pollution through the promotion of active travel and a shift to sustainable travel choices for staff, patients, and visitors
- Development of a Vehicle Strategy aimed at reducing emissions and air pollution for fleet vehicles, by transitioning to low and ultra-low emission vehicles and optimising their use
- Invest in the infrastructure required to support the electrification of our fleet and offer onsite charging facilities for staff, patients and visitors

Supply chain and procurement

- Promotion of the Green Plan to our suppliers, communicating its commitments and our intention to work with the supply chain to reduce impact
- Establish a system that enables the assessment and selection of more sustainable goods, products, and services
- Assess what products and services in the supply chain pose a higher ethical, labour, and environmental risk and mitigating that risk
- Establishing a set of standards that suppliers must adhere to for example to achieve social value outcomes, and on ethics, labour, and the environment, aligned with the Government Buying standards
- Reviewing our existing supplies of goods and services to confirm they meet those standards
- Ensuring that environmental, social, and economic impacts and opportunities are appropriately considered and evaluated in the assessment of value for money; before purchasing, when purchasing new products, when developing and scoring tenders and when setting up contracts or framework agreements
- Managing tendering and procurement strategies that ensure fair access to contracting opportunities for businesses of all sizes and types and invite local companies to tender

Within our supply chain, there are several areas we must exert our purchasing power to commit to acting upon in the short-term:

- 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 oxodegradable 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

Supply Chain and procurement is also important regards the new hospital proposal for Doncaster, and will require us to consider the development of a set of clear sustainability aims and objectives. A Net Zero Carbon Strategy will be developed as part of the business case and will be incorporated into the design brief for the new hospital.

Medicines

- Reduce atmospheric emission from the use of anaesthetic gases, by replacing gases with high global warming potential and by capturing and destroying the gases
- Reduce the use of metered dose inhalers and switch to low carbon alternatives

Enabling Priorities

These activities include the development and training of our workforce, providing system leadership, developing sustainable models of care, improving access to preventative health advice and access to fresh and healthy food options on our Estate.

Workforce and System Leadership

- Develop the Leadership and Governance structures required to deliver the Green Plan
- Engage, develop, and train staff, ensuring they understand the Trusts impact on climate change and how this impact relates to their role and how they can positively impact
- Update our internal communication plans to include engagement that promotes the Green Plan.
- Deliver Carbon Literacy Training to ensure staff are aware of the impacts of climate change, and its relationship with carbon.
- Develop Annual Sustainability Report to review our progress towards reducing carbon emissions and progress at achieving the objectives of the Green Plan

Sustainable Models of Care

- Raise awareness of sustainable models of care and what it means to the Trust
- Conduct sustainability assessments of current care models
- Support activities that help prevent the need for healthcare interventions, improve the wellbeing of our local community and reduce hospital visits
- Work to reduce the carbon emissions associated with equipment use
- Evidence at least one example of a care model that is holistically sustainable
- Report on our progress to Board of Directors and publicly in regard to developing holistically sustainable care models

Food and Nutrition

- Develop and implement a food and drink strategy and action plan to promote and support healthy choices
- Review and assess the steps caterers are taking to ensure they are acting on appropriate public health and campaigns, Government Buying Standards, and the findings of the Independent Review of the NHS Hospital Food in England
- Improve the promotion of healthy eating and lifestyles
- Work with contractors and concessions to develop ways to reduce and promote a reduction in food and drink waste

Digital Transformation

- Incorporate Digital Transformation and technology into sustainability assessments
- Review and update the scope and content of our Local Digital Roadmap to incorporate sustainability objectives
- Establish a system for assessing the suitability of established technologies such as Building Management System upgrades, lighting controls and submetering will also be crucial and need to be considered as part of our Digital Strategy
- Develop a process for Horizon Scanning for new ideas and technologies and reviewing of these technologies and innovations for suitability for the Trust
- Engage with national demonstration projects and best practice organisations for example taking part in The Global Digital Exemplar (GDE) and Digital Innovation Hubs



Our Green Plan has been approved by Board of Directors and provides a comprehensive and structured strategy and associated Action Plan. It commits the Trust to improving our sustainability, meet the NHS Net Zero goals, and deliver healthcare whilst reducing our environmental impact and contributing positively to social issues and the local economy.

Introduction

This document sets out our strategy for delivering a Net Zero for Doncaster and Bassetlaw Teaching Hospitals (DBTH) Trust and how we will work towards delivering sustainable healthcare for the benefits of our patients, the local community and the climate.

About the Trust

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust is an acute NHS Foundation Trust operating within the South Yorkshire region. It hosts one of the busiest emergency services in the county, as well as being a teaching hospital, working closely with the University of Sheffield and Sheffield Hallam University.

The Trust employs 6,000 staff across its three main hospital sites, providing the full range of district general hospital services and some specialist tertiary services, including vascular surgery. We also provide a number of community services including sexual health services, therapies, aortic aneurysm screening and audiology.

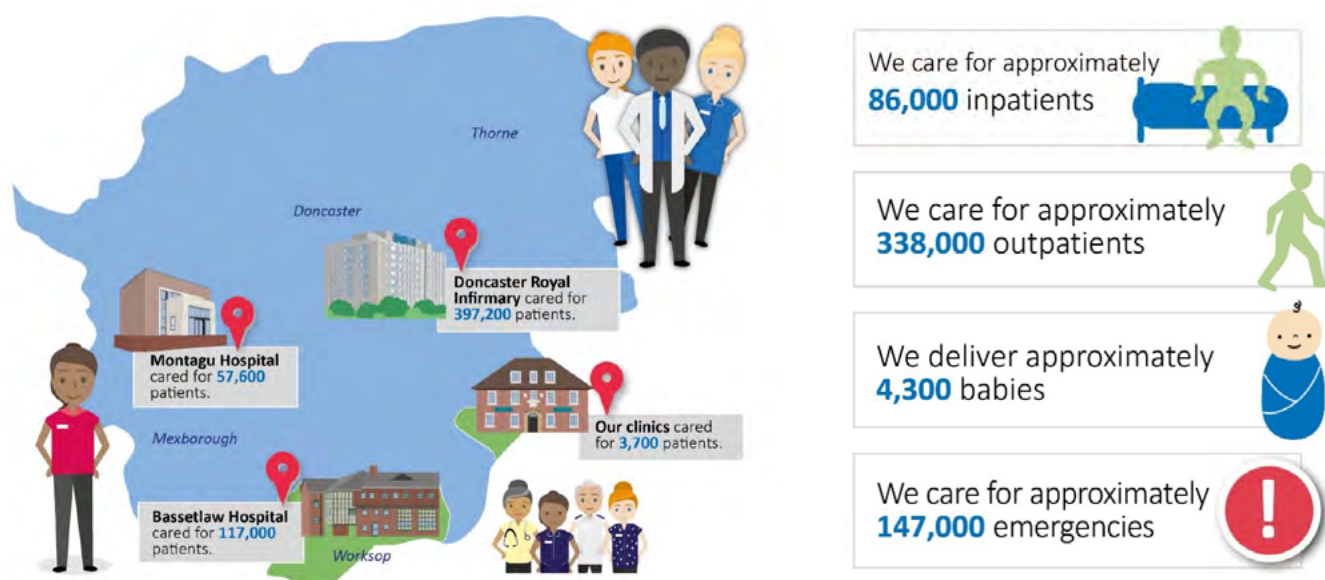
The Trust delivers healthcare to a population of more than 420,000 across two geographical areas South Yorkshire, North Nottinghamshire, and the surrounding

areas, including the towns of Doncaster, Worksop, and the rural towns of Retford and Mexborough. Except for the urban town of Doncaster, the area the Trust predominately serves is rural.

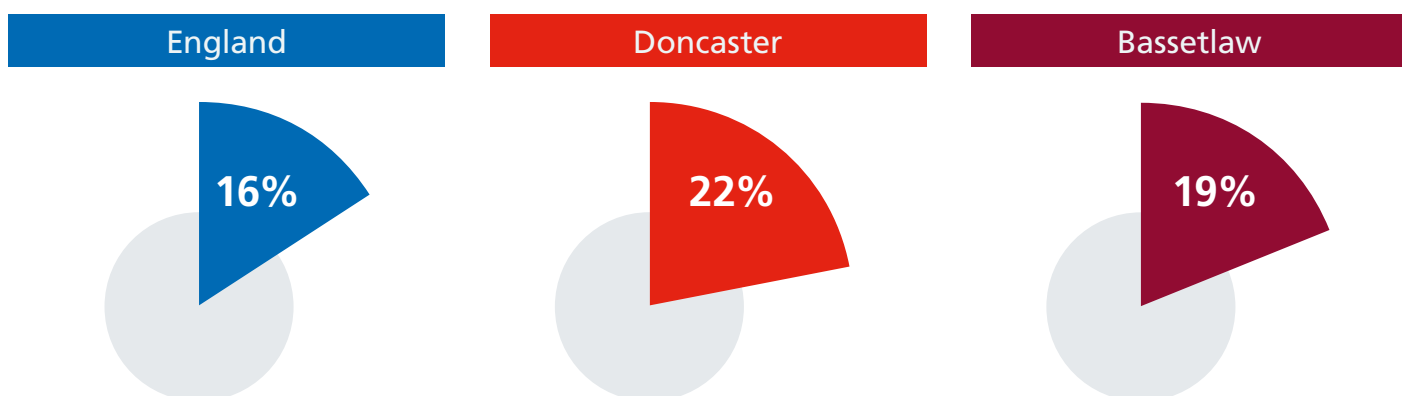
In 2020 the hospital treated; 86,000 inpatients, 337,000 outpatients, 147,000 emergency attendances and delivered 4,287 babies.

Doncaster has a population of approx.440,000 and Bassetlaw a population of approx.117,000. The Government's Indices of Multiple Deprivation 2019 has ranked Bassetlaw as 106 out of the 317 Local Authorities in England making it within the 35% most deprived areas, Doncaster is one of the 20% most deprived districts/unitary authorities.

Figure 1: Patients treated by Trust Hospital



% of children living in low income families (absolute)



These below average levels of poverty have serious implications for life expectancy.

Table 1: Life Expectancy (absolute)

Life Expectancy	England	Doncaster	Doncaster most deprived area	Bassetlaw	Bassetlaw most deprived area
Average life expectancy males	79.0	77.8	67.1	78.8	70.7
Average Life expectancy females	82.9	81.7	74.6	82.2	77.2





In addition, to the Trusts three main hospital sites, the Trust is registered to provide clinical therapies and medical imaging. Audiology services are provided at the Sandringham Road Centre, while Mammography and Children's Speech and Language Therapy are located in Devonshire House.

It is clear life expectancy varies by the geographical area the Trust serves, with the quality of education, housing, work, local crime rates and the environment, all contributing to health and wellbeing of the local population. It is therefore important that the Trust delivers quality care to its patients and prioritises activities that support prevention of healthcare issues in the local community. In addition, it is important that the Trust does not contribute to Healthcare issues through the operation of the hospitals, for example by increasing local air pollution.

What is a Green Plan?

In June 2019 the UK became the first country to pass law to end its contribution to global warming by 2050, requiring it to bring all greenhouse gas emissions to 'net zero' by 2050.

This ambition for a net zero UK was reflected in the NHS Long Term Plan (2019), which proposed that all NHS organisations develop a Green Plan, to include how each organisation could deliver on the UK Government decarbonisation commitment of net zero by 2020.

In October 2020 the UK Government made a declaration of their ambition that the NHS become the "Worlds First 'Net Zero' Health Service", stating the ambition 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 performance of the NHS.

This Green Plan is a Board Approved strategic document, which sets out the Trusts 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 a number of priority objectives, for example how the Trust will reduce carbon emissions by:

- Reducing air pollution and the associated impact of air pollution
- Reducing waste generated and increase the use of sustainable materials
- Reducing energy consumption and the decarbonisation of the Estate
- Reducing the impact of travel and transport
- Reducing emissions in the supply chain and purchasing more sustainable products and services

The Green Plan also sets out objectives to implement enabling actions that will support the reduction in carbon and sustainability impacts for example by:

- Creating the Leadership and Governance structure to drive change
- Engaging and developing staff to embed sustainability
- Developing Sustainable Models of Care

Why a Green Plan?

Scientists have long contended that 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', highlighted that as global temperatures increase, damaging changes to the natural environment will transform humans' way of life, disrupt health care and 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 cause of climate change and the associated health impacts. This means that the NHS both contributes to climate change through its operations and plays a role in mitigating the health impacts that result from a change in climate. It is therefore imperative that the NHS works to improve healthcare whilst reducing harmful carbon emissions and greenhouse gases.

The NHS is in a strong position with over a decade of expertise and progress in sustainable healthcare, and the knowledge that our staff support our response to climate change.

Carbon in 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):

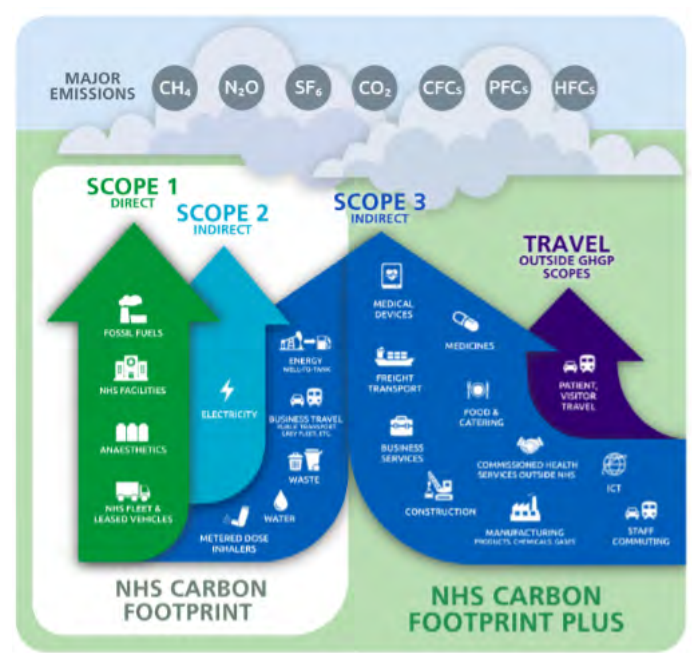
- **GHGP scope 1:** Direct emissions from owned or directly controlled sources, on site
- **GHGP scope 2:** Indirect emissions from the generation of purchased energy, mostly electricity
- **GHGP scope 3:** All other indirect emissions that occur in producing and transporting goods and services, including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

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

DBTH Trust, alongside other Trusts, has aligned future carbon calculation and reporting with these scope categories and have publicised its 'NHS Carbon Footprint' in this Green Plan.

The NHS has been making good progress on carbon reductions. Utilising the new GHG aligned approach to measuring emissions from the operation of the NHS has resulted in an estimated reduction in the NHS Carbon Footprint by 62% from the 1990 baseline. A 62% reduction in emissions significantly exceeds the 37% target requirement for 2020, outlined in the Climate Change Act.

Figure 1: GHGP scopes in the context of the NHS



The wider scope of the NHS Carbon Footprint Plus has also delivered a meaningful improvement on the 1990 baseline, with an estimated reduction of 26% by 2020 - this progress is shown in Table 2. However, despite the achievement is still leaves a significant target to remove the remaining 6.1 MtCO₂e from the NHS Carbon Footprint and 24.9 MtCO₂e from the NHS Carbon Footprint Plus.

To understand the challenge the NHS faces to reduce consumption, and the opportunity, the NHS has prioritised direct interventions in four areas that will have the biggest impact on carbon emissions and aligned these with the 'areas of focus' in this Green Plan.

