NHS
South West London

SWL NHS Green Plan

2025/2026 to 2028/2029

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Foreword

The climate crisis is a health crisis.

As Dr. Maria Neira of the World Health Organisation emphasises, "No one will escape the consequences of climate change…"

As a health and care system, we have a fundamental responsibility to act – not only to reduce our impact on the environment but also to protect the health and well-being of our communities. The NHS contributes approximately 4% of the UK's total carbon footprint, and our role in addressing climate change is more critical than ever.

The impact of our work has been demonstrated over the past three years

- In South West London, we have already made significant progress on this journey. Over the past few years, we have worked collectively across our Integrated Care System (ICS) to cut emissions in key areas such as medicines, estates, procurement, and transport. Through strong partnerships and innovation, we have reduced thousands of tonnes of carbon emissions, making real strides towards our Net Zero ambitions. These achievements have laid a strong foundation, but as Lord Darzi notes, **"In any form of crisis, the first to go is health."** We must therefore intensify our efforts to safeguard both our environment and public health.
- This Green Plan builds on our successes, strengthening our commitment to integrating sustainability into every aspect of our services. We are moving beyond individual initiatives to embed sustainability into our core way of working – where **'care without carbon'** is not just an ambition but a guiding principle of how we operate.
- To achieve this, we will expand our partnerships, working even more closely with local authorities, voluntary organisations, and primary care providers to ensure a system-wide approach. We will scale up our impact, aligning with national NHS targets while delivering meaningful change for our local communities. As Dr. Neira asserts, **"Health is the engine to drive more urgent action on climate change."**

- This is not just a plan – **it is a call to action**. Every individual, team, and organisation across our ICS has a role to play in creating a greener, healthier future. By working together, we can accelerate progress, drive innovation, and make a lasting impact on both our environment and the health of the people we serve.
- We look forward to continuing this journey together.

Chair: Mike Bell, South West London, ICB

Executive Lead: Helen Jameson, Chief Finance Officer, South West London ICB

Executive Medical Director: Dr. John Byrne, South West London ICB

Executive Summary:

Our emissions contribute to ill health and a predicted exponential rise in demand for services. This plan sets out our desire to place 'Care Without Carbon' at the centre of what we do, with better quality and services for patients, communities, and the planet. This is core to our mission as a health service.

The NHS started its decarbonisation journey in 2020 and is a significant contributor, nationally accounting for 4% of total UK carbon emissions. This is the equivalent to a small country in terms of global emissions. Our first green plan created the scaffolding and foundations for delivery.

Over the past three years emissions from the NHS in South West London have been cut across a range of areas including medicines, estates, waste management and procurement.

To date, an estimated 6,605 tCO2e has been reduced from our combined efforts.

Building and expanding on this:

- Our new plan has been updated to reflect current guidance and data available in the NHS and the maturity of the SWL programme, and looks to continue building on the success of our partnership working.
- Our vision builds on our strengths, whilst also recognising the challenges faced by the NHS particularly around productivity. As explored in the case for change, net zero is strategically aligned to the government's three missions 1) analogue to digital, 2) hospital to home, 3) treatment to prevention as effective quality care is greener care.
- Central to the vision of this plan is an emphasis on delivering net zero services, empowering our staff to make the changes they want to see, building net zero considerations into everything we do and continuing to build links and effective working relationships with partners. Our actions will give focus to areas of greatest impact, such as high-intensity carbon pathways.
- Investing in decarbonisation not only helps us meet our net zero commitments but also delivers financial returns through long-term operational savings, energy efficiency and reduced waste.

This plan is organised into eight workstreams and three cross cutting themes. These themes align to national guidance, are adapted for local needs and reference workstreams of our partners such as local authorities and the Greater London Authority (GLA).

The workstreams are:

- Workforce, Leadership & Training,
- Net Zero Clinical Pathways,
- Digital Transformation,
- Medicines,
- Travel & Transport,
- Estates, Waste & Food,
- Supply Chain, Circular Economy, Procurement & Single Use Items, and
- Adaptation.

The cross-cutting themes are:

- Primary care: as it cuts across all workstreams and requires dedicated attention.
- Place: where transformation is delivered and there is alignment with local authority colleagues.
- Data and Monitoring: using an evidence base is integral to delivering change. Ensuring that we monitor the financial co-benefits of the green agenda.

Further details on the vision for each workstream along with areas of focus and specific actions and targets are set out in section three.

We have also taken the opportunity to review our governance systems and processes to ensure they remain fit for purpose and continue to align with London and local system partners including local authorities, health providers and voluntary sector.

SWL Context

South West London spans 296km^2 across the six boroughs of South West London (Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth).

Health and care services are delivered by a range of providers across South West London

Providers delivering acute, community and mental health services based within our ICS include:

- Croydon Health Services NHS Trust (CHS).
- GESH Group: Epsom and St Helier University Hospitals NHS Trust (ESHT) and St George's University Hospitals NHS Foundation Trust (SGUH) (part of GESH Group).
- Kingston and Richmond NHS Trust (KRT).
- South West London and St George's Mental Health NHS Trust (SWLStG).
- The Royal Marsden NHS Foundation Trust (RM).
- Your Healthcare (YH).

Our local providers work across ICS boundaries. Epsom and St Helier University Hospitals NHS Trust also delivers services for the population of Surrey Heartlands ICS whilst South West London and St George's Mental Health NHS Trust provides services in South East London and Kent and The Royal Marsden NHS Foundation Trust delivers specialised services to patients from across the country from sites both within and outside of South West London.

Key out of area providers also provide services from sites across South West London including South London and the Maudsley NHS Foundation Trust, Central London Community Healthcare NHS Trust, and London Ambulance NHS Trust.

Primary care services are delivered from c.198 sites across South West London.

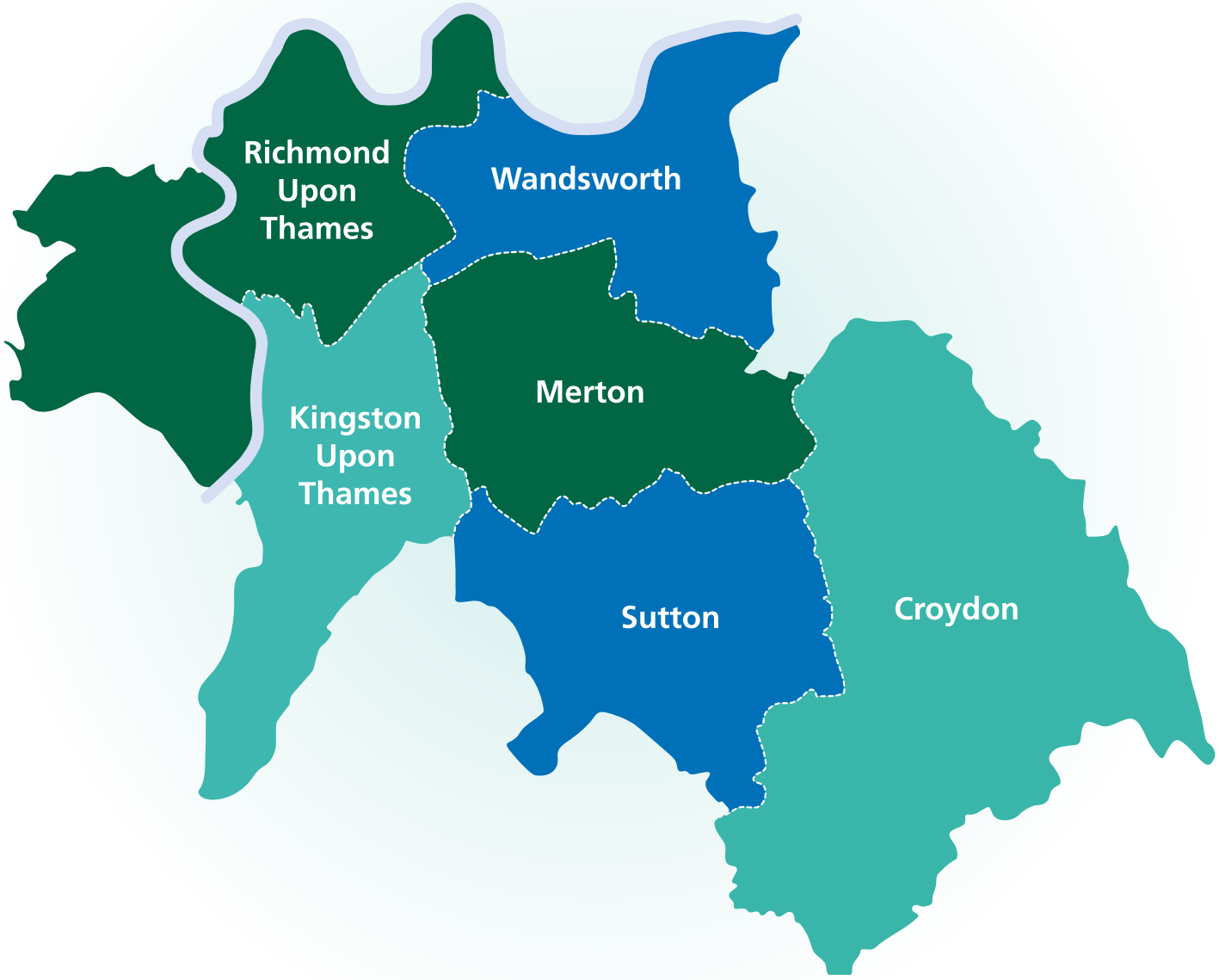
In addition, services are delivered by various voluntary, community and social enterprise sector organisations (VCSE)*.

History of the Green Plan in SWL

The previous South West London NHS Green Plan 2023-25 set out a strong commitment to net zero, emphasising the importance of collaboration and partnership in delivery.

Guiding principles were established ensuring that our work was complimentary to partner plans, set stretching yet feasible targets and actions, focused on behavioural change and moved towards embedding sustainability into business as usual. Ten workstreams underpinned delivery and the programme was expanded to collaborate with additional partners including across primary care and local authorities.

This refreshed plan adopts a consistent approach for 2025-29 and reflects the needs of the programme as they have evolved. The most meaningful change is centring our vision more around **Care Without Carbon**, streamlining the number of workstreams, developing targets and workplans. Our refresh also considers emerging national policies and guidance as well as evolving local plans and how we can better collaborate, share and work together in partnership.



1.0 Case for Change

1.0 Case for Change | 2.0 Overarching Vision | 3.0 Workstreams | 4.0 Governance

National Policy and Legislation

The NHS has committed to reaching net zero emissions. As a result, ICBs and trusts have a duty to consider statutory emissions and environmental targets in their decisions. NHS South West London has considered national policy in the development of this green plan and its role in working with partners to co-ordinate activities and support delivery.

This green plan is aligned with a wider national policy and legislative context.

National strategy:

In October 2020, the Greener NHS National Programme launched its strategy to make the NHS the world's first net-zero healthcare system, highlighting the health impacts of climate change and committing to decarbonisation.

Legislation:

The 2022 Health and Care Act reinforced the commitment to net zero as a statutory requirement for the NHS, embedding emissions reduction in decision-making. **This commitment is to be demonstrated through clear governance, tracking progress and integrating climate considerations into policies.**

NHS Carbon Targets:

- NHS Carbon Footprint: net zero by 2040, with an 80% reduction by 2028 – 2032.
- NHS Carbon Footprint Plus: net zero by 2045, with an 80% reduction by 2036 – 40.

National Workstream Targets:

The Greener NHS national programme sets out a range of NHS targets, agreed in consultation with regional teams and ICBs. Targets include shifting medicines usage to lower carbon intensive options, influencing travel and transport habits of staff and patients and reducing emissions from our estate. The ICB and its partners deliver against these national targets as well as setting additional local targets to support progress.

Partnership Working

The commitment to deliver green plan activities extend to health and beyond, integrating local, regional, and national partnerships.

Productive relationships at a national, regional and local level have been built over the past three years. Regular sustainability forums have been held to unite stakeholders from health, councils, national organisations and the voluntary sector to share knowledge, expertise and learning. These relationships have led to joint-working with councils to improve public messaging and healthcare staff awareness about air quality, collaboration with the Greater London Authority (GLA) and South West London public health teams on climate adaptation health risks, and the partnering with third-sector organisations like ReLondon and A Dose of Nature to promote co-benefits of climate action.

These relationships will be reaffirmed and developed further in the next three years.

NHS Provider Organisations:

In South West London, each NHS provider organisation has board leadership, a green plan and resources dedicated to sustainability. By working together more as a system, the efforts of individual organisations have been strengthened through collaboration. Our aim is to continue to build on this, for instance, by holding learning events and sharing resources as well as exploring opportunities for joint-working and economies of scale. Further to this, it is key we continue to actively support primary care.

