Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group – UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together (Public)					
Date of the meeting:	8 May 2026					
Title:	**6.2 Green Plan Delivery Update**					
Report presented by:	Danni Burnett – Director of Midwifery (in the absence of the Group Chief Nurse)					
Report written by:	Samantha Stanhope – Associate Director Sustainability					
Action – this paper is for:	Decision/Approval		Assurance	x	Update	x
Where this report has been discussed previously	Sustainability Working Group FIC					
To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which						
Datix – 4440 Datix – 4469						
Impact assessment						
• Patients – Improved estate efficiency supports better care environments and resilience to climate impacts • Workforce – Supports staff engagement through SWG delivery and sustainable workplace initiatives • Finance – Reduces long-term energy cost exposure and supports value-for-money investment decisions • Reputation/legal – Supports compliance with NHS Net Zero targets and national policy expectations						
Acronyms used: SWG – Sustainability Working Group NEEF – NHS Net Zero Energy Efficiency Fund BMS – Building Management System PV – Photovoltaic CEF – Carbon & Energy Fund						

Purpose of the Report

This report provides an update on Green Plan delivery progress, funding secured, and the approach to targeting high-cost, high-impact carbon reduction areas.

Recommendation

The UHL Board is asked to:

1. Be assured that Green Plan delivery is progressing through a structured SWG-led model
2. Note the current delivery position across all workstreams (48% overall completion)
3. Note the £1.48m secured funding supporting priority programmes
4. Endorse the continued focus on Estates & Facilities-led capital investment as the primary route to achieving material carbon reduction
5. Support the development of feasibility pipelines to accelerate high-impact schemes aligned to NHS funding cycles

Summary

- Delivery of the Green Plan is progressing through a structured, multi-disciplinary approach led by the SWG, with 48% of actions now completed (Up from 22% in October 2025).
- Most actions (60%) are being delivered within existing budgets or through policy change, providing incremental improvements. However, material carbon and financial impact is concentrated within Estates and Facilities programmes (around 70% of carbon impact).
- £1.48m of external funding has been secured by the sustainability team across EV infrastructure, solar PV, BMS upgrades, and sub-metering. These programmes establish the foundation for large-scale carbon reduction and improved energy management.

The Trust's delivery model is focused on:

1. Continuing SWG-led delivery of within budget and low-cost actions
2. Building a pipeline of investable capital schemes
3. Aligning procurement and delivery to NHS funding cycles
4. Using sub-metering data to target highest-impact interventions

This approach ensures delivery is prioritised, fundable, and capable of achieving meaningful carbon reduction.

Main report detail

1. SWG Delivery Progress

Progress across all Green Plan workstreams is set out in Table 2 (Supporting Documents).

Overall delivery stands at 48% complete. Progress is strongest in policy-led and low-cost actions (c.60% of actions), demonstrating that the SWG is effectively delivering where actions are within existing resources and control.

Delivery is constrained in capital-dependent areas, particularly Estates & Facilities, which account for ~70% of the Trust's carbon footprint and therefore represent the largest opportunity for cost and carbon reduction.

Priority interventions focus on reducing energy demand and grid reliance across the estate:

1. Solar PV (reducing grid electricity spend)
2. LED replacement (lower consumption and improved environments), and
3. Building fabric improvements (reducing heat loss and energy costs).

These deliver recurring financial savings alongside improved patient and staff environments.

Performance remains strong in governance-led areas (Workforce 87%, Climate Adaptation 83%), with steady progress in operational areas such as Travel and Food. This confirms delivery is progressing well where actions are not dependent on capital investment.

In contrast, Estates & Facilities delivery remains low (19%), despite being the highest-impact area. This reflects the dependency on upfront investment, technical delivery, and funding access.

Delivery must now shift to investment-led programmes, focusing on:

1. Prioritised estate infrastructure schemes
2. Funded feasibility pipelines, and
3. Alignment to funding cycles to enable rapid mobilisation.

This investment targets core infrastructure that remains beyond the Future Hospitals Programme, ensuring long-term cost reduction, carbon savings, and improved environments.

Overall position: Delivery is strong within existing control. Achieving Net Zero now depends on accelerating investment in estate infrastructure, where the Trust will realise the greatest financial, carbon, and operational benefit.

2. Funding Secured

The Sustainability Team has secured £1,484,920 in external funding to support priority programmes (Table 3 in Supporting Documents).

1. Funding is targeted at high-impact infrastructure and enabling systems, supporting both immediate cost reduction and long-term carbon savings.
2. EV infrastructure supports fleet decarbonisation and operational savings.
3. Solar PV provides a direct reduction in electricity costs and grid reliance.
4. BMS and sub-metering establish the data and control capability required to identify and prioritise the highest-return investments.

Overall, this funding strengthens the Trust's ability to move from baseline reporting to targeted, data-led delivery of carbon and cost reduction.

3. Targeting High-Cost / High-Impact Areas

The Trust's carbon and cost reduction opportunity is concentrated within Estates & Facilities, which account for ~70% of emissions but currently show the lowest delivery (19%).

This reflects the nature of the work rather than delivery performance. The highest-impact actions are capital-dependent, requiring funding, technical design, and defined delivery routes before they can progress.

The priority interventions are well understood and consistent: reducing grid electricity reliance through solar PV, battery storage and LED; reducing heat demand through building fabric improvements; and improving energy visibility through sub-metering. These interventions deliver recurring financial savings, carbon reduction, and improved patient and staff environments.

