East Kent Hospitals University NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: **NHS England (NHSE) Green Plan 2025/26 to 2027/28**

Meeting date: **4 December 2025**

Board sponsor: **Ben Stevens, Chief Strategy and Partnerships Officer (CSPO)**

Paper Author: **Nicky Bentley, Director of Strategy and Business Development / Dr Dan Wright, Head of Sustainability and Energy**

Appendices:

Appendix 1: Summary of the Green Plan actions and estimated costs for delivery
Appendix 2: NHSE Green Plan 2025/26 to 2027/28

Executive summary:

Action required:	**Approval**
Purpose of the Report:	East Kent Hospitals University NHS Foundation Trust have a legislated requirement to publish a 'Green Plan' document which outlines commitments to meet mandated emissions reduction targets. Following discussion of the Green Plan at the Finance and Performance Committee (FPC) meeting in October 2025, Committee members requested assurance regarding the financial implications of implementing the Green Plan before it could be approved. A further report and the attached Summary of the Green Plan actions and estimated costs for delivery (Appendix 1) was presented and discussed at the November FPC meeting.
Summary of key issues:	The Plan has been reviewed and the following assurance has been provided: The Green Plan includes 45 actions. Of these 45 actions: - 32 require no additional costs (managed within existing resource) - 11 may have some costs associated (circa £40k) - Two require further investigation regarding costs It is estimated that the majority of the resource required to support implementation of the identified actions will be absorbed within existing roles and responsibilities across the Trust and 2gether Support Solutions (2gether) teams. In total, the estimated additional revenue cost over the three-year Plan period is £40,150. In addition to this £40,000 investment, there is a need to invest in sub-meters with targeted installation at an estimated cost of £100,000. This investment would be subject to bidding for national capital.

East Kent Hospitals University NHS Foundation Trust

	Following the scoping work within the Plan, any further capital investment would be subject to production of business cases and the submission of bids for additional capital or grants where appropriate.
Key recommendations:	The Board of Directors are asked to: 1. **NOTE** the resource implications for completing the actions identified in the Green Plan 2025/26 to 2027/28. 2. **APPROVE** the Green Plan presented at the October FPC and the assurance presented at the November FPC to enable the Trust to meet NHSE's publication requirements.

Implications:

Links to Strategic Theme:	• Partnerships • Sustainability
Link to the Trust Risk Register:	N/A
Resource:	Yes. Financial: A small estimated revenue impact of £40,000 across three years and a potential capital implication of £100,000. Workforce: Inclusion of the actions into business as usual for existing teams within the Trust and 2gether.
Legal and regulatory:	Yes. The Trust has a legislated requirement to publish a Green Plan document outlining commitments to meeting mandated emissions reduction targets.
Subsidiary:	Yes. 2gether provide estates and facilities management and employ the Head of Sustainability and Energy.

Assurance route:

Previously considered by: FPC – 28 October 2025, and FPC – 25 November 2025

APPENDIX 1: Green Plan Resource Implications

Theme	Action		Resource	Estimated cost	Estimated cost	Deadline
Leadership	1.1	Complete a comprehensive organisational emission estimate with decarbonisation modelling aligned to NHS Net Zero trajectories.	Internal			Dec-25
Leadership	1.2	Introduce the "Building a Net Zero NHS" module as required training for new colleagues as appropriate and promote it as a voluntary module for current colleagues, with the objective of 100% of appropriate new starters and 20% of current colleagues completing the training by April 2027.	Internal			Mar-26
Leadership	1.3	Implement a formal governance framework, including a Net Zero Programme Board with director-level representation, and ensure quarterly reporting on sustainability progress is embedded within the Trust's existing assurance structures.	Internal			Mar-26
Leadership	1.4	Introduce a Sustainability in Action award category within the Trust's annual staff awards, with at least four nominations submitted each year and promoted through Trust-wide communications to raise visibility. ***Purchase of an award/trophy***	Mixed	£150		Mar-26
Leadership	1.5	Co-establish and launch the Sustainable Future Forum with at least 20 active cross-Group members (including 2gether Support Solutions and Spencer Private Hospitals) and quarterly forums held through 2026/27 and 2027/28, with participant feedback used annually to evolve the platform and support grassroots change initiatives. ***Dedicated resource to support network nurturing***	Mixed	£2,000		Mar-26
Net Zero Clinical Transformation	2.1	Appoint a Clinical Lead for Net Zero Clinical Transformation with a defined remit and reporting lines.	TBC			Sep-25
Net Zero Clinical Transformation	2.2	Update the clinical quality improvement (QI) framework to specifically include environmental sustainability as a quality domain, and pilot its use in at least two active QI projects.	Internal			Dec-25
Net Zero Clinical Transformation	2.3	Complete a trust-wide assessment of high-volume single-use items and identify at least five viable reusable alternatives, with a business case developed for trialling at least two by June 2026.	Internal			Mar-26
Net Zero Clinical Transformation	2.4	Present outcomes from at least one net zero clinical transformation initiative at a relevant national or regional healthcare sustainability event or conference and publish a summary for internal learning. ***Potential travel/Accommodation costs***	Mixed	£500		Aug-26
Net Zero Clinical Transformation	2.5	Embed a requirement into care model and business plan development guidance to assess preventative measures, and ensure it is applied in all new models of care submitted for approval thereafter.	Internal			Mar-27
Digital Transformation	3.1	Use existing digital systems to better understand colleague work patterns with a focus on identifying opportunities to optimise digital collaboration and develop a set of recommendations to inform future planning.	Internal			Dec-25
Digital Transformation	3.2	Deliver at least 60% of appropriate bookings and patient letters by digital means only.	Internal			Mar-27
Digital Transformation	3.3	Design and implement an emissions tracking system for Digital Transformation initiatives across the trust to monitor impacts and successes.	Internal			Jun-26
Digital Transformation	3.4	Complete a trust-wide review of appointment delivery modes and identify services where appointments could be clinically and operationally suitable for remote delivery.	Internal			Mar-27
Digital Transformation	3.5	Complete a review of existing paper record management processes and identify opportunities for digitisation, with a roadmap in place to prioritise areas offering the greatest efficiency benefits.	Internal			Mar-26
Medicines	4.1	Complete a review of medical gas usage data across all departments and identify at least three feasible interventions to reduce emissions, with implementation plans initiated for at least one.	Internal			Dec-25

