Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

ICB Board Meeting

Date: Thursday 3rd July 2025

Time: 12:45 – 15:45

Location: Virtual, via Microsoft Teams

Agenda Number:	6.2	
Title:	ICS Green Plan refresh	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: To approve		
Key Points for discussion:		

NHS organisations were instructed by NHS England (NHSE) that Green Plans need to be refreshed in line with statutory guidance with the aim of:

- prioritising interventions that support world-leading patient care and population health, and reduce inequalities, while tackling climate change and broader sustainability issues
- supporting NHS organisations to plan and make considered investments while increasing efficiencies and delivering value for taxpayers
- ensuring every NHS organisation supports the ambition to reach net zero carbon emissions, reflecting learning from delivery to date

The refreshed plans are to be approved by the ICB Board and relevant partner boards, submitted to NHSE and published by 31st July 2025.

The approach taken -Moving from strategy to delivery - focussing on the outcomes that we will deliver in the next 5 years. Taking a realistic view of what we can directly deliver in our local context and the areas we are only able to influence.

Early in the refresh process the existing plan was taken to the Community Leadership Panel on Climate Change and Just Transition to gain the community perspective on refreshing the plan and where we should focus and how Just Transition principles could be included in the plan. We have included excerpts of their advice through the document and integrated it into our actions. We will continue to engage with our communities throughout the delivery of the plan

The most significant change is to our carbon target We have reviewed our net zero target to focus on what we can deliver and where we can have the greatest impact. We retain our commitment to a 2030 target for those areas we can directly control, and we are aligning with national NHS targets for those that we can only influence (principally national procurement).

- **Net Zero Carbon target**
  - For the emissions we control directly (the NHS Carbon Footprint), we will decarbonise by 2030. We plan to power our activities without fossil fuels, only using renewable electricity.
  - For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach a 50% reduction by 2030, 80% by 2036 and fully decarbonise by 2045.

Our focus areas:

- **Supply Chain and Procurement**:
  Embed ethical, carbon-conscious procurement processes, mandatory supplier carbon reduction plans and delivering meaningful social value. Only purchasing reusable products to be the default.
- **Medicines**:
  Reduce inappropriate overuse of medicines and medicines waste. Support equal consideration of lower impact alternatives to drugs including our world leading green social prescribing work.
- **Estates and Facilities**:
  A capital programme for decarbonising our buildings, increased biodiversity on NHS land, and a drive toward zero waste by 2040.
- **Travel and Transport**:
  Electrification of all fleet vehicles by 2027 and promotion of active travel among staff and patients to reduce emissions and improve physical health. Working in partnership for transport improvements to reduce air pollution.
- **Digital Transformation**:
  Use digital services to cut emissions (e.g., digital appointment letters), adopt circular IT equipment lifecycle practices, and rationalise data centre footprints.
- **Clinical Transformation**:
  Embed sustainable practices into healthcare delivery, focusing on prevention and, shifting from hospital-based treatment to community care. Projects like the “Green Operating Day” illustrate cost and carbon savings alongside improved patient care.
- **Workforce and Leadership**:
  Equip all staff with sustainability knowledge and responsibilities through training, sustainability objectives, and recognition and support of staff-led initiatives.
- **Food and Nutrition**:
  Implement the “Why Weight?” pledge. Promote healthy, low-carbon food choices, reduce food waste, and improve food-related health outcomes.
- **Adaptation and Resilience**:
  Embed climate risk assessments and resilience measures into estate strategy and service delivery, with a focus on protecting vulnerable communities from heatwaves and other climate risks.

Recommendations:	• To review the changes made to the green plan in the refresh process and note that these meet the NHSE aims • To note that organisations will take the plan to individual boards for approval and addition of any organisation specific appendices

	• To note that the delivery plan will be updated to reflect the outcomes and actions in the refreshed plan and commit to organisational responsibilities for delivery • To note that a public facing green plan document will be designed to be published on ICB and NHSE website • Submission of refreshed green plan to NHSE To approve: The refreshed Green Plan
Previously Considered By and feedback :	Green Plan Implementation Group 10/06/25 Green Plan Workstream reviews May 25 Bristol Advisory Committee on Climate Change June 25 Green Plan Steering Group updates and review Dec 24, Apr 25, June 25
Management of Declared Interest:	The terms of reference of the Green Plan Steering Group set out the requirement to declare any conflicts of interest upon joining and agree to keep the Group updated on any new conflicts of interest as they arise.
Risk and Assurance:	There is a risk of failing to meet the ICS's 2030 Net Zero goal if the ICS does not commit sufficient resources, achieve external investment and embed sustainability across the breadth of our activities. There is risk to delivering the plan due to competing priorities and elements beyond our control. There is a reputational risk if we unable to meet the outcomes in the plan There is a risk to the health of our population and to delivery of services if we fail to adapt to climate change
Financial / Resource Implications:	The high level abatement cost of current carbon emissions for the ICS is £150m per annum. The identified capital costs required in our delivery plan total £230 million (principally for decarbonising heat £166m and implementing energy efficiency £33m).
Legal, Policy and Regulatory Requirements:	Health and Care Act 2022. This places duties on NHS England, and all trusts, foundation trusts, and integrated care boards to contribute towards statutory emissions and environmental targets, measures to adapt to any current or predicted impacts of climate change identified within the 2008 Climate Change Act.
How does this reduce Health Inequalities:	Health inequalities and climate change are both systemic issues; the determinants and impacts of health and climate change are interconnected. Climate change impacts exacerbate health inequalities. Environmental sustainability will be leveraged as a tool to improve public health outcomes, reduce health inequalities, and promote active lifestyles, healthy diets, and clean air. Shifting demand from high carbon hospital care to achieve our net zero target.
How does this impact on Equality & diversity	The EIA developed for the Green Plan identified there are potential positive and negative impacts on protected characteristics Age, Disability and Race groups
Patient and Public Involvement:	Community Leadership Panel on Climate Change and Just Transition Dec 24 and report Jan 25. There will be further public engagement throughout the delivery of the plan.

Communications and Engagement:	An ICS Green Plan communications and engagement group has been established that is developing a comprehensive communications strategy and plan
Author(s):	Sam Willitts, Head of Sustainability BNSSG ICS
Sponsoring Director / Clinical Lead / Lay Member:	Sarah Truelove, Deputy Chief Executive Officer and Chief Finance Officer BNSSG ICB

Agenda item: 6.2

Report title: ICS Green Plan Refresh

Healthier Together Integrated Care System

Bristol, North Somerset, and South Gloucestershire

Green Plan

2025 – 2030

Version 1.1 draft

1.1 Approved DATE

Foreword

As an Integrated Care System we are committed to meeting the health and care needs of our communities today and into the future. We have a duty to ensure we continue to deliver exceptional health and care in a responsible way that embraces our role as anchor organisations in Bristol, North Somerset, and South Gloucestershire.

We are committed to delivering the ambitious plans set out in this Green Plan, providing high standards of quality health and care whilst addressing the environmental impact this creates. We want to do more than just minimise any negative impact of our activities; this plan shows how, through developing sustainably, we can make a significant positive contribution to the local economy, society and environment.

Climate change has been declared as 'the greatest threat to global health' (Lancet, 2017) which will have serious implications for our health, wellbeing, livelihoods, and the structure of organised society. Failure to act quickly will heighten existing national health and care challenges, place further financial strain on the NHS and care sector, and worsen health inequalities within the UK and internationally.

In recognition of the urgency of the threat that climate and ecological breakdown poses to public health, we are setting out extremely ambitious goals. We wish to be leaders in fast tracking plans to achieve net zero carbon – improving the health of our population in the process. This strategy commits us to a net zero carbon target of 2030, improving air quality and biodiversity, reducing our use of single use plastics, and creating a wider change movement amongst local communities and businesses. These targets are challenging but show our commitment to working with partners to deliver our vision.

Shane Devlin

Chief Executive, Healthier Together Integrated Care System

Executive Summary

The **Healthier Together Integrated Care System (ICS)**, serving Bristol, North Somerset, and South Gloucestershire (BNSSG), presents its refreshed **Green Plan 2025–2030**, reaffirming its commitment to delivering sustainable, high-quality healthcare while mitigating the environmental impact of health services. This update transforms earlier aspirations into a detailed, outcome-driven roadmap for the next five years, responding to evolving national policies and the growing urgency of the climate and ecological crises.

Vision and Goals

The Green Plan aligns with the ICS strategic aim to be a national leader in sustainable healthcare, underpinned by three central outcomes:

1. **Improve the environment**: Improve environmental impact, reduce air pollution and restore biodiversity.
2. **Achieve net zero carbon**: Reach net zero for directly controlled emissions by 2030.
3. **Drive a wider sustainability movement**: Inspire change across local communities and partners.

Key Priorities and Commitments

- **Net Zero Carbon (our refreshed target)**:
    - For the emissions we control directly (the NHS Carbon Footprint), we will decarbonise by 2030. We plan to power our activities without fossil fuels, only using renewable electricity.
    - For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach a 50% reduction by 2030, 80% by 2036 and fully decarbonise by 2045.
- **Tackling Health Inequalities**:
  Environmental sustainability leveraged as a tool to improve public health outcomes, reduce health inequalities, and promote active lifestyles, healthy diets, and clean air. Shifting demand from high carbon hospital care to achieve our net zero target.
- **Clinical Transformation**:
  Embed sustainable practices into healthcare delivery, focusing on prevention and, shifting from hospital-based treatment to community care. Projects like the “Green Operating Day” illustrate cost and carbon savings alongside improved patient care.
- **Medicines**:
  Reduce inappropriate overuse of medicines and medicines waste. Support equal consideration of lower impact alternatives to drugs including green social prescribing.
- **Estates and Facilities**:
  A capital programme for decarbonising our buildings, increased biodiversity on NHS land, and a drive toward zero waste by 2040.
- **Travel and Transport**:
  Electrification of all fleet vehicles by 2027 and promotion of active travel among staff and patients to reduce emissions and improve physical health. Working in partnership for transport improvements to reduce air pollution.

- **Supply Chain and Procurement**:
  Embed ethical, carbon-conscious procurement processes, mandatory supplier carbon reduction plans and delivering meaningful social value. Only purchasing reusable products to be the default.

- **Digital Transformation**:
  Use digital services to cut emissions (e.g., digital appointment letters), adopt circular IT equipment lifecycle practices, and rationalise data centre footprints.

