Carbon Net Zero: Our Green Plan 2025 – 2029

Our Green Plan 2025-2029	Final Version
Ratifying committee	Finance, Performance & Productivity
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Green Plan SRO	Dave Tomlinson (Executive Director of Finance)

Contents

Foreword

Our Green (Carbon Reduction) Plan describes the progress made by the Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) towards the Carbon Net Zero agenda and the considerable opportunities and challenges in continuing to move forward.

This document aims to help embed Environmental and Sustainability principles further into our Business-as-Usual processes and core to the organisation in delivery of healthcare within our premises and within the community in which we are privileged to serve.

This Green Plan considers why BSMHFT needs to reduce its negative impact on the environment aligned to the health benefits associated with mitigating against climate change, it also reflects on the achievements against the 2021 Green Plan the journey to date. The 2025-2029 Green Plan considers the priorities and the actions and interventions necessary to continue the journey towards the very ambitious National Net Zero targets.

As this Plan will demonstrate, there are many challenges ahead. However, we all should pause and recognise the significant progress that the Trust has made to date, its' Regional and National recognition and the many interventions already achieved.

A collaborative and focussed approach will be needed across the Integrated Care System (ICS) with fellow Trusts as sustainable change is not always achieved in isolation, maximising financial and environmental efficiencies and minimising wastage in its widest sense. BSMHFT will also work in partnership with colleagues within the NHS to help deliver and report against the Greener NHS Programme – recognising the legislative drivers for change.

Finally, we hope that this plan has been written for BSMHFT in such a manner that it will be owned, developed, and delivered by all members of the Trust.

Dave Tomlinson

Executive Director of Finance

Winston Weir

Non-Executive Director

Background and Introduction

While the NHS is already considered a world leader in sustainability, as the biggest employer in this country and comprising nearly a tenth of the UK economy, it must be recognised that the NHS is both part of the problem and part of the solution. Our climate is changing for the worse due to our actions and is threatening our quality of life by impacting our health, environment, economy, and society.
Indeed, we are all already experiencing the impacts of climate change with increasing adverse weather extremes and Birmingham and Solihull will increasingly be affected by climate change and air quality challenges resulting from previous carbon emissions.

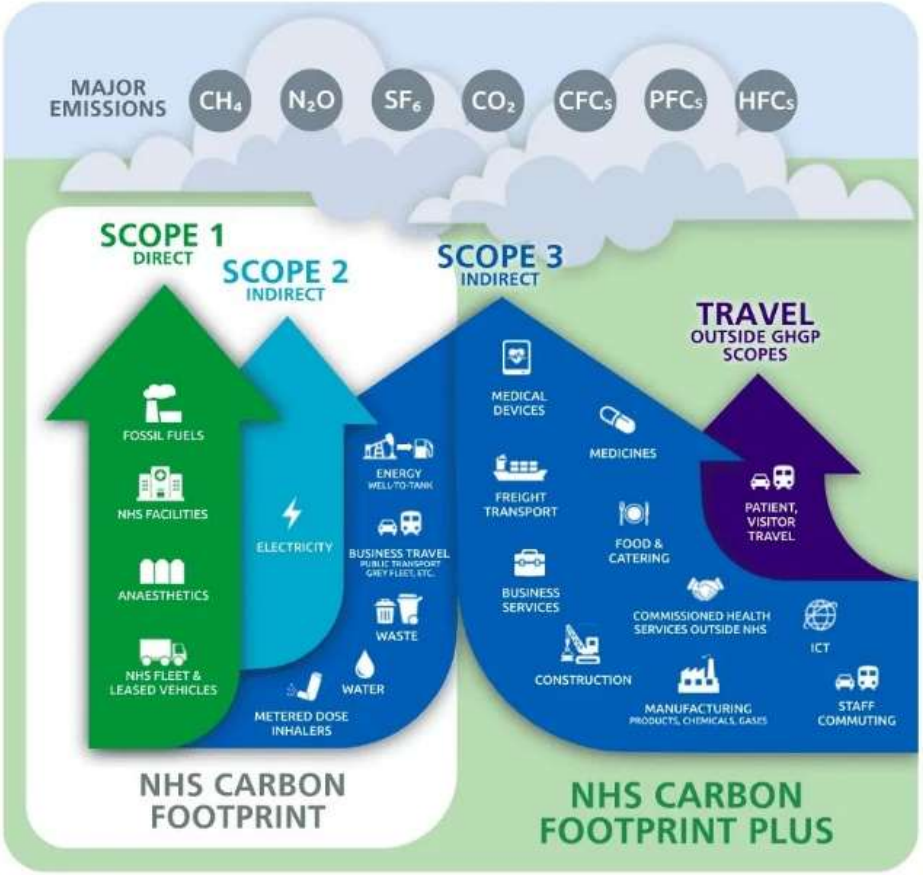


Figure 1: NHS Carbon Scope reporting categories.

The NHS was the first National Health system to commit to become 'Carbon Net Zero' by adopting a multiyear plan with clear deliverables and milestones. The plan sees the NHS formally adopt two key targets, these being:

- For the NHS Carbon footprint (emissions under its direct control) to be net zero by 2040 with an ambition for an interim 80% reduction being achieved by between 2028 and 2032.
- For the NHS Carbon footprint Plus (emissions which also includes wider supply chain) to be net zero by 2045 with an ambition for an interim 80% reduction by between 2036 and 2039.

In setting these targets It should be recognised that the NHS has already made considerable progress in reducing its footprint with an estimated achievement of a 62% reduction in emissions to date from the 1990 NHS baseline.

The Green Plan for BSMHFT means continuing to provide the same high standard of healthcare for all our service users whilst managing our resources better and minimising our negative impact on the environment. With our four clear overarching strategic priorities being:

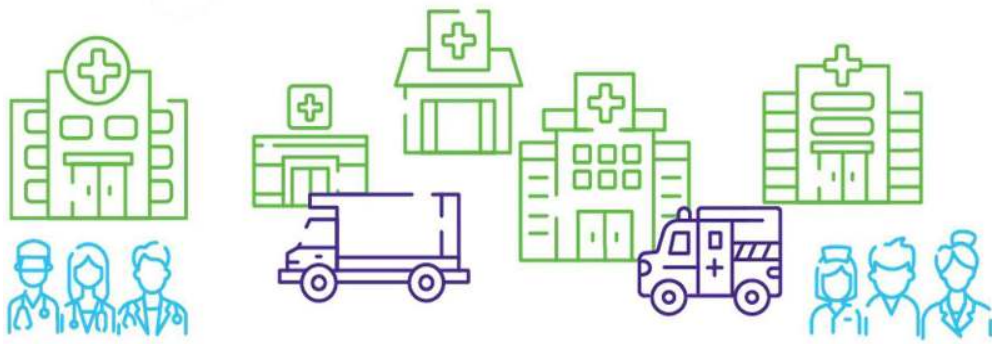
- **Sustainable production and consumption –** working towards achieving more with less, reducing the inefficient use of resources and breaking the link between economic growth and environmental degradation.
- **Natural resource protection and environmental enhancement –** protecting and replacing the natural resources which we depend on.
- **Sustainable communities –** creating places where people want to live and work in, now and in the future.
- **Climate change and energy –** confronting the greatest threat by changing the way we use, procure, and generate energy.

This Green Plan applies to all staff who work for or work within BSMHFT and its wholly owned subsidiary company Summerhill Services Ltd (SSL). In addition, the principles of, and many actions within this plan should be shared and owned as necessary with partners / stakeholders and approved contractors.

The Green Plan being led and governed with Executive Director and Non-Executive Director accountable leads (SRO's) and ratified by the Board. The delivery against the plan will be monitored and reported via pre-established reporting frameworks including but not limited to the Trusts Annual report as submitted to Treasury and the Task Force on Climate Related Financial Disclosures (TFCD). The Trust will also have a multi-disciplinary (Director led) Green Steering Group that will help to co-ordinate interventions is support of the Green Plan – also helping to define the actions that make a difference.

This Plan supports an approach of continuous improvement with 'no' end date as being sustainable, reducing carbon and protecting the environment can never be 'ticked' as completed.

Finally in support of and with due consideration of NHS England Green Plan Guidance this Green Plan for BSMHFT will consider the following: Workforce and Leadership, Net Zero Clinical Transformation, Digital Transformation, Travel and Transport, Estates and Facilities, Medicines, Supply Chain and Procurement, Food and Nutrition, Adaptation and Air Quality.



Executive Summary

BSMHFT is committed to the principles of Sustainable Development and will progressively integrate these principles into our daily activities – hence the development of the Green Plan that includes the Trust Groups integrated Carbon Reduction Plan.

Through our work with the Department of Health, NHS England, ICB and other Government departments (along with our communities) we will seek to increase awareness of sustainability. We will also ensure that our activities support the achievement of sustainable development objectives wherever possible, whilst underpinning the improvement of health and well-being.

It is a challenge! - Investment will be needed in greener technologies, renewable energy, heat decarbonisation and in ensuring that staff and contractors have the ability and knowledge necessary to support and lead positive changes.

We will need to review our care and ensure we adapt our services not only to meet the needs of those whom we provide healthcare for but also in view of climate change and the greater inherent risk of weather extremes (heatwaves, draughts, storms, excessive cold etc.).

This Green Plan and Actions need to be owned by all within the Trust, with staff and contractors empowered to make and promote sustainable choices and changes.

It must be recognised that the 'big ticket' items do not always have the greatest impact. Instead, many quick wins at a team and site basis when multiplied can make a huge impact on the Environment, Carbon emissions and the Sustainability of the Healthcare delivered by and within BSMHFT.

The Trust will need to balance its resources and prioritise accordingly. Patient wellbeing and safety will always come first when considering investment and budgets. Therefore, the organisation must recognise that interventions and ways of working that provide the right direction for sustainability must be developed without creating a strain on our otherwise already over stretched resources.

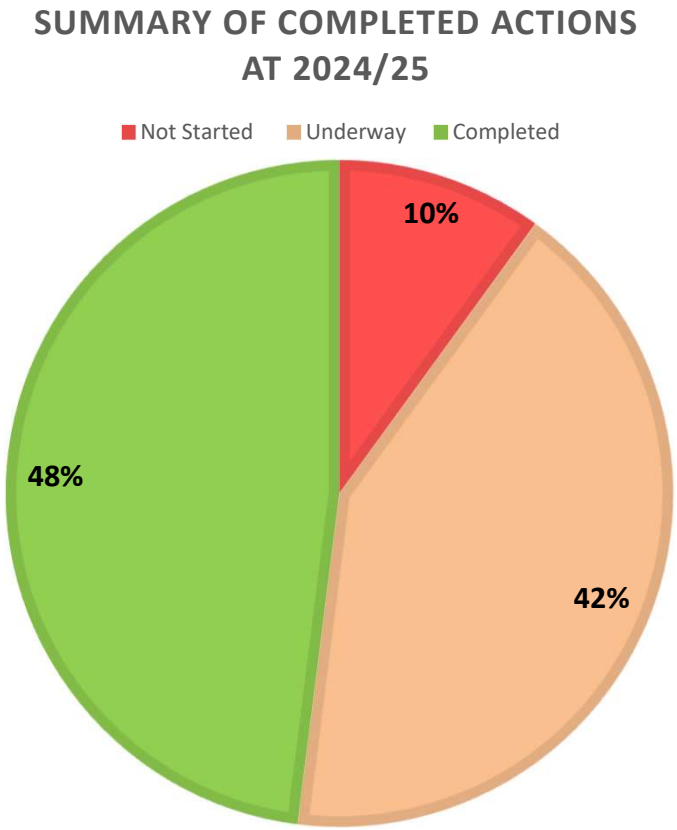
Progress against previous Green Plan Actions

The Green Plan approved by the Trust Board in 2021 (for period 2021-2026) was the first of its kind for BSMHFT. Since 2021, the last 4 years have shown how extremely difficult it has been to prioritise the Green and Sustainability agenda against so many other immediate healthcare priorities. Indeed, with capital funding allocated on a statutory standards, backlog and risk basis there has been no spare funding available to directly support this agenda.

That noted and considering the limited resource available significant progress has been noted thanks to the commitment and hard work of many staff across BSMHFT and SSL.

Indeed, those that have supported this agenda to date and passionately helped to drive that change should be recognised.

The Trust has made significant progress against the 117 actions as given in the 2021- 2026 Green Plan. Indeed across 9 areas of focus the Trust has successfully achieved 56 out of 117 action and has 49 in progress.



By way of example please see below just some of the actions listed that have been completed and have helped the Trust make progress:

- An annual review and report of the progress against the Green Plan actions and emission reduction targets.
- By developing a Heat Decarbonisation Plan we have started our journey towards 'greener heat'.
- Energy saving is incorporated in our staff communications, with investments in LED lighting and heating controls to improve our energy efficiencies.
- We have worked within our organisation and with stakeholders to ensure the Net Zero Hospital Building standard is met and that any new builds or major refurbishments receive BREEAM excellent.
- We have begun to embed a digital meal system across the organisation to help reduce food waste.

Carbon Our Past

BSMHFT when developing the first phase of the Green Plan used the baseline year of 2019/20. This being primarily because 1990 data at individual Trust level was simply not available and COVID changed how Trusts operated March 2020 onwards. Although the Green Plan written in 2021 did include scope 3 information it is recognised that the information available re contracting and procurement was limited in totality.

Thus, our progress against the 2021 Green plan being measured against scope 1 and 2 data available at the time.

In summary the 2021 Green Plan identified:-

- The baseline at 2019/20 was 8,775 tonnes CO_2 equivalent
- The position at year end 2024/25 being 5,125 tonnes CO_2 equivalent
- An overall reduction of 3,650 tonnes or 42%

A significant achievement! (see below Scope 1 and Scope 2 data in a little more detail)

Our Carbon		Natural Gas	Electricity	Water	Waste	Fleet Vehicles	Grey Fleet	Total
2019/20	tCO2e	4,775	3,112	99	41	185	563	8,775
2020/21	tCO2e	5,106	498	94	39	172	236	6,145
2021/22	tCO2e	5,010	672	38	49	178	261	6,208
2022/23	tCO2e	5,001	589	40	39	177	261	6,107
2023/24	tCO2e	4,018	579	49	22	165	208	5,041
2024/25	tCO2e	4,149	563	39	5	161	207	5,124

Moving to the present the Trust needs to re-consider its Carbon position in line with both the journey to date, NHS E data and the joint work undertaken across the ICS to get consistent data that also includes that scope 1 and 2 data previously not counted and the hard to reach scope 3 data.

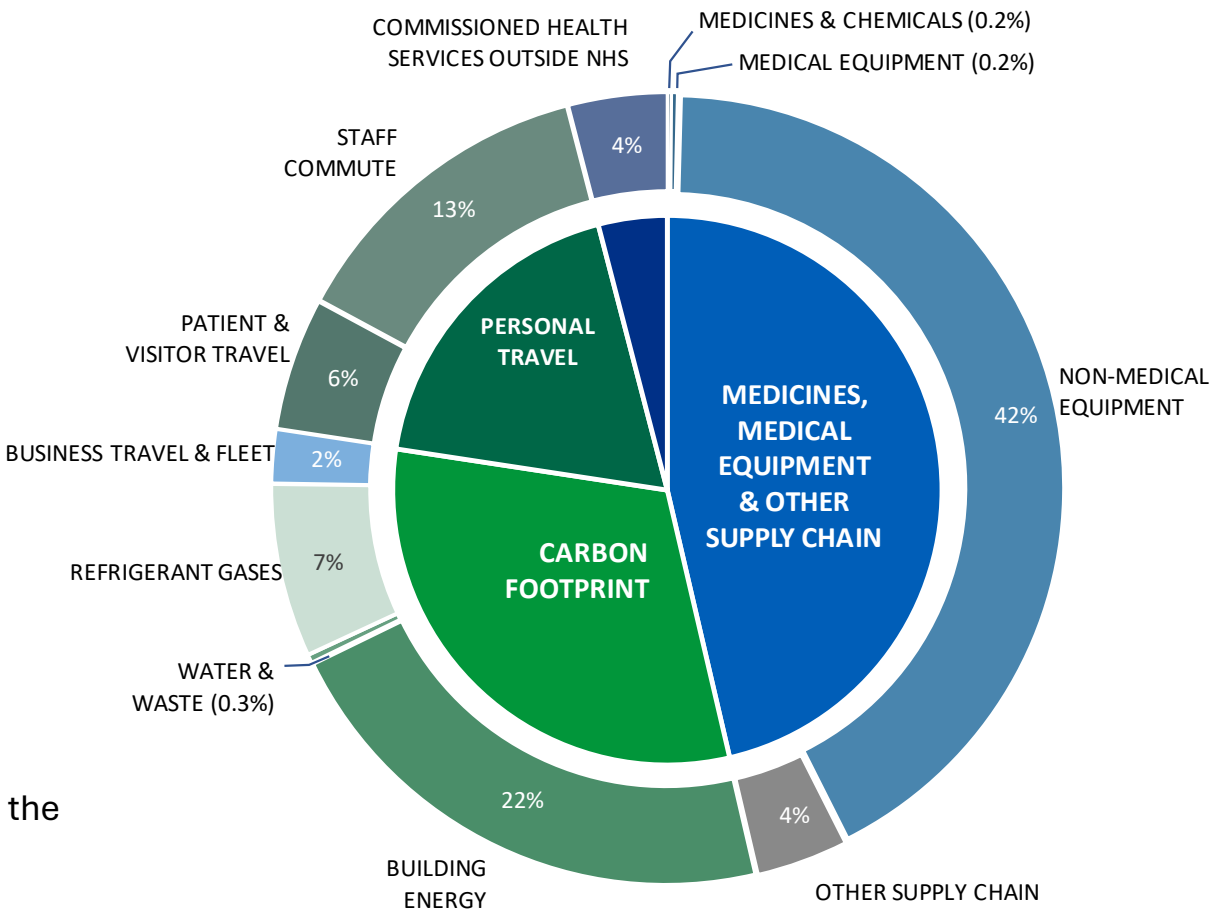
Carbon Our Present

Carbon reporting is challenging with ever changing protocols and metrics making consistency and performance management difficult. For example, NHS E reported a Carbon position (scope 1 & 2) for BSMHFT of 8,160 tonnes, whereas BSMHFT reported 5,124 tonnes (24/25) FYE. This being due to the Carbon factors associated with EDF low to zero carbon energy used by BSMHFT but not used in National data by NHS E (NHS E recognise this discrepancy and encourage the reporting of both positions).

By way of continuous improvement, the BWCFT Carbon tool has been used across the ICS to support a joined-up approach to enable consistent sets of data. This including scope 1 and 2 emissions (which now include refrigerants and estimated patient travel data) along with the scope 3 procurement and contracting data from 'eclass'.

Summary (tCO_2e)	2024/25	% of tCO_2e
Medicines & Chemicals	39	0.2%
Medical Equipment	62	0.2%
Non-Medical Equipment	10,626	42.2%
Other Supply Chain	950	3.8%
Building Energy	5,397	21.4%
Waste & Water	82	0.3%
Refrigerant Gases	1,791	7.1%
Business Travel & NHS Fleet	555	2.2%
Patient & Visitor Travel	1,368	5.4%
Staff Commuting	3,300	13.1%
Commissioned Health Services	1,021	4.1%
Medicines, Medical Equipment & Other Supply Chain	11,677	46.4%
Carbon Footprint	7,825	31.1%
Personal Travel	4,668	18.5%
Commissioned Health Services Outside NHS	1,021	4.1%
NHS Carbon Footprint	**7,825**	**31.1%**
NHS Carbon Footprint Plus	**17,366**	**68.9%**
Total	**25,191**	

The Trust needs to 'reset' its position based on the more accurate and complete data available.



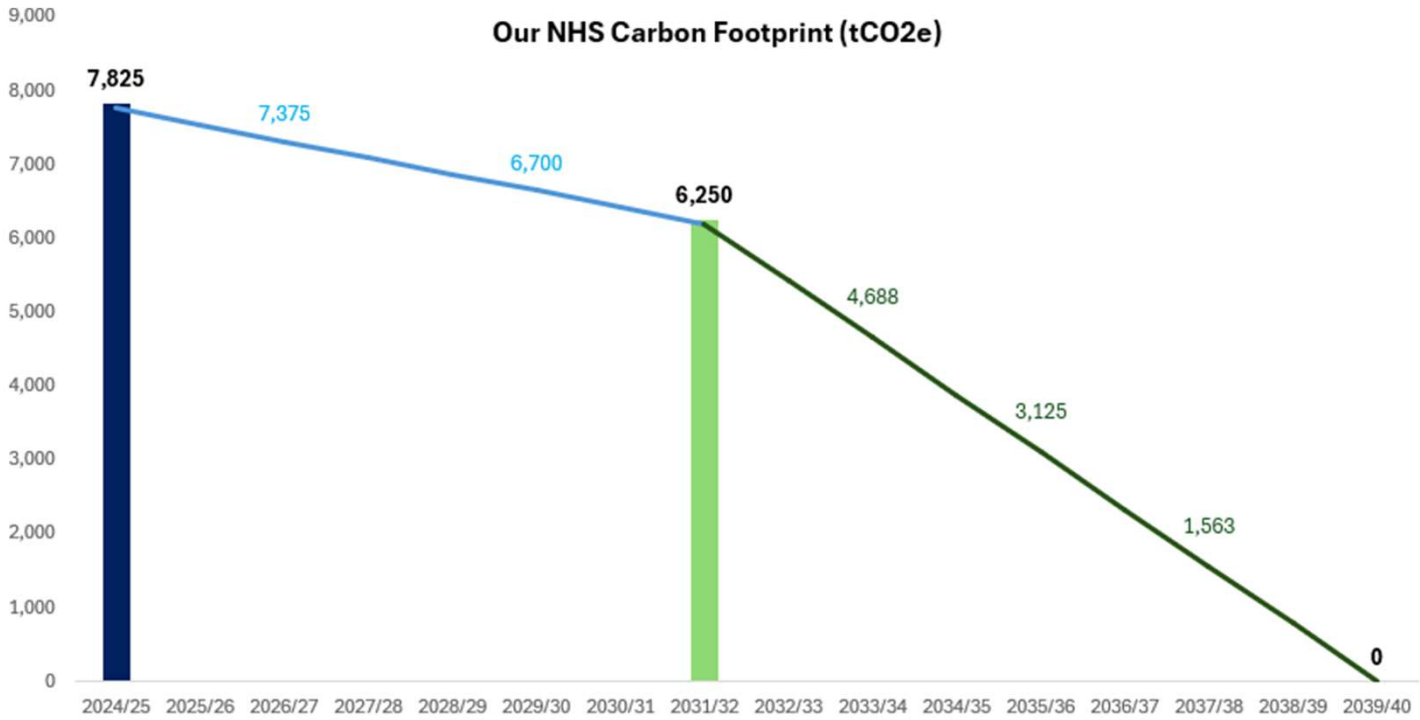
Carbon Our Future

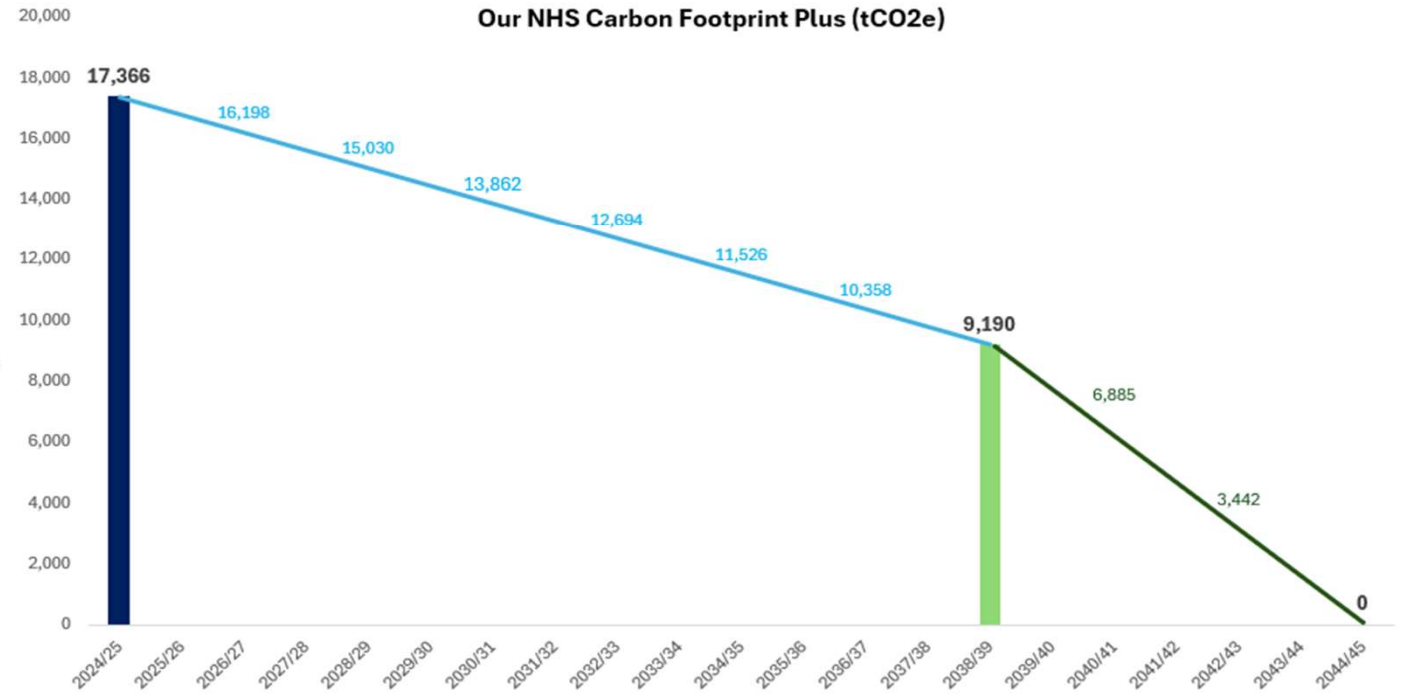
Using Our Carbon Tool, our Carbon position will be reviewed annually (post ERIC each year).

Detailed calculations have been completed try to normalise the data in line with NHS E target trajectories and the complex data analysis undertaken via the Carbon tool.
This meaning the BMSHFT Carbon Footprint at April 2025 is 7,825 tonnes and our Carbon Footprint Plus is 17,366 tonnes. Giving a total footprint of 25,191 tonnes.

Our re calculated Carbon Footprint target at 2032 being 6,250 tonnes meaning that BSMHFT needs to reduce its Carbon Footprint by 1,575 tonnes or 20%. This equating to an annual Carbon reduction target of upwards **3%** per annum.

Please see Figure 1 (page 4) for scopes included in the Carbon Footprint and Carbon Footprint Plus normalised trajectories.





Our Vision for 2025 onwards

BSMHFT fully commits to reducing greenhouse gas emissions towards Net Zero to prevent the worst impacts of climate change and meet NHS Net Zero commitments. Our Vison being for BSMHFT to be the employer and provider of choice / an exemplar of best practice when it considers Carbon Net Zero and Sustainability.

Our vision being to:

- Embed sustainability and low carbon principles into decisions made within BSMHFT and the services provided.
- Empower staff and contractors to make the right decisions and to take a controlled risk where needed to promote change.
- Positively influence providers, partners, suppliers, stakeholders and contractors.
- Support and empower our service users to be more sustainable in the way they live their lives within our care and when residing within the wider community.
- Using this Green Plan to improve Net Zero related data collation, carbon footprint and reporting capacity over time.
- Invest in renewable and decarbonised energy, using whole life costs to drive decision making and procurement processes.
- Reduce emissions aiming for that aspirational Net Zero Carbon status. Focussing on key areas that the Trust can influence such as staff behaviour, procurement, buildings, pharmaceuticals, vehicles & journeys and energy consumption.
- Ensure that sustainability, carbon mitigation (zero), energy and other environmental initiatives including ‘greening of fleet’ and ‘green’ methods of construction and operation are inclusive and embedded into such procurement and developments.
- Based on ‘best £’ and ‘quality’ including environmental impact. Ensuring that BREEAM assessments are undertaken with ‘Excellent’ being minimum level of achievement.
- Climate Resilience: adaptation strategies that strengthen the Trust’s ability to maintain quality care and provide for a climate change resilient organisation.
- Reduce waste in its widest sense, being more resource responsible (be that energy, time, products, processes).

Workforce and System Leadership

Being part of the NHS (the biggest employer in Europe), it is essential that all persons working for, or within the Trust and SSL are engaged for the Trust's Green Plan to be successful. Indeed, it is the workforce of the Trust that makes its Quality services happen, and it is that same workforce that can be instrumental in helping to support the Green/ Sustainability agenda. The Trust's Green Plan needs to be embedded within its culture, with the recognition that people are at the core of the Trust.

In the future the Trust will build elements of the Green Plan into its strategic planning and governance, including clinical and operational policies and procedures to ensure sustainability is part of the Trust's daily work measuring its success.

Leadership - The Trust will have a Non-Executive Director and Executive Director lead who will oversee the resourcing, prioritisation and delivery of this Green Plan.

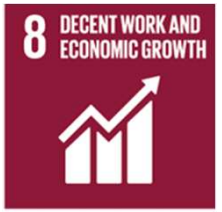
Communication - Key to workforce engagement is communication, and our Trust will ensure that there are regular, timely and meaningful communications to expose our staff, partners and stakeholders to the challenges, opportunities and achievements of and associated with the Green Plan.

It is recognised that to be sustainable the Trust cannot work in isolation and instead needs to work in close partnership across the ICS, with Primary care and with other key stakeholders and partners. To share the challenges the opportunities, risks, the potential benefits and to seek efficiencies and economies of scale – always keeping it real.

Key partners and stakeholders include but are not limited to: Integrated Care System (ICS), Primary Care, Local Authorities, 3rd sector, other collaboratives, PFI partners, contractors/ suppliers, regulators, and local people.

Strategically we will:

- Help staff develop and become more environmentally aware of the impact of their actions on the Green and Sustainability agenda.
- Work to incentivise positive and sustainable change.
- Endeavour to influence others to create a culture of 'resource management' where decisions are made from a position of being informed re Environmental and Financial Sustainability.



Sustainable Models of Care

The 10-year NHS Long Term Plan is underway and includes the NHS service model. One of the key priorities is preventative care in communities and tackling health inequalities that occur now or may occur in the future. This has been linked to emissions reductions and greener activities across the NHS.

BSMHFT delivers inpatient care, community care and specialist mental health care across circa 40 geographic locations. These services include but are not limited to rehabilitation, home treatment, community mental health services, assertive outreach, early intervention, inpatient services, day services and mental health wellbeing services.

Not withstanding the impact of digital transformation on patient care and interventions (see following section). The Trust commits to continuous improvement, adhering to the Getting it Right First-Time programme (GIRFT) helps to avoid additional hospital bed days and patient and visitor travel to clinics, and their associated environmental impacts.

Important – This plan also recognises that the real impact associated with Carbon reduction and resource efficiency will not be delivered via its buildings / its beds but will be delivered via its staff and the 100's of thousands of patients / carers and families that it cares for or works with each year. Trying where possible to support a road of continuous improvement, enabling and supporting our patients, their carers and families to be more sustainable in the way they live their lives. Sharing best practice by way of 'how to' guides and making care just that little bit easier to receive with both digitalisation and/or support with journeys for appointments

The Trust will also consider its working day and what it will need to do to make healthcare available to all as needed – considering in doing so the impacts associated with climate change adaption and for instance the elongation of the working day to avoid that midday heat!

Strategically we will:

- Review and adapt our service delivery model to support the reduction in emissions and improve the quality of care across our organisation.
- Train and empower staff to enhance sustainable models of care, providing support where feasible to have far greater community- based impact.

Digital Transformation

The NHS Long Term Plan commits the NHS to focus on digital transformation by establishing a 'digital front door'. The NHS App is one example of this, providing patients with access to NHS services.

The NHS Planning Guidance requires that at least 25% of all clinically necessary outpatient appointments should be delivered remotely by telephone or video consultation. This will help to reduce waiting times and paper waste.

Our Trust is recognised as a Global Digital Exemplar (GDE). With the growth of artificial intelligence (AI) our Trust must adopt and embrace such technologies for example, learning, problem solving and decision making – analysing data and patterns of behaviour to help develop healthcare further. Indeed BSMHFT strives to use digital care as a tool to promote inclusion and increase access to quality care across our local community. We are committed to ensuring that digital services are tailored to meet the needs of our services users across all services we provide within the Trust.

Strategically we will:

- Use frameworks and technology to support improvement in the Trusts digital services.
- Improve access to digital systems for staff and service users.

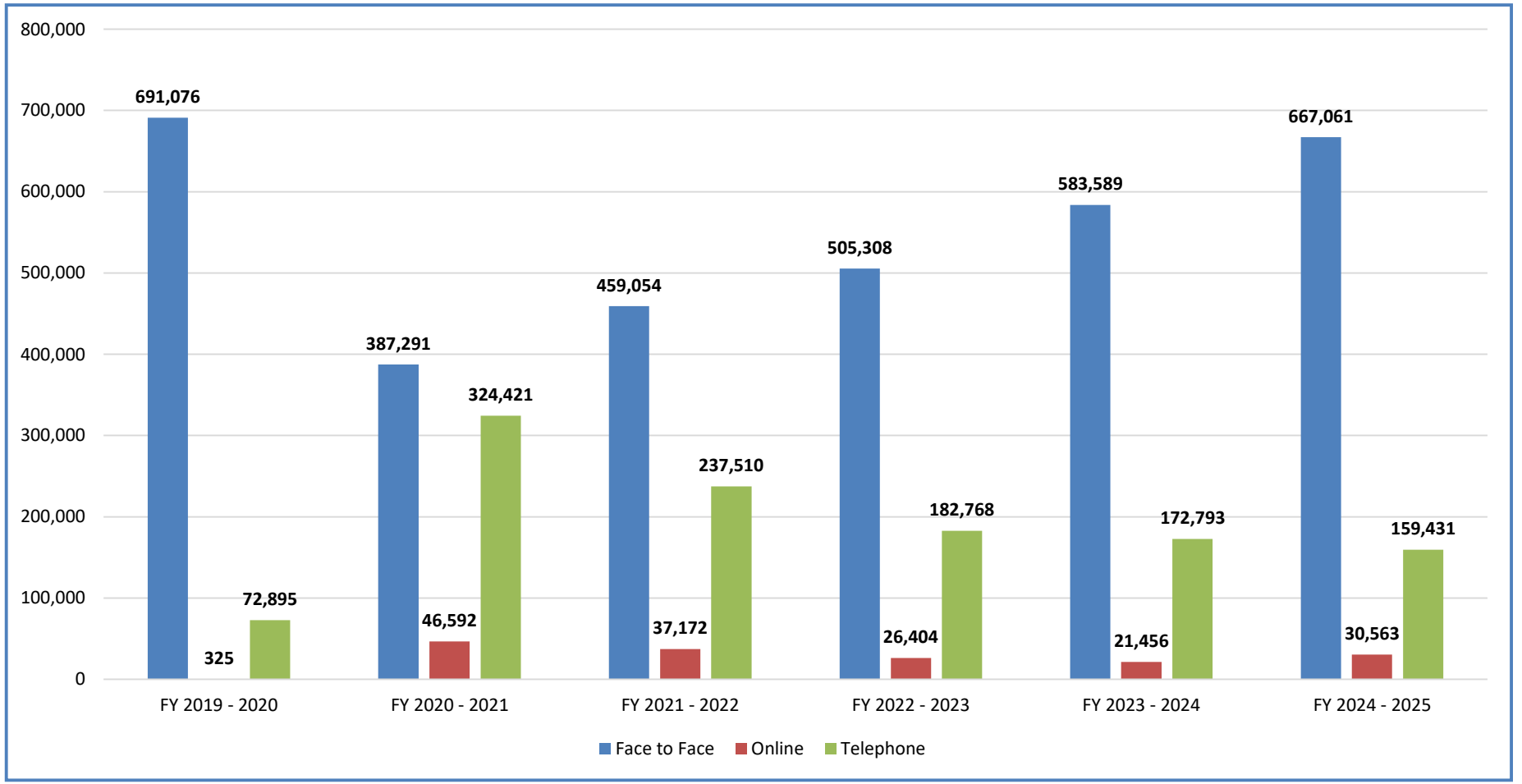
Because of the COVID-19 pandemic there is now a blended working approach, especially for office-based staff, across the organisation. Many staff now work in an agile way, being able to 'hot desk' at sites across the Trust and attend meetings from any location with Microsoft Teams, leading to a to more efficient use of space and resource. This has also reduced the need for business travel, with staff being able to work from home.

As part of the digital transformation, our Trust has been driven towards the digitalisation of patient records. This is to ensure easier access to records for service users and staff and to reduce the need for paper waste. As we continue to move our records to a digital cloud-based system, it is important we offer digital support to help ease this transition. We also use SMS messages to remind our service users of their appointments.

Going forwards taking part in new digital research to adopt new forms of service delivery which are underpinned by research and service evaluation. We also aim to develop and share care records and systems across the ICS and a technology roadmap to determine how we can implement opportunities identified in our Trust Strategy.

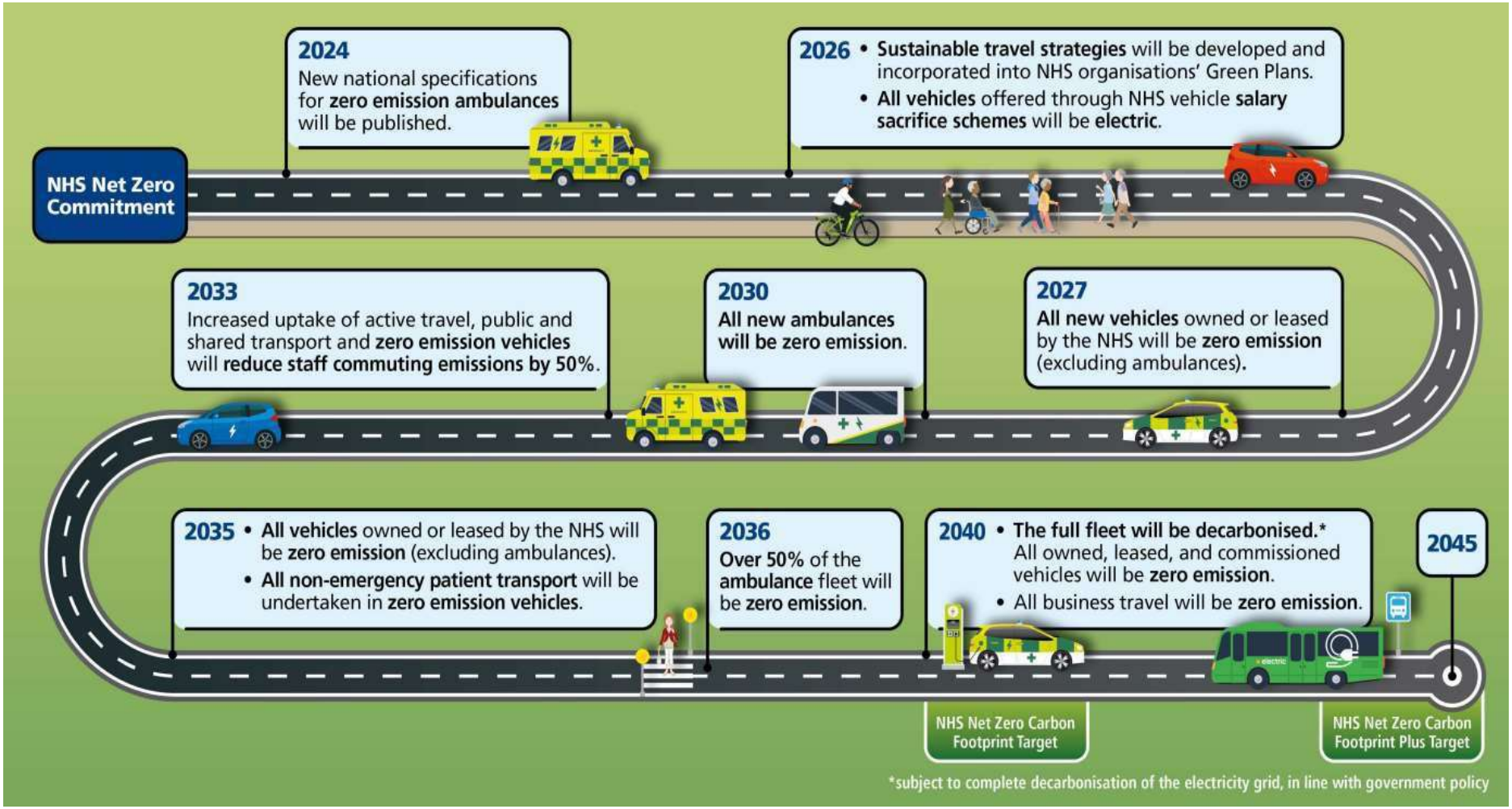
Digital Services – At the start of the pandemic the number of face-to-face consultations dropped sharply with telephone and online consultations increasing. Since the pandemic face to face appointments are now at pre-COVID levels. However, as the below shows 189,994 telephone/ online consultations (24/25) have also taken place as opposed to 73,220 pre- COVID.

Where clinically viable online/ telephone-based appointments are more sustainable both financially and for the environment – reducing travel costs and time as well as other health benefits such as not exposing patients to unfavourable weather extremes. BSMHFT will moving forward continue to support Hybrid methods of engagement and consultation. At 24/25 FYE 22% of all clinically necessary outpatient appointments shown as being delivered remotely by telephone or video consultation. This was only slightly below the 25% target.



Travel and Transport

In our 2021 Green Plan we accredited 3,671 tCO_2e to our carbon emissions relating to staff commuting and patient/visitor Travel (this included a scope 3 travel estimate). To help reduce the CO_2 caused by travel, BSMHFT in partnership with SSL is committed to developing a Green Travel plan. The plan will include the public transport routes of all sites located in Birmingham and Solihull and will outline the challenges each site faces regarding travel. This will encourage and incentivise staff and service users to choose a more environmentally conscious methods of transport when commuting to or between sites.



Staff Travel - There is a large amount of business travel across the organisation which contributes to our carbon emissions associated with circa 800,000 miles per annum of Grey Fleet Business Travel. This is due to the Trust providing community-based services and staff working at multiple sites across circa 40 geographic locations. To promote lower emission travel, the organisation offers a variety of employee benefits. This includes two salary sacrifice schemes: cycle to work and hybrid or fully electric cars. The organisation will aim to only offer ZEVs by December 2027 to be in line with NHS England targets. Also, the organisation is working in partnership with Transport for West Midlands to offer discounted bus travel for staff. Where possible the Trust allows employees, hybrid working to also reduce the need for travel.

Fleet Vehicles - Across the organisation there are more than 75 fleet vehicles managed via SSL that serve a variety of purposes. These include non-emergency patient transport, supply distribution, estates team usage, portering, ICT, facilities and general transport services. The Trust leases all its official vehicles with circa 35% being hybrid or electric at the time of writing this plan.

BSMHFT has a Non-Emergency Patient Transport Service (NEPT) which uses a system that assigns drivers a job depending on their current location. This efficient system reduces overlap between drivers and helps lower transport CO_2 emissions.

SSL operates a supply / distribution and portering services to the Trust. By using preplanned routes, vehicles can deliver and transport between sites efficiently and cut down on unnecessary journeys and emissions.

Visitor/Service User Travel - The Trust operates across circa 40 geographic locations with 44% being inpatient sites as of 2025. Majority of sites have strong public transport services which will be outlined in the Sustainable Travel Plan to support visitors and service users. To encourage lower emissions travel for service users, in partnership with Transport for West Midlands, patients can claim free travel to and from appointments.

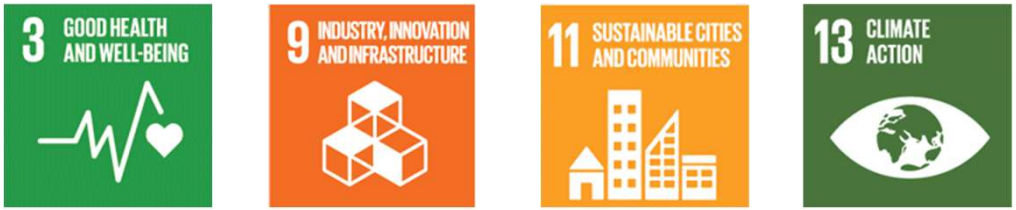
It is recognised that the effect transport emissions have on air quality and how this can impact our health. According to the World Health Organisation (WHO), poor air quality leads to over 7 million deaths globally and that 9 out of 10 people worldwide breathe polluted air.

All the Fleet Vehicles within the organisation adhere to Birmingham's Clean Air Zone (CAZ) regulations and we are striving to integrate more ULEVs and ZEVs into our fleet to help combat this issue. We recognise our potential to make a huge impact with as many as 1 in 20 road journeys in the UK attributable to the NHS. This is why as more ULEVs, and ZEVs large vans begin to come to market we will evaluate our fleet vehicles to make the necessary change to lower emissions and to aim to achieve the December 2027 NHS England target to only purchase ZEVs.

Strategically we will:

- Encourage the use more environmentally conscious methods of transport.
- Encourage those commuting to our sites to use public transport.
- Reduce our carbon emissions produced by fleet vehicles across the organisation.

We have installed EV charging points at 10 of our sites for use of fleet vehicles. This has reduced the reliance on petrol and diesel vehicles and allowed our transport teams to increase the number of journeys taken by low emission vehicles. BSMHFT will consider investment in publicly accessible charging points to promote EV travel.



Estates and Facilities

The subsidiary to the Trust, Summerhill Services Ltd provides the Estates and Facilities (Facilities Management) services to the Trust with a wide range of functionality given the complexities of the estates. Indeed, at the time of writing this Green Plan the BSMHFT with the Estates and Facilities (Facilities management (FM) services being self-delivered, delivered via third party landlords / PFI or a blend of both. This in turn making change / investment more complicated than perhaps otherwise recognised.

Biodiversity and Greenspace

The organisation is aiming to protect green spaces within the estate to reduce negative impacts on biodiversity regionally. Green spaces and nature are important for the health and wellbeing of patients and colleagues alike. At a global scale, greenspace affects the planet's ability to absorb Carbon.

As a part of NHS Forest, 140 trees were planted across 2 of our sites (Hillis Lodge and Reaside) to help improve the Green space area for the public. Also, as part of the scheme, our Juniper site benefited from the 500 trees planted at the BCHFT site Moseley Hall Hospital as they share a campus.

The Trust will also consider opportunities and risks for biodiversity at its sites and improve areas of the estate where access to green spaces may be lacking.

Heat Network – The option of joining heat networks if / when they are established by area will need to be considered by the Trust as whilst these networks use effectively surplus heat from industry, they do also have challenges including capital costs associated with connections and alterations to existing infrastructure, increased recurring revenue costs plus the need to maintain resilience in the event of 3rd party supply failure. Any options will need to be considered on a case-by-case basis.

Heat Decarbonisation Plan – A current Government priority being to Decarbonise the heat supply to the Public estate by moving away from oil or gas fired heating systems to other heating systems with predominantly either Air or Ground Source Heating solutions.

Whilst BSMHFT recognises its responsibility to work to this common goal it is disappointing that the National strategy is on changing the fuel source currently rather than first focussing financial resources on reducing the need for heat / power (heat loss) by investing in the estate / building fabric / controls and the ways in which our buildings are used. Nevertheless, in support of this Heat Decarbonisation Strategic Priority, Heat Decarbonisation Plans will be continually reviewed for the Trust that will consider each site and prioritise accordingly.

Financial planning will be essential for the Decarbonisation of the estate as at this time the Trust has been unable to start to make such investments due to financial cost pressures (current estimate being circa £50 million capital being needed). This being because the alternate systems to gas fired are significantly more expensive (in many cases 5 to 10 times more expensive) in terms of capital and currently circa 30% more expensive in terms of recurring revenue costs.

To support prioritisation and investment recognising that any well managed boiler should have an absolute minimum operational period of 10 to 15 years, the following page considers the earliest time to commence to replace the boilers at our sites to a lower carbon alternative.

Please see following page for a table of the trigger year for the boilers at our sites.

Trigger Year for Gas Boiler +10 years old

Freehold Properties	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31 onwards
Athena House	Not Applicable - Electric heating					
Ardenleigh						
Ardenleigh former Training Block						
Dan Mooney House						
David Bromley House						
Eden Unit						
George Ward						
Hertford House						
Hillis Lodge						
Juniper Centre						
Little Bromwich Centre						
Longbridge						
Lyndon Resource Centre						
Main House						
Maple Leaf Centre						
Newbridge House						
Newington Resource Centre						
Northcroft						
Reaside						
Rookery Gardens						
Shenley Fields						
Small Heath Health Centre						
Tamarind						
Uffculme Centre						
Uffculme Site Buildings						
Venture House						
Warstock Lane						
Leased Properties						
Adams Hill						
Orsborn House	Trust Unable to Replace - Multi Tenant Building Leased					
Phoenix Day Centre	Short term lease - Unable to commit significant capital					
Bishop Wilson Clinic	Trust Unable to Replace - Multi Tenant Building Leased					
Callum Lodge	Short term lease - Unable to commit significant capital					
Attwood	Trust Unable to Replace - Multi Tenant Building Leased					
Grove Avenue	Long Term Lease					
Freshfields	Trust Unable to Replace - Multi Tenant Building Leased					
PFI	Below - Subject to Contractual negotiations re life cycle and potential hand back implications					
The Barberry						
The Oleaster						
The Zinnia Centre						
Endeavour Court						
Endeavour House						
Forward House						
Ashcroft Unit						
Reservoir Court						
Mary Seacole House						

Energy- Energy and Gas consumption has a significant impact on our overall carbon emissions. Therefore, there is a need to optimise energy use in buildings and move away from using fossil fuels. The decarbonisation of the Trust's heating systems will become increasingly important to reach net zero emissions. Regarding electricity, further measures to improve energy efficiency need to be explored and reflective of continuous improvement in terms of energy efficiency. Opportunities for the Trust to install on-site renewable energy systems, such as solar panels need also to be seriously considered, this being integral to Heat Decarbonisation Plans (HDPs) for the Trust (generating electricity will help reduce the need for additional electrical capacity).

Other interventions to improve the quality of the estate and reduce negative environmental impact include restricting the use of air conditioning systems to Business-Critical areas only (i.e. ICT server rooms, clinic rooms), window replacements, enhanced insulation and improvements to Building Management Systems (BMS) to regulate the heating and electrical loading across our estate.

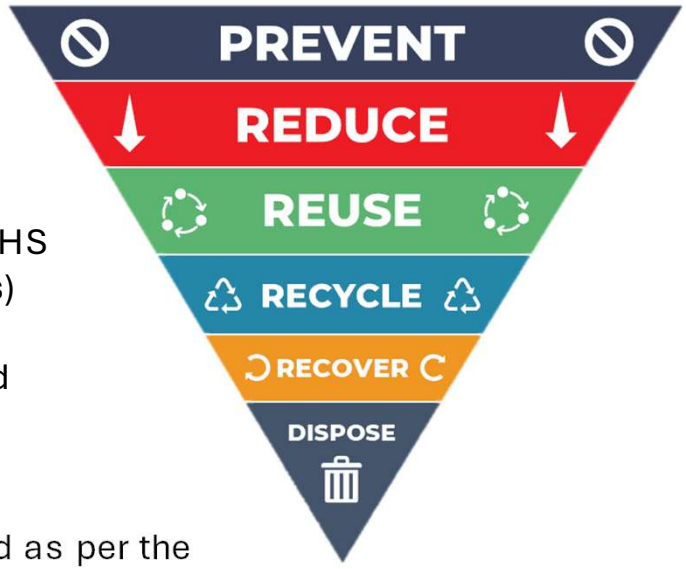
Financially these represent in many cases 6 or 7 figure Capital implications and as such other external grant funding opportunities need to be explored and adopted where applicable – these being in addition to the Trusts own financial resources.

Staff use power and staff call for heat and thus all staff working for / within the Trust need to be encouraged to mitigate energy wastage.

Capital Projects - The Trust's design and construction of buildings will contribute to whether net zero can be achieved. Buildings have significant environmental impacts in terms of emissions resulting from the use of gas, electricity and water. Improving the energy efficiency of a building is pivotal to reducing these impacts. However, there are embodied carbon emissions within materials, such as cements, steel and glass which are used in the construction of buildings. These indirect 'Scope 3' emissions can be difficult to monitor as a reduction in the carbon emissions produced are dependent on procurement.

The organisation has made commitment to ensure all capital development complies with the 'Excellent' or above rating of the Building Research Establishment Environmental Assessment Method (BREEAM).

Waste – The waste hierarchy of Prevent, Reduce, Reuse, Recycle, Recovery (energy from waste) before disposal (landfill) must continue to be embedded to ensure that waste duty of care and circular economic principles are being maintained. There are many different types of waste, and the Trust needs to work initially to reduce all waste and be more resource efficient.



In terms of Clinical (healthcare) waste the Trust needs to work towards the NHS Waste Strategy where by 60% should be treated as offensive (non-hazardous) with 20% then hazardous for Alternate Treatment and only 20% being hazardous (for incineration / waste to energy). This will need to be considered within BSMHFT on a site-by-site basis as led by Infection Prevention Control team as Policy owners.

Recycling – The Trust will need to continue to increase its % of waste recycled as per the waste hierarchy. This will include the recycling (or composting etc) of paper, card, plastics, tin, glass, electrical / electronics, green waste and even food waste – ensuring that recycling is maximised, reducing waste being used as a refuse derived fuel (waste to energy) and making landfill a thing of the past.

Strategically we will:

- Encourage staff to take ownership and help the organisation to be more sustainable
- Invest in renewable energy options and begin to decarbonise our estate.
- Look to improve the water efficiency across all our buildings.
- Support NHS England with the move towards a 60:20:20 split of clinical waste.

Water efficiencies - Although the emissions are low compared to those produced by energy and gas use, being water efficient is important alleviate water stress. Water usage will be reviewed to support intelligence re excess consumption, leaks etc. Water conservation and sustainable drainage / car parks and pathways with permeable surfaces shall also be explored as this will help reduce water stress and potentially alleviate flooding by attenuating surface water run-off in storm events – resilience linked to climate adaption.

Air Quality

Air quality, climate change and health outcomes are highly interconnected. The NHS Net Zero plan states that reaching UK targets on emissions reductions in line with Paris Agreement could save 38,000 lives.

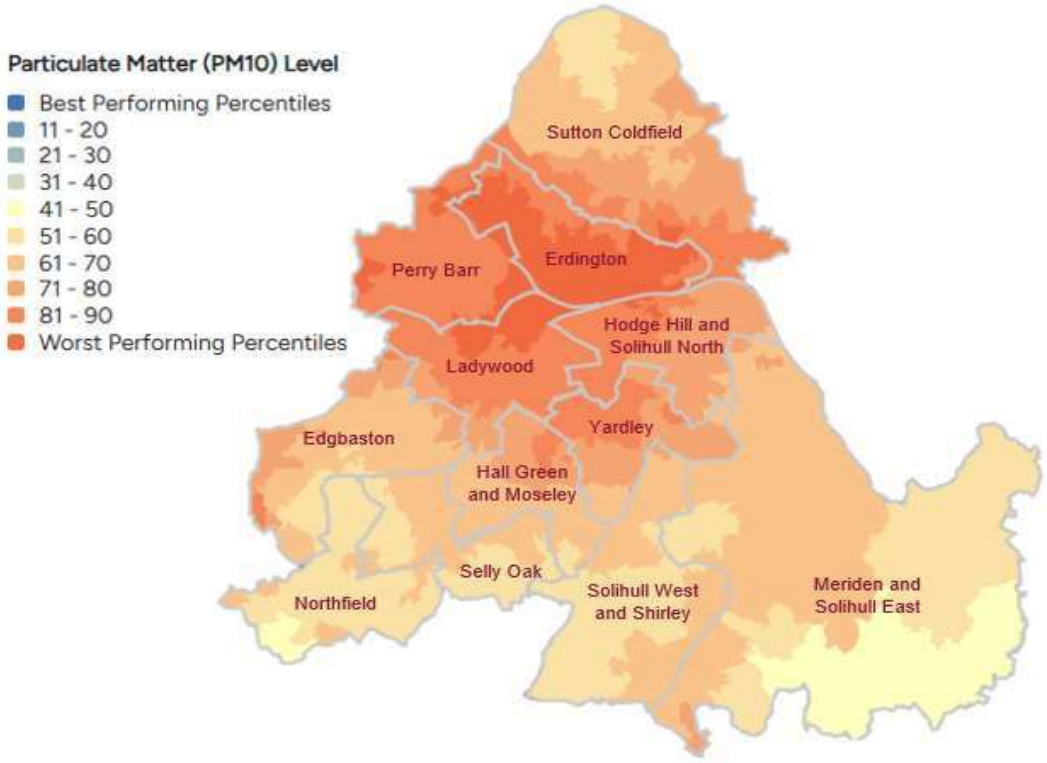
One of the key contributors to air pollution is Travel. With as many as 1 in 20 road journeys in the UK attributable to the NHS, the Trust's activity has significant impact on the air quality in the local community. This is why all our fleet vehicles are in line with Birmingham's clean air zone (CAZ) regulations, and we are continuously working to expand the number of fleet vehicles that have zero to low carbon emissions. We will also work towards reviewing and rewriting as necessary our travel plan to help encourage staff, service users and visitors to use public transport where possible (that modal shift so often referred to).

Additionally, the gas-fired boilers that are used across the organisation are a major contributor to air pollution. This is why we are aiming to work towards decarbonising our estate.

Strategically we will:

- Work with stakeholders to create solutions to reduce our impact on air quality.
- Encourage more sustainable practices within our workforce to reduce the negative impact on air quality locally.

Figure 2: Map showing levels of particulate matter (PM10) in Birmingham and Solihull which have a negative impact on air quality.



The organisation is currently working closely with the ICS, WMCA and stakeholders to tackle the issue of air quality. The severity of the impact of poor Air Quality cannot be underestimated with many experts suggesting that poor Air Quality should be viewed in the same manner as that of tobacco being a significant impact on health. Indeed, within the West Midlands Combined Authority it is suggested that 2,300 early deaths per annum and over 3,000 additional asthma diagnosed cases are thought to be attributable solely to poor Air Quality.

Medicines

In addition to carbon dioxide emissions, the NHS clinical activity and prescriptions, such as using inhalers, nitrous oxide and volatile inhaled anaesthetics like desflurane, contribute to a considerable proportion of the NHS Green House Gas footprint.

The Long-Term Plan commits the NHS to reduce GHG emissions from anaesthetic gases by 40% (which on its own could represent 2% of the overall NHS England carbon footprint reduction target which the NHS must meet under Climate Change Act commitments).

The NHS England target of reducing nitrous oxide and mixed nitrous oxide waste by up to 14% in 2024/25 against 2023/24 baseline is yet to be achieved across Birmingham and Solihull. The Trust, due to the nature of mental health care, does not have this waste stream and is this not able to contribute. Another target outlined by NHS England being to reduce emissions caused by inhalers by 7% in 2024/25 against a 2023/24 baseline. The Trust as a secondary prescriber can only support (working with healthcare primary prescribers) this target and cannot own it.

Prescribing – The Trust needs to avoid unnecessary medicinal wastage be that the result of over prescribing or simply prescribing the wrong product at the wrong time. In addition, where medicinal commodities are in date and not used the Trust needs to continue to support return and re-use to enable financial and environmental efficiencies. Packaging from medicinal commodities also needs to be reduced where possible, with greener biodegradable packing being used and recycled.

NHS Standard Contract - The NHS Standard Contract stipulates that 30% of all inhalers prescribed across NHS England should be Dry-powder inhalers, potentially saving 374 ktco2e per year, according to the NHS Net Zero report. It is suggested that DPIs are an appropriate choice for many patients and contain as little as 4% of the GHGs emissions per dose compared with MDIs. At the end of use, inhalers still contain as much as 20% of high- GWP propellant. Greener disposal of these items, where residual fluorinated gases are captured and destroyed, is therefore another key priority.

Inhalers - BSMHFT prescribe very few inhalers, where they are prescribed being 'as per previous Rx', either GP or respiratory team and is likely to be salbutamol for patients who lose or forget those. In the majority of cases, it is Primary care / Acute that would consider any inhaler changes / prescriptions. The choice of inhaler would be based on patient need and physical ability to operate one. It is suggested that the best way to reduce the use of aerosols would be to educate patients to use the steroid inhalers better which reduces the need for a much greater use of the blue relievers. On average patients may use 20-30 puffs a day of the blue inhaler but may only need 4 of the brown inhaler if the steroid is working well.

Strategically we will:

- Consider our procurement of medicines to try to reduce our Carbon footprint.
- Continue to drive practices controlling the volume of medicines ordered by Trust units at any one time to reduce wastage.
- Continue to support innovation in medicines where possible promoting healthcare and mitigating negative environmental impact.

Supply Chain and Procurement

Procurement has major social, economic, and environmental impact both locally and globally. With the NHS in England alone procuring around £30 billion of goods and services annually it is important that we as a Trust aim to procure as sustainably as possible.

As a Trust, most items and services are procured through centralised NHS/government frameworks, such as NHS Supply Chain. These centralised frameworks already provide best value through bulk purchasing power and consolidation of orders. The Trust cannot control or influence the sustainability aspects of these routes of procurement and will benefit from the decisions made in how these frameworks operate.

Along with the other local Trusts within of the ICS, we are now a part of BSol procurement collaborative. This provides the Trust with less autonomy in exchange for financial, resource and environmental efficiencies.

In addition, the Trust is a signatory of the NHS Single Use Plastics Pledge and aims to reduce plastic consumables.

Product retainment and lifecycle

Procuring well, ensuring best value for money and social and environmental benefits will remain a core principle for the wider NHS and the Trust. Keeping products in service for as long as possible, through maintenance and repair, is fundamental to a circular economy and drives down waste. The Trust already re-uses medical associated devices and furniture where it can and is also to develop and implement a reuse platform that will help to drive this forward, reducing wastage.

Strategically we will:

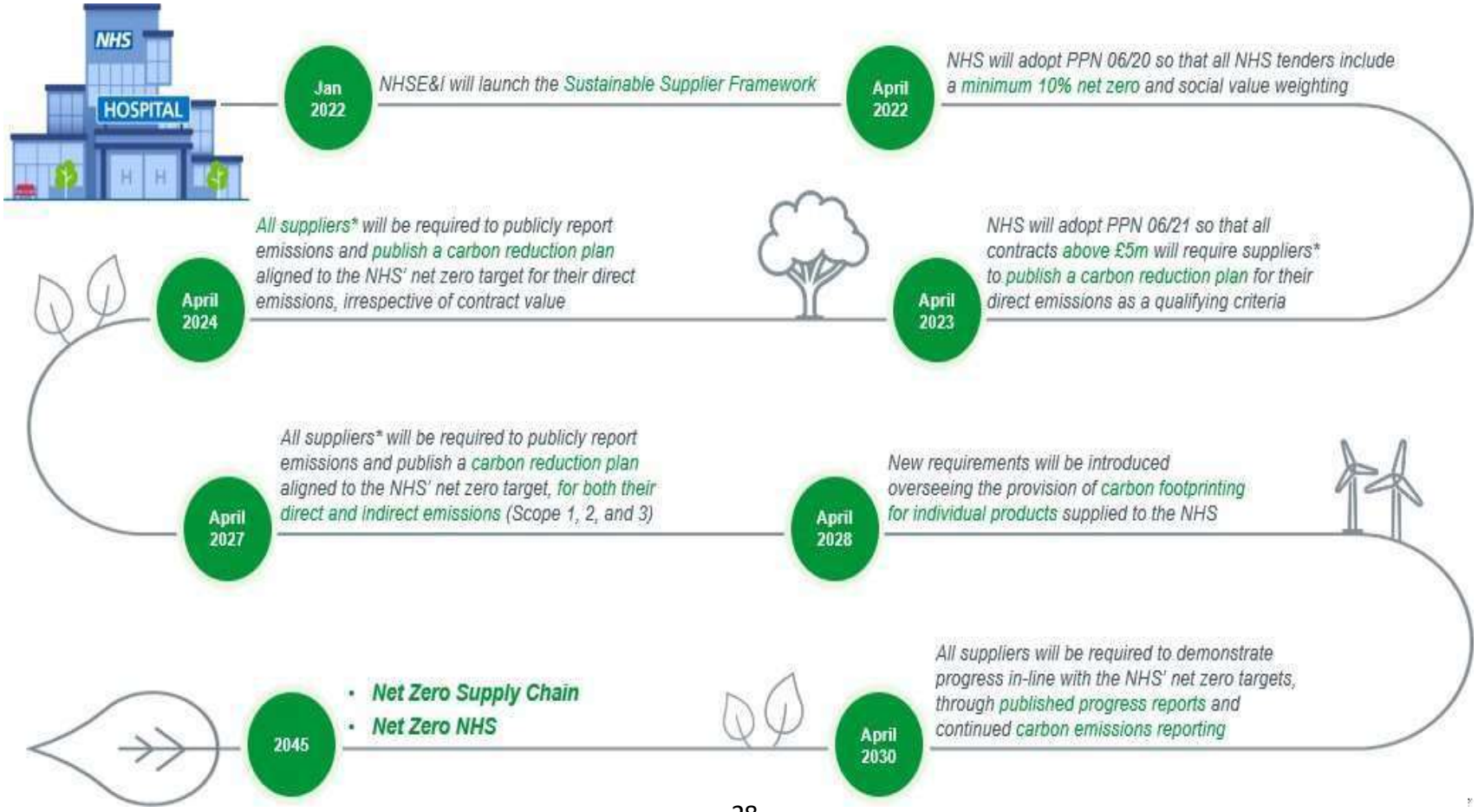
- Ensure environmental sustainability is taken into consideration when selecting procurement contracts.
- Work with supplies to ensure they are working towards reducing emissions.
- Work as part of Bsol towards innovation of more sustainable procurement.
- Develop a way of recognising the impact of the procurement decisions by way of sustainability and carbon.