Theme	Action		Resource	Estimated cost	Estimated cost	Deadline
Medicines	4.2	Establish a trust-wide target to reduce MDI prescriptions by 20% relative to total inhaler prescriptions, with quarterly progress monitoring and clinician engagement through prescribing guidance updates.	Internal			Mar-26
Medicines	4.3	Conduct a baseline assessment of medicines and prescribing-related emissions and publish a report outlining five specific opportunities for emissions reduction, prioritised by feasibility and impact.	Internal			Mar-26
Medicines	4.4	Deliver three educational sessions on the environmental and clinical impacts of polypharmacy to at least 50% of prescribing clinicians, measured by attendance and post-session feedback. ***Resources for educational sessions***	Mixed	£500		Mar-27
Travel and Transport	5.1	Integrate a comprehensive travel support module (covering active travel, public transport discounts, EV charging, and lift sharing) into all new staff inductions, with annual evaluation via staff surveys.	Internal			Sep-25
Travel and Transport	5.2	Roll out personalised commuting plans as appropriate for 100% of new starters, supported by an automated tool or HR-administered process, and track uptake and impact through new joiner surveys by FY 2026/27.	Internal			Mar-26
Travel and Transport	5.3	Implement quarterly business travel emissions reporting by department, with results shared through divisional sustainability leads and a 10% reduction target in high-emitting modes agreed and monitored annually through FY 2027/28.	Internal			Nov-26
Travel and Transport	5.4	Complete a travel behaviour study across all Trust sites to understand patient and visitor travel patterns and identify at least five interventions to reduce emissions — including telehealth, video appointments, transport coordination, or site access improvements.	Internal			Dec-26
Travel and Transport	5.5	Publish and begin implementation of a Trust-wide Green Travel Strategy with defined actions to reduce emissions across staff, patient, visitor, and supplier travel, and set a measurable 2030 mode-shift target aligned to NHS Net Zero Travel Framework. ***Specialist consultancy to produce integrated strategy***	External	£10,000		Dec-26
Estates and Facilities	6.1	Require that no new construction utilises fossil fuels for space heating or water heating.	Internal			Apr-25
Estates and Facilities	6.2	Mandate that all new capital developments meet a minimum BREEAM Excellent or equivalent sustainability certification, with board-approved design briefs referencing NHS Net Zero Building Standards.	Internal			Apr-25
Estates and Facilities	6.3	Review opportunities for reducing waste generation through changes to supply chain and procurement contracts.	Internal			Mar-26
Estates and Facilities	6.4	Complete a full energy efficiency audit across all Trust-owned buildings, identifying at least 10 priority interventions with a combined potential savings target of 10% in energy demand by 2028.	Internal			Dec-26
Estates and Facilities	6.5	Submit at least four funding applications to relevant public or private sector schemes to secure a minimum of £10 million in funding towards heat decarbonisation and decentralised electricity generation across the hospital estate.	Internal			Mar-27
Estates and Facilities	6.6	Install smart energy metering and monitoring systems in 100% of high-consumption buildings, and implement a dashboard for estates teams to track usage and identify reduction opportunities. ***Investment in building intelligence (funding potential)***	External		100,000	Dec-27

Theme	Action		Resource	Estimated cost	Estimated cost	Deadline
Supply Chain and Procurement	7.1	Ensure 100% of all office and clinical paper products procured meet closed-loop or FSC-certified recyclable standards, with compliance tracked through supplier frameworks and internal audits	Internal			Apr-26
Supply Chain and Procurement	7.2	Embed a standardised process across all new contracts to monitor supplier delivery against sustainability and social value KPIs, with biannual reporting to procurement leads and sustainability board. ***Procurement training may be required***	Mixed	£2,000		Sep-26
Supply Chain and Procurement	7.3	Complete a gap analysis against ISO 20400 sustainable procurement guidelines, and scope opportunities to address key identified gaps or complete arising required training by 2027/28.	Internal			Dec-26
Supply Chain and Procurement	7.4	Implement a robust digital system to monitor key performance indicators (KPIs) associated with NHS Net Zero Supplier Roadmap requirements, with training provided to procurement and contract management teams to ensure effective contract management and continuous improvement.	Internal			Mar-27
Supply Chain and Procurement	7.5	Publish an annual trust Sustainable Procurement and Social Value Impact Report summarising key outcomes from contracts over £100k, including carbon reduction, local economic benefit, and community engagement metrics.	Internal			2026/27 onwards
Food and Nutrition	8.1	Implement routine food waste measurement in all inpatient catering services, establish a food waste reduction target to be met by 2027/28, and report progress annually through estates and facilities governance. ***Governance/policy decision supported by technology***	Mixed	£10,000		Mar-26
Food and Nutrition	8.2	Ensure compliance with NHS England's sugary drink sales limits across all Trust catering and retail sites, with bi-annual spot-check audits demonstrating adherence while only healthier drinks are included in promotions.	Internal			Mar-26
Food and Nutrition	8.3	Review all menus, and increase low-impact and healthy meal options by at least 25%, with evidence-based guidance from dietitians and patient satisfaction monitored quarterly.	Internal			Mar-27
Food and Nutrition	8.4	Implement electronic meal ordering systems across 100% of inpatient wards, with baseline and follow-up audits showing measurable improvements in order accuracy, patient satisfaction, and food waste reduction. ***Potentially delivered in collaboration with lead supplier***	External		tbc	Apr-27
Food and Nutrition	8.5	Pilot and implement an optimised food and catering procurement approach to support the reduction of food waste by at least 10% in the first year of operation. ***Catering resource may be required***	Mixed	£5,000		Apr-27
Adaptation	9.1	Formally appoint a named executive-level lead for climate adaptation with responsibility for overseeing heat, flood, and clinical climate risks, and reporting quarterly to through the appropriate governance pathway.	TBC			Sep-25
Adaptation	9.2	Complete a climate risk assessment for all estate sites using local projection data, including overheating, flooding, and infrastructure risk scoring, and prioritise three high-risk areas for adaptation planning by 2027. ***Specialist consultancy to produce integrated strategy***	External	£10,000		Mar-26
Adaptation	9.3	Formally include climate change impacts in the Trust's risk register under operational and clinical categories, and develop a mitigation and response action plan to address at least five priority risks by FY 2027/28.	Internal			Jun-26

Theme	Action		Resource	Estimated cost	Estimated cost	Deadline
Adaptation	9.4	Assess climate resilience across the top 25 suppliers (by contract value or risk), and include climate adaptation questions within all new high-value procurement frameworks from FY 2027/28 onward.	Internal			Dec-26
Adaptation	9.5	Embed the Government's Adverse Weather and Health Plan alert system into Trust communications protocols, with 100% of relevant staff trained on extreme weather messaging and response plans by March 2027.	Internal			Mar-27
TOTAL				**£40,150**	**£100,000**	

Internal	Managed by existing resource internally
Mixed	Combination of existing resource and some additional resource
External	Additional resource required

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Paper Author: **Dr Dan Wright, Head of Sustainability and Energy, 2gether Support Solutions (2gether)**

Appendices:

Appendix A: Introduction to the Trust
Appendix B: The Trust's Impacts and Context
Appendix C: Commitments to Action
Appendix D: Foreword Draft

Executive summary:

Action required:	**Approval**
Purpose of the Report:	East Kent Hospitals University NHS Foundation Trust (the Trust) have a legislated requirement to publish a 'Green Plan' document outlining commitments to meeting mandated emissions reductions targets. This report includes an overview of Trust position and arising actions alongside draft copy from the incoming Green Plan for discussion and approval with consideration for the support that the actions will require for delivery. The Trust's Green Plan is to be published online per an NHSE extension to the original July 2025 deadline for all NHS provider organisations.

