NHS
Oxford University Hospitals
NHS Foundation Trust

Green Plan

2025 – 2028

For all, for now, and for future generations

HEALTHIER PLANET
HEALTHIER PEOPLE

A fully accessible version of this document is available on OUH's Sustainability pages.

Contents

Glossary

Active Travel : travelling by bike, bus, walking, wheeling or scooting
AMS : Antimicrobial Stewardship
Anchor Institution: A large public-sector organisation rooted to a specific area
BOB ICS : Berkshire, Oxfordshire and Buckinghamshire Integrated Care System - the regional ICS of which we are part of. From April 2026 this will be a newly created Thames Valley Integrated Care Board
BREEAM : Building Research Establishment Environmental Assessment Method. It is a global sustainability system used to evaluate the environmental performance of buildings, infrastructure, and plans
CHP : Combined Heat and Power Plant
CO_2e : Carbon Dioxide equivalent. The universal measurement that takes account of the Global Warming Potential (GWP) of all seven GHGs
ERIC : Estates Return Information Collection, an annual collection of data on the cost of maintaining NHS estates
GHG : Greenhouse Gas(es) : There are seven Greenhouse Gases that have harmful effects on the climate. Carbon Dioxide, (CO_2); methane (CH_4); nitrous oxide (N_2O), hydrofluorocarbons (HFCs); perfluorocarbons (PFCs); nitrogen trifluoride (NF_3) and sulphur hexafluoride (SF_6)
GHGP : Greenhouse Gas Protocol
Grey fleet : personal staff vehicles used for business purposes
Halogenated gases: Halogenated gases are compounds containing one or more halogens (like chlorine or fluorine) and are used in anaesthetics
Health inequalities: avoidable differences in people's health between specific populations
ICS : Integrated Care System. This is the acute Trusts, GPs surgeries and community health trusts and the ambulance trusts in one region
IV : Intravenous
MWh : Mega Watt hour equivalent to 1,000,000 Watt hours
PSDS : Public Sector Decarbonisation Scheme, a grant scheme
Regional anaesthetics: a procedure which numbs a specific part of the body, without a patient losing consciousness
Scope 1 : Emissions from operations that we own or controlled and released directly from those assets e.g. gas combusted in boilers or fleet vans
Scope 2 : Emissions from purchased electricity, steam or heat
Scope 3 : Emissions that occur in the value chain both upstream (from activities that occur to goods and services before we buy them (like making bandages) and downstream (like the treatment of water after we have used it)
Solar PV : Solar photovoltaics; electricity generated from the sunlight
Scrub Trust : a Trust where the staff primarily wear scrubs, rather than tunics and trousers, or dresses

Foreword

Oxford University Hospitals NHS Foundation Trust is proud to be reducing our carbon emissions. It's the right thing to do – what is good for our planet is also good for our health, and our finances.

Correct and efficient management of energy intensive systems cuts carbon and saves money to reinvest in medical care. Travelling actively by bus, cycling and walking cuts carbon, is also good for staff wellbeing, and contributes to lowering our noise and air pollution levels locally. Our health, our environment and our finances are inextricably linked, and we act in favour of all.

Climate change is a significant, and often overwhelming, concern. Provisional Met Office data places 2025 as the hottest summer on record, with four heatwaves in June and July. Analysis by the Met Office indicates that this kind of summer has been made around 70 times more likely due to human induced climate change and would naturally occur around once in 340 years; in the current climate we could expect it around once in every five years.

The NHS accounts for 4% of England's emissions, but we are also the first state health system in the world to have a legally binding net zero target – 2040.

In Oxfordshire, heatwaves are a big concern, and three of our sites are in Oxford - a city vulnerable to flooding. While globally the picture can feel very bleak, we are determined to measure well, plan thoughtfully and take action together to cut our emissions.

We're proud of two firsts as a Trust: since our last Green Plan we've calculated our own comprehensive carbon footprint. We are one of the few Trusts in the country to do this – not using a footprint extrapolated from NHS England averages, but real data, painstakingly collected and accurately calculated for all our direct emissions (scope 1 and 2 and a subset of scope 3). We know where we stand as an individual Trust and can now act from a firm data foundation.

We are also the only Trust to carry out an end-to-end analysis of carbon emissions for one medical procedure, working in conjunction with two academic institutions. We used an example of a primary joint replacement and measured the emissions from the procedure across all Scopes - from theatre energy and water use - to travel by staff to the site and more.

Since our comprehensive footprint, emissions are falling for three out of four of our top sources: energy, waste, water and facilities, anaesthetic gases and inhalers. Absolute emissions are rising in our second-largest calculated source, which is staff commuting which was due to an increase in workforce numbers. However, relative emission CO_2e per mile are lowering across the commute and business travel. Whilst we have not yet mapped emissions from products and services which we buy in, and many other indirect areas, we are acting fast. In the last year we have:

- Commissioned a comprehensive software package that will allow us to measure, analyse and act on all our utility usage. When we know how we are using energy, heat and water, we can cut waste
- Implemented a free Park and Ride scheme for staff travel (with free parking and free bus travel); provided real-time bus information at our three Headington sites; implemented a 'try an e-bike scheme' for staff to trial an e-bike for two weeks
- Established a Carbon Programme office, now fully staffed and building strong foundations for more carbon-cutting action

We know we have much more to do. We know staff are under enormous pressure delivering outstanding care, day in, day out. Our staff care about climate change and sustainability and want to be able to do more. Working with them to make actions understandable, easier and meaningful is a key part of our work too.

We will do this alongside partners and stakeholders such as the BOB ICS and other large employers in Oxford. The NHS was founded to provide high-quality care for all, for now, and for future generations. This can only happen with a stable climate and habitable planet. Together we can act, and we must.

Simon Crowther, Acting CEO

1. Introduction and review

Climate Change and Healthcare

Since our first Green Plan in January 2022, there has been further central guidance and support from NHS England, and more research into climate change and the impact on health. There has been significant action by the Trust to calculate an accurate annual carbon footprint and establish a base year (Financial Year 22-23) aligning to both the Greenhouse Gas Protocol (GHGP) and NHS GHG methodology. This has allowed measurement of our own activities, as well as the ability to track reductions over time.

In collaboration with local organisations, we are working to understand, respond and address the impacts of our own activities on climate change, poor air quality and global warming, as well as how extremes of weather such as heatwaves and flooding will impact the population we serve and the hospital estate.

Integration with other OUH policies

Environmental sustainability is a key responsibility for OUH as a major employer and provider of healthcare services. It cuts across both our own strategies and national trajectories, such as the NHS ten-year plan, the Core20PLUS5 for adults and children to tackle health inequalities and the 'Building for Health' strategy that can be adopted by the estate. These will be referenced throughout our Green Plan. Our own Clinical Strategy 2023-28 sets out the role which OUH will play over the next five years to do more to reduce health inequalities, reduce our environmental impact and maximise our impact as an Anchor Institution.

Reporting and Partnerships

In our Annual Report 23/24 we reported our calculated carbon footprint for the last two years from the activities over which we control, for the first time. We went beyond NHS methodology by including fugitive emissions from leaked refrigerants. Our greenhouse gas inventory continually builds as we calculate more of our Scope 3 footprint PLUS emissions. We record both absolute and relative emissions to track progress, and understand the impact of increased staff count and size of the estate. Partnership working is one of our key strategic pillars. Within Sustainability and Carbon Management our partnership working is both extensive and wide-ranging, from internally across divisions to externally across the Integrated Care System (ICS), local government, charities and other agencies on cross-sector themes explored below.

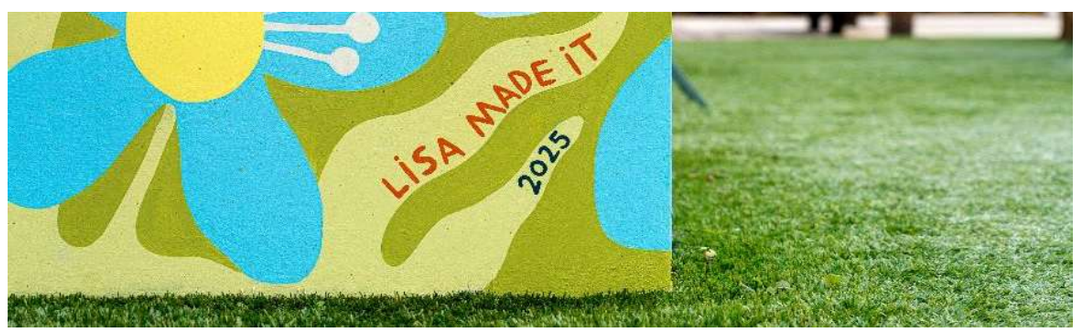
International and national

In recent times we have worked with the international e-Ledgers Institute on accurate tracking of emissions across a healthcare procedure, including the supply chain. We attended a UK Space Agency catapult event looking at how satellite technology can support net zero action across the NHS estate. We have supported the Local Economic Partnership on green career advice for young people as well as presenting at national and international conferences and events.

We are a committed member of the Zero Carbon Oxfordshire Partnership (a partnership of large employers across the county), whose goal is to achieve net zero in Oxfordshire by 2040. We pool resources and data around a number of workstreams including energy, transport and Climate Adaptation and Resilience. We take part in university-led research such as the Hearth Project with Oxford Brookes.

System Collaboration

As a large acute Trust, we have been collaborating within the Buckinghamshire, Oxfordshire and Berkshire Integrated Care System (BOB ICS). In September 2024, we hosted a Green Plan event featuring speakers from the Centre for Sustainable Healthcare and Oxfordshire County Council's Zero Carbon Policy & Projects Team, focusing on the local energy plan and NHS electrification of fleet to enhance travel options and patient health outcomes.



Introduction and review

The Annual Public Health Director's report was provided to the Board to inform and strengthen collaboration with Oxfordshire County Council and partners. It highlights how healthy place shaping, and a sustainable environment are foundational for promoting healthy behaviours, and it discusses the health impacts of climate change alongside the benefits for our patients of positive climate action.

Local Stakeholders

We work with local groups and charities such as Oxon4Buses, Oxford Local Economic Partnership, Recirculate, local businesses, District Councils and transport operators. This results in a wide variety of projects from renovated abandoned bikes gifted to NHS staff on lower salaries, to food growing projects with our onsite hospices.

Geographical area

Oxford University Hospitals NHS Foundation Trust delivers acute and specialist hospital services to Oxfordshire and nearby regions. Registered with the Care Quality Commission and licensed by NHS England, we are comprised of four main hospitals—the John Radcliffe, the Churchill, and Nuffield Orthopaedic Centre in Oxford, and Horton General Hospital in Banbury. The Trust serves local and regional populations across several counties and offers a comprehensive range of services such as emergency care, surgery, maternity, cancer, transplantation, and more. In addition to hospital-based care, we operate over 100 satellite locations and provides some services in patients' homes.

Context for Green Plan

The environment in which we live, and work is one of the greatest determinates of human health. Be it damp, cold homes, flooding causing service disruption or buildings overheating in the summer, the weather can have a serious impact on our health and exacerbate certain health conditions. Extremes of weather are becoming more frequent, and the health service needs to adapt to a new normal, such as higher summertime temperatures and more frequent flooding in the county. Oxford is situated in a narrow valley, prone to both groundwater and surface water flooding and increasing rainfall will exacerbate the issues. We need to become more resilient, and we need to mitigate the impacts of climate change by reducing our Greenhous Gas emissions as quickly as we can.

We already know that there are many health inequalities in the populations that we serve. The gap between highest and lowest life expectancy and health outcomes could widen due to the multiple and complex impacts of Climate Change on health.

Since our last Green Plan, we have developed our capability in addressing the environmental impact of our activities. For example, we have created a Sustainability and Carbon Management Team. The team cover all aspects from practical calculation of our footprint, working with academic institutions around the world, and new processes within the Trust such as scoring our Quality Improvement projects for their environmental impact.

We have a strong Staff Sustainability Network and other groups looking at greening their areas of work such as the Green Theatres Group, and our anaesthetists have worked tirelessly to reduce our emission from anaesthetic gases.

The patients and their health outcomes are at the heart of all that we do. Reducing our carbon footprint improves air quality, mitigates against extremes of weather, and can improve productivity and reduce costs so more money can be reinvested into patient care.

The scale of our activities

We're large, complex organisation, and many factors influence our ability to cut emissions

...which are: John Radcliffe, Churchill, Nuffield Orthopaedic Centre and Horton General Hospital.

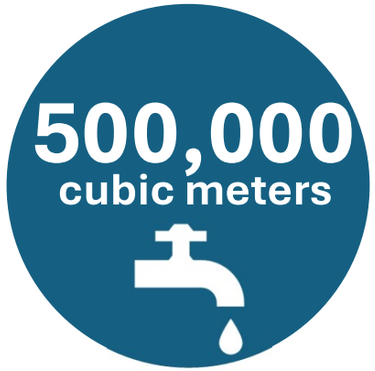
...of halogenated anaesthetic gases, used annually, for general anaesthesia.

...Mega Watt hours of gas is combusted by the Trust annually.

...provide our products, services and food. Most of these will be part of the NHS Supply Chain – the national supply chain system.

...miles travelled for the commute by our staff, annually

...outpatient appointment at OUH in the last year.



...of water used every year – that's 3.3 million baths!

...generated in total, every year.

...meals served, as part of our care, annually.

...people employed on permanent contracts in May 2025 (13,894 WTE)

2. Organisational vision

About the Trust

As an organisation we employ over 16,000 staff, with a significant supply chain spend and contribution to the local economy, including job creation.

Within the County we have both a growing population and an aging population. We are part of the BOB ICS, providing key services to local populations and communities. We work with our local partners across Oxfordshire to prevent ill health and tackle health inequalities.
We have worked with the other Trust sustainability leads in the BOB ICS for a System Approach to our Green Plan, sharing priorities for the region as well as our own.

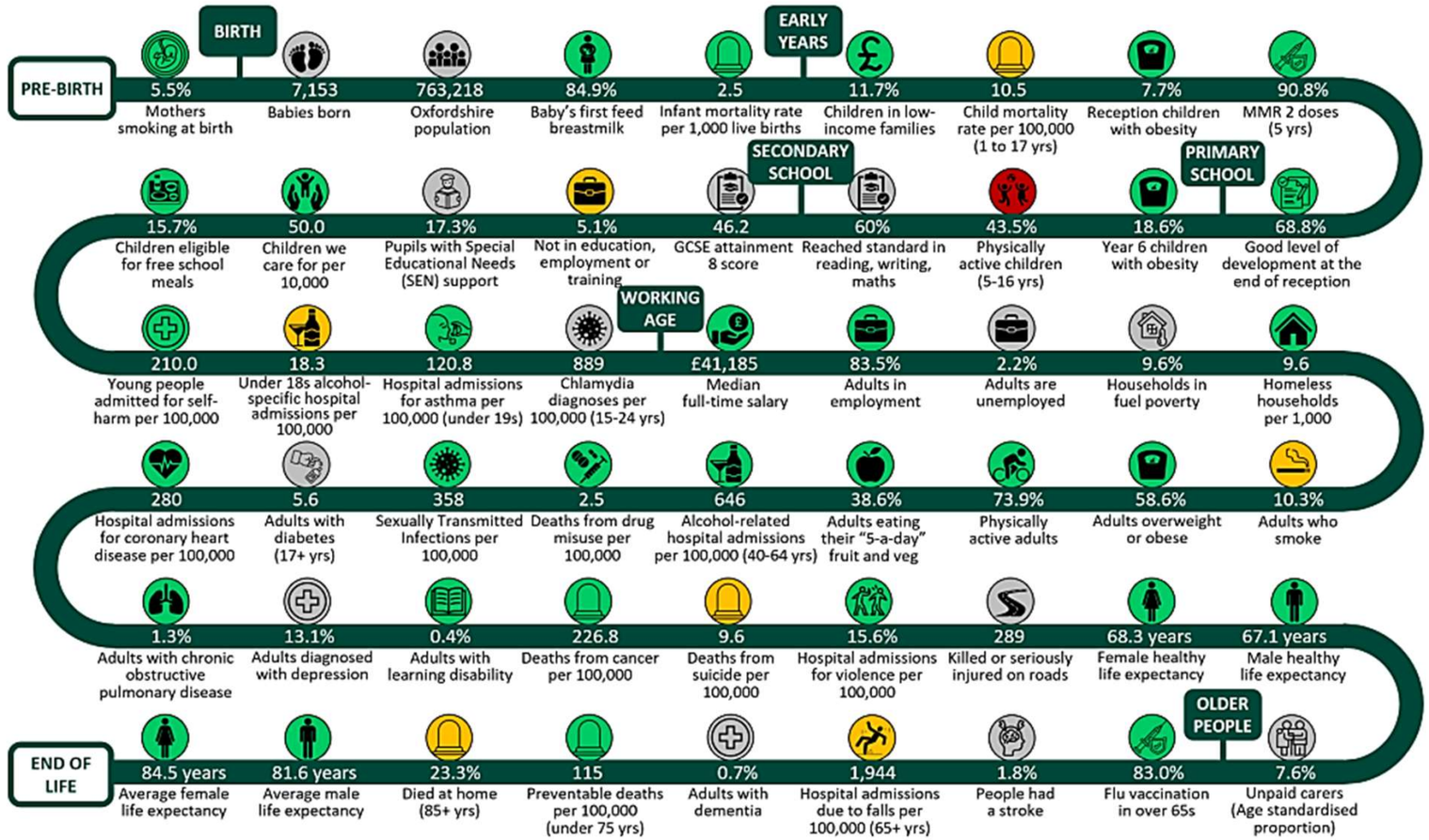
We serve our local population and are a regional centre of excellence not only in the South East but across the UK and beyond in key areas such as Cancer Services, Orthopaedics, Genomics and Virtual Wards.

Our Patients and Population

Despite a buoyant Oxfordshire economy with key sectors including education, life sciences, health technology and manufacturing, 10 wards across the county are amongst the 20% most deprived in England. Wards such as Barton & Sandhills, Littlemore and Blackbird Leys score on the lower end of the Index of Multiple Deprivation (IMD) for income, employment and education. In particular, wards that are most deprived in terms of Health Deprivation are Ruscote in Banbury and Osney & St Thomas in Oxford.

Oxfordshire Joint Strategic Needs Investment facts and figures 2025

Comparison with England national average: Better Similar Worse Not compared

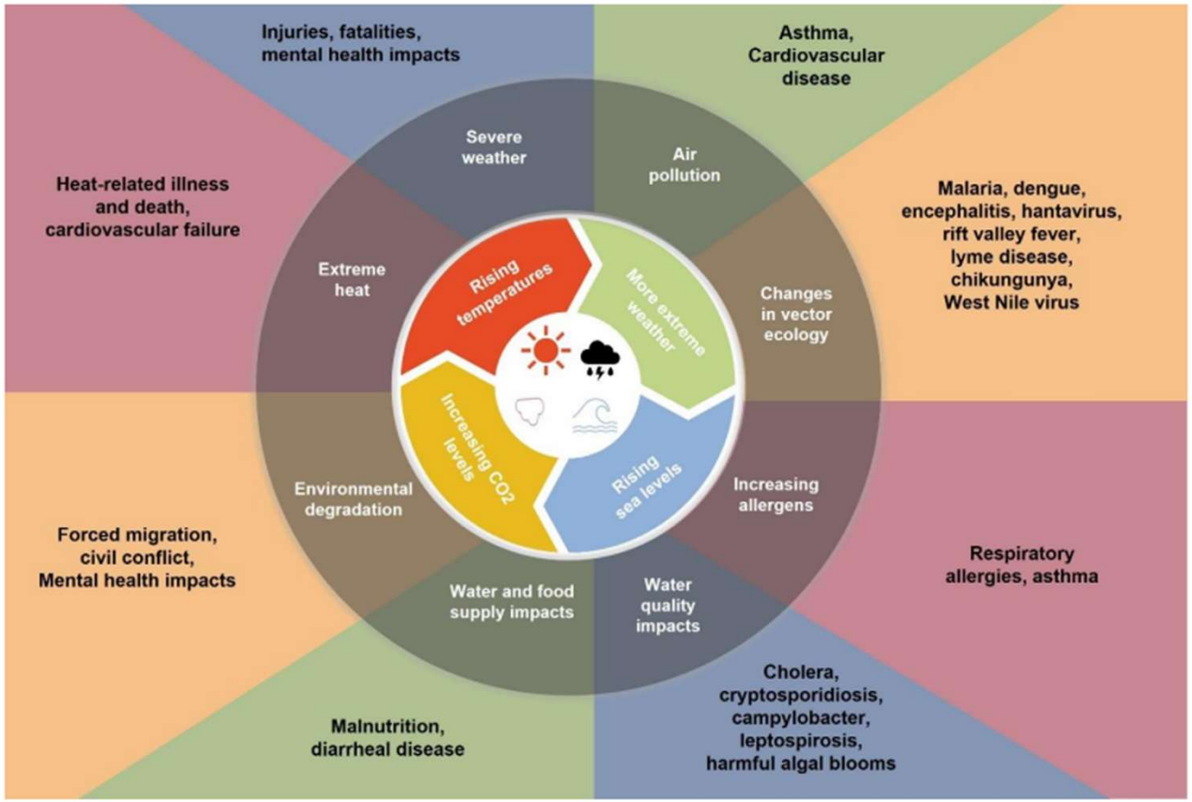


Health disparities within the County mean that life expectancy ranges by 11 years for men and 12 years for woman. The Oxfordshire Joint Strategic 2025 Needs Assessment, carried out by Oxfordshire County Council, reviews key health trends across the county.

Climate impacts on health

Environmental impacts on the Trust, our patients and populations

The Third Health and Care Adaptation Plan (2021) notes that the environment in which you live is one of the key determinants of human health. Climate change hazards affect the built environment, making homes damp or too hot. Population health will suffer from heatwaves, floods and air pollution. This could both disrupt service provision e.g. flooding and increase demand on the NHS e.g. an extended heatwave. Buildings in urban centres will suffer from additional heat reflected from concrete and built surfaces. Our carbon emissions and use of energy to heat and cool our estate will exacerbate climate change.



Impact of climate change on human health. Source: World Health Organisation

The Trust actively takes part in health climate research and is part of the HEARTH programme to understand more about the impact of extremes of climate change on our most vulnerable patients. We are consolidating our approach as an Anchor Institution. Over the term of this Green Plan, we will work with other key stakeholders including the local economic partnership to determine priorities in each of the three areas where we have impact: social impact e.g. health inequalities, environmental Impact e.g. air quality and carbon emissions, economic impacts e.g. employment. We can then leverage our supply chain spend to bring additional value to the Trust's strategic pillars: People, Patients and Populations.

Quantifying our impact

Our Sustainability and Carbon Management team uses data to drive decision making and measure improvement.

Our NHS net zero targets are enshrined in the Health and Social Care Act 2022. Across the emissions over which we have control our targets are to be Net Zero by 2040 (the core footprint, in white box, shown overleaf on page 10). This includes scope 1, scope 2 and some of scope 3 such as waste, water and business travel. For the remainder of the supply chain (footprint plus, outside the white box) the target is 2045. This also include emissions from Patient and Visitor travel to site.

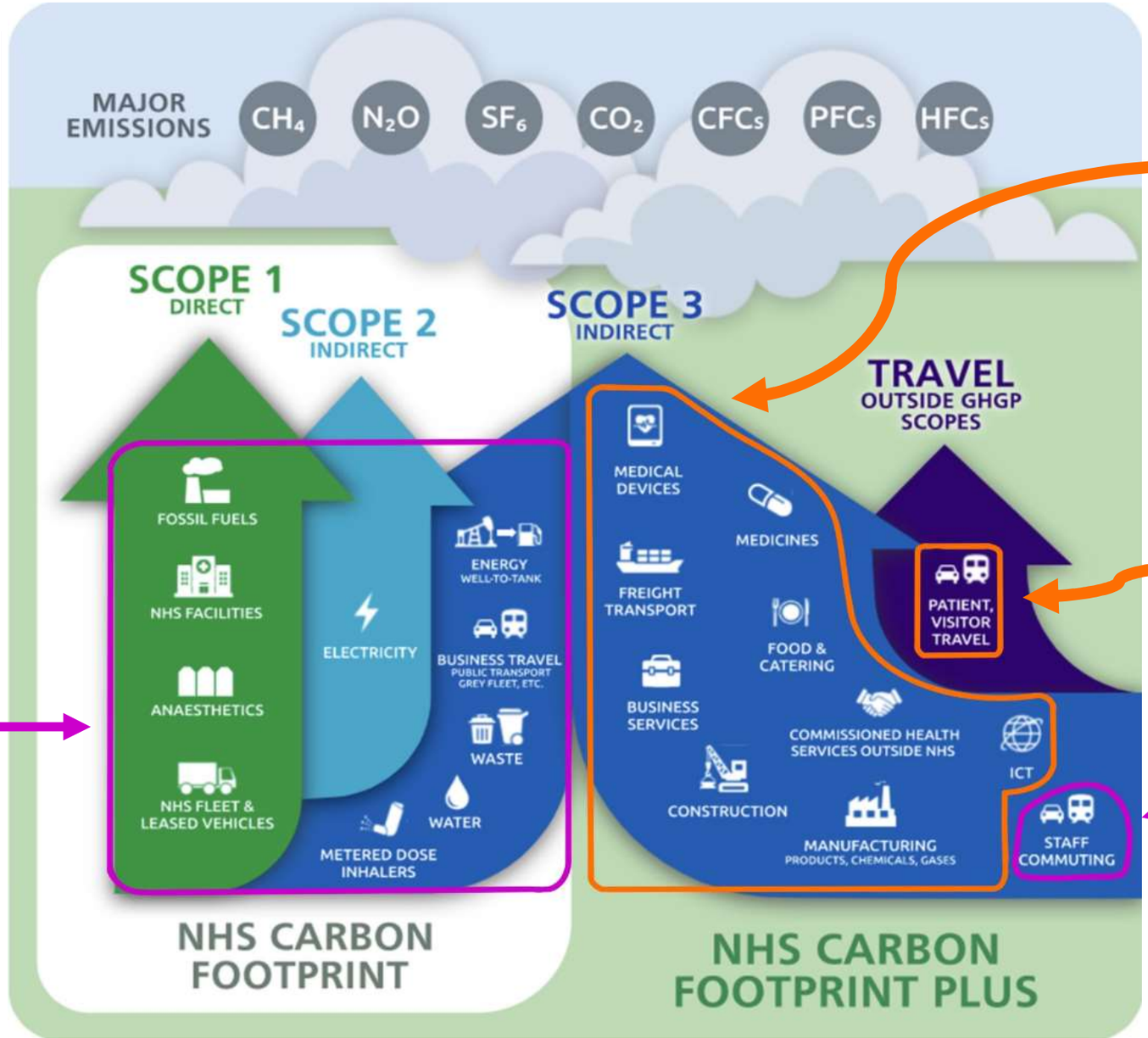
The Trust has calculated carbon emissions for our core footprint, replacing the estimate undertaken for us by NHS England. The calculation has been refined with greater data granularity, and the Trust's base year is set as financial year 2022/23 and has been expanded to include staff commuting as we begin to measure 'footprint plus'.

For our core footprint where we use activity data, we understand the footprint at a site level. For example, at Katharine House Hospice, near Banbury, we have worked with staff on understanding the footprint for the site, and monthly energy data is provided to track activity data to reduce emissions.

What we have measured

Our core footprint

We are one of the few Trusts in the country to have calculated our own comprehensive carbon footprint – from real data, not using a footprint generalised from NHS England averages.



Measurement will be undertaken in 2026-27 on a 'spend basis'.
A note on Procurement: We will take up opportunities from 2025 to improve data granularity and work with top suppliers to measure carbon and build a more detailed picture of specific suppliers over the coming years, and include with our expanding GHG inventory.

***Measurement in 2027-28**: We are building better system to collect data throughout 2026-27 for measurement in 2027-28*

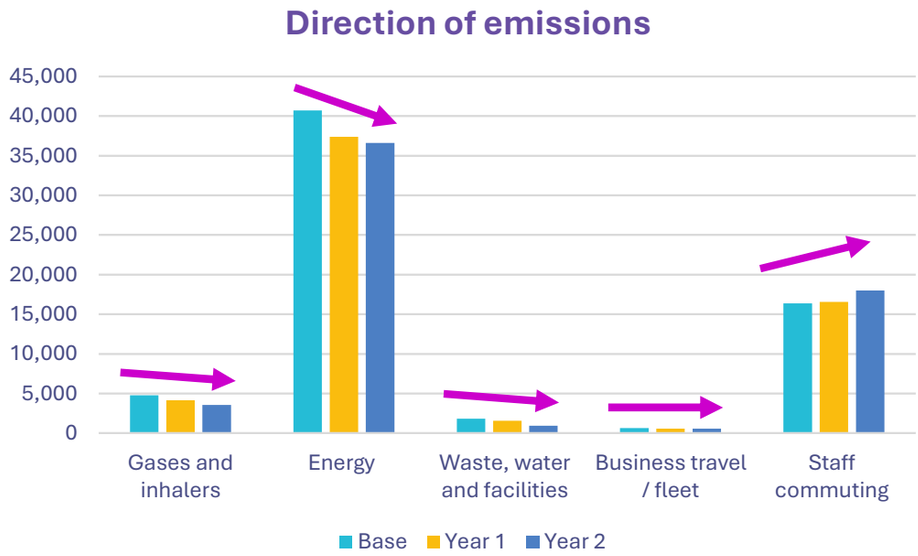
Measurement completed:
Baseline created in 2023, and updated annually

Measurement completed:
Baseline created in 2024, via comprehensive staff survey

Our carbon footprint

The table below shows the Trust's emissions, which are currently measurable, for the last three years.

		Base Year: 22/23	Year 1: 23/24	Year 2: 24/25
		tCO_2e	tCO_2e	tCO_2e
Scope 1	Anaesthetic gases	3,619	2,997	2,456
	Fossil fuels	26,839	22,925	20,900
	NHS Facilities[3]	388	388	273
	Fleet and leased vehicles	1.4	1	1
Scope 2	Electricity	6,768	7,906	9,118
Scope 3	Business travel	606	535	543
	Business travel/services	15	15	15
	Energy well-to-tank	7,103	6,557	6,607
	Inhalers	1,140	1,167	1,093
	Waste	1,174	968	523
	Water	264	220	152
Total Emissions Direct Control		**47,916**	**43,680**	**41,680**
Footprint PLUS	Staff Commuting[4]	16,367	16,569	18,009
Total Emissions calculated		**64,283**	**60,249**	**59,689**



The chart above shows a simplified grouping of key emissions areas (not by Scopes) and their overall trend. In most areas, they are falling slowly, except for staff commuting which is rising due to an increasing workforce.

The Trust buys renewable energy Guarantees of Origin (REGO) backed electricity but reports on this as location-based emissions.

3. Fugitive emissions from fluorinated gases (leaked refrigerants). OUH follows the GHG Protocol to report these, they are currently, however, outside of the NHS methodology and footprint

4. A comprehensive staff travel survey informed 2023/24 commuting emissions. The figure was extrapolated for the base year 2022/23 and for 2024/25 using staff numbers and relevant carbon factors for each year.

• The Trust uses the carbon factors for the years in which most of our financial year fell.

3. Workforce

Since our last Green Plan was published the Chief Estates & Facilities Officer is the board level lead for the Green Plan, sustainability and delivery of projects to support our net zero targets. A new Sustainability and Carbon Management team was created to strengthen our capability. This includes a carbon programme office to identify and support projects to trial, scale up and roll out.

There has been a strengthening of our carbon accounting capability so we can include the footprint of more of the operational activities of the Trust and apply relative data such as kg CO_2e/patient, for example. Data quality improves all the time. Our own calculated footprint has been included in the annual reports for the last two years and is presented annually at our public meeting.

Development Sessions on Sustainability, including travel, are delivered to the Trust Board. From 2023, the Trust introduced a Staff Recognition Award for Sustainability to reward staff for positive environmental contributions/behaviours.

Getting staff involved

Since 2024 the Trust submits applications to the newly founded Oxford Climate Awards recognising best practice across the Trust from clinical practice to green transport initiatives.

We have a passionate group of staff across several forums such as the Green Theatres Group and the Staff Sustainability Network. There are other small groups of staff that work within their focus area such as the Sustainable Food Group. We recognise that more can be done to develop a more formal Sustainability Working Group and this is an action for the year ahead.

As part of upskilling our workforce ISEP training is offered to the Sustainability and Carbon Management team, and ISO 50001 Energy Management Systems has been offered to colleagues across Estates and Facilities. The Trust hosted a BOB ICS event with presentations from the Centre for Sustainable Healthcare, and we have curated sessions on nature-based wellbeing training.

Anchor Institution

We play an active role in the Oxfordshire Anchor Network, which helps us focus our internal anchor activities. We work on the challenges of young people securing work experience and apprenticeships, shared approaches to social impact procurement and to the Oxford Living Wage. We are seeking opportunities for green work experience within the Trust and with our partners and supporting green career opportunities.

ACTIONS:

1. Carbon Team to publish a methodology on our approach to producing our carbon footprint, by March 2026

2. Carbon Team to roll out general information on sustainability for all staff including lunchtime talks by April 2026

3. The Trust to establish a Sustainability Working Group to include key decision makers from Clinical Operations, Capital Projects, Procurement and Supply Chain, Strategy, Digital, HR and the Patient Experience Team by end of 2025.

4. Clinical Transformation

Throughout this Green Plan there are examples and planned actions across strategic themes to reduce our carbon emissions in clinical areas. We know from the carbon accounting undertaken for a primary joint replacement pathway, travel and transport are a significant contribution to clinical procedures. These actions will bring tangible reductions and mitigate against future emissions.

Following on from the publication of the NHS 10-Year plan, there is a clear drive to move care from hospital to community. We know that patients' health improves more quickly when they are treated at home. Our Hospital at Home team already treat 425 patients a month, helping keep people out of hospital and reducing overnight stays. Our two satellite sites in neighbouring counties: Swindon Radiotherapy Centre based at the Great Western and the Milton Keynes Renal Unit based at Milton Keynes Hospital, treat patients closer to home to avoid the time, carbon and fatigue associated with travelling.
Where we can, we are moving from analogue to digital information for both our staff and patients. (See Chapter 5).

As we move from sickness to prevention, reducing GHGs will improve air quality, and our green space can support mental and physical fitness. Reducing health inequalities in the County is a key target. We want to leverage much more social value from our procurement process to tackle health inequalities and socio-economic disparities. We want to ensure our suppliers spend and employ locally.

We want to improve the life chances of young people locally and ensure apprenticeships are available either at the Trust or through the supply chain. We routinely include social value requirements in our tenders.

Core20PLUS5

By aligning our strategy and health inequalities programmes with our approach to engagement and patient experience we take the Core20PLUS5 lens. This has inspired us to reach out to our local prison and homeless populations, where affordable access to transport came up as an issue. This demonstrates the interrelationships between Green Plan issues and our Anchor work.

Neighbourhoods

As an acute provider we are actively engaging with the development of neighbourhoods as part of the 10 Year Plan. Our Green Plan perspective on this are the opportunities arising from care closer to home and reduction of travel as outlined in this chapter.

Working with Oxfordshire County Council Public Health has been invaluable. The Director of Public Health presents their annual report to our Trust Board which as the 2024/25 report focused on Climate and Health proved a valuable driver for raising the issues the Green Plan seeks to address.

Here for Health supported the popular staff cycle training scheme

Here for Health

Here for Health

Lifestyle medicine benefits both people and the planet. By promoting sustainable diets, active travel, and remote consultations, Here for Health (H4H) helps reduce the NHS's carbon footprint. In 2023 alone, their remote appointments saved 15,500 kg CO_2e . This services reaches groups who are often under-served, aligns with Core20PLUS5.

A notable finding is that 22% of service users lived in a Priority Neighbourhood, compared with 10% of the Oxfordshire population, indicating proportionately higher engagement with people from more deprived areas. This aligns to Core20PLUS5 objectives by improving access to preventive care among more deprived groups.

H4H also supports the Sustainability and Carbon Management Team on cross-cutting themes, for example cycle training for staff improving physical health as well as low-carbon travel on the commute. The team have attended Travel and Transport promotional days across all sites in recent years using the opportunity to support staff, patients and visitors through their presence in a communal space.

The Here for Health stand at the Horton Travel Awareness day, 2024

Quality Improvement and net zero

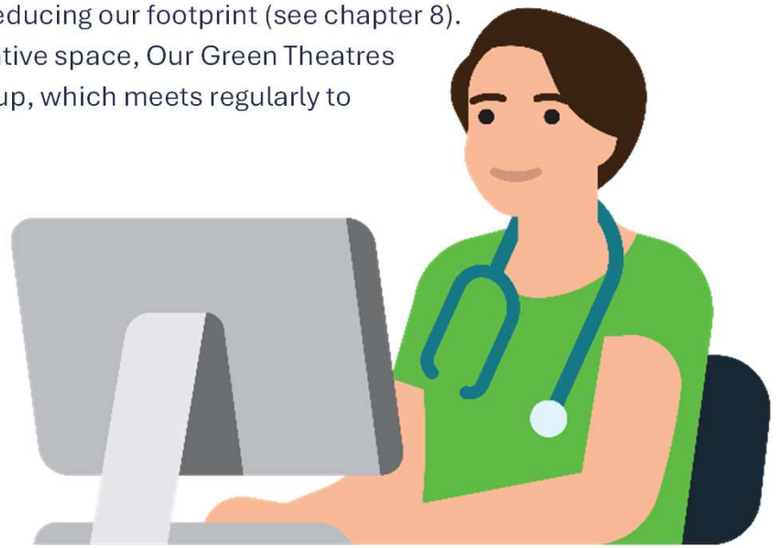
Quality Improvement Programmes – Sustainability

OUH runs a successful Quality Improvement programme. In 2024 a qualifying criteria was added to the registration process to align with net zero outcomes. This allows project leads to identify where they may contribute to efficiencies and reductions in areas such as carbon emissions, energy consumption, medical gas use, purchasing or waste. Our Quality Improvement projects now have a 'rate card' that includes basic carbon emission savings from activities. This was developed in 2024 by the Sustainable and Carbon Management team, to support wider staff to evaluate their projects. Over 100 QI projects are now registered with a net zero outcome amongst the overarching objectives, which demonstrates the wider Trust engagement in sustainability outcomes as well as the synergies between patient care, cost and efficiency improvements.

Net Zero Medicine

After energy, halogenated anaesthetic gases are the second most significant contributor to our footprint. Multiple teams across the theatre suites have successfully reduced this contribution through a multitude of projects including grants to facilitate the move to a leaner pure and mixed nitrous reducing our footprint (see chapter 8).

Considering the wider perioperative space, Our Green Theatres Forum is a multidisciplinary group, which meets regularly to review best practice in sustainable healthcare and share learning across the multiple theatre suites and divisions, bringing presentations from clinicians, non-clinicians, and industry partners.



ACTIONS:

1. Green Theatre Forum to investigate participation in the Green Team Competition in financial year 2026/27
2. Carbon Programme Office to work with clinicians, procurement and suppliers to identify opportunities for reducing packaging waste and delivery frequency where practicable
3. Sustainability and Digital to continue to use the carbon accounting methodology used for the primary joint procedures to measure utility consumption in theatres 7&8 at the Nuffield Orthopaedic Centre.

5. Digital Transformation

OUH is in the final year of its 2022–2025 Digital Strategy, which prioritises a 'Digital by Default' model. This includes digital outpatient appointments, getting the basics right, virtual clinics, and workflows focused on patient benefits. The People Plan 2025 also promotes digital transformation to enhance care quality and outcomes. Video consultations have become essential for appointments, and collaboration tools have enabled remote working and reduced data duplication across systems. As digital initiatives expand, as part of the NHS 10-year plan Analogue to Digital it is crucial to consider their environmental and carbon impacts.

Prior to the pandemic the Trust did not operate a video consultation service, but within two weeks of the pandemic the Trust had setup and ran a video consultation service which remains in use today. Beyond this the Trust continues to develop digital enabled solutions which have included:

- Working within the Electronic Patient Record platform the Trust has enabled a mixed economy of video, telephone and face-to-face appointment options. In FY 24/25 the trust undertook 15,000 video consultations, significantly reducing the needs of patients to travel to the site and associated transport emissions
- Using DrDoctor patient portal avoided printing over one million outpatient appointment letters, reducing paper use and associated logistics
- Using Docman Connect, to send clinic letters digitally to GPs, reducing paper use and associated logistics
- Using GP Connect to access lists of patient's medications digitally rather than the previous printing and travel to obtain lists from GPs
- Using paperless patient consent processes, replacing paper use
- Using electronic anaesthesia forms, in 46 of 49 theatres, replacing what was a paper process. These have been live since September 2024, reducing paper use whilst simultaneously improving theatre administration efficiency

Aligning Digital across the Trust

Outside of clinical areas, the Trust has implemented digital technologies, such as real-time-information boards which track buses serving the hospital, improving patient and staff travel experience. We have promoted of an active and low carbon transport app: Better Points. This incentivises active travel options through voucher rewards. It tracks and celebrates progress of the NHS recommendation to be active for 150 minutes a week.

When considering which digital initiatives to advance, the Trust applies a clear set of criteria to ensure projects align with organisational goals and deliver meaningful benefits. The following factors are central to the project selection and prioritisation process:

- **Alignment with Digital and Hospital Strategy:** Projects must support and be consistent with the overarching Digital Strategy and the broader objectives of the hospital. This ensures that all digital developments contribute to the long-term vision and direction set by the Trust.
- **Contribution to Sustainability Goals:** Priority is given to initiatives that help achieve the Trust's sustainability targets, such as reducing carbon emissions, minimising resource consumption, and supporting environmentally responsible practices.
- **Impact on Patient Safety, Experience, and Outcomes:** Projects are assessed for their potential to enhance patient safety, improve the overall patient experience, and deliver better health outcomes, placing patient benefit at the forefront of decision-making
- **Compliance with NHS Best Practice Frameworks:** All proposed initiatives are evaluated for their adherence to established NHS frameworks and guidelines, ensuring that projects meet sector-wide standards and regulatory requirements
- **Social Value and Sustainability in Procurement:** The procurement process places emphasis on social value. Suppliers and solutions that demonstrate commitment to sustainable and socially responsible practices including digital processes will attract higher scoring in tenders.
- **Operational Efficiency and Cost-Effectiveness:** Efficiency and value for money are key considerations, with preference given to projects that streamline operations, reduce costs, and optimise the use of resources across the Trust.

ACTIONS:

1. **Digital Services will lead the development of the OUH 2026 Digital Strategy around the NHS 10-year plan, including an integrated focus and accountability on the environmental impact of digitalisation**
2. **The Anchor Steering Group will instigate and oversee collaborations between Digital Services and the Sustainability and Carbon Team to develop reporting and digital sustainability initiatives**

6. Travel and Transport

Trust Commitment to Sustainable Travel

Improving the patient and staff experience of travelling to one of our sites are key priorities for the Trust. By transitioning to sustainable modes of transport, the Trust aims to reduce carbon emissions while simultaneously supporting the OUH People Plan objectives, which emphasise staff and patient wellbeing. Sustainable travel offers significant physical and mental health benefits, ensuring a healthier environment for everyone associated with the Trust. This is across both business travel and commuting.

Recent Projects and Achievements

Throughout the three years of the previous Green Plan, the Trust has implemented a range of projects including:

Buses

- Launch of a free for staff Park and Ride scheme in May 2024 for those working at Headington sites, with over 50,000 journeys recorded to date
- Real-time information totems for bus information at five main entrances of the Oxford sites, in summer 2025, improving the bus experience for patients, visitors and staff

Cycling

- Delivery of staff 'learn to cycle' training sessions on Trust sites throughout 2024 and 2025
- Operation of a popular e-bike trial scheme, ongoing from June 2025
- Organisation of themed transport days across Trust sites and hosting of events with Thames Valley Police and British Cycling to promote cycle safety
- Installation of new lockable cycle storage, repair stations and helmet lockers in May 2024
- Opening of new shower facilities for staff in October 2024 at the John Radcliffe site

General

- Completion of a comprehensive staff travel survey in April 2024 with a 26% response rate
- Launch of restructured Travel and Transport intranet pages in October 2025
- Publication of the Framework Travel Strategy for the John Radcliffe in Autumn 2025
- Introduction of a parking permit surrender incentive scheme in April 2024 to support off-site parking for staff

Commuting miles per annum

Grey fleet miles carried out by bike

Business miles travelled by train

Collaborative Partnerships

OUH is part of collaborative working groups with local authorities. bus providers and other large local employers through forums such as the Zero Carbon Oxfordshire Partnership. This collaboration enables the Trust to work with partners on large-scale initiatives focused on both business travel and commuting improvements. The Trust also works with research projects on air quality monitoring, installing diffusion tubes on site to track seasonal peaks and observe trends, including a potential decrease in pollution linked to the introduction of electric buses serving the Trust and the surrounding area.

Staff Engagement and Behavioural Change

Presentations on sustainable transport initiatives are now an integral part of the new staff induction process. This approach supports behavioural change, encouraging new staff members to adopt sustainable travel habits from the outset. We will continue to build on these successes, working with our staff through engagement to develop suitable solutions that support the needs of all site users.

Data informing our strategy

Rationalising transport management for emission reduction

From 2024, OUH has embarked on an integrated contact centre to bring various forms of transport and logistics under unified management. This move is designed to improve visibility around transport usage, costs, journey type and need, and associated carbon emissions, thereby strengthening the Trust's decision-making processes. For example, using one vehicle to fulfil multiple service needs.

As part of the Trust's vehicle salary sacrifice schemes, only zero or low emission vehicles (less than 120g/km) are now available in new lease agreements. The Trust is committed to working towards NHS Net Zero Travel and Transport targets, transitioning vehicle ownership, leasing, and fleet operations to zero emissions.

A strategic approach to Travel and Transport projects

All Travel and Transport projects are guided by four key aims: enhancing patient experience, supporting staff wellbeing, fulfilling climate commitments, and ensuring effective use of Trust resources. Following the publication of a Framework Travel Strategy for the John Radcliffe, we will develop site-specific travel plans alongside a Trust-wide Framework Travel Strategy.

Future proposals and infrastructure development

The Travel Plans will encompass a comprehensive set of proposals, including:

- Alignment to NHS net zero travel and Transport targets including EV vehicle charging
- Instant impact communication, improved information around sustainable travel options for patients, visitors and staff
- Development of on-site facilities and infrastructure that support active travel, such as enhanced cycling amenities
- Ongoing collaboration with partners to explore and improve public transport networks including buses and rail
- Continued support for staff that drive to access off-site parking
- Continued free Staff Park and Ride scheme
- Continued awareness-raising of new routes and cost-effective ticketing options for staff

Monitoring and data-driven management

Success of travel initiatives will continue to be monitored closely using key metrics, such as quantifying modal shifts, bus patronage, and parking permit numbers. By the end of 2025, the introduction of an ANPR system will provide comprehensive coverage across OUH car parks. This system will yield extensive data on vehicle flows, enabling informed policy changes and potentially dynamic pricing strategies, supporting more intelligent site management and affording greater flexibility to staff, a request from the staff survey and webinars.

In 2026 OUH will also repeat the Staff Travel survey conducted in 2024, this will provide a reflection on changes since the 2024 survey, as well as build on data gaps to allow improved understanding and support development of sustainable transport solutions across the Trust.

ACTIONS:

1. **Travel and Transport Team to implement dynamic pricing by 2027 which will encourage and enable staff to make responsive choices**
2. **Travel and Transport Team to produce an Interim John Radcliffe Travel Plan in 2026**
3. **Travel and Transport Team to undertake Staff and Visitor Travel survey for 26-27 with associated engagement and workshops**
4. **Travel and Transport Team to measure the proportion of Electric Vehicles (EVs) on site, using ANPR data**
5. **Carbon Data Officer to extend data collection to all pool and fleet cars as currently only Estates vehicles are included in the footprint**

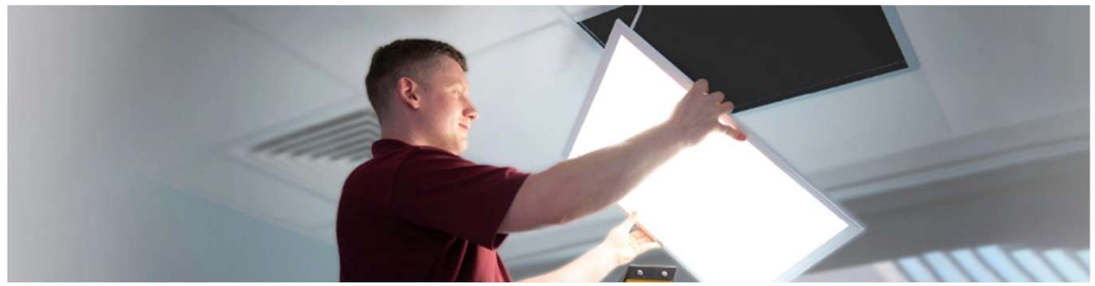
7. Estates and Facilities

Buildings in the OUH estates range in age from the 1770 Manor House and Stables to the Surgical Elective Centre (SEC) which will be completed in 2026. Such a varied estate has many challenges to be efficient to heat and cool and be comfortable for patients and staff.

For our Core footprint most of our emissions are our energy consumption. We received a £30 million Public Sector Decarbonisation Scheme (PSDS) grant with a further contribution of £8 million from the Trust to replace old steam systems at John Radcliffe and Horton hospitals with efficient, low-carbon electric heat pumps and upgraded pipework, bringing both cost and carbon savings. The grant also funded 100s of solar panels at the two hospitals to meet the increased electrical demand for the heat pumps as well as LED lighting and improved metering.

Key barriers identified to overcome during the term of this Green Plan

- **Legacy infrastructure with high carbon intensity** Many NHS sites, including OUH, operate with legacy infrastructure such as steam heating systems that are highly carbon-intensive and inefficient. Upgrading or replacing these systems with modern, low-carbon alternatives—such as heat pumps or connections to heat networks—is essential for reducing emissions and improving energy efficiency. The scale and cost of these upgrades present a significant challenge, requiring careful planning, business case development, and access to decarbonisation funding schemes.
- **Lack of integration between sustainability initiatives and operational planning** Historically, OUH did not have a senior sustainability professional in place, meaning limited strategic oversight for environmental initiatives. As a result, sustainability projects were often developed in isolation, without alignment to broader operational or strategic objectives. Creation of senior operational and sustainability roles has addressed this lack of top-down leadership, ensuring opportunities to embed net zero into routine decision-making and business-as-usual activities are fully realised.
- **Underutilised green spaces with potential for biodiversity and wellbeing benefits** The NHS is a major landowner. Many NHS Estates have green spaces that are not being actively managed or developed to realise their full potential for biodiversity, climate resilience, or the wellbeing of staff and patients. As a result, opportunities are missed to enhance local ecosystems, support climate adaptation, and provide restorative environments that benefit mental and physical health of patients, staff and local populations.



Decarbonising Heat: The Role of John Radcliffe CHP and Local Heat Networks

A Combined Heat and Power (CHP) plant with a 25-year lifespan has operated at the John Radcliffe since October 2016. It combusts gas to generate both electricity and heat, at a time when grid electricity was generated from coal-fired power stations. Financial savings are significant; however, the environmental gains have declined as grid electricity is now generated from cleaner sources. It is a challenge to keep the cost efficiencies but address the carbon implication of burning gas on site.

OUH's Role and Next Steps

OUH monitors the CHP system reviewing operational performance, identifying efficiency opportunities, and considering alignment to sustainability objectives. We are considering:

- Improving heat recovery and distribution
- Integrating CHP with new low-carbon technologies
- Removing inefficient boilers
- Assessing long-term system upgrades or transitions
- Ensuring supply resilience for critical infrastructure like the new SEC

Managing waste

Estates and grounds

As part of our strategy for enhancing its green spaces, a successful funding bid with the Centre for Sustainable Healthcare's NHS Forest programme has enabled the planting of a small orchard at the John Radcliffe. The fruit trees include a variety of species, and we look forward to developing the area further as a haven for staff, visitors and wildlife alike, as they mature.

Waste Management Improvements

During 2024-25, we successfully implemented food waste segregation across all OUH sites. This waste is now processed through Anaerobic Digestion, supporting more sustainable disposal practices and aligning with the NHS Waste Hierarchy and HTM 07-01 (2023) guidance. All food waste treatment operators are registered, and end products are suitable as soil improvers, contributing to circular economy principles.

We have enhanced the management of our clinical and non-clinical waste streams, with a particular focus on improved segregation. Non-infectious patient waste—such as PPE, swabs, and IV bags—is now directed to Energy from Waste (EfW) facilities rather than being treated via clinical waste heat disinfection. This shift has significantly lowered the carbon intensity of our waste disposal processes and supports our commitment to zero landfill for offensive and residual waste.

Although overall waste volumes increased, our associated carbon emissions decreased. This reduction is largely due to improved segregation, increased recycling rates, and the adoption of best practice treatment methods. All waste streams are managed in line with the Waste (England & Wales) Regulations 2011, the new Separation of Waste (England) Regulations 2025, and the NHS net zero carbon targets.

We have also strengthened our reporting and data management. Monthly and annual reports now include waste volumes, weights, treatment methods, and carbon emissions for each stream, in compliance with ERIC and NHS requirements. Contractors provide annual carbon footprint data for all collection vehicles and treatment processes, with a preference for electric vehicles and Euro 6/7 compliance to further reduce transport-related emissions.

Case study

Sustainability sewn into Linen Services

Our linen services team integrate sustainability into their initiatives:

Uniform library*:* unwanted items are quality checked and those in a good condition are placed on our second-hand rail, which staff can borrow for a day, or the long term. As well as being good for the environment, it is cost saving.

Reusing fabric: As uniforms change, some roles and identities can be harder to spot, making life difficult for patients and fellow clinicians. Our talented seamstresses make epaulettes from redundant uniforms for certain roles, which saves disposal and buying in new fabric. The old emerald green from Doctors' trousers were used to provide trim and epaulettes for specialist nurses and educators, providing them with a clear identity.

Altering: As a scrub trust, we no longer provide dresses for staff, but some roles still use them. As the pool of dres-wearing roles gets smaller, old dresses are altered to fit the staff who are in the remaining dress-wearing roles.

Next steps and future projects

The task to decarbonise the estates requires sizeable actions. The Trust is looking at joining Headington District Heat Network, which is potential heating project for Oxford, involving multiple potential partners including local universities and local authorities, who all have high heating demands. We are currently engaged in feasibility discussions and data sharing to support the business case for this project.

The Headington Heat Network is a strategic opportunity for the Trust to play a central role in shaping Oxford's low-carbon future. As an Anchor institution and one of the largest energy users in the Headington area, OUH is uniquely positioned to contribute to this heating initiative, which aims to deliver low-carbon thermal energy to a cluster of public and academic institutions.

NHS Green Building Standard

OUH is committed to the NHS Net Zero Building Standard for all new construction and major refurbishments, ensuring energy-efficient, low-carbon healthcare facilities. From October 2023, all capital investments requiring HM Treasury approval have had to comply, incorporating whole-life carbon assessments and operational energy targets. This approach ensures our estates meet clinical needs while advancing environmental sustainability.

Capital Projects Improvements

The following, among other initiatives, are currently underway or planned to support decarbonisation and energy efficiency across OUH sites:

- Churchill site – heating and cooling upgrade to support transition to efficient systems and renewable energy via heat pump replacement
- John Radcliffe – Women's Centre ventilation upgrade. We've replaced generators to adopt low-carbon backup power solutions, aligning with decarbonisation goals
- Horton General – medical gas orks (see Chapter 8) boosts operational efficiency and safety, reducing potential emissions from leaking nitrous oxide.

Two heat pumps were fitted to our Combined Heat and Power plant in 2024, which will save around 4,000t of CO_2e annually. This was part of the Public Sector Decarbonisation Scheme.

ACTIONS:

1. Energy Team to Implement an Energy Management System aligned to ISO 50001 by December 2026

2. Energy Team and Capital Projects to prioritise sub metering across the Trust for granular data to identify projects, when practicable to do so

3. Energy Team to determine feasibility of connecting to a District Heat Network by March 2027

4. Energy Team to strengthen, expand and improve our reporting around utilities and carbon within estates

8. Medicines

Anaesthetics

Anaesthetic gases are potent Greenhouse Gases, and the Trust has worked hard to reduce its use of halogenated gases, namely desflurane, sevoflurane and isoflurane. The Trust has eliminated desflurane completely as alternatives with a lower environmental impact are used, such as sevoflurane and propofol.

Leaner nitrous oxide supply

Nitrous oxide (N_2O), occasionally used by anaesthetists for sedation and pain relief among other things, is commonly distributed via a manifold, a system that delivers N_2O to the pipelines around the hospital. A site-wide service evaluation led by anaesthetic residents, found this to be wasteful. For example, the data suggested that at the Horton, of the one million litres N_2O ordered per year (equivalent to 618 tonnes carbon dioxide equivalent or CO_2e), only approximately 5% was used.

Using nitrous oxide cylinders that attach directly to the anaesthetic machines instead of via long pipes improves efficiency and removes risks of leaks. It is now delivered to patients on an individual basis and, as a result, much smaller amounts of the gas are kept on site. The Horton accounted for about half of the pure nitrous oxide footprint across the four OUH hospitals and in February 2024, was the first to switch off the wall supply and move to a portable supply of the gas. More than 500 tonnes of CO_2e will be saved every year at the Horton General Hospital, following the decommissioning of its N_2O manifold.

The Nuffield Orthopaedic Centre (NOC) was the second OUH hospital to switch from a manifold to using portable supplies in small cylinders saving 30 tonnes of CO_2e. Churchill Hospital followed shortly after, and work is underway across all theatres at the John Radcliffe.

Reducing waste in surgery

In the delivery suite at the Women's Centre, at the John Radcliffe, and at Horton's endoscopy and midwife led units, a mix of nitrous oxide and air (commonly known as 'gas and air') is distributed using a similar piped supply from manifolds. Work is underway to move to portable supply at the Horton, and in June 2025 an Anaesthetic Gas Scavenging System (AGSS) was installed in the Delivery Suite in the Women's Centre. The AGSS provides continuous extraction of nitrous oxide from the delivery rooms, significantly improving air quality for both staff and service users. The newly installed system not only extracts nitrous oxide (N_2O) but also breaks it down into harmless oxygen and nitrogen, allowing it to be safely released into the atmosphere - further reducing the Trust's greenhouse gas emissions. The installation may lead to the extraction and break down of up to 99% of exhaled nitrous oxide.

Leaner regional anaesthetics: The old spial and epidural pack cost the Trust between £5.28 to £20.21 and contained 16 items, many of which were wasted. The new pack costs £2.26 and contains six items. This is a huge cost saving and reduction in single-use plastic.

Two case studies

Metered dose inhalers

Pressurised metered dose inhalers (pMDIs) use greenhouse gas propellants that are safe for users but have a high impact on climate change. In the UK, 70% of prescribed inhalers are pMDIs, making up 3% of NHS carbon emissions - the highest of any medicine. Not all pMDIs have the same carbon footprint; different brands have different footprints, yet deliver the same medication. Steps can also be taken to reduce the impact of pMDIs by educating users around correct disposal.

The NHS now offers people over 12 years old the choice to switch to lower-carbon dry powder inhalers (DPIs). Moving to a DPI can better for the environment, but the decision must prioritise the clinical effect for the user. Regular review of inhaler effect, tolerability, technique and adherence is important.

The Oxford Adult Cystic Fibrosis Centre based at the JR has been working closely to improve inhaler prescribing with their patients. All staff received updated training around inhaler prescribing, and we agreed a clear inhaler formulary for patients. All patients receive regular medication reviews to minimise over prescribing, which now includes routine assessment of inhaler technique and proactively identifying the most effective delivery device for each individual. Device carbon footprint is discussed with patients, and swaps to lower carbon devices are encouraged if clinically appropriate. For those patients who do require a pMDI device they are educated on appropriate disposal methods. The Cystic Fibrosis team encourages all patients to openly discuss adherence to all treatments and offers behaviour change support to optimise therapies and prevent medication stockpiling.

Traditional metered dose inhalers contain hydrofluorocarbons (HFCs) which are several thousand times more potent than carbon dioxide.

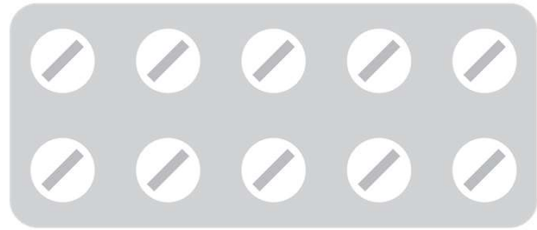
A dry power inhaler has a much lower carbon footprint than a traditional inhaler – up to 85% lower!

We record all the inhalers dispensed via pharmacy records. The number may increase or decrease each year depending on patient needs. We track the conversion to more environmentally friendly inhalers by recording the CO_2e per dose and it is reducing!

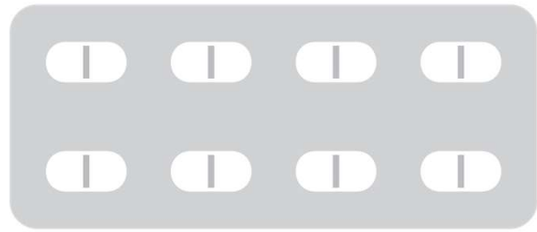
Antimicrobial Resistance (AMS)

Climate change and antimicrobial resistance are closely linked so there is a national focus on sustainability in AMS activities. One of the elements is to promote the switch of Intravenous (IV) to oral antimicrobials, where clinically appropriate. By making this switch the carbon footprint of the antimicrobial is also reduced. The Trust's antimicrobial guidelines have been updated to ensure there are options for an oral switch for each infection in the guideline and there is guidance about when to consider IV to oral switch.

Additionally, reducing inappropriate prescribing of antimicrobials is one of the main objectives for the team, as this reduces unnecessary consumption, vital for support global long-term antimicrobial resistance efforts.



In terms of other medicines, as we begin to compile our GHG inventory we will work with our largest suppliers to look at ways to educate against overprescribing and overstocking.



ACTIONS:

1. Cystic Fibrosis Team and Carbon Programme Office to investigate recycling of pMDI during FY 26/27

2. Move to a leaner nitrous oxide supply at the Churchill Hospital by end of FY 2026/27

3. Carbon Team and Procurement to extend the footprint of the supply chain, focusing on medicines

9. Supplies and procurement

Current situation

The NHS has a target to reach Net Zero in our supply chain by 2045. The Trust has made significant progress producing an accurate footprint for the emissions under our control such as energy, water and waste, but we do not have data for our supply chain, and this will be the focus for the term of this Green Plan.

Lack of data has not, however, prevented progress in many areas such as Social Value in tenders, Carbon Reduction Plans associated with contracts, collating data from current suppliers and expanding our Greenhouse Gas inventory as we comply with and follow the NHS Net Zero Supplier road map. In our contract management meetings, we talk to our current suppliers about research and development, disposing of their products at end of life, opportunities to repair, reuse or refurbish, or designing out waste.

Value for money is our priority. As well as balancing effectiveness, efficiency and economy for the goods and services we procure, we must optimise the socio-economic and environmental benefits.

Social Value

The Public Services (Social Value) Act 2012 legally obligated NHS Trusts to consider Social Value in Procurement decisions. Our tenders include a requirement to deliver meaningful social value through contractual commitments to improve economic, social and environmental wellbeing in the areas they serve. . We follow the revised PPN 002: Taking account of social values in the award of Central Government Contracts. The Trust applies a 10% weighting of the total score to social value responses in tenders. This is assessed on a qualitative basis using the award criteria. Extra resourcing in 2025 in the Carbon Programme Office has allowed for earlier consideration of social value for large contracts in the tender process. PPN 002 guidance revised for 2025 has now come into effect from October 2025. The trust will use the Social Value Model to ensure that our supply chain spend will create local jobs and opportunities; purchase from local organisations and contribute to the health and well-being of our local populations. This is combined with also addressing environmental benefits such as access to green spaces, reducing carbon emissions and improving air quality will support the addressing of health inequalities.

The Oxfordshire Joint Strategic Need Assessment (see roadmap on page 8) and CORE20PLUS5 for both adults and children illustrate where we need to use Social Value to deliver better outcomes on local issues such as homelessness and inactive young people and children. Narrowing health inequalities in hypertension, early cancer diagnosis, chronic respiratory disease, maternity and severe mental illness in our most deprived areas will be an emerging focus in our Social Value approach.

Carbon Reduction Plans

We now require that all of our new suppliers (via tenders) provide a Carbon Reduction Plan. Our Carbon Programme Office reviews all Carbon Reduction Plans provided as part of the tender process, against PPN 006 (updated from PPN 06/21). Carbon Emissions associated with contracts are beginning to be added to our expanding GHG inventory.

Proactive working with suppliers

We work collaboratively with our linen/uniform suppliers:.

