Sustainability:
Understanding how finance colleagues can enable and encourage the shift towards Sustainable Healthcare

Sustainable healthcare: A low carbon, low waste, lean & resilient healthcare system that can deliver high quality care in a climate change environment.

Presented by:
Stella Cockerill
NHSE Regional Net Zero Programme Lead East of England
18 Dec 2025

Greener NHS

Current national focus

Net zero by 2040 for the emissions we control directly, with an ambition to reach an 80% reduction by 2028 to 2032 (from a 1990 baseline)

Net zero by 2045 for the broader emissions we can influence, with an ambition to reach an 80% reduction by 2036 to 2039 (from a 1990 baseline).

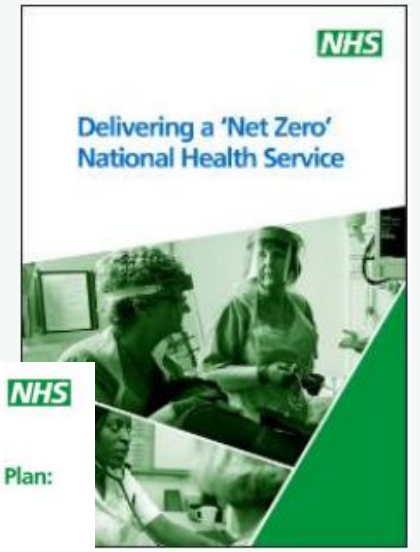
Alternative baseline – 47% reduction from a 2019/2020 baseline

Every intervention will seek to:

- improve health and patient care outcomes
- reduce system inefficiencies
- reduce health inequalities
- deliver a more resilient healthcare system.

National expectation of regions

1. Green plan refresh
2. Modernising and decarbonising the NHS estate
3. Minimising nitrous oxide waste
4. Supply chain & procurement
5. Medicines
6. Travel and transport
7. Adaptation
8. Workforce

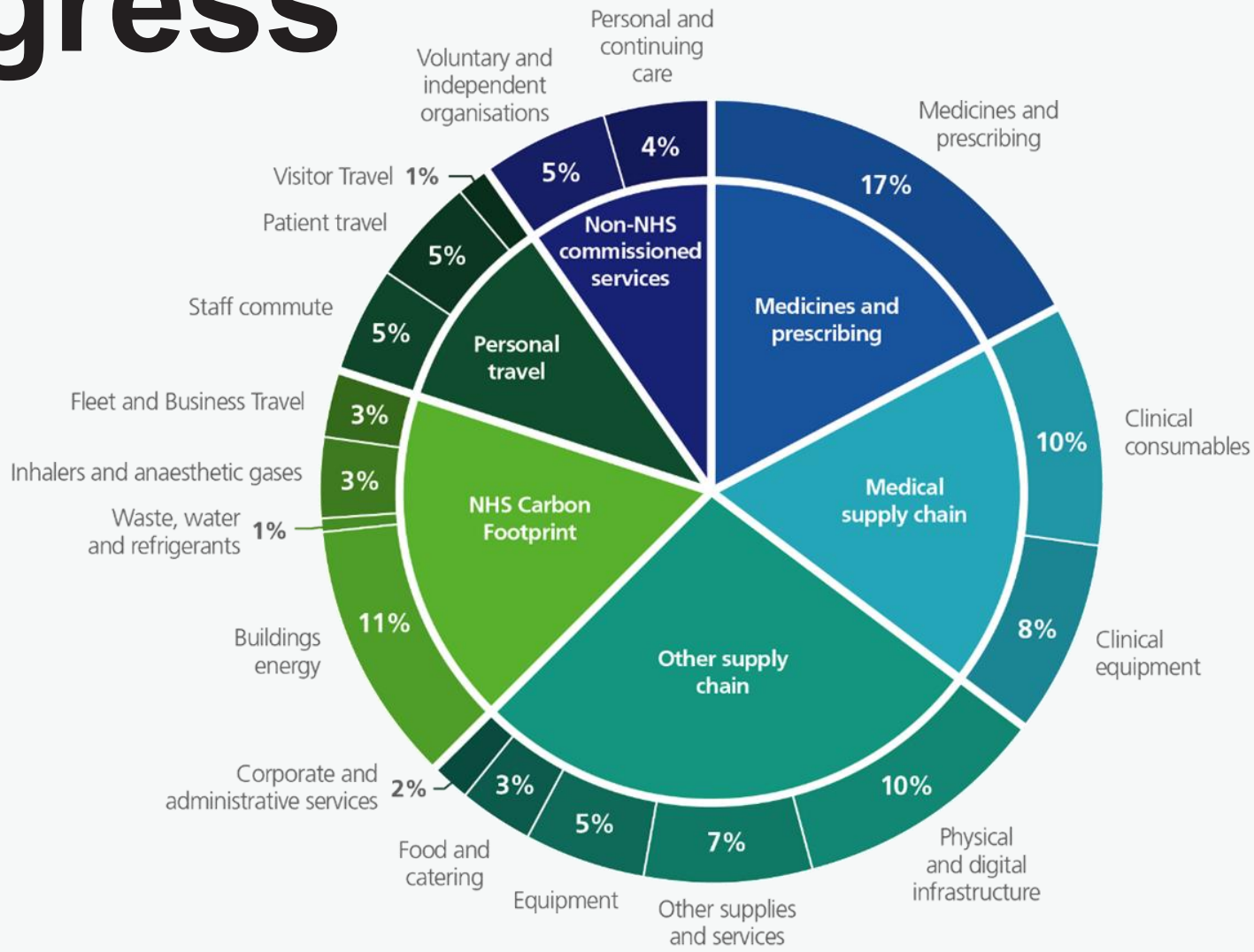


National progress

Applying our improved footprinting methodology to carbon emissions' calculations from the past 5 years, we can see that for the NHS Carbon Footprint, emissions in 2024/25 are estimated to be 4.7 $MtCO_2e$.

Compared with a revised estimate of 14.5 $MtCO_2e$ for 1990 emissions, this represents a total reduction of 68% and means the NHS is on track to meet its interim target by 2032.

This follows a reduction of 14% in the 5 years since the publication of the NHS's net zero strategy – equivalent to 1 million people flying from London to New York



https://www.england.nhs.uk/long-read/five-years-greener-nhs-progress-forward-look/

Transforming the NHS to Net Zero

1. **Commissioning & enabling sustainable models of care**
   - utilise digital
   - reduce travel for patients
   - focus on prevention
   - utilise social prescribing
   - improve productivity, eradicate inefficiency & duplication
   - reduce use of single use plastics & shift to reusable PPE

1. **Purchasing** from sustainable suppliers
2. **Purchasing low carbon** and sustainable products where we can

1. **Reducing** what we **consume**
2. **Reducing** what we **waste** and how we dispose of it. Retaining the value for longer

1. **Decarbonising** our estates
2. **Electrifying** our fleet

Shift away from high-cost high waste linear economy to a low waste low -cost circular economy

Key takeaways

It’s not all about carbon **BUT**

Where there is cash there is carbon

Every financial decision affects carbon

Reducing carbon frequently reduces costs

What is sustainable healthcare?

What is it really all about?

Not just about carbon

Focus on greenhouse gases (Methane, F Gases & Nitrous Oxide).

Social Value & Wider Determinants of Health, prevention & protecting resources

Decision making

Decision making needs a 'green lens'


Health and Care Act 2022

2022 CHAPTER 31

PART 1

HEALTH SERVICE IN ENGLAND: INTEGRATION, COLLABORATION AND OTHER CHANGES

NHS England

It's a people not a planet issue

Preserving nature is key - protecting resources to prevent ill health

Reducing health costs of the future

Circular economy approach

Conscious consumers

Retaining the value of assets

Reducing waste

Doing what we do differently

Design it in not bolting it on

Long term planning

Partnership working –altruistic & system thinking

Building resilience

Adapting our services & buildings to a climate change environment.

