



CSH Surrey

# Our Green Plan 2022-2025

Our commitment and delivery



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# Welcome

Welcome to the CSH Surrey Green Plan 2022. At CSH Surrey, we aim to deliver excellence in care, quality and safety. Our core value is care, because we care about our patients, children, young people and families, as well as our colleagues and our partners. And as a social enterprise, we exist to benefit our communities.

- **We care with Compassion:** we look after each other, speak kindly and work collaboratively
- **We take Accountability:** we take responsibility, act with integrity and speak with honesty
- **We show Respect:** we listen, value, trust and empower people and treat them with dignity
- **We deliver Excellence:** we are professional, aim high, value challenge and never stop learning or innovating

It's for these reasons that we are fully committed to delivering care in a more sustainable way. Health and sustainability go hand in hand; by reducing our impact on the environment and by ensuring our services and estate is adapted to climate change, we are better able to support the health of our colleagues and patient communities.

The recently published Surrey Heartlands Health and Care Partnership Green Plan highlighted that "sustainability must be embedded in everything that we do". This is the approach we are taking at CSH Surrey, and this Green Plan is the start of our commitment to achieve this.

We are working towards becoming a more sustainable healthcare provider, integrating sustainability thinking into all aspects of our work and meeting the targets set out by NHS England and NHS Improvement (NHSEI) – to reach Net Zero Carbon by 2040.

Care Without Carbon (CWC) is our framework for more sustainable healthcare and forms the cornerstone of this Green Plan. Originally developed at Sussex Community NHS Foundation Trust, Care without Carbon provides an integrated and holistic approach to sustainability within the NHS – ever more important as the challenge of climate change and health deepens day by day. By working in parallel with others across our local system through Care without Carbon, we aim to enhance our impact, learn from others, and in turn, share our learning with others.

In November 2022 we set out Part 1 of our green plan: our commitment. This document formed the first part of our Green Plan, setting out our vision and clear commitments to deliver against our Net Zero targets through the Care Without Carbon framework.

Following this, we worked with stakeholders across CSH Surrey to develop Part 2: delivery in detail. This is a targeted set of interventions focussed on delivering against the commitments set out in part 1.

This updated Green Plan document now combines both phase of our work, setting out our clear commitments and detailed action plans to deliver against these using the Care Without Carbon framework.

The background is a solid purple color with several overlapping, semi-transparent geometric shapes in various shades of purple and magenta, creating a layered, abstract effect. The shapes are primarily horizontal bands and triangles that intersect and overlap, giving a sense of depth and movement.

# PART 1: our commitment

Our vision through Care Without Carbon is: together we lead the way in net zero carbon healthcare, protecting the environment on which our health depends.

As such, we are working towards three key aims:

1. Reducing environmental impact: delivering care that is Net Zero Carbon, minimising our impact on the environment and respecting natural resources.
2. Improving wellbeing: supporting the health and wellbeing of our patients, staff and communities.
3. Investing in the future: making best value of our financial and other resources through forward thinking and sustainable decision making.

Our key environmental targets are:

- Net Zero Carbon for our direct emissions (NHS Carbon Footprint) by 2040
- Net Zero Carbon for our indirect emissions (NHS Carbon Footprint Plus) by 2045

Our initial interim target is:

26% reduction in our NHS Carbon Footprint by 2025/26 against a 20/21 baseline.

# Chapter 1: why this is important

## The case for sustainable healthcare

The links between climate and health are clear. According to The Lancet, climate change is the biggest global health threat of the 21st Century<sup>1</sup> – but tackling it presents the greatest opportunity to improve health that we will see in our lifetimes.

## Climate change and health

Climate change and health are inextricably linked. The 2021 International Panel on Climate Change (IPCC) publication reported that human activity is changing the Earth's climate in unprecedented ways, with some of the changes now inevitable and irreversible. Limiting global warming requires reaching at least net zero CO<sub>2</sub> along with strong reductions in other greenhouse gas emissions.

In Surrey we are expected to see an increase in deaths and illness related to heat, air pollution and diet, damage to essential infrastructure and disruption to supply chains and services provision – all as a result of climate change.

At the same time, the way we are currently delivering healthcare is contributing to ill health. Within the public sector, the NHS is the largest emitter of CO<sub>2</sub>, making up over 5% of the UK's carbon footprint. And with 9.5 billion miles of all road travel in England associated with NHS business, plus huge amounts of waste produced, our environmental impacts go far and wide. As a community healthcare provider this is something we are keen to address, with travel being such an implicit part of our care process.

## Delivering better care

Health and sustainability go hand in hand. By delivering care in a more sustainable way and supporting our colleagues and communities to live more sustainable lifestyles, we are enabling better health outcomes in our community.

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<sup>1</sup> Managing the Health Effects of Climate Change The UCL Lancet Commission 2009

According to NHS England and NHS Improvement (NHSEI), limiting climate change in line with global goals could improve the health of our populations in a wide range of areas, for example:

- saving 5,700 lives per year from improved air quality;
- saving 38,000 lives per year from a more physically active population;
- saving over 100,000 lives per year from healthier diets; and
- avoiding 1/3 of new asthma cases.

## Meeting our resourcing challenges

Sustainability is shorthand for effective resource management. As a healthcare provider, we can identify three key resource challenges:

1. A social challenge – finding new ways of delivering care that reduces demand and empowers adults, children, young people and families as well as looking after the health and wellbeing of our health and social care staff;
2. An environmental challenge – the NHS is the largest public sector emitter of CO<sub>2</sub> in the UK; and
3. A financial challenge – with demand on our services and aging estate outpacing funding.

These challenges are reflected directly in our three key aims, with the link between these interrelated and complex challenges illustrated in the Care Without Carbon virtuous circle (see Figure 1).



Figure 1: Our three aims are reflected in the Care Without Carbon virtuous circle of sustainable healthcare.

## Delivering against our ambitions

At CSH Surrey, it is our ambition to fit seamlessly into the health and care system through collaboration. Our Green Plan provides further opportunity for collaborative working to best provide sustainable health services across the communities we serve.

This Green Plan also aligns with another of our strategic ambitions, transforming and improving community services through digital technology, innovation, collaboration and learning, in building the CSH Surrey of the future.

As an employee-owned organisation, leading the way for out-of-hospital care services, we place great emphasis on involving employees in decision-making. We will bring this core approach to our delivery of sustainable healthcare for the long-term benefit of the community we serve.



# Drivers for taking action on climate change

## Commissioning:

A Green Plan demonstrates our organisational commitment to outlining our strategy for carbon reduction and evidence to Commissioners of our approach to social value.

## Net Zero and Social Value:

There is a requirement for all NHS Trusts to include a 10% weighting dedicated to Net Zero and Social Value within all tenders from 2021, and similarly as a healthcare provider, CSH Surrey wish to aspire to the same goal.

## There is a strong financial business case for taking action to become more sustainable:

By reducing consumption of resources such as energy, water, fuel and other materials, reusing and recycling more, NHS organisations can realise significant savings. These can then be reinvested into the frontline care, redeveloping our estate, improving working conditions and further sustainability initiatives.

## The NHS must help to adapt to the negative impacts of climate change on health:

We have been feeling the effects of climate change in the South East for some time now, with increasing temperatures, an increase in the magnitude and frequency of extreme weather events (i.e. heatwaves and flooding), as well as a deterioration in air quality. These changes in the climate impact the way in which we deliver care – from reducing access to our premises for both service users and colleagues, to altering the health needs of our communities.

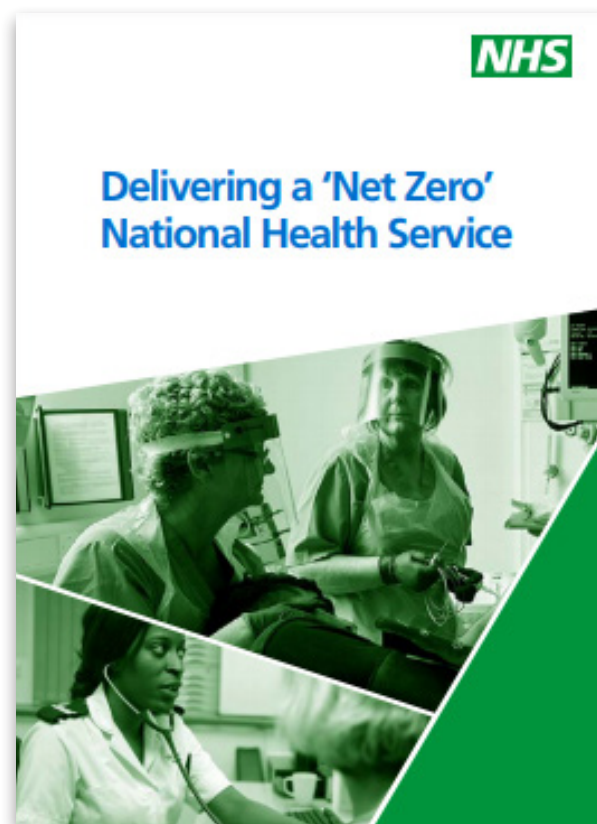
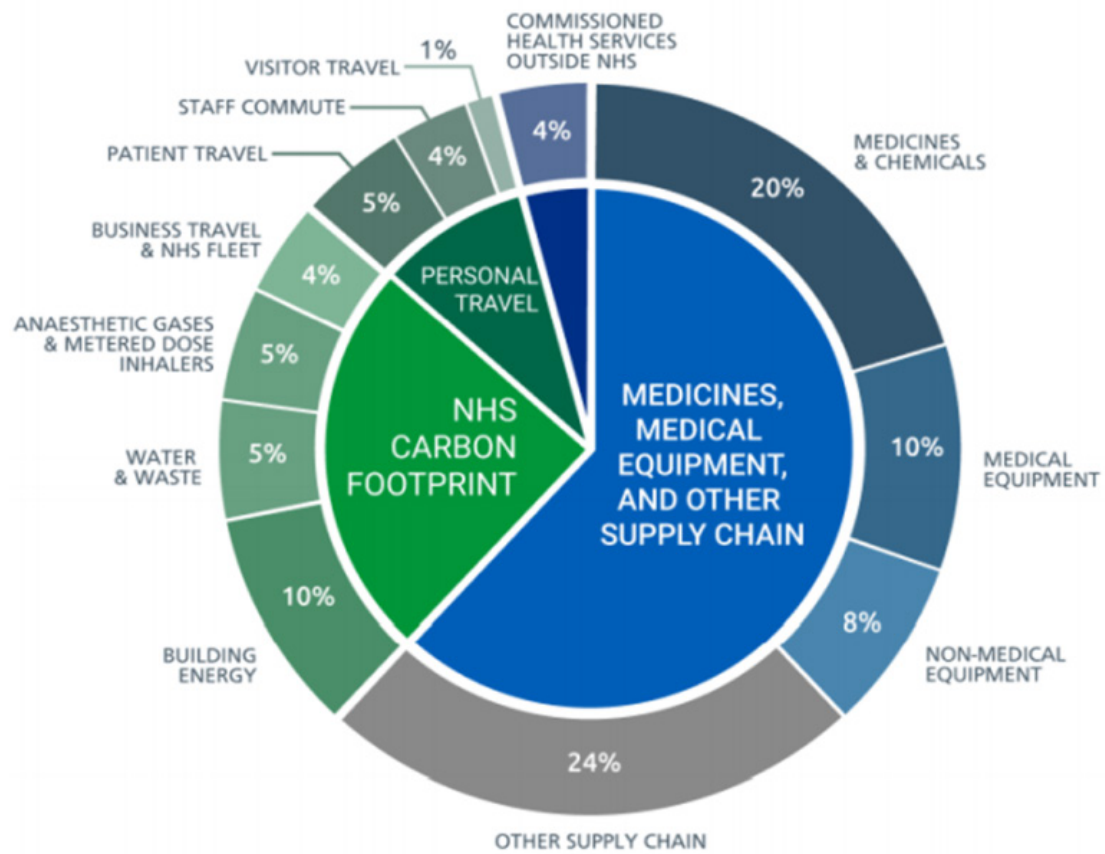


Figure 2: NHSEI climate change strategy - Delivering a 'Net Zero' National Health Service (2020); pie chart showing break down of NHS Carbon Footprint Plus.

