



ELFT CLIMATE ACTION GREEN PLAN



APRIL 2024 - MARCH 2025



Foreword from Lorraine Sunduza, ELFT CEO

In June 2021, ELFT declared a climate and ecological emergency and committed to taking action to raise awareness of the health and social implications of the climate crisis and drive down emissions that we as an organisation generate. Working with all our stakeholders - service users, carers, communities, staff and partners – we committed to an ambitious approach. From the outset we knew that, to succeed, we would have to integrate sustainability into all the work we do.

The issue of sustainability and climate change cannot be one person, one team or one department's responsibility. These issues affect every element of ELFT's operations, every person we serve and must therefore be integrated across all departments and directorates with every one of us taking a more active approach on carbon reduction.

For example:

Through our QI work programme we can utilise an already effective process to help us to tackle our carbon footprint by generating and testing ideas that can push the envelope on sustainable actions.

By linking sustainability and carbon reduction with our financial viability program and our annual planning work we can better integrated and implement this critical area of work across the Trust.

We have a responsibility to use our role as an anchor organisation to effect change not just internally but throughout the communities we serve, bringing our local partners and stakeholders with us on this journey to realise a greener, cleaner more cost-effective future.



At ELFT, we understand that the climate and ecological crisis is fundamentally a public health crisis that threatens the health of our communities. Now, more than ever, the evidence for both physical and mental detriments to human health is compelling. As an organisation committed to the physical and mental well-being of our service users, carers, staff and local communities, it would be remiss of us not to tackle this issue head on, not just in our own operations but working with our partners and peers. Social determinants of health such as inequality, discrimination and poverty of opportunity also contribute to the unequal effects of the climate and ecological crisis. Healthcare itself accounts for 5% of our national emissions.

In 2022, we published a 3 year Green Plan mapping the ways in which we planned to reduce our emissions. We recruited clinical and service user leadership for climate action, we built a passionate Green Team, and drew more than 200 staff members to our climate network. We saw reductions in energy usage and new alliances developing around procurement, power purchase and transport - as well as the creation of a digital sustainability strategy. We must continue and amplify our efforts going forward.

Today, in line with the latest guidance and innovation in the Greener NHS Programme, we publish our updated plans for 2024 – 2025. This document includes the full set of targets included in the NHS Green Plan Support Tool.

Thank you for everything you are doing – individually and in your teams – to support our work to improve sustainability and tackle climate change. This is, without doubt, one of the most critical issues for our generation if we are to protect our planet for generations to come.



Lorraine Sunduza
Interim ELFT CEO





Foreword from Kevin Curnow, Chief Finance Officer

First and foremost, the climate and ecological crisis is a humanitarian challenge and one which will need all members of society to make changes to avert the worst effects across all industries and organisations. As a healthcare organisation specialising in mental health care we are acutely aware of our responsibilities in helping our service users, staff and stakeholders navigate this challenging and concerning crisis.

Since the first inception of the Trusts sustainability plan it has always been made clear that environmental sustainability and financial value are not mutually exclusive, quite the contrary. All sustainability initiatives focused on reducing our carbon footprint will have some form of financial payback either from reduced materials, energy usage or saved process or physical waste. These financial savings can be reinvested into our core business of healthcare and help to improve the service we offer to our wider community. This approach helps to ensure that the sustainability metrics provided to internal and external stakeholders are relevant, compliant and accurate on the one hand, and in supporting the overall execution of the sustainability strategy on the other. Here at ELFT we believe that finance and the CFO bring unique skills to the table in terms of measuring and tracking both financial and non-financial achievements. This applies to risk analysis as well as governance, internal monitoring, measurement, prevention, mitigation and third-party assurance.

ELFT puts service users and staff at the forefront of all we do and our approach to sustainability and financial viability is core to furthering this value. With the potential to improve the quality of not just the air we breathe in our communities but also the health and well-being of all stakeholders and beyond, coupled with financial savings to reinvest and improve our approach to healthcare, this Green Plan and hundreds like it must succeed and as CFO I am committed to being a big part of this journey.



K.S.A.

Kevin Curnow
Chief Finance Officer



Foreword from People Participation

Climate change will affect everyone, but it is the most vulnerable in society who will feel its impacts more significantly.

As individuals committed to improving patient care, it's important to recognize the connection between our work and the climate and ecological emergency. This Green Plan should act as a reminder that caring for our planet aligns with caring for our service users.

Our service users play a crucial role in driving systemic change across the Trust, and their involvement in the climate network is no exception. This crisis demands a collective effort; we rely on the diverse perspectives of our staff, service users and carers to successfully reach our net-zero goals.

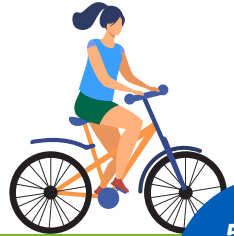
Siân Hodgkinson

People Participation Lead for
Environmental Sustainability

Our health is ultimately connected to our environment.

**Our environment often determines our health.
We need to take care of both.**

Paul Binfield
Director of People Participation



Foreword from our service users and carers



I want to gain more information and insights on topics related to climate change, environmental issues, and the importance of organisations like ELFT addressing these concerns. Education and awareness is essential as is innovation, research and collaboration if we are to tackle this huge issue head on.

Aurora Todisco

Carer of ELFT service users

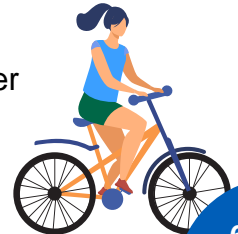
I have really enjoyed being a part of the sustainability project so far as I feel that I'm helping others and making a positive impact to enable environments to be more sustainable, economical and eco - friendly. I'm looking forward to the next steps of this project in progress.

CAMHS Service User

I have been to a few meetings as a Service User and have found that any input or question is well received. As I have had a long interest and some work around sustainability and climate change over my working life, I feel I have something to offer these groups.

Pauline Roby

ELFT Service User



Context

The climate and ecological emergency is a health emergency, a public health crisis, a mental health emergency and a community health emergency, mediated via physical health impacts, mental health impacts, social impacts and psychological impacts. Global warming is a direct result of the release of greenhouse gases, mostly due to the burning of fossil fuels. Now 30 years since the Rio Earth Summit of 1992, no government target has yet been met. Emissions continue to rise annually. **Over 50%** of the greenhouse gases in the atmosphere were released in the last 30 years. The impact of global warming is ecosystem collapse.

Experts agree that we must rapidly decarbonise our society to limit temperature rises. While we already see catastrophic effects at less than **1.1°C**, increases above the **1.5 figure** will lead to the mass displacement of millions of people (an estimated **200 million people by 2050**) and global food scarcity across multiple regions. The effects of extreme weather events and poor air quality are compounded by the impact of deforestation, monocultures in farming, soil degradation, and plastic waste. There are 6 London boroughs at particularly high risk of flooding and overheating. They include **Hackney, Tower Hamlets and Newham**. **Bedfordshire** is also at high risk for floods.





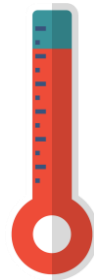
In summary, we face...

An ecological crisis:

Changes in land and water usage have led to degradation of the natural world, extensive biodiversity loss, and increased exposure to zoonotic disease. Loss of connection to the land has meant we may struggle to see these effects before our food security and peace are threatened. Lack of access to and connection with nature is detrimental to our mental and physical health.

A climate crisis:

A climate crisis - the physical and mental health burdens of flooding, drought, heat, air pollution, food insecurity, displacement, loss of home and managing the realities of the climate crisis.



The greatest opportunity

According to the 2021 Lancet Countdown on health and climate change...

Climate change is **the greatest global health threat** facing the world in the 21st century, but it is also the greatest opportunity to **redefine the social and environmental determinants** of health.

Urgent climate action could **prevent millions of deaths** globally through:...

Improved
air quality



Increases in
physical activity



Healthier diet



An end
to fuel poverty



Reduced risk
of cardiovascular,
respiratory,
neurological
disease and cancers



Reduced exposure
to zoonotic
disease



Improved
mental health



Reduced risk
of disruption to
healthcare delivery



In one example, rapid decarbonisation could prevent most of the **3.3 million deaths** from air pollution that occur each year.





Greener NHS

In October 2020, the Greener NHS National Programme published its strategy, Delivering a net zero National Health Service, outlining the impact of climate change on human health and on the delivery of healthcare and committing the NHS to becoming the world's first net zero healthcare systems. The report set actions for the entire NHS to reach net zero carbon emissions by 2040 on direct emissions (**80% by 2028-32**) and 2045 on those we can influence (**80% by 2036-2039**). These actions include for NHS Trusts to develop local Green Plans detailing our approach to emissions reductions in line with national targets.