Implications:

Links to Strategic Theme:	• Partnerships • Sustainability
Link to the Trust Risk Register:	N/A
Resource:	N
Legal and regulatory:	Y - The Trust has a legislated requirement to publish a Green Plan document outlining commitments to meeting mandated emissions reduction targets.
Subsidiary:	Y - 2gether provide estates and facilities management and employ the Head of Sustainability and Energy.

Assurance route:

Previously considered by: N/A

1. Introduction

1.1 In October 2020, NHS England (NHSE) published the *Delivering a Net Zero National Health Service* report which sets out the trajectory to reducing emissions from across the NHS. Key commitments included:

1.1.1 For directly controlled emissions (the NHS Carbon Footprint), net zero will be reached by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.

1.1.2 For influence emissions (the NHS Carbon Footprint Plus), net zero will be reached by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

1.1.3 The publication of a sustainability action plan (a 'Green Plan') by July 2021.

1.2 Records show the Trust had been engaged with action around emissions reduction from at least 2011[1] as an enabler to the Trust's strategic objective 'to deliver a financial surplus for investment in service improvement'. However, integration of sustainability into Trust strategic action would appear to have been limited. The requirement to publish an organisational Green Plan by July 2021 was not met.

1.3 Appendix A sets out the Trust's context while the estimated emissions from the Trust Group[2] are summarised in Appendix B (Fig 3). The proposed commitments for facilitating required action on emissions reductions are outlined per theme through Appendix C incorporating NHSE directives[3]. Appendix D is a foreword draft to be authored by an appropriate Executive Director.

2. Holistic sustainability: Environmental, financial and social action

2.1 The required Green Plan publication presents an opportunity for the Trust to set out its vision for maximising cost-effectiveness while improving healthcare outcomes for patients in a changing environment and reducing the negative environmental impacts arising from Trust operations.

2.2 The commitments outlined in Appendix B require coordinated effort and assigned responsibility to enable delivery towards incorporating holistic sustainability throughout a 'business as usual' approach.

2.3 Key Trust actions arising from this publication include:

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[1] Trust Board Meeting – 25 February 2011: Carbon Reduction and Sustainability (EKHUFT Acting Director of Strategic Capital Planning, 2011).

2.3.1 Identifying aligned Trust colleagues who can approve and lead on themed targets with support from delivery partners both internal and external to the Trust Group, including a Clinical Lead for Net Zero Clinical Transformation and an Adaptation Lead.

2.3.2 Integrating sustainability action within existing governance structures as appropriate with robust reporting lines for ensuring that information can be shared with decision makers.

2.3.3 Communicating commitments to reducing environmental impacts in line with mandated targets through online and offline channels following the publication as part of establishing the Trust as a regional anchor organisation[4] for sustainability best practice.

2.4 The three-year Green Plan is to be complemented by a 10-year strategy publication to be delivered alongside a suite of related strategies including the Estates and Clinical strategies. Theme lead engagement is crucial to developing an ambitious and evidence-based 10-year vision for how decarbonisation targets can be met while addressing the Trust's delivery requirements.

[2] Clarity was sought from NHSE around the position of 2gether Support Solutions (2gether) and Spencer Private Hospitals (SPH) with regards to contributing to the Group emissions footprint. It was confirmed that as wholly-owned subsidiaries, emissions from the 'child' organisations should be incorporated within the Trust's emissions footprint.
[3] Green Plan Guidance: February 2025 (NHSE, 2025)
[4] The Trust Group is responsible for approximately 40% of the controlled emissions in the Kent and Medway (K&M) Integrated Care Board (ICB) region which includes: Kent Community Health NHS Foundation Trust (KCHFT), Maidstone and Tunbridge Wells NHS Trust (MTW), Kent and Medway Partnership Trust (KMPT), Medway NHS Foundation Trust (MFT) and Dartford and Gravesham NHS Trust.

Appendix A: Introduction to the Trust

I. Introduction

About us

East Kent Hospitals University NHS Foundation Trust is one of the largest hospital trusts in England, delivering care to around 730,000 people across Canterbury, Margate, Ashford, Dover, Folkestone, and Whitstable. Our services span five hospital sites and several community settings.

We provide a comprehensive range of care, from emergency and elective procedures to maternity and specialist services such as trauma, orthopaedics, renal, neonatal intensive care, and cardiac care. Many of our services extend into the community and into people's homes, including home dialysis, stoma care, mobile chemotherapy, and community paediatrics.

As a specialist provider for a wider population of over 1.5 million, we are the regional hub for renal care, vascular surgery, otolaryngology, oncology and specialist cardiac services, with outreach across Medway and Maidstone and a cardiac centre of excellence at William Harvey Hospital in Ashford.

Our workforce consists of more than 10,100 people, including over 3,300 nurses and midwives, 1,400 doctors, and 1,700 technical, scientific, and therapeutic staff, and is supported by 3,600 colleagues across corporate and estates functions. Together, we are committed to providing excellent patient care in ways that reduce our environmental impact and support a more sustainable health system for future generations.

The communities we care for

As recognised in Lord Darzi's recent independent investigation of the NHS, the health of the nation has deteriorated and, with an ageing population, an increasing demand on NHS services are expected[5].

- We are ageing: Across East Kent, the number of people aged over 65 is forecast to increase by 58% by 2036, with the number of people aged over 85 expected to increase by 131% during the same time.

[5] Independent investigation of the NHS in England (Darzi et al., 2024)

- Areas of deprivation: There are some areas of significant deprivation in east Kent. Some parts of Thanet are among the most deprived in England, with 21% of Thanet's population living in the bottom 10% of the most deprived nationally.
- Health and social care needs are increasing: east Kent has increasing rates of hypertension, diabetes and chronic kidney disease. This contributes to increased demand for health and social care services, including a 6-7% yearly increase in the number of patients going to hospital for urgent or emergency care.

