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### **Foreword**



#### **Peter Horn** Chair

This strategy marks a new phase in our sustainable healthcare journey at Sussex Community. Launching the new strategy when we are dealing with a global climate health emergency and a global pandemic is both timely and challenging; there is urgency to what we must achieve and it will not be easy, but neither is it unattainable. Delivering on this strategy will drastically reduce our environmental impact as a Trust and also deliver real health benefits to our patients and the wider community.

In 2017 I wrote in the foreword to the Annual Sustainability Progress Report that I was excited about the possibilities for the future that Care Without Carbon offered. I have not been disappointed. Here, we set out how we will deliver against our long term vision: together we lead the way in net zero carbon healthcare, protecting the environment on which our health depends. It is that word 'together' that makes the difference. This new strategy emphasises the role of our clinical teams in tackling carbon emissions not only for our Trust, but also more widely across our Integrated Care System and the NHS as a whole. An important shift in focus and once more I find myself enthusiastic about the possibilities that lie ahead for us.



## **Donna Lamb**Chief Nurse

The drive to deliver lower carbon, more sustainable healthcare has increased dramatically. We welcome that change; we know that the way we're currently delivering care at Sussex Community and across the NHS is in itself contributing to ill health, and that it's some of our patients that will be most deeply affected by climate change.

We're committed to changing that now and long term by making more sustainable healthcare an inherent part of how we function as an organisation – not an add on to normal business.

This focus on embedding sustainability into how we deliver care will get us to the challenging Net Zero Carbon target by 2040. I am under no illusion that this will be easy. We are all going to have to do things differently and find new ways of working to get us there, most especially in clinical teams. But throughout the last year of the pandemic, we've shown huge capacity for change. We know now that it's possible, and by using our Sustainable Healthcare Principles to work through a lens of sustainability, we can get to Net Zero – and bring health benefits to our communities across Sussex at the same time.

## Sustainable Healthcare Why now?

## Climate change is a health emergency...

The Lancet cites climate change as 'the biggest global health threat of the 21st Century'.

In Sussex we're expected to see an increase in deaths and illness related to heat, air pollution and diet, damage to essential infrastructure and disruption to supply chains and services provision - all as a result of climate change. It is vulnerable populations, such as our patients, that are most at risk from the harmful effects of climate change.

Climate change and health are inextricably linked. But also the way we are currently delivering healthcare is in itself contributing to ill health. Within the public sector the NHS is the largest emitter of CO<sub>2</sub>, making up 4-5% of the UK's carbon footprint. And with 1 in 20 vehicles on the road associated with NHS business, plus huge amount of waste produced, our environmental impacts go far and wide.

#### ...and a health opportunity

Taking action to adapt to and mitigate climate change is imperative to avoid it's worst impacts and protect the most vulnerable in society. But delivering care in a lower carbon, more sustainable way also presents a significant health opportunity. NHS England Improvement's (NHSEI) climate change strategy, Delivering a 'Net Zero' National Health Service, states that by maintaining global warming to 1.5 degrees C, the UK could:

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

By delivering care in a more sustainable way and supporting our staff, patients, carers and communities to live more sustainably, we are enabling better health outcomes in Sussex, the UK and globally. We describe this as a Virtuous Circle of Sustainable Healthcare (see figure 1 on the following page).





**Figure 1:** Care Without Carbon's Virtuous Circle of Sustainable Healthcare demonstrates the value of our core aims across the organisation – see Figure 3 on page 13 for how this fits into our Framework for CWC.

## What's driving our new strategy?

Globally, nationally and locally we are seeing a growing demand for change to reduce carbon emissions and relieve pressure on dwindling resources.

The recent Intergovernmental Panel on Climate Change (IPCC) report highlights the urgency of addressing climate breakdown, now. The severity of our situation is also reflected in the declaration of a Climate Emergency by governments, councils and most recently at several NHS Trusts (Newcastle upon Tyne Hospitals NHS Foundation Trust were the first).

Within the NHS attention is focused on the launch of the NHSEl's climate change strategy 'Delivering a Net Zero National Health Service'. This builds on the NHS Long Term Plan commitments, setting out challenging targets for NHS Trusts and Integrated Care Systems (ICS) to reach Net Zero carbon by 2040 for direct emissions and 2045 for indirect emissions. Within the SE Region, three key areas of focus have been identified as; digital transformation, medicines & medical gases and air pollution.

There is also a recent sea change in national media coverage and public concern around key sustainability issues such as plastics, climate change and air pollution. Air pollution in particular is a key issue for the NHS as it is responsible for 5% of all road traffic in England, and Public Health England estimates up to 36,000 deaths are attributable to air pollution each year in the UK.

As we approach COP26 in November, to be held in Glasgow, the urgency around taking action and delivering clear plans for meeting net zero become greater than ever before. Every Trust and ICS is expected to have a Board approved three year Green Plan by 31st March 2022. This strategy forms our Green Plan. Here we set out our path to net zero – a challenge that won't be easy, but by working together, focusing on the health opportunities and maintaining momentum, it's a challenge we must meet.



## Care Without Carbon 10 years on: our reflections on progress

#### **Introducing Sussex Community**

Sussex Community NHS Foundation Trust is the main NHS community health and care provider across West Sussex, Brighton & Hove and the High Weald, Lewes & Havens area of East Sussex. We help people to manage and adapt to changes in their health, prevent avoidable admissions and minimise hospital stays through a range of medical, nursing and therapeutic care to adults, children and families.

across 70 sites providing care to over workforce 10,000 people per day Covid vaccinations across

Our vision is to provide excellent care at the heart of the community and we deliver this through our five strategic goals:

- O Population health: improve health and care outcomes for our community
- O Thriving staff: provide rewarding working lives and careers
- O Value and sustainability: improve efficiency and reduce waste
- O Quality improvement: foster a continuous improvement culture
- O Patient experience: use patient feedback to improve what we do

#### **Care Without Carbon**

Our sustainable healthcare programme started in 2010. In 2014 we developed Care Without Carbon, a framework aiming to give sustainability a 'personality', broaden the reach of our programme and setting ambitious targets including an early commitment to Net Zero Carbon.

Care Without Carbon (CWC) is shorthand for a sustainable NHS. It's a simple idea that reflects not only the Trust's strategic goal 'value and sustainability', but also its wider philosophy and vision to ensure the high quality of care being delivered today is available in the future.

Following its success at Sussex Community, we've worked in partnership with other NHS organisations across our region, using Care Without Carbon as a common framework for achieving sustainable healthcare.

## Our environmental impact

Delivering healthcare across Sussex requires significant use of natural resources. Directly through our building energy and water use, our clinical waste production, our travel to patient homes and on Trust business (our NHS Carbon Footprint). And indirectly through our supply chain, patient travel and other services (our NHS Carbon Footprint Plus).

Our NHS Carbon Footprint since our baseline year is shown below; this has been updated this year with new data for waste, anaesthetic gases and inhalers as well as other areas in line with new NHSEI guidance. For the first time, we are also able to report on our indirect impacts in 2020/21, as shown on page 16, 'Achieving Net Zero'. See Appendix 3 for full details.

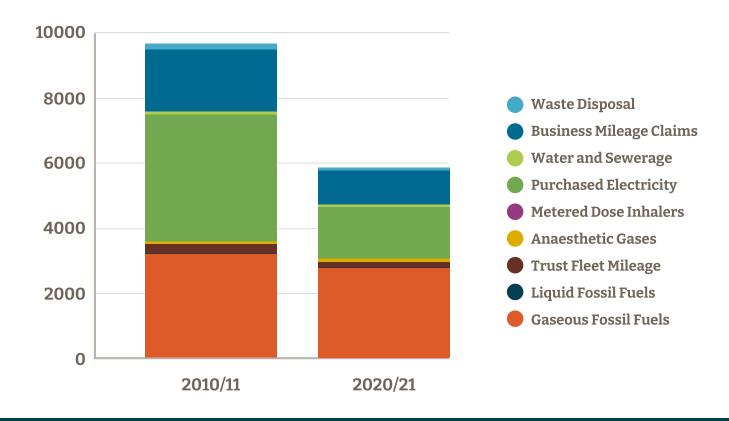
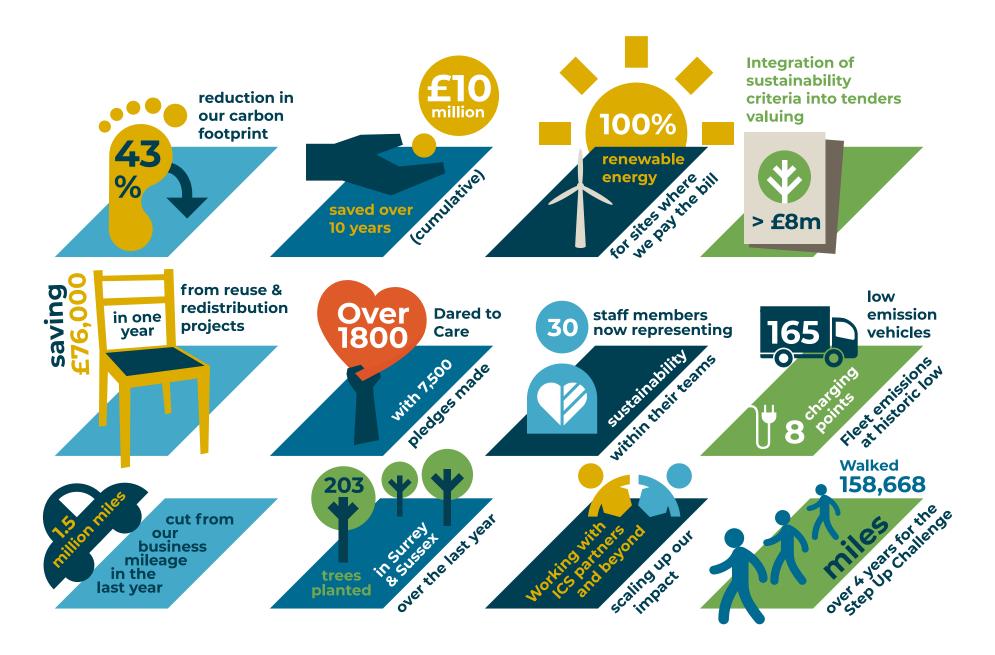
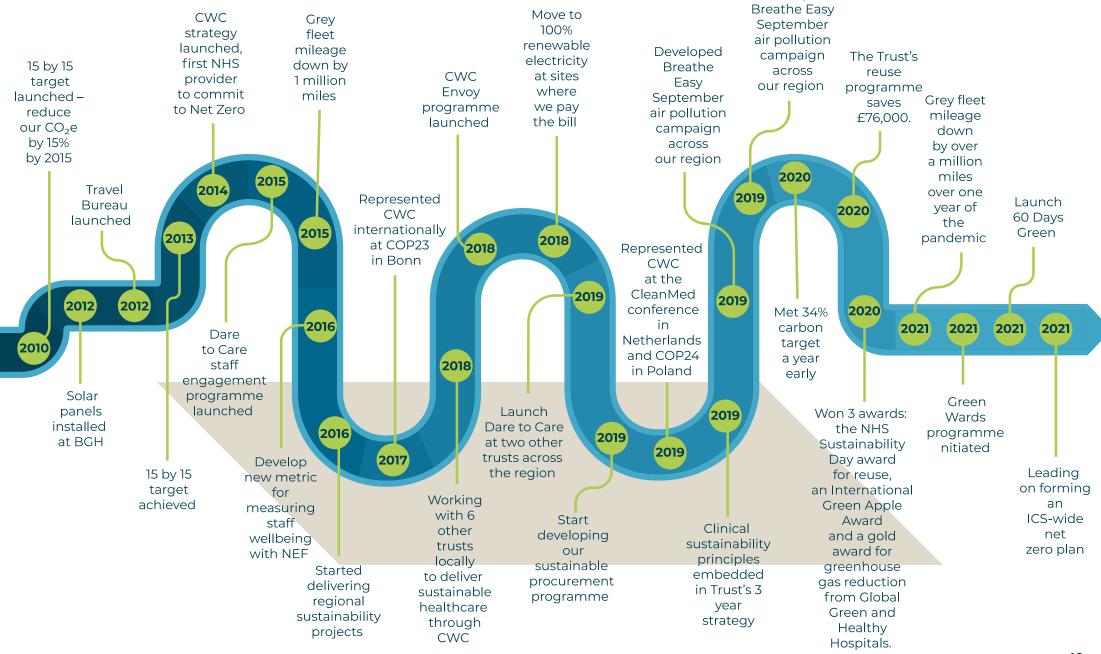