Working with other partners:

Sustainability is a key focus in both the South West London NHS Joint Forward Plan (JFP) and South West London Integrated Care Partnership strategy. Relationships with key partners (such as the NHS England Greener NHS programme, the GLA, local councils, academia and voluntary sector organisations) will continue to build to better support the agenda. Opportunities for joint working on air quality, public health and adaptation are highlighted in this plan.

Health and Climate

The link between climate change and health is compelling. It has shaped local strategy development and why Care Without Carbon is central to our vision.

The Climate Emergency is a Health Emergency

Our warming planet directly impacts health:

- Poor air quality from pollution causes respiratory and systemic illnesses.
- Extreme weather events, such as flooding and heatwaves, are increasingly affecting patients, staff and communities, with rising admissions and worsening mental health.
- Climate change threatens food security, increases disease risks and creates conditions conducive to pandemics.

Positive Health Co-Benefits

Steps to decarbonise can also improve health:

- Active travel reduces emissions and promotes physical health.
- Biodiversity supports mental well-being, heart health and immunity as well as helps to manage heat stress, flooding and carbon removal.

Adaptation is Essential

Even with successful emissions reductions:

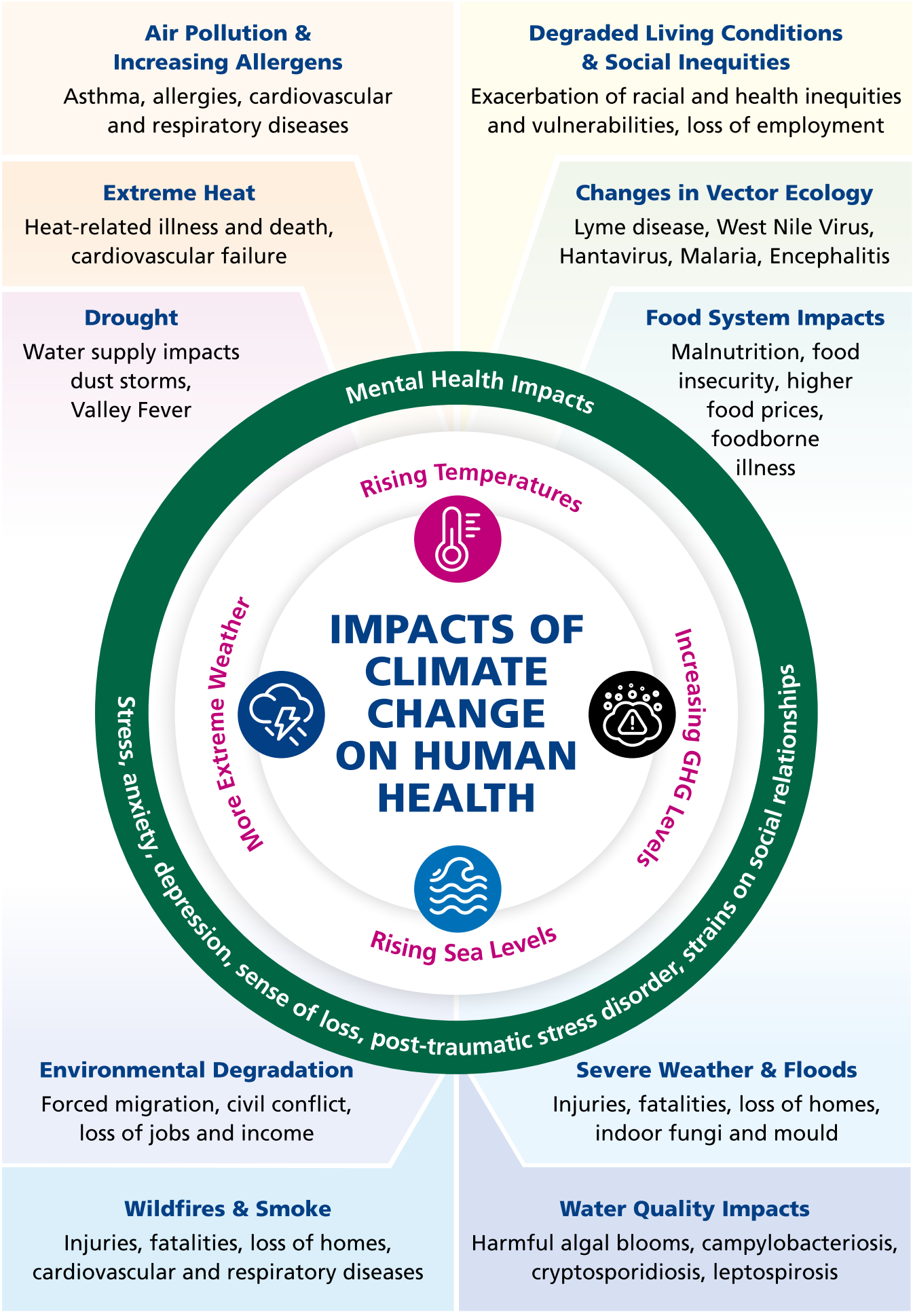
- Climate change will continue to intensify due to the carbon already in the atmosphere and feedback loops methane release.
- The NHS must prepare for greater service demand while facing challenges in delivering care, as climate impacts worsen.

Health Inequalities

- Climate change disproportionately affects vulnerable communities already facing health inequalities. These groups often contribute the least to the problem.

The NHS as a Polluter

- The NHS has a moral duty to address its own emissions as those it cares for are affected by its environmental impact. As our actions directly harm health, taking responsibility for reducing our carbon footprint is critical.


Air Pollution & Increasing Allergens
Asthma, allergies, cardiovascular and respiratory diseases
Degraded Living Conditions & Social Inequities
Exacerbation of racial and health inequities and vulnerabilities, loss of employment
Extreme Heat
Heat-related illness and death, cardiovascular failure
Changes in Vector Ecology
Lyme disease, West Nile Virus, Hantavirus, Malaria, Encephalitis
Drought
Water supply impacts dust storms, Valley Fever
Food System Impacts
Malnutrition, food insecurity, higher food prices, foodborne illness
Mental Health Impacts
Rising Temperatures
More Extreme Weather
Increasing GHG Levels
Rising Sea Levels
Stress, anxiety, depression, sense of loss, post-traumatic stress disorder, strains on social relationships
IMPACTS OF CLIMATE CHANGE ON HUMAN HEALTH
Environmental Degradation
Forced migration, civil conflict, loss of jobs and income
Severe Weather & Floods
Injuries, fatalities, loss of homes, indoor fungi and mould
Wildfires & Smoke
Injuries, fatalities, loss of homes, cardiovascular and respiratory diseases
Water Quality Impacts
Harmful algal blooms, campylobacteriosis, cryptosporidiosis, leptospirosis

Strategic Alignment

The South West London NHS Green Plan is intrinsically linked to key strategies, as many net zero initiatives deliver co-benefits linked to productivity, prevention and health inequalities.

The Green Plan is aligned to our wider strategies

1. Ten Year Plan:

The NHS 10 Year Plan, currently under consultation, has three missions – 1) analogue to digital, 2) hospital to home, 3) treatment to prevention. All three are tied to the green agenda. Improving the use of digital can, for example, reduce travel and improve efficiency. Community settings are often less carbon intensive than hospitals. Moving towards prevention could lead to fewer admissions and lower demand for services.

2. The South West London Joint Forward Plan:

The JFP provides an overview of the South West London NHS strategy to deliver the best quality care, with focus on prevention and proactive anticipatory care delivered in an efficient way, which aligns to our ambitions to provide the greenest care.

- Preventing ill health and support people to self-care
- Reducing health inequalities
- Keeping people well and out of hospital
- Providing the best care wherever people are accessing our services
- Using technology to improve care
- Managing our money
- Making South West London a great place to work
- Delivering the NHS' requirements of the Integrated Care Partnership Strategy

3. South West London Integrated Care Partnership (ICP):

Green is a cross-cutting theme within the ICP strategy, with a focus on tackling the causes and mitigating the impacts of climate change, therefore providing an opportunity to improve health and wellbeing of our population.

4. South West London NHS Infrastructure Strategy:

Green is a core element of the South West London NHS Infrastructure Strategy which outlines the strategic ambition for health infrastructure planning, including the improvement of estate and digital infrastructure whilst delivering net zero. With a key aim for services to be supported via a right-sized, energy efficient and resilient estate and optimised through the use of technology.

5. Anchor Institutions:

All South West London institutions have plans to decarbonise, improve air quality, ensure adaptation measures are in place and increase the level of green skills across the local population. As an anchor system, it is key that the ICB supports the development of a multi-agency response to the challenge.

What do our communities & staff say?

Our communities and our staff are supportive of net zero, and their commitment to supporting change is encouraging. Mobilising our workforce to deliver the green plan is central to our success.

Our communities said

People valued green spaces and felt they improve mental and physical wellbeing.

Litter and antisocial behaviour were highlighted as reducing the enjoyment of these spaces.

Traffic and air pollution were key negative aspects of the local environment and seen as barriers to healthier living.

Reducing traffic was seen as being the main way to improve air quality.

People said there was not enough emphasis on the role of walking and cycling as health determinants, given the positive impact on health. They felt 'active travel' has the potential to tackle obesity, increase exercise levels, reduce local air pollution, and has mental health benefits.

On active travel and accessing parks, special consideration needs to be given for older people, people with disabilities and those who identify as living with long-term conditions.

Source: Health Watch & ICB Insight from people and communities: updated for 2024.

Richmond Council recently enlisted community reporters on climate change to gather community views. Residents reported "wanting to do the right thing" when it comes to the environment but felt there were barriers to doing so. They highlighted challenges including knowing what, where and how to recycle certain items, access to public transport and support for active travel, and assistance for retrofitting of homes. Residents supported initiatives to reduce traffic and air pollution and wanted to engage more with nature, wildlife and parks.

Our NHS Workforce said

NHS staff overwhelmingly support greener policies. According to a YouGov survey conducted in August 2021, **87% of NHS staff** supported the NHS's net zero ambition.

This strong backing reflects a widespread recognition of the importance of reducing carbon emissions and minimising the environmental impact of healthcare.

In South West London, many staff "want to do their bit." Over the past few years, sustainability leads have held numerous engagement events and attended team meetings to share the green message. Staff have fed back that they are enthusiastic supporters of greener policies, but they encounter several barriers preventing them from actioning and progressing supporting initiatives.

Reported barriers:

- The demands of the day job are great which reduces capacity to work on green initiatives.
- Staff do not feel confident in their decision-making in relation to sustainability as they do not feel it is an area of competence.
- Staff are motivated by the green agenda but do not see how their role can support delivery.

Overall, this feedback shows that there is more that can be done to enable staff by providing appropriate resources, tools and training.

Listening to our staff and communities the ICB commits to:

1. Delivering net zero and recognising its link to the strategic drivers.
2. Working with partners through its role as an anchor institution and with the Integrated Care Partnership to champion net zero.

Emissions reductions and achievements to date

A vast array of projects and initiatives were delivered over the past three years, delivering carbon savings and improved patient outcomes.

Successful actions include

Estate Development:

- The redevelopment of the Springfield Hospital site by South West London St. George's Mental Health Trust was influenced by the Trust's role as an anchor institution and delivered a range of green co-benefits including increased biodiversity and a Nordic-style district heating system.

Decarbonisation:

- Croydon Health Service completed a full feasibility analysis for the decarbonisation of its estate. Business case development funding was secured from the Public Sector Decarbonisation Scheme (PSDS).
- Kingston and Richmond NHS Trust has invested in decarbonisation by commissioning a new Combined Heat and Power System (CHP), supported by ground source heat pumps.

Theatres:

- St George's University Hospitals NHS Foundation Trust rolled out sensors across its theatres as part of its SMART Theatres programme and invested in its building maintenance system to support the proactive monitoring of the environment and efficient operation of theatres.

Food:

- Epsom and St Helier University Hospitals NHS Trust has worked to decarbonise its menus, achieving sustained carbon footprint reductions year on year without compromising on quality for patients.

Inhalers

- With the support of the medicine incentive scheme, South West London Primary Care delivered significant reductions in emissions from inhalers, whilst also improving asthma care for patients.

Emissions have been successfully reduced

Emissions were reduced by 6,605 tCO2e (2021/22-2023/24) through various initiatives, equivalent to 1,540 cars off the road for an entire year.

As a result of all our actions, the following is a breakdown of the emissions saved.

6,605 tc02e

Total carbon savings across SWL 2021/22 and 2023/24.