As well as working to deliver direct carbon reduction interventions, the NHS propose that five 'areas of focus' are enabling priorities, where activities in the areas will improving sustainability and have a positive impact on climate change. These areas including improving the knowledge and skills of the NHS workforce, good system leadership, the development of sustainable models of care, digital transformation, food and nutrition and adaptation of the NHS Estates to a changing climate.

Figure 2: Sources of carbon emissions by proportion of the NHS Carbon Footprint and Footprint Plus

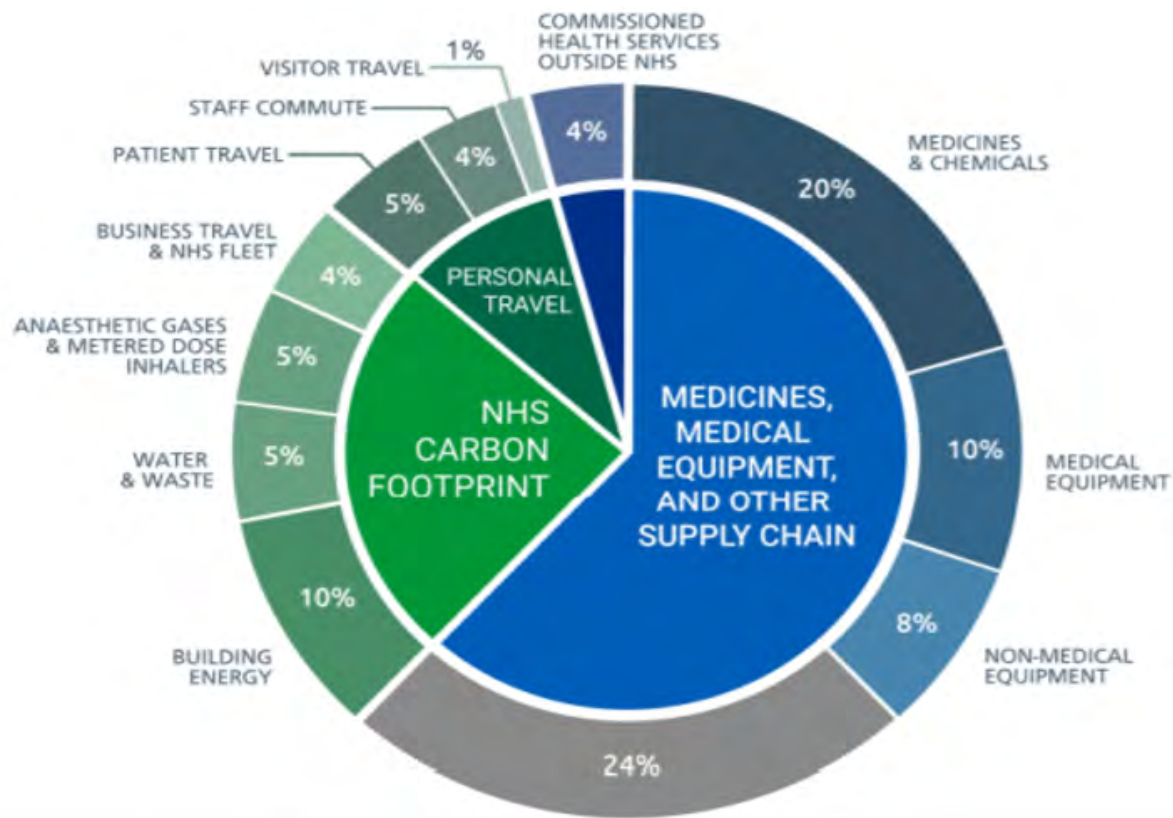


Table 2: NHS Emissions from 1990 to 2020

Carbon footprint scope	1990	2010	2015	2019	2020 (est)
Climate Change Act – carbon budget target		25%	31%		37%
NHS Carbon Footprint (MtCO ₂ e)	16.2	8.7	7.4	6.1	6.1
NHS Carbon Footprint as a % reduction on 1990		46%	54%	62%	62%
NHS Carbon Footprint Plus (MtCO ₂ e)	33.8	28.1	27.3	25.0	24.9
NHS Carbon Footprint Plus as a % reduction on 1990		17%	19%	26%	26%

Carbon in the Context of Doncaster and Bassetlaw Teaching Hospital

The operation of the Trust generates carbon emissions. The Trust has calculated its carbon emissions for Scope 1 and 2 since 2011-12. However, to ensure we meet the requirements of the NHS Carbon Footprint we have completed a more comprehensive calculation of emissions from 2013-14 to 2020-21.

Due to the comprehensive nature of the 2013-14 carbon calculation, we will use this year as our baseline.

In 2013-14 our NHS Carbon Footprint emissions were 22,944 tCO₂e, in 2020-21 this has reduced to 16,946 tCO₂e.

Figure 3: Total Carbon Emissions 2013-2021

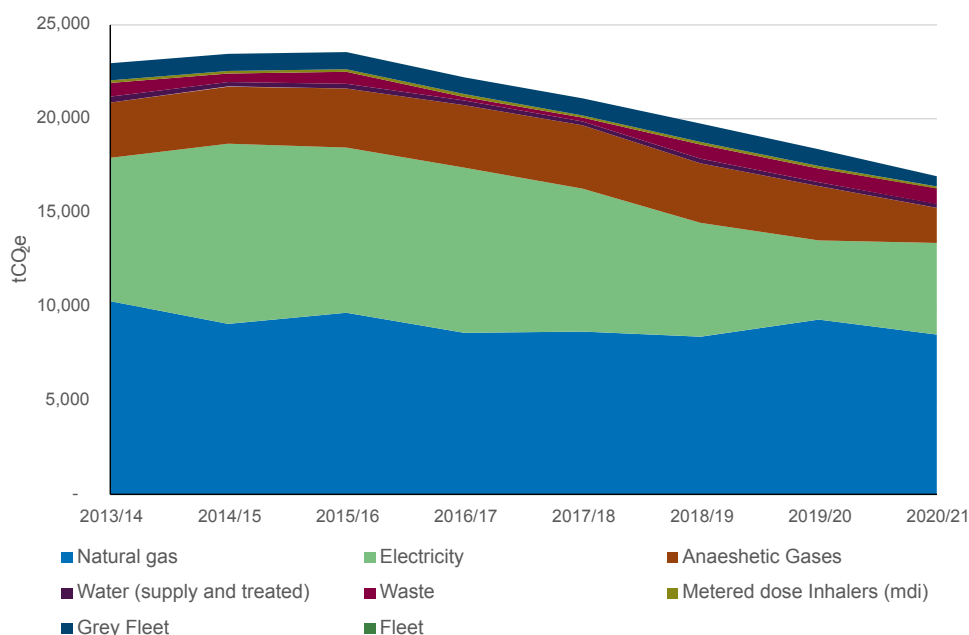


Figure 3 shows that whilst we have made emissions reductions in electricity, progress is required. Alongside, Figure 4, it shows the most significant contributor to our carbon emissions is natural gas, which accounts for 50.2% of the 2020-21 carbon footprint, followed by electricity at 28.8% and anaesthetic gases at 11.1%.

Our carbon footprint analysis shows we have reduced carbon emissions from the baseline year of 2013-14 to 2020-21 by 26%. It shows that reductions have been achieved across all emissions sources, with the exception of waste, which has increased by 14%. The emissions figures should be considered with caution, however, as we believe that the Covid-19 pandemic has impacted some emissions, which needs to be considered when assessing the 2021-22 performance.

Figure 4: DBTHs NHS Carbon Footprint

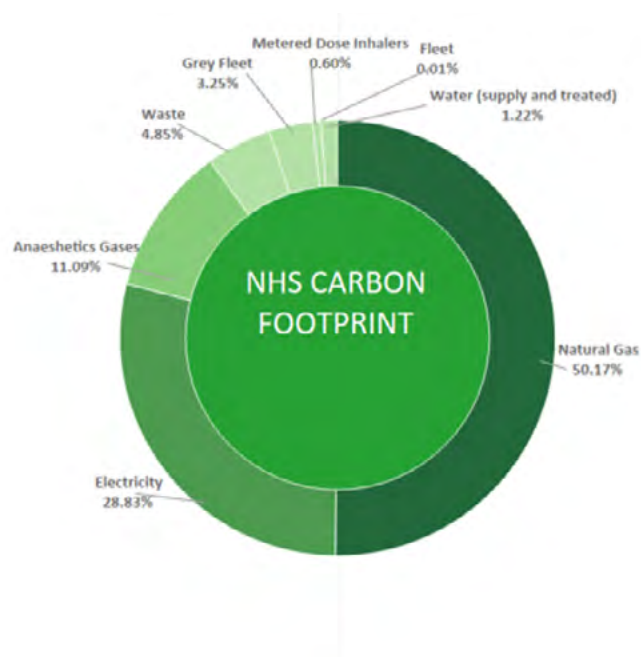


Table 3: Total Carbon emissions by emissions source

Emissions Source	2013-14	2019-2020	2020-21	% Change (2013-14 vs 2019-20)	% Change (2013-14 vs 2020-21)
Electricity consumption	7,623	4,212	4,885	-45%	-36%
Natural Gas Consumption	10,291	9,303	8,501	-10%	-17%
Water (supply and treatment)	320	196	206	-39%	-36%
Waste	722	748	822	4%	14%
Anaesthetic gases	2,953	2,899	1,879	-2%	-36%
Metered dose Inhalers	130	128	101	-2%	-22%
Transport	905	887	552	-2%	-39%
Total	22,944	18,374	16,946	-20%	-26%

Our carbon footprint analysis shows we have reduced carbon emissions from the baseline year of 2013-14 to 2020-21 by 26%. It shows that reductions have been achieved across all emissions sources, with the exception of waste, which has increased by 14%. The emissions figures should be considered with caution, however, as we believe that the Covid-19 pandemic has impacted some emissions, which needs to be considered when assessing the 2021-22 performance.

The data in 2020-21 clearly shows the priorities for emissions reductions, natural gas being the most significant emissions, followed by electricity, and anaesthetic gases. Whilst all emissions will be considered in the Green Plan, an additional priority is in reducing emissions from the Trust's own Fleet and the grey fleet (employee-owned vehicles used for business travel), as these emissions sources are responsible for air pollution and so whilst a smaller contributor to overall emissions, it is important to reduce them to improve health in the local area.

To ensure that the Trust is monitoring its carbon emissions, we will calculate our carbon emissions annually and report this to the Board. We will develop and publicise an Annual Report, and share this with staff, patients, visitors, the local community, and other stakeholders.

We will improve the accuracy of data collection and will start to collate the data required to calculate DBTH's Carbon Footprint Plus.

We will work to reduce our carbon emissions in line with the NHS Carbon Footprint Targets, through the implementation of this strategy.

The Trust's Vision

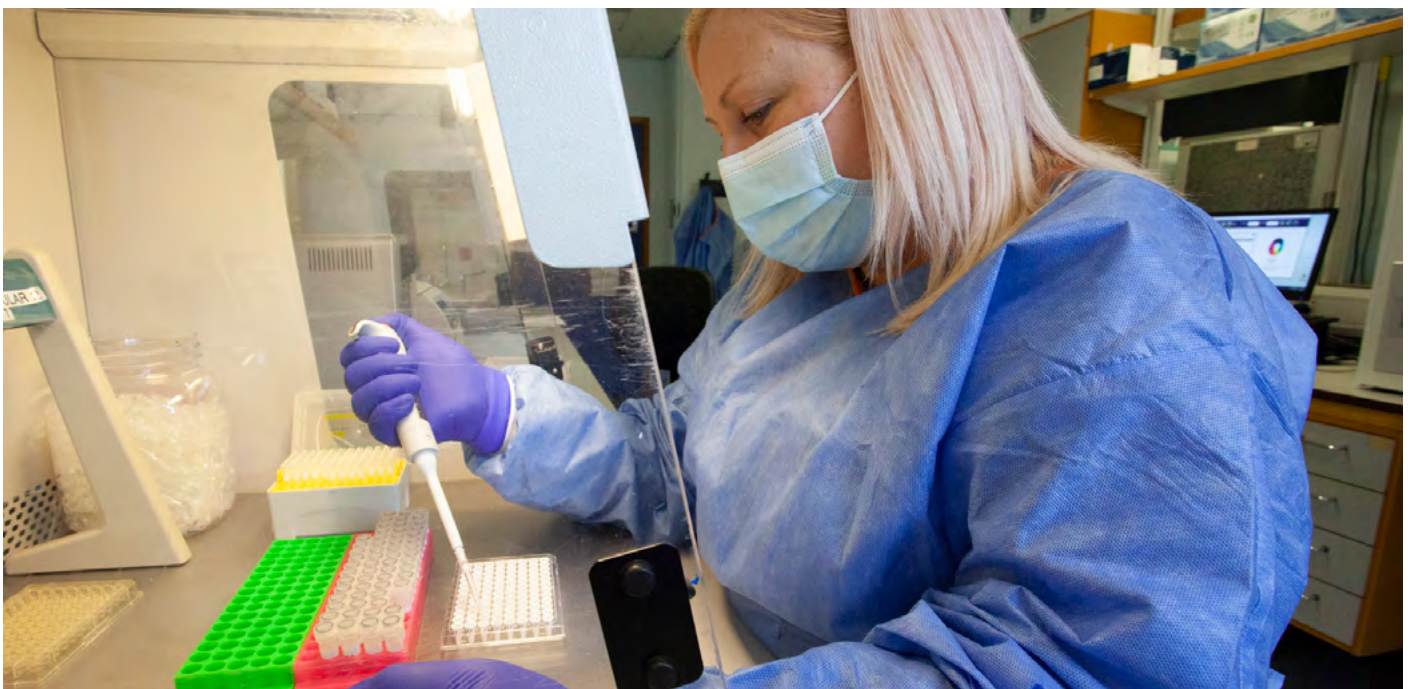
At Trust level, we have set a Strategic Vision 'To be the safest trust in England, outstanding in all that we do'. This means we aim to provide exceptional services that deliver the best healthcare outcomes for our patients.

In this strategy we have detailed how life expectancy is lower than the national average and varies by the geographical area the Trust serves. It is therefore important that the Trust places emphasis on the quality of care it provides and preventative education. We must do this whilst reducing carbon emissions and emphasis the role that 'thinking sustainability' can play in achieving our objective.

Our Aims

To achieve our vision, we have established key aims for the Green Plan:

- To support the NHS to become the world's first Zero Carbon NHS, identifying our trajectory to achieve net zero emissions
 - by 2040 for the NHS Carbon Footprint, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2028 to 2032
 - by 2045 for the NHS Carbon Footprint Plus, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2036 to 2039
- To deliver healthcare interventions that simultaneously improve patient care and community wellbeing
- To reduce the impact on climate change and to tackle broader sustainability issues
- To embed sustainability at the core of the Trust, developing the knowledge of our staff and
- To enable decision making and problem solving, which considers the 'triple bottom-line' of environment, society, and finance.



Reducing Our Carbon Impacts

Our vision statement for the Green Plan and priority actions outlines what we must do to improve sustainability performance and to achieve net zero by 2040 for the NHS Carbon Footprint and by 2045 for the NHS Carbon Footprint Plus.

Figure 5 shows the emissions reductions that are required to achieve the net zero target by 2040 for in scope activities. It shows the trajectory from the 2012-13 baseline of 22,944 tCO₂e.

