Foreword

Care Without Carbon (CWC) is our vision and strategy for a more sustainable health and care system. It directly addresses one of our core strategic goals at Sussex Community NHS Foundation Trust (SCFT) – to be a strong, sustainable business, grounded in our communities and led by excellent staff.

Last year we were the first NHS provider to demonstrate our commitment to the delivery of sustainable healthcare by producing a stand-alone report. This year we share our progress through this, our second annual Progress Report. It acts as a reflection of our sustainable development activity at the Trust as well as a measure of our success both internally and externally.

Driving our approach are three fundamental challenges facing the NHS: a multi-million pound funding gap; the requirement to reduce our carbon footprint (environmental impact) by 34% by 2020 and; a workforce of 1.3m, whose wellbeing and productivity is key to our ability to deliver care.

At SCFT we look at these challenges as an opportunity to do things differently for the benefit of both staff and patients, enabling us to continue to deliver excellent care at the heart of the community.

Our approach to sustainability has evolved over the six years since the Trust formed, with our CWC seven-step model now providing the framework for our programme. As this report shows, we continually look to reflect and learn through insight and evaluation, developing and improving along the way.

Collaboration and partnership are cornerstones of our approach to sustainable healthcare. It is very encouraging to see our Trust leading the way in embedding sustainability into our local Sustainability & Transformation Partnership (STP) through CWC.

By working together we can tackle the challenges we face more effectively and accelerate the process of positive change. We’re already seeing some benefits from this system-wide approach and I am excited by the possibilities for the future.

Peter Horn, Chair of the Board, Sussex Community NHS Foundation Trust
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**Statement of intent for report**

This report chiefly covers the 2016/17 reporting period. However, we also reflect our progress since our inception as a Trust in 2010 and look to the next 12 months and beyond, providing a statement of commitment to our future activities.
Sussex Community NHS Foundation Trust is the main NHS community health and care provider across West Sussex, Brighton & Hove and the High Weald, Lewes & Havens area of East Sussex. We help people to manage and adapt to changes in their health, prevent avoidable admissions and minimise hospital stays through a range of medical, nursing and therapeutic care services.

Our environmental impact
Total figures for 2016/2017

- Emissions from travel & transport: 1,420 tCO\textsubscript{2}e (21.3% of our measured carbon footprint)
- Emissions from our buildings: 5,250 tCO\textsubscript{2}e (78.7% of our measured carbon footprint)
A sustainable vision for the Trust

Our Trust’s vision is to provide excellent care at the heart of the community. This means care that is high quality, person-centred, proactive and preventative – for now and in the future. This is reflected by our three strategic goals:

• To provide excellent care, every time, that reinforces wellbeing and independence.

• To work with our partners to personalise services.

• To be a strong sustainable business, grounded in our communities and led by excellent staff.

What is Care Without Carbon?

Care Without Carbon (CWC) was developed to make the Trust’s third strategic goal happen. It is shorthand for a sustainable NHS and a simple idea that reflects our wider philosophy and vision about how we believe healthcare should be designed and delivered.

To us, being a sustainable organisation simply means “effective management of our essential resources – from people and time, to money and materials.” It means reaching our vision to provide the best possible patient care while at the same time balancing our efforts with three key aims in mind:

• Working towards long-term financial sustainability

• Minimising our impact and having a positive impact on the environment and natural resources

• Supporting staff wellbeing to enable a happy, healthy and productive workforce

While focusing on these three key aims CWC has many cross cutting themes that all lead to better patient care. These include the importance of integrating our care services with prevention, encouraging and supporting self-care and linking sustainability and quality through our transformation agenda. Perhaps most importantly, we must embed sustainable behaviours into our workplace and partnership cultures.

Care Without Carbon

Healthcare that cares for people and the planet
What influences our strategy?

1. UN Sustainable Development Goals

At an international level, CWC responds to the UN Sustainable Development Goals (see Figure 1). These goals form a global action plan to end extreme poverty, inequality and climate change by 2030, and have been signed by every member of the UN, including the UK.

The 17 goals have been agreed globally as a framework for sustainable development, and they provide an international context to align CWC to. Guidance on Engaging with the Sustainable Development Goals by PwC suggests five of the goals are a priority for the Health and Care Industry as a whole: Good Health & Wellbeing, Decent Work and Economic Growth, Gender Equality, Quality Education and Industry, Innovation and Infrastructure.

At delivery level (i.e. our Trust services), other goals are also relevant, including Reduced Inequalities, Sustainable Cities and Communities, Climate Action and Responsible Production & Consumption.

2. A whole systems approach to sustainable healthcare

At a local level, our healthcare system is complex and involves many different partners. As such our work on sustainable development must take a ‘whole systems’ approach. This includes; care planning and buying, care provision in hospitals and in the community, social care, general practice and public health – all working efficiently and fluidly together.

We are part of a newly formed Sussex and East Surrey Sustainability and Transformation Partnership (STP) (see Figure 2) – one of 24 organisations within a large and diverse region, which provide care to 1.7m people. This was set up to improve and join-up local services to better meet the changing needs of the local population. There are 44 STPs across England.

Our STP plan* has included a commitment to achieving savings through environmental sustainability. Care Without Carbon provides a structure and practical actions to help the partnership achieve this goal.

By sharing the responsibility for sustainable healthcare across our local health system we can make better use of our collective resources, improve staff wellbeing across organisations and further reduce operating costs.

* www.england.nhs.uk/stps/view-stps/
3. An evolving strategy for an evolving Trust

We are proud that CWC has been adopted into the STP and we have a responsibility to continually improve and progress our work – to our own organisation and within the partnership.

Our programme has developed and evolved over the last six years since the Trust formed. For example, at the beginning of this year (2016/17):

- Many of the quick wins – such as switching to low energy lighting, running recycling campaigns and promoting active travel – had already been implemented. We have had to work harder and smarter to continue to achieve results.

- Our priorities had begun to shift towards how we buy, design and deliver services as a healthcare system (not just as a Trust) and how we future-proof the care we provide.

- The Trust was changing shape. Staff and patient numbers and the size of our estate had increased and they continue to do so.

How we occupy buildings, travel between them and share spaces with our public-sector peers will become increasingly important in the future. We must work even harder to ensure our carbon reduction activity will meet targets despite a larger physical footprint.
# 4. Risk & opportunity

## Reducing CO₂ and tackling climate change

### NHS Sustainable Development Strategy, Climate Change Act, Social Value Act

- Failure to meet NHS CO₂ reduction targets and Trust sustainability targets, resulting in avoidable cost and potential reputational impact.
- Failure to mitigate the threat and impact of climate change, which will impact on population health and wellbeing.
- Failure to account for CO₂ in our supply chain – over 60% of the NHS footprint is in the supply chain. Missed opportunity to use NHS buying power to raise environmental and labour standards.

- CO₂ reduction is driven by our Estates Strategy (including Carbon Management Programme) and Travel Transformation Plan.
- Implementation of carbon saving initiatives since the Trust formed in 2010. Working towards implementation of agreed CO₂ reduction targets for NHS Property Services managed estate.
- Clear goals and targets attached to our CO₂ reduction against a 2010 baseline.
- A data-driven sustainable procurement action plan, based on new supply chain carbon footprinting methodology, is in development.

### Opportunities & benefits

- Work to date has proven that CO₂ reduction delivers financial benefits and creates opportunity to enhance Trust reputation.
- Buying locally creates opportunity to support our local economy.
- By coordinating our purchases and considering whole-life costs we can achieve additional savings.

## Workplace wellbeing

### 5 Year Forward, DH Health and Wellbeing Strategy

- Failure to safeguard our staff against avoidable health and wellbeing issues – notably stress at work and musculoskeletal (MSK) problems.
- Failure to support and invest in our staff.
- Risk of avoidable absenteeism and poor retention rates.

