

Green Plan

for the cycle 2025 to 2028

A healthier environment through sustainable development

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1.0 Introduction

Derbyshire Healthcare NHS FT provides mental health, learning disabilities, addiction services, and children's services across Derby city and Derbyshire County. It employs over 2,400 staff at various community bases, serving a population of over one million people. The Trust operates three hospital sites: Kingsway Hospital and Royal Derby Hospital in Derby city, and Royal Chesterfield Hospital. Additionally, it has facilities located in local NHS Trusts that fall outside of the scope of this plan, as the sites are covered by our partner's Green Plans.

Climate change provides an immediate and growing threat to health in Derbyshire. Air pollution, floods, and heatwaves are increasing, and the effects of these are often felt the hardest by those experiencing deprivation¹, who are also more likely to experience health inequalities in other areas². It is therefore in line with the Trust's mission to minimise the mental health risk to the people of Derbyshire. There is also a "triple dividend" in reducing carbon emissions as we will avoid losses related to climate events, gain economic benefits (e.g. from more efficient use of electricity and water), and the social & environmental benefits that come with investing in adaptation (such as air quality improvements and investment in estates).

Our Green Plan aligns with the NHS duty to reduce carbon emissions to 'net zero'. The first guidance was outlined in the 2020 NHS report '[Delivering a 'Net Zero' National Health Service' \(2020\)](#). The Health and Care Act 2022 then placed new duties on Integrated Care Boards (ICBs) and Foundation Trusts (such as Derbyshire Healthcare) to consider statutory emissions and environmental targets. The guidance for the plan was then updated in the [Green Plan Guidance](#) document in 2025.

NHS England (NHSE) set the brief we work to. They recommended that the plan is set out using nine headings set out in table 1. From 2025, we also have expected metrics to support our development, which have been used to benchmark our progress. Mental health is also a particular area of focus in the 2025 planning guidance, showing the importance of sustainability in this area.

Whilst this plan has been coproduced where that would be useful, it has also been influenced by the metrics expected by NHSE. It therefore contains those expectations and the aspirations of the Trust to move forwards towards NetZero.

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| 1 Workforce and system leadership |
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Table 1: Nine areas

Key drivers for our engagement include the following points:

- We are already seeing the effects of climate change on the way the Trust operates.
- There are multiple benefits across the integrated care system to engaging in this work (and all support better outcomes for the people of Derbyshire).
- It makes financial sense to mitigate the harms as it has been shown³ that the financial benefits of adaptation significantly outweigh the costs, often with a ratio of between 5 and 10 pounds back for every 1 invested.

¹ <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2022-air-pollution>

² <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities>

³ <https://www.theccc.org.uk/wp-content/uploads/2021/07/Independent-Assessment-of-UK-Climate-Risk-Advice-to-Govt-for-CCRA3-CCC.pdf>

2.0 Organisational Vision

The vision of our Trust is to make a positive difference in everything we do.

Our values



Caring

We provide safe care and support people to achieve their goals



Inclusive

We respect everyone in all we do



Ambitious

We offer high quality services, and we commit to ongoing improvement



Belonging

We come together to create a culture that is welcoming, open and trusting



Collaborative

We work together to achieve the best outcomes for our people and communities.

These are used to support our strategic principles:



In making this plan, the vision, values, and strategic principles have been considered at all stages. Coproduction and Codesign are at its heart, with the “Triple Bottom Line” of People, Planet, and Finances considered throughout. Whilst this is unambiguously a “green plan”, it is part of a wider transformation process that is supporting the Trust’s ambition to provide integrated, effective, and efficient patient outcomes.

Our role in providing Social Value and being an “anchor institution”.

In line with the Public Services (Social Value) Act 2012, there is a requirement for public bodies such as our Trust to consider the economic, social, and environmental well-being of an area when procuring public services contracts, and encouraging wider social benefits through procurement processes. This is money well spent. The NHS Confederation estimate that for every £1 invested in healthcare returns £1.31 to the economy through reducing absenteeism, enabling participation in community life, and general wellbeing.⁴ As a local anchor institution (i.e. one that makes a strategic contribution to the local economy beyond that of its core function), we will continue to act lawfully and positively in this area by supporting wider social benefits. As an example, we are already required to have a minimum 10% social value weighting in contract tenders, and this will continue.

