**SUSTAINABILITY REPORT 2024-25 GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST**

**EXECUTIVE SUMMARY**

The Trust [Green Plan 2021-25](https://www.gloshospitals.nhs.uk/media/documents/1119Green-Plan-A4-DS-D7.pdf) (sustainability strategy) commits the Trust to a range of actions, initially between 2021-2025, but also longer term, which will help move us forward on our pathway to net zero by 2040. Our Trust is keen to be a leader in climate action, helping and encouraging others to make a positive long-term shift towards sustainable behaviour.

In February 2023 the Trust was successful in obtaining a second multi-million-pound grant from the Public Sector Decarbonisation Scheme (PSDS). These works have continued throughout 2024-25 and have enabled the replacement of the Tower Block façade together with the installation of triple glazed windows, provided an additional air source heat pump and upgraded some control systems. These works contribute to energy efficiency and generate financial and carbon savings. These developments are all vital if the Trust is to achieve carbon neutrality by 2040.

Our reported carbon emissions for energy 2024-25 are 17,600 tCO2e. These carbon emissions have increased by 4.2% compared to previous year.

**Our overall reported carbon emissions are 19,970 602 tCO2e. This is for energy, water, waste, anaesthetic gas, fleet and business travel. This is a 1.8% increase from 2023-24.**

However, our actual carbon emissions for energy 2024-25 are 17,170 tCO2e. This lower figure is due to a faulty gas meter, which attributed gas used in 2023-24 to FY 2024-25. Once this gas has been removed from 24-25 and reattributed to 23-24, the actual carbon emissions for 24-25 show a decrease of 0.9% compared to previous year.

**Therefore, our actual carbon emissions for 24-25 are 19,541 tCO2e. This is for energy, water, waste, anaesthetic gas, fleet and business travel. This is a 2.4% decrease from 2023-24.**

**1 INTRODUCTION**

As an NHS organization, we have an obligation to work in a way that has a positive effect on the communities we serve. The three pillars of sustainability – society, environment, and economy are interconnected and reliant on each other. The Trust acknowledges the impact we have on the local economy, society and environment and are therefore committed to continually work to actively integrate sustainable development into our core business.

The links between health and climate change are clear and we have a responsibility to take action. The Climate Change Act (2008) and the NHS targets (Delivering a Net Zero NHS, 2020) oblige the Trust to reduce carbon emissions.

Acting now, by embedding sustainability into the organisational culture, making changes to how we operate, how, where and what we procure and upgrading our infrastructure, will be the only way to meet the NHS targets to reach net zero carbon emissions by 2040 on the emissions we directly control, and to reach net zero carbon by 2045 on those we influence.

This report outlines our achievements, actions and carbon emissions for 2024-25 and outlines some of the sustainability / climate change actions we will undertake during 2025-26.

**2**  **ENERGY AND WATER**

GHNHSFT has spent £5.64 million on gas, electricity, oil and water in 2024/25.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Reported** | **Actual** | **Reported** | **Actual** |
| **Resource** | **2020/21** | **2021/22** | **2022/23** | **2023/24** | **2023/24** | **2024/25** | **2024/25** |
| Gas | Use(kWh) | 90,503,442 | 98,521,058 | 93,954,862 | 87,477,787 | 89,826,134 | 92,314,962 | 89,966,615 |
| tCO2e | 16,641 | 18,045 | 17,151 | 16,002 | 16,429 | 16,884 | 16,455 |
| Oil | Use(kWh) | 224,560 | 587,947 | 587,610 | 269,010 | 269,010 | 264,790 | 264,790 |
| tCO2e | 57 | 150 | 150 | 68 | 68 | 67 | 67 |
| Electric | Use(kWh) | 3,717,545 | 5,280,452 | 3,703,198 | 3,972,303 | 3,972,303 | 3,132,154 | 3,132,154 |
| tCO2e | 867 | 1,121 | 716 | 823 | 823 | 649 | 649 |
| Total Energytonnes CO2e | 17,565 | 19,316   | 18,017 | 16,893 | 17,322 | 17,600  | 17,170 |  |

NB: Gas and electricity data for 2024-25 are provisional as there is no current information for Stroud Maternity or Hereford Radiotherapy Unit, so have used 23-24 data for those two sites.

