Board of Directors

SUMMARY REPORT	**Meeting Date:** 26 January 2022 **Agenda Item:** 15

Report Title:	**Green Plan, Final issue for approval**	
Author(s):	Sarah Ellison, Waste & Sustainable Development Lead	
Accountable Director:	Phillip Easthope, Executive Director of Finance, IMST & Performance	
Other meetings this paper has been presented to or previously agreed at:	**Committee/Tier 2 Group/Tier 3 Group**	Finance & Performance Committee Green plan 1st draft for review
	Date:	9th December 2021
Key points/ recommendations from those meetings	See below	

Recommendation 1: To set an ambitious target to be net zero carbon for the emissions we control directly (scope 1 & 2) by 2030, matching partner organisations within the city and going beyond the NHS national ambition (net zero by 2040). For the emissions we can influence (scope 3) we recommend aligning ourselves to the NHS national ambition (net zero carbon by 2045) but will seek to review opportunities to go beyond this target once a baseline is established. The targets and aims outlined in the draft Green Plan to be integrated into Trust core objectives, service planning, contractual agreements and business processes. – **Approved.**

Recommendation 2: To undertake a review of capacity and competency to deliver Green plan, to ensure SHSC can maintain a pace of change and have agility to react to future shifts in innovation and breadths of national targets related to climate change and sustainable development. – **Agreed;** *a requirement was set for a quarterly report to Finance & Performance Committee to discuss performance against the Green Plan.*

Recommendation 3: to review existing Trust programmes and initiatives to examine their programme of work in the light of developing objectives within the Green Plan. – **Agreed;** *Pat Keeling, Director of Strategy, to review where the Green Plan fits in terms of strategic priorities*.

Recommendation 4: The Committee to review the proposed governance structure for the SHSC Sustainability Group and consider how this would fit with existing Trust procedures and where additional training and/or resource may be required. – **Agreed;** *proposed governance structure approved. There was some discussion on how this would be integrated into existing Trust governance procedures.*

Recommendation 5: The Committee to endorse a review to be undertaken with our partners to review how we could work collaboratively to drive shared climate change and sustainability objectives.- **Agreed;** *Finance & Performance Committee requested that the importance of collaborative working with our partners needs to be emphasised more strongly within the Green Plan.*

Recommendation 6: For consideration; the development of the Green Plan and subsequent action plan will have implication in the future for the SHSC capital programme and revenue implications. At this point these are yet to be determined. – **Accepted.**

Summary of key points in report

Approval of the SHSC Green Plan ahead of submission to Integrated Care System (ICS).

Green Plan has been revised after recommendations made at Finance & Performance Committee on the 9th of December 2021 and consultation with relevant departmental leads.

External consultancy, Inenco, have been commissioned to support the data collection and development of the Green Plan and subsequent action plans to follow.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	x	Assurance		Information	

Approval of the final issue of the Green Plan which has been discussed at/presented at the following meetings previously:

- Consideration for the requirements to develop and submit a Green Plan and the recommended governance process presented at Board of Directors, 22nd September 2021

- Review of Draft Green Plan requirements and plans during Board Development Session on 24 November 2021. Board assured of progress and authority to approve Green Plan delegated to Finance & Performance Committee.

- Approval of 1st draft of Green Plan, Finance & Performance Committee 9th December 2021

Please identify which strategic priorities will be impacted by this report:				
Covid-19 - Recovering effectively	*Yes*		*No*	**x**
Getting Back to Good – Continuous improvement	*Yes*		*No*	**x**
Transformation – Changing things that will make a difference	*Yes*	**x**	*No*	
Partnerships – working together to make a bigger impact	*Yes*	**x**	*No*	

Is this report relevant to compliance with any key standards ?					State specific standard
Care Quality Commission Fundamental Standards	*Yes*		*No*	**x**	
Data Security and Protection Toolkit	*Yes*		*No*	**x**	
Any other specific standard?	*Yes*	**x**	*No*		NHS England- Greener NHS, Delivering a net zero NHS – Delivery plan

Have these areas been considered ? YES/NO				If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	*Yes*	**x**	*No*	How we deliver of services and if our services are resilient to future impacts of climate change and resource scarcity
Financial (revenue &capital)	*Yes*	**x**	*No*	Though yet to be determined, there will be future implications for Trust capital programmes and revenue
Organisational Development /Workforce	*Yes*	**x**	*No*	System leadership and workforce engagement will be crucial in the delivery of the plan.
Equality, Diversity & Inclusion	*Yes*	**x**	*No*	*Please complete section 4.3 in the content of your report*
Legal	*Yes*	**x**	*No*	There will be a need to incorporate our responsibilities within our contracts with other organisations e.g., our suppliers.

Have these areas been considered ? YES/NO				If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	*Yes*	**x**	*No*	How we deliver of services and if our services are resilient to future impacts of climate change and resource scarcity

Green Plan - Final (for approval)

Section 1: Analysis and supporting detail

Background

1.1 With around 4% of the country's carbon emissions, and over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets set under the Climate Change Act (Delivering a 'Net Zero' National Health Service). Two clear and feasible targets are outlined in the Delivering a 'Net Zero' National Health Service report:

- The NHS Carbon Footprint: for the emissions we control directly, net zero by 2040 (with an ambition to reach an 80% reduction by 2028 to 2032)
- The NHS Carbon Footprint Plus: for the emissions we can influence, net zero by 2045. (with an ambition to reach an 80% reduction by 2036 to 2039)

1.2 In the Financial Performance Committee on the 9th of December the 1st draft of the Green Plan was approved and consideration was taken on the Boards integral role in delivery of the plan and the implications for existing governance processes.

1.3 The baseline metrics and quantitative and qualitative targets within the Green Plan have been developed using the mechanisms outlined below. This ensures the Green plan not only reflects our carbon ambitions but aligns to the wider social, economic and environmental principles of sustainable development.

1.3.1 Carbon Footprint; The baseline and carbon trajectory for SHSC, included within the Green Plan has been developed by Inenco. The SHSC carbon footprint 20/21 has been calculated using a comparison to a baseline year 2015/16.

1.3.2 Sustainable Development Assessment Tool (SDAT); The SDAT is a tool developed by the NHS Sustainable Development Unit (now replaced by Greener NHS) to allow NHS organisations to self- assess achievements and future goals in Sustainable Development against a standardised set of statements which align to the United Nations (UN) Sustainable Development Goals (SDGs)

The SDAT contains 296 statements, split across ten categories (see list below) of which SHSC can state its current position in respect to accomplishing the statement (Yes, No, In progress). The responses to the statement then provide a framework for sustainability actions/ improvements that can either be targeted to attain, target to make progress, or not prioritised for first 3 years of the Green Plan.

10 SDAT Categories
- corporate approach
- asset management and utilities
- travel and logistics
- adaptation
- capital projects
- green space and biodiversity
- sustainable care models
- our people
- sustainable use of resources
- carbon / greenhouse gases

1.4 Inenco: SHSC has sought external support with the data collection required to develop the Green Plan and construction of an achievable action plan to meet the goals set in the SDAT. By proxy this provides assurance that Trust performance has been externally evaluated.

Section 2: Risks

2.1 **SHSC Reputation**- There is a growing public concern for matters associated with climate change and green agendas. We know that this matters to our staff, our service users and our communities. There is a risk if we are not seen to take this seriously this could be damaging to our reputation.

BAF.0014: There is a risk that we fail to attract and retain staff due to competition, reputation issues and the healthcare context, and do not find ways to present a sufficiently attractive, flexible offer of employment; resulting in a negative impact on the quality of the workforce and negative indicators for quality of care.

2.2 **Workforce**

2.2.1 **Preservation**: We know from engaging with our staff they are concerned about the climate crisis and wider implications of sustainable development. It is becoming increasing likely staff will choose future employers based on the employers' broader associations with social and environmental issues. If we do not respond appropriately, we will be a less desirable employer.

BAF.0014: There is a risk that we fail to attract and retain staff due to competition, reputation issues and the healthcare context, and do not find ways to present a sufficiently attractive, flexible offer of employment; resulting in a negative impact on the quality of the workforce and negative indicators for quality of care.

2.2.2 **Capacity & competency:** Risk our workforce is not resourced both in terms of numbers of staff in the right role and being equipped to appraise value under the parameters of carbon and sustainable development. This could mean we have a workforce not prepared for the delivery the objectives set in the Green Plan.

BAF.0019: There is a risk that our long-term view of workforce planning and/or management of change fails to ensure roles meet future service needs; resulting in a disjointed approach and a disengaged workforce (industrial relation issues, increased sickness absence and poor staff retention, poor staff and service user feedback including NHS staff survey results.

2.3 **Resilience to Climate Change**: There is a risk our services are not resilient to growing impacts of climate change and resource scarcity. We can alleviate this by ensuring we have a robust climate change risk assessment and the risks identified incorporated into our corporate risk registers, governed by a clear adaptation lead within the organisation.

BAF.0025: There is a risk that patients could come to harm in our inpatient wards and that inpatient and community environments do not support therapeutic care; caused by environments that are not fit for purpose and present unacceptable risks to patient safety; resulting in an over reliance on enhanced observations, a restrictive approach to manage safety issues thereby deskilling staff, staff time dedicated to managing environments rather than delivering patient care and giving a very poor patient experience.

2.4 **Financial Risk:** It is yet to be determined the scale of the financial impact this agenda will have on the SHSC capital programme and revenue however, it is known that we will have to invest in our estate to ensure they are adapted to climate change event and mitigate further impacts, utilities and supply chain costs are on the rise and carbon taxes (levies on our suppliers or increased duties on the products we buy.) will increase.

BAF.0026: There is a risk that there is slippage or failure in projects comprising our transformation plans; caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity; resulting in service quality being compromised by the non-delivery of key strategic projects.

2.5 **Clinical service resource & capacity:** There is a risk that our clinical services are not equipped to have appropriate conversations with our service users, are able to diagnose and treat the mental health impacts of climate change. As the psychological impacts of climate change grow within the general population, we must ensure we have the right services in the right places.

BAF.0013: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions.

Section 3: Assurance

Benchmarking

3.1 There is limited benchmarking information available to support recommendations made within the Green Plan. NHS E I and The Greener NHS Board are working towards enhancing this area by creating a Greener NHS data dashboard allowing Trusts to view data on a range of measures covering sustainability and carbon. Hosted on the Insights platform the Greener NHS dashboard can be viewed alongside other NHS E I analytics tools such as model hospital and

model health system which include indicators of good sustainable performance such as space utilisation, utility consumption and green spaces.

3.2   For the purposes of the Green plan the Sustainable Development Assessment Tool (SDAT) has been utilised to provide a clear framework, to allow SHSC to measure sustainable development performance against a standard derived by the NHS. The Greener NHS team is commissioning an updated, alternative assessment tool that will align more closely with priorities outlined in the Delivering a 'Net Zero' National Health Service report and NHS Long Term Plan and should be available the first half of 2022.

3.3   Outcomes of the Green plan will be validated against the SDAT (and future Greener NHS alternatives), the Greener NHS data collection and dashboard. Each Trust is expected to deliver their Board approved Green plan to the ICS and report on progress. Each ICS is expected to peer review the Green Plans of its member trusts, and then to hold those trusts to account for the delivery of those plans.

        Each Regional Greener NHS team is expected to peer review the Green Plans of its local ICSs and hold the ICS leadership teams to account for the delivery of those plans.

3.4   Inenco have provided consultancy to support the data collection, engagement with our stakeholders (SHSC departmental leads) and develop the action plans to meet the goals set in the SDAT.

Triangulation

3.4   The expected outcomes can be triangulated at a National level against NHS E I data collections such as ERIC, Model Hospital and Greener NHS dashboards. At a local level it is anticipated that outcomes of SHSC Green Plan could be mapped against the ICS Green Plan outcomes.

Engagement

3.5   We have engaged with our workforce including engagement during SHSC Sustainability week held in June 2021. The engagement week gave staff a range of opportunities to find out more about the climate health emergency, what we are already doing and guidance on how staff can take action to help reduce not only the SHSC carbon footprint but also their own. An ideas board was generated to capture staff ideas on the subject matter and a staff sustainability survey launched to allow us to understand existing staff values and behaviours to the climate change and sustainable development agenda.

3.5.1   The SDAT has provided an opportunity to connect with departmental leads across a range of work areas throughout the Organisation. Each lead was encouraged to discuss their thoughts and knowledge on the subject, highlight areas for concern and areas for growth. In addition, we have made links with staff groups such as the Active Travel Group (formerly Bike User Group), Quality Improvement Forum, on the Medics call, Leadership Group, Estates Strategy Implementation Group, Facilities Directorate Management Meeting Therapeutic & Great Place to Work Group & The Therapeutic Environments Steering Group. We shall continue to seek opportunities to have further discussions with more diverse Trust groups/ services over the final quarter of this year.

3.6   We have made links with external stakeholders to seek areas for collaboration and share knowledge such as South Yorkshire Mayoral Combined Authority (specifically looking at their Active Travel Implementation Plan initially), HEFMA Sustainability Sub-group, Sheffield Climate Alliance, Wildlife Trust and the

Burngreave Clean Air Clean Air Campaign Group. Discussions have started with the Travel Plan Coordinator and Head of Sustainability at Sheffield Teaching Hospitals and the Environmental & Sustainability Officer at Sheffield Children's Hospital to examine where there are up and coming opportunities to work collaboratively on our Green Plan actions.

3.6.1 A South Yorkshire ICS Sustainability Group has formed, and the first meeting held on the 13th of December to update on the status of each of our Green Plans, highlight the actions identified and discuss common areas where Trusts can collaborate and the potential for a sustainability training package created for ICS members.

3.7 We are aware that we need to do more to engage with our service users and carers in development and delivery of the Green Plan. We are on the SUN:RISE agenda on the 9th of February 22 to discuss the Green Plan. We shall continue to seek further opportunities to engage and gather feedback from our service users and reflect the outcomes in our Green Plan action plan.

Section 4: Implications

4.1 **Strategic Priorities and Board Assurance Framework**

1. Covid – Recovering Effectively
2. Getting back to Good
3. Transformation - Changing things that will make a difference
4. Partnerships – Working together to have a bigger impact

a. **COVID- recover effectively**; It is not anticipated that the recommendations in this report will have any implication for the strategic priority,

b. **Getting back to good**; consider where initiatives under this program could include opportunities that are mutually beneficial to the outcomes of this strategic priority and the Green Plan. For instance, any ward environment refurbishment review including criteria to decarbonise our estate at the same time.

c. **Transformation- Changing things that will make a difference**; The Green Plan action will target transformation of our clinical models to be sustainable care models. The Green Plan will form the basis of a long term approach to improve the health & wellbeing of our service users, our staff and the people across the communities we serve.

d. **Partnerships- working together to have a bigger impact**; The Green Plan will target SHSC to make connections with our partners, suppliers and other key stakeholders to drive shared sustainability objectives and work collaboratively.

e. **BAF Ward Environment**; Poor ward environments are often unsuitable ward environments both physically and socially. The Green Plan focuses attention on our buildings in terms of carbon intensity but also objectives that will improve the wellbeing of our staff and service users. In addition, we shall target the gathering of evidence to measure improved staff wellbeing. (e.g. through surveys and staff feedback)

f. **BAF IT;** The Green Plan does not currently contribute to this strategic priority.

g.   **BAF Staffing:** The Green Plan offers a unique opportunity to not only promote the good work we are doing internally and externally but also opportunities to connect with staff on a topic that will not only impact on them professionally but personally too. Targets within the Green Plan such as those related to health and wellbeing will allow SHSC to physically demonstrate that staff are cared for, staff are listened to, and staff are valued.

Equalities, diversity and inclusion

4.2   It is documented that the impacts of climate change will disproportionately impact the most vulnerable people in our communities therefore it its vital any actions SHSC makes delivering the Green Plan are inclusive and equitable. We have considered how this agenda will be impacted upon and therefore are going to respond to this by ensuring that wherever practicable SDAT statements that can have a positive impact on a policy decision or activity at SHSC related to equalities, diversity and inclusion are targeted, evidenced and reported upon.

Culture and People

4.3   A critical success factor for Sustainable transformation will be cultural transformation. The existing Trust programme to review SHSC values and associated behaviours is crucial to the success of targeted areas in the Green Plan. We must acknowledge where our behaviours fall short and evidence progress to improve those behaviours. An enabler for this will need to be a narrative at SHSC that promotes and provides capacity for reflection and innovation. All of which will strengthen SHSC's strategic aims to be a great place to work and deliver outstanding care.

Integration and system thinking

4.4   Each Trust is expected to deliver their Board approved Green plan to the ICS and report on progress. Each ICS is expected to peer review the Green Plans of its member trusts, and then produce a local ICS Green Plan reflecting the objectives of each Trust and outlining areas where collaboration will be prioritised. The South Yorkshire ICS Sustainability Group are meeting monthly to review performance, share knowledge and seek opportunities to work collaboratively.

Financial

4.5   The financial impact of the Green Plan is difficult to determine as we are not yet at the stage where we have the appropriate metrics in place to measure it. It can be explicated stated that, if the Green plan is approved, we will need resources, including financial to respond to the targets set. This will be inclusive of a modification in how we procure products or services and how we determine value. Sustainable development requires an understanding of not only short and long term financial implications but also a measure of the social and environmental impacts. We will need to account for a carbon currency which currently does not fit with any of our existing governance or financial procedures. The Green Plan will target the integration of sustainable development criteria into our financial processes. e.g. Business case template, FPC documents etc.

Compliance - Legal/Regulatory

4.7   The Green Plan will satisfy any legal or regulatory implications that may arise. We have created the Green Plan using guidance published by Greener NHS. The plan has been developed and written with support from a third party consultancy Inenco who have verified our plan is compliant with constitutional and regulatory requirements.

Section 5: List of Appendices

SHSC Green Plan, V2.3

SHSC Green Plan- Foreword

Climate change is not only the biggest humanitarian challenge the planet faces but will also present a huge threat to public health in a multitude of ways. It will be universal in impact and disproportionality effect those most vulnerable in our communities. We recognise that SHSC is a contributor to climate change and air pollution in Sheffield, resulting in negative impacts on the health and wellbeing of the communities we serve. For example, we know that mortality in people with psychosis, dementia and substance misuse increases as temperatures rise (Page et al, British Journal of Psychiatry, 200: 485-490). As well as physical health impacts there will be mental health impacts directly affecting how we deliver our services. Studies after the 2013/14 flood events in England have shown elevated levels of depression, anxiety and post-traumatic stress disorder (PTSD) to those exposed to floods up to 3 years after the flood event. Climate change anxiety in children and young people is becoming more prevalent and studies have shown that 45% of children and young people have felt sadness or worry about the environment daily. In addition, amongst young people, there is a perceived failure of those in power to react to the climate change increasing associated distress. (Hickman et al, 2021).