Challenging assumptions & ways of working (scenario planning)

Protecting resources & preventing sickness

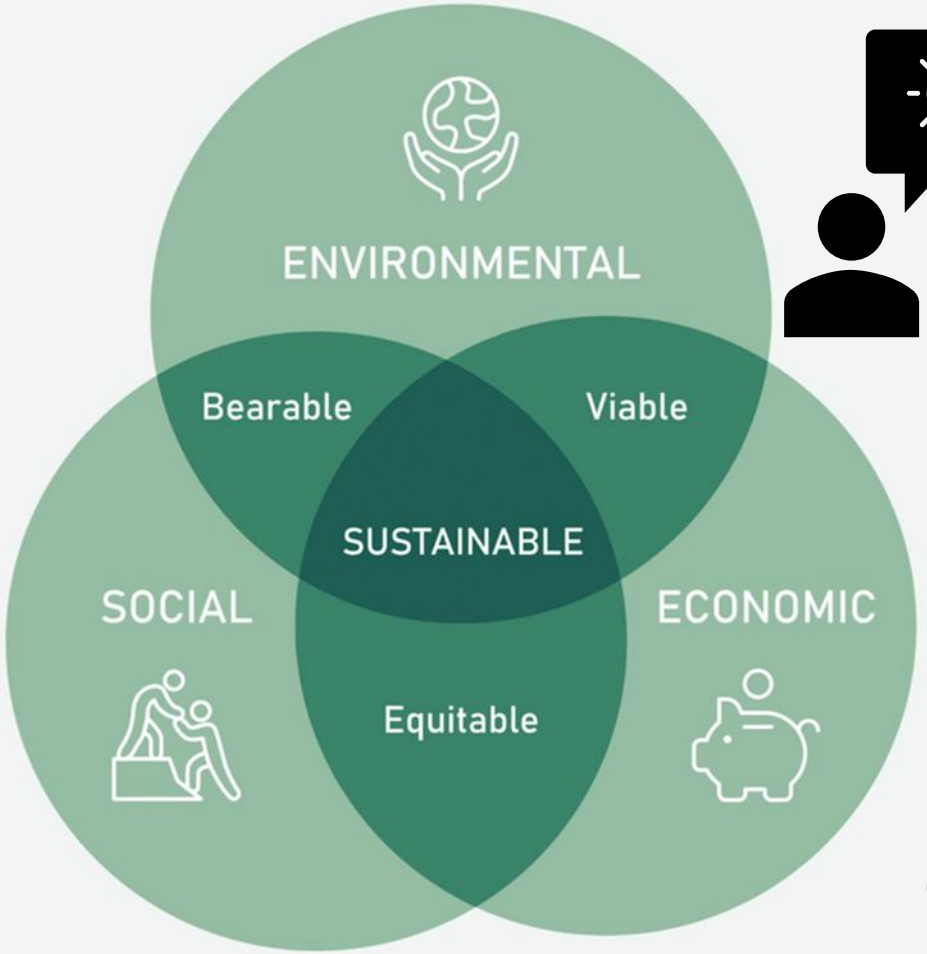
- **From sickness to prevention**
- **Analogue to digital**
- **Hospital to community**

Wider Government polices

Nature Recovery Plans
Air Quality Zones
District Heat Networks
Warmer Homes
Emissions Trading Schemes

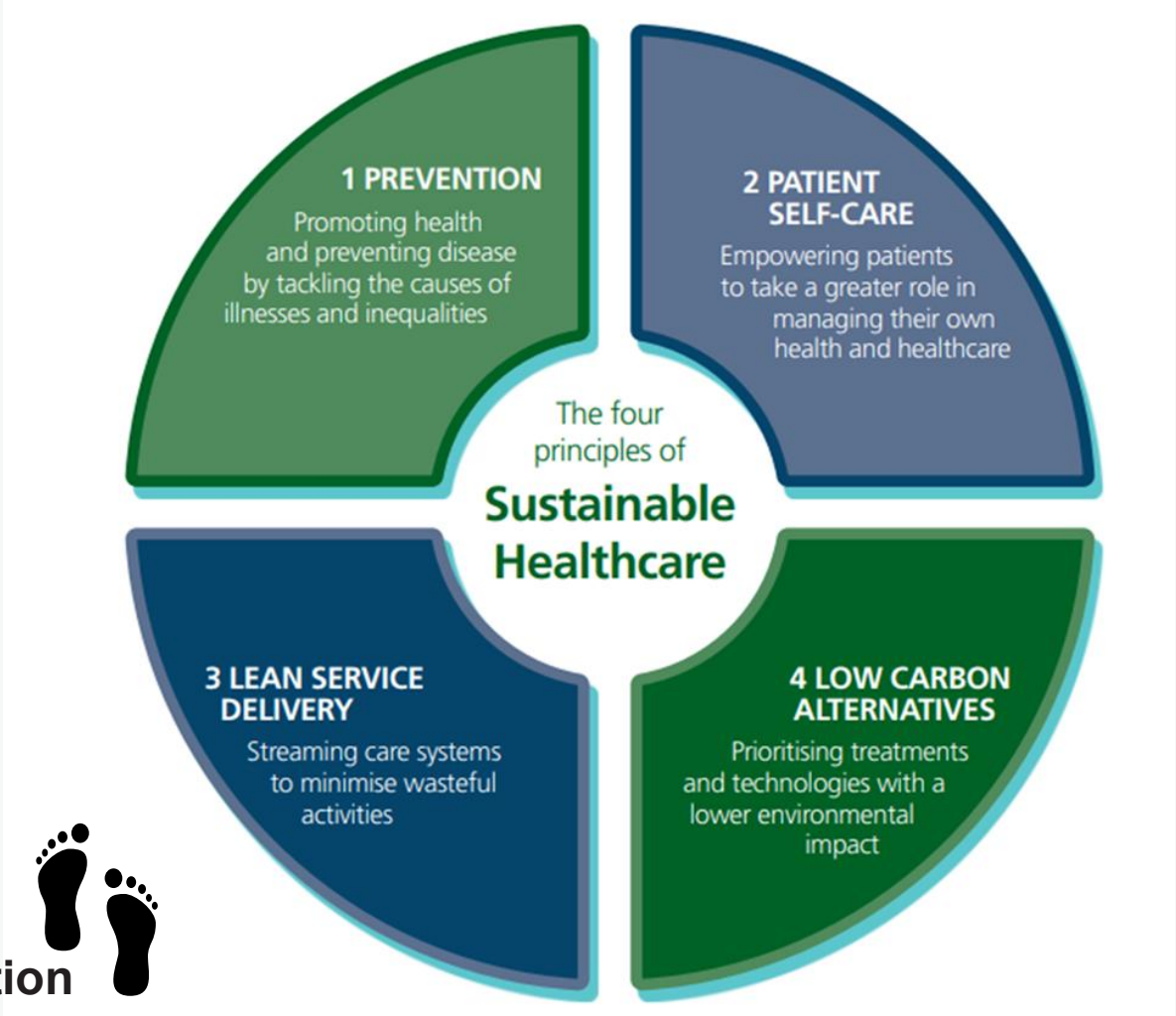
- ✓ Patient engagement in own health & wellbeing
- ✓ Green & blue spaces Active Leisure
- ✓ Nature at Work
- ✓ Access to services (Travel & Transport)
- ✓ Social Prescribing
- ✓ Adapting to living in a climate change environment e.g. flooding and extreme heat and the arrival of NEW vector borne diseases
- ✓ Air quality
- ✓ Health diets e.g. seasonal & plant forward menus
- ✓ Water & energy management
- ✓ Linen management

Changing the way we think



Decision making

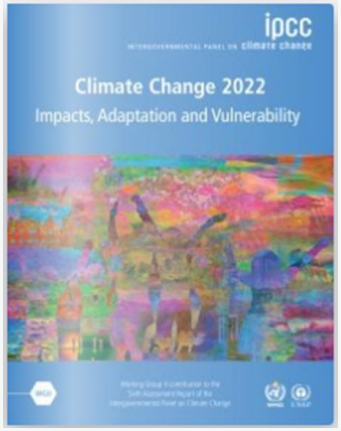
Service Transformation



Current legal commitment

The Health and Care Act 2022 placed new duties on NHS England, ICBs, foundations trusts and trusts to consider statutory emissions targets in their decisions, making the NHS **the first health system in the world to embed net zero in legislation**.

Trusts and ICBs are expected to meet these duties through the delivery of board-approved green plans.



Health and Care Act 2022

CHAPTER 31

14Z44 Duties as to climate change etc

(1) Each integrated care board must, in the exercise of its functions, have regard to the need to—

(a) contribute towards compliance with—

(i) section 1 of the Climate Change Act 2008 (UK net zero emissions target), and

(ii) section 5 of the Environment Act 2021 (environmental targets), and

(b) adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008.