- Our Healthier People Strategy combines our work on wellbeing and engagement and sets a clear pathway to achieve higher levels of workforce wellbeing.
- Occupational Health and HR are key influencers in the formulation of CWC.
- Estates Strategy places emphasis on potential to improve working environment for staff.
- Staff are supported to embed sustainable behaviours through our engagement work, leading to measurable improvement in health and wellbeing.
- Development of unique staff wellbeing measurement metric to identify areas for development and improvement.

### Opportunities & benefits

- Achieving and maintaining a high level of staff wellbeing is key to enable us to deliver high quality patient care.
- A healthy, happy workforce means a more productive workforce.
- Opportunity to lower absenteeism and increase retention rates through workplace wellbeing interventions, reducing reliance on agency workers and delivering cash savings.
<table>
<thead>
<tr>
<th>Improving air quality &amp; enhancing our local environment</th>
<th>Future-proofing services</th>
<th>Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Marmot Review, Air Quality Plan for NO₂</strong></td>
<td><strong>UK Climate Change Adaptation Policy</strong></td>
<td><strong>Health and Wellbeing Board Sustainability and Transformation Partnerships</strong></td>
</tr>
<tr>
<td>Poor environmental performance directly impacts the health of our local population – creating additional and avoidable burden on health services.</td>
<td>Increasing financial pressure on local health services because we fail to focus on prevention and health improvement and deliver on efficiency plans across STP. Avoidable health risks (e.g. illness from disease, flood trauma) and strain on local services because we fail to adapt to and plan for extreme weather events resulting from climate change.</td>
<td>Failure to take advantage of the benefits of partnership working, including sharing learning and pooling resources.</td>
</tr>
<tr>
<td><strong>Travel Light Transformation Plan</strong> designed to target reduction in business mileage, move towards cleaner vehicle technology and incentivise active travel. Procurement Policy ensures we rationalise and consolidate orders for fewer deliveries.</td>
<td>Relationship between efficiency and quality is an emerging focus within CWC. Through Darzi Fellowship project we are developing stronger links between sustainability, quality improvement and enhanced clinical engagement. Business Continuity and Heatwave, Cold Weather &amp; Winter Plans help to mitigate the impact of extreme weather on Trust infrastructure and services.</td>
<td>Building strong partnerships across the local health economy to further sustainable development since 2010. Our STP plan both influences and is influenced by CWC. SCFT is taking a lead on sustainable development within our STP.</td>
</tr>
<tr>
<td>Increase in active travel and uptake of sustainable travel modes has direct impact on health and wellbeing, both for staff and patients. Reduction in need to travel has potential to alleviate stress and improve wellbeing for some staff. Sustainable travel results in reduced costs to the health service.</td>
<td>Opportunity to bring together work on new models of care, quality improvement and resource efficiency in a new sustainability and transformation work stream in the STP, driven and informed by CWC.</td>
<td>Opportunity to create economies of scale, enhancing business case for investment in low carbon, sustainable approaches to healthcare delivery. Opportunity to share best practice and drive innovation through partnership working.</td>
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## 5. Stakeholder engagement

It is important that we consider the views and values of our stakeholders – the people and organisations that our activity has an impact on – when defining our sustainability priorities.

### Patients, Foundation Trust membership and the local community

<table>
<thead>
<tr>
<th>How do we engage?</th>
<th>What did we learn?</th>
<th>How did this influence our strategy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>We publish regular updates on CWC on our website, through our external</td>
<td>Our engagement activity has highlighted interest from patients and our wider</td>
<td>We have senior level support to align and integrate CWC into other areas of Trust including the Estates Strategy, Healthy Workforce Strategy and Procurement Policy &amp; Procedure. Named senior managers are responsible for delivering work streams.</td>
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<tr>
<td>communications and through external events, meetings and presentations.</td>
<td>community in the CWC programme and in sustainable healthcare more generally.</td>
<td></td>
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<tr>
<td>Wherever possible we invite comment and feedback on the programme to ensure</td>
<td>The majority of SCFT patients surveyed believe the Trust is right to reduce its</td>
<td></td>
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<tr>
<td>our priorities are relevant and of interest. We have undertaken patient</td>
<td>carbon footprint and support CWC’s aims and objectives. Patient groups</td>
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<tr>
<td>surveys to understand awareness and interest in sustainable healthcare.</td>
<td>have indicated an interest in seeing the Dare to Care campaign extended to</td>
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<tr>
<td>The Dare to Care engagement campaign (see Culture section) is open to members</td>
<td>the local community.</td>
<td></td>
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<td>of the public to participate in.</td>
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### SCFT staff

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<thead>
<tr>
<th>How do we engage?</th>
<th>What did we learn?</th>
<th>How did this influence our strategy?</th>
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<tbody>
<tr>
<td>Internal communications, annual wellbeing survey, ad hoc polls and focus groups.</td>
<td>Staff want to feel supported to improve health and wellbeing in the workplace</td>
<td>Increased focus on wellbeing at work and staff engagement activity broadening to cover wider sustainability issues. We are recruiting CWC Envoys around the Trust. Staff have more opportunity to bring their own campaign ideas into the programme.</td>
</tr>
<tr>
<td>We run an innovative Trust-wide staff engagement campaign (Dare to Care) and</td>
<td>and welcome the opportunity to support the development of CWC. They value that</td>
<td></td>
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<tr>
<td>gather feedback from each activity. We encourage staff to help us shape the</td>
<td>their employer demonstrates care for the environment and staff.</td>
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<tr>
<td>direction of CWC.</td>
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### Trust Board & senior management

<table>
<thead>
<tr>
<th>How do we engage?</th>
<th>What did we learn?</th>
<th>How did this influence our strategy?</th>
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<tbody>
<tr>
<td>We report progress to our Board every six months. They help us to set priorities</td>
<td>Sustainability priorities should align with the Trust’s vision and strategic</td>
<td>We have secured senior level support to ensure CWC is integrated into key operational work streams, including Estates Strategy, Healthy Workforce Strategy and Procurement Policy &amp; Procedure. Named senior managers are responsible for delivering these work streams.</td>
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<tr>
<td>and targets annually and offer advice to ensure the strategy is aligned with</td>
<td>goals. This ensures the programme has senior management support and helps us</td>
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<tr>
<td>other Trust initiatives.</td>
<td>define goals that are relevant and effective.</td>
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### Other NHS organisations in our STP area

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<th>How do we engage?</th>
<th>What did we learn?</th>
<th>How did this influence our strategy?</th>
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<tbody>
<tr>
<td>We provide sustainability services to other organisations in the STP using the</td>
<td>Different working cultures influence how we embed sustainable principles and</td>
<td>CWC is now defining the sustainability strategy in our STP. We have developed and adapted the programme to ensure it is relevant to our partner organisations.</td>
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<tr>
<td>CWC model. We chair an STP sustainability group and sit on the STP Estates</td>
<td>implementing the programme in other organisations has helped to improve the</td>
<td></td>
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<tr>
<td>Working Group which is giving direction to sustainability strategy in the STP.</td>
<td>effectiveness of the CWC approach. We have a significant opportunity to enhance the effectiveness of our sustainability work through collaboration.</td>
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We are building relationships with our local community to communicate our sustainability goals and take account of as many different perspectives as possible as we develop CWC.
**Scope & boundaries**

How we account for the CO₂ emissions in our carbon footprint

We set the accounting boundary for reporting our CO₂e* emissions in line with the GHG Protocol (Greenhouse Gases). Our footprint boundary is aligned to the clinical services that the Trust is funded to deliver and which are delivered in accordance with Trust policies and procedures.

This approach also aligns with other national NHS reporting processes and standards, notably the annual Estates Return Information Collection (ERIC).

In the case of the estate the Trust occupies – most of which is leased from third parties – this means we account for emissions from energy we consume in the same way for both our owned and leased assets, ensuring only those emissions relating to the services provided by the Trust are reported.

The diagram below summarises the emission sources covered by our current Greenhouse Gas (GHG) reporting boundary broken down according to their scope.