It is clear to protect our own health and wellbeing, and to protect the existence of future generations, we need to prevent further harm and adapt to an environment that is changing and the pace of change is accelerating. We can no longer let action on climate change be crowded out by other perceived more immediate concerns, our Green plan needs to be ambitious if we are to meet this challenge.

Our Trust vision is to improve the mental, physical and social wellbeing of the people in our communities. A response is needed at every level of our organisation to help fix this. We ask ourselves, how would we want our staff, our service users our partners of 2040 to say about how we met this challenge?

We are proud to provide care in Sheffield and as an anchor institution we understand it is within our power to not only change how we do things but to lead by example and influence action across the city to reduce carbon, improve air quality and support our communities through the challenging times ahead. Our actions must be balanced in approach to both mitigate and adapt to the impacts of climate change to maintain service resilience. Resilience in terms of our therapeutic environments, our supply chains, our workforce and our models of care. Its going to be tough but there is no time for hesitancy. I am confident with the values SHSC lives and breathes, our committed workforce and our ambitious Green plan, we will approach this challenge with optimism.

The SHSC green plan marks the start of a journey for not only a sustainable transformation but a cultural transformation too. We have made significant progress in this area already which is evident on our journey back to good, with the CQC re-rating us from "inadequate" to "requires improvement" which represents an improvement in the services and care we provide. A remarkable achievement in the context of the COVID-19 pandemic. The improvements we have made to our leadership arrangements and how we act on risks givens an excellent foundation to being able to respond to climate change and deliver on our Green plan ambitions.

We are on the right track and have reduced our carbon footprint by 44% since our baseline of 2015/16 but there so much more to do. Our key priorities for this Green plan will be to create the conditions so we are ready to make the transition. Additionally, We must identify and target actions which are quick wins to reduce our carbon footprint and set us on course to meet our ambition to reduce the carbon emissions we control directly to net zero by 2030. The scale of these changes may vary but we recognise even the smallest of changes, both as individuals and within the workplace, collectively can have big impacts. Behaviour change will be key and as a mental health Trust we

understand the complexities involved in breaking our bad habits. Over the next 3 years we shall ensure that sustainability is focused on by our leadership teams and that sustainability is a criterion we measure value against in all our decision making processes. We need to create the narrative to enable inclusive and equitable change, continually build our knowledge, as the breadth and pace of change demands, and maximise opportunities to improve wellbeing and community resilience.

Business as usual is no longer an option, I am proud to be lead for Sustainability and pleased to endorse the ambition within our Green Plan.

Phillip Easthope, Executive Director of Finance, Sheffield Health & Social Care NHS FT

Introduction

This document sets out our plan to become more sustainable and deliver on the NHS Net Zero targets at Sheffield Health and Social Care NHS Foundation Trust, for the benefit of our patients, the local community and the climate.

It forms a part of our Enabling Strategies to deliver on our desire to be the best we can be and our Trust Vision: to improve the mental, physical and social wellbeing of the people in our communities.

About SHSC

Sheffield Health and Social Care NHS FT (SHSC) employs over 3,000 staff and had an annual income in 2021 of £131m. SHSC provides predominantly secondary care mental health, learning disability and specialist services to the people of Sheffield.

As part of our Strategic Direction, this Green Plan sets out where we aim to be as a sustainable organisation by the end of 2024 and what we need to do to get there, amongst the dynamic challenges that our Trust, our NHS and globally we all face. During the short to medium-term we will be working hard to improve the CQC ratings of our services, whilst also delivering our key strategic transformation projects.

To get there, our Clinical and Social Care Strategy and our strategic framework of aligned enabling strategies will build a coherent programme of year-on-year continuous improvement across all our services, departments, and partnerships, embedding sustainability across all our services and departments. Our approach will be underpinned by a strong focus on living our values to support our cultural development and truly inclusive behaviours.

Proud to care in Sheffield

The City of Sheffield covers an area of 142 square miles, with a population in 2021 of c. 735,000 people.

Sheffield is a diverse city with an 8-10 year life expectancy gap between areas that fall within the 10% most deprived in the country (Burngreave, Firth Park, Southey, Manor Castle, and Park and Arbourthorne) and areas amongst the 1% most affluent in the UK (Fulwood, Ranmoor and Dore).

We have a high concentration of people seeking asylum and refugee status living in the North of the city; a high population of people over the age of 65 years living in the South West of the city; and a high population of students living in the City centre.
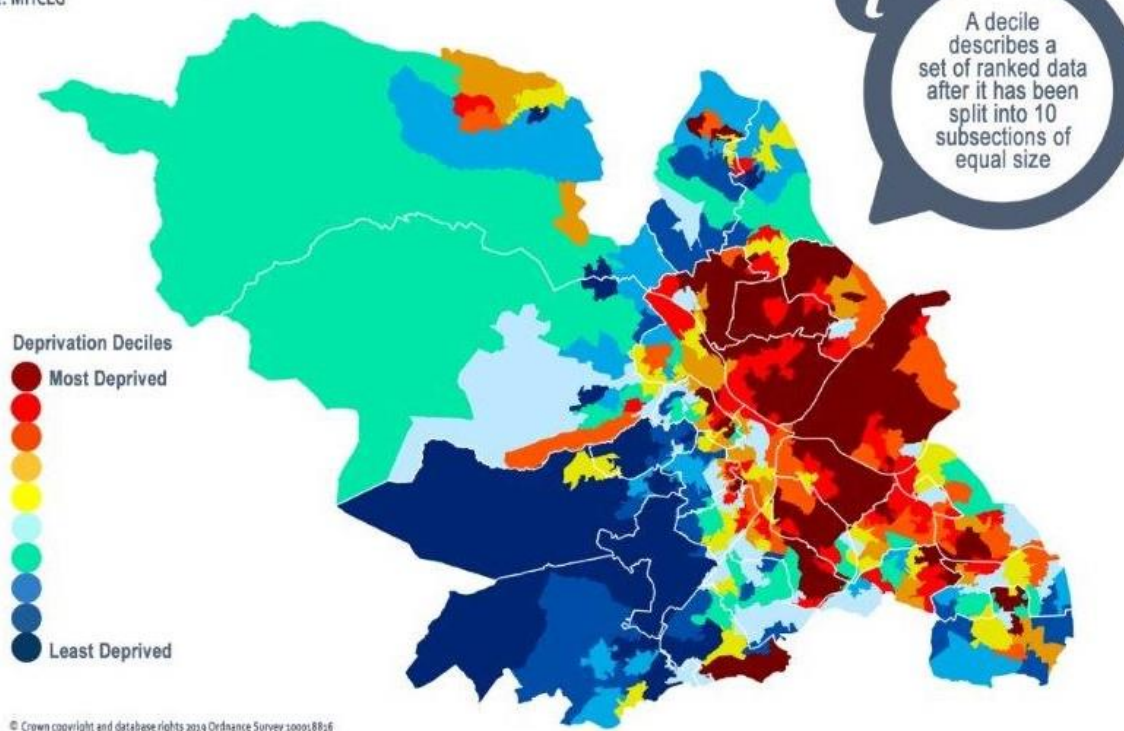
We also recognise that learning disability and autism (LDA) and severe mental illness (SMI) such as psychosis, bipolar disorder, and complex trauma and personality disorder are closely associated with many forms of inequality. Compared to the general population these inequalities can lead to a reduced life expectancy of up to 20 years. Evidence suggests that the mortality gap is continuing to widen nationally. These inequalities are largely driven by complex and interrelated factors, including:

- Social and environmental determinants of poor health, including poverty, unemployment, and homelessness
- Stigma, discrimination, social isolation, and exclusion
- Increased levels of addictions including smoking, alcohol, and street drugs
- Lack of support to access health and preventative care
- Diagnostic overshadowing – seeing physical health symptoms as part of an existing mental health diagnosis, rather than as another physical health problem requiring treatment

We know that people in deprived parts of Sheffield live shorter lives and are more likely to have poorer health than those in more affluent areas of the City. We also see similar disparities affecting groups with specific shared characteristics, such as people from BAME backgrounds, or people with learning disabilities. These differences and disparities are the health inequalities that exist in our city, which we see as unacceptable. We recognise that our actions must not discriminate, must enhance where they can, offer equal opportunities, and foster good relations to groups protected by the Equality Act 2010.

Index of Multiple Deprivation 2019 in Sheffield LSOAs
Source: MHCLG

A decile describes a set of ranked data after it has been split into 10 subsections of equal size

Deprivation Deciles

Most Deprived

Least Deprived

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Why a Green Plan?

Scientists have long contended that human activities, primarily the burning of fossil fuels have increased the concentration of greenhouse gases in Earth's atmosphere, warming the planet, which in turn is tiggering a change in climate. The consequences of climate change are already in motion. Globally we are facing intense droughts, water scarcity, severe fires, rising sea levels, flooding, melting polar ice, devastating storms and declining biodiversity. Climate change can and will impact upon every person on the planet.

The NHS strategy, 'Delivering a net Zero National Health Service', released in October 2020, highlighted that as global temperatures increase, damaging changes to the natural environment will transform human lifestyles, disrupt health care and cause a worsening of major diseases, including cardiac problems, asthma, and cancer.

The NHS is responsible for approximately 4% of the country's carbon emissions and over 7% of the economy. NHS activity directly and indirectly contributes significantly to the causes of climate change and the associated health impacts. This places the NHS at conflict with the key priority to avoid harm and improve lives.

The NHS is in a strong position having made progress for over a decade building expertise and initial actions towards sustainable healthcare and with the knowledge that our staff support our response to climate change, we will work together to reduce our impact.

Climate change, air pollution and Sheffield

Climate change is likely to impact health in Sheffield through several direct and indirect pathways. Direct impacts include heatwaves, worsened cold weather, storms and floods. Sheffield has already increasingly experienced the latter, resulting in long standing physical and mental health impacts. Indirect impacts include community breakdown, food insecurity and forced migration, with Sheffield likely to provide refuge to many as a City of Sanctuary.

Climate change and air pollution effect the health of marginalised and deprived communities the most and will exacerbate existing health inequalities. Air pollution alone is linked to 500 deaths a year in Sheffield, with many of the most polluted communities being not only the most deprived, but the ones closest to Sheffield's large hospitals, e.g. Burngreave and Firth Park.
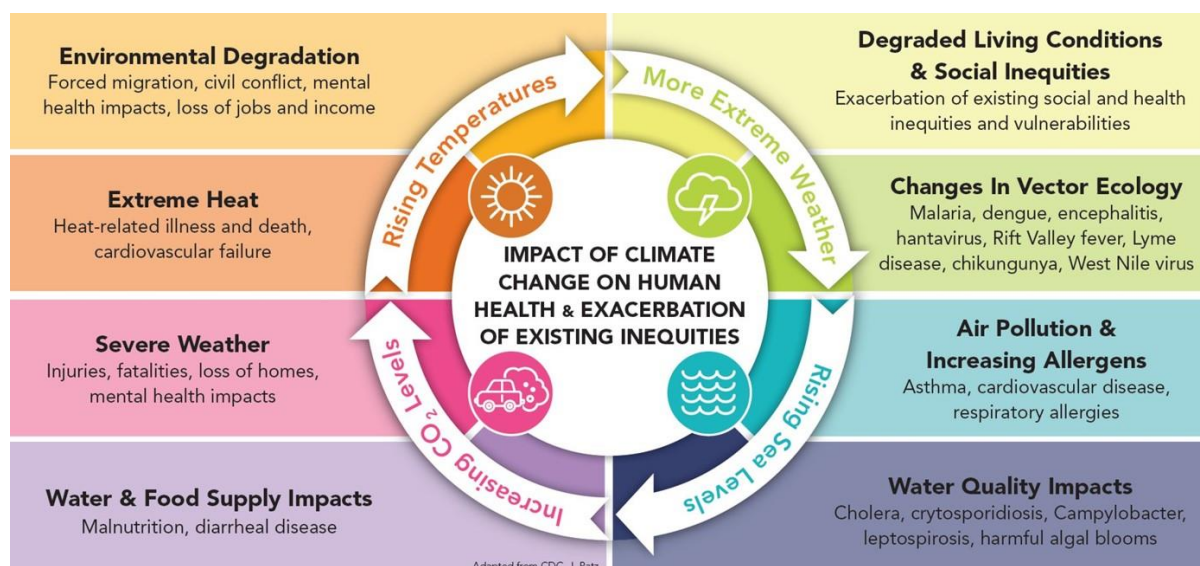
California Department for Public Health. Climate Change and Health Equity Program (CCHEP), 2020.
https://www.cdph.ca.gov/programs/OHE/pages/CCHEP.aspx

What is a Green Plan?

In June 2019 the UK became the first country to pass law to end its contribution to global warming by 2050, requiring it to bring all greenhouse gas emissions to 'net zero' by 2050.

This ambition for a net zero UK was reflected in the NHS Long Term Plan (2019), which proposed that all NHS organisations develop a Green Plan, to include how each organisation could deliver on the UK Government decarbonisation commitment of net zero by 2050.

In October 2020 the NHS declared its vision to "deliver the world's first net zero health service and respond to climate change, improving health now and for future generations. Two clear and feasible targets are outlined in the Delivering a 'Net Zero' National Health Service report:

- for the emissions the NHS control directly (the NHS Carbon Footprint), to be net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- for the emissions the NHS can influence (our NHS Carbon Footprint Plus), to be net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

The SHSC Green Plan is a Board Approved strategic document, which sets out SHSC's commitment and approach to achieving net zero to improve the sustainability of the Healthcare Services we provide. The green plan identifies 9 focus areas aligned to the main drivers of change and sources of carbon emissions.

The SHSC Green Plan will outline how SHSC will achieve several priority objectives, for example how SHSC will reduce carbon emissions by:

- Reducing air pollution and the associated impact of air pollution
- Reducing waste generated and increase the use of sustainable materials
- Reducing energy consumption and the decarbonisation of the Estate
- Reducing the impact of travel and transport
- Reducing emissions in the supply chain and purchasing more sustainable products and services

Th Green Plan will identify the enabling actions required to reduce our carbon footprint and enhance sustainability for example by:

- Creating the Leadership and Governance structure to drive change
- Engaging and training staff to embed sustainability

- Developing Sustainable Models of Care
- Reducing the carbon impact of the medicines we prescribe

The NHS Carbon Challenge

Since the 2008 Climate Change Act, set national targets for the reduction of carbon emissions in England, the NHS has been working to reduce its carbon footprint and has been monitoring its progress against a 1990 baseline of carbon emissions.

However, the 1990 targets and emissions calculations do not cover the full scope of emissions from the NHS. To remedy this, the strategic report 'Delivering a Net Zero National Health Service', aligned the scope of the carbon emissions reporting with the internationally recognised Greenhouse Gas Protocol (GHGP):

- GHGP scope 1: Direct emissions from owned or directly controlled sources, on site
- GHGP scope 2: Indirect emissions from the generation of purchased energy, mostly electricity
- GHGP scope 3: All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.

In addition, the report defined the emissions sources, against which the NHS would be required to achieve the net zero targets, the Carbon Footprint, for the emissions we can control directly and the NHS Carbon Footprint Plus for emissions we can only influence.

We have aligned our future carbon calculation and reporting with these scope categories and have publicised the SHSC Carbon Footprint in this Green Plan. We have also commissioned a Scope 3 study which we will analyse to try to understand the impact of our supply chain.
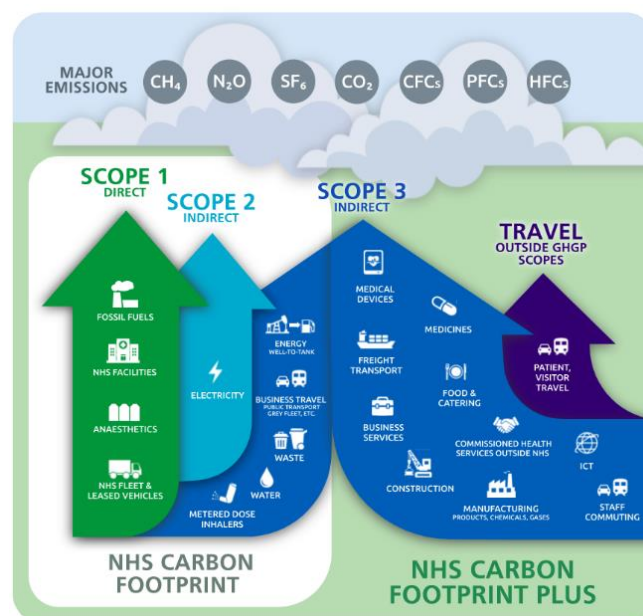

Figure 1: GHGP scopes in the context of the NHS

The scale of the challenge the NHS faces to change working practices and behaviours is broad and diverse so it has been necessary for the NHS to prioritise both direct interventions and enabling priorities. The NHS direct interventions and enabling priorities are aligned to four and five areas of focus respectively within the SHSC Green Plan. These are areas that will either have the biggest direct impact on carbon (e.g. decarbonising our estate) or will be indirect activities in areas that will improve sustainability and have a positive impact on climate change. For example upskilling our

workforce to make more sustainable choices, enhanced and more systematic sustainable development leadership, digital transformation and developing sustainable models of care .
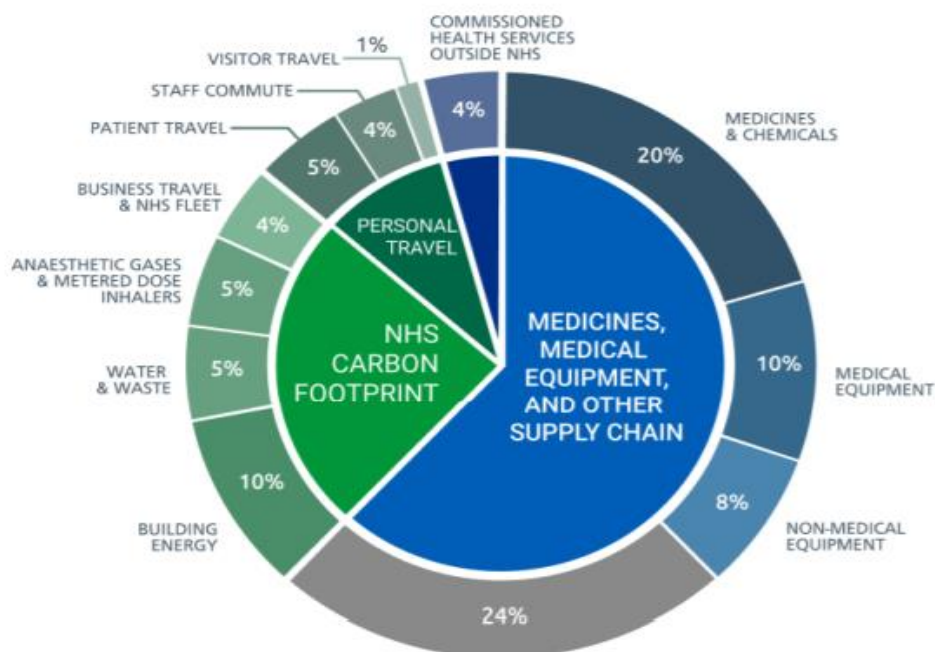