Oil is for the back-up generators (most of which is used in the regular generator system checks) and heating for the estates building at GRH. The severity of the winter, generator use and whether tanks are topped up in March or April all affect the above oil data. Carbon emission factors are calculated by central government and reflect changes in processes, the greening of electricity generation etc. The above figures reflect the position as at May 25.

The above table shows Reported and Actual data for 2023-24 and 2024-25. Reported data is the consumption declared within the formal submission of the annual ERIC (Estates Return Information Collection). For the oil and electricity this is the same but there is a large difference in gas. This is due to faulty meter reading equipment in Energy Centre B (GRH), which led to a catch-up bill attributing 6 months of FY 23-24 gas consumption to FY 24-25 when it was billed in June 24. Combined with less CHP downtime, this has led to the 5GWh increase in reported gas compared to the previous year. In terms of reporting this gas is FY 24-25, but in terms of consumption it is FY 23-24 and therefore reported and actual figures for 24-25 are listed above. The reported FY 23-24 is the data which has been submitted, but the actual is the revised data which includes the new gas. In turn this leads to recalculation of building energy carbon and over all Trust carbon emission figures.

Reported energy related carbon emissions have increased by 4.2% compared to previous year.

Actual energy related carbon emissions have decreased by 0.9% compared to previous year.

The grid-imported electricity consumption figure has decreased during FY 24-25 mainly due to a greater focus on recharging third parties for their use, but also from an increase in CHP generated electricity compared to FY 23-24. Colder than usual weather in September 24 led to the heating season starting much earlier than normal.

During FY 24-25 the commodity element of electricity charges has dropped from a day unit rate of £0.20/kWh in March 24 to an average of £0.16 /kWh. However, this has been offset by the increases in charges relating to grid infrastructure e.g., GRH’s distribution fixed charge rose by 103% adding an additional £95k annually, a cost that is passed through to each customer and GMS cannot influence.

Gas markets started to trade upwards over the winter delivery period with the average rate 30% higher during FY 24-25 than the previous year. FY 25-26 prices are currently predicted to be lower.

Combined Heat and Power (CHP) unit performance

GRH is in year 7 of operation and CGH is in year 11.

The combined heat and power (CHP) engines generate 90% of the electricity consumed on both main sites. Although gas now has a higher carbon factor than electricity generated from the national grid, there are contractual and financial reasons for maintaining the CHPs. Offsetting the gas input and operation and maintenance costs of running the CHPs against the electricity and heat generated, export and capacity market income, and avoided climate change levy they have delivered a positive benefit of £720k. GMS will provide a fuller analysis of the CHP performance in the FY 24-25 annual energy report, due to be published summer 25.

Water

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Water** | **2020-21** | **2021-22** | **2022-23** | **2023-24** | **2024-25** |
| Consumption m3 | 300,845 | 302,109 | 305,887 | 361,798 | 312,118 |
| Treatment tCO2e | 213 | 214 | 83 | 73 | 58 |
| Supply tCO2e | 103 | 104 | 46 | 64 | 48 |
| Total WaterTonnes CO2e | 316 | 318 | 129 | 137 | 106 |

NB: Water data for 2024-25 are provisional as no current information for Stroud Maternity or Hereford Radiotherapy Unit, so have used 23-24 data for those two sites.

Carbon emission factors for supply and treatment of water were greatly reduced in 2022. These factors are calculated by central government and reflect changes in processes, the greening of electricity generation etc.

ADSM, the water retailer, has installed 10 water meter data loggers so far, with another six outstanding. This is helping with the identification of water use problems across the estate and improves the accuracy of billing. Although it is difficult to attribute this year’s reduction in consumption without longer range data there have been works during FY 24-25 to repair leaks to the PFI, along with more regular customer read submissions which have helped to eliminate some of the over-estimated consumption figures that were common in previous years. A water action plan is being developed during FY 25-26.