⁴ <https://www.nhsconfed.org/publications/unlocking-power-health-beyond-hospital>

We will also work preferentially with local suppliers, and invest in our workforce. Our plans will improve local air quality by greater use of ultra-low and zero emission vehicles, and will be part of a countywide active travel plan.

The case for decarbonisation in healthcare

There is a legal duty for the NHS to achieve Net Zero, but it is worth reminding ourselves of the reasons that underly this. In 2022 the Government committed the NHS to achieve net zero direct carbon emissions by 2040. The rationale for this is that climate change affects public health directly, and new technologies offer significant (often reported in the millions of pounds) savings for providers through reduced energy consumption, waste reduction, and the re-use of items that were previously disposed of. This results in direct savings in terms of operational costs, and secondary gains through demand reduction. This means increasing returns for every pound spent in the NHS.

Examples of the impact of climate change on mental health include increased psychiatric admissions, higher rates of self-harm and suicide⁵, more Post-Traumatic Stress Disorder & clinically significant depressive episodes (often relating to droughts, floods, storms, & moorland fires), gender-based violence, aggression, & anxiety⁶.

Figure 1 below summaries how climate change effects physical and mental health. The effects of climate change are felt unevenly across Derbyshire, with those most at risk of mental health problems likely to be those most at risk of experiencing the worst effects of climate change.⁷

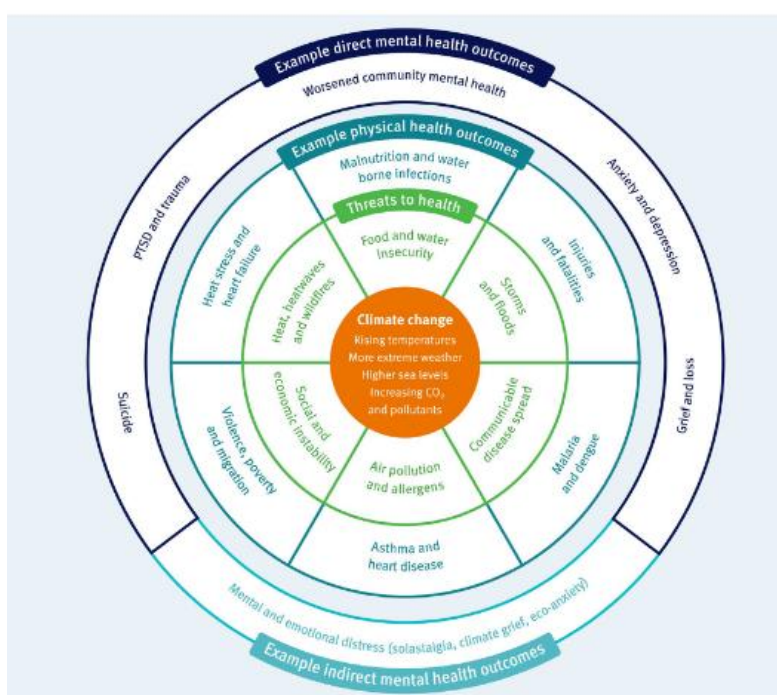


Figure 1 Grantham Institute/ICL Briefing paper No 36- The impact of climate change on mental health...

This Green Plan will also support the NHS in indirect ways. NHS staff commuting produce around 560 kt CO₂e/year. A small change towards active travel options will reduce our CO₂ emissions, but bring mental and physical health benefits to our staff. It will then expected to reduce absences related to sickness, and support higher levels of

⁵ <https://www.imperial.ac.uk/grantham/publications/all-publications/the-impact-of-climate-change-on-mental-health-and-emotional-wellbeing-current-evidence-and-implications-for-policy-and-practice.php>

⁶ <https://www.apa.org/topics/climate-change/mental-health-effects>

⁷ <https://spiral.imperial.ac.uk/server/api/core/bitstreams/a63a3376-12ee-4565-841f-2fd0fc5b09c3/content>

wellbeing- a major driver of staff retention. An NHS England calculation⁸ shows that a 50% shift towards active or zero-emission travel would save £59 million each year for the NHS, and contribute to reducing the 36,000 death that occur each year related to air pollution. Air pollution of course affects everyone, but some much more than others.

3.0 Areas of Focus

The nine areas of focus are set out below:

3.1 Workforce and system leadership

Sustainability is not a department or service line, but something that becomes part of the fabric of the organisation. To achieve this, our workforce will need to be appropriately led and trained.