*CO₂e describes a measure of all Greenhouse Gases portrayed as an equivalent of CO₂ impact

For a more detailed explanation of how we developed our reporting boundaries see Appendix One.
Sustainability scorecard
Our results for 2016/17

We focus on three key aims to measure the progress and effectiveness of CWC - financial sustainability (measured in terms of net financial efficiency savings from CWC), environmental impact (measured in terms of total emissions of CO$_2$e) and staff wellbeing (measured by our workplace wellbeing metric).

Saving money

£4.87M
Cumulative net savings
From delivering sustainable healthcare since 2010. This is equivalent to employing an extra 160 Band 6 Nurses

£1.07M
Invested in sustainable healthcare since 2010

Reducing our carbon footprint

1,843
Tonnes CO$_2$e saved against our 2010 baseline
This is similar to powering 200 homes for one year or planting 50,000 trees and letting them benefit the atmosphere for 10 years

Improving workplace wellbeing

3.86/10
Overall score for wellbeing in the workplace
16% below national average across all sectors

18%
Improvement in wellbeing for staff engaged with CWC

For Eeves validation certificate see Appendix Two
For information on the NEF metric see Appendix Three

Our reported carbon footprint data for 2016/17 has been validated by Eeves
Our wellbeing metric was developed in partnership with NEF consulting
Our journey so far...

- 2010: Set goal to reduce CO\textsubscript{2}e by 15% by 2015 (15 by 15)
- 2012: Installed first solar panels at SCFT
- 2013: Achieved 15 by 15 CO\textsubscript{2} target
- 2014: Created CWC strategy
- 2014: Bought first e-bike at SCFT
- 2011: 15 by 15 wins HSJ award
- 2012: Launched Travel Bureau
- 2014: Win Healthcare Estates award

% reduction

For a full breakdown of our carbon emissions, KPIs and targets see Appendix Four.
# Seven steps to sustainable healthcare

<table>
<thead>
<tr>
<th>Key measure of success</th>
<th>Leadership</th>
<th>Buildings</th>
<th>Journeys</th>
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<tbody>
<tr>
<td>Leading the way for sustainable healthcare policy and practice.</td>
<td>Providing the workspace for low carbon care delivery with wellbeing in mind.</td>
<td>Maximising the health benefits of our travel while minimising the environmental impacts.</td>
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## 2020 goals

<table>
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<tr>
<th></th>
<th>Leadership</th>
<th>Buildings</th>
<th>Journeys</th>
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<tr>
<td></td>
<td>Recognised as a leading NHS service provider for sustainable development policy and practice.</td>
<td>34% reduction in CO₂e from our buildings.</td>
<td>34% reduction in all measurable travel CO₂e.</td>
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## Progress

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<th>Leadership</th>
<th>Buildings</th>
<th>Journeys</th>
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## Key aims

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<th>Key to progress:</th>
<th>Leadership</th>
<th>Buildings</th>
<th>Journeys</th>
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<td></td>
<td>Cutting carbon beyond ‘quick wins’ requires creativity and collaboration. We’ll work with staff, stakeholders and peers to develop new opportunities.</td>
<td>Energy costs are likely to increase and become more volatile in the future – which may create an energy security risk.</td>
<td>Fossil fuels release Greenhouse Gases – contributing to climate change and air pollution. Both will affect local health and wellbeing.</td>
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<td></td>
<td>Through innovation and working in partnership with our peers we can bring efficiency and cost savings.</td>
<td>High quality workspaces support staff health and wellbeing, which in turn will enhance the quality of patient care.</td>
<td>Fuel is expensive and as natural resources deplete prices will increase.</td>
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<td></td>
<td>Supporting our workforce to be responsible for sustainable behaviours will strengthen our organisation and the care we deliver, while we tackle the public health risk of climate change.</td>
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<td>Fewer cars on the road reduces air pollution creating a cleaner environment, while active travel improves mental and physical health and wellbeing.</td>
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*Care Without Carbon*
### Procurement

- **Creating and supporting an ethical and resource efficient supply chain.**
- **34% reduction in CO₂e from procurement and waste.**

**Overview:**

- Procurement accounts for more than 60% of the overall NHS carbon footprint.
- By managing demand and taking a more critical, whole-life view of purchasing decisions we can reduce waste and deliver cost savings.
- A responsible procurement policy can improve the lives of those at the far end of the supply chain and support local businesses to work with the Trust.

### Culture

- **Informing, empowering and motivating people to achieve sustainable healthcare.**
- **Engage with 100% staff across the Trust on sustainability with measurable benefits.**

**Overview:**

- Individual actions can collectively make a big difference to reduce our environmental footprint — in and out of work.
- Engaged and healthy staff are more productive in the workplace and create a workforce that is more resilient to illness and absenteeism.
- Sustainable lifestyles are healthy lifestyles and staff are empowered to do things differently for a better working life.

### Wellbeing

- **Creating a better working life for our people.**
- **Maintaining workplace wellbeing above the national average.**

**Overview:**

- Healthy choices are green choices. Actions such as active travel and reducing meat consumption also reduce carbon emissions.
- Increasing productivity helps to improve our cost efficiency. Action on wellbeing delivers CQUIN funding of over £1.25 million.
- Creating a workplace that supports and values people, both in their professional capacity and in their personal health and wellbeing.

### Future

- **Supporting a strong local health economy to serve our community now and in the future.**
- **Reduce the footprint of our Foundation Trust membership by 10% and develop an STP-wide SDMP*.**

**Overview:**

- Supporting our Foundation Trust Membership, and our communities, to reduce their impact on the environment and adapt to climate change.
- By planning for extreme weather events such as flooding or heat-waves we can prevent avoidable admissions and relieve financial pressures on NHS services.
- Supporting our staff, patients and community to live healthier, active lifestyles, preventing illness and supporting wider wellbeing.

* Sustainable Development Management Plan
Leadership
Leading the way for sustainable healthcare policy and practice

Goals for 2020
To be recognised as a leading NHS service provider for sustainable development policy and practice

Our achievements
Care Without Carbon is Award winning and has received several recent recognitions

There are CWC leads across SCFT departments

Providing leadership – both internally and externally – is key to delivering our sustainability goals.

Internally this means ensuring effective governance for our CWC programme, maximising the benefits for every area of Trust operations – and therefore for our staff and patients.

Externally this means pioneering new and innovative ways of delivering sustainable healthcare in the NHS. CWC has become an established framework for creating Sustainable Development Management Plans (SDMP) – each of the main NHS providers in our STP now use our model. We continue to share best practice and expertise with our partners and move towards a system-wide approach for sustainable healthcare.

“There is a misconception that sustainable healthcare is just about managing our finances. Whilst it is critical that we deliver high quality services within the funding we’re allocated, CWC highlights the importance of reducing our environmental footprint and supporting our workforce in achieving this goal. The CWC programme provides a clear vision and roadmap to ensure we’re taking a broad and balanced view about how we manage all of our resources now and in the future.”

Mike Jennings, SCFT Director of Finance & Estates and Deputy Chief Executive and the Trust’s Executive Sustainability Lead
Our biggest opportunity

We are at an exciting yet challenging time as the NHS and local councils come together through STPs to improve the way health and care is delivered across their local area. As we transform and integrate our services within the STP, we see a clear opportunity to share the good practice of CWC; to encourage a whole systems approach to achieving sustainable healthcare that is better aligned with clinical strategy and to bring greater influence and impact to our work.

Progress against the goals

• We have appointed a named senior lead for each CWC ‘step’, with responsibilities to oversee delivery and ensure the work is aligned to their department’s own strategic priorities and work plans.

• We have incorporated sustainability goals into the STP strategy and have established an STP Sustainability Working Group to develop collaborative initiatives across the local health system.

• Our 2015/16 annual report received recognition for quality reporting from the NHS Sustainable Development Unit, and was recognised by PwC UK in its 2016 publication “Reporting with Purpose” – an annual assessment of private and public sector sustainability reports.