Projects

The Trust was successful in bidding to two phases of the Public Sector Decarbonisation Scheme. Both sets of projects are now nearing completion with the Tower Block insulation panels and tripled glazed windows due to complete 30th May 25. Combined, both projects should contribute to a 3,105 tCO2e reduction in scope 1 and 2 emissions, see figure 1 below. A fuller analysis of the impact of these projects will be given in the annual energy report.

Further positive impacts to energy related emissions should be realised in FY 25-26 from the completion of the BMS upgrades at CGH and GRH, the Tower Block 10th windows refurbishment, and repair works to condensate valves and steam boiler optimisation in Energy Centre A.



Figure 1 – graph showing the expected carbon emissions reduction from PSDS 1 and 3a projects.

**3 ANAESTHETIC GASES**

|  |  |  |
| --- | --- | --- |
|  | **Tonnes CO2e** |  |
| **Year** | **Desflurane** | **Sevoflurane** | **Isoflurane** | **Nitrous Oxide** | **Entonox** | **Total****tCO2e** |
| **2019/20** | 68 | 100 | 2 | 797 | 1,419 | 2,385 |
| **2020/21** | 17 | 58 | 0 | 705 | 1,394 | 2,173 |
| **2021/22** | 0 | 64 | 0 | 533 | 1,454 | 2,052 |
| **2022/23** | 0 | 59 | 0 | 355 | 1,429 | 1,843 |
| **2023/24** | 0 | 47 | 0 | 52 | 1,259 | 1,358 |
| **2024/25** | 0 | 40 | 0 | 59 | 1,133 | 1,232 |

Anaesthetic gas data are taken from purchasing data rather than the number of returned cylinders. The Entonox manifold at CGH was decommissioned in September 2024.

Overall carbon emissions from anaesthetic gas have decreased by 9%. This is the equivalent of 90 return flights between London and New York.

**4 WASTE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Waste type** | **Tonnes** | **tCO2e** | Total 2,705 tonnes Carbon = total 542 tCO2e |
| Recycling | 525 | 3.37 |
| Food waste - anaerobic digestion | 122 | 1.08 |
| Waste to energy - domestic waste | 832 | 5.2 |
| Waste Electrical & Electronic Equipment | 41 | 0.27 |
| Clinical waste - incineration | 242 | 218 |
| Clinical waste - alternative treatment | 639 | 230 |
| Clinical waste – offensive | 215 | 4.58 |
| Chemical – incineration | 88 | 80 |  |

Overall waste tonnage has reduced by 3.5% from 2023-24 levels. However, carbon emissions have decreased by 15% compared to 2023-24. A reduction in chemical waste accounts for 40tCO2e reduction and the switch of some clinical waste from alternative treatment to offensive waste accounts for much of the remaining decrease.

**5 SCOPE 1, 2 AND 3 EMISSIONS**

Our statutory declaration (reported data) for our Scope 1, 2 and 3 emissions are 19,970 tCO2e.

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Type** | **Unit** | **Cost £** |
| Greenhouse Gas Emissions | Scope 1 (gas consumption, fleet vehicles, oil and anaesthetic gases) | 18,271 tCO2e | Total Scope 1, 2 and 3 emissions (not including anaesthetic gas)£8,191,625 |
| Scope 2 (electricity consumption) | 649 tCO2e |
| Scope 3 (business travel, water supply and treatment and waste disposal) | 1050 tCO2e |

NB: electricity, gas and water consumption data is provisional.

**6 ACTIONS AND ACHIEVEMENTS IN 2024-25**

There are a number of projects which have delivered sustainability benefits during the year. Some of these have benefited from a £50,000 fund for sustainability projects.