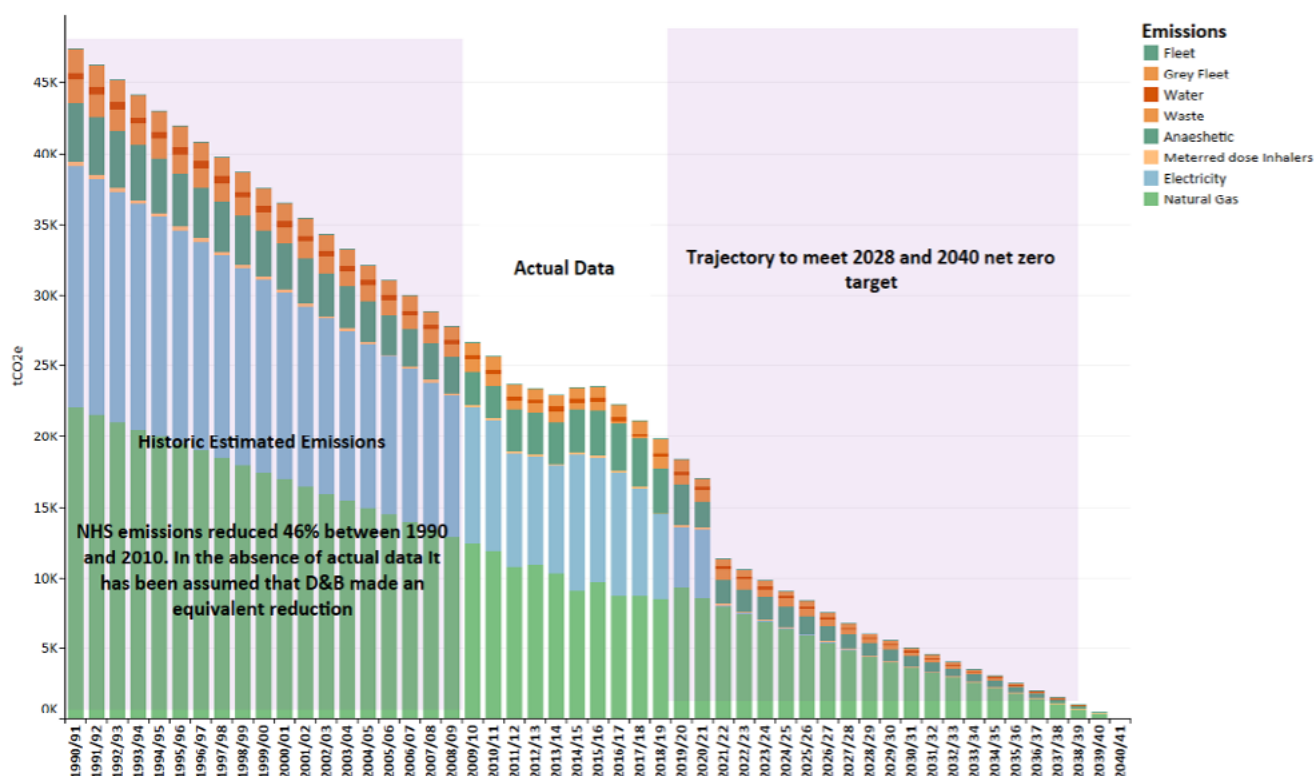
To achieve the interim target of an 80% reduction in the Carbon Footprint using the old 1990 carbon emission baseline, we needed to reduce our emissions to 9,476 tCO₂e by 2028. However, using the new baseline of 2012-13, we must reach 6,055 tCO₂e by 2028, targeting an average 15% reduction in emissions year on year.

Figure 5, again shows that the most significant carbon emissions are from the consumption of natural gas, followed by electricity and anaesthetic gases. It should be noted that from April 2022, the Trust has committed to purchasing a low carbon electricity tariff, this is reflected in the

trajectory which from 2021-22 shows zero emissions from electricity, in line with current reporting guidance.

The trust will continue to report on grid equivalent emissions alongside and utilise these to encourage further consumption reductions in electricity usage.

Figure 5: DBTH Carbon Emissions 1990-2040



The Sustainability Performance of BDTH Trust

The creation of the Green Plan is supported by the NHS Sustainable Development Assessment Tool (SDAT).

The SDAT was developed to help NHS organisations to benchmark their sustainability, measure progress and develop aims and objectives for historic Sustainable Development Management Plans. It aligns closely with the UN Sustainable Development Goals. DBTH has updated the SDAT tool by replacing the old module titles with the new 'areas of focus' and realigning the objective statements against these new titles to measure performance in each area.

The current performance of the Trust is shown in Figure 6.

The current position of the SDAT objective statements have been used, in consultation with the Sustainability Group, Executive Directors and Operational Leads, to develop the target objectives of the 'areas of focus' that the Trust wishes to achieve by 2026.

Through implementation of the Green Plan, we target to change a significant number of objective statements to achieved or 'in progress', this is shown in Figure 7. It is against the quantitative objective statements in the SDAT against which we will monitor and report our qualitative progress on improving our sustainability performance.

Figure 6: DBTH 2021 SDAT Score

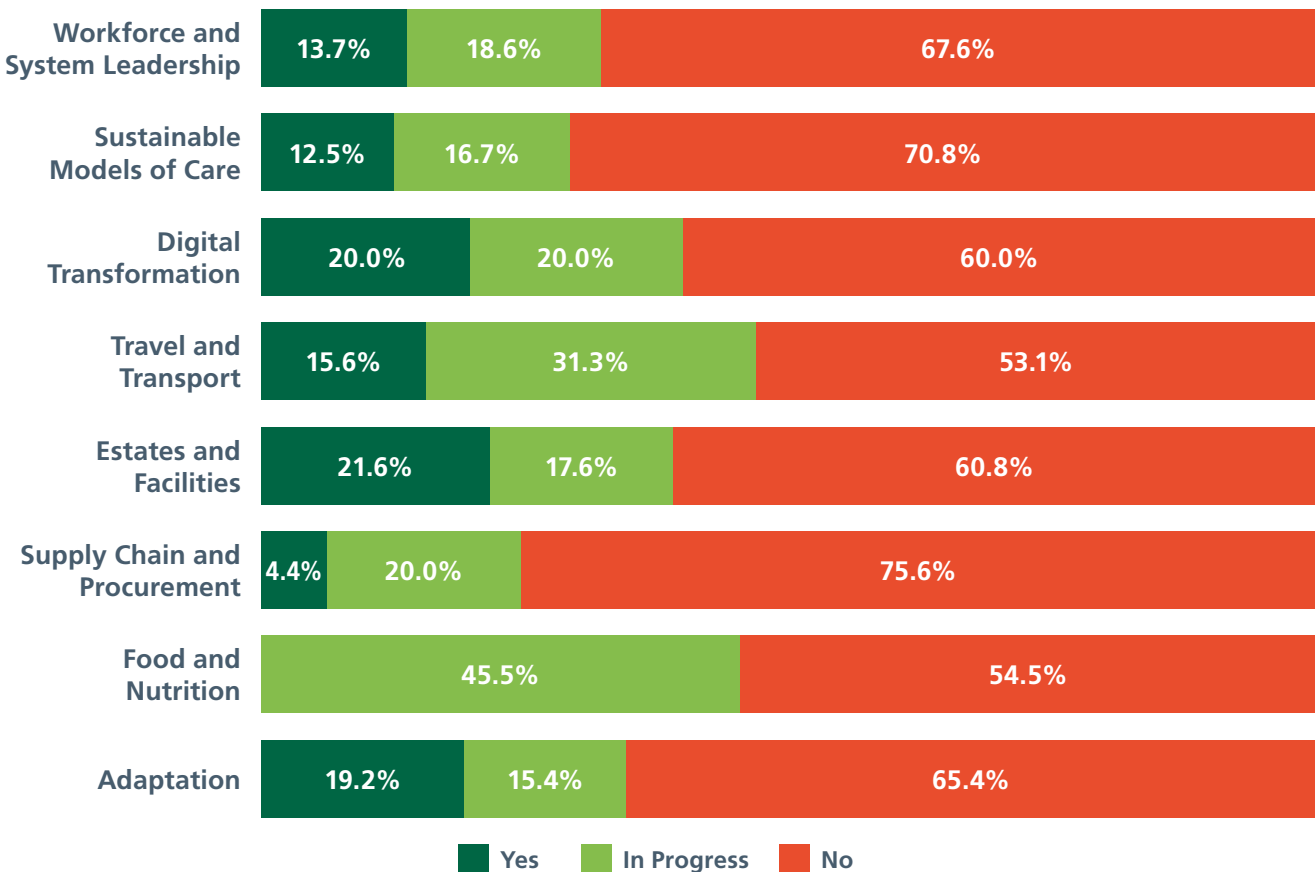
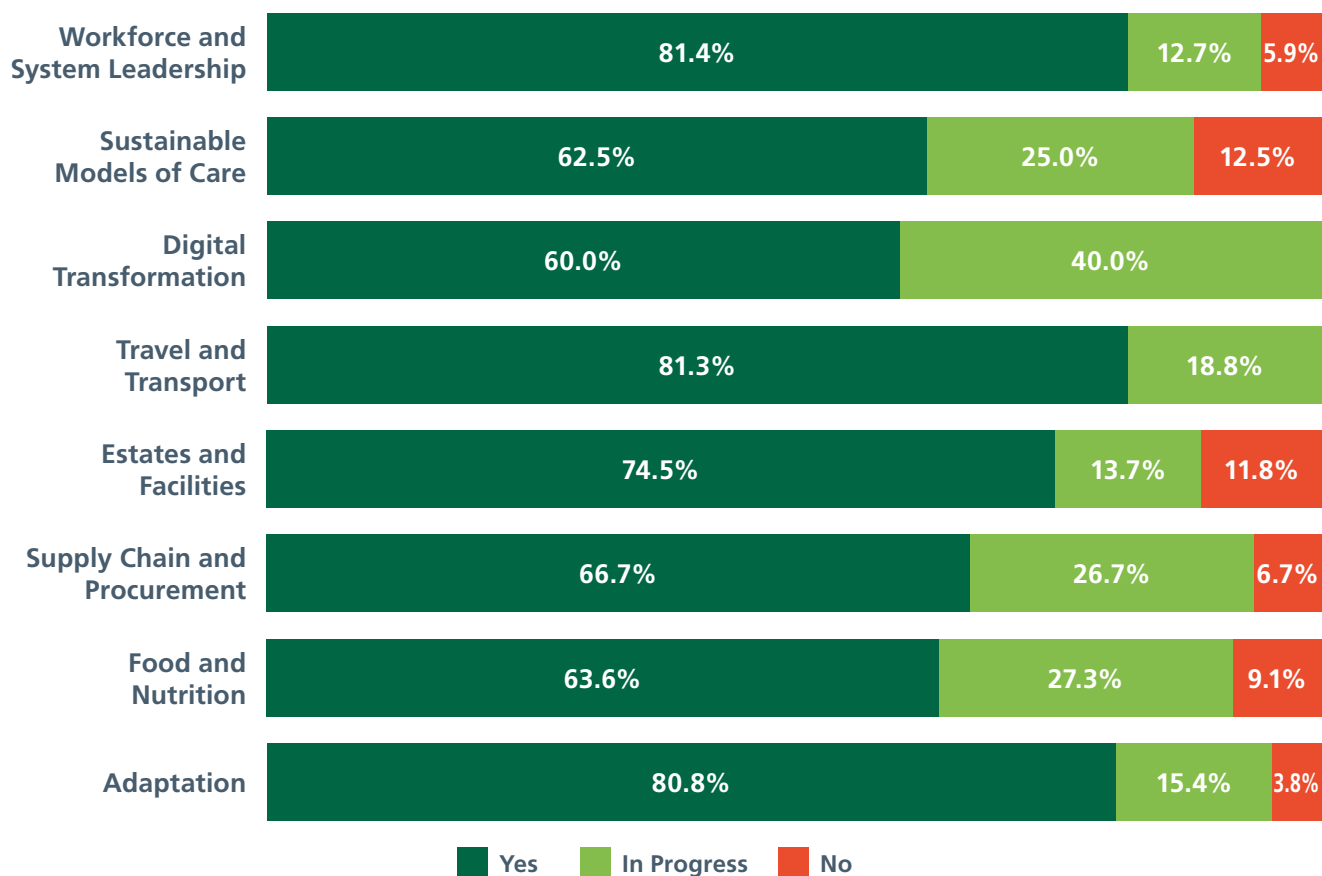


Figure 7: DBTH Target SDAT Score 2026

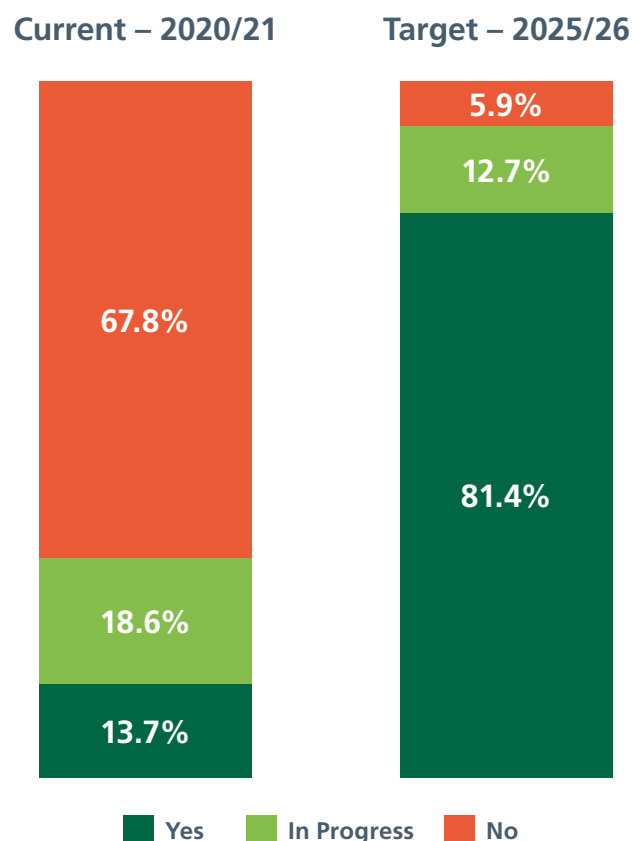


Workforce & System Leadership

Good governance creates the framework that will support the delivery of the Green Plan.

To ensure we are at the forefront of sustainable healthcare, we will develop a strong Governance Framework, which ensures authority, strong leadership and accountability in the delivery and monitoring of the Green Plan.

Figure 8: 2021 Workforce and System Leadership SDAT Score



Leadership

To demonstrate our commitment to the Green Plan, this document has been approved by the Trust's Board of Directors. This is in recognition the Board of Directors must support the development and delivery of the Green Plan, ensuring that sustainability is embedded at the core of the Trust's strategies, policies, and operations.

A Board Lead has been appointed, the Lead will support the proposal and approval of any new targets, strategies, and business cases that relate to the delivery of the Green Plan.

The Trust has also appointed a Sustainability Lead, who will have responsibility for progressing the implementation of the Green Plan and the associated projects.