# Chapter 2: The Story So Far

## Our environmental impact

CSH Surrey delivers front-line NHS services across the Surrey area contracted by our local Integrated Care Board (ICB). We provide community health services for adults and children.

We employ just over 1100 people and we have 35 sites across Surrey, all of which are leased.

## Our carbon footprint

In delivering our services we consume a significant amount of energy and water and produce a large volume of waste. We also require movement of adults, children, young people, families and colleagues across a substantial area of the South East and we purchase a wide range of equipment and services.

All of these activities generate CO<sub>2</sub> (carbon dioxide) emissions, and can be collectively summarised as CSH Surrey's carbon footprint. The NHS measures carbon footprint in CO<sub>2</sub>e<sup>2</sup>, in line with national and international conventions. This allows all six greenhouse gases to be measured on a like-for-like basis, which is important as some gases have a greater warming effect than CO<sub>2</sub>.

We have aligned our carbon footprint methodology with new NHSEI guidance. As such, in this section we provide information relating to our:

- NHS Carbon Footprint: this accounts for our direct emissions. This includes data for building energy, water, waste, anaesthetic gases and inhalers, and business travel and fleet.

- NHS Carbon Footprint Plus: this accounts for the much wider, indirect impact of our organisation, but which we have influence over. This includes the impact of medicines, medical equipment, supply chain and patient travel. We do not currently have CSH Surrey specific data covering these aspects of our impact, so have used NHSEI % to illustrate as a starting point.

We have taken a 2020/21 base year for emissions to align with the latest Greenest NHS guidance.

Our carbon footprint is primarily dictated by consumption linked to delivery of our services. There are, however, various external factors that can influence the emissions produced by our organisation. These factors include:

- National Emissions Factors issued by the government vary from year to year. This will result in a variance on our carbon footprint, even if there are no changes to our estate operation. It is estimated that the grid itself will reach net carbon by 2035 and so hence the focus on switching to technologies that use electricity, rather than fossil fuels, for heating.
- Weather changes influence the energy consumption profile of our organisation. For example, a very cold year may increase the need for heating on site, resulting in higher energy consumption (either natural gas or electricity)
- Changes to Our Estate. The measurement of carbon footprints is an absolute value, so any changes in resource demand will affect our footprint although the organisation is not looking to expand its estate significantly in the foreseeable future.

<sup>2</sup> CO<sub>2</sub>e refers to six greenhouse gases including carbon dioxide and methane. This is in line with national and international conventions and allows all six greenhouse gases to be measured on a like-for-like basis, which is important as some gases have a greater warming effect than CO<sub>2</sub>.

# Our NHS Carbon Footprint (direct emissions)

In 2020/21 the carbon footprint associated with our direct emissions (NHS Carbon Footprint) was 1400 tonnes CO<sub>2</sub>e. This is illustrated in Figures 3 - 5 below.

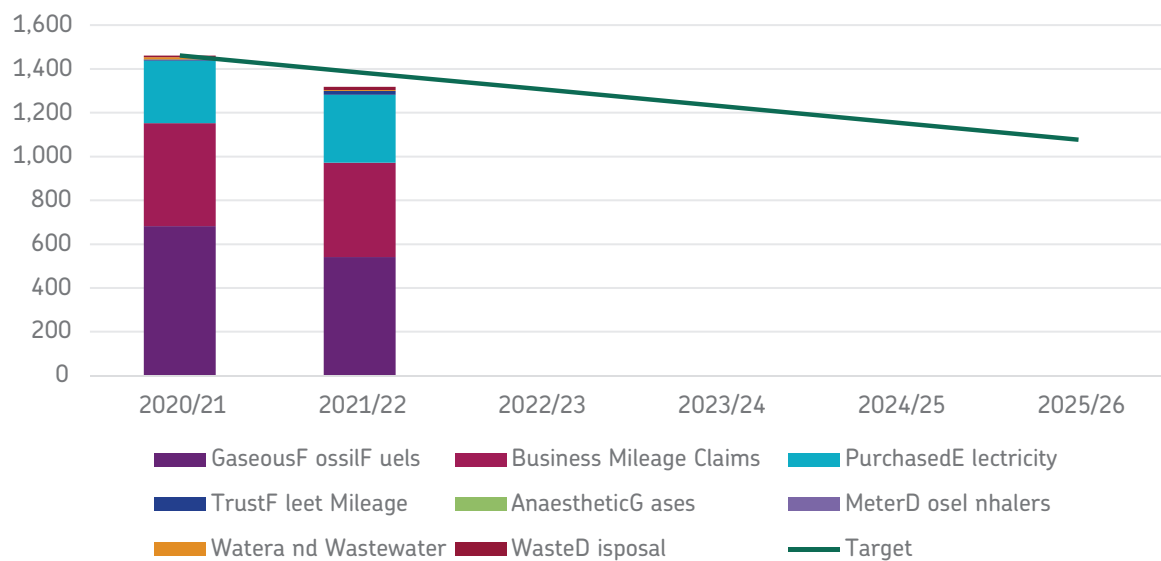


Figure 3 CSH Surrey's carbon emissions vs 2025/26 target

Carbon Emissions (tCO <sub>2</sub> e)	2020/21	2021/22
Purchased Electricity	279	309
Gaseous Fossil Fuels	683	541
Fleet Mileage	7	18
Business Mileage Claims	470	432
Water and Wastewater	9	3
Waste Disposal	9	15
TOTAL	1,457	1,319

Figure 4: Comparison of carbon emission sources between base year (2020/21) and 2021/22

## Gaseous Fossil Fuels

Gaseous fossil is primarily made up of natural gas used for heating and hot water. This is the largest single source of emissions that we currently measure. The transition from fossil fuels to low carbon heating solutions will be needed if we are to meet our net zero target.

## Business Mileage Claims

Business travel is the second largest source of our footprint. As a community healthcare provider covering a very wide area and our colleagues travel around 1,238,464 miles each year in delivering care to our patient community. In total, travel makes up 34% of our NHS Carbon Footprint.

As well as the carbon impact of travel, air pollution is a key issue for our communities with significant health impacts including links with dementia and child development and continues to be a key area of focus over the coming years.

## Purchased Electricity

The electricity used to power our buildings is the third largest contributor to our carbon footprint. We need to improve the efficiency of our electricity use across our estate. We will support the decarbonisation of the UK electricity generation through the purchase of renewable energy by working directly with our landlords.

\*Medical gases (including meter dose inhalers) are estimated to make up a very small proportion of our carbon footprint (less than 1%). We plan to measure consumption going forwards.

## Our NHS Carbon Footprint Plus (including emissions we can influence)

In line with NHSEI methodology, we also illustrate here our NHS Carbon Footprint Plus (see Figure 6 below). This includes more indirect areas of impact, but which we have influence over as an organisation.

For the purposes of illustration, we have included here estimated figures based on NHSEI information for an average NHS trust.

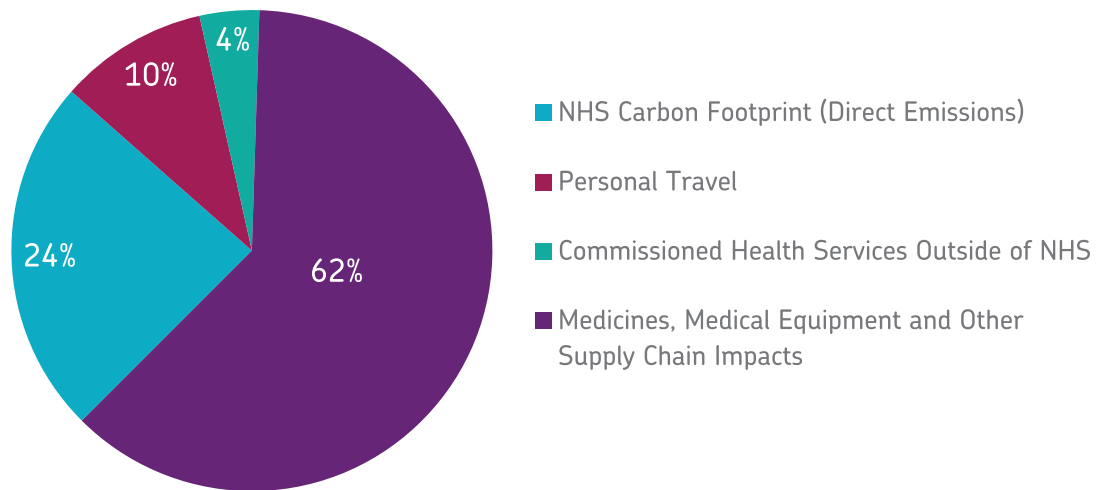


Figure 5: CSH Surrey NHS Carbon Footprint Plus 2021/22 (emissions we can influence)

## Supply Chain (including medicines, medical equipment and other supply chain impacts)

The largest portion of our carbon footprint, 62%, is associated with the carbon footprint of our supply chain – the goods and services we purchase, use and dispose of. This includes medicines, medical equipment, non-medical equipment, commissioned health services outside of the NHS and other supply chains.

## Personal Travel Impacts

Personal travel is made up of commuting to work, patient and visitor travel. According to NHSEI, this makes up approximately 10% of an average NHS trust carbon footprint. The reason these emissions are classified as indirect is that CSH Surrey has no control over how colleagues, adults, young people and families travel to and from our sites and which modes of travel they use.

