The Rotherham
NHS Foundation Trust

The Rotherham NHS Foundation Trust

Green Plan 2022 - 2025

Executive Summary

The Rotherham NHS Foundation Trust's Green Plan sets out how the Trust will address Sir Simon Stevens Net Zero challenge, for the NHS to reduce the environmental impact arising from carbon emissions with a view to achieving 80% net zero by 2032 and totally emissions free on site by 2040.

Our Green Plan is in response to the climate change emergency. If the matter is not addressed, the consequences of poorer air quality and environmental stress may significantly impact on our wellbeing and result in an increase in diseases such as cardiac issues, respiratory disease and cancer, which may affect us all and our future generations.

In 2021 we made significant progress in reducing our carbon footprint through the successful completion of an £11m investment through a range of energy savings projects, including the replacement of our Combined Heat and Power Plant and primary heating boilers at The Rotherham Hospital and widescale replacement of lighting with LED fittings across our sites.

Our Estates Strategy 2022 – 2027 is wholly aligned to the Green Plan, ensuring that over the next five years we will continue to invest in further carbon reduction targets in the areas of Built Environment and Infrastructure; Estates and Facilities Management; Medicines Management; Supply Chain & Procurement; Food & Nutrition and Climate Change Adaptation.

Our Green Plan intends to exceed the current NHS commitments towards environmental sustainability, by:

- Achieving at least an 80% reduction in emissions from on-site sources by 2032
- Achieving a further 5% reduction in general waste, based on 2020's levels
- Reducing patient service mileage by 25% based on 2020 by 2032, by delivering care closer to home and in the community settings
- Ceasing use of all single use plastics
- Reducing water consumption by 10% by 2025

We pledge to adhere to the NHS CO_2 reduction targets to eliminate our CO_2 footprint through this plan, as approved by our Board of Directors.

By working collaboratively with our peer organisations within the Integrated Care System in South Yorkshire and as an Anchor organisation within our community, we will uphold our corporate and social responsibilities. We will minimise our environmental impact and work to provide sustainable healthcare services, in contribution to the global effort to mitigate climate change impact.

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1.0 INTRODUCTION

1.1 THE ROTHERHAM NHS FOUNDATION TRUST

The Rotherham NHS Foundation Trust (TRFT) is a combined acute and community Trust providing services at Rotherham Hospital and across the borough to a population of 264,700 people.

The 430+ bed Rotherham Hospital first opened in March 1978 with Rotherham community services integrating with the TRFT in 2011.

Today, TRFT provides a full range of district hospital and community services to Rotherham and the surrounding area alongside partner organisations.

The Urgent and Emergency Care Centre (UECC) opened in 2017 and sees approximately 75,000 attendees per year, and there are approximately 55,000 inpatients and 250,000 outpatient attendances each year.

TRFT is an Associate Teaching Hospital of the University of Sheffield and has an active research programme delivered through local, regional, national and international research networks and consortia.

1.2 DEMOGRAPHIC & SOCIOECONOMIC DETAILS

Rotherham and borough's 265,000 inhabitants are spread over an area of 287 km². Certain factors may impact on the populace to a greater degree than found nationally in terms of age; economic background and environment.

Approximately 33% of the populace are over the age of 55[1] (compared with 26% of the national average for England and Wales). In addition, child poverty in some areas of the borough is over twice the national average[2].

Air quality in Rotherham[3] was 21.3 to 50 µg/m³ NO_2; 22.4 µg/m³ PM10 & 12.6 µg/m³ PM2.5 particulates This can be compared to national averages[4] of 23 µg/m³ NO_2; 16.3 µg/m³ PM10; 8.1µg/m³ PM2.5, which indicates that the air quality is worse than the national average. It is noted that two of the heaviest influences in pollution relate to steep hills (with heavy fuel use required to climb) in the vicinity of Rotherham and the M1 motorway, which lie largely beyond much of the borough's control.

Clearly, pollution at low atmospheric level has a significant effect on health and any impact that TRFT can make in reducing this through reduced road travel and fuel combustion is to be welcomed.

[1] https://ugeo.urbistat.com/AdminStat/en/uk/demografia/dati-sintesi/rotherham/58/4
[2] https://www.rotherham.gov.uk/downloads/file/608/rotherham-east-ward-profile#:~:text=Deprivation%20in%20Rotherham%20East%20is,most%20deprived%202%25%20of%20England.
[3] https://www.rotherham.gov.uk/downloads/file/2570/2020-air-quality-annual-status-report
[4] https://www.gov.uk/government/statistics/air-quality-statistics/summary

2.0 ORGANISATIONAL VISION

TRFT aims to build a healthier future for patients, their carers and families, staff, and for anyone else that TRFT cares for. TRFT is committed to implementing a vision that integrates hospital and community services and empowers clinicians and managers to deliver real benefits to patients and their carers. This is actioned by providing healthcare services where they are most convenient and best suit patients' needs.

With respect to carbon reduction, TRFT is committed to playing its full part in achieving the NHS aims to reduce its own emissions to net zero by 2040.