Cleaner Air

Equivalent to 1,540 cars off the road for a year

Desflurane

14 tCO2e

Inhaler emissions

5,342 tCO2e

Nitrous Oxide

1,109 tCO2e

4tCO2e

electricity saved

between 2021/22 and 2023/24 in our trusts.

100%

Trusts using Regeo certified renewable sources.

Plan to introduce additionally going forward

Waste 524 tCO2e reduced

between 2021/22 and 2023/24, equivalent to 116 cars, off the road for a year.

SWL Incineration rate is 10%.

Incineration is bad for the environment and costly.
20% or less is considered good.

Carbon Baseline

South West London health system emissions are estimated to be 835.9KtCO2e. This is equivalent to the carbon savings generated annually from 186 wind turbines.

The detailed breakdown below shows trusts make the biggest contribution followed by primary care and then the Integrated Care Board. Estates and our supply chain are significant contributors; however, change is required across everything we do. When we implement changes, this will either reduce the overall footprint or mitigate increases elsewhere in the system. Our objective is to reduce the overall footprint.

Figure 1: SWL Trusts Carbon Footprint Plus

Total Baseline emissions: 684.5 $KtCO_2e$

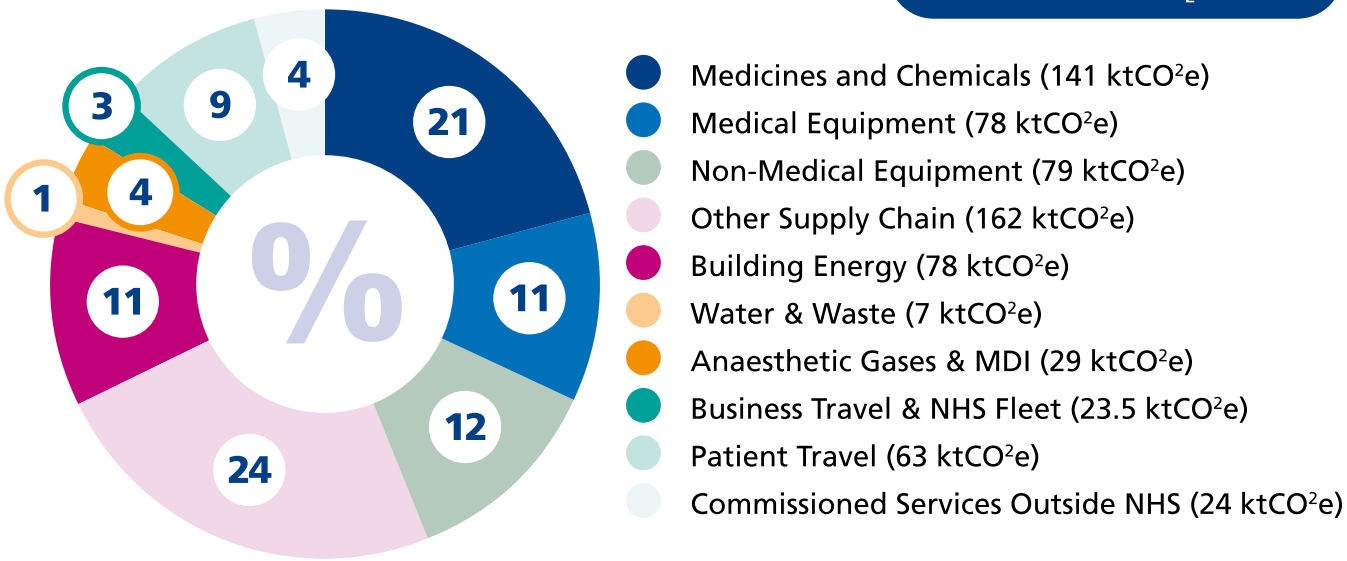
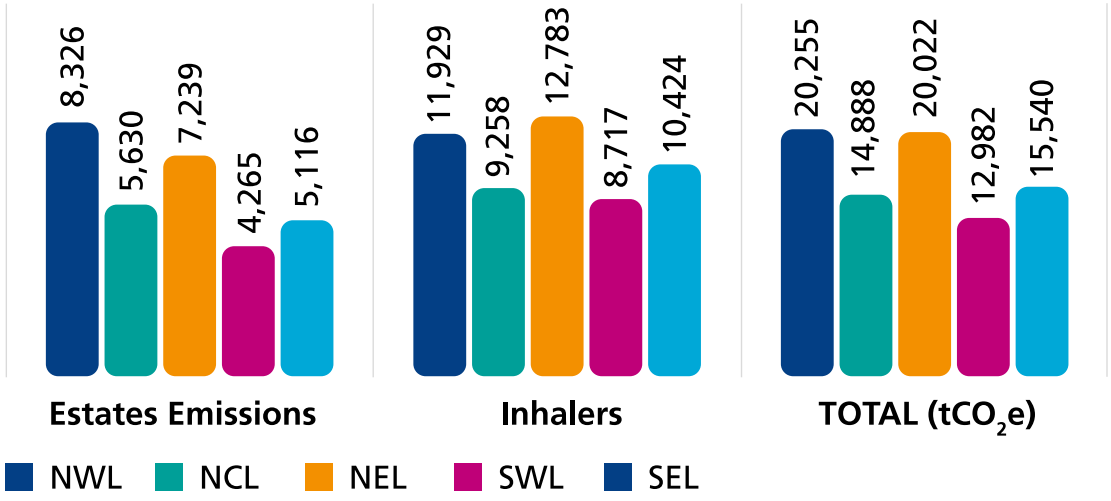


Figure 2: SWL Primary Care NHS Carbon Footprint



Trusts:

The 2019/20 carbon baseline sets out emissions across South West London trusts as 138ktCO2e from sources under our direct control and 685ktCO2e for emissions indirectly controlled (Figure 1).

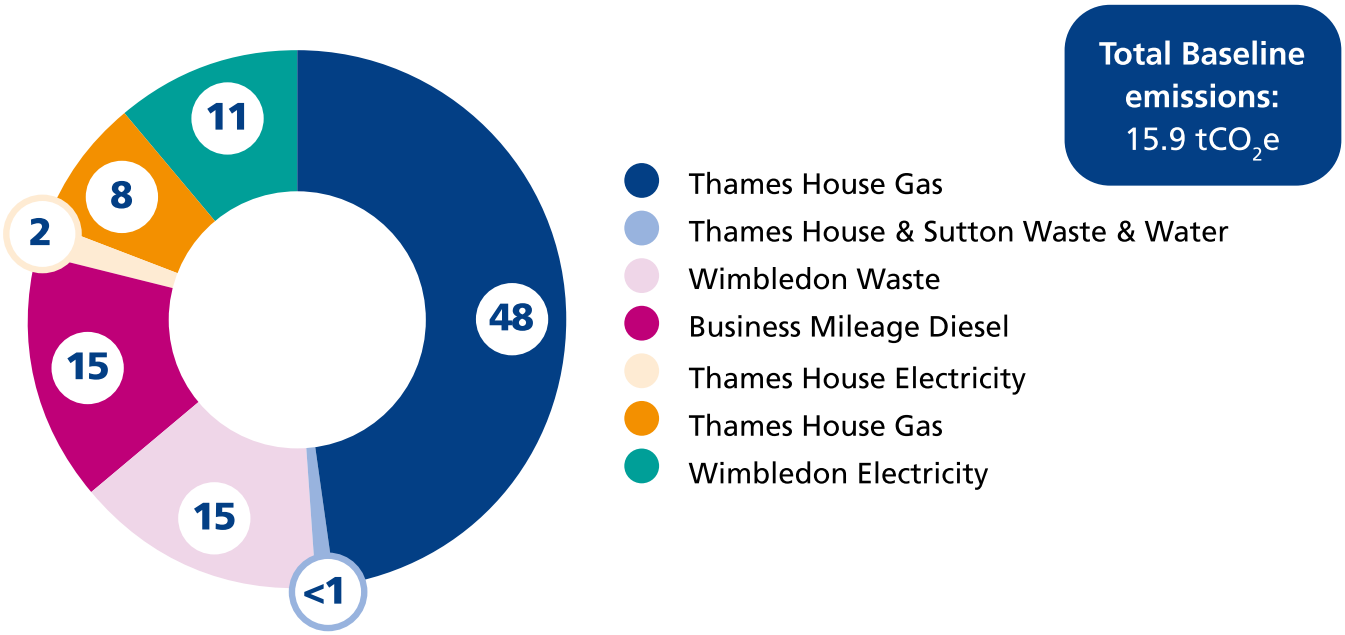
Primary Care:

A partial baseline was completed by the NHSE-GLA London Estates Delivery Unit in 2023/24. The exercise estimated emissions for primary care estates and inhalers at 12.9ktCO2e for South West London. (Figure 2).

Integrated Care Board:

The ICB commissioned a carbon baseline exercise in 2023/24 (Figure 3). The ICB's emissions are modest by comparison to larger trusts at 15.9tCO2e but still part of the overall pathway to net zero. The ICB's biggest opportunity is within indirect emissions in its value chain.

Figure 3: SWL ICB NHS Carbon Footprint



2.0 Overarching Vision

Net Zero Vision & Aims

The following vision and aims were developed in consultation with stakeholders and reflect feedback and learning from delivering the 2023-25 programme.

The direct link between net zero and improved health outcomes is at the heart of why we need to increase our focus on the green agenda as a health service; staff and patients alike recognise this. Our strategic goals to improve quality, productivity, prevention and enable a shift in settings of care can support reaching net zero by reducing waste and streamlining care.

Our Net Zero Vision

Transforming services to deliver health care without climate harm. Working towards net zero services that support residents to start well, live well and age well, whilst remaining resilient to adverse climate impacts.

Carbon emissions cause poor health outcomes. It is important to break the negative cycle between emissions and health. To achieve this challenging ambition, partnership working with trusts, primary care, local authorities, anchor institutions and the voluntary sector are critical. Four stretching aims were developed in consultation with stakeholders to summarise the system's focus across such a large and complex cross-cutting agenda.

Aims

I. Greener Care:

Earlier preventative care and care delivered in community settings will reduce waste and streamline services which will have a smaller carbon footprint. By April 2028, we aim for all decisions to be greener by design with routine consideration of net zero impacts. This will be supported by training, education and guidance for staff.

II. Greener Infrastructure:

Taking steps to decarbonise our estate will significantly support the reduction in our carbon footprint. By April 2028, we aim to reduce energy consumption and emissions. This will be enabled through energy reduction initiatives, a reduction in void and underutilised space, application of net zero standards to any new buildings, retrofitting the existing estate and implementation of heat decarbonisation plans.

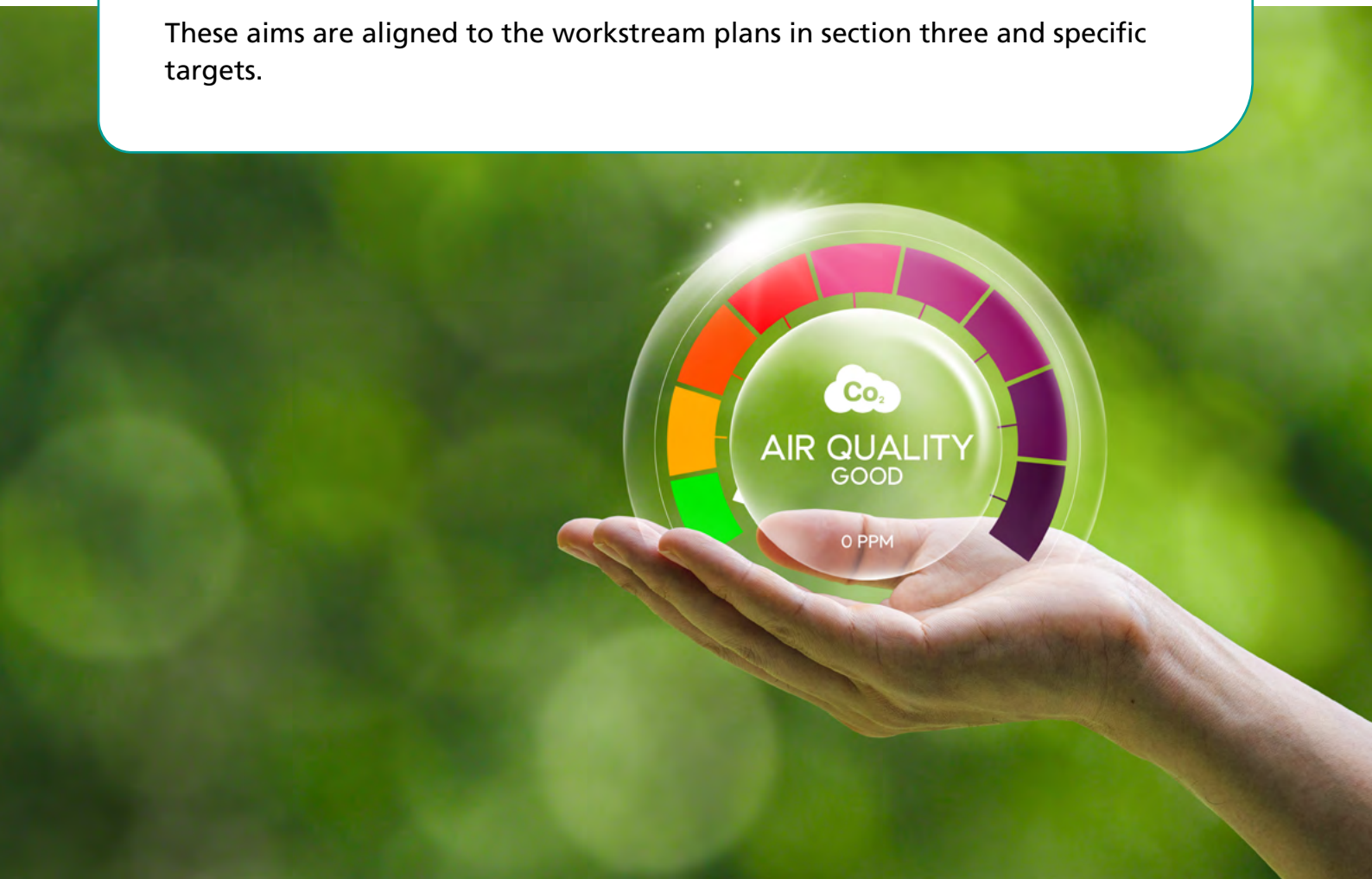
III. Greener procurement:

It is imperative we leverage our buying power to support social value, sustainability, the circular economy and remove single use items. By April 2028, we aim for all procurements to deliver quantified social value plans supported by net zero carbon KPIs with contractual levers. This will be enabled by awareness training for managers.

IV. Adaptation:

More extreme heat events, rain and surface flooding will impact our vulnerable populations, buildings, IT and staff. By April 2028, we aim to minimise disruptions to services by utilising a comprehensive risk management system with clear governance roles and responsibilities.

These aims are aligned to the workstream plans in section three and specific targets.



Net Zero Principles & Workstreams

Underpinning the vision are the following eight principles, developed in consultation with delivery partners.

Principles

i. Partnership:

Working together and at scale with partners to maximise efficiency and resources where it is sensible to do so.

ii. Greener by Design:

Making sustainability integral to everything we do.

iii. Capability Building:

Building capacity and capability to lead and support net zero; our people are key to our success.

iv. Accountability:

Diligent and accountable delivery where progress can be tracked, to understand if targets are achieved.

v. Investment Ready:

Taking a flexible approach considering limited funding and building a pipeline of proposals and projects to take advantage of future funding opportunities.

vi. Workforce Activation:

Our biggest challenge is behaviour change, we will therefore prioritise engagement and activation of our workforce.

vii. No one left behind:

Supporting smaller organisations and colleagues in primary care and beyond to engage in the wider system work where dedicated resources may not be available.

Workstreams

To support our vision and aims, the following workstreams have been identified to underpin the delivery plan. These align to national guidance and plans across the GLA, local authorities and trusts, as well as reflect on learning from delivery to date.

- Workforce, Leadership & Training
- Net Zero Clinical Pathways
- Digital transformation
- Medicines
- Travel & transport
- Estates, Waste and Food
- Supply Chain, Circular Economy, Procurement & Single Use Items
- Adaptation

Cross Cutting Themes

Cross cutting themes are integral to the whole programme and can be summarised as:

- Primary care: as it cuts across all workstreams and requires dedicated attention.
- Place: where transformation is delivered and there is alignment with local authority colleagues.
- Data and Monitoring: using an evidence base is integral to delivering change. Ensuring that we monitor the financial co-benefits of the green agenda.

3.0 Workstreams

Action Plan: Workforce, Leadership and Training

Challenge: Net zero cannot be achieved if our workforce is not supported and enabled to participate in the net zero transition.

Vision: Integrate sustainability into everything we do and create a movement across SWL that will champion green and sustainable changes big and small.

Focus of work for next three years

Dedicated green job roles (clinical and non-clinical):

Continue to grow the capability in green by looking at integrating green into current roles. Expand the number of dedicated clinical roles across the system. Explore dedicated apprenticeships, internships, fellowships and other opportunities that promote the development of our workforce.

Training

Expand our capabilities by increasing the uptake of training in all parts of our health system. Enable access to and availability of bite-size learning opportunities for staff, taking advantage of existing training routes where possible. Build sustainability into staff induction and essential training to increase general understanding and awareness. Use informal training opportunities through, for example, team meetings and the South West London quarterly sustainability forum to convey important messages.

Specialist training:

Promote learning for specific staff groups recognising that they may have unique needs, such as board members, procurement, finance, estates and facilities staff and clinicians.

Supporting staff:

Recognise the commitment and dedication of staff working on sustainability through staff awards, staff communications and engagement. Providing staff with the tools to understand the carbon footprint of their everyday actions to increase awareness. Embed actions on sustainability through staff appraisal systems.

Behaviour change:

Continue to support behaviour change initiatives through our communications, engagement and campaign activities. Explore opportunities to utilise gamification to motivate behavioural change.

Board engagement:

Work with our boards to provide assurance by reporting on a bi-annual basis.

Leadership:

Working with system partners like councils, voluntary sector and education to collaborate and support decarbonisation efforts.

Year 1 Plan Actions

ICB co-ordinated:

- Support 15 people to undertake sustainability training in the ICB and capture feedback.
- Attend five meetings across the ICB to continue to raise awareness about sustainability in health.
- Work with ICB communications team to integrate green into communications and continue to maintain presence in existing ICB staff updates.
- Report to the ICB Board on a bi-annual basis and facilitate leadership forum engagement.
- Facilitate three system wide engagement events.
- Look for opportunities to create "green" clinical roles.
- Identify tools to understand the carbon footprint of an individual's everyday actions

Trust Led:

- 25 people in each trust to undertake sustainability training.
- Each trust to deliver two behavioural change communication campaigns.

Primary Care:

- Two lunch and learn sessions on climate reliance and air quality delivered by SPIN Fellows, targeting at least 15 GP attendees each.

Work with Partners:

- Share training content
- Share expertise.
- Facilitate events of shared interest.

Targets:

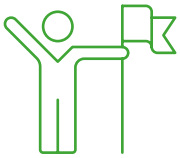
- Deliver sustainability training across the system with target attendee numbers – Y1 200, Y2 300, Y3 400.

Outputs:

Knowledgeable workforce engaged in decarbonisation efforts.

Action Plan: Net Zero Clinical Transformation

Challenge: Healthcare delivery is carbon intensive currently; shifting to models of care that are better for patients and the planet is critical.



Vision: Low carbon care is built into the design and delivery of all our pathways of care.

Focus of work for next three years

Service improvement:

Reduce carbon emissions across patient pathways and integrate net zero principles in all service changes. Use methodologies like Sustainability Quality Improvement (SUSQI) to support staff to embed sustainability in all changes. Align patient safety and quality improvements with opportunities for net zero co-benefits, for example appropriate prescribing practices that are also less carbon intensive.

High-carbon services:

Prioritise changes to services and pathways which use considerable amounts of carbon.

Transformation schemes:

Improve reporting on existing schemes that have a decarbonisation impact (for example, the virtual wards programme) and build in reporting for future transformation schemes, recognising the potential for new preventative initiatives to have positive outcomes for the climate due to reduced disease burden (for example, use of weight loss medication).

Greener by Design:

Integrate the "greener by design" approach at Place and across trusts when developing new transformation initiatives. Develop and implement a sustainability impact checklist tool to support staff in considering health co-benefits of sustainability, net zero and adaptation.

Sustainability guidance:

Use research and guidance from academia and elsewhere to support decarbonisation in targeted areas such as theatres, A&E and general practice i.e. greener surgery checklist.

Adaptation:

Promote adaptation messaging for vulnerable patients regarding heat, flooding and air quality risks.

Work with clinical services to identify vulnerable populations and appropriate communications.

Consumables, medical devices, and medicines:

Consider the carbon footprint of these items in line with procurement and supply chain workstream.

Year 1 Plan Actions

ICB Co-ordinated:

- Develop a sustainability checklist and a plan to implement it to support Greener by Design aims.
- Build reporting mechanisms to demonstrate carbon impact of existing and new transformation programmes.

Trust Led:

- Share local resources such as sustainability checklists, SUSQI materials during Q1 2025/26.
- 5 SUSQI projects initiated across the system in year one (targeted across trusts based on readiness).
- Develop a SMART action plan for the implementation of the Greener Surgery Checklist that can be tracked and reported against to demonstrate ongoing delivery.

Primary Care:

- Primary Care SPIN Fellow(s) to implement sustainable pathway change.

Work with Partners:

- Work with public health and councils on prevention and climate related health risks.

Targets:

- 270tCO2e removed per annum through pathway re-design, SUSQI or other transformation in Year 1, 2, & 3.
- 5 SUS QI projects in place across the system in Year 1.

Outputs:

Quality green care, led by clinicians.

Action Plan: Digital Transformation

Challenge: Minimise the footprint of digital whilst maximising the benefits from digitally enabled care.

Vision: Reduce the carbon footprint of digital architecture, hardware, and services, enabled by integrating a greener by design approach into all aspects of delivery.

Focus of work for next three years

Greener by Design:

Build on work already embedded in South West London's Digital Strategy to further improve our sustainability journey.

Greener leadership:

Continue to integrate green initiatives into our local infrastructure plans. Look to create a Greener Digital SRO for South West London and explore opportunities to create additional green digital roles via, for example, apprenticeships and fellowships.

Carbon Foot Printing:

Support practical solutions for carbon foot printing of digital hardware, using digital tools to link with existing systems and run real-time calculations on the hardware. Reduce the carbon footprint of digital by encouraging people to reduce unnecessary communications and attachments.

Greener procurement:

Ensure hardware procurements meet green standards such as EPEAT/ JCO and incorporate ISO 14001:2015 for software procurement to support decarbonisation.

Green workstreams and carbon reporting:

Develop carbon impact reporting for projects, such as E-Waste and cloud computing schemes, providing necessary training and tools for staff.

Adaptation:

Conduct risk assessments to address the impact of extreme weather on our digital infrastructure, working with NHS and partners on realistic mitigations.

Digital as an enabler of Greener Care:

Support net zero clinical pathways through digital initiatives such as the NHS App, patient-initiated follow-ups (PIFU) and Virtual Wards.

Year 1 Plan Actions

ICB Co-ordinated:

- Consolidate mobile phone contracts with a managed service to reduce spend, carbon and device use in the ICB.
- Conduct a device and asset management audit in the ICB.
- Identify a system-wide Greener Digital SRO.
- Develop carbon impact reporting for existing transformation schemes.
- Explore the expansion of the E-Waste programme, subject to financing.

Trust Led Year 1 Actions:

- Embed Greener by Design approach into digital PMO processes.
- Incorporate digital infrastructure risks into adaptation risk assessments.