In addition to demographic and derivational pressure, the Trust and local health economy is impacted by health disparities across its communities. Kent County Council Public Health has highlighted particular areas of challenge for the Trust, which project likely demand for services up to 2030 and have informed the areas of focus for the Trust and system over the coming years.

Our operational and financial challenges

The Trust has developed a Financial Sustainability Plan which represents plans and ambitions for the coming years in order to achieve financial balance. It sets out how we must address our underlying deficit, whilst delivering productivity improvements and service transformation to deliver high quality care to our population.

The incoming ten-year clinical strategy will sit alongside our three-year financial recovery programme. It sets out our longer-term clinical ambition to develop a broad and varied range of clinically driven services that offer high quality, innovative patient centred care, across the range of clinical pathways.

Recovering our financial position and balancing our books is an essential building block to out Trust's long-term sustainability and growth. The pace at which we are able to deliver innovation and clinical transformation will be determined by the financial challenges that we must first address.

- *Operational demand and productivity:* The Trust continues to experience increased demand for emergency and elective services. Progress is being made to improve our inpatient length of stay and clinical productivity, to ensure we have the capacity to treat our patients effectively, and we will be looking at where our clinical service change priorities can support us in meeting these operational demands.
- *Ageing estate and infrastructure:* The Trust's estate encompasses a mix of buildings, both modern and historic in nature, having a significant impact on the Trust's financial

position. Specifically, the Trust's estate requires significant resource for maintenance and preservation.

- *Digital maturity, innovation and adoption:* The Trust has identified it has significant progress to be made in embracing digital technology to drive transformation. Lord Darzi's recent independent review recognises how the NHS has fallen behind other sectors in how digital technology has been used, and has highlighted that much more needs to be done to use this to radically reshape services.

We recognise that our approach to becoming a financially sustainable trust is crucially linked with our responsibility to reduce the negative environmental impacts and to maximise the social benefits of our actions.

Appendix B: The Trust's impacts and context

II. Organisational vision

The NHS is not only a cornerstone of health and wellbeing in the UK but also one of the largest employers and consumers of resources. As such, it has a unique responsibility to lead by example in addressing the urgent environmental challenges facing our society. The need to reduce our carbon footprint, manage resources more effectively, and promote a healthier environment aligns with our core mission of improving public health. Integrating sustainability into the fabric of our operations is essential for ensuring the long-term viability of our services and the wellbeing of our communities.

Climate change and public health

Climate change is not just an environmental crisis. It has been recognised as the greatest public health threat of the 21st century[6]. In the UK, the impacts of climate change are already being felt through rising average temperatures (Fig 1), wetter weather[7], degraded air quality[8], water quality[9], and disrupted food systems[10]. These changes have real, immediate consequences for our capacity to deliver health and wellbeing services for the communities we care for.

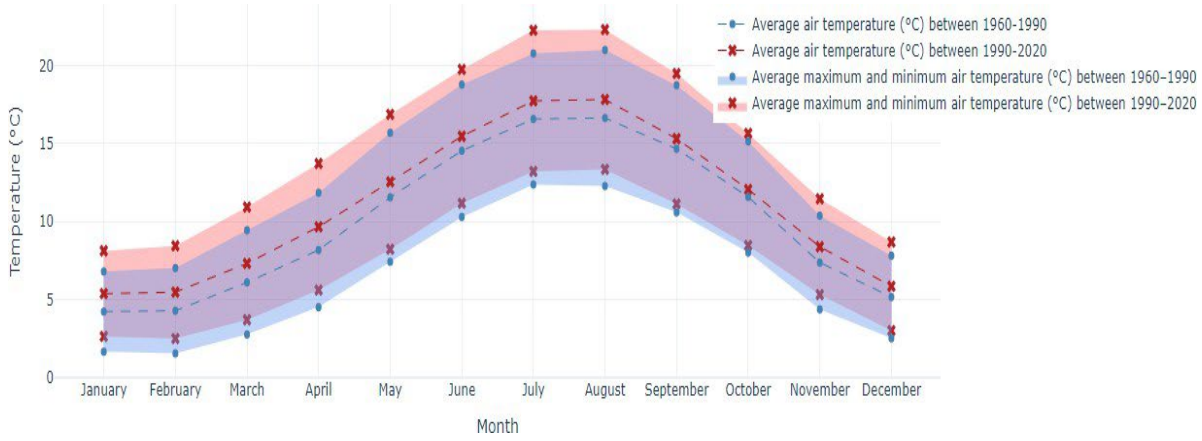

Fig 1. Monthly air temperature (°C) between 1960–1990 and 1990–2020 averaged between location-specific long-term averages from weather stations in Faversham, Dover and Bodiam, UK.

[6] The Lancet Countdown on Health and Climate Change (Accessed 10 June 2025)
[7] Climate change drives increase in storm rainfall (Met Office, 2024)
[8] Health Effects of Climate Change in the UK (Macintyre, 2023)
[9] A summary of England's revised draft regional and water resources management plans (Environment Agency, 2024)
[10] Food systems, food security and supply chains (The Parliamentary Office of Science and Technology, 2024)

The health impacts of climate change are well understood, and the evidence around higher temperatures, increased flooding and air pollution are unfortunately growing:

- In July 2022, the UK experienced its highest-ever recorded temperatures[11]. Across England and Wales, over 2,800 excess deaths were recorded over a single six-day period for those aged 65 and over[12].
- Wetter weather can lead to flooding which is another growing risk in parts of Kent[13]. Flooding is linked to both physical harm and lasting mental health impacts especially for people who are displaced or already facing housing insecurity[14].
- Exposure to air pollution, especially nitrogen dioxide (NO_2) and fine particulate matter (PM2.5), contributes to a wide range of health problems from asthma and heart disease to dementia and cancer (Fig 2).