Figure 2: Sussex Community NHS Carbon Footprint

## 10 years in, what have we achieved?



### How we've done it ...



Developed

### ...and what we've learnt along the way



**Enabling low carbon travel choices:** Electric pool cars make it easier for staff to leave their own car at home and choose a more active commute.



**Embracing the use of renewable energy:** Installing solar panels at Brighton General contributes to reducing our carbon footprint



**Encouraging walking for wellbeing:** With around 600 participants every year the Step Up Challenge across 3 Trusts gets staff walking for wellbeing and using the car less.



**Empowering staff to reuse and reduce waste:** Introducing a reuse network for the Trust helps reduce waste and avoids unnecessary procurement, helping to bring the idea of circular economy to life.

#### Where to next:

## tackling the next phase of carbon reduction

Ten years into the sustainability programme at Sussex Community, we've made some significant progress, and we're proud of that. The question now is: what next?

We're at a moment in time where we are facing some deep challenges. But it's also a time of opportunity; a gathering of momentum towards a more sustainable health and care system.

Our second Care Without Carbon strategy, is about building on that momentum, by making sustainability part of our everyday thinking and decision making, maximising our impact as far and wide as possible.

The next phase of our Care Without Carbon programme has four areas of focus:

We must factor in the impact of the global pandemic. Some of the changes we have made due to Covid that will remain postpandemic have brought environmental gains, such as virtual appointments, others such as PPE have created problems we need to solve.

To hit Net Zero Carbon we must change the ways we deliver care, and this demands a strategy that is more integrated into clinical services than previously, hence the importance we are placing on our Sustainable Healthcare Principles. Becoming a Net Zero Carbon healthcare provider is our absolute goal.

Lastly escalating our impact is crucial, Net Zero Carbon applies across the NHS and we will work yet more closely with ICS partners and our patient community to ensure we are collectively doing all we can to get there.

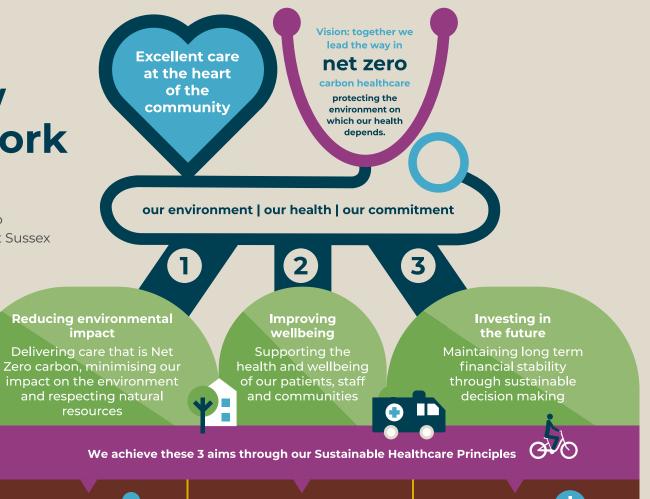
#### Our new Care Without Carbon strategic framework

We've engaged with clinical and non-clinical staff across the Trust over six months, plus stakeholders in our wider ICS and beyond, to understand how best to deliver against these four areas. Through this we've developed a new strategic framework for sustainable healthcare at Sussex Community. This is made up of:

- O Our new vision: together we lead the way in net zero carbon healthcare, protecting the environment on which our health depends.
- O Our three key aims
- O Our set of guiding principles for sustainable healthcare. These build on those originally set out in our Three Year Trust Strategy, and are based on the principles developed by the Centre for Sustainable Healthcare. These tackle two aspects of the problem. One is to reduce activity through reducing the need for care by helping people to stay well; the other is to reduce the carbon intensity of the care we do need to provide.

## CWC – our new framework

This framework captures our strategic approach to sustainable healthcare at Sussex Community.



Healthier lives

Making use of every opportunity to help people to be well, to minimise preventable ill-health, health inequalities and unnecessary treatment, and to support independence and wellbeing.

Streamlined processes — & pathways

Minimising waste and duplication within the Trust and wider health system to ensure delivery of safe and effective care.

Respecting resources

Where resources are required, prioritising use of treatments, products, technologies, processes and pathways with lower carbon, environmental and health impacts.

The CWC team will use 8 workstreams, called elements, to deliver primarily against Respecting Resources, while also supporting the organisation to deliver against the other two Principles.



## Our sustainable healthcare principles in practice

The Sustainable Healthcare Principles are brought to life with real examples of clinical practice:



#### **Healthier lives:**

Helping people to stay well, or not get worse, means they will require fewer healthcare interventions. This in turn means we use fewer resources to deliver their care, thus reducing the carbon footprint of care in total. Prevention is already an aspect of the care our teams deliver; not least is the current vaccination programme to help combat the pandemic. With those double vaccinated a lot less likely to become critically unwell enough to require hospital admission it is a perfect example of how preventative healthcare saves resources in the longer term.



#### Streamlined processes and pathways:

The Trust's Hospital at Home team were concerned about the large volume of single plastic used each day from delivering healthcare in patient homes. With help from the CWC team both teams quickly identified that gloves were regularly used when drawing up IV medication. This behaviour was reinforced as gloves were mandated in the local trust policy guidance. After working with the infection prevention and control team it was agreed that glove use was not required due to the technique used and good hand hygiene was sufficient. This lead to a change in local policy allowing staff to reduce their glove use and daily production of waste single use plastic significantly.



#### **Respecting Resources:**

SCFT is part of an international 3 year study with Health Care Without Harm Europe to monitor plastic waste, and work with teams specifically identified as high waste generators to source plastic free alternatives and also to consider processes to reduce use overall. This could save teams time and money, and creates less waste to dispose of, further reducing our carbon footprint.

#### How we will deliver

This new framework reflects the integrated nature of the programme, with all areas of the Trust supporting delivery of our three key aims.

The Care Without Carbon team will focus primarily on delivery of the 'Respecting Resources' principle, as well as supporting the delivery of the other principles by other key departments within the trust.

This will be delivered through our eight 'elements'; these form our work streams and action plans, and have been updated to reflect changes in the current landscape and our shift in focus since the CWC strategy first launched in 2014. We will report into the organisation (see section on Governance) to ensure that the targets we set ourselves are progressed year on year.

#### How the new CWC Framework fits into the organisation



Streamlined processes (\*\*)
& pathways

Respecting resources





Every part is informed by, and linked to, the 3 Sustainable Healthcare Principles

Wellbeing & public health



QI, digital and change management



**CWC team** 

**SPECIALISTS:** coordinating delivery of each principle including provision of specialist advice to enabling services.



Clinical services and operational teams

Workforce

**Quality & Safety** 

Finance, Procurement & Estates

**Communications & Engagement** 

Data & Intelligence

**Development and Partnerships** 

**ENABLERS:** proactively integrating aims and principles into day-to-day business and reporting progress against them.



EVOLVING



CIRCULAR



JOURNEYS



PLACES



CULTURE



WELLBEING



CLIMATE ADAPTATION



## **Achieving Net Zero:**

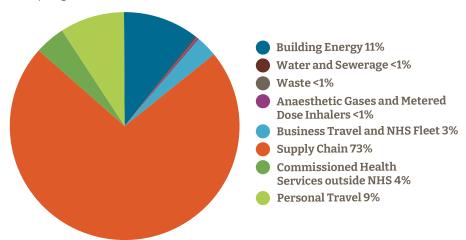
#### a roadmap to a new way of working

As a leader in the sustainable health and care sector, we are committed to meeting the ambitious NHS England Improvement (NHSEI) targets, and where possible, exceeding them.