# Highlights of our progress to date

## CASE STUDY 1: Virtual Consultations

Many face-to-face appointments with children and young people were cancelled at the beginning of the Covid-19 pandemic. In order to continue supporting families, our children's services teams introduced a virtual consultation platform (Attend Anywhere) in April 2020. More than 3,000 consultation sessions took place with families in the 3-month period from April to June 2020.

The move to virtual appointments during this time not only ensured our services could continue supporting children and young people through the pandemic, but also saw a huge reduction in travel for families and clinicians, reducing CO2 emissions. Working parents/carers and those with school-age children told us they liked the flexibility of being able to attend virtual appointments and not having to physically go to a clinic, as well as not having to pay for travel or parking.

We have now permanently adopted virtual consultations into our services, offering families a hybrid approach with face-to-face and/or virtual appointments.

During the 3-month period from April to June 2022, more than 600 virtual consultations were undertaken.



## CASE STUDY 2: Reducing the environmental impact of printing

Between January 2021 and June 2021, we reduced the number of printers across CSH Surrey from more than 250 to 130, and moved to a single supplier and make of printer.

This enabled us to decrease the number of pages printed from over 4,000,000 in 2020/2021 to 2,500,000 in 2021/2022, and also lessened the number of print cartridges and other materials we use, in addition to the volume of paper.

As a result, we reduced our carbon emissions and gained a much greater level of information on printer usage. By analysing this data, the Digital team was able to identify that colour printing remained high, at almost 60% of all printing.

The team introduced a new default setting on staff computers for black and white, double-sided printing, with colour or single-sided printing requiring a manual override. This meant that colour printing moved from 58% in January 2022 to 37% in March 2022, and now (in October 2022) averages around 38% per month. These improvements have further reduced our carbon emissions and also saved money.

We are looking at how we can continue to reduce our printing carbon footprint including working closely with clinical teams to increase the use of SMS text messaging and moving from a paper-based to a digital approach for patient communications.





## CASE STUDY 3: A sustainable community equipment service

The community equipment service provides items such as wheelchairs, mobility aids and mattresses for people to use in their own homes. Before the COVID-19 pandemic, the equipment was being re-used where possible, but this was not always financially viable for smaller items such as mobility aids.

As a result, equipment was not collected by contractors and was disposed of by patients, frequently ending up in landfill. Not only was this unnecessary and wasteful, but it was also costly and created a big carbon footprint.

At the start of the pandemic, it became increasingly difficult to source equipment and there was a worldwide shortage of the metal used in producing mobility aids. CSH Surrey, Surrey County Council and our commercial contractor, Millbrook Healthcare, decided to work together to be more sustainable and try to increase return, reuse and recycling rates.

The council's waste and recycling service was briefed on what could be removed from waste and recycling collections and equipment collection sites were identified across Surrey. Patients and families were encouraged to return items when they had finished using them for reuse or recycling. All equipment was then returned to Millbrook Healthcare's depot for cleaning and checking, and either reused or recycled. This approach shows the benefits of working with patients, carers and partner organisations to become more sustainable.

In Surrey, about 80%\* of all community equipment returned is now reused. Anything that cannot be reused is broken down and separated to be collected and recycled. Over the past three years, the carbon footprint of the equipment provided by Millbrook Healthcare nationally has been reduced by 23%\*.

\*Statistics provided by Millbrook Healthcare Group.



## CASE STUDY 4: E-consent for school-based vaccinations

Prior to May 2019, each academic year our Immunisation team printed, delivered and collected more than 80,000 vaccination packs with a letter, consent form and leaflet in an envelope to more than 400 schools in Surrey. Children were also given a vaccination slip with details of their vaccine and a certificate to take home.

Not only was this expensive, but it also generated around 1525kgCO<sub>2</sub>e in the printing of the packs and around 2800kgCO<sub>2</sub> in driving around Surrey each year.

Since moving to e-consent in May 2019, we estimated we have saved around 13 tonnesCO<sub>2</sub>e over the past three years by going digital and paperless and reducing the mileage our teams drive each year.

Not only is e-consent safer, quicker and more efficient as well as being more sustainable and reducing our carbon emissions, we have also received really positive feedback from schools and families.

Our teams have had the capacity to increase the number of vaccines given to children in Surrey with around 153,000 immunisations given during the 21/22 academic year at 430 schools.

Since successfully introducing e-consent for immunisations, we are now rolling out this approach for other services, including the National Childhood Measurement Programme.



## CASE STUDY 5: Gardening for women's wellbeing

A monthly coffee morning is held at the Parkview Community Centre in Woking, organised by a CSH Surrey Health Link Worker and Shifa, an Asian women's wellbeing organisation.

The wellbeing group expressed an interest in learning more about gardening, and the community team from the Royal Horticultural Society's (RHS) Wisley Gardens kindly offered to run monthly sessions for the women over six months.

The women learnt new gardening skills and produced an impressive selection of fruit, vegetables and flowers over the summer. This included a bitter melon, a popular vegetable grown in Pakistan and Bangladesh, that the RHS team was very impressed to see grown in the UK.

The whole group was passionate, enthusiastic and inspired by how gardening had benefitted not only their mental health and wellbeing but also the wellbeing of the people around them including their children, husbands and grandchildren. Many thanks to the RHS for running these sessions.



# Chapter 3: tackling the next phase of carbon reduction

## Our Green Plan: structured for success

At CSH Surrey we are committed to finding more sustainable ways of delivering healthcare to our communities.

We're demonstrating our commitment to sustainability, supporting the health of our communities and our colleagues, reducing our impact on the environment and meeting Net Zero Carbon targets in line with other NHS providers.

This Green Plan aims to build on the achievements we have made to date and maximise the impact of our efforts through this comprehensive, integrated plan. To achieve this, our Green Plan includes two distinct phases:

### Part 1: our commitment

Here we set out clear commitments to deliver against our vision and Net Zero target through the Care Without Carbon framework. Specifically we set out:

- the context in which we are working – climate change as a health emergency;
- our environmental impact as an organisation (including our current carbon footprint) and our progress so far in reducing this;
- the commitment we are making to reach Net Zero by 2040 with an interim target of 26% by 2025, and our high-level strategy to achieve this;
- the eight key areas of work we need to focus on to reach our targets using the Care Without Carbon framework; and
- an overview of our intended approach in delivering this work towards Net Zero Carbon.

## Part 2: Delivery in detail:

Here we set out clear commitments to deliver against our vision and Net Zero target through the Care Without Carbon framework. Specifically we set out:

- detailed action plans for each area of focus using the Care Without Carbon framework;
- a key success measure for each area of work; and
- our delivery plan and governance to ensure we hold ourselves accountable.

### Engaging with our colleagues on sustainability

From initial engagement so far, it is clear that our colleagues at CSH Surrey see sustainability as a priority area for action. As an employee-owned healthcare provider, our colleagues also play a key role in developing any strategic transitions such as those we are setting out in this Green Plan.

As such, we want to bring our colleagues with us on this journey; to ensure lasting change, we need people who are committed to delivering and sustaining it.

To this end we have conducted a phase of research with our colleagues to:

- a) Inform the creation of the action plans in this Green Plan through detailed one-to-ones with key stakeholders and a workshop session.
- b) Guide our ongoing engagement approach through exploring findings from an organisation-wide sustainability questionnaire, one-to-one interviews and focus groups that explored staff views on sustainability.

Finally, our Green Plan has also been impacted by learning from staff at a national level. We are aligning our approach with NHS England's Greener NHS programme. Their research with staff found that while many are keen to see the NHS become greener, they weren't aware of the overarching target to reach Net Zero Carbon by 2040; as such, this is a key message to embed.

## Looking ahead: working with our people to create the change we need

Going forward with Care Without Carbon, we will enable our colleagues to be part of the change created in the delivery of the actions set out in the Green Plan through a range of mechanisms. This will include:

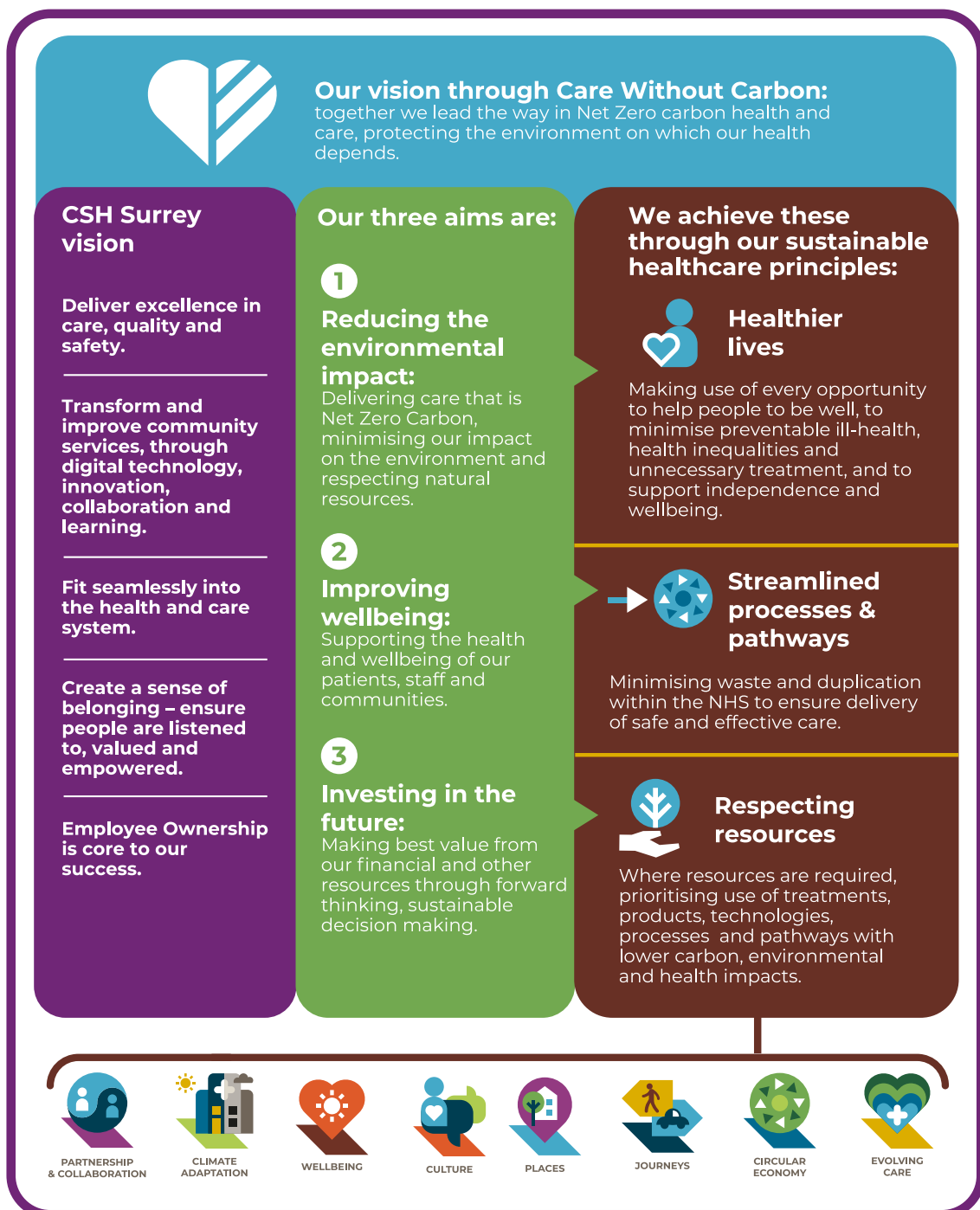
- Development of a communications roadmap to cover the next 12 months and then beyond.
- Patient and carer engagement through development of on-site collateral in patient spaces.
- Potential development of a champion-style programme to empower and enable staff to act on sustainability.