The next 12 months:

CWC works holistically, making sure sustainability is embedded into everything we do. With several key changes to the Trust’s Board this year (including our Chair, Chief Executive and Director of Finance & Estates), we are hosting a Board Leadership session to refocus attention on the scope, purpose and ambitions of CWC and provide an opportunity to shape and stretch the future of the programme in tandem with the Trust’s wider strategic development.

We will also run an event for ‘Step’ leads to support them to progress their responsibilities, ensure strategic alignment and maintain good programme governance.

Our overall CWC strategy (SDMP) will be refreshed this year (2017) and these leadership development sessions will play a key role in this process.
Governance

Our Environment & Transformation team is responsible for designing, implementing and reporting the CWC programme to the Trust Board. The team currently reports on progress directly to Trust Board on a bi-annual basis via the Trust’s Executive Sustainability Lead Mike Jennings (Director of Finance & Estates and Deputy Chief Executive).

Enabling policies through which CWC is delivered include:

<table>
<thead>
<tr>
<th>Policy / strategy</th>
<th>Supportive of which steps</th>
<th>Last revision</th>
<th>Revision date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Without Carbon</td>
<td>All steps</td>
<td>2014</td>
<td>2017</td>
</tr>
<tr>
<td>Travel Light Transformation Plan 2017-2020</td>
<td>Journeys, Wellbeing</td>
<td>2017</td>
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<td>Procurement Policy &amp; Procedure</td>
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<td>Transport Policy</td>
<td>Journeys</td>
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<td>Heatwave, Cold Weather &amp; Winter Plans</td>
<td>Future</td>
<td>Reviewed</td>
<td>Annually</td>
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*We are intending to refresh the SDMP in 2017*
CWC actively seeks opportunities to share best practice across the NHS and to openly share information on our sustainability initiatives with providers and commissioners. Hayley Carmichael, Will Clark, Susie Vernon and Toby Donhou from the team are featured in this photo. To meet the whole team visit www.carewithoutcarbon.org/about/team/
We provide services from around 70 buildings across Sussex. It is paramount that our estate provides an environment that enables safe and effective patient care. Through CWC we aim to ensure that our buildings are also efficient, minimise CO₂ and promote staff health and wellbeing.

Progress against the goals

- Since 2010 we have achieved a 20.7% reduction from our buildings carbon footprint against our 2010 baseline.
- During 2016/17 we’ve reduced our CO₂e by 1,374 tonnes.
- We have achieved a 19.9% improvement in per m² energy efficiency, and a 36% improvement in per m² water efficiency against our 2010 base year.
- We are on track to achieve our 2020 target of 34% reduction from buildings.
- In May 2016 we invested in three Air Source Heat Pumps that have generated 10,000 kWh energy to-date. Our solar panels generated a further 50,000 kWh during 2016/17. This is equivalent to half the annual energy for one of our smaller health centres.

The next 12 months:

We will progress our business case for rationalisation of the estates and develop even stronger links between the Trust’s sustainable buildings objectives (reduced environmental impact, improved care and working environment for staff and patients and lower running costs) and the Trust’s core objectives for patient care.

With a large proportion of our sites now owned and managed by NHS Property Services this will be a key relationship to develop over 2017/18. This will help to ensure we meet our requirements to decarbonise the Trust estate and continue to accurately report our impact.
Our biggest opportunity

At SCFT we are proud of our carbon reduction achievements. We have made great improvements through our Buildings and Journeys programmes in particular – from low energy lighting to renewable installations and behaviour change initiatives. As we look to the future, however, we are conscious that we are naturally reaching the end of the quick win opportunities.

The revision of our Estates Strategy over the latter part of 2016/17 reflects this thinking and we are beginning the journey of rationalising our larger sites, starting with Brighton General Hospital, to understand where wider health and care partners would benefit from the spaces we do not fully utilise.

While this work is ongoing, to date we have:

• Completed an options appraisal to demonstrate the value associated with redeveloping the Brighton General Hospital site.

• Identified current services that would benefit from provision through more modern, fit for purpose facilities, whilst utilising a smaller estates footprint.

• Reviewed capacity and identified potential partners – including education, care planning and public health – that would benefit from permanent space at the hospital site now and in the future.

This work draws from the One Public Estate programme that is transforming local communities and public services across the country.
Journeys

Maximising the health benefits of our travel and transport activity whilst minimising the environmental impacts

Transporting staff and materials around Sussex contributes over 20% to our direct carbon footprint and travel has a per mile cost attached to it – so encouraging smarter and more active travel has clear all-round benefits, including staff health and wellbeing.

Goals for 2020

34%
Reduction in all measurable travel CO₂e

Our achievements

24.8%
Reduction in CO₂e from our 2010 baseline

469
Tonnes CO₂e reduced during 2016/17

Progress against the goals

• Since 2010 we have reduced our travel carbon footprint by 24.8% – on track to meet our 2020 target of 34%.
• During 2016/17 we increased our low emission pool fleet from 13 to 21 vehicles which are now available at six sites. This has helped to cut our grey fleet mileage (staff using their own cars for Trust work) by 850,000 miles and helped us to reduce our carbon footprint for Journeys by 28 tonnes CO₂e over the last 12 months. We have also realised a return on investment of 38% on the low emission fleet.
• We have cut the engine emissions from our owned and leased fleet by 27.2% down to 109.9gCO₂/km.

The next 12 months:

In 2017 we will launch Travel Light – our ambitious travel transformation programme. A priority will be to further reduce solo car occupancy and support more active travel. Travel Light will further reduce vehicle emissions that contribute to CO₂ and to local air pollution, reducing costs and supporting our health and wellbeing agenda.

We will implement our internal IT strategy and improve our IT infrastructure for the Trust and the STP. This will help us to reduce unnecessary business travel across our own sites and the wider region. Planned activity includes a push to increase the use of video conferencing – this also aligns to work within the Wellbeing and Culture Steps.
Our biggest opportunity

Travel is a significant part of delivering community-based care, however, improvements to the way we all travel can deliver a clear ‘win, win, win’ against our three key aims. Achieving the maximum benefit requires us to take a fully integrated approach, aligning our work across several CWC steps, including Journeys, Culture, Buildings and Wellbeing.
Case study:  
Pool cars – saving time, money and CO₂

Introducing pool cars to the Trust has reduced mileage, cut emissions and improved staff wellbeing – especially those without access to a vehicle who need to travel for work.

Gina Cooper changed roles in February 2017 into the Clinical Quality Division – a move that required her to travel many more miles for work than before. Without a vehicle, the long public transport journeys would have been an excessive time burden, and often impossible to carry out the day’s activities.

“I don’t own my own car, and the level of travel required for the new job would have been impossible without purchasing a car.”

“I’m now travelling up to 120 miles a week and often to several locations a day from the base. The pool cars are hybrid, so very efficient to run, and at least twice a week I car-share with colleagues to different locations – a requirement of using the scheme is that we share travel wherever possible. This makes long journeys much more pleasant.”

During the last six weeks of 2016/17 that Gina regularly used pool cars for her new role she found the following benefits:

• Removed the need to purchase a car.

• Saved nearly 720 miles of car use by car sharing with colleagues - saving 220 kgs CO₂e.

• Further reduced CO₂e emissions by using low emission vehicles (as opposed to an average petrol or diesel car).
Procurement
Creating and supporting an ethical and resource-efficient supply chain

Goals for 2020

34%
Reduction in CO₂e from procurement & waste

75%
Increase recycling rate to

Our achievements

66%
Recycling rate

Exceeded our non-hazardous healthcare waste target by

12%

60% of the NHS carbon footprint sits within our supply chain, and where there’s carbon, there’s usually a cost. CWC seeks environmental efficiencies that will give us financial savings too – so it really pays to be sustainable.

We address waste within this step, rather than buildings, because when we purchase something we create waste, so our Procurement work stream takes a cradle-to-grave approach to minimise waste.

Ethical and local trade are also important considerations in this strategy. We are developing tendering processes that ensure we only buy from suppliers that can demonstrate high standards of environmental performance and a clear commitment to ethical labour practices. Wherever possible we award contracts to local suppliers, creating local economic opportunities and reducing supply chain impacts.