What we want to achieve	How we will measure it	How we will achieve it
Appoint a designated board-level net zero lead, generally an existing executive director, to oversee green plan delivery with clearly identified operational support	Metric: People in post	Board allocation. If these posts come vacant they will be reallocated.
Assess workforce capacity and skill requirements for delivering the green plan, considering good practice examples such as hybrid roles, apprenticeships, fellowships, and NHS estates sustainability career pathway	Metric: analysis completed and recovery plan as needed.	Also advertise for Lead post in Summer 2025 at 0.4wte/B8a and appoint.
Promote specialist training for staff groups who underpin the delivery of green plans, such as board members, procurement, finance, estates & facilities staff, and clinicians	Metric: Training Needs Analysis audit.	Each department will work with the People Division to ascertain skill gaps and capabilities, and then use the practice examples to bridge any gaps.
		Each lead in the nine areas will work with their relevant line management system to look at how the NHSE recommended training can be best used to support their staff development.

⁸ <https://www.england.nhs.uk/long-read/net-zero-travel-and-transport-strategy/>

3.2 Sustainable models of care

The NHS is transforming. New models of care have been developed, and the size and shape of the Trust will change in the lifespan of this plan. The Trust will ensure that sustainability remains at the heart of its services.

What we want to achieve	How we will measure it	How we will achieve it
<p>Identify a clinical lead with oversight of net zero clinical transformation, with formal links into board-level leadership and governance</p> <p>The Trust will focus on reducing emissions and improving quality of care through:</p> <ul style="list-style-type: none"> - establishing a clinical lead and multidisciplinary working group responsible for reducing emissions in the clinical area(s) - completing Quality Improvement (QI) project(s) in the area that focus on a measurable reduction in emissions, with co-benefits for outcomes and quality of care, efficiency and reducing healthcare inequalities (supported by resources in Annex B: selected resources of the NHS Green Planning refresh guidance). - Sharing learning and outcomes, for example, through clinical networks, the ICB and NHS England <p>The four principles of sustainable care will be embedded in our global policies:</p> <ul style="list-style-type: none"> - Prevention - Patient empowerments & Self-care - Lean service delivery - Low carbon alternatives 	<p>Metric: Person in post</p> <p>Metric: Person in post</p> <p>Metric: Baseline of QI or SusQI projects undertaken, in process, and completed.</p> <p>Metric: Audit of best practice, SusQI, & QI projects that have been shared.</p> <p>Metric: The four principles will appear as a checklist for Board-level decision making processes.</p>	<p>A clinical lead will be identified who will then form the relevant workgroups</p> <p>QI projects are already an integral part of the Trust's strategy. These will be enhanced with "SusQI" Methodology (e.g. susqi.org) that focuses on Sustainability as part of healthcare improvement.</p> <p>Our Transformation team will support SusQI projects.</p> <p>The Trust Report will document these, and this is also shared with the ICB at regular (monthly) meetings. The Trust Plan goes to NHSE.</p> <p>The Board will use these four principles to ensure we get the best value service for our patients.</p>

3.3 Digital transformation

A Digitally informed NHS is vital if it is to succeed. In sustainability terms, Digitalisation offers much we can use to reach NetZero:

What we want to achieve	How we will measure it	How we will achieve it
<p>The Trust will maximise the benefits of digital transformation to reduce emissions and improve patient care.</p> <p>We will complete a Digital Maturity Assessment, that will allow us to:</p> <ul style="list-style-type: none"> - using circular and low-carbon approaches to IT hardware management; - We will explore low carbon hosting, promoting good data hygiene (such as, deduplication and archiving), and engaging digital suppliers. 	<p>Metric: Our use of “Attend Anywhere” (AA) virtual appointment software. Metric: Digitalisation report</p> <p>Metric: Completed Digital Maturity Assessment (DMA) in FY 2025/26 and at the recommended intervals.</p> <p>Metric: Business Intelligence reporting and triangulation with service usage</p> <p>Metric: Audit and policy adaption</p>	<p>Reducing the use of paper and providing virtual pathways where clinically appropriate Reduce postage cost- letters , documents etc</p> <p>Communication Annex- fully integrated and centralised multiples communication method functionality that enables coproduction between clinicians. It allow two way communication flows. Example text messages, email , sending document and questionnaires.</p> <p>Our use of virtual appointments will follow the trajectory indicated by our operational policies. The existing target of 20% of appointments to be virtual will be reviewed in the period November-March 2025/6 and the plan will be updated when a target is set.</p> <p>The Digital Lead will facilitate this assessment.</p> <p>eWaste will be targeted for reduction by design.</p> <p>Printing will continue to be discouraged</p> <p>ITS management will continue to seek waste reduction opportunities in their data hygiene systems and purchasing models.</p> <p>Procurement processes will show the sustainability aspect of purchases and leases. The “Triple Bottom Line”, which considers environmental, social, and financial impacts, will guide our attitude towards asset selection.</p>

