



Cheshire and Merseyside

# Green Plan Executive Summary

2025-2028



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Given the global health imperatives, the NHS must stick to its net zero ambitions. There is no trade-off between climate responsibilities and reducing waiting lists.

Professor the Lord Darzi of Denham  
Paul Hamlyn Chair of Surgery,  
Imperial College London

## Foreword

In March 2022 the first Cheshire and Merseyside system Green Plan was published, mere months before the establishment of the new integrated care system (ICS). The Plan reflected the Green Plans of NHS trusts, local authorities and partners from across Cheshire and Merseyside and commented on system-wide priorities and co-ordination. It also laid out the strategic path, directing discussions across the system and detailing specific steps to lower carbon emissions, increase environmental awareness, and eliminate unnecessary duplication.

Our Green Plan has been refreshed for 2025-2028, and we remain absolutely committed to ending our contribution to climate change by 2040 in line with the national ambitions of NHS England. As an organisation, we are committed to working individually as well as at Place and System level. Since the adoption of the first iteration of our Green Plan we have actively engaged with partner organisations to establish system priorities and have been working towards delivering them. This exemplifies the collaborative efforts of Cheshire and Merseyside ICS in mitigating our carbon footprint, reducing health inequalities, and enhancing social value.

From reducing single-use plastics to implementing energy-efficient systems, every step we take is designed to minimise our environmental impact. But our commitment goes beyond just environmental sustainability - we also create social value by partnering with local organisations and supporting initiatives that benefit the community. As an anchor institution, we have a unique opportunity to effect positive change. By leveraging our resources, expertise, and influence, we can drive economic development, promote social equity, and improve overall wellbeing.

This approach recognises climate change as the most significant health and human rights issue facing us today, and the transition to net zero as an opportunity to tackle inequalities and the wider determinants of health. It is an approach that is fundamentally important to the future survival of the NHS, the population, and the planet.

We invite all our stakeholders - from employees to patients to partners - to join us in this important journey.



*Raj Jain  
Chair*



*Graham Urwin  
Chief Executive*



*Dave Sweeney  
AD Partnerships &  
Sustainability*

# 1. What is the Green Plan?

Climate change is the greatest health threat facing the world, but it also offers the greatest opportunity for us to redefine the social and environmental determinants of health in order to provide sustainable health services across Cheshire and Merseyside and to deliver the ambitions as set out in [Delivering a Net Zero National Health Service](#), namely:

- For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction (from 1990 levels) by 2028 to 2032.
- For the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction (from 1990 levels) by 2036 to 2039.

This Plan outlines our commitment to deliver sustainable and high-quality services and highlights how we work with our partners to positively impact the wider determinants of health to address health inequalities and to embed social value. Together with our Social Value Charter and Anchor Framework, our Green Plan is aligned to the United Nations' Sustainable Development Goals, and we will continue to work with our partners to encompass these at the heart of our work.



## The key elements:

- To ensure NHS Cheshire and Merseyside aligns with the wider NHS ambition to be the first healthcare system in the world to reach net zero carbon emissions.
- Prevention and wellness: Preventive care lessens the burden of chronic diseases and enhances overall public health. Implementing prevention/ early intervention strategies, reduces the need for costly treatments and hospital admissions, leading to better patient outcomes.
- Resource management: Minimising waste and enhancing efficiency reduces costs and greenhouse gas emissions. Traditional healthcare models have a significant negative impact on the environment.
- Integrated care: By breaking down organisational silos, the NHS and partners can improve care co-ordination, reduce duplication of services, and provide more holistic care to communities.
- Technology and innovation: Digital health solutions such as telemedicine, remote monitoring, and electronic health records can improve access to care, enhance communication between healthcare providers, increase efficiency, reduce costs, and empower patients to take control of their health.
- Engagement and collaboration: Involving local communities in decision-making ensures that services are tailored to meet their specific needs and preferences, and fosters a sense of ownership and accountability, leading to better health and wellbeing. Collaboration also helps in the efficient allocation of resources and development of innovative solutions to address healthcare challenges.

## 2. Areas of focus and Green Plan Actions



### System leadership and workforce development

- Promote and engage staff in sustainable workplace activity and practices.
- Ensure sustainability is integrated into all decision-making processes.
- Work with partner organisations, stakeholders, and the local community to reach sustainability objectives.



### Climate adaptation

- Establish a Climate Adaptation Committee to drive forward climate adaptation planning and actions across the NHS in Cheshire and Merseyside.
- Ensure direct and indirect climate risks are embedded into corporate risk assessments and business continuity plans.
- Assess the 'numbers behind future climate change'. Look at the impact on various metrics (excess deaths, buildings at risk, impact of heatwaves, economic losses etc.) that climate change may have if nothing were done (business as usual), versus effective adaptation.
- Embed climate adaptation into any natural environment / capital working groups.
- Prioritise measures such as improved drainage (SUDS), green infrastructure integration, cooling stations (water fountains / shaded benches).
- Initiate water saving programmes and reduce water usage.
- Assess the extent to which digital infrastructure, telecoms and ICT is considering future climate change projections.
- Identify infrastructure at risk of overheating and implement suitable measures to reduce the risk.
- Work with partners to ensure that climate risks are addressed and considered in the commissioning and provision of all health and care services and assets.
- Monitor changes in vector-borne diseases as a result of climate change to provide more accurate advice on where and when the likely hotspots in the region will be, and what to do if affected.



### Air quality

- Agree a local NHS position statement on AQ and health to use our trusted voice as health professionals to influence wider action.
- Engage board level leads on air quality.
- Join up campaigns on indoor and outdoor air pollution with local authorities and VCFSEs.
- Explore how to improve indoor air pollution.
- Work with partners to explore sources of funding.



## Biodiversity and nature recovery

- Complete green space mapping on larger Trust sites to identify and prioritise 15-20 areas for habitat creation.
- Establish biodiversity net gain targets and increase habitats for wildlife based on Trust mapping activity aligned and in collaboration with local nature recovery strategy (LNRS) priorities.
- Improve biodiversity through large-scale nature recovery projects in urban areas aligned with LNRS priorities.
- Prioritising the inclusion of green space and biodiversity in the design of all new buildings and refurbishments.
- Mapping nature based social prescribing opportunities on NHS sites.



## Digital transformation

- Implement Electronic Patient Records (EPRs) in line with NHSE guidelines to reduce paper usage.
- Reduce use of paper for non-direct care processes within organisations across back-office functions.
- Expand the use of the Cheshire and Merseyside Shared Care Record to support reduction of paper based communications between health and care professionals.
- Complete rollout of patient empowerment portals (PEPs) into all NHS providers and further support patients to access health and care information through the NHS app.
- Continue roll-out of the remote monitoring platform for management of various long term conditions and for more Places to manage higher numbers of 'at risk' patients at their usual place of residence, reducing patient and care professional travel time.
- Evaluate other digital platforms 'at scale' for potential widespread adoption across C&M that reduce travel impact for staff and patients.



## Estates and facilities

- C&M provider Trusts to finalise their heat decarbonisation plans.
- C&M Trusts to complete their waste stream supplier audit and eliminate all waste sent to landfill.
- Transition away from all fossil fuels including gas. (No new gas boilers 2025 □.)
- Develop implementation plan for transition to clean fuels.
- Providers and primary care to implement recommendations outlined within the Estates 'Net Zero' Carbon Delivery Plan (technical annex).
- Incorporate sustainable design into construction/ refurbishment of buildings / infrastructure using local businesses where possible.
- Planned preventative maintenance of facilities and assets should be energy focused.



## Food and nutrition

- Organisations to monitor, manage and actively reduce their food waste from production waste, plate waste and unserved meals.
- Use seasonal ingredients from locally sourced suppliers and work with partners to identify opportunities for local and small to medium-sized enterprise food producers.
- Increase plant-based meal options for staff, patients and visitors.
- Educate patients on the link between food, health and obesity as well as the impact of food production on the environment.



## Medicines, prescribing and anaesthetics

- Every provider Trust (using anaesthetics) to have a designated environmental anaesthetist lead.
- Support Trusts to reduce emissions from nitrous oxide and mixed nitrous oxide waste by 9-14% into 2024/25 against the 2023/24 baseline.
- Support Trusts to undertake Entonox waste audits.
- Work as a system to reduce the use of pressurised metered dose inhalers (pMDIs).
- Engage with patients to promote correct inhaler technique, self-management and adherence.
- Where clinically appropriate prioritise evidence-based therapies over pharmaceutical interventions and focus on the reduction of carbon emissions by medicines optimisation.
- Sustainability to be built into medicine purchasing decisions.
- Exploration with PCNs around ensuring the success of social prescribing is not simply measured in reduced GP visits and or/ take up of referrals.



## Primary care

- Primary care practices to calculate their carbon footprints.
- Monitor and reduce energy use. Practices to move to 100% renewable energy tariffs where practicable.
- Procurement: primary care to reduce unnecessary purchasing and to choose sustainable options where appropriate.
- Primary care organisations to implement actions outlined within the [10-Point Plan for Primary Care](#).
- Primary Care buildings to have transitioned from fossil fuels by 2032.



## Supply chain and procurement

- All NHS procurements to include a minimum of 10% net zero and social value weighting.
- From April 2024 all new procurements of high value (£5m p/a exc. VAT and above) and new frameworks operated by in-scope organisations, irrespective of the value, where relevant and proportionate to the framework, require suppliers to publish a Carbon Reduction Plan for Scope 1 and 2 emissions and a subset of Scope 3 emissions as a minimum (aligning with PPN 06/21).
- From April 2024 a Net Zero Commitment is required for procurements of lower value (below £5m p/a exc. VAT and above £10k exc. VAT).
- From April 2027 all suppliers required to publicly report targets, emissions and publish a Carbon Reduction Plan for global emissions aligned to the NHS net zero target, for Scope 1, 2 and 3 emissions.
- Reconvene the ICS sustainable procurement group to drive the agenda across the system.
- Walking aid return and reuse schemes to be adopted by all C&M trusts issuing walking aids. *(If 2 out of every 5 walking aids were returned, the average hospital could save up to £46k p/a.)*



## Travel and transport

- 2026: All vehicles offered in NHS vehicle salary sacrifice schemes to be electric.
- 2026: Sustainable travel strategies to be developed and incorporated into NHS organisations' Green Plans. (ICB has met the target.)
- 2027: All new vehicles owned / leased by the NHS will be zero emission (excluding ambulances).
- 2033: Staff travel emissions reduced by 50% through shifts to more sustainable forms of travel and the electrification of personal vehicles.
- 2035: All vehicles owned / leased by the NHS will be zero emission (excluding ambulances).
- 2035: All non-emergency patient transport undertaken in zero emission vehicles.
- 2040: All business travel and commuting will be zero emission.

## Achievements highlights

### SOCIAL VALUE DELIVERY

2022 - 2024  
**£94 million**

### ANAESTHETIC GASES

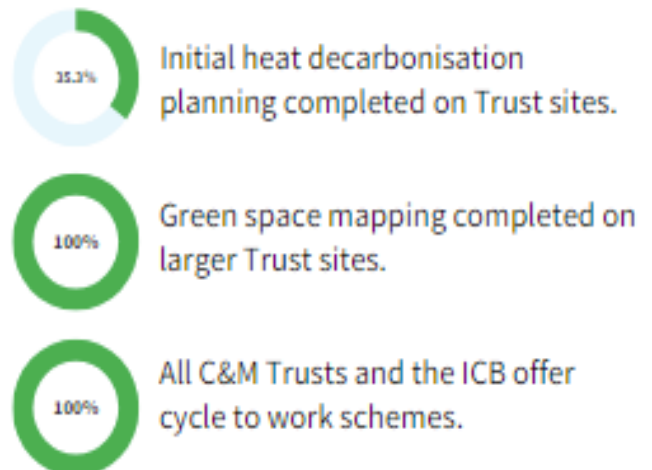
Desflurane (%) of total inhaled anaesthetics usage in C&M