The Sustainability Lead chairs our Sustainability Group, which will support the coordination, delivery, management and monitoring of the Green Plan. The Groups membership is comprised of a

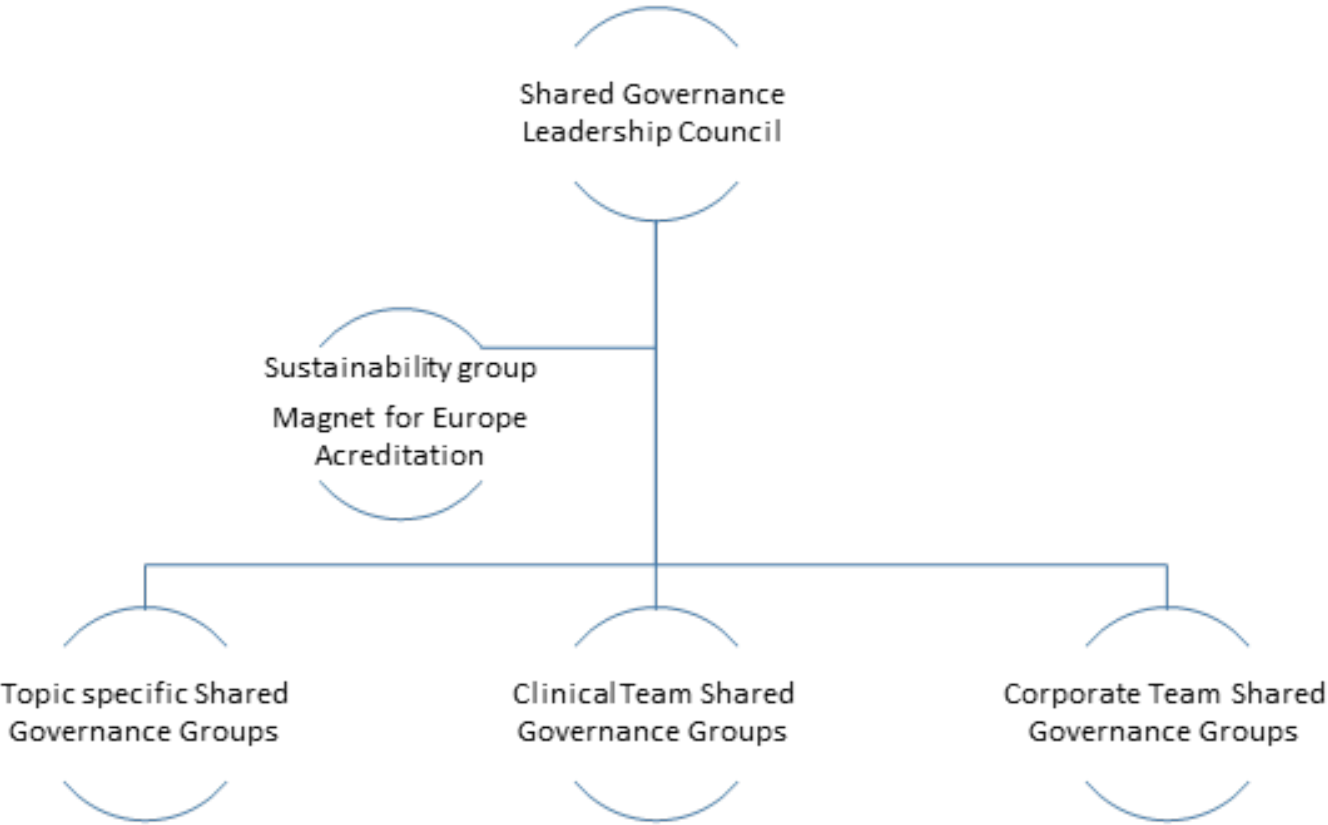
multi-disciplinary team of colleagues from key departments, who will provide the knowledge and understanding of the operation of the hospitals, which is required to create organisational level change.

The Sustainability Group will meet regularly, with the priority aim to support the development of projects and 'Green' Action Plans, which will deliver the objectives of the Green Plan. The Sustainability Group will also work to develop, further, key governance requirements, for example the monitoring of progress and the annual reviews of the Green Plan.

The Trust recognises that we require technical expertise and knowledge to deliver the projects and their associated 'Green' Action Plans. As part of our Anchor Institution work, we are establishing several 'Green Shared Governance Groups', these will be centred around our objectives as an Anchor Institution and the 'Areas of Focus' contained in this strategy. Each Green Shared Governance Group will be supported by a facilitator or 'Lead' and will have its own chairperson, nominated from within the group. The chair from within each group will attend the monthly Leadership Council, chaired by the Chief Nurse, to feedback on progress and apply for funds to support the project.

Shared Governance has been chosen, as it is a form of sustainable, collective leadership with the emphasis on teams taking ownership to develop and improve practice in their area. The principles of shared decision making ensures that agreement is reached in an inclusive and collaborative way.

Figure 9: Shared Governance Structure Diagram



Engagement and staff development

It is the aim of the Trust to embed sustainability at the heart of everything we do, timely achievement of this objective depends on successful engagement and development of our staff, enabling them to deliver sustainable outcomes. To achieve this, we will:

- Provide suitable training and access to CPD events, where additional knowledge and expertise maybe required, to key personnel engaged in the delivery of the Green Plan, including for example the Green Governance Group and their Facilitators
- Review and update our internal communication plans to include engagement that promotes the Green Plan
- Provide Carbon Literacy Training, to ensure our colleagues are aware of the impacts of climate change, and its relationship with carbon

Each activity area, as defined by the 'key areas of focus' and governed by a Green Shared Governance Group, will develop an appropriate engagement plan for their activity area. With the objective of promotion sustainable practice within the hospital. If required, these will be centralised into the hospital wide communication plan.

It is our intention that training, and engagement will help our colleagues to make sustainable choices specific to their role and help them to identify how they can support the Trust to become more sustainable. To support the delivery of this message, we have adapted our Strategic Vision for the purpose of the Green Plan 'To be the safest trust in England, outstanding and sustainable in all that we do', which will communicate in a positive manner to our staff, patients, visitors, and key stakeholders.

In addition to engaging colleagues, some Green Plan projects will require us to engage our visitors, patients, and local community to help deliver sustainable outcomes. For example, by providing guidance that helps reduce the need for healthcare.

We must also actively engage our stakeholders and local community to take advantage of their knowledge and ideas on how to enhance environmental and sustainability performance.

To evaluate the effectiveness of our staff development and engagement activities we will conduct and assess the findings of an annual questionnaire focused on sustainability. We hope to demonstrate by the end of the Green Plan period that 100% of our colleagues are engaged on Sustainability. The feedback process will also provide the opportunity for colleagues to input ideas on how to improve sustainability performance.

To evaluate the effectiveness of our community engagement on sustainability, we will also elicit feedback from the local community by conducting annual surveys that include sustainability criteria.



Measuring Progress

The Trust will produce a public facing, annual Sustainability Report. The Report will incorporate an annual assessment of our carbon emissions and progress at achieving the objectives of the Green Plan; reporting on the improvement in the SDAT score, the achievement of Net Zero and the targets and KPIs contained in the Green Plan.

The Sustainability Group will support the production of an interim or bi-annual briefing report for the benefit of monitoring progress on the KPIs and SDAT Score. These reports will be presented to the Finance and Performance Committee for review.

To ensure we are progressing in relation to the performance of other NHS Trust's, we will use our SDAT score as a benchmark and, if/when a new tool is released will conduct an exercise to create a benchmark within it to continue to do so.

A key aspect of monitoring progress is ensuring we are traveling in the right direction, to do this we need to understand what the correct direction is. Climate Change is a topic of great importance and as such new sustainable solutions to environmental issues are always in development. To take advantage of new solutions, we must have the mechanisms to identify and review them. We must therefore allocate key individuals and/or Shared Green Governance Groups to undertake horizon scanning to identify landscape changes such as new legislation, best practice, new technologies and developments in the field of sustainability.

After reallocating the SDAT objective statements into the new Areas of Focus contained in the Green Plan Guidance a total of 102 of those statements relate to Workforce and System Leadership, of which 14 have been achieved, making this a high priority area. An additional 19 statements have been progressed and we expect to be achieved within the first year of this green plan. These mainly relate to governance, and the development of the governance structures required to deliver the Green Plan.

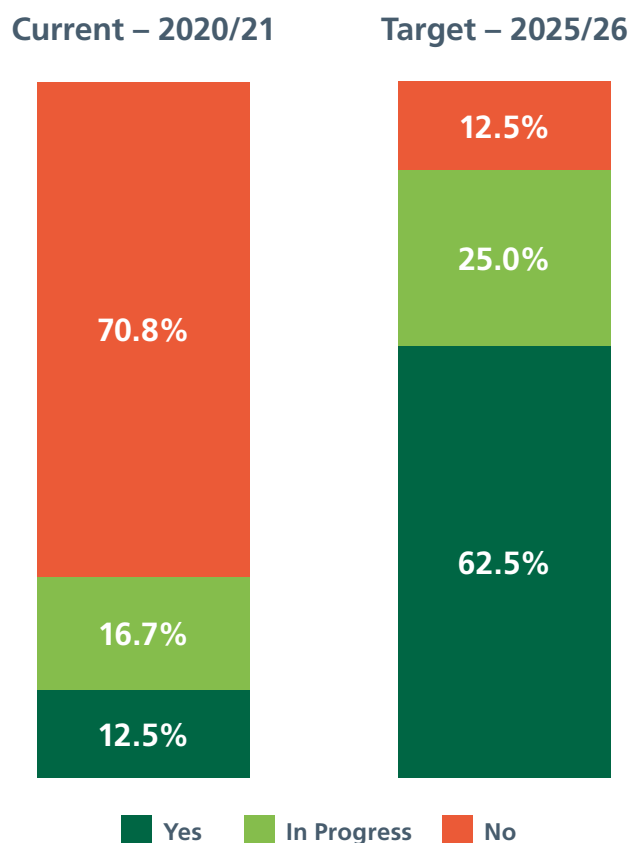
We will target within the term of this green plan to achieve an additional 50 objective statements. This target is purposefully ambitious for this area, due to the high priority for the trust due to the positive impact that workforce awareness can have across the full range of sustainability aims and objectives of this Green Plan. Progress will be assessed at our mid-point review to ensure that the focus on this remains high energy.

Our ambition is to move into the development of the next Green Plan with not only a score of 83 but with 13 additional objectives in progress and only six statements to achieve in the next Plan.

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.

Figure 10: Sustainable Models of Care SDAT Score



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.

With this definition in mind, we aim to:

- Adopt sustainable models of care across our services – improving and strengthening the quality of care, delivering exceptional care pathways that consider resource use, carbon emissions and whole life costs of the service in the delivery of the care model
- Support activities that help prevent the need for healthcare interventions, improving the wellbeing of our local community and reducing hospital visits
- Work to reduce the carbon emissions associated with equipment use
- Evidence at least one example of a care model that is holistically sustainable (clinically, socially, environmentally as well as financially).
- Report on our progress to board and publicly in regard to developing holistically sustainable care models

There is no doubt this is one of the more significant challenges for the Trust. Delivering exceptional healthcare is already our primary goal and now we must consider some of the wider financial, economic, social, and environmental impacts of our care models. We have started this process by incorporating elements of resilience and flexibility in care models; but must take a step back and raise awareness of the meaning of the term 'sustainable models of care' helping staff to understand the implications for our existing care models. We will achieve this by providing relevant training and briefings for both the Board and staff members who are critical for delivering this agenda successfully.

Once we have raised awareness, it is only then can we embark on assessing care models, to determine how to improve their sustainability.

To develop sustainable models of care, we need to conduct assessments of existing care models that consider the principles of environment, social and finance. We also need to embed sustainability and sustainable use of resources into the decision-making criterion in the development and commissioning of care models to measure and reduce the impact / cost of resource usage in health and care delivery.

The care models must also consider prevention. The trust already engages with a number of national programmes to deliver activities that focus on preventing the need for healthcare interventions. To strengthen the support we provide our community, we will review our existing activities in this area and will work with partners to develop a comprehensive list of programmes. Identifying staff that can assist to embed education into the delivery of the service model.

In the longer-term, to assist us to improve the delivery of services, we will continue to engage with 'Getting It Right First Time' at service level and will introducing the examination of resource-use within each steps of the service delivery. We hope this will help us identify carbon hotspots in service delivery and to design out waste in the delivery of these services.

We have already started to adopt the principle of 'Getting It Right First Time' to ensure a system approach to Models of Care, but we need to do more to focus on the environmental and social aspects of the delivery of care, within each step of service delivery, for example to identify care models that have carbon hotspots or where waste can be designed out.

Measuring Progress

Once we have started to adapt our Care Models it is our aim to then develop the methodology by which we can monitor and quantify the benefits of some of our sustainable care models, which will enable us to report on the positive health, social, financial, and environmental outcomes.

24 objective statements have been allocated against Sustainable Models of Care in the SDAT, within the Green Plan term, we hope to achieve 15 objective statements with a further 6 'In Progress'.

By reaching this target, the Trust will have achieved at least one Sustainable Model of Care Case Study and will also be working towards the assessing and monitoring the benefit and effectiveness of the staff engagement in this area, whilst transitioning to more Sustainable Models of Care.

Digital Transformation

Innovation and Digital technology play a significant part in our everyday lives and has 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.

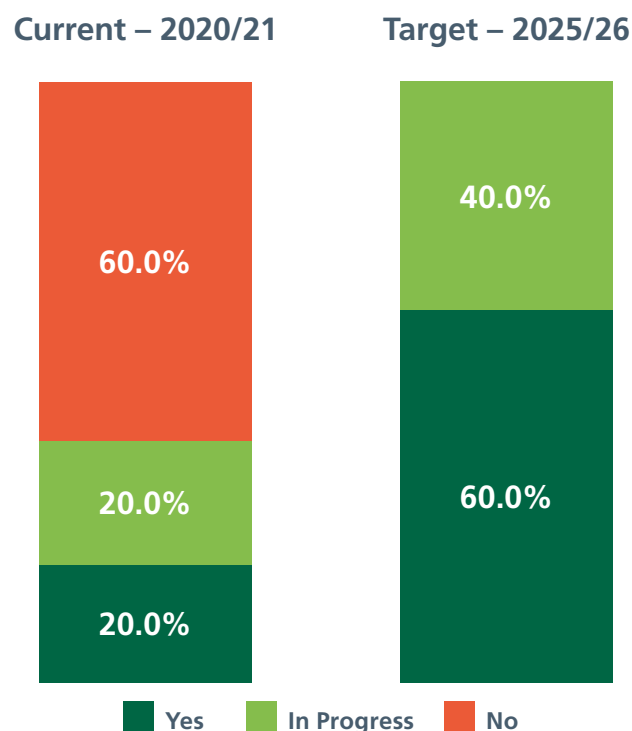
Innovation and Digital technology play a significant part in our everyday lives and has improved the way we socialise, shop and work. The potential for innovation and technological advances to continue to deliver improvements is significant and healthcare is no exception.

Technology is opening new possibilities in clinical areas and for prevention, care and treatment and offers the opportunity for the Trust to improve the delivery of its services in a new and modern ways, providing faster, safer, and more convenient care to the people of Doncaster and Bassetlaw.

Within estates, technologies provide the opportunity for the Trust to become more resilient to the impacts of climate change, reduce carbon emissions as to implement new technologies and supporting infrastructure that will support the operation of the Estate and ultimately the delivery of the clinical services.

The NHS centrally has driven a lot of change in the last few years, patients and communities now have access to high quality NHS information and digital services through the transformed nhs.uk website. In addition, patients are now

Figure 11: Digital Transformation SDAT Score

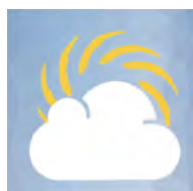


able to access their health records, test results and appointments through the NHS App and e-Referral Service. The Trust needs to ensure that we continue to take advantage of the national developments and other digital tools, such as smartphone apps to enable more people to access online services that support self-management, prevention, care, and access to treatment.

An example of the NHS embracing technology of benefit can be found in the app library for staff on the NHS England website, where a broad range of staff advice is hosted. Five applications are now listed for staff to use for their wellbeing, and we should ensure our workforce are aware of these. A Challenge the Wild Pilot also ran this year to trial outdoor exercise for physical and mental wellbeing improvements.

<https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/>

Digital technology has also helped us to adapt to the pressures presented by COVID-19. A video consultation platform was procured centrally for all trusts in England.



This has allowed us to conduct appointments over the internet or 'telemedicine', which reduced the risk of spreading the infection but also has environmental benefits reducing the carbon emissions associated with travel for staff and patients. We will continue to deliver 'telemedicine', where it is practical to do so.