3.4 Travel and transport

The Trust has a high level of staff working in small geographical areas, and many staff with community roles that involve driving. This is often undertaken in a fuel inefficient manner where inner-city driving negates the benefits of more efficient fossil fuel engines, and the geography of our rural areas involve hills that require more energy to traverse. The Trust also has a lot of hospital-based staff who need to park close to their bases and on a 24 hour cycle.

What we want to achieve	How we will measure it	How we will achieve it
Develop a sustainable travel plan by December 2026 focusing on active travel, public transport and zero-emission vehicles, supported by a clear understanding of staff commuting.	Metric: Plan showing we operate sustainable travel-related schemes for staff (for example, salary sacrifice cycle-to-work)).	Modify existing arrangements to incentivise active travel and align our salary sacrifice scheme with the guidance. Recognising that this is an area that requires a larger group to resolve, the Sustainability leader in this area will work with colleagues from across the system to design an integrated plan
Offer only zero-emission vehicles through vehicle salary sacrifice schemes from December 2026 onwards (for new lease agreements)	Metric: % of owned and leased fleet that is ultra-low emission vehicle (ULEV) or zero-emission vehicle (ZEV)	Scheme will offer only ultra-low or zero-emission vehicles
Make arrangements to purchase, or enter into new lease arrangements for, zero-emission vehicles only from December 2027 onwards (excluding ambulances)	Metric: Total fleet emissions in KG or T of Carbon Dioxide equivalent (CO ₂ e)	Number of ICE vehicles re-leased will drop to zero
Scope and where feasible implement site-to-site active travel via cycle or scooter.	Metric: Scoping completed; provision of active travel options.	These options will require cooperation with external partners. Will include Active Travel England as well as regional authorities.
Increase business expense rates for cycling to match or exceed that of cars.	Metric: Rate has changed to match driving.	Paper to be drafted to go to JNCC/ELT in 2025/26
Make cycling a default option for all users.	Metric: EASY expenses system shows all users as able to claim for cycle trips.	

3.5 Estates and facilities

As a Trust that is predominately focused on mental healthcare, our emission profile is different from that of an Acute Trust. Our overall emissions are much lower, but estates and facilities do generate a large proportion of our CO₂e. With that in mind, much emphasis has been placed on modernising our infrastructure so that we produce much less CO₂e.

3.51 Capital projects

We will focus on reducing the carbon emissions arising from the organisation's buildings and infrastructure, including

- decarbonising heating and hot water systems
- improving energy efficiency and reducing energy usage
- waste reduction and the circular economy
- building design and refurbishments

What we want to achieve	How we will measure it	How we will achieve it
<p>Develop a heat decarbonisation plan (HDP), which includes:</p> <ul style="list-style-type: none"> - Identifying and prioritising the phasing out of all existing fossil-fuel primary heating systems by 2032 - Consider the feasibility of Local Area Energy Plans, opportunities from heat networks, and other low-carbon solutions - Identifying any installations in scope of the UK Emissions Trading Scheme and outline plans to reduce emissions in line with allocated targets <p>Develop business cases to deliver the measures outlined in the HDP, as well as accompanying energy efficiency and renewable energy interventions, with a view to submitting a funding application through the PSDS if projects cannot</p>	<p>Metric: % of sites that have a heat decarbonation plan</p> <p>Metric: Use various data sources to (such as ERIC) to monitor the emissions from fossil-fuel-led heating sources in tons or KG of CO₂.</p> <p>Metric: Local area energy plans and heat networks will be considered where they are feasible, using the "Triple Bottom Line" to guide decision making.</p> <p>Metric: Identification of installations within the UK Emissions Trading Scheme will be complete by the lead for this area, and outline plans to reduce emissions in line with allocated targets will be drawn up by the end of FY2025/6.</p> <p>Metric: % of gross internal area covered by LED lighting;</p>	<p>Ensure a sustainability philosophy is taken for all Capital Projects including major refurbishments, driving resource efficiency through the Estates Plan.</p> <p>Our Estates Plan also contains sustainability elements, such as the use of zero emission fleet vehicles and the phasing out of non-LED lighting. This will continue.</p> <p>Our Making Room For Dignity programme of dormitory eradication has been completed in FY 2024/5, so we expect to see the benefits in CO₂e terms in subsequent years. This is due to the building work being completed with a range of low-carbon emitting technologies.</p>