“We are at the beginning of our sustainable procurement journey but we are seeing endless possibilities as we build the programme. It’s all about partnerships - building strong and lasting partnership with our suppliers, and working with our STP peers so we can share findings, pool resources and develop the programme together.”

Alaina Brown, Head of Procurement at Sussex Community NHS Foundation Trust
Our biggest opportunity

The NHS is uniquely placed to drive higher environmental and labour standards across its supply chain and our Trust’s buying power is newly reinforced through our membership of the larger STP network. By working with our local system partners we have an opportunity to use our collective influence to set new standards for what we expect from our suppliers. In addition, by procuring collectively we have an opportunity to create new local markets, supporting new economic activity in our STP region and reducing our supply chain footprint.

Progress against the goals

- Our non-hazardous\(^1\) healthcare waste target of 45% was exceeded by 12%, delivering a significant cost saving.
- Our interim in-year recycling\(^2\) target of 67.5% has almost been met – we achieved 66% in 2016/17.
- We are working with Estates and Apprenticeship providers to develop a flexible procurement system that enables continuous opportunities to join our framework.
- We have increased the use of our e-invoicing system by 10% – over 2,500 invoices – reducing supplier print and postal costs and helping us to reduce paper waste.

The next 12 months:

Developing our sustainable procurement programme has been a complex challenge, largely due to a difficulty in gathering accurate and detailed supply chain data. In 2017/18 we are developing a new approach to measure our supply chain carbon footprint. This involves a high-level review of carbon hotspots within a range of key, and frequently purchased, product areas, including pharmaceuticals, medical devices and equipment and continence products. We will engage, build trust and collaborate with our suppliers to develop more accurate data and develop carbon reduction opportunities together.

We have identified our poorest performing facilities for waste management and work is underway to bring practices of our newest services in High Weald, Lewes & Havens up to the standards achieved across the rest of our facilities. This is a priority for 2017/18 and we aim is to increase Trust-wide recycling rate to 70% or above by the end of the year.

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\(^1\) Minimum volume of non-hazardous healthcare waste as a proportion of total bagged healthcare waste

\(^2\) Recycled waste expressed as a proportion of all non-healthcare waste by weight
Case study: A triple win for procurement

Procurement has been a triple win for SCFT when it comes to sustainable healthcare. A recent initiative to standardise the use of non-sterile gloves has achieved cost and carbon savings and improved safety and quality.

A recent review highlighted that various departments across the Trust were ordering over 100 different types of hospital gloves, with a significant variance in materials, quality, likelihood of allergies, and price.

A working group was formed between Infection Prevention and Control, Procurement and Facilities to rationalise and standardise the use of non-sterile gloves. They rated gloves on user approval, safety, quality, cost, type of material (e.g. non-latex) and after several trials – reduced 100 varieties to just six.

A letter was sent to all Oracle users to inform them that a standardised list of recommended non-sterile, non-latex gloves had been produced and signed off by the Chief Nurse, Infection Prevention and Control, Occupational Health, Health & Safety, Facilities and Procurement. Gloves not approved by the group have been blocked unless there is a valid reason. There are additional positive effects to this work:

• Reducing orders placed while increasing the quantity purchased means additional cost savings from bulk buying, plus fewer deliveries and associated CO₂ emissions.

• Improving the quality of material, and reducing the likelihood of allergies, has led to less product waste.

This work will feed into our plans for 2017/18 to measure our supply chain carbon footprint.
Culture
Informing, empowering and motivating people to take ownership of sustainable healthcare

Goals for 2020

100%
Staff engagement across the Trust on sustainability with measurable benefits

Our achievements

22%
Staff engaged with CWC through Dare campaign

Staff at SCFT are spread over more than 60 sites – providing a challenge to developing a sustainable culture. That’s why we started Dare to Care (Dare); an engagement campaign to give staff a common goal to work towards together, while encouraging and supporting behaviours for a better working life and a greener NHS (see www.carewithoutcarbon.org).

Dare runs alongside other initiatives that help our staff to place value and importance on sustainable behaviours in and out of the workplace.
Our biggest opportunity
Dare is already driving cultural change and empowering staff to adopt behaviours that support CWC’s goals. We have shown that this activity directly improves participants’ wellbeing at work, as well as achieving cost and carbon savings for the Trust. Our biggest opportunity is to broaden the scope of the programme, increasing the number of SCFT staff participating and benefiting from the campaign.

Progress against the goals

• Since launching Dare:
  – Nearly 5,000 dares have been taken by nearly a quarter of our workforce (22%) with over 1,000 individual darers.
  – Nearly 200 people from outside the Trust have taken over 700 dares. This includes our STP partners and Foundation Trust Members.

• Our CWC Communications Manager attends Induction Marketplaces every two weeks to talk to new staff about sustainability and how to get involved.

• We have formed staff groups to support sustainable behaviours – for example our electronic Bicycle Users’ Group helps us to engage more easily with cyclists across the Trust – sharing information and initiatives such as Dr Bike and Love to Ride.

The next 12 months:
We experienced a surge of ‘dares’ at the beginning of the campaign, reaching out to many who were already open to this type of initiative. Two and a half years on our focus is now on keeping darers engaged and finding a way to reach out to staff that have not yet engaged with the CWC programme or Dare campaign.

We are developing a network of CWC Envoys across the Trust to drive even greater grassroots participation and action. To support this work we are revamping our Waste Management e-learning training programme to include a broader sustainable healthcare module.
Case study: What a difference a dare makes

Dare embeds sustainability into our workplace culture. It reaches out and unites us across many sites and operations with a common message – to care. Whether it’s reducing carbon, improving wellbeing or using resources efficiently.

“It is wonderful that we have a team at the Trust who look after sustainability, people you can talk to about ideas for change. It feels empowering – and Dare to Care is part of that.”

Muffy Wesley, HR advisor

“I think the Dare campaign has given people a common goal, it has opened up talking points and can bring teams together. These are all good things, and we need to keep doing them.”

Rachael Skates, Senior Infection Control Practitioner

“It’s helping to change things everywhere - we are driving down fuel costs by car sharing and using the pool car, walking and cycling to work, computers and lights are switched off at the end of the day, and faxes are going electronically to save paper waste.”

Nicola Goldsmith, PA/Medical Secretary, Community Palliative Care Team

“I no longer drive to work, I catch the train and walk from the station – it’s much more enjoyable, no parking issues and many health benefits. If I need a car I use a fleet car, it’s easy to arrange and always a friendly service.”

Andrea Richardson, Occupational Health
Wellbeing
Creating a better working life for our people

Goals for 2020
Maintaining workforce wellbeing above the national average of 5/10

Our achievements
3.84/10
is the average score for workforce wellbeing

By taking better care of ourselves, we can provide better care to patients.

The wellbeing of our staff plays a central role in achieving our sustainability strategy - it is one of our key goals and directly contributes to our other goals of cost saving and CO₂ reduction.

Last year we worked with the New Economics Foundation to develop a new measure of wellbeing for NHS staff, enabling us to measure the impact of our staff engagement campaign Dare to Care.

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Darers – wellbeing

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<thead>
<tr>
<th>Wellbeing indicators</th>
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<td>Meaning &amp; purpose</td>
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<td>Satisfaction with job</td>
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<td>Concentration / focus</td>
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<td>Day to day happiness</td>
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<td>Reduced stress</td>
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<td>Pride</td>
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Care Without Carbon
Our biggest opportunity

Dare challenges offer staff the opportunity to come together and do something positive for their wellbeing. It encourages improvements in diet, exercise and team work, while allowing staff to take a little time for themselves. While activities focus on workplace behaviours, staff often carry these positive behaviours into their personal lives. But the benefits of Dare do not have to stop with our staff. We can have a positive impact on the health and wellbeing of our local communities if we encourage our patients, our Foundation Trust Membership, and the general public to Dare to Care with us.