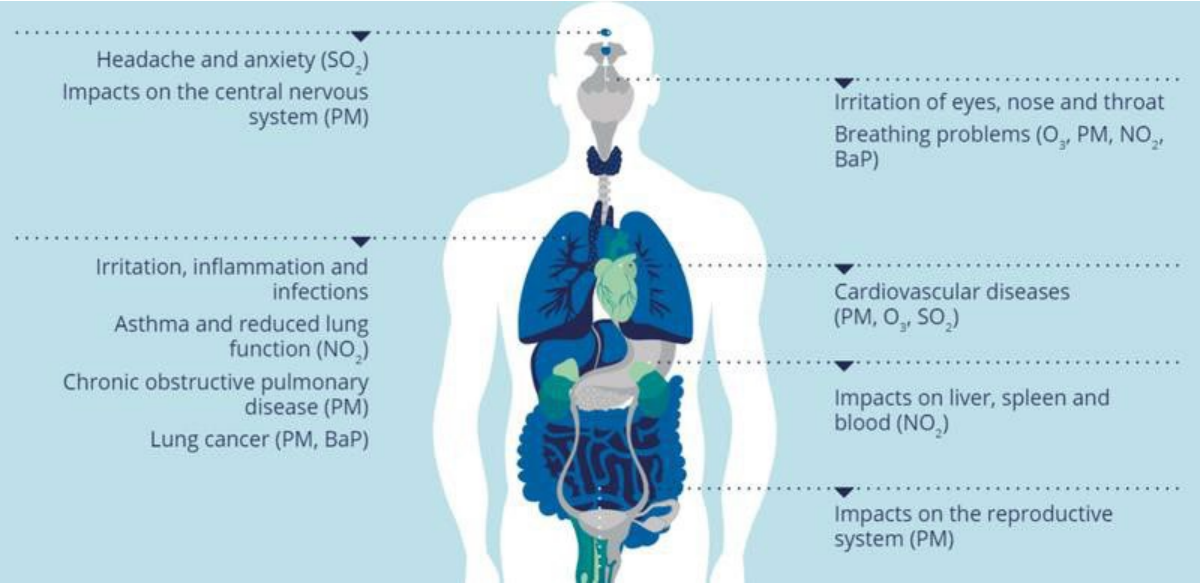

Fig 2. Health impacts of air pollution[15] Note: Particulate matter with a diameter of 2.5µm or less ($PM_{2.5}$), particulate matter with a diameter of 10 µm or less (PM_{10}), ozone (O_3), nitrogen dioxide (NO_2), benzo[a]pyrene (BaP) and sulphur dioxide (SO_2).

It is crucial to note that these health impacts do not fall evenly. Addressing air quality and climate change is critical for reducing health inequalities[16] and the NHS must adapt in ways that protect those who are already disadvantaged. In response, the NHS has committed to reaching net zero for directly controlled emissions by 2040, and for emissions across its wider supply chain by 2045. As a Trust, we are fully aligned with this ambition.

[11] Unprecedented extreme heatwave, July 2022 (Met Office, 2022)
[12] UKHSA and ONS release estimates of excess deaths during summer 2022 (UK Health Security Agency, 2022)
[13] Kent's changing climate (Kent County Council, n.d.) Accessed 10 June 2025
[14] Mental health costs of flooding (Environment Agency, 2025)
[15] Healthy environment, healthy lives: How the environment influences health and well-being in Europe (European Environment Agency, 2019)
[16] Implications of climate change for public health (Watkins and Ghosh, 2024)

Understanding our impacts

As one of the largest NHS trusts in the South-East, East Kent Hospitals University NHS Foundation Trust (EKHUFT) has a considerable emissions footprint (Fig 3). Energy used across our five hospital sites, business travel, medical gases, waste processing and metred dose inhalers all contribute significantly to our environmental impact (our *NHS Footprint*) and further work is required to robustly understand our position around our supply chain and patient and visitor travel impacts (our *NHS Footprint Plus*[17]). We have a clear responsibility and opportunity to lead the transition to a low-carbon, climate-resilient healthcare system in the region.

Sustainability in healthcare is not simply about doing less harm it's about creating new value. Many actions that reduce emissions also support better patient outcomes, improve operational resilience, and reduce long-term costs.

For example:

- Shifting to digital outpatient appointments and remote monitoring helps improve access to care while reducing unnecessary travel which supports operational efficiency and reduces environmental impacts.
- Investing in our estates to improve energy efficiency enhances patient comfort and clinical effectiveness while reducing waste.
- Transitioning to low-carbon inhalers and seeking alternatives to anaesthetic gasses with a high environmental impact improves both clinical outcomes and environmental performance.
- Promoting active travel for colleagues and visitors reduces emissions, relieves parking pressure, and supports healthier lifestyles.

We are already making progress including energy-saving projects, waste reduction initiatives, and improved environmental monitoring but we recognise there is more to do. Meeting the climate challenge will require innovation, partnership, and bold change.

This Green Plan sets out how East Kent Hospitals will reduce its environmental footprint while delivering high-quality, patient-centred care. We will:

- Cut emissions from energy use, transport, and clinical activity
- Reduce waste and improve resource efficiency
- Support climate adaptation and health resilience

[17] Delivering a net zero health service (NHS England, 2020)

- Engage colleagues, patients, and partners in delivering sustainable healthcare

We believe that our responsibility to the population of East Kent includes protecting their health now and in the future. This Green Plan is our roadmap to achieving that creating a healthcare system that is fit for purpose, fit for our ambition, and fit for the future.

Our NHS Carbon Footprint

Effective management of emissions needs to be based in a robust measurement of impacts. Standardised estimation methodologies were utilised[18] for approximating the Trust Group's controlled emissions impacts ("NHS Carbon Footprint") from 2019/20 to the 2024/25. While there were initial reductions in the Trust's controlled emissions after 2019/20, as the Trust has grown in size to meet increasing demand, emissions continued to rise from 2021/22 to the current position in 2024/25 (Fig 3). Significant actions is required to return Trust emissions to the required trajectory to meet its legislated targets, particularly on energy efficiency and decarbonisation of heat alongside action on reduction of emissions associated with medical gasses.