MAJOR EMISSIONS

CH₄

N₂O

SF₆

CO₂

CFC₅

PFC₅

HFC₅



SCOPE 01

DIRECT



Fossil Fuels



NHS Facilities



Anaesthetics



NHS Fleet and Leased Vehicles

SCOPE 02

INDIRECT



Electricity



Metered Dose Inhalers



Energy



Business Travel



Waste



Water

SCOPE 03

INDIRECT



Medical Devices



Freight Transport



Business Services



Construction



Medicines



Food and Catering



Commissioned Health Services Outside NHS



Manufacturing



ICT



Staff Commuting

TRAVEL

OUTSIDE SHOP SCOPES



Patient, Visitor, Travel

NHS CARBON FOOTPRINT

NHS CARBON FOOTPRINT PLUS



Greenhouse Gas Protocol scopes in the context of the NHS (from 'Delivering a net zero NHS, 2020) Carbon emissions are defined under three categories or '**SCOPES**' – **SCOPE 1**, **SCOPE 2** and **SCOPE 3**. These are defined by the Green House Gas Protocol and the Greener NHS.

SCOPE 1 - All Direct Emissions from the activities of an organisation or under their control. This includes fuel combustion on site, from owned vehicles and fugitive emissions. Examples include fleet vehicles, fuel combustion, gas emissions from boilers and air-conditioning refrigerant leaks.

SCOPE 2 - Indirect Emissions from electricity purchased and used by the organisation. Emissions will be created during the production of the energy and eventually used by the organisation. Examples include purchased electricity, heat and steam.

SCOPE 3 - All Other Indirect Emissions from activities of the organisation, but occur from sources that they do not own or control.

This is usually the largest share of the carbon footprint, especially for office-based companies and the health system, covering emissions associated with business travel, procurement, waste and water.



Sustainability as key value

At ELFT, it is our vision to deliver the highest quality mental health and community care to our local communities. The environmental, financial and social issues most important to our communities and staff are those that improve health outcomes while also addressing inequalities and access to services.

There are four objectives in our 5-year trust strategy. They are:



To improve population health so that our **communities are healthier** and able to get more out of life.



To improve the experience of care – so that anyone in contact with our services feels safe, feels involved in decisions about their care and knows that the staff around them are focused on their recovery and their future goals.



To improve staff experience – so that staff are able to grow, learn, feel supported and enjoy what they do.

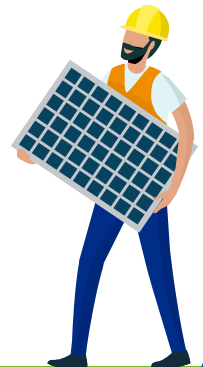


To improve value – by making the best use of our resources, making the best use of everyone's time, removing obstacles that delay or hold things up, and by adopting systems and processes to make things more efficient and effective for everyone. Sustainability forms a key part of that vision, and touches on all aspects of our work.

Acknowledging the need for accelerated action, we aim to deliver:

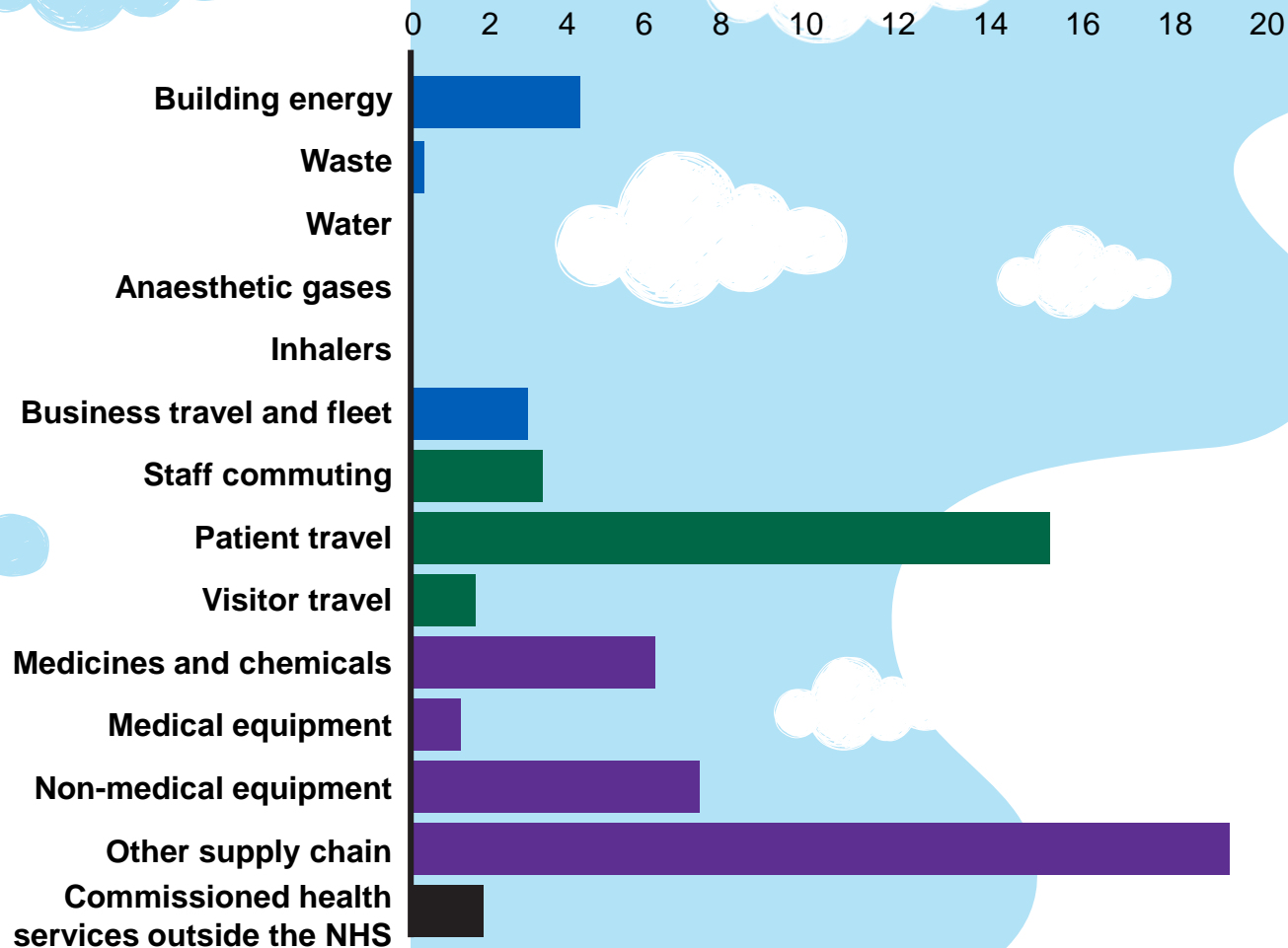
A **40% reduction** in the emissions we control directly (NHS Carbon Footprint) by 2025.

A **40% reduction** in the entire emissions profile (NHS Carbon Footprint Plus) by 2036.



ELFT's emissions profile

(Greener NHS estimate 2019)



Assurance and governance

ELFT's Green Plan has been **developed with input from our staff and service users**, is informed by a clinical network with members drawn from across the workforce, with assurance provided via reporting to board.

NHS Greener Goal	Greener NHS target	Where we are	Where we want to be
Our Green Plan is updated.	<ul style="list-style-type: none"> The end of the 2023/23 FY (1). The end of the 2023/24 FY (0.67). The end of the 2024/25 FY or later (0.33). 	This is our first update of the green plan since its first iteration in January 2022.	We will update our green plan annually.
We provide board updates.	<ul style="list-style-type: none"> Twice a year or more frequently (1). Annually (1). Every 18 months to two years (0.25). 	We provide twice yearly updates via our Finance, Business and Investment Committee (FBIC).	Ongoing updates via the FBIC and discussion with board about how the Green Plan is discussed and supported at board level.
We have a board level NZ lead.	<ul style="list-style-type: none"> Yes (1). 	Our Chief Financial Officer is our board level net zero lead.	Net Zero leaders throughout the executives. Board level training available.

ELFT Goal	Where we are	Where we want to be
We have Net Zero service user leaders.	<p>Service users are part of our climate network, workstream meetings, and governance meetings supported by People Participation.</p> <p>PP lead appointed .</p>	<p>Integrating service users in green plan governance. Focus group for service users to develop specific ideas Service user Climate Champions and accessing training. PP lead to link with other PP leads.</p>
We have formal clinical leaders.	<p>We have two clinical leads for sustainability who have time as part of their job to contribute to the Green Plan.</p>	<p>We will engage with clinical leaders in directorates to ensure clinical leadership around sustainability throughout the many clinical pathways on the trust.</p>



Workforce and system leadership

Delivering on climate action means engaging and developing our workforce and system partners. We know how motivated our staff and service users are in addressing issues of social justice and inequalities. As a trust we have committed ourselves to act on the **social determinants of health**, including social inequalities.

