2025

GREEN PLAN 2026-30

Royal Wolverhampton NHS Trust

Preface

At The Royal Wolverhampton NHS Trust, we are committed to delivering high-quality, compassionate care while recognising our responsibility to protect the health of our patients, staff, and communities from the impacts of climate change. As a healthcare provider and anchor institution, we understand that our environmental and social responsibilities go hand in hand with our clinical mission.

This Green Plan 2026–2030 sets out a clear vision and roadmap to achieve Net Zero, reduce our environmental impact, and build climate resilience across all areas of our organisation. It demonstrates how sustainability will be integrated into our core business—through the way we use our buildings, deliver services, procure goods, manage waste, travel, and empower our workforce.

We are already making strong progress: reducing emissions, expanding virtual care, eliminating desflurane, and making greener choices in how we travel and use resources. These achievements reflect the creativity and dedication of our staff, and I am proud of what we have accomplished together so far.

Importantly, this Green Plan is fully aligned with the national direction set out in the Fit for the Future: 10 Year Health Plan for England. It supports the three core shifts at the heart of NHS transformation:

- From hospital to community: by expanding virtual care, supporting active travel, and investing in community-based services.
- From analogue to digital: through the adoption of digital tools, AI, and the NHS App to improve access, efficiency, and patient empowerment.
- From sickness to prevention: by addressing environmental determinants of health, reducing emissions, and promoting healthier, more sustainable lifestyles.

Our plan also reflects the national commitment to innovation, workforce transformation, and the creation of a more equitable and sustainable health system. By aligning our local actions with national priorities, we are helping to shape a future-ready NHS that delivers better outcomes for all.

However, delivering this plan will require more than internal commitment. To succeed, we need sustained support from regional and national Greener NHS teams, appropriate funding mechanisms, and effective knowledge and skills sharing. Working in partnership across the Black Country ICS and beyond will be essential to realising our ambitions. Collaboration, innovation, and shared learning must be the foundation of our collective effort.

This plan is more than a compliance document—it is a call to action. Climate change is the defining challenge of our time, and this plan represents our contribution to a more equitable, resilient, and sustainable NHS. I invite every member of our organisation to be part of this journey.

Joe Chadwick-Bell
Chief Executive Officer
The Royal Wolverhampton NHS Trust

Sustainability Executive Lead Statement

As the Executive Lead for Sustainability at The Royal Wolverhampton NHS Trust, I am pleased to present our Green Plan for 2026–2030. This plan outlines a bold and credible pathway to achieving our net zero commitments while enhancing the resilience, efficiency, and quality of care we provide to the communities we serve.

Climate change is one of the greatest health challenges of our time. Its impacts are already being felt by our most vulnerable patients—through heatwaves, air pollution, and extreme weather events. As a healthcare organisation, we have a responsibility not only to treat illness but also to prevent it, by addressing the environmental determinants of health and embedding sustainability into every aspect of our operations.

This Green Plan details how we will reduce our carbon emissions, strengthen our climate resilience, and contribute meaningfully to the national ambition for a Net Zero NHS. It builds on the strong foundations already established across our Trust—from decarbonising energy and travel to eliminating harmful anaesthetic gases, reducing waste, and embracing digital innovation.

Importantly, this Green Plan is fully aligned with the national vision set out in the Fit for the Future: 10 Year Health Plan for England. It supports the three core shifts outlined in the national strategy:

- From hospital to community: through our investment in virtual care, community-based services, and sustainable travel.
- From analogue to digital: by embedding digital transformation, AI, and data-driven care across our operations.
- From sickness to prevention: by addressing environmental health risks, promoting active travel, and supporting healthier food systems.

Our plan also reflects the national emphasis on empowering patients and staff, supporting innovation, and ensuring the NHS is a global leader in sustainable, digitally enabled healthcare. By aligning our local actions with national priorities, we are helping to build a more equitable, efficient, and future-ready health system.

However, we recognise that the successful delivery of the Green Plan requires more than internal commitment. Progress will depend on strong partnerships, shared learning, and coordinated action across the Black Country Integrated Care System and the wider NHS. Continued support from system, regional, and national Greener NHS teams will be vital, alongside appropriate funding mechanisms and access to specialist expertise. Collaboration, networking, and co-design must remain central to our approach.

Our Green Plan is ambitious but achievable. It reflects our values, aligns with our clinical and operational priorities, and positions us as a leader in sustainable healthcare delivery. I encourage all colleagues, partners, and stakeholders to engage with this plan and contribute to its success.

Together, we can build a greener, healthier, and more equitable future for all.

Simon Evans
Deputy Chief Executive Officer and Group Chief Strategy Officer
Executive Lead for Sustainability
The Royal Wolverhampton NHS Trust

Quality information

Prepared by	Verified by	Approved by
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Revision History

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V.01	05.06.21	First draft	Janet Smith	Janet Smith	Joint Head of Sustainability – Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust
V.02	16.06.25	Revision to incorporate submissions from Digital Sustainability, Estates Development, Estates & Facilities, Pharmacy, Travel & Transport and Waste	Janet Smith	Janet Smith	Joint Head of Sustainability – Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust
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V.04	16.07.25	Revision to update the Clinical Transformation section and Green Plan alignment to 10-Year Health Plan for England	Dr Meenu Netke Janet Smith	Dr Meenu Netke Janet Smith	Clinical Lead for Sustainability– Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust Head of Sustainability– Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust
V.05	29.07.2025	Revision to timescales on Estates section after discussion with Group Director Estates Development	Janet Smith Stew Watson	Janet Smith	Head of Sustainability– Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust Group Director of Estates Development
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V1.0	16.09.2025	Group Trust Board Approval	Group Trust Board	Sir David Nicholson	Group Chair of the Board

Prepared for:

Royal Wolverhampton NHS Trust

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Royal Wolverhampton NHS Trust Green Plan 2026-30

1. Executive Summary

The Royal Wolverhampton NHS Trust (RWT) is committed to delivering high-quality, equitable healthcare while actively contributing to the NHS's ambition of achieving net zero carbon emissions. This Green Plan for 2026–2030 outlines the Trust's strategic approach to environmental sustainability, grounded in national policy, regulatory frameworks, and a critical evaluation of its recent performance.

The NHS has positioned itself as a global leader in healthcare decarbonisation, becoming the first health system to commit to net zero emissions and embedding this commitment into legislation through the Health and Care Act 2022. The Delivering a Net Zero NHS report (2020) established the emissions reduction trajectory, while the Green Plan Guidance (2025) requires all NHS trusts to refresh their Green Plans by July 2025. These plans must set out specific, measurable actions to reduce emissions across both the NHS Carbon Footprint (Scopes 1 and 2, covering direct emissions such as energy use and anaesthetic gases) and the NHS Carbon Footprint Plus (Scope 3, covering indirect emissions such as supply chain, travel, and waste).

RWT's approach to sustainability demonstrates a deliberate alignment with these national imperatives and with the broader strategic vision set out in the Fit for the Future: 10 Year Health Plan for England. The Green Plan supports the three core shifts outlined in the national strategy:

- **From hospital to community**: through investment in virtual care, community-based services, and sustainable travel.
- **From analogue to digital**: by embedding digital transformation, AI, and the NHS App into care delivery and infrastructure.
- **From sickness to prevention**: by addressing environmental determinants of health, promoting active travel, and supporting healthier food systems.

Governance is embedded through the Sustainability Group, which provides operational oversight and reports to both the Trust Management Committee and the Group Productivity and Finance Committee. This structure ensures that environmental objectives are integrated into clinical, operational, and financial decision-making. RWT has also strengthened its alignment with the Task Force on Climate-related Financial Disclosures (TCFD), incorporating climate risk assessments into business case development and governance processes. This approach is consistent with the Department of Health and Social Care's Group Accounting Manual (2024–25). Furthermore, the Trust is prepared for assessment under the Care Quality Commission's (CQC) Well-led framework, which now includes environmental sustainability as a key domain of organisational performance.

A critical analysis of the Trust's emissions data reveals measurable progress across both direct and indirect emissions categories. In 2019/20, RWT's total carbon emissions were estimated at 128,673 tonnes of carbon dioxide equivalent (tCO_2e), comprising 24,717 tCO_2e from Scopes 1 and 2 and 103,956 tCO_2e from Scope 3. By 2024/25, total emissions had declined to 108,606.41 tCO_2e—a reduction of 20,066.59 tCO_2e or approximately 15.6% over five years. This encompasses a 22.2% reduction in direct emissions and a 13.9% reduction in Scope 3 emissions.

These reductions are particularly significant given the 12% expansion in the Trust's estate during the same period. The data reflects the effectiveness of targeted interventions in energy efficiency, anaesthetic gas management, digital transformation, and waste reduction. However, despite the overall decline in Scope 3 emissions, it is important to note that emissions associated with medicines have increased substantially—from 31,198 tCO_2e in 2019/20 to 51,137 tCO_2e in 2024/25. This trend underscores the need for intensified efforts in medicines optimisation, low-carbon prescribing, and clinical engagement to mitigate pharmaceutical-related emissions.

In response to these findings, the Trust has identified the following strategic priorities for the next planning cycle:

a) Workforce and Leadership: Expand sustainability training and leadership development across all staff groups.
b) Net Zero Clinical Transformation: Embed low-carbon practices in high-impact clinical areas, including perioperative care, emergency services, and respiratory pathways.
c) Digital Transformation: Maximise emissions reductions through virtual care, IT lifecycle management, and sustainable digital infrastructure.
d) Medicines: Reduce emissions from anaesthetic gases and inhalers and promote medicines optimisation.
e) Travel and Transport: Implement a sustainable travel plan, increase uptake of zero-emission vehicles, and support active travel.
f) Estates and Facilities: Deliver a Heat Decarbonisation Plan, expand renewable energy generation, and improve energy efficiency.
g) Waste Management: Maintain zero landfill status, improve recycling rates, and expand reuse schemes across clinical and non-clinical areas.
h) Food and Nutrition: Reduce food waste and promote healthier, lower-carbon menus.
i) Supply Chain and Procurement: Embed the NHS Net Zero Supplier Roadmap and promote circular procurement practices.
j) Adaptation and Resilience: Strengthen climate risk assessments and integrate resilience into infrastructure and service planning.

Failure to meet the net zero ambition presents a range of risks for the Trust. These include regulatory non-compliance, increased operational costs, reduced access to national funding,

and reputational damage. There are also clinical and public health implications, particularly for vulnerable populations disproportionately affected by climate change. Moreover, inaction may undermine staff engagement, hinder recruitment, and weaken the Trust's position within the Integrated Care System. In addition, there is a growing likelihood that the Trust could be subject to financial penalties for breaching the UK Emissions Trading Scheme (UK ETS) small emitter limits—thresholds it has successfully remained within from 2023 to 2025. Addressing these risks through decisive, sustained action is essential to ensuring long-term resilience, financial sustainability, and improved health outcomes.

This Green Plan reaffirms the Royal Wolverhampton NHS Trust's commitment to environmental leadership and outlines a clear, evidence-based pathway to achieving net zero. It builds on measurable progress to date, including a 22.2% reduction in direct emissions and a 13.9% reduction in Scope 3 emissions, while acknowledging areas requiring intensified focus—particularly pharmaceutical emissions. Through collaboration, innovation, and accountability, the Trust will continue to deliver sustainable healthcare that supports long-term population health and system resilience.

2. About Royal Wolverhampton NHS Trust

The Royal Wolverhampton NHS Trust (RWT) is one of the largest providers of acute, community, and primary care services in the West Midlands. Serving a diverse population across Wolverhampton, the wider Black Country, South Staffordshire, North Worcestershire, and Shropshire, the Trust delivers high-quality healthcare through a wide network of facilities and services.

RWT operates from three main hospital sites—New Cross Hospital, West Park Hospital, and Cannock Chase Hospital—as well as more than 20 community locations. New Cross Hospital, located near Wednesfield in eastern Wolverhampton, is the Trust's primary acute site, offering a comprehensive range of services including planned and emergency care, maternity, outpatient services, and specialist treatments. West Park Hospital, situated just outside the city centre, focuses on rehabilitation, providing inpatient, day care, therapy, and outpatient services. Cannock Chase Hospital, in central Cannock, delivers general and specialist surgical services, including orthopaedics, breast surgery, urology, dermatology, and medical day case treatments.

In addition to hospital-based care, the Trust delivers community services closer to home for both adults and children, including walk-in centres and therapy and rehabilitation services. RWT also manages nine GP practices across Wolverhampton, offering extended hours and integrated primary care.

As the largest employer in Wolverhampton, RWT's workforce of over 11,000 staff reflects the vibrancy and diversity of the communities it serves. RWT is a specialist centre for cancer,

stroke, and heart and lung services, and hosts the Black Country Pathology Services (BCPS) hub, which supports all four local hospital trusts.

New Cross Hospital is the largest teaching hospital in the Black Country, providing clinical education for medical students from the University of Birmingham and Aston University, as well as training for nurses, midwives, and allied health professionals through strong partnerships with the University of Wolverhampton.

RWT is also the established host for the Clinical Research Network: West Midlands and the West Midlands Cancer Alliance, playing a key role in advancing research and innovation in healthcare.

In collaboration with Walsall Healthcare NHS Trust, RWT shares a joint strategy and is a proud partner in Healthier Futures, the Black Country Integrated Care System (ICS). This partnership aims to integrate health and social care services to improve outcomes for local populations.

Launched in 2022, the Trust's joint strategy with Walsall Healthcare runs until 2027 and is built around four strategic aims—known as the Four Cs:

- **Care**: Delivering exceptional care by placing patients at the centre and fostering a culture of continuous improvement.
- **Colleagues**: Being an inclusive employer of choice that attracts and retains a diverse and engaged workforce.
- **Communities**: Enhancing the health and wellbeing of the populations served.
- **Collaboration**: Ensuring sustainable healthcare through effective partnerships.

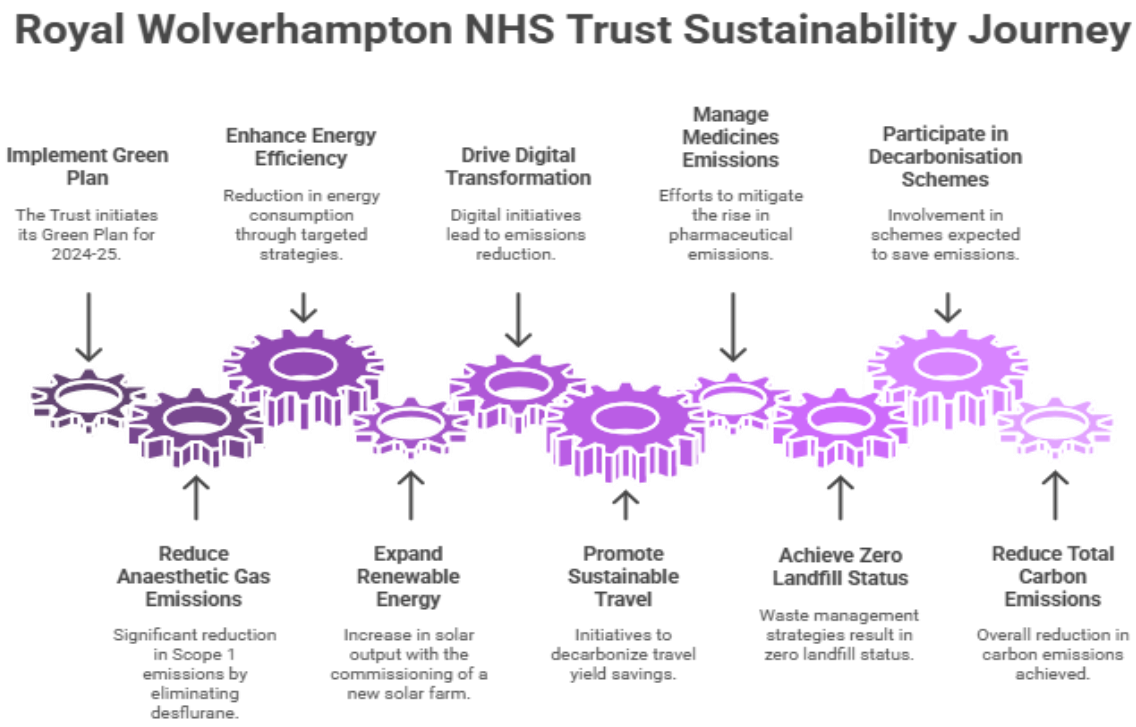
These aims align with the Trust's overarching vision:
"To deliver exceptional care together to improve the health and wellbeing of our communities."

This vision guides planning, decision-making, and resource allocation, while also helping to attract and inspire new colleagues committed to making a difference.