2.1 SUSTAINABILITY IN HEALTHCARE

The NHS has been identified as a generator of 5% of all the UK total emissions. This is despite a successful campaign to reduce overall emissions by an impressive 18% over the past decade. However, along with the rest of the UK, greater effort than ever is being called upon to now reduce the NHS emissions to net zero by 2040[5].

2.1.1 Climate Change Act 2008

The Climate Change Act 2008 sets legally binding targets for the UK to cut greenhouse gas emissions by 80% by 2050 (based on a 1990 baseline). This is split into interim reductions of 34% by 2020 and 50% by 2025. Emissions include those from building energy use, travel, waste and the procurement of goods and services. This is the principal driving legislative act in place.

2.1.2 Net Zero

Since the Climate Change Act, the term “Net Zero” has come into common parlance. This essentially signifies that, on balance, no CO_2 emissions must be attributable to any activity. This is generally to be achieved by a reduction in energy use by improved technology and efficiency gains.

Net zero is reached when the amount we add is no more than the amount taken away.

Net zero means achieving a balance between the greenhouse gasses put into the atmosphere and those taken out.

Another factor is the restoration of the environment in areas such as forestry; peat bogs and oceanic protection, which increases CO_2 absorption capacity of the planet. Unfortunately, industrialisation and environmental degradation has already created enough emissions to the atmosphere that have set in train a global temperature rise.

It has been realised by the world’s governance that a drastic cut in emissions, globally, is required to avoid the worst of catastrophic climate change, by limiting this temperature rise. To this end, in the Paris COP 25, a limit was set of 2°C increase in global temperatures by 2050. However, science has shown that this is an insufficient limit. Therefore, the recent COP 26 talks in Glasgow have endeavoured to reduce this to 1.5°C. This essentially requires CO_2 emissions to cease by 2050.

[5] “Delivering a ‘Net Zero’ National Health Service”; NHS England & NHS Improvement; October 2020

Without action to limit temperature rises, the current severities of extreme weather events seen in the UK and elsewhere over the last ten years, will become more prevalent. Extremes of cold and heat will be more likely, and this will inevitably impact on the health of citizens. Action must be taken to prevent this from all elements of society. The NHS is no exception and may even be considered as a leading influence in societal behavioural change to reduce emissions and limit global temperature increase.

The NHS has issued its own target as part of its contribution to climate action. The "Delivery of a 'Net Zero' National Health Service", sets forward the requirements that the NHS be net zero by 2040. It is divided into two areas. The "NHS Carbon Footprint" concerns emissions over which the NHS has direct ownership (e.g. gas and electricity use; road transport). There is an ambition to have 80% of the reduction achieved over the period 2028 to 2032. The second area is known as "NHS Carbon Footprint Plus". This pertains to emissions over which the NHS has influence (for example: embedded emissions in suppliers' services and products). These must be at zero by 2045, with the ambition of 80% of the reduction to take place over 2036 – 39.

The emitters of carbon dioxide are wide and various, and the two above areas are summarised in Figure 1 below:

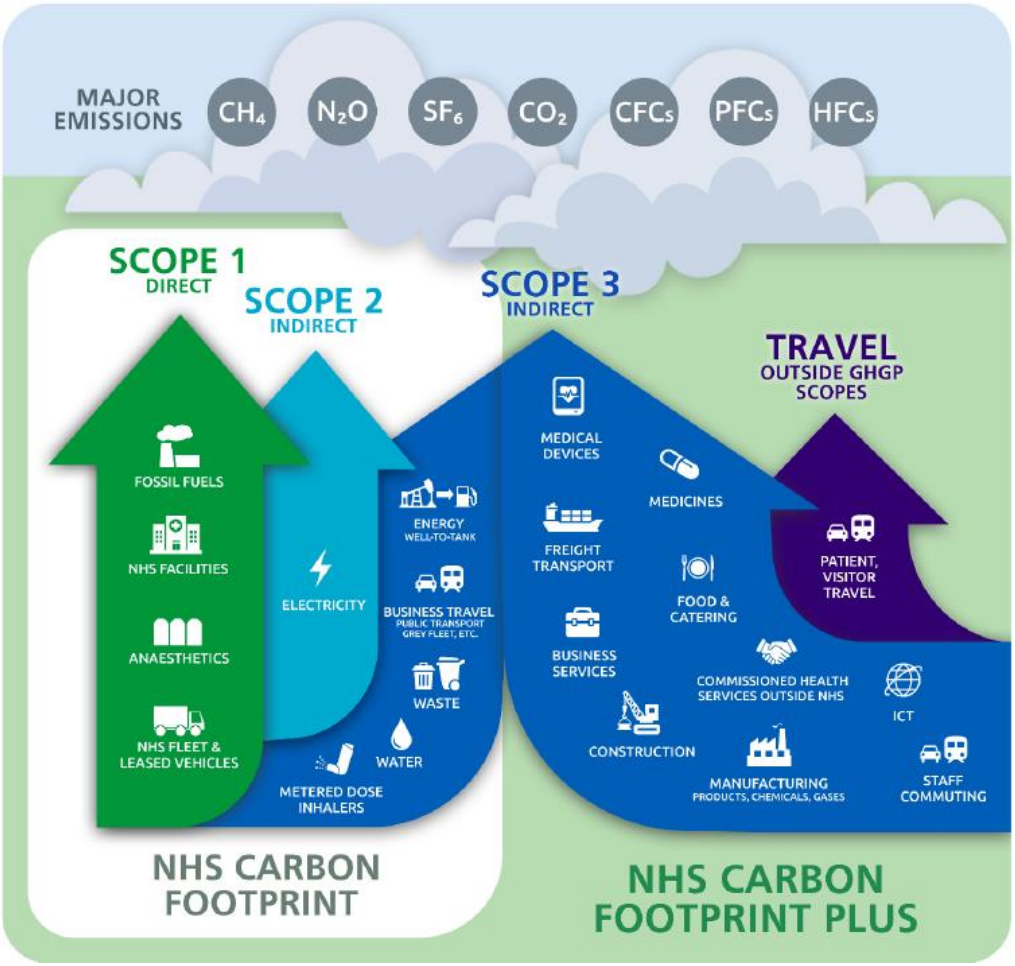

Figure 1 - NHS Carbon Footprint Sources

To explain the various "Scopes":

- Scope 1 – Emissions arising from direct combustion (natural gas; hospital owned vehicle use); fugitive emissions from refrigerants
- Scope 2 – Grid Electricity
- Scope 3 – Indirect emissions such as those arising from water supply and treatment; general and specialist waste treatment, transportation and procurement of goods and medicines

3.0 PREVIOUS SUSTAINABLE DEVELOPMENT MANAGEMENT PLAN

The trust's Sustainable Development Management Plan (SDMP) detailed TRFT's 2017-2022 five-year plan to address climate and sustainable matters over which it had control.

It's strategy to combat sustainability issues was to adhere to the following high-level action plan:

Area	Priority	High Level Actions
Energy & Water	1	Implement the annual "Energy and Carbon Spend to Save" programme, dependent on availability of finance
	2	Promote energy and water efficient behavior amongst employees, patients and visitors
	Progress	*Battery energy storage; LED lighting; Boiler improvements; new CHP (tri-generation); general insulation; BMS improvements; Chilled water control improvements. 100% electricity purchased from the grid is renewably sourced and will continue to be so.*
Procurement	3	Produce a Sustainable Procurement Policy
	4	Adopt the Procuring for Carbon Reduction (P4CR) programme
	Progress	*Sustainable Procurement is referenced in TRFT Procurement policy*
Travel	5	Work with external organisations to raise awareness of the health benefits from utilising active travel modes
	6	*Promote sustainable travel behavior amongst staff, patients and visitors*
	Progress	*Implementation of Cycle to Work and ULEV purchase schemes via salary sacrifice methods; Dr Bike monthly visits and loan bikes provision; reduced rate bus season tickets; Car share scheme; Launch of sustainable travel group*
Waste	7	Ensure high and compliant standards for waste management from the point of generation to the point of disposal
	8	Promote effective waste segregation and waste management behaviors amongst employees, patients and visitors
	Progress	*94.7% of all waste is recycled or recovered*
Food	9	Achieve the Soil Association "Food for Life" Silver and Gold Catering Mark

	10	Encourage healthy eating amongst employees, patients & visitors
	Progress	*TRFT staff wellbeing programme promotes healthy eating and runs healthy eating cookery courses for staff*
Pharmaceuticals	11	Improve processes for the issuing and transfer of medicines
	12	Maximise the use of Patient Own Drugs (PODs) Building healthy, sustainable and resilient services and communities
	Progress	*Investigation into reduction of desflurane anaesthetics in favour of sevoflurane.*
Designing the Built Environment	13	Ensure that buildings are designed to encourage sustainability and resilience to climate change
	14	Ensure that sustainability design and construction considerations are explicit in Contractor Briefing Documents Workforce development and community engagement
	Progress	*Environmentally sustainable design objectives briefed at design stage to design team consultants. Construction developments meet current Building Regulations standards for environmental sustainability.*
Workforce development and community engagement	15	Ensure sustainability responsibilities are included within all job descriptions, and embed sustainability delivery into Executive and Senior Managers appraisals
	16	Review existing training provision to introduce a more structured and coherent training programme around how staff can contribute towards the reduction of carbon emissions across all key areas
	17	Work in partnership with public health professionals to support employees in improving health and wellbeing Climate change adaptation
	Progress	*The Sustainable Development Management Group are supported by several key influencers and stakeholder environmental champions, in embedding environmental sustainability within TRFT culture. An outdoor wellbeing garden, staff gym and woodland walk have been delivered in 2021 in supporting staff wellbeing. Chilled water infrastructure pipework has been installed to serve all future ward upgrades, in providing comfort cooling capabilities for staff and patient areas.*
Climate change adaption	18	Produce a Climate Change Adaptation Plan
	19	Work in partnership with local organisations to build resilience and adaption to climate change Embedding sustainable clinical and care models Sustainable clinical and care models

	Progress	*Climate Change Adaptation Plan scheduled for Q2- 2022. TRFT will be collaborating with the ICB in embedding an ICS wide plan in Q1 – 2022.*
Sustainable clinical and care models	20	Investigate mechanisms to facilitate a movement towards more sustainable models of care
	21	Assess the sustainability impacts of new service models
	Progress	*The Trust Strategy "Our new journey, together" incorporates movement towards a more sustainable model of care in minimizing impact on environmental sustainability.*

Table 1 - 2016-21 Sustainable Development Management Plan - High Level Actions

Ongoing progress of actions, detailed in

	Progress	*The Trust Strategy "Our new journey, together" incorporates movement towards a more sustainable model of care in minimizing impact on environmental sustainability.*

Table 1, to be monitored through the Sustainable Development Management Group.