Figure 2: Sources of carbon emissions by proportion of the NHS Carbon Footprint (in shades of green) and Footprint Plus (in shades of blue)

The Sheffield Health and Social Care Carbon Challenge

The operation of SHSC generates carbon emissions and consequently we are contributing to the climate health crisis. As part of preparing this Green Plan we have calculated our NHS Carbon Footprint for two years, 2015/16 and 2020/21. We will now continue to calculate this annually and report our progress.
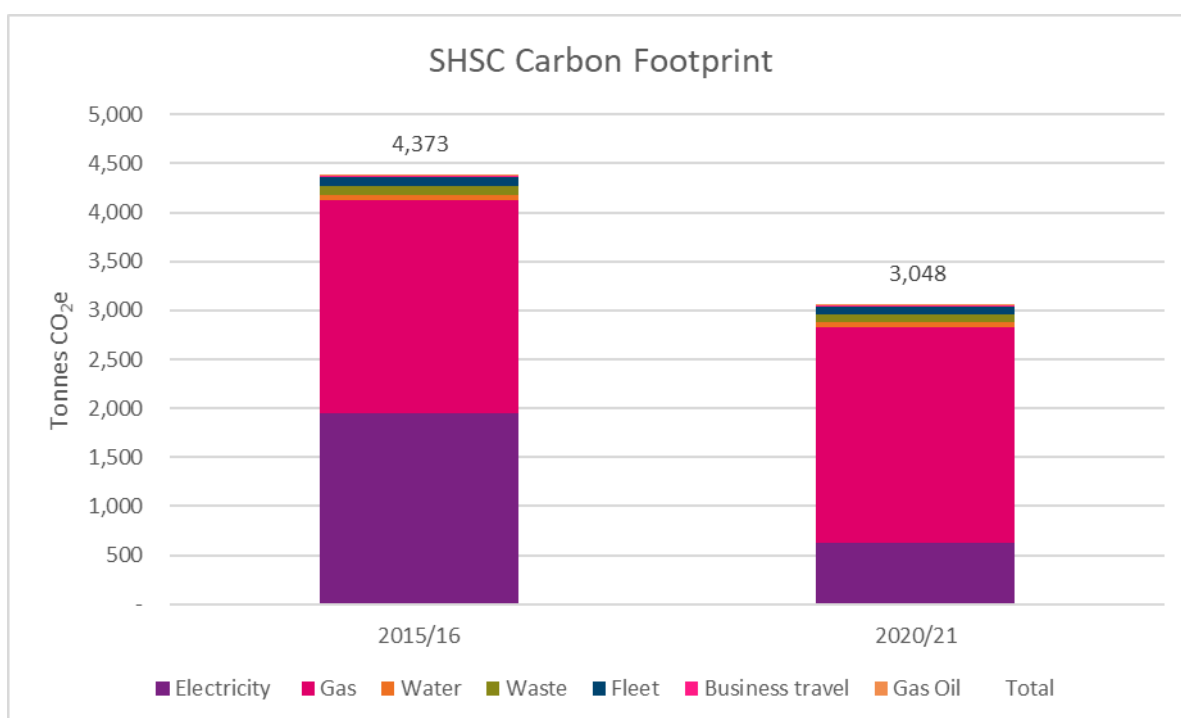

Figure 3: SHSC Carbon Footprint

Our carbon footprint analysis demonstrates we have reduced carbon emissions from the baseline year of 2015/16 to 2020/21 by 44% (Table ..). Reductions have been achieved across all emissions sources, with the exception of Natural Gas, which has increased by 1%.

We must review our emissions figures with caution due to the impact of the Covid 19 pandemic when assessing the 2021/22 performance.

tCO$_2$e	2015/16	2020/21	% Change (2015/16 vs 2020/21)
Grid Electricity	1,949	0	-100%
Natural Gas	2,180	2,211	1%
Gas Oil	1	0.4	-68%
Water	52	43	-18%
Waste	92	90	-2%
Fleet	89	78	-13%
Business Travel	10	6	-43%
Total	**4,373**	**2,428**	**-44%**

The 44% reduction in our carbon emissions reflects our investment in a zero-carbon REGO-backed electricity tariff from April 2020 onwards. BEIS best practice is to also state what emissions would be if the tariff was not purchased.

At a Grid Emissions Factor equivalent our 2020/21 emissions from Grid Electricity would be 620 tCO$_2$e which represents a 68% reduction in emissions from Electricity usage, and an overall footprint change of 31%. The Grid Equivalent will be used internally within business cases to drive consumption reductions on electricity.

Our ratios in respect to where we impact on carbon emissions we control are shown below in the NHS Carbon Footprint format. As a community healthcare trust we do not have anaesthetic gas usage which leads to a different distribution of emissions, very heavily weighted towards the use of natural gas to heat our sites.
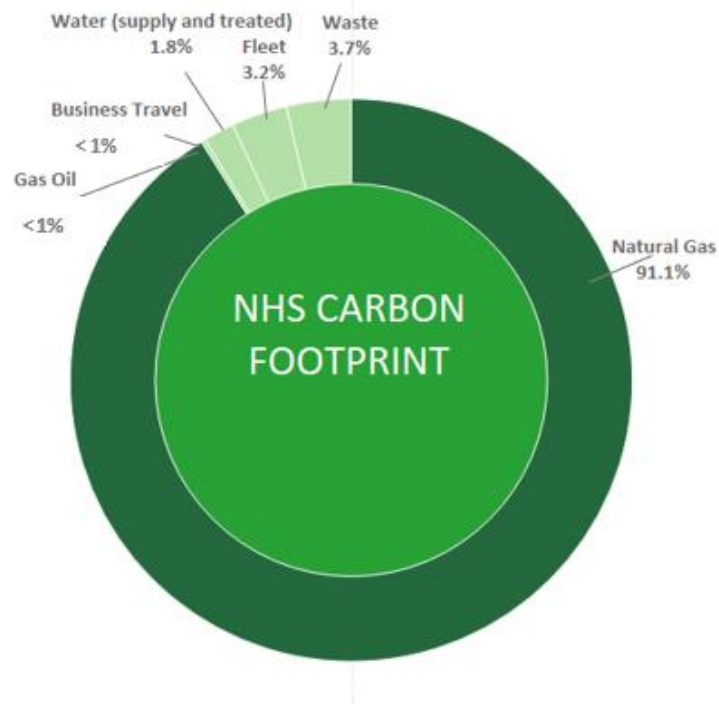
Figure 4: SHSC's 'NHS Carbon Footprint'

To commit to carbon reduction, we must also commit to monitoring our carbon emissions. We will calculate our carbon footprint annually and report to this to Board. We will develop and publicise an Annual Sustainability Report and share this with staff, patients, visitors, the local community, and other stakeholders.

Reducing our Carbon Impacts
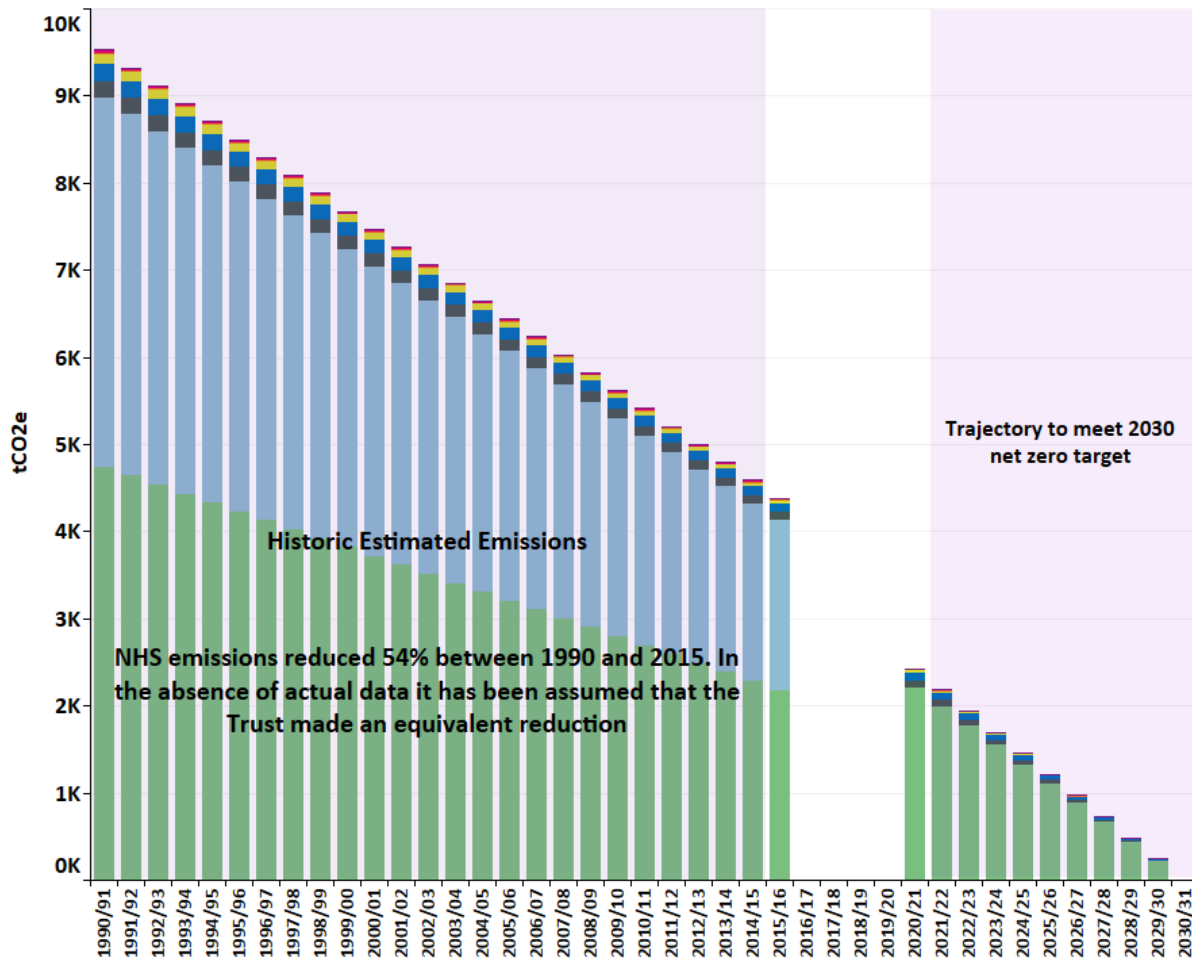
We need to establish the targets required to reduce the emissions in our Carbon Footprint in line with our ambition to be net carbon zero for the emissions we control by 2030.

Figure 5: our carbon footprint trajectory and net zero targets. Note that the only years of actual data are 2015/16 and 2020/12

Figure 5 above shows the emissions reductions that are required to achieve the regional net zero target by 2030 for in scope activities.

In order to establish our 1990/91 baseline, we have calculated our NHS Carbon Footprint for 2015/16 which NHS England has published an overall reduction in emissions of 54% since 1990 (see **Error! Reference source not found.** below). Based on this we would extrapolate our emissions in 1990/91 as 9,719 tCO$_2$e. This makes our overall current reduction in emissions since 1990/1 approximately 7,150 tCO$_2$e, a reduction of 74%. This places us in a good position, but the incremental effort required to reduce each additional tonne of Carbon equivalent increases significantly, so we cannot be complacent.

	1990	2010	2015	2019	2020	2024
Climate Change Act - Carbon Budget Target		25%	31%		37%	
NHS Carbon Footprint (MtCO2e)	16.2	8.7	7.4	6.1		

NHS Carbon Footprint as a % Reduction on 1990		46%	54%	62%		
SHSC Carbon Footprint (tCO2e)	9,719		4,471		2,565	1,539
SHSC Carbon Footprint as a % Reduction on 1990			54%		74%	84%
NHS Carbon Footprint Plus (MtCO2e)	33.8	28.1	27.3	25		
NHS Carbon Footprint Plus as a % Reduction on 1990		17%	19%	26%		

To be on target for our Net Zero 2030 goal we need to reduce our emissions to 1,539 by the end of this green plan in three years' time, a reduction of 1,026 tCO_2e

The Sustainable Performance of SHSC Trust – Measuring Progress

The creation of the Green Plan is supported by the NHS Sustainable Development Assessment Tool (SDAT).

The SDAT was developed to help NHS organisations to benchmark their sustainability, measure progress and develop aims and objectives for historic Sustainable Development Management Plans (SDMP). It aligns closely with the UN Sustainable Development Goals. This allows the SDAT to encompass the complex and interconnected decision making and evaluation of both the local and global issues to be considered under the umbrella of sustainable development.

SHSC has updated the SDAT tool by replacing the old module titles with the new 'areas of focus' and realigning the objective statements against these new titles to measure performance in each area.

The SDAT includes a series of statements that SHSC can assess ourselves against to measure and then target the non-quantitative values and benefits of applying sustainable development practices to SHSC. For each statement we can respond as either:

Yes= We can evidence we are already doing this as a Trust (Target achieved)

No= We are not doing this and we have no current plans to progress (Under consideration but no action taken)

In Progress= We are in transition to change and we can evidence the planning/ progress towards achieving target
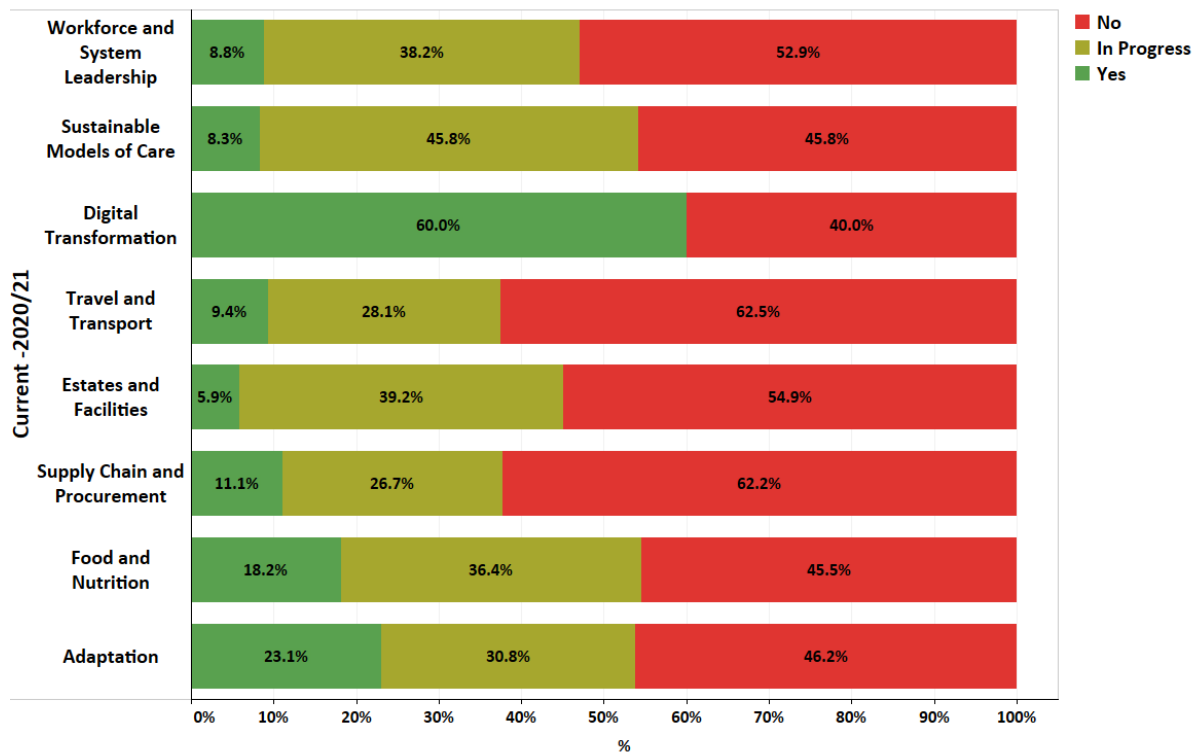
Figure 6: SHSC's current performance against the Sustainable Development Assessment Tool

Our current performance on our sustainability journey illustrates how much our efforts have increased in recent years. Whilst our 'Yes' statements are not as high as we would like, we have begun to make significant progress to improve our performance following our last SDMP.

Our targeted performance at the end of this Green Plan is shown below and reflects an intended effort to increase the pace of change we are working at over the next 3 years and will demonstrate an established drive for improvement.

Figure 7: SHSC's targeted performance against the Sustainable Development Assessment Tool within the term of this green plan

Our Vision

The vision for Sheffield Health and Social Care NHS Trust is to improve the mental, physical and social wellbeing of the people in our communities. We want to be ambitious as we acknowledge not only our impacts but our power and influence for positive change.

We will do this by:

- Working with and advocating for the local population
- Refocusing our services towards prevention and early intervention
- Continuous improvement of our services
- Locating services as close to peoples' homes as we can
- Developing a confident and skilled workforce
- Ensuring excellent and sustainable services

Figure 8: how our strategies, values, aims and vision fit together

We recognise that transformation will require collaboration across our region and we are prepared to match our partner organisation across the city in their objectives to achieve net zero carbon by 2030.

Our Aims

To achieve our vision, we have established key aims for the Green Plan:

- For the emissions we control directly (our carbon footprint) to be net zero by 2030 and for the emissions we can influence to be net zero by 2045.