RWT is also deeply committed to sustainability, recognising its responsibility to reduce environmental impact while delivering high-quality care. RWT is actively working to lower its carbon footprint through energy-efficient infrastructure, waste reduction initiatives, and sustainable procurement practices. RWT supports the NHS's broader ambition to become the world's first net-zero health service, embedding environmental sustainability into its operations, clinical pathways, and community engagement efforts.

3. Current Status of the Trust's Sustainability Journey

The Royal Wolverhampton NHS Trust (RWT) has made demonstrable progress in implementing its Green Plan for 2024–25. This progress reflects a Trust-wide commitment to environmental sustainability, underpinned by innovation, cross-functional collaboration, and a growing culture of accountability. The following section outlines key achievements across priority areas, supported by quantitative evidence and aligned with national NHS decarbonisation goals.



A. Anaesthetic Gas Management

RWT made significant strides in reducing Scope 1 emissions by eliminating the use of desflurane by March 2023-24. This intervention alone reduced emissions by 242 tonnes of carbon dioxide equivalent (tCO_2e), representing a 62% decrease in volatile anaesthetic gas emissions compared to 2019/20. Although nitrous oxide emissions temporarily increased due to stock replacement, a mitigation scheme is underway to reduce waste by 80%. Collectively, these actions have contributed meaningfully to the 22.2% reduction in direct emissions.

B. Energy Efficiency and Renewable Energy

Energy consumption across the Trust fell from 82,381 MWh in 2019/20 to 78,901 MWh in 2024/25, despite a 12% expansion in the estate. This reduction—equivalent to 3,480 MWh and 1,559 tCO_2e—was achieved through targeted energy management strategies and infrastructure upgrades. Complementing these efforts, the Trust significantly expanded its

renewable energy capacity. Solar output rose from 86 MWh to 3,210 MWh following the commissioning of a new solar farm in July 2024, delivering an additional saving of 883 tCO_2e. Together, these measures have played a significant role in reducing Scope 1 and 2 emissions.

C. Digital Transformation

Digital innovation has been a key enabler of emissions reduction across both direct and indirect sources. Initiatives such as IT system integration, server decommissioning, and the digitisation of health records resulted in a saving of 1,040 tCO_2e. In parallel, the expansion of virtual outpatient services and the Patient Initiated Follow-Up (PIFU) model eliminated nearly three million patient travel miles, saving a further 493 tCO_2e. These interventions have contributed significantly to the Trust's overall 15.6% reduction in carbon emissions.

D. Sustainable Travel

In 2024–25, the Trust achieved a combined saving of 580.23 tonnes of carbon dioxide equivalent (tCO_2e) through sustainable travel initiatives. This includes 478 tCO_2e from staff adopting zero or ultra-low emission vehicles, 98 tCO_2e from the Discounted Travel Card scheme, and 4 tCO_2e through the Cycle to Work Scheme. These measures have helped reduce Scope 3 emissions associated with commuting and patient journeys, while also supporting staff wellbeing and access to care.

E. Medicines and Clinical Practice

While overall Scope 3 emissions declined by 13.9%, emissions from medicines increased significantly—from 31,198 tCO_2e in 2019/20 to 51,137 tCO_2e in 2024/25. This rise underscores the need for continued focus on medicines optimisation and low-carbon prescribing. Nevertheless, several initiatives have mitigated this growth:

- Anaesthetic Gases: Desflurane elimination and nitrous oxide management contributed to reductions in direct emissions.
- Inhaler Sustainability: MDI emissions fell from 114,200 kg/month to 71,720 kg/month, with a 93% reduction in respiratory MDI use.
- Medicines Reuse: £1 million worth of medicines were reintegrated into stock, avoiding 624 tCO_2e over five years.
- Antimicrobial Stewardship: IV-to-oral antibiotic switching saved 102 tCO_2e.

These efforts have mitigated, though not reversed, the upward trend in pharmaceutical emissions and highlight areas for intensified clinical engagement.

- Infrastructure Needs: The pharmacy department has reached maximum storage capacity, limiting the ability to consolidate deliveries and reduce transport emissions. Investment in expanded infrastructure is essential to unlock further carbon savings and improve supply chain efficiency.

- Primary Care Collaboration: RWT PCN remains a major contributor to SABA MDI use in Wolverhampton. Ongoing work through incentivized quality improvement projects will support the transition to SMART formulary regimes throughout 2025/26.

F. Waste and Reuse

To reduce Scope 3 emissions, the Trust achieved zero landfill status by diverting 1,279 tonnes of domestic waste and maintaining a 36% recycling rate. Reuse schemes, including 2,020 walking aids and furniture repurposing, saved 2.7 tCO_2e and £5,963. Orthoptic and Catheter Services contributed an additional 30.3 tCO_2e in savings. Such initiatives have been instrumental in reducing Scope 3 emissions.

G. Broader Initiatives

RWT's participation in Public Sector Decarbonisation Schemes is expected to save 6,100 kg CO_2e annually. Additional clinical sustainability measures—such as inhaler recycling, glove rationalisation, and lean surgical packs—have contributed to reductions across both direct and indirect emissions.

In summary, the Royal Wolverhampton NHS Trust has achieved a 15.6% reduction in total carbon emissions between 2019/20 and 2024/25, including a 22.2% reduction in direct emissions (Scopes 1 and 2) and a 13.9% reduction in indirect emissions (Scope 3). These outcomes have been driven by strategic interventions in energy efficiency, renewable energy generation, anaesthetic gas management, digital transformation, sustainable travel, and waste reduction. While these achievements demonstrate meaningful progress, the rise in pharmaceutical-related emissions highlights the complexity of Scope 3 decarbonisation and the need for sustained clinical engagement.

As the Trust looks ahead, it must assess the remaining distance to its long-term targets: achieving net zero for the NHS Carbon Footprint (Scopes 1 and 2) by 2040, and for the NHS Carbon Footprint Plus (Scope 3) by 2045. The following Gap Analysis explores the alignment between current performance and these national ambitions, identifying key areas where further acceleration is required.

4. Gap Analysis: Performance vs Net Zero Goals

The Royal Wolverhampton NHS Trust (RWT) has made demonstrable progress in its sustainability journey, achieving a 15.6% reduction in total carbon emissions between 2019/20 and 2024/25. This encompasses a 22.2% reduction in direct emissions (Scopes 1 and 2) and a 13.9% reduction in indirect emissions (Scope 3), despite a 12% expansion in the Trust's estate and increased clinical activity. These achievements reflect a solid foundation of operational commitment and innovation. However, the scale and complexity of the NHS's net zero

targets—2040 for direct emissions and 2045 for indirect emissions—demand a more critical appraisal of the Trust's current position. This analysis identifies both the strengths and the structural, operational, and cultural gaps that must be addressed to ensure the Trust remains on a credible and resilient pathway to net zero.

A. Scope 1 and 2 Emissions: Decarbonisation of Energy and Infrastructure

Considerable progress has been made in reducing energy-related emissions through targeted interventions. These include a 3,480 MWh reduction in energy consumption and the commissioning of a solar farm that increased renewable generation from 86 MWh to 3,210 MWh. The elimination of desflurane and improved anaesthetic gas management have also contributed to a 62% reduction in volatile anaesthetic gas emissions.

Critical gaps remain, including continued reliance on gas (54,693 MWh) and residual oil use (127 MWh), indicating that fossil fuel dependency persists. The Heat Decarbonisation Plan (HDP) is not yet fully implemented, and there is no clear timeline for phasing out all fossil-fuel-based heating systems.

For the 2026–30 planning cycle, the focus should be on finalising and operationalising the HDP, replacing oil boilers, and initiating phased decommissioning of gas systems. Expanding on-site renewable generation and implementing comprehensive energy metering across all sites are also priorities.

Beyond 2030, the Trust should aim to achieve full electrification of heating systems, retrofit all legacy infrastructure to meet the NHS Net Zero Building Standard, and integrate energy resilience into climate adaptation and emergency preparedness planning.

B. Scope 3 Emissions: Pharmaceuticals and Supply Chain

Several initiatives have been implemented to reduce Scope 3 emissions, including medicines reuse, antimicrobial stewardship, and inhaler switching. These have delivered measurable carbon and financial savings, demonstrating the potential of clinical engagement in sustainability.

However, pharmaceutical emissions rose from 31,198 tCO_2e in 2019/20 to 51,137 tCO_2e in 2024/25—a 64% increase. Supply chain emissions increased by 2,620 tCO_2e in 2024/25 compared to 2023/24, primarily due to heightened clinical activity. Pharmacy infrastructure constraints limit the ability to consolidate deliveries and reduce transport emissions.

For the 2026–30 planning cycle, the Trust must develop a pharmaceutical decarbonisation strategy, including low-carbon prescribing, clinical engagement, and investment in storage and logistics infrastructure. Embedding NHS's Net Zero Supplier Roadmap requirements into all procurement processes and contracts and improving Scope 3 data granularity and supplier emissions transparency through enhanced reporting systems are also essential.

Beyond 2030, the Trust should transition to a circular pharmaceutical supply model, achieve full compliance with NHS sustainable procurement standards, and leverage regional procurement alliances to drive systemic supply chain decarbonisation.

C. Clinical Transformation: Decarbonising Core Service Delivery

As the principal function of the Trust, clinical services represent both the greatest source of carbon emissions and the most significant opportunity for systemic decarbonisation. Although notable improvements have occurred in specific areas—such as the elimination of desflurane, antimicrobial stewardship, and inhaler switching—these interventions remain fragmented and insufficiently embedded across the full spectrum of care pathways. RWT's clinical transformation agenda must now evolve from isolated sustainability projects to a comprehensive, integrated model of low-carbon care.

A critical gap lies in the absence of a Trust-wide framework for net zero clinical transformation. High-impact areas such as perioperative care, emergency medicine, respiratory services, and diagnostics continue to operate with variable levels of carbon awareness and inconsistent application of sustainable practices. Moreover, clinical decision-making is not yet routinely informed by carbon impact assessments, and sustainability is not embedded in clinical governance, quality improvement, or service redesign processes.

The Quality Framework (QF) 2025–28 offers a valuable foundation for embedding sustainability into clinical transformation. Developed through extensive engagement with Nursing, Midwifery, and Allied Health Professionals (AHPs), the framework integrates six pillars of professional excellence and has already demonstrated success through initiatives such as the Clinical Accreditation Model, the Eat, Drink, Dress, Move campaign, and the Wound Healing Ambition Plan. These interventions not only improve patient outcomes but also align with national priorities to shift care into the community, prevent illness, and digitise services, all of which have direct implications for reducing the Trust's carbon footprint.

For the 2026–30 planning cycle, RWT must prioritise the development of a structured clinical sustainability programme that builds on the QF's principles. This should include the appointment of a dedicated clinical sustainability lead per department, the establishment of multidisciplinary working groups in high-emission specialties, and the integration of carbon metrics into clinical audit, accreditation, and improvement frameworks. Focus should be placed on reducing emissions from high-volume procedures, overprescribing, and unnecessary diagnostics, while promoting preventative, community-based, and digitally enabled models of care.

Beyond 2030, the Trust should aim to embed net zero principles into all clinical education, commissioning, and pathway design. This includes alignment with national frameworks such as the Green Surgery Checklist, Net Zero Mental Health Care guidance, and the NHS Net Zero Clinical Transformation programme. By positioning clinical transformation at the heart of

its sustainability strategy—and leveraging the QF's proven impact on quality and safety—RWT can reduce its carbon footprint while enhancing care quality, reducing waste, and improving population health outcomes.

RWT has introduced a Greening Services Club, which is made up of services actively greening their operations, such as the Orthotics Department, Orthoptic Department, Procurement, Theatre Services, Estates and Facilities, among others. This initiative fosters collaboration and innovation in sustainable practices across diverse service areas.

D. Workforce and Leadership: Culture, Capability, and Accountability

Sustainability governance is embedded at board level, and the Trust has initiated training and awareness programmes. There is growing recognition of the role of staff in delivering net zero care.

However, sustainability training is not yet universal or tailored to specific roles. Clinical leadership in sustainability remains underdeveloped, and there is limited integration of sustainability into workforce planning, recruitment, and appraisal systems.

For the 2026–30 planning cycle, the Trust should expand core and specialist sustainability training across all staff groups, establish hybrid clinical-sustainability roles, and integrate sustainability metrics into leadership development and performance management frameworks.

Beyond 2030, the Trust should embed sustainability competencies into all job descriptions and professional development pathways, fostering a culture of continuous improvement and innovation in sustainable healthcare delivery.

E. Digital Transformation: Leveraging Technology for Decarbonisation

Digital initiatives have delivered over 1,500 tCO_2e in savings through virtual care, IT rationalisation, and digitisation of records. These interventions have also improved patient access and operational efficiency. However, opportunities remain to further decarbonise digital infrastructure and enhance data governance.

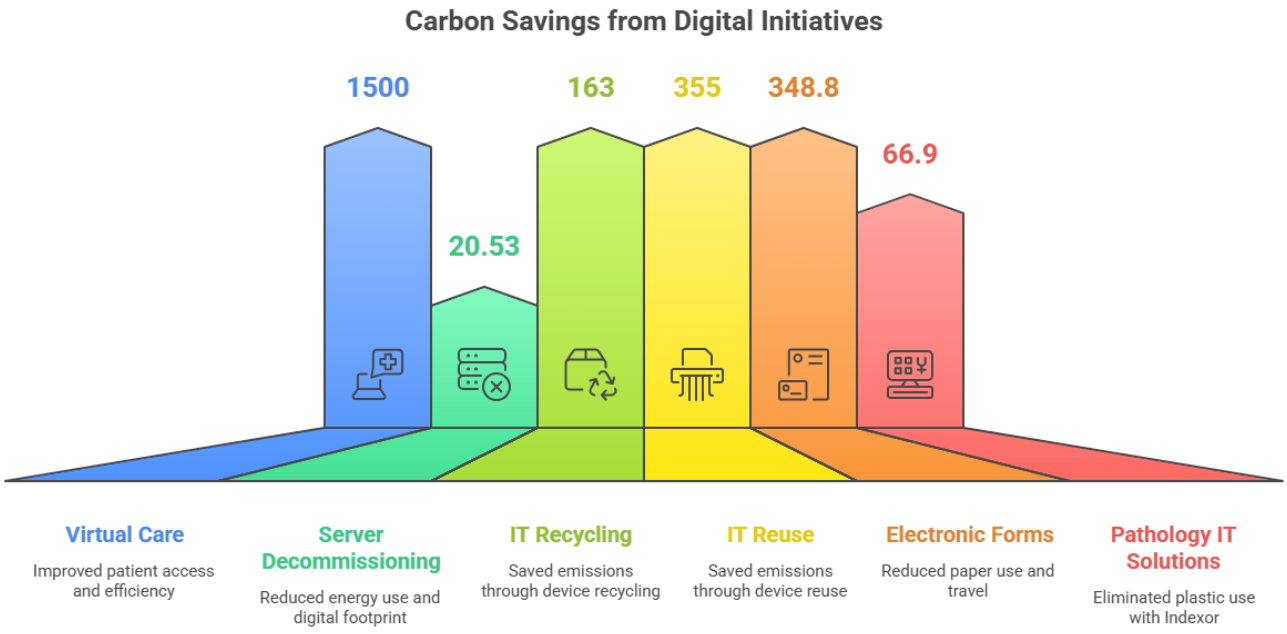
Recent initiatives from the Digital Services annual sustainability report 2024-25 provide a robust foundation for further progress. The decommissioning of 10 servers in 2024 saved 20.53 tCO_2e annually, with plans to decommission 9 more servers in the next 12–18 months. This supports energy efficiency and reduces the Trust's digital carbon footprint. Additionally, the IT recycling and reuse programme processed 3,283 devices in 2024, saving 163 tCO_2e through recycling and 355 tCO_2e through reuse—equivalent to powering 79 homes or offsetting emissions of 65 cars.

The introduction of electronic forms has been transformative, with 369,764 forms completed digitally in 2024, saving 1.7 million A4 pages and 348.8 tCO_2e. This initiative also yielded

significant water and travel savings, supporting remote care and record integration. System integration and application optimisation have further reduced data duplication and storage needs, while improved system efficiency and reduced energy use.

Remote working and virtual meetings have become standard practice, expected to yield substantial CO_2 savings. All DTS documentation is now electronic, reducing paper use and associated emissions. The transition to digital radiology requests (Green ED and ICE Radiology Requests) saves 54,000 sheets of paper annually, reducing unnecessary radiation exposure and improving patient safety. Pathology IT solutions, such as Indexor, have eliminated 44.6 tonnes of plastic, saving 66.9 tCO_2e annually.