We will bring our direct emissions (NHS Carbon Footprint) down to Net Zero Carbon by 2040 and our indirect emissions (NHS Carbon Footprint Plus) to Net Zero Carbon by 2045.

Our 2025 target is 57% reduction in direct carbon emissions. This keeps us on track for Net Zero Carbon by 2040.

The breakdown of our carbon footprint at Sussex Community is shown in Figure 4. This includes a full data set for our direct emissions (NHS Carbon Footprint). The indirect emissions illustrated (our NHS Carbon Footprint Plus) include Sussex Community data for our supply chain and commissioned health services only; personal travel is included as an assumed figure based on NHSEI information. We are working on developing a full data set for our next Green Plan



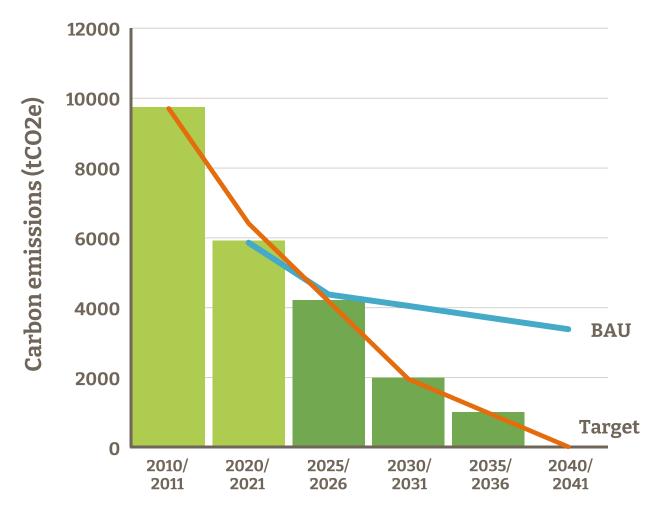
#### **Delivering Net Zero Carbon: prioritising our focus**

Our Net Zero Carbon strategy takes a three pronged approach to meeting these challenging targets, while continuing to provide high quality patient care for our community.

- 1. Minimising resource use: reducing as far as possible the resources required in the first place. This might include embracing agile working and route planning for community nurses to reduce the need for travel, supporting patients to use inhalers more efficiently to cut pharmaceutical use and reduce waste, or insulating our buildings to reduce the need for heating and cooling.
- **2. Switching to greener alternatives:** where resources use is essential, we must reduce carbon intensity as far as possible. This might include choosing lower carbon pharmaceuticals, replacing our operational fleet with electric vehicles, or retrofitting our buildings to be 100% electrically powered or Net Zero Carbon Ready (NZC-R).
- **3. Offsetting:** in due course and in line with any government or NHSEI guidance, we will consider the potential for offsetting any emissions that we cannot reduce in other ways, and with a focus on insetting projects that directly benefit our patient community. In the meantime we will look for informal insetting opportunities through projects which support our carbon reduction, patient care and health equality objectives in our local community. This might include for example, developing new green spaces for therapy and wellbeing programmes.

## Our roadmap to Net Zero Carbon

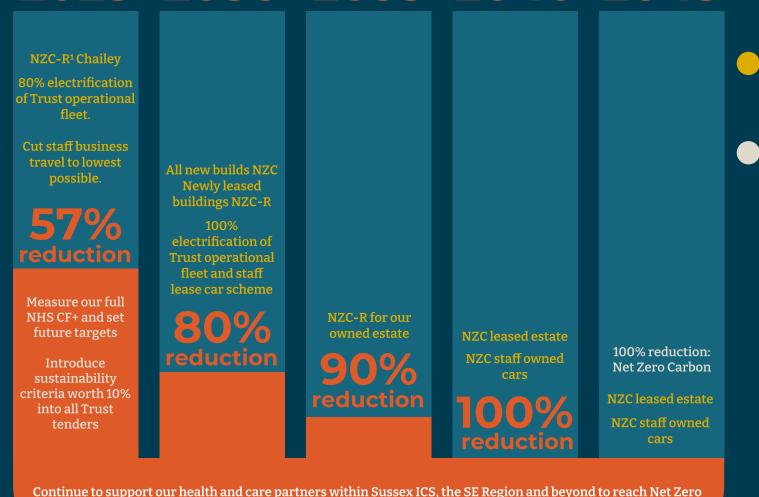
We've set out below our trajectory to Net Zero Carbon for our direct emissions (NHS Carbon Footprint), along with a breakdown of the phased delivery plan to Net Zero. These proposals are based on initial feasibility studies and will be firmed up over the course of the next 12-18 months. In all cases we are aiming to reach NZC as soon as possible and by 2040/2045 at the latest.



**SCFT NHS Carbon Footprint** 

### Our roadmap to Net Zero Carbon

2025 2030 2035 2040 2045



[1] NZC-Ready (NZC-R) buildings are 100% powered by electricity. For most Trust buildings this means moving away from fossil fuel (typically gas) powered heating, to electric. As such, when the electricity from the grid reaches NZC (anticipated in the early 2030s), these buildings will also become NZC.

Carbon, and develop a programme to support our patient community to match our own targets.

Our direct emissions (NHS

Our indirect

Plus)

emissions (NHS

**Carbon Footprint** 

Carbon Footprint)

## Bringing Net Zero to life: key projects

For us to achieve a 57% reduction by 2025 and Net Zero Carbon by 2040 it is essential that the people who will make the strategy a reality really understand not just what we are aiming for, but why, and how we can get there.

To this end we have developed a project based approach, which will combine the expertise of the Care Without Carbon team with the knowledge of our clinical teams to help develop and shape clinical practice that is lower in carbon intensity, all the while improving on the care we are able to deliver.

We've identified key projects in each of our four key areas of focus.

**1. Refocussing through the pandemic:** all our lives have changed in the past 18 months. We need to consider what has been helpful for the environment and what has added to the problem and how we can resolve that.

**Single use PPE:** work with clinical colleagues to reduce single use PPE and improve waste segregation now and following the pandemic. **Agile working programme:** work with clinical and digital teams to develop an understanding of our minimum possible business mileage and schedule a programme to deliver that by 2025.

**2. Deeper clinical integration across the Trust:** meeting Net Zero by 2040 will require a big shift in how we deliver care which cannot be achieved without input from clinicians.

**Engagement Programme:** work with clinical services across the trust to develop an engagement programme to support the delivery of this strategy, aiming to integrating our Sustainable Healthcare Principles into the core of clinical practice.

**Greener pharma:** work with pharmaceutical colleagues to understand the full impact of our pharmaceuticals and implement a programme to reduce that.

**3. Delivering against our NZC commitment:** this challenging target will require full focus between now and 2040 with a clear path for delivery that moves us forwards year on year.

**Finalising our NZC strategy:** develop a Net Zero Carbon strategy for each area of our carbon footprint including accurate measures of impact, finalised targets and delivery plan.

**NZC-R Chailey:** deliver a flagship Net Zero Carbon Ready project at Chailey Clinical Services, moving to 100% electrically powered heating and developing green spaces to support staff and patient wellbeing programmes.

**NZC Brighton General Hospital redevelopment:** ensure the BGH redevelopment project delivers a Net Zero Carbon site that meets our three sustainable healthcare principles.

**Electrifying the fleet:** switch 80% of our operational fleet vehicles (pool cars, couriers, departmental vehicles) to electric by 2025.

**4. Escalating our impact through partnership working:** tackling carbon emissions together maximizes the gains we can make for our region and ensures adaptations benefit everyone. **Climate adaptation:** work with our ICS partners to understand

what climate change means for us in Sussex, and how we need to adapt our clinical services and buildings.

**Engaging with our patient community:** work with public health colleagues to identify opportunities to support our patient community and reduce health inequality through sustainability.

# On time and on target: our new elements will get us there

The first Care Without Carbon strategy was shaped around a framework of seven elements to ensure a holistic approach to delivering sustainable healthcare. We have updated these elements to reflect changes in the current landscape and our shift in focus since the CWC strategy first launched in 2014. They now support delivery against our three Sustainable Healthcare Principles.

The elements, of which we now have eight, function as a work-stream identifier, that the Care Without Carbon team can use to keep track of progress and ensure we are working consistently towards our ultimate goal of Net Zero care by 2040.

The elements ensure we continue to have an integrated and holistic approach to our sustainable healthcare programme. They are:



**Evolving Care:** in the next five years our strategic focus will shift more towards the ways clinical care can change to reduce carbon emissions and supporting clinical teams to achieve this will form a large part of our work.



**Circular Economy:** this will cover projects and work relating to waste, procurement and reuse. We will ensure that food is included within this element too.



**Journeys:** this covers our work to decarbonise our fleet, and support active travel as well as innovations in digital transformation that will reduce the need for travel at all.



**Places:** this replaces the old Buildings element to capture the broader scope of what we can do differently and allows us to strengthen consideration of green spaces and biodiversity as a means to support our communities.



**Culture:** the level of change required to meet a Net Zero Carbon target would be impossible without a cultural shift in thinking about what is meant by sustainable healthcare. We will build on sustainable awareness from our first strategy to fully embed the Sustainable Healthcare Principles.



**Wellbeing:** our focus will be on creating behaviour change that improves both physical and mental wellbeing through adaption of more sustainable behaviours and interventions.



**Climate Adaptation:** the impact of our changing climate will have implications for how we can continue to deliver care. This new work-stream ensures we maintain a focus on this aspect of sustainable healthcare in tandem with seeking to mitigate our impact overall.



**Partnership & Collaboration:** this element captures the need to scale up impact by working together and directly supports our vision.

See next page for diagram of the elements.



**Fig 5**– The eight elements to support delivery on the new CWC strategic framework

A detailed look at our Action Plans to deliver on the new strategy



Developing and enabling lower carbon, more sustainable models of community care

#### **Commitments**

- To integrate our Sustainable Healthcare Principles at a strategic level across the Trust and our wider ICS partners.
- O To support our clinicians to deliver against these principles by making lower carbon, more sustainable choices when delivering care day-to-day.