|  |  |  |  |
| --- | --- | --- | --- |
| Area of focus | Project | Impact and/or benefits include: | Lead |
| Entonox cracking with reduction of harmful greenhouse gas and staff exposure limits | * Central Destruction Unit installed in GRH Birth Unit to capture exhaled Entonox gas from birthing mothers.
* Entonox = nitrous oxide (N2O) & oxygen but N2O has global warming potential 265 times more than CO2 so enormous environmental impact and workforce health risk due to long and regular exposure.
 | ‘Cracking’ splits Entonox back to nitrogen and oxygen nullifying environmental impacts and reducing workforce risk. Should save 500 tCO2e per annum.Removes risk to clinical staff from long term exposure. | GHFT/GMS |
| Endoscopy | A grant from the sustainability fund provided a gas flow meter to measure CO2 use during colonoscopy. We have demonstrated CO2 emissions are reduced by 87% with judicious CO2 use and adoption of the Olympus MAJ-2010 valve.  | This work has been submitted to the journal Gastroenterology for publication & presented at the European Society for Gastrointestinal Endoscopy. It will be presented at the British Society Gastroenterology later this year. | GHFT |
| Endoscopy | Reduced paper by offering patients electronic versions of documents.Introducing point of care testing for coeliac disease, to reduce unnecessary duodenal biopsies for some patients.Regular sustainability meetings for staff to share ideas. | Reduction in paper.Reduction in number of unnecessary procedures – better for patients, saves resource use and reduces waste.  | GHFT |
| Telemedicine and video conferencing | From April 2024-March 2025 there were 180,292 telephone and telemedicine appointments, a rise of 22.5% from 2023-24.  | Avoided travel, less traffic congestion and better air quality | GHFT |
| Reusable torniquets | Purchased from sustainability fund and supplied to Theatres, Avening Ward and Phlebotomy teams for trial.To be rolled out further if successful.  | Reusable torniquets so reduction in single use items, reduction in waste etc.  | GHFT |
| Medicines - Inhalers | Continued work with ICS partners and countywide clinicians to switch patients away from meter-dose inhalers (where appropriate) | Reduction in carbon emissions relating to medicines | GHFT |
| Travel – shuttle bus | From April 2024 to March 2025 there were a total of 276,343 passengers of which 202,325 were NHS staff and the other 74,018 public. This is a 2.6% rise in passenger numbers when compared to 2023-24. The shuttle bus covered 146,851 miles | Active travel, less traffic congestion, better air quality and reduced pressure on car parks | GMS/GHFT |
| Travel - fleet | During 2024-25 the Trust fleet has covered 757,382 miles generating 186 tCO2.  | Fleet review to be conducted summer 2025 as part of EV feasibility work  | GMS/GHFT |
| Travel – grey fleet and staff travel expenses | The business mileage was 1,564,194 miles and 403 tCO2. Mileage is 4.8% more than 23-24.Staff expenses claims for mileage and other travel (train, bus etc.) £473,410.  | Claims for mileage travelled in electric cars increased by 13% from 23-24. | GMS/GHFT |
| Travel - cycling | 5 bikes, abandoned in the bike sheds, were donated to the Glos Bike Project | Supporting the local community | GHFT |
| Catering  | Food waste recycling for patient meals at GRH and in GMS catering outlets. Being introduced for CGH patient meals. | Compliance with regulations on segregation and recycling of food waste.  | GMS |
| Green Space and Biodiversity | GMS Grounds Team have taken on the Grounds maintenance contract for Apleona (PFI at GRH).Trees planted including in large planters made by Men In Sheds – a group to make and repair, supporting local projects, whilst improving wellbeing & reducing loneliness.Installation of the Forget-Me-Not Garden at GRH. Additional compost facilities.  | Apleona integration aids consistent approach to biodiversity and grounds improvement. Increasing biodiversity and encouraging pollinators. Trees to help with adaptation and mitigation. | GMS |
| Waste | Warp It (equipment reuse) now established, saved 30tCO2e and £44,171. | Savings on waste, procurement and carbon emissions | GMS |
| Waste  | £28,000 from sustainability fund for additional offensive waste bins which have replace orange hazardous waste bins. Further offensive waste bins are required in 25-26. | Better compliance with waste segregation & savings  | GMS/GHFT |
| Water | Data loggers fitted to 8 of the main water meters. | Measurement of consumption will enable further investigation to reduce consumption. | GMS |
| Energy | Upgrades to BMS in some theatres. Pathology heating GRH upgraded to plate heat exchangers. | Better controls over heating and ventilation. Improvements in efficiency and reduction of gas consumption. | GMS |

**7 TARGETS**

Our [Green Plan 2021-25](https://www.gloshospitals.nhs.uk/media/documents/1119Green-Plan-A4-DS-D7.pdf) outlines the steps we will take to reduce carbon emissions and improve sustainability as we support the NHS target to achieve net zero carbon emissions by 2040 (on the emissions we control directly) ([NHS Net Zero report](https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/) , October 2021).