- **Food and Nutrition**:
  Implement the "Why Weight?" pledge. Promote healthy, low-carbon food choices, reduce food waste, and improve food-related health outcomes.

- **Adaptation and Resilience**:
  Embed climate risk assessments and resilience measures into estate strategy and service delivery, with a focus on protecting vulnerable communities from heatwaves and other climate risks.

- **Workforce and Leadership**:
  Equip all staff with sustainability knowledge and responsibilities through training, sustainability objectives, and recognition and support of staff-led initiatives.

Governance and Delivery

The Green Plan is supported by a clear governance structure with executive oversight, a cross-system Green Plan Steering Group, and alignment with strategic transformation initiatives like **Healthier Together 2040**. A dedicated £3 million annual decarbonisation fund has been established to support implementation, complemented by national and local funding opportunities.

Risks and Mitigation

Key risks—financial, reputational, operational—are addressed through strong leadership, early stakeholder engagement, and embedding sustainability into all business cases and decision-making. Failure to meet targets could result in financial impacts and harm to public health.

Conclusion

The Green Plan 2025–2030 is a decisive step toward delivering sustainable, resilient, and equitable healthcare. By focusing on systemic transformation, climate leadership, and community collaboration, BNSSG ICS aims not only to meet NHS net zero targets but also to improve the health and wellbeing of its population for generations to come.

1. Green Plan Refresh

NHS England requires us to refresh our green plan this year. This has given us the opportunity to incorporate local and national policy changes that have been introduced over the last three years. The focus of our refresh is to move from being an aspirational strategy to what we are going to deliver. In this refreshed plan we set out our aims and the outcomes that our actions will deliver in the next 5 years to develop a sustainable health system delivering high quality care now and for future generations.

The NHS is a world leader on sustainability in healthcare. The Bristol region is a leader in the UK. We were the first city region to recognise the climate and ecological emergency and to set a target for reducing our emissions by 2030. Every year as we get closer to 2030, we are increasingly seeing the impacts of climate change on the health of our population. We recognise the challenges of achieving net zero with constrained resources. We also know that we will not have the resources to meet increasing health demands without transforming the way we work, so we need to maintain the urgency in moving to a sustainable healthcare system.

The NHS's commitment to net zero was reinforced by Lord Darzi in his 2024 independent investigation of the NHS in England. The three strategic shifts the Government wants to make in health and care, all also reduce our carbon emissions.

- Sickness to prevention
- Analogue to digital
- Hospital to community

Maximising the opportunities to build a more sustainable healthcare through the three big shifts will achieve positive transformative change for health, health and care services, and the environment and is essential if we are going to maintain and improve patient care in the future.

Our whole system, through its Healthier Together 2040 approach, is seeking to shift focus towards prevention through keeping people healthy and well in our communities. These are systemic shifts so acting as a system and focussing our plans on delivery where we can have the most impact is essential.

2. About our ICS

You can read about our ICS here: About us - BNSSG Healthier Together

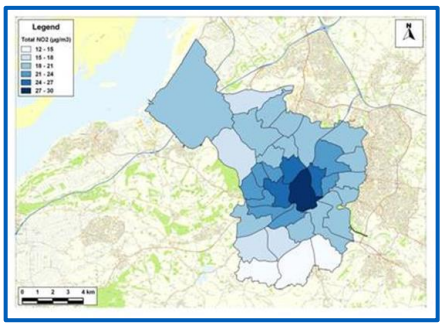
3. Our Population Health and Sustainability

We serve a population of approximately one million people within distinct communities: a vibrant city with huge economic resources but also pockets of deprivation, seaside towns and villages and rural areas. People's life chances and prospects of enjoying good health vary dramatically depending on where they are born and where they live. Our children are disproportionately affected, with nearly 40% of children in Bristol falling within the most deprived quintile (20%). We need to deliver health and wellbeing services that meet the needs of each of these diverse communities.

There are some specific aspects of our demographics and geography that we will look to address through our green plan, including:

Air pollution

Across BNSSG, 5% of deaths are attributable to air pollution, which rises to 8.5% for Bristol residents[1]. Air pollution particularly affects the most vulnerable in society: children and older people, those with heart and lung conditions and those living in the most deprived, inner-city areas. It is recognised as a contributing factor in the onset of heart disease and cancer. Making the delivery of healthcare more sustainable (such as care closer to home) will improve air quality.



Population-weighted total nitrogen dioxide

Our health behaviours – obesity & activity levels

Being overweight or obese increases the risk of death from conditions including cancer, heart disease and stroke and is associated with increased risk of poor physical, mental and social health. Whilst prevalence of obesity in BNSSG is lower than South West and England averages, a large proportion of our population is affected. Around 1 in 5 reception age children in BNSSG is overweight or obese and this rises to almost 1 in 3 by the age of 11[2].

Risk Factors attributed to Disability	Bristol	South Gloucestershire	North Somerset
High body-mass index	1	1	1
Tobacco	2	2	3
High fasting plasma glucose	3	3	2
Alcohol use	4	4	5
Drug use	5	8	7
Dietary risks	6	5	4
Occupational risks	7	6	6
Malnutrition	8	7	9
High blood pressure	9	9	8
Low bone mineral density	10	10	10

Risk factors for Years Lived with Disability rate per 100,000 population by local

Activity levels amongst adults in BNSSG are relatively high (61.1% of adults in BNSSG are considered active), particularly when compared with the England population as a whole, but there are substantial levels of inactivity. Approximately 1 in 4 (25%) of the adult population in BNSSG do less than 30 minutes of moderate intensity physical activity per week. Promoting active travel as part of our sustainability ambitions will help support healthy behaviours[3].

Access to healthy food:

70% of BNSSG households purchase fresh and affordable food close to home weekly. This drops to 30% for those with serious long-term conditions and 45% in Worle, Weston and surrounding villages. It rises to 75% in North Bristol and Woodspring. Our food and nutrition actions in this plan aim to increase awareness of nutritious and environmentally sound food choices[4].

Health inequalities

Climate change impacts exacerbate health inequalities. But there are health co-benefits of mitigating climate change including through cleaner air, healthier diets and physical activity.

The main contributing factors to disability/poor health	Alignment to green plan ambitions
Musculoskeletal disease	Active travel & green social prescribing
Cardiovascular disease and stroke	Active travel, nutrition, preventative models of care
Respiratory diseases including COPD	Targeting air pollution
Depression and mental health problems	Green social prescribing
Cancers and particularly lung cancer	Targeting air pollution, healthy lifestyle choices

[1] BNSSG 5-Year Plan
[2] 2017/18; PHOF, PHE NCMP and Child Obesity Profile
[3] BNSSG 5-Year Plan
[4] Healthier Together Citizen Panel Survey, conducted 2020

Alcohol and drug misuse	Green social prescribing

With wider determinants impacting health outcomes by up to 40%[5], we know that we can only gain real traction in significantly improving the health of our population by working together and particularly capitalising on the full range of interactions our Local Authorities have with the public.

Making a significant improvement in the health and wellbeing of our population will mean:

- Addressing the major health threats of cardiovascular/cerebrovascular, respiratory, mental health, musculoskeletal diseases and cancer.
- Addressing the gross inequalities in our system by deprivation and between groups, such as those with learning disabilities and serious mental health issues.

As one of our key system objectives, a sustainable approach to health and care delivery will be part of addressing the wider determinants of health outcomes.

[5] BNSSG 5-Year Plan

4. Our Green Plan Vision

Our sustainability vision is set out as one of our 7 ICS strategic aims.

> *ICS Strategic Aim 6: We will act as leading institutions to drive sustainable health and care by improving our environment, achieving net zero carbon by 2030; improving the quality of the natural environment; driving efficiency of resource use.*

We will focus on delivering 3 key outcomes for our population:

Improve the environment: We will improve the overall environmental impact and sustainability of our services, especially the damaging local impacts of air pollution, creating a cleaner, safer, more ecologically resilient environment locally and globally, including restoring the environment and biodiversity

Net zero carbon: We will reduce the impact of our services on the environment by achieving net zero carbon for emissions under our direct control by 2030. Reaching net zero across all our emissions will mean we are providing sustainable healthcare.

Contribute to a BNSSG-wide movement: Our sustainability behaviours, actions and innovations as anchor institutions will support a cultural change amongst local citizens and businesses resulting in wider improvements in air quality, biodiversity, and the quality of the natural environment