Primary Care:

- Progress the E-Waste programme.
- Progress the One Domain Project

Work with Partners:

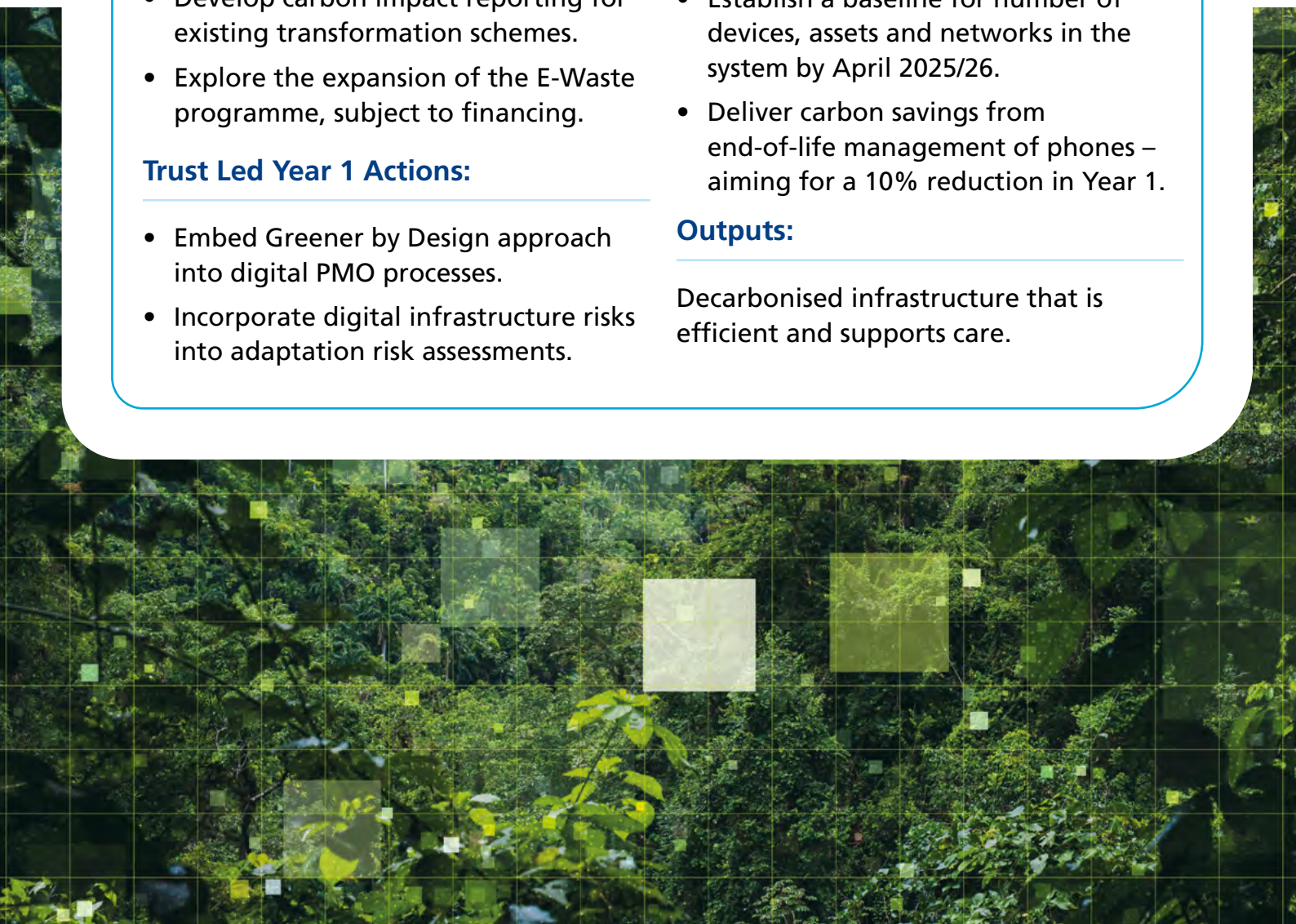
- Work with Greener NHS Digital Team to identify and share best practice.

Targets:

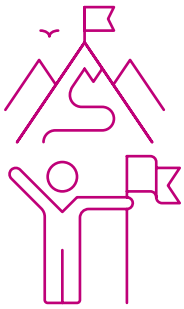
- Establish a baseline for number of devices, assets and networks in the system by April 2025/26.
- Deliver carbon savings from end-of-life management of phones – aiming for a 10% reduction in Year 1.

Outputs:

Decarbonised infrastructure that is efficient and supports care.



Action Plan: Medicines



Challenge: Carbon emissions from medicines result from direct release, manufacture, procurement, and transportation. Waste of medications also contributes.

Vision: Reduce the CO2e emissions from medicines with an outsized impact and waste, whilst maintaining high quality clinically led services.

Focus of work for next three years

Inhaler Prescribing:

Support the delivery of high quality, lower carbon respiratory care. This may include, encouraging the use of low carbon inhaler choices where clinically appropriate, implementing new NICE asthma guidance, utilising prescribing decision support software to promote lower carbon choices, supporting patient education, and promoting the recycling of inhalers. Working with Primary Care colleagues like SPIN Fellows to support delivery.

Medicines Optimisation:

Consider opportunities to address overprescribing and oversupply, taking a shared decision-making approach to support patients and personalised care. Polypharmacy and oral nutritional supplements may offer priority areas for focus.

Medicines Waste and Recycling:

Support the active recycling of medicines through information for patients about where and how to recycle. Develop an approach across South West London to enable better recycling of Metered Dose Inhalers (MDIs) across acute trusts, community pharmacies and primary care, overcoming economies of scale and collection challenges.

Nitrous Oxide:

Reduce nitrous oxide waste from medical gas pipeline systems (MGPS) by progressing the actions outlines in the updated NHSE nitrous oxide mitigation toolkit, including stopping the use of piped gas.

Nitrous Oxide and Air:

Mitigate the impact of nitrous oxide and air in maternity units by ensuring recovery of nitrous oxide, storage, and secure disposal.

Anaesthetic Gases:

Continue to maintain the ceased use of the volatile anaesthetic agent desflurane in line with national guidance, allowing exceptional use only (as published by the Neuro Anaesthesia and Critical Care Society). Reviewing the use of other volatile gases and reducing as appropriate.

Innovation:

Continue to develop new areas of work in response to changing guidance and new developments.

Year 1 Plan Actions

ICB Co-ordinated:

- Support implementation of new NICE Asthma Guidelines and ensure ICB inhaler formulary supports use of low carbon inhaler choices.
- Develop a plan for reducing polypharmacy and continue to promote the use of oral nutritional supplements with a lower carbon footprint, for example through Food First strategies and powdered supplements.
- Develop an ICB information campaign on medicines waste.

Trust Led Year 1 Actions:

- Nitrous Oxide de-commission/ switch-off
- Nitrous cracking units in maternity departments, subject to funding.
- Explore a pilot for an MDI recycling hub, subject to funding.

Primary Care:

- SPIN Fellows to share their work on inhaler prescribing with colleagues.
- Subject to agreement, include good asthma management in the Primary Care Medicines Incentive Scheme
- Encourage the active return of inhalers to community pharmacies for recycling through existing waste disposal routes.

Work with Partners:

- Improve medicines disposal and recycling messaging with local authorities
- Work with Adult Social Care and care homes to support reduction in polypharmacy, medicines waste and the appropriate use of oral nutritional supplements.
- Develop relationships with our community pharmacies to support recycling and improve supply chain issues.

Targets:

- 10% tCO2e reduction from nitrous oxide use, with additional 10% in Year 2 and Year 3.
- 6% emission reduction from inhalers year 1, with additional 6% in Year 2 and Year 3.

Outputs:

Quality healthcare with a reduced carbon footprint.

Action Plan: Travel and Transport

Challenge: Travel and Transport accounts for a considerable proportion of our emissions, for behavioural and structural reasons achieving the shift required is challenging.

Vision: A step change in our default travel and transport options with increased uptake of active travel, public transport, and electric vehicles.

Focus of work for next three years

Sustainable travel plans:

Develop sustainable travel plans for each organisation by December 2026. Oversee implementation across years 2 and 3 and collaborate with partners to support active travel.

Staff surveys:

Use staff survey insights to shape our travel strategies.

Patient travel:

Focus on understanding and promoting active patient travel through behavioural insights and pilot initiatives, subject to funding.

Staff active travel:

Continue to enhance active travel facilities for staff, aiming for comprehensive support packages in all organisations (for example, availability of bike schemes for all NHS staff).

Electrifying fleet:

Increase our electric fleet from 10% to 30% in three years, with a goal of 100% zero-emission vehicles by December 2027. Ensure new transport services like patient transport and deliveries are zero emissions. Explore opportunities within community services for low or zero emission transport. Use hybrid fleet as an interim step where necessary.

Electric Vehicle (EV) commuting:

Support EV commuting through staff benefits schemes.

System partners:

Collaborate with councils, the GLA, and Transport for London to improve public transport for staff and patients and promote TFL schemes such as its e-bike discount scheme. Work with local authority colleagues in public health to promote healthy active travel and reduce the harms associated with air quality.

Patient visits and business travel:

Assessing and promoting the use of bikes/e-bikes for business travel and patient visits.

Digitally enabled care:

Explore and maximise opportunities to reduce travel through digitally enabled care such as the NHS App. Data and AI models may also be able to support us with better planning and scheduling of both appointments and home visits. Explore pilot initiatives to support the staff scheduling for home visits to optimise travel times.

Year 1 Plan Actions

ICB Co-ordinated:

- Analyse ICB travel survey results and share with senior management.
- Develop ICB travel strategy
- Explore ICB staff benefit scheme for electric vehicles, subject to funding.
- Support system-wide procurement on for non-emergency patient transport including targets for EV.

Trust Led:

- Deliver national transport and travel targets including agreeing sustainable travel plans, focusing on active travel and offering salary sacrifice schemes.
- Schemes to encourage staff to use bikes for business travel.

Primary Care:

- Identify opportunities for staff to pilot the use of bikes or e-bikes for business travel.

Work with Partners:

- Convene a workshop with public health colleagues on active travel and air quality.
- Work to progress the air quality campaign through the South West London Anchors programme.

Targets:

- In Year 1, 15% percent of our owned or leased fleet is electric, 20% in Year 2 and 30% in Y3.

Outputs:

Greener health services that also support co-benefits of active travel and clean air.

Action Plan: Estates, Facilities, Waste & Food:

Section A) Estates

Challenge: A considerable proportion of emissions within direct control come from our estate, but funding is a significant constraint.

Vision: Demonstrate reductions in our energy consumption and energy emissions.

Focus of work for next three years

Estates Net Zero Delivery Plan:

Continue to work on delivering the Estates Net Zero Carbon Delivery Plan and other guidance.

Partnerships and economies of scale:

Seek to address funding challenges through partnering between organisations, for example, through district heating networks such as in Kingston, power purchasing agreements and energy co-operatives.

Bring heat decarbonisation plans to life:

Identify immediate term priorities and deliverables (LED lighting, solar power, metering and building management system upgrades) and undertake detailed feasibility studies. Develop carbon reduction action plans. Identify installations under the UK Emissions Trading Scheme to improve compliance.

Investment-ready:

Ensure that we are ready to take advantage of funding opportunities as they arise. Examples of funding sources include NHSE national programme funding, the Public Sector Decarbonisation Scheme, SRBI's (Small Business Research Initiative), the Low Carbon Skills Fund and GLA schemes. This is important particularly when estates decarbonisation schemes can also support financial savings.

Innovative investment sources:

Explore alternative funding proposals, focusing on grant-based models to support our programme.

Building standards:

Ensure major refurbishments and new builds comply with the NHS Net Zero Building Standard and BREEAM standards. Include sustainability assurance in project approvals.

Water conservation:

Identify opportunities to save water by reducing leaks and modifying systems.

Biodiversity:

Promote biodiversity within NHS estates to enhance patient and staff well-being, support carbon capture, and aid adaptation.

Primary care estates decarbonisation:

Encourage the installation of solar, LED lighting and insulation as well as energy reduction initiatives such as switching off computers.

Provide information and raise awareness of worthwhile interventions.

Encourage practices to switch to renewable energy sources. Relinquish Void Space.

Energy conservation:

Support both behaviour change and use of technology such as SMART metering.

Adaptation:

Central to future estates work and detailed in the adaptation section of this report.

Year 1 Plan Actions

ICB Co-ordinated:

- Review delivery of heat decarbonisation action plans.
- Identify and share funding opportunities.

Trust Led Year 1 Actions:

- Be investment Ready for opportunities
- Develop an outline action plan for Y1 decarbonisation initiatives.
- Ensure BREEAM Excellent/ Outstanding is achieved on all refurb and new build.
- Complete solar surveys to identify best locations for installation.

Primary Care:

- Promote solar installation for practices.
- Provide information on actions with highest impact.

Work with Partners:

- Continue to work with London Estates Delivery Unit on decarbonisation initiatives.
- Link with councils and anchor institutions to leverage economies of scale.

Targets:

- Reduce tCO2e emissions per m2 by 10% in Y1, 10% in Y2 and 10% in Y3.
- Reduce energy consumption per m2 by 10% in Y1, 10% in Y2 and 10% in Y3.
- Increase the percentage of buildings covered by SMART metering for electricity, gas and water from the baseline by 10% each year.

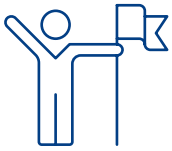
Outputs:

Green infrastructure that supports Care Without Carbon, whilst being resilient to the adverse impacts of climate change.

Action Plan: Estates, Facilities, Waste & Food

Section B) Waste

Challenge: Large quantities of waste are produced, which not only increases our carbon footprint, but disposal is expensive.



Vision: Stop waste at source through procurement but where it cannot be avoided, reduce waste to achieve the national standards on waste streaming.