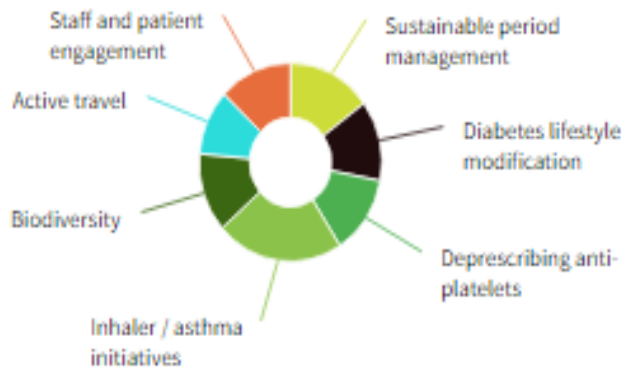
### SUSTAINABILITY BOARD SUB-GROUPS



## PROGRESS



## PRIMARY CARE PROJECTS



### WORKFORCE

- First ICB to introduce mandatory all-staff sustainability training.
- Sustainability clause in all job descriptions.
- Bespoke board level training offered to all C&M execs/ non-exec.

#### Training



#### Job Descriptions



#### Board Engagement



### STRATEGY

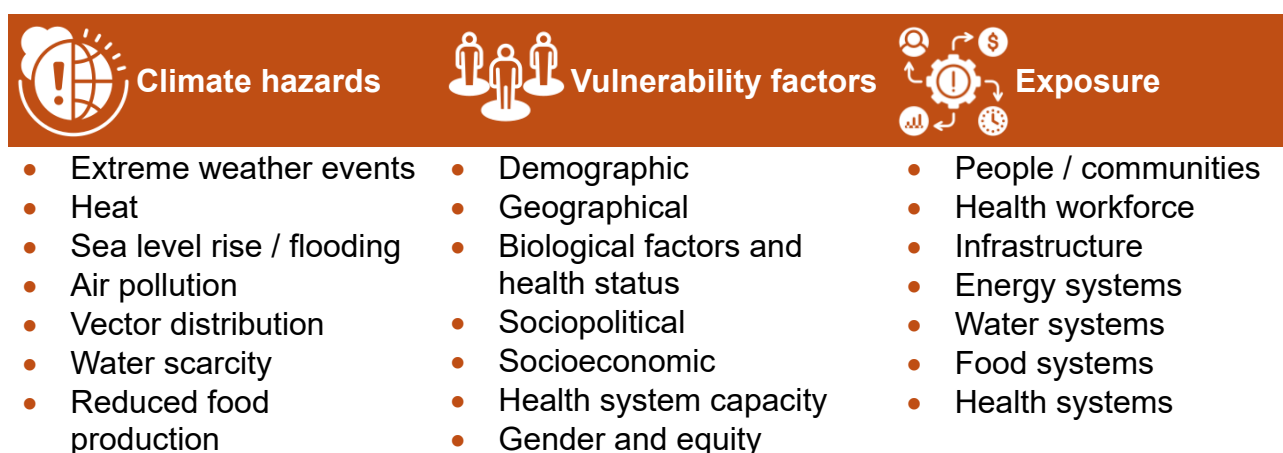


## 4. Risks

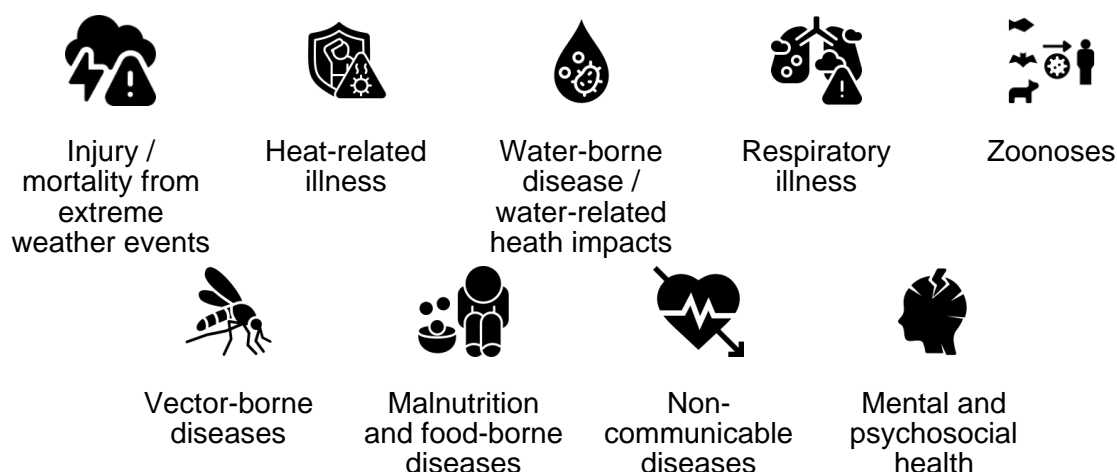
The climate crisis is an existential threat. There can be no greater risk to public health across Cheshire and Merseyside and to the delivery of health and care services by the ICB and its partners.