The impact of actions in

	Progress	*The Trust Strategy "Our new journey, together" incorporates movement towards a more sustainable model of care in minimizing impact on environmental sustainability.*

Table 1 is described in Figure 2 to Figure 4 below:

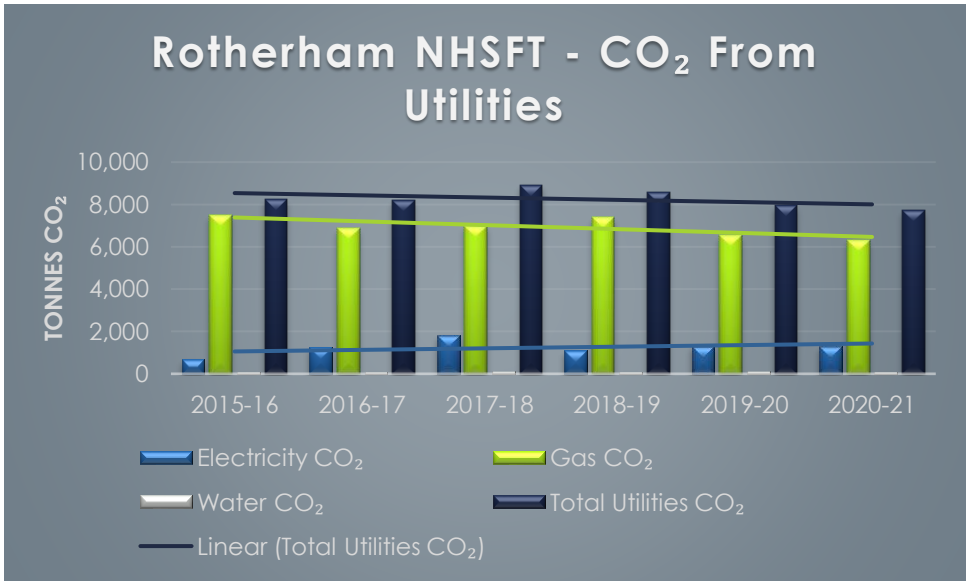

Figure 2 - Rotherham Foundation Trust - Emissions from Utilities

Emissions from electricity rose slightly over the last five years, whilst gas use fell. It was reported that a Combined Heat and Power (CHP) unit, installed in 2009, did not provide savings in emissions predicted owing to poor reliability delivery. In normal circumstances it would have been anticipated that gas emissions would rise as electricity use fell. However, gas use fell as less than predicted was used by the CHP, as a result reliability issues experienced.

Latterly, much less emissions savings from CHP are seen owing to the rapid decarbonisation of the National Grid. This latter factor also contributes to the overall slight reduction in emissions from all sources.

In 2021, the CHP and primary heating boilers were replaced under an Energy Services Contract with the Carbon and Energy Fund, which guarantees carbon reductions over the 20-year life of the contract.

Clearly, emissions from water supply are negligible in comparison to gas and electricity. Nonetheless, good water management is considered by TRFT as an important element of carbon management and emissions reduction and is aligned to the Trust's corporate and social responsibilities.

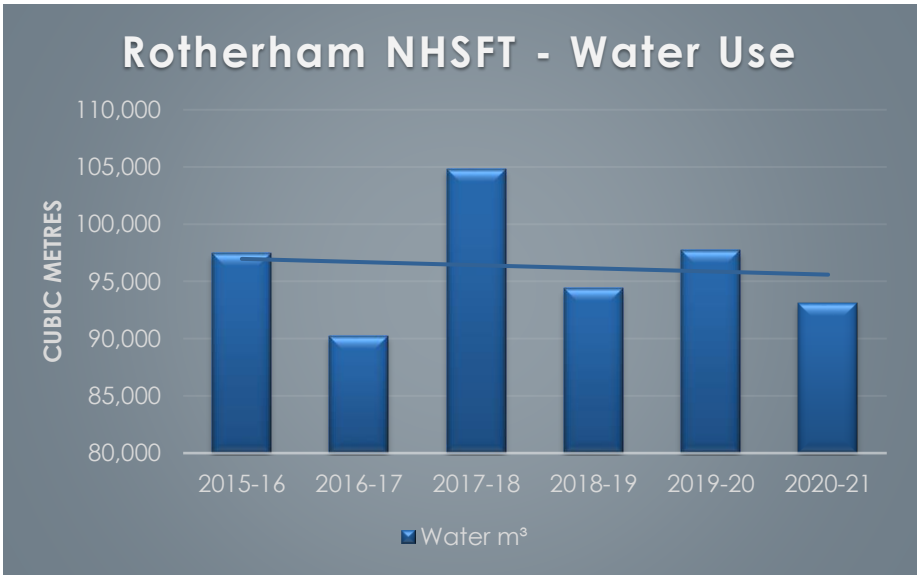

Figure 3 - Rotherham Foundation Trust Water & Treatment

Water use showed a slight decrease over the last five years. This is good news especially in the light of even higher levels of cleanliness required by infection prevention and control measures, including those to combat coronavirus and the associated increase in water use.