# How we will deliver: our Care Without Carbon framework

Through this Green Plan we aim to maximise the impact of our efforts through our Care Without Carbon framework.

This provides a comprehensive, integrated plan to demonstrate commitment to sustainability, meet our Net Zero Carbon targets and reduce our wider impact on the environment to 2025 and beyond.



# Where to Next: achieving Net Zero Carbon

At CSH Surrey we are committed to meeting the ambitious NHSEI targets for all NHS Trusts to:

- achieve Net Zero Carbon for our direct emissions by 2040; and
- achieve Net Zero Carbon for our indirect emissions (NHS Carbon Footprint Plus) by 2045.

Net Zero Carbon means reducing our carbon emissions as much as possible and then (in due course and in line with any NHSEI guidance) offsetting the small amount of residual emissions which remain, either through centralised Government schemes or, local projects which would also benefit our communities.

Our 2025 target is a 26% reduction in direct carbon emissions from our 2020/21 baseline. This interim target keeps us on track for Net Zero Carbon by 2040 but emphasises the need to take early action. Our carbon footprint is an absolute value, so any changes in resource demand will affect our footprint, although CSH Surrey is not looking to expand its estate significantly in the foreseeable future.

## Projections to 2040

The graph in Figure 8 shows CSH Surrey's emissions target against projected emissions under two scenarios.

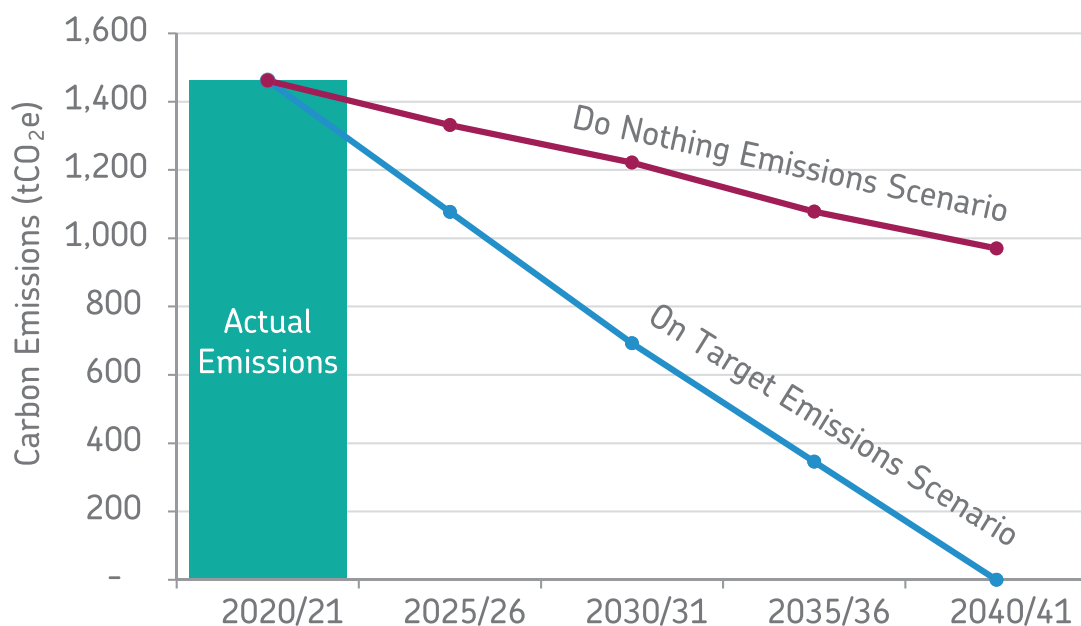


Figure 6: Carbon emissions scenario comparison to 2040/41



The 'Do Nothing' scenario shows how our carbon footprint would change over time if we made no sustainability interventions i.e. maintaining existing levels of energy consumption, and assuming an increase in business and fleet mileage post-pandemic as people begin returning to office and site-based working. In this case, a small carbon reduction would still be expected, primarily due to the anticipated decarbonisation of the electricity grid.

The 'On Target' Scenario, shows the carbon reduction required to meet the NZC target between now and 2040, with interim targets set based on NHSEI guidelines.

## Our approach to delivering Net Zero Carbon

Overall to meet our targets we need to look at four specific areas:

1. Minimising resource use: ensure that we use only what we need, this applies to all areas of our organisation, from clinical supplies through to paper and water use.
2. Reusing wherever possible: moving away from single use items to choose items which can be sterilised, laundered or reprocessed, reusing heat to pre heat hot water and reusing and redistributing furniture and other items instead of purchasing new.
3. Switching to greener alternatives: if we do need to purchase a new item, looking at lower carbon options wherever feasible, this would include lower carbon pharmaceuticals or moving to electric vehicles.
4. Offsetting: this is our last resort and should only be used for emissions which cannot be reduced using strategies 1-3. We will only offset our emissions through a national scheme or, local schemes which benefit our communities.

Over the course of the next 12 months, we will work with relevant stakeholders to develop our Net Zero Carbon targets and programme.

# PART 2: delivery in detail

# Chapter 4: How we will deliver: our action plans

Here we set out our approach and key commitments within each of our eight elements.

In the next section of this document, we set out our eight areas of work (or 'elements') within our Care Without Carbon programme, and through which we will deliver against our vision, key aims – and our Net Zero Carbon targets. These eight elements (see Figure 9) form our work streams. In Part One of our Green Plan we focussed on setting out the following within each area of work: our approach, our key commitments and any relevant national targets in that area.

In this expanded version of the Green Plan (Part Two) we have set out the detailed action plans against these eight areas, with key success measures, commitments and specific actions which we will monitor progress against. The Care Without Carbon elements ensure we continue to have an integrated and holistic approach to our sustainable healthcare programme.

They are:



**Evolving care:** developing and enabling lower carbon, more sustainable models of care



**Journeys:** ensuring the transport and travel needed between our care and our communities is low cost, low carbon and conducive to good health and wellbeing.



**Places:** ensuring our workplaces are low carbon and protect local biodiversity whilst supporting wellbeing for staff, patients and visitors.



**Wellbeing:** supporting people to make sustainable choices that enhance their wellbeing.



**Culture:** empowering and engaging people to create change towards our path to net zero.



**Climate Adaptation:** building resilience to our changing climate in Surrey.



**Circular Economy:** respecting our health and natural resources by creating an ethical and circular supply chain.



**Partnership & Collaboration:** enhancing our impact by working with others.



Figure 9: the eight elements of Care Without Carbon



# Taking Action: Evolving Care

Developing and enabling lower carbon and sustainable models of care





# Taking Action: Evolving Care

## Our approach

Eighty percent of our carbon footprint is driven by clinical decisions. Reaching Net Zero Carbon by 2040 will require a big shift in how we deliver care which cannot be achieved without input from clinicians. Enabling clinical teams to develop and enable lower carbon, more sustainable models of care is therefore essential.

We will focus our work around our three principles of sustainable healthcare:

- **Healthier lives:** Making use of every opportunity to help people to be well, to minimise preventable ill-health, health inequalities and unnecessary treatment, and to support independence and wellbeing.
- **Streamlined processes and pathways:** Minimising waste and duplication within the organisation and wider health system to ensure delivery of safe and effective care.
- **Respecting resources:** Where resources are required, prioritising use of treatments, products, technologies, processes and pathways with lower carbon, environmental and health impacts.





## Taking Action: Evolving Care

### Our commitments

- We will integrate our sustainable healthcare principles at a strategic level across the organisation.
- We will support our clinicians to deliver against these principles by making lower carbon, more sustainable choices when delivering care day-to-day.
- We will advocate across our ICS and beyond for decision making in support of our sustainable healthcare principles.

### Key success measure to 2025

Clinical projects delivering positive, measurable sustainability benefits within our three highest impact services.

## ACTIONS

### CSH Surrey

Carbon Hotspots: Undertake a carbon footprint analysis of the clinical services we provide and identify priority areas for action based on highest impact.

Medicines and medical consumables: Undertake a review of our medicines and medical consumables across the organisation to fully understand carbon impact and develop a programme to tackle this. This should include:

- Top 10 medicines analysis to understand carbon impact based on cost, and identify priority medications for targeted carbon reduction programme.
- Developing a carbon reduction plan tackle these high impact medicines and consumables in line with our Net Zero targets. This should include interventions to including reducing wastage, managing stock replenishment and associated travel. To include partnership working and opportunities for improvement.
- Build on existing medicines reporting (and electronic prescribing) to monitor and embed this programme of work, and improve sustainability impacts.

Digital Care: Work with clinical and digital teams to integrate sustainability considerations and sustainability metrics into all digital care projects, recognising the considerable opportunity to support the organisations Net Zero Carbon ambitions.

This is to include building on existing progress around:

- Offering the option of virtual consultations and associated strategy
- Supporting colleagues to use digital devices to enable virtual care
- Remote monitoring (with consideration of health inequalities)
- Further developments of electronic patient record systems

Utilise the green plan as a mechanism for supporting digital transformation, & consideration of integration with NHS app/other cross organisation communication to improve patient experience.

PPE: Work with clinical and non-clinical colleagues to reduce single use PPE following the significant increase during and following the pandemic. Complete a pilot project to deliver a glove use reduction project through responsible glove use messaging where appropriate (e.g central location rather than home visits).

Quality improvement: Integrate sustainable healthcare principles into the organisation's quality improvement (QI) programme, including any QI tools and existing framework.

Build on our learning from the pandemic around joined up working between different services to identify opportunities maximising colleagues time, reducing duplication and ensuring coordinated care.

Reporting: Embed sustainability metrics into existing clinical reporting routes.