The Greener NHS has calculated an estimated carbon footprint for every hospital trust using a baseline of 2019/20. To reach net zero by 2040 on the Carbon Footprint (emissions we control directly) trusts must reduce their emissions by 47% by 2028-32. To reach net zero by 2045 on the Carbon Footprint Plus (emissions we influence) trusts must reduce their emissions by 73% by 2036-38. Much of their data is from expenditure-based estimates, with some data from our annual Estates Return Information Collection and this has all been used to generate an estimate of total carbon emissions. Their data does differ from ours in some areas, but their data is very useful in showing the scale and overall carbon emission reductions that we must achieve.



2023-25 data is calculated by GHT and does not include inhalers.

The PSDS 1 and 3A works, together with the Entonox cracking, should see a reduction of over 4,000 tCO2e per annum starting from June 2025.

**8 PROJECTS FOR 2025-2026**

There are a large number of projects planned in 2025-26. These include:

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Focus | Project | Benefits include: | Lead |
| Application for funding | During summer 2025 GMS will be working with Vital Energi and Carbon and Energy Fund to develop an application to the next phase of the Public Sector Decarbonisation Scheme.  | Potential funding for large scale heat / energy and carbon saving infrastructure projects | GMS |
| Water management | Water contract includes Aquafund and this is helping to identify opportunities for water consumption reduction. This will include continued installation of additional water meters | Water and carbon savings. Funded from government scheme | GMS |
| Building Management System (BMS) | Continuation of works to the BMS at GRH and CGH to improve operational resilience. GMS will also develop a proposal for the future direction of the building management systems to ensure that building services are delivered in a responsive and energy efficient manner | Improve energy efficiency and operational resilience | GMS |
| Electric vehicles and EV chargers. Fleet review | Feasibility study (in-conjunction with ICS) to review fleet requirements, EV options, and the provision and installation of EV charging facilities. Will include how GHFT can work with ICS partners on EV charging | Development of EV strategy and reduction in carbon from fleet vehicles | GMS |
| Cycling and fleet options | ICB funding available for e-pool bikes & improvements to cycling facilities | Reduce travel related carbon and promote active travel | GMS |
| Cycling and fleet | Glos County Council funded six e-cargo bikes, start on site June 2025 | Reduce travel related carbon  | GMS |
| Reduction of business mileage | [Green Plan](https://www.gloshospitals.nhs.uk/about-us/reports-and-publications/strategies/sustainability-strategy-20152020/) aim to reduce business mileage by 20% by 2024. GMS to review all GHT/GMS mileage and investigate options for reduction | Reduce travel related carbon  | GMS |
| Green space and biodiversity | Development of more gardens and planting for wildlife. Biodiversity survey to continue | Encourages wildlife. More green space for patients and staff | GMS |
| Reduce waste and improve recycling | Food waste recycling to be introduced at ward level at CGH. Extend to non-GMS run catering establishments within Trust.  | Meet target to recycle 100% non-clinical waste by 2025 | GMS |
| Reduce waste and improve recycling | Introduce a re-usable sharps bin system across all Trust sites which also removes sharps from incineration process | Reduce plastic and carbon emissions from incineration | GMS |
| Reduce waste | Business case to fund move of clinical waste from orange to offensive waste stream. Install offensive bins across Trust.  | Carbon savings and compliance with NHS waste strategy | GMS |
| Working in partnership on shared goals | Greener ICP group (Infection Control teams from all three organisations) to develop collaborative approach to green projects | Reduce plastic and waste. Share ideas & resources across organisations | GMS/GHFT |
| Procurement | Further developments on Social Value questions and projects within tenders | Community benefits | GHFT |
| Theatres Sustainability Group | Aligning projects to Royal College of Surgeons Green Theatre Checklist. Investigating reusable textiles including hats, over-gowns and transfer sheets | Reduce carbon emissions, plastic use and waste | GHFT |
| Medicines | Promote switch of IV to oral for antibiotics (where appropriate) | Reduce plastic and waste | GHFT |
| Adaptation and mitigation | County-wide Climate Risk & Vulnerability Assessment being conducted via ICS. To report October 2025. | Inform adaptation planning and identify mitigation actions. | GHFT |