The digitisation of health records, with over 1 million files scanned annually, avoids 21.6 tonnes of CO_2 and 100 million litres of water, supporting EPR integration and reducing physical storage needs. Future plans include alignment with the ICB Digital Sustainability Group, expansion of e-forms, virtual PCs, and energy-efficient hardware, as well as investigation into PC power-down policies and a green transport fleet.



A key challenge in the Trust's digital sustainability journey is the lack of embedded sustainability principles within digital service design and IT procurement processes. Current practices do not consistently prioritise environmental impact when selecting, developing, or deploying digital solutions. Additionally, data hosting and lifecycle management strategies are not yet aligned with low-carbon standards, resulting in inefficiencies and missed opportunities to reduce emissions. Addressing these gaps is essential to ensure that digital transformation efforts contribute meaningfully to the Trust's overarching net zero objectives.

For the 2026–30 planning cycle, the Trust should focus on implementing circular IT procurement practices and adopting low-carbon hosting solutions to reduce the environmental impact of its digital infrastructure. Sustainability principles must be embedded into digital transformation governance structures and business case development to ensure that environmental considerations are integral to decision-making processes. Additionally, the expansion of virtual care pathways and digital-first service models should be prioritised, aligning with NHS England's What Good Looks Like framework to enhance accessibility, efficiency, and sustainability in patient care delivery.

Beyond 2030, the Trust should aim to achieve carbon neutrality across all digital infrastructure by ensuring that all systems, platforms, and hardware operate with minimal environmental impact. This encompasses transitioning to energy-efficient technologies, optimising data storage, and adopting sustainable procurement practices. In parallel, the strategic use of artificial intelligence (AI) and data analytics should be expanded to enhance clinical and operational sustainability. These technologies can support predictive modelling, resource optimisation, and real-time decision-making, thereby improving patient outcomes while reducing waste, inefficiencies, and carbon emissions across the healthcare system.

F. Travel and Transport: Modal Shift and Infrastructure

Emissions savings have been achieved through the uptake of zero-emission vehicles (ZEVs), active travel schemes, and public transport incentives, all of which have contributed to improved staff wellbeing and access to care. Despite these positive developments, the Trust does not yet have a formal Sustainable Travel Plan in place, and infrastructure to support active travel and electric vehicle charging remains limited. Patient travel emissions continue to be underreported and insufficiently addressed.

In 2024–25, patient transport mileage reached 330,547 miles, including 316,392 miles of NHS-funded journeys and 14,155 miles claimed by patients for travel reimbursement. This generated an estimated 92.22 tonnes of carbon dioxide equivalent (tCO_2e), establishing a baseline for future planning. However, it is important to note that the contract for non-emergency patient transport is managed at the Integrated Care System (ICS) level by the Black Country ICS. As such, the Trust has limited influence over the terms and conditions of the contract, which presents challenges in directly shaping service delivery and emissions performance.

In response, the Trust has committed to reducing patient transport-related emissions by 15% by 2027. This will be achieved through increased use of virtual appointments, improved access to public transport, and enhanced patient travel support schemes. Looking ahead to the 2026–30 planning cycle, the Trust should prioritise the development and implementation of a Sustainable Travel Plan by 2026. This plan should include the expansion of ZEV infrastructure, enhancement of staff incentives, and improved data collection on patient and visitor travel.

Travel planning should be integrated into outpatient care models to reduce unnecessary journeys and support low-carbon alternatives.

Beyond 2030, the Trust should aim to transition to a fully zero-emission fleet and embed travel decarbonisation into Integrated Care System (ICS) planning and community health delivery, ensuring that sustainable transport becomes a core component of regional healthcare strategy.

G. Estates and Facilities: Resilience and Compliance

Zero landfill status has been achieved, and recycling rates have improved, while renewable energy capacity has expanded. Participation in the Public Sector Decarbonisation Scheme has further enhanced infrastructure resilience.

However, energy metering is incomplete, limiting real-time monitoring and optimisation. Not all new builds and refurbishments meet the NHS Net Zero Building Standard, and backlog maintenance poses a risk to energy efficiency and service continuity.

For the 2026–30 planning cycle, the Trust should implement comprehensive energy metering and monitoring systems, ensure all capital projects comply with the NHS Net Zero Building Standard, and prioritise investment in backlog maintenance with sustainability and resilience co-benefits.

Beyond 2030, the Trust should retrofit all legacy buildings to net zero standards and integrate climate adaptation features into all estate planning, including passive cooling, flood resilience, and green space.

H. Monitoring, Reporting, and Governance

Governance has been aligned with TCFD requirements, and emissions tracking has improved. Sustainability is now embedded in business case development and board-level oversight.

However, Scope 3 reporting remains partially reliant on spend-based estimates, limiting precision. Sustainability KPIs are not yet fully integrated into operational dashboards and performance reviews.

For the 2026–30 planning cycle, the Trust should enhance emissions data systems and reporting accuracy, particularly for Scope 3 categories, integrate sustainability KPIs into business intelligence platforms and service line reporting, and align annual reporting with NHS England, CQC, and ICS expectations.

Beyond 2030, the Trust should transition to real-time emissions monitoring and predictive analytics, using integrated reporting to drive continuous improvement, transparency, and accountability.

The Royal Wolverhampton NHS Trust has laid a solid foundation for sustainable healthcare delivery. However, the journey to net zero requires a step-change in ambition, investment, and integration. The 2026–30 Green Plan must serve as a catalyst for systemic transformation—embedding sustainability into every facet of clinical, operational, and strategic decision-making. Beyond 2030, the Trust must focus on consolidation, innovation, and resilience to ensure it not only meets but leads in delivering the NHS's net zero ambition.

5. Drivers for Change

The Royal Wolverhampton NHS Trust's ambition to deliver exceptional care while supporting environmental sustainability is grounded in national mandates, health imperatives, and operational necessity. As one of the largest providers of acute, community, and primary care services in the West Midlands, RWT recognises the profound and intersecting drivers compelling transformation towards a net zero healthcare system.

A. Legislative and Policy Mandates

The Health and Care Act 2022 has placed a statutory duty on NHS trusts and Integrated Care Boards (ICBs) to consider climate impact in all decisions. NHS England's Green Plan Guidance (2025) reinforces this obligation, requiring all NHS organisations to refresh their Green Plans by July 2025 and demonstrate measurable actions across Scopes 1, 2, and 3 emissions. The Trust's Green Plan 2026–30 builds on prior achievements while responding to evolving national expectations regarding sustainability governance, carbon emissions reporting, and system-wide service transformation.

B. Climate-Related Health Risks

Climate change presents immediate and escalating risks to population health. The NHS acknowledges that air pollution alone contributes to an estimated 38,000 deaths annually in the UK, disproportionately affecting the most deprived communities and exacerbating existing health inequalities. The anticipated rise in flood- and heat-related mortality, projected to cost society up to £14.7 billion annually by the 2050s, further necessitates urgent and systemic response. These environmental and public health threats underscore the Trust's dual responsibility as a healthcare provider and as an anchor institution contributing to regional climate resilience.

C. NHS Performance and Financial Sustainability

Environmental sustainability is now embedded into the Care Quality Commission's (CQC) Well-led framework and forms part of NHS England's performance oversight. Additionally, failure to meet emissions reduction trajectories could jeopardise access to funding, incur penalties under the UK Emissions Trading Scheme (UK ETS), and lead to escalating energy costs. Between 2019/20 and 2024/25, RWT reduced its total emissions by 15.6%, achieving a

22.2% decrease in direct emissions (Scopes 1 and 2) and a 13.9% decrease in indirect emissions (Scope 3), despite a 12% estate expansion. Maintaining this progress while addressing rising pharmaceutical emissions is crucial to protect both clinical and financial sustainability.

D. TCFD Disclosure Requirements

In accordance with the Department of Health and Social Care's Group Accounting Manual, NHS organisations are now expected to align their reporting with the Task Force on Climate-related Financial Disclosures (TCFD). While direct disclosure of Scope 1, 2, and 3 emissions is reported nationally by NHS England, individual Trusts must ensure that Green Plans contain relevant information on governance, strategy, risk management, and metrics, thereby contributing to the NHS's broader climate-related financial transparency. In response, RWT has integrated climate risk assessments into its business case development and board-level reporting structures, thereby embedding TCFD-aligned disclosures within its broader sustainability governance framework.

E. Strategic Alignment with National Programmes

RWT's progress aligns with national programmes such as the Public Sector Decarbonisation Scheme (PSDS), the NHS Net Zero Supplier Roadmap, and the Greener NHS digital transformation strategy. For example, the Trust eliminated desflurane by March 2025 and achieved a 93% reduction in MDI usage, demonstrating its responsiveness to national priorities such as reducing high-global-warming-potential anaesthetic and inhaler gases. These actions mirror broader NHS-led campaigns to reduce emissions from medical gases and pharmaceuticals, which together comprise around 25% of total NHS emissions.

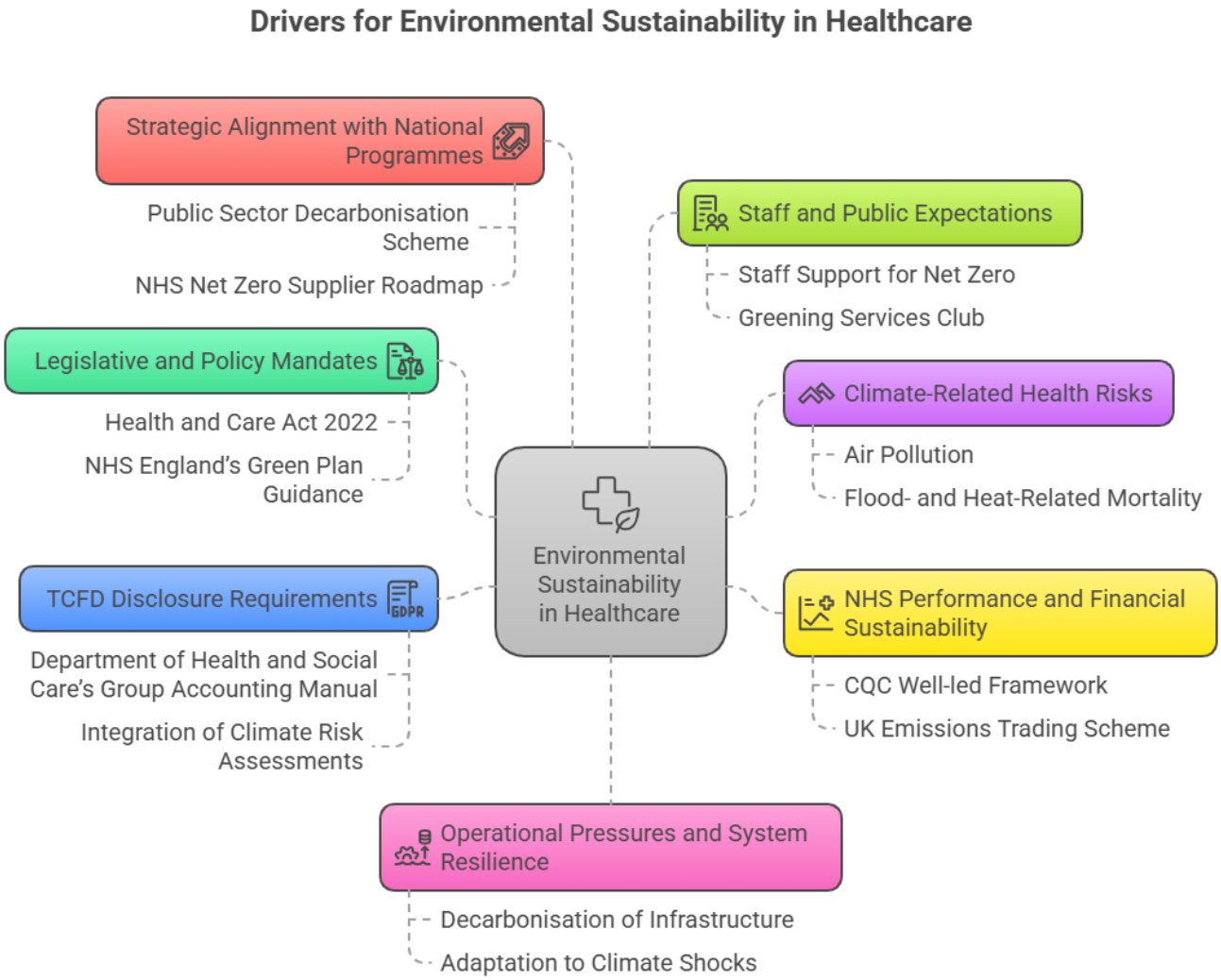
F. Staff and Public Expectations

Sustainability is now a workforce priority. NHS England's guidance highlights that 9 in 10 NHS staff support the net zero ambition, with 6 in 10 more likely to remain in organisations demonstrating climate leadership. At RWT, a cross-functional Sustainability Group provides strategic oversight, and initiatives such as the Greening Services Club have empowered departments—including Procurement, Orthotics, and Theatre Services—to innovate locally. Such bottom-up engagement strengthens organisational accountability, supports staff retention, and reinforces the Trust's cultural alignment with sustainability and social responsibility.

G. Operational Pressures and System Resilience

The Green Plan is also a response to tangible operational risks. Ongoing reliance on gas and residual oil, rising pharmaceutical emissions, and constrained storage capacity for medicines highlight vulnerabilities that could undermine long-term service continuity. Against this

backdrop, the decarbonisation of infrastructure, digital services, and clinical delivery models is not merely an environmental imperative, but a strategic necessity for long-term service resilience and quality. Moreover, adaptation to climate shocks—such as flooding, extreme heat, and power disruption—is increasingly necessary to ensure safe, continuous delivery of care.



6. The Green Plan

This section presents The Royal Wolverhampton NHS Trust's Green Plan for the period 2026–2030. It builds on progress achieved to date and supports the NHS ambition to become the world's first net zero health service, as set out in the Health and Care Act 2022. Developed in accordance with the 2025 NHS England Green Plan Guidance, this plan aligns national

requirements with the Trust's local context, identifying the actions needed to deliver on environmental, clinical, and organisational priorities.

The Green Plan is informed by updated carbon footprint data and reflects strengthened internal governance, including the work of the Sustainability Group and the integration of climate-related risk within corporate oversight through adoption of the Task Force on Climate-related Financial Disclosures (TCFD) framework. It also anticipates evolving regulatory expectations, including the Care Quality Commission's inclusion of sustainability considerations within the Well-led inspection domain.

This section outlines the Trust's strategic goals, supporting objectives, and associated actions across all key delivery domain: estates and facilities, models of care, workforce, procurement, and digital innovation. It sets out how the Trust will reduce direct and indirect emissions (Scopes 1, 2 and 3), contribute to national Net Zero targets, and create broader environmental and social value.

Importantly, this Green Plan is not solely focused on reducing carbon. It establishes the Trust's approach to delivering sustainable and climate-resilient healthcare, ensuring services remain safe, high quality, and equitable in the face of environmental pressures. By embedding sustainability into governance, operations, and clinical practice, the Trust aims to safeguard population health, strengthen system resilience, and lead positive changes across the wider health and care system.

6.1. Workforce and System Leadership

The Royal Wolverhampton NHS Trust recognises that empowering its workforce is fundamental to achieving sustainable healthcare. Staff across all levels of the organisation have a vital role to play in making environmental responsibility part of everyday care, decision-making, and leadership. While technical solutions are important, lasting change depends on people who understand how sustainability relates to their work, feel equipped to be effective, and are supported by a culture that encourages and enables action.

Over the past five years, the Trust has witnessed increasing engagement from staff in local environmental initiatives, such as departmental energy-saving campaigns, waste reduction pilots, and the Greening Services Club. Building on this momentum, the next phase of the Green Plan will formalise and expand workforce leadership in sustainability, ensuring that environmental responsibility is embedded within core business functions, staff development pathways, and cross-system collaboration.

Strategic Goal

To develop a confident, knowledgeable, and empowered workforce that actively leads and contributes to the delivery of sustainable healthcare across all Trust services by 2030.

Objectives

1. To ensure all staff understand the Trust's sustainability priorities and the role they play in achieving them.
2. To integrate sustainability education into workforce development, leadership competencies, and clinical practice.
3. To strengthen departmental and organisational ownership of environmental objectives through the Green Champions network and an expanded Greening Services Club.
4. To promote sustainability leadership across the Black Country Integrated Care System (ICS) through shared learning and coordinated action.
5. To monitor and enhance staff engagement with sustainability through regular feedback, reporting, and improvement cycles.