At a local level we have a duty to continue to innovate and adapt national tools for our own circumstance and will incorporate Digital Transformation and technology into sustainability assessments, assessing whether innovation or technology can assist us to meet the objectives contained in this Green Plan. For example, in the Sustainable Models of Care chapter, we have committed to conducting service delivery reviews. These reviews, need to include the Digital Transformation Team, so they can consider how innovation and new technology can assist us to improve service delivery, and what digital health tools and services are available to achieve more sustainable care models.

We must also ensure that our Estates IT systems and infrastructure meet the expected minimum standards and the Trusts future needs. An effective way to achieve this is to update and improve our Digital Strategy, as part of this green plan, considering new NHS sustainability initiatives and guidelines and reviewing if the objectives are still valid and updating it where necessary,

In addition to our own IT systems, we must set up a process for Horizon Scanning for new ideas and technologies which will enable us to become more resilient to the impacts of climate change, reduce our carbon emissions and improve healthcare delivery. For example, several Trusts in the UK are currently taking part in The Global Digital Exemplar (GDE) programme and are leading the national drive to make our hospitals the most IT-advanced in the world. With Digital Innovation Hubs being created that are set to provide a world class environment for clinical research. It is important that the Trust engage with these activities, taking advantage of the knowledge and information flowing from these projects, and that we use the knowledge and best practice to update the scope and content

of our Local Digital Roadmap over the coming years; a document we completed in 2018, which can act as driver for change, within the Trust.

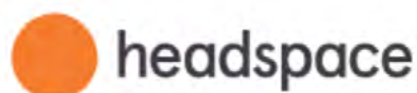
Included within our horizon scanning we must also look to other Trusts for best practice, and evidence that new technologies perform well, developing a methodology for considering the value of these technologies to the Trust, and including it in our Digital Strategy.

We also need to consider how Artificial Intelligence, Robotic Process Automation and new digital technology and innovation can assist in reduction the carbon emissions from the Estate and the clinical environment and in doing so can also assist in improving healthcare provision.

We must have buildings that can function appropriately and provide the environment within which we can provide first class health. The recent Emma AI trial has shown how machine learning can be applied within the NHS to analyse data and reduce consumption, therefore reducing carbon and cost impacts alongside. This, and Trusts trialling digital twin models as part of their heat decarbonisation planning or design of refurbishment projects are just two examples of innovative technology, which can reduce carbon impacts and improve the comfort conditions of the physical estate.

We must assess these technologies, as part of our Digital Strategy and other established technologies such as Building Management System upgrades, lighting controls and submetering will also be crucial and need to be considered as part of our Digital Strategy, which we will update as part of this green plan.

Digital Transformation is under-represented in the SDAT, with only 5 objective statements. However, innovation in these areas is important to improving sustainability performance. Accordingly, we will target all 5 to be either a 'Yes' or 'In Progress' in the term of the SDAT.



Travel and Transport

The NHS Standard T&Cs 21/22 make it clear the priority for the NHS to reduce emissions from Transport and Travel and the resultant air pollution:

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; ...

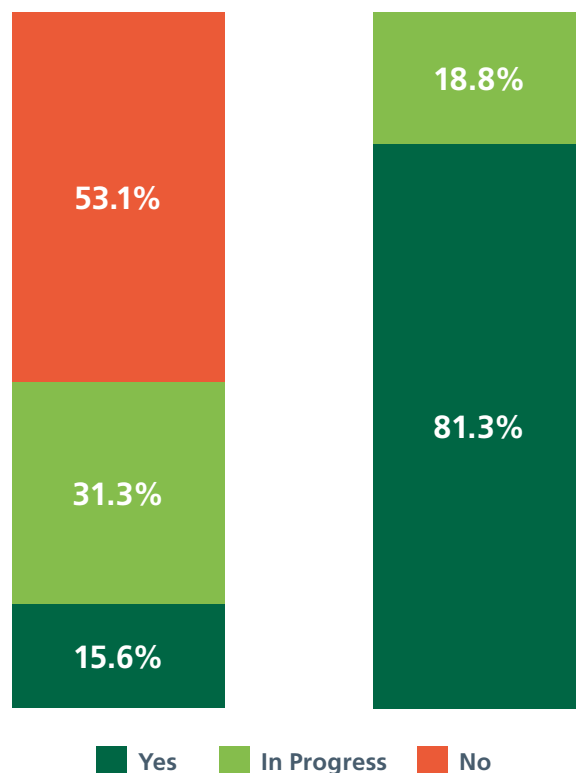
18.4.1.3 develop and operate expenses policies for Staff which promote sustainable travel choices; and

18.4.1.4 ensure that any car leasing schemes restrict high emission vehicles and promote ultra-low emission vehicles;

Figure 12: : Travel and Transport SDAT Score

Current – 2020/21

Target – 2025/26



The Trust Fleet and Logistics

The priority for the Trust is to transition our fleet vehicles to low and ultra-low carbon alternatives. In parallel, we need to optimise the use of the fleet to reduce miles travelled.

The Trust has nineteen lease vehicles, these vehicles are used for a variety of tasks including patient transfer, maintenance, and logistics. We have already taken small steps to reducing the impact of this fleet, through the procurement of four mild hybrid vehicles to undertake courier and maintenance tasks.

In the long-term we need to respond to the UK government decision to only allow zero-emission cars and vans to be purchased from 2030, by assessing the business case for the use of low and ultra-low emission vehicles and viability for electrification of the fleet.

Once the business case for low and ultra-low emission vehicles has been completed, it will be possible to develop a fleet vehicle strategy. It is the aim of the Trust to have a number of low and ultra-low emission vehicles, on demonstration or within the Fleet, by the end of the Green Plan period in 2026. To facilitate this, we will need to consider infrastructure, for example the number and location of electric charging points for our fleet. We are currently, in the process of making provision of electric vehicle charging points for staff and visitors, which will provide us with valuable insight.

Optimisation of existing fleet travel is also a priority for the Trust, we need to assess the use of our fleet, reviewing journey type, number, and reason to identify efficiency that will reduce miles travelled.

We are conscious that our supply chain and third-party providers of transport services also contribute to carbon emissions. We will request from our service and logistics providers details on how they plan to address their carbon emissions and will develop a process to monitor the emissions associated with delivering services to the Trust. It is our eventual goal to work with service and logistics providers to help reduce emissions.

Staff, patient, and visitor travel

Reducing staff, patient and visitor travel by private vehicle is an important objective for reducing air pollution, this includes reducing staff travel for business in private vehicles. To generate a shift from private vehicle, we must encourage and support the selection of sustainable modes of transport and the benefits of active travel.

To achieve this we will develop a Green Travel Plan that will focus on the promotion of the transport hierarchy and active travel. The Green Travel Plan will include how we intend to:

- Reduce the use of private vehicles for our staff, patients and visitors
- Promote healthier travel choices and a modal shift in transport
- Provide travel advice to service users and visitors to and between our sites
- Develop and operate expenses policies for Staff that promote sustainable travel choices
- Improvement our infrastructure to enable active travel
- Promote the purchase of low carbon vehicles by our staff

Measuring Progress

Employee-owned vehicles used for business travel are responsible for 4% of current carbon emissions, and as such we must target a reduction of people using their private vehicles for business. Our target to reduce the emissions from the 2013-14 baseline is 54% by 2025-26.

We will improve the monitoring of our fleet and calculate the carbon emissions, associated with the use of each fleet vehicle, this will help the optimisation work and the business case for the replacement of vehicles with high emissions.

We will also monitor mileage for employees own vehicle used for business, and associated emissions. Monitoring will identify hotspots and trends for higher users (e.g., directorates, departments, or services) which will aid the identification of mitigating actions that can reduce business mileage.

In addition, we will

- Investigate how we can work with partners to monitor air pollution, in and around our sites.
- Conduct a staff travel survey annually to inform us of the success of our Green Travel Plan
- Report on the proportion of our fleet that is low and ultra-low carbon

The SDAT has 32 objectives that relate to travel and transport, at the time of publication of our Green Plan, we had achieved 5 of the objectives and had started the implementation of a further 10. By the end of the Green Term period, we aim to target an additional 11 objectives to change them to implemented, taking our score to 26, with the remaining objectives 'In Progress'.



Estates and Facilities

The priority for the Trust is to continue to provide safe, secure, and high-quality healthcare buildings that support our current and future needs. It is our aim to improve the sustainability performance of our estate, via refurbishment projects, new building works and by reducing the environmental impact of our existing infrastructure, buildings and building services.

Capital Projects

It is the objective of the Trust to take a whole life costing approach that incorporates sustainability principles in all refurbishment and new building projects across the design, refurbishment, construction, operational and decommissioning stages.

To facilitate this, we require staff who understand the principles of sustainable construction and who are able to work with suppliers to meet this objective. As such it is our intention to appoint a Sustainability Lead for large scale refurbishment and new building projects, to work alongside our capital team. We will support the Lead with relevant training.

We recognise the New Hospital Programme and Estates and Facilities Strategy provide the opportunity to implement efficient design principles and new technologies that will help reduce our carbon emissions and resource use. To achieve this, we need to develop a process that enables the review and assessment of sustainability criteria and opportunities in these strategies, business cases and subsequent capital plans, against the principles of sustainability; improved financial, environmental, and social outcomes.

We require a system to ensure that we communicate our need for improved sustainability outcomes to our contractors and a means for them to put forward solutions and have these solutions effectively assessed by the Trust. Working with our contractors is important, as they can propose solutions based on their technical expertise.

In addition, we are aware that the design of space can positively contribute to supporting

health and wellbeing, for example by including green space in our designs and ensuring our buildings are future ready, meaning they are able to operate effectively in a changing climate, providing adequate heating, ventilation, and cooling. Accordingly, we will investigate how these aspects can be incorporated into the sustainability criteria for assessing capital projects.

The transition from commissioning into operation is a crucial period for ensuring energy efficiency measures are maximised for the greatest impact, our commissioning and handover processes will include a commissioning protocol, for example BSRIA Soft Landings. Accordingly, we need to monitor the building against the original design criteria to ensure that these objectives are met and to raise any issues with contractors.

In the longer-term, we are aware that our Estate is aging, and in response to this we have made an application to the NHS new hospital building programme, with the intent to construct a Net Zero Hospital to replace the existing Doncaster Royal Infirmary. Successful achievement of this objective would make a very significant contribution to our Net Zero targets.

Central to demonstrating improved performance is accreditation, the proposed hospital to replace Doncaster Royal Infirmary will achieve the 'Net Zero' status and will achieve at least BREEAM excellent status. We will also investigate other accreditations and standards that demonstrate our sustainable performance for example LEED and WELL.

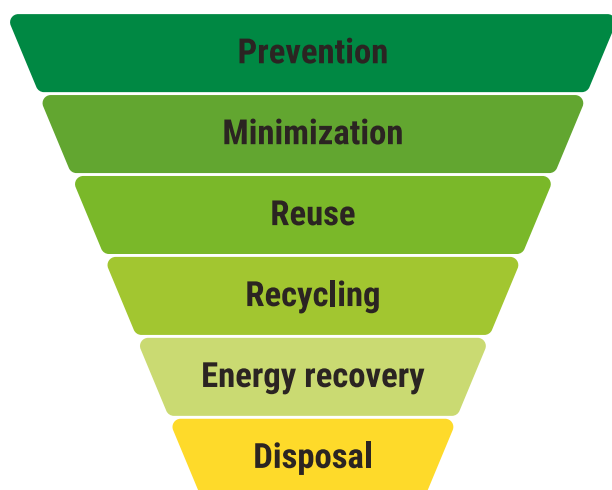
Waste Avoidance

The Trust has a Waste Management Policy and Manual, which allocates responsibilities and duties for the segregation, handling and management of waste. Staff across the Trust are required to abide by the Policy and the Manual. However, this document does not include how we intend to reduce the volumes of waste produced.

The most significant priority for waste management is to develop a waste reduction strategy and associated action plans, ensuring that our strategies adhere to the framework of the waste and water hierarchies and that we set appropriate targets for waste reductions.

Figure 13:

The Waste Hierarchy



To assist us in targeting the hierarchy, we will identify new ways to reduce waste and optimise water consumption through survey work to identify waste hotspots and types of waste that can be avoided and moved up the hierarchy, this work can also take advantage of NHS best practice guidance and through the implementation of new technology and innovations.

The Trust has several obligations with regards to waste management, our catering contractor has made the Plastics Pledge, which means they must work to reduce avoidable and single use plastic products, for example plastic cups and food and beverage containers, and cease use of single-use plastic cutlery plates or single-use cups made of expanded polystyrene or oxo-degradable plastics. As a Trust we need to ensure that this action is being taken, as we have commitments in accordance with the Standard Contract.

One area of success at Doncaster Royal Infirmary and Bassetlaw Hospital is that we have deployed aerobic digestors that are capable of converting 500kg of food waste during a 24 hour period into grey water that can be safely discharged into the main drainage system

Across the NHS reuse of medical equipment is a challenge. The Trust has made inroads into turning “waste” into a resource and has a furniture re-use schemes and makes donations of IT and medical supplies to local charities. However, we need to do more to promote the principle of the waste hierarchy and circular economy within the Trust, including this as an element of our engagement and communication plan.

An area in which we hope to make an impact in the short-term is in the return and reuse or recycling of walking aids. These items are issued to patients for temporary use and present a challenge to return once the patient no longer needs the item.

Procurement can play a significant role in reducing waste by purchasing sustainable products and equipment, that avoid difficult waste streams, such as single use plastics, and products that are manufactured with ‘disposal’ considered; for example, compostable materials and products that are recyclable, reusable or designed for deconstruction. As such the waste reduction strategy needs to consider how the waste team can work with and inform the procurement team.

Energy & Water Consumption

The Trust has taken a significant step toward achieving Net Zero, we have entered a contract from the 1st April 2020, to procure a low-carbon electricity tariff generated from hydro, solar and wind sources. However, we still need to reduce the consumption of electricity, as renewable energy is still a cost to the Trust, as well as natural gas, and water.

To achieve this, we need to Invest in our building services; upgrading our existing heating, lighting, and ventilation systems, to 'make every kWh count'. We must also improve the insulation of existing buildings to reduce the energy required to heat them. This is increasingly important as we prepare for a future without natural gas fired heating and making the switch to electricity-led heating or alternative non-fossil fuel heating.

The process of preparing for the removal of natural-gas heating systems, must start in this Green Plan. We must reduce our energy demand and water consumption, by conducting energy and water optimisation audits of the estate and developing the findings into action plans. The audits should target existing building service plant and equipment and behaviours, as well as examine the potential for replacing existing equipment with more efficient technologies and upgrading controls such as building management systems. The process for examining the business case for such opportunities, should be the same process as for capital projects.

Natural gas as an energy source is responsible for 50% of the Trust's carbon emissions. To minimise emissions, which result from heat loss from our buildings and to prepare for a future without natural gas, we must conduct building fabric surveys across the Estate, investigating the levels of insulation in the buildings and the quality of windows and doors. The survey work is necessary to understand the cost of improving and upgrading building fabric so funding can be allocated.

To understand how we will shift to low-carbon heating sources, we must produce a Heat Decarbonisation Plan that targets the long-term goal of the replacement of the natural gas-fired heating with sustainable sources of heat. The Decarbonisation Plan will be a long-term strategic document and in the 4 years covered by this green plan, our energy audits will target how to reduce the demand for heating and hot water and improve natural gas-fired boiler efficiency via optimisation activities.

In the longer-term, once we have reduced our consumption, we will consider how renewable energy will play a role in providing onsite low carbon generation, whilst improving the resilience of our sites.

Electricity consumption has increased from 2013-2014 to 2018-19. In 2019-20 our electricity consumption decreased by approximately 23% compared to 2013-14, which is likely due to the impact of the Covid-19 pandemic. To maintain pre-Covid performance we will target a 15% reduction in absolute consumption over the term of the Green Plan. We will also review relevant metrics to help us to understand the change in consumption, for example metres of floor space or a metric related to patient numbers.