#### **Targets**

- O Clinical sustainability specialists in place and delivering change programmes in at least three of our clinical services by 2024.
- **O** SHCP ICS and NHS providers to have integrated sustainable healthcare principles at a strategic level, with a delivery programme in place by 2024.

#### Our approach

According to the Centre for Sustainable
Healthcare, 80% of the carbon footprint of the NHS is
attributable to clinical decisions and models of care.

This element responds explicitly to this, aiming to integrate sustainability into the fabric of the Trust and wider region through our clinical services.

Firstly by working to further integrate our Sustainable Healthcare Principles into the Trust and the ICS at a strategic level. And secondly following this through to practical delivery, ensuring that sustainability is core to day-to-day clinical decision-making at all levels of the organisation and in a way that directly benefits our patient community.





#### Actions:

#### **Sussex Community**

- O Integrate Sustainable Healthcare Principles into QI and change management processes across the organisation, including through business cases, Trust policies etc.
- Review area business plans for key themes and work with teams to incorporate solutions against these.
- O Deliver our Green Teams programme with CSH, working directly with clinical teams to identify and deliver sustainability projects in support of this Green Plan.
- Work with clinical and digital transformation teams to understand the opportunities for digitisation of care in terms of carbon reduction and delivery of our sustainable healthcare principles.
- Work with clinical colleagues to reduce single use PPE and improve waste segregation now and following the pandemic.
- O Identify appropriate governance mechanisms to support deeper integration with clinical services e.g. Clinical Lead(s) for sustainability with an identified governance route for delivery.
- Undertake an analysis of the services we provide and identify priority areas based on carbon impact.
- O Develop an engagement programme to integrate our Sustainable Healthcare Principles across the Trust. This should aim to integrate these principles into the core of clinical practice and include mechanisms to build capacity among clinical staff, for example through clinical sustainability training.
- Integrate Sustainable Healthcare Principles into public health programme.
- O Introduce Clinical Sustainability Fellows in at least three of our core service areas, aiming to develop sustainability programmes for those specialisms either following existing research or leading our own R&D.

O Work with pharmaceutical colleagues to understand the full impact of our pharmaceuticals and implement a programme to reduce that. This should include a review of Nitrous Oxide and inhalers.

#### **ICS**

- O Provide input and support into the development and delivery of ICS projects to reduce the impact of medical gases and pharmaceuticals across the ICS and wider region. This should include working with primary care colleagues within our ICS to understand and reduce the carbon impact of the inhalers we dispense.
- Explore the opportunity for an ICS-wide project to share facilities for reprocessing/reuse of medical devices and metal instruments.
- Work with our ICS and wider partners in primary and community care to share learning on clinical sustainability interventions in the community setting.
- Continue to support the digital transformation of clinical services.

#### Patients and wider community

O Develop community projects which support the Trust's work on inequality in the local health system, with particular focus on potential for projects supporting green space, air pollution and fuel poverty.

#### Our inspiration

The BMA and fair medical trade: for over a decade the BMA has campaigned for fair medical trade and ethical procurement across the healthcare system.

They have highlighted labour abuse rights in healthcare products supply chains and have worked with partners and stakeholders to drive change. In good hands is a BMA report which highlights labour abuse rights in glove production in Asia.



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

#### **Commitments**

- O To continuously reduce our total waste and increase reuse.
- To significantly reduce the carbon footprint and environmental impact of our supply chain.
- O To work with our suppliers to improve the health and wellbeing of the people and communities supporting our supply chains.

#### **Targets**

- O 15% reduction of total waste production by weight
- Avoid the disposal of 500,000 items per year through reducing, reusing and redistributing our products.
- O Deliver a measurable carbon footprint reduction of 5 key products within our supply chain
- Achieve 65% recycling of our non-clinical waste in line with the Environment Bill
- O Introduce sustainability criteria worth 10% into all Trust tenders

#### Our approach

70% of our carbon emissions are associated with the goods and services we use. So, it's critically important that we lead the way by adopting a different approach to how we treat our resources and the people that produce and distribute our products.

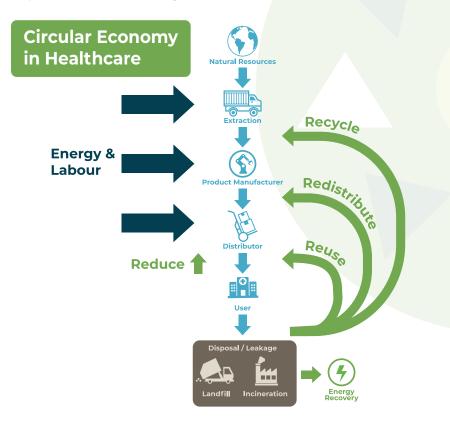
Adopting a Circular Economy is the best way to make this happen.





Typically we work within linear economies, taking, making and disposing of products. We will shift to a Circular Economy, where materials and energy are not wasted but kept to be as useful as possible for as long as possible.

This means creating a culture of change by working closely alongside clinical teams, using recycled materials, reducing the need for millions of products by switching away from single use, or when items are no longer required by the hospital, redistributing them to others who can use them.



#### **Actions:**

#### **Sussex Community**

- **O** Use our carbon hotspot analysis to prioritise areas for action under our circular economy workstream, and develop programmes of work against each.
- O Develop our methodology for measuring the carbon emissions associated with our supply chain, looking at tools and methodologies that provide a more accurate representation than Procuring for Carbon Reduction (P4CR)
- Work with clinical teams and envoys to develop a strategy for improving waste segregation by reviewing engagement, signage and visibility of waste streams.
- O Undertake a review of our waste management practices, procedures and reporting, identifying opportunities for improvement to support our waste reduction targets.
- O Measure and report on the carbon footprint of our food and catering services and explore in consulation with the Nutritional & Hydration Group how to increase access to plant based meals, reducing reliance on high carbon foods such as beef and lamb, and expanding food waste collections to all bedded units ensuring suitable storage areas for waste food are confirmed.
- Work with the procurement, IT and communication team to reduce office paper use and maintain 95% recycled paper use
- O Include a minimum of 10% environmental and social value criteria into all tenders (excluding SMEs) by 1st April 2022 with higher weightings for tenders in key areas (hotspots etc.) or financial value over £300k.
- Continue to reduce single use plastics across the Trust including implementing a trial deposit return scheme.
- O Develop a programme to support our reprocessing, reuse and redistribution goal including identifying opportunities for reprocessing of metal instruments, medical devices, and walking aids.



#### **ICS**

- O Develop a programme of work to address the huge increase in single-use plastic PPE use during the pandemic in the immediate-term, and post-pandemic. This should include delivering a trial of reusable face masks and a glove use campaign across the ICS.
- O Use our purchasing power as a group of providers within our ICS and region to call for change within NHS Supply Chain and key suppliers.
- O Identify other joint working opportunities within our ICS, for example a centralised reuse programme.

#### Patients and wider community

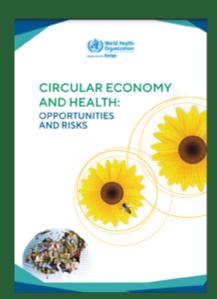
- O Develop a sustainable supplier charter for SME suppliers and have 20% of SMEs signed up.
- O Build on the current promotion of healthy plant-based meals to patients whilst communicating environmental benefits.

#### Our inspiration

We are inspired by the work of the Ellen McArthur Foundation who have pioneered and promoted the concept of a circular economy for many years.

Their work on rethinking how plastics should be designed, produced and used is extremely valuable in a healthcare setting where so much single use plastic is used. Through applying their circular economy principles we have begun to shift our focus to prioritising the reuse and redistribution of products whilst purchasing products with stronger sustainability requirements. It is through this model that we will begin change the way we make and dispose of products for our health and environment.

We also found this WHO report useful to clearly outline how health and the principle of a circular economy are linked: https://www.euro.who.int/\_data/assets/pdf\_file/0004/374917/Circular-Economy\_EN\_WHO\_web\_august-2018.pdf





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

#### **Commitments**

- **O** We will fully electrify our vehicle fleet as soon as possible to reduce air pollution locally and minimise our negative impact on health.
- O We will work with our clinical and digital teams to minimise and decarbonise staff, patient and visitor travel associated with our delivery of care, while maximising the health benefits of travel.

#### **Targets**

- O 80% of Trust operational fleet to be fully electric by 2025.
- Manage our business mileage to ensure we meet our 2025 Net Zero target.

#### Our Business Travel Plan sets out our key targets to 2024:

- Achieve 90% of our operational fleet vehicles to be powered by low emission engine and powertrain technologies;
- Reduce our business mileage by one million miles compared to our 2019 figures, including a reduction of 500,000 miles within the grey fleet (staff own vehicles)
- Encourage a minimum of 10% of the workforce to participate in active travel.

#### Our approach

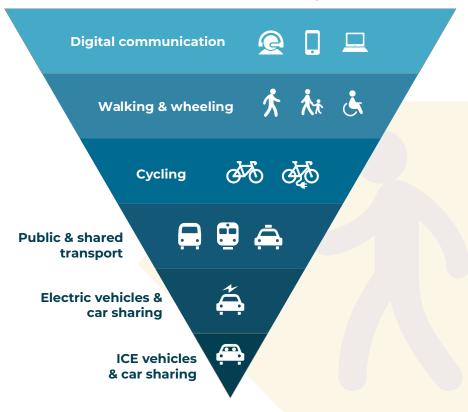
Through our Journeys work stream, we are aiming to:

- O Eliminate non-essential travel
- O Minimise essential journeys
- O Ensure that all remaining travel uses the most resource-effective methods and follows the travel mode hierarchy.





#### **Travel Mode Hierarchy**



Reducing the need for travel, and improving the travel choices we make will naturally contribute to improvements in local air quality.

Collaboration with colleagues across the Trust, in particular our clinical teams and digital transformation team is key.