- To provide sustainable services through ensuring value for money, reducing wastage and increasing productivity from our resources
- Continuously developing our approach to improving the mental, physical and social wellbeing of the communities we serve through innovation, partnership and sharing
- We will promote a culture of collaboration, supporting our people and suppliers to work together to make a difference
- We will innovate and transform to provide high quality care and support as early as possible in order to improve physical, mental and social wellbeing

Our Priorities

In accordance with our aims, we will prioritise actions that reduce carbon emissions, improve sustainability performance and the health of our region.

This strategy outlines our intention to implement direct interventions and enabling actions over the coming three years. Some initial priorities are detailed below:

- To create a Sustainable Buildings Action Plan to inform our estate rationalisation
- To ensure sustainability is an area our leadership are focussed on by training our Board and providing enhanced CPD training to our Board Leads and senior Sustainability personnel
- To procure a new EPR (Electronic Patient Records) System
- To train and engage our staff on sustainability to support the goals of our Green Plan
- To assess the potential routes to introduce a Travel & Transport Co-ordinator role to SHSC
- To write a Climate Change Risk Assessment for each site, to add to our Sustainable Buildings Action Plan
- To create the following Policies with sustainability in mind:
  - Capital Projects
  - Sustainable Procurement
  - Sustainable Travel
- To write the following Strategies with sustainability in mind:
  - Green Space and Biodiversity
  - Nutrition and Hydration
  - Waste
- To assess the results of our Scope 3 emissions study and engage with our supply chain to understand their current Net Zero targets and publicise our Green Plan to them
- To focus on meeting our obligations under the NHS Standard T&Cs around Sustainability
- To report the key performance indicators of our sustainability targets to the board on a regular basis

Workforce and System Leadership

Workforce and System Leadership			
Current	8%	39%	53%
Target	65%	27%	8%

Legend: No (red), In Progress (olive), Yes (green)

System Leadership is critical to make certain that sustainability is an area of focus for SHSC. To achieve our aspirations, we must maintain strategic focus therefore it is sensible that we start here. Our priorities are built around developing a knowledgeable and empowered workforce. We must inspire and support our workforce to embed sustainability into their roles. Crucially action will not only improve patient care but improve the health and wellbeing of our staff.

System Leadership

SHSC has an excellent engagement across all levels on sustainability. This document has been created with extensive support from our board lead and stakeholders across the organisation. It has also been board approved prior to issue to ensure accountability for its delivery.

We will, following the publication of our Green Plan create our Green Action Plan to support this. Following its creation, we will then form working groups and an overarching Sustainability Group responsible for ensuring it is enacted. It is likely that the oversight of this Sustainability Group will have a structure similar to the below with our Board Sustainability Lead, Phillip Easthope the Chair and with an oversight committee including a range of departments across SHSC.

Phillip Easthope
Board Sustainability Lead

Director of Estates & Facilities	Executive Director of People	Executive Director of Finance	Chief Operating Officer	Executive Medical Director	Director of Strategy
Executive Oversight Committee					

The Group's membership will be comprised of a cross-section of colleagues from key departments who will contribute the operational knowledge and understanding of SHSC sites and policies required to create organisational level change.

Our Sustainability Group will meet regularly, with the priority aim to support the development of projects that deliver the objectives of the Green Plan and the allocation of projects.

We have made links with the South Yorkshire ICS and the Sustainable Development and Green Plan Leads from across our region. The SY Yorkshire ICS Sustainability Group will meet regularly to share best practice, seek opportunities to work collaboratively and identify areas where collectively we can lobby for change. Wider ICS meetings between Estates, Procurement, Workforce leads as examples,

will now be asked to report and discuss on sustainable development performance within their specialisms and identify areas where collaboration will help us progress quicker and more effectively.

Workforce

Our People Strategy 2020-2023 sets out our ambition to create an environment in which our staff feel happy, safe at work and feel supported to fulfil their potential to provide the very best care for our service users.

Training is key to ensure that staff are able to support the goals of this Green Plan and we can succeed in implementing the actions. For example our Procurement team are building their knowledge on Lifecycle costing via bitesize training in team meetings and this will be one of the training topics for procurement weekly sessions going forwards.

A key target of this Plan is to create a CPD record centrally to detail sustainability and vocation-related training outside of the clinical sphere. This will need to cover all employees including board who will also have access to training in best practice and innovation.

Our Induction Policy does not currently mention sustainability or carbon and we will ensure that we add an introduction to our sustainability goals as a Trust to induction and to our next policy update. Our Engagement team is targeting to create a training program on Sustainability and Social Value and our aspiration is that all staff in SHSC will have an answer if asked: "What does sustainability mean to You, Your Team, Your Organisation?

In previous years we have had a SHSC Green Champions network which was set up in 2015 as part of our SDMP. We intend to re-energise this network and build on it. We will do this by drastically increasing our engagement with staff around sustainability.

We will issue a monthly newsletter on sustainability to the staff which will include updates on how they can get involved with Trust activities. In addition, we shall aim to develop engagement campaigns and communications that highlight the benefits of sustainable lifestyles to encourage staff to be more sustainable at home (e.g. home energy and waste efficiency advice, active travel support, dietary support etc.) Initially this may be via joining quarterly open calls or webinars, or via initiatives on our intranet. A six monthly report on our progress against these Green Plan objectives will be published to staff and annually a Sustainability Report will be publicly available either as part of our Annual Report or in an specific Sustainability Report appended to it.

We work closely with local education partners and our ICS to ensure that their courses fit our staff skills requirements. We are reviewing the feasibility of whether surplus apprentices from other businesses locally might be a resource in future. Employment Support Specialists work within some of our teams to help our service users back into work, in the local community supporting decent work and economic growth across the city.

Our Engagement and Experience Team work to improve the quality of experience for our service users, their families and carers. The team will be an integral part of our efforts to raise awareness of sustainability, our Green Plan and gain the buy-in of our workforce in the journey ahead. We will work to formalise this with an Engagement and Communication Plan.

We have highly active Staff Network Groups which have established themselves as a critical eye, a source of innovation and safe spaces for peer to peer support within SHSC. The groups are

instrumental in shaping Trust strategy and policies and provides, for example our disability network group has recently been in discussions with the working group reviewing proposed buildings options for our new head office to consult on adjustments.
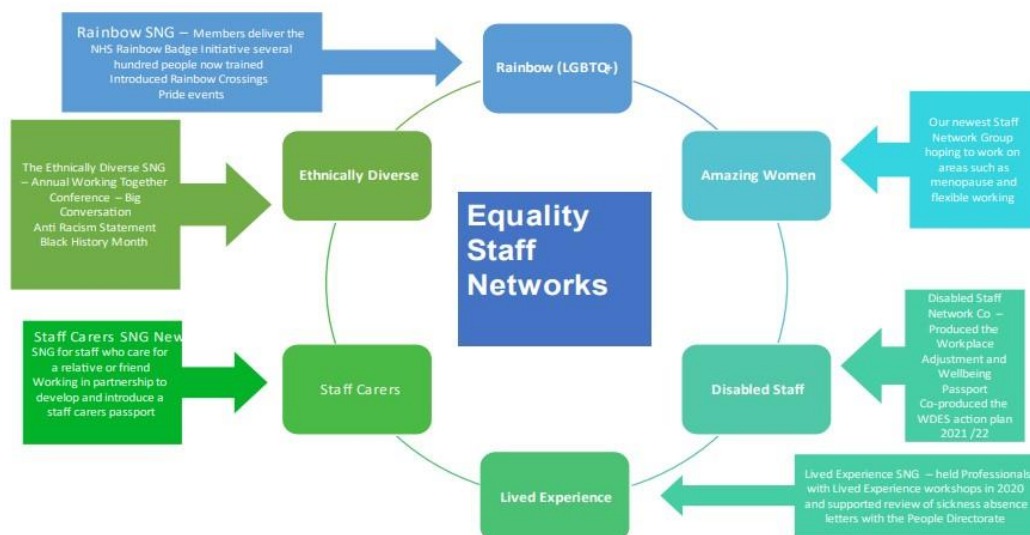
As part of our People Strategy we set up a Trust's health and wellbeing conference, the first in the region and had 95% positive feedback. The feedback from the conference is being used by SHSC Health and Wellbeing group to identify further action to improve Trust Health and Wellbeing.

We have extensive employee support mechanisms within SHSC and our policies reflect this. We focus on working closely with employees to understand their needs and ensure they are met in conjunction with Trust requirements. Some relevant policies publicly available on our website at https://www.shsc.nhs.uk/policies are: Agile Working Policy, Alcohol & Substance Misuse in the Workplace Policy, Employment Break Policy, Equal Opportunities and Dignity at Work Policy, Flexible Working Policy, Leave Policy, Parenting Leave Policy (Maternity, Adoption, Paternity and Partner Leave) and Promoting Attendance and Managing Sickness Absence Policy.

We recently launched our QUIT Programme – a service to treat tobacco addiction for staff and service users alike. By embedding support for people who smoke in our clinical services and wellbeing offer to staff, we can start to make a huge difference: not only a difference to the health of people who smoke but also to reduce some of the significant inequalities they face because of their addiction. This has an associated benefit in reducing the litter from cigarette filters which contain plastics which do not biodegrade and cause chemical pollution of the local environment and water systems.

We receive positive feedback from our staff on our wellbeing service and can evidence successful return to work of staff via our numerous workforce policies. It is possible that these support structures are already mitigating against the impact of other drivers.

To enhance staff wellbeing we will make better use of is our green spaces. We will add specific questions around the impact of green space at work on wellbeing to our existing surveys in order to

quantify the impact of targeted action to enhance and promote the use of green spaces across SHSC estate.

We received a HPMA award in 2017 for Most Effective use of Diversity to Strengthen Governance Recruitment or Promotion linked to SHSC reciprocal mentoring programme to Promote & Improve Equality, Diversity, Inclusion for Black Asian and Minority Ethnic Service Staff & Service Users.

Under the program the percentage of staff in Band 6 increased from 6% to 7.5% with a long-term target set for 9%. Band 7 saw an increase from 6% to 6.5% and Bands 8-9 from 3% to 4.1%.

BME staff engagement also increased significantly.

In the community we have very close links with Sheffield Flourish, a local mental health charity that practitioners can refer patients as part of their therapy.

Sheffield Flourish hold over 300 stories from individuals who have struggled with their mental health on their website, to remind individuals that they are not alone. They run the Sheffield Mental Health Guide website which links to mental health support services along with other practical support in the local area and events. Finally they host a personal toolkit builder for individuals to manage their mental health actively, and a suicide support directory with local and national assistance.

We have a well-established International Health Partnership scheme with Uganda which is governed by our Working in Uganda Policy.

The country has an estimated population of 47 million people, yet there are less than 40 psychiatrists working in Uganda. Following the civil war and terror campaign people living in the region have high levels of anxiety, depressions, post-traumatic disorders and a rising number of suicides.

Learnings from Covid have established that a great deal of our work can be successfully delivered remotely with positive outcomes in this project and we expect to maintain a reduced carbon impact from flights in future years.

Our aim is to ensure that the Gulu Sheffield Mental Health Partnership achieves sustainable change in mental health in northern Uganda and maximises learning from this to inform change within the SHSC Trust.

Many benefits from overseas working in International Health Partnerships (IHPs) have been recognised in national reports. These include leadership development, innovation, national and international standing, as well as health gains for populations in developing countries.

SDAT Performance; Workforce and System Leadership

A total of 102 SDAT statements relate to Workforce and System Leadership, over a third of all statements to focus on. This reflects how crucial our workforce is for achieving our goals of becoming a more sustainable trust. Progress will be assessed at our mid-point review to ensure that the focus on this remains energised given the scale of the undertaking within this area of focus.

2021/22 SDAT Statements

Targets achieved: **8**   In progress: **39**   Not working on (yet): **54**

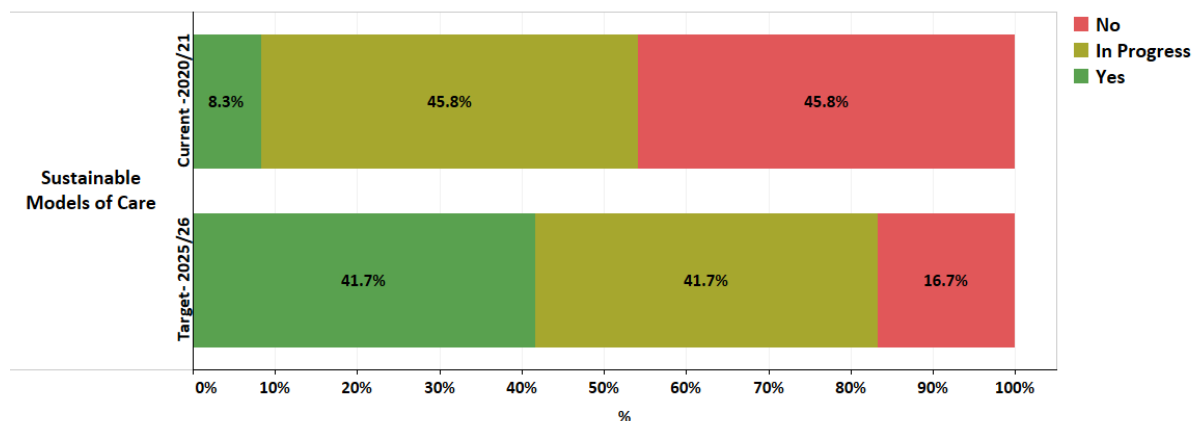## 2024/25 SDAT Statements

Targets achieved: **66**   In progress: **27**   Not working on (yet): **9**

Sustainable Models of Care

The term Sustainable Models of Care refers to the principle of delivering Care Pathways with reduced environmental and social impacts, as well as activities and interventions that reduce patient demand on the Healthcare system by negating the need for Healthcare Interventions. This is underpinned by four principles which provide not only sustainable healthcare, but good healthcare:

• Prioritising preventions

• Empowering service users, communities and staff

• Reducing waste and improving value

• Low carbon alternatives

As a term, sustainable models of care, it is possible that a significant portion of our workforce are unfamiliar with it or its meaning, and we will ensure that we provide training as part of induction and also to our existing staff via our Engagement Team to remedy this. This training will extend to our Board.

The White Paper "Integration and innovation: working together to improve health and social care for all" sets out proposals for strategic commissioning at the level of the South Yorkshire and Bassetlaw Integrated Care System (ICS), with system oversight of local services equipped to meet the needs of the people of Sheffield. This future direction will require us to work in different contexts: at the level of primary care networks, at city level and at the level of the wider system in South Yorkshire and Bassetlaw when providing care.

Our first Clinical & Social Care Strategy was launched this year. In bringing the Strategy together, we have involved service users and colleagues across SHSC and beyond, including Sheffield City Council, CCG, Healthwatch, Voluntary Care Sector and other health and social care providers in Sheffield. This principle of consulting widely will be adopted when we change or create new care models.

Our primary value as a trust is "Working together (for service users)" and nowhere is this seen more than in the design of Sustainable Care Models. Our services must be informed by our service users' experiences and preferences whilst also helping to deliver our sustainability goals.

Access, Early Intervention, Consistent Care, Partnership Working and "Listen to me as an equal whole person"

are of key importance to our service users based on our consultations with 173 service users via a Healthwatch survey as part of the development of our clinical and social care strategy. These link to sustainability principles of prevention, service-user empowerment and improving value.

The Clinical and Social Care Strategy

We aim to make every contact count and to embed the principle of getting it right first time (GIRFT) and we will continue to work to ensure that we move in this direction. We proactively promote physical health alongside mental health appointments to reduce the mortality gap between those with severe and enduring mental illness and the general population. We host dieticians and physiotherapy on our sites. Our QUIT stop smoking service recently launched for both service users and staff and we have active conversations around dependency and addiction. Also, all staff caring for our service users in inpatient areas have access to Recognising and Assessing Medical Problems in Psychiatric Settings (RAMPPS), an award winning multi-disciplinary training that aims to improve physical health skills of mental health staff.

We know that we have the capability to adapt quickly from our responses to develop support for our staff during the Covid pandemic. In 2020 our Improving Access to Psychological Therapies (IAPT) team launched a new course titled 'Coping with COVID' that was specially designed to help support anyone who was feeling stressed, anxious or worried during lockdown, with a key aim of avoiding an increase in the need for higher levels of intervention at a later point.

The Primary Care Mental Health Framework for Sheffield launched in July 2020 and within weeks they had seen and supported 600 people who otherwise would have accessed neither IAPT nor secondary care mental health services (nearly 40% of whom were from BAME backgrounds).

As we start to increase the provision of care in the community, we are anticipating a reduction in the pressures on our inpatient care facilities. Improvements will include more robust provision in the community, early intervention, an increased capacity to manage higher levels of acuity through the redesign and expansion of Core 24 crisis services and utilisation of Crisis House and our Decisions Unit. By its nature this is a more sustainable model of care, though the impacts have not yet been quantified in a meaningful way to evidence this.

Whilst our Clinical & Social Care Strategy demonstrates a great step in the right direction and encompasses sustainability principles, it does not explicitly mention Sustainable Models of Care or Sustainability in an environmental context. We need to bring that context into the clinical conversation and target within our green action plan enabling actions to support these discussions.

We aim to integrate and evidence sustainable models of care. One method is by aiming for College Centre for Quality Improvement (CCQI) Sustainable Service Accreditation for services that are CCQI accredited. Our Memory Service successfully achieved this earlier this year. The Community Enhancing Recovery Team (CERT) also embody sustainability principles. They bring service users back home to Sheffield from environmentally costly out of area hospital admissions, focus on preventing worsened mental health, empower service users to achieve their recovery goals and embrace a range of low carbon care including nature-based therapies and building social connections. Within

three years, SHSC will have further Sustainable Model of Care Case studies and sustainability will be one of our dimensions of quality when we design, deliver and commission care models.

We are progressing quantifying the value of sustainable care models and will continue to develop the evaluation of what can be influenced and targeted by the green plan. We have existing service line reporting and patient level costing which will enable us to quantify the benefits of change, and our transformation of community services project is an initial example where quantifying impacts is occurring. We need to work to ensure the wider financial, health, economic and social co-benefits of sustainable care models begin to be quantified in a meaningful and reportable way.