(2) In discharging the duty under this section, integrated care boards must have regard to guidance published by NHS England under section 13ND.

The Green Book

2.5 The social value of a proposal is the value it brings to residents of the United Kingdom.

This is **not limited simply to financial** returns, but all the benefits, costs and risks that affect people's wellbeing. **Social value includes economic prosperity, justice, security, the climate, the environment, people's health and wellbeing,** as well as distributional effects.

It relates to the whole population served by the UK government, not just the interests of the government itself or taxpayers alone.

The term 'social value' is sometimes referred to as 'public value'.

Table 11. Types of social costs and social benefits

Category	Social cost or social benefit
Inputs	Labour
	Equipment and materials
	Assets
	Maintenance
Economy	Economic output and labour productivity
	Employment
	Competition
	Residential and commercial development
	Transport
Society	Crime and fire
	Life and health
	National security
Climate and environment	Energy use and greenhouse gas emissions
	Natural environment
	Climate change resilience
Government	Public sector efficiency savings
	Public sector fraud and error

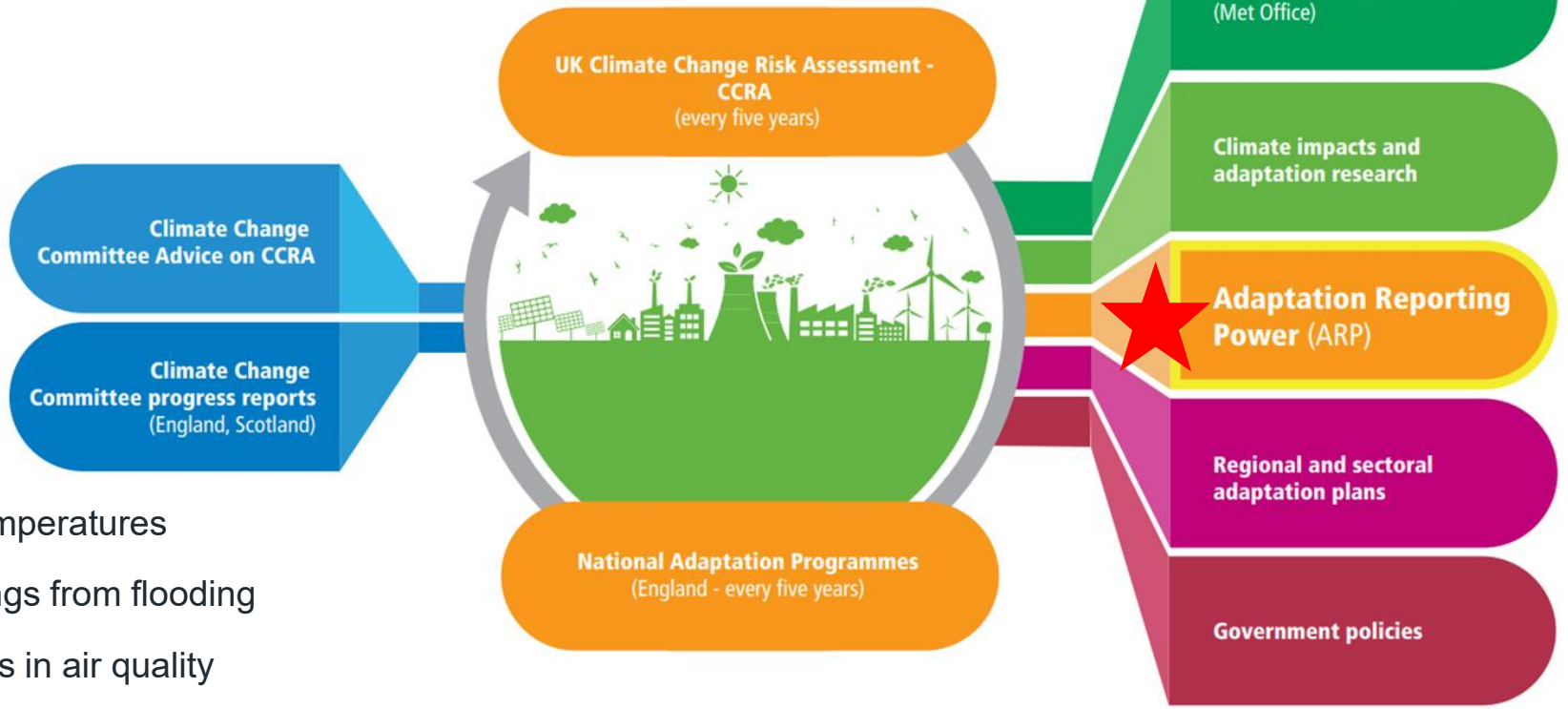
Planning for a new normal

The environment is already changing but are we factoring that into our planning assumptions?

We need to ‘adapt’ not just to ‘mitigate’, risk assess and respond

Adaptation policy

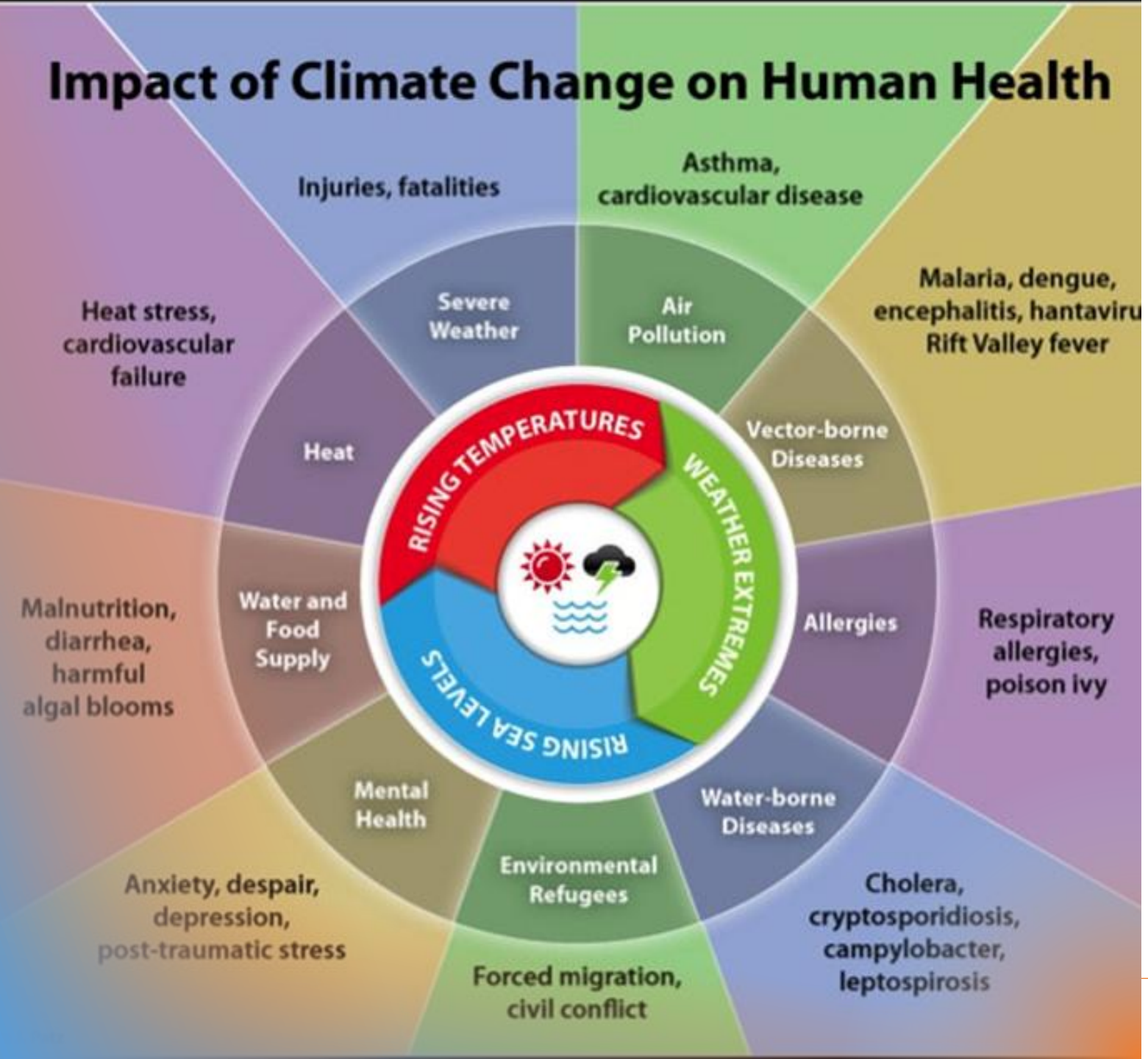
5-year statutory cycle



- H1: Risks to health and wellbeing from high temperatures
- H3a: Risks to people, communities, and buildings from flooding
- H7: Risks to health and wellbeing from changes in air quality
- H8: Risks to health from vector-borne diseases
- H12: Risks to health and social care delivery (with this report focusing on the healthcare delivery aspect of this risk)
  - Supply chains
  - Energy availability
  - Water availability
  - Workforce

NHS-third-health-and-care-adaptation-report-2021.pdf (england.nhs.uk)

NHS England » 4th Health and climate adaptation report



We need to adapt

Adaptation in health and social care:

- involves adapting to the current and future effects of climate change.
- aims to reduce mortality and morbidity associated with climate change, while ensuring resilience and service continuity.
- are actions or processes that strengthen the sector's capacity to provide a quality care while the climate changes.