#### **Actions:**

#### **Sussex Community**

- O Link in with the Trust-wide programme around Ways of Working post-pandemic to ensure that digital, clinical and non-clinical programmes support delivery of both our business mileage target and our wider sustainable healthcare principles.
- O Undertake an in-depth review of our business travel every quarter to support our decarbonisation target and use the information to engage staff.
- O Update our vehicle replacement programme to move as appropriate over to electric between now and 2025/26 to meet our 80% electrification target.
- Establish a vehicle charging infrastructure at major sites across the Trust that can be accessed by our own fleet, along with staff, patients and visitors.
- O Develop a longer term vehicle replacement programme to meet our NZC target of 100% electrification of the fleet by 2030.
- Work alongside our Digital, Estates and Clinical colleagues to prioritise and promote agile working and other viable alternatives to travel.
- Develop a programme to understand, measure and reduce the indirect carbon emissions associated with our travel as measured within the NHS Carbon Footprint Plus, including patient and visitor travel and staff commuting.
- Enhance the support of the Travel Bureau to promote more active travel choices.
- Complete the Clean Air Hospitals Framework Tool and produce a Clean Air policy to reduce the air pollution in and around our sites.



#### **ICS**

- Work with our ICS colleagues to understand opportunities for joint working e.g. vehicle charging infrastructure,
- O Support roll out of Travel Smarter September within Sussex Community, our ICS partners and beyond.

#### Patients and wider community

• Work with our health prevention and local authority colleagues to understand where our patient community is most affected by air pollution and identify relevant projects to affect change in these areas.

#### **Our inspiration**

We've based our strategy on two key NHS documents: 'Delivering a Net Zero National Health Service' (2020) https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/ and 'The NHS Long Term Plan' (2019) https://www.longtermplan.nhs.uk/. Our targets either exceed, or meet sooner, the recommendations therein.

Nationally, the NHS fleet and business travel account for around 4% of the NHS Carbon footprint, but as a Community Trust and where travel is a necessary part of our core business, SCFT's is closer to 5.5%.

Taking into account areas which are outside the scope of our current strategy, including patient and visitor travel and staff commuting, the combination of all travel sectors currently accounts for almost a quarter of the total SCFT footprint. With advancing technologies across vehicle manufacturers and the emergence of new ways of agile working and smarter travel this is a prime opportunity to invest in more cost and carbon effective transport and travel systems. It is also a key opportunity to directly tackle a cause of ill health through poor air quality. Hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions generally and the links between respiratory illness and air pollution are inescapable. Increasing active and greener travel choices will contribute to addressing this.





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

#### **Commitments**

- Reduce energy and water consumption across our estate and cut our carbon emissions in line with Net Zero Carbon (NZC) targets.
- O Ensure our places provide comfortable and sustainable environments that promote excellent patient care, are good places to work and support community wellbeing.
- O Improve our green spaces so they are more biodiverse, better able to support patient and staff wellbeing and support our low carbon care delivery ambitions.

#### **Targets**

- Reduce emissions from buildings by 57% by 2025/26 in line with NZC targets.
- Achieve a reduction in our consumption per unit of occupied floor area for all utilities between now and 2025.
- O Deliver an increase in biodiversity across our estate by 2025 and provide more opportunities for our staff, patients and local community to engage with our green spaces.

#### Our approach

Buildings are the largest contributor to our direct carbon emissions as a Trust. Through 'Places' we aim to minimise our impact on the environment and ensure our sites support the wellbeing of patients and staff, as well as increase local biodiversity.

The challenge is to drastically reduce the carbon emissions associated with our estate, reaching NZC by 2040. This is relevant to owned buildings, leased buildings and any new builds.





To achieve this, we will follow the well-established hierarchy of leanclean-green:

- Lean: using the estate we occupy well and prioritising the reduction in energy and water consumption of our buildings.
- Clean: installing low-carbon heating technologies to reduce reliance on fossil-fuels.
- Green: installing renewable energy generation on site to reduce our carbon footprint
- O If necessary (and appropriate following national guidelines) we will offset any residual emissions through accredited schemes and with projects bringing benefit directly to our patients.

We also consider the 'indirect' emissions associated with our estate, in particular the embodied carbon in new builds.

#### **Actions:**

#### **Sussex Community**

- O Develop and deliver a programme to move Chailey Westfield to low carbon heating to reach NZC-R by 2025/26.
- Ensure all new builds are NZC and deliver against our wider sustainable healthcare principles. The key site of focus will be the Brighton General Hospital redevelopment.
- O Develop a detailed NZC Roadmap to determine how our owned (freehold) estate will reach NZCR, aiming for 2035 target date.

  This should include prioritisation of sites based on Chartered Institution of Building Services Engineers (CIBSE)benchmarks and identification of opportunities for funding such as the Public Sector Decarbonisation Scheme (PSDS) grant.

- O Work with local partners to develop a Biodiversity Action Plan to preserve and enhance the green spaces within our estate and beyond. Develop a set of sustainability criteria for our leased estate to ensure we are able to deliver our NZC targets including our target date of 2030 for all new leases. Criteria should include the aim for all new leased buildings to have an EPC rating of C or above by 2025.
- Work with NHS Property Services and other leaseholders to ensure we can deliver against our NZC target by 2040 at the latest, and determine the scope of any existing and planned energy projects.
- Continue to purchase 100% renewable (REGO backed) electricity and explore the opportunity for procuring RGGO gas.
- Enhance our monitoring and targeting system by developing automated reporting for utilities, identifying areas of inefficient use of energy and water more quickly.
- Increase awareness amongst building users to highlight the environmental impact of our buildings and the services provided within them.

#### **ICS**

- Through the Estates Programme Board and its constituent place based groups, work with partners across the ICS membership to develop shared objectives, target and strategy on the route towards Net Zero Carbon.
- Share utility consumption and emission data at an ICS level to develop regional benchmarks specific to healthcare buildings.
- Identify system level Places projects that could benefit from economies of scale and pooled resources.
- Ensure NZC is a fundamental component of the new Trust and ICS Estates Strategies



#### Patients and wider community

- O Develop projects associated with our Biodiversity Action Plan that support the health and wellbeing of our local community, as well as help mitigate our carbon impact.
- O Work with our ICS partners to develop an understanding of the opportunities for offsetting and insetting projects within our local area, with a focus on projects that can directly support delivery of care within our communities.

#### **Our inspiration**

<sup>1</sup>REGO: Renewable Energy Guarantee of Origin – proves the electricity we purchase is generated from renwable sources <sup>2</sup>RGGO: Renewable Gas Guarantee of Origin: proves that the gas used has been sourced from renewable sources (e.g. biomethane)

Klinikum Frankfurt Höchst, a new acute hospital in Frankfurt, Germany is pioneering a passive design for its new building at a scale not seen before in the healthcare sector. This should reduce its demand for heating significantly and will set a new standard for low-energy design for healthcare buildings. Passive design also helps to maintain a stable, warm and comfortable indoor air environment for the building's occupants. This development showcases how we can develop our healthcare spaces for a more sustainable future.





## **Empowering and engaging people to create** change to progress us towards **Net Zero**

#### **Commitments**

- **O** We will establish a strong narrative that runs across all aspects of the organisation in support of sustainable behaviours and actions both in work and in personal lives.
- O We will partner with others to seek opportunities to develop the narrative on sustainable healthcare, enhance our impact and create opportunities for people to share ideas.

#### **Targets**

- 100% of staff aware of and understand the Sustainable Healthcare Principles.
- O Develop and promote at least 5 case study projects that bring the Sustainable Healthcare Principles to life on the path to net zero.

#### Our approach

This element supports all three of the Sustainable
Healthcare Principles 'Healthier Lives', 'Respecting
Resources' and 'Stream-lined Processes and Pathways'.
It ensures we deliver on all three of our aims, but in
particular on delivering care that is Net Zero Carbon,
minimising our impact on the environment and
respecting natural resources.





There are two phases to our work around culture and engagement. The focus initially will be on fully embedding the new strategy into the organisation including our clinical services. This phase will include developing an engagement programme to replace the former Dare to Care to help us fully integrate a sustainable narrative into the fabric of Trust operations and support delivery of the goals set out in the Green Plan.

Then, once that is more embedded we will work in partnership with others to support projects that reach patients and the wider community. These projects will demonstrate the positive impact of sustainable behaviours on patient care and health outcomes, as well as environmental impact.

#### **Actions:**

#### **Sussex Community**

- O Support launch of new Care Without Carbon strategy to raise the profile of Net Zero and our new Sustainable Healthcare Principles across the staff body.
- O Develop and roll out a new engagement programme to support delivery of the new Care Without Carbon strategy, working to embed it within all areas of the Trust.
- O Work with Centre for Sustainable Healthcare to run our Green Teams competition and follow up by working with staff to develop these projects and spread best practice.

- Continue to develop our CWC envoy programme as part of our new engagement programme, aiming to increase participation and impact.
- Engage with staff and staff representatives about including sustainability into recruitment and PDR processes, to ensure it forms part of the fabric of working for Sussex Community.
- Ensure all Trust events are conducted in a low carbon manor, virtually where possible. If events are held, ensure that venues are readily accessible by public transport, food and drinks offerings are ethically sourced and local where possible, and printed materials are kept to a minimum.

#### **ICS**

- O Develop an engagement approach to support the launch of an ICS Green Plan.
- Attend partnership meetings and establish networks to sustain a narrative on sustainability throughout the ICS.
- Enable and support community projects that promote sustainable behaviour change.

#### Patients and wider community

- O Develop a programme to structure, monitor and evaluate engagement with patient groups/wider community.
- Share regular blog content on social media that promotes sustainable behaviours and the links between health and climate.
- Support annual national campaigns such as World Recycling Day and Plastic Free July.
- Attend events locally, nationally and internationally to promote the narrative around sustainable healthcare.



#### Our inspiration

The Greener NHS programme is delivering a nation-wide toolkit to support NHS Trusts in engaging people to deliver on the net zero ambition. This gives us a great collective push to run alongside our regional activity.