SDAT Performance; Sustainable Models of Care

24 objective statements have been allocated against Sustainable Models of Care in the SDAT. In context of sustainable models of care we aiming to be both ambitious and realistic given the challenges in making fast-paced change in our clinical approaches.

2021/22 SDAT Statements

Targets achieved: **2**   In progress: **11**   Not working on (yet): **11**

2024/25 SDAT Statements
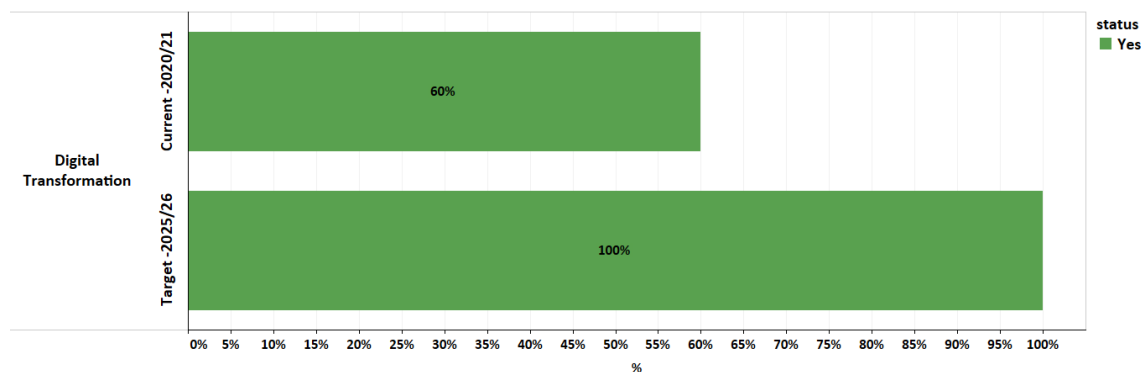
Targets achieved: **10**   In progress: **10**   Not working on (yet): **4**

Digital Transformation

SHSC is aware that Digital Transformation of its services can significantly improve its sustainability. We are currently preparing the path for further transformation to create a more mature and sustainable transformation.

Reducing paper consumption and sharing information have to date been the main drivers of our digital transformation.

We have operated our own bespoke Digital records system for the past 18 years and over that period of time the digital only storage of records has increased significantly. Any information which starts life as a paper record is scanned to form part of the overall digital record avoiding the need for the long-term storage of paper records. Other systems that contribute to the digital management of records include the use of tablet devices for recording physical health observations and recording ward audit data. Our in-house system allowed us to lead the way in the use of electronic patient records, but with the development of 3rd party alternatives its capabilities have fallen behind and we are now procuring a new EPR (Electronic Patient Record) system which will allow collaboration and data sharing across the ICS.

We have been using the IMail hybrid system for patient communications reducing local print and post services, however there are still 50,000 items representing 175,000 sheets of paper sent manually each year. As part of our EPR program we expect to see a reduction in use of paper, printing and postage through further use of electronic communication tools, developing our paperless journey. We acknowledge that in patient communications we will always retain some paper usage and must take into consideration how our services remain inclusive and assess for risks of digital exclusion.

In our workspaces, we have endeavoured to reduce in-house printing by introducing multi-functional devices which require staff to be present at the printer prior to beginning to print. As part of our procurement process for the devices we selected a supplier who will allow toner cartridges to be returned to them for reuse when replacement cartridges are ordered. This reduces the carbon and waste impact of our printing consumables.

Aside from the paperless push we have also made significant progress moving to digital meetings and systems where possible. For example, our staff can now access online all their mandatory training modules. Meetings are held via external platforms, like Microsoft Teams, and an electronic booking system allows meeting rooms to be reserved in all the premises.

SHSC supports and informs its staff of useful tools for them to access through our Jarvis extranet portal. Here they can access the NHS Web Apps Library which includes services to assist in their wellbeing among other things.

Our Estate hosts a range of controls systems and sensor setups which allow varying levels of consumption and condition control. Upgrades and changes will need to be informed by our Estates strategy and Sustainable Buildings Action Plan. Initially we intend to begin to upgrade our technology in this area with a number of pilot schemes.

We are fortunate to be able to demonstrate innovative technology in infrastructure on a sample of sites such as the state-of-the-art Intensive Support Services Unit (ISSU) at Firshill Rise which has interventions installed which went beyond expected building standards at the time of construction which include ground-source heat pump technology, high insulation and glare control strategies with consideration for resilience and future requirements.

We still have some way to go to innovate in terms of reducing our energy and water usage. We have an Engagement group on Innovation and Strategy that works with local Universities under our Director of Research and Innovation. We intend to use this structure to help progress in this area and implement at least one technology to assist in reducing energy or water consumption during the next three years.

During the covid 19 pandemic we rapidly adapted our service provision to an increased digital care model, dramatically changing how our service users access our care services. A significant part of our Digital transformation journey will be taking from the lessons learnt during the pandemic and finding ways to innovate and improve to ensure provision of both digital and sustainable models of care.

We are sharing access to our therapies through our IAPT (Improving Access to Psychological Therapies) platform. Here patients can access self-help strategies and self-refer to the services we offer. We also include a set of Self Help links on our main trust website where people can take the NHS mood self-assessment or select from their symptoms directly then access relevant apps and guides to help them.

Staff will carry out remote consultations using external digital services, and online courses and advice are offered. These remote consultations have reduced missed appointments, reduced the

carbon emissions and financial costs from service-user travel and reduced social time costs for service-users. Our memory service for older people with memory problems was awarded the Sustainable Service Accreditation in 2019, and during Covid we were able to eradicate one 6 month visit completely by rapidly adopting remote delivery of services for patients who felt uncomfortable attending in person.

We are aware that as a Trust we need to embrace the advantages of cloud computing and have started this transition for some services. To support further progress, we have just launched our new Digital Strategy for SHSC, preparing the path for digital transformation and creating a digitally mature organisation.

To deliver on our ambition to provide "integrated care from neighbourhoods to system" we have identified the following key objectives:

- Implementation of a new Electronic Patient Record (EPR) System.
- Enabling Data Driven Healthcare.
- Modern and flexible ways of working that enhance care and productivity.
- A secure and sustainable technology infrastructure.
- Digital services that contribute to a therapeutic environment.
- Improving the digital skills of our staff and service users.

We engaged widely with our patients, staff and community partners in the creation of our new Strategy and acknowledge that its implementation will require more investment than we have allocated in the past, nevertheless we expect to realise significant benefits by the end of 2024.

During the second half of 2021 new guidance and data from national surveys have emerged with a focus on mental health. The Mental Health Digital Playbook from NHSx informed our Digital Transformation strategy. We will assess our progress against the new 'What Good Looks Like' framework from NHS Digital, starting with a benchmarking exercise to provide further context for the planning stage of our implementation of this transformation.

Some of our partners have already realised benefits from a digital approach to mental health care such as Sheffield Flourish, a local charity that we partner with who were awarded UK Digital Charity Leader of the Year in 2017, we will work with them to learn from and build on their achievements.

SDAT Performance; Digital Transformation

Digital Transformation is under-represented in the SDAT, with only 5 objective statements, with one being a duplicate. As innovation in these areas is important to improving sustainability performance we are targeting the final statement to be a Yes by the end of this period. We do anticipate additional targets in this area at the mid-point review.

2021/22 SDAT Statements

Targets achieved: **3**   In progress: **2**   Not working on (yet): **0**

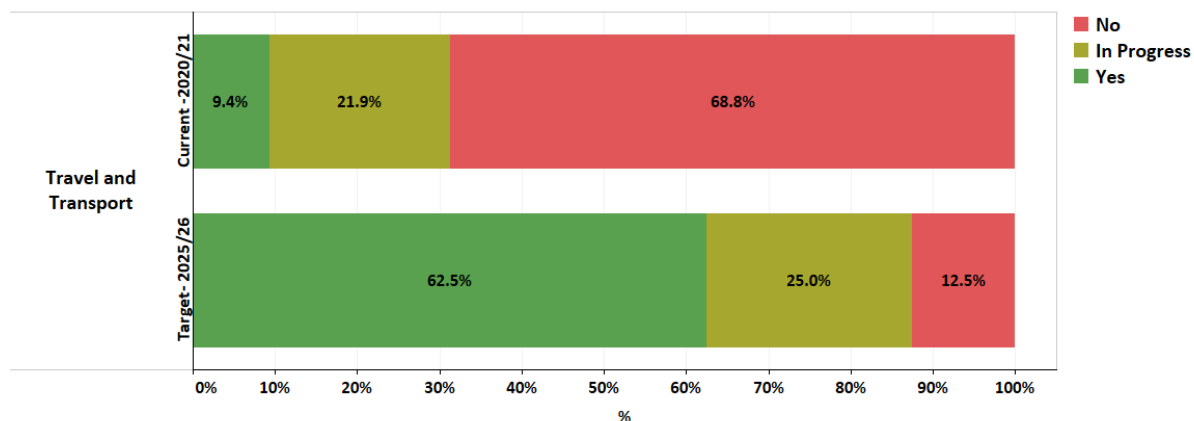**2024/25 SDAT Statements**

Targets achieved: **5**   In progress: **0**   Not working on (yet): **0**

Travel and Transport

The movement of goods, services, staff, patients, and visitors all have an impact on our carbon emissions, air quality and consequently our health making Travel and Transport of higher importance than the Carbon impact alone might suggest.

The SHSC Fleet and Staff Travel

SHSC fleet is split into various operational groups including:

- Transport Services
- Patient Transport
- General Transport (Round Robin)
- Stores Delivery
- Caretaker Services
- Pharmacy deliveries
- Estates
- Gardeners
- Craftspeople
- Direct allocation (supplied for use by a specific service e.g., within clinical operations)

The NHS Standard T&Cs 21/22 make it incredibly clear how much of a priority reducing emissions from Transport and Travel are for the NHS from an air pollution perspective. Each Trust must, as part of the development of the Green Plan have clear, detailed plan on:

"18.4.1 air pollution, and specifically how it will, by no later than 31 March 2022:
18.4.1.1 take action to reduce air pollution from fleet vehicles, transitioning as quickly as reasonably practicable to the exclusive use of low and ultra-low emission vehicles; …
18.4.1.3 develop and operate expenses policies for Staff which promote sustainable travel choices; and
18.4.1.4 ensure that any car leasing schemes restrict high emission vehicles and promote ultra-low emission vehicles;"

SHSC Fleet

In our efforts to meet the above T&Cs so far, and in line with our Transport Policy to

"ensure that decisions regarding obtaining / replacing vehicles are based on an assessment of whole of life costs and environmental impact. High priority is given to purchasing / leasing the most energy efficient / environmentally friendly specification models available,(whilst ensuring value for money).",

SHSC are proud to demonstrate we have taken significant action procuring ==electric vehicles and ultra-low emissions vehicles== and have received delivery of a number of them during Quarter 3 of 2021. The new vehicles will replace existing diesel vehicles used by our Transport and Estates department which had reached the end of their commercial use. Where practicable we shall work towards replacing the remainder of our fleet vehicles with electric or ultra low emissions vehicles when lease periods end, or they reach the end of their commercial use. We have installed electric vehicle (EV) charging points at 3 of our sites to support the charging of the fleet vehicles. We understand that further action is needed to develop a EV charging network across our estate for both our fleet vehicles and potentially our staff and visitors. We have a pilot site with 2 EV charging points from which we will trial the allocation of staff and visitor's vehicle access to the charging points. The learning from this pilot will inform the development of a Trust policy on EV charging, linking to our Sustainable Travel Policy and a feasibility study which will support our sustainable buildings action plan.

Staff Travel

Outside of our own fleet, a high proportion of Staff (approx. 1,100) within SHSC are designated as vehicle users for work purposes. SHSC has a Transport Policy, however it is not a sustainable travel policy which includes our aims to reduce our carbon footprint and make sustainability a priority. We shall prioritise the development of a SHSC Sustainable Travel policy and Green travel plan to make clear the sustainability goals we intend to implement and to enhance our support to staff to make sustainable travel choices.

SHSC is already on track to support alternative transport initiatives with examples including

Cycle to work schemes

- SHSC provides a salary sacrifice scheme for purchasing bicycles through SHSC at a discounted rate.
- Employees who use pedal cycles to make journeys in the performance of their duties will be reimbursed for eligible miles travelled at the approved rate

Public Transport

- If an employee uses public transport for business purposes, the cost of these fares including standard rail fares should be reimbursed. Staff are able to reclaim the cost of using public transport for travel between sites.

Salary Sacrifice Car Scheme

- Our salary sacrifice car scheme includes ==ULEV== options including Battery Electric Vehicles ==(BEV)== and Plug In Hybrid Vehicles ==(PHEV)==.

We have a Trust Active Travel Group aimed at staff who carry out all forms of active travel. The group meets every other month and are a driving force within the organisation to promote active travel, share knowledge and review and identify areas where SHSC can improve its offer to staff who choose to actively travel to their workplaces. We shall continue to engage, support and collaborate with the SHSC Active Travel group whilst developing our sustainable travel policy and their advice will be taken in consideration when developing our sustainable buildings action plan.

To encourage active travel we promote the cycle to work scheme and we intend to continue to ensure we are enhancing our active travel infrastructure to support staff including secure cycle storage, showers and lockers. During 2020 we installed secure, enclosed cycle compounds at 3 of our sites nevertheless we acknowledge we need to do more to support our workforce, where feasible across our entire estate.

We have collaborated with [Love To Ride South Yorkshire](#), an online platform to encourage more people to get cycling, to host Introduction to Urban Cycling Webinars for our staff. The webinars provided a guide on how to get set up on a bike, the basic safety checks required and some tips on navigating through urban areas on the bike with a Q&A with qualified cycling instructors. We were progressing with the provision of basic bike maintenance workshops for our staff at a select number of our sites prior to the pandemic and are intending to reschedule these when appropriate.

<IMAGE?>

Our Community Enhancing Recovery Team (CERT) recently reduced their environmental impact by swapping their cars for e-bikes when visiting service users at home in a Green Wheels pilot scheme. They were supported in this by [Pedal Ready](#), a Sheffield Enterprise who offer free cycle training cycle route advice to residents. During a four-week pilot the CERT Team cycled over 720 miles, saving money, improving staff wellbeing and reducign Trust carbon emissions of 209kgCO$_2$e - an annual saving of over 120 trees!

Patient and Visitor Travel

Throughout 2020/21 response to the Covid 19 Pandemic we have interacting virtually with our service users where clinically appropriate. For instance, our IAPT services have been using Attend Anywhere, a secure NHS video consultation service allowing service users to access therapy services via telephone or videocall. This has reduced the number of patients who needed to travel to our sites to access our services. Nevertheless this impact may rebound as services return to business as usual. Our focus during this Green Plan will be to understand how this shift to remote service has impacted on care and to what extent it can continue and be encouraged.

We understand that our service user's travel choices are not included in the scope of the SHSC carbon footprint but we will ensure that our green travel plan includes interventions that to reduce vehicle use when accessing our services by not only ensuring we have the infrastructures in place to accommodate modal shifts in travel but also ensuring we highlight the physical and mental health benefits of active travel to our service users.

Monitoring

Trust-owned vehicles used for business are responsible for 2.4% of current Trust carbon footprint and as such we must reduce this urgently and have taken action to do so. We also however need to target a reduction of people using their private vehicles for business, an impact we currently are not able to quantify and will need to increase our data collection in order to target a reduction in.

We will improve the data accessibility of fleet monitoring and calculate the carbon emissions associated with the use of each fleet vehicle. Whilst we currently collate suitable data, our abilities to access it for analysis and regular reporting schedule will be improved. We will also undertake to annually survey our staff on their travel modes.

The work undertaken within the creation of this Green Plan has highlighted that SHSC is in need of a Transport Co-ordinator to drive further action in this area. Therefore, our key target over the next 3 years, as we learn more is to explore the feasibility assigning a travel coordinator role. We shall also seek opportunities to work collaboratively on our green travel plans with our partner organisations and across the SY ICS.

SDAT Performance; Travel & Transport

It is essential we commit to further research and targeted action to improve our travel and transport performance. This will not only improve our carbon footprint and improve Sheffield's air quality. In addition, the visual actions we take and our interventions will influence our staff, our service users and our communities to make sustainable travel choices with immediate health benefits as well as reducing their own personal carbon footprints. Our targeted performance is detailed below.

2021/22 SDAT Statements

Targets achieved: **3**   In progress: **9**   Not working on (yet): **20**

2024/25 SDAT Statements

Targets achieved: **20**   In progress: **8**   Not working on (yet): **4**

Estates and Facilities

Estates and Facilities	Current	6%	39%		55%
	Target	65%		27%	8%

Legend: No (red), In Progress (olive), Yes (green)

Our estates ad facilities hold a multitude of opportunities to not only reduce our carbon footprint, become a more sustainable organisation but also to provide co-benefits to our staff and service users as we provide spaces that are therapeutic and enhance wellbeing. The challenge is significant as SHSC provides services across the city from 28 sites and 43 buildings. The portfolio includes a range of building types including mixed use hospitals, Inpatient Facilities, community team bases, support facilities and office accommodation.