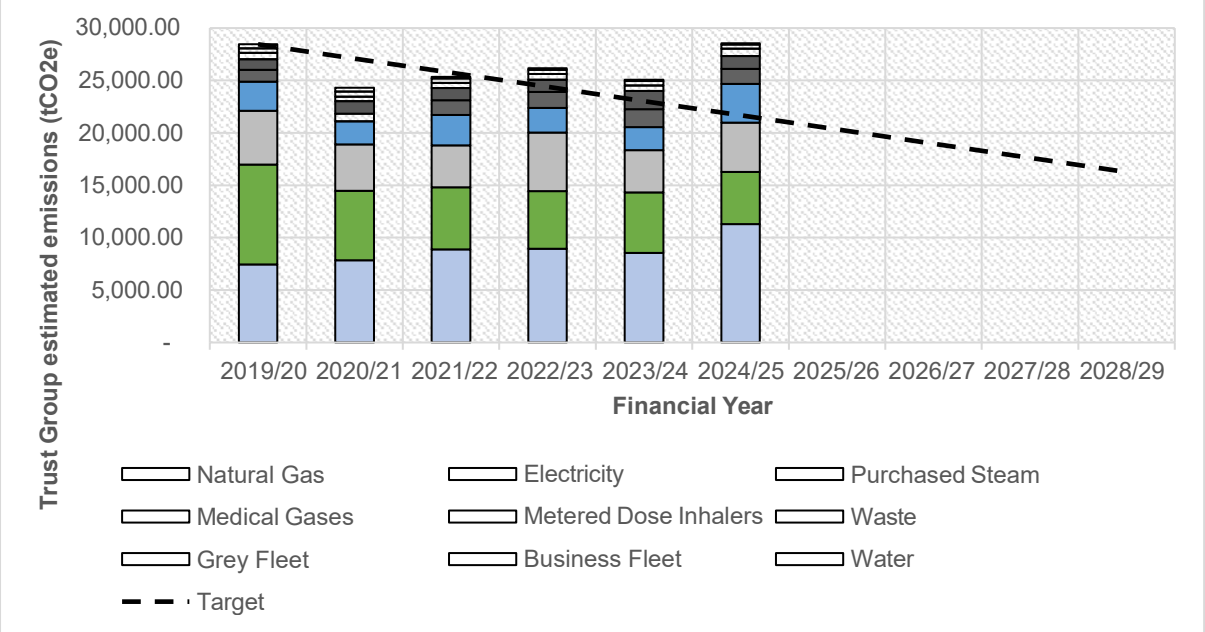

Fig 3. The estimated emissions footprint (in tonnes of carbon dioxide equivalent – tCO_2e) of the Trust Group between 2019/20 and 2024/25 with areas of focus aligned with the Greener NHS Team's *NHS Carbon Footprint*.

[18] Methodologies employed included the NHS Emissions Quantification Recipe Book and the Greener NHS methodology publications.

Our NHS Carbon Footprint Plus

The emissions associated with the Trust Group's supply chain were also estimated using best practice approaches with the data available (historical spend). It is predicted that more than 75% of the Trust Group's total emissions footprint is connected to the supply chain (Fig 4). Resourced action around supply chain is crucial to a more robust, and evidenced, understanding of the emissions arising from supply chain partnerships. In addition to being beneficial for understanding how decarbonisation efforts need to be focused, closer collaborations with suppliers around understanding impacts opens the door for product innovation, resilience of approach and social value while strengthening trust and delivering evidenced benefits to patients, colleagues and the community.

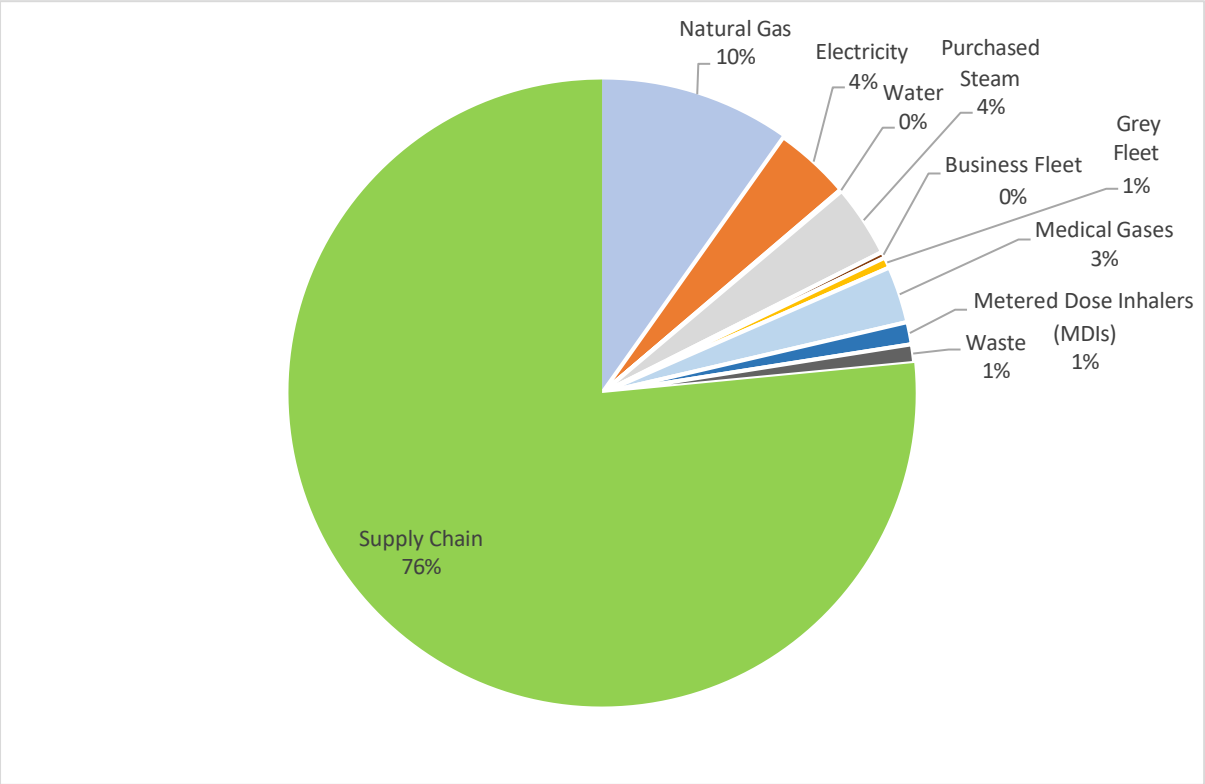

Fig 4. The estimated emissions footprint (in tonnes of carbon dioxide equivalent – tCO_2e) of the EKHUFT Group in 2024/25 including areas aligned with the Greener NHS Team's 'NHS Footprint'.

Appendix C: Commitments to action

III. Our Themes and Actions

Leadership

Forward-thinking leadership nurtures an environment where innovative projects can flourish, encouraging teams to identify and develop creative solutions to environmental challenges. This can lead to operational efficiencies and uncover new opportunities for sustainable healthcare delivery. By championing sustainability, the trust's leaders can lay the foundation for a progressive, resilient organisation that recognises environmental wellbeing as a crucial precursor to human wellbeing.

1.1 By December 2025, complete a comprehensive organisational emission estimate with decarbonisation modelling aligned to NHS Net Zero trajectories.

1.2 By March 2026, introduce the "Building a Net Zero NHS" module as required training for new colleagues as appropriate and promote it as a voluntary module for current colleagues, with the objective of 100% of appropriate new starters and 20% of current colleagues completing the training by April 2027.

1.3 By March 2026, implement a formal governance framework, including a Net Zero Programme Board with director-level representation, and ensure quarterly reporting on sustainability progress is embedded within the Trust's existing assurance structures.

1.4 By March 2026, introduce a *Sustainability in Action* award category within the Trust's annual staff awards, with at least four nominations submitted each year and promoted through Trust-wide communications to raise visibility.