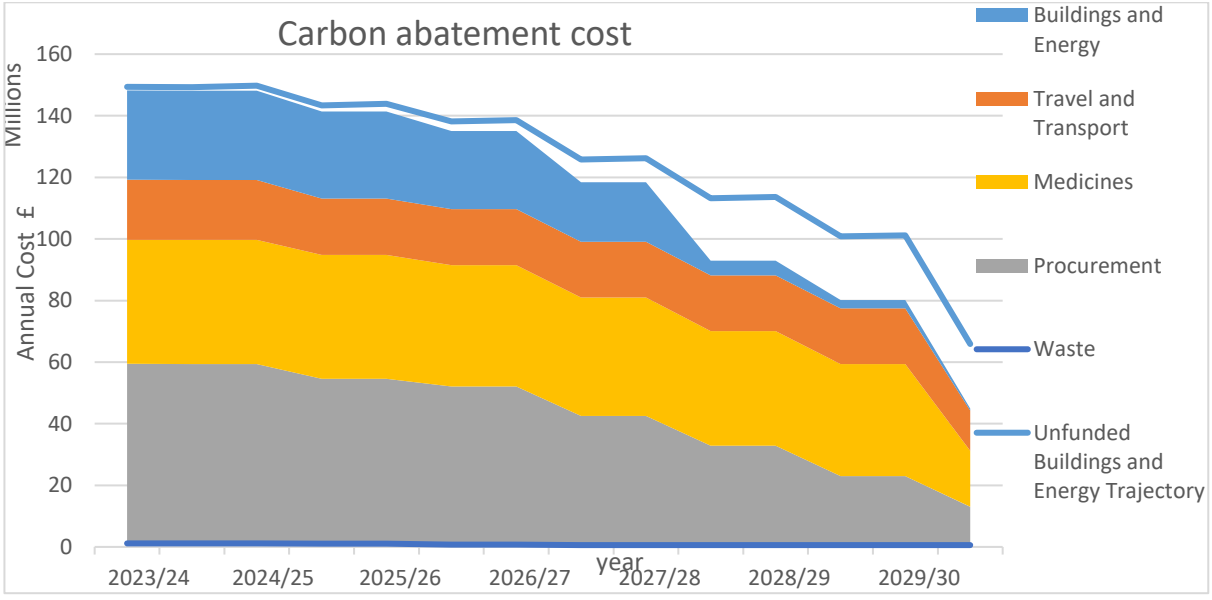
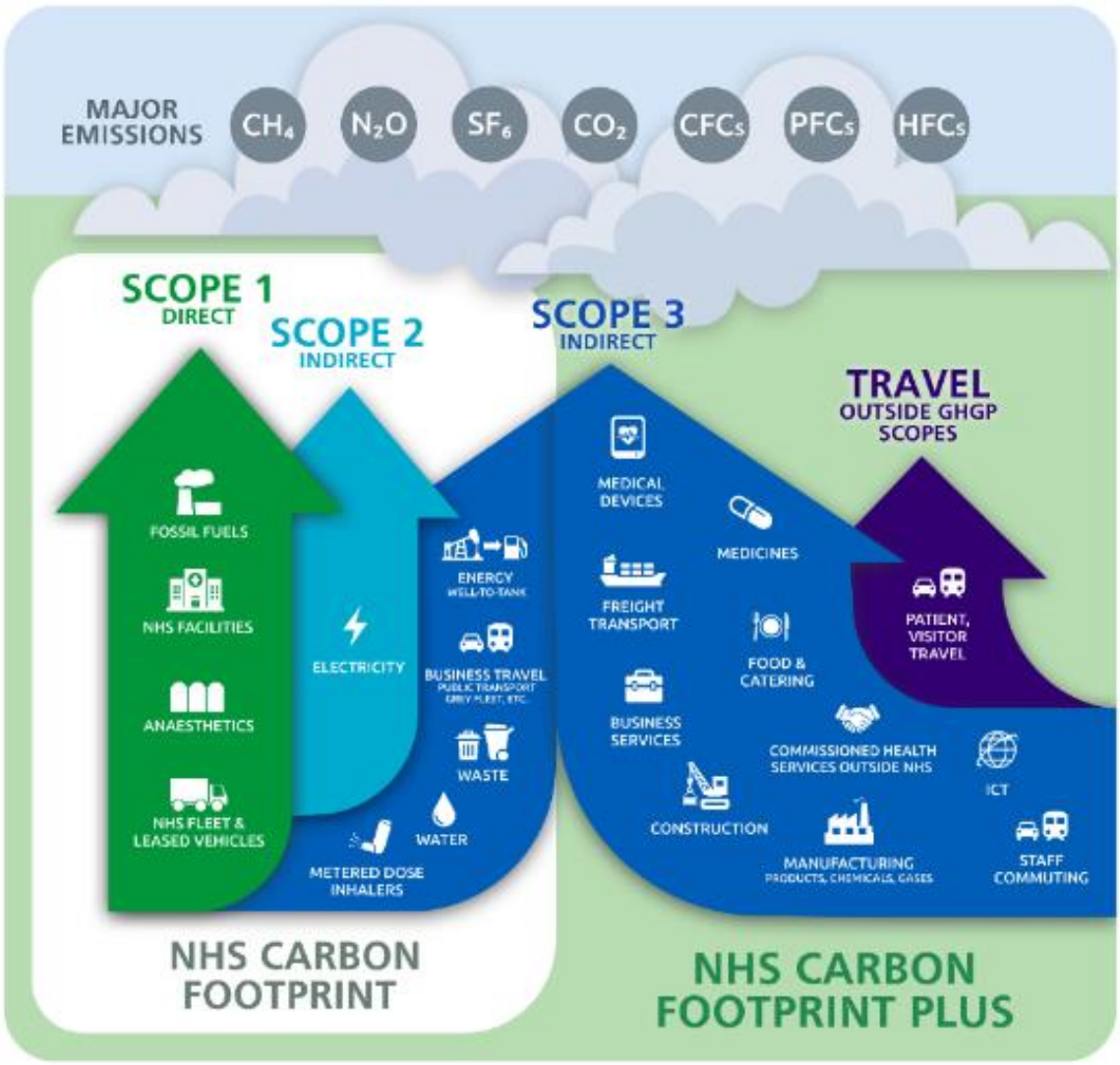


Fig1. Carbon abatement cost for ICS carbon footprint

5. Our 2030 Net Zero Target

The NHS categorises scope 1 & 2, and a specific sub-set of scope 3 emissions as the NHS Carbon Footprint. The remainder of the scope 3 emissions are classed as the NHS Carbon Footprint Plus.

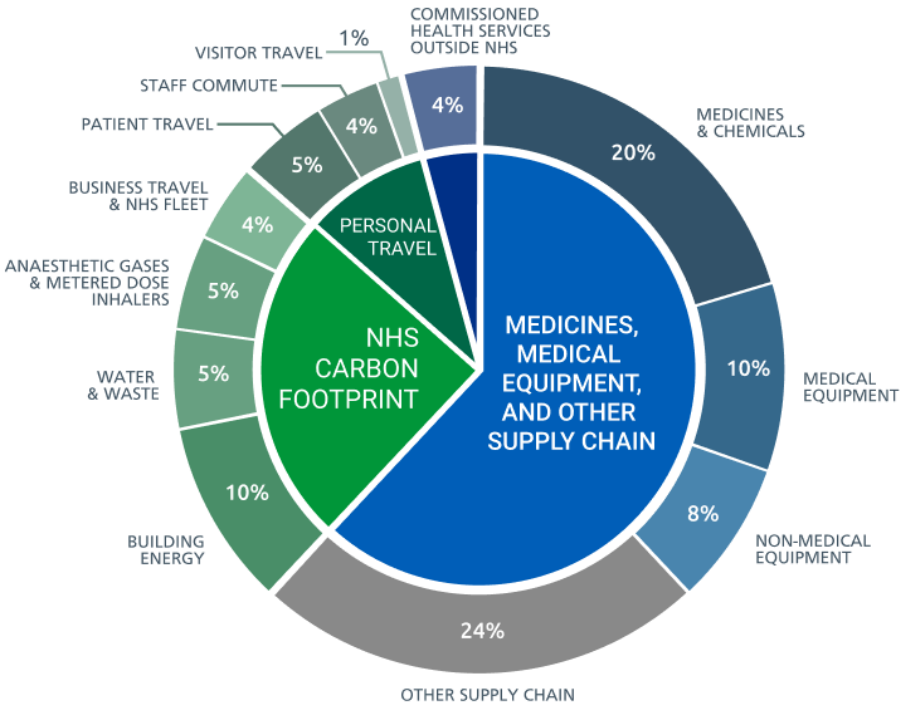


We have reviewed our net zero target to focus on what we can deliver and where we can have the greatest impact. We retain our commitment to a 2030 target for those areas we can directly control, and we are aligning with national NHS targets for those that we can only influence (principally national procurement).

- Our refreshed net zero target:

- *For the emissions we control directly (the NHS Carbon Footprint), we will decarbonise by 2030. We plan to power our activities without fossil fuels, only using renewable electricity*
- *For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach a 50% reduction by 2030, 80% by 2036 and fully decarbonise by 2045*

- What makes up our carbon footprint (based on national top-down figures):



Sources of carbon emissions by proportion of NHS Carbon Footprint Plus (national)

6. Just Transition

The One City Environment Board has endorsed the Just Transition Declaration to accompany Bristol's Climate and Ecological Emergency Declarations and strategies. It is not an action plan but a set of ten principles that everyone working on climate change and nature loss in the city can use to make their plans as fair as possible:

- Centring the expertise of disadvantaged communities at every step of the journey,
- Good future-proofed jobs for everyone,
- Empowering disadvantaged communities to take climate and ecological action,
- Supporting individual change through system change,
- Fair distribution of costs and benefits,
- Prioritising accessible communication,
- Standing in solidarity with those experiencing the worst climate and ecological impacts across the globe,
- Building inclusive resilience,
- Infrastructure for all,
- Embedding the process internally and at the beginning.

The principles apply across the region, not just in Bristol. We will apply these principles where possible in developing and delivering our plans.

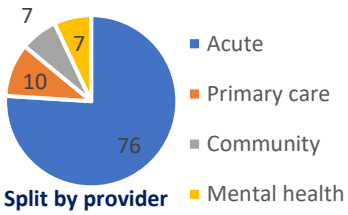
We have been fortunate to receive support in refreshing our Green Plan from the Community Leadership Panel on Climate Change and Just Transition; their advice is included in this version of our plan.

7. Our ICS Focus Areas

This section outlines the core focus areas of the Green Plan, aligned to the main drivers of change and sources of carbon emissions set out in the statutory guidance Delivering a Net Zero National Health Service. For each focus area we set out the aim, achievements to date, a case study and the outcomes and actions with a timeline for delivery.

8. Supply Chain & Procurement

Contribution to NHS Carbon Footprint Plus



Aim

We will drive towards decarbonising our supply chain and embedding local and circular economy solutions. We will have an ethical approach at the centre of our procurement decisions

Performance

We have been updating the procurement process and creating new tools to help stakeholders manage the sustainability impact of the procurement process. We have embedded the NHS England net zero commitment requirement for suppliers' carbon reduction plans into the procurement documents, templates and sign-off process. We have engaged our supply chain. We have also incorporated the social value requirements into all procurement exercises. These national approaches are expected to deliver a 45% reduction in carbon emissions by 2030. There is still a significant gap of 26106 tonnes CO_2e of unfunded further actions which will be required to reduce emissions by 90% to achieve net zero. Measurement of our supply chain emissions continues to be spend based so doesn't reflect progress where emissions reductions have been achieved.

Case Study

Since January 2024, the two acute Trusts have collected 3,699 surgical medical devices to be remanufactured by Vanguard Medical Devices. The hospitals also purchased back 519 of the remanufactured devices to use in surgery, creating a circular medical device solution. Through this scheme the Trusts have diverted 360kg of waste from incineration, avoiding 887 kg of carbon dioxide and saving £120,547. This is equivalent to driving 3,000 miles in a petrol car.

Outcomes and Actions for 2025-2030I

Outcome 1	Carbon reduction in our supply chains aligned to NHS net zero supplier roadmap.
Outcome 2	Suppliers go beyond minimum requirements for carbon reduction and social value.
Outcome 3	Our procurement activity delivers meaningful social value that supports health priorities in the local area.
Outcome 4	Only reusable products are purchased (where clinically appropriate)
Outcome 5	We will be proactive early adopters of new innovations and technologies.
Outcome 6	Sustainability benefits realised in strategic procurement and commissioning.