Progress against the goals

- In 2016/17 staff engaging in Dare were consistently finding a positive impact on their wellbeing – an average of 18% higher than non-darers, with an average score of 4.7/10.
- We ran 'Step Up', the walking challenge, again in 2017. Staff who took part walked a collective 27,500 miles in 12 weeks.
- The biggest gains were in:
  - Day to Day Happiness
  - Concentration and Focus on the Job
  - Team Bonding.
- We have proudly been a Living Wage Employer for the past three years.

The next 12 months:

The results of Dare’s impact on staff wellbeing are very encouraging, but they also highlight the need to broaden the reach of our engagement campaign and overall wellbeing programme to support more staff and bring the Trust average wellbeing score up to 5/10 (in line with the national average across all sectors) by 2020.

Our priority goal this year will be to increase the reach and engagement of our wellbeing work and provide more support to those not currently engaged with CWC.

We will work closely with our HR and Occupational Health teams to achieve this, running initiatives such as a Wellbeing Festival in May 2017 to support staff to better care for their physical and mental wellbeing.
Case study: Evaluate, learn and progress

Sometimes we don’t get things quite right and when that happens we are keen to learn and improve. Following the success of our Dare walking challenge in 15/16, we decided to set a new challenge in 16/17 – Sugar Smart. This challenged staff to save a kilo of sugar from their diet over five weeks (on average people consume twice the daily-recommended amount of sugar).

We developed tools to support and motivate staff, including charts to accumulate savings and cheat sheets with easy low-sugar dietary swaps.

Although we promoted Sugar Smart in the same way as previous challenges, take up remained low. We asked staff why:

Feedback: ‘We want choice’. People don’t want to feel restricted – especially during a busy day at work. A bar of chocolate or can of coke is a reward for working hard.

Learning: Address the idea of ‘reward’ and identify different ways staff can ‘treat’ themselves.

Learning: Ensure that ‘why’ features more in our messaging, not just ‘what’ and that we explore what motivates behaviour before trying to change it.

Feedback: ‘Where was the fun factor’. Watching what you eat or drink just isn’t as much fun as going for a group walk, staff felt less inclined to give it a go.

Learning: Consider social as well as the health aspects of Dare Challenges.

Learning: Allow for individual participation but also ‘gamify’ the challenge to get people talking and involved.

Delivering the Sugar Smart challenge has provided a useful insight into our engagement work with staff that we can develop and take forward into next year.
DARE CHALLENGE

Get sugar smart

Save 1kg of sugar from your diet in 5 weeks. Go it alone or sign up as a team – the more people who get sugar smart, the bigger the savings.

WHY BE SUGAR SMART?

- Boost health and wellbeing
- Save the NHS money treating diseases like diabetes and obesity
- Reduce the impact on the environment from sugar production

Adults need 30g (7 teaspoons) sugar per day. Most people are having double the amount of sugar they need per day.

TAKE THE CHALLENGE
ANYONE CAN TAKE PART AT ANY TIME

Email hello@carewithoutcarbon.org to sign up and get your challenge toolkit including a handy sugar swap ‘cheat sheet’. And don’t forget to tell us how you get on with your challenge.

All across Sussex Community NHS Foundation Trust we are taking on the challenge to create a better working life and a greener NHS. Dare to take the challenge at www.carewithoutcarbon.org
Future

Working together to build a strong local health economy that serves our community now and in the future

Goals for 2020

SCFT is part of an increasingly inter-connected health and care system that is seeking to meet the needs of an ageing population with more complex conditions and make the best use of medical advances in the most effective and efficient way possible. This transformational change creates two key opportunities for CWC.

Firstly, we must find ways of integrating sustainability into the clinical design and decision-making process and demonstrate the value of sustainability to quality improvement initiatives.

Secondly, through the STP we see an opportunity to work with our local partners to drive the sustainability agenda more effectively across the system – finding collaborative solutions, sharing best practice and achieving economies of scale.

Progress against the goals

- We have created a post and secured funding for a Darzi Fellow to join the Trust for one year in the role of Clinical Sustainability Lead. The purpose of this role is to identify and develop opportunities to integrate sustainable development into the Trust’s clinical care model.

- Our revised Estates Strategy combines best practice from the Care Quality Commission with CWC. It focuses on system-wide efficiencies that will help alleviate pressure on hard working staff, save money and reduce emissions.

- We are developing local healthcare networks to extend the reach of CWC out to our patients and into the community with the aim of supporting healthier, more sustainable lifestyles.

Goals for 2020

Reduce the carbon footprint of our Foundation Trust membership by 10%

Develop an STP-wide Sustainable Development Management Plan

Our achievements

SDMP in development

We are embedding CWC into our STP partnership
Our biggest opportunity

In 2017/18, we will begin work on our collaborative SDMP; creating a new, STP-wide approach to delivering sustainable healthcare. This will draw on Trust-level strategies and plans and provide an overarching framework of targets and actions, creating a system-wide response to reducing emissions, saving money and improving health and wellbeing. It will support our climate change adaptation work and help us to coordinate governance alongside our health and local government partners.

The next 12 months:

The Darzi project will be a vital part of our work as we begin to:

• Define what a sustainable healthcare organisation means to clinical practice.
• Encourage and engage clinical staff on delivering CWC at work.
• Define opportunities to integrate sustainability into our Quality Improvement work.
• Embed CWC principles into SCFT strategy and operational service design and delivery.
• Share our findings and success with our STP partners.

We will begin to develop our community Dare campaign in early 2018 – taking our successful staff engagement campaign out into our community, beginning with our Foundation Trust membership.
Will Clark, Director of Environment & Transformation
Future forward
By Will Clark, Director of Environment & Transformation

What will our sustainable healthcare system in Sussex look like in 2030?

Although difficult to predict, it will certainly be different to today. How different will be determined by the extent to which the NHS embraces advances in technology – especially those which enable prevention and empower self-care – and the willingness of individuals and populations to take more control of their own health and wellbeing.

Both of these things could radically shift the emphasis away from a centralised model of treating illness, to a decentralised model of health promotion and disease prevention.

STPs are the first step of this journey, aiming to improve quality and create new models of care, improve health and wellbeing and improve the efficiency of services through place-based planning.

What does all this mean for sustainability?

STPs inherently describe a more sustainable model of care – delivering services at lower cost while creating better outcomes for people and the environment. While this is great news, getting there will be a complex and challenging process. We will need a clearly defined set of goals that are properly integrated into our STP and understood by all who work in the system. Over the coming years, CWC will play an important role in the STP development by:

• Demonstrating the environmental, social and economic co-benefits of delivering new models of care through closely integrated services.

• Building stronger links between sustainability and quality improvement and advancing new service level planning and reporting tools to ensure scalability across the system.

• Placing people at the heart of CWC and progressing our cultural development and engagement work to help make sustainable behaviours instinctive – for patients as well as for staff.

• Broadening the reach of CWC through strategic, collaborative project work, including decarbonising our estate and transport networks, innovation in waste and resource management and system-wide staff wellbeing initiatives that drive environmental improvement.

By 2030 we expect the system to be well on the way to achieving carbon neutrality – a long-term goal set for SCFT through CWC. In addition, we anticipate:

• Buildings: a smaller, better quality estate with net zero energy buildings that actively support health and wellbeing and reinvest savings into community energy and fuel poverty schemes - benefiting those that need it most.

• Journeys: zero-emission transport services, consolidated courier operations and dramatically reduced patient transport needs (more care provided at or closer to home) – driving measurable improvements in air quality and population health.

• Procurement: significantly reducing waste through closed-loop material systems (recycling waste into new products), paperless working and localised recovery and recycling – bringing investment and employment opportunities to our local economy.
Looking to the future

Working in partnership with our STP peers offers huge potential to make health and care services in our area more sustainable.

Our work at SCFT illuminates the path that needs to be followed by all to achieve this. If every Trust in the STP meets the CWC 2020 goals then we could collectively...