The portfolio of properties is a mixture of owned properties, commercially leased properties, and some occupancy under license agreements with other NHS and charitable organisations. The complexity of the estate is operationally challenging, and the Estate Strategy is key to organisational effectiveness.
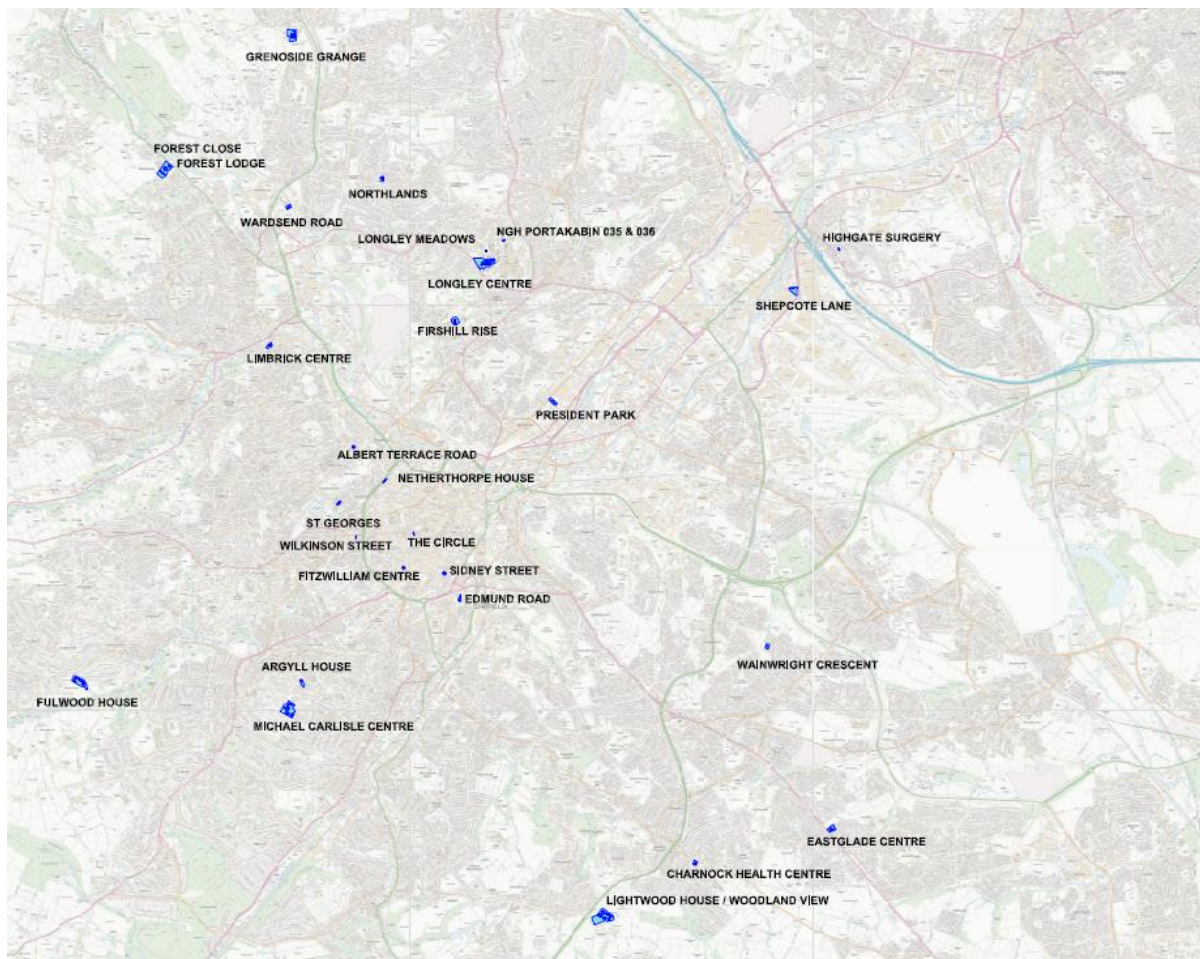
We recently updated our Estates Strategy which puts us in a good starting position for our Green Plan. We have defined the scale of our ambition for our estate as:

"we want to deliver services from physical environments which are amongst the best in the country. We want this because of the wealth of evidence that confirms environments affect recovery from mental illness and the wellbeing of staff and we want this because modern healthcare environments lead to efficiencies in service delivery such as shorter lengths of stay"

We have developed the following nine principles, through engagement with our staff and feedback from service users and partners, to identify how we will ensure our estate supports our service delivery, over the next five years:

• 	The estate will be functionally suitable, comply with the law, and adhere to healthcare standards and codes of practice.
• 	The estate will be therapeutic, providing sufficient high quality healing environments and external green spaces in support of 24/7 facilities.
• 	The estate will be in a good condition, fit for purpose and enable delivery of high quality and safe clinical and social care services.
• 	The estate will be environmentally sustainable, accessible by public transport and affordable.
• 	The estate will be accessible to local people and designed around changing service models and demographic needs.
• 	The estate will maximise space utilisation.
• 	The estate will be shared with other services or organisations to facilitate joined up (integrated) care for the people of Sheffield.
• 	Our reception areas should be fresh, modern and inviting and have an uplifting 'wow' factor.
• 	Our facilities should be non-stigmatising and inclusive.

Many of these principles directly link to the aims of our Green Plan, and there will be a necessity for the two strategies to work in tandem towards the same goals. Our view of a sustainable estate is as follows:

"Operating an environmentally sustainable estate means that the Trust will use the estate to minimise the environmental impact of service delivery. SHSC premises should be designed so that they can be altered with the minimum of disruption to accommodate new models of care and collaborative working, as service need, population demand and commissioner service strategy changes. This involves adaptable design philosophies and avoiding long-term lease commitments wherever possible. Building refurbishments should include investment in efficient heating, cooling and lighting systems and new builds are designed to minimise their impact on the environment, minimise waste and reduce energy use. The Trust will also continue to seek opportunities to develop its own renewable energy supplies."

To clearly understand sustainability in context of the existing estate we will create a Sustainable Buildings Action Plan as an immediate action. Display Energy Certificates (DECs), conditions of building including risk backlog, current renewables, potential for renewables, open space, consumptions etc will all be compiled within a single document to allow direct comparison of existing and considered sites.

We currently report on our space utilisation quarterly and will begin to further analyse this data to identify ways to better utilise our space. Increasing utilisation of our estate will be important to deliver existing and future services with reduced carbon use.

Capital Projects

Our Capital Project plan will prioritise the removal of any ligature points from Trust owned estate and the improvement of the inpatient ward environments.

We are also undertaking projects to dispose of Fulwood House and relocate our Trust headquarters to a new location, to refit our inpatient wards to single patient bedrooms, improve our community facilities, increase our ensuite provisions, and consider a modular decant ward whilst we undertake a new build.

Our design processes and estates strategy are created collaboratively with views of our staff, patients and local partners in the community. We will review our existing engagement processes to ensure it is broadened to meet objectives to improve our SDAT performance. We will write a Capital Projects policy to support the other related policies in this area and capture sustainable practices such as to prioritise brownfield over greenfield sites for construction where other criteria allow. We will clearly define responsibility for sustainable capital and refurbishment projects within SHSC.

The Sustainable Buildings Action Plan which we will create to enhance existing databases on our estate status will enable us to consider a wider range of factors in our decision-making around our estate

We feedback examples of best practice in our projects to the Institute of Healthcare Engineering and Estate Management (IHEEM) and The Health Estates and Facilities Management Association (HEFMA) where we share best practice, lessons learnt, and key success points with other healthcare organisations. We will ensure this happens at every opportunity as we have numerous capital projects on the horizon and can help to drive forward sustainable construction amongst our peers.

Our recent new build projects at Firshill Rise and Endcliffe Ward were both designed with sustainability central to decision making. These buildings have high levels of insulation, green spaces, underfloor heating and LED lights. Firshill includes Solar PV, ground source heat pumps and a green roof.

We intend to target high sustainable building standards in all new build and major refurb projects going forward as a minimum standard. Soft Landings of new capital projects will be targeted. This will allow the new user to understand the building and its operation and ensure the building is commissioned for maximum energy efficiency, usability and wider building performance.

Endcliffe Ward, SHSC's psychiatric intensive care unit, secured three awards for its design. It was Highly Commended in the Building Design Class for Best Mental Health Development by Building
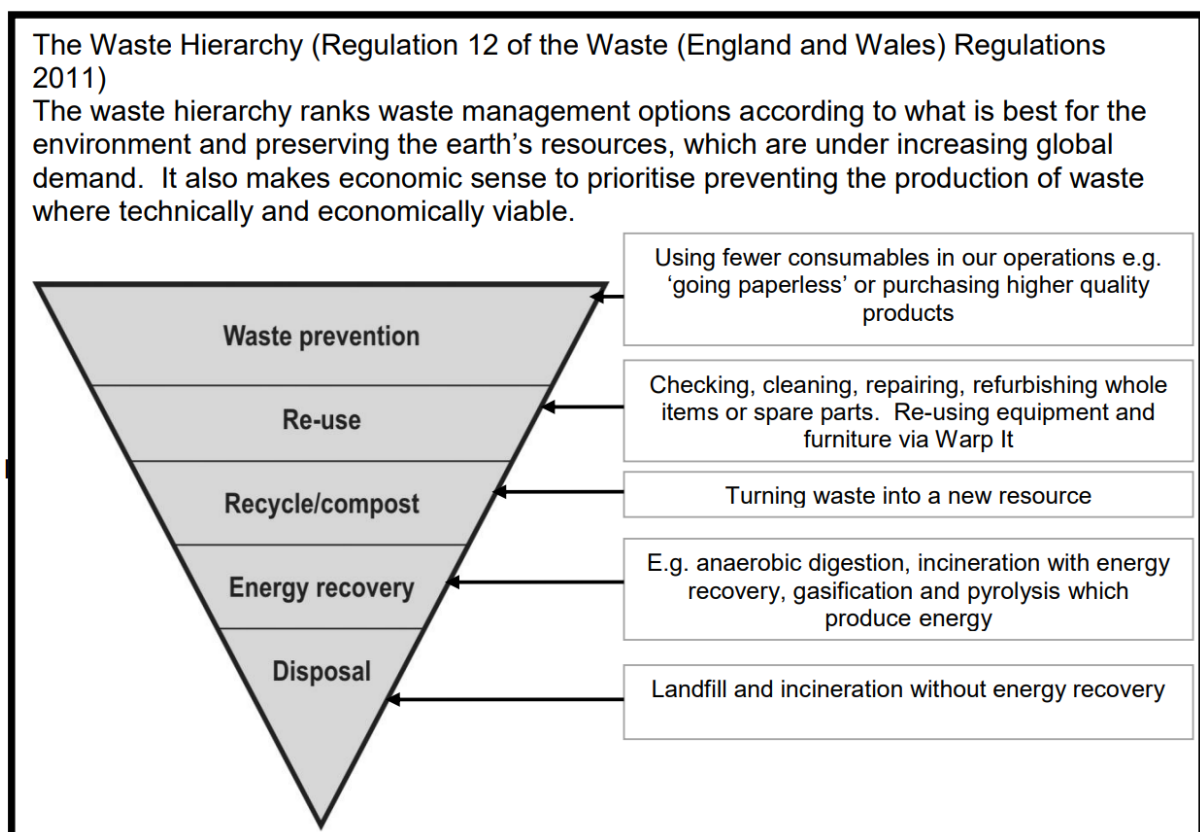
Better Healthcare, and was honoured with the Refurbishment Project of the Year award at both Design in Mental Health and Health Estates.

Waste Avoidance

An effective waste management system examines both consumption and production practices and pursues opportunities to reduce the environmental impacts of waste at point of disposal (e.g., reducing toxicities as a result of improved COSHH data), makes use of resources within waste and minimises or avoids waste altogether. An enabler for sustainable waste management at SHSC will be transforming attitudes and behaviour change.

Our Waste Management Policy was refreshed at the start of 2021 and we are in the process of tendering our waste contract at time of writing the Green plan. We will ensure that sustainable development is an essential part of our evaluation criteria. Over the next 3 years, working in collaboration with our waste management suppliers and internally across SHSC departments it is crucial we improve the waste management training and guidance offered to our workforce and service users. Enhanced training in conjunction with standardised practices across SHSC will improve recycling rates, remove unnecessary waste (for instance finding sustainable alternatives to single use items) and ensure we are meeting our waste producer duty of care. Part of our duty of care includes the necessity to apply the principles of the waste hierarchy when considering waste management options.

The Waste Hierarchy (Regulation 12 of the Waste (England and Wales) Regulations 2011)
The waste hierarchy ranks waste management options according to what is best for the environment and preserving the earth's resources, which are under increasing global demand. It also makes economic sense to prioritise preventing the production of waste where technically and economically viable.

Waste prevention	Using fewer consumables in our operations e.g. 'going paperless' or purchasing higher quality products
Re-use	Checking, cleaning, repairing, refurbishing whole items or spare parts. Re-using equipment and furniture via Warp It
Recycle/compost	Turning waste into a new resource
Energy recovery	E.g. anaerobic digestion, incineration with energy recovery, gasification and pyrolysis which produce energy
Disposal	Landfill and incineration without energy recovery

We will develop a Waste Strategy with an action plan to complement our waste management policy

To support the development and delivery of the waste strategy we need to improve how we capture data on our waste streams, monitoring costs associated with waste management (including the internal costs associated with the movement and storage of waste on our sites) and increase data capture and monitoring on carbon and social factors.

Examples of good practice:

Warp it

SHSC has had a subscription to the online reuse platform Warp It since 2017. Warp It is a system we use to redistribute and reuse surplus items across the organisation and with other NHS organisations, partners and charities. Once registered staff can both advertise surplus items and claim them. Diverting waste from our bins and removing unnecessary procurement.

Since implementing the Warp it platform SHSC has saved around £100,000 and saved more than 50,000KG of CO_2 which is the equivalent of 22 cars off the road. We shall target the development of a revised engagement campaign to increase activity on the Warp It platform and explore additional functionalities such as staff members claiming items for personal use and the loaning of furniture and equipment.
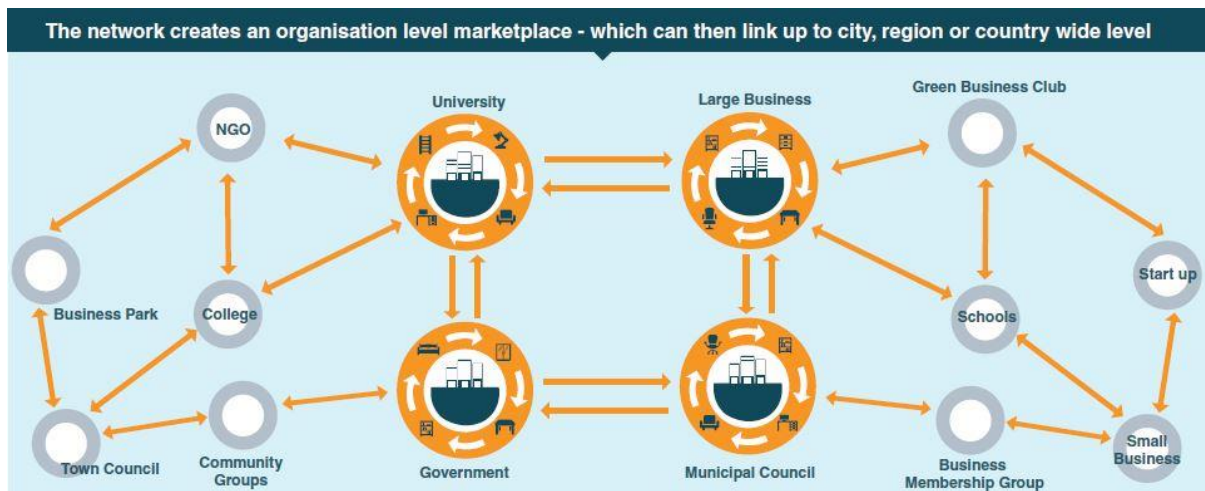
NHS Plastics pledge

We have signed up to the NHS plastics pledge and we shall prioritise an examination of the procurement activity of single use items, identify hot spots and work collaboratively with our internal departments and supply chains to find appropriate sustainable alternatives. An example of this we are proud to highlight is at our Forest close our mental health inpatient rehabilitation unit for adults living in Sheffield. Staff site recognised the wasteful activity of using single use plastic cups to offer service users water when administering medications and have switched to a reusable option saving 18,000 cups annually for this site alone. This simple change has the potential to save 1490kgCO2e, equivalent to more than 40 car journeys from Sheffield to London.
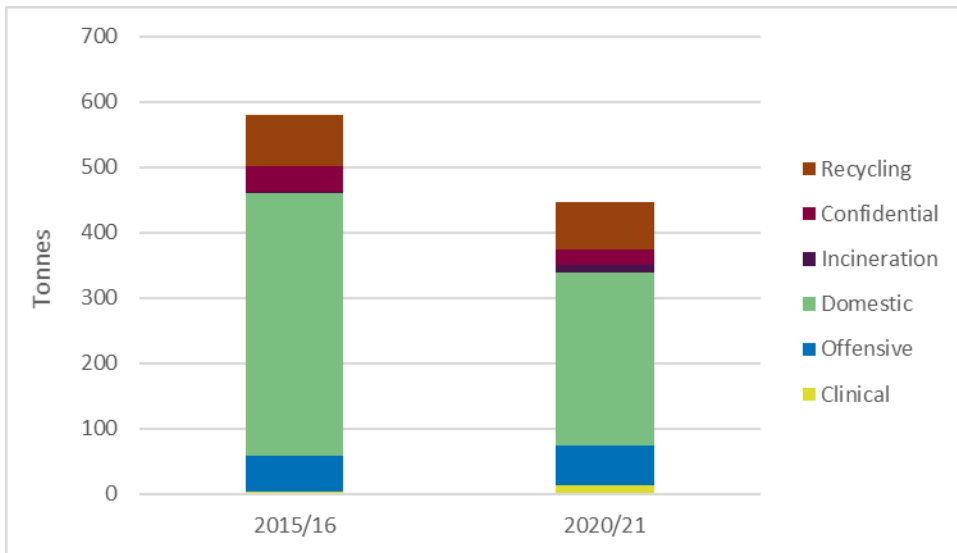
Total Waste Emissions

Examples such as the above have led to our waste generation reducing by 23%. Again, we intend to further analyse trends in waste data over coming years to better understand it. We will request improved management information in our upcoming tender for waste management services to enable this. In addition, we have yet to fully evaluate the effect of the covid 19 pandemic on clinical waste and wider waste streams as an indirect impact of increased packaging waste from enhanced personal protective equipment (PPE) being utilised across all Trust departments to varying degrees. We intend to review our data and approach our Procurement department and clinical teams to review where there may be sustainable alternatives to use going forward. For example, introducing reusable PPE and liaising with our supply chains to reduce secondary or non-recyclable packaging etc.

Energy & Water Consumption

Since April 2020 we have purchased our electricity from a sustainable, REGO certified, source. This has decarbonised our electricity, that is now being generated from renewables from natural resources.

The plan, as detailed within our Estate Strategy, is:

- To critically assess our buildings to understand where Carbon Emissions can be reduced
- To continue to purchase Electricity from sustainable sources
- Decarbonisation of the gas heating systems
- To reduce travel, by using sustainable transport, or removing the requirement to travel by using digital services
- Use technology improvements to our controls and metering systems to improve data quality to monitor and reduce our energy consumption.