Outcome	Action	KPI
1	All suppliers have a publicly available Carbon Reduction Plan that meets the requirements of the NHS Supplier Roadmap (or Net Zero Commitment).	% of suppliers with CRP
	We will signpost VCSEs and SMEs to support to help them comply with the NHS Supplier Roadmap, working with our system partners to develop support structures (e.g. BrisBes, Growth Hub).	Support offer in place
1	From April 2027 expand Carbon Reduction Plan requirements to cover all emissions. All suppliers will be required to publicly report targets, emissions and publish a Carbon Reduction Plan for global emissions aligned to the NHS net zero target, for all of their Scope 1, 2 and 3 emissions.	% of suppliers with compliant CRP
1	From April 2028 expand Carbon Reduction Plan requirements - Suppliers required to provide product level carbon footprints.	% of suppliers with compliant CRP

Outcome	Action	KPI
2	Assess spend to identify the highest risk environmental and social impacts for each category and greatest social value opportunities over the lifecycle of the product or service with early input to specifications.	% of risk assessments competed for categories
2	Risk assessments used to prioritise the impacts to be addressed, and opportunities taken. Engage with prioritised suppliers to mitigate and manage these risks and maximise opportunities to deliver social value over the procurement lifecycle.	% of Risks with mitigation in place
2	Create a supplier information and engagement programme with a focus on local SMEs, startups and VCSEs to increase engagement and participation in public sector tenders enabling good local employment that reduces health inequalities	Number of SMEs and VCSE engaged
3	Deliver three tenders with ambitious innovative social value health benefit built in as pilot case studies in first year	3 tenders delivered
3	Create a carbon offset fund project list that supports our health priorities that can be included in tenders to enable suppliers to offset emissions.	Project list
3	Expand offset fund approach to include wider partners e.g. Local authorities	Number of Partners joining
4	As a default all new tenders to be for reusable products - seek to embed circular solutions, using reusable, remanufactured or recycled solutions when clinically appropriate, delivering carbon and cost savings. Use waste audits to identify single use plastics and excess packaging to be targeted	Tenders changed from single use
4	Review the replacement of single use products with reusables for one category each year.	Products changed from single use
5	Engage with national procurement bodies, NHSSC and CCS, to act as pilot sites for new innovations and technologies.	Number of pilots
6	Input into Healthier Together 2040 to ensure sustainability embedded in strategic commissioning of services	Sustainability benefits realised
6	Engage with business case development and the pipeline of procurements to enable early sustainability input into specifications and prepare for strategic challenges including decontamination, laundry and catering.	Tenders with sustainability input into specifications

Roadmap

2025 All suppliers Carbon Reduction Plans that meets the requirements of the NHS Supplier Roadmap (or Net Zero Commitment)

2025 As a default all new tenders to be for reusable products

2025 Three tenders with ambitious innovative social value health benefit built in as pilot case studies

2026 One category selected for reviewing the replacement of all single use products with reusables

2027 All suppliers will be required to publicly report targets, emissions and publish a Carbon Reduction Plan for global emissions aligned to the NHS net zero target, for all of their Scope 1, 2 and 3 emissions

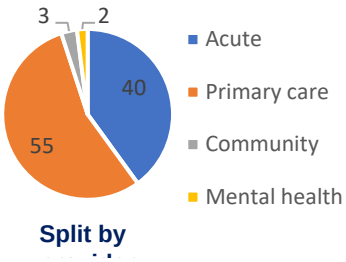
2030 Suppliers will only be able to qualify for NHS contracts if they can demonstrate their progress through published progress reports and continued carbon emissions reporting

2030 50% reduction in carbon emissions, 80% by 2036 and fully decarbonise by 2045

9. Medicines

Contribution to NHS Carbon Footprint Plus

42%	20%	15%	14%	



Split by

Aim

We will reduce the impact of our medicines & medical devices on the environment by:

- Recognising environmental challenges relating to medicines and minimising impact where possible
- Reducing inappropriate overuse of medicines and medicines waste
- Supporting equal consideration of lower impact alternatives to drugs wherever clinically appropriate and equally effective
- Driving change by feeding into national procurement and manufacturing decisions around environmental impact of medicines and devices where possible.

Performance

The greatest advances have been made in respiratory care. Various actions to promote greener inhaler use have helped us to reach our targets as defined in Outcome 1. Prescribing quality scheme projects on asthma and COPD as well as guideline updates with corresponding training have supported the prescribing of lower carbon inhalers. Significant advancements in asthma management have been made, introducing Maintenance and Reliever Therapy (MART) in line with national guidance, which is shown to be more effective, easier for the patient and greener.

Environmental impact criteria are now embedded in our processes for both considering new drugs onto the formulary, and new prescribing guidelines and pathways.

Medicines waste remains a concern and a public campaign aiming to reduce medicines waste is underway as of 25/26, encouraging patients to only order what they need as well as store and dispose of medicines correctly.

Our world leading Healthier with Nature ICS Green Social Prescribing Programme empowers people to connect with nature and improve their physical and mental health, while embedding nature-based practice in the health and social care sectors. Used alongside prescribed medication and treatment programmes, green social prescribing has been incredibly effective and life-saving.

Since 2021 Healthier with Nature has focused on addressing inequalities in nature connection and health and aimed to embed nature-based practice in health and social care and the wider system across BNSSG. Helping sustain our voluntary, community and social enterprise (VCSE) partners, delivering nature-based interventions, who are embedded in communities is a priority. Healthier with Nature has enabled multiple community wellbeing grant programmes which have funded over 90 nature-based interventions, supporting over 5,000 individuals living with the highest health inequalities across BNSSG. The range of nature-based interventions includes wild swimming, Nordic walking, nature connection and mindfulness, creative arts, gardening for wellbeing, music for wellbeing and walk and talk. The interventions have shown to increase levels of happiness and decrease levels of anxiety in participants, therefore having a significantly positive impact on their mental health.

Anaesthetic gases have seen significant progress including eliminating the use of Desflurane. Decommissioning of nitrous oxide manifolds and capping off outlets in specific areas has reduced losses. The high costs of nitrous oxide destruction and capture units have been prohibitive.

Case Study

One of our key aims is to reduce inappropriate polypharmacy and overuse of medications and environmental impact associated with them, especially when non-drug options may be preferable. The 24/25 Prescribing Quality Scheme included an Overactive Bladder Review Project, aiming to review people who were elderly, frail or with cognitive impairment, on overactive bladder medications, due to the high anticholinergic burden which can have adverse effects as people age.

Medicines for overactive bladder can be overprescribed in this group and they should be reviewed regularly to ensure the benefits continue to outweigh the risks as patients age. There are non-drug options to help manage overactive bladder that should be trialled first line, as well as lower anticholinergic alternative treatments that may be more suitable for patients as they age.

As part of the project, GPs within BNSSG were asked to invite these patients for a review which included a "trial cessation" of therapy, to ascertain whether the medications were still working and the benefits outweighed the risks. Patients were given information on non-drug management measures for OAB such as modifying fluid intake and bladder training.

A total of 3119 patients on overactive bladder medications were reviewed as part of the project. 944 (31%) of these had their overactive bladder medication stopped and 463 (14.8%) had their drug changed to a more clinically appropriate option. As a result of this project, almost 1000 unnecessary prescriptions were stopped, which as well as the obvious clinical benefit to the patient, has a positive environmental impact. Many practices feedback that this project had increased awareness in their practice of anticholinergic burden and prescribers would be more aware of the risks of such medications in future, and prioritise reviewing these in the future.

Outcomes and Actions for 2025-2030

Outcome 1	Switched highest carbon impact medicines e.g., anaesthetic gasses and inhalers, to low carbon alternatives where clinically appropriate
Outcome 2	Reduced waste generation through reviewing the use of medicines, medical devices, and equipment to and reduced inappropriate prescribing through greater use of structured medication reviews
Outcome 3	Reduced carbon impact of medicines by influencing the procurement and supply chain ensuring compliance with net zero commitment requirements
Outcome 4	Reduced anti-depressant prescriptions where appropriate by increasing our Green Social Prescribing offer

Outcome	Action	KPI
1	Deliver projects to increase prescription of Dry Powdered Inhalers (DPI) and reduce prescription of Metered Dose Inhalers (MDI)	% MDI and DPI prescribed
1	Deliver anaesthetics projects- 1. Decommission nitrous oxide manifold systems where clinically appropriate. 2. Eliminate the use of desflurane in line with NHSE 2024 mandate. 3. Install capture on volatile agents that can't be eliminated. 4. Install destruction technology for nitrous oxide use that can't be eliminated	Carbon footprint of anaesthetic gases
2	Provide population health data to practices to enable a coordinated approach to structured medication reviews	Number of SMRs completed
2	Make carbon impact visible at point of care as part of shared decision-making conversations e.g. within structured medication reviews and asthma reviews	Number of SMRs completed
2	Introduce and embed digital solutions to minimise waste e.g. electronic Repeat Dispensing	Medicines waste reduction
2	Embed green plan ambitions within medicines optimisation strategy and promote wide culture change through our regular communications including delivery of communications campaign on medicines waste	Medicines waste reduction
3	Agree standardised methodology and benchmarks for pharmaceuticals carbon impact to measure change	Benchmarks in place
3	Further embed carbon impact within formulary decision making process establishing a clear decision-making protocol for trade-offs (e.g. carbon vs cost vs patient experience vs clinical benefit).	Carbon footprint of pharmaceuticals
3	Incorporate review of greener alternatives as part of ongoing guideline and pathway review.	Guidelines incorporating greener alternatives

3	Work with Commercial Medicines Unit (CMU), NHSE Commercial and Regional Pharmacy Procurement Specialist to ensure our green procurement commitments are featured	Pharmaceutical suppliers carbon reduction plans
4	Support the Green Social Prescribing offer for each Primary Care Network	Number of green social prescribing offers available

Roadmap

2025 Communications campaign on medicines waste. Review return and recycling of medicines, medical devices and equipment.