Figure 14: Total Energy Consumption (MWh)

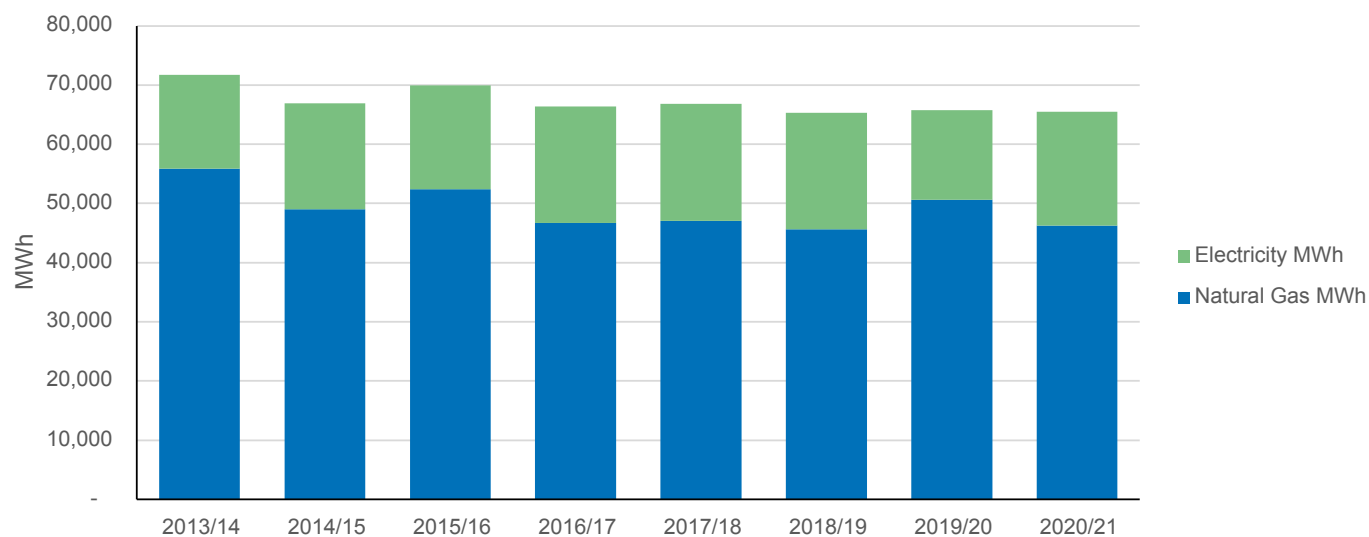


Figure 15: Water Consumption (m³)

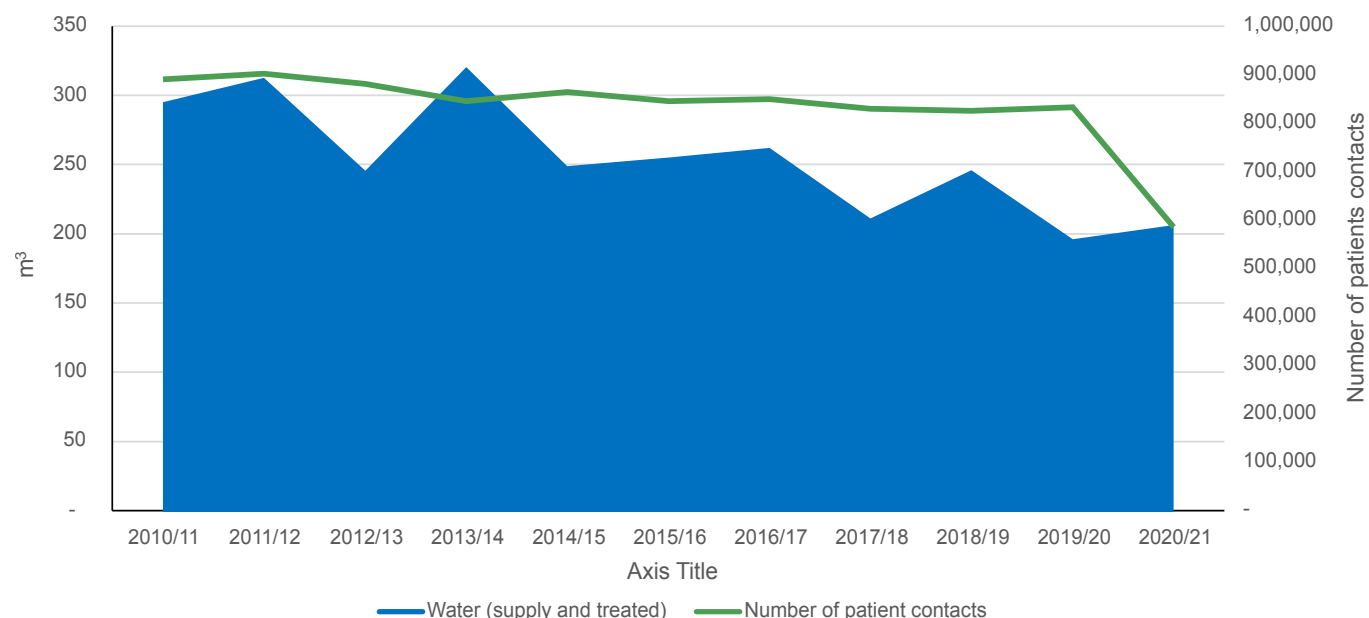
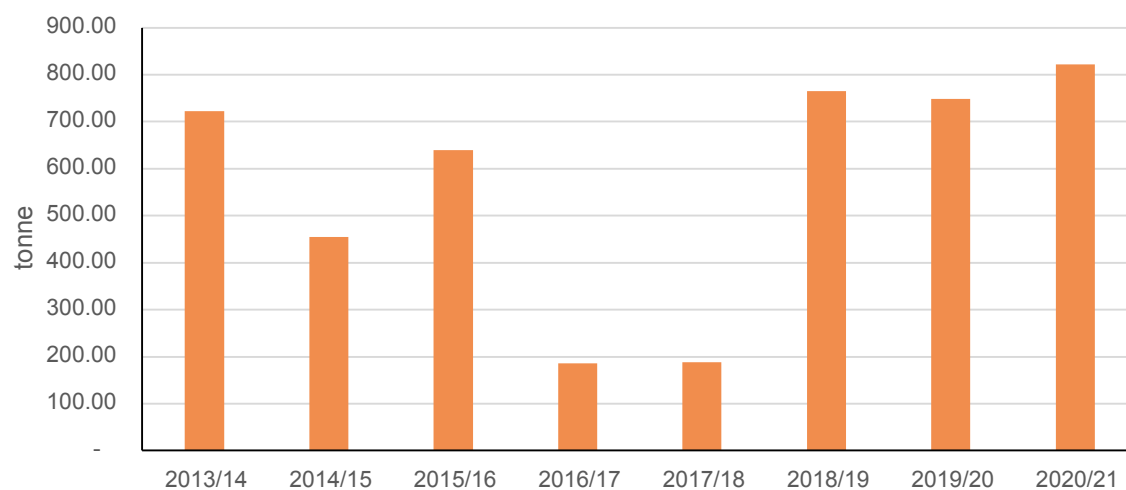


Figure 16: Carbon Emissions from waste



Energy & Water Consumption (continued)

Natural Gas consumption has decreased by an average of 17% since 2013-2014, and again we need to make similar year on year reductions before we shift away from the use of Natural Gas. We are targeting an 11% reduction in Natural Gas from our heating and hot water optimisation work, over the term of the Green Plan.

Water consumption at the Trust has been reduced since the baseline year. In 2013-14 consumption totalled 304,455 m³/annum. In 2020/21, this was reduced by 36% to 304,455 m³/annum.

The reduction in water consumption, shows a positive correlation with patient contacts, as water consumption has reduced despite patient contacts remaining stable. The exception to this is likely due to the Covid-19 pandemic, where water consumption has increased from 2019-20 to 2020-21, despite patient contacts reducing. This increase is likely, driven by additional cleaning requirements. Whilst consumption has risen slightly, in the last two years, we still need to target a reduction in water use of 15% by the end of the Green Plan period.

Whilst we monitor data and record energy and waste data, we recognise the need to improve data monitoring, for example so we can identification consumption 'hotspots' and for monitoring and verification purposes when we install new equipment. In this Green Plan term, we will assess the benefit of expanding the sub-metering at our sites for water, gas, and electricity.

Carbon emissions from waste has varied significantly since the baseline of 2013-14. However, a cause for concern is the increase in waste emissions from the baseline compared to 2020-21 by 14%, with the increases significantly due to clinical waste. As with other changes in emissions this is likely due to the Covid-29 pandemic, as such it is important that we monitor waste generated.

We already capture and monitor waste outputs and associated costs, plus have a system for recording the use of hazardous substances and chemicals on our estate. However, improvements need to be made in the recording of waste generated, we already monitor our waste through food charts and plate waste charts, but we must move to action the findings and extend this to oral nutritional substances. Much as with energy use, we also need to identify hotspots and the composition of different waste streams, to identify opportunities to reduce that waste.

The Trust also recognises the need to improve the reporting of performance. Accordingly, we will use the monitoring to provide a bi-yearly performance report to the Board. The performance reports will advise the Board on utility consumption, waste generation and progress towards achievement of the targets and objectives.

We will also create a measurement and verification process for future energy and water projects, to demonstrate the success of our capital investments.



Green Space and Biodiversity

Increasing the amount of green space of our existing sites is significantly hampered by a lack of available space. Despite this, in 2021 we opened two Memorial Gardens, at Bassetlaw and Doncaster Hospitals, to remember those affected by the Covid-19 pandemic.

We need to enhance the limited green spaces, working to ensure that the quality of our green space is improved, for example by improving access and amenity. In addition, we need to improve biodiversity, for example by providing a good habitat, wildlife boxes (for nesting and hibernation), planting indigenous plants and providing food sources that attract wildlife.

Even the smallest of green areas can support UK wildlife. As such we will work to audit the hospital environments and our existing green space to identify how it can be improved for the benefit of biodiversity and amenity. The audit will be used to develop a Green Space Action Plan for implementation. The audit and plan will include how we can conduct maintenance of these spaces in a manner that minimises the negative impact on local wildlife and biodiversity. We hope this work will be supported by the Green Flag Award that will help improve the standard of our Green Spaces and enable us to make application to the Green Flag Award.

We will also seek to engage and work in collaboration with organisations that can support our objectives, for example The NHS Forest initiative, which has planted 77,000 trees across 200 different NHS organisation estates

Once these activities have been completed, we will work to monitor and record the success of these activities, demonstrating how we have positively impacted amenity and the biodiversity of our sites.

Measuring Progress

We will continue to monitor our waste management activities, alongside our electricity, gas and water consumption to enable performance reporting and will continue to report our carbon emissions annually via an Annual Trust Carbon Footprint Report which will be published alongside our Annual Sustainability Report.

The SDAT has 51 objective statements relevant to the operation of the Estate. The SDAT score will be the method we will use to measure the qualitative outcomes of our activities in this area. In this Green Plan period, we will target 27 objectives to change to 'Yes', taking our score to 38 out of 51 achieved, with another 5 'In Progress'.



Medicines

The Trust is aware that a significant source of emissions is from the medicines and associated medical equipment we use and from the way medicines is prescribed.

We need to identify clinically appropriate ways to release fewer emissions from medicines and their use through optimisation; reducing medicine waste, improving the handling and use of medicine, and by using alternatives

One group of medicines have been singled out for their significant environmental impact. Anaesthetic gases account for 2% of all NHS emissions. Desflurane, a fluorinated gas, 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 2021-2022 requires, "by no later than 31 March 2022, the Trust to act, 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
- Encouraging Service Users to return their inhalers to pharmacies for appropriate disposal

As a Trust we must make it our utmost priority to reduce the atmospheric release of Desflurane and other anaesthetic gases, such as nitrous oxide. The Trust has had some success, including, the reduction in the use of desflurane by volume from 53% in 2013-14 to 37% in 2020-21. This success is shown in Figure 16 and Figure 17. However, we must reduce this to just 10% by April 2022.

Figure 17: 2013-14 % Split of Anaesthetic Gases (Litres)

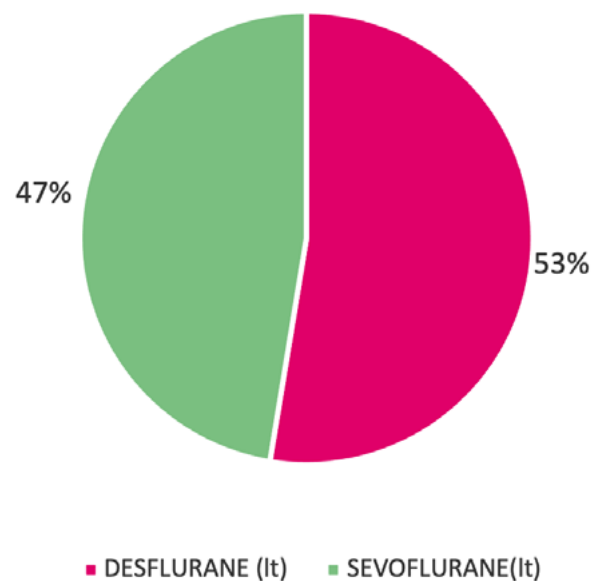
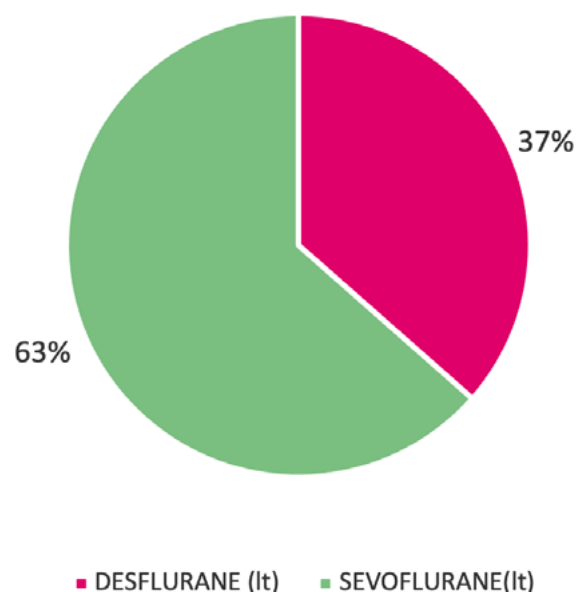


Figure 18: 2020-21 % Split Anaesthetic Gases (Litres)



Technology can play a key part in reducing gas emissions to air. Nitrous Oxide is an inhaled analgesic and a greenhouse gas, Newcastle Hospitals NHS Trust has invested in a device that collects and destroys nitrous oxide stopping it from escaping into the atmosphere. As a Trust we must work to identify and investigate similar technologies that assist us to meet objectives

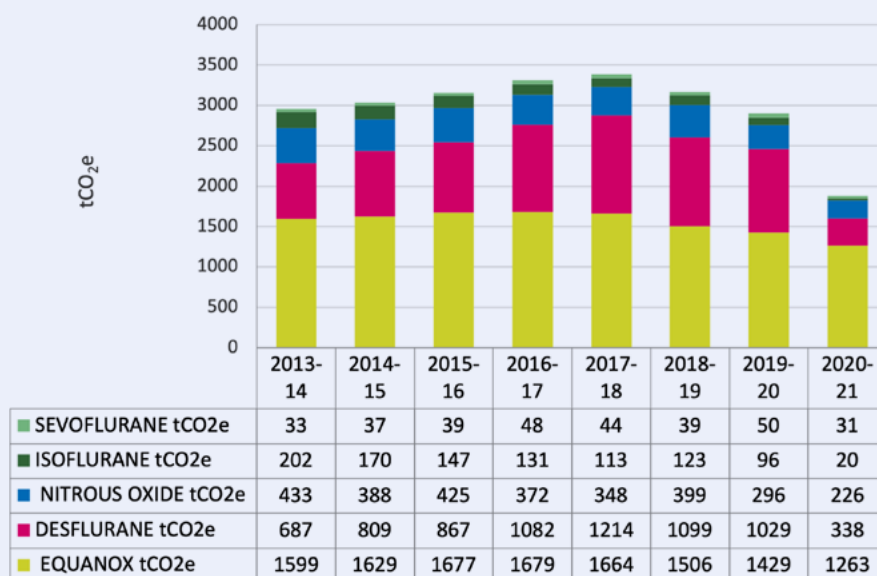
Another significant source of emissions, 2.5% of the NHS carbon footprint, is from propellant gases in meter dosed inhalers (MDIs). We must reduce the use of propellant gases through identification, promotion, and prescription of clinically appropriate inhalers, with lower global warming potential, for example Dry Powder Inhalers (DPIs).