After the process of rationalising the estate properties is completed, we must begin on the Estate Strategy plan, by understanding where and how we are using our energy. The production of a Heat Decarbonisation Plan will allow us to put in a long-term strategy to remove the requirement for natural gas to heat our buildings and provide hot water. Roll out of alternative sources of heat will always be precluded by ensuring we have our energy usage under control with energy efficient buildings and control systems, and that we are optimising the utilisation of the estate and available technologies. To tackle this challenge effectively we shall follow the four step plan for building decarbonisation included in the Greener NHS Estates Net Zero Carbon Delivery Plan.
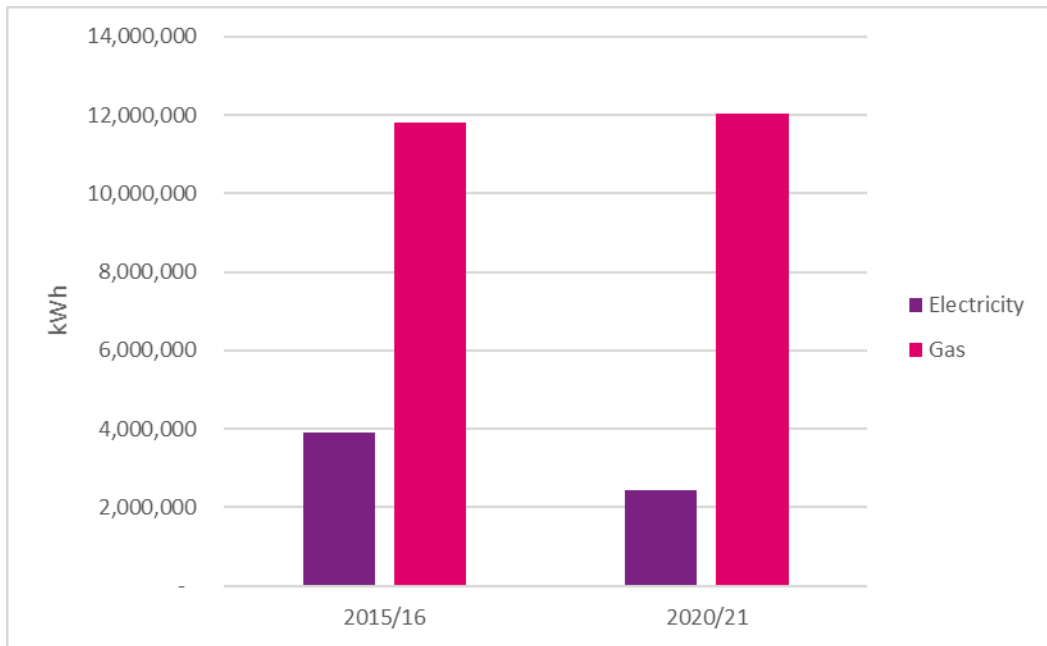
Total Energy Consumption Graph

To be able to report against the NHS targets, we have taken a snapshot of our carbon and energy data from the 2015/16 year. We also have data from the most recent complete reporting year – 2020/21. We are pleased to be able to report that our electricity consumption has decreased by 37% in this period, as part of a broader trend of reduction which reflects our efforts to improve the energy efficiency of our estate. Our gas use has slightly increased; this may have been impacted upon by air-change guidance during the pandemic leading to more open windows whilst heating was running.
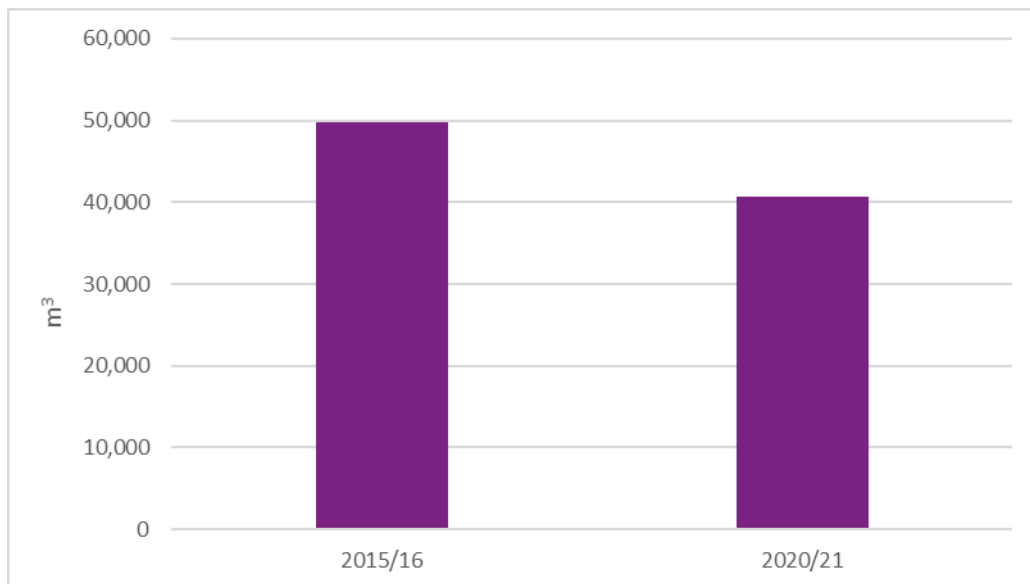
Water Volume (m^3)

We are pleased to also report that water consumption at SHSC has reduced by 18%. We intend to analyse the trends for water consumption over coming years to better understand this data and further reduce our consumption.

Greenspace and Biodiversity

As a community healthcare trust we are fortunate in the opportunity within our estate to impact on biodiversity and utilise our green space. We have historically maintained what we have, but in site acquisition no formal process existed to provide green space. We will create a formal strategy for green spaces around the estate, which will feed into our Sustainable Buildings Action Plan to assess the current status of each site, an estimate of its potential and define criteria for use in acquisitions.

Green space is becoming not only a nice to have, but also a key part of innovative sustainable care models. It has become increasingly evidential that the benefits of green social prescribing and time spent in green spaces reduces cortisol levels and could improve both mental and physical wellbeing of our service users and staff.

Within our Therapeutic Environments Steering group and Therapeutic and Great places to work group, we are reviewing our building stock and redevelopment of the estate and green spaces to provide sufficient high quality healing environments and external green spaces in support of 24/7 facilities. For example our Therapeutic & Great Places to Work group are offering the opportunity to empower and enable staff to make nature based improvements to their work place, in a way that meets the needs of staff and service users in a creative and dynamic way. Staff can complete an application form to be considered by the group to receive funding to make improvement such as creating wild flower beds, planting trees, creating outdoor seating areas to installing bird or bee houses. Learning from this initiative will be examined in terms of feasibility to have a universal roll out of improvements across all Trust sites.

During SHSC Sustainability week, June 2021 at Woodland view we planted fifteen native trees including crab apple, rowan, and cherry as part of the NHS Forest project to help improve the health and wellbeing of patients, staff, and the wider community. The tree species were selected for their benefit to the environment, for example the Rowan Trees will provide a perfect habitat for waxwings when they visit the UK in Winter.

We plan to continue our efforts to promote and enhance our green spaces. We are planting trees at other SHSC sites and we have refurbished two gardens at Dovedale, landscaped with aromatherapy and relaxation in mind with herbs, flowers and plants that service users can get active and involved with.

Working in partnership with the Sheffield Wildlife Trust, staff and service users from the South Recovery Team, based at East Glade have planted a wildflower meadow and orchard, and built homes for swifts, hedgehogs, and toads. Their work aims to enhance staff and service user wellbeing whilst also increasing local biodiversity and greenspace for the benefit of the community. It is a positive example of how internal collaborations between our estates, clinical teams, volunteers and our service users on small change can have big impacts on the local environment and wellbeing. We will be signing up to the Sheffield and Rotherham Wildlife Trust Nature Recovery Sheffield working group to work collaboratively across the region to take joint action to tackle the climate and ecological crisis. As part of this we may consider closer links with our education partners to undertake surveying for baseline biodiversity across our sites.

SDAT Performance; Estates and Facilities

We know that the carbon footprint and sustainability of our estate and facilities will have huge implications as to whether we can achieve our goal to be carbon net zero on the emissions we can control by 2030. With this in mind we have set ambition targets to drastically improve our SDAT performance over the next 3 years.

2021/22 SDAT Statements

Targets achieved: **3**　　　　In progress: **20**　　　　Not working on (yet): **28**

2024/25 SDAT Statements

Targets achieved: **33**   In progress: **14**   Not working on (yet): **4**

Medicines

SHSC is aware that a significant source of emissions for the NHS is from the medicines and associated medical equipment we use to deliver our services. The way we prescribe and the use of medicines and medical equipment, whilst not captured within the SDAT explicitly, is therefore a key consideration of this green plan. We need to identify clinically appropriate ways to release fewer emissions from use of medicines by improving how and when medicines are prescribed and seeking alternative therapies where appropriate, reducing medicine waste and improving the handling of medicines.

NHS England have requested an immediate call for action for NHS organisations to review their use of Anaesthetic gases which account for 2% of all NHS greenhouse gas emissions; with Desflurane and Nitrous Oxide being singled out as key contributors. As a trust we do not have any requirement for anaesthetic gasses to be used so we are unaffected by this or clause 18.4.2.2 in the NHS Standard Contract 21/22.

Another significant source of emissions, 2.5% of the NHS carbon footprint, is from the propellant gas in meter dosed inhalers (MDIs). Our trust does not usually initiate prescribing of any MDIs and as such we cannot contribute directly to the reduction of emissions due to this. Indirectly, focusing on an objective to prevent harm, our efforts to reduce emissions from transport, improve air quality around our sites and support our local community in improving fitness should all assist in reducing the need to prescribe MDI's for our neighbouring trusts and GPs. Access to natural spaces is beginning to be recognised as a key treatment pathway for mental health and for its ability to reduce the need to prescribe medicines. We will investigate ways to improve green spaces on our sites as part of our green plan estates projects and may be able to make some of these accessible to the local community where appropriate.

Our main direct impacts on the carbon and sustainability impacts of our medicines therefore will come from those medications we procure and prescribe within our care models. This falls within our Footprint Plus which we have undertaken an exercise to attempt to initially quantify this year. We will assess the results of this in terms of the carbon impact from our medicines.

Our horizon scanning has identified a number of areas of research which are of interest around sustainable medicine procurement including reducing the environmental impact of shipping via initiatives such as NHS Ocean and by reducing the volume shipped by purchasing active ingredient and only incorporating additives locally. We will continue to track schemes such as this and intend to support our supply chain to innovate where possible.

Waste of medicines is a concern and our storage facilities, ordering habits and engagement with service users on disposals of any unwanted medicines are all also areas where we will create actions to improve within the timescales of this green plan. Our care models already focus on avoiding unnecessary prescribing, but we will continue to monitor and improve on this where possible. Opportunities to collaborate with our peers within the SY ICS will be sought as this will ensure a harmonised approach to medicine prescribing across the region and potentially promote opportunities to lobby our supply chains for positive change.

Supply Chain and Procurement
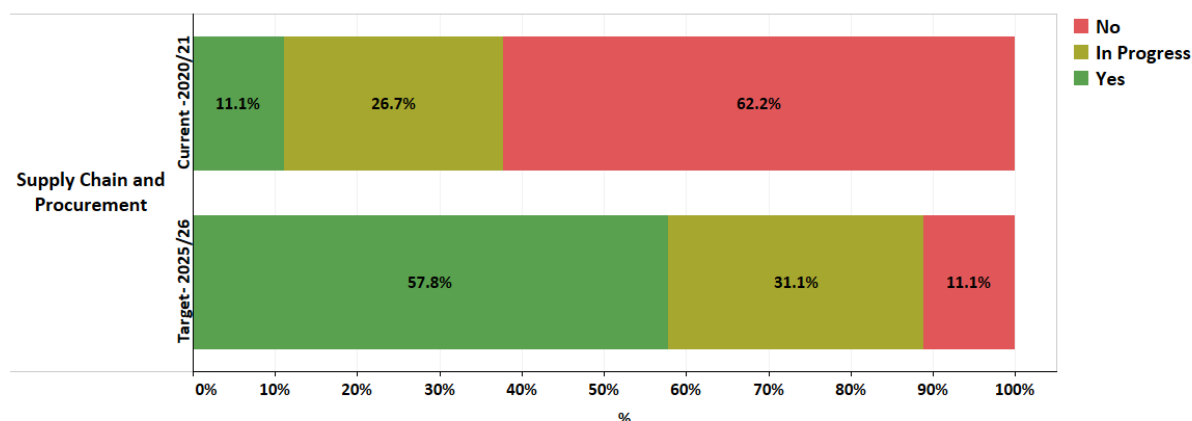
Our trust are committed to providing the most effective, fair and sustainable use of finite resources and we have a dedicated lead for Sustainable Procurement and Social Value; Nikki Woodhead and we also have close links with our ICS Sustainability Lead.

Whilst the bulk of this area of focus will concentrate on the SHSC Footprint Plus (our indirect carbon emissions we can't control but we can influence), there are areas where Supply Chain and Procurement directly influences the SHSC carbon Footprint (our direct carbon emissions we can control) which we will detail first.

Wherever we procure electricity on our sites we purchase this REGO-backed, we also recognise that REGOs themselves do not show additionality and our energy procurement framework assessed suppliers for their actual fuel mix in addition to this. Our electricity supplier purchases from >98% renewable sources, exerting a pressure on the grid to green.

We are targeting as part of our Estates and Facilities area of focus to create a sustainable building action plan. This will provide us with a clear set of sustainability aims and objectives that can be scaled for the procurement of all capital projects, such as:

- Energy performance
- Embodied carbon
- Minimum access to green space
- Use of natural capital

Our Transport and Travel area of focus addresses our procurement of fleet vehicles and our Medicines section discusses emissions from gasses on site.

We are also directly targeted to take actions via the NHS Standard T&Cs:

"18.4.3 single use plastic products and waste, and specifically how it will, no later than 31 March 2022 take action:

> *18.4.3.1 to reduce waste and water usage through best practice efficiency standards and adoption of new innovations;*
> *18.4.3.2 to reduce avoidable use of single use plastic products, including by signing up to and observing the Plastics Pledge;*
> *18.4.3.3 so far as clinically appropriate, to cease use at the Provider's Premises of single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxodegradable plastics;*
> *18.4.3.4 to reduce the use at the Provider's Premises of single use plastic food and beverage containers, cups, covers and lids; and*
> *18.4.3.5 to make provision with a view to maximising the rate of return of walking aids for re-use or recycling, and must implement those plans diligently."*

"19.2 When procuring and/or negotiating contractual arrangements through which any potential or existing tenant, sub-tenant, licensee, contractor, concessionaire or agent will be required or permitted to sell food and drink from the Provider's Premises, the Provider must (having taken appropriate public health advice) include in those contractual arrangements terms which require the relevant party to provide and promote healthy eating and drinking options (including outside normal working hours where relevant) and to adopt the full range of mandatory requirements in Government Buying Standards."

We are already working in these areas, for instance we have signed up to the NHS Plastics pledge and our updated Sustainable Procurement Policy will provide additional detail on our specific actions to reduce single-use plastic use at SHSC.

The principle of sustainable procurement is the process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis. This means generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment.

Within the NHS it also means that we should use our purchasing power to influence the sustainability of our supply chain. It expands the concept of best value to include qualitative measures such as social impact and additional quantitative measures such as emissions and biodiversity impact.

The NHS uses products from more than 80,000 suppliers for items such as medicines, medical equipment, food, business and office goods. It is calculated the non-medicines supply chain produces 42% of the NHS Carbon Footprint Plus.

Although we have no direct control over these emissions, we can use our purchasing power to influence and promote change.

From April 2022 the NHS as a whole will adopt PPN06/20 which will mean that in all of our tenders there will be a 10% weighting minimum on net zero and social value. This will begin our journey with our supply chain towards the requirement for Carbon Reduction Plans aligned to the NHS Net Zero targets by 2024. By April 2030 all suppliers to the NHS will be required to demonstrate their progress towards the NHS Net Zero targets and the NHS will no longer purchase from suppliers that do not meet or exceed our commitment to net zero targets.

We have recently carried out a Scope 3 (emissions from external suppliers) study of our supply chain's carbon emissions. During the period of this plan, we will use this to identify the largest contributors, and will work to reduce their impact.

Our existing Procurement Policy considers Whole Life Costs and makes all members of staff responsible for ensuring that best value is achieved not only through the procurement process but also throughout the whole procured lifecycle of goods, services and works; which aligns excellently with our green plan ambitions. We do acknowledge that this remains a work in progress for us as a trust and we are committed to ensure it is applied across the organisation within the term of this plan.

Whilst we have embedded ethical and labour standards in our tender documentation, it is not currently explicit in our procurement policies, and we will commit to add this.

It is Trust policy to minimise adverse impacts on the environment by carrying out its purchasing activities in an environmentally responsible manner. All staff should be aware of the need to

consider environmental and sustainability issues in any procurement, but some key considerations must include:

- Selecting goods with low environmental impact, e.g., all white goods purchased should be energy rated B or better
- Using suppliers and contractors who adhere to a strict environmentally friendly practice
- Insisting that when tender contracts are developed, that suppliers provide a range of goods and services that are in keeping with Trust environmental policies
- Wherever possible, purchasing Fair Trade goods

Through continually challenging its activities and encouraging and inspiring others, SHSC's approach will deliver tangible results that make a difference, now and in the future for society and the environment.

Our Procurement Policy references SHSC's existing Sustainable Procurement Policy which was written in 2018 and is due to be updated but is already a useful document. It aims to ask:

- Does SHSC have a positive impact on its suppliers and local economy?
- What effect are SHSC's practices having on its reputation?
- Can SHSC promote social responsibility in the supply chain?

It considers key actions in the areas of:

WASTE: Aim - to minimise waste associated with our activities
ETHICAL PROCUREMENT: Aim – to ensure Procurement is conducted in an ethically sound manner
SUSTAINABLE PROCUREMENT: Aim – to ensure sustainability is a key consideration in all procurements
SMALL and MEDIUM SIZED ENTERPRISES (SME), BLACK and MINORITY ETHNIC (BME) AND SOCIAL ENTERPRISE ENGAGEMENT: Aim – to consider and promote the use of SME, BME and Social Enterprises

We encourage SMEs to tender when we undertake a procurement exercise, our internal Standardised documentation includes a way to say we would like SME to bid and our tender documentation is suitable for them. We don't currently record robustly which of our suppliers are SME and we will set up this structure to enable us to baseline and target to increase our spend with SMEs going forward.