Actions

1. Expand the Green Champions network across all clinical and non-clinical departments by 2026, with each area nominating a representative to coordinate local sustainability efforts.
2. Scale up the Greening Services Club by 2027, developing it into a cross-departmental forum that supports staff-led innovation, peer learning, and delivery of Trust-wide environmental initiatives.
3. Deliver quarterly training and provide tailored resources for Green Champions and Club members, ensuring dedicated time within job plans by 2027 to support their responsibilities.
4. Embed a mandatory sustainability module into staff induction programmes from July 2026, introducing the NHS Net Zero ambition, the Trust's Green Plan, and practical approaches to sustainable working.
5. Launch a suite of e-learning modules by March 2027, tailored to different staff groups, and designed to support the integration of sustainability into day-to-day roles.
6. Include sustainability objectives within senior managers' annual performance reviews from 2026, ensuring visible and accountable leadership.
7. Report quarterly on workforce engagement, training participation, and activity across the Green Champions network and Greening Services Club to the Trust Board.
8. Work with ICS partners to co-design and implement a climate and health leadership development programme by 2027, promoting system-wide capacity-building and innovation.
9. Introduce an annual staff sustainability survey from 2026 to assess awareness, behaviours, and perceived barriers, with findings used to refine future engagement strategies.

Key Performance Indicators (KPIs)

1. 100% of Trust directorates to have appointed a Green Champion by Q4 2026.
2. Quarterly Green Champion training provided, achieving a minimum attendance rate of 80%.

3. An expanded and active Greening Services Club in place by Q2 2027, with at least 50 engaged members across departments.
4. 100% of new starters completing the sustainability induction module from Q3 2026.
5. At least three e-learning modules deployed by Q1 2027, tailored to specific workforce needs.
6. Sustainability objectives integrated into senior manager appraisals by Q4 2026.
7. All quarterly workforce sustainability reports submitted to the Trust Board from Q4 2025.
8. Climate and health leadership programme launched in partnership with the ICS by Q3 2027
9. Annual sustainability staff survey initiated by Q2 2026, with a minimum 40% response rate in the first year.

By embedding sustainability across leadership, education, and professional practice—and by enabling staff-led action through the Green Champions network and the Greening Services Club—the Trust will ensure that environmental responsibility becomes a core aspect of organisational culture. This approach strengthens alignment with NHS Net Zero targets while contributing to safer, more resilient, and socially responsible healthcare delivery.

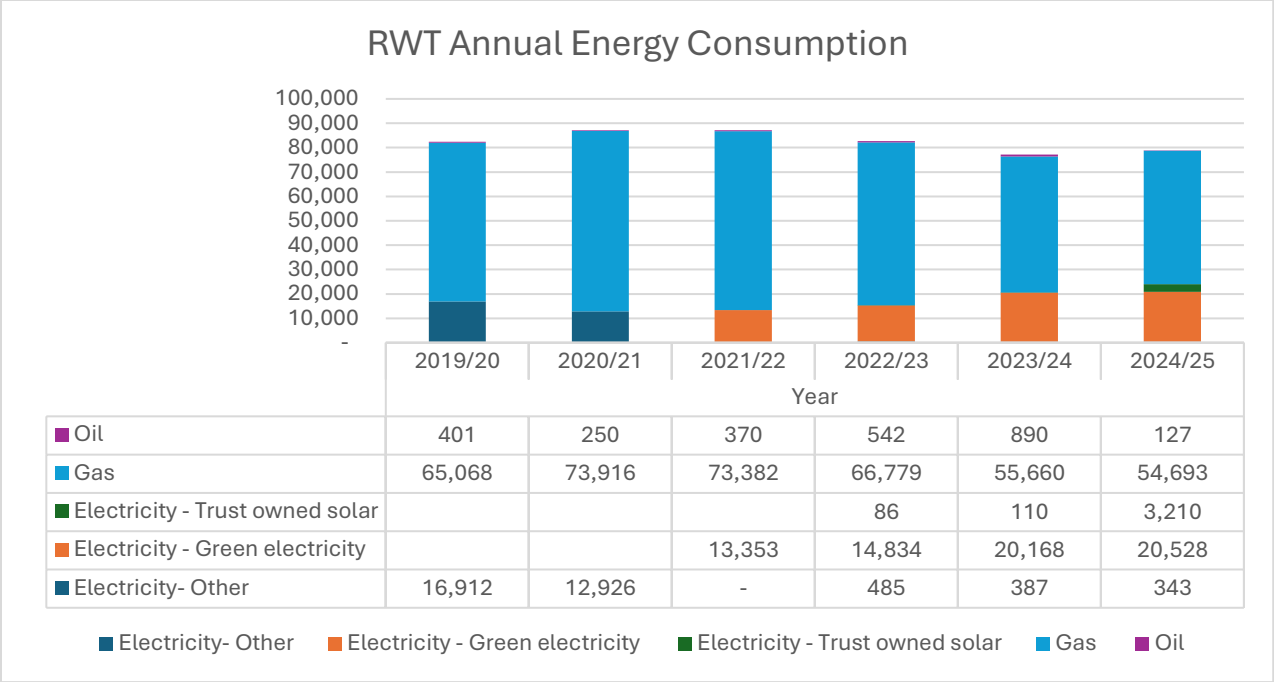
Collaboration and External Engagement

RWT will maintain active participation in the Black Country ICS Sustainability Network and other regional and national sustainability forums. The Trust will also share learning and best practice through external partnerships and NHS sustainability networks.

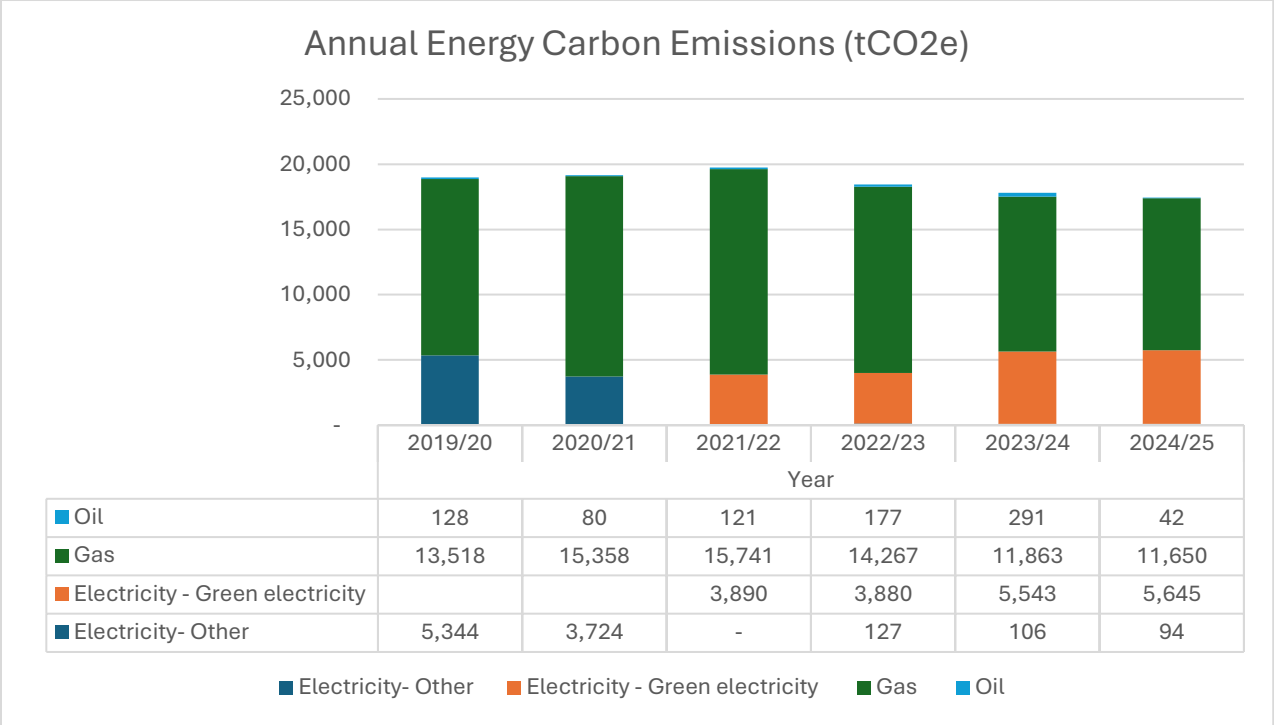
6.2. Estates and Facilities

The built estate remains one of the most significant sources of carbon emissions across the NHS, particularly through space heating and electricity use. At The Royal Wolverhampton NHS Trust, the Estates and Facilities Directorate plays a pivotal role in achieving carbon reduction ambitions through improved energy efficiency, heat decarbonisation, and the development of low-carbon, climate-resilient infrastructure. Ongoing investment in infrastructure modernisation is fundamental to the Trust's wider commitment to sustainable, high-quality healthcare.

Since the publication of the last Green Plan, the Trust has made considerable progress in reducing emissions associated with the built environment. Despite an overall estate expansion of 11.9% since 2019/20—including a 5% increase in gross internal floor area (from 184,262 m² to 193,295 m²) and a 7% rise in heated volume between 2023/24 and 2024/25—total energy consumption has declined. From a baseline of 82,381 MWh in 2019/20, consumption fell to 78,901 MWh in 2024/25, representing a reduction of 3,480 MWh and an associated saving of 1,559 tonnes of CO_2e. These reductions were achieved through a combination of targeted infrastructure upgrades, including LED lighting programmes, air handling improvements, and enhanced building controls.



	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Oil	401	250	370	542	890	127
Gas	65,068	73,916	73,382	66,779	55,660	54,693
Electricity - Trust owned solar				86	110	3,210
Electricity - Green electricity			13,353	14,834	20,168	20,528
Electricity- Other	16,912	12,926	-	485	387	343



	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Oil	128	80	121	177	291	42
Gas	13,518	15,358	15,741	14,267	11,863	11,650
Electricity - Green electricity			3,890	3,880	5,543	5,645
Electricity- Other	5,344	3,724	-	127	106	94

A key milestone during this period was the commissioning of a 6.9 MWp solar farm at New Cross Hospital in July 2024. Comprising over 15,200 photovoltaic panels, this development is expected to generate more than 3,200 MWh of renewable electricity each year—delivering cost savings of between £750,000 and £1 million and reducing emissions by an estimated 883 tonnes of CO_2e annually. Complementary upgrades to the site's electrical infrastructure,

including the installation of a new 12 MVA substation and high-voltage cable works, are enabling the deployment of large-scale heat pumps and future building electrification.

The Trust has also secured significant capital through the Public Sector Decarbonisation Scheme (PSDS), delivering decarbonisation and retrofit projects across three priority sites:

- *Cannock Chase Hospital*: Installation of a 650-kW air source heat pump (ASHP), forecast to reduce emissions by 414 tonnes of CO_2e per year.
- *New Cross Hospital*: Deployment of ASHP systems generating 5,031,531 kWh of thermal energy annually, alongside building insulation, BMS upgrades, and lighting replacements. Combined, these measures are projected to reduce emissions by 694 tonnes of CO_2e annually.
- *Wrekin House*: Integration of a 4,160 kW ASHP system to provide heating and cooling to the new laboratory facilities, supporting future clinical demand.
- £10,385,000 Estates Safety Fund (June 2025): Improvements to electrical systems, internal building fabric and fixtures, fire safety and roof works.

Despite these advances, decarbonising the Trust's estate remains challenging. Legacy gas infrastructure, the ongoing cost differential between electricity and gas, and uncertainty around capital funding mechanisms continue to constrain progress. To meet NHS Net Zero targets and strengthen climate resilience, the Trust will require a long-term, fully funded heat decarbonisation strategy, investment in smarter energy infrastructure, and robust carbon monitoring aligned with estate growth.

Strategic Goal

To deliver a low-carbon, energy-efficient, and climate-resilient estate that supports safe, sustainable healthcare and contributes to the NHS Net Zero ambition by reducing Scope 1 and 2 emissions by 30% from the 2019/20 baseline by 2030.

Objectives

1. Eliminate fossil fuel heating systems through phased electrification of estate-wide heating infrastructure by 2035.
2. Expand smart energy monitoring and emissions tracking across all acute and high-consumption sites by 2027.
3. Finalise a Trust Estates Strategy by Q4 2025-26
4. Implement the Trust Estate Strategy from Q1 2026-2027, embedding carbon reduction, resilience, and modernisation priorities.
5. Improve the energy performance of existing buildings and ensure all new developments align with NHS Net Zero Building Standards.
6. Increase on-site renewable electricity generation by at least 50% from 2024/25 levels by 2028.

Key Actions

Action	Key Performance Indicator (KPI)	Time Frame
Complete PSDS-funded projects at New Cross, Cannock Chase, and Wrekin House	Verified emissions savings from all three sites	Q3 2026-27
Complete NHS Estates Safety Fund Projects at New Cross Hospital and Cannock Chase Hospital	Verified emission savings from all sites	Q4 2027-28
Develop and approve the new Estates Strategy	Strategy published with Net Zero principles fully embedded	Q4 2025-26
Expand BEMS coverage and install sub-metering in all key buildings	≥90% of acute floor area digitally monitored for energy use	Q2 2028-30
Undertaking Trust-wide LED survey and complete installations	100% LED lighting coverage across all properties	Q4 2027-28
Submit bids to NHS Energy Efficiency Fund and related funding schemes	Ensuring funding applications are submitted per year	Annually
Pilot overnight shutdown of Air Handling Units in low-occupancy zones	Reduction in overnight energy use recorded across 5+ departments	Q3 2026
Introducing carbon intensity reporting in Estates dashboards	CO_2e/m^2 metrics embedded in quarterly reports	Q2 2026
Assess potential for heat networks and local energy integration	Feasibility study completed and options reviewed with partners	Q4 2027
Ensure Net Zero compliance in all new builds and refurbishments	All capital schemes (where applicable) aligned with NHS Net Zero Building Standards	Q4 2030

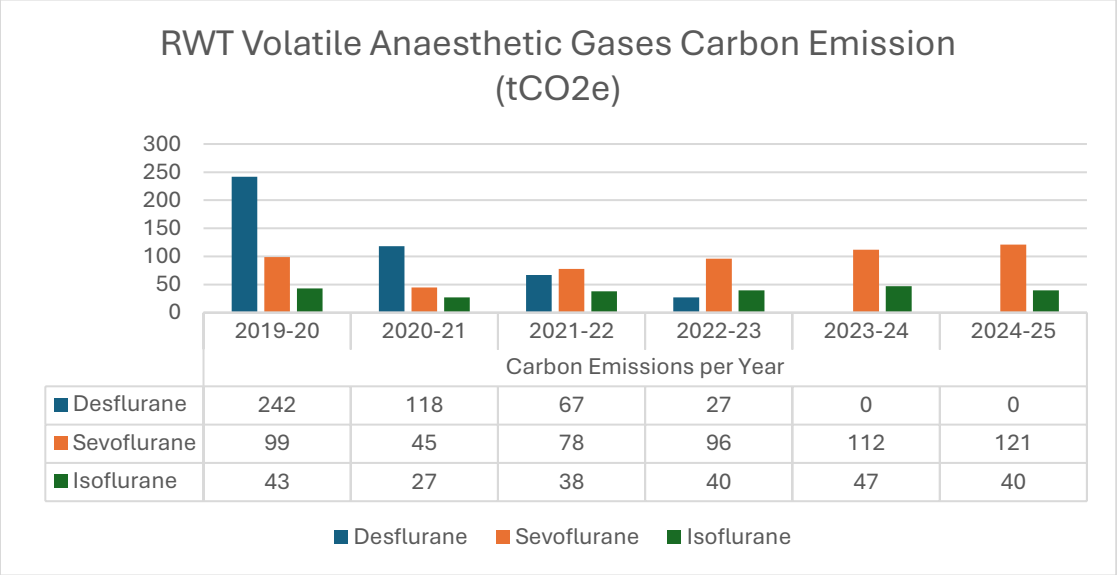
Key Performance Indicators (KPIs)

1. Tonnes of CO_2e saved annually through decarbonisation and retrofit projects.
2. Percentage of estate sub-metered and monitored via upgraded BMS.
3. The percentage of total floor area upgraded to LED lighting by 2027.
4. Annual kWh of renewable electricity generated on-site.
5. Number and proportion of capital projects aligned with Net Zero Building Standards.
6. Annual change in estate carbon intensity (tCO_2e/m^2), adjusted for growth.
7. Completion and implementation of Estates Strategy incorporating climate resilience.