NHS Greener Goal	Greener NHS target	Where we are	Where we want to be
We communicate our Green Plan and how to support its delivery to staff, patients, visitors and the local community. We have tailored training, induction and communications related to our green plan.	<ul style="list-style-type: none"> Yes, the trust has tailored training, induction and communications related to their green plan (1.0). No, the trust does not have tailored training, induction and communications for related to their green plan (0.5). 	<p>We do not have our green plan in induction.</p> <p>We do have a weekly Green Corner in trust communications and a more detailed climate network bulletin for members of the climate network.</p> <p>Climate Network.</p> <p>A joint bi-annual conference with mental health and community health trusts.</p>	<p>We will work to incorporate principles of sustainability and the Green Plan in induction as well as job descriptions.</p> <p>We will work to expand and improve our communications strategy to include service users, visitors, and local communities.</p> <p>We will establish recovery college sessions on the subject.</p>
We encourage all staff to complete the introductory 'Building a Net Zero NHS' e-learning module?	<ul style="list-style-type: none"> Yes, over 90% of staff have completed 'Building a net zero NHS' (1.0). Yes, over 45% of staff have completed 'Building a net zero NHS' (0.5). Yes, over 20% of staff have completed 'Building a net zero NHS' (0.2). 	<p>Less than 20% have completed the building a net zero.</p> <p>To increase this uptake we have regular comms on the module, we track number of staff accessing this, and have a QR code to make access easier.</p>	<p>We will work with our training team to look at ways to increase uptake.</p> <p>We aim for 20% of staff by year-end with 50% of staff the year after.</p>
We support those with additional responsibility for delivering net zero such as; Trust leaders, sustainability leads, and green champions to complete more advanced training.	<ul style="list-style-type: none"> Yes, more advanced training is available to staff with increased net zero responsibility (1.0). Yes, more advanced training is available to most staff with increased net zero responsibility (0.5). Yes, more advanced training is available to some staff with increased net zero responsibility (0.2). 	<p>Our Green Team take up training opportunities and have completed a variety of courses.</p> <p>Staff who have are taking up the role of champions have begun to access specific training provided by the ICB.</p> <p>The green team have delivered awareness sessions to senior managers, directorates, staff groups, and students.</p> <p>We have incorporated sustainability principles into trust QI training.</p>	<p>Our priority areas to focus training will be...</p> <ol style="list-style-type: none"> 1. Board Level Training 2. Climate Champion Training 3. Directorate Lead Training
ELFT values, mission statement and/or principles reflect our commitment to net zero.	<ul style="list-style-type: none"> Yes, net zero is reflected in the trust values and/or mission statement (0.33). Yes, net zero is reflected in job descriptions (0.33). Yes, net zero is reflected in staff appraisals (0.33). 	<p>Included in trust annual plan.</p> <p>Sustainability is reflected in staff appraisals.</p>	<p>We will look to incorporate sustainability principles into upcoming iterations of trust aims, values, and mission statements.</p> <p>We will establish sustainability principles in job descriptions.</p>

ELFT Goal	Where we are	Where we want to be
We have divested accessible funds from worst performing banks.	We have not divested accessible funds.	Fully divested funds from accounts that can be influenced by ELFT.
We will ensure our primary care surgeries sign up to the Greener Practice programme.	We have held initial discussions with our primary care directorate about a sustainability programme.	To have each practice signed up to the greener practice programme.
We will increase the climate network membership.	We currently have 225 members who are signed up and invited to the monthly meeting and receive the monthly bulletin.	We will aim for a target of 500 members. ¼ of network members to be official climate champions.
We will establish a network of climate champions in teams throughout the trust.	We have consulted with the climate network and developed a role description. We have our first few climate champions signed up and are accessing training provided by the ICB	Increase numbers of climate champions across the trust and include service users/PP in climate champion roles.
We will increase the number of QI projects with a focus on sustainability and increase the number of sustainability measures within QI projects.	QI projects have begun in the re-use of walking aids and single use plastics. Sustainability principles now form part of trust QI training.	We will track and increase the number of QI projects with a sustainability focus and increase the number of projects with sustainability measures in them
We will ensure sustainability remains central to the work being done as an anchor trust and incorporating the Marmot principles into practice. Advocate for actions that will address social determinants of health.	We presented at the trust Anchor event with sustainability forming one of the 4 pillars of the day. Sustainability included in some annual plans.	Continue to work with public health
We will increase the amount of research with a sustainability focus ELFT facilitates in the trust.	We have linked with UCL partners for initial discussions around research projects and utility contracts.	Together with our research department we will look to host research projects that are linked to sustainability.
We will ensure work streams are clinically led (where appropriate), have measures tracked, and are accountable.	Clinical leadership is in place. Our clinical leads chair 4 of the 6 workstreams. We are tracking our progress in the following ways. <ul style="list-style-type: none"> • Green Plan Support Tool scores. • Energy use, water use and travel expenses. • We now have a baseline carbon footprint for the whole trust. • We track success on our Green Plan goals. • We report quarterly on measures to NHS Greener. 	We will continue with our tracking measures and intervene in areas where progress isn't satisfactory. We would like to develop sustainability leadership within directorates where pathway decisions are made.



Clinical transformation

How we deliver care is critical to prevention and to reduction in emissions associated with our activities and is also linked to the overall sustainability of our services. Work to reduce the impact of healthcare on the environment takes place in a context of transformation of mental health services. The NHS Long Term Plan (2019) and the Mental Health Implementation Plan (2019) herald a shift towards more integrated, population-level health systems, intended to address health inequalities in both prevention and treatment, and tackling variation in particularly underfunded services. They highlight the role of leadership from the **Voluntary, Community and Social Enterprise (VCSE) Sector**. Sustainable healthcare includes:

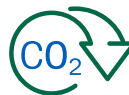
Primary and secondary prevention of ill-health – including action on social and environmental determinants of health, adverse childhood experiences, discrimination and disadvantage.



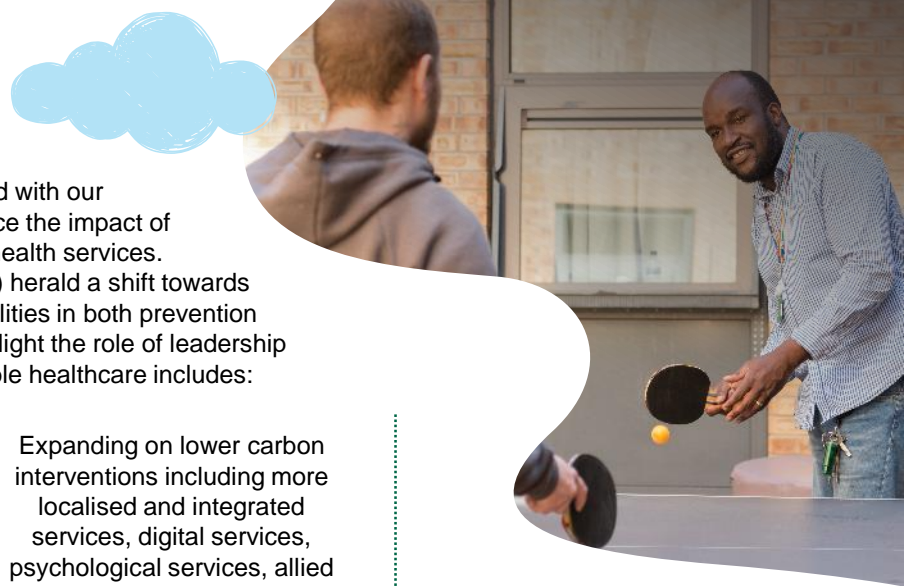
Reducing variation and inefficiencies and improving access to care.



Expanding on lower carbon interventions including more localised and integrated services, digital services, psychological services, allied health professionals, nature based and social 'prescribing', cultural and arts sectors, peer-led work, and services or interventions led by the voluntary and community sector.



Prioritising the delivery of effective, high quality treatment, to enable recovery.



NHS Greener Goal	Greener NHS target	Where we are	Where we want to be
We have clinical leaders, teams or working groups responsible for designing and delivering low carbon models of care at a clinical specialty or clinical department level.	<ul style="list-style-type: none"> Yes – we have leadership within the clinical MDT (multidisciplinary team) for the delivery of low carbon care established within every clinical specialty and/or clinical department (1). Partially – we have leadership within the clinical MDT for the delivery of low carbon care established within some clinical specialties and/or clinical departments (0.5). Partially – we have clinical leadership for the delivery of low carbon care established across clinical care in general but have not yet established specialty- or department-specific leadership (0.25). 	<p>Our 6 workstreams have clinical input from our clinical leads who chair 4 of them.</p> <p>Sustainability principles now are part of our trust QI training which has significant influence to the design of clinical pathways.</p>	<p>Identify clinical teams to take forward ideas on low carbon models of care through QI projects.</p> <p>We would like to develop sustainability leadership within directorates where pathway decisions are made.</p>
The carbon impact of care delivery has been considered through a clinical lens – we have identified specific practices, products and or procedures with high carbon intensity through a clinical lens.	<ul style="list-style-type: none"> Yes – we have identified specific practices, products and or procedures with high carbon intensity through a clinical lens (0.25). Yes – we have identified and are implementing changes to decarbonise specific high carbon intensity practices, products and or procedures through a clinical lens (0.5). Yes - we have identified and are implementing changes with demonstrable / measurable carbon. Reduction of specific high carbon intensity practices, products and or procedures through a clinical lens (0.75). Yes - we have achieved all the above and are sharing this learning with other trusts within the ICB or region (1). 	<p>Our trust carbon footprint shows that travel is a particular carbon hotspot for our trust.</p> <p>Carbon intense practice is harder to identify in mental health services. However, 3 members of our team are working with the Royal College of Psychiatrists to identify carbon hotspots in mental health care.</p> <p>For Green Plan purposes, assumptions are made around carbon costs of admissions, business travel, patient transfers, face to face appts. Clinical leads are not yet fully engaged in this work.</p> <p>Some directorates have identified specific areas they will be targeting in their annual plan.</p>	<p>Build on work begun in annual planning process to engage clinical leads in considering carbon impacts of care to identify, intervene and measure carbon hotspots.</p> <p>Incorporate guidance from the Royal College of Psychiatrists into directorate planning.</p>
We have made changes to tackle areas of high carbon intensity within clinical specialties or care pathways – e.g. optimised care location, increased use of tech to create efficiencies, reduce use meds, equipment, better disposal of equipment, lower carbon meds.	<ul style="list-style-type: none"> No change implemented yet (0). Switched to lower carbon medicine alternatives (0.17). Reduced carbon through changes in choice, use, maintenance or disposal of medical equipment (0.17). Reduced use of single-use devices or consumables (0.17). Decreased staff, patient and visitor travel by optimising care location or increasing use of digital technologies to create clinical efficiencies – e.g. through remote monitoring, virtual appointments (0.16). Redesigned care pathways or treatment plans to lower carbon options (0.17). Other (0.16). 	<p>QI projects underway around sustainable clinical care:</p> <ul style="list-style-type: none"> Walking aids (Newham Community Health Services). Single use plastic (Forensic). Mileage claims (Corporate) Glove usage (Luton & Bedfordshire). <p>Further QI work on flow, access to services and leaner pathways supports sustainability aims.</p>	<p>Build on work begun in annual planning process to engage clinical leads in considering carbon impacts of care.</p> <p>Tag QI projects with sustainability component.</p> <p>Develop framework to allow staff to better understand sustainability impact.</p> <p>Examples of SusQi on clinical pathways, e.g. optimising tech to create efficiencies, depot spacing, use of medical equipment, use of investigations, optimising care location.</p> <p>Dashboard measure OOA placements.</p>

ELFT Goal	Where we are	Where we want to be
We offer therapeutic social activity, gardening and growing projects linked to every team.	<p>We have several opportunities available in clinical areas, but these vary across the Trust. Examples are...</p> <ul style="list-style-type: none"> Therapeutic growing at John Howard Centre and Wolfson House. Vegetable garden at Lighthouse in Bedfordshire as well as gardening opportunities in Bedford. Newham Home Treatment Team Hope Garden. Older Adults gardening group and harvest at First Avenue. 	<p>Every inpatient and community site to have access to green space/signposting to social prescribing.</p> <p>We have begun work with 3 organisations in Bedfordshire to create a pathway for therapeutic gardening, nature-based interventions, and physical activity interventions to increase access for both inpatients and community.</p>

Digital transformation

Digital technology and systems can play a significant role in reducing emissions including those **associated with business travel, staff and patient travel.**

NHS Greener Goal	Greener NHS target	Where we are	Where we want to be
We will meet the net zero carbon, sustainability and resilience ambitions set out in the Sustainable ICT and Digital Services Strategy (2020 to 2025).	<ul style="list-style-type: none"> No: There is no organisation wide commitment or plan in place (0). Yes: There is some commitment and/or plan in place (0.5). Yes: There is full commitment and a clear plan in place (1). 	We now have a fully signed off digital sustainability strategy	The key moving forward will be accountability assurance and tracking of the digital plan and its associated targets and goals. This should be managed internally by the digital team and progress against targets reported to the Green Team Board 6 monthly.
We host data in either low CO2 data centres or in hyperscale cloud (e.g. Amazon Web Services, Azure, GCP).	<ul style="list-style-type: none"> Yes (1). No (0). 	We estimate 75% of data hosted in low CO2 centres with the remaining data onsite (we purchase 100% renewable energy for our sites).	
We adopt circular economy principles for digital hardware procurement?	<ul style="list-style-type: none"> Internal reuse (0.14). External reuse (0.14). Leasing (0.14). Buying refurbished/remanufactured hardware (0.14). Buying sustainable devices. (e.g. TCO certified) (0.14). Implementation of single-user device policy (0.14). Implementation of Bring Your Own Device (BYOD) policy (0.14). 	<p>Equipment is reallocated for further use and some devices are repurposed for service user use.</p> <p>Some devices are bought as sustainably certified.</p>	<p>A review of the ordering of devices to ensure widespread purchasing of sustainably certified devices.</p> <p>Increasing amounts of equipment re-allocated or repurposed for service user use.</p>



Travel and transport

There is considerable scope in supporting staff and patients to make informed choices that **improve their health and that of our communities**, and for infrastructure and incentives to active travel for staff and service users.

NHS Greener Goal	Greener NHS target	Where we are	Where we want to be
We purchase or lease solely vehicles (under 3.5 tonnes) that are ultra-low emission vehicles (ULEVs) or zero emission vehicles (ZEVs).	<ul style="list-style-type: none"> • Yes (1). • No (0). 	A process is now in place with our vehicle supplier to ensure that all new vehicle purchases, and lease agreements are ULEV or ZEV	Establish monitoring and assurance processes to ensure this is adhered to in all areas of the Trust
Our salary sacrifice scheme for vehicles allows for the purchase of only ULEVs or ZEVs.	<ul style="list-style-type: none"> • Yes, only ULEV/ZEV are available through our salary sacrifice scheme for vehicles (1). • ULEV/ZEV are available alongside non ULEV/ZEV options through our salary sacrifice scheme for vehicles (0.5). • We employ staff but do not have a salary sacrifice scheme (0). 	ULEV/ZEV are available alongside non ULEV/ZEV options through our salary sacrifice scheme for vehicles.	By end of third year of Green Plan, only ULEV/ZEV vehicles will be available through our salary sacrifice scheme.
Travel-related schemes operating across the organisation include.	<ul style="list-style-type: none"> • Park & Ride (0.125). • Shuttle buses between two or more sites (0.125). • Salary sacrifice cycle-to-work scheme (0.125). • Cycle training (0.125). • Discounted public transport scheme (0.125). • Third-party operated car club (0.125). • e-bike/e-scooter hire (0.125). • Staff travel survey within the last 12 months (0.125). 	<p>In parts of our trust, we offer cycle training, salary sacrifice cycle-to-work scheme, and a discounted public transport scheme.</p> <p>We have produced a staff travel survey together with the ICB.</p>	We will act on the results of the staff travel survey.
ELFT works closely with local transport partners.	<ul style="list-style-type: none"> • Local Transport Authority (0.25). • Local Highways Authority (0.25). • Local Bus Operator(s) (0.25). • Local Authority / council (0.25). 	We work with the Local Authorities through the ICB.	We will make contact and work with Local Transport Authorities.
For people who arrive by a mode of active travel we offer.	<ul style="list-style-type: none"> • Cycle parking for staff (0.166). • Lockers for staff (0.166). • Showers for staff (0.166). • Cycle parking for visitors (0.166). 	Given the number of sites there is variation in facilities offered. We offer Cycle parking for staff, lockers for staff, and showers for staff.	We will develop a Dashboard to monitor the numbers of facilities for bikes and EV then use this to increase the coverage of sites with these facilities.






ELFT Goal	Where we are	Where we want to be
We have sufficient cycle storage at 100% feasible sites.	We currently have 60% of feasible sites with cycle storage.	In the next year we want to increase this to 80%.
We have sufficient EV charge points at 100% feasible sites.	We are at 10% currently.	Continue work with local authorities to site charge points adjacent to our sites.
To reduce the use of personal vehicles.	<p>We track mileage via the trust claims systems.</p> <p>We use pool vehicles</p>	<ul style="list-style-type: none"> • Staff awareness of pool vehicles to be improved and process required to implement pool vehicles. • Implement low carbon transport solutions at sites with high personal vehicle mileage. • E-Taxis to be standard across Trust. • Cycle to work lead – Improved goals and aims for this role.
We do not fund air travel.	Currently some air travel is funded.	We would like to get more information on the reasons for air travel and the locations. We do not want to fund any flights.
We will reduce the use of petrol vehicles in delivery across our trust.	We use bike couriers for some London Pharmacy distribution.	<p>Wider bicycle couriers.</p> <p>Engage with transport suppliers to use green vehicles.</p>
We have a travel planner to co-ordinate commute data, comms, business and logistics and promote active travel.	We have developed a business case for a travel planner.	Have a travel planner in place in the trust.




Estates and facilities

Significant opportunities lie in reducing energy usage, in energy efficiency, in managing waste and water, and new sources of heating and power generation. **New builds must be net zero compatible**, and significant improvements are needed in the existing estate. Our estate is both an opportunity for energy efficiency, and for growing and gardening, for rewilding, for NHS Forest, and for energy generation.

NHS Greener Goal	Greener NHS target	Where we are	Where we want to be
We purchase 100% renewable 'green' tariff/ REGO certified electricity.	<ul style="list-style-type: none"> • Yes (1) • No (0) 	Yes.	We would like to enter a power purchase agreement to switch to 100% renewable company, at scale with local partners.
We have building level energy metering (sub meter or fiscal metering).	<ul style="list-style-type: none"> • Yes, we have building level metering across more than three quarters of our buildings (1.0). • Yes, we have building level metering across more than half of our buildings (0.75). • Yes, we have building level metering across more than a quarter of our buildings (0.5). • Yes, we have building level metering across less than a quarter of our buildings (0.25). 	We currently have building level metering at more than half of our buildings.	We intend to increase the number of buildings with building level metering to over three quarters.
When lighting needs replacing, it is replaced with LED lighting.	<ul style="list-style-type: none"> • Yes, replacement across all sites is with LED lighting (1). • Yes, some replacement is with LED lighting (0.5). 	Replacement lighting across all sites is with LED lighting.	No further action needed.
We are using Building Management System (BMS) to monitor and manage energy use?	<ul style="list-style-type: none"> • Yes, BMS is used to monitor and manage energy use across all sites (1). • Yes, BMS is used to monitor and manage energy use across some sites (0.75). • No, BMS is working but is not used to monitor and manage energy use across any site (0.25). 	BMS is used to monitor and manage energy use across some sites.	We intend to use BMS to monitor and manage energy use across all sites.
We plan to increase electricity generated directly from renewable sources (off-site or on-site, excluding green tariff electricity)?	<ul style="list-style-type: none"> • No, site(s) assessed and there is no potential for solar off-site/on-site installation (N/A). • We have recently completed a project to increase electricity generated from renewable sources (1). • Yes and it is fully funded (0.75). • Yes but it is not fully funded (0.5). 	We have developed plans and identified suitable sites but it is not yet fully funded.	We intend to identify sources of funding for the plans that we already have.
We plan to decarbonise heating at X proportion of sites.	<ul style="list-style-type: none"> • 100%. (1) • A minimum of 75% but less than 100% (0.75). • A minimum of 50% but less than 75% (0.5). • A minimum of 25% but less than 50% (0.25). • Less than 25% (0). 	Between 25% and 50% of our sites are planned for decarbonisation.	Our Estates decarbonisation plan is due for completion November 2023 and we would like to increase the proportion of sites with plans for decarbonisation to over 50%.
We have assessed our clinical waste segregation.	<ul style="list-style-type: none"> • Yes, and we have plans in place to improve it (1). • Yes, but we have no plans in place to improve it (0.25). 	We have assessed our clinical waste segregation and have plans to improve it.	To make progress on improving our clinical waste segregation.



ELFT Goal	Where we are	Where we want to be
We have year on year energy savings plans.	We have achieved an 18% reduction in energy usage across our sites in 2022/23.	18% reduction in energy usage 2022/23. A further 5% planned 2023/24. Clinically led energy management projects.
We have identified sites for NHS Forest and rewilding.	Focus has moved to improving current green spaces.	4 sites to receive funding for improved green spaces
Our capital projects team and asset managers are net zero trained and have skills to include sustainability planning in decisions.	Training has been promoted and offered but not undertaken yet.	All project and capital employees to have undertaken online Sustainable Healthcare Training.
We have banned pesticide use on our estates.	Yes – Main herbicide, Glyphosate has been banned.	Provide assurance regularly that ALL pesticides have been banned across the 2 contracts.
Recycling provision at all sites.	We currently have 95% coverage.	100% coverage.
We have a reuse scheme.	Yes.	Ensure all in-patient sites are actively using a re-use scheme such as current Reyooz contractor.



Medicines

Across the NHS, emissions embedded in the production and delivery of medicines account for **20% of total emissions**. A significant proportion of primary care prescribing is in psychotropics. Our focus is on reducing unnecessary prescribing, switching to lower carbon alternatives, optimising medication usage, reducing waste and appropriate disposal of waste. Inhalers are a particular focus in our primary care settings, as is de-prescribing of psychotropics.

NHS Greener Goal	Greener NHS target	Where we are	Where we want to be
We have initiated a project to reduce carbon emissions from inhalers, following the resources available on Future NHS?	<ul style="list-style-type: none"> • Yes – by optimising shared decision making and increasing dry powder inhaler prescriptions (0.225). • Yes – by optimising shared decision making and moving to lower carbon metered dose inhalers (0.225). • Yes – by reducing SABA overreliance and increasing the use of preventer inhalers (0.225). • Yes – by improving inhaler technique and adherence (0.225). • Yes – by promoting greener inhaler disposal (0.1). 	<p>Our primary care teams track their progress in reducing the proportion of inhalers that are high emission inhalers.</p> <p>Some of our communities are planning projects to reduce emissions in service users from care homes.</p>	<p>Project to promote lower carbon inhaler use via staff communication and for inpatients.</p> <p>We want our primary care and community health teams to be optimising shared decision making and increasing dry powder inhaler prescriptions - optimising shared decision making and moving to lower carbon metered dose inhalers - reducing SABA overreliance and increasing the use of preventer inhalers - by improving inhaler technique and adherence – by promoting greener inhaler disposal.</p> <p>We will...</p> <ol style="list-style-type: none"> 1. Establish projects in community health services to review service users on inhalers to switch and dispose safely. 2. Track our primary care inhaler prescriptions to ensure that there is an ongoing shift in inhalers from MDI to DPI.
We are taking action to identify and reduce wasted medicines.	<ul style="list-style-type: none"> • Yes, by optimising pharmacy stock management (0.3). • Yes, by tackling overprescribing (0.3). • Yes, by reducing inappropriate polypharmacy (0.3). • Yes, by addressing the safe and appropriate return or reuse of medicines (0.1). 	<p>We have moved to all electronic prescriptions in pharmacy making it easier to track waste within pharmacy. Several directorates have identified over prescription as key aims within their annual planning.</p> <p>There a current QI project on medication flow in Central Bedfordshire.</p>	<p>QI projects to tackle overprescribing and reducing inappropriate polypharmacy and begin a wider education on overprescribing within the trust.</p> <p>Projects to begin addressing the safe and appropriate return or reuse of medicines.</p> <p>Medication waste is a key scheme on the Trust's efficiency plan</p>
We are engaging with medicines suppliers on the current and upcoming requirements in the Net Zero Supplier Roadmap.	<ul style="list-style-type: none"> • Yes, we are engaging with our suppliers on current and upcoming requirements (1). • We are engaging on current requirements, but not the upcoming ones (0.5). • Not yet, but we will begin to within the next three months (0.25). 	<p>No, however many of the wholesalers are working to be Net Zero by 2030.</p> <p>We are making an effort to only order once a day to minimise unnecessary deliveries to us.</p> <p>With some manufacturers we are trying to order once a month to avoid unnecessary deliveries.</p>	<p>Review the Net Zero Supplier Roadmap together with pharmacy procurement and engage with suppliers on the current and upcoming requirement.</p>





ELFT Goal	Where we are	Where we want to be
Our pharmacists are sustainability champions.	We meet with pharmacy monthly in a pharmacy finance and sustainability group.	Pharmacists will be sustainability champions. They will have the skills and knowledge to advocate to clinical teams around sustainable medicine practice.
We transport medication using low emission transport.	We request bike and electric courier transport between sites where possible.	We will identify ways to reduce the carbon footprint of medicines transport including the use of low/zero emissions vehicles.
We align pharmacy policies with net zero goals	We have drafted guidance for pharmacy policies on how to consider sustainability impacts in policies. These include optimal prescribing, deprescribing, and medicines waste	We will ensure that new policies have specific reference to sustainability aims and overprescribing




Supply chain and procurement

The NHS supply chain accounts for **the majority of indirect greenhouse gas emissions**.

NHS Greener Goal	Greener NHS target	Where we are	Where we want to be
Our organisation is engaging with its suppliers on the current and upcoming requirements in the Net Zero Supplier Roadmap.	<ul style="list-style-type: none"> Yes, we are engaging with our suppliers on current and upcoming requirements (1). We are engaging on current requirements, but not the upcoming ones (0.5). Not yet, but we will begin to within the next three months (0.25). 	Yes, we are engaging with our suppliers on current and upcoming requirements.	Continued engagement with suppliers. We will establish a required agenda item in contract meetings on sustainability and net zero targets with suppliers.
We have identified all suppliers that will potentially be impacted by the April 2023 Carbon Reduction Plan requirement (contracts > £5m p/a) as outlined in the Net Zero Supplier roadmap.	<ul style="list-style-type: none"> Yes, and we shared the list with the Net Zero Procurement team (1). Yes, but we have not shared it with the Net Zero Procurement team yet (0.75). No, but this is in progress (0.5). No, our data does not enable this (0.25). 	We have identified all suppliers with contracts over £5 million but have not yet shared it with the Net Zero procurement team.	We will share the list of suppliers with the Net Zero procurement team.
We ensure the inclusion of the minimum 10% weighting on Net Zero and Social Value in every tender.	<ul style="list-style-type: none"> Included in every tender, with requirements embedded in our contract management approach and defined KPIs for each contract (1). Included in every tender, with requirements embedded in our contract management process, but no defined KPIs for each contract (0.75). Included in every tender but not yet embedded in our contract management approach (0.5). 	Our net zero and social value weighting is 15% and general requirements outlined but no defined KPIs for each contract.	We will work with procurement to develop KPIs for each contract around sustainability and social value.
We have walking aids refurbishment and reuse scheme in place.	<ul style="list-style-type: none"> Yes – we participate in a return and reuse scheme run locally (1). Yes – we contract a third-party service for return and reuse (1). Yes, we donate to a charity scheme (0.5). Yes – we have a combined reuse scheme (run locally and third-party service contract) (1). No, we do not participate in any reuse scheme, but plan to implement one in the next 1-2 years (0.25). 	<p>In Newham community services a QI project is running on re-use of walking aids.</p> <p>In Bedfordshire community services the directorate works with the third-party supplier of walking aids to ensure their re-use.</p>	<p>Walking aid refurbishment and re-use is likely to look different in each borough and we will spread the ideas, so each area has its own refurbishment and re-use programme.</p> <p>All areas to have access to a re-use scheme.</p>



NHS Greener Goal	Greener NHS target	Where we are	Where we want to be
We are taking action on copy paper.	<ul style="list-style-type: none"> • Yes, we have taken action to reduce copy paper and have a plan to achieve 50% reduction (0.5). • Yes, we have taken action to reduce copy paper but don't have an agreed plan to achieve 50% reduction (0.33). • Yes, all purchased white copy paper is 100% recycled paper and we are taking action to introduce 100% recycled colour copy paper (0.5). • Yes, all purchased white copy paper is 100% recycled paper, but we haven't changed colour copy paper (0.33). • Some purchased copy paper is recycled paper but not all (0.25). • No, but we plan to take action this year (0.1). 	<p>Our print strategy, launched in 2019, significantly reduced print volumes (particularly colour) and therefore paper usage.</p> <p>We are working with suppliers to identify suitable recycled copy paper for Trust-wide use. Some sites already use recycled paper.</p> <p>We are currently implementing email delivery of service user letters, to further reduce paper use.</p>	<p>A survey to identify areas where paper process is still in place has been undertaken. We will work to replace paper process with digital, where possible.</p> <p>Continue to work with staff to keep print volumes and paper use low.</p> <p>100% of the Trust using recycled copy paper.</p>
We are taking further action to move to circular models of supply that cut waste and shift local demand to lower carbon products in key intervention areas as set out in the Delivering a Net Zero NHS report?	<ul style="list-style-type: none"> • Yes, for remanufactured medical devices, such as harmonic scalpels or EP catheters (0.2). • Yes, for reusable catering plastics (0.2). • Yes, to reduce single use clinical plastics (0.2). • Yes, for reusable PPE, such as masks and gowns (0.2). • Yes, for reusable clinical waste bins, such as reusable sharps bins (0.2). • We are not currently acting on any of the above, but are exploring our options (0.1). 	<p>QI projects underway:</p> <ul style="list-style-type: none"> - Reduce single use plastics in catering (Forensic) - Reduce glove use (Luton & Bedfordshire) - Implement reusable sharps bins (Newham) 	<p>To spread the findings of the current QI projects to all Directorates.</p> <p>To identify pilot sites to implement projects to reduce single use clinical plastics and the use of masks.</p>

ELFT Goal	Where we are	Where we want to be
We promote community wealth building in our spending e.g. awaydays at community owned sites.		
We are increasing the numbers of local apprenticeships, and recruiting to peer support work.		

Food and nutrition

Globally, the reliance on meat and dairy has led to increased emissions from industrial farming, deforestation, and soil erosion. A diet that includes more plant-based foods and fewer animal source foods has both a lower environmental impact and greater health benefits, reducing the risks of heart and lung disease, obesity, diabetes, dementia, and cancers and preventing millions of premature adult deaths per year. Food growing initiatives such as community orchards, allotments, and urban farms are abundant in our communities from **Stepney City Farm to Cody Dock to Growing Communities' Patchwork Farm**. Each creates opportunities for local communities to come together, and a lasting connection to the natural world, as well as better mental and physical health. The accessibility of cheap, healthy foods is a major determinant of health yet many in our communities face food poverty and are making painful decisions everyday about how best to use limited resources.

NHS Greener Goal	Greener NHS target	Where we are	Where we want to be
We have a digital meal ordering system for patient meals installed to enable more accurate meal planning and reduce food waste?	<ul style="list-style-type: none"> • Yes, at all sites (1). • Yes, but only at some sites (0.67). • No, but we plan to in the next 12 months (0.33). 	We are developing this currently alongside our catering supplier and nutrition working group.	We plan to implement digital meal ordering in 20204. This will support the reduction of identified food waste.
Does your organisation considerably adapt its menus for patient meals to use more seasonal produce?	<ul style="list-style-type: none"> • Yes, at least once every three months (1). • Yes, at least twice a year but less than every three months (0.67). • No, but we plan to in the next 12 months (0.33). 	Currently assessing this within a food and nutrition sub-group with the nutritionist for the Trust and OCS	Sourcing locally produced seasonal ingredients where possible to ensure the carbon footprint of the food we provide is reduced as far as possible
At the site where we have the largest food service, we measure the total amount of food waste produce.	<ul style="list-style-type: none"> • Measured following the Guardians of Grub approach (https://guardiansofgrub.com/) (1). • Measured manually at ward level or in the kitchen but without following the Guardians of Grub approach (1). • Measured using on site food waste processing technology (0.75). • Measured as part of a third-party waste management solution at pickup or off site (0.75). 	Yes we measure waste at the John Howard Centre at kitchen level before going to biodigester.	We will pilot separate food waste disposal at Bedfordshire inpatient sites with the aim to have equal coverage of food wastage measurement and disposal across all sites in the trust.
We have identified opportunities to make menu options healthier and lower carbon by increasing the proportion of fruit, vegetables, beans, pulses or other low carbon ingredients/proteins.	<ul style="list-style-type: none"> • Yes, we have regular reviews and make continuous improvements (1). • Yes, we have reviewed menus once and implemented the changes (0.5). • No, but we plan to take action in the next 12 months (0.25). 	We have a nutrition steering group that has identified sustainability and net zero as a key component of their work.	We will measure and increase the amount of locally and plant based food in our menus.



ELFT Goal	Where we are	Where we want to be
We have water fountains (mains water) at sites.	Water fountains at many sites.	We will map the availability of mains water fountains and increase their coverage across sites. We will stop using bottled water coolers at all sites
We are able to signpost service users to community food and farming.	More work needs to be done on this area but it is a key goal for the year ahead	Active groups engaging with local community farms to aid clinical care and sustainability/value
We use local and sustainable and fairtrade catering of all catered events.	We use local, sustainable and fairtrade catering at some catered events.	We will identify sustainable and fairtrade caterers local to key Trust sites to meet the needs of all catered events.



Adaptation

Adaptation is **vital for our business continuity** and to **improve the resilience of communities**, reduce the burden of illness and disease and reduce health inequalities.

NHS Greener Goal	Greener NHS target	Where we are	Where we want to be
We have a plan for long-term adaptation to climate change.	<ul style="list-style-type: none"> • Yes – long term adaptation plan within our green plan (1). • Yes – stand-alone long term adaptation plan (0.75). • Yes – adaptation planning is included in the business continuity plan (0.5). 	No current plan in place	Share adaptation priorities.
We have a monitoring process for overheating events and are taking action to mitigate ongoing risk especially in clinical and ward areas.	<ul style="list-style-type: none"> • Yes – we have a monitoring process and are taking action to mitigate risk (1). • Yes – we have a monitoring process only (0.25). 	Yes – we have a monitoring process and are taking action to mitigate risk.	Add adaptation data to dashboard.
Training on dealing with extreme weather events (e.g. heatwaves, flooding) is available to our work force.	<ul style="list-style-type: none"> • Yes (1). • Under development (0.25). 	We send comms on management of extreme weather events.	Develop further training.
We work with local stakeholders to identify key climate change risks (e.g. a local river flood risk) to ensure our contingency strategies and plans are collaborative, support sharing of resource and infrastructure where appropriate, and reduce the burden on a single agency.	<ul style="list-style-type: none"> • Yes (1). • In progress (0.5). 	Management with the local council and stakeholders via ICS steering groups adaptation and climate change	More information on the intranet and links with the local council with active projects to help assist with this issue.
The effects of climate change (e.g. extreme weather events) are embedded in our Organisation's risk register, considering both clinical needs and estate and supporting infrastructure.	<ul style="list-style-type: none"> • Yes (1). • In progress (0.5). • No (0). 	This has commenced but resource required to drive this forward.	Team based adaptation plans.



Governance and assurance

Clear leadership and accountability are needed to ensure progress against this strategy is delivered consistently, efficiently and at pace across our large and complex Trust.



Workstream Steering Groups - Each of the 6 workstreams currently active have a steering group led by either a clinical lead or Trust sustainability lead. The measures and targets in each workstream are discussed and any barriers overcome. New ideas and discussion is also active within these groups and progress of these workstreams is recorded in a Gantt chart that is provided as one of the assurance methods for the Green Plan. The workstreams consist of relevant staff, service users and industry experts. These groups are active task and finish groups.



Climate Network - This group acts as a more informal discussion and meeting space for all staff and service users across the Trust. While this is mostly a space for guest speakers, informal discussions and updates it also serves as a space for new opportunities and discussion on potential projects that can be fed in to the workstream meetings.



Green Team Strategy Board - Will scrutinise the progress and activities of ELFT's strategic sustainability portfolio. Membership will include senior leaders from the Trust's key clinical and support services and be chaired by the Green Plan executive lead, currently the Chief Finance Officer. It will report on the strategic progress of the Green Plan workplan, ensuring this is integrated alongside flagship strategy and service developments. This group acts as the first point of assurance on Green Plan measures and targets.





FBIC - The overall purpose of the Committee is to provide oversight and assurance to the Board on the integrity and deliverability of the Trust's financial, efficiency and infrastructure plans. With regards to sustainability the Committee:



Reviews (and on behalf of the Board approves) the Trust's sustainability strategy (green plan) and provides input and recommendations.



Monitors the implementation and effectiveness of the Trust's sustainability plans, receiving progress reports as appropriate to scrutinise delivery and the meeting of key milestones. **This occurs every 6 months**



Reviews (and on behalf of the Board approves) the Trust's annual report on matters of sustainability, climate adaption and carbon reduction together with related areas of corporate social responsibility.

Annual Planning Quarterly Updates - The final area of assurance and reporting takes the form of quarterly updates to the Trustwide Planning and Performance Manager which in turn feeds in to the overall Trust Annual Plan updates. These updates take the form of a dashboard of measures that have been decided on as effective reporting and assurance mechanisms due to the frequency and quality of data. These are utilities usage, recycling percentages and workstream completion.



Workstream Gantt chart

23/01/2024

Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Apr-24 May-24 Jun-24 J

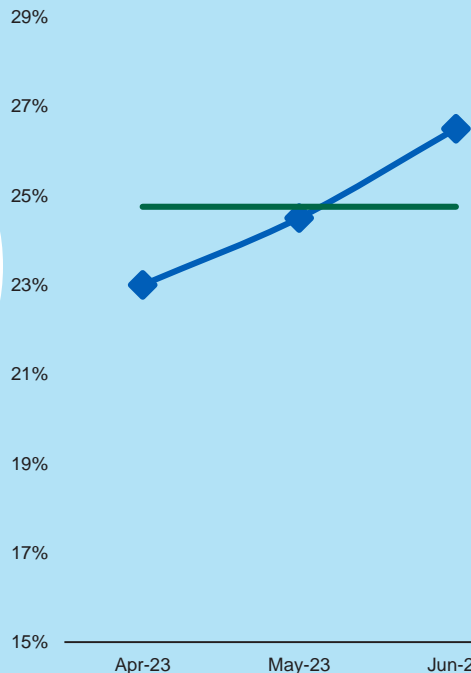
Task	Start	End	Status	Comment	Resource
We purchase 100% renewable 'green tariff' / REGO certified electricity	N/A	N/A	Completed	This will be purchased year on year at a minimum. Will look to transition to a PPA for greater clarity on renewable sources of energy generation	AT
We have building level energy metering (sub meter or fiscal metering)	01/04/2023	31/12/2025			AT/JS
Gas meters 100%	01/02/2024	01/01/2025	On Track		
Elec meters 50%	01/04/2024	01/06/2024	On Track		
Elec meters 75%	01/07/2024	01/12/2024	On Track		
Elec meters 100%	01/01/2025	01/12/2025	On Track		
When lighting needs replacing, it is replaced with LED lighting	01/04/2023	N/A	Completed	This is now done as a standard across the Trust. Any future M&E contracts will also ensure this happens.	
We are using Building Management System (BMS) to monitor and manage energy use?	01/04/2023	31/12/2025		This will form part of the Estates decarb plan	
25% of sites	01/04/2023	01/04/2024	On Track		
50% of sites	01/04/2024	01/01/2025	Not Started		
75% of sites	01/01/2025	01/08/2025	Not Started		
100% of sites	01/08/2025	01/12/2025	Not Started	Unlikely to be achieved	



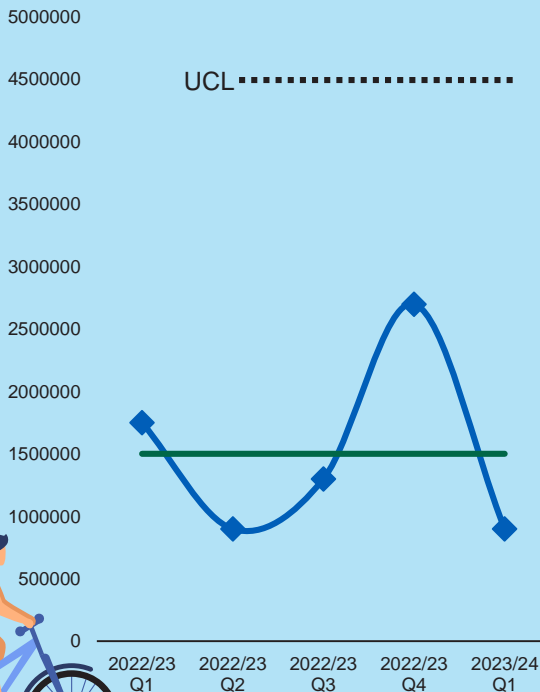
Status: In progress

Progress measures

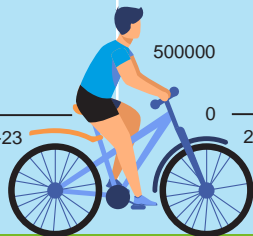
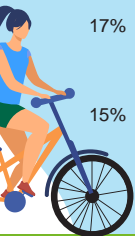
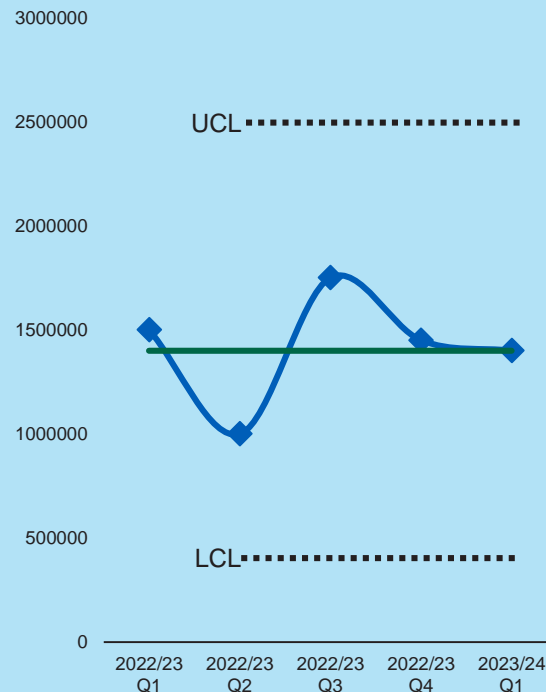
Percentage of waste recycled across the Trust



Gas Consumption across the Trust - kWh



Electric Consumption across the Trust - kWh





PROGRESS

AND

LEARNING

YEAR 1 & 2



Progress and learning over Year 1 and 2



Siân Hodgkinson was appointed **People Participation Lead for Environmental Sustainability** in July 2023.



There are currently **28 service users/ carers** who have joined the Climate Network



There is a working together group within People Participation, called **LEAF (Leading Environmental Action Forward)**



Members of the Green Team continue to present at directorate away days to **ensure sustainability and value** always in staff minds when approaching their day to day work.



The Green Team continue to **explore external funding** through sources such as **Public Sector Decarbonisation Scheme** and **NHS National Energy Efficiency Fund**.



Climate Network continues to grow with over **260 members**





Sustainability award now part of **staff awards**.



New signage and comms sent out to all sites to **improve waste segregation** and increase recycling.



Have standardised the approach to providing assurance on the Green Plan measures employing Gantt charts to **monitor progress** with all of the measures.



Four board members have attended sustainability **leadership training**.



Staff **proactively starting sustainability projects** e.g. inhaler use in Bedfordshire care homes.



Significant reductions in utilities usage against pre pandemic levels





Next steps...



Complete and **sign off**
update of green Plan 24/25.



Estates decarbonisation
plan completion to drive
site carbon reduction.



Improve further Gantt charts
and dashboarding.



Meet with new chief
pharmacist over approach
to carbon medicines.



Ensure approval for new
NZ project manager role,
corporate based.



Improve at least **2 green**
space over next year.



Increase annual recycling to
35% across Trust sites.



Challenges and what we have learned



NHS greener targets for all staff to complete sustainability training remain **a challenge**.



Reduction in carbon footprint on medicines remains **a challenge**.



Staff time to engage with this subject as part of their jobs remains **a challenge**.



Funding streams **remain a challenge**. Estates budget is limited and no other funding model internally exists.



Governance Organogram

Report to Finance, Business and Investment Committee (FBIC)

Trust Board:

Assurance report from FBIC presented to the Board 6 Monthly.



Green team Governance Group - meets bimonthly:

Chaired by Chief Finance Officer.

- Monitor Progress on Green plan
- Report to FBIC
- Membership in green below



Climate Network:

Monthly meeting open to all to receive highlights of projects.

- Hear from external speakers
- Hear about education opportunities



Work streams:

6 Work streams with own driver diagrams and projects.

- Workforce and Systems Leadership
- Travel and Transport
- Sustainable Models of Care
- Procurement
- Medicines
- Estates and facilities



External Bodies:

- NEL ICS/BLMK ICS
- Greener NHS Team



Financial Viability Programme Manager:

Reporting to Chief Finance Officer



2 x Clinical Lead for Environmental Sustainability and Climate Action:

Reporting to Chief Medical Officer

- London
- Luton and Bedfordshire



People Participation Lead on Sustainability:



Sustainability and Net Zero Lead Sustainability and Net Zero Officer Sustainability and Net Zero Officer



Quality Improvement Green Team Lead:

- QI/Sustainability link



Risks

There are both risks and opportunities associated with the delivery of this Green Plan.

Risks:



Access to Finance - With significant investment required to deliver the commitments in this strategy, it will be key that external funding opportunities are maximised, and decarbonisation embedded into backlog maintenance and major redevelopment programmes, as well as upgrading of retained estate.



Staff Resources - With a growing demand for environmental professionals in the healthcare sector and beyond, we need to improve career development paths and succession planning in the sustainability team. Clinical programmed activities (PA) time must be allocated if commitments are to be effectively delivered locally.

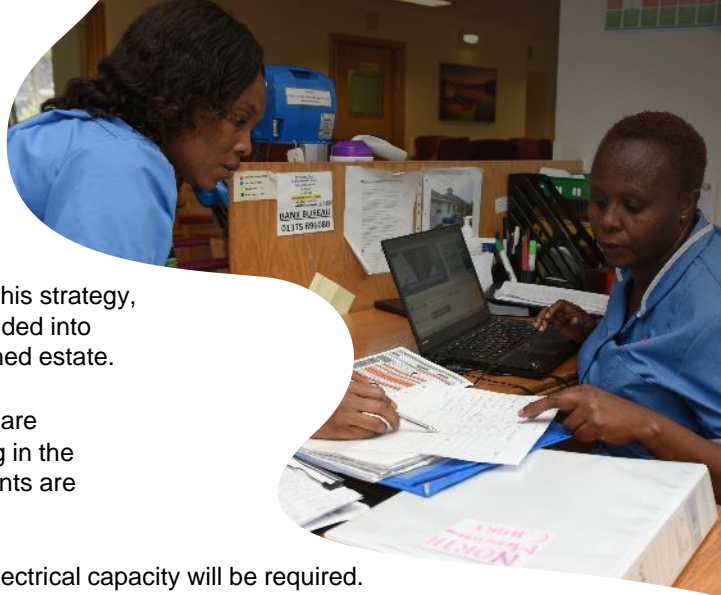


Insufficient Electrical Capacity - To decarbonise the estate a significant increase in electrical capacity will be required. It will be key that needs are identified at an early stage, and we will need to liaise closely with the Power Network Operator.



In summary - East London NHS Foundation Trust has a longstanding commitment to sustainability. In June 2021 ELFT declared a Climate and Ecological Emergency, with a commitment to raise awareness about the urgency of the problem and the specific action needed to mitigate the crisis, including driving down emissions from the work that we do. As an organisation we fully understand that the climate and ecological crisis is a public health crisis that affects our populations here and now and will have a devastating effect of the physical and mental health of populations in the years to come.

We know that children and young people in particular are harmed by the crisis, and that action of the kind we are committing to here is important in mitigating that harm. Healthcare professionals and organisations are motivated to act and we hope in this plan to have identified some of ways in which we will act to reduce some of the 5% of national emissions that are attributable to healthcare delivery, in addition to raising awareness of the urgent need for action across all sectors of society. The health and social co-benefits of sustained action have never been clearer.



Opportunities

There are both risks and opportunities associated with the delivery of this Green Plan.

Opportunities:



Increased Costs of Waste and Utilities - Whilst the increasing cost of waste and utilities will place substantial pressure on organisational finances, it will make a stronger business case for investing in improvement and efficiency measures.



Integrated Care System and Collaboration- As the ICS (Integrated Care System) transitions to a legal entity, there will be greater opportunity to collaborate with our system partners on shared priorities, as well as embed net zero carbon more formally within the commissioning process as a requirement to deliver healthcare services.



Greener NHS- With an expanded national team and regional support, this programme will provide the tools and other supporting information required to deliver against this strategy.

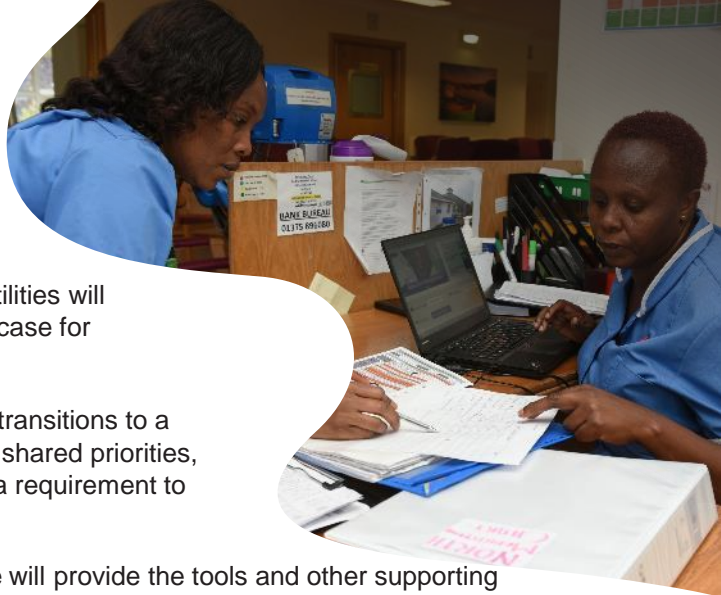


Innovation- It will be essential that we stay close to national and international innovations and work with our Academic Health Science Network to identify where low carbon solutions are needed.

Enhanced equality - Actions for net zero carbon can address existing health inequalities. Equality Impact Assessments should be conducted for new activities which underpin this strategy.

Early action - The sooner we act to decarbonise the healthcare system, the lower the cost will be. It is widely recognised that the costs of inaction will far outweigh the cost of early action, and we can contribute to additional social value through the associated contracts.

Co-benefits - There will be significant co-benefits from decarbonising including cleaner air, which will drive economic benefits and reduce respiratory hospital admissions.





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