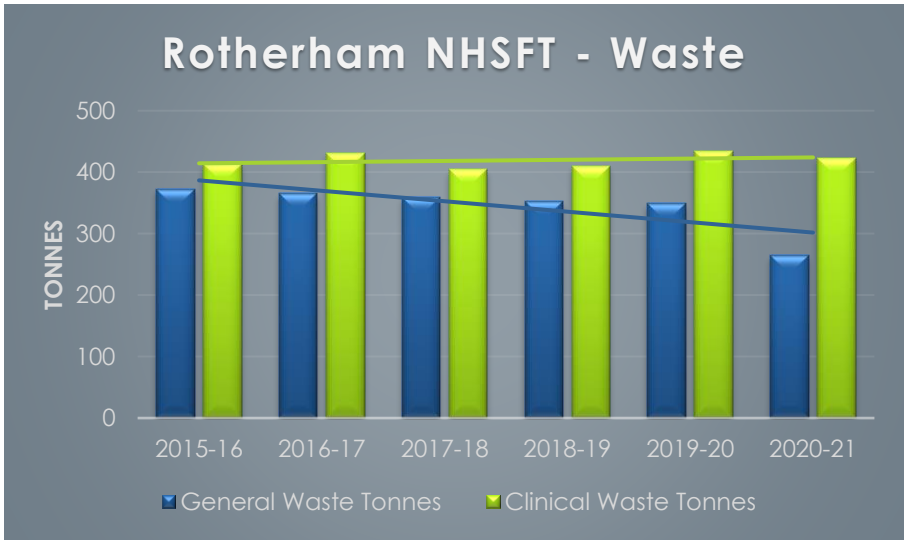

Figure 4 - Rotherham Foundation Trust – Waste

With respect to waste, clinical waste has shown a slight increase. This requires further work to reduce. However, general waste control is a success story showing a significant decline in general waste generation.

4.0 THE GREEN PLAN

The TRFT Green Plan will inform our vision for environmental sustainability and objectives to become a Net Zero healthcare provider, through the following staged objectives:

- Stage 1 – Carbon Footprint – review and validate the carbon footprint of TRFT's emissions (covering Scope 1 and 2 and selected Scope 3 emissions)
- Stage 2 – Action Identification – identification and assessment of opportunities for reducing emissions from energy and staff travel
- Stage 3 – Decarbonisation Action Plan – develop a Decarbonisation Action Plan. This will bring together the analysis from Stage 1 and Stage 2 to provide a roadmap of decarbonisation activities, including detail on specific energy and carbon saving interventions and impact.

4.1 WORKFORCE AND SYSTEM LEADERSHIP

TRFT's workforce are central to enabling us to deliver the Green Plan. The decisions that our workforce makes in energy use are key to this. Therefore, we will ensure that our staff teams are provided with the knowledge and tools to make the right environmental decisions. This will focus on the best use of powered equipment such as lighting; IT; heating and cooling controls. We will also maximise the best use of energy in our support services such as food provision in canteens and patient meals.

In order to do this, a board endorsed policy will drive this with target setting and appropriate monitoring. Our leadership will actively promote the Green Plan by direction and example.

4.2 ESTATES & FACILITIES

4.2.1 Energy & Water

The Estates and Facilities team has ultimate responsibility for the procurement and use of energy and utilities across all sites occupied by TRFT, including the main hospital and all community-based sites and services. As such, we will ensure that energy and utilities are consumed in as efficient a manner as possible. A programme of savings proposals has been completed as part of an Energy Performance Contract. These are summarised in the progress details in Table 1.

	Progress	*The Trust Strategy "Our new journey, together" incorporates movement towards a more sustainable model of care in minimizing impact on environmental sustainability.*

Table 1.

We will continue to explore other opportunities for saving energy and reducing waste and carbon emissions and we will endeavour to ensure that maintenance operations are equally focused on continued reliable functionality.

We will ensure that the carbon embodied in the procurement of goods, services, equipment and facilities, adopts best practice in the most efficient use of energy and carbon and in minimising carbon emissions and waste. Examples would be to ensure that insulation is replaced after work is completed and a low carbon alternative is considered and installed where feasible (for example; LED lighting; high efficiency motors).

We will also continue to examine other areas where energy use can be minimised utilising capital or revenue funded projects, which derive a financial return on investment focusing, reduce backlog maintenance and yield carbon emission reductions on, for example:

- Heat recovery (from AHUs; chiller condensers; economisers)
- Decarbonised heat (heat pump technology; hydrogen ready combustion appliances - subject to bid under PSDF3 for funding)
- Photovoltaics
- Draft proofing

- Double glazing
- Local mechanical ventilation heat recovery
- Underfloor heating
- Grey water recycling

We will use grey water recycling and general water efficiency improvements to save 10% of our water use, based on 2020 consumption.