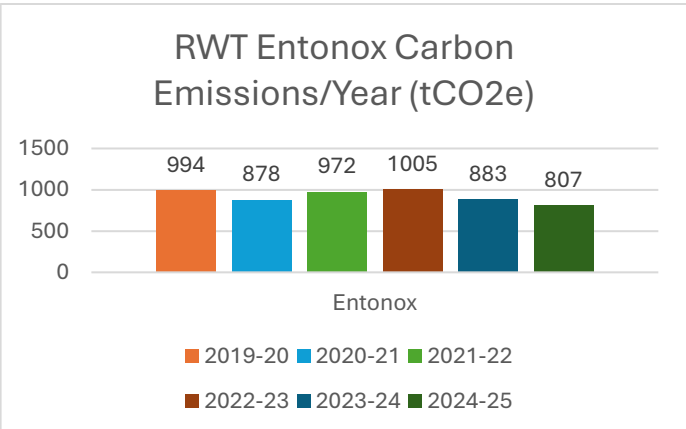
6.3. Net Zero Clinical Transformation

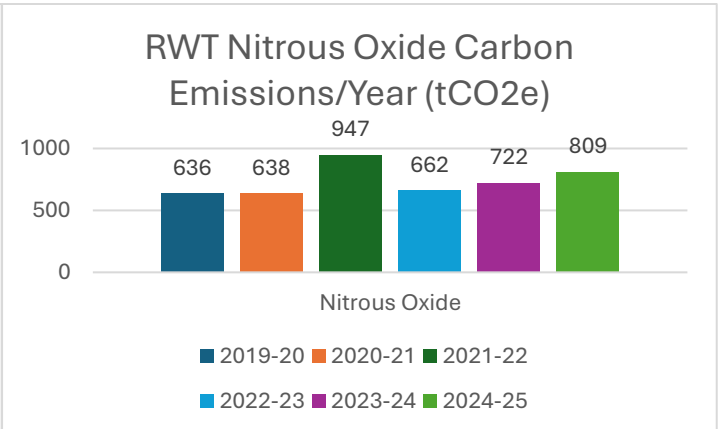
Clinical care remains one of the most significant contributors to the NHS carbon footprint, due to emissions arising from anaesthetic gases, inhalers, pharmaceuticals, medical equipment, and single-use consumables. The Royal Wolverhampton NHS Trust recognises the critical role of clinical teams in reducing these emissions through the adoption of low-carbon care models that maintain safety and quality, minimise waste, and build climate resilience into the healthcare system.

The Trust has achieved demonstrable progress. Desflurane was fully eliminated from clinical use by 2023/24, avoiding 242tCO_2e and generating savings of approximately £5,000 per year. While the overall volumes of sevoflurane and isoflurane remain stable, their significantly lower global warming potential (GWP) has resulted in a much-reduced carbon impact. In 2024/25, sevoflurane and isoflurane contributed 121 tCO_2e (524 litres) and 40 tCO_2e (52 litres) respectively. Ongoing efforts are focused on promoting low-flow Anaesthesia and alternative techniques like TIVA (Total intravenous Anaesthesia) to further reduce emissions.



Nitrous oxide and Entonox continue to be material sources of Scope 1 emissions. Entonox-related emissions have decreased from 994 tCO_2e in 2019/20 to 807 tCO_2e in 2024/25. However, nitrous oxide emissions increased to 809 tCO_2e in the same year, following changes in clinical practice. The clinical use of Nitrous oxide has been found to reduce to less than 1% of the Nitrous oxide procured. This data was collected from the Anaesthetic machines. This shows disparity between what is procured and what is used for the patients. A Trust-wide nitrous oxide waste reduction initiative is underway. This aims at moving away from piped Nitrous and trialing small cylinders for clinical use, supported by the procurement of specialist





equipment and staff engagement. A pilot project is planned for 2025, with the aim of achieving a 625 tCO_2e annual reduction and cost savings of £10,000 through abatement, decommissioning, and alternative clinical protocols.

Several sustainability initiatives are already embedded across clinical settings. The introduction of Carbon Champions in all operating theatres has strengthened peer engagement and enabled consistent monitoring of practices. For example, the Theatre Hats Project, which replaced disposable hats with reusable cloth caps for 619 staff, delivered over 10,700 $kgCO_2e$ and £2,036 in annual savings. Plans are in place to extend the initiative to Cannock and Eye Theatres. Additional clinical projects have delivered substantial environmental and financial benefits, including:

- Replacement of Ethyl Chloride with Cool Sticks in all theatres, saving an estimated 1,779,443 $kgCO_2e$ and £24,000 per year.
- Deployment of Neptune fluid waste management systems, reducing emissions by 7,219 $kgCO_2e$ in two theatres. It has also reduced plastic consumables, staff time and increased patient turnaround in theatre.
- Discontinuation of blood group and save during robotic prostatectomies procedures, saving 20 $kgCO_2e$ annually and £3,500.
- Correct waste segregation and management in theatres.

All these initiatives are underpinned by a growing commitment to Sustainable Quality Improvement (SusQI), with clinical staff leading projects on glove-use reduction, reducing waste in cannula packs, and using reusable tourniquets for venipuncture. Sustainability is being embedded within the Quality Framework 2025–28, ensuring that environmental responsibility is reflected in team meetings, audit activity, and professional development. Updates to the Clinical Accreditation Model, alongside the integration of carbon literacy into the Band 5 Development Programme and Professional Nurse Advocate roles, are key enablers of cultural change.

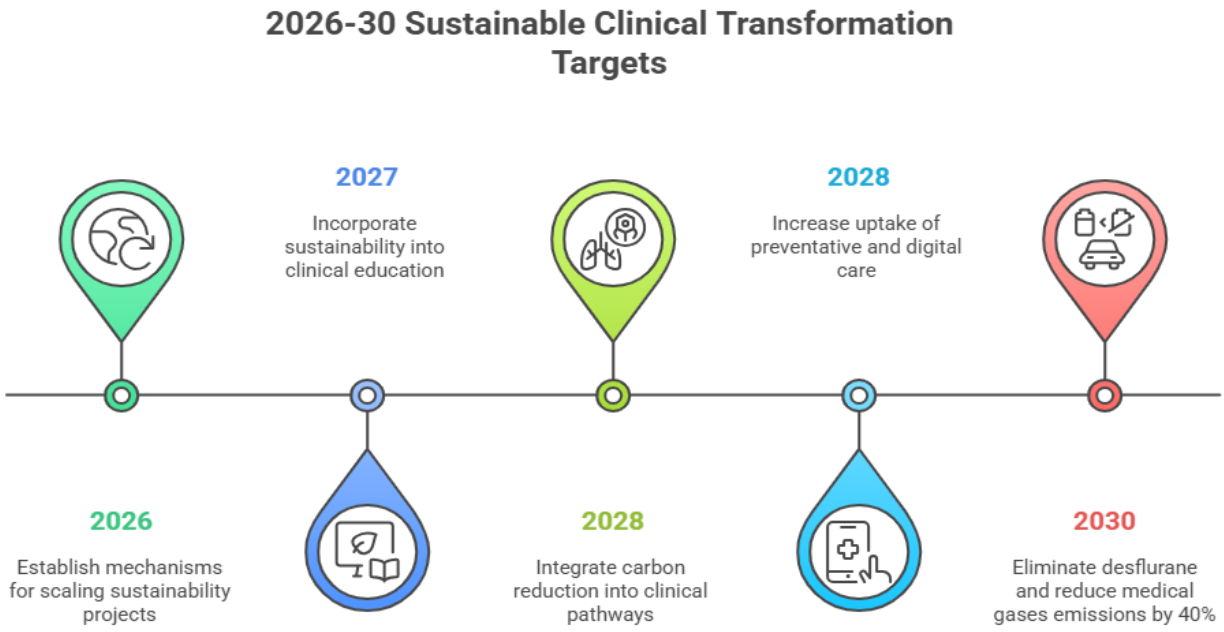
Digital innovation and pathway transformation further support clinical decarbonisation. The expansion of virtual wards, enhanced use of remote monitoring, and community-based care models contribute to a reduction in transport-related emissions and unnecessary hospital activity, in line with national Net Zero Clinical Pathway guidance.

Strategic Goal

To embed environmental sustainability across all aspects of clinical care—ensuring services are safe, low-carbon, and resilient in the face of climate and resource pressures.

Objectives

1. By 2030, reduce carbon emissions associated with volatile anaesthetic gases—including Nitrous Oxide and Entonox—by 9-24%% and 5-8% respectively, compared to the 2019/20 baseline, through targeted reduction initiatives and robust, audit-led performance monitoring.
2. Integrate carbon reduction criteria into clinical procurement, prescribing, and procedural pathways by 2028, ensuring measurable emissions savings in at least five high-impact specialties.
3. Incorporate environmental sustainability into all clinical education, accreditation, and quality improvement programmes by 2027, with 100% of clinical departments participating in relevant training and audit cycles.
4. Establish formal mechanisms by 2026 to scale successful local sustainability projects into system-wide operational planning, with at least three projects adopted across the ICS.
5. Increase uptake of preventative and digital-first models of care by 30% by 2028, including expanded use of remote monitoring, virtual wards, and digital triage to reduce avoidable carbon-intensive activity.



Key Actions

1. Maintain desflurane elimination and monitor use of sevoflurane and isoflurane through audit.
2. Implement the Nitrous Oxide Reduction Plan and deliver the pilot by 2026.

3. Expand the inhaler decarbonisation programme and monitor prescribing outcomes.
4. Scale the adoption of reusable surgical items and rationalise high-volume consumables.
5. Embed the Green Surgery Checklist across elective theatre procedures by 2027.
6. Integrate sustainability metrics into the Clinical Accreditation Model by 2027.
7. Deliver carbon literacy through Band 5 and Professional Nurse Advocate development.
8. Formalise the Carbon Champions Network with regular audit cycles and reporting.
9. Roll out carbon dashboards in two clinical specialties by 2027.
10. Expand digital triage, virtual wards, and remote monitoring aligned with care redesign.

Key Performance Indicators (KPIs)

1. Emissions from anaesthetic and medical gases (tCO_2e and volume).
2. Annual emissions avoided through clinical transformation projects.
3. Number of clinical QI projects with a sustainability focus (including SusQI alignment).
4. Staff engagement in sustainability training and education.
5. Compliance with the Green Surgery Checklist across surgical specialties.
6. Number of Carbon Champions and documented sustainability audits.
7. Avoided admissions and emissions through digital or community-based care.
8. Annual reporting of cost and carbon savings from implemented clinical projects.

6.4. Digital Transformation

Digital innovation is a critical enabler of sustainable healthcare. At The Royal Wolverhampton NHS Trust, the Digital Technology Services (DTS) and Health Records Division play an integral role in driving carbon reduction, resource efficiency, and system resilience. Digital transformation is embedded across infrastructure, clinical applications, and service delivery—delivering measurable environmental benefits while supporting high-quality patient care.

Over the past five years, the Trust has delivered wide-ranging digital sustainability initiatives. These include the decommissioning of legacy systems, optimisation of application design, migration to low-carbon infrastructure, reduction in paper use, and the expansion of remote working and virtual care. Collectively, these efforts contributed to an estimated 1,039.57 tCO_2e in annual carbon savings by 2024.

One of the most impactful interventions has been the decommissioning of ten servers, which avoids 20.53 tCO_2e per year. Plans are in progress to decommission a further nine servers by 2026. The Trust's hardware recycling and reuse programme has also delivered significant benefits, saving 518 tCO_2e—comprising 163 tCO_2e from recycling and 355 tCO_2e from reuse. These activities have avoided approximately 30m³ of landfill waste and offset emissions equivalent to those generated by 65 vehicles, while saving enough energy to power 79 homes annually.

The Trust's commitment to virtual care and agile working remains a cornerstone of digital sustainability. Remote working and virtual meetings—scaled during the COVID-19 pandemic—continue to reduce emissions associated with business travel and commuting. In parallel, the managed print and fulfilment model has curtailed paper use by prioritising secure digital correspondence.
The implementation of the Inkwrx digital forms platform has enabled over 369,000 patient forms to be completed electronically in 2024, eliminating the need for more than 1.7 million sheets of paper, saving 348.8 tCO_2e, and avoiding 843,600 miles of travel. This also equates to a saving of approximately 17 million litres of water. Health Records scanning services further contributed by digitising over five million pages in 2024, saving 21.6 tCO_2e and over 100 million litres of water.

Looking ahead, the introduction of the CareFlow Electronic Patient Record (EPR) in 2025 will consolidate multiple clinical systems into a single, integrated platform. This will reduce duplication, streamline workflow, and significantly reduce paper consumption. The CareFlow EPR also enables improved reporting and audit of digital sustainability metrics, aligned with national priorities on digital maturity and Net Zero care. Additional clinical and digital interventions include:

- The introduction of Indexor Solutions racking in Pathology, replacing single-use plastic bags, and avoiding 66.9 tCO_2e annually.
- The transition to ICE electronic radiology requests thereby saving 54,000 sheets of paper per year.
- Code optimisation, cloud migration, and enhancements in software design to reduce the environmental impact of Trust-hosted digital infrastructure.

The Trust's digital sustainability work is increasingly aligned with the Integrated Care Board (ICB) Digital Sustainability Group, allowing shared learning and collaborative delivery across the Black Country system. Future priorities include expanding the use of virtual PCs, further e-form conversions, and implementation of smart power-down protocols across hardware estates.

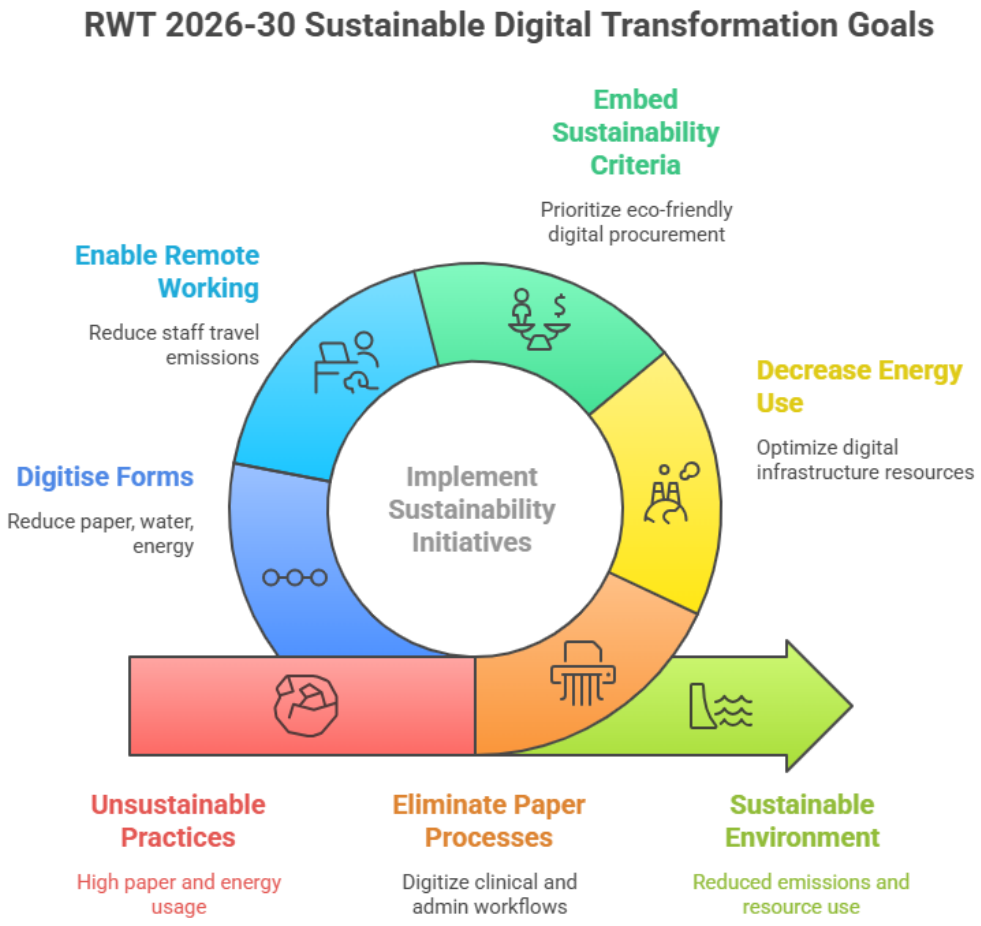
Strategic Goal

Deliver a measurable reduction in carbon emissions from digital infrastructure, service delivery, and clinical operations through targeted digital innovation by 2030.

Objectives

1. Eliminate at least 80% of paper-based processes in clinical and administrative workflows by 2027.
2. Decrease energy use from digital infrastructure by 20% by 2028 through decommissioning and optimisation.