- Reduce our combined carbon footprint by **24,000 tonnes of CO₂e** per annum
  - Equivalent to planting **600,000 trees**
  - Or removing **5,000 cars from our roads**

- Save the NHS around **£10 million per annum** by reducing **CO₂**
  - By reducing **energy & water use**
  - Eliminating unnecessary **travel**
  - Reducing **waste** across our services
We are proud of our achievements at SCFT, but we know we are only part-way along our sustainability journey.

We have built strong foundations since 2010 and continue to learn every step of the way. Each new development helps us to progress closer towards our 2020 CWC goals.

Our driving belief is that sustainable healthcare must be ingrained in the way we work, at SCFT, in our STP and as a national public service.

Creating a more sustainable NHS is everyone’s responsibility – from those who design services, to those who deliver them and those who use these services within our communities.

The more we work together the more we can achieve and we invite you to join us, to make sure we can all achieve a sustainable healthcare system together.

We look forward to working with you!
The Greenhouse House Gas (GHG) Protocol\(^1\) sets out two distinct approaches to setting accounting boundaries:

**Equity Share Approach.** Where accounting for emissions is undertaken according to the share in the company in terms of economic interest.

**Control Approach.** Where an organisation accounts for 100% of emissions from operations over which it has control. Control is defined in either financial or operational terms.

In addition, it introduces three scopes, as follows:

- **Scope 1: Direct GHG Emissions.** These occur from sources owned or controlled by the organisation.
- **Scope 2: Energy Indirect Emissions.** These occur as a result of energy consumed that is supplied by another party.
- **Scope 3: Other indirect GHG Emissions.** All other emissions that occur as a consequence of organisational activity but which are not owned or controlled by the organisation.

The approach adopted by SCFT is to report on emissions from the activities over which it exerts operational control. In other words, the accounting boundary is drawn around the clinical services that the Trust is commissioned to deliver and which are therefore delivered in accordance with Trust policies and procedures. This approach aligns the Trust’s GHG reporting with other national NHS reporting processes and standards, notably the annual Estates Return Information Collection (ERIC).

In the case of the estate the Trust occupies – most of which is leased from third parties – this means we account for emissions from energy we consume in the same way for both our owned and leased assets, ensuring only those emissions relating to the services provided by the Trust are reported.

The diagram on page 49 summarises the emission sources covered by our current GHG reporting boundary broken down according to their scope.

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\(^1\) [http://www.ghgprotocol.org/](http://www.ghgprotocol.org/)
Other points to note:

All information included in our sustainability reporting corresponds to the standard public sector financial year of 1st April to 31st March.

Our emissions are reported in absolute terms (i.e. total emissions) without any degree day adjustment (correcting for weather variation).

Where the Trust undergoes strategic structural change, e.g. operational growth through the acquisition of new services, this has implications on our reporting boundary. In the case of significant changes, the boundary is adjusted to take account of the new operational structure and a baseline adjustment is also undertaken to ensure consistency in reporting.

¹ CO₂e refers to six greenhouse gases: Carbon dioxide; Hydrofluorocarbons; Methane; Nitrous oxide; Perfluorocarbons and Sulphur hexafluoride. This is important as some of the gases have a greater warming effect than CO₂. Using CO₂e allows all six greenhouse gases to be measured on a like-for-like basis. The NHS measures its carbon footprint in CO₂e which is in line with national and international conventions.
Appendix Two

Carbon footprint verification and baseline adjustments

a) Certificate of carbon footprint verification

For the seventh year running we have commissioned an external independent verification of our carbon footprint data. For this reporting year the verification exercise was undertaken by EEVS Insight Ltd. The 2016-17 verification incorporates baseline adjustments undertaken to account for an expansion in Trust clinical services, which took place during the 2015-16 financial year.
**b) Baseline adjustments**

In 2016/17 we made a number of baseline adjustments to take account of changes in our estate portfolio and to enhance the overall accuracy of our GHG reporting. These changes have been backdated to our baseline year, a process known as “re-baselining”. The key changes made are summarised below.

- **High Weald Lewes Havens (HWLH) Commissioning Area Changes.** We have incorporated emissions associated with energy and water management, owned and leased vehicles and grey mileage for the HWLH locality services which the Trust took over in 2015. This covers three community hospitals and two health centres.

- **Electricity Transmission and Distribution (T&D) Losses.** We now report the Scope 3 emissions associated with T&D losses in the electricity distribution and transmission networks, as per the GHG Protocol reporting guidelines. We have included these emissions in every previous reporting year back to our base year (2010/11).

- **Gas Oil Consumption.** We are continuing to improve the data we hold for reporting emissions from this fuel source. For 2016/17 we developed an estimate of oil consumption for some of our sites and have backdated this to our base year.

- **Brighton and Hove City Council (BHCC) occupied Estate.** In 2016/17 we identified that a number of BHCC buildings occupied by the Trust had not been fully backdated to our base year. This has now been corrected.
In 2015/16 NEF Consulting worked with us to develop a unique measure of wellbeing for NHS staff and to measure the impact of our Dare to Care (Dare) campaign.

A wellbeing survey was developed which was made open to both those who engaged with the campaign and those that did not, helping to establish a clear picture of the impact this work.

Responses from the staff wellbeing questionnaire (made available online and in paper format) were compiled and converted into numerical format for statistical analysis.

Z-Scores are calculated for each response and averages are taken. The averages are converted to a standardised 0-10 scale and compared against national benchmarks for each of the eight wellbeing indicators.

Staff that took part in the campaign were asked to assess to extent to which they perceived their wellbeing had changed before and after participating in Dare and how much they thought Dare had contributed to this change.

Scores were then totalled and averaged as per the above methodology to produce before and after scores for darers (staff that actively participated in the campaign).

The difference between these scores provides a ‘distance travelled’ score (or total change) from participating in the campaign. All outcomes are weighted equally.
### Appendix Four

Resource data, emissions, targets and KPIs

#### a) SCFT carbon emissions reduction since 2010

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</tr>
</thead>
<tbody>
<tr>
<td>Fossil fuel</td>
<td>3,105</td>
<td>2,526</td>
<td>2,616</td>
<td>2,520</td>
<td>2,311</td>
<td>2,262</td>
<td>2,407</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Trust vehicles</td>
<td>296</td>
<td>271</td>
<td>259</td>
<td>254</td>
<td>257</td>
<td>273</td>
<td>266</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Electricity (incl. T&amp;D losses)</td>
<td>3,419</td>
<td>3,169</td>
<td>3,270</td>
<td>3,051</td>
<td>3,096</td>
<td>2,832</td>
<td>2,766</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Water &amp; wastewater</td>
<td>99</td>
<td>92</td>
<td>76</td>
<td>73</td>
<td>73</td>
<td>70</td>
<td>77</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Business mileage</td>
<td>1,593</td>
<td>1,722</td>
<td>1,825</td>
<td>1,493</td>
<td>1,396</td>
<td>1,261</td>
<td>1,155</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CWC 2020 target</td>
<td>8,513</td>
<td>8,191</td>
<td>7,869</td>
<td>7,548</td>
<td>7,226</td>
<td>6,905</td>
<td>6,583</td>
<td>6,261</td>
<td>5,940</td>
<td>5,618</td>
</tr>
<tr>
<td>TOTAL</td>
<td>8,513</td>
<td>7,780</td>
<td>8,047</td>
<td>7,391</td>
<td>7,133</td>
<td>6,698</td>
<td>6,670</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Actual savings against baseline</td>
<td>–</td>
<td>9%</td>
<td>5%</td>
<td>13%</td>
<td>16%</td>
<td>21%</td>
<td>22%</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

#### SCFT carbon emissions

- **Business mileage**
- **Water & wastewater**
- **Electricity**
- **Trust vehicles**
- **Fossil fuel**

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*Progress Report 2017 – Appendices*
b) Progress for 2016/17 against our 2020 targets & key performance indicators (KPIs)