Adaptation is not:

- just emergency response, preparedness and planning.
- solely focused on investment and updating infrastructure.
- enough without mitigation activities!

19Meaning of "emergency"

(1)In this Part "emergency" means—

(a)an event or situation which threatens serious damage to human welfare in the United Kingdom or in a Part or region,

(b)an event or situation which threatens serious damage to the environment of the United Kingdom or of a Part or region, or

(c)war, or terrorism, which threatens serious damage to the security of the United Kingdom.

(2)For the purposes of subsection (1)(a) an event or situation threatens damage to human welfare only if it involves, causes or may cause—

(a)loss of human life,

(b)human illness or injury,

(c)homelessness,

(d)damage to property,

(e)disruption of a supply of money, food, water, energy or fuel,

(f)disruption of a system of communication,

(g)disruption of facilities for transport, or

(h)disruption of services relating to health.

Civil Contingencies Act 2004

CHAPTER 36

Category 1 / 2 Responders under the CCA 2004 Act have a duty to assess risk

Key tasks & targets

Key Milestones Next 1-3 years

2025

1

June 2025

Green Plan Refresh

All Systems and Trusts to have new Green Plans signed off and published on their website

2

2025

Adaptation Plan

ICSs to use organisational plans for flooding and overheating to develop and prioritise actions in each ICS long term adaptation plan.

3

2025

EV Infrastructure Plan

NHS trusts, NHS foundation trusts and ICSs to plan deployment of EV infrastructure by identifying local/regional grid capacity and work with local network operators and/or local authority to plan for increased capacity where necessary

4

2026

Sustainable Travel Strategy

All NHS organisations will develop a net zero travel and transport strategy detailing their plans for a net zero fleet and increase of active travel and use of public transport

5

2026

Salary Sacrifice

All salary sacrifice schemes will offer electric vehicles only

6

2026

Leak detection systems

NHS trusts and NHS foundation trusts to review options to install water leak detection systems

7

2026

Landfill elimination

NHS Trusts and NHS foundation trusts to eliminate waste sent to landfill

8

2027

Owned/Leased vehicles

All **new** vehicles owned or leased by the NHS will be zero emission (excluding ambulances)

9

2027

CRP for suppliers

All suppliers will be required to publicly report targets, emissions and publish a CRP for global emissions aligned to the NHS net zero target, for all of their Scope 1, 2 and 3 emissions.

2028

Key milestones Next 4-8 years

2028

10 2028

Product-level requirements

New requirements will be introduced overseeing the provision of carbon footprinting for individual products supplied to the NHS. The NHS will work with suppliers and regulators to determine the scope and methodology

11 2028

Install energy metering in every building

NHS trusts, NHS foundation trusts and primary care to review options to install energy metering at all sites (both electricity and heat) and establish a programme to install metering where feasible

12 2028

Remove coal and oil

Remove all coal and oil-led primary heating systems

13 2028

EV charging

All organisations to have installed EV charging infrastructure to support transition of their owned and leased fleet to zero emission vehicles (excluding ambulances)

14 2028

Drainage system

NHS trusts and NHS foundation trusts to carry out sustainable urban drainage system assessments

15 2028

Urban Drainage system assessments

NHS trusts and NHS foundation trusts to carry out sustainable urban drainage system assessments

16 2030

LED lights

All buildings to have 100% LED coverage

2032

17 2030

Zero Emission Ambulances

All new ambulances will be zero emission

18 2032

Transition away from Fossil Fuel

Transition away from all fossil fuels including gas

19 2032

Zero Carbon Building Energy

NHS trusts, NHS foundation trusts and primary care to utilise zero carbon building energy, including renewable on-site or owned sources, to cover at least 80% of their emissions

20 2032

80% Reductions

As per NHS Net Zero report, the NHS will achieve a mid-way target of reducing 80% of direct carbon emissions by 2032 (compared with a 1990 baseline)

Regional approach

Leading and enabling change
Problem solving & strategic planning
Reducing waste, carbon and costs
Sourcing funding & avoiding fines

Regional GNHS Team areas of focus

(Alignment to Regional Priorities)

Leading & enabling change

(Support our people)

- Developing workforce (capability & confidence)
- Thought leadership - identifying & sharing best practice
- Leading projects and collaboration (leading networks)
- Supporting others to take accountability & lead
- Providing a strategic steer & developing processes
- Information cascade
- Assessing progress (assurance)

Problem solving and strategic planning

(Embedding sustainable healthcare approaches into service reform e.g. shift to digital, sickness to prevention, hospital to community and New Models of Care)

- Essex Air Quality Strategy – warmer homes
- Adaptation
- EV charging infrastructure to support EEAST electric fleet
- District Heat Networks & DNO grid capacity
- Travel & Transport plans – modal shift
- Solar study – Treasury regulations
- Recovering Nature for Growth, Health & Security

Working with ICB's & Trusts to support the development and implementation of Green Plans

Reducing waste, cost and carbon

(Improving regional finance and operational performance)

- Ambulance offensive waste
- Lost linen
- PPE –'Think do you need gloves campaigns'
- Design for Life & IPC partnership
- Product swaps couch roll (now adopted by Nursing Directorate)
- Reuse of walking aids
- Reusable tourniquets
- Heat Decarbonisation Plans

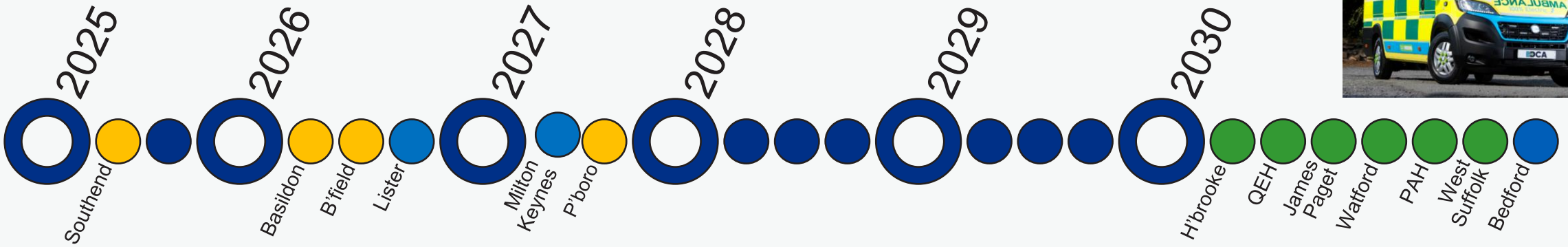
Sourcing funding & green finance

(Accelerate adoption of key opportunities)

- NEEF 3 rounds (BMS, solar & LED)
- ETS fines
- GSE Energy Hub (Solar & Heat Networks GB Energy tbc)
- Innovation fund, SRBI NHIR & UKRI
- GNHS – Green Impact Dental since 2019
- Nitrous Oxide
- PSDS & LCSF (decarbonise our estate)
- Staff Development (informal and accredited e.g. apprenticeship)

Emerging Regional Pipeline (5-year look-ahead)