**9 ACHIEVING NET ZERO BY 2040**

Despite the above projects, it is not yet clear how the Trust will achieve net zero carbon footprint by 2040. There are a number of issues which need resolving including:

* Trust has no Heat Decarbonisation Plan. This would determine how the GHFT current fossil fuelled heating systems can be replaced by low carbon alternatives. Previous grant applications for funding have been unsuccessful and there will be no grants in 2025-26. Consideration is needed as to how this can be funded and progressed.
* We are in the process of gaining HR/OD representation on the Climate Emergency Response Leadership group.
* Greater clinical and operational involvement is required at senior level and divisional level.
* The Trust declared a Climate Emergency in 2019. Climate risk is scored at 12 on the Board Assurance Framework. There are gaps in the proposed control measures for this risk – including funding for projects, the age and condition of the estate and a requirement for staff resources.
* GMS and Trust resources are limited and there is a need for increased dedicated resources to take on sustainability projects. At the moment there is much reliance on the goodwill of staff to take action / lead on climate issues.
* Development of more sustainable travel options requires further investment and improved infrastructure. This includes the provision of EV charging for patients, visitors, staff and fleet.
* Trust likely to struggle to achieve the NHS Net Zero Travel and Transport Strategy (2023) requirement that all new vehicles owned or leased by NHS will be zero emission by 2027, due to electrical infrastructure and funding restrictions.
* There is a lack of recurring investment to support green initiatives. Capital funding is limited but there is a need to retro-fit existing buildings and/or construct new buildings to required energy performance standards.

**10 ENGAGEMENT**

Working with staff, suppliers and local partners is essential action in reducing carbon emissions across the Trust. This year:

* we have Green Champions and some areas have established sustainability groups to take action in their specific departments to help reduce carbon emissions
* as a member of Climate Leadership Gloucestershire, we are leading on the Behaviour Change aspect (in collaboration with Gloucestershire Constabulary) and are a key stakeholder in the strategic planning and decisions for climate action
* our Head of Procurement is part of the national NHSE/I Sustainable Procurement Forum and able to influence and shape policy
* we are working with the Gloucestershire ICB, Gloucestershire County Council and Gloucestershire Health and Care Foundation Trust (GHC) on a number of travel related projects including the development of an electric vehicle strategy, the provision of e-bikes and improvements to cycle facilities
* we contribute at regional level to the South West Greener NHS.

**11 TASK FORCE ON CLIMATE-RELATED FINANCIAL DISCLOSURES (TFCD)**

NHS England’s NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury’s TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures are interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, and will be implemented in sustainability reporting requirements on a phased basis up to the 2024/26 financial year.

The phased approach incorporates the disclosure requirements of the governance, risk management and metrics and targets pillars for 2024/25. These disclosures are provided below with appropriate cross-referencing to relevant information elsewhere in the annual report and in other external publications.

The Board’s oversight of climate-related issues:

* The Director of Improvement and Delivery is the board lead for climate-related issues.
* The Finance and Resources Committee is a formal committee of the board and receives assurance of the Trusts delivery of its sustainability plan through regular reports and briefings.
* The Chair of the Climate Emergency Response Leadership (CERL) Group can also draw the attention of the Finance and Resources Committee to any sustainability related issues that require disclosure to the full Board, or require executive action.
* The Board receives an annual sustainability report as part of Trust reporting. This report includes progress against goals and targets, highlights achievements and notes actions for the following year.
* The board also has an established Sustainability group with cross organisation representation which hold responsibilities for developing and actioning the sustainability work plan.
* GHFT works in partnership and collaboration as part of One Gloucestershire and is a formal member of the Climate Action Group across Gloucestershire working with other NHS organisations including the ICB, other NHS Trusts and the County Council.