Focus of work for next three years

Reduce, Reuse and Recycle

In the first instance reduce consumption of single use items and other unnecessary waste. Implement **advice and guidance (Health Technical Memorandum 07-01)** on best practice for waste management, ways to improve the environment and reduce the carbon impacts of managing waste.

Waste streaming:

Achieve the nationally set waste segregation targets, which will reduce the amount of waste going for incineration.

Waste managers:

In line with national guidance access waste expertise or waste managers.

Analysis:

Complete data analysis as well as observations and walkarounds to identify opportunities to tackle incorrect use of disposal facilities and review areas with the largest volumes of waste. Following this, make simple changes to support staff to utilise the correct bins.

Link to avoiding consumption and circular economy:

Create a feedback loop with teams and procurement on single use items that generate the most waste.

E-Waste and food waste is addressed separately under the Digital Transformation and Estates, Facilities, Waste & Food sections of this report.

Primary Care:

Waste management in primary care is management by multiple organisations, and we do not have an overview of what is happening currently. We will work to develop a clearer understanding of current practice in primary care and seek opportunities to improve.

Communications and Engagement:

Link to behaviour change campaigns described in Workforce, Leadership and Training section.

Year 1 Plan Actions

ICB Co-ordinated Year 1 Actions:

- Facilitate an expert talk/stakeholder event on waste for system colleagues.
- Encourage trusts to do walkarounds/ observations at local sites with waste managers to better understand current behaviour and shift practices. Engage with national team to support.

Trust Led Year 1 Actions:

- Track progress against national waste streaming targets
- Schedule walkarounds, conduct reviews of bin contents and make changes to bin locations and bin types to make it easier for staff to dispose of items appropriately.
- Share messaging and communications to support staff to make the right decisions.

Primary Care Year 1 Actions:

- Identify the current providers of waste management services for primary care in South West London, with a view to engaging with them on their current sustainability offering and how this can be enhanced.

Work with Partners:

- Work with national teams and local authorities to promote better recycling in primary care.
- Explore opportunities to work with the local economy to recycle, re-use or stream waste more effectively.

Targets:

National target for trusts to achieve 20% incineration, 20% alternative treatment and, 60% offensive waste in their waste streaming. The below are our additional stretch targets beyond the national.

- Incineration: Year 1 20%, Year 2, 10%, Year 3 Stretch Target 5%.
- Alternative Waste: Year 1 40%,
- Year 2, 30%, Year 3, 20%.
- Offensive Waste: Year 1 40%, Year 2, 50%, Year 3, 65%.

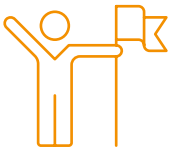
Outputs:

Reduced carbon footprint of healthcare delivery.

Action Plan: Estates, Facilities, Waste & Food

Section C) Food

Challenge: We need to ensure that we offer high quality, nutritious food that supports patients' recovery whilst mitigating and reducing the emissions this creates.



Vision: Reducing food waste, sourcing ingredients that are sustainable, seasonal, and local, whilst delivering high quality appetising food for patients.

Focus of work for next three years

National standards:

Continue to implement national NHS standards for food and drink, which require NHS organisations to deliver high quality, healthy and sustainable food throughout healthcare catering and minimise costly food waste.

Measure food waste:

Measure food waste and analyse it to identify patterns and whether action is required, for instance, to reduce portion sizes or change menus.

Food waste reduction efforts:

Utilise data to identify food waste reduction Initiatives and review the meal ordering processes in trusts to improve services. For instance, double glazed plates have been shown to reduce waste by 15% by improving the attractiveness of meals and the use of blue plates for dementia patients has been shown to reduce waste by 18%.

Look for opportunities to utilise waste in innovative ways such as bio-digestors.

Food sourcing:

Enhance or maintain the quality, nutrition and affordability of our food whilst moving towards sustainable options (by considering locally sourced, in-season, red meat reductions and substitutions). Promote healthier diets.

Digital food ordering:

Implement digital menus and digital food ordering systems to keep track of food preferences and food waste.

Patient food:

Patient food is out of scope. We accept patients may choose to bring food and other consumables to site, which is not the focus of our work.

On-site food and drink suppliers:

Work to identify the sustainability commitments of our partners. Where opportunities exist to re-let contracts, ensure the inclusion of decarbonisation in the specification including ISO standards, KPIs and other contractual levers. Include social value indicators recognising our role as Anchor institution.

Year 1 Plan Actions

ICB Co-ordinated:

- Look to co-ordinate an expert talk on the theme of plant-based diets.

Trust Led:

- Measure food waste, analyse it for patterns and opportunities.
- Implement projects to reduce food waste.
- Ensure digital food ordering systems are in place.
- Review menus for opportunities to reduce the carbon footprint.

Work with Partners:

- Work with procurement to embed best practice standards in our tenders.
- Adopt best practice from partners in the NHS.

Targets:

- **Food Waste Target** - Reduce food waste by 10% each year.
- **Food Sourcing:** Reduce Carbon footprint of menu by 10% each year.

Outputs:

Quality patient care with a reduced carbon footprint.

Action Plan: Supply Chain, Circular Economy, Procurement, Single Use Items

Challenge: Need to leverage our purchasing power to support the decarbonisation of our supply chain and improve social value.

Vision: Established some significant reductions in the emissions coming from our supply chain.

Focus of work for next three years

Net Zero Supplier Roadmap:

Continue to implement the roadmap, working with regional and national teams. Monitor implementation through KPIs and look for opportunities to improve practice.

Social Value:

Deliver quantified social value plans across all our procurements.

Awareness training:

Provide awareness training for those involved in procurement specifications and tender processes, so appropriate questions are asked to assess how suppliers can support delivery of a net benefit to the environment and maximise the social value derived from our service and equipment partners.

Green assurance process:

Identify and implement an assurance process so that contracts specify environmental standards like ISO accreditation or equivalent, such as the Evergreen Assessment tool.

Management Information:

Work with procurement teams to develop a better understanding of our supplier landscape and develop reporting that will help us understand our journey with the supply chain on net zero and social value.

Evergreen Sustainable Supplier Assessment:

Encourage suppliers to go beyond minimum requirements.

Our role as an anchor institution:

Aligned with our social value commitments, use our position as an anchor institution to support the local economy by encouraging our supply chain to source locally where possible and utilise local workforce, supporting green co-benefits by reducing transportation.

Adopt the principle of circularity:

Consider whether consumption of goods is necessary in the first place and when it is and where it is clinically appropriate, procure items that are reusable, remanufactured or recycled.

Primary Care Procurement:

Identify best practice for primary care teams and general practices who want to ensure they are procuring sustainably.

Year 1 Plan Actions

ICB Co-ordinated:

- Support staff with tools and training.

Procurement Partners for Trusts:

- Produce report by trust to identify top ten suppliers by spend and assess their Evergreen Status. (SWLPP, NWLPP).
- Produce a regular management information report to summarise our progress on implementing net zero and social value (SWLPP, NWLPP).
- Add net zero and social value to renewed procurement policy (SWLPP).
- Generate a regular report by trust to highlight “single use items” volume, spend and stock (SWLPP, NWLPP).

Trusts

- Encourage green training for staff specified for procurement.
- Embed net zero into service specifications.

Work with Partners:

- Share best practice standards and network with providers and support suppliers.

Targets:

- To increase the number of suppliers achieving Evergreen status “level 1” by 30%.

Outputs:

Supply chain with a smaller carbon footprint.

Action Plan: Adaptation

Challenge: Temperatures continue to increase and are currently 1.2 degrees warmer, this trend will continue bringing more extreme weather.

Vision: Building resilience to extreme weather through a mixture of infrastructure changes and behaviour modifications.

Focus of work for next three years

Infrastructure resilience:

Incorporate climate resilience into all aspects of physical and digital infrastructure planning, considering enhancements such as improved green spaces, drainage systems, passive cooling solutions and business continuity for servers.

Vulnerable patients and population health:

Work with public health to ensure messages for vulnerable patients are embedded into pathways. Explore how data and alert systems could be adapted to support us with preventative care and more targeted messaging for patients.

Procurement and contracting:

Embed adaptation preparedness into our existing contracts and procurements.

Business continuity planning and EPPR:

Continue to comply with adaptation provisions within the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) and the NHS Standard Contract.

Risk assessment:

Using the national tool when available (currently in development) to undertake climate change risk assessments.

Partnership working:

Identify interdependencies between services and necessary mutual aid requirements to prevent service disruptions. Share findings with resilience partners (e.g. local resilience forums, Directors of Public Health) to ensure critical information is integrated into broader emergency planning and climate adaptation planning practices.

Alert systems:

Ensure each organisation has adequate cascading of weather health alerts and relevant messaging, in line with the Government's Adverse Weather and Health Plan.

Training and education:

Continue to engage with staff in the health service to raise the issues around adaptation and their clinical relevance.

Planning processes:

Integrate adaptation into existing planning processes, such as strategic planning and business continuity planning, to ensure that it is embedded into decision-making.

Roles, responsibilities, accountability and leadership:

Following a risk-mapping exercise, identify those responsible for leading and delivering each area of focus.

Measurement:

Develop a system for tracking the impact of heat events or flooding events on our populations.

Staff:

Ensure that there are policies in place to support the well-being of staff working in demanding situations, such as extreme heat, to ensure that they are safe at work. This may include monitoring temperatures, taking steps to cool locations, and providing adequate water and breaks or other modifications.

Year 1 Plan Actions

ICB Co-ordinated:

- Attend EPRR and other team meetings to raise awareness.
- Identify SRO for adaptation for the ICB.
- Co-ordinate system wide risk assessment

Trust Led:

- Identify SRO for adaptation.
- Complete the NHSE risk assessment tool once published.
- Run training, education and training events.
- Review implementation of relevant alert systems, e.g. heat, air quality.

Primary Care:

- Raise awareness of risks of extreme weather to population health.

Work with Partners:

- Work with public health teams to develop messaging for vulnerable patients and the public.
- Work with the NHSE London team to develop a repository of best practice and guidance for London.
- Identify materials and messaging for vulnerable populations and staff to support behaviour change.

Targets:

- System-wide risk assessment completed in Year 1.

Outputs:

Patients, staff and safe quality services are protected from the adverse impacts of climate change.

Cross Cutting Themes

Place is where transformation is often delivered and where the benefits of collaboration with local partners are more acutely felt, so it is important that Place is aligned with the net zero agenda and vice versa. Service transformation initiatives can help reduce carbon emissions by shifting care out of hospitals, reducing admissions, optimising medicines, preventing patient deterioration and supporting digital care.

Place and Green

Strengthen links between place and the net zero programme by:

Engagement: Having representation from Place at the South West London NHS Green Delivery Board and continuing to run engagement events, attend team meetings and support green champions.

Reporting: Developing carbon reporting from Place on transformation schemes for bi-annual green reports to the ICB Board.

Greener by Design: Once agreed, ensure that a sustainability impact checklist is completed at the commencement of a project, programme or initiative.

Sustainability training: Support our staff to access sustainability training.

Primary care a critical component to the Government's three missions. As service change is planned and implemented in primary care, it is important that we work together on its decarbonisation journey.

Primary Care and Green

Specific opportunities for primary care are described in each action plan reflecting the following themes:

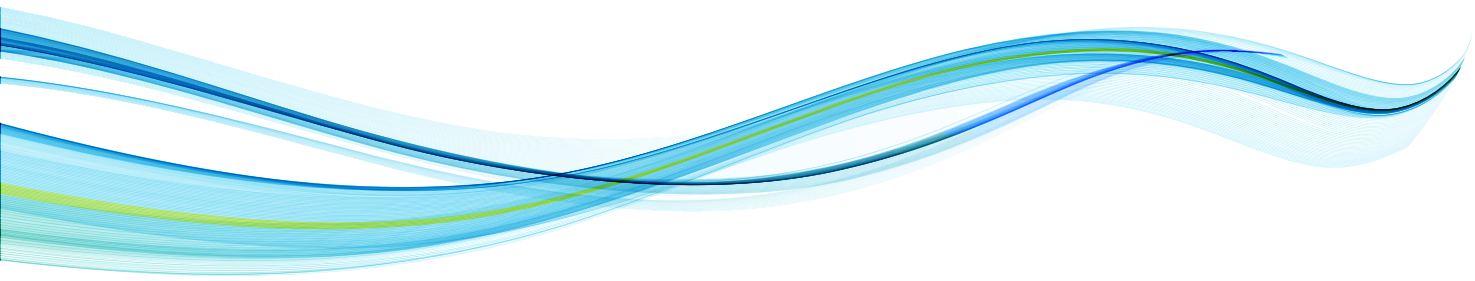
Inhaler prescribing: South West London carbon emissions from inhalers are estimated at 8,717 tCO2e. This outweighs emissions from the primary care estate. Propellant devices have a warming effect on average 1,000 of times that of CO2. Optimising asthma care is one of the biggest steps that primary care can take to support the net zero emissions goal.