	Pilot sites identified
	Sites with planned works
	New Hospital Programme

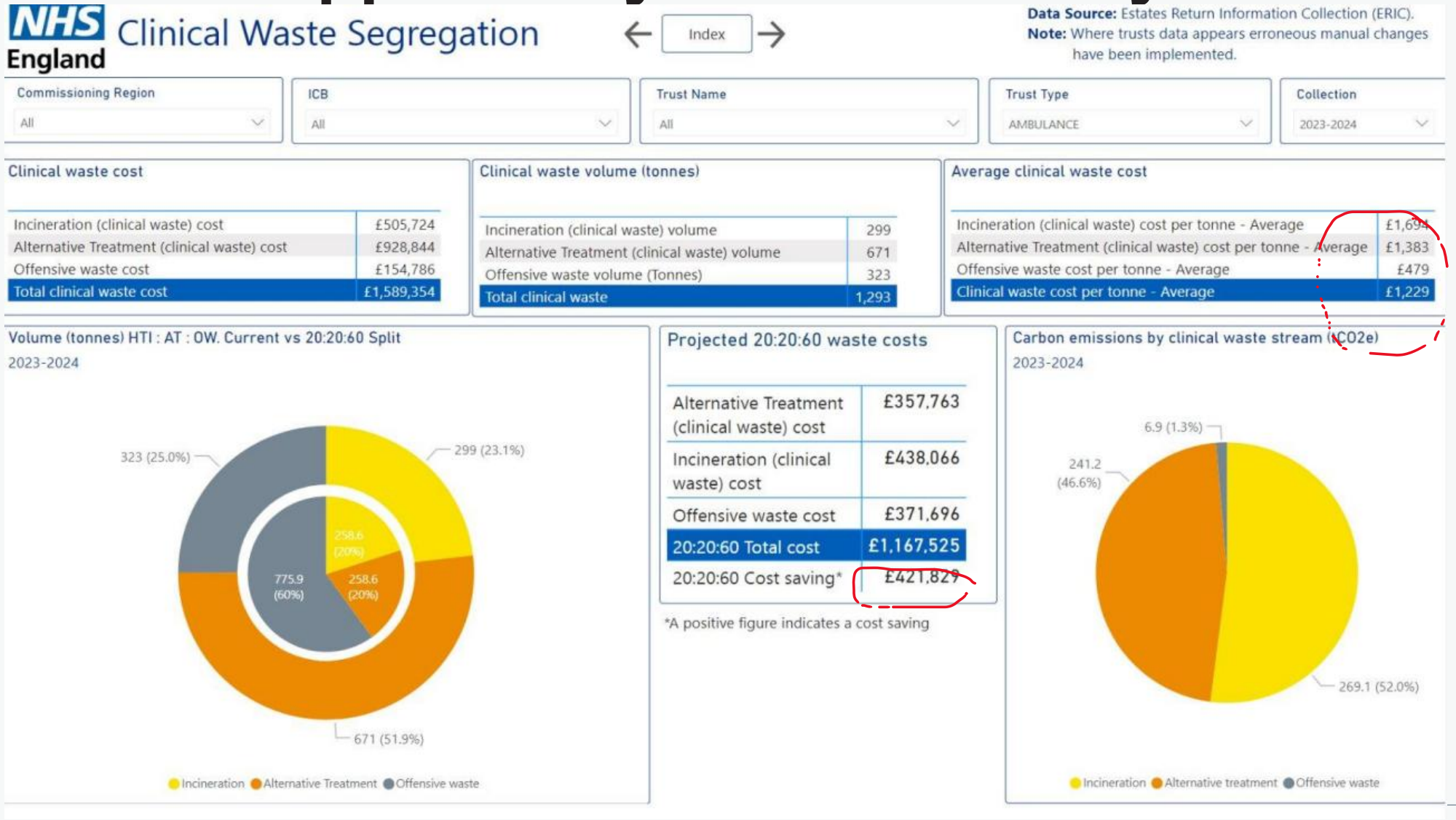


Improving Productivity	**Coordinated planning avoids disruption and costly rework; supports operational continuity during EV rollout.**
Enhancing Capital Allocation & Deployment	Uses Estates Safety Fund for electrical resilience; installs ducts/cabling during other projects to save £££.
Understanding Estate Failures	Addresses electrical resilience and generator backup to prevent ED downtime.
Workforce Representation	Collaboration with Ambulance Trusts ensures estates planning supports frontline needs.

Integrate ducting/cabling with planned projects to avoid rework & cost

Timeline to be determined (no activity planned) - Addenbrookes, Royal Papworth, Ipswich, Colchester, Norfolk and Norwich, Luton and Dunstable

EEAST opportunity to save money & carbon



EEAST rollout to offensive waste

Set up

- EEAST trained staff to move across to offensive waste
- Milestone of 60% diversion achieved
- Environment Agency consulted
- Site visits to identify locations of bins and waste journey
- Porters / litter pickers briefed
- Policies shared and understood
- Comms and local engagement at 3 Ambulance stations local to hospital sites

Feedback

- Waste not accumulating over 12 hours
- Residual waste on vehicles minimised • Enjoyed working closely with partner Trusts
- Negligible impact on hospital waste streams equating to c. 0.5% of annual volume for the acutes
- Process easy to follow

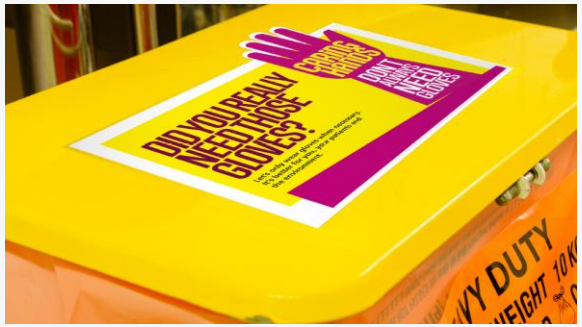
Rollout of ambulance waste

If we aimed to go beyond national target **5/10/85** and disposed of at hospitals could reduce costs by **69%**

	Tonnes produced	Yellow bag		Orange bag		Offensive waste		Total
		Average costs	Tonnes and cost	Average costs	Tonnes and cost	Average costs	Tonnes and cost	
South East	66	£855	(13.2) £11,290	£2,602	(13.2) £34,347	£413.70	(39.6) £16,382	£62,019
London	127	£1,300	(25.4) £33,020	£843	(25.4) £21,412	£1,542	(76.2) £117,500	£171,932
NEAS	41	£1,898	(8.2) £15,564	£1,874	(8.2) £15,369	£1,302	(24.6) £32,029	£62,962
WMAS	91		0	£870	(4) £3,480	£473	(87) £41,230	£44,710
Achieved to date (by shift to offensive waste) Savings to the NHS - £87,572								**£341,623**

South East	**66**	**£855**	**(13.2) £11,286**	**£550**	**(13.2) £7,260**	**£376**	**(39.6) £14,890**	**£33,436**
London	127	£855	(25.4) £21,717	£550	(25.4) £13,970	£376	(76.2) £28,651	£64,338
NEAS	41	£855	(8.2) £7,011	£550	(8.2) £4,510	£376	(24.6) £9,249	£20,770
WMAS	91	£855	(18.2) £15,561	£550	(18.2) £10,010	£376	(54.6) £20,529	£46,100
Potential savings to the NHS additional £176,979 total of £264,551 a year								**£164,644**

Glove reduction campaigns



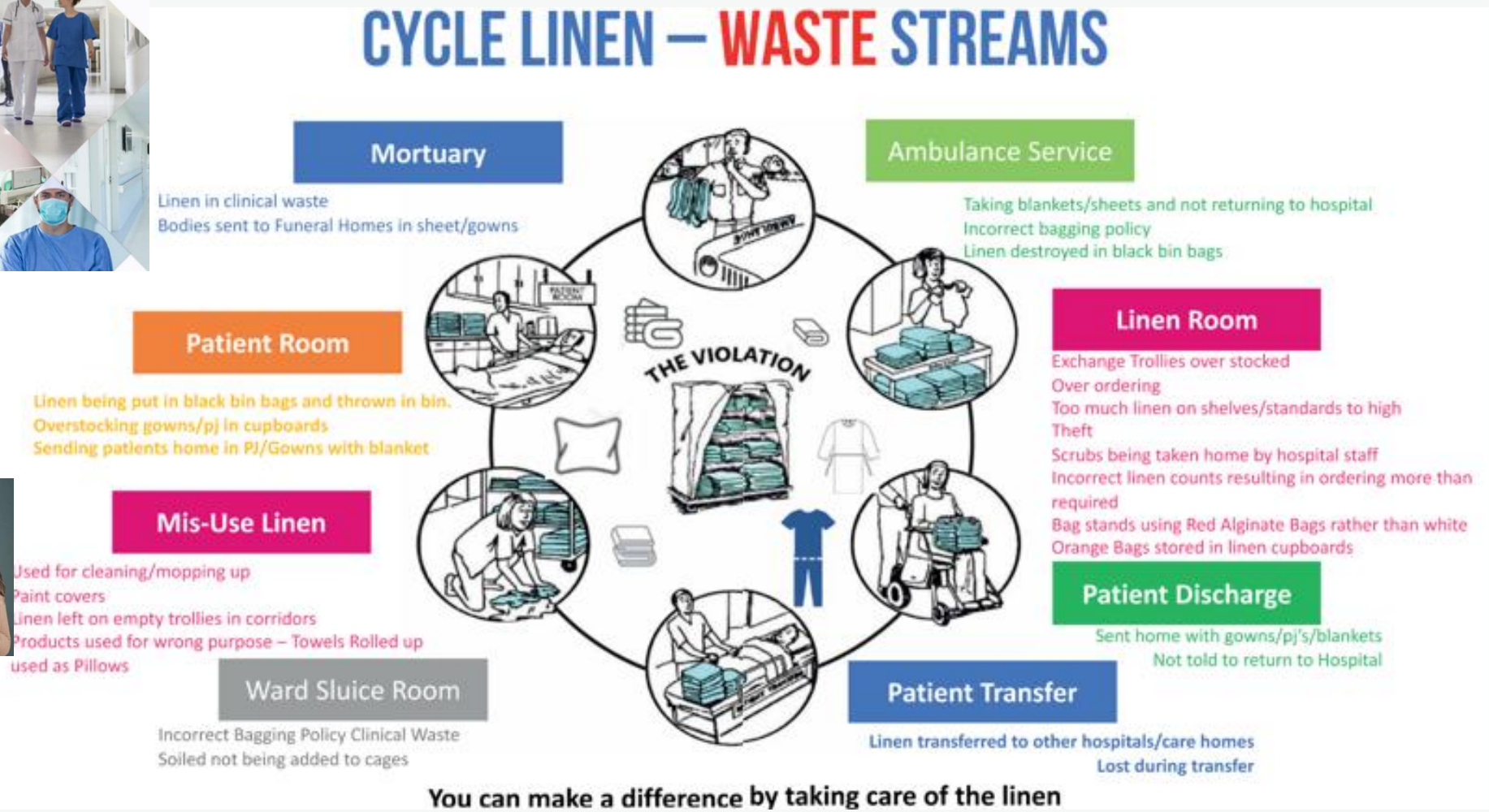
Lost linen

Regionally

- Estimated loses 40-65%
- Fines emerging
- Supply line challenges
- Spend £28.4M annually
- Cost variance 27p to £1.07
- 61,166,455 sheets & blankets a year

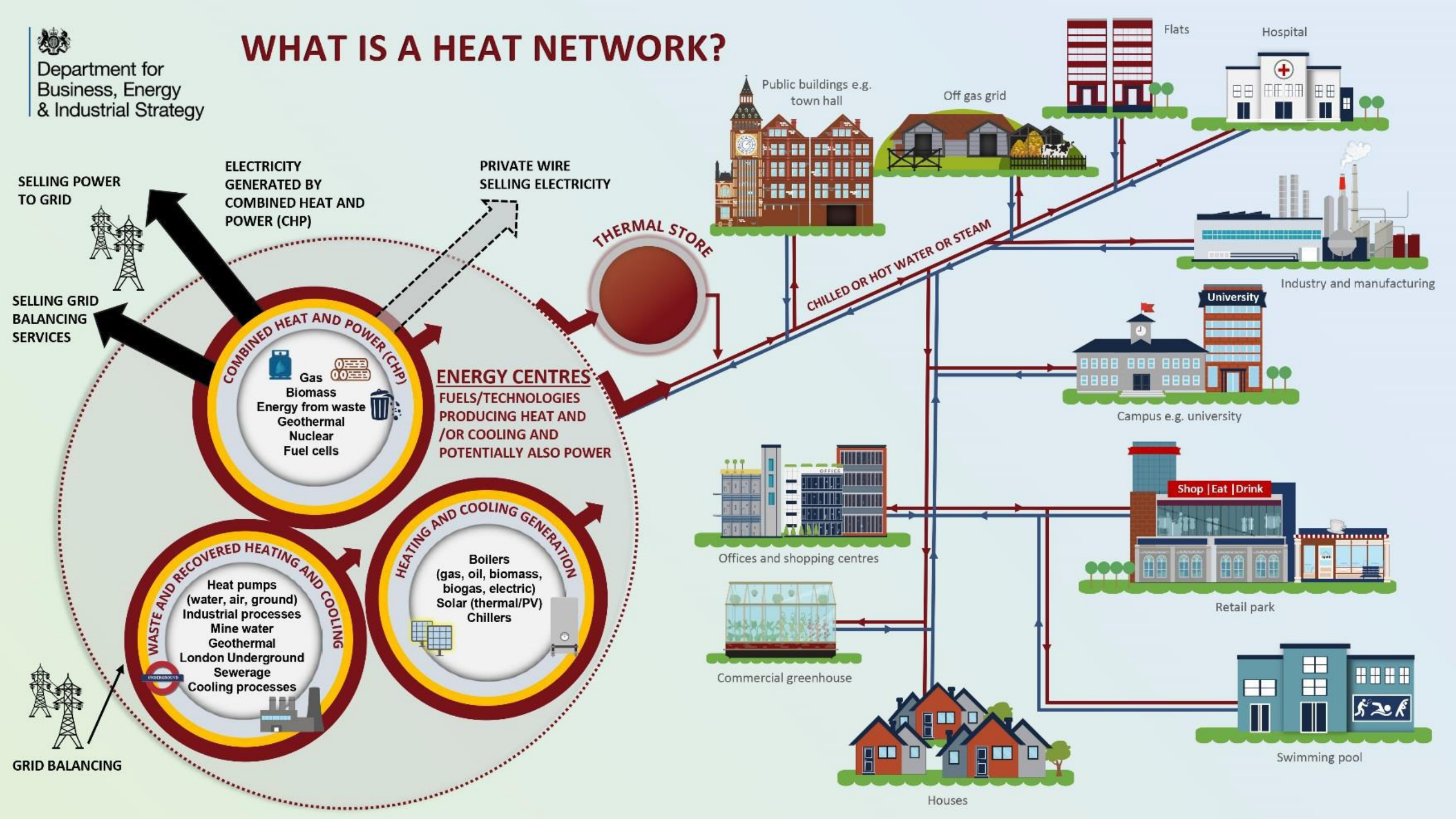
EEAST

- 95% lost linen
- £1M fines forecast



Department for Business, Energy & Industrial Strategy

WHAT IS A HEAT NETWORK?



The benefits of heat networks

Find out how heat networks can save money, cut pollution and ease fuel poverty.

More renewable energy

Increased Comfort

Hot water on demand

Better energy rating

Carbon reduction

Revenue flow-back

Flexible system

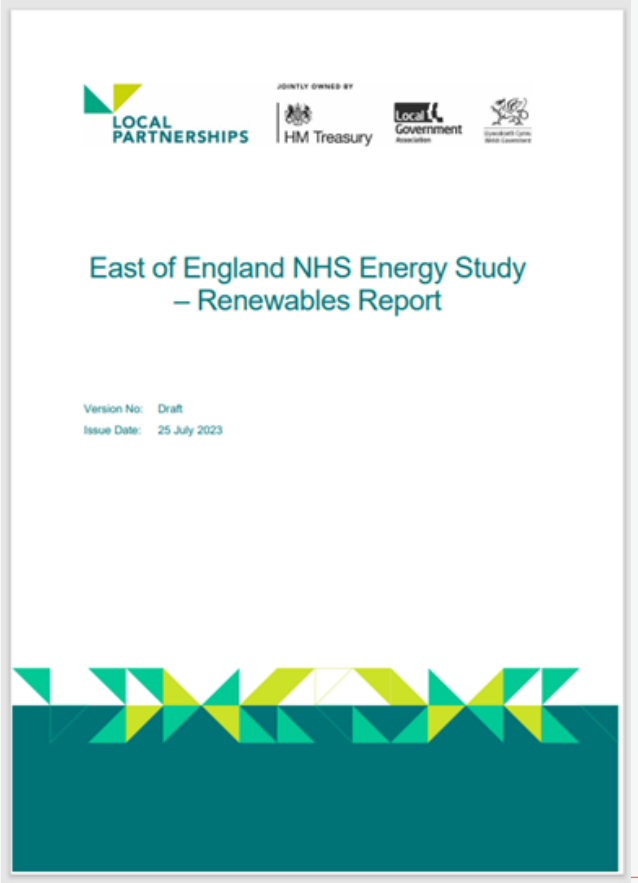
Recycle waste heat

Reduced maintenance cost

Improved air quality

Renewable energy

Solar mapping with Greater South-East Energy Hub



Key barriers affecting uptake of PPA investments in the NHS:

Driver	Description	Mitigation
Treasury Rule	▶ Treasury limits NHS infrastructure investment options involving contracts with private companies due to sensitivities around PFI schemes.	Negotiate / Influence Treasury to establish new ground rules to unblock access to finance and long term contracting
CDEL	▶ RDEL (resource department expenditure limits - revenue) and CDEL (capital department expenditure limits) are placed on revenue and capital allocations respectively	Move to relax CDEL limits for energy projects, such as PPAs
IFRS16	▶ IFRS 16, suggest that the right to control the use of an identified asset for a period of time, in exchange for consideration, meets the definition of a lease, even if the arrangement does not take the legal form of a lease. ▶ In which case, IFRS 16 requires a lessee (NHS) to recognise assets and liabilities for all leases with a term of more than 12 months (typical of most PPAs). Trusts do not have headroom in their balance sheets/budgets to do this.	Design IFRS16 liability out of the contract agreement

Recovering Nature for Growth, Health and Security

Integrating nature to sustain growth and support society into a more secure and equitable future

1 Recovering Nature

Increased scale and quality of places where nature thrives

Natural systems such as rivers, forests and seas are restored

Wildlife is thriving in protected areas, which are better connected

Ecosystems are stronger and healthier

2 Building Better Places

Greener homes and infrastructure create healthier and more investible places

Nature is integrated into development and investment plans

Nature is recognised as an investment that provides returns

Strategic solutions unlock low carbon and high nature development

3 Improving Health and Wellbeing

Build nature into everyday life so people can support, access and benefit from it wherever they live

More nature close to people's homes

Engagement with nature is improving health, wellbeing and prosperity

More opportunities for people to shape and look after nature

4 Delivering Security through Nature

Nature strengthens national security and helps us adapt to climate change

Nature-based solutions deliver clean and plentiful water, and clean air

Nature-friendly farming and fisheries increase food security

Nature improves our resilience to climate change

Foundations of Success

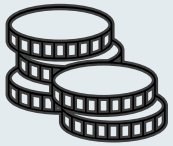
- Our People and Organisation
- Partnerships and Collaboration
- Science, Data and Technology

Our approach will...

- drive systemic recovery
- enable local decision-making
- implement better regulation
- expand investment in nature projects

Key challenges

Shift to prevention



How do we make this shift and secure investment in prevention of ill health which is the best way to reduce carbon

Securing investment

Decision making needs a ‘green lens’ (longer term planning). We need to consider lifetime costs. We need to cost the ‘do nothing option’. We have no budget but do get fines!

The trouble with carbon

Not visible –intangible (but where there is cash there is carbon)

What we monitor we manage but how do we embed carbon into BaU

Changing behaviours

Focus on improvement

IPC & leaders are key partners

Widen the lens & change the goals

Make it easy (tools & choice editing)

The Sustainable Healthcare model – TRIPLE BOTTOM LINE

Prevention or avoidance

Lean delivery

Patient outcomes

The barriers

It’s not my job

We have always done it this way

Carbon locked into policies and processes

Ensuring accountability for decisions taken

Fines and legal challenges

- **The UK Government has been taken to court twice for not having a credible and robust Green Plan**. The court found that the plan relied heavily on high-risk and unproven technologies and lacked a credible pathway to meet emissions targets. The judgment emphasised that the Secretary of State approved the plan without sufficient information on the feasibility of its policies.

- NHS Trusts are seeing a **continuing rise in the number of Freedom of Information** requests about their net zero plans and whether they are calculating their carbon footprint. Organisations like Climate Emergency UK are also doing this for all local councils to check for quality, variability and progress.

- The **UK Emissions Trading scheme** is one of the levers the UK government is using to make the transition to Net Zero. The level of civil penalty is calculated by multiplying the emissions over target in any given year by the **carbon price** for that year. The carbon price is set retrospectively as the average price on the relevant carbon market exchange over the previous 12 months. For 2022 this was £52.56 it can you tell me what the rates were increased to £64.90 per tonne in 2024.

- **Protecting NHS against legal challenges for procurements** (PPN 06/20 – requirements 10% social value weighting in all procurements and commissioning). Especially in litigious markets e.g. Home Oxygen Service regional tenders

- The UK is **strengthening its stance against greenwashing** to impose substantial fines on organisations making misleading environmental claims. While the legislation primarily targets the private sector, public sector entities are also expected to comply with existing consumer protection laws and advertising standards. **This include fines of up to £300,000 or 10% of a business's global turnover for breaches of consumer law.**

What needs to change?

Current landscape – failings, challenges & missed opportunities?

The future - What does an environmentally & financially viable healthcare system look like & how can finance colleagues help?

Quick wins & system redesign

Current position	The vision:	How can you help?
❖ ROI short term (12-18 months) ❖ Separation of capital & revenue ❖ Treasury regs limit access to private finance ❖ Focus on cost in (waste not asked about) ❖ Investment in prevention difficult ❖ Decision maker not same as budget holders ❖ Limited joined up working ❖ Organisational focus (miss regional savings) ❖ Lack of carbon budgets (monitoring) ❖ Lack of a strategic intent to improve wider determinants of health through our commissioning and procurement functions ❖ Local place-based approaches limited e.g. air quality & transport plans (at risk) ❖ Adaption is focused on buildings & incidents ❖ Not meeting HSC Act 2022 for many decisions Unwarranted variation e.g. IPC approach ❖ Funding is last minute – lack of resource and investment in feasibility studies is a barrier ❖ No systematic approach or call to action to review care pathways	✓ Accountability for carbon & cash sit together ✓ Sustainability risk assessments to ensure we can evidence meeting statutory duty ✓ We are adapting not just responding to climate change protecting our investment decisions ✓ Business cases embed environmental impacts ✓ Comply or explain approach for product swaps ✓ More regional working (reduce workload) ✓ Movement on Treasury regs ✓ NHSE influencing Energy Plans (RESP and LAEP) ✓ Decarbonisation plans & readiness to bid – change our governance processes ✓ GIRFT, Quality Improvement & productivity driving lean service delivery and low carbon alternatives ✓ Regional plan for Design 4 Life owned by IPC/clinical, estates sustainability teams and finance/procurement	○ Support comply or explain approach. We could feed intel on activity e.g. waste & Design 4 Life- products swaps (cash & carbon savings) ○ Understanding campus and district Heat networks – ready to review business cases (energy savings opportunity to income generate too). ○ Get interested in cost of waste ○ Support regional projects (linen and EV charging). ○ Provide steer on future areas of focus for our team- what are you focused on ○ Asking about sustainability impact and how we have 'adapted' to improve resilience ○ How can we redirect funds to prevention? ○ Can we review processes & policies e.g. business cases & governance to support readiness to bid? ○ Ask about Treasury regs ○ Strengthening links between budgets and decisions makers

Reduce – minimise waste at source

- The NHS spends £20billion on medicines each year, and roughly £300m are wasted.
- The total cost of providing inpatient food is £0.8 billion. This is an increase of 13.7 per cent since 2021/22 for approximately and accounts for 6% of the NHS's carbon footprint.

Category	Summary	Trust	Cost Saving	Type of Saving	Key Enablers
Overstocking	Reducing waste due to overstocking and expiring products	Maidstone and Tunbridge Wells NHS Trust	£100,000 Elective Theatres Audit	Items and disposal costs	A review of stock cupboards found many examples of overstocking. The item cost and cost of disposing amounted to just over £100k. This does not account for the wasted resource in ordering, delivery and stocking the items
Overstocking	Reducing waste due to overstocking and expiring products	Sheffield Teaching Hospitals NHS Foundation Trust	£80,000	Items and disposal costs	As above
Overprescribing	Unused prescription medicines	Somerset NHS Foundation Trust	£10,866	Items costs	Unused medicines by 40 patients at one surgery following audit
Overuse	Unnecessary use of plastic disposal gloves	University College London Hospitals NHS Foundation Trust Great Ormond Street Hospital Berkshire Healthcare NHS Foundation Trust	£200,000 pa £90,000 pa £50,000 pa	Item + waste costs Item costs Item costs	Avoided 3.7m gloves of 11m pa Cut usage by 1.2m gloves
Over supplying	Reduced food waste through more appropriate ordering	Hampshire Hospitals NHS Foundation Trust	£20,000 pa	Item + waste costs	Move to smaller and more appropriate portions and processed to prevent over ordering of meals/food

Reuse – move away from single use items

- Since the pandemic there has been a significant uplift in the use of disposal items, with additional procurement & disposal costs
- The region could save £2.2m through a move to reusable Hemp Caps if scaled to every Theatre team in the South East.
- An in depth study has concluded sterile reusable gowns can result in a 45% cost saving per year. A hospital site with 35 operating theatres and over 1,000 beds, can save £100,000 annually in procurement and clinical waste cost

Category	Summary	Trust	Cost Saving	Type of Saving	Key Enablers
Avoid disposables	Reusable Gowns	North Tees and Hartlepool NHS Foundation Trust	£382,000 pa	Item and waste costs	Based on 7000 gowns worn every week
		University Hospital of Derby and Burton NHS Foundation Trust	£92,000 pa	Item and waste costs	Based on over 100,000 gowns per year
		Royal Papworth Hospital NHS Foundation Trust	£55,000 pa	Item and waste costs	£110,000 saved over 2 yrs
Avoid disposables	Reusable Tourniquets	University Hospitals Sussex NHS Foundation Trust	£40,000 pa	Item costs in Phlebotomy	Based on 1m disposables pa at cost of £100k. Clinical waste reduced by 6.8tns
		South West Yorkshire Partnership NHS Foundation Trust	£35,000 pa	Item costs	
		Mid Yorkshire Teaching NHS Trust	£20,000 pa	Item costs	
Avoid disposables	Reusable Caps	University College London Hospitals NHS Foundation Trust	£32,000 pa	Item and waste costs	Based 100,000 disposable caps per year which generate 1 tonne of waste. Hemp caps are carbon negative, naturally antimicrobial, durable, moisture wicking, soft, biodegradable and have higher cost savings than cotton
		Liverpool University Hospitals NHS Foundation Trust	£25,000 pa	Item costs	
Avoid disposables	Reusable Sharp Containers	Surrey and Sussex Healthcare NHS Trust	£23,000 pa	Item and waste costs	

Recycle and repurpose wherever possible

Waste reduction and efficient recycling is a visual tool to help drive action and behaviour change. It can be a catalyst / enabler for behaviour change.

Category	Summary	Trust	Cost Saving	Type of Saving	Key Enablers
Recycle	Repurposing and refurbishing furniture	Black Country Healthcare NHS Foundation Trust	£81,000 pa	Item costs	Platform for second hand furniture
Recycle	Second Hand Platform	Manchester University NHS Foundation Trust	£120,000	Item costs	'Reuse' system including uniform 'swap shop' saving 15,000 kg of waste. MFT produces over 7000 tonnes of waste per year which equates to £2m spend.
Recycle	Wheelchairs Returns & Repairs	Great Ormond Street Hospital	£13,000 pa	Items costs	Avoided replacement costs across a stock of 100 wheelchairs through better 'returns' management incl patient reminders
Recycle	Walking Aids Return Point	East Kent Hospitals NHS Trust	£30,000 in first year	Items costs	Disposal point per hospital site. 2000 items were returned over 13 months, saving around £30,000 (walking aids £10k). 96% of aids returned could be reused

Improved Waste Management

Category	Summary	Trust	Cost Saving	Type of Saving	Key Enablers
Correct Waste Management	Ensuring most effective waste management practice for items	Barts Health NHS Trust	£1.2m per annum	24% reduction in waste disposal costs	Introducing a new dedicated 'Dry Mixed Recycling' (DMR) service A new re-usable sharps and pharmaceuticals container service to replace the existing single use rigid plastic containers that are incinerated Waste auditing team driving and ensuring waste segregation compliance
Correct Waste Management	Focus on minimising waste and most effective disposal processes	Cornwall Partnership NHS Foundation Trust		25-35% reduction in waste costs	
Recycling non-clinical waste	Increasing recycling waste for non-clinical waste	NHS Grampian	£150,000 per annum	Reduction in clinical waste costs	Recycling scheme aims to save NHS Grampian £150,000-a-year - BBC News

Thank You

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TCFD requirements: supporting documents

The TCFD Framework

TCFD Pillars and Requirements

Core Elements Pillars	Governance	Strategy	Risk Management	Metrics and Targets
Recommendations	Disclose the organisation's governance around climate-related risks and opportunities	Disclose the actual and potential impacts of climate-related risks and opportunities on the organisation's business, strategy and financial planning where such information is material	Disclose how the organisation identifies, assesses and manages climate-related risks	Disclose the metrics and targets used to assess and manage relevant climate-related risks and opportunities where such information is material
Recommended Disclosures	Describe the Board's oversight of climate-related risks and opportunities	Describe the climate-related risks and opportunities the organisation has identified over the short, medium and long term	Describe the organisation's processes for identifying and assessing climate-related risks	Disclose the metrics used by the organisation to assess climate-related risks and opportunities in line with its strategy and risk management process
	Describe management's role in assessing and managing climate-related risks and opportunities	Describe the impact of climate-related risks and opportunities on the organisation's business, strategy and financial planning	Describe the organisation's processes for managing climate-related risks	Disclose scope 1, scope 2 and scope 3 Greenhouse Gases (GHG) emissions, and the related risks
		Describe the resilience of the organisation's strategy taking into consideration different climate-related scenarios including a 2C or lower scenario	Describe how processes for identifying, assessing and managing climate-related risks are integrated into the organisation's overall risk management	Describe the targets used by the organisation to manage climate-related risks and opportunities and performance against those targets

TCFD reporting requirements

Governance pillar:

- Describe the board's oversight of climate-related issues
- Describe management's role in assessing and managing climate related issues

Risk management pillar

- Describe the organisation's processes for identifying and assessing climate-related risks.
- Describe the organisation's processes for managing climate-related risks.
- Describe how processes for identifying, assessing and managing climate-related risks are integrated into the organisation's overall risk management approach.

Metrics and target pillar

- Disclose the metrics used by the organisation to assess climate-related risks and opportunities in line withs its strategy and risk management process.
- Describe the targets used by the organisation to manage climate-related risks and opportunities and performance against targets.

Overview of TCFD-aligned implementation phases in central government

Phase	Focus	Target period	Requirements	Interaction with GGC framework
1	Governance focus	2023-24 (for annual reports ending 31 March 2024)	Reporting entities shall provide a TCFD Compliance Statement and the recommended disclosures for: Governance Metrics and Targets (b), only where available from existing reporting processes. Comply or explain basis	Continue to apply GGC21-25 emissions methodology for Metrics and Targets, in line with SRG
2	Risk Management and Metrics and Targets	2024-25 (for annual reports ending 31 March 2025)	Reporting entities shall provide a TCFD Compliance Statement and the recommended disclosures for: Governance Risk Management Metrics and Targets Comply or explain basis	Continue to apply GGC21-25 emissions methodology for Metrics and Targets in line with SRG
3	Strategy	2025-26 (for annual reports ending 31 March 2026)	Reporting entities shall provide a TCFD Compliance Statement and the recommended disclosures for: Governance Risk Management Metrics and Targets, considering wider reporting. Strategy Comply or explain basis	Apply new GGC25-30 emissions methodology for Metrics and Targets (GGC21-25 runs until 31 March 2025 with next commitment period for GGC25-30 starting on 1 April 2025). Consider whether further additional emissions reporting is appropriate (e.g., on Scope 3, oversees emissions).