Clinical pathway projects: Identify 3 clinical processes or pathways within our services, review their effectiveness under a sustainable quality improvement framework and where appropriate implement process changes to deliver a measurable sustainability benefit (e.g. reducing number of miles travelled). Of particular interest may be the highest risk clinical areas (e.g. diabetes and wound care) and a focus on proactive management.

Route optimisation: Working closely with clinical leads produce a report on the potential savings in mileage, spend and carbon from the introduction of an organisation wide route optimisation tool for community nursing travel. This will also improve financial wellbeing and time (shared action with Journeys)



## ICS & SE region

Sharing community interventions: Work with our Children and Family Health Surrey partners, North West Surrey alliance, our ICS partners and our wider partners to share learning on clinical interventions in the community setting and develop joint working projects as appropriate.

Meter Dose Inhalers: Work with GP practices, pharmacies and other partners within Surrey ICS to understand and reduce the carbon impact of the inhalers we dispense.

## Patients and wider community

Supporting existing community work: Undertake an analysis of where our sustainability programme can most effectively support our work around health inequality, with a particular focus on the areas set out by NHSEI: fuel poverty, air quality and access to green spaces.

Patient empowerment and prevention: Consider engagement opportunities for sustainable choices people can make to improve health and wellbeing and encourage self-care and prevention.

Inhalers: Work with patients when within our care to educate users on the correct use of inhalers and more sustainable alternatives where clinically appropriate.



## Taking Action: Places

Ensuring our places are low carbon and protect local biodiversity whilst supporting wellbeing for our colleagues, visitors and local community.





# Taking Action: Places

## Our approach

Our healthcare buildings are the largest contributor to our direct carbon emissions as an organisation. Through this work stream, we aim to minimise our impact on the environment and ensure our places support the wellbeing of our communities as well as increasing local biodiversity.

The challenge is to drastically reduce the carbon impact of our estate and reach Net Zero Carbon by 2040.

To achieve this we will follow the well-established hierarchy of lean-clean-green:

- **Lean:** using the estate we occupy well and prioritising the reduction in energy and water consumption of our buildings.
- **Clean:** installing low-carbon heating technologies to reduce reliance on fossil-fuels.
- **Green:** installing renewable energy generation on site to reduce our carbon footprint and health impacts.

[If necessary and appropriate following national guidelines we will offset any residual emissions through accredited schemes and with projects bringing benefit directly to our the people we serve.]

Within this work stream, we will also consider the ‘indirect’ emissions associated with our estate, in particular the embodied carbon in new builds.





## Taking Action: Places

### Our commitments

- By working closely with our landlords, we will decarbonise our estate in line with our Net Zero Carbon targets and wider sustainability goals, and develop robust data management and reporting systems to monitor and report on our progress.
- We will ensure our places provide comfortable and sustainable environments that promote excellent patient care, are good places to work and support community wellbeing.

### Key success measure to 2025

26% reduction in CO<sub>2</sub>e against our 2020/21 baseline.

### ACTIONS

#### CSH Surrey

##### Efficiencies and performance

**New Leases:** When taking on new leases we will consider the environmental impact and energy performance of the building as part of our review process. As such, we will avoid buildings which have an Energy Performance Certificate (EPC) rating lower than a 'D' and set targets to increase this rating over time.

**Energy efficiency:** Undertake an audit of our key sites to identify ways of reducing the energy we use within our buildings. This might include ensuring equipment and lighting is only used when necessary, or supporting behavioural changes to engage colleagues to use heating and air conditioning efficiently.

**Estates rationalisation:** Review the organisation's current estate usage and capacity to identify opportunities for rationalisation and/or relocating services to buildings with better energy performance.

This should take into consideration any additional opportunities for agile working/virtual work as well as improving availability of room bookings at different times of day, working with clinical leads to address requirement.



## Taking Action: Places

### CSH Surrey in partnership with its Landlords

#### Energy Management

Utility reporting and monitoring: Work with NHSPS and landlords to ensure a consistent, reliable and more frequent utilities reporting process is established. This will allow us to measure and monitor our energy and water consumption more accurately.

Service Level Agreements: We will review the Service Level Agreements (SLA's) we have in place with our current landlords with a view to including commitments around energy performance and carbon reduction.

Renewable Energy: Encourage our landlords to purchase 100% renewable (Renewable Energy Guarantees of Origin backed) electricity and budget for the associated uplift in cost within our revenue budget. Explore the opportunity for procuring Renewable Gas Guarantees of Origin (RGGO) gas.

Biodiversity improvements: Work with landlords to review opportunities across our estate for improving biodiversity.

#### ICS and SE region

ICS Estates Integration: Work with the Surrey ICS and to help integrate sustainable healthcare principles into the estates programme.

Estates Strategy: Working with partner organisations, ensure NZC places are a fundamental component of any new ICS and/or Place based level Estates Strategy.

#### Patients and wider community

Green Spaces: Improve signage across our estate to encourage use of outdoor and green spaces. (shared action with Wellbeing)



# Taking Action: Culture

Empowering and engaging people to create change  
towards our path towards net zero





# Taking Action: Culture

## Our approach

As an employee-owned social enterprise, our colleagues are at the heart of everything we do. At the same time, across the NHS and particularly since the beginning of the pandemic, our colleagues are under intense pressure; this can make it hard to engage beyond what is necessary day-to-day.

Through this work stream, we need to work with our colleagues to develop and deliver against this Green Plan over time. Critically we need to make taking action on sustainability integral to how we as an organisation, how our teams and how our individual colleagues deliver care. If we wish to maintain interest and momentum, sustainability cannot be an add-on.

To achieve this, we will focus initially on demonstrating to our colleagues the links between health and climate, as well as celebrating our successes so far and as they develop through our sustainability programme Care Without Carbon.

In tandem with this, we will encourage colleagues to participate through an engagement programme focused on sustainable healthcare.

Through the launch of our Green Plan we will affirm our commitment to sustainability and Net Zero, and work to encourage active contributions from colleagues.

Once we have established a good baseline of awareness with colleagues we will actively promote our work to be more sustainable so our patients, families and wider community can see what we are doing and why it matters.





## Taking Action: Culture

### Our commitments

- We will establish a clear narrative that runs across the organisation to ensure sustainable behaviours and actions both in work and in personal lives.
- We will partner with others to seek opportunities to develop the messaging on sustainable healthcare, enhance our own impact and create opportunities for people to share ideas.

### Key success measure to 2025

Ensure 100% of our colleagues are made aware of our Net Zero ambitions and know the ways they can support the organisation in achieving that.

### ACTIONS

#### CSH Surrey

##### Communications strategy and planning

Blink internal communications app: Create a section on the Blink app to act as a hub for all sustainability information about CSH Surrey and healthcare, including a link to the Green Plan.

Green Plan launch: Develop a suite of engagement materials to support the launch of this Green Plan internally through our existing engagement channels such as the staff app, as well as externally as appropriate.

Communication plan: Develop a 12 month comms plan to regularly engage colleagues on sustainability on an ongoing basis using our internal comms channels. This could include a different focus each month in line with relevant national and local events/campaigns, highlight good news stories/case studies from within the organisation and share ideas from elsewhere.

##### Engagement programme

Colleague engagement: Use learning from our Engagement Roadmap to develop and implement a high profile, targeted colleague engagement campaign around sustainability, showing visible leadership from the top and empowering colleagues to take action. As part of this engagement campaign, consider the implementation of a champions/ ambassador programme/Green Network to empower colleagues across our organisation to take action on sustainability, celebrate success and motivate others.





## Taking Action: Culture

### CSH Surrey

#### People processes

Annual Colleagues Awards: Introduce an award for Sustainability into our Annual Colleagues Awards.

Events specification: Develop a Sustainable Events Specification to support colleagues organising events to plan and conduct these events in a low carbon manner. This should include guidance on using virtual events where possible, sustainable food and drinks, minimising printed materials (e.g. e-business cards), minimising waste (e.g. single use plastic) etc.

PDR and 1-1 meetings: Embed sustainability objectives into all PDRs. This will ensure we are able to engage with all colleagues on our sustainability ambitions, allow colleagues creativity in identifying how they can support these, and provide a means of measuring progress through a bi-annual review. Understand how best to reflect this in our 1-1 conversations.

Job Descriptions: Embed sustainability as an element into all job descriptions

Recruitment processes and materials: Undertake a review of our recruitment processes and advertisement materials ensuring we are integrating with the ambitions of this Green Plan and highlighting the benefits with dual sustainability /wellbeing impact.

Behaviours Framework: Embed sustainability across the framework

#### Integrating into core business

Learning and development: Integrate sustainability into induction and all training for all colleagues.

Volunteers: Proactively identify opportunities to work with volunteers in support of the delivery of this Green Plan, and integrate with the upcoming volunteers programme.



## Taking Action: Culture

### CSH Surrey

#### Integrating into core business

The Voice: Ensure The Voice representatives are kept up to date with the latest developments in the Green Plan so they can support and advocate for the programme.

Integrate sustainability into all committees/groups: Chairs of all CSH committees/groups to ensure sustainability considerations are integrated into core business for the committee/group as appropriate.

#### ICS and SE region

Behaviour change: Work with ICS and wider SE regional partners to identify and develop opportunities to coordinate colleague engagement and behaviour change activity.

Greener NHS: Support regional activity under the Greener NHS programme through NHSEI.

#### Patients and wider community

External website: Clearly signpost links to our Green Plan on the CSH Surrey website.

Patient Engagement Strategy: Develop a Patient Engagement Strategy for this Green Plan, setting out a phased approach to engaging with patients and families on sustainability between now and 2025.

Visible promotion: Visibly promote our sustainability programme within our healthcare sites to raise awareness among our community of our commitment to sustainability and Net Zero.

Children and Young People: Explore opportunities to engage with children and young people on sustainability, particularly through our work within schools.

Patient and family Communications: Integrate sustainability into current communications channels such as patient leaflets, in a user friendly and digestible format.



# Taking Action: Circular Economy

Respecting our health and natural resources by creating an ethical and circular supply chain





# Taking Action: Circular Economy

## Our approach

Seventy percent of all our emissions are associated with the goods and services we use to provide healthcare. So it is critically important that we change how we treat our resources and the people that produce and distribute our products. Adopting a circular economy approach is the best way to make this happen.

At a social enterprise level this means we need to:

- Enable our procurement, clinical and waste services to work together and consider whole the lifecycle of a product when choosing the most sustainable options.
- Integrate sustainability criteria into our procurement decisions.
- Redistribute products and materials at their end of use.





## Taking Action: Circular Economy

### Our commitments

- We will continuously reduce our total waste production, optimise the segregation of materials for recycling and increase the reuse of products.
- We will measurably reduce the carbon footprint and environmental impact of our supply chain.
- We will work with our suppliers to measure improvements to the health and wellbeing of the people and communities supporting our supply chains using specific indicators.