Net zero models of care: While estimates vary, a primary care appointment produces about 4-10Kg CO2e per visit in the UK, while a secondary care bed day for comparison is much higher, 100-300Kg CO2e. Shifting care to primary and preventative models should support carbon reduction.

Estates Decarbonisation: The South West London primary care estate accounts for an estimated 4,265 tCO2e. Decarbonising primary care estate will require a dedicated focus to support the large number of landlords.

Travel and transport: Based on research studies, is estimated that patient travel accounts for 50-70% of the total carbon footprint in primary care.

Procurement, supply chain and the circular economy. The primary care supply chain is likely to be smaller than that of trust settings. To date, there has been little focus on general practice procurement. Over the next three years, this plan seeks to support general practices to identify the opportunities for carbon footprint reduction.



There has been learning from the past two years of the programme that will be applied to strengthen the evidence base to monitor and track of our net zero commitments.

Data and Monitoring

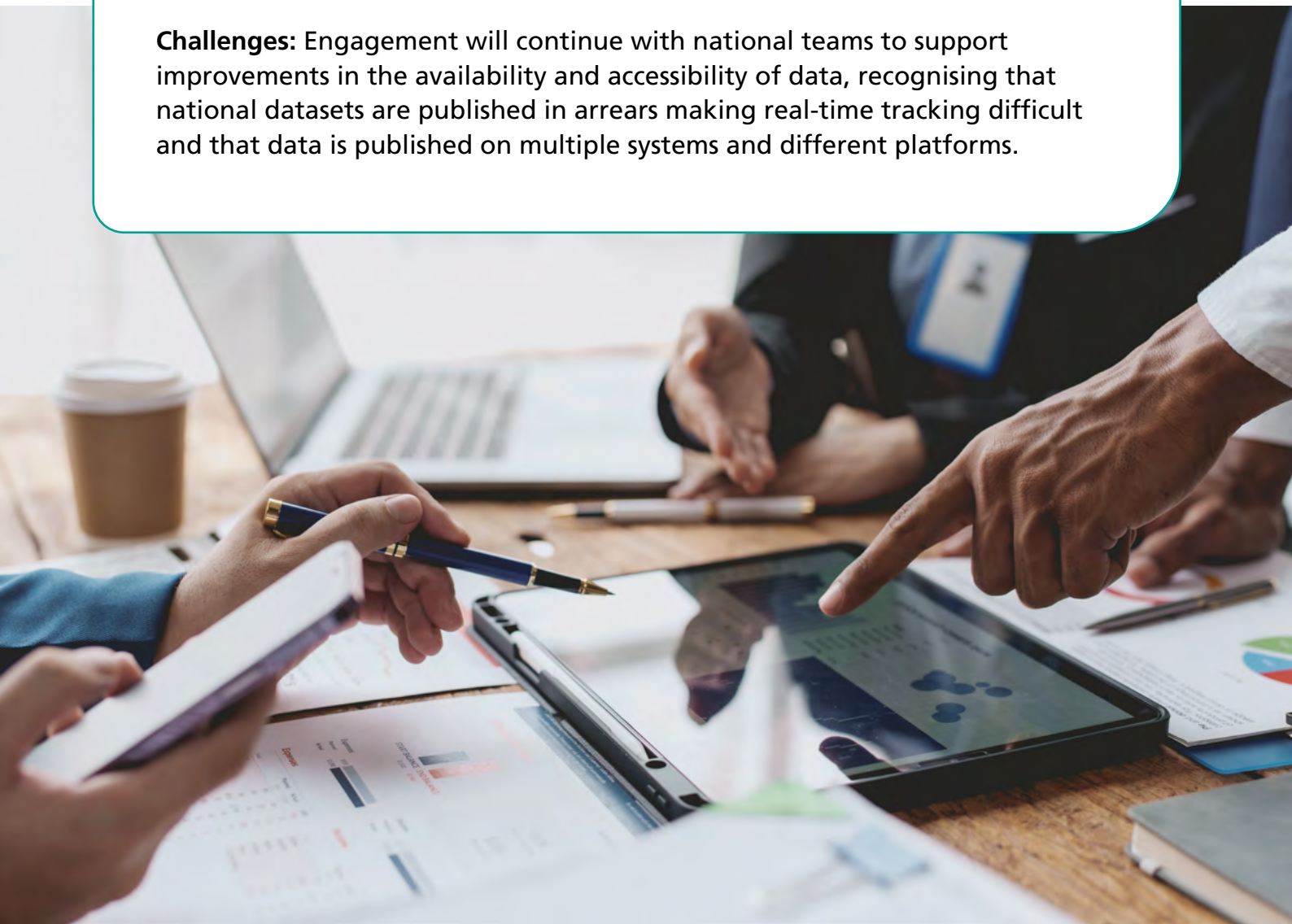
KPIs: Workstream KPIs have been agreed with system partners and progress will be monitored through a combination of national data platforms and local reporting systems. Some targets have been apportioned to organisations to reflect differences in trust size and priorities whilst ensuring equity.

Transparency: Performance against both the national and local KPIs will be shared at the South West London Green Delivery Group and reported on a bi-annual basis to the Integrated Care Board.

Data quality: Work will continue to develop a single source of truth and improve data quality.

Climate risk and health insights: Data on air quality and extreme heat events might be used to model and predict exacerbations for patients with certain condition and to support proactive case management.

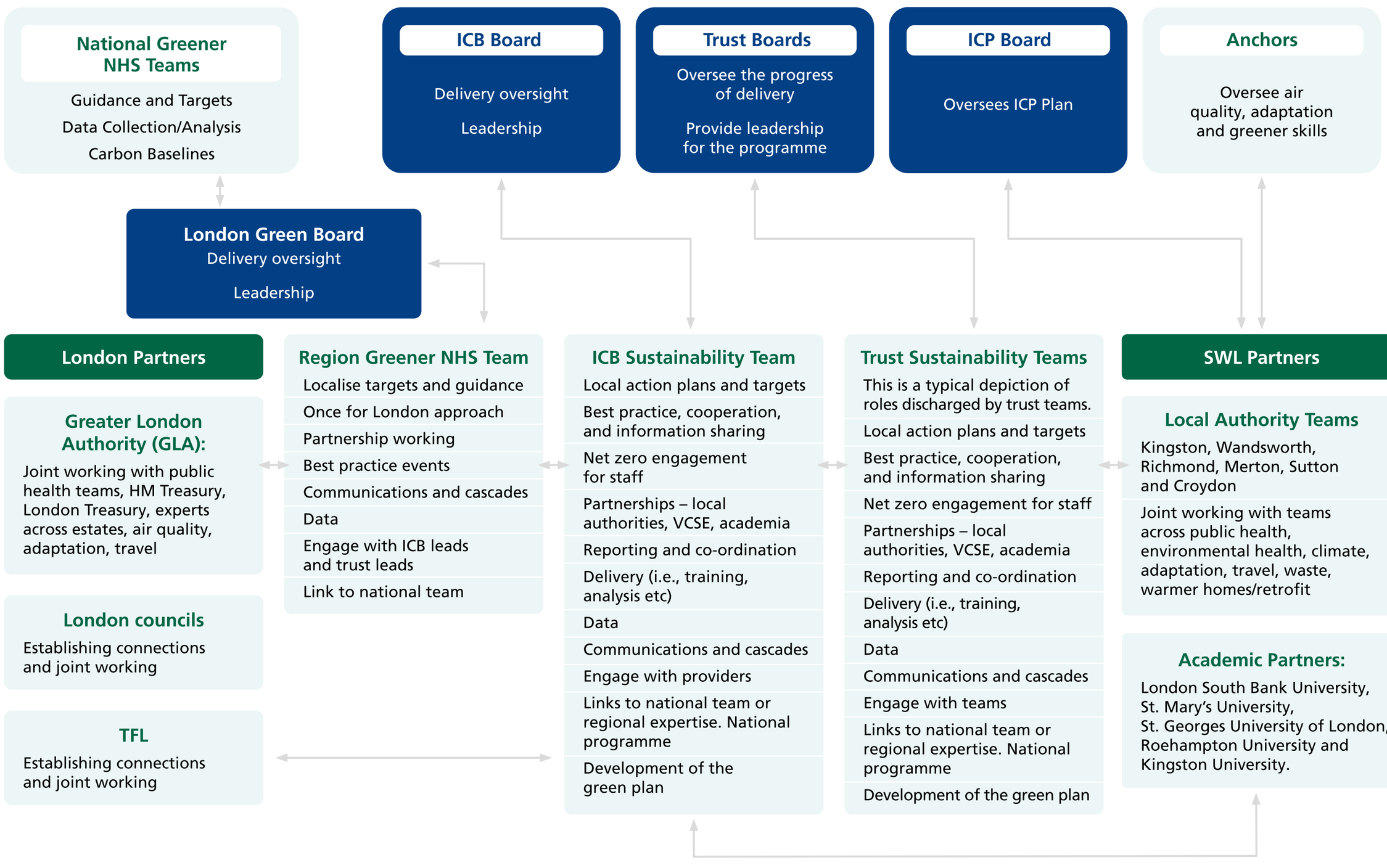
Challenges: Engagement will continue with national teams to support improvements in the availability and accessibility of data, recognising that national datasets are published in arrears making real-time tracking difficult and that data is published on multiple systems and different platforms.



4.0 Governance

Alignment with stakeholders on net zero

The following explains how the Integrated Care Board (ICB) works through the regional team and the national, as do our trusts. Working with local stakeholders, on both a London footprint and a place footprint as appropriate.



Governance Structure

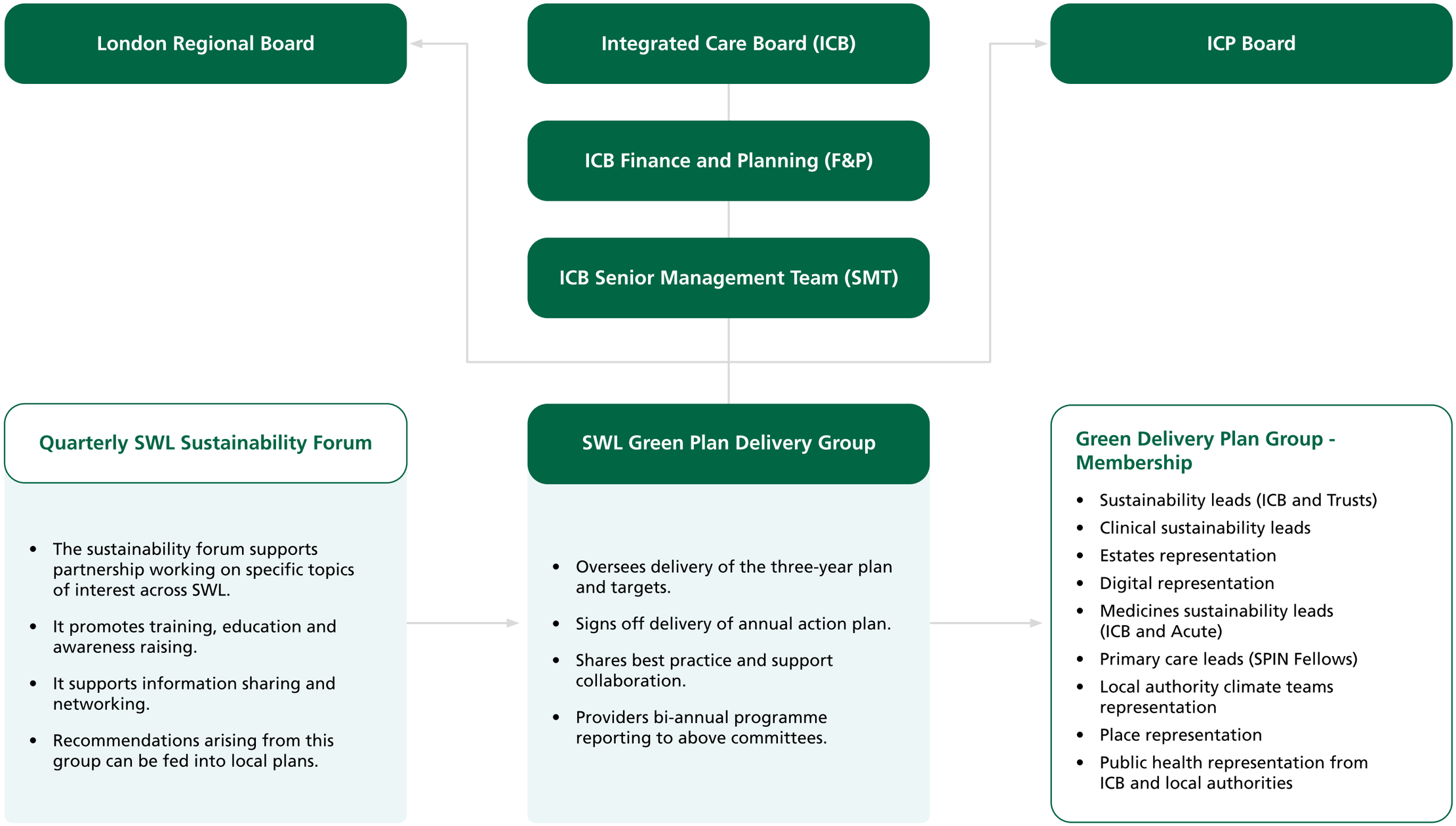
Leadership, governance and working groups

ICB & ICP Boards: set the strategic direction and receives progress updates; approves respective system Green Plans.