4.2.2 Transport

We have an active programme to address transportation issues including a reduced rate public transport season ticket and bike to work scheme. We will build on this work with recently commissioned secure bicycle storage enabling our cycling commuters to confidently store their bikes. In 2022, we will be building additional staff shower/changing facilities for cyclists as added inducement to leave the car at home, in favour of environmentally sustainable modes of transport, such as cycling, running and walking.

A new park and ride scheme is planned in conjunction with local supermarkets so that motorist commuters can park part way along their journey and then continue on foot or by bike to the hospital.

We will also be shifting to electric vehicles, with a plan for a network of charging points over the coming years, increasing our electric vehicle charging capacity to at least 10% of all car parking spaces.

4.2.3 Waste and Recycling

At present, 94.7% of all waste generated by the hospital is recycled or recovered. 30% of this amount is fully recycled, which is a 4.4% improvement on the previous year (2019/20). 37.3% of waste is sent for energy recovery (conversion of non-recyclables into combustible material in place of fossil fuels); 26.4% goes to energy from waste power plants as a direct fuel.

The impact of coronavirus has impacted on several areas including the disposal of clinical and offensive wastes. In some ways, this has reduced recycling rates whilst in others, the amount of waste has reduced owing to working from home practices and reduced patient numbers.

We will build on this progress and continue to work towards yet further improvements. To this end, we will plan for a further 5% reduction in overall waste generation.

4.3 MEDICINES

TRFT will work to reduce the carbon footprint associated with medicines and anaesthetics.

4.3.1 Anaesthetics

The most common anaesthetic is desflurane, which has 20 x more Global Warming Potential than CO_2. We will work to reduce the use of this in favour of the lower GWP gas, sevoflurane.

4.3.2 Medicines Use; Procurement and Wastage

A study for the Department of Health revealed prescription drug wastage costs NHS England at least £300 million a year - and that £150 million is avoidable. In 2015/16, 9.5% of TRFT's carbon emissions were attributable to the procurement of pharmaceuticals.

TRFT is committed to tackling avoidable medicines wastage and taking necessary best practice pathways towards minimising medicine waste.

We will utilise the Procuring for Carbon Reduction (P4CR) Flexible Framework to facilitate the procurement of pharmaceuticals in a more innovative, sustainable manner.

In summary, TRFT will:

- Carry out regular audits of medicines returned to the pharmacy from the wards, Urgent and Emergency Care Centre and other clinical areas to identify any opportunities for re-use. The audit will differentiate the type of medicines that are being returned (Patient Own Drugs, discharge medicines not given to a patient, medicines dispensed during an inpatient stay that are no longer required and medicines that were not transferred with a patient when they moved to another clinical area).
- Improve processes for the issuing and transfer of medicines, when patients are moved from one clinical area to another within the hospital.
- Where appropriate, maximise the use of Patient Own Drugs (PODs) that are brought into the hospital.
- Reduce pharmaceutical waste through improved prescribing, re-use of medicines, compliance and stock management.
- Explore what can be done to encourage patients to bring their own medicines into hospital for use during their stay, including an awareness campaign with the Yorkshire Ambulance Service.
- Regularly review the approach to discharge prescriptions to examine efficiencies, convenience for patients and contribution to better outcomes through integrated care.
- Investigate options to introduce a temperature controlled cold room in pharmacy.

This will be measured by:

- Annual progress of the pharmaceuticals section of the SDAP will be reviewed against achieving the SDMP's vision and priorities.
- Reduction in medicine wastage.

4.4 SUPPLY CHAIN AND PROCUREMENT

It is likely that Procurement/Supply Chain emissions represent more than 60% of the Trust's overall emissions and this can be addressed by Sustainable Procurement of goods and services initiatives.

Sustainable Procurement is defined as a 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 in terms of generating benefits not only to the organisation, but also to society and the economy, whilst minimising negative impact on the environment.

We will carry out a carbon foot-printing exercise to provide an emissions assessment for TRFT to have a greater insight of the opportunities for us to reach net zero. Our Procurement team will identify and engage key suppliers, aiming to improve reporting, encourage information sharing and support alignment to NHS and TRFT carbon and emissions reduction targets.

Suppliers will be required to meet key criteria such as estimated emissions contributions, TRFT's ability to influence supplier's sustainability credentials, their existing approach to decarbonisation; e.g. low emission company vehicles, product packaging, etc., and their willingness to engage with TRFT.

We will utilise the Procuring for Carbon Reduction (P4CR) Flexible Framework to facilitate the procurement of goods and services in a more innovative, sustainable manner:

- Purchase more goods from sustainable sources, with a focus on those from local, ethical and fair-trade suppliers.
- Work with suppliers to encourage them to hold an Environmental Management Standard (e.g. ISO 14001) and to disclose their carbon emissions.
- P4CR Practice (Level 3) by 2025.

4.5 FOOD & NUTRITION

The NHS is one of the largest purchasers and providers of food in the UK. Working in partnership with our supply chain and service partnerships, TRFT will continue to promote and expand the procurement and delivery of sustainable foods and nutrition.