2025 Electronic repeat dispensing

2025 Increase proportion of patients who would be offered anti-depressants, to be offered a nature based intervention

2026 Develop a strong Green Social Prescribing offer for each Primary Care Network

2026 Formulary decision making process has a clear decision-making protocol for trade-offs

2027 All pharmaceutical suppliers will be required to publicly report targets, emissions and publish a Carbon Reduction Plan for global emissions aligned to the NHS net zero target, for all of their Scope 1, 2 and 3 emissions

2027 Sustainability impacts considered in all structured medication reviews

2027 Implement robust method of measuring carbon impact of medicines

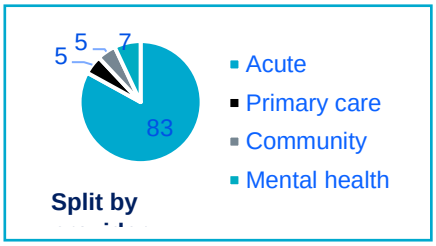
2028 All pharmaceutical suppliers will be required to provide product level carbon footprint

2030 Pharmaceutical suppliers will only be able to qualify for NHS contracts if they can demonstrate their progress through published progress reports and continued carbon emissions reporting

2030 50% reduction in carbon emissions, 80% by 2036 and fully decarbonise by 2045

10. Estates & Facilities

Contribution to NHS Carbon Footprint Plus



Aim

We will decarbonise our buildings by 2030 by powering our activities without fossil fuels, using renewable electricity. We will work towards zero waste.

Community Leadership Panel – *'The NHS external estates are a huge potential asset for biodiversity and resilience' 'NHS estates can also be utilised as key assets to support wellbeing'*

We will maximise use of our greenspaces to support nature recovery and staff and patient wellbeing

Performance

NBT has completed its first Salix funded project to install heat pumps to the retained estate and deliver energy efficiency measures, having successfully received £4.4m of grant funding will reduce carbon by up to 904 ktCO2e.

AWP invested £135k into upgrading the lighting at 8 sites to energy efficient LED lighting, saving 48 tonnes of CO2e. We have engaged with NHS property services to encourage the installation of energy efficiency improvements including LED lighting to Primary Care and community health properties they are responsible for.

NBT have installed 500kW of solar panels, double glazing in Elgar building and LED lighting in the Brunel building

Green plan objectives have been integrated into ICS Infrastructure strategy and the Healthier Together standard specification for buildings including requirements for the NHS net zero carbon building standard.

Case Study

Installing heat pumps, supported by system capital decarbonisation funding which has unlocked access to grant funding by supporting the match funding requirements. NBT has secured £7.3 million of grant funding for its second Salix funded project to decarbonise the heating in the Pathology and Learning and Research energy centre to reduce carbon by up to 1,188, tonnes CO_2e. UHBW has been awarded £234k Salix grant funding to decarbonise the heating in residences.

Outcomes and Actions for 2025-2030

Outcome 1	Net zero carbon emissions from our buildings. Developing and delivering capital programme upgrading our buildings and improving energy efficiency
Outcome 2	30% of greenspace on our sites improved and managed for wildlife and staff and communities wellbeing
Outcome 3	zero waste - By 2040 we will produce no waste. We will manage resources within the circular economy, with items surplus to requirements becoming a resource in another part of the system. No waste will be sent to landfill or incineration without energy recovery

Outcome	Actions	KPI

1	Develop building energy efficiency and heat decarbonisation plans to a Royal Institute of British Architects (RIBA) design stage 4.	% of buildings with plans in place
1	Identify and apply for external funding for energy efficiency and heat decarbonisation projects, utilising £3m of internal annual system capital funding to leverage grants. Work with partners to develop alternative funding models for projects.	Funding bids submitted
1	Tender and deliver energy efficiency and heat decarbonisation projects.	Decarbonisation Tracker showing Projects delivered and carbon emissions reduction
1	Net zero new buildings and refurbishment. Implement the ICS infrastructure strategy and ensure all building projects apply the ICS standard specification. Ensure new building and major refurbishment projects are compliant with the NHS Net Zero Building Standard	Carbon emissions reduced or avoided
2	Increase access and improving the quality of our greenspaces for people and nature. Contributing to delivery of the local nature recovery strategy. Supporting access within 15 mins walk of home Through prioritising areas where people have less access.	Number of changes made,
2	Deliver education and engagement of staff and the public to increase understanding of the health benefits of biodiversity and greenspace and how we manage our sites	Numbers of staff and public engaged
2	Apply biodiversity net gain assessments to inform business cases and increase biodiversity delivered by projects	% of projects with BNG assessment
2	Identify suitable sites for increasing native and site appropriate tree and shrub canopy cover. Baseline surveys and engagement with Estates teams to target 10,000 by 2030	Number of trees planted
2	Identify alternative approaches to using pesticides and herbicides	Reduction in herbicides/ pesticide use
3	implementing a waste hierarchy approach to zero waste achieving compliance with clinical and recycling waste ratio targets	Waste ratios
3	Conducting audits to identify where we can prevent waste production, increase reuse and recycling. Implement corrective actions with supply chain, internal activity education, training support	Audits completed and actioned
3	Increasing reuse working with suppliers to replace single use items Expanding reuse across system eg through Warpit	Items reused

Roadmap

2025 Heat decarbonisation plans for key buildings

2025 Developing finance models for installing heat pumps and connection to district heating

2025 ICS Standard Specification applied to all new build and refurbishment projects

2025 Decarbonisation grant funding applications submitted

2026 Use of fluorinated gases minimised

2026 Installed EV charging infrastructure for fleet

2026 Funding models for hospitals approved and applied

2027 All sites have decarbonisation plan

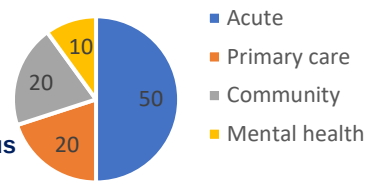
2027 Funding models for all sites approved and applied

2029 Pesticide free estate

2030 ICS estate carbon footprint net zero. No heating by gas powered boilers and CHP

11. Travel and Transport

Contribution to NHS Carbon Footprint Plus



Split by

Aim

We will align our efforts to the NHS England Net Zero Travel and Transport strategy, transitioning our existing fleet away from fossil fuelled vehicles wherever possible, adopting Zero Emission vehicles.

We will increase our advocacy and support for increasing the availability and accessibility of alternatives to private car use for patients and visitors to ICS sites. This has health co-benefits by reducing transport emissions which impact on population health and increasing physical activity through active travel.

"Transport feels like a big opportunity. Consider what strategic levers might the NHS have and how can these be amplified/effectively utilised. There are many barriers that people face but finding ways to create alternative options to private car use is a very important issue.

Efforts/investments also need to be put into making staff and patients aware of these resources and how to navigate these opportunities, as well as into confidence and incentives to use them" *Community leadership panel*

Performance

We have seen air quality improve with the introduction of the clean air zone, changes to our fleet, shorelines for ambulances and increasing uptake of sustainable travel.

Whilst progress has been made in gathering data for fleet optimisation plans need to be further developed and implemented.

All fleets have become or are progressing towards being 100% ULEV (or Euro 6) and all will be as current lease leases expire.

Challenges remain over capturing travel emissions from staff and patient travel.

Case Study

In 2021 Bristol City council launched a consultation to introduce a Clean Air Zone in Bristol. The Clean Air Zone meant that any vehicle that did not meet government set admission standards would have to pay a charge to enter the centre of Bristol.

The Bristol Royal infirmary is on the edge of the Clean Air Zone and this meant that the likelihood of the UHBW fleet having to pay the daily charge was very high. There was no exemption from the Clean Air Zone for NHS vehicles.

In 2021 UHBW had a fleet of 34 vehicles which was a combination of Euro 5 Diesel, Euro 6 diesel and 2 ZEV vehicles. The Trust made a decision based on the Clean Air Zone and NHSE targets to only purchase ZEV to replace the smaller light commercial vehicles and this commenced in 2021.

Currently UHBW now has a fleet of 19 ZEV and 11 Euro 6 vehicles so as well as replacing older Euro 5 vehicles the Trust has also reduced the fleet size by 4 vehicles.

In the year 2024-2025 130,000 miles were completed using ZEV and only 56,000 miles were completed using Diesel vehicles. This will increase in 2025-2026 as the Trust also made the decision to replace the long term hire vehicles with ZEV

Outcomes and Actions for 2025-2030

Outcome 1	Fleet emissions are net zero

Outcome 2	Staff and patients travel is healthier and lower carbon
Outcome 3	We will have strong partnerships with local authorities and local transport authorities to maximise funding and infrastructure opportunities on behalf of the ICS member organisations representing patients and staff

Outcome	Action	KPI
1	All fleet vehicles are Ultra Low Emissions Vehicles (or Euro 6 standard)	% of fleet ULEV
1	All new vehicles owned and leased by NHS from end of 2027 will be ZEV	% of fleet ZEV
1	Optimise use of fleet across the system	Size of fleet
1	Improve data on patient and staff travel using multiple sources surveys, parking permits applications, addresses	Data quality
2	Offer only zero-emission vehicles through vehicle salary sacrifice schemes. Ensuring vehicle and cycle support schemes are inclusive and overcome the privilege and money required to access them	Numbers taking up schemes
2	All organisations develop a sustainable travel plan by December 2026, focusing on active travel, public transport and zero-emission vehicles, supported by a clear understanding of staff commuting	Travel plans produced
2	Develop campaign to make staff and patients aware of sustainable and active travel resources and how to navigate these opportunities, as well as developing the confidence and incentives to use them	Number of staff and patients taking up opportunities
3	Through working in partnership maximise funding and infrastructure opportunities on behalf of the ICS member organisations representing patients and staff	Funding achieved. Number of opportunities developed
3	Contribute health perspective to air quality and transport strategy development and public communication	Strategies influenced/ supported
3	Advocating for inclusive sustainable transport on behalf of patients and staff	

Roadmap

2025 Air quality monitored for all sites

2026 All organisations have developed sustainable travel strategies

2006 Fleet optimised for NHS Group

End of 2027 All vehicles newly purchased or leased by the NHS will be zero emission

2030 Partner funding bids incorporate staff and patient transport needs

2033 Increased uptake of active travel, public (and shared) transport and ZEV reduces staff commuting emissions by 50%

14. Digital Transformation

Aim

We will maximise the benefits of digital transformation to reduce emissions where there is a clear patient benefit. We will adopt circular approaches when buying new and disposing of old IT equipment. Our IT infrastructure will be resilient to the impacts of climate change.