### Key success measure to 2025

- Introduce Net Zero and Social Value evaluation criteria; as a minimum of 10% of the total evaluation score; into all procurements.
- Deliver a measurable carbon footprint reduction of 3 key products within our supply chain.
- Achieve a 5% reduction in total annual waste production by weight from 2019-20 levels.
- Avoid the disposal of 5,000 items per year by promoting the appropriate and safe use of PPE and by reducing our use of single use medical instruments where appropriate.
- Achieve and maintain a 65% recycling rate of our non-healthcare waste by weight
- Achieve and maintain the proportions of our healthcare waste streams to 60% offensive, 20% high temperature incineration and 20% infectious waste in line with NHSEI guidance.

## ACTIONS

### CSH Surrey

#### Sustainable procurement processes

Minimum criteria: Develop a set of standard environmental criteria to include in all tenders. In line with national requirements, include these as part of the minimum 10% social value criteria for all tenders (excluding SMEs) by 1st April 2023. Track performance against this.

Targeted criteria: Agree a process for implementing higher Net Zero and Social Value scoring criteria weightings (above the standard 10%) for new tenders that fall within high environmental impact categories and/or exceed an agreed financial value that represents a significant investment.



## Taking Action: Circular Economy

### CSH Surrey

#### Sustainable procurement processes

Procurement training: Provide sustainability training to our procurement team before 1st April 2023. Covering areas such as carbon literacy, green washing, sustainable procurement and circular economy.

Digital procurement: work with procurement on integrating sustainability into digital procurements.

#### Product level projects

Tackling high impact products: Identify 3 key products; either by high volume or spend; used by the organisation and deliver a measurable reduction in carbon emissions by working with the supplier or by selecting an alternative product of comparable clinical quality. Collaborate with the ICS, Greener NHS team and/or other Community healthcare organisations where appropriate to achieve this.

IT Hardware: In our position as a social enterprise, expand on opportunities for redistributing old IT equipment so that the product or its materials can be reused.

Total waste reduction: Measure our total waste production by weight. Develop a programme of work to reduce this year on year in support of the related key success measure.

Mobility aids: Utilising guidance from the national greener NHS team we will review the use of mobility aids across the organisation and implement a programme; with the help of suppliers; to reuse and refurbish the majority of mobility equipment used by our patients in the most environmentally sustainable way.

Recycled Paper: We will switch to using unbleached recycled paper aiming to achieve 95% by April 2024.

Paper reduction: Develop a programme to reduce the quantity of office paper used, building on CSH Surrey's existing digital transformation projects and IT developments.



## Taking Action: Circular Economy

### CSH Surrey

#### Product level projects

Plastic cups: Building in the work of the NHS plastics pledge, measure and reduce the number of single use food containers and cups purchased by the organisation.

Dressing packs: Develop a programme to promote the use of alternatives to dressing packs that make more efficient use of resources

#### Sustainable food

Catering emissions: Measure the carbon footprint of our food and catering services and report on this annually.

Catering review: Work with nutritionists to set targets and develop a programme to deliver against our Net Zero targets in relation to food. This should increase access to plant based meals and reduce reliance on high carbon foods such as beef and lamb.

#### Waste management processes

Infectious waste: Our waste team; with the support of infection control; will conduct a quarterly review of the volumes of infectious waste produced at CSH Surrey sites and where required support staff to segregate waste appropriately or adjust the 'binrastructure' to achieve and then maintain our associated targets.

Waste training: By 1st April 2024 deliver a mandatory waste training module for colleagues, with the aim to improve waste segregation, recycling levels and legislative compliance.

#### Strategy mapping

Reporting: Develop and produce a set of monthly KPIs to track progress against the key success measure and other actions within the Green Plan as appropriate.



## Taking Action: Circular Economy

### CSH Surrey

#### Strategy mapping

Hotspots analysis: Complete a top-down carbon hotspots analysis from procurement spend information to identify the highest impact areas of our supply chain. Use the results to assist with focus points of other actions.

Textile recycling: Review the options available for introducing a new textile recycling stream (e.g. for uniforms) to support in achieving our recycling target.

Medical Equipment procurement: Develop a programme to ensure appropriate prescribing and reuse of medical equipment and medical instruments. Integrate sustainability criteria into medical equipment/ instrument procurements.

Medical Equipment reuse systems: Build on existing processes with our equipment suppliers to encourage increased medical equipment reuse.

#### ICS and SE region

Collaboration: Work with NHS partners to identify opportunities for joined up projects, including through the Sussex and Surrey NHS waste group, and collective procurement practices.

Regional reuse: Explore the opportunity for an ICS-wide project to share facilities for reprocessing/reuse of medical devices and metal instruments.

#### Patients and wider community

Low carbon food: Build on the promotion of healthy plant-based meals to patients and families whilst communicating environmental benefits.





## Taking Action: Journeys

Ensuring the transport and travel that links our care and our communities is low cost, low carbon and conducive to good health and wellbeing





# Taking Action: Journeys

## Our approach

Travel is a significant part of the environmental impact of the NHS, with around 3.5% (9.5 billion miles) of all road travel in England related to patients, visitors, colleagues and suppliers to the NHS. This contributes to the organisation's carbon footprint, creates air pollution locally and contributes to traffic congestion – all of which in turn impact directly on the wellbeing of our colleagues and our patient community.

Through our Journeys work stream we aim to:

- Eliminate non-essential travel
- Increase the uptake of healthier active travel choices
- Ensure that all remaining travel uses the most resource-effective methods and follows the travel mode hierarchy.

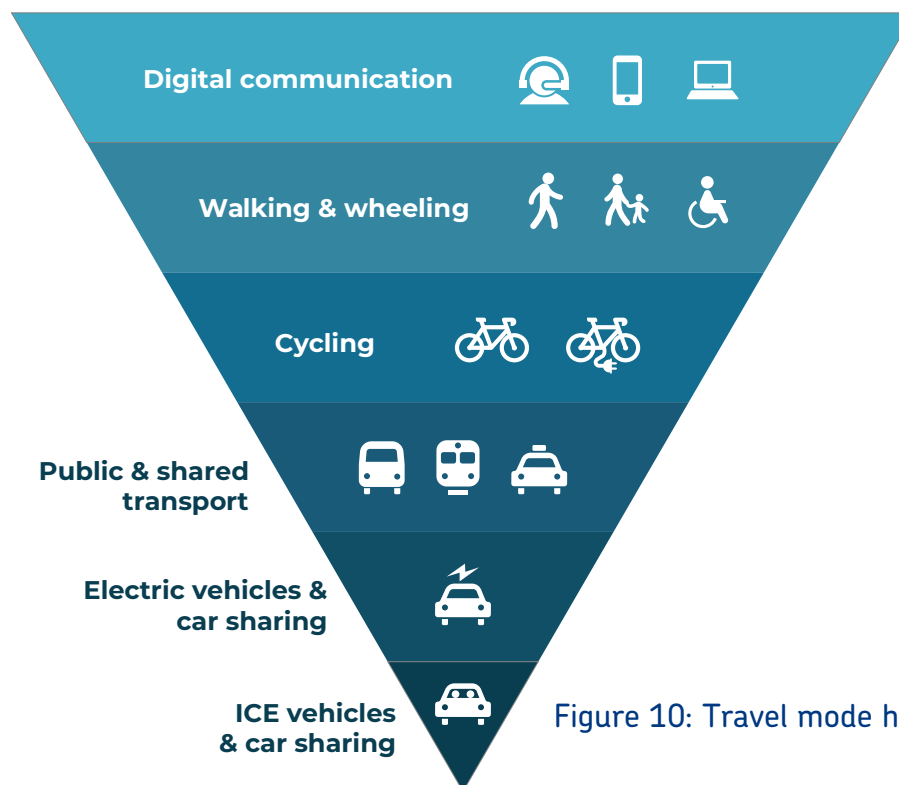


Figure 10: Travel mode hierarchy

Collaboration with partners across the organisation– digital and clinical in particular – as well as local partners outside of the organisation will be key to this.



## Taking Action: Journeys

### Our commitments

- We will work with our clinical and digital teams to minimise and decarbonise colleagues, patient and visitor travel associated with our delivery of care, while maximising the health benefits of travel.
- We will fully electrify our owned or third party vehicle fleet responsible for our transport or delivery services by 2024 to reduce air pollution locally and minimise our negative impact on health.

### Key success measure to 2025

57% reduction in all measurable travel CO<sub>2</sub>e against our baseline.

- Prioritise the digitisation of service delivery to reduce colleague travel by a minimum of 10% from 2019-20 levels via solutions such as route optimisation and patient monitoring.
- Promote agile working to reduce colleague travel by a minimum of 10% from 2019-20 levels by opting for virtual meetings and training, and for clinical colleagues, consideration of virtual consultations and 'making every contact count'.
- 10% of the miles travelled within our grey fleet to be fully electric by 2025.
- 80% of organisation's salary sacrifice vehicles to be fully electric by 2025.
- Support our colleagues to switch to lower carbon / active travel modes; with the aim to switch 5% of business miles travelled by car to a lower carbon alternative (e.g. eBike, train or pool EV).

## ACTIONS

### CSH Surrey

#### Measurement and reporting

Travel and transport carbon review: Undertake a review of our NHS Carbon Footprint data for travel and transport to ensure we have an accurate understanding of our impact. Utilise existing business mileage data to enable production of a reliable and consistent monthly KPI report of the organisation's operational fleet, colleagues lease car scheme and grey fleet emissions and track this against a defined carbon budget for 2025 with annual interim budgets.

Colleagues commute: Review the methods available for producing a reliable measurement for the carbon footprint of colleagues commuting once established deliver this measurement by 1st April 2024.



## Taking Action: Journeys

### CSH Surrey

#### Measurement and reporting

Data visibility: Increase the visibility and awareness of grey fleet emissions, costs and mileage to the colleagues / teams travelling those miles.

Patient Transport: Review any existing patient transport contracts and engage with the supplier regarding emissions measurement.

Patient and Visitor travel: Use an annual patient and visitor travel survey and other mechanisms to develop a better understanding of our NHS Carbon Footprint Plus associated with travel i.e. patient travel and visitor travel.

#### Strategy development

Travel Plan: Commission a Green Travel Plan with a focus on delivering against our Net Zero Carbon commitments, supporting active travel and public transport for colleagues, patients and families and cutting air pollution locally. This should include a review of our colleagues lease scheme and business travel.

Electric Vehicles: Using insight gathered from the Travel Plan, and existing partners such as North West Surrey Alliance, develop an electric vehicle transition plan with a focus on supporting our colleagues and patients to use EVs. This is to include working with landlords to create an organisation wide electric vehicle charging infrastructure, and identifying opportunities for pool vehicles/organisational fleet.