The annual Green Plan will detail the actions to ensure that TRFT procures sustainable, health and low carbon food and promotes healthy food choices. Working in partnership with our supply chain and service partnerships, TRFT will:

- Encourage healthy eating amongst staff, patients and visitors through the promotion of the Food for Life programme through the TRFT Wellbeing programme.
- Continue to work in partnership with ReFood and reduce food waste across the food supply chain through improvements to food storage, preparation, ordering and meal service procedures.
- Work in partnership with food suppliers to increase the availability of locally sourced, seasonal, sustainably grown food.
- Work in partnership with food suppliers to reduce the number of transport deliveries to the Rotherham Hospital site.

- Support and enhance education in food, nutrition and sustainable food production through our Staff Wellbeing scheme and in partnership working to facilitate local growing projects (e.g. chef herb garden, patient allotment, supporting local allotments and grower's associations), when opportunities arise post pandemic.
- Continue to work closely with clinicians and dieticians in order to adopt well-balanced and appropriately portioned menus for both patients and staff.
- Continue to deliver a staff behavioural change programme to catering staff to encourage resource efficient behaviours.
- Influence consumer behaviour to reduce food waste in the home through the promotion of the Love Food Hate Waste campaign.
- Food waste data will continue to be regularly monitored and reported.
- Annual progress of the food & nutrition section of the Green Plan will be reviewed against achieving the TRFT's vision and priorities.
- Ongoing reduction in food transport mileage.

4.6 CLIMATE CHANGE ADAPTION

Extreme weather can represent a threat to the effective delivery of health and care services. In addition, a rapid increase in service users during extreme weather events can increase pressure on staff dealing with elevated workloads and potential staff shortages.

TRFT recognises that it must become resilient to the effects of climate change and adopt adaptation measures to prepare for, and reduce, the impacts of a changing climate on healthcare services. Climate change adaptation is the understanding and implementation of resilience measures to enable TRFT to prepare for the effects of climate change.

Our Emergency Preparedness, Resilience and Response Group will work to improve the resilience of services and the built environment, ensuring they are fit to meet Net Zero objectives by ensuring:

- Services and infrastructures are prepared and resilient to severe weather events and other disruptions.
- We work together with other public services and local organisations within a framework for sustainable development.
- Current and future risks to health and wellbeing from a changing climate are understood and minimised.

TRFT needs to understand the health and wellbeing implications of current and projected changes in climate and adapt services accordingly. An important component of this is ensuring TRFT's infrastructure (including buildings, vehicles and the supply chain for fuel, food and key products) is prepared for, and resilient to, severe weather events and other disruptions.

Additionally, as many health and care services are increasingly being delivered in people's own homes, there is a growing need to ensure that domestic settings, as well as healthcare settings, are adapted, resilient and accessible.

TRFT's Major Incident Plan and Local Service Business Continuity Plans describe the operational command, control and communication structures required to manage the effects of a significant or major incident. This includes flooding and severe weather conditions (e.g. excessive rain, snow, wind, ice, extreme cold or heat). As a Category One responder under the Civil Contingencies Act 2004, TRFT is a member of the South Yorkshire Local Health Resilience Partnership, with direct links to the South Yorkshire Local Resilience Forum.

The annual Sustainable Development Action Plan will detail the actions to ensure the resilience of TRFT's services and buildings. In summary, TRFT will:

- Employ the UK Climate Change Risk Assessment tools and guidance to assess local risks to patients and staff, infrastructure, supply chain and clinical services, and inform Emergency Planning & Business Continuity procedures.
- Conduct regular climate change impact risk assessments to ensure that high level risks are registered on TRFT's Risk Register.
- Produce a Climate Change Adaptation Plan to ensure continuation of care for the most vulnerable patients during heat waves, floods and other extreme weather events.
- Design all new buildings, and ensure all existing infrastructure, has ability to cope with rising temperatures and floods.
- Assess the risk that disruptive climate changes pose to the supply chain and develop appropriate management strategies to ensure continuity of services.
- Identify risks of disruption to transport operations and put in place contingency plans to cope with extreme or unexpected events.

We will monitor progress by:

- Reporting annual progress of the climate change adaptation section of the Green Plan, reviewed against achieving the Trust's vision and priorities.
- Development of a Climate Change Adaptation Plan.

4.7 SUSTAINABLE MODELS OF CARE

Provision of care brings with it its own environmental issues. To address this, we will examine routes to reduce environmental impact by our delivery of care. We will examine the opportunities for delivering care closer to the patient's home and in the community setting and thus avoid longer journeys to and from the main hospital and treatment centres. We will explore the low carbon alternatives to existing interventions and avoid unnecessary changes to care delivery.

4.8 DIGITAL TRANSFORMATION

TRFT is making significant investment in digital infrastructure and in 2020 were named as one of 23 NHS trusts as the first sites to participate in the NHS Digital Aspirant programme, which helps NHS trusts raise their digital maturity to deliver a set of core capabilities, reducing the gap between the levels of digitisation across the NHS, thereby improving organisational efficiency. Using this investment, TRFT has replaced all data network and Wi-Fi infrastructure with modern lower energy alternatives, is on track to replace it storage area network systems to very low energy consuming solid-state technology and all new PC equipment is small form factor devices. In addition, TRFT has commenced its journey to the cloud with an aspiration to have the majority if its computer workloads hosted in energy efficient data centres by 2025.