The constraint is not identifying what needs to be done. The constraint is converting opportunity into funded, deliverable schemes.

Delivery will now focus on unlocking these schemes through a structured pipeline. Feasibility and design will be developed in advance so schemes are ready for funding submission, procurement will be aligned to NHS funding cycles to avoid delay between award and mobilisation, and schemes will be prioritised based on carbon impact, financial return, and deliverability. This shifts delivery from a position of planned actions to investable programmes ready for execution.

To accelerate this, the Trust can utilise the Carbon & Energy Fund (CEF) as a delivery route for large-scale schemes. The key point for assurance is that this route carries no upfront financial risk. Feasibility,

procurement, and bid development are undertaken at no cost to the Trust, and there is full flexibility to withdraw at any stage prior to contract award. Financial commitment only arises if the Board approves the scheme and a contract is entered into. If the Trust does not proceed, no costs are incurred.

This removes the primary barrier to progressing Estates schemes by enabling access to fully developed, market-tested proposals without upfront investment, allowing the Trust to assess value for money before committing. Schemes can then be delivered either through capital funding, where the Trust retains the full benefit of savings, or through a savings-based model where costs are recovered over time through energy savings.

Overall, the Trust has a clear understanding of where the largest carbon and cost opportunities sit. The next phase of delivery is to unlock Estates & Facilities schemes using structured pipelines and routes such as CEF, progressing projects without upfront financial exposure.

This enables a shift from identified gap to funded delivery, targeting the areas that will deliver the greatest financial savings, carbon reduction, and improvements to patient and staff environments.

Stage	Timeline	Activity	Trust cost	Exit point
Stage 1: Membership and outline feasibility	4 weeks, with 1 to 2 months preparation before mini competition	EOI, scope sharing, site meeting, technical information gathering, outline feasibility study, membership agreement	£0 upfront	Trust can stop before mini competition
Stage 2: Mini competition	8 weeks	CEF invites shortlisted framework companies; suppliers develop initial ideas and are interviewed/scored	£0 upfront	Trust can stop before tender
Stage 3: ITT and contract close	20 weeks	Four selected bidders submit business-case proposals; CEF and the Trust evaluate best value	£0 upfront before approval	If Board does not approve, CEF says the project stops at no cost to the Trust
Stage 3: Post-Board approval	Up to 3 months for final design and technical schedules	Preferred bidder completes design and technical schedules	Financial commitment only applies if the Trust proceeds to contract	Trust expected to sign only if the agreed price and savings are met
Stage 4: Construction	Project dependent, typically around 1 year	Installation and project oversight	Cost depends on approved contract	Contractual position applies after award
Stage 5: Performance assurance	Post-completion	Payments and guaranteed savings begin; CEF monitors performance	Payments begin once practical completion is achieved	Managed through contract terms

Table 1: Carbon and Energy Fund Process Assurance and Cost to Trust

Supporting documentation

Area of Focus	Total	Not Started	In Progress	Completed	Completion Rate
Workforce & System Leadership	15	2	0	13	87%
Food & Nutrition	5	2	0	3	60%
Climate Change Adaptation	6	0	1	5	83%
Medicines	8	0	6	2	25%
Estates & Facilities	16	3	10	3	19%
Net Zero Clinical Transformation	7	3	0	4	57%
Digital Transformation	8	3	3	2	25%
Travel & Transport	8	1	2	5	63%
Procurement & Supply Chain	6	1	5	0	0%
Carbon Footprint	1	0	0	1	100%
Green Plan Governance	1	0	0	1	100%
Total	**81**	**15**	**27**	**39**	**48%**

Table 2: UHL Green Plan Progress Assurance Update

Funding	Amount (£)	Benefit
EV Total	**424,000.00**	Supports patient care in partnership with EMAS and transition to EV fleet of UHL by reducing spend on fuel
Preston Lodge Solar PV	**288,000.00**	Reduces Preston Lodge electricity spend.
Building Management Systems	**575,000.00**	Improves monitoring and optimisation of estate systems, supporting operational efficiency and patient care
Electricity and Gas Sub Metering	**197,920.00**	Enables detailed tracking of energy consumption across UHL buildings, supporting data-led investment decisions and cost reduction
Total Funding	**1,484,920.00**	

Table 3: Sustainability Team Funding Received FY25/26

Emissions	2021-2022	2022-2023	2023-2024	2024-2025	Total
Utilities/Estate	73%	76%	76%	77%	76%
Travel	<1%	<1%	<1%	<1%	<1%
Clinical	26%	23%	23%	22%	24%

Table 4: Total share of emissions in tonnes of Carbon dioxide equivalent by utilities and Estates, travel, and clinical for UHL

Year	Scope 1 (tCO2e) Dominated by gas usage	Scope 2 (tCO2e) Electricity usage	Scope 3 (tCO2e) Travel, Waste, clinical	Total (tCO2e)
Base Year 2021-2022	27,485	7,710	15,887	51,082
Latest Carbon 2024-2025	20,600	8,228	13,706	42,535
Change	Improved by 6,885	Worsened by 518	Improved by 2,181	Improved by 8,547

Table 5: Total carbon in tonnes of Carbon dioxide equivalent for UHL compared to base year (2021-2022) and last recorded (2024-2025)