We will follow national guidance from the NHS England Greener Digital Programme to support delivery including the Digital Maturity Assessment. We will apply NHS England's What good looks like framework for the procurement, design and management of digital services to meet the objectives of the Greening government: ICT and digital services strategy to reduce ICT emissions (all scopes) by 59% by 2030 from 2025 levels.

'The move to digital appointments and paperless initiatives should not limit ease of access for people who don't find these most accessible. This doesn't just affect older people; it can also impact younger people from disadvantaged backgrounds and those experiencing digital poverty. We must consider the just transition principles to ensure we don't exclude anyone and unintentionally compound existing inequality' – *Community Leadership Panel*

Performance

The focus of the newly formed Joint Digital Group will be to achieve the same level of digital maturity across the two acute Trusts. The Joint Digital Strategy will be available in Q2 2025/26. If required, the Green Plan Delivery Plan will be amended to reflect the Joint Digital Strategy.

We acknowledge the ICS has limited control over reducing the environmental impact of artificial intelligence (AI) due to individuals having access to personal AI tools for free, but we will exercise what control measures we can through organisations policies and market appraisal exercises.

Case Study

In October 2024, North Bristol NHS Trust's Digital Team introduced Digital Appointment Letters replacing paper letters delivered to patient's homes. In just seven months the project has delivered 103,982 appointment letters digitally with 68% of patients viewing their appointment letter online. This has saved £53,560 in paper and postage costs and 371 kg of carbon which is equivalent to driving 1,400 miles in a car.

Outcomes and Actions for 2025-2030

Outcome 1	Maximise digital transformation opportunities to reduce emissions and improve patient care
Outcome 2	Adopt a circular framework for IT equipment, maximising reuse, remanufacturing and recycling.
Outcome 3	Low carbon and climate resilient digital infrastructure and systems

Outcome	Action	KPI
1	Support front-line digitalisation of clinical processes e.g. clinical records, clinical and operational workflow and communications, appointment letters, patient lists, request forms, patient forms.	Benefits log
1	Enable care models that reduce travel e.g. Care at home, virtual wards, remote appointments and consultations, remote patient monitoring.	Benefits log
1	Capture and routinely report the sustainability benefits of all projects across the digital portfolio and submit a quarterly report to the Green Plan Steering Group.	Quarterly report

2	Adopt a circular approach for our IT equipment when purchasing new equipment e.g. refurbished, Grade A restock, leasing model.	Product carbon footprint
2	Extend the lifetime of IT equipment and keep in circulation for as long as possible by refurbishing equipment inhouse and redistributing within the organisation.	Average lifetime
2	Explore circular approaches for the disposal of our IT equipment, maximising reuse or refurbishment e.g. supplier reverse logistics.	% reused and refurbished
2	Maximise social value from our IT disposal contracts to address digital poverty within our communities.	Social value commitments
3	Rationalise and consolidate onsite data centre footprint from 8 to 2 locations.	Utility and carbon reduction
3	Ensure digital suppliers and data centre hosts are maximising opportunities to reduce their environmental impact and support the drive to net zero.	Supplier Carbon Reduction Plans
3	Improve the energy efficiency of our digital infrastructure e.g. PC power down configuration.	Carbon emissions reduced
3	Implement control measures and conduct market appraisals to ensure responsible use of Artificial Intelligence and minimise the associated environmental impacts.	Approved policy
3	Evaluate and mitigate climate change related risks to IT infrastructure and incorporate into risk registers and procurements.	Risk reference

Journey to Net Zero

2025 Renewable electricity supply

2030 ICS IT all scopes carbon footprint reduced 59%

15. Clinical Transformation

Aim

We will support people to take care of their health and wellbeing, intervening early and keeping people healthy at home for as long as possible.

Sustainability is embedded in the design and delivery of clinical services, care is provided closer to home, and lower-carbon interventions are the default where clinically equivalent.

"Services and facilities should be brought to local communities to address issues around poor transport links and poor air quality around more central hospitals. There is a crossover between health inequalities and climate, and community healthcare may be part of a solution to both" – *Paraphrased from Community Leadership Panel.*

Performance

Over the past five years, clinical and non-clinical teams across the system have delivered numerous sustainability projects, improving patient experience and staff productivity, creating more efficient ways of working and using fewer resources to deliver outstanding care. Our hospitals have set up the Sustainable Healthcare Collaboration to drive forward the delivery of clinical sustainability projects to decarbonise care pathways and improve patient outcomes.

Healthier Together 2040 is our strategic initiative aimed at enhancing the health of individuals by the year 2040. The initial group is the working-age population who are living with multiple long-term conditions. The project aims to Identify the future health needs of the population so that services are redesigned and interventions to meet those needs and maintain wellbeing. The approach includes the three national shifts moving healthcare closer to communities, using technology better, and focusing on prevention rather than just treatment.

Our primary and community services along with the voluntary sector have been essential in delivering care and support to prevent illness requiring carbon intensive hospital care.

Case Study

North Bristol Trust's Neurosurgery and Pain team pulled off an incredible feat in February 2024, delivering a world first Neurosurgery Green Operating Day across three theatres and ten procedures. The teams managed to reduce carbon by 33%, equivalent to the amount of carbon absorbed by 47 trees in a year. This was achieved by switching to reusable surgical gowns and drapes, reducing the amount of single use items opened by 50% and rationalising instrument sets by an average of 62 instruments per procedure. Overall waste was reduced by 22kg on the day. Staff reported increased productivity, more efficient workflow, improved communication and work environment and patients reported noticeable improvements in their overall experience.

Outcomes and Actions for 2025-2030

Outcome 1	Healthcare system supports communities in keeping healthy and well reducing system demands and carbon emissions
Outcome 2	Clinical sustainability projects are delivered and scaled across the system, delivering carbon and cost savings

Outcome 3	Sustainable healthcare net zero principles are considered in all service change, reconfiguration programmes and pathway redesign

Outcome	Action	KPI
1	Healthier Together 2040 develop strategic intentions for four population groups that improve outcomes for everyone reducing system demands and carbon emissions.	Development of strategic intentions
1	Healthier Together 2040 Design and mobilisation of initiatives from strategic intentions and embedded in operational plan and joint forward plan	Outcomes identified from HT2040 strategic intentions
1	Heathier Together 2040 intentions embedded in contractual change	Contracts changed in line with HT2040 strategic intentions
1	Bristol's Damp and Mould checklist utilised by all system partners to support health and care staff to identify and respond to damp and mould or fuel poverty concerns.	Checklists completed
1	Develop a funding/investment proposal to sustain the delivery of green social prescribing programmes across the system. Empowering communities and grassroots organisations to steward their natural environments and deliver impactful, inclusive nature-based programmes	Funding secured for green social prescribing
1	Improve access to our green spaces and actively promote their use by the community to support their health and wellbeing, particularly by communities experiencing high health inequalities.	Number of community events
2	Develop and maintain a pipeline of clinical sustainability projects and identify suitable Quality Improvement projects to be delivered by junior doctors and newly qualified nurses.	Project register
2	Identify and prioritise six clinical sustainability projects annually to receive focused support and governance.	Projects
2	Develop a three-year investment and benefits plan demonstrating anticipated carbon and cost savings to be delivered by prioritised clinical sustainability projects.	Agreed plan and reporting timelines
2	Measure and report benefits of projects delivered: emissions reduced, cost saved, improved patient outcomes, efficiency and reduced health inequalities.	Reported benefits
2	Share outcomes, learnings and best practice across partner organisations through clinical networks, forums, clinical governance and conferences.	Number of projects replicated across system
2	Scale up clinical sustainability projects across partner organisations.	Departments and organisations adopted

2	Develop research and innovation projects with academic partners to build evidence for reducing carbon through sustainable models of care and prevention programmes.	Number of projects
3	Sustainability Impact Assessment (SIA) completed for all business cases and gateway reviews and embedded in project delivery.	% of SIAs submitted
3	Establish carbon insetting model funded by projects that increase carbon.	Carbon inset fund

Journey to Net Zero 2025-2030

2025 Healthier Together first cohort develop strategic intentions that improve outcomes - reducing system demands and carbon emissions.

2025 Pipeline of clinical sustainability projects developed

2025 Launch of Damp and Mould checklist

2025 Develop an investment and benefits plan demonstrating potential carbon and cost savings to be delivered by clinical sustainability projects.

2026 Establish carbon insetting model funded by projects that increase carbon.

2027 Sustainability Impact Assessment (SIA) completed for all business cases and gateway reviews and embedded in project delivery

2030 all service change, reconfiguration programmes and pathway redesign are net zero

16. Workforce and Leadership

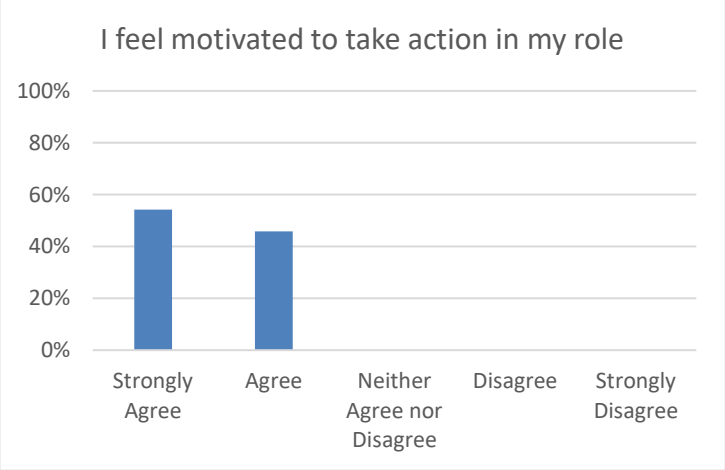
Aim

Sustainable healthcare is a strategic priority that is executive-led and advocated by all staff employed by the ICS. All staff are well-equipped to act and make improvements in their everyday roles.

"Staff are an important asset to the delivery of the Green Plan. 1 in 5 NHS staff are migrants; a lot of the migrant communities working in the NHS come from nations which practice more sustainable lifestyles than the UK so we must utilise this lived experience if we are to be successful in our goals." - *Paraphrased from Community Leadership Panel.*

Performance

Over the past five years we have measured the performance of our communications and engagement activity through staff attendance and recipients of our events, training and initiatives. In 2025 we will move to an outcome-based approach by measuring our performance based on the number of projects and initiatives that are delivered as a result of staff attending an engagement activity e.g. Carbon Literacy training. We will also monitor the effectiveness of our engagement by capturing staff feedback through surveys, suggestion boxes and forums and adapting our approach to improve.