Their report Delivering a Net Zero Health Service really sets out the scale and pace of change needed to motivate and promote action.

A national focus is essential to focus our efforts collectively in meeting these challenging targets and through a Greener NHS we can share best practice and learn and grow with each other across the NHS.



#### Delivering a 'Net Zero' National Health Service





### Supporting people to make sustainable choices that enhance their wellbeing

#### **Commitments**

- **O** We will support staff in trying and adopting new behaviours that improve physical and mental wellbeing.
- **O** We will support the health and wellbeing of our patient community and the reduction of health inequality with a focus on fuel poverty, air quality and access to green spaces.

#### **Targets**

- Maintain workplace wellbeing in line with national average.
- O Deliver up to three patient/community focused projects that deliver measurable improvements in wellbeing through a sustainable intervention.

#### Our approach

We have taken a dual approach to our wellbeing work over the period of this strategy. Our initial focus will be on working closely with staff to ensure they understand and can make use of the links between sustainable behaviours and wellbeing improvements.

Once this is more embedded we will start to develop a project based approach that shifts attention beyond staff to our wider communities. Projects will support both sustainability and health inequality objectives, focussing on access to green spaces, fuel poverty and/ or air quality.





#### **Actions:**

#### **Sussex Community**

- Work with Occupational Health to support development of an annual assessment of staff health and wellbeing.
- O Work with Wellbeing and Estates to develop a specification for staff breakout spaces across Trust properties. Ensure this specification is considered for all new lease properties and Trust estate developments for example the planned development of Brighton General Hospital.
- O Develop a programme for outdoor spaces to support staff and patient wellbeing at the same time as supporting our Net Zero Carbon objectives, identifying three projects by end 2022. Continue to engage teams on wellbeing and sustainability through CWC Challenges such as Step Up Challenge. This should include a minimum of two new team based activities.
- O Develop and promote active travel through CWC engagement programme and consultation with staff.
- O Work with the Centre for Sustainable Healthcare (CSH) to deliver nature based wellbeing workshops for staff. Implement a programme to continue delivering these and expand their reach using a train-the-trainer approach.

#### **ICS**

- Support measurement of staff health and wellbeing across our ICS partners.
- Work with our ICS partners to develop tree planting and other green space projects that deliver wellbeing benefits on healthcare sites, or within the wider community.

#### Patients and wider community

- O Link in with existing local public health and community projects, supporting the integration of sustainability principles and metrics.
- Work with public health colleagues to identify opportunities to support our patient community and reduce health inequality through sustainability interventions and engagement.
- O Continue to develop social media content and engagement campaigns that supports wellbeing and are accessible to our patient and wider community. For example sharing regular blog content on social media that promotes healthy and sustainable behaviours and supporting national campaigns such as Cycle to Work Month and Veganuary.



#### **Our inspiration**

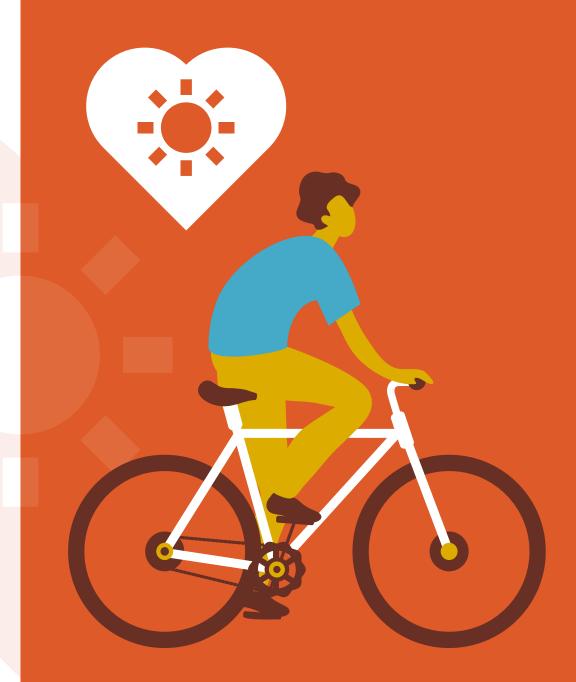
The links between our environment and our health are clear and well documented in reports such as:

- O The Lancet 2020 Countdown Report on Climate and Health. https://www.thelancet.com/article/S0140-6736%2820%2932290-X/fulltext
- O The UK Health Alliance on Climate Change. http://www.ukhealthalliance.org/about/



### THE LANCET Planetary Health

We also found the work of a Birmingham Trust inspiring. They partnered with a local energy co-operative to install solar panels on the Trust site, securing lower price renewable energy for the Trust, saving money and reducing carbon emissions. The local energy co-operative then used a percentage of their profits to fund energy based home improvements for people identified by the Trust as patients with respiratory conditions exacerbated by a poorly insulated or heated home. The Trust monitored the number of repeat visits to the hospital from these patients and found that with support to have a more energy efficient home they suffered fewer incidents of respiratory illness requiring hospital admission.





### Building resilience to our changing climate in Sussex.

#### **Commitments**

- **O** We will identify and map climate change risks for our organisation, our patients and our communities.
- We will work with our ICS partners to develop an action plan to address climate adaptation in Sussex, together.

#### Our approach

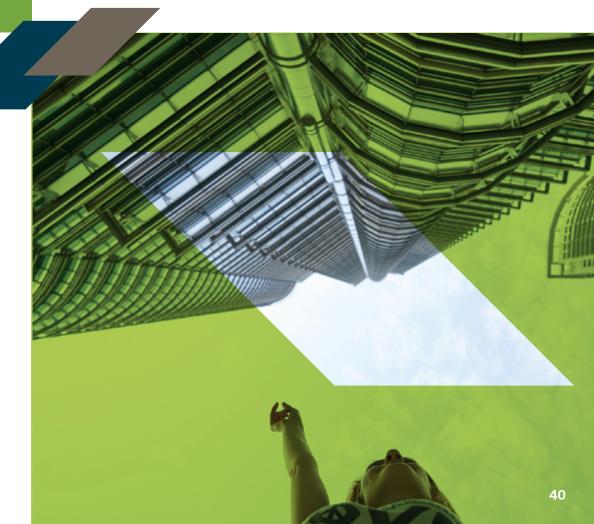
As the NHS works to mitigate climate change by drastically reducing emissions to Net Zero Carbon, there is also a need to adapt to the consequences it brings – now and in the future.

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

This has an influence on how we deliver care (through impacts on our healthcare buildings, ability to travel, infrastructure, supply chain and logistics) as well as on the level and type of care we deliver (through health impacts on our patient community).

#### **Targets**

- O Become a leader in climate change adaptation in healthcare by 2025.
- Undertake a climate impact assessment and integrate findings into our business continuity procedures and longer term strategic health planning.





Climate change adaptation is about responding to those risks and ensuring that they are mitigated wherever possible.

#### **Actions:**

#### **Sussex Community**

- O Use the information from a Climate Impact Assessment (see ICS actions below) to assess our estate and clinical services for specific climate risks and current responsiveness to extreme conditions. Work with clinical and estates colleagues to develop a Climate Adaptation Plan to help us adapt to those changes and ensure our buildings and services are fit for the future.
- Ensure climate related risks are added to the corporate risk register as required.
- Integrate climate change adaptation into the business continuity planning process.
- O Support delivery of our Climate Adaptation Plan by communicating to staff on what climate change adaptation is and how it relates to Sussex Community Trust.
- O Measure instances of heatwaves at the Trust and report these through the Greener NHS quarterly reporting.
- O Work with finance to develop a better understanding of the cost burden of climate change to the trust in terms of health and our estate
- O Ensure all our buildings (leased and owned) are fit for the future with appropriate adaptation measures such as solar shading, SUDS, etc, in line with the findings of the Climate Change Impact Assessment.

#### ICS

Develop a Sussex-wide Climate Change Impact Assessment with partners in the ICS to understand the impact of climate change on our patients and services.

Develop and deliver a climate change adaptation training session at an ICS or regional level for key stakeholders.

#### Patients and the wider community

- O Identify patient groups vulnerable to the impacts of climate change. Work with these groups to identify specific climate risks and define the actions that can be taken by the health system to support mitigation.
- O Communicate with our patients and the wider community on climate change adaptation and the impacts on them including; climate related risks, changes to vector borne diseases and the action that Sussex Community and partners are taking to mitigate them.

#### Our inspiration

The London Climate Change Partnership (LCCP): Promoting the Resilience and Sustainability of London's Health Sector. The LCCP is the centre for expertise on climate change adaptation and resilience to extreme weather in London. The partnership worked with the healthcare sector in the capital to establish a network to evaluate the policy context and discuss the risks to Londoners from climate change setting collaborative actions for mitigation.

» Promoting the Resilience and Sustainability of London's Health
 Sector London Climate Change Partnership (climatelondon.org)

Within the NHS, work on this area is limited, but we look to the work of NHS Trusts in the Bristol, North Somerset and South Gloucestershire (BNSSG) region for inspiration here. The BNSSG Health and Sustainability Group (BHSG) have developed a bespoke Climate Change Impact Assessment and Adaptation Plan for NHS Trusts in their region which comprehensively addresses the changes needed to ensure healthcare services are ready for a climate changed future.



### **Enhancing** our impact by working with others

#### **Commitments**

- We will continue to increase the impact of our work by supporting other local healthcare organisations to deliver more sustainable, Net Zero Carbon healthcare.
- Through One Public Estate and other wider public sector collaborative groups, work to share knowledge, learning and best practice with the wider public sector in the areas we operate.
- O We will work in partnership within our local Integrated Care System and the wider SE Region to decarbonise our local health economy through collaborative projects and approaches.
- O We will develop and seek out opportunities to collaborate with others both nationally and internationally to maximise our opportunity to learn from others and share our learning.

#### **Targets**

- O To deliver a minimum of three projects up to 2025 in partnership with other organisations.
- O To speak at a minimum of three events up to 2023 in support of collective action by healthcare organisations to address the environmental crisis.