This Environmental Performance Dashboard summarises the progress we have made against our 2020 environmental targets.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>KPI</th>
<th>2020 target</th>
<th>Base year value</th>
<th>2020 target value</th>
<th>2016-17 target value</th>
<th>2016-2017 value</th>
<th>% change from 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO₂istance</td>
<td>Carbon footprint</td>
<td>tonnes CO₂e</td>
<td>34%</td>
<td>8,513</td>
<td>5,618</td>
<td>6,583</td>
<td>6,670</td>
</tr>
<tr>
<td>Energy efficiency</td>
<td>kgCO₂e/m²</td>
<td>34%</td>
<td>59.3</td>
<td>39.1</td>
<td>45.8</td>
<td>47.5</td>
<td>-7.0%</td>
</tr>
<tr>
<td>Water efficiency</td>
<td>m³/m²</td>
<td>34%</td>
<td>1.36</td>
<td>0.90</td>
<td>1.05</td>
<td>0.87</td>
<td>17.8%*</td>
</tr>
<tr>
<td>Trust vehicle emissions</td>
<td>gCO₂e/km</td>
<td>34%</td>
<td>151</td>
<td>99.6</td>
<td>116.7</td>
<td>109.9</td>
<td>-3.9%</td>
</tr>
<tr>
<td>Grey fleet mileage</td>
<td>miles claimed</td>
<td>34%</td>
<td>4,693,757</td>
<td>3,097,880</td>
<td>3,629,839</td>
<td>3,838,094</td>
<td>-15.5%</td>
</tr>
<tr>
<td>General waste</td>
<td>% recycled</td>
<td>75%</td>
<td>50%</td>
<td>75%</td>
<td>67.5%</td>
<td>66%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Infection waste</td>
<td>% offensive</td>
<td>75%</td>
<td>0%</td>
<td>75%</td>
<td>45%</td>
<td>57%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

¹ Grey fleet mileage refers to Trust staff using their own vehicles for business travel.
² Whilst still on target overall, we are aware of increased water consumption at one of our KPI sites and investigation into this is ongoing – this one site represents a total of 75% of the reported decrease in efficiency.

d) Absolute KPI values since 2010

This table presents absolute annual values for each of our environmental KPIs since 2010.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Electricity consumption (kWh)</td>
<td>6,961,698</td>
<td>6,457,465</td>
<td>6,588,663</td>
<td>6,308,596</td>
<td>5,760,867</td>
<td>5,659,735</td>
</tr>
<tr>
<td>Gas consumption (kWh)</td>
<td>16,675,501</td>
<td>13,584,612</td>
<td>14,074,845</td>
<td>13,641,724</td>
<td>12,443,081</td>
<td>12,218,488</td>
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<tr>
<td>Oil consumption (kWh)</td>
<td>62,913</td>
<td>35,648</td>
<td>34,946</td>
<td>34,648</td>
<td>34,496</td>
<td>30,389</td>
</tr>
<tr>
<td>Water consumption (m³)</td>
<td>97,600</td>
<td>90,463</td>
<td>74,886</td>
<td>71,956</td>
<td>71,361</td>
<td>68,466</td>
</tr>
<tr>
<td>Wastewater consumption (m³)</td>
<td>92,671</td>
<td>85,891</td>
<td>71,093</td>
<td>68,310</td>
<td>67,741</td>
<td>64,991</td>
</tr>
<tr>
<td>Trust fleet mileage (miles)</td>
<td>1,204,492</td>
<td>1,133,309</td>
<td>1,118,808</td>
<td>1,147,135</td>
<td>1,301,723</td>
<td>1,484,316</td>
</tr>
<tr>
<td>Grey fleet mileage (miles)</td>
<td>5,053,738</td>
<td>5,465,480</td>
<td>5,826,080</td>
<td>4,876,707</td>
<td>4,579,793</td>
<td>4,206,095</td>
</tr>
</tbody>
</table>

¹ Grey fleet mileage refers to Trust staff using their own vehicles for business travel.
² Whilst still on target overall, we are aware of increased water consumption at one of our KPI sites and investigation into this is ongoing – this one site represents a total of 75% of the reported decrease in efficiency.
c) Progress since 2010 against our 2020 targets & KPIs

This table shows our progression from the 2010 baseline in meeting the 2020 targets set against each of our environmental KPIs.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Energy efficiency (kgCO₂e/m²)</td>
<td>59.3</td>
<td>49.0</td>
<td>53.1</td>
<td>40.9</td>
<td>49.8</td>
<td>51.1</td>
<td>47.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td>34%</td>
<td>57.0</td>
<td>54.8</td>
<td>52.5</td>
<td>50.3</td>
<td>48.1</td>
<td>45.8</td>
<td>43.6</td>
<td>41.3</td>
<td>39.1</td>
</tr>
<tr>
<td>Difference</td>
<td>-14.0%</td>
<td>-3.0%</td>
<td>-22.1%</td>
<td>-1.1%</td>
<td>6.3%</td>
<td>3.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water efficiency (m³/m²)</td>
<td>1.36</td>
<td>1.38</td>
<td>0.85</td>
<td>0.65</td>
<td>0.61</td>
<td>0.74</td>
<td>0.87</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td>34%</td>
<td>1.31</td>
<td>1.26</td>
<td>1.21</td>
<td>1.15</td>
<td>1.1</td>
<td>1.05</td>
<td>1.00</td>
<td>0.95</td>
<td>0.90</td>
</tr>
<tr>
<td>Difference</td>
<td>5.3%</td>
<td>-32.5%</td>
<td>-46.1%</td>
<td>-47%</td>
<td>-32.8%</td>
<td>-17%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust emissions (gCO₂/km)</td>
<td>151</td>
<td>147.1</td>
<td>142.3</td>
<td>136.2</td>
<td>122.6</td>
<td>114.4</td>
<td>109.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td>34%</td>
<td>145.3</td>
<td>139.6</td>
<td>133.9</td>
<td>128.2</td>
<td>122.4</td>
<td>116.7</td>
<td>111.0</td>
<td>105.3</td>
<td>99.6</td>
</tr>
<tr>
<td>Difference</td>
<td>1.2%</td>
<td>1.9%</td>
<td>1.8%</td>
<td>-4.3%</td>
<td>-6.6%</td>
<td>-5.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grey fleet mileage (miles claimed)</td>
<td>4,693,757</td>
<td>4,957,344</td>
<td>5,132,489</td>
<td>5,244,313</td>
<td>4,889,445</td>
<td>4,541,732</td>
<td>3,838,094</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td>34%</td>
<td>4,516,437</td>
<td>4,339,118</td>
<td>4,161,798</td>
<td>3,984,478</td>
<td>3,807,158</td>
<td>3,629,839</td>
<td>3,452,519</td>
<td>3,275,199</td>
<td>3,097,880</td>
</tr>
<tr>
<td>Difference</td>
<td>9.8%</td>
<td>18.3%</td>
<td>26.0%</td>
<td>22.7%</td>
<td>19.3%</td>
<td>5.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General waste recycled (% recycled)</td>
<td>50%</td>
<td>N/A</td>
<td>54%</td>
<td>62%</td>
<td>65%</td>
<td>62%</td>
<td>66%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td>75%</td>
<td>53%</td>
<td>56%</td>
<td>58%</td>
<td>61%</td>
<td>65%</td>
<td>68%</td>
<td>70%</td>
<td>73%</td>
<td>75%</td>
</tr>
<tr>
<td>Difference</td>
<td>-2.1%</td>
<td>5.7%</td>
<td>5.7%</td>
<td>-4.5%</td>
<td>-2.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical &amp; offensive waste (% offensive)</td>
<td>0%</td>
<td>N/A</td>
<td>35%</td>
<td>36%</td>
<td>40%</td>
<td>54%</td>
<td>57%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td>75%</td>
<td>8%</td>
<td>17%</td>
<td>25%</td>
<td>33%</td>
<td>35%</td>
<td>45%</td>
<td>55%</td>
<td>65%</td>
<td>75%</td>
</tr>
<tr>
<td>Difference</td>
<td>109.5%</td>
<td>44.6%</td>
<td>19.7%</td>
<td>55.5%</td>
<td>26.5%</td>
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</tbody>
</table>
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