Case Study

In October 2024 Southmead Hospital hosted a Sustainable Healthcare Showcase to celebrate the fifth anniversary of the ICS declaring its net zero goal. The event was an opportunity for staff to showcase their work, collaborate and share lessons learnt. 75 people attended the event from across the NHS and our external partners. Ten speakers presented their projects at the event which ranged from green operating to reducing pharmacy waste to sustainable healthcare research. We also heard presentations from our Pathology department, Emergency Department, Infection Prevention and Control, Energy team, Anaesthetics and Avon and Wiltshire Mental Health Partnership.

Outcomes and Actions for 2025-2030

Outcome 1	Staff have the knowledge and skills to deliver sustainable change in their everyday role
Outcome 2	Staff have the tools and resources to deliver sustainable healthcare
Outcome 3	Staff are motivated to take action.
Outcome 4	Sustainability is embedded into healthcare roles.

Outcome 5	Delivering sustainable healthcare is the responsibility of all staff.

Outcome	Action	KPI
1	All staff complete the 'Building a net zero NHS' module	% staff completed
1	All Integrated Care Board members will be Carbon Literacy trained and we will seek a commitment from boards to roll training out to staff within their organisations.	Number of members trained
1	Publish BNSSG-specific sustainability training to all organisations learning and development platforms	% staff completed
1	Deliver specialist training to key enablers e.g. Estates, Procurement	Number of staff attended
2	Roll out Sustainability Audit Programme and audit 24 departments a year.	Number of departments audited
2	Develop and maintain a Bristol NHS Group case study library and conduct evidence searches for projects.	Number of evidence searches conducted
2	All surgeries signed up to Greener Practice Toolkit.	Number of surgeries signed up
3	Sustainable healthcare is included in all staff inductions.	Attendance
3	Establish forward plan for communications and engagement, deliver three system-wide campaigns and three in person events a year.	Attendance
3	Put mechanisms in place to capture staff voices and staff lived experience through targeted surveys, annual staff survey, forums, Shwartz Rounds, suggestion boxes, graffiti walls.	Number of responses
4	Sustainability included in all job descriptions.	
4	Five staff enrolled in Sustainability Apprenticeships each year.	Enrolments
4	Two Sustainability Fellowships within the ICS each year.	
4	All staff to have one sustainability objective set or sustainability discussion recorded within their appraisal.	Number of objectives
5	Each hospital department and general practice to have a named Sustainable Healthcare Advocate and an established sustainability group.	% of departments and practices
5	Embed sustainability into transformation programmes e.g. Patient First.	

Journey to Net Zero 2025-2030

2025 Jul - Sustainability included in annual staff survey

2025 Aug – Sustainability in job descriptions

2025 Sep – BNSSG training available

2025 Oct – Sustainable Healthcare Academy Cohort 3

2025 Nov – ICB members Carbon Literacy trained

2026 Jan – Bristol NHS Group case study library

2026 Mar – Sustainability included in all staff inductions

2026 Jul – All staff completed sustainability training

2027 Mar – 50 departments audited

2027 May – Each department has a Sustainable Healthcare Advocate

2028 May – Sustainability recorded in appraisals

2029 Apr – 100 departments audited

17. Food and Nutrition

Aim

Deliver the commitments within the Why Weight? Pledge and implement the NHS national standards for healthcare food and drink to create an environment where everyone has the access and ability to eat well, feel well and be active.

Performance

Case Study

In 2024 the BNSSG ICS Healthy Weight Declaration Working Group, developed and co-produced the Why Weight? Pledge, recognising the role of BNSSG organisations in creating an environment where everyone has the access and ability to eat well, feel well and be active. The commitments set out in the pledge will support the ICS to tackle inequalities, strengthen the building blocks of good health and wellbeing, prevent illness and treat people earlier, work alongside communities to support healthy behaviours and manage conditions better. The pledge gained executive approval and organisational commitment from the two acutes in February 2025.

Outcomes and Actions for 2025-2030

Outcome 1	ICS organisations deliver the Why Weight? Pledge to improve access to healthy, low carbon food on healthcare sites
Outcome 2	Food provided to staff and patients is healthy, affordable, culturally appropriate and low carbon
Outcome 3	Food waste is minimised

Outcome	Action	KPI
1	All ICB partner organisations sign the Why Weight? Pledge and identify three key actions for the first 12 months, by 1 September 2025.	% organisations signed
1	Identify strategic lead to drive the pledge in AWP, Sirona, primary care.	Name of leads
1	Engage with local food producers and on-site commercial outlets to increase healthy, affordable and locally sourced food options available at healthcare sites.	Number of local food producers
2	Review menus to substitute high carbon ingredients with low carbon options, reduce heavily processed foods and increase proportion of seasonal produce.	Carbon footprint of meals
2	Review menus for ways to enable more sustainable and healthier choices with input from patients/public e.g. choice architecture.	% of meals chosen that are low carbon
2	Catering suppliers to report carbon footprint of all ingredients and/or meals.	% of ingredients/meals carbon footprinted
2	Develop pipeline of catering contracts and incorporate Green Plan and Why Weight commitments into specifications.	% of contracts reviewed
2	Benchmark progress made against the National Standards for Healthcare Food and Drink	Compliance

3	Monitor and report food waste volume produced from production, plate waste, unserved meals and spoilage.	Tonnes of food waste reported for each category
3	Trial solutions to reduce food waste from all four sources e.g. digital patient meal ordering, the Blue Plate trial.	% reduction in food waste
3	Explore closed-loop solutions to treat food waste.	Volume of food waste sent offsite

Roadmap

2025 Jul – Food waste collected from staff and patient areas

2025 Jul – UHBW Blue Plate Trial results

2025 Aug – Food waste reported in accordance with NHS Estate return (ERIC) requirments

2025 Sept – NBT Digital patient meal ordering system implemented

2025 Sept – Identify three key actions for Why Weight? Pledge

2025 Nov – Publish specification for major NBT catering contract

2025 Dec - Establish pipeline of catering contracts

2026 Jan – Review menus

2026 Mar – NBT colour plate trial

2026 June – Deliver actions to reduce food waste from all four sources

2027 – Suppliers report carbon footprints for all ingredients and meals

2027 – Community low-cost food provision on site

2028 – Closed-loop food waste treatment solution implemented

2030 – 100% compliance with National Standards for Healthcare Food and Drink

18. Adaptation

Aim

We will adapt our services and infrastructure to be resilient to climate change impacts by working in partnership across the system and building resilience and adaptation into business continuity and longer-term planning. Through our decision-making, policy, planning and resource allocation we will ensure disadvantaged communities do not disproportionately bear the impacts of the climate and ecological crises.

"Actions taken to support adaptation and resilience can also tackle health inequalities and the wider determinants of health e.g. Addressing vulnerability to extreme heat through tree cover. The system should map out what assets are available on its estate in times of extreme weather (shaded spaces, drinking water) and how these can be utilised in conjunction with other city and community spaces." - *Paraphrased from Community Leadership Panel.*

Performance

We published the Healthier Together Estates Climate Change Adaptation Plan in 2020 which outlines the impacts of climate change on our population's health, our estate and supply chain. We have so far identified a climate adaptation lead for each partner organisation and have included climate risks in our organisation's risk registers.

Heatwave planning has progressed with resilience forums using the regional severe weather plan and the Heatwave Plan for England which set out coordinating actions for organisations and individuals. In 2024 we published the ICS standard building specification and infrastructure strategy detailing requirements to adapt our estate however, we have not yet completed risk assessments or built adaptation into our capital project delivery processes.

Case Study

As part of the wider Integrated Care Partnership we have engaged in the development of the Keep Bristol Cool Framework , which sets out the plan for managing heat related risks to the city's population, public services and assets. It covers 4 areas of focus needed to increase our resilience:

1. Protecting people's health and wellbeing during heatwave events including maintenance of critical public services
2. Building urban heat resilience into city infrastructure and new developments
3. Tackling overheating risk in people's homes
4. Using blue and green infrastructure for cooling streets and public spaces

Outcomes and Actions for 2025-2030

Outcome 1	Healthcare sites and services are climate resilient and prepared for severe weather events
Outcome 2	Impacts of climate change are embedded in infrastructure decisions and designing new facilities, including enhancements like improved green spaces, drainage systems and passive cooling solutions
Outcome 3	Our communities have increased their resilience to climate impacts

Outcome	Action	KPI

1	All NHS organisations to use the Climate Adaptation Framework to assess maturity level for each capability area, prepare for severe weather events and improve climate resilience of local sites and services, including digital services.	Maturity assessments completed
1	Achieve maturity Level Mature for Capability 1 - Understanding the challenge of Climate Adaptation Framework. Focussing on completion of NHS Climate Change Risk Assessment (CCRA) tool.	Maturity level Completion of CCRA
1	Achieve maturity Level Mature for Capability 2 - Organisational culture and resource use -of Climate Adaptation Framework to comply with the adaptation provisions within the NHS Core Standards for emergency preparedness, resilience and response (EPRR) and the NHS Standard Contract to support business continuity during adverse weather events.	Maturity level Compliance with NHS Core Standards
2	Achieve maturity Level Mature for Capability 3 - Planning and implementing adaptation of Climate Adaptation Framework including using the ICS Standard Specification and Infrastructure strategy to guide decisions.	Maturity level Number of designs that are climate adapted
3	Achieve maturity Level Mature for Capability 4 – Working together of Climate Adaptation Framework Engage with system wide approaches to increase inclusive community resilience	Maturity level

Journey to Net Zero 2025-2030

2025 Climate adaptation Framework maturity assessments completed

2025 Timeline developed for progression through Climate Adaptation Framework maturity levels

2030 Achieved mature stage of all capabilities

19. Governance and Delivery

To ensure achievement of our ICS Green Plan we have developed a governance structure and supporting delivery infrastructure. Whilst much of the work of delivering change will be devolved to our core operations and strategic change programmes, the wide-ranging and large-scale nature of the ambition requires a formal governance structure.

