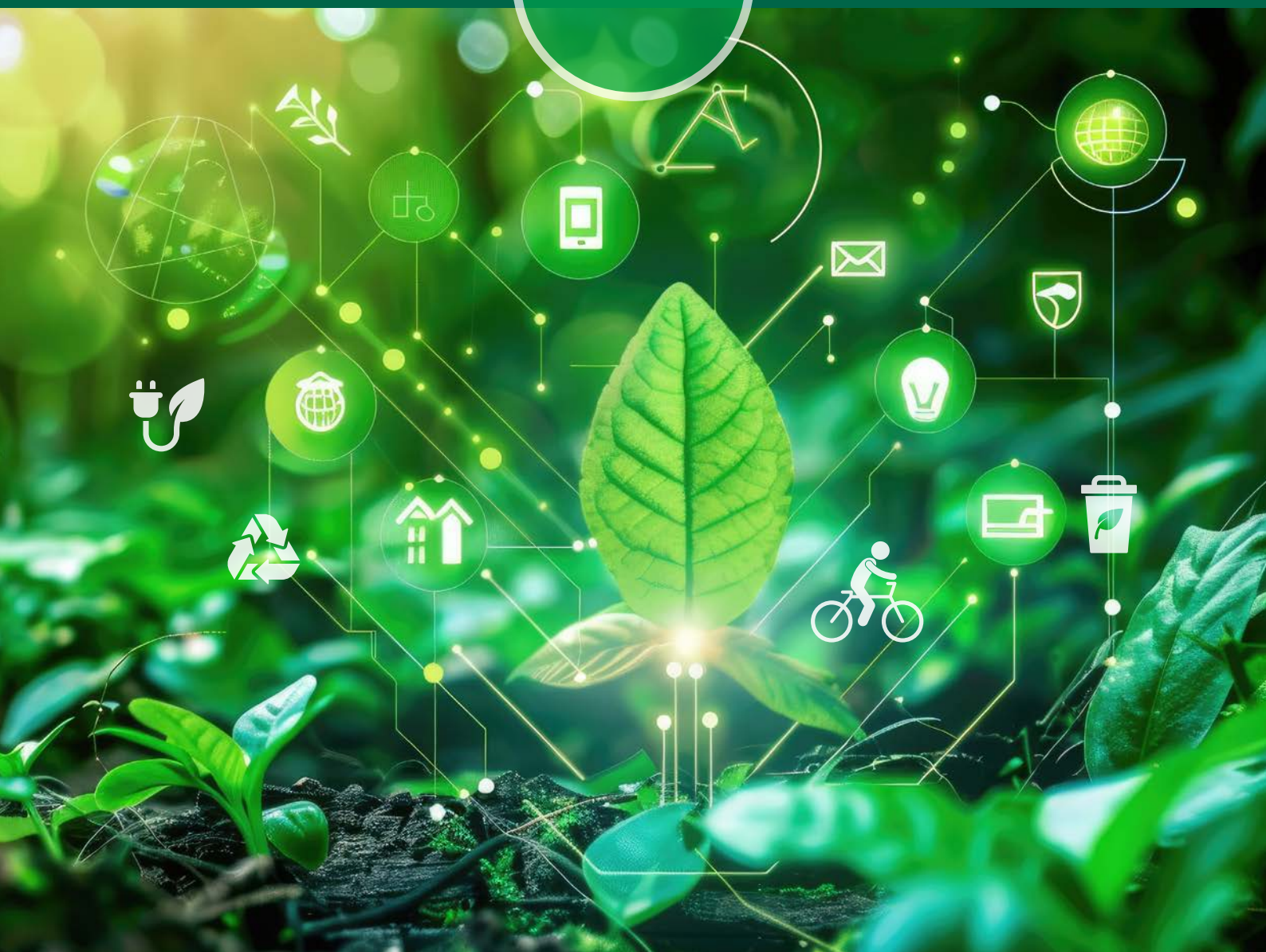


One Gloucestershire
Integrated Care System (ICS)

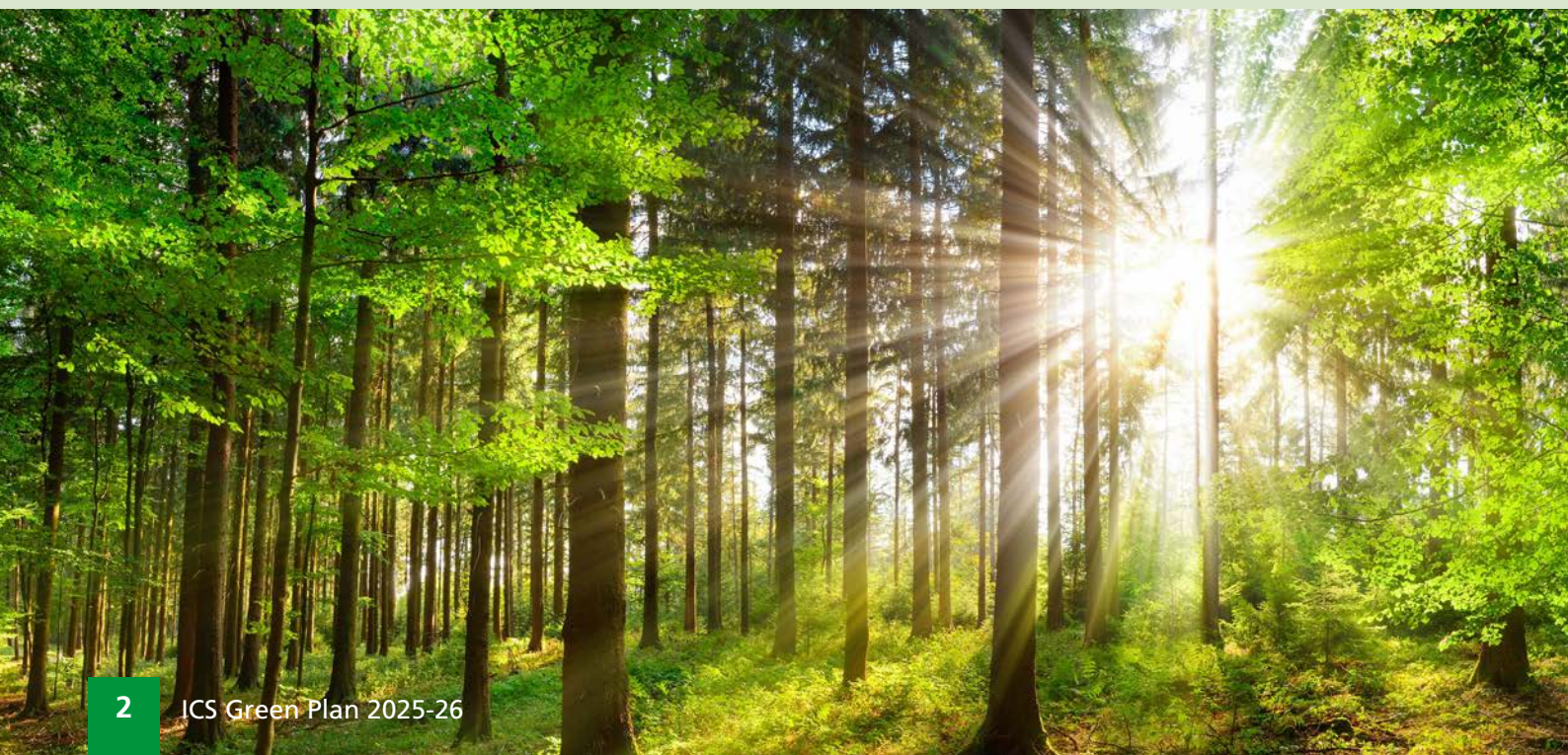
GREEN PLAN

2025-26



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1. Introduction

This Green Plan details how One Gloucestershire Integrated Care System (ICS) intends to reduce emissions and support the delivery of our wider sustainability objectives, with all partners working together to achieve our common goals – not only long-term net zero but improving the quality of life of our population and staff. The plan has been developed in collaboration with Gloucestershire Provider Trusts.

We have a legal and social responsibility to address climate change and to reduce our carbon emissions, as set out in the UK's Climate Change Act. Climate change and peoples' health are inextricably linked¹, with rising global temperatures and air pollution contributing to the direct increases in rates of major diseases including asthma, heart disease,

and cancer, and exacerbating wider health inequalities. In addition climate change brings the potential for floods, storms, and heatwaves that will significantly disrupt the delivery of healthcare services across the country. The ICS recognises the concurrent crises of climate change and health inequality as interconnected challenges that demand urgent, coordinated action. Positive action on the climate and ecological emergency frequently reduces health inequalities.

In Gloucestershire, the effects of climate change are happening now, notably seen in increased frequency and severity of flooding, and higher summer temperatures. These events threaten the physical and mental health of local people and increase the existing pressures on healthcare services.

This plan's main aims are:

- Prioritising sustainability interventions that support continued improvement in patient care and population health, and reduce inequalities, while tackling climate change and broader sustainability issues
- Ensuring every NHS organisation supports the ambition to reach net zero carbon emissions, reflecting learning from delivery to date

The Gloucestershire plan aims to move towards delivery of the ambitions as set out in Delivering a Net Zero National Health Service, namely:

- *For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction (from 1990 levels) by 2028 to 2032.*
- *For the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction (from 1990 levels) by 2036 to 2039.*

Our Green Plan is aligned to the United Nations' Sustainable Development Goals, and we will continue to work with our partners to encompass these at the heart of our work².

¹ <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

² <https://sdgs.un.org/goals#goals>

SUSTAINABLE DEVELOPMENT GOALS



Greener NHS Focus Area/Priority	Linked UN SDG	Description	Relevance
Workforce and Leadership	SDG4	Quality education	Builds climate literacy and green skills among NHS staff
	SDG8	Decent work & economic growth	
Sustainable modes of care	SDG3	Good health & wellbeing	Promotes prevention, digital care, and reduces emissions from clinical delivery
	SDG13	Climate action	
Digital	SDG3	Good health	Reduces lifecycle emissions and reduces emissions from clinical delivery
	SDG12	Responsible consumption and production	
Medicines	SDG3	Good Health	Minimises environmental impacts of pharmaceuticals (e.g. inhalers, anaesthetics)
	SDG12	Responsible consumption and production	
Procurement & Supply Chain	SDG12	Responsible consumption and production	Reduces lifecycle emissions; supports suppliers aligned with sustainability standards
Travel & transport	SDG11	Sustainable cities	Supports walking, cycling, and clean air-improving health and reducing carbon
	SDG3	Good Health	
Estates	SDG7	Affordable and Clean Energy	Improves energy efficiency and reduces emissions from NHS facilities
Food	SDG12	Responsible consumption and production	Improves/maintains health, reduces waste
	SDG3	Good health & well being	
Adaptation	SDG11	Sustainable Cities and Communities	Prepares services for climate impacts and enhances community health resilience
	SDG13	Climate Action	

1.2 About Gloucestershire

Gloucestershire is home to approximately 670,000 people. Demand for health and care services in the county is very high and growing, especially in our older population. Our services are not sustainable without a different approach in how we work together. As the 2024 *Independent investigation of the NHS in England*³ by Lord Darzi highlighted, we need to increasingly shift our focus more towards wellbeing and the prevention of ill-health, and less on the treatment of illness.

This is reflected in both our strategic objectives and within this ICS Green Plan.

The *Integrated Care System* (ICS) is the collection of organisations and people that provide publicly funded health and care services:

NHS Gloucestershire Integrated Care Board (ICB)

www.glosnhs.nhs.uk - provides oversight and commissioning (purchasing) of the county's health and care services. They also bring all partner organisations together to collaborate on the work that improves and transforms services to ensure we address people's current and future healthcare needs.



64 GP surgeries who provide initial diagnosis, treatment and care of non-emergency illness, decide with patients when to refer them to specialist services in other organisations, and provide long-term care and support self-care. GP surgeries work together in fifteen geographical patches called Primary Care Networks (PCNs) which themselves are then grouped into six Integrated Locality Partnerships (ILPs) – this layered structure helps us to work with different communities on their specific needs, and to listen to and communicate with them.

Gloucestershire Health and Care Foundation NHS Foundation Trust (GHC)

www.ghc.nhs.uk - provide district nursing and health visiting, clinics and therapies, inpatient care, rehabilitation and Minor Injury and Illness Units (MIUs). They also provide Mental Health assessment, treatment and care services.³



Gloucestershire Hospitals NHS Foundation Trust (GHT)

www.gloshospitals.nhs.uk - provides specialist medical treatment and care, diagnostic tests and scans, and Accident and Emergency (A&E) departments for the most urgent and serious accidents and illness.

Gloucestershire County Council (GCC)

www.gloucestershire.gov.uk/health-and-social-care/ - provide social care services, domiciliary care visits and carer assessments. GCC and the ICS also work closely with the six District and Borough Councils in Gloucestershire.



South West Ambulance NHS Foundation Trust (SWAST)

www.swast.nhs.uk - handle our 999 emergency calls, either treating people in their own homes or taking them to other places for treatment such as A&E. Non-emergency patient transport services are provided by E-zec e-zec.co.uk/our-services/

Voluntary, Community and Social Enterprise (VCSE)

organisations ranges from small community-based groups or schemes through to larger registered Charities that operate locally, regionally & nationally, usually focusing on particular health needs or parts of the community.



³ www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england

1.3 The scope of this plan

Whilst this document is largely focused on NHS activities, Local Authorities have well-established climate change plans. We will ensure that this Green Plan is aligned with them, as we all serve and care for the same population. Our main health and care partners, including the voluntary sector also have their own organisation-specific green plans. This document does not replace those, but instead identifies and confirms common actions we share, and will increasingly work together on to make the greatest impact and improvement.

As well as reducing our carbon emissions and improving the condition of our environment,

we also have wider sustainability ambitions. We consider ourselves 'Anchor Organisations' in the county and can support our local community's health and wellbeing and help tackle health inequalities, for example, through procurement, training, employment, professional development, buildings, and land use. Our Green Plan will touch on many of these aspects and is a key to supporting and influencing the health and wellbeing of communities.

The ICB is ensuring that sustainability and net zero are included in our response to the NHS Ten-Year Plan requirements to enable the three shifts, analogue to digital, hospital to home and treatment to prevention.



2. Executive Summary

Executive Summary

The ICS Green Plan 2025 sets out One Gloucestershire Integrated Care System's (ICS) strategy and approach to embed sustainability across all aspects of health and care delivery to deliver the aim of reducing carbon emissions and helping to address climate change, recognizing that the health of people and the health of the planet are deeply connected. Developed collaboratively with Gloucestershire Provider Trusts and aligned with local authority and voluntary sector plans, the Green Plan recognizes the legal, social, and health responsibilities to act on climate change, as mandated by the UK's Climate Change Act.

At the heart of the plan is the aim to reach net zero carbon emissions—directly controlled emissions by 2040, and those the NHS can influence by 2045—while improving the quality of life for both patients and staff. The plan aligns with the United Nations Sustainable Development Goals, ensuring that every action taken supports broader social and environmental progress.

The Green Plan focuses on practical steps: building climate literacy among staff, embedding sustainability into everyday care, and harnessing digital technology to reduce waste and emissions. It highlights the importance of prevention and community partnerships, aiming to keep people healthier for longer and reduce the need for high-carbon treatments.

Key initiatives include switching to greener medicines and inhalers, modernizing NHS buildings for energy efficiency, supporting active travel, and transforming procurement to favor sustainable suppliers. The plan also emphasizes adapting to the changing climate, ensuring that healthcare services remain resilient in the face of extreme weather and other risks.

Ultimately, the Green Plan is about embedding sustainability into every layer of the health and care system—delivering long-term health benefits, reducing inequalities, and leading Gloucestershire toward a greener, healthier future.



3. Workforce & Leadership

Why This Matters

We need everyone, from Senior Leaders to frontline staff, to feel supported and inspired to take sustainability action. To do this, we will provide our workforce with the tools and knowledge to embed sustainable practices within their day-to-day activities. By building knowledge and embedding sustainability principles throughout the organisation, we can create a net zero NHS.

Through working closely with local communities, local authorities, and other public bodies, third sector organisations and our suppliers we will achieve the ambitions as set out in this Green Plan. Working at scale gives greater potential to deliver jointly for a bigger transformational impact and working with place-based partners gives us the potential to develop innovative initiatives such as district heat networks

Achievements so far (2022-2025)

- In 2022, GHC embedded sustainability into the Silver Quality Improvement Training. Staff members undertaking projects undertake a module on the importance of sustainable healthcare and learn how to apply knowledge to their existing and any future quality improvement projects.
- The ICB has run a primary care sustainability scheme for the last 3 years, a key element of this has been to create sustainability champions within GP practices and to build in annual presentations as part of practice learning
- GHFT have implemented a network of green champions across their organisation

Our Aims for the Next 3 Years:

Goal	Measurement	Delivery
Promote sustainability practices in the workplace via staff engagement sessions, communications, and updates.	Staff engagement in sustainability activity	2025 onwards
Appoint clinical sustainability leadership within NHS providers to embed sustainability across a range of clinical specialities.	Appoint Clinical sustainability leads	2026 onwards
Explore and create ICS wide (including Board level) training	Undertake skills gap analysis and review training needs	2026 onwards
Work with HR and training to include sustainability into all relevant organisational documents like job description and corporate inductions.	Co-produce system wide sustainability section for JD's and corporate induction package	2026 onwards
Promote environmental sustainability training courses across a range of disciplines, such as quality improvement, to build a net zero NHS	Undertake high level skills gap analysis and review specialist training needs	2026 onwards

Make available to all staff a range of resources available that they can use in their daily life such as https://www.open.edu/openlearn/sustainability-hub	Resources available on ICS extranet and updated regularly	2026 onwards
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Goal	Measurement	Delivery
Review relevant policies to include updated green plan guidance and sustainability where applicable.	<i>Policies reviewed each year</i>	2028
Aim to run two joint communications campaigns each year.	Establish a sustainability communication calendar with Comms Teams	2026 onwards

4. 'Net Zero Clinical & Care Transformation

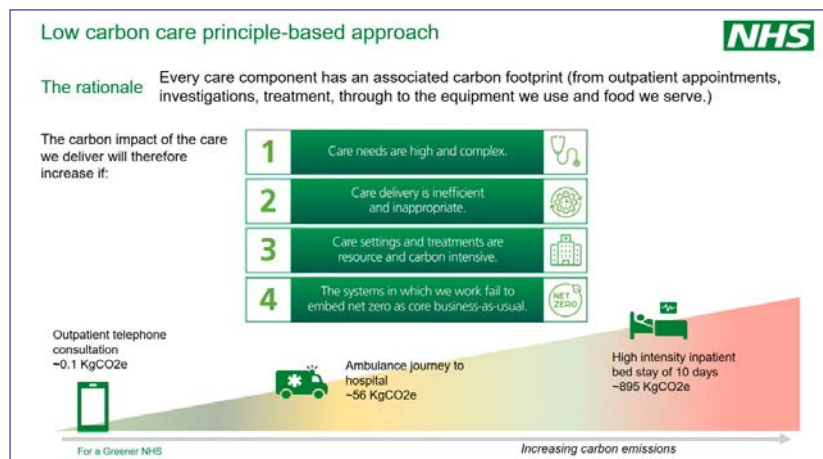
Why This Matters

Disease prevention, healthy lifestyle, care closer to home, digital low carbon care are all priorities identified in the NHS long term plan that will have a positive impact on the planet. All clinical decisions and care delivery should include environmental considerations and waste reduction. Sustainable healthcare models prioritise the health of individuals, communities, and the planet.



By integrating principles of environmental stewardship, social equity, and economic viability, these models aim to create a more resilient and efficient healthcare system. Sustainable models of healthcare are an inherent part of delivering value for health and care systems.

Prevention and wellness: Preventive care lessens the burden of chronic diseases and enhances overall public health. Implementing prevention/ early intervention strategies, reduces the need for costly treatments and hospital admissions, leading to better patient outcomes.



Resource Management: Minimising waste and enhancing efficiency reduces costs and greenhouse gas emissions. Traditional healthcare models have a significant negative impact on the environment. Sustainable models mitigate these effects through practices such as recycling, energy conservation, and the use of certified sustainable products.

Integrated care: Involves co-ordinating services across different providers to ensure seamless care for patients. By breaking down organisational silos, the NHS and partners can improve care co-ordination, reduce duplication of services, and provide more holistic care to communities. Technology and innovation:

Digital health: Solutions such as telemedicine, remote monitoring, and electronic health records can improve access to care, enhance communication between healthcare providers, increase efficiency, reduce costs, and empower patients to take control of their health.

Engagement and collaboration: Involving local communities in decision-making ensures that services are tailored to meet their specific needs and preferences, and fosters a sense of ownership and accountability, leading to better health and wellbeing. Collaboration also helps in the efficient allocation of resources and development of innovative solutions to address healthcare challenges.

Achievements so far (2022-2025)

- Developing our nature based social prescribing offers, connecting people into nature-based activities that support health and wellbeing
- Expanding the delivery of our whole systems approach to physical activity (we can move), which includes a priority focus on active travel and active environments
- Contributing to local work on creating sustainable food environments, including through our grant funding activities to organisations such as Feeding Gloucestershire, The Great Plate and Wiggly Charity & Project Grow

Our Aims for the Next 3 Years:

VCSE Partnerships as a Core Enabler of our Green Plan

Our partnership with the Voluntary, Community and Social Enterprise (VCSE) sector is a fundamental enabler of Gloucestershire ICS's Green Plan. Through our work with our VCSE partners, we are embedding sustainable approaches at neighbourhood level: co-designing services that address the wider determinants of health, promote active travel and nature-based wellbeing, and enable communities to take shared ownership of health outcomes. This community-led approach helps to prevent ill-health, reduces avoidable service demand, and supports our transition towards a low-carbon, prevention-focused healthcare system. As anchor organisations rooted in place, VCSE partners create local employment and volunteering opportunities, promote circular economy practices, and mobilise community assets that build social and environmental value. Their reach and relationships enable us to deliver more inclusive engagement, ensuring that sustainability actions benefit those most affected by inequality and climate change.

Goal	Measurement	Delivery
Embed environmental sustainability principles and requirements to reduce emissions across patient pathways, spanning primary, secondary and community care and the third sector and within commissioning	Embed in project documentation and QI programmes	2026 onwards
<p>Consider impact on the environment in all service change, reconfiguration programmes and pathway redesign, building this into our processes going forward</p> <ul style="list-style-type: none"> • Include sustainability as a core part of the planning process and business case template • Include sustainability as a core part of the QEIA template to QEIA (added e for environmental considerations of carbon, biodiversity, flooding mitigations and impact on practice, strategy, policy and procedural changes) • Embed sustainability transformation into QI training 	<p>Number of QEIA templates including a sustainability impact</p> <ul style="list-style-type: none"> • Inclusion of sustainability transformation into QI training • GHFT – include calculations of carbon emissions in Gold QI training 	2026 onwards
Maximise opportunities for disease prevention and health creation to improve population health when planning and commissioning NHS services	Health outcomes included in service specifications and QEIA including sustainability impact undertaken	2026 onwards
Ongoing programme of work via the Greener Infection Prevention & Control Council in areas such as reduction in the use of couch roll, replacing single use tourniquets with reusable ones, promotion of appropriate glove use leading a reduction in number of gloves used	Annual report for greener infection control	2025 onwards

Engage with the Local Nature Partnership and link strategically with members to ensure opportunities for collaboration are not missed	ICB representative on LNP Board, supporting them to write a new strategy that will include support for healthy living	Ongoing
Utilising the evaluation and research knowledge acquired through previous grants, look to embed Nature on prescription in the new ICS VCSE Partnership model	Embed Nature on prescription in the new ICS VCSE Partnership model	Ongoing



5. Digital Transformation



Why This Matters

Achieving net zero requires a large-scale shift to prevention and better management of disease to keep people well; reducing the use of carbon-intensive treatments and settings; eliminating waste and unnecessary interventions; and switching to low-carbon medicines, treatments and products. (The Health Foundation, 2023) Digital transformation provides an effective lever to implement the large-scale shift. This direction of travel is closely aligned with the three big shifts set out in the **10 Year Health Plan**. The three shifts are Analogue to Digital, Sickness to Prevention and Hospital to Home.

We can use digital technology to improve patient access and experience, streamline clinical services and reduce reliance on paper, travel and other resource-intensive processes. These practices will not only save time and improve care but also play a key role in the NHS achieving its net zero targets by reducing emissions and waste.

Achievements so far (2022-2025)

- From 2022-2025, the ICB working closely with Gloucestershire County Council, supported care homes to move from paper to digital care records, providing the foundations for quicker, more effective sharing of care information across the health and care system.
- In 2024-25, the ICS expanded the Virtual Ward capability so that more patients could be monitored and receive treatment at home.
- In 2024-25, the ICS improved the capability and effectiveness of the Shared Care Record (JUYI) through moving to a new supplier.
- Throughout 2025 the ICB extensively modernised the digital infrastructure within GP surgeries, reducing the risk of downtime and enabling upgrades and maintenance to be conducted remotely.
- In 2025 Mobile working was fully enabled for GP's enabling flexible working in any location and reducing the need for travel.
- In 2025 introduction of cloud-based telephony across all GP sites.
- In 2025 development of an ICS-wide Data Sharing Strategy that sets out the long-term aims for how information will be shared across the health and care system to enable the best care for patients.

Our Aims for the Next 3 Years:

Goal	Measurement	Delivery
NHS App & SMS	<ul style="list-style-type: none"> • Reduction in use of paper • Reduction in travel as fewer trips to surgery • More repeat meds ordered via app reducing calls to practices/OOH service 	<p>All GP practices enable all core NHS App capabilities.</p> <p>2. Campaign 'trials' encourage NHS app adoption/identifying what works/doesn't work. Structure, governance and sustainability for joint system wide communications in place to support the NHS App, long-term</p> <p>3. GP SMS messaging best practice (Existing SMS project)</p> <p>Summer 2026 onwards</p>
Patient empowerment portal implementation (PEP)	Reduction in paper usage & postage as appointments & clinical letters provided to patients digitally (via NHS App)	Expansion of PEP across 8 GHC services. Programme start 2026 to run to 2028
JUYI single care planning	<ul style="list-style-type: none"> • Reduce need for travel • Improve clinical decision-making & safety • Save administrative cost & time with single data source • Quicker discharge & reduce length of hospital stay 	<p>Continue to enhance performance through the delivery of agreed contracted services</p> <p>Introduce digital care planning functionality (starting with RESPECT forms) and care tracking capabilities</p> <p>Summer 2026</p>
Ambient Transcription/Voice recognition (AI).	<ul style="list-style-type: none"> • Improved clinic utilisation • Improved clinical workflows • Reduction in staff time 	<p>Pilot ambient speech in a variety of acute, community and primary care settings.</p> <p>2026 onwards</p>
ICS Infrastructure	<ul style="list-style-type: none"> • Support end user experience including staff mobility across organisations. Potential to save on costs through combining contracts or efficiency through revised wifi offer • Enhancing collaboration across ICS Transition to Cloud, making best use of shared resources, easier collaboration reducing email traffic and duplicate file/folder storage. 	<p>Initial phase of migration office 365 collaborative tools completed across GCC, ICB, GHFT and GHC.</p> <p>Move to cloud only servers for GP practices</p> <p>2026 - 2029</p>
E-referral / Advice & Guidance	Optimise communications to improve efficiency and improve the effectiveness of clinical referrals process	<p>Project initiated and scoped with delivery commenced</p> <p>Summer 2026 onwards</p>

6. Medicines

Why This Matters

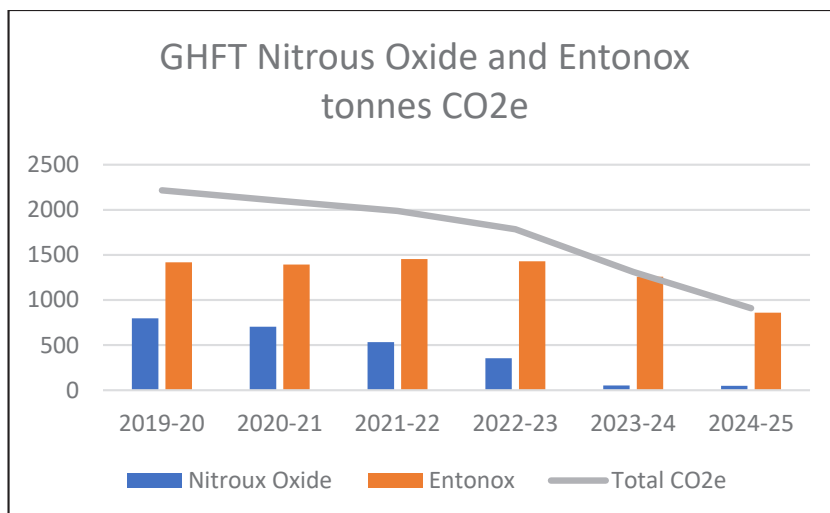
Medicines Optimisation is a vital component in the pursuit of sustainable healthcare systems. It focuses on ensuring that patients receive the most appropriate medications, at the correct doses, and at the right times, thereby maximising therapeutic outcomes and minimising waste. It also aims to ensure patients can access the medicines they need as close to home as possible. This approach aligns seamlessly with the principles of sustainability, which aim to balance the environmental, social, and economic aspects of healthcare.

The production and use of medications, inhalers, and anaesthetic drugs contribute significantly to environmental damage due to the waste generated from packaging, the manufacturing processes, pollution of water bodies during production, the disposal of unused drugs into public water sources and landfills, and the release of pollutants into the air. Around 25% of NHS carbon emissions are from medicines. Most of these emissions result from the manufacture, procurement, transport and use of medicines (20%), with the remaining 5% specifically from inhalers (3%) and anaesthetic gases (2%).



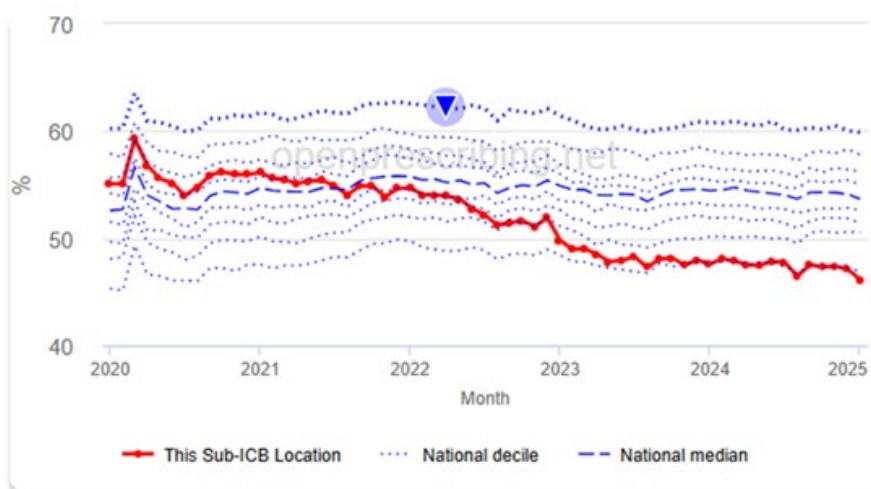
Achievements so far (2022-2025)

- Good progress has been made in Gloucestershire for example the significant reductions in nitrous oxide, a greenhouse gas, (see below) within GHFT.



- Good progress being made to switch from inhalers containing CFCs, which are ozone depleting, to dry powder alternatives

MDIs prescribed as a proportion of all inhalers in BNF Chapter 3, excluding Salbutamol



- Only Order What You Need: campaign to reduce medicine waste was launched in 2024/25 urging people to only order the medication they need from their repeat prescriptions to reduce waste. It is estimated that around 1.4 million medicine items are wasted unnecessarily in Gloucestershire each year with 53% of our population on a repeat prescription for multiple medications each month. Find out more about the campaign [here](#)

Our Aims for the Next 3 Years:

Medicines Optimisation contributes to our sustainability goals by promoting the responsible use of medications, reducing unnecessary prescriptions, and encouraging the use of eco-friendly packaging and disposal methods.

In addition, by ensuring patients are well-informed about their medications, we can improve adherence to treatment plans and reduce the incidence of medication-related complications improving patient outcomes and reducing the need for additional medical interventions.

Goal	Measurement	Delivery
<p>1. Reducing antibiotic prescribing to help the environment now and reduce the likelihood of antimicrobial resistance in the future.</p> <p>Examples include</p> <ul style="list-style-type: none"> Reducing longer course lengths of amoxicillin prescribed in primary care by increasing the number of 5-day courses prescribed from 30% (Feb 2019) to 80% in December 2026. Reducing the longer course lengths of doxycycline prescribed in primary care from 90% (Feb 2019) to 40% (i.e. 60% prescribed as 6 capsules) in April 2027 GHFT IV to oral project 	<p>Metrics from PrescQipp: Optimising antimicrobial duration dashboard - Amoxicillin 500mg capsules</p> <p>Metrics from PrescQipp Optimising antimicrobial duration dashboard - Doxycycline 100mg capsules</p> <p>Increase in proportion of oral IV antibiotics</p>	<p>Baseline 2024/5 Inclusion in prescribing schemes for primary care</p> <p>Ongoing implementation of business case</p>
<p>2. Reduce overprescribing to reduce the number of medicines prescribed and issued.</p> <p>Examples include</p> <ul style="list-style-type: none"> Reducing the number of Lidocaine patches prescribed in Primary care to below the national median by December 2026 Continuing to promote Structured medication reviews in patients on multiple medications. 	<p>Metrics from Open Prescribing: Items which should not routinely be prescribed in primary care - lidocaine plasters by all Sub-ICB Locations OpenPrescribing</p> <p>Measured in PCN dashboard PCN Dashboard : Intranet – NHS Gloucestershire</p>	<p>New guidelines for lidocaine patch prescribing. Pilot in Jan / Feb 2026 followed by publication of guidelines to rest of Primary care.</p> <p>to be defined in 2026/27 Primary Care offer</p>
<p>3. Reduce pharmaceutical waste and ensure where possible waste is recycled</p> <ul style="list-style-type: none"> Ongoing local implementation of “Only Order What You Need” campaign with associated reduction in the number of repeat prescriptions generated following the campaign. 	<p>No of pharmacies taking up initiative</p> <p>Evaluation report</p>	<p>Ongoing reiteration & refresh of campaign via community pharmacies and GICB social media.</p>

Goal	Measurement	Delivery
<p>4. Reduce emissions associated with the transportation of medicines or associated prescribing</p> <ul style="list-style-type: none"> • GHC project to stop requirement for wet signatures on drug charts and associated reduction in miles travelled • Direct ordering of dressings project to reduce nursing times travelling to GP practices and patient homes etc. • EPS (Electronic Prescribing) across physical health community services (GHC) • GHC Pharmacy supplies delivered by electric vehicles 	<p>Completed for EOI drug charts. In delivery for Insulin charts</p> <p>No of dressings ordered</p> <p>Measurement metric to be developed</p>	<p>In delivery</p> <p>timescale</p>
<p>5. Help patients understand their role in green initiatives</p> <ul style="list-style-type: none"> • Continuation of the “Only order what you need” campaign • Undertaking Structured Medication Reviews in Primary Care 	<p>As above</p> <p>Number of SMRs</p>	<p>As above</p> <p>ongoing</p>
<p>6. Reducing the impact of inhalers and anaesthetic gases</p> <ul style="list-style-type: none"> • GHFT continuation of anaesthetic gas reduction by switching to alternatives where possible. Measurement will be carbon emission data and delivery 2026 onwards. • Initiatives to reduce the number of MDI inhalers with switches to DPI inhalers - Target 35% MDIs prescribed as a proportion of all inhalers by March 2027. • Implement New asthma guidelines when published that will match the new NICE/ GOLD guidelines – these should hopefully minimise salbutamol MDI use in asthmatics as the new treatment paradigm focuses more on using ICS/LABA as relievers (AIR and MART therapy). 	<p>Carbon related to medical gases</p> <p>Average inhaler emissions per 1,000 patients</p> <p>Metric from Open Prescribing: Environmental impact of inhalers - Prescribing of Metered Dose Inhaler (MDI) (excluding salbutamol) by all Sub-ICB Locations OpenPrescribing</p>	<p>2026 onwards</p> <p>2025 onwards</p>



7. Travel and Transport

Why This Matters

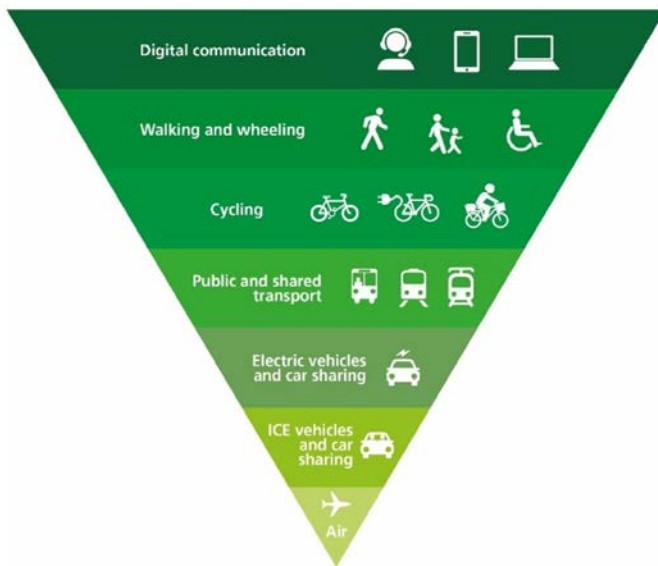
Approximately 3.5% (9.5 billion miles) of all road travel in England relates to patients, visitors, staff and suppliers to the NHS.

Fossil fuel-based transport is a significant contributor to poor air quality. Air quality is the largest risk to public health⁴ in the UK as long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory disease as well as lung cancer. Short-term exposure can also affect lung function, exacerbate asthma, and give rise to increases in respiratory and cardio-vascular hospital admissions and mortality. As technology and infrastructure improves, we will reduce unnecessary travel, and switch towards sustainable, lower carbon forms of travel where it is essential.

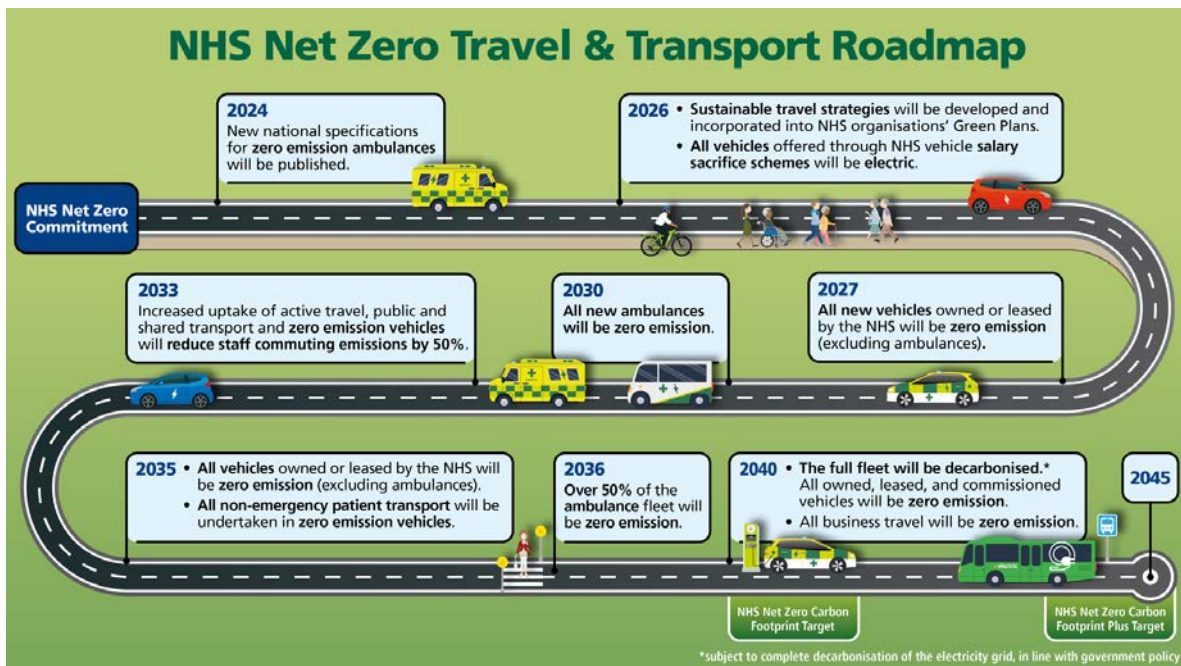
Sustainable travel and transport goals and progress

The sustainable travel pyramid is a visual representation of different modes of transport ranked by their level of sustainability. At the base of the pyramid are the most sustainable modes of transport, whilst at the top are the least sustainable options. By following the pyramid, individuals can make informed choices about how they commute and travel for business and prioritise options which have a lower carbon footprint.

⁴ <https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution#how-air-pollution-harms-health>



‘Active transport’ such as walking, cycling, or taking public transport have multiple health and environmental benefits. Our organisations have some influence on staff and patient travel and will prioritise simple but effective approaches such as ensuring we provide secure, covered cycle parking and Cycle to Work schemes for staff, and cycle parking for patients. Collaborative work with Local Authority active travel plans will be used to support these goals, and we will work closely with GP practices and other places where health services are delivered to improve accessibility by walking and cycling.



Source Greener NHS

Achievements so far (2022-2025)

- Jointly commissioned a baseline survey to inform the future EV charging plan with the Local Authority
- Ongoing reduction in business mileage across the ICS
- Cycle to work schemes implemented
- Expanding the delivery of our whole systems approach to physical activity (we can move), which includes a priority focus on active travel and active environments in partnership with the voluntary sector

Our Aims for the Next 3 Years:

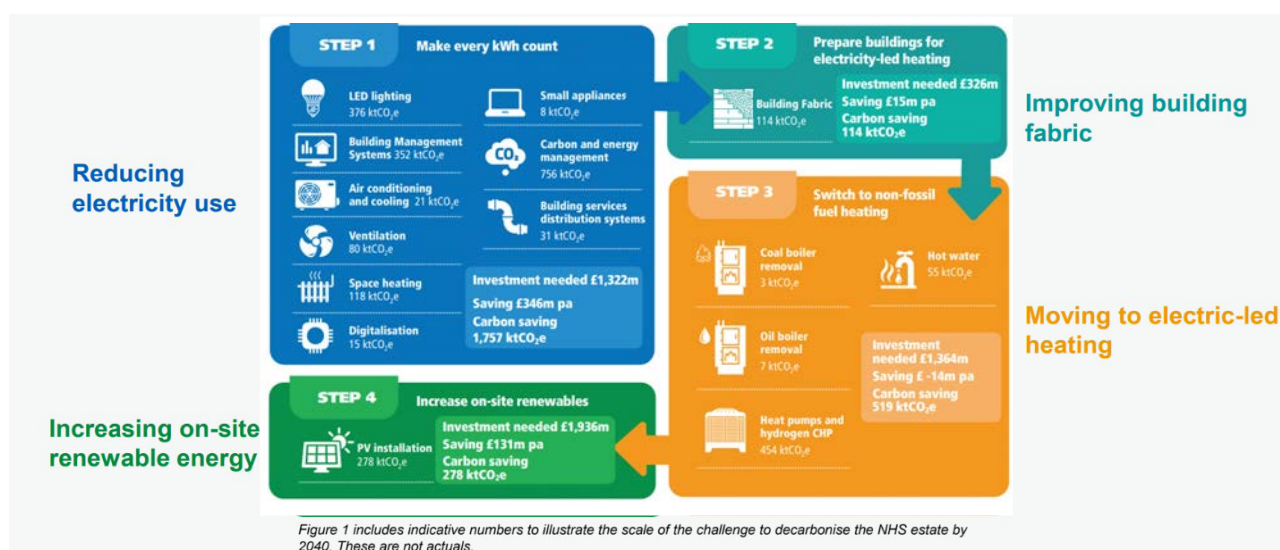
Goal	Measurement	Delivery
We will develop and publish a Green Travel Plan to reduce carbon emissions from our fleet, business travel and staff commuting	Publication of plan	June 2027
Form partnerships with local authorities to maximise funding and infrastructure opportunities on behalf of ICS member organisations		ongoing
All new vehicles owned and leased by NHS ICS organisations will be zero emission	December 2026, we will only offer zero-emission vehicles through vehicle salary sacrifice schemes. December 2027, all newly leased, hired and purchased Trust Fleet vehicles will be zero emissions.	2026 onwards
EV implementation charging infrastructure aligned to strategy Look to maximise the functionality of EV installations for health service premises including GP practices	Carry out the baseline EV charging analysis. Develop and agreed a shared plan for EV charging infrastructure No of EV charging points	TBC
e-bikes trial, - evaluate and look to roll out if positive e-cargo bikes	Evaluation of pilot	2026
Salary sacrifice - aligned with NHSE travel plan deadlines, exploring joint options across the ICS including cycle to work		2026 onwards
Common travel policies across the ICS	Policies aligned across ICS organisations	June 2027



8. Estate and Facilities

Why This Matters

Emissions relating to the estates and facilities services span both the NHS Carbon Footprint and the NHS Carbon Footprint Plus, accounting for c15% of the NHS Carbon Footprint (mostly due to emissions from energy use). By removing fossil fuels and improving the efficiency of our estate, our buildings will become more resilient to the effects of climate change and improve the environment in which care is delivered.



The NHS in Gloucestershire occupies c318ksqm of floor area, including GP practice premises; this is a mixture of owned and leased premises. The backlog maintenance associated with the premises for GHFT and GHC is estimated to be c£98.7m with the majority within GHFT sites. This means that premises require regular maintenance both planned and frequently unplanned across the building structures including the underlying facilities such as electrical infrastructure. This represents a significant challenge for the system trying to maintain and upgrade facilities and also undertaking decarbonisation. Our infrastructure strategy has been developed in collaboration across the ICS. It sets a framework through which our estate and infrastructure will support the ambitions of the ICS and makes the case for investment to ensure a safe and compliant infrastructure: [C&P Estate Strategy](#)

Green space and healthy places

Research has shown that green and blue spaces on health care sites:

- Help reduce stress and enable patients to summon inner healing resources.
- Provide staff with a needed retreat from the stress of work.
- Provide a relaxed setting for patient/visitor interaction away from the hospital interior.

For the NHS and its partners, this also presents an opportunity to educate communities about the benefits of nature for health and encourage people to engage with green spaces.

Achievements so far (2022-2025)

- GHC have completed the building of the new Forest of Dean Hospital, this was built to BREAM excellence standards and incorporating NHS net zero principles into the design and build.
- ICB: >90% of GP Practices have had professional energy surveys and bespoke estates decarbonisation advice. GHC have included social value weightings in their land sale criteria.
- GHFT: Trees planted, including in large planters made by Men In Sheds – a group to make and repair, supporting local projects, whilst improving wellbeing and reducing loneliness. Plus installation of the Forget-Me-Not Garden (Baby Loss) at GRH.
- GHFT are implementing a similar clinical waste strategy as GHC.

GHFT are currently seeing about 50t CO2e savings when compared to Apr-Sep23 pre roll-out.

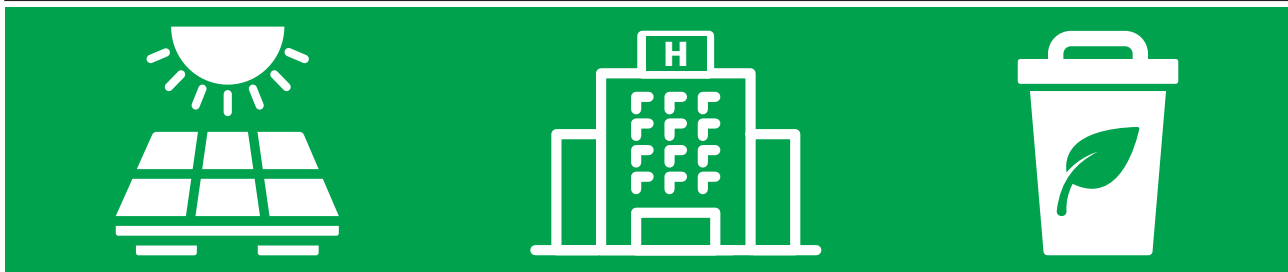
	Tonnes CO2e tiger	Tonnes CO2e orange	Tonnes CO2e
April-September 23	0.31	142.60	142.91
October 23-March 24	0.69	141.54	142.22
April-September 24	0.62	113.38	114.00
October 24-March 25	0.75	107.31	108.06
April-September 25	0.99	89.47	90.46

230 tiger bins to be delivered by end March and that should complete c.40% of our areas.

Our Aims for the Next 3 Years:

Goal	Measurement	Delivery
We will develop Heat Decarbonisation Plans and associated business cases for all carbon-intensive sites, identifying and prioritising the phase out of fossil fuel heating systems by 2032. GHC & GHFT	Percentage of sites with Heat Decarbonisation Plans	Mar 2028
By December 2026 achieve clinical waste segregation in line with organisational plans GHC and GHFT	Measured inline with annual ERIC and annual carbon footprint reporting for clinical waste streams Percentage split of incineration: orange: offensive waste per trust	Dec 2026

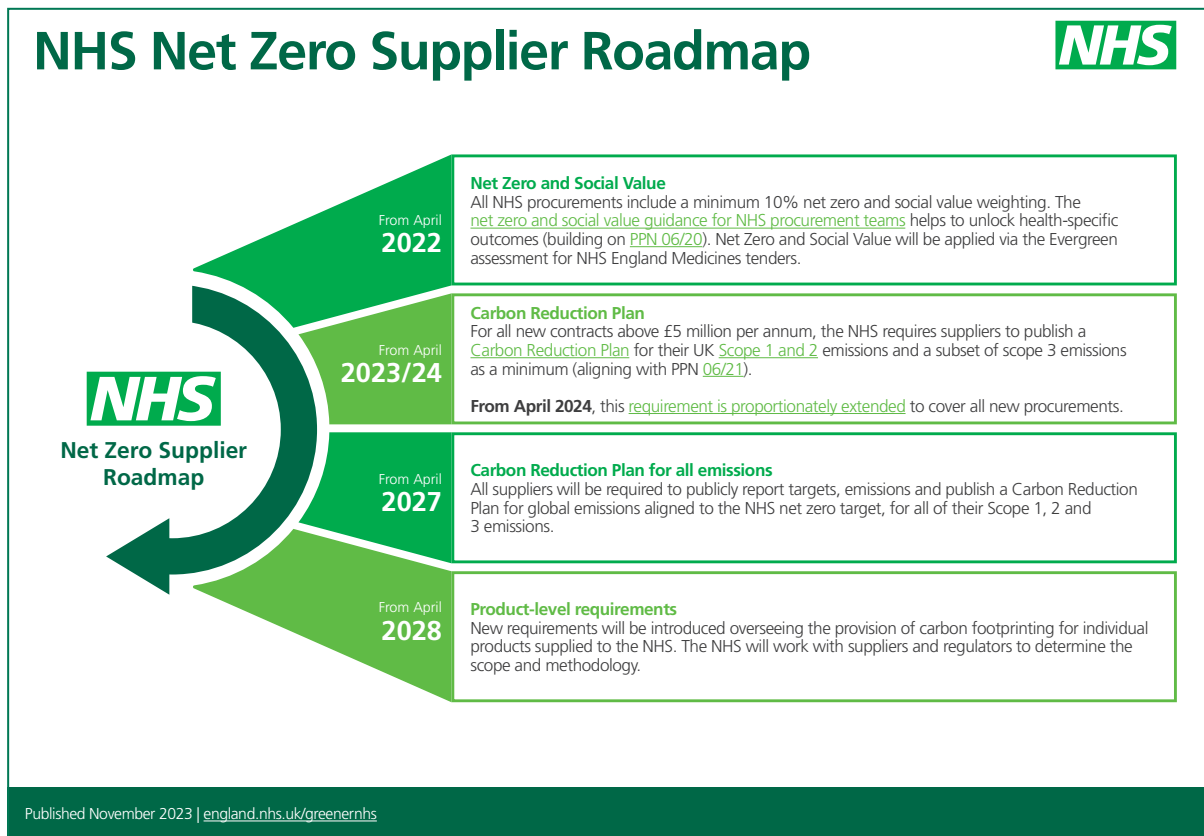
Goal	Measurement	Delivery
We will be required BREAM excellence standards through in the development & refurbishment of all/ premises including GP premises	New developments and refurbishments to be measured against BREEAM criteria	2025 onwards
Increase coverage of solar PV across hospital sites where appropriate GHC	Percentage of Solar PV coverage and the amount of renewable energy generated per annum	2025 onwards
Disposal of surplus land & buildings, including leases, will be within a planned programme with disposals linked to social value & sustainability where possible GHC & GHFT	Scored via the Sustainability weightings criteria for disposal of buildings and land	2025 onwards
GHFT to have feasibility study to understand the potential for a geothermal heat system for CGH and GRH GHFT introducing ISO14001 (Environmental Management System) for new back-up generators. This will be expanded to cover all environmental aspects	Feasibility study complete Certification to ISO 14001	2026 2026 for generators 2030 for other aspects



9. Supply Chain and Procurement

Why This Matters

Supplies account for a significant proportion of the NHS carbon footprint. We want to reduce carbon emissions, conserve resources, and ensure that goods and services are procured in a way that supports both environmental and social goals. A net zero NHS cannot be achieved without a net zero supply chain which contributes to our indirect emissions. Taking forward net zero and sustainability initiatives in procurement is crucial for maximising environmental and social benefits. It gives suppliers an opportunity to effectively demonstrate their commitment to achieving net zero, delivering meaningful social value outcomes and eradicating modern slavery.



Achievements so far (2022-2025)

- All procurements now include a minimum of 10% evaluation weighting for net zero and social value weighting in procurements, including defined KPIs. From April 2024, all relevant procurements have a requirement for organisations to include of Carbon Reduction Plan (high value, £5m and above and new frameworks) and Net Zero Commitment requirements for lower value procurements (<£5m) but above the relevant public procurement threshold.





Our Aims for the Next 3 Years:

Goal	Measurement	Delivery
NHS net zero supplier roadmap requirements are embedded into all relevant procurements and implementation is monitored via KPIs	Requirement included in all relevant procurements	In line with national timescales
Encourage suppliers to engage with the Evergreen Sustainable Supplier Assessment to support a single conversation with the NHS on sustainability priorities	No of suppliers engaging with ESSA	2026 onwards
Inclusion of requirements for a minimum 10% net zero and social value weighting in procurements, including defined KPIs	All procurements include min 10% weighting	Already in place – ongoing monitoring

10. Food and Nutrition

Why This Matters

Food needs to be grown and processed, transported, distributed, prepared, consumed, and sometimes disposed of. Each of these steps creates greenhouse gases that trap the sun's heat and contribute to climate change.

Just under half of the food consumed within the UK has been imported⁵. Whilst this means that the UK is resilient to supply interruptions from specific countries, food supply and food security will be severely jeopardised across the world within a few short years unless climate change is addressed and action to mitigate the negative impacts of climate change is undertaken. We can continue to meet the nutritional requirements of people while reducing our carbon emissions through sourcing local, in-season and lower-carbon produce and reducing food waste.

Achievements so far (2022-2025)

- GHC catering teams with dieticians developed a low carbon meal plan across the organisation, as a result, we have seen a 27% reduction in carbon emissions from our meal plans and have increased the variety of meal options offered each week, supporting sustainability, nutrition and patient satisfaction.
- In 2023, GHC launched a digital catering system. The project aimed to improve patient experience and safety, and reduce food waste and time across the organisation. With the new system, dietary requirements and care plans are logged digitally upon admission. The Patients can then select meals from the tablet, view imaging and nutrition details, choose portion sizes and only see options that meet their specific needs, this reduces food waste and improves patient satisfaction.

Our Aims for the Next 3 Years:

Goal	Measurement	Delivery
We will reduced food waste across the organisation: GHFT & GHC we will measure food waste in line with the ERIC requirements.	percentage reduction in food waste (compared to 19/20 baseline) Annual cost savings from food waste reduction	March 2028
Use PCO to require General Practice Surgeries to come up with a patient education initiative around healthy diets.		
We will continue to review our low carbon meal service and prioritise meals that are high in fruits and vegetables and low in heavily processed foods. GHFT and GHC	The amount of red meat alternatives available and reducing the carbon value of the menu	March 2028



** Food systems are responsible for a third of global anthropogenic GHG emissions | Nature Food

⁵ <https://www.gov.uk/government/statistics/food-statistics-pocketbook/food-statistics-in-your-pocket#global-and-uk-supply>

11. Adaptation

Why This Matters

The [3rd Climate Change Risk Assessment](#) - identifies 5 key climate-related risks directly relevant to the health sector:

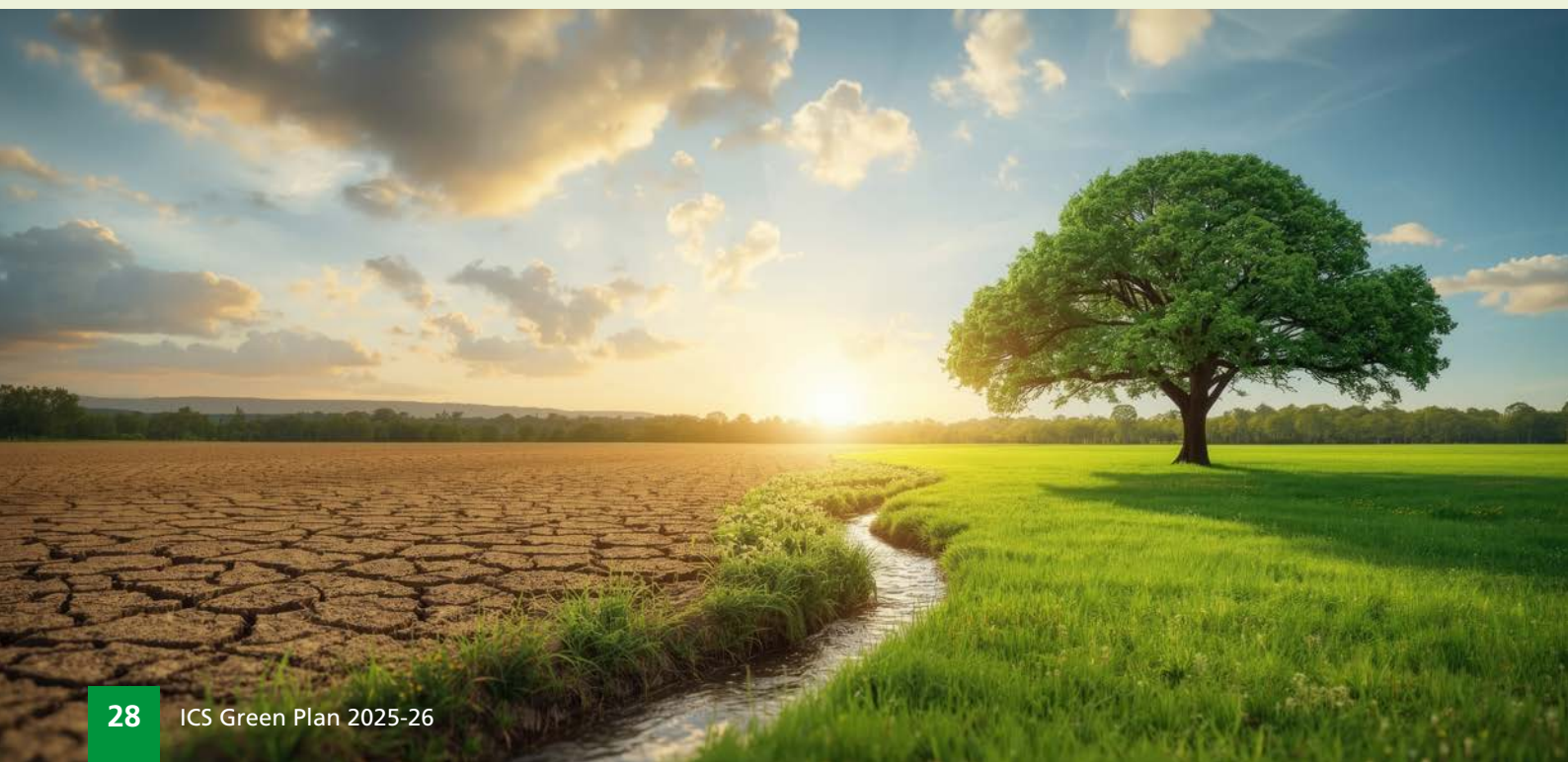
- H1: Risks to health and wellbeing from high temperatures
- H3a: Risks to people, communities, and buildings from flooding
- H7: Risks to health and wellbeing from changes in air quality
- H8: Risks to health from vector-borne diseases
- H12: Risks to health and social care delivery

At the same time as seeking to reduce our future impact on the environment, we recognise that change has already happened and we need to adapt to it. The risks we face from an ever-changing climate, more frequent extreme weather and rising temperatures have direct implications on our health and pose challenges to the way in which the NHS, public health, and social care operate. Without developing robust adaptation strategies, the NHS cannot sustain effective healthcare services. It is therefore essential to improve the robustness of our healthcare buildings, and the resilience of our services, staff and people that use our services to minimise potential disruptions to patient care and reduce the impact from climate-related events.

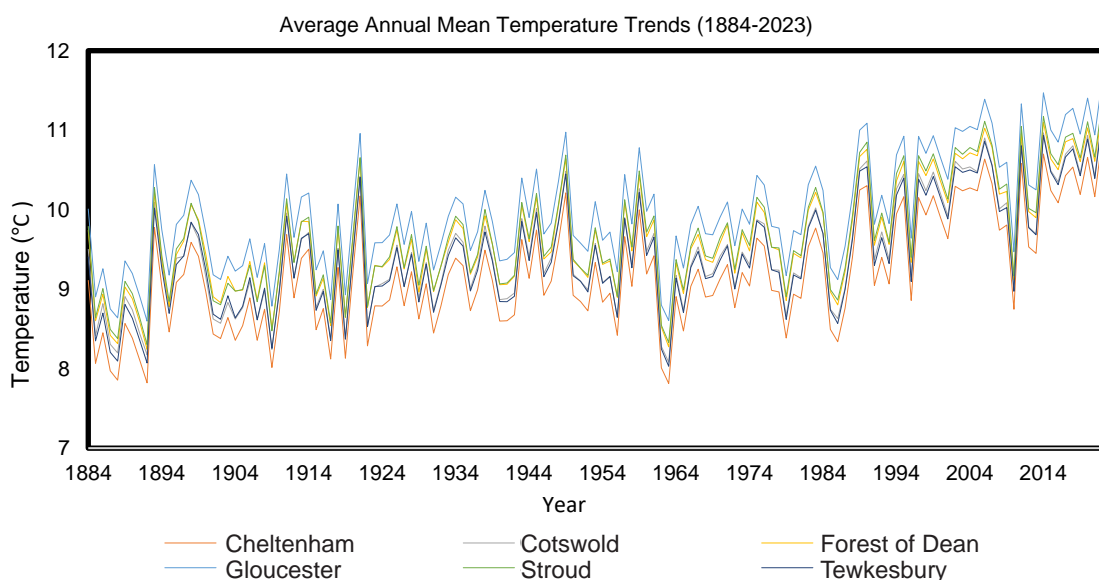
The impact on the delivery of health and care services in Gloucestershire will see:

- Risks to primary care and hospital estate, supply chains, transport, and public health.
- Increased pressure on the system caused by heatwaves, pests, diseases, heat exposure and extreme weather events.
- Widening of health inequalities as vulnerable people and places are disproportionately affected by climate change.

The summer of 2022 was a serious heat event where temperatures in the UK reached over 40°C (104°F) for the first time. The Met Office and UK Government issued the first ever Level 4 (red) heat health alert¹, and there were over 3,000 excess deaths in England, particularly in the over 65's. Within Gloucestershire, temperatures reached above 38°C in 2022 and there were 96 excess deaths in Gloucestershire due to heat. Current arrangements to manage the impact of excess heat include use of mobile air conditioning units to keep wards, diagnostic equipment, IT servers, and medicines fridges cool.



The impact of heat on health varies across the population, with vulnerability factors including advanced age, physical and mental health conditions, pregnancy, and environmental factors. Heat can impact health and cause excess mortality for vulnerable populations. Injuries, cardiovascular-related diagnoses, mental health problems, and dehydration are the main contributors to people being hospitalised during these events. Heatstroke is the most severe form of heat illness.



Climate change will affect the amount and timing of rainfall and will also impact the demand for water and its quality, as well as the way land is used – all of which will put pressure on water resources. Summers are likely to get hotter and drier, significantly increasing demand for water, and winters are likely to get warmer and wetter.

Gloucestershire is susceptible to surface water, river and tidal flooding, and as the climate warms, an increase in all flooding types is projected; this will impact on some hospitals and GP surgeries.

Vector-borne diseases

Transmitted by vectors such as mosquitos, ticks, and sandflies, each year VBDs cause more than one million fatalities in humans, with populations in the tropics and subtropics most at risk. Global warming, changes in land use, and worldwide travel and trade are facilitating the conditions in which vectors can spread and thrive across the globe.

The UK is home to around thirty-six indigenous mosquito species, a number of which are able to act as vectors. It is currently too cold in the UK for significant transmission of disease, but cases of Zika, dengue, and chikungunya have occurred in France and Italy. Furthermore, outbreaks of malaria, not seen in the UK since the 1940's, could emerge once more as sustainable wetlands are re-established.

The main disease spread by ticks in the UK is Lyme borreliosis (bacterial). Lyme disease is on the rise, attributable to both climate change and the proliferation of deer populations. As temperatures warm, we can anticipate an escalation in the ticks' capacity to transmit diseases.

Adaptation strategies and measures

For the NHS, adapting to climate change involves more than just emergency planning, it requires a focus on long-term sustainability measures including resource management, community engagement, and infrastructure development. The tendency of health organisations to react to major disruptions caused by climate change rather than planning and implementing continuous proactive changes that enhance the ability to withstand both present and future climate change impacts has to be addressed. Further barriers include financial constraints and uncertainty, the prioritisation of efficiency measures, and lack of knowledge around climate adaptation and mitigation.

Successful adaptation strategies require

the breaking down of silos and a culture of collaboration to ensure everyone is working towards a common goal and are aligned in their approach. There is inherent risk of different teams operating in isolation and failing to communicate effectively could lead to duplicated efforts, missed opportunities, and a lack of co-ordination; co-ordination across organisations is therefore essential when we look at how we reduce the impact on the population and how we deliver services.

Gloucestershire NHS organisations have been working with the Local Authorities on a climate adaptation risk assessment, this is due to be completed in the autumn of 2025. This risk assessment will inform the development of an adaptation plan across the county.

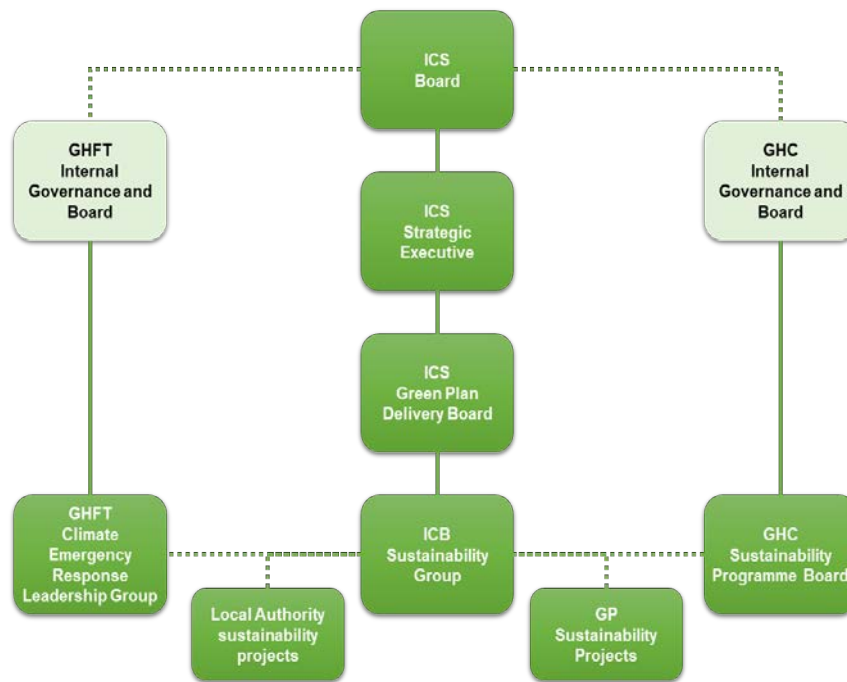


Our Aims for the Next 3 Years:

Goal	Measurement	Delivery
Commitment to publish and deliver system Adaptation Plan Organisations to develop organisational and site specific plans	System plan published No of site specific plans developed each year	2027 ongoing
Embed risk and resilience into NHS Gloucestershire ICB specific policies		
Monitor the number of overheating and flood occurs triggering a risk assessment by provider trusts (GHFT & GHC)	No of risk assessments triggered	Ongoing via Estates return information collection

12. Governance

One Gloucestershire ICS's sustainability programme is led by the ICS Executive Chief Finance Officer, Executive Director of improvement and Partnerships for Gloucestershire Health and Care NHS Foundation Trust and the Executive Director of Improvement and Delivery at Gloucestershire Health and Care NHS Foundation Trust. In addition, the ICS is a part of Climate Leadership Gloucestershire, working with Local authorities within Gloucestershire on relevant joint initiatives.



Reporting Progress of this refreshed Sustainability and Green plan priorities will be tracked against the metrics included in the plan and reported through updates to the Sustainability Leads Steering group, and annually through the ICB Annual Report.

13. Conclusion

Conclusion This refreshed Sustainability and Green Plan 2025-28 provides an overarching system framework and priorities to enable Gloucestershire ICS to deliver the Greener NHS requirements. By integrating sustainability into every layer of our system, we aim to deliver long-term health benefits, reduce inequalities, and lead the transition to greener, more resilient healthcare services for the people of Gloucestershire.

14. Glossary of Terms

Air Pollution – the presence and introduction into the air of a substance which is harmful to human health.

Carbon Intensity – a means of calculating the amount of carbon generated for a specific energy source (e.g. electricity).

Carbon Net Zero – a state in which an organisation emits no carbon emissions from its activities. Or a state in which all carbon emissions are offset.

CO₂e (Carbon Dioxide Equivalent) – a unit used to express total greenhouse gas emissions. There are multiple GHGs, each with a different impact on climate change. CO₂e equates all GHGs to the impact of carbon dioxide. CO₂e is used to report all GHG emissions and is measured in kilograms (kgCO₂e) or tonnes (tCO₂e) where 1 tonne = 1,000 kilograms.

Direct Emissions – CO₂e emissions from sources which are owned or controlled by the ICB.

District heat networks – Heat networks (also known as district heating) supply heat from a central source to consumers, via a network of underground pipes carrying hot water. Heat networks can cover a large area or even an entire city, or be fairly local supplying a small cluster of buildings. This avoids the need for individual boilers or electric heaters in every building. Heat networks are sometimes described as “central heating for cities”

https://assets.publishing.service.gov.uk/media/5abccf5f40f0b6026d7ecefcb/HNIP_What_is_a_heat_network.pdf

GHC: Gloucestershire Health & Care NHS Foundation Trust

GHFT: Gloucestershire Hospitals NHS Foundation Trust

Greener NHS – is the NHS England Team responsible for the Greener NHS programme.

Greenhouse Gas (GHG) – a gas that contributes to the greenhouse effect, leading to climate change (e.g. CO₂).

Global Warming Potential – a measurement that enables the comparison of global warming impacts of different greenhouse gases.

Greener IPC (Infection Prevention and Control) Council brings ICS members together to support and endorse a culture that IPC is an enabler to sustainability.

ICB: Integrated Care Board

Indirect Emissions – CO₂e emissions from sources which are not owned or controlled by the ICB but are generated due to the ICBs activities (e.g. purchase of electricity, procurement, waste disposal).

kWh (kilowatt hours) – a unit of measurement for energy usage (e.g. gas and electricity).

Net Zero Emissions – refers to achieving a balance between the amount of greenhouse gas emissions produced and the amount removed from the atmosphere.

NHS carbon footprint – is the carbon footprint that NHS organisations have the greatest direct control over, and includes all scope 1, all scope 2 and certain scope 3 greenhouse gas emissions sources.

NHS carbon footprint plus – is the sum of all scopes 1, 2 and 3 sources plus patient and visitor travel greenhouse gas emissions.

Public Sector Decarbonisation Scheme – provides grants for public sector bodies to fund heat decarbonisation and energy efficiency measures (not applicable to primary care due to ineligibility).

Scope 1 Emissions – direct emissions from owned or controlled sources (e.g. on-site fuel combustion, company vehicles, anaesthetic gases)

Scope 2 Emissions – indirect emissions from the generation of purchased electricity, steam, heating, and cooling.

Scope 3 Emissions – all other indirect emissions that occur in an organisation's supply chain (e.g. purchased goods, employee commuting, waste disposal)

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