



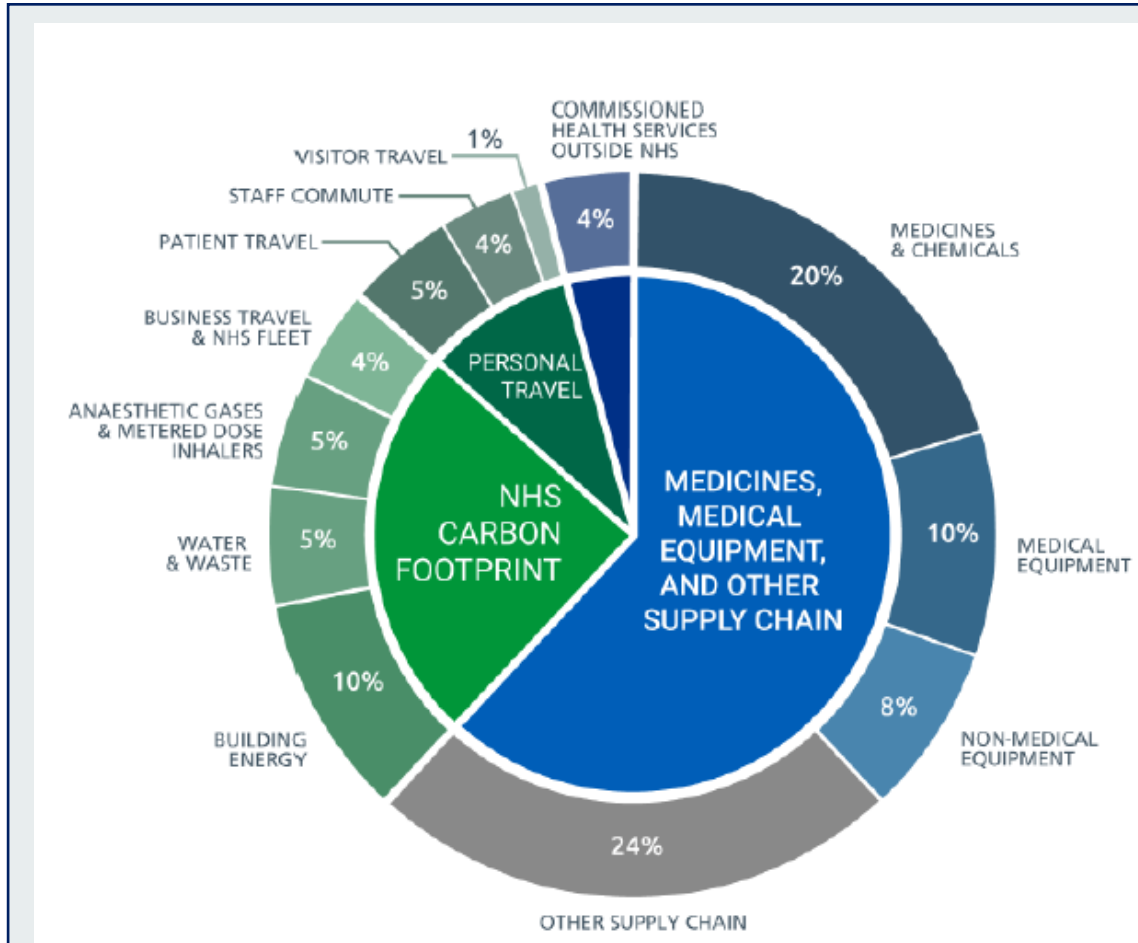
Trust Board paper J

Developing a Green Plan

Trust Board update
4th November 2021

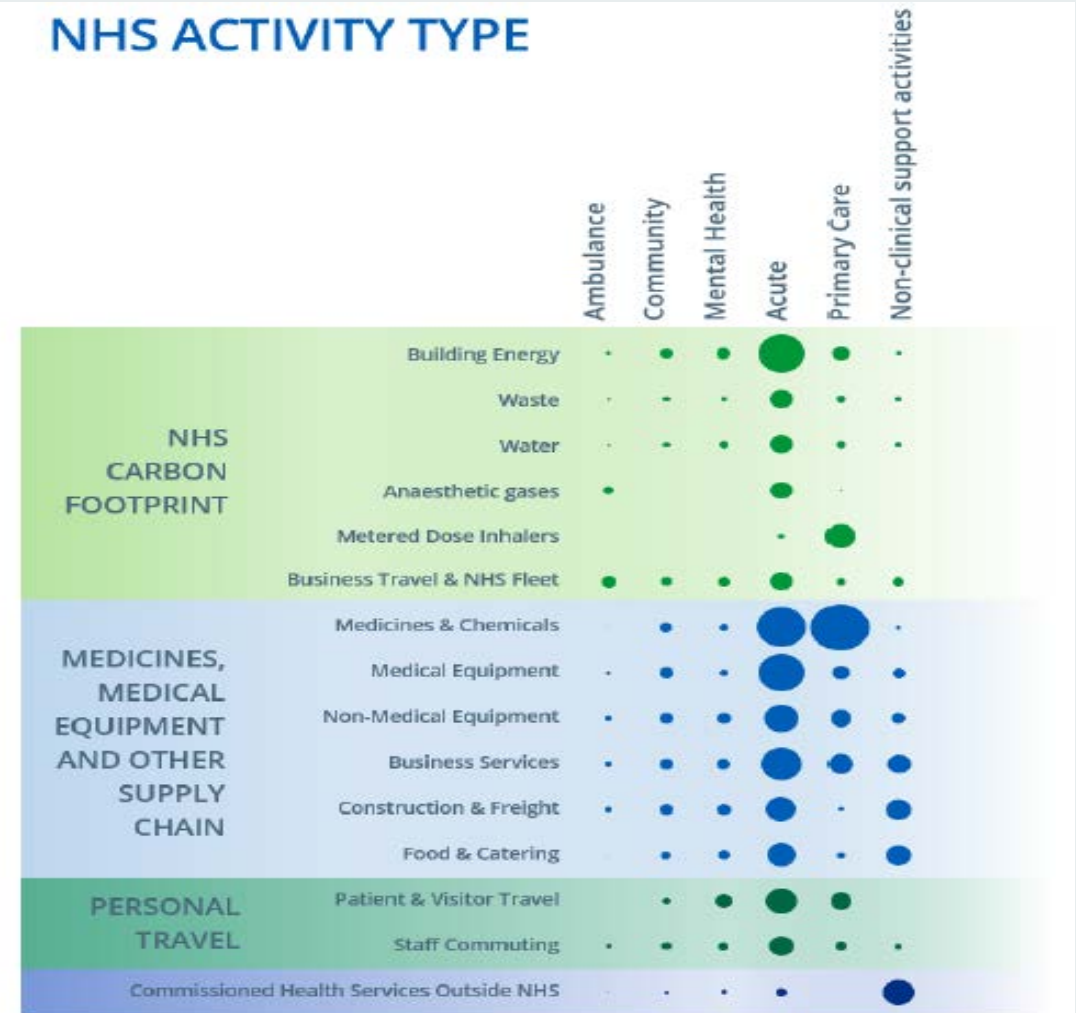
Darryn Kerr

THE CARBON FOOTPRINT OF THE NHS



Sources of carbon emissions by proportion of NHS Carbon Footprint Plus

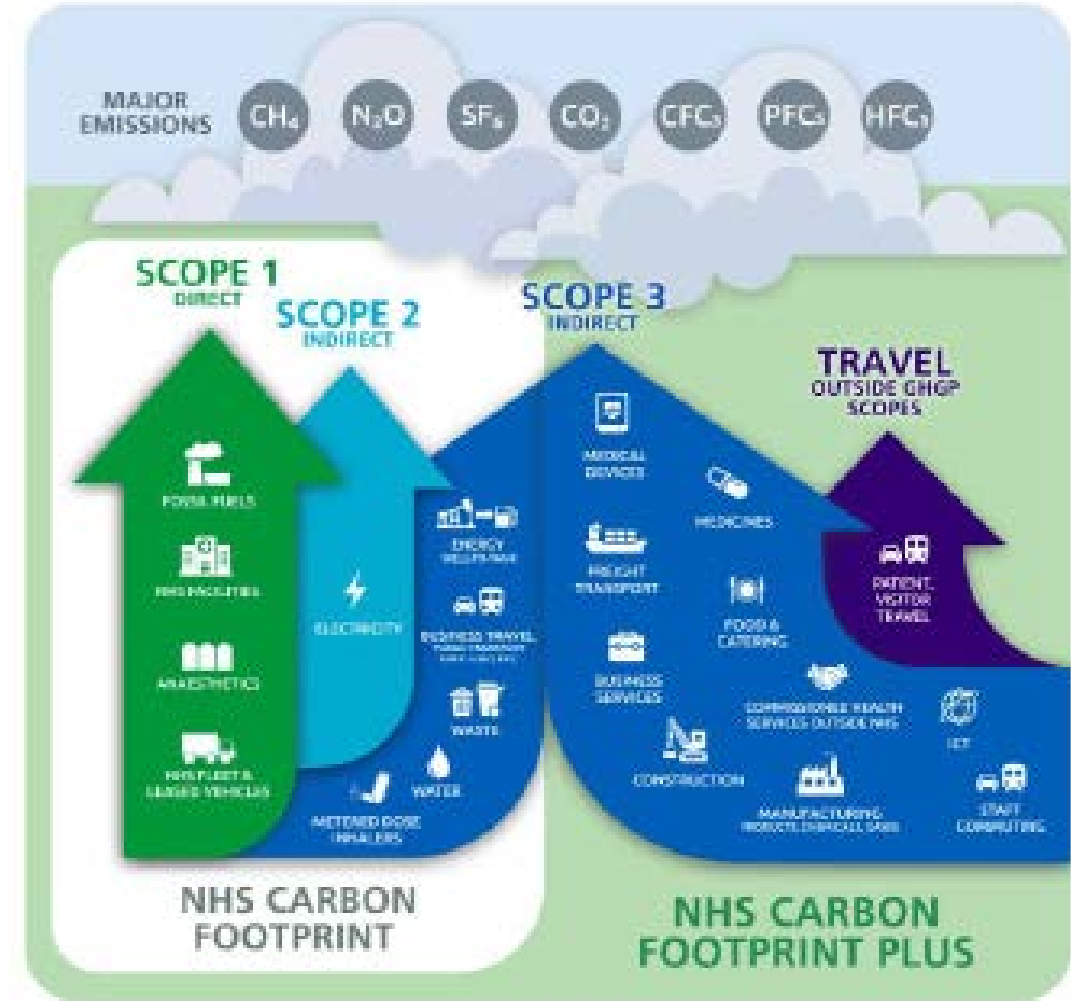
NHS ACTIVITY TYPE



Sources of carbon emissions by activity type and setting of care

NHS CONTEXT

- NHS operations account for 5.4% of UK's total carbon emissions and 40% of all public sector emissions
- NHS Targets:
 - For the emissions the healthcare sector 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 the healthcare sector can influence (our NHS Carbon Footprint Plus), **net zero by 2045**, with an ambition to reach an **80% reduction by 2036 to 2039**.
- Operation of NHS facilities makes up 60% of NHS Carbon Footprint, 41% is building energy (operational). Embodied carbon is in NHS Carbon Footprint plus.