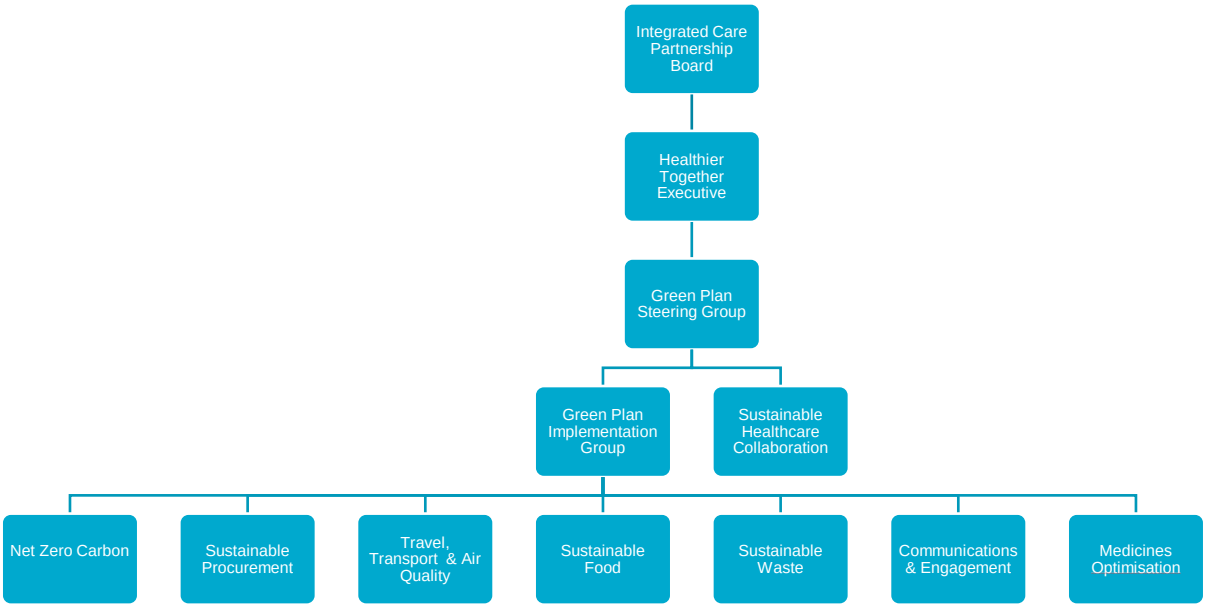
The executive-led **ICS Green Plan Steering Group** (equivalent to ICS Healthcare Improvement Group) that reports directly into our ICS Executive Board. This is responsible for:

- Hold our shared ambition & create the necessary change in culture and enablers
- Establish the enabling conditions for change – frameworks and governance
- Coordinate collaborative projects, including advising Exec Group on priorities and trade-offs
- Provide assurance of delivery

The **Green Plan Implementation Group** (equivalent to ICS Operational Delivery Group) monitors progress across the workstreams. A costed delivery plan for Green Plan actions across all workstreams has been developed and will be updated to reflect the refreshed Green Plan.

The **Sustainable Healthcare Collaboration** has been established by the Bristol NHS Group to prioritise and drive forward the delivery of clinical sustainability projects and removing barriers.

We will strengthen the wider representation from across the system including Primary care, local authorities, SWAST, Sirona and VCSE sector to provide input and coordination for cross cutting areas such as climate change adaptation.



Embedding Sustainability in ICS processes and decision making

Sustainability is being integrated into our core governance and decision-making processes.

Capital prioritisation:

- New capital investments must be actively driving towards our environmental outcomes.
- Amend our prioritisation matrices and decision-making processes to reflect this. For example, the estates capital prioritisation now includes net zero carbon and sustainability as a pass/fail criterion for business cases
- Annual minimum £3 million decarbonisation fund established

- Developed a carbon price following Treasury Greenbook supplementary guidance the 2025 cost of £390/tCO2e to be applied in sustainability impact assessment, business cases and procurement.

Revenue allocation:

- Allocation of resources in the ICS must show how it meets our 7 system goals, including our environmental commitments, be aligned with ICS Outcomes Framework, including our green plan outcomes
- Project gateways and business cases require Sustainability Impact Assessment utilising carbon price currently £390/tCO2e
- Annual operational planning challenge questions drive delivery of our collective sustainability outcomes
- Sustainability is integrated into transformation, quality improvement and commissioning processes

20. Finance and resourcing

Delivering the plan requires investment but offers financial and non-financial value from operating more sustainably.

The ICS capital prioritisation agreed to allocate to carbon reduction schemes as a key national priority and to leverage additional system funds. A minimum of £3m of system capital has been committed annually from 24/25 onwards for the Green Plan Steering Group to assess what schemes will bring the best value for money for the system to achieve the greatest benefits.

Indications of the likely cost implications are:

- Capital investments to decarbonise estates
- Capital & revenue investments to adapt to the unavoidable impacts of climate change
- Potential additional non-pay costs associated with switching to low carbon products
- Pay costs associated with developing the expertise and resource to deliver our plans
- Increasing costs of carbon taxation
- Off-set-set payments for any carbon it is not possible to remove from our operations

Indications of likely benefits from meeting our ambitions:

- Reduced whole life costs of procurement
- Reduced waste and healthcare delivery costs due to more efficient models of care
- Reduce heating and power costs through building efficiency
- Social value in procurement generating local economic value, reducing inequalities
- Improved public health from cleaner air and active lifestyles reducing healthcare costs
- Increased value from green capital

Sources of funds include:

- National and Greener NHS funding
- System capital and transformation funding
- Primary care improvement grants
- Procurement savings – savings for reinvestment, CIP savings, cost avoidance savings
- Charitable funding

21. Risks

ICS organisations have committed to achieving net zero carbon by 2030 and there are government requirements for the country to achieve net zero carbon by 2050 with more onerous sub-targets. Not achieving this goal will have impacts including additional costs from carbon taxation and offset costs, loss of biodiversity, ecosystem collapse, reduced health outcomes resulting from air pollution and reputational damage. Whilst only some of the Green Plan delivery plan actions are currently specifically mandated, achieving the UK carbon budgets legally binding targets (68% reduction by 2030) and statutory 'Delivering a net zero NHS' (80% reduction by 2028-32) means they will be mandated in the future requiring us to implement all the actions in our Green Plan Delivery plan.

The identified capital costs required in our delivery plan total £230 million (principally for decarbonising heat £166m and implementing energy efficiency £33m). Fossil fuel price volatility adds a significant cost risk. We are further exposed to risk of costs through the increases in carbon taxation required to reach UK legally binding net zero target and with many low cost measures already completed they will be higher cost and this will require increasing existing and future interventions. The carbon costs of the required future policy interventions principally carbon taxation are set out in supplementary Green Book guidance by Treasury. These costs will be also be incurred by our supply chain if it fails to decarbonise and will be passed through to organisations. Total revenue risk £150m per annum.

Risk	Mitigations
Engagement – risk that the plan will fail to become adopted and embedded across the breadth of our activities due to the pace of the development of the plan and lack of wider engagement	• Delivery of communications & engagement strategy • Senior approval by ICS Executive and Partnership Board • Role of ICS Steering Group to oversee alignment
Financial – Risk that we are unable to meet the outcomes of the plan due to financial constraints in terms of capital investment and revenue implications	• Access to national funding such as Public Sector Decarbonisation Funds • Early strategic planning at a system level to understand total financial need & prioritisation of resources to highest impact areas • Recognise the financial savings that are possible through operating more sustainably • Accounting for the contribution to non-financial outcomes (e.g. population health) that can be achieved by operating sustainably
Reputational – Risk that our reputation is impacted if we are unable to meet the outcomes set out in this plan	• Green Plan Steering Group to maintain close focus on key deliverables • Maintain an honest dialogue with staff & citizens about what is achievable and any barriers to delivery that are outside of our control (e.g. supply chain, decarbonisation of national grid)
Elements of delivery beyond our control – Risk that we are unable to deliver against significant elements of the plan due to elements of the plan	• Early and robust engagement with supply chains • Use collective pressure through regional and national bodies

that are outside of our direct control (e.g. supply chain, national grid decarbonisation)	
Competing priorities – risk that the pressures of elective recovery, and establishment of new models of care impact on delivery and relative priority of this plan	• Ensure that the sustainability outcomes are central to our ICS strategic aims • Continue to recognise that operating sustainably is a key part of the solutions to our biggest challenges, not an afterthought • Role of executive leaders to maintain the priority of this programme.
Adapting to climate change – Risk to health of our population and delivery of services if we fail to adapt to climate change	• Ensure adaptation plans and risk assessments are completed • Ensuring adaptation is considered alongside mitigation of climate change

22. Conclusion

The Green Plan 2025–2030 is a decisive step toward delivering sustainable, resilient, and equitable healthcare. By focusing on systemic transformation, climate leadership, and community collaboration, BNSSG ICS aims not only to meet NHS net zero targets but also to improve the health and wellbeing of its population for generations to come.

23. Glossary

Anchor institution: Refers to large, typically non-profit, public-sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities.

Circular economy: A resilient system which aims to eliminate waste and regenerate nature. Products and materials are kept in circulation through processes like maintenance, reuse, refurbishment, remanufacture and recycling.

Climate Emergency: A situation in which urgent action is required to reduce or halt climate change and avoid potentially irreversible environmental damage resulting from it

Ecological Emergency: A recognition that nature is declining globally at rates unprecedented in human history - and the rate of species extinctions is accelerating, with grave impacts on people around the world now likely.

Healthier Together Integrated Care System: A statutory partnership of health & care organisations formed to realise our shared ambitions to improve the health and wellbeing of the people of Bristol, North Somerset, and South Gloucestershire.

Net-zero carbon: An organisation is net zero carbon if they achieve a balance between the amount of greenhouse gases they release into the atmosphere with the amount they remove from the atmosphere.

This is achieved through a combination of reducing and removing emissions. Unlike carbon neutral, net zero prioritises emissions reduction and only permits carbon removal or offsetting for unavoidable, residual emissions.

Sustainable Development: aims to ensure the basic needs and quality of life for everyone are met, now and for future generations. Sustainable Development promotes the reduction of carbon emissions, the efficient use of finite resources, recognises the importance of protecting our natural environment, and preparing our communities for climate change (extreme weather events and increased risk of disease) by promoting health and wellbeing through healthy lifestyle choices to ensure a strong, healthy and resilient community now and for future generations.

Value based health and care: Meeting the goals of Population Health; improving physical and mental health outcomes, promoting wellbeing, and reducing health inequalities, for the whole population and not just those who present to services. Delivered through a focus on achieving the outcomes that matter to people and making best use of our common resources.