Business mileage expenses: Review business mileage approval policy to incentivise avoidance of unnecessary travel or the use of lower carbon travel modes, and link to any current work on financial wellbeing.

#### Eliminating non-essential travel/reducing carbon emissions

Route Optimisation: Consider opportunity for how best to reduce travel through better route planning. E.g. apps, auto planner etc. to build on existing work around clustering community travel for visits (links to Evolving Care action).



## Taking Action: Journeys

### CSH Surrey

#### Eliminating non-essential travel/reducing carbon emissions

Agile working: Work alongside our Digital, Estates and Clinical colleagues to prioritise and promote agile working and other viable alternatives to travel, measuring and highlighting the carbon impact of agile working in the context of our NZC targets.

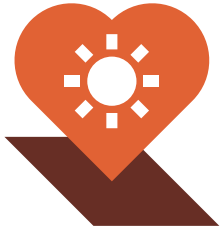
Targeting high mileage: Using our Business Mileage claims data we will identify and work with our 5 highest mileage teams and support them to lower their mileage and/or switch to alternative modes of transport – e.g. by providing the team with an electric pool vehicle with the aim to reduce each teams carbon emissions by at least 30% by April 2025 from 22/23 levels.

### ICS and SE region

Charging Infrastructure: Work with our ICS partners to identify opportunities to accelerate the transition to electric vehicles for example mapping charging infrastructure projects of each organisation, create opportunities for shared infrastructure, collective procurement, and avoid duplication of provision.

Public and Active Travel: Link in with local authorities and other NHS organisations to review public and active travel options for colleagues, visitors and service users and explore options for reducing the cost of public transport across the ICS and increasing confidence in cycling.

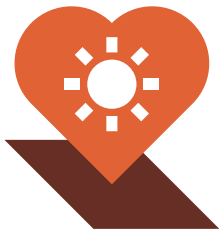
Service location: At an ICS level consider the location of our services and buildings to ensure they are easy to access.



# Taking Action: Wellbeing

Supporting people to make sustainable choices that enhance their wellbeing





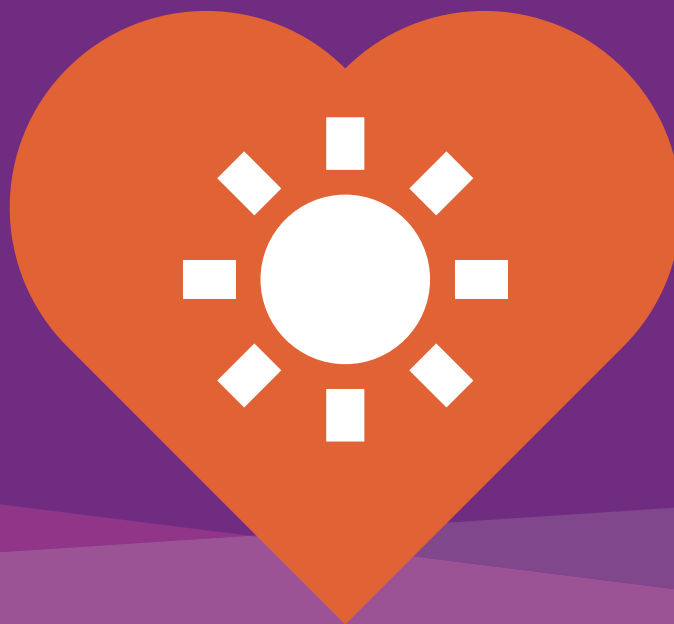
# Taking Action: Wellbeing

## Our approach

A healthy workforce is key to our ability to deliver high quality care to our patients and families; and providing a workplace that supports wellbeing is integral to attracting and retaining the rich mix of skills and talent that CSH Surrey requires.

We recognise that healthy behaviours are sustainable behaviours, and seek to encourage both. Aligning the wellbeing and sustainability agendas will add value and impact to the benefit of colleagues, people who use our services, and our wider community.

As a community healthcare provider and employee-led social enterprise we recognise that supporting the health of our community is a responsibility we own. Through our Green Plan we will seek to educate, inform and empower people to make different choices that will both reduce their impact on the environment while also improving health.





## Taking Action: Wellbeing

### Our commitments

- We will support colleagues in trying and adopting new behaviours that improve physical and mental wellbeing.
- We will support the health and wellbeing of our patient community and the reduction of health inequality.

### Key success measure to 2025

- Improve wellbeing KPIs for colleagues and volunteers, including staff survey results and sickness absence.

### ACTIONS

#### CSH Surrey

##### Strategy and engagement

Strategy alignment: Ensure the upcoming Wellbeing Strategy is aligned with this Green Plan, and together develop a programme of work to support delivery.

Engagement: Develop engagement with teams on wellbeing and sustainability. Create local opportunities and initiatives for teams in response to engagement exercise. Participate in national physical health challenges such as Cycle September.

##### Wellbeing projects

Healthy break spaces: Ensure that changes to our estate produce an on-going improvement in working environment for colleagues and the provision of adequate facilities for break and rest periods as well as facilities to encourage home cooked/prepared meals which can be healthier and create less waste.





## Taking Action: Wellbeing

### CSH Surrey

#### Wellbeing projects

Catering and healthy choices: Work with our landlords to develop a sustainable food programme aimed at ensuring colleagues and patients are supported with making healthy and sustainable food choices at work and at home. This should include:

- Undertaking a review of the catering options at our sites and highlight key opportunities for improvement.
- Improving our vegetarian and vegan meal offerings at sites where food is provided.
- Developing a programme of engagement with colleagues, patients and families to promote roll out of the Sustainable Food programme and support healthy, sustainable food choices.
- Sharing the best practice 'myth busting' information provided by the dietician team to help inform and educate colleagues in healthier/more sustainable eating habits.

Outdoor spaces and wellbeing: Develop a programme for outdoor spaces to support colleagues, patient and family wellbeing at the same time as supporting our Net Zero Carbon objectives. This should include consideration of tree planting schemes, break spaces/space for outside meetings and 'Green Gyms' within the grounds.

Financial wellbeing: Identify opportunities to support financial wellbeing through our sustainability programme, particularly resources to support colleagues to reduce their fuel and energy use.

#### ICS and SE region

Partner collaboration: Work with our partners across the ICS to identify opportunities for collaboration on colleague wellbeing. This could include working with any existing wellbeing measurement tools, and/or developing a shared wellbeing metric.

It may also include running shared sustainable health challenges such as the Step-Up Challenge run by the CWC team, and linking to Surrey ICS biodiversity and wellbeing projects.

#### Patients and wider community

Green spaces: Signpost and promote use of any on-site green spaces for use by patients, families and visitors (shared action with Places)



## Taking Action: Climate Adaptation

Building resilience to our changing climate in Surrey





## Taking Action: Climate Adaptation

### Our approach

As the NHS works to mitigate climate change by drastically reducing emissions to Net Zero Carbon, there is also a need to adapt to the consequences it brings – now and in the future.

Impacts already being felt in Surrey include an increase in the prevalence of heatwaves and extreme weather events such as flooding. These impacts will increase over time and broaden to other areas including changing patterns of vector, food and water-borne diseases.

We must build resilience to our changing climate in the region – within our estate, our services and our supply chain – to ensure we adapt to those impacts, as well as working to mitigate them.





## Taking Action: Climate Adaptation

### Our commitments

- We will work together with NHS partners to identify and map climate change risks over time for our communities, our services and our estate.
- We will develop an action plan at CSH Surrey to address climate adaptation.

### Key success measure to 2025

Undertake a climate impact assessment and integrate findings into our business continuity procedures and longer term strategic health planning.

### ACTIONS

#### CSH Surrey

Business continuity: Update our EPRR core standards to reference climate change.

Future proofing: Work with our landlords and partners to ensure our buildings are fit for the future with appropriate adaptation measures such as solar shading, Sustainable Drainage Systems, alternatives to air conditioning units etc.

#### ICS and SE region

Climate Change Impact Assessment: Support our local ICS/ICP to understand the impact of climate change on our community, our services and our estate. This should include linking to existing population health data to identify those communities that are most at risk.

#### Patients and wider community

Supporting vulnerable patients:

Work with partners to ensure that there are plans in place to ensure consistent care delivery to the patient groups most vulnerable to the impacts of climate change.

Identify specific climate risks and define the actions that can be taken, and advice given, to support mitigation.



## Taking Action: Partnership & Collaboration

Enhancing our impact by working with others





## Taking Action: Partnership & Collaboration

### Our approach

Delivering sustainable healthcare within CSH Surrey will only be possible by integrating sustainability thinking into day-to-day decision making. Working with our governance, including The Voice, and across our organisation will provide synergy and ensure our plans are comprehensive and their implementation effective.

Working with partners is key. By working together to deliver Net Zero with other NHS providers, primary care and other stakeholders across our ICS and beyond, we can share learning and best practice, reduce duplication, make the best use of our resources and collectively deliver against our net zero carbon goals.





## Taking Action: Partnership & Collaboration

### Our commitments

- We will work to ensure our sustainable healthcare aims and principles are integrated in decision-making processes across all areas of the organisation and at all levels.
- We will work in partnership with our key contract partners, our ICS and the wider South East Region to decarbonise our local health economy through collaborative projects and approaches.
- We will develop and seek out opportunities to collaborate with others nationally to maximise our opportunity to learn from others and share our learning.

### Key success measure to 2025

Our sustainability aims and Net Zero Carbon commitments integrated into all key organisational strategies and decision making processes.

### ACTIONS

#### CSH Surrey

#### Measurement and reporting

Net Zero Carbon Delivery Plan: Develop a detailed Net Zero Carbon Delivery Plan to identify the key interventions required to meet our interim NZC targets for 2025 and 2030. This should include work to further understand our NHS Carbon Footprint Plus and should influence our 12 month delivery plan each year.

Action Plan: Develop a 12-month action plan to deliver against this Green Plan every year.

Governance and Reporting: Develop our reporting mechanisms and metrics to ensure effective governance and delivery for this Green Plan. These should be integrated within existing Strategic Delivery Group processes.



## Taking Action: Partnership & Collaboration

### CSH Surrey

#### Integrating into core business

Sustainability impact assessment: Establish a sustainability framework to apply to all new programmes of work within CSH Surrey for incorporating into policies, processes, business cases and planning decisions, to ensure alignment with (and where possible measurement against) our sustainable healthcare principles.

For business cases, this would include consideration of preventative/ environmental benefits alongside financial impact/cost.

CSH strategy and programmes: Undertake a mapping exercise to identify all relevant CSH Surrey projects, programmes and strategies with a view to integrating sustainable healthcare principles.

Prioritise areas for sustainability input and support, with particular focus to digital projects. Use the sustainability impact assessment tool to integrate sustainability into priority projects and programmes, particularly around preventative healthcare and proactive management of conditions. This should include incorporation of sustainability metrics.