be financed through internal budgets		
Increase the amount of waste that is recycled and look to implement more sustainable models in relation to waste management.	Metric: A baseline of % recycled and/or tonnage	
Move to sustainable cups in water fountains/hot beverage points, & switch to sustainable materials where feasible.	Metric: A baseline in reduction of plastic use that falls into the remit of this department.	

3.52 Asset management and utilities

Embedding more efficient practices, new technologies and improving staff awareness will help to improve utility efficiency across everyday activities and as part of longer term plans.

What we want to achieve	How we will measure it	How we will achieve it
To embed energy and water efficient technologies and practices throughout our Estate and services and deliver year-on-year reductions in consumption.	Metric: Estates Return Information Collection (ERIC) returns.	Monitor utility consumption across our Estate and deliver a programme of targeted energy and water efficiency schemes to manage and drive down use.
We have Electric charging on the Kingsway site that came on line in late June 2025. We wish to see this used well.	Metric: kWh use from a baseline of zero for one year and then each year going forwards.	We currently have 100% renewable energy for electricity. When we enter new purchasing arrangements for electricity this will continue. Chargers on line from late June. Recognition that further changes to parking arrangements will be made so first year likely to be lower use than going forwards.

3.53 Green space and biodiversity

There are many reported benefits to mental health of green spaces⁹. These include benefits for patient outcomes, staff recruitment and retention, and local communities.

What we want to achieve	How we will measure it	How we will achieve it
To make the best use of the space we control in terms of biodiversity in Trust context.	Metric: M ² of biodiverse/enhanced site area and/or overall % of sites with biodiverse or enhanced environments	<p>Incorporate biodiversity and green space into our sustainability governance structure and work closely with our contractors to maximise the benefits.</p> <p>Provide opportunities for staff, patients, and partner agencies to get involved in Trust-supported initiatives to improve biodiversity.</p>

3.6 Medicines

We do not use the pharmaceuticals listed for reduction in the Green Plan Guidance. However, the Royal Pharmaceutical Society have published¹⁰ wider guidance that will be followed where appropriate. The green agenda for pharmacy is being coordinated at a regional level (NHS Midlands for our Trust) and it is an ongoing agenda item for regional and Derbyshire Chief Pharmacists' meetings. This means progress against targets related to medicines can be met by aligning to these plans.

The system Integrated Pharmacy and Medicines Optimisation Board has a Greener NHS workstream to address gases and inhalers (types and supply). We do not use anaesthetic gases in the Trust (in Electro-Convulsive Therapy we only use injected anaesthetics). We supply inhalers to patients based in their current prescriptions, which have been gradually changing from metered dose inhalers over the last decade and we expect will reduce further in future.

Reduction in single use plastic in packaging is a key aim and Pharmacy will support and contribute to the plans outlined in other parts of the trust green plan specifically related to plastics and procurement.

Reducing unnecessary waste is an ongoing consideration of our continuous improvement approach and we routinely monitor our dispensing-to-use ratios.

What we want to achieve	How we will measure it	How we will achieve it
Reduced use of anaesthetic gases and metered dose inhalers.	Metric: Local and regional monitoring.	We will support regional plans.
We will address overprescribing and oversupply	Metric: Dispensing to non-use ratios.	Ongoing adaptation of prescribing processes.

⁹ [WHO \(2021\) "Green and Blue spaces & Mental Health"](#)

¹⁰ <https://www.rpharms.com-Greener Pharmacy Checklist>

We will support improving inhaler use and adherence	Metric: Local and regional monitoring	We will support regional plans.
We will work through the RPS Greener Pharmacy guidance	Metric: By the metrics relating to each criteria towards “Level 3 (Gold)” status	We will work in each area as described in the guidance.