The digital revolution also has had wide-ranging impacts in domestic terms, whereby personal computers, tablets and smart phones now influence where and how our patients make and participate in online appointments. The coronavirus pandemic has accelerated primary patient consultation by means of telemedicine through the necessity to reduce contact time. Further, remote working for our staff creates new opportunities to rationalise and consolidate office accommodation and contributes to reduction in carbon emissions.

5.0 GREEN PLAN FOUNDATION

The steps below will form the core of our Green Plan going forward:

- The designated executive Board member champions our net zero targets and Green Plan.
- The designated Board lead oversees our Green Plan development.
- Reduce our carbon footprint from fixed assets by continued investment in low and zero carbon solutions in building services.
- All new build and refurbishments to be completed to surpass those dictated by Part L of the building regulations.
- All new builds to achieve an EPC of A.
- All new builds to achieve a DEC of at least B on first 12-month anniversary of handover.
- Reduce our use of desflurane in surgery to less than 10% of its total volatile anaesthetic gas use, by volume.
- Develop plans for clinically appropriate prescribing of lower carbon inhalers.
- Ensure that, for new purchases and lease arrangements, we solely purchase and lease cars that are ultra-low emissions vehicles (ULEV's) or zero emissions vehicles (ZEV's).
- Develop our green travel plan to support active travel and public transport for staff, patients and visitors.
- Where outpatient attendances are clinically necessary, at least 25% of outpatient activity should be delivered remotely, resulting in direct and tangible carbon reductions.

6.0 TRACKING & REPORTING PROGRESS

The Good Corporate Citizenship (GCC) Tool has been developed by the NHS Sustainable Development Unit as a methodology for NHS organisations to measure and monitor their progress on sustainable development. The tool provides organisations with the means to monitor progress on the less easily quantifiable aspects of sustainable development in financial, social and environmental terms. The GCC Tool allows NHS organisations to assess their sustainable development performance across key areas and compare the result with national and regional averages.

TRFT will use the GCC Tool as a key metric to monitor the impacts from the implementation of the Green Plan. TRFT will undertake a baseline assessment for the GCC Tool in 2022, and an internal procedure will be developed to ensure the GCC Tool is completed as fully and accurately as possible and reviewed on an annual basis.

The Department of Health requires all NHS Trusts to report ERIC (Estates Return Information Collection) data. ERIC data comprises essential statistics on waste, energy and water (amongst other data sets) from Estates and Facilities. TRFT will benchmark performance with other acute Trusts, using ERIC Median Performance and relevant datasets from the Health Estates and Facilities Management Association (HEFMA), with a view to informing our performance within our peer group and in identifying further opportunities and best practice in energy and emissions reduction.

Progress on the implementation of the Green Plan will be reported annually through the Energy & Utilities Annual Report, the TRFT Emissions Baseline & Tracker, the Waste and Environmental Annual Report and TRFT's Annual Report.

7.0 SUPPORTING RESOURCES

7.1 TECHNICAL RESOURCES

TRFT will utilise one or more of the following technical resources in delivering the Green Plan:

- Delivering a net zero National Health Service report
- Greener NHS Dashboard
- Greener NHS Quarterly Data Collection documents
- Health Outcomes of Travel Tool (HOTT)
- Health Outcomes of Stationary Sources Tool (HOST)

7.2 FINANCIAL RESOURCE

7.2.1 Salix (Public Sector Decarbonisation Fund)

The Government backed Salix funding scheme for Public Sector Decarbonisation Fund (PSDF) will be explored to provide finance for projects to reduce carbon usage and emissions. We will put in place costed scheme submissions to enable appropriate applications for grant funding, to ensure the best opportunities materialise for TRFT. A bid was approved in January 2022 for £2.8M under the 3rd edition of this scheme and will include installation a 50kW Heat Pump to Old Greenoaks to replace the inefficient gas boilers, double glazing upgrades to the hospital, Insulation upgrades to numerous communities buildings and upgrade to heating controls.

7.2.2 Net Zero Hydrogen Fund

This scheme is set to launch in 2022, pending the results of a now closed, consultation.

7.2.3 Internal Capital

Funding for energy and sustainability initiatives can also be considered by business case approval via internal Trust funding.

8.0 EQUALITY & DIVERSITY

In applying this plan, the Rotherham NHS Foundation Trust will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following nine protected characteristics by the Equality Act (2010); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, and sexual orientation.

Alongside this, the Trust will seek to reduce health inequalities, and avoid exacerbating economic inequalities.

The application of this plan will include careful consideration of the access needs of disabled staff, patients and visitors.

9.0 MONITORING & REVIEW

This plan will be reviewed every three years as well as in accordance with any changes to relevant legislation, good practice guidelines or after a significant change in organisational structure. Where review is necessary due to legislative change, this will happen as soon as practicable after the change. Once ratified, the Green Plan will be disseminated to colleagues by way of the Hub.