Values: Incorporate sustainability into CSH Surrey's organisational values.

Business and strategic planning: Ensure sustainability is integrated into the CSH Surrey Strategic Delivery Plan.

Risk Register: Develop a programme level risk register to accompany delivery of the green plan, and/or incorporate into wider strategic risk management processes. Review the organisational risk register to ensure this fully reflects the operational risk associated with climate change and sustainability.

Project planning and resourcing: Ensure project planning incorporates resourcing (including sustainability expertise) for delivering the elements associated with this Green Plan.





## Taking Action: Partnership & Collaboration

### ICS and SE region

ICS Green Plan: Proactively support the development and delivery of the Surrey Heartlands ICS Green Plan.

Regional aspirations: Work with our contracted partners within Surrey to integrate sustainability as a core aspiration. Ensure this is reflected in key programmes and areas of work, such as 'Community Together'.

Partnership working: Identify our priority areas for partnership working within our ICS and the SE region, and develop projects in support of these areas. This should include consideration of integrated procurement decisions, and any existing benchmarking data.

Sharing learning: Actively share our learning as an organisation by engaging on a local and national level with case studies, examples of best practice and other content as appropriate.

### Patients and wider community

Patient engagement: Work with internal and external patient-focused groups to understand views on sustainability and incorporate into our wider sustainability plan.

# Chapter 5: Holding ourselves to account

## Governance

It is fundamental to being a sustainable organisation that we operate with integrity, transparency and responsibility. Effective governance is critical to ensuring that we live up to our vision and deliver on this strategy. As specified in chapter 3 (Tackling the next phase of carbon reduction - Our Green Plan: structured for success), we are taking a phased approach to this Green Plan.

**Part 1: our commitment.** Here we set out clear commitments to deliver against our vision and Net Zero target through the Care Without Carbon framework.

**Part 2: delivery in detail.** Following stakeholder engagement, this section includes a set of targeted interventions to enable us to deliver against our commitments set out in Part 1.

As such, here we set out our key governance mechanisms, which will then be refined during the commencement of green plan delivery.

## Responsibilities

Our Board lead for Sustainability and Net Zero is our Chief Executive.

Delivery of this strategy will be overseen by the CSH Surrey Green Plan Group, led by our Chief Executive, and reporting into Board via our Strategic Delivery Group.

Delivery is being led by our Executive lead for Sustainability and Head of Transformation, with the support of sustainability expertise as required. While much of the green improvements will be driven by willing volunteers, we will make sure that there is adequate funding for the Green Plan where needed, in terms of time and/or money for staff engagement.

## Measurement and reporting

To ensure progress towards our key success measures associated with each key area of work in our eight action plans, we will develop our internal reporting structure in more detail, including monthly or quarterly KPIs.

As a minimum, and with the aim of achieving excellence in reporting for sustainability, we will:

- Deliver regular update reports to Board and gain Board approval for a 12-month sustainability programme action plan each year.
- Publish a summary of our progress in our Annual Report.
- Meet the national and regional reporting requirements from NHSEI and For a Greener NHS as they develop.

# Appendices

# Appendix 1 – Our carbon footprint reporting boundary

The recent NHSEI climate change strategy ‘Delivering a Net Zero National Health Service’ recently set out two clear targets for the NHS:

- Net Zero by 2040 for the emissions we control directly (NHS Carbon Footprint)
- Net Zero by 2045 for the emissions we can influence (NHS Carbon Footprint Plus).

The NHS Carbon Footprint Plus includes all three of the Green House Gas Protocol scopes, as well as the emissions from patient and visitor travel to and from NHS services and medicines used within the home (see Figure A1).

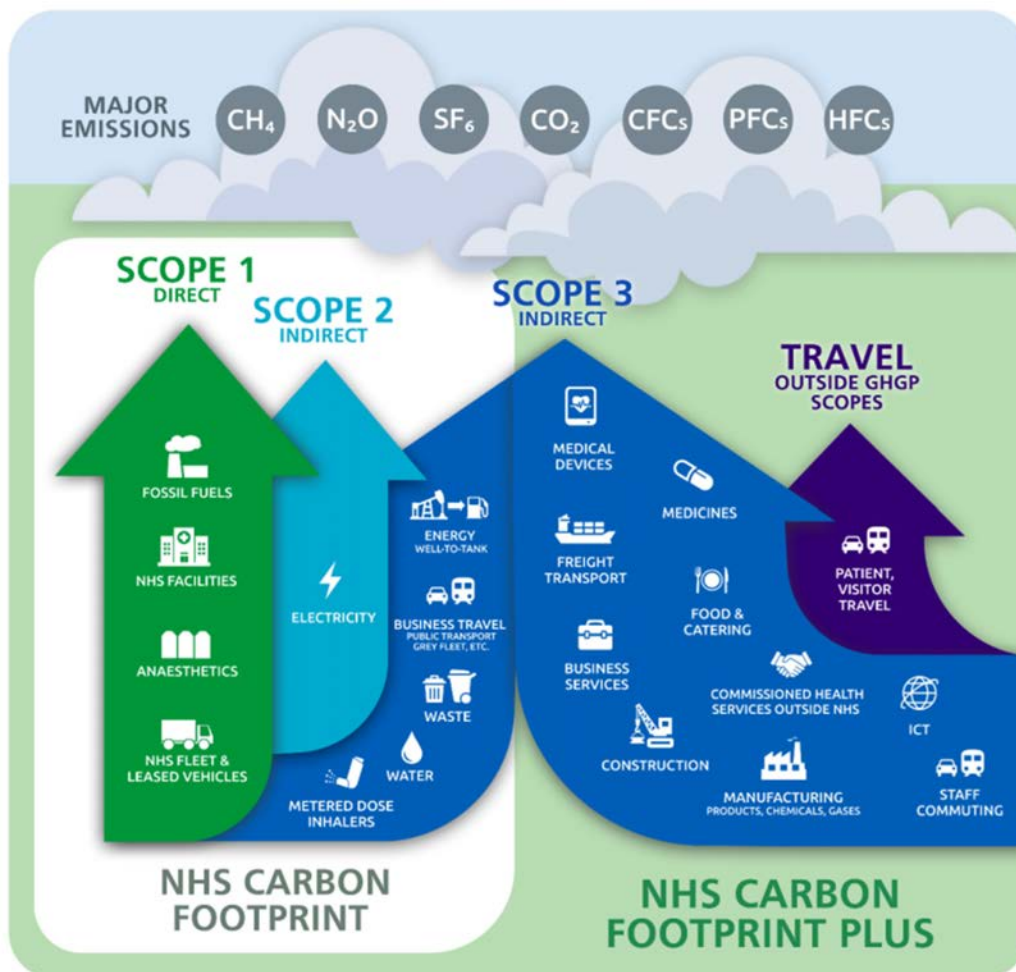


Figure 1A: Greenhouse Gas Protocol scopes in the context of the NHS

In this Green Plan, we have presented our carbon footprint to ensure we are in line with the new NHSEI requirements. As such we are reporting our:

- NHS Carbon Footprint in full back to our baseline year of 2020/21.
- NHS Carbon Footprint Plus using assumptions for indirect impacts based on NHSEI data for an average NHS trust.

#### Our reporting boundary

In terms of reporting boundary, we report on emissions from the activities over which we have operational control. In other words, the accounting boundary is drawn around the clinical services that we are commissioned to deliver and which are therefore delivered in accordance with our organisational policies and procedures.

Where the organisation undergoes strategic structural change, e.g. operational growth through the acquisition of new services, this has implications on our reporting boundary. In the case of significant changes, the boundary is adjusted to take account of the new operational structure and a baseline adjustment is also undertaken to ensure consistency in reporting.

This approach aligns our carbon reporting with other national NHS reporting processes and standards, notably the annual Estates Return Information Collection (ERIC).

Other points to note:

All information included in our sustainability reporting corresponds to the standard public sector financial year of 1st April to 31st March.

Our emissions are reported in absolute terms (i.e. total emissions) without any degree day adjustment (correcting for weather variation).

# Appendix 2 – Activity data and emissions

a) NHS Carbon Footprint (all reported scope sources, tCO<sub>2</sub>e) change since base year.

Carbon emissions (tCO <sub>2</sub> e)		
Emissions source	Baseline year (2020/21)	2021/22
Building electricity	279	309
Building fossil fuels	683	541
Water and sewerage	9	3
Waste	9	15
Anaesthetic gases	0	0
Metered dose inhalers	0	0
Business travel	470	432
NHS fleet	7	18
<b>Total</b>	<b>1,457</b>	<b>1,319</b>

## Notes:

Due to unavailability of data, fleet mileage is estimated. For utilities, there are minor discrepancies between reported floor areas across different years for some sites. No corrections have been made for this at this time. Some sites were missing from the reported 20/21 data. This has been corrected by using average consumption for the sites from other reporting years and then applying the relevant emissions factors to these figures, and will be corrected once data is available.

## b) CSH Surrey activity data for NHS Carbon Footprint since base year

Activity data		
Emissions source	Baseline year (2020/21)	2021/22
Building electricity (kWh)	968,261	1,061,829
Gaseous fossil fuels (kWh)	3,288,384	2,520,653
Water (m3)	9,034	8,092
Wastewater (m3)	8,583	7,687
Waste (tonnes)	83	115
Anaesthetic gases (litres)	0	0
Metered dose inhalers (no. units)	0	0
Business travel (miles)	1,354,511	1,238,464
Fleet travel (miles)	40,000	100,000

### Notes:

Due to unavailability of data, fleet mileage is estimated. For utilities, there are minor discrepancies between reported floor areas across different years for some sites. No corrections have been made for this at this time. Some sites were missing from the reported 20/21 data. This has been corrected by using average consumption for the sites from other reporting years and then applying the relevant emissions factors to these figures, and will be corrected once data is available.

## c) CSH Surrey data sources and assumptions

Where a full data set has not been available, we have made assumptions as set out below. This also highlights assumptions we have made based on the change in service delivery between our base year and most recent footprinting year.

Activity	Data Source	Assumptions
Utilities	NHS PS	Apportioned by NHS PS based on occupancy
Waste	NHS PS	Apportioned by NHS PS based on occupancy
Water	NHS PS	Apportioned by NHS PS based on occupancy
Business Mileage	CSH Finance	Includes only car travel mileage claims
Organisational Fleet	Care Without Carbon	Estimated 20,000miles per vehicle

#### d) NHS Carbon Footprint Plus data and methodology

An estimated figure has been provided for the indirect aspects of CSH Surrey carbon footprint in order to provide an idea of the scale of the challenge and the key areas of impact within the organisation's wider impact (NHS Carbon Footprint Plus).

We aim to more accurately report in this area as our reporting techniques develop, and as recognised methodology develops.