3.7 Supply chain and procurement

The NHS supply chain accounts for approximately 62% of total carbon emissions and is a clear priority area for focus in every Green Plan.

What we want to achieve	How we will measure it	How we will achieve it
We will embed NHS net zero supplier roadmap requirements into all relevant procurements and ensure they are monitored via KPIs.	Metric: Inclusion of Carbon Reduction Plan and Net Zero Commitment requirements in all relevant procurements; Inclusion of requirements for a minimum 10% net zero and social value weighting in procurements, including defined KPIs	Change to contracts and policy
Encourage suppliers to go beyond minimum requirements and engage with the Evergreen Sustainable Supplier Assessment to support a single conversation between the NHS and its suppliers on sustainability priorities.	Metric: audit of contract and policy documentation.	Change to contracts and policy
We will reduce reliance on single-use products, considering how to safely build this work into clinical improvement projects.	Metric: Audit	In tandem with our clinical peers, we will source and supply based on the “triple bottom line”.
Continue to source green energy.	Metric: Obtaining the REGO certificate on an annual basis.	The Trust already has a Power agreement that requires the supplier to provide a REGO certificate on an annual basis. This is part of a three-Trust collaboration.
We want to support the circular economy to use/reuse/repair/recycle our assets.	Metric: Use of the “Warp-it” platform.	The “Warp-it” platform will be used to move assets around our estates.

3.8 Food and nutrition

We generate large volumes of waste and have legal responsibilities to make sure that it is properly segregated, handled and disposed of. Procurement constitutes the largest proportion of our carbon footprint and we must reduce unnecessary use of resources across our organisational activities. By applying the waste hierarchy, rethinking traditional waste models and working closely with our staff and supply chain, we can move towards a circular economy approach and away from a throwaway culture.

What we want to achieve	How we will measure it	How we will achieve it
Organisations should continue implementing the National standards for healthcare food and drink, requiring NHS organisations to deliver high-quality, healthy and sustainable food and minimise waste.	Metric: Organisational returns	Our current engagement will continue.
We will measure food waste in line with the Estates Returns Information Collection (ERIC) and set reduction targets	Metric: ERIC returns broken down into Weight (tonnes) of food waste, with further break down by spoilage, production, unserved and plate waste	Waste will be calculated and returned by the Lead in Catering on a yearly basis. Based on this, a target will be set for the period of this plan.
We will consider opportunities to make menus healthier and lower carbon by supporting the provision of seasonal menus high in fruits and vegetables and low in heavily processed food	Metric: Audit and returns	The lead in catering will use the “Triple bottom line” to facilitate improved carbon outcomes.

3.9 Adaptation

Climate change is one of the biggest public health threats we face. Extreme weather conditions, such as flooding, and heat waves are increasing in severity and frequency. We will embed climate change awareness and action into our infrastructure, services, partners and colleagues to be prepared for climate change impact.

What we want to achieve	How we will measure it	How we will achieve it
We will continue to comply with the adaptation provisions within the NHS Core Standards for Emergency Preparedness, Resilience, and Response (EPRR). We will support business continuity during adverse weather events	These areas fall into the EPRR planning undertaken by the Trust, and will be measured by the EPRR Lead.	Our Lead for EPRR will continue to ensure that our services are legally compliant and effective.
We will set out actions to prepare for severe weather events and improve climate resilience of local sites and services, including digital services.	These areas fall into the EPRR planning undertaken by the Trust, and will be measured by the EPRR Lead.	Our Lead for EPRR will continue to ensure that our services are legally compliant and effective.
We will ensure adequate cascading of weather health alerts and relevant messaging across the organisation, in line with the Government's Adverse Weather and Health Plan.	These areas fall into the EPRR planning undertaken by the Trust, and will be measured by the EPRR Lead.	Our Lead for EPRR will continue to ensure that our services are legally compliant and effective.
We have been asked to report our numbers of heat and flood occurrences that trigger a risk assessment.	Number of overheating occurrences triggering a risk assessment (in line with trust's "heatwave" plan); Number of flood occurrences triggering a risk assessment.	Our Lead for EPRR will continue to ensure that our services are legally compliant and effective.

4.0 Engagement, Communication and Delivery

What we want to achieve	How we will measure it	How we will achieve it
Regular coms update	Metric: There will be a regular update from the sustainability lead.	Sustainability Manager will work with our Coms Team to provide this.
SharePoint space and MS Teams presence	Metric: Effective workspaces will be developed	Sustainability Manager will work with our IT Team to provide this.
The external and internal Trust website will have a “Green Plan Section”.	Metric: Website changes	Sustainability Manager will work with our Coms Team to provide this.
Staff will have access to a webform to simplify idea generation.	Metric: A webform will be created.	Sustainability Manager will develop this.

The Green Plan will be delivered through a workstream approach, with leads for each area based on particular capabilities, experience and interests. Each programme stream will adopt improvement methodology to evaluate its outcomes and refine plans and activities to deliver its objectives. Programme streams will be made up of staff and wider non-staff membership where appropriate, including patients, system partners and other stakeholders.

Training will be sourced and provided in relation to the sustainability and green plan agenda and provided as required, as well as being recognised content within the staff induction process and organisational development programme.

5.0 Governance

The trust Green Plan is led by a designated board-level lead who is currently the Executive Director of Finance. It is supported by a Non-Executive Director, and a 0.4wte B.8a Sustainability Manager. Each of the nine domains of the NHS plan has a lead assigned to it.

Within the Trust, the Green Plan is monitored by the Finance and Performance Committee (FPC), who report to the Audit Committee at Board level. The Sustainability Manager reports twice a year to the FPC. The Integrated Care Board also support our sustainability plan with oversight and support with System-sized initiatives and liaison with wider (often countywide or larger) agencies.

Within the Trust Strategy, this document is an “enabling” plan that supports the “Be Productive” strategic principle. These efforts support the Trust to become aligned with the Public Services (Social Value) Act 2012, positioning the Trust as an anchor institution that contributes to the local economy and environment.

The plan has input from a range of disciplines and functions, including clinicians, estates and facilities, procurement, finance, and human resources. These individuals are informed by colleagues, groups and networks from across the organisation and system. This group also makes up the core component of the Programme Delivery Group which will meet regularly to drive the work and deliver the plan.

The plan has been approved by the Trust board in October 2025.

Progress against the approved Green Plan will be formally reported annually to the Trust board and/or ICS governing body. Progress will also be reported formally to the relevant regional greener NHS team, in a format and frequency agreed with them.

While the approved Green Plan covers a three-year period, the trust will formally review and update the 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

At a national level, progress towards the NHS's net zero carbon emission targets is reported twice a year to the NHS public boards. The regional teams will hold ICSs to account on delivery of the latter's Green Plans, and ICSs will be tasked with holding organisations within their system to account in a similar fashion.

The Care Quality Commission (CQC) also report on NHS Trusts using their assessment framework, where sustainability falls within the "well led" domain. Within this domain, the quality statements support the health impacts of sustainable healthcare. They can be found using this [link](#) on their website.

REGARDS EIRA: Assessing Equality Relevance (Stage 1)

1. Name of the service / policy / project or proposal (give a brief description):

DHCFT Green Plan. This plan recognises that the effects of climate change are felt by everyone, but with some groups more affected than others. These groups are often those who are also at higher risk of multiple disadvantage and health inequalities. The plan therefore aims to have a positive effect on all groups and be part of a strategy to remove health inequalities.

2. Answer the questions in the table below to determine equality relevance:

	Yes	No	Insufficient data / info to determine
Does the project / proposal affect service users, employees or the wider community, and potentially have a significant effect in terms of equality?	X		
Is it a major project / proposal, significantly affecting how functions are delivered in terms of equality?		X	
Will the project / proposal have a significant effect on how other organisations operate in terms of equality?	X		
Does the decision/ proposal relate to functions that previous engagement has identified as being important to particular protected groups?	X		
Does or could the decision / proposal affect different protected groups differently?		X	
Does it relate to an area with known inequalities?	X		
Does it relate to an area where equality objectives have been set by our organisation?	X		

3. On a scale of high, medium or low assess the policy in terms of equality relevance.

	Tick below:	Notes:
High		If ticked all 'Yes' or 'Insufficient data'
Medium	X	If ticked some 'Yes' and / or 'Insufficient data' and some 'No'
Low		If ticked all 'No'

EIRA completed by: Paul Blakeman

Date: 13-08-2025