The Trust will aim to reduce the use of Symbicort and Flutiform MDIs, as these have a higher carbon impact than alternates. Plus, where a patient requires an MDI reliever, there are lower carbon salbutamol alternatives to a Ventolin Evohaler. To enable the switch, we must educate staff and make alternatives available, as well as educate patients to empower them to choose to switch. It is also important to effect a reduction in demand for these medicines, through preventative work, as such we will increase our focus on prevention.



Measuring Progress

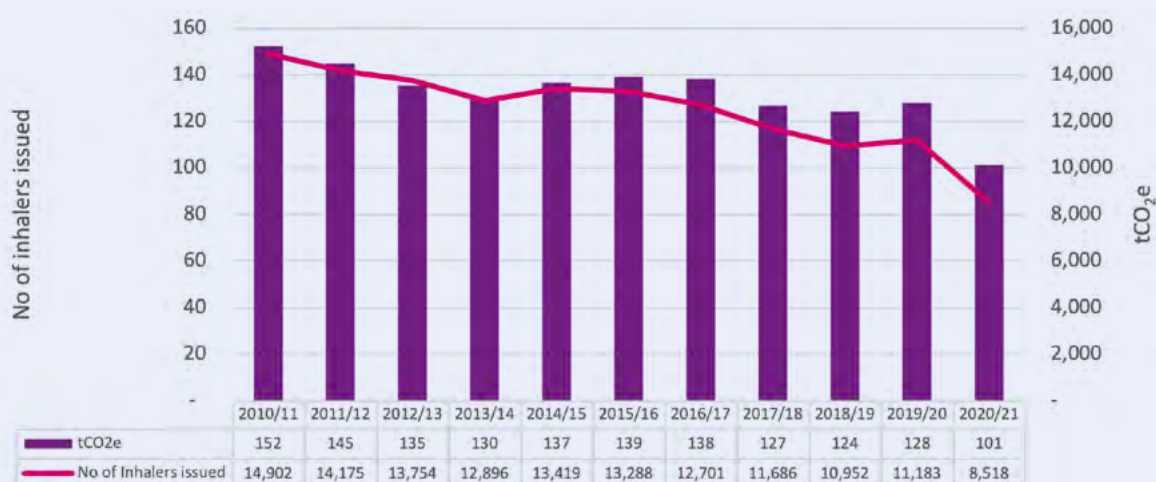
The SDAT makes no real reference to medicine and their emissions, however, our obligations are clear, we need to reduce the emissions from anaesthetic gases and MDIs.



The table above shows the emissions from anaesthetic gases increased from the baseline, until 2017-18, when it decreased. 2020-21 saw the most significant reduction in emissions, which was due to a reduction in the number of surgical procedures completed by the Trust because of Covid-19.

To understand how effective we are at reducing and switching to alternative anaesthetics and MDI, we will continue to monitor the volumes of anaesthetic gases and MDIs used by the Trust, by type, and report associated carbon emissions, developing relevant metrics to understand the patterns in consumption. We will monitor the replacement of Desflurane targeting a reduction of 10% by volume for April 2022 and stopping use by 2026.

In the financial year 2020-21, 7% of the total number of inhalers issued were low carbon inhalers, this percentage must increase. If Symbicort and Flutiform are substituted for the lower carbon alternatives, it is possible to achieve a 60% reduction from the baseline of 2013-14 by 2026.



We need to switch to low carbon inhalers and continue to reduce the issue of inhalers by implementing measures that prevent their need and monitor the target against the baseline.

Supply Chain and Procurement

Procurement is the process by which we purchase the goods and services the Trust requires to operate, the goods and services we procure then become part of our supply chain. The principle of sustainable procurement is that we should use our purchasing power to influence the sustainability of our supply chain. The NHS is uniquely positioned to be able to influence a wide area of the private sector to decarbonise by exerting this pressure.

The NHS Supply Chain accounts for approximately 62% of total NHS emissions. To reduce this impact, the Trust will meet the NHS carbon reduction targets and become net zero for our Carbon Footprint Plus by 2045. Carbon Footprint Plus is a measure of carbon emissions that includes our supply chain.

We also recognise that our purchasing power and procurement activities have social and economic consequences, as well as environmental impact. We are therefore committed to developing processes to reduce the impact of our supply chain and intend to use our purchasing power to engage, influence and help our suppliers to improve sustainability and decarbonise in a collaborative way.

As a Trust we can influence the supply chain in several ways; by making low-carbon and sustainable choices and substitutions, supporting product innovation, addressing the economic and social impact of purchases, and working with existing supplier to influence approaches to sustainability. Accordingly, we will update our Procurement Policy to include the ambition to:

- Embed sustainability in all stages of the procurement cycle
- Procure lower carbon and sustainable goods and services, for clinical and non-clinical activities, as a minimum adhering to environmental product specifications, such as the Government Buying Standards
- Work with our suppliers and supply chain to reduce their emissions and to engage them on the supply of new products and innovations
- Improve the economic and social impact of our purchases

We are committed to developing processes to reduce emissions from the supply of goods and services, to deliver this we will establish a system that enables the assessment and selection of more sustainable goods, products, and services. Starting this process by updating the Procurement Strategy and renaming it a 'Sustainable Procurement Strategy' to reflect the commitment to embedding sustainability into the procurement cycle.



The Sustainable Procurement Strategy will aim to raise awareness of our ambitions within the Trust, and establish several principles for reviewing the goods and services we procure, for example:

- Establishing a set of standards that suppliers must adhere to for example to achieve social value outcomes, and on ethics, labour, and the environment, aligned with the Government Buying standards
- Reviewing our existing supplies of goods and services to confirm they meet those standards
- Before procurement, conducting initial assessment of need, if the product is required, and if there are sustainable alternatives
- Assessing what products and services in the supply chain pose a higher ethical, labour, and environmental risk and mitigating that risk
- Ensuring that environmental, social, and economic impacts and opportunities are appropriately considered and evaluated in the assessment of value for money; before purchasing, when purchasing new products, when developing and scoring tenders and when setting up contracts or framework agreements
- Managing tendering and procurement strategies that ensure fair access to contracting opportunities for businesses of all sizes and types and invite local companies to tender
- Collaborating with other NHS Trusts and other organisations to improve knowledge and understanding of sustainable procurement and to seek shared opportunities and benefits
- Promoting the value of human rights, labour standards, anti-corruption, environment, and equality within our supply chain

These commitments will require us to deliver on the updated Procurement Strategy, through the development of Sustainable Procurement Action Plan and by updating the existing procurement framework.

Electricity procurement is a quick win, this year we have procured a low carbon tariff from hydro, wind, and solar sources, which will come into effect in April 2022. We will seek further quick win opportunities by assessing the products we procure, against best practice and the Government Buying Standards.

This assessment will include whether there are any further quick win substitutions, for example paper and timber products, where we can rapidly improve sustainability.

For existing supply chain, our supplier management. We will engage them upon completion of our Green Plan, communicating its commitments and our intention to work with the supply chain to reduce impact.

We will develop a process to help us understand the risks in our supply chain and use the outcomes from this to approach our suppliers to start the process of mitigation. We will do this by ascertaining what our suppliers' current approaches are to sustainability, whether they have existing Carbon Reduction Plans and if they calculate the emissions associated with the delivery of our goods and services. This work will initially focus on those products, services, and contracts, that generate the largest contribution to our overall carbon footprint (in use and/or embedded) and those which contain hazardous and toxic chemicals.

Once the assessment is complete, we plan to open dialogue with our suppliers and contractors on how we can collaborate to reduce risk, and how we can work with them to develop a system for the proposal of innovative solutions that will improve sustainability performance, for example by reducing energy or water consumption.

Reference new suppliers, all companies bidding for government contracts more than £5million a year must commit to achieving Net Zero emissions by 2050, accordingly, this will be built into our tender processes. However, we need to develop a sustainability assessment that incorporates the wider sustainability agenda into this process and for smaller procurement exercises below £5m.

The assessment must ask pre-tender/ purchase phase what sustainability risks and opportunities the procurement present. Once we understand the risk and opportunity, at tender stage we must make clear to the potential supplier our expectations regarding minimum standards of sustainability performance, as well as requesting how will they mitigate the impacts associated with the delivery of their product or service with supporting evidence.

We must also hold them to account in the contract, including the monitoring of environmental and social impacts of the contract, for example carbon emissions.

We must also set the expectation that tenders should include weighting to prioritise environment, financial and social outcomes, for example by applying a 10% minimum weighting for social value.

Within our supply chain, there are several areas, we must exert our purchasing power to omit to acting upon in the short-term.

- "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 oxodegradable 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."
- "19.2 When procuring and/or negotiating contractual arrangements through which any potential or existing tenant, sub-tenant, licensee, contractor, concessionaire or agent will be required or permitted to sell food and drink from the Provider's Premises, the Provider must (having taken appropriate public health advice) include in those contractual arrangements terms which require the relevant party to provide and promote healthy eating and drinking options (including outside normal working hours where relevant) and to adopt the full range of mandatory requirements in Government Buying Standards."

Another area we must act is on the principle of providing fair access to contracting, where we have set an ambition that for every £3 we spend, £1 will be spent with SMEs and social enterprises. We will also establish in our Policy to encourage that spend to be within the local area where possible and will encourage local companies to tender.

We hope that our endeavours will ultimately result in product substitution and improvements to our supply chain carbon emissions and sustainability. To monitor the impact of our activities, we will record where the substitution or change has reduced impact, aiming in the long-term to monitor emissions reductions from supplier.

In the longer-term we need to also adoption a 'whole-life costing' approach towards the purchase of a product or service, to includes for example the impact of energy and water consumption as a factor during the procurement of relevant goods and services and within the design and construction of new builds and refurbishment projects to ensure that health and sustainable development objectives are prioritised throughout the design process.

Supply Chain and procurement is also important regards the new hospital proposal for Doncaster, this will require us to consider the development of a set of clear sustainability aims and objectives that can be scaled and applied to this capital projects, as well as any major refurbishment projects. This needs to be considered now as it should be incorporated into the design brief for the new hospital.

Measuring Progress

In the period of this Green Plan, we will start to develop strategies for the collection of data to enable the calculation of our Carbon Footprint Plus at a future time.

In the interim, we will develop reporting that will enable us to report on report on the value/volume of goods that we source ethically.

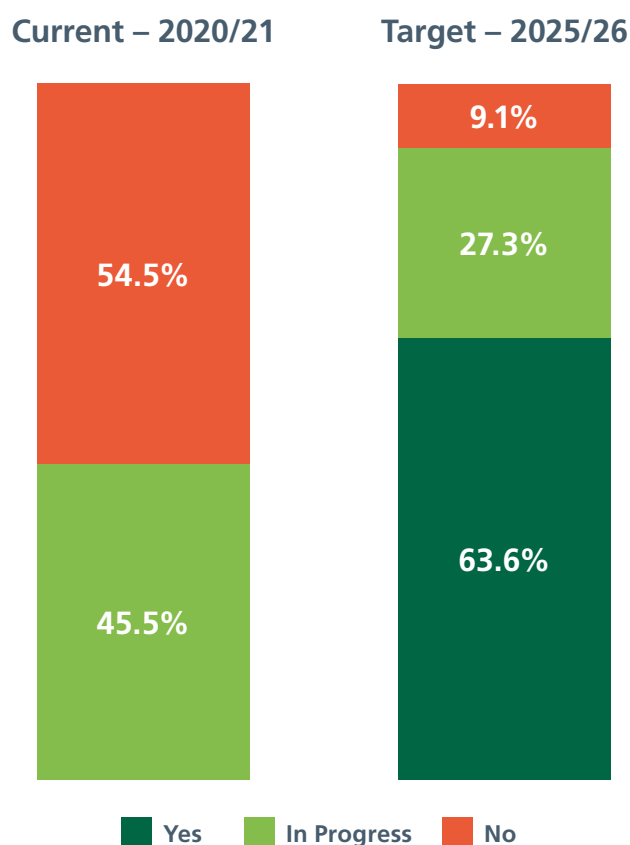
The SDAT has 45 objective statements relating to supply chain and procurement, of which two have been achieved and 9 are 'in progress'. In the period of this Green Plan, we will target to achieve the 9 plus an additional 19, achieving 30 by the end of the Green Plan period. In additional 12 to be 'in progress'.



Food and Nutrition

We have already taken positive steps to improve access to health foods, recently launching a market stall selling fresh fruit and vegetables, which alternates between the three hospitals. The stall enables our staff and visitors to make healthy choices without leaving the site. However, we need to do more to improve the health food options of the hospitals catering and concession services and to support the education of the local community regards healthy food choices and nutrition.

Figure 19:



A well balanced, nutritional diet is fundamental for healthy and well-being. Two-thirds of the British adult population are overweight, and 27% are living with obesity. The health effects of a poor diet are unevenly distributed, with individuals from the lowest socioeconomic areas having double the prevalence of obesity, compared to the least deprived. We have already outlined in this Green Plan that both Doncaster and Bassetlaw have both lower healthy life expectancy and life expectancy than the UK average, and that these rates are lower in deprived areas.

In Doncaster, 71.5% of adults aged 18 and over are classed as overweight or obese compared to the national average of 61.3%. Almost a quarter (23%) of children aged 4-5 years and over a third (35.8%) of children aged 10-11 years are overweight or very overweight. Bassetlaw has the highest percentage of adults who are obese or overweight in Nottinghamshire. Incidence of excess weight in Bassetlaw children is too high, with over 26% of reception year children being overweight and 9% classed as

very overweight. Bassetlaw also has a higher than national average of obesity for children aged 10-11 year.

These health inequalities make it incredibly important for the Trust to support the promotion of a balanced diet and healthy lifestyles, as preventative measures for reducing the risk of ill-health.

As a Trust we must comply with NHS Food Standards and update our food and drink strategy, to include the aspects contained in the Green Plan and develop the associated action plan, in support of the strategy, to promote and support health choices, targeting all parts of the hospital and local community.

The strategy will set out how we plan to offer access to healthy eating and drinking options, and how we will achieve the requirements set out in NHS Food Standards, for example how our products provided and/or offered for sale on site must meet labelling and portion size requirements.

The strategy and action plan will also set out how the Trust plan to work with stakeholders to promote, for example NHS 'Eat Well' and Change4Life to staff, visitors, patients, and the local community. Including in the engagement activities will also be the promotion of the benefits of reducing food waste, through for example association with meal planning and having seasonal menus available. The presence of the fresh fruit and vegetable stall at the site can be used to the advantage of these engagements.