1.5 By March 2026, co-establish and launch the Sustainable Future Forum with at least 20 active cross-Group members (including 2gether Support Solutions and Spencer Private Hospitals) and quarterly forums held through 2026/27 and 2027/28, with participant feedback used annually to evolve the platform and support grassroots change initiatives.

Net zero clinical transformation

Establishing models of care that are sustainable is a powerful means to transform healthcare pathways. By embracing innovation within these models, we can enable the development of new care methods that can improve patient outcomes, streamline processes, and enhance resource efficiency. For instance, rethinking how care can be delivered closer to home can reveal opportunities for alternative treatments or technologies that deliver high-quality care with a lower environmental impact through collaborative partnerships. Additionally, sustainable models encourage the exploration of telemedicine, preventive care, and digital solutions, which reduce the need for in-person visits, thereby decreasing transport emissions and making healthcare more accessible.

2.1 By September 2025, appoint a Clinical Lead for Net Zero Clinical Transformation with a defined remit and reporting lines.

2.2 By December 2025, update the clinical quality improvement (QI) framework to specifically include environmental sustainability as a quality domain, and pilot its use in at least two active QI projects.

2.3 By March 2026, complete a trust-wide assessment of high-volume single-use items and identify at least five viable reusable alternatives, with a business case developed for trialling at least two by June 2026.

2.4 By August 2026, present outcomes from at least one net zero clinical transformation initiative at a relevant national or regional healthcare sustainability event or conference and publish a summary for internal learning.

2.5 By March 2027, embed a requirement into care model and business plan development guidance to assess preventative measures, and ensure it is applied in all new models of care submitted for approval thereafter.

Digital Transformation

Digital transformation is pivotal in achieving emissions reduction goals by streamlining operations and enhancing efficiency. By shifting away from paper-based and manual processes, organisations significantly decrease their environmental impact, minimising waste and energy consumption associated with physical documentation and transportation. This transition maximises productivity, as automation allows employees to focus on higher-value tasks where humans excel rather than repetitive administrative duties. Furthermore, digital tools enable improved data analysis processes, providing deeper insights into operational performance and resource use. These insights not only support informed decision-making but also foster a culture of innovation, driving new strategies for sustainability. Ultimately, leveraging digital transformation empowers organisations to reduce emissions effectively while enhancing overall resilience and adaptability in an evolving environmental landscape.

3.1 By December 2025, use existing digital systems to better understand colleague work patterns with a focus on identifying opportunities to optimise digital collaboration and develop a set of recommendations to inform future planning.

3.2 By March 2027, deliver at least 60% of appropriate bookings and patient letters by digital means only.

3.3 By June 2026, design and implement an emissions tracking system for Digital Transformation initiatives across the trust to monitor impacts and successes.

3.4 By March 2027, complete a trust-wide review of appointment delivery modes and identify services where appointments could be clinically and operationally suitable for remote delivery.

3.5 By March 2026, complete a review of existing paper record management processes and identify opportunities for digitisation, with a roadmap in place to prioritise areas offering the greatest efficiency benefits.

Medicines

Reducing emissions from medicines is a crucial component of the Trust's sustainability ambitions. There is a particular focus on minimising the environmental impacts associated with medical gases and medicinal aerosol devices (e.g. metered dose inhalers) alongside addressing the risks associated with polypharmacy. Medical gases, such as nitrous oxide, contribute significantly to greenhouse gas emissions, making it essential to reduce waste in the first instance and then look at alternatives. Similarly, inhalers with high global warming potential propellants are key target for reduction, with a shift towards lower-emission inhaler options or non-propellant devices where clinically appropriate. Additionally, addressing polypharmacy by optimising medication regimens not only improves patient outcomes but also reduces the environmental impact associated with pharmaceutical production, distribution, and waste.

4.1 By December 2025, complete a review of medical gas usage data across all departments and identify at least three feasible interventions to reduce emissions, with implementation plans initiated for at least one.

4.2 By March 2026, establish a trust-wide target to reduce MDI prescriptions by 20% relative to total inhaler prescriptions, with quarterly progress monitoring and clinician engagement through prescribing guidance updates.

4.3 By March 2026, conduct a baseline assessment of medicines and prescribing-related emissions and publish a report outlining five specific opportunities for emissions reduction, prioritised by feasibility and impact.

4.4 By March 2027, deliver three educational sessions on the environmental and clinical impacts of polypharmacy to at least 50% of prescribing clinicians, measured by attendance and post-session feedback.

Travel and Transport

Travel and transport are a key element of the trust's carbon emissions footprint reduction goals. By actively reducing car travel to the trust's sites, the organisation can alleviate pressure on parking infrastructure while minimising emissions associated with commuting. Supporting colleagues in transitioning to active modes of travel, such as cycling and walking, not only promotes healthier lifestyles but also aligns with sustainability objectives. Additionally, encouraging the use of non-fossil fuel vehicles—while navigating the authorities' reservations about electric vehicles—can foster a culture of environmentally responsible commuting. Initiatives such as providing secure bike storage, incentives for public transport use, and carpooling programs can further facilitate this shift, ultimately contributing to the trust's commitment to a greener future.

5.1 By September 2025, integrate a comprehensive travel support module (covering active travel, public transport discounts, EV charging, and lift sharing) into all new staff inductions, with annual evaluation via staff surveys.

5.2 By March 2026, roll out personalised commuting plans as appropriate for 100% of new starters, supported by an automated tool or HR-administered process, and track uptake and impact through new joiner surveys by FY 2026/27.

5.3 By November 2026, implement quarterly business travel emissions reporting by department, with results shared through divisional sustainability leads and a 10% reduction target in high-emitting modes agreed and monitored annually through FY 2027/28.

5.4 By December 2026, complete a travel behaviour study across all Trust sites to understand patient and visitor travel patterns and identify at least five interventions to reduce emissions — including telehealth, video appointments, transport coordination, or site access improvements.

5.5 By December 2026, publish and begin implementation of a Trust-wide Green Travel Strategy with defined actions to reduce emissions across staff, patient, visitor, and supplier travel, and set a measurable 2030 mode-shift target aligned to NHS Net Zero Travel Framework.

Estates and Facilities

Estates and facilities are critical to the NHS trust's emissions reduction strategy, particularly as gas use represents a significant source of emissions. Reducing the amount of natural gas we use for heating and hot water is a vital step towards decarbonisation, aligning with national initiatives to transition to cleaner energy sources. Capital investment in modern, energy-efficient infrastructure is essential for this transition, as it not only reduces emissions but also enhances the overall operational efficiency of the trust. Furthermore, investing in healthier buildings contributes significantly to the well-being of both patients and colleagues. Improved indoor air quality, natural lighting, and ergonomic designs can lead to better health outcomes, reduce absenteeism, and enhance productivity. By prioritising these initiatives, the trust can create a more sustainable environment that supports its goals while fostering a healthier community.