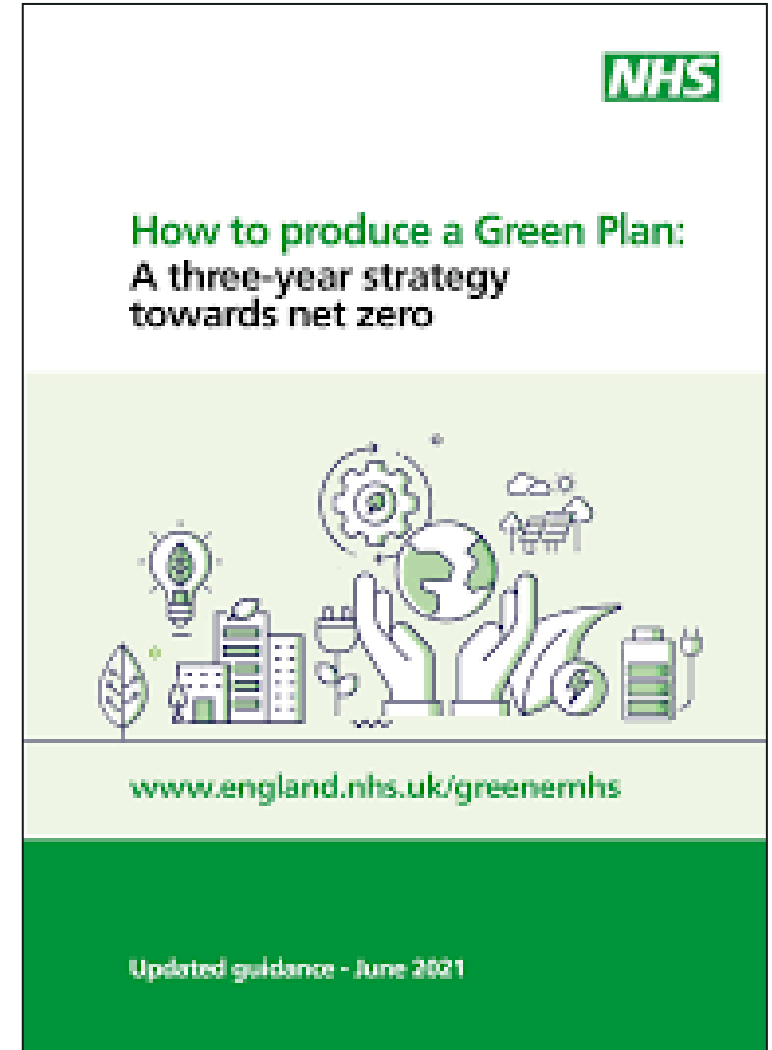


PRIORITY ACTION AREAS FOR 2021/22

- **Regions:** Greener NHS team in every region
- **Medicines:** Desflurane, Inhalers, Nitrous Oxide
- **Travel & Transport:** Zero emission ambulances, NEPTS review
- **Estates & Facilities:** LED lighting, PSDC, New Hospital Programme
- **Supply Chain:** 10% Social Value weighting, Sustainable Supplier Forum
- **Food & Nutrition:** National Hospital Food standards
- **Digital:** What Good Looks Like Framework
- **Models of Care:** Sustainable Models of Care Framework
- **Research & Innovation:** £1.2m SBRI competition
- **Workforce:** National Carbon Literacy training development, Pledge platforms
- **Data and Analytics Framework**
- **Communications and Engagement Strategy**

GREEN PLAN GUIDANCE

- Published in June 2021 and sets a clear structure for a plan to follow.
- Specifies a three-year planning horizon with an annual review.
- Sets deadlines of 14th January 2022 (For Trusts) and 31st March (For ICSs) to submit new Green Plans – but only where a Green Plan has not been developed in the last 2 years.
- Recommends areas within each workstream that Trust and ICSs could focus on.
- Highlights additional resources available now on our FutureNHS platform: <https://future.nhs.uk/sustainabilitynetwork>
- Further resources under development:
 - Delivery Plans – Medicine, Estates & Facilities, Supply Chain
 - Replacement from SDAT – October 2021
 - NHSX's Digital Transformation Framework – August 2021



THE STRUCTURE OF A GREEN PLAN

- Introduction
- Organizational Vision
- Areas of Focus
 - Workforce and system leadership
 - Sustainable models of care
 - Digital transformation
 - Travel and transport
 - Estates and facilities
 - Medicines
 - Supply chain and procurement
 - Food and nutrition
 - Adaptation



THE FOUNDATIONS OF A GREEN PLAN

As per the 2021/22 NHS Standard Contract:

- 1. Every trust to ensure a board member is responsible for their net zero targets and their Green Plan. Similarly, every ICS is asked to designate a board-level lead to oversee the development of their own Green Plan.
- 2. Every trust to purchase 100% renewable energy from April 2021, with supply contracts changing as soon as possible.
- 3. Every trust to reduce its use of desflurane in surgery to less than 10% of its total volatile anaesthetic gas use, by volume.
- 4. Every ICS to develop plans for clinically appropriate prescribing of lower carbon inhalers.

As per *Delivering a net zero National Health Service*

- 5. Ensure that, for new purchases and lease arrangements, systems and trusts solely purchase and lease cars that are ultra-low emissions vehicles (ULEVs) or zero emissions vehicles (ZEVs).
- 6. Develop a green travel plan to support active travel and public transport for staff, patients and visitors.

As per the 2021/22 NHS planning guidance

- 7. Where outpatient attendances are clinically necessary, at least 25% of outpatient activity should be delivered remotely, resulting in direct and tangible carbon reductions.

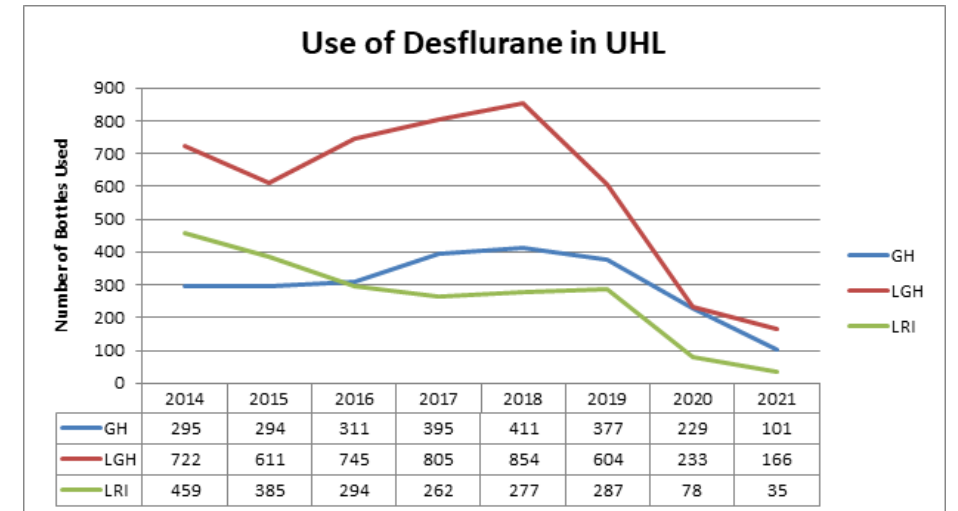
UHL – Use Of Desflurane

The plan, in essence:

- Determine the types of cases that Desflurane is used for.
- Raise awareness of the environmental impact and encourage the use of alternative techniques.
- Decide if there are circumstances where its use is justified. However, may possibly become unavailable in near future.
- Investigate methods of mitigating the environmental impact.

The details:

- Starting on the 1st of November, Desflurane will be removed from the anaesthetic machines at all three sites.
- Anaesthetists/ODPs will have to sign the vapourisers out and complete a short form asking about the type of case it is being used for. (Use of Desflurane will be a conscious decision rather than one of convenience).
- Poster and Emails will be sent out highlighting the environmental impact of Desflurane to raise awareness.
- Data will be reviewed after four weeks (though the data collection will be ongoing) to determine specific areas/theatres/cases where Desflurane is predominantly used.
- If there are areas where Desflurane use can be justified – we are looking at the feasibility of implementing an anaesthetic gas capture system (E.g Contrafluran) in those specific theatres.



Our use of Desflurane has decreased over the last few years with increased use of total intravenous anaesthesia (TIVA)

**UHL Lead - Akeeban Maheswaran
Consultant Anaesthetist**

GREEN PLAN GOVERNANCE

- The development of a Green Plan should be led by a designated board-level net zero lead
- The plan will require senior, expert input from a broad range of disciplines and functions, including clinicians, estates and facilities, procurement, finance and human resources. These senior individuals should also be informed by vibrant, representative and well-supported sustainability groups and networks drawn from a wide range of staff across each NHS organisation or ICS.
- Progress against an approved Green Plan should be formally reported annually to the Trust Board or ICS governing body
- While approved Green Plans cover a three-year period, each trust and ICS should formally review and update their plans annually to consider:
 - the progress made and the ability to increase or accelerate agreed actions
 - new initiatives generated by staff or partner organisations
 - advancements in technology and other enablers
 - the likely increase in ambition and breadth of national carbon reduction initiatives and targets.

GREENING THE NHS, IMPROVING HEALTH and REDUCING INEQUALITY - THE ROLE OF GREEN ANCHORS

- **Definition:** First developed in the US, the term anchor institutions refers to large, typically non-profit, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities
- The NHS Net Zero Strategy (2020) described the ways in which climate change will be responded to, health improved, **and health inequalities reduced**; however, the accompanying guidance 'How to Produce a Green Plan' includes minimal reference to reducing inequality
- • There are significant areas of overlap **between NHS Greening and the national interest in the development of Anchor organisations**
- • By **acting intentionally as an anchor**, NHS institutions have the potential to reduce environmental impact, improve health outcomes, improve financial efficiency and reduce inequalities.

Paper to **NHS Midlands Greener Delivery Board** to:

- **Confirm and reinforce the stated ambition to ensure health is improved and inequalities are reduced through NHS Greening.**
- • **Recognise that 'NHS Anchor Organisations/partnerships and networks can add value to greening, support improved local health and address inequalities**
- • **Work proactively with ROIP to reduce any regional duplication and share good practice**
- • **Ask how ICS Greener SRO's are liaising with their ICS inequalities leads to undertake joint action to green and reduce health inequalities.**
- • **Highlight the areas of linked potential and best practice to ICS and Trust leaders, in particular the Board leads for Greening**
- • **Advocate to the National Greening Team that we accelerate the development of metrics tools and resources to ensure that inequalities are not exacerbated by Greening and to**
- • Offer to work with the National Inequalities Unit to advance this cause

Midlands Health Inequalities ICS Exec Lead – Sarah Prema

PROPOSED LOCAL APPROACH

- An 'LLR ICS Green Board' is established to oversee development and implementation of the Plan (draft TOR attached)
- UHL will lead development of the ICS Green Plan and establish project capacity.
- UHL have developed a draft Green Plan including acute reconfiguration work. This can provide the basis of an ICS plan but we must ensure they are different and complimentary.
- Workshops will be arranged for local partners to identify key actions that can be taken by the local NHS system to reduce carbon admissions over the next 3 years with quick wins at the fore.
- It is proposed to invite local authority sustainability leads to join to the ICS Green Board, initially to share learning and at a later point to consider opportunities for partnership working on carbon reduction initiatives.

ICS RECOMMENDATIONS – Approve, sign-up and mobilise

The ICB have agreed to:

- **Support** the establishment of an LLR ICS Green Board.
- **Support** the proposed approach to the development of a ‘LLR ICS Green Plan’ by March 2022.
- **Consider** if anyone else should join the ICS Green Board to support the work?
- **Consider** how ambitious we want to be to become the best across the region / national.
- **Agree** to receive quarterly updates on progress.
- **National:** declare this as a priority.

UHL NEXT STEPS

No sustainable resources currently allocated to this agenda, so:

- Fast track appointment of UHL Lead for Sustainability / Green Agendas [HR support required] – **URGENT**
- Use External monies (£43k) + matched funding from ICS to expand role of External advisor to develop ICS Plan and to continue beyond in support capacity
- Bid to system or UHL for sustainable resources – capital & revenue
- Decide how ambitious we want to be! (**Climate Emergency / Social Movement?**)
- Establish working group(s) for ideas development / activation
- Identify a Lead Clinician for UHL and “Green Champions / Sustainability Ambassadors” across the Trust
- Ensure key integration within the UHL Reconfiguration & Transformation Programme and the Health Inequalities agendas
- Complete Phase 3 Decarbonisation Scheme application – be ambitious
- Embrace the Greener NHS COP26 Campaign (**COMMS Support**)
- Integrate with the ICS by declaring this a UHL priority
- Update Nov TB, engage CMGs etc, present Green Plan to Jan TB