The plan must be supported by our suppliers, contractors, and concessions, who will be central to the strategy. We must review and assess the steps these organisations are taking to ensure they are acting on appropriate public health and campaigns. Plus, how they are working to adopt the full range of mandatory requirements contained in the Government Buying Standards and the findings of the Independent Review of the NHS Hospital Food in England.

Based on the findings of our review of caterers and concessions, where appropriate, we elicit the support of our suppliers to promote healthy eating and lifestyles and include those actions in the Plan.

Food services at the Trusts Hospitals are provided by a third-party contractor; the contractor provides meals in our restaurant and our patient catering; we also have several concessionaires who serve food in the hospital. Our main food contractor has committed to increasing the number of plant-based meals and recipes to 33% by 2025. We must hold our contractor to account on this commitment and monitor their process, adopting the target as our own and adding a contract clause to achieve this. Included in the contract will also be a requirement for all meals to include fresh and seasonal vegetables to reduce food miles. Actions identified to be taken by our main food contractor will be monitored as part of the contractual monitoring governance arrangements.

With regards to the NHS Contract we have some very specific requirements we must meet:

- 19.1 The Provider must comply with NHS Food Standards and must develop and implement a food and drink strategy, setting out how it will ensure that, from retail outlets, vending machines, or catering provision and facilities as appropriate, Service Users, Staff and visitors are offered ready access 24 hours a day to healthy eating and drinking options and that products provided and/or offered for sale meet the requirements set out in NHS Food Standards, including in respect of
- 19.2 When procuring and/or negotiating contractual arrangements through which any potential or existing tenant, sub-tenant, licensee, contractor, concessionaire or agent will be required or permitted to sell food and drink from the Provider's Premises, the Provider must (having taken appropriate public health advice) include in those contractual arrangements terms which require the relevant party to provide and promote healthy eating and drinking options (including outside normal working hours where relevant) and to adopt the full range of mandatory requirements in Government Buying Standards.
- 19.3 The Provider must:
 - 19.3.1 where it itself offers for sale any Sugar-Sweetened Beverage at the Provider's Premises, ensure that sales of Sugar-Sweetened Beverages account for no more than 10% by volume in litres of all beverages which it sells in any Contract Year; and
 - 19.3.2 use all reasonable endeavours to ensure that, where any of its tenants, sub-tenants, licensees, contractors, concessionaires or agents offers for sale any Sugar-Sweetened Beverage at the Provider's Premises, sales of Sugar-Sweetened Beverages account for no more than 10% by volume in litres of all beverages sold by that tenant, sub-tenant, licensee, contractor, concessionaire or agent in any Contract Year.

Food waste is another important area we need to tackle. How we reduce food waste in the hospital and the associated packaging waste, will be reviewed as part of our waste management activities. However, it is important that we work with contractors to develop ways to reduce and promote a reduction in food and drink waste and to also include relevant actions in both the waste management Strategy and a food and drink strategy, for example portion sizes control is an issue that will have implications for both departments. In addition, our main food contractors, has committed to switching to 100% reusable, recyclable and compostable packaging by 2025, their progress must be monitored.

To support the development of the food and drink strategy and action plan, we will develop a 'Food and Drink 'Green Shared Governance Group', to drive forward improvements in food services and to support greater accountability to ward staff. The Food and Drink Steering Group will work alongside the Trust's food service dietitians, responsible for overseeing patient, staff, and visitor catering.

Across all suppliers, in the longer-term we will set-out more requirements in contractual terms, with an ambition is to mandate a 40% cost vs 60% quality split across our procurement of food and all catering services, which is a requirement recommended in NHS Hospital Food Review.

Measuring Progress

The independent review of NHS hospital food report recommended that we nominate a Board level Food Champion, to include safety and nutrition and that we include food as a standing item on Board Agenda's this is to provide update on the implementation of the Food and Drink Strategy and associated Action Plan.

Within the Action Plan we will develop appropriate KPIs, for example, where we offer Sugar-Sweetened Beverage, we will target the sales of Sugar-Sweetened Beverages to account for no more than 10% by volume in litres of all beverages. Initially we will work with providers voluntarily to achieve this but in the longer-term we seek to make this a contractual obligation for providers to do so.

We will adopt as our target our main food contractor's target to increase the number of plant-based meals and recipes to 33% by 2025 and monitor the achievement of this target. Once we have reviewed the current food and drink provisions of all our food services providers, we will look to set a baseline against which we can assess the delivery of healthy food and a improve on the current methods of recording and monitoring food waste.

Eleven objective statements from the SDAT fall into Food and Nutrition and of these five are already in progress, we will target these five to achieve, along with a further two. Taking our achievements to 7 statements by the end of this Green Plan period. In addition, we will target an additional three to be 'in progress'.

Adaptation

The threat to human health and wellbeing from climate change is the significant driver for the development of the Green Plan.

Climate change is real and undeniable with the evidence, that as a result, the UK is experiencing increasingly severe and frequent, extreme weather events, caused by the long-term change in global temperatures.

Figure 20:

Current – 2020/21

Target – 2025/26

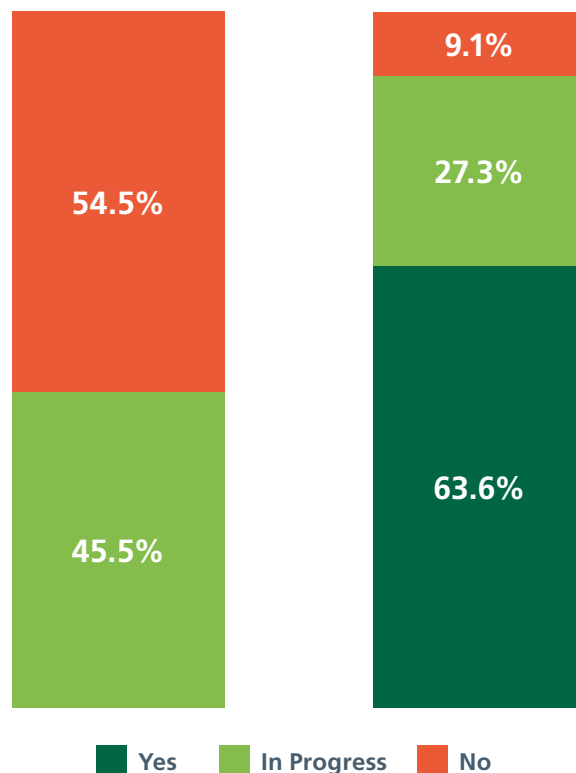
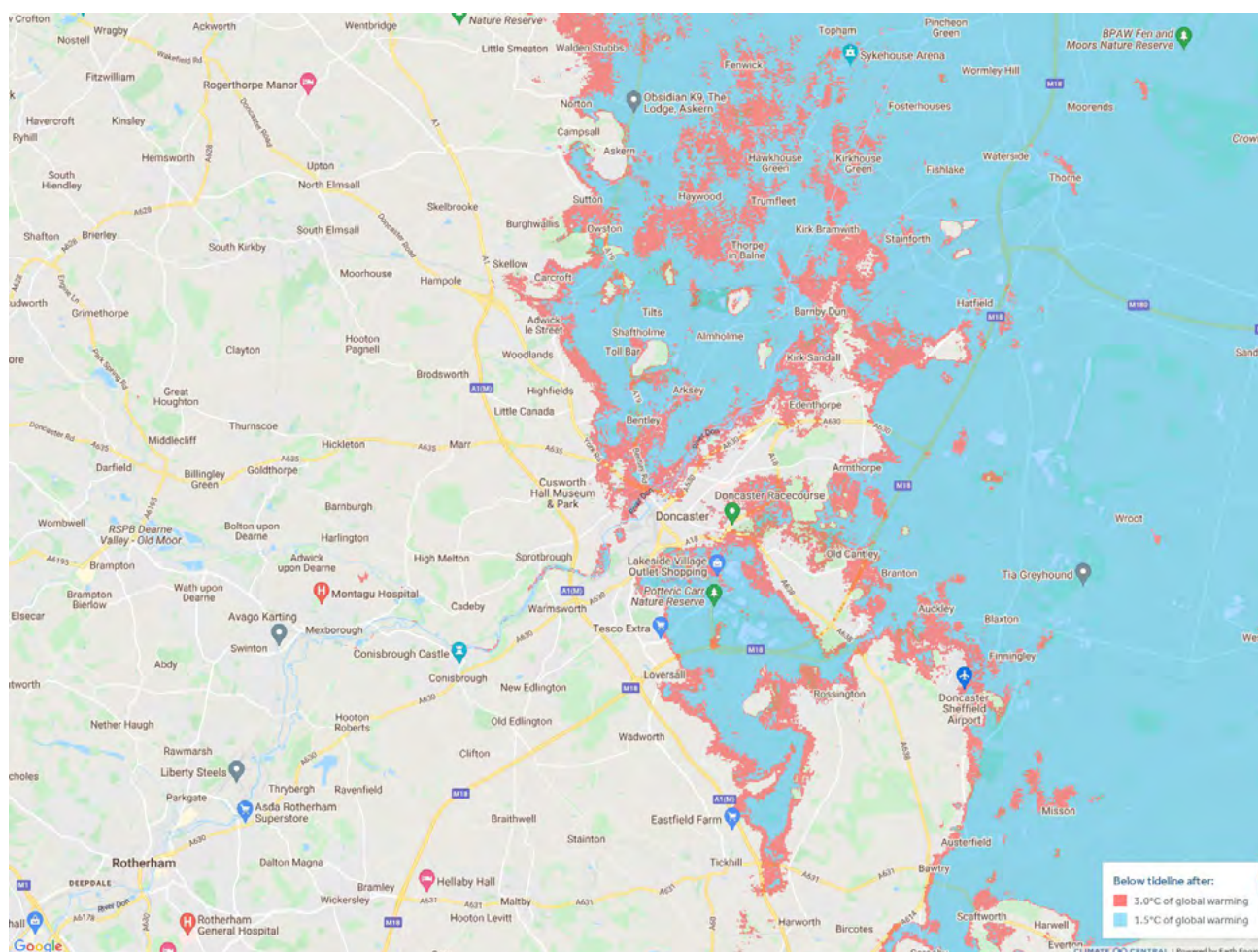


Figure 21: Graph showing the risk to Doncaster of rising sea levels by 2040



Source: <https://coastal.climatecentral.org>

The Green Plan contains objectives that aim to mitigate the impacts of climate change, by reducing carbon emissions. Adaptation on the other hand, requires the Trust to plan for permanent changes in the environment, and not just the immediate risk of extreme weather.

The NHS Standard Terms and Conditions 21/22 includes a requirement to adapt:

“18.4.2.3 to adapt the Provider’s Premises and the manner in which Services are delivered to mitigate risks associated with climate change and severe weather;”

As a Trust we are required by NHS England to ensure we have plans and preparations in place to maintain the delivery of our services in the event of an incident, our Emergency Preparedness, Resilience and Response. The Trust is therefore prepared to deal with extreme weather scenarios, with our plans also tested through deployment for 2019 flooding event in Doncaster. Our Emergency Policies and Plans engage several stakeholders and partners, required to support the Trust to respond to such emergencies.

We have Health Technical Memorandum compliant contingencies for the loss of water, power, and our supply chains. The Covid-19 pandemic has tested our emergency response to a loss of supply chain, which significantly impacted pharmaceutical and medicinal supplies. As a result of this disruption, we feel that we need to engage and raise awareness of the risk of climate change to our suppliers and NHS support services, and to assess if they are responding appropriately. To start this process, we will be requesting and reviewing if our top 10 suppliers’ have considered these risks for example by completing climate change risk assessments and whether they have business

continuity plans, to include for example extreme weather events.

Primarily, we need to manage and assess climate change risks, by conducting regular climate change risk assessments, to identify the significant risks facing health and care processes, premises, suppliers, and service providers and to identify the adaptation and impact mitigation actions required. The risk assessment template we develop, can also be shared with our suppliers and support services. The risk assessment should be recognised and implemented across the Trust. To achieve this, we will:

- Nominate and appoint an Adaptation Lead, responsible for conducting the risk assessment and monitoring
- Operate Carbon Literacy education at all levels in the Trust, to support knowledge and understanding
- Complete a Climate Change Risk Assessment, and review it regularly
- Implement the finds of the risk assessment
 - Ensuring that Climate Change risk is recorded in our Risk Registers are updated
 - Developing a Climate Change Adaptation Plan for our facilities and estate
 - Updating our business continuity plans in accordance with the identified risks and adaptation plans

We will review these emergency and contingency plans annually and update them in accordance with the Risk Register. Developing the means to record and report the instances of extreme weather and the impact on the operation of the hospitals.

Measuring Progress

Our mitigation efforts will be monitored through our carbon reporting, with our adaptation monitored through the implementation of the Climate Change Adaption Plan.

The SDAT as 26 objective statements related to reducing the impact of climate change on the Trust through adaptation activities.

The Trust has already achieved 5 objective statements and a further 3 are ‘in progress’. By the end of the Green Plan term, we aim to target to achieve 20 with an additional 4 ‘in progress’.

Conclusion

This Green Plan has been approved by Board of Directors and provides a comprehensive and structured strategy, regards what we need to achieve. It commits the Trust to improving our sustainability, and to delivering healthcare whilst reducing our environmental impact as much as we can and contributing positively to social issues and the local economy.

The Green Plan is largely an aspirational strategy and sets out what we hope to achieve by 2026. However, alongside these aspirations are several key legislative requirements that we must achieve, these are clearly signposted in the document.

In October 2021, NHS England published its 'Delivering a Net Zero National Health Service' report. In this document, a number of targets and ambitions are set out, the first is to reduce the health services' overall carbon footprint by 80% by 2032 at the latest. We believe our Green Plan contributes to this overall objective, showing how, locally, moves can be made towards sustainability and factored within our ongoing development and growth as an organisation.

Crucially, as a Trust it is our vision to be the 'Safest in England, outstanding in all that we do'. We are confident that this plan will complement with overall ambition, ensuring that we make changes that are conscious of the individual, but also societally, to ensure that we are looking after both our communities and the environment in which our communities live – a outlook which we believe will undoubtedly result in better health outcomes.

In 2019, Doncaster Council declared a 'climate and biodiversity emergency'. As a key partner within the town and as part of the borough's Doncaster Growing Together partnership, we believe that local public organisations are committed to making proactive and positive change in regards to climate change and are proud to demonstrate what are intentions are, and how we intend to support this crucial agenda.

The way in which we intend to tackle this is set out clearly within the document, and we believe that in the short-term we will be able to positively change our approach to deliver the following, whilst making long-term arrangements to ensure our sustainability as an organisation:

- A reduction in air pollution and its associated impact.
- A reduction in waste and an increase the use of sustainable materials.
- A reduction in energy consumption and decarbonise our estate.
- A reduction in the impact of travel and transport.
- A reduction in the emissions in our supply chain and purchase more sustainable products and services.
- The provision of training for colleagues to ensure we are making more sustainable and greener choices in our work.

Ultimately, if we meet these challenges, and deliver upon them as we hope to as detailed by this document, it will help us to be more efficient. In turn, these efficiencies will enable to invest more into our patient serves, ultimately improving the care and treatment delivered to local people. Therefore it is vital that we act.

The threat that climate change poses to each and every one of us is significant – and we all have a role to play in tackling it. As a Trust, it is our intention to do all that we can to reduce our carbon footprint, ultimately to help us become a more sustainable place in which to work, as well as receive care. Our actions now, or lack of action, will have implications for years to come, this is why we are proud to commend this Green Plan.

As a Board of Directors we have the aspiration to ensure that sustainability is embedded at all levels of the Trust, making it a normal part of continuous improvement and decision making. Hopefully in this way we will make it easier to deliver as our dedicated staff learn more about the importance of sustainability in the context of the operation of the Trust.

We look forward to delivering on the intentions of this plan.



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust