

Public Trust Board Paper L

Meeting title:	Trust Board					
Date of the meeting:	9 <sup>th</sup> October 2025					
Title:	UHL Green Plan 2025-2028 Approval					
Report presented by:	Ben Widdowson, Director of Estates, Facilities and Sustainability					
Report written by:	Samantha Stanhope (Associate Director – Sustainability & Waste) & Mohammad Farooq (Head of Sustainability & Travel)					
Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	x
Where this report has been discussed previously	Sustainability Working Group (31 <sup>st</sup> July) Strategy Approval (3 <sup>rd</sup> September) Audit Committee (15 <sup>th</sup> September) Our Future Hospital Transformation Committee (24 <sup>th</sup> September) TLT (30 <sup>th</sup> September) Executive Planning Meeting (1 <sup>st</sup> October) FIC (2 <sup>nd</sup> October)					
To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which						
<b>Regulatory and Compliance</b> – The Green Plan ensures UHL meets NHS England requirements and avoids the risks of non-compliance, penalties, or reputational damage.						
<b>Strategic and Operational</b> – Embedding sustainability into UHL’s strategy provides clear governance and accountability, reducing the risk of uncoordinated or ineffective action.						
<b>Financial</b> – Actions on energy, travel, waste, and procurement help control rising costs and support long-term savings.						
<b>Climate and Resilience</b> – The plan prepares UHL for climate impacts like extreme weather and energy volatility, reducing the risk of service disruption.						
<b>Reputation and Stakeholders</b> – Approval shows patients, staff, and partners that UHL takes sustainability seriously, protecting public trust and credibility.						
Impact assessment						
<ul style="list-style-type: none"><li>• Patients</li><li>• Workforce</li><li>• Equality, Diversity &amp; Inclusion</li><li>• Services</li><li>• Estates &amp; Facilities</li><li>• Finance</li><li>• Reputation/legal</li></ul>						

### Purpose of the Report

The purpose of this report is to provide Trust Board with an update on the development and approval of the University Hospitals of Leicester Green Plan 2025–2028, to give assurance on the process followed, and to outline learning to date in delivering against the 2022–2025 plan and the current risk of not meeting its 2040 Net Zero targets to the trust moving forward.

### Recommendation

- Note that the new Green Plan has been developed through a robust and inclusive process.
- Approve the Green Plan 2025–2028.
- Recognise that the Green Plan is the Trust’s roadmap to net zero, with actions delivered within existing budgets and policy changes, while additional investments will be considered case by case through annual planning.

## **Summary**

The new Green Plan 2025–2028 has been developed internally with stronger governance, accountability, and executive sponsorship. The Sustainability Working Group has overseen the process, ensuring that everyone from action leads to the executive sponsors are responsible for delivery.

From the 2022–2025 Green Plan, 44 of 79 actions were completed, with learnings applied to the new plan. The new plan sets out 76 actions, of which 21 are completed (embedded good practice), 32 are in progress, and 23 have not yet started.

Since 2021, UHL has achieved an average annual carbon reduction of 5.6%, including a 25% reduction in direct emissions from gas and anaesthetic use. However, UHL's Net Zero targets require a 7% annual reduction to remain on track for Net Zero by 2040.

The new Green Plan responds to this challenge by strengthening internal delivery arrangements and setting out a clear framework for how actions will be delivered through the Sustainability Working Group (SWG). All actions have been grouped into five categories for internal planning and governance:

- Those that can be achieved within existing budgets
- Those that can be achieved with policy changes
- Those that can be achieved small financial investments
- Those that can be achieved medium financial investments, and
- Those that can be achieved large financial investment projects.

Most actions fall within existing budgets, while a smaller number will require targeted funding for programmes ranging from awareness campaigns and studies through to major infrastructure upgrades such as renewable energy generation. The team will prioritise projects that deliver both financial and environmental savings, focusing on actions achievable within existing budgets and policy changes, while additional investments will be considered on a case-by-case basis through annual planning to ensure alignment with both cost-efficiency and carbon reduction.

Moving forward, to bolster our approach in delivering net zero we are about to launch:

- Operational SWG which will increase frequent discussion on trends and emerging themes.
- Strategic SWG to receive escalations and assurance on the Trust net zero metrics aligned to the Board approved green plan.

Both SWGs will support action leads and sub-groups to achieve their targets and will oversee the development of feasibility studies and costings during the course of the plan. This will ensure that “oven-ready” schemes are prepared for external funding opportunities, that invest-to-save projects can be prioritised internally, and that business-as-usual activity continues to reduce impact wherever possible. By combining day-to-day improvements with investment in larger opportunities, the Trust will be well positioned to progress its Net Zero journey.

This approach supports UHL's journey to Net Zero by making the most of funding opportunities as they become available, ensuring the Trust has the right information to make informed decisions, and placing it in a stronger position to achieve the target reduction rate.

The report also highlights the risks of not achieving net zero, such as regulatory non-compliance, higher financial costs, reputational harm, and operational vulnerabilities. To address this, the new Green Plan

has been developed directly by those responsible for delivery, ensuring alignment with NHS England requirements, practical and effective actions, and timely reporting and governance to the Executive Team and Chief Executive.

### **Main report detail**

The first UHL Green Plan (2022–2025) was written with external support and provided a baseline. For the new plan, UHL has taken a more collaborative and internally driven approach. Each of the 76 actions now has a named lead and an executive sponsor, with oversight provided through the Sustainability Working Group, which reports monthly to the Executive Planning Meeting. This has strengthened accountability and supported sustainability directly into day-to-day decision-making.

The 2025–2028 Green Plan is not presented as a fully costed programme, but we have started the process of setting out a clear framework for investment and delivery. Actions are grouped into five categories for internal planning and governance: those that can be achieved within existing budgets, policy changes, small investments, medium investments, and large investments. This structure enables the Trust to prioritise what can be delivered now, while at the same time preparing feasibility studies and costings for larger projects over the life of the plan. These will be reported through the Sustainability Working Group, ensuring that “oven-ready” schemes are available when funding opportunities arise. The group will also identify invest-to-save projects that reduce both carbon emissions and long-term costs, while continuing to work with partners to make the most of business-as-usual improvements that sit within existing budgets.

A share of carbon reduction can be achieved through actions that are already funded or can be delivered through Trust wide policy changes. Beyond this, a smaller proportion of actions will require investment. Small initiatives, such as awareness campaigns or staff engagement to cut energy waste, need relatively modest funding. Medium-scale programmes, such as estate-wide audits and operational improvements, require more structured investment. The largest projects, such as renewable energy generation, grid upgrades, and hospital-wide efficiency upgrades, represent the biggest opportunities but also demand significant external funding support. Early successes show this approach is realistic: the Trust has already secured funding for LED upgrades (£262,500) and solar installation (£306,048).

These measures are not only environmental in nature, but they are also financial safeguards. The same actions that reduce emissions help to cut energy bills, improve efficiency, and protect services from future shocks. By embedding sustainability into all major decisions, UHL can maintain high-quality care, protect resources, and move steadily towards its Net Zero targets.

In many cases, carbon and finance tell the same story: the actions that reduce our environmental impact also help save money. If sustainability is embedded as a core requirement in everything we do across projects, decisions, and day-to-day operations, we can steer progress in the right direction. This approach doesn't demand the absolute highest environmental impact in every case, but rather a balanced outcome where social, financial, and environmental benefits align. By working in this way, UHL can move from its current 5.6% annual carbon reduction towards the 7% needed, while staying within realistic budgets and priorities.

Failure to meet these targets carries risks across several domains:

- **Regulatory and policy:** potential non-compliance with NHS requirements, penalties, or funding restrictions.
- **Financial:** exposure to future carbon costs and missed opportunities for efficiency savings.

- **Reputational:** reduced standing as a leader in NHS sustainability and weakened public trust.
- **Operational and resilience:** estate vulnerability to climate shocks and slower adoption of modern, low-carbon technologies.
- **Environmental and public health:** worsening local air quality and climate-related health impacts.

## Supporting documentation

### Green Plan 2025 – 2028.pdf

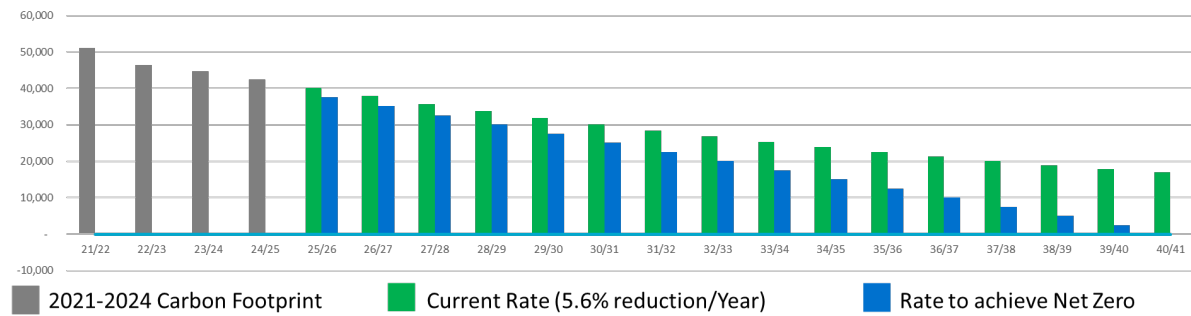


Figure 1: Net Zero Timeline for UHL: Green is our reduction rate as of today (5.6%), Blue is average reduction rate at 7% we need to achieve

Year	Scope 1 (tCO2e)	Scope 2 (tCO2e)	Scope 3 (tCO2e)	Total (tCO2e)
2021-2022	27,485	7,710	15,887	51,082
2022-2023	24,677	6,532	15,279	46,488
2023-2024	22,085	7,685	14,940	44,710
2024-2025	20,600	8,228	13,706	42,535

Table 1: Total carbon in tonnes of Carbon dioxide equivalent for UHL

Year	Scope 1	Scope 2	Scope 3	Total
2022-2023	-10%	-15%	-4%	-9%
2023-2024	-20%	0%	-6%	-12%
2024-2025	-25%	7%	-14%	-17%

Table 2: Percentage change in total carbon in tonnes of Carbon dioxide equivalent for UHL compared to base year 2021-2022

Emissions	2021-2022	2022-2023	2023-2024	2024-2025	Total
Utilities	69%	72%	72%	74%	72%
Travel	1%	1%	1%	1%	1%
Estates	4%	4%	4%	3%	4%
Clinical	26%	23%	23%	22%	24%

Table 3: Total share of emissions in tonnes of Carbon dioxide equivalent by utilities, travel, estates, and clinical for UHL



# UHL Green Plan

## 2025 – 2028



Review Draft

To Be Approved by Trust Board on 9<sup>th</sup> October 2025

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# University Hospitals of Leicester NHS Trust

## About us

We are a national and regional centre for specialist treatment, a renowned biomedical research facility and the local hospitals for communities in Leicester, Leicestershire, and Rutland. We have an established international reputation for research excellence in cardiovascular, respiratory, diabetes, renal and cancer medicine. Together with the University of Leicester, Loughborough University and De Montfort University we provide world-class training for the future NHS workforce. Our three acute sites are the Leicester Royal Infirmary, the Leicester General Hospital and the Glenfield Hospital. We also provide services in eight community sites as well as in people's homes and virtually. As a large healthcare provider, we are also a significant local employer.

More than 18,000 people from over 70 different nationalities work at UHL, making us the largest employer in the city and one of the largest in the region. We use our economic influence to improve the health and wellbeing of our communities through purchasing local goods and services and being a good civic partner.

At the heart of everything we do is our commitment to "Leading in Healthcare, Trusted in Communities." This means not just providing excellent clinical care but also delivering an outstanding experience for every patient, every time. We are proud to serve our communities and proud to be Leicester's Hospitals. We work with local partners in the health and social care, local authority, voluntary and charitable sectors to improve health outcomes, foster economic and social development and reduce the health inequalities that some groups experience.

## UHL in numbers



18,000 colleagues, representing  
over 70 nationalities



3 acute hospitals  
8 community sites



£1.5 billion  
annual turnover



1.4 million  
patient visits each year



260,000 Emergency Department  
attendances each year



1,900 beds



10,000 babies  
born each year



16,000+ patients  
involved in clinical trials



## Message from the Chief Executive

At UHL we are aware of the huge part we have to play in the delivery of the NHS' sustainability goals – not just in terms of carbon reduction, but in leaving a positive impact on both the planet and our local communities. As one of the largest acute Trusts in the country, we have a duty to lead by example. Our aim is to embed sustainability within our Trust whilst working together with our partners across the Leicester, Leicestershire and Rutland (LLR) region and the NHS to improve sustainability. We will collaborate with our partners to help meet our own internal, regional and national level objectives.



Becoming a 'Green Trust' is a key part of our strategic framework. Our refreshed Green Plan provides a strategic overview of the actions we will take over the next three years to reduce our carbon footprint and progress with our decarbonisation targets. From energy efficiency and greener transport to sustainable procurement and digital innovation, our efforts will be shaped by evidence, partnership working, and the commitment of our staff. I am incredibly proud of UHL's sustainability achievements to date, and of the engagement and enthusiasm our colleagues have demonstrated since the launch of our first Green Plan. But there is more to be done. For the Trust to be a truly sustainable organisation, we need all our staff to play their part in delivering our refreshed Green Plan and I strongly encourage all of our colleagues to work together to achieve these aims. Together, we can create a safer, greener UHL.

A handwritten signature in black ink that reads "Richard".

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### **Richard Mitchell**

*Chief Executive of University Hospitals of Leicester NHS Trust (UHL) and University Hospitals of Northamptonshire NHS Group (UHN)*

## Message from the Chair

On behalf of the Trust Board, I am pleased to support UHL's refreshed Green Plan. Climate change is the greatest global threat to health. At the same time, we are aware that providing care to our service-users and patients has a significant environmental impact. The Board recognises that it is our responsibility not only to ensure safe and effective care today, but to take proactive steps to adapt and protect our services from the impact of climate change, whilst also doing our part to protect our environment and support healthier communities for tomorrow.



The Green Plan sets a clear direction for the Trust, in line with NHS England targets and recommendations and informed by our local needs. We will continue to hold ourselves accountable and monitor progress closely. We recognise that the actions we have set ourselves will be challenging to deliver, but I am confident that, with the dedication of our workforce and support of our partners and service-users, we will build on the achievements we have made to date and continue to deliver meaningful change.

A handwritten signature in black ink, reading "Andrew", followed by a long horizontal line.

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### Andrew Moore

*Group Chair of University Hospitals of Leicester NHS Trust (UHL) and University Hospitals of Northamptonshire NHS Group (UHN)*

## Our estate

University Hospitals of Leicester NHS Trust operates across three major acute hospital sites: Leicester Royal Infirmary, Glenfield Hospital, and Leicester General Hospital. Collectively, these sites form one of the largest and most complex healthcare estates in the NHS, serving over one million residents in Leicester, Leicestershire, and Rutland, and providing regional and national specialist services.

Together, these three sites represent a diverse, high-demand healthcare estate that delivers core and specialist services to a large and varied population. Each site has distinct clinical and operational characteristics, yet they are united under a single strategic vision that prioritises integrated care, environmental sustainability, and future-ready infrastructure. The Green Plan provides the mechanism through which UHL will decarbonise, modernise, and optimise these sites to meet the needs of current and future generations.



## Leicester Royal Infirmary (LRI)

Situated in the heart of Leicester city centre, Leicester Royal Infirmary is the largest of the three sites and functions as the Trust's primary emergency and acute care hospital. It houses the Emergency Department, which is one of the busiest in the country, and offers a wide range of services including maternity, paediatrics, surgery, and medical specialties. The site also includes the Kensington Building, the Balmoral Building, the Windsor Building, the Osborne building, the Sandringham Building, and the Jarvis Building. With over 1,000 inpatient beds and a large outpatient and diagnostic footprint, LRI is a key hub for urgent and complex care delivery in the East Midlands. Its city centre location provides high accessibility but also presents challenges in terms of traffic congestion, air quality, and spatial constraints—making sustainability and infrastructure planning particularly critical.

## **Glenfield Hospital (GH)**

Located to the northwest of the city, Glenfield Hospital is home to several of the Trust's internationally renowned specialist services. It is the regional centre for cardiology, cardiac surgery, and respiratory medicine, and hosts one of the busiest extracorporeal membrane oxygenations (ECMO) centres in Europe. The site includes state-of-the-art clinical facilities, research centres, and academic partnerships, including the National Institute for Health and Care Research (NIHR) Leicester Biomedical Research Centre and Clinical Research Facility. Glenfield also supports elective surgical activity and houses advanced imaging and diagnostics. With approximately 500 beds and a strong focus on tertiary and quaternary care, Glenfield is a critical component of UHL's high-impact clinical portfolio. Its location near major road links also makes it a strategic site for staff and patient access, research, collaboration, and future low-carbon transport infrastructure. Glenfield is also home to UHL's Secret Garden project, which provides a tranquil green space for staff, visitors, and service-users to enjoy.

## **Leicester General Hospital (LGH)**

Positioned to the east of the city, Leicester General Hospital historically functioned as a general district hospital and now plays a more focused role within the Trust's clinical reconfiguration plans. It supports several specialist services including renal dialysis, urology, rehabilitation, and elective care, while also accommodating administrative, educational, and research functions. The site has a large land footprint relative to the other two hospitals, offering long-term potential for redevelopment, co-location of services, and integration with system-wide estate strategies. LGH plays a vital role in workforce development, housing education facilities for both clinical and non-clinical staff. As service transformation continues, LGH is expected to evolve further as a key enabler of UHL's sustainable estate strategy. In 2025, approximately 1,860 trees were planted to increase biodiversity on the site and improve access to green space.

## **Future-focused infrastructure: Our Future Hospitals Programme**

University Hospitals of Leicester NHS Trust is embarking on a transformative journey through the Our Future Hospitals Programme (OFHP)—a strategic initiative designed to modernise the Trust's healthcare estate and improve clinical outcomes, operational efficiency, and long-term sustainability. This programme represents one of the most significant capital investment opportunities in the Trust's history and is a key component of the national NHS England (NHSE) New Hospital Programme (NHP), which aims to start construction on 9 new hospitals by 2035.

At its core, the OFHP seeks to consolidate acute services onto two primary sites—Leicester Royal Infirmary and Glenfield Hospital—while repurposing Leicester General Hospital to focus on planned and elective care. This reconfiguration supports the delivery of high-quality, safe, and sustainable care by enabling clinical co-location, reducing patient transfers, and optimising site-specific capabilities.

From a sustainability perspective, the OFHP represents a generational opportunity to deliver low-carbon, high-performance healthcare infrastructure that meets the evolving needs of both patients and the planet. The development is underpinned by a dedicated Sustainability Strategy that aligns with the principles of the NHP, local Integrated Care System (ICS) objectives, and UHL's organisational Net Zero commitments.



The OFHP Sustainability Strategy sets out a cohesive sustainability vision for the programme, with a focus on embedding environmental considerations from the earliest stages of design and planning. It introduces adaptable frameworks for integrating sustainability into all phases of the Programme—from concept development through to construction, commissioning, and operation. It also reinforces the importance of ongoing stakeholder engagement, iterative learning, and responsiveness to emerging technologies and best practices.

Key environmental priorities include reducing embodied carbon in construction materials, maximising energy efficiency through building performance standards, increasing renewable energy integration, designing for climate resilience, and ensuring operational waste, water, and transport systems contribute to overall carbon reduction targets. The Programme also seeks to enhance biodiversity and green space access for staff, patients, and local communities.

Importantly, the transformation of LGH into a centre for elective care creates the potential to pilot and implement sustainable models of planned care, with improved patient flow, reduced emissions from unnecessary travel, and optimised use of estate resources. This aligns closely with the wider ambitions of the Leicester, Leicestershire and Rutland ICS and complements the shift toward preventative and digitally enabled care.

In delivering the Our Future Hospitals Programme, UHL is not only investing in modern infrastructure—it is shaping the future of healthcare delivery. By embedding sustainability from the outset, the Trust ensures its new hospitals are resilient, adaptable, and aligned with the environmental and clinical expectations of future generations. This forward-thinking approach positions UHL as a national leader in sustainable healthcare transformation and sets a benchmark for excellence across the NHS estate.





# Green Plan 2025



## Green Plan 2025

The Green Plan 2025 is a critical strategic document that outlines our commitment to environmental, social and economic sustainability. It forms the cornerstone of the Trust's contribution to national carbon reduction targets, public health protection, operational resilience, and long-term service transformation. This plan not only fulfils national NHS England mandates but also supports UHL's broader ambition to deliver high-quality, future-focused, and environmentally responsible care.

A Green Plan is more than a regulatory requirement; it is an integrated framework for embedding sustainability into every facet of healthcare delivery. From buildings and procurement to clinical care and community engagement, our plan reflects how we will act locally while aligning with national and regional environmental priorities.

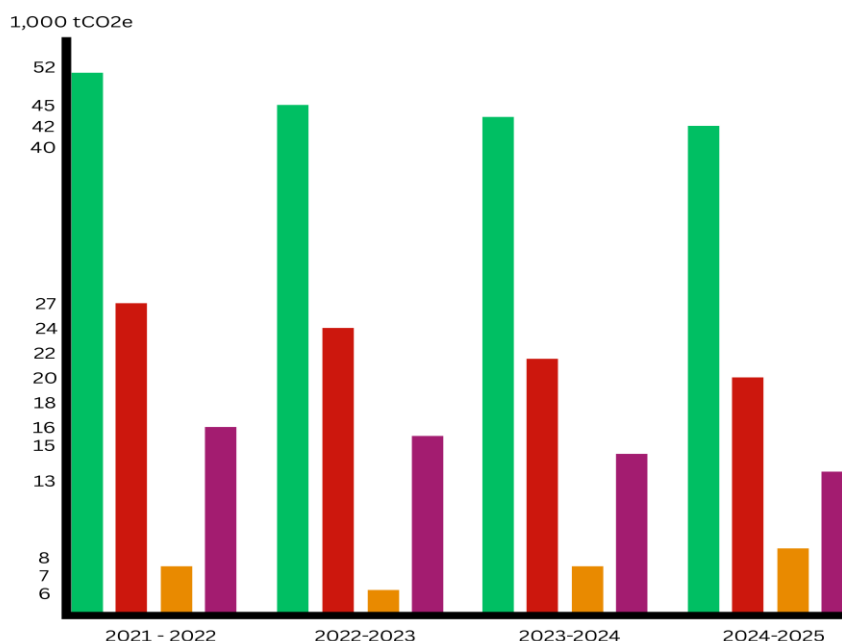
### Our journey

In 2022, UHL published its first Green Plan, which outlined the steps UHL would take to support its Net Zero targets from 2022-2024. In October 2024, the Trust launched its Sustainability Working Group to improve collaboration between key stakeholders, and support governance and reporting of Green Plan actions.

Since the launch of our first Green Plan, UHL has made significant strides in our green initiatives, reducing our carbon footprint by almost 17% compared to 2021.

## TOTAL EMISSIONS

**SCOPE 1** Direct Sources  
**SCOPE 2** Indirect Sources  
**SCOPE 3** Upstream and Downstream Sources



*UHL carbon emissions from 2021-2025, categorised into Scopes 1, 2, and 3.*

## Governance and reporting

All Area of Focus leads work with UHL's sustainability team to regularly report on action progress to the Sustainability Working Group, which is chaired by the Director of Estates and Facilities. The Associate Director of Sustainability and Waste reports progress to the Chief Executive monthly.

Progress against the Green Plan Action Plan (see Appendix 2) is tracked monthly through the Sustainability Working Group and a Monthly CEO report is shared with the Executive Planning Meeting (EPM). Annual progress is reported through the sustainability team's annual report to the Board. An annual report is also made to the Trust's Audit Committee. Additionally, progress is reported quarterly to the Trust Leadership Team (TLT) and Future Hospital Transformation Committee (OFHTC), and every six months to the Trust's Finance and Investment Committee (FIC) and Quality Committee.

## Our reporting structure

Forum	Frequency
Sustainability Working Group (SWG)	Monthly
Monthly CEO Report	Monthly
Executive Planning Meeting (EPM)	Monthly
Our Future Hospitals & Transformation Committee (OFHTC)	Quarterly
Trust Leadership Team (TLT)	Quarterly
Quality Committee	6 monthly
Finance and Investment Committee (FIC)	6 monthly
Audit Committee	6 monthly
Trust Board	Annual



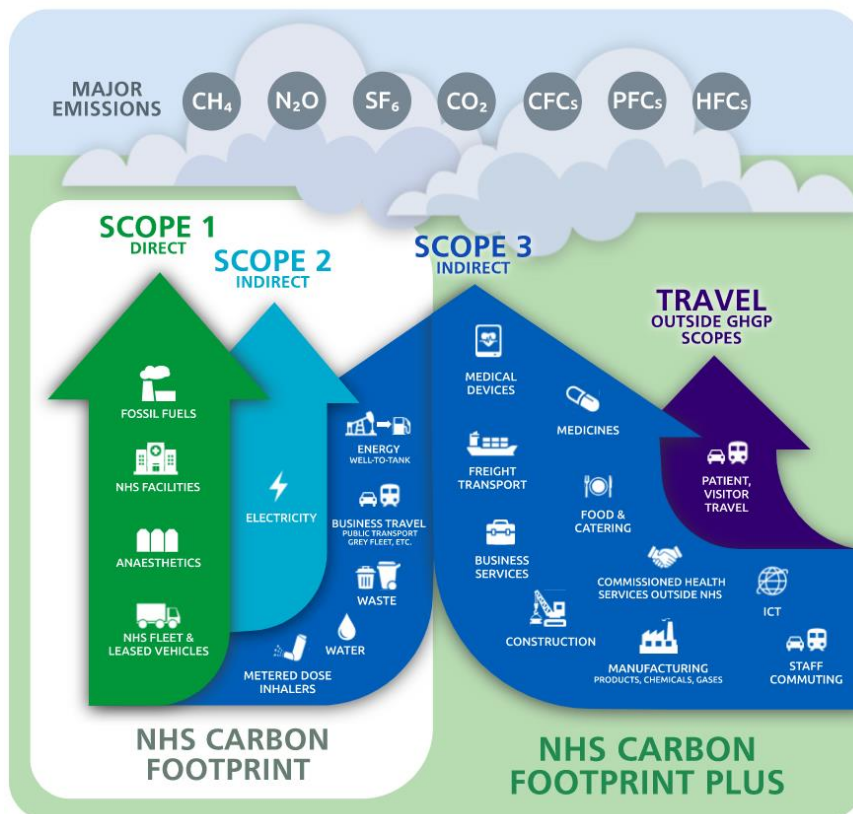
## Legal and policy compliance

Environmental sustainability has evolved from a voluntary commitment to a statutory obligation. For NHS trusts such as UHL, responding to this responsibility is not merely about compliance—it is about ensuring ethical leadership, protecting health, and adapting to a rapidly changing world.

At the national level, the UK has implemented a strong legal and policy framework to address the climate emergency. The Climate Change Act 2008, amended in 2019, legally commits the UK to achieving Net Zero greenhouse gas emissions by 2050. As major public sector organisations, NHS Trusts are expected to make measurable contributions to this target. UHL, with its extensive estate and carbon-intensive services, must significantly reduce emissions from energy consumption, patient and staff travel, clinical processes, and its supply chain.

The Environment Act 2021 adds another layer of legal responsibility by setting legally binding targets in areas such as air quality, water management, biodiversity, and waste reduction. It establishes the Office for Environmental Protection to oversee public sector compliance. For UHL, this means implementing practical measures to manage emissions, improve estate-level water and biodiversity practices, and advance the Trust's waste minimisation efforts.

The NHS-specific climate strategy was set out in 'Delivering a Net Zero NHS' (2020), making the NHS the world's first health system to commit to Net Zero. It defines two milestones: achieving Net Zero emissions for the NHS Carbon Footprint by 2040 and for the NHS Carbon Footprint Plus by 2045. UHL is expected to demonstrate its contribution through decarbonisation of its estates, greener clinical practices, and supplier engagement. The Trust's annual performance on these areas will be reviewed and benchmarked nationally, underscoring the operational and reputational importance of progress.



*The NHS Carbon Footprint and NHS Carbon Footprint Plus (NHS England, 2022).*

# TOTAL EMISSIONS

▼ 17%

## SCOPE 1

▼ 25%



▼ 17%  
Oil and Gas



▼ 59%  
Anaesthetic Gas



▼ 29%  
Transport

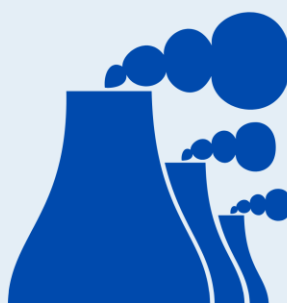


■ 0%

Refrigerants

## SCOPE 2

▲ 7%



▲ 7%  
Electricity Consumed

## SCOPE 3

▼ 14%



▼ 56%  
Waste



▼ 10%  
Inhalers



▲ 71%  
Water



▼ 13%  
Transmission of  
energy



▲ 86%  
Business Travel  
and Transport

*Difference in UHL emissions as of FY 2024/25, compared to baseline from FY 2021/22, categorised by Scopes 1, 2, and 3.*



In addition, the Health and Care Act 2022 formally integrates sustainability into the core duties of NHS organisations. It mandates that NHS bodies consider environmental impact in all decision-making processes. For UHL, this positions the Green Plan as a core governance document, influencing corporate strategy, procurement, estates development, and care transformation.

The NHS Long Term Plan (2019) reinforces the national direction for sustainability. It calls for reduced emissions, sustainable models of care, digital service delivery, and a move toward integrated, preventative care. UHL's sustainability programme aligns closely with these goals—reducing unnecessary hospital visits, enabling digital care, and rethinking clinical delivery to lower carbon intensity.

Regionally, UHL's Green Plan aligns with the Leicester City Council Climate Emergency Strategy (2020–2030), which commits to a Net Zero Leicester by 2030. The strategy calls for cleaner air, low-carbon transport, sustainable energy, and nature recovery—all of which intersect with the Trust's estate, fleet, and local health impacts. UHL's operations directly affect the city's environmental performance, and its leadership in sustainability is essential to Leicester's overall progress.

Leicestershire County Council's Environment Strategy (2018–2030) similarly sets regional targets around renewable energy, waste reduction, and sustainable growth. As a key healthcare provider for the county, UHL must operate in partnership with local authorities to support and deliver co-beneficial outcomes.

Finally, the Leicester, Leicestershire and Rutland Integrated Care System (LLR ICS) has adopted sustainability as a strategic priority. UHL's Green Plan aligns with the ICS approach, ensuring shared accountability for regional emissions reductions, sustainable service models, and resource efficiency.

## **Protecting public health**

Environmental sustainability and public health are intrinsically linked. Climate change, air pollution, and biodiversity loss pose growing threats to human health—particularly for vulnerable populations. For UHL, reducing its environmental footprint is therefore a direct investment in the health of its patients and the wider community.

Climate-related health risks—such as respiratory disease, cardiovascular events, and infectious disease patterns—are already visible in Leicester and Leicestershire. Air quality in the city routinely exceeds safe levels, and socio-economic inequality compounds the health impacts. Delivery of UHL's Green Plan will help to mitigate these risks by reducing emissions, improving local air quality, and integrating environmental risk into clinical pathway design.

Beyond mitigation, the plan also supports adaptation. UHL must ensure its infrastructure can withstand extreme weather events and that services remain accessible and safe under changing climate conditions. This includes building flood resilience, maintaining internal temperatures during heatwaves, and ensuring continuity of care across digital and physical channels.

Preventative health is enhanced by environmental sustainability. Through active travel promotion, nutritious food provision, and green space development, UHL supports lifestyle changes that reduce chronic illness and environmental harm. These efforts are aligned with both the NHS Long Term Plan and ICS population health goals.

The Green Plan thus becomes a dual-purpose tool: it fulfils statutory environmental duties and advances the Trust's mission to improve health outcomes for all.

## Clinical collaboration and UHL ‘Sustainability Champion Accreditation Programme’

Collaboration with clinical colleagues is essential to embedding sustainability into UHL’s operations and culture. The UHL Sustainability Team has developed a Sustainability Champion Programme, which has been piloted since August 2025. Sustainability Champions act as key contacts for pioneering sustainability projects within their own areas of work, helping colleagues share learning and drive continuous improvements. The programme aligns with the Workforce and System Leadership action points WSL4, WSL5 and WSL10 (see Workforce and System Leadership Area of Focus section for more details).

The team’s ambition is to eventually have a Sustainability Champion embedded into every ward and department. The programme is supported by an accreditation process, with wards and departments being ranked as follows:

Award	Requirements
Bronze	At least one registered champion
Silver	At least one registered champion has completed e-learning training on Net Zero healthcare
Gold	Successful implementation of a sustainable improvement project
Platinum	Demonstrated continuous sustainable improvement

Additionally, in 2025 representatives from the Intensive Care Theatres Anaesthetic Pain Sleep (ITAPS), Clinical Managing Group (CMG), sustainability team and procurement formed the ITAPS Sustainability Working Group to explore initiatives to reduce waste, lower UHL’s carbon footprint and introduce sustainable innovations.

## Improving operational resilience

Climate change is already challenging the resilience of healthcare infrastructure. Floods, extreme heat, and disruption to supply chains threaten the continuity of services. UHL must take proactive steps to protect its operations and ensure long-term stability.

The Green Plan is a vehicle for identifying and mitigating operational risks. Infrastructure upgrades—including energy-efficient systems, water conservation measures, and renewable energy projects—enhance service reliability and reduce environmental harm. In the face of increasing climate-related disruption, these investments are not optional but essential.

Supply chain resilience is also central. Disruptions during the COVID-19 pandemic highlighted the NHS’s vulnerability to global supply constraints. By diversifying procurement, sourcing locally, and reducing dependency on carbon-intensive goods, UHL can enhance continuity and cost control. See Procurement and Supply Chain Area of Focus section for more details.

Digital transformation strengthens resilience. Expanding virtual care pathways reduces travel emissions, cuts congestion, and provides care continuity during service interruptions. UHL’s investment in digital platforms aligns with both sustainability and operational stability. See Digital Transformation Area of Focus section for more details.

Resilience is no longer a reactive process; it is a proactive strategy. The Green Plan allows UHL to anticipate challenges, protect assets, and safeguard patient care in an increasingly uncertain world.

## **Financial responsibility**

In today's economic environment, NHS trusts must demonstrate prudent financial management. Environmental sustainability offers a pathway to long-term cost savings and more efficient resource use.

Energy efficiency is a major opportunity. Through building retrofits, renewable energy adoption, and smart energy management, UHL can lower utility costs while reducing carbon emissions. The rising cost of energy means these measures deliver increasingly favourable returns on investment.

Waste management improvements—such as reducing single-use items, improving recycling, and optimising clinical waste streams—also yield significant savings. These efforts align with circular economy principles and reduce environmental impact.

Procurement reform is another area of focus. NHS England's Net Zero Supplier Roadmap will require suppliers to publish a Carbon Reduction Plan for all emissions from April 2027. UHL must support this requirement by embedding sustainability into procurement policy, contract design, and supplier engagement.

A well-implemented Green Plan does more than save money. It ensures value for public funds, unlocks access to capital grants, and demonstrates accountability. Sustainable financial stewardship supports both economic and environmental health.

## **Staff and patient engagement**

UHL's people are at the heart of its sustainability ambitions. Engaging staff and patients in climate action builds a shared culture of responsibility, innovation, and continuous improvement.

Staff increasingly expect their employers to reflect their values. Demonstrating environmental leadership enhances recruitment and retention—particularly among the next generation of healthcare professionals. UHL's role as a teaching hospital strengthens its responsibility to embed sustainability into workforce development.

Involving staff through the Sustainability Champions network, clinical innovation, and departmental projects empowers them to lead change. This fosters a sense of pride and purpose while delivering tangible service and efficiency improvements.

Patients are also increasingly concerned about environmental issues. They want reassurance that their care is not contributing to ecological degradation. The Green Plan is UHL's promise to act responsibly and transparently, reinforcing public trust.

By building sustainability into its culture, UHL delivers on its "Leading in Healthcare, Trusted in Communities" promise in a way that supports people, place, and planet.

## Driving innovation and quality improvement

Environmental sustainability drives service transformation. It challenges traditional models of care and encourages innovation that improves outcomes, reduces harm, and creates efficiencies.

Greener clinical practices—such as switching anaesthetic gases or changing inhaler prescriptions—demonstrate that sustainable care can also be safer and more effective. Digital-first services reduce emissions and enhance accessibility. Sustainable building design enables energy savings and improves patient and staff wellbeing.

The Green Plan embeds sustainability into UHL's Quality Improvement agenda, ensuring that innovation supports climate goals. This alignment ensures that clinical, operational, and environmental ambitions are achieved together.



## Meeting NHS England and ICS Expectations

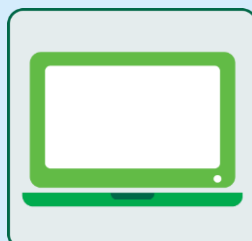
NHS England requires every Trust to publish a Green Plan aligned to national guidance and to report progress annually. These expectations are reinforced by capital funding requirements, performance reviews, and regulatory assessments.

UHL must treat the Green Plan as a strategic governance document. It should guide board-level decisions, inform investment planning, and be embedded into service transformation and risk frameworks. NHS tools—such as the Net Zero Modelling Tool—will support UHL in setting and tracking its emissions targets.

As part of the Leicester, Leicestershire and Rutland Integrated Care System, UHL must also collaborate with partners to deliver shared outcomes. Aligning Green Plans, pooling resources, and supporting joint delivery mechanisms will be essential to regional success.

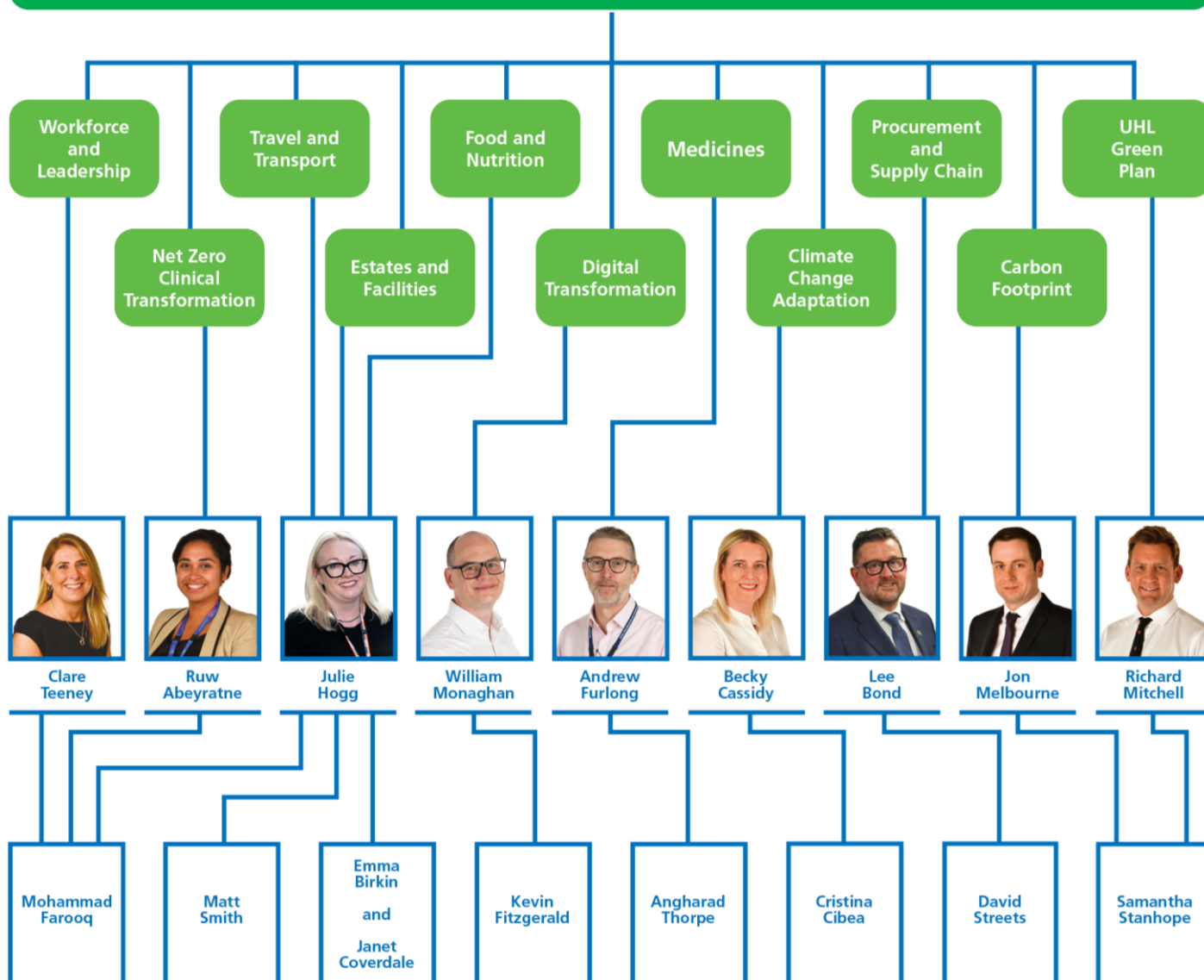
By meeting and exceeding these expectations, UHL not only complies with NHS England mandates but also demonstrates leadership in delivering sustainable, high-quality healthcare for the future.

# Areas of Focus





## University Hospitals of Leicester NHS Trust Green Plan Areas of Focus Ownership Structure



# Workforce and System Leadership (WSL)



## Our impact

Workforce and System Leadership builds the climate-ready skills, governance and culture that the national guidance describes as essential to achieving Net Zero. The guidance highlights the importance of named board-level leadership, carbon literacy training and clear workforce capacity planning; these elements sit at the heart of UHL's programme.

The Chief People Officer is the executive sponsor for the Workforce and System Leadership (WSL) Area of Focus.

## Our achievements

Sustainability and the Green Plan has become a standing agenda item at the monthly CEO briefing, a climate literacy module is now available through UHL's e-learning platform, agile working policies reduced travel and paper demand, and the salary-sacrifice portfolio was reshaped to favour ultra-low-emission commuting options.

## Our vision

We will build a workforce that understands and champions sustainability as part of everyday care. By empowering staff, supporting skills, and embedding sustainable practices into our culture, we will make progress towards Net Zero. Together, we will create a healthier workplace, community, and environment.

## Risks

If sustainability is not embedded in capability frameworks the Trust may fall short of future CQC Well-Led inspection criteria and struggle to attract and retain climate-conscious graduates, undermining workforce resilience.

## Opportunities

The Greener NHS Training Hub, national carbon literacy accreditation schemes and ICS-level Workforce Academies provide fully funded educational pathways that strengthen climate skills.

### What can you do?

Staff can finish the 'Building a Net Zero NHS' e-learning module on HELM, raise local improvement ideas at their monthly forum, choose active or public transport where feasible and adopt paper-light working habits to reinforce the Trust's collective progress.

## Workforce and System Leadership (WFSL) – 2025-28 Goals

The 2025 – 2028 Green Plan moves from ad-hoc engagement toward fully embedded capability, as listed below.



Action #	Action point	Deadline
<b>WSL1</b>	Promote and consider setting targets for uptake of core sustainability training in induction and continuing professional development.	Ongoing
<b>WSL2</b>	Evaluate workforce skills and capacity to deliver the Green Plan; align new roles with ICS partnerships and NHS Estates sustainability career pathways.	Ongoing
<b>WSL3</b>	Explore options for creating environments that support staff sustainability pledges (digital and physical).	Ongoing
<b>WSL4</b>	Build sustainability principles into the delivery of Health & Well-being programmes.	Q4 FY 27/28
<b>WSL5</b>	Empower CMG and Corporate Services People groups to run engagement forums and support approved sustainability initiatives.	Q4 FY 27/28
<b>WSL6</b>	Include corporate social responsibility in employment contracts.	Q4 FY 27/28
<b>WSL7</b>	Carbon reduction and wider sustainability to feature as a regular agenda item at the monthly CEO briefing.	Ongoing
<b>WSL8</b>	Incentivise the use of eco-friendly travel options and encourage public transport use.	Ongoing
<b>WSL9</b>	Increased use of Electronic Rostering to enable accurate payment workflows.	Ongoing
<b>WSL10</b>	Scope resource requirements for engagement with Green Plan initiatives.	Ongoing
<b>WSL11</b>	Update the Trust quarterly on the impact of engagement forums throughout 2025-27.	Ongoing
<b>WSL12</b>	Review 'Salary-Maxing' schemes to promote low-carbon options.	Ongoing
<b>WSL13</b>	Central support with training and development for Green Plan initiatives.	Ongoing
<b>WSL14</b>	Redesign employment contracts to embed social-value duties.	Ongoing
<b>WSL15</b>	Workforce plans built on service and digital transformation to support Net Zero clinical models.	Ongoing

# Net Zero Clinical Transformation (NZCT)



## Our impact

Previously known as Sustainable Models of Care, Net Zero Clinical Transformation, referenced in national guidance as a priority focus area, ensures that pathway redesign delivers high-quality, preventative and digitally enabled care while measurably cutting emissions.

Leadership currently sits with the Director of Health Equality & Inclusion, with the Head of Sustainability & Travel providing support for project impact analysis

## Our achievements

Over the first Green Plan cycle the Trust embedded virtual appointments across multiple specialties, launched remote-monitoring pilots for diabetes and cardiology services, and began shifting diagnostics into community settings, directly supporting the strategic promise of providing timely, personalised care for every patient wherever they live. In parallel, clinical teams produced peer-reviewed case studies—such as ultrathin trans-nasal endoscopy for earlier cancer diagnosis with a lower carbon footprint—that demonstrate how innovative technology can cut emissions while improving outcomes. These successes show the Trust is already delivering the kind of digitally enabled preventative and equitable care model described in our 2023–30 Strategy.

## Our vision

Looking ahead to 2028, NZCT will use UHL’s continuous improvement methodology to redesign high-impact pathways so that carbon, quality and health-equity metrics rise together. The programme will align with the Trust goal of “high-quality care for all” by integrating hospital and community services, expanding virtual wards and harnessing the new data platform that places real-time analytics into clinicians’ hands. A clinically led governance structure—now being recruited—will ensure every redesign incorporates patient safety learning and embeds a health inequality impact assessment, reflecting UHL’s Strategy commitment to embed equality and inclusion in all we do.

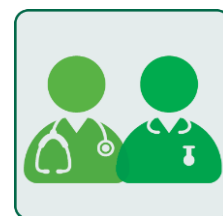
## Risks

If digital pathways expand without adequate digital Inclusion support, the Trust risks widening existing health inequalities, contravening both the Equality Act and its own strategic pledge to reduce disparities. Delayed recruitment of the clinical Net Zero lead could slow governance oversight; likewise, limited availability of low-carbon medicines or reusable theatre kits may hinder rapid adoption of proven interventions. Data quality lapses would compromise the new real-time analytics platform and could affect patient safety.

## Opportunities

UHL’s Strategy highlights the organisation’s status as one of the most research-active trusts in the NHS and its ambition to give every eligible patient the chance to take part in a study by 2028. NZCT can therefore leverage NIHR and Greener NHS opportunities and industry-sponsored innovation trials to fund low-carbon clinical pilots under service-based or subscription models rather than capital leases, thereby avoiding additional IFRS 16 liabilities. Partnership working across the East Midlands Acute Providers Network and with local universities will further accelerate pathway redesign at scale while strengthening research and education excellence.

## Net Zero Clinical Transformation (NZCT) – 2025-28 Goals



Action #	Action point	Deadline
NZCT1	Reduce emissions while improving care quality in clinical areas.	Ongoing
NZCT2	Appoint a clinical lead to oversee Net Zero efforts and report to senior leadership.	Q4 FY 25/26
NZCT3	Create and share carbon reduction case studies with other trusts.	Ongoing
NZCT4	Identify focus areas for research and develop action plans with partners.	Ongoing
NZCT5	Measure the broader value of key initiatives, including economic, social and environmental benefits.	Ongoing
NZCT6	Identify and report virtual appointments.	Ongoing
NZCT7	Review potential for care closer to home and define strategy.	Ongoing

### What can you do?

Clinicians and operational teams can accelerate this transformation by defaulting to virtual follow-ups when clinically appropriate, documenting carbon and social value impacts during pathway reviews, and using Making Every Contact Count conversation to help patients adopt healthier, lower-carbon lifestyles, a preventative approach championed in the Strategy. Patients can play their part by opting into home monitoring, attending community diagnostic hubs and giving feedback that shapes ever more personalised, sustainable care.



# Travel and Transport (TT)



## Our impact

Travel and Transport addresses one of the NHS guidance's core focus areas by reducing emissions from the second-largest fleet in the country, tackling staff commuting, business mileage and patient access through active travel, public transport and zero-emission vehicles.

The Group Chief Nurse is the executive sponsor of the group; operational leadership is provided by the Head of Sustainability & Travel, who also liaises with local transport authorities and the Integrated Care System.

## Our achievements

The Hospital Hopper bus service has now been fully converted to electric vehicles, delivering over 700,000 passenger journeys annually. This zero-emission fleet plays a vital role in supporting sustainable travel between our hospital sites, contributing to our net zero goals and improving local air quality. We continue to promote a range of discounted offers from our bus operator partners to staff and actively encourage the use of the Choose How You Move journey planner to help users identify the most efficient and sustainable travel options. In addition, we promote the BetterPoints app, which rewards users for choosing active and low-carbon travel options such as walking, cycling, and public transport.

University Hospitals of Leicester (UHL) is also committed to supporting active travel. To promote cycling, we offer a comprehensive package of initiatives including free cycle training, pop-up bike repair sessions, and complimentary bike maintenance kits for staff. We actively promote the local authority's e-bike loan scheme and have invested in expanding secure cycle parking, showering, and changing facilities across all hospital sites.

Most recently, we completed our latest staff travel survey, the findings of which will directly inform the development of our 2025–2030 Travel Plan—ensuring our efforts continue to meet the evolving needs of our workforce, patients, and visitors while advancing our sustainability objectives.

## Our vision

Over the next three years, the Trust will introduce personalised travel planning for all new starters using the Choose How You Move platform, helping staff make informed, sustainable travel choices from day one. We will continue to promote our internal lift-sharing database to reduce single-occupancy car journeys and ease pressure on hospital car parks. We also plan to embed zero-emission vehicle criteria into the 2027 for a fully decarbonised fleet.

Cycling will remain a key focus area, with plans to expand secure parking, improve site connectivity, and work with local partners to increase access to e-bikes and active travel incentives. These interventions will form a core part of our ambition to create a healthier, more sustainable travel culture across UHL.

## Travel and Transport (TT)



### Risks

Achieving our sustainable travel ambitions will depend not only on infrastructure and policy but also on people's willingness to change how they travel. Encouraging behavioural change, such as shifting from car use to active or public transport, is widely recognised as challenging, particularly when habits are long-established or when alternative options are perceived as less convenient or reliable.

There are also practical and operational constraints to consider. For example, while we are committed to reducing air pollution and discouraging domestic flights, some journeys, such as urgent clinical travel, are essential to delivering timely, high-quality patient care and may not be easily replaced with lower-carbon alternatives.

In addition, establishing and maintaining a zero-emission fleet is a complex undertaking, involving vehicle procurement, specialist maintenance, staff training, and the development of adequate charging infrastructure. Local network capacity for electric vehicle charging remains a limiting factor, and delays in infrastructure upgrades could slow our transition to a Net Zero fleet.

Finally, non-compliance with local Clean Air Zone regulations or future air quality thresholds under the Environment Act could expose the Trust to reputational and regulatory risks. These challenges highlight the need for a phased, pragmatic approach that balances environmental goals with the operational realities of healthcare delivery.

### Opportunities

There are significant opportunities to accelerate progress by working in partnership with local authorities, regional transport bodies, and other anchor institutions. Closer collaboration with Leicester City Council and Leicestershire County Council can help us align with wider transport strategies, co-develop active travel corridors, and improve integration between hospital sites and the wider public transport network.

We will continue to explore external grant funding streams, including air quality improvement programmes, the NHS Estates Net Zero Fund, and capital funding linked to Enhanced Bus Service Improvement Plans (BSIP). These can support further investment in fleet electrification, improved infrastructure for cycling and walking, and demand-responsive travel solutions.

There is also potential to pilot or participate in Mobility-as-a-Service (MaaS) contracts, which provide a unified platform allowing users to plan, book, and pay for multi-modal journeys, including buses, trains, bikes, car clubs, and taxis, through a single app. By participating in such schemes, we can improve travel convenience for staff, patients, and visitors, reduce dependency on private vehicles, and strengthen our role as a sustainability leader within the healthcare sector.

## Travel and Transport (TT) – 2025-28 Goals



Action #	Action point	Deadline
TT1	Reduce business travel and fleet-related air pollution by offering sustainable alternatives.	Ongoing
TT2	Offer only zero-emission vehicles in salary-sacrifice schemes from Dec 2026 (for new leases).	Q3 FY 26/27
TT3	Ensure all cars procured after Dec 2027 are zero-emission (excluding ambulances).	Q3 FY 27/28
TT4	Conduct annual Green Fleet Review.	Q3 FY 25/26
TT5	End business-travel reimbursement for domestic flights within Great Britain unless clinically essential.	Ongoing
TT6	Create a Sustainable Travel Plan by Dec 2026.	Q3 FY 25/26
TT7	Reduce carpark permits and offer alternative travel options.	Ongoing
TT8	Develop the Travel Action Plan (TAP) Delivery (Phase 4) as part of the new Travel Plan.	Q3 FY 25/26

### What can you do?

If every staff member and visitor chose to travel actively or sustainably just once a week, we could reduce the number of car journeys to our sites by up to 20% each day. This would help free up road and parking space for those who need it most, ease congestion, and significantly cut harmful emissions.

Small changes in how you travel can lead to a big collective impact. Start with what's manageable, walk or cycle shorter journeys, or try taking the bus, train, or Park-and-Ride for longer trips. Every step counts, and over time, these small shifts can help create a healthier, more sustainable hospital community.

# Estates and Facilities (EF)



## Our impact

Sustainable management of our assets and utilities presents one of the most significant opportunities for the Trust in terms of delivering the NHS Net Zero carbon vision. Our buildings and critical infrastructure represent a sizeable proportion of our energy and our largest carbon hotspots.

The executive sponsor for this area of focus is the Group Chief Nurse and the operational lead is the Associate Director of Estates Operations and Engineering.

## Our achievements

Our work to decarbonise our estate began before the first version of the Green Plan was published. Between 2017 and 2021, UHL carried out facility improvements at both LRI and Glenfield including: use of “Low Carbon Technology” and the incorporation of energy efficient management strategies, inclusive of LED lighting; variable speed drives; high efficiency pumps and motors; building management systems; insulation; boilers; and general application of good working practices and good housekeeping. The Trust is compliant with statutory reporting (including Carbon Reduction Commitment [CRC]; European Union Emissions Trading Scheme [EU-ETS]; Estates Return Information Collection [ERIC]; Premises Assurance Model [PAM]; and Medium Combustion Plant Directive [MCPD]).

As part of planned and reactive maintenance the Trust has upgraded a wide range of equipment including:

- Repairing leaking pipes to reduce water use and service disruption
- Insulation of hot and chilled pipes to conserve energy
- Upgrades to large plate heat exchangers
- Installation of smart meters to fiscal meters to allow better management of energy use
- Building Management System review and reconfiguration of temperature set points.

Additionally, since the first Green Plan was published, the Estates and Facilities sustainability team has developed to include a dedicated Waste Manager, Energy Manager, Head of Sustainability and Waste, and Head of Sustainability and Travel since Q3 2024/25.

UHL has achieved 56.99% reduction in waste-related CO<sub>2</sub>e emissions from FY23/24 to FY24/25 due to improved compliance and introduction of offensive waste stream.

The Trust has also completed a £1.7 million LED lighting upgrade project funded by the National Energy Efficiency Fund (NEEF Phase 2) across Leicester Royal Infirmary and Leicester General Hospital, delivering over 70% energy savings in the upgraded areas. In 2025, the Trust gained funds through NEEF Phase 3 for BMS upgrades at Glenfield, Leicester General and Leicester Royal Infirmary sites, submetering installations to improve visibility of consumption and enable localised targeting, and additional LED lighting at Leicester General and Leicester Royal Infirmary.

## Estates and Facilities (EF)



### Our vision

Our operational vision is to provide proactive engagement from an effective team to make value-driven, evidence-based decisions, maintaining a safe, secure, compliant, resilient, and sustainable estate, that responds robustly to challenges.

UHL has been confirmed as one of 48 hospital developments being delivered as part of the national 'New Hospital Programme' (NHP). UHL is one three Trusts in Wave 2 of the programme who are being supported in staying mobilised and continuing to progress enabling works ahead of the planned business case commencement in 2027/28 - this presents an unprecedented opportunity for the Trust to move into a leadership position on sustainability including a move towards key goals such as Net Zero carbon emissions. These enabling works include an increased power supply to LRI and Glenfield Hospital; a significant enabler also to achieving our sustainability goals.

Over the next 10 years, the Trust will implement a programme across Estates and Facilities that will positively impact our energy use and carbon emissions, waste and water management, air emissions, and the biodiversity and greening of our estate.

### Risks

The biggest challenge for this area of focus is the condition of UHL's aged estate and backlog maintenance requirements. Significant financial investment and continuous board-level support will be required to enable UHL to prioritise sustainability initiatives whilst making necessary upgrades and improvements to the Trust's estate and infrastructure. Refurbishment and infrastructure changes risk disrupting the delivery of clinical services and must be carefully planned and managed. Additionally, additional workforce investment will be required to meet some goals (for example, without grounds person resource in place it will be difficult to maintain green space development).

### Opportunities

To make the most of future funding opportunities, UHL will develop business cases for energy efficiency projects in line with our Energy and Infrastructure Strategy. Externally-funded schemes will present us with the opportunity to apply BREEAM standards to new build and refurbishment projects, including minimising emissions.



## Estates and Facilities (EF) – 2025-28 Goals



Action #	Action point	Deadline
EF1	Sustainability Performance of Buildings – UHL to achieve BREEAM standards for externally funded schemes (Excellent for new builds and very good for refurbishments)	Ongoing
EF2	Engagement with key stakeholders – externally including the University of Leicester, Leicester City Council, De Montfort University and Leicestershire County Council regarding land use, buildings, district heat networks, sustainable travel hubs, and carparking strategies	Ongoing
EF3	Provide formal energy auditor and energy manager training for Energy Manager	Q2 FY 25/26
EF4	Undertake audits of energy and waste to identify opportunities for operational control and efficiency	Q2 FY 26/27
EF5	Planned research into the Internet of Things to improve efficient use of resources - integration of Estates and Facilities into the wider digitisation strategy	Q4 FY 25/26
EF6	Planned research into optimisation of space utilisation	Ongoing
EF7	The Trust will review the potential for use of space by staff and third sector groups outside of normal working hours to both provide both social value to the community and potentially as source of revenue	Ongoing
EF8	Annual programme of improvement works to be developed for existing buildings in line with Backlog Maintenance (BLM) categories, trust risk and BAF priorities. Subject to feasibility studies	Q4 FY 28/29
EF9	Improving energy efficiency by installing measures such as LED lighting, insulation and double-glazed windows	Q4 FY 28/29
EF10	Increasing use of renewable energy by investing in on- or near-site renewable energy generation to meet NHS energy demand	Ongoing
EF11	Develop a heat decarbonisation plan (HDP), which considers Local Area Energy Plans and opportunities from heat networks and other low-carbon solutions, identifying any installations in scope of the UK Emissions Trading Scheme outlining plans to reduce emissions in line with allocated targets.	Q4 FY 25/26

## Estates and Facilities (EF) – 2025-28 Goals



Action #	Action point	Deadline
EF12	Develop business cases to deliver the measures outlined in the HDP, as well as accompanying energy efficiency and renewable energy interventions	Q4 FY 28/29
EF13	Ensure all applicable new building and major refurbishment projects are compliant with the NHS Net Zero Building Standard	Ongoing
EF14	Review whole site demand, and capacity of system to meet demand, between now and 2040	Q3 FY 25/26
EF15	Trust-wide Energy Savings Campaign and behavioural change energy savings	Q4 FY 26/27
EF16	Factor in the effects of climate change when making infrastructure decisions and designing new facilities, including enhancements like improved green spaces, drainage systems and passive cooling solutions	Ongoing

### What can you do?

UHL colleagues can help us to reach our goals by minimising waste, handling equipment with care, turning equipment and lights off when not in use, and reporting faults in a timely manner.

# Food and Nutrition (FN)



## Our impact

Food and Nutrition translates the national requirement to deliver sustainable, high-quality hospital catering into local action by integrating NHS food standards, menu redesign and waste reduction. The guidance stresses measuring food waste and shifting menus towards plant-rich, seasonal options.

The Group Chief Nurse holds executive responsibility; day-to-day management sits with the Associate Director of Facilities Management in close cooperation with Procurement and Dietetics.

## Our achievements

During the first Green Plan, the Trust's Nutrition and Hydration Assurance Group met regularly to safeguard and continually improve the quality, safety and nutritional value of meals served to patients and in retail catering. In parallel, a dedicated Food Waste Working Group was formed and has already aligned procurement, catering and waste management teams around the food-waste regulations which came into effect in April 2025, gathering baseline data and planning to introduce ward-level coaching to minimise plate waste. Building on these foundations, detailed mapping has begun to pinpoint further opportunities—across production kitchens, ward pantries and staff restaurants—to cut edible and inedible food waste in every part of the organisation.

## Our vision

By 2028 the Trust's menus will aim to be composed predominantly of sustainably procured options that meet both nutritional guidelines and carbon-reduction objectives. To reach that point the Food and Nutrition key stakeholders are looking at options to streamline the regional supply-chain strategy that shortens food miles, concentrates buying power for seasonal produce and drives down both cost and environmental impact. This regional mobilisation will sit alongside rigorous menu redesign and waste analytics, ensuring that every meal served delivers maximum nutritional benefit while ensuring carbon savings.

## Risks

Food waste regulations (production, spoilage, unserved and plated) have imposed mandatory segregation and reporting; non-compliance could attract Environment Agency enforcement and cost increases. Volatile commodity prices or poor harvests could disrupt local supply chains and compromise menu planning.

The current service model for Patient Catering at UHL is a chilled, individual serving purchased product. We are therefore limited to menu ranges offered by the supplier when designing patient menus. Moving to seasonal only options will prove challenging as some seasonal fruits and vegetables do not lend themselves to the cooking, chilling, reheating processes that are required with this model of food service.

Moving away from the current Patient and Retail Catering service models at UHL to a fresh cook production model will require significant estates increases and refurbishment which will also necessitate enormous capital investment for the enabling.

## Opportunities

Service-based contracts for biodigestion and reverse-vending equipment, participation in WRAP's Courtauld 2030 Catalyst projects and collaboration with local colleges on sustainable-cookery apprenticeships for retail catering outlets all offer ways to accelerate waste reduction and skills development.

## Food and Nutrition (FN) – 2025-28 Goals



Action #	Action point	Deadline
FN1	Continue to collaborate with Procurement to prioritise sustainable patient and retail catering suppliers in line with various procurement frameworks.	Q3 FY 26/27
FN2	Track food waste using ERIC data and set achievable reduction targets.	Ongoing
FN3	Improve patient menus by prioritising nutrition and nutritional value by continuing to provide seasonal foods.	Ongoing
FN4	Mobilise the new food-waste contract in line with legal requirements and the Local Authority Environmental Health Officer; monitor progress quarterly.	Q3 FY 25/26
FN5	Identify new areas to reduce food and non-food consumable waste. For both Patient and Retail Catering Services	Ongoing

### What can you do?

Staff and visitors can limit plate waste by ordering appropriate portion sizes, use reusable cups in cafés and sort food waste into the correct waste streams, supporting accurate data capture and waste-to-energy conversion.

# Digital Transformation (DT)



## Our impact

Digital Transformation plays a crucial role in supporting our decarbonisation goals through enabling more efficient, sustainable and lower-carbon delivery of our services.

The executive sponsor of this group is the Group Chief Digital Information Officer, and operational management sits with the Deputy Chief Information Officer.

## Our achievements

Since the introduction of our first Green Plan, we have made significant progress in the reduction of paper usage across site. We have also enabled virtual clinical services through Care at Home and supported staff to work remotely as part of UHL's Agile Working policy. Both of these achievements have helped to reduce emissions associated with travel to and from our sites.

Further achievements in digital transformation include the automated power-down of desktops not in use outside of core work hours and development of new Electronic Patient Record (EPR) and Patient Administration System (PAS) to replace paper patient records.

## Our vision

UHL's Digital Transformation vision is to deliver a trusted, secure, class-leading IT service to our staff, patients, and researchers. We recognise the potential of digital innovation to improve clinical service access, quality and productivity. Digital innovation will support the provision of lower-carbon care through virtual clinics. Additionally, digitalisation of services will help us to reduce our usage of paper and associated waste.

Since October 2023, UHL and University Hospitals of Northamptonshire NHS Group (UHN) have formalised their collaboration by forming the UHL and UHN Group. The 'One Digital' strategy outlines how, in collaboration, the group will prioritise digital transformation to ensure our services are sustainable and data-driven, for the benefit of our patients, communities, and colleagues.

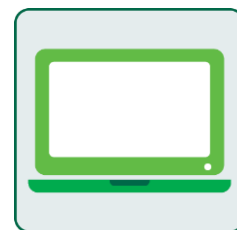
## Risks

Whilst digitalisation is crucial to supporting our key decarbonisation goals and the delivery of sustainable services, digital services can increase carbon emissions. To minimise this, UHL will need to adopt NHS England's 'What Good Looks Like Framework' and consider the objectives outlined in the 'Greening government: ICT and digital services strategy'.

## Opportunities

Our group model provides an opportunity to collaborate with UHN to combine resources to promote sustainable digital development. Additionally, 2025-28 will see more opportunities for UHL to streamline administrative tasks to prioritise patient care through automation and the adoption of new digital tools.





Action #	Action point	Deadline
DT1	Maximise the benefits of digital transformation to reduce emissions and improve patient care through reducing paper usage.	Ongoing
DT2	Maximise the benefits of digital transformation to reduce emissions and improve patient care through the provision of Care at Home virtual pathways where clinically appropriate.	Ongoing
DT3	Complete the Digital Maturity Assessment to identify further opportunities to embed sustainability into digital services, such as by: using circular and low-carbon approaches to IT hardware management; leasing models; buying refurbished or remanufactured equipment; PC power down configuration; considering low carbon hosting; promoting good data hygiene (such as deduplication and archiving) and engaging digital suppliers.	Q4 FY 25/26

### What can you do?

UHL colleagues can support our environmental goals by reducing paper usage as much as possible and promoting virtual patient pathways where clinically appropriate.

# Medicines (M)



## Our impact

Medicines account for around 25% of emissions within the NHS, providing a significant opportunity for healthcare to reduce emissions. A small number of medicines account for a large portion of the emissions, and there is significant focus on anaesthetic gases (2% of emissions) and inhalers (3% of emissions) where emissions occur at the 'point of use'.

The Medical Director is the executive sponsor of the group and operational leadership is provided by the Chief Pharmacy Technician.

## Our achievements

To date, we have made the following progress with emissions associated with anaesthetic gases:

- UHL has successfully ceased use of the volatile anaesthetic gas desflurane, in line with national guidance
- UHL has implemented a cylinder tracking system to reduce waste of medical gas cylinders through us better knowing where these are located
- A standalone medical gases committee has been established which considers sustainability as a standing agenda item and provides strategic support for lower carbon anaesthetic gas initiatives
- Surveys completed at all sites to identify causes of nitrous oxide waste. Funding secured for decommissioning nitrous oxide at Glenfield Hospital
- Reporting of nitrous oxide use underway through quarterly Greener NHS data returns.

Our achievements associated with inhalers are:

- LLR Inhaler Decision Aid which has been developed to ensure that decisions around inhaler choice consider the patient and the environment
- ICS Task and Finish Group for inhalers established
- Resources have been published on the Area Prescribing Committee (APC) website
- Posters are on display on wards promoting sustainable inhaler usage
- Subcommittee of the Leicestershire and Rutland Respiratory Prescribing Group established
- UHL involvement in 2021 steering group leading on Leicestershire Take AIR (Take Action for Inhaler Recycling) – a proof-of-concept project to encourage inhaler recycling. Within UHL, this involved analysis of inhaler waste and the carbon impact of reducing this. Scoping of inhaler recycling options is underway
- Over 100 pharmacy colleagues trained on appropriate inhaler technique, with further training provided for nurses and other healthcare professionals

## Medicines (M)



- Quality Improvement project underway on CDU, supported by the National Respiratory Audit Programme (NRAP), to look at inhaler adherence and technique on hospital admission and consider switch to lower-carbon dry powder inhaler (DPI)
- Dry powder inhaler (DPI) use increased to 34% in Q1 2025 (this is a lower-carbon alternative to pressurised metered dose inhalers – MDIs).

Additionally, the UHL pharmacy department has created a Sustainability Interest Group to discuss waste and carbon reduction opportunities and increase staff awareness. The team has identified priority opportunities to cut down on waste associated with single-use plastics within pharmacy, including insulin pens, Oral Nutritional Supplements (ONS) and blister packs.

### Our Vision

UHL is committed to reducing the use of fluorinated gases used in anaesthetic gases and inhaler propellants and looking for other options to reduce the carbon emissions and sustainability impacts associated with medicines. Our vision is for environmental impact to be considered as a priority when medicines are prescribed, alongside clinical efficacy, and for colleagues and service users to be informed and empowered to make sustainable choices regarding medicine prescription and usage. We are scoping options to gain additional support to progress with sustainability projects to maximise our available resources, such as linking projects into staff development courses.

### Risks

National shortages in the availability of cylinders poses a risk to our timeline for nitrous oxide waste mitigation. Additionally, further funding will need to be sourced to roll this project out across all three hospital sites.

### Opportunities

Continued collaboration with system partners, including the ICB, primary care, community pharmacies and Leicestershire Partnership Trust will help us to adopt a more effective, aligned approach and share lessons learnt from the implantation of inhaler projects and recycling schemes. Ongoing training and awareness campaigns for staff, patients and visitors will give us the opportunity to maximise our impact.

### What can you do?

Our department and Trust colleagues can help us reach our goals by identifying and reporting waste associated with medicines, and promoting sustainable inhaler usage and prescribing. Inhaler users can support our goals by following proper technique to reduce waste at the point of use.

## Medicines (M) – 2025-28 Goals



Action #	Action point	Deadline
<b>M1</b>	Cease use of the volatile anaesthetic agent desflurane in line with national guidance, allowing exceptional use only as published by the Neuro Anaesthesia and Critical Care Society	Q2 FY 25/26
<b>M2</b>	Reduce prescription of metered-dose non-salbutamol inhalers to no more than 45%	Q4 FY 27/28
<b>M3</b>	Reinstate local pharmacy sustainability group	Q3 FY 25/26
<b>M4</b>	Continue to promote staff awareness of the green medicine strategy, including delivery of training to all pharmacy staff	Q4 FY 25/26
<b>M5</b>	Continue to reduce clinical plastics by exploring alternative options for single-use items, disposable, unused or expired equipment associated with medicines or medical devices. Areas of focus to include: <ul style="list-style-type: none"> <li>• Insulin pen, ONS, and blister pack recycling</li> <li>• Improving compliance aids</li> <li>• Adopting greener packaging and bags for dispensaries, including transfer and delivery bags.</li> </ul>	Q2 FY 26/27
<b>M6</b>	Continue to identify and explore inefficiencies in the storage and logistics of specific medicines and medical devices	Ongoing
<b>M7</b>	Reduce nitrous oxide waste from medical gas pipeline systems (MGPS) by progressing the actions outlined in the updated 'Nitrous Oxide Waste Mitigation Toolkit'	Q4 FY 26/27
<b>M8</b>	Support patients to choose the most appropriate inhaler(s) in alignment with clinical guidelines, performing inhaler technique checks with patients and promoting the safe and responsible disposal of inhalers	Ongoing

# Climate Change Adaptation (CCA)



## Our impact

Climate change poses a major threat to our health as well as our planet. Rising temperatures, extreme weather events, and the increased risk of vector-borne diseases all pose a risk on NHS buildings, supply chain, infrastructure, and staff. This area of focus addresses the need to respond to and mitigate the impact of climate change on our services through adapting buildings and processes to ensure continuity of care.

The executive sponsor of this area is the Director of Corporate and Legal Affairs. The operational lead is the Deputy EPRR (Emergency Preparedness, Resilience and Response) Manager.

## Our achievements

UHL has risk assessment and plans in place for adverse weather events linked to impact of climate change. The Trust follows the UK Health Security Agency (UKHSA) and Met Office guidance and the EPRR team liaises with the Communications team to alert staff of any health alerts above 'green' status.

Since the launch of UHL's first Green Plan, we achieved our target of representation of the UHL Sustainability team on the quarterly EPRR Board. Additionally, as of October 2024, UHL is fully compliant against 59 of the 62 core standards for EPRR and partially compliant for the rest. This 95% overall compliance rating marks UHL as substantially compliant overall.

## Our vision

Our vision is to ensure that, as an organisation, we understand the implications of climate change and attendant risks, and that the Trust is well prepared for the future and has resilient systems and processes to ensure delivery of healthcare to the highest standards in the face of extreme weather events or health impacts arising consequently to climate change.

The risks associated with climate change are broad and at high level have been set out in the UK Climate Change Risk Assessment 2022. Risk to health is identified as a high current and future risk, in particular because of temperature increases and increased frequency and extent of heatwaves.

Preparing and responding to these risks appropriately fall under two areas: Mitigation and Adaptation. The former is taking steps to reduce greenhouse gas emissions to help prevent more severe climate impacts. The latter is the operational changes required to ensure resilience in the face of impacts brought about by anticipated climate change and addressed briefly here.



# Climate Change Adaptation (CCA)



## Risks

Climate change may shift the boundaries for action by increasing the frequency, duration or extent of impact. It may also lead to risks occurring concurrently that may individually be low or moderate in consequence but collectively lead to disruption of services. For example, a heatwave concurrent with high pollen counts and/or high ground level ozone pollution and high fine air pollutants (PM10 and PM2.5), has potential for higher demand for patient care that may coincide with times where premises or staffing are also under pressure.

Increase in the extremity of weather events driven by on-going climate change may lead to unexpected events at any time that test the resilience of existing systems. These can include both the Trust estate and the wider healthcare infrastructure across the county and beyond.

## Opportunities

By setting out a process for assessing risks and reviewing them regularly as key information and guidance emerges, UHL will ensure that operations remain resilient for the long term, and the Trust continues to provide quality of health care to the highest standards.

### What can you do?

You can play your part in helping to mitigate the impact of climate change by reducing your own carbon footprint. Small actions like using public transport, cycling or walking to our sites rather than driving, making more sustainable choices about the things you buy, reducing waste and using energy efficiently all add up to reducing greenhouse gas emissions.

## Climate Change Adaptation (CCA) – 2025-28 Goals



Action #	Action point	Deadline
<b>CCA1</b>	Set out actions to prepare for severe weather events and improve climate resilience of local sites and services, including digital services using NHS England Climate Change Risk Assessment (CCRA) tool	Q4 FY 25/26
<b>CCA2</b>	Integration of key risks into UHL central risk register and plans	Q4 FY 25/26
<b>CCA3</b>	Sustainability team to review business continuity policy	Q3 FY 25/26
<b>CCA4</b>	Ensure adequate cascading of weather health alerts and relevant messaging across the organisation, in line with the government's Adverse Weather and Health Plan	Ongoing
<b>CCA5</b>	Ensure sustainability representation at EPRR board	Ongoing
<b>CCA6</b>	UHL to comply with the adaptation provisions within the NHS Core Standards for emergency preparedness, resilience and response (EPRR) and the NHS Standard Contract to support business continuity during adverse weather events	Ongoing

# Procurement and Supply Chain (PSC)



## Our Impact

The NHS is responsible for around 4-5% of the UK's emissions, with over 60% of our total carbon footprint sitting within our supply chain. This includes emissions from freight, the manufacturing of goods, catering, business services and construction, among others.

The decarbonisation of the NHS supply chain is therefore crucial if we are to become net zero by 2045. To meet our commitment, we want to ensure all our suppliers are aligned with this ambition by 2030.

The executive sponsor of this group is the Chief Financial Officer; operational leadership is provided by the Assistant Director of Procurement and Supplies.

## Our achievements

In line with national policy, at UHL we promote value-based procurement which includes a reduction of waste. All relevant tenders include a minimum of 10% social value and net zero weighting. We have also included requirements for carbon reduction plans and net zero commitment in some procurements where this is relevant to the framework. UHL has a net zero carbon requirement for the procurement of white goods, and the Trust has signed up to the NHS Plastic Pledge to demonstrate our commitment to reducing single-use plastic consumables.

Since the launch of the first Green Plan, we have made progress in promoting behavioural change and more sustainable procurement practices with UHL colleagues. We enable conversations on sustainability in through our Best Value Groups. We have also updated our waste contracts in line with net zero and social value targets and ensured procurement representation at the LLR ICS Green Board.

## Our vision

We seek to make the best use of UHL resources for patient care and develop sustainable services for the long term and manage our resources sustainably, reducing our direct environmental impacts across our healthcare services in energy, waste, water, food and anaesthetic gases.

To achieve our procurement and supply chain net zero goals, we will need to work together as a system with our NHS partners and suppliers and align ourselves with national policy and guidance.

## Risks

The development of national frameworks can make it more difficult to award to local suppliers. Additionally, to implement the requirements of the NHS Net Zero Supplier Roadmap successfully, all contract leads need to hold suppliers to account.

## Opportunities

Pooling NHS purchasing power will help to enable sustainable procurement of goods and service. Additionally, from April 2028, new requirements will be introduced overseeing the provision of carbon footprints for individual products supplied to the NHS.

## Procurement and Supply Chain (PSC) – 2025-28 Goals



Action #	Action point	Deadline
<b>PSC1</b>	Sustainable Procurement Working Group established	Q3 FY 25/26
<b>PSC2</b>	Develop road map to embedding sustainability and carbon reduction into procurement decision-making	Q4 FY 25/26
<b>PSC3</b>	Develop a 2025 Annual Procurement Carbon Reduction Schemes plan of carbon reduction schemes (product and transport) arising from use, and waste reduction potential.	Q3 FY 25/26
<b>PSC4</b>	Embed NHS Net Zero Supplier Roadmap requirements into all relevant procurements and ensure they are monitored via KPIs	Ongoing
<b>PSC5</b>	Encourage suppliers to go beyond minimum requirements and engage with the Evergreen Sustainable Supplier Assessment to support a single conversation between the NHS and its suppliers on sustainability priorities	Ongoing
<b>PSC6</b>	Reduce reliance on single-use products, considering how to safely build this work into clinical improvement projects	Ongoing

### What can you do?

UHL colleagues can help to reduce the impact of our supply chain emissions by reducing waste, only ordering what you need, seeking reusable alternatives, and reducing reliance on single-use products. Additionally, contract managers can help by working closely with suppliers to reduce the environmental impact of services provided, in line with contract key performance indicators (KPIs).

# Carbon Footprint (CF)



## Our impact

The Carbon Footprint sub-group implements the NHS expectation that trusts measure, manage and rapidly reduce Scope 1 and 2 emissions, applying the 'NHS Net Zero Building Standard' to every major project and producing transparent quarterly data in line with national reporting metrics.

This focus aligns with NHSE Green Plan guidance, which calls for robust baselines, hotspot analysis and prioritised investment plans that balance immediate reductions with medium-term capability building.

Strategic oversight rests with the Chief Operating Officer; operational delivery is led by the Associate Director of Sustainability and Waste within Estates and Facilities, reporting through the Sustainability Working Group to Trust Board.

## Our achievements

Since the launch of the first Green Plan in 2021, the Trust has developed a comprehensive in-house Scope 1 and 2 carbon footprint model using NHSE guidelines, produced quarterly emissions dashboards and completed a hotspot review that confirmed gas-fired heating, anesthetic gases and critical-care electricity as the three dominant sources of emissions. These insights will now inform a trust decarbonisation roadmap for Estates and Facilities.

## Our vision

During 2025-26 remaining metering gaps will be reduced, and staff behavioural change campaign planning will begin to target hotspots. In 2026-27 we plan to baseline our complete Scope 3 to identify supply chain hotspots to improve financial and environmental sustainability of the trust.

## Risks

Failure to submit accurate UK ETS data or to comply with the 'NHS Net Zero Building Standard' could trigger NHS Standard Contract breach notices and financial penalties. Sustained reliance on natural gas exposes the Trust to unpredictable commodity prices and potential future carbon taxation, while local electricity network capacity could delay large-scale heat-pump deployment.

## Opportunities

We will continue to explore opportunities in renewables, supporting Leicester's district-heat consortium and developing opportunities to accelerate decarbonisation. Our Scope 3 baseline will support in identifying hotspots where the Trust can improve both carbon and financial sustainability.



## Carbon Footprint (CF) – 2025-28 Goals



We are working to protect the planet by keeping global warming within safe limits of 1.5c. To do this, we'll track our progress using live dashboards and carry out the important steps listed below.

Action #	Action point	Deadline
CF1	The sustainability team will measure, track and report Scope 1 and 2 emissions.	Ongoing

### What can you do?

Staff can contribute by shutting down non-essential equipment, choosing duplex printing only when necessary, favouring virtual meetings and reporting plant faults or leaks immediately, all of which directly reduce the Trust's largest energy hotspots.

# UHL Green Plan (UHLGP)



## Our impact

Our internal governance ensures that each area of focus identified in national guidance is translated into SMART (specific; measurable; achievable; relevant; time-based) actions, tracked through robust data and reported to the Board, the Integrated Care Board and NHS England, thereby meeting the statutory requirement for 2025 – 2028 three-year Green Plans.

The Chief Executive is the executive sponsor for ensuring the Green Plan is being delivered and has the support of the Trust Board. The Associate Director of Sustainability and Waste and the Head of Sustainability and Travel coordinate summaries, with oversight from the Sustainability Working Group, Audit Committee and Risk Committee.

## Our achievements

The inaugural UHL Green Plan was approved, integrated into the Trusts' Annual Reporting structure disclosures and statutory collections such as ERIC (Estates Return Information Collection) and UK ETS (UK Emission Trading Scheme), and a communications framework now provides internal governance and oversight to all relevant committees.

## Our vision

The Green Plan will embed the 2025 NHSE guidance, conduct annual maturity assessments and require sustainability impact statements in business cases, making Net Zero delivery an integral element of routine corporate decision-making.

## Risks

Inadequate progress reporting could breach public trust, jeopardising capital allocations and leading to reputational damage. Poor data quality in ERIC or UK ETS returns would undermine Board assurance and invite regulatory scrutiny.

## Opportunities

The Sustainability Working Group provides an opportunity to strengthen partnership working across sub-groups, ensuring a more joined-up approach to initiatives such as waste, procurement, logistics, and net zero design. Improved collaboration can help deliver greater carbon reductions and efficiency savings for the Trust.

## UHL Green Plan (UHLGP) – 2025-28 Goals



Action #	Action point	Deadline
UHLGP1	Monitor progress of the Green Plan, resolve barriers and keep workstreams accountable under executive leadership.	Ongoing

### What can you do?

Staff and stakeholders can read the update communications on UHL Connect and the UHL website, volunteer in a workstream and share local success stories, helping good ideas to scale rapidly across the Trust.

# Appendices

# Appendix 1: UHL Carbon Footprint benchmarking 2022-25

## Total Carbon Emissions

Year	Scope 1 Emissions (tCO <sub>2</sub> e)	Scope 2 Emissions (tCO <sub>2</sub> e)	Scope 3 Emissions (tCO <sub>2</sub> e)	Total Emissions (tCO <sub>2</sub> e)
2021-2022	27,485	7,710	15,887	51,082
2022-2023	24,677	6,532	15,279	46,488
2023-2024	22,085	7,685	14,940	44,710
2024-2025	20,600	8,228	13,706	42,535

## Total Scope 1 Emissions

Year	Gas Emissions (tCO <sub>2</sub> e)	Oil Emissions (tCO <sub>2</sub> e)	Travel - Owned & Leased Vehicles Emissions (tCO <sub>2</sub> e)	Stationary Combustion - Other Emissions (tCO <sub>2</sub> e)	Anaesthetic Gases Emissions (tCO <sub>2</sub> e)	Refrigerants Emissions (tCO <sub>2</sub> e)	Total Scope 1 Emissions (tCO <sub>2</sub> e)
2021-2022	21,080	82	236	5	5,508	573	27,485
2022-2023	20,750	51	208	4	3,092	573	24,677
2023-2024	18,622	61	158	5	2,666	573	22,085
2024-2025	17,384	223	166	6	2,249	573	20,600

## Total Scope 2 Emissions

Year	Total Electricity Emissions (tCO <sub>2</sub> e)	Total EV Owned Vehicles Emissions (tCO <sub>2</sub> e)	Total Scope 2 Emissions (tCO <sub>2</sub> e)
2021-2022	7,710	-	7,710
2022-2023	6,532	-	6,532
2023-2024	7,685	-	7,685
2024-2025	8,228	-	8,228

## Total Scope 3 Emissions

Year	Inhalers Emissions (tCO <sub>2</sub> e)	Travel - Owned & Leased Vehicles (WTT) Emissions (tCO <sub>2</sub> e)	Business Travel Emissions (tCO <sub>2</sub> e)	Waste Emissions (tCO <sub>2</sub> e)	Water Emissions (tCO <sub>2</sub> e)	Energy - Transmissions (& WTT) (tCO <sub>2</sub> e)	Total Scope 3 Emissions (tCO <sub>2</sub> e)
2021-2022	7,950	59	32	1,248	105	6,493	15,887
2022-2023	7,771	51	26	1,407	174	5,850	15,279
2023-2024	7,700	40	98	1,362	135	5,605	14,940
2024-2025	7,185	42	127	543	180	5,630	13,706



## Appendix 2: Complete Green Plan 2025-28 Action Plan

Action #	Action point	Deadline
<b>WSL1</b>	Promote and consider setting targets for uptake of core sustainability training in induction and continuing professional development.	Ongoing
<b>WSL2</b>	Evaluate workforce skills and capacity to deliver the Green Plan; align new roles with ICS partnerships and NHS Estates sustainability career pathways.	Ongoing
<b>WSL3</b>	Explore options for creating environments that support staff sustainability pledges (digital and physical).	Ongoing
<b>WSL4</b>	Build sustainability principles into the delivery of Health & Well-being programmes.	Q4 FY 27/28
<b>WSL5</b>	Empower CMG and Corporate Services People groups to run engagement forums and support approved sustainability initiatives.	Q4 FY 27/28
<b>WSL6</b>	Include corporate social responsibility in employment contracts.	Q4 FY 27/28
<b>WSL7</b>	Carbon reduction and wider sustainability to feature as a regular agenda item at the monthly CEO briefing.	Ongoing
<b>WSL8</b>	Incentivise the use of eco-friendly travel options and encourage public transport use.	Ongoing
<b>WSL9</b>	Increased use of Electronic Rostering to enable accurate payment workflows.	Ongoing
<b>WSL10</b>	Scope resource requirements for engagement with Green Plan initiatives.	Ongoing
<b>WSL11</b>	Update the Trust quarterly on the impact of engagement forums throughout 2025-27.	Ongoing
<b>WSL12</b>	Review 'Salary-Maxing' schemes to promote low-carbon options.	Ongoing
<b>WSL13</b>	Central support with training and development for Green Plan initiatives.	Ongoing
<b>WSL14</b>	Redesign employment contracts to embed social-value duties.	Ongoing
<b>WSL15</b>	Workforce plans built on service and digital transformation to support Net Zero clinical models.	Ongoing
<b>NZCT1</b>	Reduce emissions while improving care quality in clinical areas.	Ongoing
<b>NZCT2</b>	Appoint a clinical lead to oversee Net Zero efforts and report to senior leadership.	Q4 FY 25/26
<b>NZCT3</b>	Create and share carbon reduction case studies with other trusts.	Ongoing

Action #	Action point	Deadline
<b>NZCT4</b>	Identify focus areas for research and develop action plans with partners.	Ongoing
<b>NZCT5</b>	Measure the broader value of key initiatives, including economic, social and environmental benefits.	Ongoing
<b>NZCT6</b>	Identify and report virtual appointments.	Ongoing
<b>NZCT7</b>	Review potential for care closer to home and define strategy.	Ongoing
<b>TT1</b>	Reduce business travel and fleet-related air pollution by offering sustainable alternatives.	Ongoing
<b>TT2</b>	Offer only zero-emission vehicles in salary-sacrifice schemes from Dec 2026 (for new leases).	Q3 FY 26/27
<b>TT3</b>	Ensure all cars procured after Dec 2027 are zero-emission (excluding ambulances).	Q3 FY 27/28
<b>TT4</b>	Conduct annual Green Fleet Review.	Q3 FY 25/26
<b>TT5</b>	End business-travel reimbursement for domestic flights within Great Britain unless clinically essential.	Ongoing
<b>TT6</b>	Create a Sustainable Travel Plan by Dec 2026.	Q3 FY 25/26
<b>TT7</b>	Reduce carpark permits and offer alternative travel options.	Ongoing
<b>TT8</b>	Develop the Travel Action Plan (TAP) Delivery (Phase 4) as part of the new Travel Plan.	Q3 FY 25/26
<b>EF1</b>	Sustainability Performance of Buildings – UHL to achieve BREEAM standards for externally funded schemes (Excellent for new builds and very good for refurbishments)	Ongoing
<b>EF2</b>	Engagement with key stakeholders – externally including the University of Leicester, Leicester City Council, De Montfort University and Leicestershire County Council regarding land use, buildings, district heat networks, sustainable travel hubs, and carparking strategies	Ongoing
<b>EF3</b>	Provide formal energy auditor and energy manager training for Energy Manager	Q2 FY 25/26
<b>EF4</b>	Undertake audits of energy and waste to identify opportunities for operational control and efficiency	Q2 FY 26/27
<b>EF5</b>	Planned research into the Internet of Things to improve efficient use of resources - integration of Estates and Facilities into the wider digitisation strategy	Q4 FY 25/26
<b>EF6</b>	Planned research into optimisation of space utilisation	Ongoing

Action #	Action point	Deadline
EF7	The Trust will review the potential for use of space by staff and third sector groups outside of normal working hours to both provide both social value to the community and potentially as source of revenue	Ongoing
EF8	Annual programme of improvement works to be developed for existing buildings in line with Backlog Maintenance (BLM) categories, trust risk and BAF priorities. Subject to feasibility studies	Q4 FY 28/29
EF9	Improving energy efficiency by installing measures such as LED lighting, insulation and double-glazed windows	Q4 FY 28/29
EF10	Increasing use of renewable energy by investing in on- or near-site renewable energy generation to meet NHS energy demand	Ongoing
EF11	Develop a heat decarbonisation plan (HDP), which considers Local Area Energy Plans and opportunities from heat networks and other low-carbon solutions, identifying any installations in scope of the UK Emissions Trading Scheme outlining plans to reduce emissions in line with allocated targets.	Q4 FY 25/26
EF12	Develop business cases to deliver the measures outlined in the HDP, as well as accompanying energy efficiency and renewable energy interventions	Q4 FY 28/29
EF13	Ensure all applicable new building and major refurbishment projects are compliant with the NHS Net Zero Building Standard	Ongoing
EF14	Review whole site demand, and capacity of system to meet demand, between now and 2040	Q3 FY 25/26
EF15	Trust-wide Energy Savings Campaign and behavioural change energy savings	Q4 FY 26/27
EF16	Factor in the effects of climate change when making infrastructure decisions and designing new facilities, including enhancements like improved green spaces, drainage systems and passive cooling solutions	Ongoing
FN1	Continue to collaborate with Procurement to prioritise sustainable patient and retail catering suppliers in line with various procurement frameworks.	Q3 FY 26/27
FN2	Track food waste using ERIC data and set achievable reduction targets.	Ongoing
FN3	Improve patient menus by prioritising nutrition and nutritional value by continuing to provide seasonal foods.	Ongoing
FN4	Mobilise the new food-waste contract in line with legal requirements and the Local Authority Environmental Health Officer; monitor progress quarterly.	Q3 FY 25/26
FN5	Identify new areas to reduce food and non-food consumable waste. For both Patient and Retail Catering Services	Ongoing

Action #	Action point	Deadline
<b>DT1</b>	Maximise the benefits of digital transformation to reduce emissions and improve patient care through reducing paper usage.	Ongoing
<b>DT2</b>	Maximise the benefits of digital transformation to reduce emissions and improve patient care through the provision of Care at Home virtual pathways where clinically appropriate.	Ongoing
<b>DT3</b>	Complete the Digital Maturity Assessment to identify further opportunities to embed sustainability into digital services, such as by: using circular and low-carbon approaches to IT hardware management; leasing models; buying refurbished or remanufactured equipment; PC power down configuration; considering low carbon hosting; promoting good data hygiene (such as deduplication and archiving) and engaging digital suppliers.	Q4 FY 25/26
<b>M1</b>	Cease use of the volatile anaesthetic agent desflurane in line with national guidance, allowing exceptional use only as published by the Neuro Anaesthesia and Critical Care Society	Q2 FY 25/26
<b>M2</b>	Reduce prescription of metered-dose non-salbutamol inhalers to no more than 45%	Q4 FY 27/28
<b>M3</b>	Reinstate local pharmacy sustainability group	Q3 FY 25/26
<b>M4</b>	Continue to promote staff awareness of the green medicine strategy, including delivery of training to all pharmacy staff	Q4 FY 25/26
<b>M5</b>	Continue to reduce clinical plastics by exploring alternative options for single-use items, disposable, unused or expired equipment associated with medicines or medical devices. Areas of focus to include: • Insulin pen, ONS, and blister pack recycling • Improving compliance aids • Adopting greener packaging and bags for dispensaries, including transfer and delivery bags.	Q2 FY 26/27
<b>M6</b>	Continue to identify and explore inefficiencies in the storage and logistics of specific medicines and medical devices	Ongoing
<b>M7</b>	Reduce nitrous oxide waste from medical gas pipeline systems (MGPS) by progressing the actions outlined in the updated 'Nitrous Oxide Waste Mitigation Toolkit'	Q4 FY 26/27
<b>M8</b>	Support patients to choose the most appropriate inhaler(s) in alignment with clinical guidelines, performing inhaler technique checks with patients and promoting the safe and responsible disposal of inhalers	Ongoing

Action #	Action point	Deadline
<b>CCA1</b>	Set out actions to prepare for severe weather events and improve climate resilience of local sites and services, including digital services using NHS England Climate Change Risk Assessment (CCRA) tool	Q4 FY 25/26
<b>CCA2</b>	Integration of key risks into UHL central risk register and plans	Q4 FY 25/26
<b>CCA3</b>	Sustainability team to review business continuity policy	Q3 FY 25/26
<b>CCA4</b>	Ensure adequate cascading of weather health alerts and relevant messaging across the organisation, in line with the government's Adverse Weather and Health Plan	Ongoing
<b>CCA5</b>	Ensure sustainability representation at EPRR board	Ongoing
<b>CCA6</b>	UHL to comply with the adaptation provisions within the NHS Core Standards for emergency preparedness, resilience and response (EPRR) and the NHS Standard Contract to support business continuity during adverse weather events	Ongoing
<b>PSC1</b>	Sustainable Procurement Working Group established	Q3 FY 25/26
<b>PSC2</b>	Develop road map to embedding sustainability and carbon reduction into procurement decision-making	Q4 FY 25/26
<b>PSC3</b>	Develop a 2025 Annual Procurement Carbon Reduction Schemes plan of carbon reduction schemes (product and transport) arising from use, and waste reduction potential.	Q3 FY 25/26
<b>PSC4</b>	Embed NHS Net Zero Supplier Roadmap requirements into all relevant procurements and ensure they are monitored via KPIs	Ongoing
<b>PSC5</b>	Encourage suppliers to go beyond minimum requirements and engage with the Evergreen Sustainable Supplier Assessment to support a single conversation between the NHS and its suppliers on sustainability priorities	Ongoing
<b>PSC6</b>	Reduce reliance on single-use products, considering how to safely build this work into clinical improvement projects	Ongoing
<b>CF1</b>	The sustainability team will measure, track and report Scope 1 and 2 emissions.	Ongoing
<b>UHLGP1</b>	Monitor progress of the Green Plan, resolve barriers and keep workstreams accountable under executive leadership.	Ongoing



## Appendix 3: Policy and legislation drivers

Category	Legislative/Policy Drivers
UK legislation	<ul style="list-style-type: none"> <li>• Climate Change Act 2008</li> <li>• Environment Act 2021</li> <li>• Health and Care Act 2022</li> <li>• Civil Contingencies Act 2004</li> <li>• Building Regulations 2010</li> <li>• Environmental Act 2021</li> <li>• Environmental Protection Act 2021</li> <li>• The Waste Regulations 2011</li> </ul>
Procurement legislation	<ul style="list-style-type: none"> <li>• Public Services (Social Value) Act 2012</li> </ul>
NHS contracts and guidance	<ul style="list-style-type: none"> <li>• NHS Standard Contract</li> <li>• NHS Long Term Plan</li> <li>• Delivering a Net Zero NHS, 2022</li> <li>• NHS Net Zero Supplier Roadmap</li> <li>• NHS Net Zero Building Standard</li> <li>• What Good Looks Like framework</li> </ul>
UK policies and guidance	<ul style="list-style-type: none"> <li>• Clean Air Strategy 2019</li> <li>• A Green Future: 25 Year Plan to Improve the Environment</li> <li>• Greening Government: ICT and digital services strategy 2021-2025</li> <li>• UK Climate Change Risk Assessment 2022</li> </ul>
Financial reporting	<ul style="list-style-type: none"> <li>• DHSC Group Accounting Manual</li> <li>• Task Force on Climate-Related Financial Disclosures (TCFD)</li> </ul>

## Appendix 4: NHS England Green Plan resources

### Case studies

- [Greener NHS system progress](#)

### Workforce and leadership

- [Building a Net Zero NHS](#)
- [Carbon Literacy for Healthcare eLearning Pathway](#)
- [Sustainability Leadership for Greener Health and Care](#)
- [Centre for Sustainable Healthcare Networks](#)
- [Estates and facilities workforce action plan](#) and [NHS estates recruitment and career pathways guidance](#)

### Net zero clinical transformation

- Critical and perioperative care – [Green Theatre Checklist \(Royal College of Surgeons of England, Royal College of Surgeons of Edinburgh, Royal College of Physicians and Surgeons of Glasgow\)](#) and [Green Surgery report \(UK Health Alliance on Climate Change, Brighton & Sussex Medical School, The Centre for Sustainable Healthcare\)](#)
- Mental health – [Net Zero Mental Health Recommendations \(Royal College of Psychiatrists\)](#)
- Urgent and emergency care – [GreenED \(Royal College of Emergency Medicine\)](#)
- Diagnostics – [Green Endoscopy \(British Society of Gastroenterology\)](#)
- Renal care – [Sustainable Kidney Care Committee \(UK Kidney Association\)](#)
- General practice – [Net Zero Hub \(Royal College of General Practitioners\)](#)
- Pharmacy – [Royal Pharmaceutical Society Sustainability Policies](#)
- Allied Health Professionals – [Greener Allied Health Professional hub](#)

### Digital transformation

- [What good looks like framework](#)
- [Greening government: ICT and digital services strategy 2020 – 2025](#)
- [Greenhouse Gas Protocol ICT Sector Guidance](#)

### Medicines

- Nitrous Oxide – [Nitrous Oxide Waste Mitigation Toolkit](#) and [Health Technical Memorandum 02-01 – Medical gas pipeline systems](#)
- Desflurane – [Guidance: Desflurane decommissioning and clinical use](#)
- High-quality, lower-carbon respiratory care:
- [NICE NG245 Patient decision aid on asthma inhalers and climate change](#)
- [Asthma + Lung UK inhaler choices \(for people living with a lung condition\)](#)
- [Greener practice visual aid and asthma toolkit](#)
- [RightBreath – Information for clinicians on different inhalers](#)
- [Core20PLUS5 – an approach to reducing health inequalities](#)
- Medicines optimisation – [National Medicine Optimisation Opportunities](#) and [National Overprescribing Review \(NOR\)](#)

## **Travel and transport**

- [NHS Net Zero Travel and Transport Strategy](#)

## **Estates and facilities**

- [NHS net zero building standard](#)
- [Green leases framework](#)
- [Greening the business case](#)
- [NHS clinical waste strategy](#) and [Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste](#)

## **Supply chain and procurement**

- [NHS Net Zero Supplier Roadmap](#)
- [Evergreen Sustainable Supplier Assessment](#)
- [DHSC Design for Life roadmap](#)

## **Adaptation**

- [NHS Climate Change Risk Assessment Tool](#)
- [Third National Adaptation Programme](#)
- [Emergency preparedness resilience and response \(EPRR\) core standards](#)
- [UK Health Security Agency Adverse Weather and Health Plan](#)