6.1 From April 2025, require that no new construction utilises fossil fuels for space heating or water heating.

6.2 From April 2025 onward, mandate that all new capital developments meet a minimum BREEAM Excellent or equivalent sustainability certification, with board-approved design briefs referencing NHS Net Zero Building Standards.

6.3 By March 2026, review opportunities for reducing waste generation through changes to supply chain and procurement contracts.

6.4 By December 2026, complete a full energy efficiency audit across all Trust-owned buildings, identifying at least 10 priority interventions with a combined potential savings target of 10% in energy demand by 2028.

6.5 By March 2027, submit at least four funding applications to relevant public or private sector schemes to secure a minimum of £10 million in funding towards heat decarbonisation and decentralised electricity generation across the hospital estate.

6.6 By March 2027, install smart energy metering and monitoring systems in 100% of high-consumption buildings, and implement a dashboard for estates teams to track usage and identify reduction opportunities.

Supply Chain and Procurement

Supply chain and procurement processes are key to reducing emissions and ensuring suppliers contribute meaningfully to social value. Effective stock management practices help prevent over-purchasing, reduce waste, and ensure that resources are used efficiently. Contract management also plays a vital role, providing the framework to hold suppliers accountable to their sustainability commitments. By establishing clear expectations and monitoring supplier performance, the trust can ensure that partners adhere to environmental and social standards, such as minimising packaging waste, sourcing responsibly, and reducing carbon footprints. These actions not only support the trust's sustainability goals but also build stronger partnerships with suppliers who share a commitment to social value, helping build a resilient and environmentally conscious supply chain.

7.1 By April 2026, ensure 100% of all office and clinical paper products procured meet closed-loop or FSC-certified recyclable standards, with compliance tracked through supplier frameworks and internal audits.

7.2 By September 2026, embed a standardised process across all new contracts to monitor supplier delivery against sustainability and social value KPIs, with biannual reporting to procurement leads and sustainability board.

7.3 By December 2026, complete a gap analysis against ISO 20400 sustainable procurement guidelines, and scope opportunities to address key identified gaps or complete arising required training by 2027/28.

7.4 By March 2027, implement a robust digital system to monitor key performance indicators (KPIs) associated with NHS Net Zero Supplier Roadmap requirements, with training provided to procurement and contract management teams to ensure effective contract management and continuous improvement.

7.5 From 2026/27 onward, publish an annual trust *Sustainable Procurement and Social Value Impact Report* summarising key outcomes from contracts over £100k, including carbon reduction, local economic benefit, and community engagement metrics.

Food and nutrition

Food and nutrition are essential to the Trust's sustainability and health objectives. By minimising food waste through better forecasting, portion control, and effective stock rotation, the Trust can reduce both environmental impact and operational costs. Strengthening connections with dietetics teams ensures that meal options meet patients' specific health needs while maintaining nutritional balance. At the same time, improving the healthiness of menu options (without sacrificing nutritional benefits) supports patients' and colleagues' well-being. Introducing electronic food ordering further enables efficient, demand-driven meal provision, reducing waste while ensuring patients receive timely, tailored nutrition. Through these measures, the trust can build a food service that supports health, sustainability, and operational efficiency.

8.1 By March 2026, implement routine food waste measurement in all inpatient catering services, establish a food waste reduction target to be met by 2027/28, and report progress annually through estates and facilities governance.

8.2 By March 2026, ensure compliance with NHS England's sugary drink sales limits across all Trust catering and retail sites, with bi-annual spot-check audits demonstrating adherence while only healthier drinks are included in promotions.

8.3 By March 2027, review all menus, and increase low-impact and healthy meal options by at least 25%, with evidence-based guidance from dietitians and patient satisfaction monitored quarterly.

8.4 By April 2027, implement electronic meal ordering systems across 100% of inpatient wards, with baseline and follow-up audits showing measurable improvements in order accuracy, patient satisfaction, and food waste reduction.

8.5 By April 2027, pilot and implement an optimised food and catering procurement approach to support the reduction of food waste by at least 10% in the first year of operation.

Adaptation

Adaptation is a crucial aspect of the NHS trust's approach to resilience, especially in partnership with regional stakeholders to address risks related to flooding and overheating. By collaborating with local authorities and environmental organisations, the trust can better understand regional climate vulnerabilities and tailor responses to protect its facilities and services. A significant part of this effort involves improving data logging within buildings to track temperature fluctuations. Enhanced data allows for a proactive approach in adapting spaces to seasonal extremes, enabling early interventions to maintain comfortable, safe environments during cold snaps or heatwaves. Through precise, real-time monitoring, the trust can anticipate temperature-related issues, optimising building performance and safeguarding patient and colleague health amid changing climate conditions.

9.1 By September 2025, formally appoint a named executive-level lead for climate adaptation with responsibility for overseeing heat, flood, and clinical climate risks, and reporting quarterly to through the appropriate governance pathway.

9.2 By March 2026, complete a climate risk assessment for all estate sites using local projection data, including overheating, flooding, and infrastructure risk scoring, and prioritise three high-risk areas for adaptation planning by 2027.

9.3 By June 2026, formally include climate change impacts in the Trust's risk register under operational and clinical categories, and develop a mitigation and response action plan to address at least five priority risks by FY 2027/28.

9.4 By December 2026, assess climate resilience across the top 25 suppliers (by contract value or risk), and include climate adaptation questions within all new high-value procurement frameworks from FY 2027/28 onward.

9.5 By March 2027, embed the Government's Adverse Weather and Health Plan alert system into Trust communications protocols, with 100% of relevant staff trained on extreme weather messaging and response plans by March 2027.

Appendix D: Foreword draft

Leadership is about taking action today to secure a better tomorrow. We are committed to becoming leaders in setting best practice towards a healthier and more resilient future. By transforming the way we work and deliver care, we are not only committing to reducing our negative environmental impacts, but also improving the wellbeing of our patients, colleagues, and the wider community we serve.

This Green Plan is our roadmap to transformation. It aligns efforts across the trust to lead the way in sustainable healthcare. Our goal is clear: To deliver healthcare of the highest quality while protecting the environment for generations to come. The actions we take now will shape a legacy of responsibility, innovation, and resilience, because the health of our community and our planet are inseparable.

The responsibility is ours and the time to act is now.

[TBC]

[TBC] of East Kent Hospitals University NHS Foundation Trust