3. Embed environmental sustainability criteria into 100% of digital procurement decisions by Q4 2026.
4. Enable 90% of eligible staff to secure remote or hybrid working by 2027 to reduce travel emissions.
5. Digitise a minimum of 500 clinical and administrative forms by 2027 to cut paper, water, and energy use.



Key Actions and KPIs

Action	Key Performance Indicator (KPI)	Time Frame
Complete the second phase of server decommissioning	40% reduction in server energy consumption	Q4 2026
Extend Inkwrx platform to additional Trust services	250+ forms digitised; 60+ departments transitioned	Q2 2027

Implement CareFlow EPR across clinical services	100% coverage of core clinical pathways; sustainability metrics live	Q1 2027
Launch power-down automation for all eligible digital hardware	20% reduction in overnight energy use of devices	Q3 2026
Migrate selected services to cloud infrastructure	30% reduction in onsite hosting emissions	Q4 2027
Expand digital support for virtual wards and remote monitoring	15% increase in patients supported remotely	Annually
Maintain and expand hardware reuse and recycling scheme	90% of decommissioned devices reused or recycled	Ongoing
Deliver annual digital sustainability training	80% of digital and procurement staff trained	Annually
Contribute to ICS-wide digital sustainability initiatives	Participation in a minimum of 3 regional projects per year	From 2025

6.5. Medicines

Medicines are responsible for approximately 25% of total NHS carbon emissions, contributing significantly across prescribing, supply chains, packaging, and patient use. At The Royal Wolverhampton NHS Trust, Pharmacy and Medicines Optimisation teams are at the forefront of efforts to reduce medicine-related emissions, embedding sustainability into prescribing, clinical care, waste reduction, and patient engagement. These activities align with the Greener NHS objective to reduce the environmental impact of medicines, particularly inhalers, anaesthetic gases, antibiotics, and packaging.

Between 2019/20 and 2024/25, the Trust's emissions associated with medicines increased from 35,355 tCO_2e to 51,137 tCO_2e—a 45% rise, driven by heightened demand, complex care needs, and the introduction of higher-emission therapeutics. In response, the Trust has implemented targeted interventions to maintain safe, effective care while decoupling clinical excellence from unsustainable pharmaceutical use.

Pharmacy-led transformation has generated notable carbon reductions. A long-running medicines reuse programme has saved approximately £1 million worth of stock from waste and avoided 621 tCO_2e. In parallel, antimicrobial stewardship initiatives—delivered by Pharmacy, Microbiology, and Infection Prevention teams—have increased compliance with intravenous-to-oral switch protocols, achieving a reduction of 102 tCO_2e in 12 months.

Anaesthetic gases represent a particularly high-impact source of emissions. The Trust eliminated desflurane in 2022, reducing annual desflurane-related emissions from 242 tCO_2e

in 2019/20 to zero by 2023/24. Theatre efficiency improvements and a transition to lower-emission alternatives have helped bring total anaesthetic gas emissions down to 161 tCO_2e by 2024/25—comprising 121 tCO_2e from sevoflurane and 40 tCO_2e from isoflurane.

Although RWT remains the lowest user of nitrous oxide across Black Country acute trusts, opportunities remain. A pilot scheme using small cylinders in theatres is currently underway, replacing central manifolds to limit wastage. Similar reviews are in progress for Entonox, with attention to clinical needs and alternative pain management options.

Inhaler emissions have also been prioritised. While overall use remains high, early data suggest meaningful progress. Emissions from MDIs declined from 114,200 kg to 71,720 kg CO_2 per month, and in respiratory care, fell from 4,720 kg to 320 kg CO_2 per month—a 93% decrease. These reductions were not matched by an increase in DPI emissions, confirming effective substitution rather than duplication.

The iNSPIRE inhaler recycling scheme, introduced in 2023, is a key element of the Trust's inhaler strategy. Delivered in partnership with the ICS, LPC, AstraZeneca, and other stakeholders, the programme has enabled the collection and recycling of over 16,800 inhalers. Awareness campaigns, patient materials, and prescriber education contributed to a shift in patient understanding of correct disposal—from 15% to 79% awareness within one year.

Further carbon reduction opportunities are under development. These include a review of FP10 prescription practices, waste minimisation in discharge medicines, a potential packaging recycling trial, and substitution of IV paracetamol with oral formulations where clinically appropriate. An expansion of on-site pharmacy storage is also being explored to reduce emissions from repeat deliveries—an intervention that could unlock wider decarbonisation benefits.

Strategic Goal

To significantly reduce carbon emissions associated with medicines use by 2030, through clinically appropriate prescribing, targeted reductions in high-impact pharmaceuticals, and enhanced circular economy approaches across all pharmacy services.

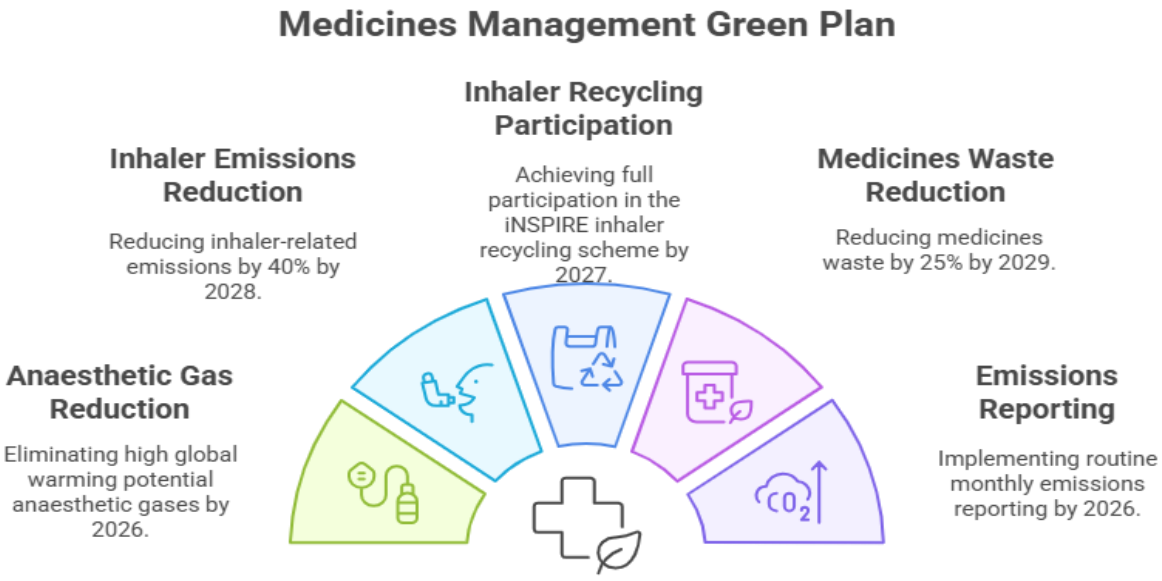
Objectives

1. Eliminate routine use of high global warming potential anaesthetic gases across all sites by 2026.
2. Reduce annual inhaler-related emissions by 40% by 2028 through low-carbon alternatives and improved disposal.
3. Achieve full participation of inpatient and outpatient services in the iNSPIRE inhaler recycling scheme by 2027.

4. Reduce medicines waste across inpatient wards and discharge prescribing by 25% by 2029.
5. Implement routine monthly emissions reporting for all high-impact medicines categories by 2026.

Key Actions

1. Maintain desflurane-free anaesthetic practice across the Trust and extend gas monitoring to all theatres by 2026.
2. Conclude nitrous oxide cylinder pilot evaluation and implement phased rollout Trust-wide by Q4 2026.
3. Expand the MDI-to-DPI switch protocol to all respiratory outpatient clinics by 2027, supported by prescriber training.
4. Extend the iNSPIRE inhaler recycling programme to 100% of Trust-controlled pharmacies and discharge points by 2027.
5. Introduce a Pharmacy waste monitoring dashboard by Q2 2026 and integrate with ward-level improvement plans.
6. Launch clinical guidance in 2026 to standardise IV-to-oral switches for antibiotics and paracetamol.
7. Develop a business case by 2027 for expanded on-site storage to reduce courier deliveries by 20%.
8. Publish a quarterly Pharmacy sustainability dashboard starting Q3 2026, reporting by emissions category.
9. Trial medicine packaging and blister pack recycling in three pilot wards by 2026 and scale successful models Trust-wide by 2028.



Key Performance Indicators (KPIs)

1. Annual tCO_2e savings from inhaler and anaesthetic gas reductions.
2. MDI-to-DPI switching ratio and emissions trends.
3. Number of Metered Dose Inhalers recycled through iNSPIRE.
4. Value and carbon savings from medicines reuse initiatives.
5. Compliance with IV-to-oral antibiotic switching protocols.
6. Volume of FP10 prescriptions issued and associated emissions.
7. Staff training completion on sustainable prescribing practices.
8. Monthly reporting of emissions from anaesthetic and inhaler use.
9. Pilot participation and outcomes in packaging recycling schemes.

6.6. Travel and Transport

Travel and transport emissions remain a significant contributor to the Trust's Scope 3 carbon footprint. In alignment with the NHS England Net Zero Travel and Transport Strategy, The Royal Wolverhampton NHS Trust continues to pursue reductions in travel-related emissions through modal shift, fleet decarbonisation, digital transformation, and collaborative initiatives across the Black Country Integrated Care System (ICS).

During 2024–25, the Trust made notable progress in promoting low-carbon travel and reducing emissions. A total of 229 staff benefitted from the Trust's Discounted Travel Card scheme, contributing to an estimated 98 tonnes of carbon dioxide equivalent (tCO_2e) reduction. The ZEV/ULEV salary sacrifice scheme saw participation from 582 staff, resulting in 478 tCO_2e savings and generating £763,227.23 in tax and National Insurance benefits. Additionally, 17 employees joined the Cycle to Work Scheme, avoiding approximately 4 tCO_2e.

Digital transformation continued to play a central role in reducing travel demand. A total of 216,396 outpatient appointments were delivered virtually, saving approximately 2.95 million travel miles and avoiding 493 tCO_2e. The Patient-Initiated Follow-Up (PIFU) model further contributed to emissions reduction, with 8,932 appointments avoided and an additional 20.4 tCO_2e saved.

Patient travel remains a significant source of emissions. In 2024–25, total patient transport mileage reached 330,547 miles, comprising 316,392 miles of NHS-funded journeys and 14,155 miles claimed by patients for travel reimbursement. This generated an estimated 92.22 tCO_2e in emissions. However, the contract for non-emergency patient transport is managed centrally by the Black Country ICS, and the Trust has limited influence over its terms and conditions. This presents challenges in shaping service delivery and emissions performance at the organisational level.

To support modal shift and reduce emissions from patient travel, eligible individuals can now access free one-week bus travel for NHS appointments through a scheme funded by the UK Government and delivered by Transport for West Midlands. The initiative uses Swift

technology and the nBus multi-operator ticketing system, helping patients switch to public transport and reduce reliance on private vehicles.

In response to the rising impact of patient travel, the Trust has committed to a 15% reduction in patient transport-related emissions by 2027, benchmarked against the 2024–25 baseline. This target will be pursued through increased use of virtual consultations, improved access to public transport, and enhanced patient travel support schemes.

In 2025, the Trust joined the ICS-wide car-sharing initiative via Kinto Join, supporting regional NHS staff in reducing single-occupancy vehicle use. The Trust will also promote the Kora app, a digital platform designed to encourage sustainable travel behaviours—such as walking, cycling, and public transport use—through incentives and behavioural prompts.

Infrastructure improvements are underway across Trust sites, including expanded cycle parking, improved access routes, and strengthened partnerships with local authorities to enhance transport integration. A refreshed Sustainable Travel Plan will be published in 2026 to consolidate these efforts and guide future investment.

Strategic Goal

Reduce travel-related carbon emissions by at least 40% by 2030, compared with 2020 levels, through low-carbon commuting, digital innovation, fleet decarbonisation, and active travel infrastructure.

Objectives

1. Increase participation in public and active travel schemes among staff by 25% by 2028.
2. Achieve a 50% increase in uptake of the ZEV/ULEV scheme by 2030.
3. Deliver at least 250,000 virtual outpatient appointments per year by 2027.
4. Grow participation in TfWM NHS travel support schemes by 20% annually through 2027.
5. Complete upgrades to active travel facilities at all major Trust sites by end-2026.
6. Achieve measurable uptake of the Kinto Join and Kora platforms by Q4 2026.
7. Reduce patient transport-related emissions by 15% by 2027, compared with the 2024–25 baseline.
8. Improve data collection and reporting on patient and visitor travel, including emissions tracking and integration into outpatient care planning by 2026.

Actions

1. Expand the TfWM travel card scheme to reach 275 staff and 200 patients annually from Q4 2026.
2. Install eight new shower and changing facilities and expand secure cycle parking by 50% by end-2026.
3. Conduct a staff travels behaviour baseline survey in Q2 2026, with follow-up surveys every two years.
4. Deliver two annual promotional campaigns for the ZEV/ULEV scheme, targeting 15% uptake among new starters by 2027.

5. Launch targeted communications to promote Kinto Join and Kora, with registration and engagement tracked from Q3 2025.
6. Publish the updated Sustainable Travel Plan by Q1 2026, aligned to ICS-level transport and air quality objectives.
7. Collaborate with the Black Country ICS to review and influence non-emergency patient transport service delivery, ensuring alignment with sustainability goals.
8. Integrate travel planning into outpatient care models, including virtual consultations and Patient-Initiated Follow-Up, to reduce unnecessary patient journeys.
9. Establish a patient travel emissions dashboard by Q4 2026 to monitor progress against reduction targets and inform service design.

Key Performance Indicators (KPIs)

1. Annual tCO_2e savings achieved from staff and patient travel interventions.
2. Number of staff and patients supported by travel cards each year.
3. Total annual public transport journeys supported via Trust initiatives.
4. Staff uptake rates of the ZEV/ULEV scheme measured quarterly.
5. Volume of outpatient appointments delivered virtually per year.
6. Number of cycle parking spaces and active travel facilities installed by site.
7. Engagement metrics from Kinto Join and Kora platforms (registrations, active users).
8. Completion and publication of the updated Sustainable Travel Plan.
9. Year-on-year change in patient transport mileage and associated emissions, benchmarked against the 2024–25 baseline of 330,547 miles and 92.22 tCO_2e, with a target of 15% reduction by 2027.

6.7. Procurement and Supply Chain

The NHS Carbon Footprint Plus identifies the supply chain as the largest single contributor to NHS emissions, accounting for over 60% of the total footprint. The Royal Wolverhampton NHS Trust (RWT) recognises the significant opportunity and responsibility it holds in addressing these emissions by embedding sustainable procurement practices in line with the NHS Net Zero Supplier Roadmap, the Carbon Reduction Plan (CRP) requirements under Procurement Policy Note (PPN) 06/21, and the principles set out in the Procurement Act 2023.

In 2024/25, RWT's Scope 3 procurement-related emissions totaled 89,385 tCO_2e. The highest emitting categories were:

- Pharmaceuticals – 51,137 tCO_2e
- General supply chain – 17,367 tCO_2e
- Medical equipment – 3,708 tCO_2e
- Medical instruments/devices – 1,161 tCO_2e
- Food and drink – 1,473 tCO_2e

A comparative analysis with the 2019/20 baseline reveals the following trends:

Category	2019/20 (tCO_2e)	2024/25 (tCO_2e)	Change (tCO_2e)	% Change
Medicines and chemicals	31,198	51,137	+19,939	+63.9%
Medical equipment/devices	20,913	3,708	−16,044	−76.7%
Other supply chain	30,172	17,367	−12,805	−42.4%

The increase in pharmaceutical emissions reflects the rising clinical demand and evolving prescribing patterns, while reductions in medical equipment and broader supply chain emissions suggest early gains from targeted interventions, improved product selection, and more consolidated logistics.

RWT has implemented the CRP requirement for all procurements exceeding £5 million (excluding VAT) and routinely embeds environmental and social value criteria into all high-value tenders. Procurement teams are collaborating closely with suppliers to adopt consolidated deliveries, trial circular alternatives, and assess environmental risks. As a member of the Black Country Provider Collaborative, the Trust is contributing to the co-development of regional frameworks that reflect NHS Net Zero ambitions.

Strategic Goal

Reduce Scope 3 procurement-related emissions by at least 30% by 2030, compared to the 2019/20 baseline, through environmentally responsible, transparent, and socially inclusive procurement practices.

Objectives

1. Ensure 100% of tenders exceeding £5 million include valid and NHS-compliant CRPs by Q3 2025.
2. Deliver a 10% reduction in procurement emissions from the 2024/25 baseline by 2027, with at least a 20% reduction in pharmaceutical-related emissions.
3. Complete sustainability risk assessments for all Tier 1 suppliers and the top 10 highest-emitting product lines by Q2 2026.
4. Transition of 75% of high-volume clinical consumables to lower-carbon alternatives by 2028.
5. Develop and adopt at least three shared low-carbon procurement frameworks per year with ICS partners by 2027.