Global warming must be limited to a temperature rise of 1.5°C to prevent catastrophic health impacts and avoid millions of climate change related deaths. However, the planet is currently on track to warm to 2.6°C above pre-industrial levels by 2030. If the ICB and partners do not prioritise robust climate mitigation and adaptation action the impacts will be severe and wide-ranging.

### Climate change health risks



### Health outcomes



### Health system risks



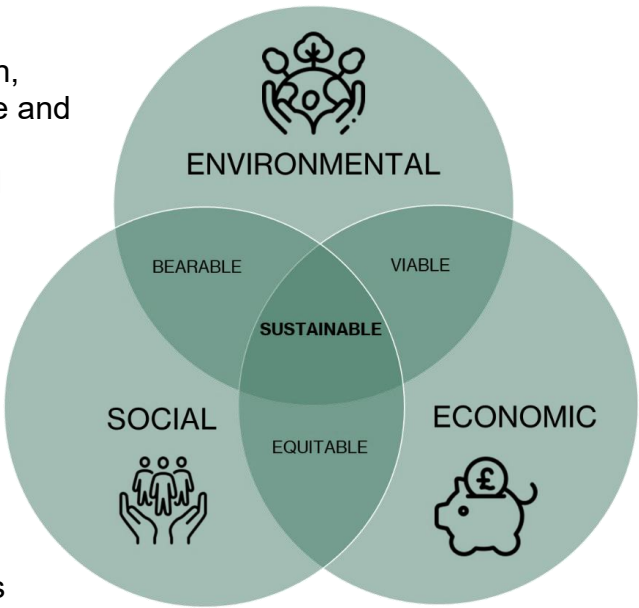
## 5. Governance

Our Green Plan is underpinned by the concept of the triple bottom line, which emphasizes the importance of sustainable practices that benefit society, protect the environment, and ensure economic viability.

**Transparency and Accountability:** Clare Watson, Assistant Chief Executive Officer of NHS Cheshire and Merseyside is the Board level ‘net zero lead’ responsible for the Green Plan. The Cheshire and Merseyside Sustainability Board has oversight of delivery, reporting regularly into the [Cheshire and Merseyside Health and Care Partnership](#). Progress is also reported on a quarterly basis to the North West region’s Net Zero Board, which in turn reports to the national Greener NHS team.

**Inclusive Decision-Making:** We are committed to engaging stakeholders from diverse backgrounds in the decision-making process. This will ensure that our Green Plan reflects the needs and priorities of all members of our community.

**Adaptability and Continuous Improvement:** Our governance structure is designed to be flexible and adaptable. We will continuously review and improve our Green Plan based on feedback, new research, and evolving best practices in sustainability, undertaking and publishing a refresh of the Plan every three years.



### Version Control and Acknowledgements

Title	Cheshire and Merseyside Green Plan Executive Summary 2025 - 2028		
Version	1.0		
Date of Issue	1 <sup>st</sup> April 2025		
Document Status	FINAL		
Document History:			
Date	Version	Author	Notes
09-01-25	1.0 (draft 1)	Mandi Cragg	Draft submitted to Dave Sweeney / Becky Jones for review.
01_04-25	1.0 (final)	Mandi Cragg	Draft approved.

This Green Plan has been designed using resources from [Flaticon.com](#).