#### Our approach

To date we have grown our impact across Sussex by working with partners to deliver CWC at other Trusts within our ICS, the SE region and beyond.

Carbon emissions across the ICS are around 70,000 tonnes CO₂e. By working together to deliver Net Zero Carbon across Sussex we can share learning and best practice, reduce duplication, make the best use of our resources and collectively deliver against net zero carbon.





We aim to enable the ICS to become a leader in delivery of sustainable healthcare through seeking, maintaining, nurturing and establishing networks to enable collective action in the delivery of sustainable healthcare.

#### **Actions:**

#### **Sussex Community**

- O Undertake a mapping exercise to identify all relevant trust programmes and prioritise areas for CWC team input and support.
- O Work with teams across the Trust to ensure integration of the Sustainable Healthcare Principles is consistent and comprehensive.
- Work with colleagues across the Trust to develop metrics to report against our Sustainable Healthcare Principles.
- O Ensure the new CWC strategy is recognised and supported across other Trust strategies including: clinical services & operational teams; digital; workforce; quality & safety; development & partnerships; finance; procurement & estates; comms & engagement; and data & intelligence.

#### **ICS**

- O Support the Sussex Health and Care Partnership to develop an ambitious ICS Green Plan that shows leadership on sustainable healthcare and Net Zero in the SE region and beyond.
- O Set up appropriate governance mechanisms within the ICS to allow effective delivery against ambitions of the ICS Green Plan.
- Continue to work with the Green-ICU research group hosted by the University of Brighton.

- O Deliver and develop joint programmes with our national and international partners e.g. For a Greener NHS, the UNFCCC Race to Zero programme, Plastics in Healthcare projects and others with Heath Care Without Harm..
- Identify the key priority areas for working together within the ICS and SE region and develop projects in support of these areas.
- O Actively share our learning as a Trust and as an ICS by engaging on a local, national and international level with case studies, examples of best practice and other content of relevance. In addition, working with and developing opportunities for active promotion through the media or awards programmes as appropriate.

#### Patients and wider community

O Work with our ICS partners to understand how we can best engage with our patients on sustainability. Together, develop an understanding of how to use our influence within our patient community to effect change and ensure we are communicating as one voice across the region.

#### Our inspiration

NHS England has provided guidance on the design frameworks for ICS regions and the importance of working with ICS partners. This guidance will inform our approach to working closely with our ICS partners on delivering sustainable healthcare.

https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf

We will also take forward our work to align with the Sussex Health and Care Plan: https://www.sussexhealthandcare.uk/about-us/sussex-health-and-care-plan/. The plan focuses on how to improve and extend lives for people in our communities through a care system designed to meet their needs in the most sustainable and appropriate ways.

## Holding ourselves to account: governance

It is fundamental to being a sustainable organisation that we operate with integrity and responsibility. Effective governance is critical to ensuring that we live up to our vision, and deliver on this strategy. Delivery of this strategy will be overseen by our Care Without Carbon (CWC) team and a new CWC Programme Board, led by our Board Lead for Sustainability and Net Zero, Mike Jennings, Chief Financial Officer. The CWC team will provide support to other specialist and enabling departments across the organisation, as illustrated by the diagram on page 15.

Our CWC Envoys play a key role in supporting delivery of the programme through regular communication of sustainability focused updates with their teams, and developing projects to support the aims of the programme.

Clinical integration is a key focus of this strategy, and we are currently developing an Engagement Programme to support this. As part of this piece of work, we will consider a range of mechanisms to support delivery including:

- O Clinical lead(s) for our Sustainability & Net Zero programme
- O Integration through existing clinical forums e.g. the Infection, Prevention and Control Committee, Wider Area Leadership Team meetings.
- O Clinical Fellows developing specialist sustainability knowledge and programmes for individual service areas

#### Measurement and reporting

Over the course of the first 12 months of this programme, our triple bottom reporting mechanism will be reviewed, including the development of new metrics in line with our sustainable healthcare principles.

To achieve excellence in reporting for sustainability, we will:

- Deliver quarterly performance reports to Estates & Facilities Meeting (EFM) and Senior Leadership Executive Committee (SLEC)
- O Deliver performance update reports to Board every 6 months and develop and gain Board approval for a 12 month sustainability programme action plan each year.
- O Seek third party validation of our carbon footprint each year, publishing the results on our website and using the outputs to inform our decision making
- Publish a detailed Annual Sustainability Report alongside the Trust Annual Report, and ensure this is publically accessible through our website alongside this strategy
- Meet the national and regional reporting requirements from NHSEI and For a Greener NHS as they develop

#### **Net Zero task & finish groups**

Within the first 12 months of delivery, we will work with relevant stakeholders to develop our Net Zero Carbon targets and programme. Specifically, for each area of our carbon footprint we will:

- finalise and approve formal Trust targets;
- O agree a strategy and action plan; and
- identify a Trust lead responsible for delivery.

	T T T T T T T T T T T T T T T T T T T	1
	NZC category	Committee(s) responsible
	Overall Trust target	<b>SLEC Resources Committee</b>
rint	<b>Buildings</b> (electricity and water)	Estates Programme Board
NHS Carbon Footprint (direct emissions)	Anaesthetics and inhalers	Medicines Management Group Estates Programme Board
Carbo	<b>Travel:</b> staff business travel and fleet	Workforce Committee Estates Programme Board
NHS (dire	Waste (clinical and non- clinical)	Estates Programme Board
	Medical equipment	Medical Devices Committee, Infection Prevention and Control Commmittee
NHS Carbon Footprint Plus (indirect emissions)	Non-medical equipment	Digital, Data & Technology Committee Procurement Estates Programme Board
on Foo missio	Medicines and chemicals	Medicines Management Committee
VHS Carbon Footpr indirect emissions)	<b>Travel:</b> staff commute, visitor travel, patient travel	Workforce Committee Estates Programme Board
HN (ind	Other supply chain (including clinical consumables, food & catering, ICT etc.)	Infection, Prevention and Control Committee Digital, Data & Technology Committee Procurement Estates Programme Board

#### Net Zero task & finish groups

We will work with the ICS and SE Region sustainability and net zero teams, proactively supporting projects and partnerships within our region and working to integrate sustainability principles and practice across our ICS and beyond.



#### **Glossary**

**BGH - Brighton General Hospital** 

**BHSG - BNSSG Health and Sustainability Group** 

BNSSG - Bristol, North Somerset and South Gloucestershire Region

**CIBSE - Chartered Institution of Building Services Engineers** 

CO<sub>2</sub> - Carbon Dioxide

COP26 – Annual UN climate conference. A 'COP' means 'conference of parties'.

**CSH - Centre for Sustainable Healthcare** 

**CWC - Care Without Carbon** 

**EEIO - Extended input-output** 

**EFM - Estates & Facilities Meeting** 

**EPC - Energy Performance Certificate** 

**ERIC** - Estates Return Information Collection

**GHG – Green House Gas** 

**Green-ICU – Green Intensive Care Unit** 

**HCWH - Health Care Without Harm** 

**ICS - Integrated Care Systems** 

**IPCC - Intergovernmental Panel on Climate Change** 

kWh - Kilo watt hours

**LCCP - London Climate Change Partnership** 

N<sub>2</sub>O - Nitrous Oxide

**NEF – New Economics Foundation** 

**NHSEI – NHS England Improvement** 

NZC - Net Zero Carbon

**NZC-R - Net Zero Carbon Ready** 

**P4CR - Procuring for Carbon Reduction** 

**PPE – Personal Protective Equipment** 

**PSDS - Public Sector Decarbonisation Scheme** 

QI – Quality Improvement

**REGO - The Renewable Energy Guarantees of Origin** 

**RGGO - Renewable Gas Guarantees of Origin** 

SE – South East

SHCP ICS - Sussex Health & Care Partnership Integrated Care System

**SLEC - Senior Leadership Executive Committee** 

**SMEs - Small Medium Enterprises** 

**SuDS - Sustainable drainage systems** 

**UNFCCC - United Nations Framework Convention on Climate Change** 

# **Appendix 1** - Our Carbon Footprint Reporting Boundary

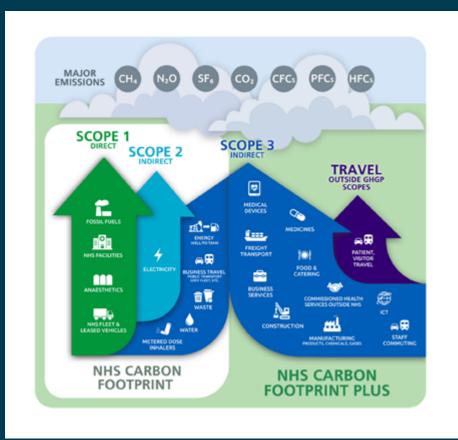
Equity Share Approach. Where accounting for emissions is undertaken according to the share in the company in terms of economic interest. Control Approach. Where an organisation accounts for 100% of emissions from operations over which it has control. Control is defined in either financial or operational terms. In addition, it introduces three scopes, as follows:

- Scope 1: Direct GHG Emissions. These occur from sources owned or controlled by the organisation.
- O Scope 2: Energy Indirect Emissions. These occur as a result of energy consumed that is supplied by another party.
- O Scope 3: Other indirect GHG Emissions. All other emissions that occur as a consequence of organisational activity but which are not owned or controlled by the organisation.

In addition, the recent NHSEI climate change strategy 'Delivering a Net Zero National Health Service' recently set out two clear targets for the NHS:

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

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



**Figure 1A:** Greenhouse Gas Protocol scopes in the context of the NHS (from 'Delivering a Net Zero National Healthcare Service')

This year we have updated our carbon footprint to ensure we are in line with the new NHSEI requirements. As such, in this strategy, we are reporting:

- O our NHS Carbon Footprint in full back to our baseline year (see page 8)
- O our NHS Carbon Footprint Plus using SCFT supply chain data for 2020/21, as well as an assumption for personal travel based on the NHSEI % (see page 16).