Actions and KPIs

Action	Key Performance Indicator (KPI)	Time Frame
Update procurement policies to include carbon lifecycle and circularity criteria	Revised policy in place and applied in all tenders	Q4 2025
Maintain a CRP compliance register integrated into procurement systems	Quarterly compliance reports showing 100% capture	From Q2 2026
Launch a supplier support programme (with a focus on SMEs and CRP readiness)	At least 3 suppliers engagement events per year	From Q1 2026
Maintain carbon emissions tracker covering procurement-linked Scope 3 categories	Tracker reviewed quarterly by Sustainability Group	From Q2 2026
Identify the top 10 high-carbon procurement categories and pilot substitution plans	Pilot substitutions in at least 3 categories per year	Starting Q4 2026
Expand participation in ICS-wide sustainable procurement initiatives	3 joint frameworks adopted per annum	From 2025

6.8. Food and Nutrition

Food and catering services are essential to deliver safe, high-quality patient care, while also playing a critical role in sustainability, public health, and climate resilience. Food production, transport, packaging, and waste all contribute significantly to the NHS's carbon footprint. In response, The Royal Wolverhampton NHS Trust is strengthening its approach to sustainable food in alignment with the NHS England Green Plan Guidance (2025) and the National Standards for Healthcare Food and Drink.

The Trust is committed to ensuring that all food services are safe, nutritious, culturally appropriate, and environmentally responsible. These national standards provide a mandatory framework for NHS organisations and underpin the Trust's efforts to reduce food waste, improve procurement practices, and promote healthier, lower-carbon menu options. The Trust's approach is further informed by the UK Government's "Healthy Eating: Applying All Our Health" framework, which highlights the role of healthcare settings in promoting balanced diets and reducing diet-related health inequalities.

Since 2021, the Trust has delivered measurable improvements in food sustainability. Menu reformulation has expanded plant-based and vegetarian options, portion control has helped reduce waste, and local supplier partnerships have increased access to seasonal and lower-carbon ingredients.

Between 2023–24 and 2024–25, carbon emissions associated with food and drink fell from 1,605 tCO_2e to 1,473 tCO_2e—a reduction of 132 tCO_2e (8.2%). This reduction reflects early

progress in shifting away from high-emission food items, improving portion control and menu design, and strengthening supplier engagement for sustainable sourcing. The Trust will continue to target further reductions through supply chain optimisation, waste prevention, and sustained engagement with staff and suppliers.

A key operational milestone has been the removal of all single-use plastic cups, cutlery, and food packaging from inpatient food services and catering outlets across all Trust sites. This initiative significantly reduces plastic waste and supports the Trust's compliance with NHS and government-wide plastic reduction policies.

The Trust has also ensured full compliance with the Simpler Recycling Regulations (effective April 2025). All food waste is now segregated for external recycling, eliminating the previous use of food disposal macerators. This shift not only contributes to waste diversion and carbon reduction but has also reduced drainage issues on inpatient wards, improving plumbing reliability and infection control.

Retail food services are aligned with the Government Buying Standards for Food and Catering Services (GBSF), and the Trust is working towards full implementation of the food and nutrition elements outlined in the NHS Net Zero guidance by 2026.

Strategic Goal

To deliver sustainable, nutritious, and culturally appropriate food services that support public health, reduce environmental impact, and meet national NHS food and sustainability standards.

Objectives

1. Increase the availability and uptake of plant-based and lower-carbon meals in inpatient and staff catering.
2. Improve the sustainability, traceability, and locality of food supply chains by 2028.
3. Reduce food waste by 30% by 2030, compared with 2024/25 levels.
4. Ensure full compliance with NHS GBSF and the Simpler Recycling framework by 2026.
5. Promote healthy, culturally appropriate diets that support staff wellbeing and patient recovery.
6. Embed the principles of sustainable nutrition into all Trust food, catering, and retail contracts from 2025.

Key Actions

1. Complete a baseline food waste audit across all Trust catering sites by Q2 2026.
2. Introduce a minimum threshold for plant-based and vegetarian options across all menus by 2027.
3. Maintain the removal of single-use plastics from catering and inpatient services.
4. Continue food waste recycling and prohibit the use of food disposal macerators.
5. Expand supplier engagement to increase local and regional sourcing by 50% by 2028.

6. Train catering staff in sustainable food service and waste reduction strategies by Q1 2027.
7. Launch a healthy, sustainable food campaign for staff and visitors by mid-2026.
8. Publish an annual sustainability report for food and catering, aligned with GBSF and NHS Net Zero metrics.

Key Performance Indicators (KPIs)

1. Annual % reduction in food waste (tonnes) relative to 2024/25 baseline.
2. % of vegetarian and plant-based meals served weekly.
3. % of fresh produce procured locally or regionally.
4. Compliance status with GBSF and Net Zero Catering Standards.
5. % reduction in single-use food packaging across catering outlets.
6. Number of catering staff trained in sustainable food practices.
7. Documented reduction in drainage blockages attributed to discontinued use of food macerators.
8. Staff and patient satisfaction scores on food quality, sustainability, and cultural relevance.

Risks and Challenges

- *Procurement Constraints*: The Trust is required to procure food through NHS Supply Chain accredited suppliers. While this ensures compliance and consistency, it limits the ability to source from smaller, local, or more sustainable producers, reducing flexibility in achieving lower-carbon, locally sourced food options.
- *Scope 3 Emissions Visibility*: Limited data granularity on the carbon intensity of specific food items and suppliers restricts the ability to fully optimise procurement decisions.
- *Cultural and Behavioural Change*: Encouraging staff and patients to adopt lower-carbon dietary choices requires sustained engagement and education.

6.9. Waste Management

Effective waste management plays a crucial role in supporting the NHS's Net Zero ambition and contributes to broader goals around resource efficiency, regulatory compliance, and public health. At The Royal Wolverhampton NHS Trust, the Estates and Facilities Directorate leads improvement efforts across domestic, clinical, and food waste services in accordance with the NHS Clinical Waste Strategy and the Simpler Recycling Regulations (April 2025).

In 2023–24, the Trust generated 2,767 tonnes of waste. Of this, domestic waste accounted for 871 tonnes, producing 18.5 tCO_2e, while clinical waste comprised 1,896 tonnes. Although clinical waste is segregated according to the NHS's 20-20-60 model—20% for incineration, 20% for alternative treatment, and 60% offensive waste—all clinical waste at the Trust is currently incinerated at New Cross Hospital incinerator. This facility recovers approximately 2 MWh of thermal energy annually, offsetting part of the environmental impact and providing a secure, resilient, and cost-effective solution, particularly valuable during periods of national incinerator capacity constraints, such as during the COVID-19 pandemic. The cost of in-house

incineration remains significantly lower than commercial alternatives, supporting long-term financial and environmental sustainability.

Substantial progress has also been made in domestic and food waste segregation. In line with the Simpler Recycling Regulations, the Trust has discontinued the use of kitchen food disposal macerators and implemented full food waste segregation across sites. These actions have reduced the risk of blocked ward drains, improved infection prevention, and enhanced the Trust's recycling compliance. Recycling data from 2024–25 also highlight positive trends: cardboard, paper, plastics, glass, and food waste were recycled at increasing rates, and all food waste generated was externally recycled, in line with the Trust's 100% food waste recycling target.

The Trust continues to collaborate with the Black Country Integrated Care System (ICS) and remains aligned with its collective waste management targets:

1. Achieve zero landfill for domestic waste.
2. Reach a 50% recycling rate for domestic and offensive waste.
3. Reduce domestic waste volume by 40% by 2030 (baseline: 2019–20).
4. Ensure 100% food waste recycling by 2026.
5. Achieve full compliance with the Simpler Recycling Regulations by April 2025.
6. Implement and maintain the 20-20-60 clinical waste segregation model across all sites.

Strategic Goal

To reduce the environmental impact of waste services by increasing waste segregation, recycling, and energy recovery, in line with national NHS policy and ICS-wide sustainability objectives.

Objectives

1. Achieve a 40% reduction in domestic waste volume by 2030 (baseline: 2019–20).
2. Increase recycling of domestic and offensive waste to 50% by 2027.
3. Maintain 100% segregation of food waste and eliminate use of macerators by 2025.
4. Sustain Trust-wide compliance with the 20-20-60 clinical waste model by 2026.
5. Achieve and maintain compliance with the Simpler Recycling Regulations across all Trust sites.
6. Implement robust waste carbon reporting by 2027 to track year-on-year performance.

Key Actions

1. Complete full rollout of food waste segregation across all Trust catering sites by Q1 2025.
2. Decommission remaining macerators and update site protocols accordingly.
3. Conduct regular audits of clinical waste streams to ensure adherence to the 20-20-60 split.
4. Deliver Trust-wide communications and training campaigns on the Simpler Recycling Regulations by December 2024.
5. Establish performance dashboards to report carbon emissions from waste streams by end of 2026.
6. Continue to optimise use of the on-site incinerator for energy recovery while ensuring regulatory compliance.
7. Launch two annual waste minimisation and recycling awareness campaigns by 2026.
8. Participate in ICS-wide forums to share best practice, align procurement, and explore collaborative treatment solutions.

Key Performance Indicators (KPIs)

1. Annual percentage reduction in domestic waste (tonnes).
2. Recycling rate (%) for domestic and offensive waste.
3. Percentage of food waste diverted to recycling streams.
4. Compliance rate with Simpler Recycling Regulations.
5. Clinical waste volumes by category: incineration, alternative treatment, offensive.
6. Energy recovered from clinical waste incineration (MWh/year).
7. Number of non-compliance incidents reported in waste handling audits.
8. Percentage of staff trained in updated waste segregation protocols.

Risks and Challenges

While the on-site incinerator provides valuable energy recovery and enhances resilience, it currently limits the Trust's ability to utilise lower-carbon disposal options such as alternative treatment or offensive waste disposal, as all clinical waste is still incinerated. However, in-house incineration remains significantly more cost-effective than commercial alternatives and shields the Trust from the price volatility and capacity constraints seen in the external market—particularly during periods of heightened demand, such as the COVID-19 pandemic.

Behavioural compliance remains a challenge, particularly in achieving consistent and accurate segregation by clinical and non-clinical staff. Ongoing education, audit, and engagement are required to sustain performance. Additionally, legacy waste infrastructure, including outdated macerators and limited space for recycling bins, can constrain progress in some settings without capital investment.

The operationalisation of the Simpler Recycling Regulations also introduces complexity, requiring enhanced collaboration between clinical, estates, and catering teams. Waste procurement contracts and the limited availability of local treatment options for certain waste streams continue to pose structural barriers to further emission reductions.

6.10. Adaptation and Climate Resilience

Climate change is already affecting public health and the delivery of healthcare. Rising temperatures, extreme weather events, and disruptions to critical infrastructure pose growing threats to health systems, especially for vulnerable populations. As recognised in the Trust's Climate Change Adaptation Plan (2022) and the Fourth Health and Climate Change Adaptation Report by NHS England, embedding climate resilience into healthcare planning and service delivery is vital to sustaining safe, high-quality care.

The Royal Wolverhampton NHS Trust is committed to developing a climate-resilient health system that protects patients, staff, and the wider community from the adverse effects of climate change. As a major acute and community healthcare provider, the Trust recognises its responsibility to anticipate, prepare for, and respond to climate-related risks, while enhancing the adaptive capacity of its buildings, services, workforce, and supply chains.

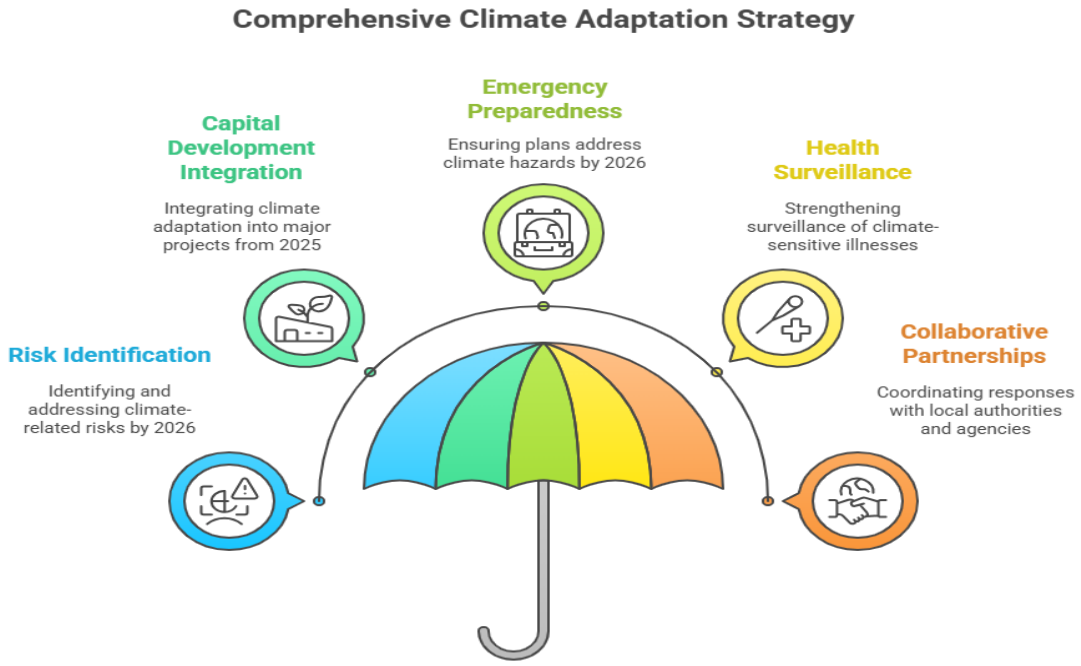
The Trust's 2022 Adaptation Plan identified key vulnerabilities across the estate, operations, patient care, and population health outcomes. These include overheating and flood risk, impacts on vulnerable patients, business continuity challenges, and the interdependencies of critical systems such as power, water, and transport. Building on these findings, the Trust has embedded adaptation measures into estate planning, emergency preparedness, and clinical services.

Strategic Goal

To enhance the Trust's resilience to climate change by integrating adaptation into healthcare planning, estate management, and emergency preparedness across all operations.

Objectives

1. Identify and address climate-related risks to patient care, staff wellbeing, and estate operations by 2026.
2. Integrate climate adaptation into all major capital developments and refurbishment projects from 2025.
3. Ensure all emergency preparedness and business continuity plans address climate hazards by 2026.
4. Strengthen the surveillance of heat- and climate-sensitive illnesses to inform service planning and protect population health.
5. Collaborate with local authorities, ICS partners, and the UK Health Security Agency to coordinate responses to climate risks across systems.



Key Actions

1. Conduct Climate Risk Assessments: Update site-specific risk assessments using UK Climate Projections 2018 (UKCP18) and NHS guidance by 2025.
2. Mitigate Overheating and Flooding: Identify priority areas for passive cooling, flood resilience, and estate drainage upgrades by 2027.
3. Adapt Capital Projects: Embed adaptation principles in all new developments, aligned with the NHS Net Zero Building Standard.

4. Revise EPRR Plans: Update emergency preparedness, resilience, and response plans to include climate-related hazards such as heatwaves, floods, and power disruptions.
5. Develop Surveillance Tools: Work with public health teams to develop local dashboards tracking heat-related and climate-sensitive conditions.
6. Train Staff: Deliver Trust-wide training on climate-related health risks, service disruption protocols, and adaptation planning by 2026.
7. Collaborate Regionally: Engage in Black Country ICS adaptation programmes and regional resilience forums to support integrated planning and shared learning.

Key Performance Indicators (KPIs)

1. Completion rate of updated climate risk assessments across Trust sites.
2. Percentage of new capital projects integrating climate adaptation features.
3. Number of emergency plans revised to address climate hazards.
4. Number of staff trained in adaptation and climate resilience.
5. Number of climate-related incidents affecting service continuity.
6. Progress on implementing actions from the Trust's Adaptation Plan.

Risks and Challenges

Many Trust buildings were not designed to withstand the current and future impacts of climate change, making retrofitting costly and complex. A lack of designated capital funding for adaptation can limit the pace of estate resilience improvements. Gaps in local climate modelling and data availability constrain accurate risk forecasting and prioritisation. The interdependency of essential systems—such as power, digital networks, and transport infrastructure—means climate-related disruptions can have cascading effects on service delivery. Furthermore, climate change disproportionately affects patients with existing health vulnerabilities, making it critical that adaptation measures are inclusive and aligned with efforts to address health inequalities.