Trust processes for assessing and managing climate-related issues:

* As part of the Green Plan, the Trust has established the Climate Emergency Response Leadership Group with specific responsibilities to:
	+ Understand the impact of climate emergency on the Trust
	+ Lead and develop Trust strategy and policies on climate and carbon
	+ Monitor progress on the Green Action Plan and all projects contributing to carbon reduction
	+ Ensure national and local reporting requirements are met and produce an annual sustainability report
	+ Embed sustainability culture throughout the Trust
	+ Develop and deliver sustainability cost improvement programme
	+ CERL reports to Finance and Resources Committee
* Six monthly energy reports to Gloucestershire Managed Services Board
* An annual energy report to Trust Board
* The Trust has established a £50k sustainability fund held by the Director of Improvement and Delivery and managed through the Climate Emergency Response Leadership Group.
* The Trust is also considering how it can strengthen this through addition sustainability to the focus and delivery of its well-established Quality Improvement Approach via the QI Academy and Equality, Health Inequality Assessment.

Trust process for identifying, assessing and managing climate-related risks:

* The Trust declared a climate emergency in November 2019.
* The Trust has three climate-related risks on the Corporate Speciality Risk Register
	+ Risk 121 = The risk that extreme weather events (heat, cold, flooding, fire) and poor air quality, lead to increased demand on urgent and emergency care without corresponding increase in Gloucestershire Integrated Care System health resources. This is noted as a Business risk.
	+ Risk 127 = The risk that the Trust does not meet net zero carbon emissions by 2040. This is noted as an Environmental risk.
	+ Risk 130 = The risk that the Trust does not progress actions defined in the Green Plan due to a reliance on goodwill and out of hours working from colleagues in order to progress actions at local level. This is noted as an Environmental risk.
* The Board Assurance Framework includes a strategic risk related to “Failure to meet statutory and regulatory standards and targets enroute to becoming a net-zero carbon footprint organisation by 2040”. This is rated 12. This is reported to the Board at every meeting as part of the Board Assurance Framework. This risk is also considered and reviewed by the Finance and Resources Committee ahead of the update to the Board. The risk and actions are reviewed and updated on a monthly basis.
* The three climate-related risks, and the BAF risk SR11 Sustainable Healthcare, are reviewed regularly by Climate Emergency Response Leadership group. This group is responsible for many of the actions outlined and for monitoring reporting of sustainability / climate related issues.
* Climate Emergency Response Leadership group members are able to propose new risks or changes to existing risks.
* Risks are discussed by the Trust at regular intervals and are reported to the Risk Management Group, divisional Boards and the Audit and Assurance Committee.

Trust processes for identifying, assessing and managing climate-related risks are integrated into the organisation’s overall risk management approach:

* The BAF risk SR11 Sustainable Healthcare is linked to BAF risk SR09 Failure to Deliver Recurrent Financial Sustainability and BAF risk SR10 Condition of the Estate.
* Climate related risks are evaluated, managed and monitored in the same way as all other Trust risks, following the Trust Risk Management Framework.
* Climate-related risks are considered under KIER at Finance and Resources Committee

Material metrics and targets used to assess and manage relevant climate-related issues:

* The Trust has adopted NHS national targets for the reduction of carbon emissions
	+ For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach 80% reduction by 2028 to 2033
	+ For the emissions we can influence (the NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach 80% reduction by 2036 to 2039.
* Carbon emissions for scope 1 and 2, and part of scope 3 (waste, water and business travel), are calculated annually and included in the sustainability annual report. These have been reported annually since 2017-18.
* Data used for energy, water and waste is also reported within the annual ERIC (Estates Return Information Collection) submission.
* The Green Action Plan details projects which aim to reduce carbon emissions and enable the Trust to achieve net zero targets.

Jen Cleary – Head of Sustainability, GMS

May 2025