The NHS is mandated to adopt a new social value and environmental standards in the future. A new Sustainable Supplier Framework that was launched in January 2022, ensures to include a minimum 10% net zero and social value weighting.

From April 2023, all contracts above £5 million required suppliers to publish a carbon reduction plan for their direct emissions as a qualifying criterion.

By 2030, all suppliers are required to demonstrate progress in- line with the NHS' net zero targets, through published progress reports and continued carbon reporting.

These additional requirements will enable the Trust to determine more accurately the carbon and social impact of the products and services that the Trust buys, and ensure suppliers are reducing the emissions associated with their operations and products.



Food and Nutrition

With Food production accounting for up to 26% of global greenhouse gas emissions and agriculture listed as the main threat for 24,000 species to become extinct, it is clear our food and nutrition practices influence climate change.

The Trust will work to fulfil the NHS Long Term Plan priorities for food provision, promoting seasonal menu options, Fair Trade or RSPC certified products and supporting local and regional producers wherever possible.

The Trust serves on average 3 meals per day per patient at all our sites offering a wide range of meal choices including vegetarian, vegan and other dietary requirements. There are seasonal and themed menus available at sites, with rolling menus. We have our own production kitchens and where these are not available, we use a mixture of chill cook / freeze cook food from suppliers.

After signing the NHS' Single Use Plastics Pledge, plastics have been removed from catering services and are replaced by biodegradable equivalents.

To generate efficiencies the Trust is moving towards a digital food-based ordering system at inpatient sites, allowing patients to select their meals the day before. This system will also give additional benefits such as collecting data on service users' preferences to improve menus and hiding food items that the specific user has an allergy or intolerance to.

Strategically we will:

- Ensure all food products are procured as sustainably as possible.
- That our food menus contain less processed food and focus on fruit and vegetables and that food wastage is minimised.

Adaption

Climate change is making extreme weather events, such as heatwaves, droughts and flooding, more prevalent. This poses risks for vulnerable populations in the community but also impacts the Trusts ability to operate with threats to accessibility of sites and supply chains. It is therefore important that BSMHFT examines the potential risks and ensure that buildings, systems, working practices and processes are adapted to cope with the possible impacts that extreme weather events can cause.

Currently, the Trust engages with other public authorities and partners in tackling extreme weather events, such as flooding in the local area of Birmingham and Solihull and will continue to build on this by analysing these risks and as necessary develop a strategy or equivalent to tackle care delivery, estate planning and flood management.

The NHS Long Term Plan reinforces the requirement to embed climate resilience into the Trust's current healthcare services. It also outlines organisational resilience and the prevention of avoidable illness by creating sustainable healthcare services.

At the time of writing this plan, the organisation is in the process of completing the NHS Climate Risk Assessment Tool (CCRA tool) to help manage risks to our services in relation to climate change.

Reducing the Trust's impact on the environment will not only help mitigate climate change but will reduce health inequalities in the local community and will ensure business continuity. This will also help look after 'the public purse' as organisation running costs will be brought down due to being able to cope with the change of climate.

Strategically we will:

- Work to prepare for and educate staff and stakeholders on future extreme weather events.
- Communicate and Prepare for extreme weather events to the best of our ability across the organisation.

Action Plan

No.	Action	Measure	Lead	Target Date
To reduce carbon by at least 3% per annum between 2025 and 2029 on a like for like estate – Actions to include:				
1	Have a designated board-level net zero lead to oversee the Green plan delivery with Board approved Green Plan.	Ratified Green plan.	Trust	2025
2	To upskill the workforce. Supporting access to relevant and suitable training and materials.	Online training course available to all employees. Greener NHS Training Hub.	Trust / L & D	Ongoing
3	To provide relevant, timely and effective communication across the Trust.	Green Plan / Sustainability internet and intranet pages. Information & Communication.	Trust & SSL Comms	Ongoing
4	Further develop flexible working policies, procedures and resources to support home / agile working.	Homeworking / flexible working policy and process in place.	HR / ICT	Ongoing
5	To Implement at least 1 new initiative to support Carbon reduction with Clinical / Transformation.	Initiative identified and implemented	Clinical	2026
6	To provide and support online or telephone consultations where able to, recording data accordingly.	30% of all relevant appointments to be online/telephone.	Clinical / Procurement	2028
7	Work to engage suppliers related to sustainable care in relevant emissions reduction and health equalities activities.	Ensure all suppliers have a carbon net zero action plan in line with procurement notice 06/20.	Clinical / Procurement	Ongoing
8	Utilise our Global Digital Exemplar status to engage with digital research.	Develop a technology roadmap	Clinical / ICT	2027

No.	Action	Measure	Lead	Target Date
To reduce carbon by at least 3% per annum between 2025 and 2029 on a like for like estate – Actions to include:				
9	Develop a Sustainable Travel plan, to be aligned with the Green Plan, supporting net zero.	Sustainable Travel Plan developed, consulted and ratified by December 2025.	SSL	2025
10	To refresh and replace fleet vehicles with the most Carbon efficient and fit for purpose vehicles available.	For 90% of our fleet vehicles to be ULEVs and 10% be ZEVs by December 2027.	SSL	2027
11	To ensure only the most environmentally friendly vehicles are available via salary sacrifice scheme.	Only zero-emission vehicles to be available via any new salary sacrifice agreements from December 2026.	HR / Finance	2026
12	Review cycling infrastructure across all BSMHFT sites and assess the need for: bike shelters, lockers, showers and incentives.	Travel Plan - Documented review with actions for investment.	SSL	2026
13	To understand travel needs, challenges and opportunities across the organisation via a Travel survey.	To conduct a Travel survey every 2 years and aim for 20% of workforce responding.	SSL / Comms	2027
14	Lower the organisations utility consumption across the estate (like for like).	Annual reduction of 3% of utility usage subject to degree day data.	Trust	Ongoing / Annual
15	Develop a heat decarbonisation plan (HDP), which aims to replace fossil fuel heating systems with lower carbon alternatives.	HDP in place for all sites.	SSL	2026
16	Ensure all applicable new buildings and major refurbishment projects are compliant with the NHS Net Zero Building Standard.	Ensure all new builds achieve BREEAM 'Excellent'.	SSL	Ongoing

No.	Action	Measure	Lead	Target Date
To reduce carbon by at least **3%** per annum between 2025 and 2029 on a like for like estate – Actions to include:				
17	Ensure that Sustainability is considered in significant decision making, policy and investment.	Develop a Sustainability Impact Assessment (SIA).	SSL	2025
18	Develop a Climate Change Adaptation plan to mitigate the change in weather caused by climate change.	Complete the NHSE Climate Change Adaption Risk Assessment Adaption Plan in place and linked to Trust EPRR.	Trust / SSL	2026
20	To increase the opportunity for the recycling of waste.	100% of Trust managed sites to have DMR (equiv).	SSL	Ongoing
22	To move to segregate clinical waste in line with NHS Waste Strategy (60/20/20 targets) – increasing use of offensive non-hazardous waste and reducing reliance on orange bagged hazardous.	50% of Clinical waste managed as offensive waste by December 2027.	Clinical / SSL	2027
23	To reduce idling of vehicles within the estate.	Signage installed to discourage idling.	SSL	2026
24	To explore ways of educating better use of steroid based preventive inhalers.	Less reliever inhalers used / disposed.	Pharmacy / Clinical	2026
25	To develop systems and increase opportunities to re-use medication where oversubscribed / in date & not used.	Reduce Prescription only Medicine waste by 15%.	Pharmacy / Clinical	2028

No.	Action	Measure	Lead	Target Date
To reduce carbon by at least **3%** per annum between 2025 and 2029 on a like for like estate – Actions to include:				
26	Working in conjunction with the Bsol Procurement Collaborative to work with NHS Supply Chain to better understand the climate change risks across the supply chain and embed the NHS net zero supplier roadmap into all relevant procurements.	Only work with Suppliers that have a Carbon Reduction Plan (CRP) or equivalent in place.	BSol Procurement	Ongoing
27	Reduce reliance on single-use products and consider how to safely build this work into clinical improvement projects.	Mask where via supply chain those single use plastic items that can safely be removed from use.	BSol Procurement / Clinical	2026
28	Explore lower carbon menus by creating seasonal variations high in fruit and vegetables.	Review current seasonal menus and make changes were appropriate.	SSL / Clinical	Ongoing
29	To introduce an electronic food ordering system for use across the Trust estate.	Electronic (tablet led) system in place at 50% or more of in-patient sites end 2025 with 100% by end 2027.	SSL / Clinical	2027
30	Quick wins against the sustainability agenda.	- Stop using couch roll. - Gloves off campaign. - Have all staff records be digital. - Maximise the use of space by enhancing our room booking systems. - Promote and incentivise transport Model shift. - Re use PPE where possible (mask / aprons)	Trust	Ongoing