7. Monitoring and Reporting

Effective monitoring and transparent reporting are essential to the successful delivery of The Royal Wolverhampton NHS Trust (RWT) Green Plan (2026–2030). These processes ensure accountability, drive continuous improvement, and demonstrate progress toward the Trust's Net Zero and sustainability commitments. This section outlines the governance framework, key performance metrics, reporting mechanisms, and review processes that underpin implementation.

Governance Structure

Monitoring and reporting are overseen through RWT's established sustainability governance framework, which is shared with Walsall Healthcare NHS Trust under the Group model. Strategic responsibility lies with the Group Chief Strategy Officer as Executive Lead for Sustainability and Net Zero. Day-to-day operational leadership is provided by the Head of Sustainability, supported by the Clinical Lead for Sustainability who ensures alignment with

clinical transformation priorities. The multidisciplinary Sustainability Group includes representatives from Estates, Procurement, Clinical Services, Pharmacy, Digital, HR, Waste, and Travel.

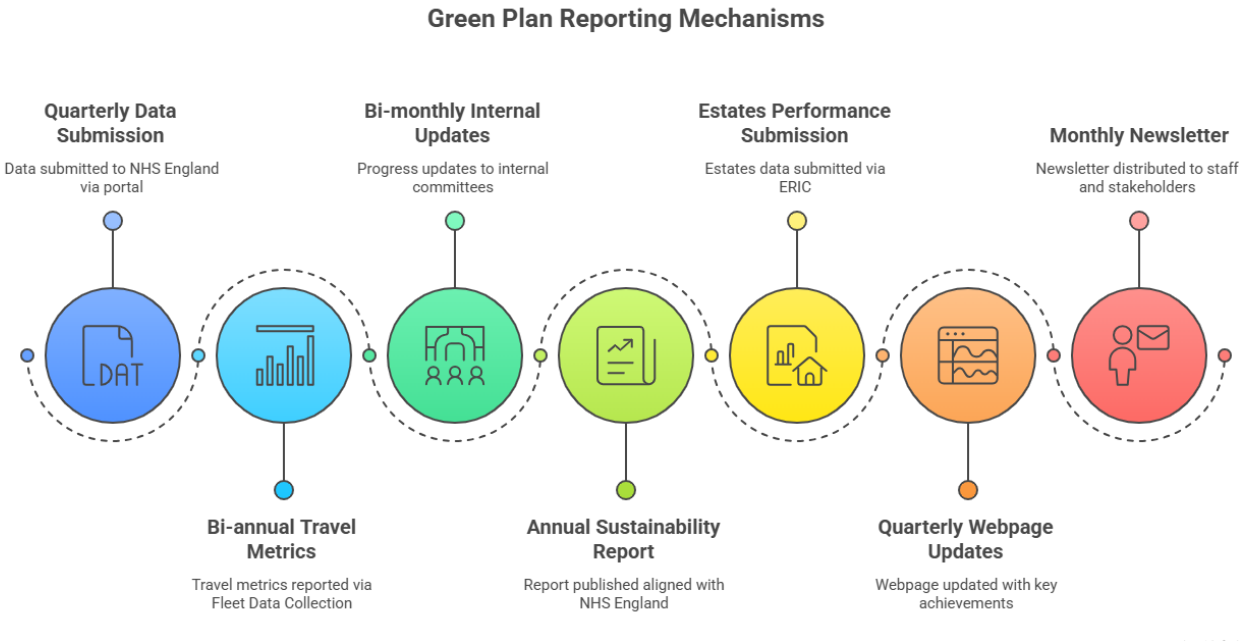
Strategic oversight is maintained through bi-monthly reporting to the Group Finance and Productivity Group, the Trust Management Committee, and the Trust Board. This governance model aligns with NHS England frameworks such as the Task Force on Climate-related Financial Disclosures (TCFD), and supports compliance with the Climate Change Act 2008, the Health and Care Act 2022, and the Care Quality Commission (CQC) Well-Led domain.

Performance Metrics and Key Indicators

Each domain within the Green Plan includes SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) objectives supported by Key Performance Indicators (KPIs). These are monitored through a centralised Sustainability Dashboard and include metrics such as carbon emissions across Scopes 1, 2, and 3, energy and water consumption, waste volumes and recycling rates, sustainable travel uptake, and compliance with Carbon Reduction Plans in procurement. Additional indicators include digital sustainability outcomes (such as reductions in IT lifecycle emissions), the number of staff trained in sustainability practices, and progress against clinical transformation actions, such as anaesthetic gas elimination and delivery of Net Zero Care Pathways. These KPIs provide a transparent framework for tracking measurable progress and ensuring alignment with national NHS reporting requirements.

Reporting Mechanisms

Progress against Green Plan objectives will be reported through multiple formal mechanisms. Quarterly data submissions will be made to NHS England via the Greener NHS Data Collection portal, which also supports regional coordination through the Black Country ICS Sustainability Network. Travel and transport-related metrics will be reported bi-annually via the Greener NHS Fleet Data Collection. Internally, the Sustainability Team will provide bi-monthly progress updates to the Group Finance and Productivity Group, the Trust Management Committee, and the Trust Board. An Annual Sustainability Report will be published, aligned with NHS England's Green Plan reporting requirements and the TCFD framework. The Trust's estates and facilities performance will also be submitted via the Estates Returns Information Collection (ERIC). Externally, a dedicated sustainability webpage will be updated quarterly with key achievements, emissions data, and case studies. Staff and stakeholder engagement will be supported through the monthly Sustainability Newsletter and other Trust-wide communications.



Data Collection and Quality Assurance

Data will be collected through a combination of digital platforms, internal audits, supplier reporting, and stakeholder feedback. Key tools include Kora, KINTO Join, fleet telematics, IT asset management systems, and Evergreen Supplier Assessments. Internal audits will cover waste, ventilation, procurement, and travel, while finance-based tools will track Scope 3 emissions related to medical equipment, pharmaceuticals, and consumables. Staff and patient surveys will inform behavioural and satisfaction metrics. All data will be subject to biannual validation audits and cross-departmental quality assurance reviews to ensure accuracy, completeness, and consistency.

Review and Continuous Improvement

The Green Plan will be reviewed annually to evaluate performance, identify barriers, and adjust actions, as necessary. Annual review workshops involving the Sustainability Group and key stakeholders will facilitate this process. A formal mid-term review will be undertaken in 2028 to reassess priorities, update objectives, and recalibrate timelines. Lessons learned from audits, benchmarking, and stakeholder engagement will be incorporated to inform future actions. Where required, KPIs will be updated to reflect emerging NHS guidance, innovations, and operational realities.

Escalation and Risk Management

Risks to delivery will be managed via the Trust's Sustainability Risk Register, with defined escalation protocols for statutory non-compliance, underperformance against key indicators, infrastructure delays, funding constraints, or data quality issues. Where necessary, mitigation

plans will be developed by the Sustainability Group and formally reported to the Trust Management Committee.

8. Communications

Effective communication is essential to the successful delivery of the Royal Wolverhampton NHS Trust (RWT) Green Plan 2026–2030. Engaging staff, patients, partners, and the wider community fosters a sense of ownership, supports behaviour change, and reinforces the Trust's commitment to environmental sustainability. A robust communications approach underpins delivery across all Green Plan domains and ensures alignment with NHS England's Greener NHS programme.

Strategic Goal

To implement a Trust-wide sustainability communications strategy that informs, inspires, and empowers stakeholders to contribute actively to the Green Plan and the NHS's broader net zero ambition.

Objectives

1. Raise awareness of the Trust's Green Plan and sustainability commitments among all staff by 2026.
2. Promote active participation in sustainability initiatives through consistent, targeted internal communications.
3. Showcase local innovations and best practice via internal, regional, and national platforms.
4. Encourage behaviour change through targeted campaigns for both clinical and non-clinical audiences.
5. Ensure all staff groups receive clear, accessible updates on sustainability progress and opportunities to engage.

Key Actions

1. Develop a dedicated Sustainability Communications Plan by Q1 2026, aligned with the overarching Trust Communications Strategy.
2. Publish quarterly updates on Green Plan progress through staff bulletins, the intranet, and newsletters.
3. Maintain a public-facing sustainability webpage to highlight achievements, initiatives, and staff-led projects.
4. Celebrate Green Champions and sustainability milestones through internal campaigns and external recognition.
5. Produce an Annual Green Plan Summary Report to communicate progress against targets and KPIs.
6. Coordinate engagement activities around national awareness events (e.g. NHS Sustainability Day, Clean Air Day).

7. Partner with clinical and operational leaders to cascade messaging via team briefings and staff networks.
8. Highlight links between sustainability, patient outcomes, staff wellbeing, and organisational values.
9. Align communications efforts with Walsall Healthcare NHS Trust to ensure a consistent Group-wide approach.

Channels and Tools

The Trust will use a variety of channels to communicate its sustainability work, including internal communications platforms (such as the intranet, all-staff emails, posters, and the staff mobile app), the monthly Sustainability Newsletter, and engagement through the Green Champions Network and departmental briefings. Executive-level engagement will be supported via CEO staff forums, team cascades, and strategic updates. The Trust's social media platforms (Twitter/X, LinkedIn, YouTube), along with regional Greener NHS communication tools, will further extend the reach of key messages across the system.

Measuring Impact

1. Responses to staff engagement surveys relating to sustainability awareness and participation.
2. Analytics from internal platforms (including intranet views and newsletter readership).
3. Number of staff involved in Green Champion activities.
4. Feedback obtained from Sustainability Group meetings and communications audits.
5. External recognition through awards, media coverage, or the publication of case studies.

9. Conclusion

The Royal Wolverhampton NHS Trust Green Plan (2026–2030) outlines a clear and ambitious pathway towards achieving the NHS's net zero commitment, while supporting the development of a more sustainable, resilient, and equitable healthcare system. Informed by national guidance, local priorities, and robust data, the Plan provides a strategic framework for embedding sustainability across all areas of Trust operations—spanning estates and facilities, medicines, procurement, digital transformation, clinical care, travel, and food services.

Over the course of this five-year period, the Trust aims to deliver measurable reductions in carbon emissions across Scopes 1, 2, and 3. This will be driven by SMART objectives and monitored through a comprehensive set of key performance indicators. The Trust has already achieved significant progress: a reduction in energy consumption despite estate growth, the launch of a large-scale solar farm, fleet electrification, and the expansion of virtual care services are all strong indicators of sustainable innovation in practice.

Alongside carbon reduction, the Trust is strengthening climate resilience through adaptation planning, workforce development, and modernisation of infrastructure. Food and nutrition services are being redesigned in line with healthy and sustainable principles, waste

management practices are being aligned with the Simpler Recycling Regulations and the NHS Clinical Waste Strategy, and digital systems are being enhanced to improve emissions monitoring and behavioural insights.

The successful delivery of this Green Plan, however, is not the responsibility of the Trust alone. It requires ongoing support from the Black Country Integrated Care System (ICS), regional and national Greener NHS teams, and access to aligned funding mechanisms. Knowledge and skills sharing across the NHS and the wider public sector will be essential in enabling continuous improvement and innovation.

Equally, partnerships and cross-sector collaboration are critical. The Trust remains committed to engaging with local authorities, community organisations, academic partners, suppliers, and NHS peers to maximise collective impact. Networking and shared learning will accelerate progress, reduce duplication, and support a just transition to a low-carbon, high-quality health service.

The Plan will be delivered through a strong governance framework shared with Walsall Healthcare NHS Trust, with transparent reporting, regular monitoring, and Board-level accountability. Annual reviews, a mid-term assessment in 2028, and continuous learning from audits, feedback, and performance data will ensure the Trust remains responsive to emerging risks, innovations, and opportunities.

Sustainability is not a parallel objective—it is integral to the delivery of safe, effective, and compassionate care. Through this Green Plan, the Royal Wolverhampton NHS Trust reinforces its commitment to protecting the health and wellbeing of current and future generations, improving health equity, and delivering on its responsibilities to patients, staff, communities, and the environment.

Reference

Department of Health and Social Care (2024) *Group Accounting Manual 2024–25*. London: DHSC.

Health and Care Act 2022. (2022) *UK Public General Acts*. London: The Stationery Office.

NHS England (2020) *Delivering a 'Net Zero' National Health Service*. London: NHS England. Available at: https://www.england.nhs.uk/greenernhs/publication/delivering-a-net-zero-national-health-service/ (Accessed: 15 July 2025).

NHS England (2022) *Fourth Health and Climate Change Adaptation Report*. London: NHS England.

NHS England (2025) *Green Plan Guidance 2025*. London: NHS England.

NHS England (n.d.) *NHS Net Zero Supplier Roadmap*. Available at: https://www.england.nhs.uk/greenernhs/get-involved/suppliers/ (Accessed: 15 July 2025).

NHS England (n.d.) *What Good Looks Like: Digital Framework*. Available at: https://www.england.nhs.uk/digitaltechnology/digital-transformation/what-good-looks-like/

(Accessed: 15 July 2025).

NHS Supply Chain (n.d.) *Government Buying Standards for Food and Catering Services (GBSF)*. Available at: https://www.supplychain.nhs.uk/ (Accessed: 15 July 2025).

Procurement Policy Note (PPN) 06/21 (2021) *Taking Account of Carbon Reduction Plans in the Procurement of Major Government Contracts*. London: Cabinet Office.

Task Force on Climate-related Financial Disclosures (TCFD) (2017) *Final Recommendations Report*. London: Financial Stability Board.

UK Government (2018) *UK Climate Projections 2018 (UKCP18)*. London: Met Office.

Glossary of Terms

Term	Definition
Adaptation	Adjusting systems to cope with climate change impacts.
Anaesthetic	A substance that induces insensitivity to pain, used during surgical procedures.
Biodiversity	The variety of life in the world or in a particular habitat or ecosystem.
CQC	Care Quality Commission, the independent regulator of health and social care in England.
Carbon	A chemical element. In sustainability, it refers to carbon emissions contributing to climate change.
Care	The provision of what is necessary for health, welfare, maintenance, and protection of someone or something.
Change	In this context, it refers to climate change and its impacts.
Circular	Referring to a circular economy where resources are reused and recycled.
Climate	The long-term pattern of weather conditions in a region.
Decarbonisation	The reduction of carbon emissions through various strategies.
Desflurane	A volatile anaesthetic gas with high global warming potential.
Digital	Relating to technology and electronic systems used in healthcare delivery.
Efficiency	Achieving maximum productivity with minimum wasted effort or expense.
Electrification	The process of powering systems with electricity instead of fossil fuels.
Emissions	The release of substances (typically gases) into the atmosphere.
Energy	Power derived from physical or chemical resources, especially to provide light and heat.
Footprint	A measure of environmental impact, often in terms of carbon emissions.
Governance	The framework of rules and practices by which an organization is directed and controlled.

Green	In this context, it refers to environmentally sustainable practices.
Greenhouse	Refers to greenhouse gases that trap heat in the atmosphere.
Health	The state of being free from illness or injury. Also refers to public health systems.
ICS	Integrated Care System, a partnership of organisations that plan and deliver health and care services.
Infrastructure	The basic physical and organisational structures are needed for operation.
Inhaler	A medical device used for delivering medication into the lungs.
KPI	Key Performance Indicator, a measurable value that demonstrates effectiveness.
MDI	Metered Dose Inhaler, a device delivering medication to the lungs, often with high GWP propellants.
Metrics	Standards of measurement used to assess performance.
Mitigation	Efforts to reduce or prevent emission of greenhouse gases.
Monitoring	The regular observation and recording of activities or data.
NHS	National Health Service, the publicly funded healthcare system of the UK.
Net	In 'Net Zero', it refers to balancing emitted and removed greenhouse gases.
PPN	Procurement Policy Note, government guidance on procurement practices.
Plan	A detailed proposal for achieving specific goals.
Procurement	The process of acquiring goods and services, with emphasis on sustainability in this context.
Recycling	The process of converting waste into reusable material.
Resilience	The ability to withstand or recover from adverse conditions, such as climate change.
Scope	Refers to categories of greenhouse gas emissions: Scope 1 (direct), Scope 2 (indirect from energy), Scope 3 (indirect from supply chain, travel, etc.).
Strategy	A plan of action is designed to achieve a long-term or overall aim.

Sustainability	The ability to maintain ecological and resource balance over time.
Sustainable	Practices that meet present needs without compromising future generations.
TCFD	Task Force on Climate-related Financial Disclosures, a framework for climate-related financial reporting.
Transformation	Significant change in systems or processes, often towards sustainability.
Virtual	Healthcare services delivered remotely using digital technologies.
Waste	Unwanted or unusable materials, with emphasis on reduction and recycling.