Sheffield City Council are proposing a Clean Air Zone in the city. It is reported around 500 deaths per year in Sheffield can be attributed to air pollution which can permanently damage children's lungs, can cause strokes, cancers, cardiovascular diseases, alongside dementia and depression. The implementation of this Clean Air Zone will assist in our own ambitions to assess and limit the emissions from deliveries to our sites by our supply chain and reduce inequalities in the city related to air quality. We will begin to shape our tender documents to capture the relevant data on emissions and work on how to target or score to incentivise suppliers to reduce these.

Although not mentioned extensively in the SDAT we understand the impacts of climate change (both globally and locally) and growing global populations will impact on how we source and procure our products and services. For instance, we should anticipate increased food scarcity as yields of certain crops reduce and reduced access to finite resource such as copper, lithium, nickel. SHSC needs to continually build its knowledge on resource availability including a review of our supply chain to identify the products which are vulnerable to the impacts of climate change and price volatility. We will need to start discussions with our supply chain to find sustainable alternatives and mitigate risk to our service resilience. This will ensure we can maintain business continuity and ensure we can support associated Trust strategy delivery. For instance, delivery of the Digital Transformation

Strategy could be compromised by increased global demand for finite components of electrical equipment such as copper.

Our initial key procurement and supply chain action will be to publicise our Green Plan to our existing Supply Chain and educate them on the journey SHSC will be taking over the coming three years so that they can begin to work with us.

SDAT Performance; Supply chain and Procurement

The SDAT includes 45 objective statements related to in the Supply Chain and Procurement area of focus. We expect progress in this area to be challenging as many of the changes required are not in our direct control. However, we know that a large organisation we can engage and influence change and this could be further enhanced by endeavouring to seek opportunities of collaboration with our partner organisations and within the SY ICS.

2021/22 SDAT Statements

Targets achieved: **5**   In progress: **12**   Not working on (yet): **28**
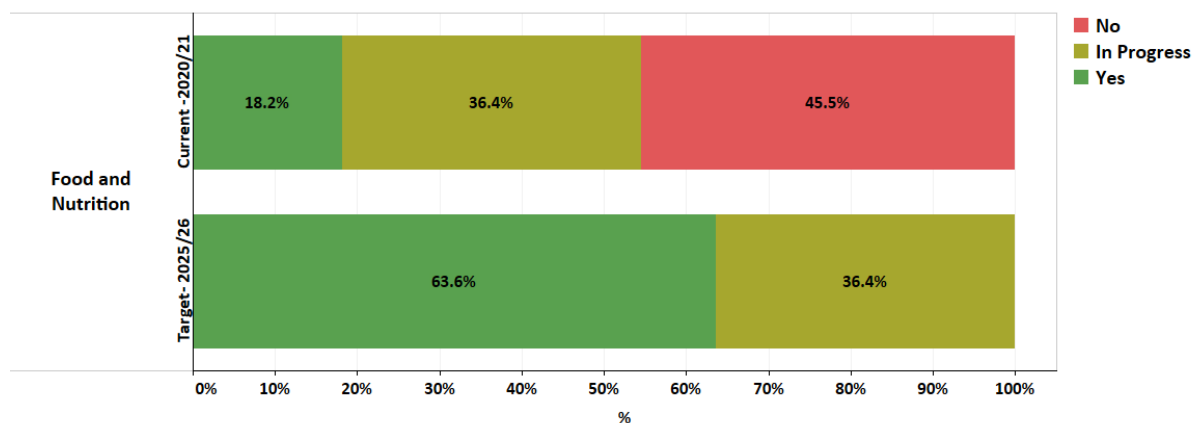
2024/25 SDAT Statements

Targets achieved: **26**   In progress: **14**   Not working on (yet): **5**

Food and Nutrition

A well balanced, nutritional diet is fundamental for health and wellbeing. Two-thirds of the British adult population are overweight and 27% are living with obesity. Being overweight and obesity is the third largest contributor to ill health and early death (behind smoking and poor diet).

There are many routes by which obesity is detrimental to wellbeing. Obesity can decrease life expectancy by up to 9 years by impacting causal factors in a number of other diseases. Individuals are regarded as obese if they have a body mass index (BMI) of 30 or more.

The health effects of a poor diet are unevenly distributed, with individuals from the lowest socioeconomic areas having double the prevalence of obesity, compared to the least deprived. Sheffield has a wide range of socioeconomic conditions and as such also a range of risk factors. The health inequalities across our region make it incredibly important that SHSC supports the promotion of a balanced diet and healthy lifestyles, as preventative measures.

Overall in Sheffield it is estimated that 24% of adult residents are obese and approximately two-thirds of adults in Sheffield are above a healthy weight. Whilst we may not see the direct impacts of this in our own treatments, as a Trust we feel strongly that we should contribute in a positive way to reducing the prevalence of the problem. We know how important it is to look after our service users' mental health and its crucial, despite being a mental health Trust that whilst a service use is in our care we can look after their physical health too. We are already making great progress standardising practices across SHSC and we are improving the support available to our staff to build knowledge.

Our current Nutrition & Hydration Strategy is under review. It covers SHSC's commitment to the standards of food and drink in hospital set out by the Department of Health and was developed to ensure we meet the below:

1. Care Quality Commission Regulation 14 – Meeting Nutritional and Hydration needs (April 2015). (Section 4.1).
2. Hospital Food Standards Panel's report recommendations 2014: for our bed-based areas and where the provision of food is a responsibility of the service – (Section 4.2).
3. Department of Health Mental Health Act 1983: Code of Practice (2015) requirements (Section 4.3).
   a. Includes: Sustainable procurement of food and catering services
4. Mental Capacity Act 2005 requirements (Section 4.4).
5. Requirements by the NHS Improvement National Patient Safety Alert around the Safer Modification of Food and Drink.

It includes an acknowledgment that the NHS is a major purchaser of food and drink, and it is important these purchases are made with regard to their impact on the environment and wider society.

"The Trust will work towards compliance with the Government Buying Standard for Food criteria:-

1. *Foods produced to higher sustainability standards*
2. *Foods procured and served to higher nutritional standards*
3. *Procurement of catering operations to higher sustainability standards*
4. *QAC members requested that we explore local produce procurement to reduce food miles and support local providers wherever possible"*

As part of this existing strategy we have a Nutrition and Hydration Steering Group who report bi-annually to the Executive Directors on progress against the implementation of the document and we have targets to increase the amount of healthy and sustainable food choices in our organisation.

To support some of our most vulnerable service users we can direct those that are known to have limited access to nutritional food to food banks. We also have mechanisms in place to provide emergency food parcels delivered ourselves directly to vulnerable service users where need is great.

SHSC partnered with local horticulture project Oasis who work with service users in the communities on their allotments and inpatients service users to grow food and herbs in ward gardens. Service users are able to interact with therapeutic greenspace, gain physical activity and learn about healthy diets.

This is an acceptable starting place but does not meet the ambitions which we strive for in this area and we hope to improve on our targets as part of the next Nutrition & Hydration Strategy following consultation with staff, users and our regional partners and suppliers.

Our Health and Wellbeing steering group is creating a co-ordinator role and designated personnel within each directorate to promote healthy choices amongst staff. Part of this role will be to encourage healthy food choices alongside primary goals to reduce smoking, substance abuse, and to support staff under stress to improve on sickness absence.

SDAT Performance; Food and Nutrition

Although only a small proportion of the SDAT is linked to food and nutrition, we believe that a focus on this area is essential in our strategic efforts to improve the wellbeing of our staff, patients and the local area. We have set an objective to ensure the majority of the SDAT targets are achieved within this 3 year period and those that are not achieved we will be on track to complete within the subsequent plan.

2021/22 SDAT Statements

Targets achieved: **2**   In progress: **4**   Not working on (yet): **7**

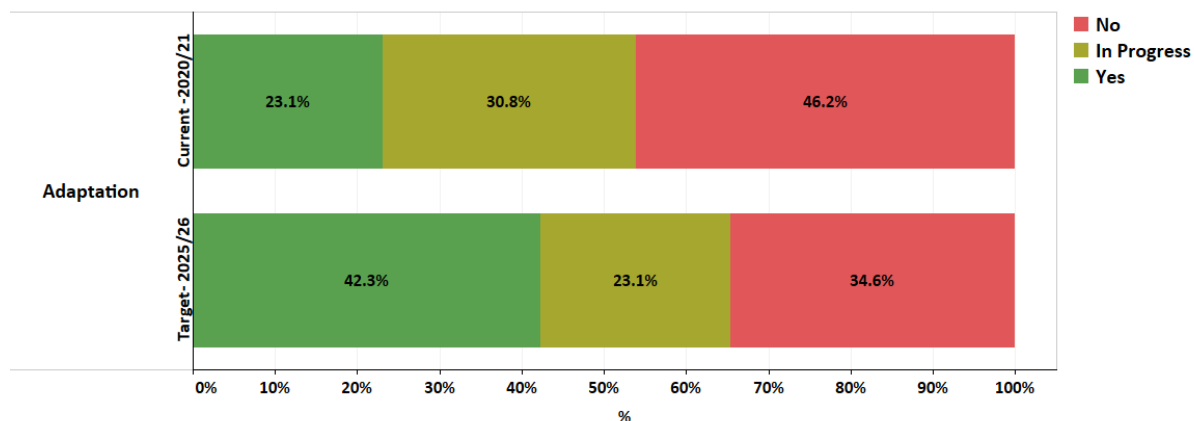**2024/25 SDAT Statements**

Targets achieved: **7** In progress: **4** Not working on (yet): **0**

Adaptation

Climate change is real and undeniable and as a result, the UK is experiencing increasingly severe and frequent, extreme weather events, caused by the long-term change in global temperatures. The global impacts of climate change on health are established and these also apply within the UK and Sheffield. For Sheffield this will mean increased heat waves, severe cold weather, prolonged rainfall storm events and flooding. These environmental impacts will lead to direct and indirect impacts on the physical and mental health of the population of Sheffield and disproportionately to those most vulnerable in our communities.

We know that adaptation to climate change could provide win-win opportunities for broad areas of focus within the Green Plan. For instance, planting more trees can not only mitigate flooding by improving drainage on our sites but in addition provide shade to cool our buildings, enhance biodiversity and contribute to improved service user and staff wellbeing. Adaptation as an area of focus within our Green plan will in the long term prove to be the most important and this could be further enhanced by effective implementation objectives in supporting areas of focus such as estates and facilities and supply chain and procurement.

The NHS Standard Terms and Conditions 21/22 includes a requirement to adapt:
"18.4.2.3 to adapt the Provider's Premises and the manner in which Services are delivered to mitigate risks associated with climate change and severe weather;"

Adaptation, however is highly challenging without first understanding and planning.

The flood risk of our sites, and the locations of our service users must be considered in our long-term planning for sustainable provision of services, and we will integrate this information into our Sustainable Buildings Action Plan.

Select:
03N: NHS Sheffield CCG
within
E54000009: South Yorkshire and Bassetlaw STP
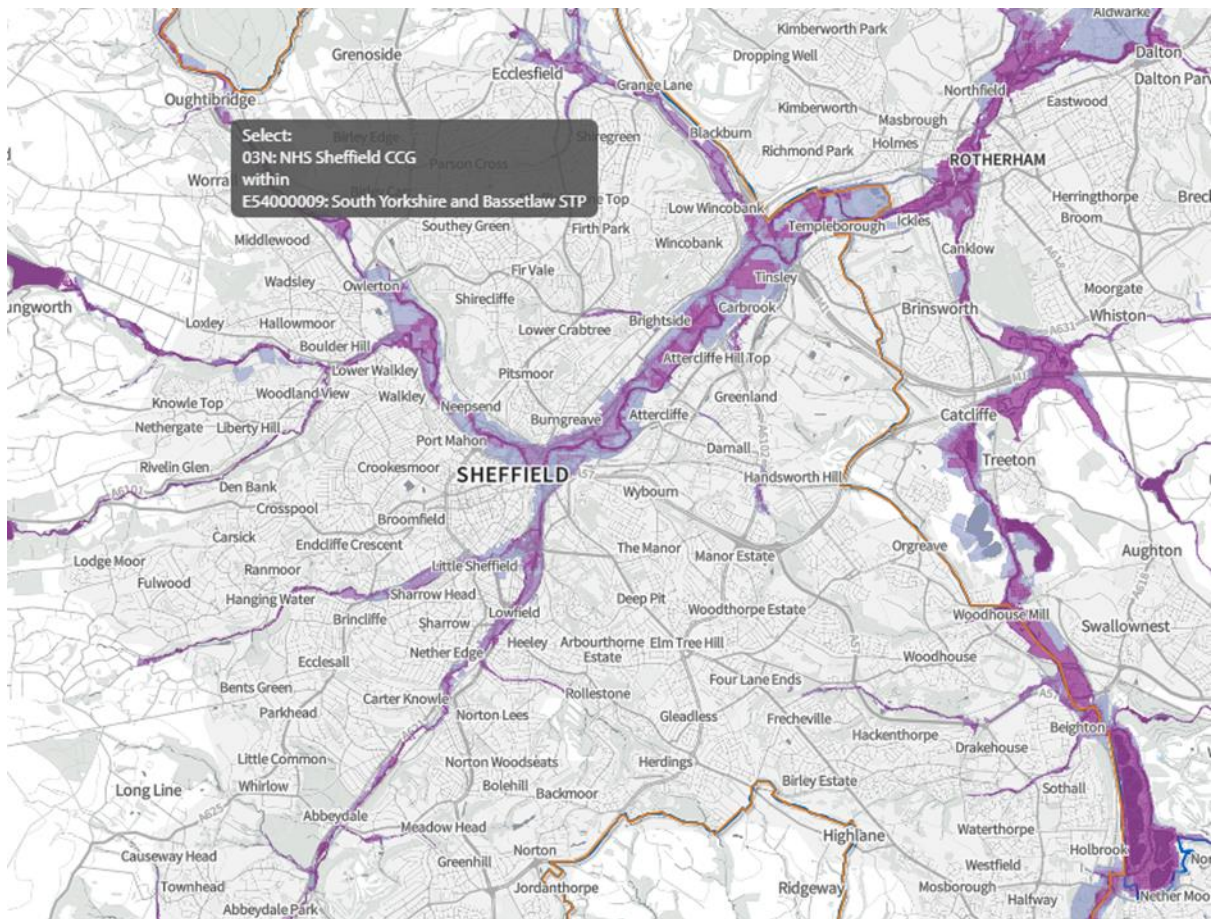
○ Risk of Flooding from Rivers and Sea

The Environment Agency RoFRS data shows the chance of flooding from rivers and the sea presented in categories taking account of flood defences and the condition they are in, and describes the suitable uses of the data.

It uses local water level and flood defence data to model flood risk across 40 different flood likelihoods. Results are put into categories and checked by local experts.

Key

Chance of flooding for each year:

High: greater than 1 in 30
Medium: 1 in 30 to 1 in 100
Low: 1 in 100 to 1 in 1,000
Very Low: less than 1 in 1,000

Data

Environment Agency: March 2021:
data.gov.uk/.../risk-of-flooding-from-rivers-and-sea

Download: RoFRS product description

Interpretation content is only visible when an indicator is displayed on the map.

As a Trust we are required by NHS England to ensure we have plans and preparations in place to maintain the delivery of our services in the event of an incident, our Emergency Preparedness, Resilience and Response.

From a practical perspective, we are represented by NHS England together with our other health partners of South Yorkshire Local Resilience Forum. This brings together the emergency services and other local agencies in the region to ensure a joined-up response to emergency scenarios. We have

an Adverse Weather and Other Emergency Conditions Plan within our Emergency Preparedness, Resilience and Response (EPRR) Policy. This Plan includes the priority deployment of four-wheel drive vehicles to assist delivering medication and providing community support to vulnerable people as the two highest priorities.

"Services in the community will identify those people considered most vulnerable and communicate with them. A decision will be made, based on individual risk assessments, to ensure that appropriate services are in place using the Trust's resources."

The Climate Change Act 2008 makes it a requirement for all statutory sectors, including the health sector, to have robust plans in place to deal with the impact the climate change may have.

We address this in part with our Heatwave Plan. Cool rooms/areas are identified maintaining a temperature of 26°C or below. High risk groups, who are vulnerable to the effects of heat, may be physiologically unable to cool themselves efficiently once temperatures rise above this. Identification of particularly vulnerable service users is crucial (those with chronic/severe illness, on multiple medications) as they may require prioritisation for time in a cool room. SHSC have allocated cool rooms and mobile air conditioning units available for dispatch when heat events are declared.

We need to integrate Climate Change into the corporate risk register and will take this as an urgent action as part of this Green Plan. We will also appoint a clear Adaptation Lead, currently we have a Sustainability Lead and an Emergency Planning Manager but this Adaptation role is not clear.

We will develop a Climate Change Risk Assessment and continue to review this annually to add to the document as our Adaptation work develops. This work will feed into our sustainable building action plan to aid decision making on our estate and ensure we can maintain service resilience wherever practicable.

Our methodologies adopted to provide business continuity following Brexit and during the Covid 19 pandemic have developed greatly and we have begun to engage with our supply chain in a more proactive way as a result. We worked collaboratively with our ICS in this endeavour and intend to refresh this work during the course of this Green Plan including explicit reference to extreme weather events and climate change. Lessons learnt, will prepare SHSC for future challenges to business continuity including the increased risk of resource scarcity due to the growing global population and the environmental impacts of climate change on agriculture and food production.

The success of our mitigation efforts will be monitored through our ongoing carbon reporting, and we will continue to strive to develop our understanding of our estate in the context of climate change adaptation and ensuring SHSC is fit for the future.

SDAT Performance; Adaptation

We are preparing for the complex conversations that need to be had to both adapt to and mitigate climate change in unison. We must be aware of the associated risks adaptation actions can have on compromising our efforts to mitigate climate change. For instance a scenario where universal air conditioning is implemented across SHSC estates to prevent overheating would lead to increased carbon emissions contravening our targets to reduce carbon. This is where collaboration internally across SHSC and across the ICS to align our adaptation planning will be key. The importance is we act now and this is why we have committed to the below SDAT targets over the next 3 years. The SDAT includes 26 objective statements related to reducing the impact of climate change on SHSC through adaptation activities.

2021/22 SDAT Statements

Targets achieved: **6**   In progress: **8**   Not working on (yet): **12**

2024/25 SDAT Statements

Targets achieved: **11**   In progress: **6**   Not working on (yet): **9**