F&P and SMT: provide management oversight.

Green Plan Delivery Group: reviews progress of workstreams; agrees and coordinates details of the Green Plan; meets monthly.

Quarterly Sustainability Forum: shares best practice; supports learning and collaboration.



Risks and Mitigations

Risk	Mitigation
Funding: A lack of dedicated funding or funding that arrives with little notice, means the system cannot afford the required investments to decarbonise, or cannot effectively access the funding because the time allowed for proposal development, procurement and implementation is insufficient.	• Making plans based on funding available. • Being investment-ready where possible. • Applying for external sources of funding where available. • Ensuring that we invest to save to realise the financial savings from decarbonisation.
Resourcing: This is a big agenda and there are many actions to deliver with little dedicated resource, this is particularly true in smaller organisations and primary care. This means that the speed and pace of delivery is impacted and sometimes stalled.	• Working collaboratively, sharing resource and expertise. • Bidding for resources as opportunities arise.
Knowledge and skills: This is a new and innovative area and as such expertise and capability is immature. Technology and innovation mean that new products and solutions are being developed all the time. Lack of expertise could impact delivery or lead to sub-optimal decision making.	• Promoting sustainability training to do develop local expertise and identify key stakeholders with expertise.
Aging Estate: Old infrastructure is difficult and costly to retrofit. Backlog maintenance exacerbates the problem and some of our estate was not built to withstand extreme weather. The baseline of our stock adds to the complexity of decarbonisation and sub-optimal outcomes.	• Releasing poor quality, energy-inefficient and void estate. • Working to ensure refurbishments and new builds are BREEAM compliant.
Behaviour change: is required at every level, resistance to change is a powerful phenomenon.	• Rolling out training which has been shown to support behaviour change. • Targeted communications and engagement activities.
Competing priorities: Immediate operational pressures take precedence over strategic; this impedes progress on long term issues that will help those same operational pressures.	• Working to promote awareness and training at every level to embed green in everything we do.

2025-26 Programme Delivery Timeline

Finalise ICB Green Plan	March 2025
Delivery	Q1 & Q2 April-Sept 2025
Reporting	Q1 & Q2 Sept 2025
Delivery	Q3 & Q4 September-March 2025-26
End of Year Report	March 2026

Q1

Key Actions during Q1

1. Initiate planning for training delivery.
2. Initiate planning for communications and engagement activities.
3. Checklist in development.
4. Digital reporting scope issued.
5. Estates decarbonisation action plans in development.
6. Develop next steps from adaptation event.
7. Travel surveys completed and travel strategy planning underway.

Key Actions during Q2- Delivery & Reporting

Q2

1. First cohorts commencing training.
2. Engagement events held.
3. Check list agreed.
4. SUSQI projects live (targeted across trusts and high-intensity carbon pathways).
5. E-Waste reporting developed.
6. Travel Strategy developing.
7. Estates decarbonisation action plans finalised.
8. Nitrous oxide manifolds decommissioned.
9. Food waste monitoring in place.

Key Actions during Q3 delivery focus

Q3

1. Training numbers increasing.
2. Additional engagement events.
3. Check list implementation.
4. SUSQI projects ongoing, as well as ongoing work to identify actions across high-intensity carbon pathways.
5. Digital audit completed.
6. Travel Strategy development ongoing.
7. Delivery of estates schemes.
8. Nitrous oxide cracking systems in place.
9. Food waste initiatives underway.
10. Adaptation risk assessments underway.

Key Actions during Q4 delivery, reporting and planning

Q4

1. Implementation of decarbonisation schemes.
2. Inhaler prescribing impact reviewed.
3. Travel Strategy finalised.
4. Waste messaging for Inhalers and medicines in place.
5. Food waste initiatives underway.
6. Adaptation risk assessments finalised.
7. Identify system action plan for Year 2.

Detailed action plan with action owners and timescales in development to fit the detailed actions outlines for each workstream.

Appendices

Acknowledgements

Integrated Care Board (ICB)

Integrated Care Partnership (ICP)

Greener NHS National and Regional Teams

Greater London Authority - Public Health Team, Air Quality and London Primary Care Teams

London Borough of Croydon

Royal Borough of Kingston

Merton Council

London Borough of Richmond upon Thames

London Borough of Sutton

London Borough of Wandsworth

Croydon Health Services NHS Trust

Epsom & St Helier University Hospital NHS Trust

Kingston Hospital NHS Foundation Trust

St Georges NHS foundation Trust

Hounslow and Richmond Community Healthcare NHS Trust

The Royal Marsden Foundation Trust

South West London and St George's Mental Health NHS Trust

SWL Primary Care Networks (PCNs)

Central London Community Healthcare NHS Trust

Natural England

Re-London

A Dose of Nature

UKHPA

Workstream Targets

Summary of targets for each workstream below:

Targets

Workforce & Leadership

Target: Deliver sustainability training across the system with target attendee numbers – Y1 200, Y2 300, Y3 400.

Net Zero Pathways

Targets:

- 270tCO2e removed per annum through pathway re-design, SUSQI or other transformation in Year 1, 2, & 3.
- 5 SUS QI projects in place across the system in Year 1.

Digital

Baseline for assets, systems and networks established by April.

Targets:

- Establish a baseline for number of devices, assets and networks in the system by April 2025/26.
- Deliver carbon savings from end-of-life management of phones – aiming for a 10% reduction in Year 1.

Medicines

Targets:

- 10% tCO2e reduction from nitrous oxide use, with additional 10% in Year 2 and Year 3.
- 6% emission reduction from inhalers year 1, with additional 6% in Year 2 and Year 3.

Travel & Transport

Targets: In Year 1, 15% percent of our owned or leased fleet is electric, 20% in Year 2 and 30% in Y3.

Estates, Waste & Food

Estates Targets:

- Reduce tCO2e emissions per m2 by 10% in Y1, 10% in Y2 and 10% in Y3.
- Reduce energy consumption per m2 by 10% in Y1, 10% in Y2 and 10% in Y3.
- Increase the percentage of buildings covered by SMART metering for electricity, gas and water from the baseline by 10% each year.

Waste Targets:

National target for trusts to achieve 20% incineration, 20% alternative treatment and, 60% offensive waste in their waste streaming. The below are our additional stretch targets beyond the national.

- Incineration: Year 1 20%, Year 2, 10%, Year 3 Stretch Target 5%.
- Alternative Waste: Year 1 40%, Year 2, 30%, Year 3, 20%.
- Offensive Waste: Year 1 40%, Year 2, 50%, Year 3, 65%.

Food Targets:

- Food Waste Target - Reduce food waste by 10% each year.
- Food Sourcing: Reduce Carbon **footprint of menu by 10% each year.**

Supply Chain

Target: To increase the number of suppliers achieving Evergreen status “level 1” by 30%.

Adaptation

Target: System-wide risk assessment completed in Year 1.

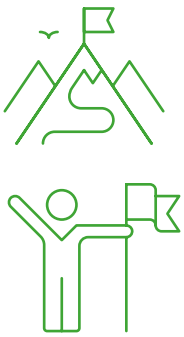
Challenges & Vision by Workstream

Workforce Leadership & Training

Challenge: Net zero cannot be achieved if our workforce is not supported and enabled to participate in the net zero transition.

Vision: Integrate sustainability into everything we do and create a movement across SWL that will champion green and sustainable changes big and small.

Net Zero Pathways



Challenge: Healthcare delivery is carbon intensive currently; shifting to models of care that are better for patients and the planet is critical.

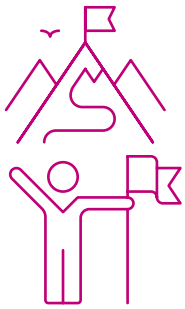
Vision: Low carbon care is built into the design and delivery of all our pathways of care.

Digital

Challenge: Minimise the footprint of digital whilst maximising the benefits from digitally enabled care.

Vision: Reduce the carbon footprint of digital architecture, hardware, and services, enabled by integrating a greener by design approach into all aspects of delivery.

Medicines



Challenge: Carbon emissions from medicines result from direct release, manufacture, procurement, and transportation. Waste of medications also contributes.

Vision: Reduce the CO2e emissions from medicines with an outsized impact and waste, whilst maintaining high quality clinically led services.

Travel & Transport

Challenge: Travel and Transport accounts for a considerable proportion of our emissions, for behavioural and structural reasons achieving the shift required is challenging.

Vision: A step change in our default travel and transport options with increased uptake of active travel, public transport, and electric vehicles.

Estates, Waste & Food

Section A) Estates

Challenge: A considerable proportion of emissions within direct control come from our estate, but funding is a significant constraint.

Vision: Demonstrate reductions in our energy consumption and energy emissions.

Section B) Waste

Challenge: Large quantities of waste are produced, which not only increases our carbon footprint, but disposal is expensive.

Vision: Stop waste at source through procurement but where it cannot be avoided, reduce waste to achieve the national standards on waste streaming.

Section C) Food

Challenge: We need to ensure that we offer high quality, nutritious food that supports patients' recovery whilst mitigating and reducing the emissions this creates.

Vision: Reducing food waste, sourcing ingredients that are sustainable, seasonal, and local, whilst delivering high quality appetising food for patients.

Procurement and Supply Chain

Challenge: Need to leverage our purchasing power to support the decarbonisation of our supply chain and improve social value.

Vision: Established some significant reductions in the emissions coming from our supply chain.

Adaptation

Challenge: Temperatures continue to increase and are currently 1.2 degrees warmer, this trend will continue bringing more extreme weather.

Vision: Building resilience to extreme weather through a mixture of infrastructure changes and behaviour modifications.

References

Delivering a Net Zero National Health Service (NHS England)
https://www.england.nhs.uk/greenernhs/a-net-zero-nhs

How to produce a Green Plan: A three-year strategy towards net zero (NHS England)
https://www.england.nhs.uk/greenernhs/getinvolved/organisation

NHS Greener Campaign
Greener NHS (england.nhs.uk)

NHS Long term plan

Sussex Community NHS Foundation Trust. (n.d.). *Care Without Carbon.* Retrieved February 14, 2025, from https://carewithoutcarbon.org/

Acronyms

BMS	Building Management System
BREEAM	Building Research Establishment Environmental Assessment Method
CCS	Crown Commercial Service
CHS	Croydon Health Services NHS Trust
EPEAT	Electronic Product Environmental Assessment Tool
EPRR	Emergency Preparedness, Resilience, and Response
ESHT	Epsom and St Helier University Hospitals NHS Trust
GESH	Georges, Epsom and St Helier Hospital Group
GLA	Greater London Authority
GHG	Greenhouse Gas
HTM	Health Technical Memorandum
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
ISO	International Organisation for Standardisation
JFP	Joint Forward Plan
KRT	Kingston and Richmond NHS Trust
LED	Light Emitting Diode
NHS	National Health Service
NEEF	NHS Energy Efficiency Fund
NEL	North East London
NCL	North Central London
NWL	North West London
NWLPP	North West London Procurement Partnership
PCNs	Primary Care Networks
PIFU	Patient Initiated Follow Up
PPA	Power Purchasing Agreement
PSDS	Public Sector Decarbonisation Scheme
RM	The Royal Marsden NHS Foundation Trust
SEL	South East London
SRO	Senior Responsible Officer
SRBI	Small Business Research Initiative
SWL	South West London
SWLPP	South West London Procurement Partnership
SWLStG	South West London and St George's Mental Health NHS Trust
SUSQI	Sustainability Quality Improvement
UKHPA	UK Health Protection Agency
YH	Your Healthcare