In terms of reporting boundary, the approach adopted by SCFT is to report on emissions from the activities over which it exerts operational control. In other words, the accounting boundary is drawn around the clinical services that the Trust is commissioned to deliver and which are therefore delivered in accordance with Trust policies and procedures.

This approach aligns the Trust's GHG reporting, NHSEI with other national NHS reporting processes and standards, notably the annual Estates Return Information Collection (ERIC).

In the case of the estate the Trust occupies – most of which is leased from third parties – this means we account for emissions from energy we consume in the same way for both our owned and leased assets, ensuring only those emissions relating to the services provided by the Trust are reported.

#### Other points to note:

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

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

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

#### Appendix 2 - Assurance Statement

Sussex Community NHS Foundation Trust Verification Statement



#### Statement of verification

Sussex Community NHS Foundation Trust Environment and Logistics Arundel Building Brighton General Hospital Elm Grove Brighton BN2 3EW

1" September 2021

#### Scope

Sussex Community NHS Foundation Trust (henceforth referred to as SCFT) engaged Carbon Footprint Ltd to verify its carbon footprint assessment and supporting evidence for the period 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021. SCFT is responsible for the information within the carbon footprint report. The responsibility of Carbon Footprint Ltd is to provide a conclusion as to whether the statements made are in accordance with the Greenhouse Gas (GHG) Protocol.

#### Methodology

The verification was led by Zoe Rudge, Environmental Consultant, Carbon Footprint Ltd. Carbon Footprint Ltd. completed the review in accordance with the 'ISO 14064 Part 3 (2019): Greenhouse Gases: Specification with guidance for the verification and validation of greenhouse gas statements'. The work was undertaken to provide a limited level of assurance with respect to the GHG statements made. Carbon Footprint Ltd believes that the review of the assessment and associated evidence, coupled with this subsequent report, provides a reasonable and fair basis for our conclusion.

The following data was within the scope of the verification (below shows the post-audit results):

- Scope 1 (direct): natural gas, gas oil, company car travel, and medical gases 2,743 tCO<sub>2</sub>e.
- Scope 2 (indirect): purchased electricity 1,277 tCO<sub>2</sub>e (location-based) and 1,155 tCO<sub>2</sub>e (market-based).
- Scope 3 (other indirect): business travel (personal car), water, waste, metered dose inhalers, transmission and distribution of electricity, and well-to-tank<sup>1</sup> (WTT) emissions – 1,837 tCO<sub>2</sub>e.

Totals: 5,857 tCO<sub>2</sub>e (location-based) 5,734 tCO<sub>2</sub>e (market-based)

#### Assurance opinio

Based on the results of our verification process, Carbon Footprint Ltd provides limited assurance of the GHG emissions statement, and found no evidence that the GHG emissions statement:

- is not materially correct and is not a fair representation of the GHG emissions data and information.
- has not been prepared in accordance with the GHG Protocol.

It is our opinion that SCFT has established appropriate systems for the collection, aggregation and analysis of quantitative data for determination of GHG emissions for the stated period and boundaries.

Zoe Rudge, MSc, Bsc (Hons) Environmental Consultant Carbon Footprint Ltd

<sup>&</sup>lt;sup>1</sup> WTT has been assessed for natural gas, gas oil, electricity, and grey fleet business travel.

## **Appendix 3** - Activity data, emissions, targets and KPIs

a) SCFT NHS carbon footprint (all reported scope sources, tCO2e) change since base year.

Emission Source	2010-2011	2020-2021	
Building Energy	7,117	4,365	
Water and Sewerage	96	74	
Waste	197	76	
Anaesthetic Gases and Metered Dose Inhalers	71	105	
Business Travel and NHS Fleet	2,197	1,236	
Total	9,679	5,856	
Actual savings against baseline	-	-39%	

#### **Notes:**

- 1. We do not currently have metereded dose inhaler data for 2010/11 and so no activity reported for that year.
- 2. We currently only report nitrous oxide (N2O) under the anaesthetic gases field.
- 3. We currently report on all waste collected under our largest waste contracts, we hope to review this in future years to more accurately represent the waste we produce.

## **Appendix 3** - Activity data, emissions, targets and KPIs

b) SCFT activity data change for NHS carbon footprint since base year.

Emission Source	2010-2011	2020-2021	
Gaseous Fossil Fuels (kWh)	15,744,294	13,365,177	
Liquid Fossil Fuels (kWh)	28,250	32,716	
Trust Fleet Mileage (miles)	1,204,492	1,091,902	
Anaesthetic Gases (tN₂O)	231	318	
Metered Dose Inhalers (no. units)	0	738	
Purchased Electricity (kWh)	6,548,879	5,477,457	
Water (m³)	94,423	72,691	
Sewerage (m³)	89,702	69,055	
Business Mileage Claims (miles)	5,053,738	3,035,719	
Waste (t)	817	781	

#### Notes:

- 1. We do not currently have metereded dose inhaler data for 2010/11 and so no activity reported for that year.
- 2. We currently only report nitrous oxide (N2O) under the anaesthetic gases field.
- 3. We currently report on all waste collected under our largest waste contracts, we hope to review this in future years to more accurately represent the waste we produce.

# **Appendix 3 -** Activity data, emissions, targets and KPIs

c) Progress in 2020/21 against base year for CWC key performance indicators.

	Indicator	KPI	2020/21 Target	2010/11	2020/21	% Change
CO <sub>2</sub>	Carbon footprint	tCO <sub>2</sub> e	34%	9,680	5,857	-39%
-	Energy efficiency	kgCO²e/ m²	34%	72.3	43.1	-40%
۵	Water efficiency	m <sup>3</sup> /m <sup>2</sup>	34%	1.4	0.7	-50%
<b>=</b>	Trust Fleet Emissions Efficiency	gCO2e/ km	34%	151.9	103.9	-32%
$\Rightarrow$	Grey fleet mileage <sup>1</sup>	miles claimed	34%	5,053,738	3,035,719	-40%
C	Non-Healthcare Waste Recycled	% recycled	75%	50%	34%	n/a
<b>₩</b>	Non-Infectious Healthcare Waste	% non- infectious	60%	0%	38%	n/a

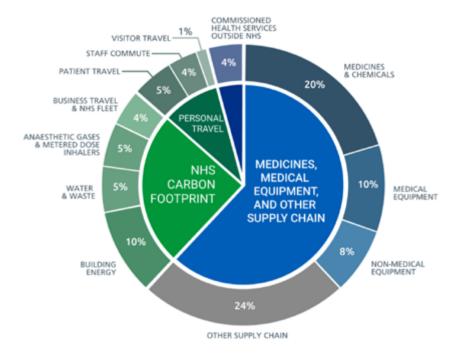
#### **Notes:**

- 1. The Total Carbon Footprint represents emissions within full reporting boundary, as per the data earlier in this appendix, whilst the energy and water efficiency-based figures relate only to those properties for which the Trust pays utility costs and therefore exerts more operational control.
- 2. Non-infectious healthcare waste is expressed as a proportion of all bagged healthcare waste by weight
- 3. Recycled waste expressed as a proportion of all non-healthcare waste by weight

# **Appendix 3** – Activity data, emissions, targets and KPIs

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

This year for the first time we have incorporated indirect carbon emissions into our carbon footprint, in line with NHSEI NHS Carbon Footprint Plus requirements. The sources of carbon emissions included within the NHS Carbon Footprint Plus are shown below in Figure A3.



**Figure A3:** Sources of carbon emissions by NHS Carbon Footprint Plus (from 'Delivering a Net Zero National Health Service')

#### **Supply Chain and Commissioned Healthcare Services**

For SCFT, 'Supply Chain' covers all aspects of the NHS Carbon Footprint Plus within the 'Medicines, medical equipment and other supply chain' category.

Both Supply Chain and Commissioned Healthcare Services outside NHS were calculated using an environmentally extended inputoutput (EEIO) model historically used by the NHS Sustainable Development Unit (now For a Greener NHS).

Carbon factors covering the financial year 2018-2019 across 21 product and service categories were applied to the Trust's 2020-2021 financial data. These were expressed as kilograms of carbon dioxide equivalent per £ spend (kgCO2e/£).

This methodology was chosen as it was the most up to date methodology available to us and has been used by For a Greener NHS. Updated tools and methodologies are required to improve reporting within this area.

#### **Personal Travel**

Data covering the Personal Travel aspect of the SCFT NHS Carbon Footprint Plus (patient travel, staff commute, visitor travel) was not available for SCFT.

Instead, an estimated figure has been included in order to give a clear representation of the scale of the challenge and the key areas of impact. Personal Travel emissions were estimated from 10% of our current reported carbon footprint; including all reported sections of NHS Carbon Footprint Plus (e.g. Supply Chain); and added to the total.

The 10% proportion was selected to align with NHS England estimates from the 'Delivering a Net Zero NHS' report.

We aim to more accurately report on this section as our reporting techniques in this area develop.

# **Appendix 4 -** Materiality – how we will prioritise our efforts

There is a lot to tackle and prioritising our efforts is vital. This includes:

- O Measuring our carbon footprint identifying actions which will have the most impact.
- O Delivering projects that will engage others (staff, patients, or our ICS partners) and gather momentum to create more change over time.
- O Working on pilots which prove the case for sustainable healthcare and which are transferable and/or scalable.

In addition, we reflect national and regional priorities. For example NHSEI has identified three key areas of focus over the coming years:

- O Digital transformation
- O Air pollution
- O Medicines

These are incorporated into our action plans, in particular through our Journeys, Evolving Care and Partnership & Collaboration elements.



Finally, as we begin to develop projects working with our patient community, we intend to focus on projects which:

- O address the key social, environmental and financial issues in Sussex (our aging demographic, frailty and multimorbidity, pockets of deprivation and areas of multiple, complex needs); and
- O support a reduction in health inequality in our area, reflecting the links between sustainability and health inequality (e.g. air pollution disproportionately affecting black, Asian and minority ethnic groups plus those in areas of deprivation, lack of access to green space amongst socioeconomically disadvantaged groups, and fuel poverty).



#### To find out more about us, contact:

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