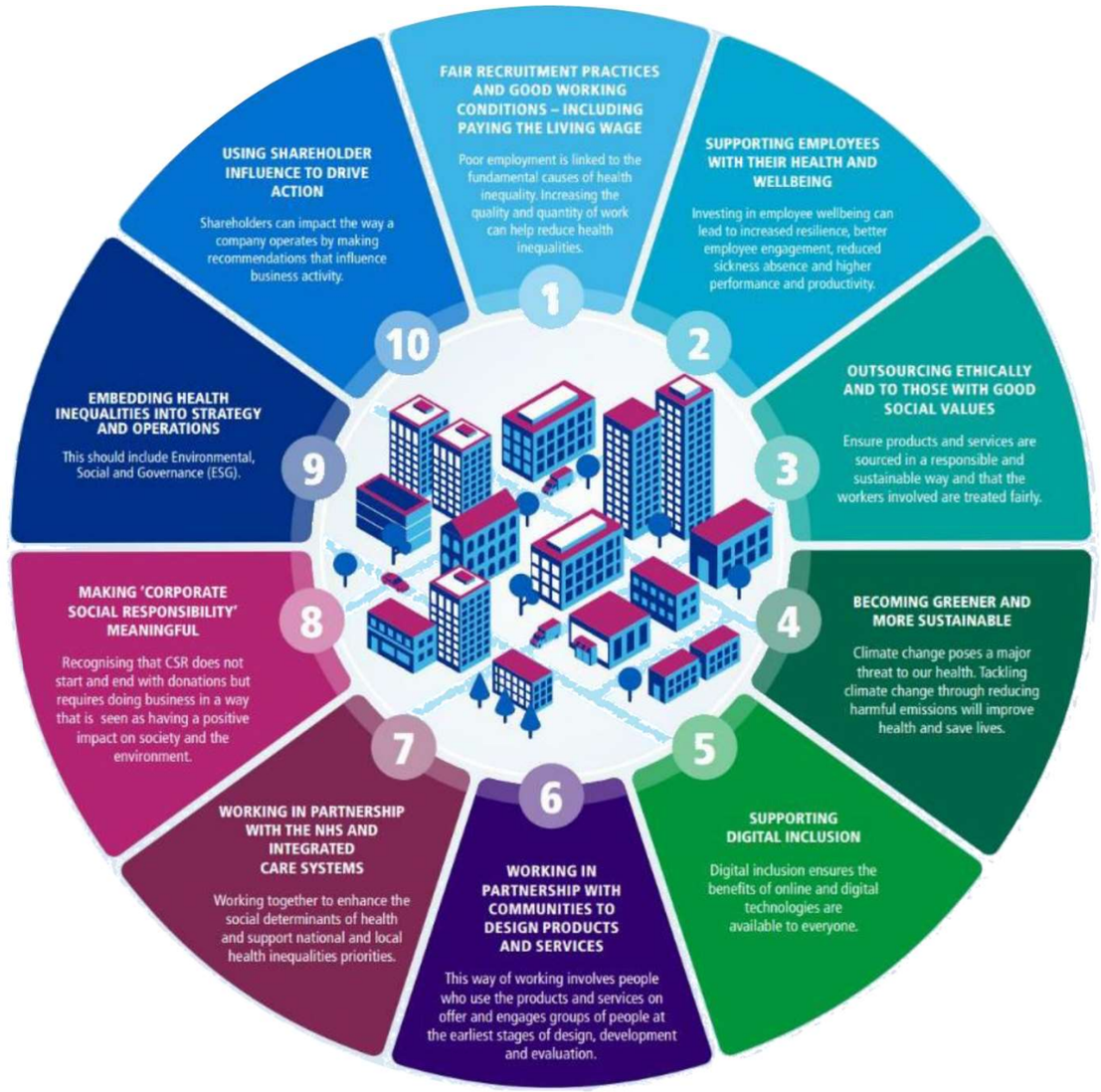
- We send back our plastic cage covers and linen bags which are then recycled.
- The Linen Policy is currently being reviewed, changing the way we use dissolvable alginate bags to ensure only infected linen goes into them, as this requires a high temperature that needs to be washed twice. Keeping uninfected linen out saves both water and energy.
- Whenever possible, our provider repairs slightly damaged linen instead of discarding it, helping extend the lifecycle.
- Our colleagues run linen awareness days, so that staff can come and ask any questions about the linen and we have a uniform amnesty.
- In some of our theatres, reuseable warmup jackets are now used instead of disposable, saving money on both purchasing & waste costs. We are also looking to move from disposable drape packs to reusable.
- The team have focused on reduced deliveries to satellite sites, cutting transport emissions.
- Commencing shortly our provider will begin collecting our unusable uniforms for recycling free-of-charge, meaning everything is sent to one central location rather than a separate textile recycling centre.

Case study

ACTIONS:

1. **Sustainability and Carbon Management Team to complete a spend-based analysis to establish supply chain emissions for the GHG inventory by March 2027**
2. **Sustainability and Carbon Management Team and Procurement to survey the largest 5% of our suppliers by GHG emissions against Evergreen Sustainable Supplier Assessment**

NHS England: 10 ways businesses can help to reduce health inequalities



10. Food and nutrition

Data for food waste

At OUH, we are working to make our food and nutrition practices more sustainable, though challenges remain. Most menu options are still meat-based, raising environmental concerns due to the higher carbon footprint of meat compared to plant alternatives. Recycling efforts, such as with Oral Nutritional Supplement (ONS) bottles, are hindered by inefficient processes and bin contamination, while food waste remains an issue, despite monitoring. Initiatives like Meat-Free Mondays are gaining interest but need wider adoption. Staff engagement is increasing through sustainability webinars, yet a broader strategy for sustainable food practices, waste reduction, and expanding plant-based choices is needed to meet long-term goals.

Current projects with momentum include:

- The John Radcliffe and Churchill restaurants made their catering meat free in the month of January 2025, following the “Meat-Free Mondays” campaign which garnered 200 comments.
- The catering teams, via our subcontractor re-ordered inpatient menus to put the plant-based option first, followed by the meat options.
- There is a new food waste stream through our contractor and by the end of the last financial year all food waste is now collected and reported separately. The Trust produces 5-6 tonnes of food waste a month and this is tracked across each site.
- Our domestic waste is transported to an Energy from Waste facility.
- All containers used in canteens are compostable i.e. coffee cup lids, meal containers.
- The Horton General Hospital has switched from ordering 400 patient meals a day on a paper to a digital system which will reduce overordering and food waste as well as aligning to the NHS 10 Year plan theme - 'analogue to digital'.

However, there are still several challenges in terms of food sustainability, including an inadequate variety of plant-based options, with an over-reliance on meat-based meals, inefficient recycling of ONS and enteral feed bottles, scarce recycling bins on our wards, hindering our efforts to reduce our environmental impact.

As we build on our current project database new projects will be prioritised based on their potential environmental impact, alignment with OUH's sustainability goals, feasibility, and cost-effectiveness. Key criteria include:

- **Environmental Impact:** Projects that significantly reduce carbon emissions, waste, or resource consumption will be given higher priority.
- **Sustainability Alignment:** Projects should align with OUH’s overall sustainability objectives, including waste reduction, energy efficiency, and promoting sustainable food practices.
- **Feasibility:** The ability to implement the project within the existing infrastructure and resources, including timeframes and technical capabilities, will be a key factor.

Sustainable Food Group's activities

- **Cost-Effectiveness:** Consideration of the long-term financial benefits, such as energy savings or reduced waste disposal costs, in relation to initial investment and operational costs.
- **Staff and Community Engagement**: Projects that encourage staff involvement or have a positive impact on the wider community will be prioritised.
- **Scalability and Replicability:** Preference will be given to projects that can be scaled across multiple departments or replicated in other areas of the organisation.

By applying these criteria, we ensure that our sustainability efforts are both impactful and achievable, driving meaningful progress at OUH.

Success in food sustainability at OUH will be measured and monitored through a combination of quantitative and qualitative indicators.

Key metrics will include:

- Meat Consumption: Measure annual reduction in meat-based meals and aim to increase plant-based options; track supplier emissions and overall food GHG footprint.
- Engagement: Survey staff and patients on sustainable food practices and participation in initiatives like Meat-Free Monday.
- Training Completion: Record staff completion rates of sustainability training and assess its impact on food choices.

Progress will be monitored quarterly, with results reviewed by the Sustainable Food Group, to adjust initiatives as needed, ensuring continued improvement and alignment with OUH's broader environmental goals.

We have a monthly Sustainable Food Group meeting which includes dietitians, catering managers, supply chain and procurement managers, facilities managers, medics and other staff with an interest in sustainability. This approach fosters a collaborative, organisation-wide commitment to sustainability, helping to scale impactful projects across the trust.

ACTIONS:

1. **Waste Manager to track sorting and processing rates of recyclables through regular audits and reduced contamination.**
2. **Sustainable Food Group to review total food waste via monthly reports; using KPIs including waste per meal.**

11. Adaptation and resilience

OUH is committed to developing a comprehensive response to the impacts of climate change, with a central focus on delivering adaptation and resilience measures. This commitment will be realised through the integration of actions within a dedicated plan.

Recognition of Climate Change as a Strategic Risk

Climate change and the associated extremes of weather have been formally recognised as a significant risk and are now included in OUH's Corporate Risk Register. This recognition is further supported by the implementation of robust Emergency Planning, Resilience and Response (EPRR) processes. These processes are designed to address adverse weather impacts across the estate and ensure the continued delivery of services. Additionally, OUH subscribes to the UK Health Security Agency alerts, which are promptly disseminated across all service divisions during periods of weather warnings.

Regional Climate Risk Assessment

In the local context, Oxfordshire County Council commissioned the "Climate Resilience: Current and Future Climate Risk and Vulnerability and Health Impacts" report. This report has highlighted several key findings for the region, including:

- Increasing frequency of heatwaves
- Frequent flooding, which has emerged as the most significant climate risk in recent years
- Elevated risks for vulnerable populations, with climate risks likely to exacerbate existing inequalities

Stakeholder Engagement and Regional Collaboration

OUH is actively engaged as a key stakeholder in the development of Oxfordshire's Climate Change Adaptation Route Map for 2025–2030. This includes participation in the Oxfordshire Climate Adaptation Summit in early 2025 and ongoing work within healthcare-focused workstreams.

Resource Allocation and Thematic Priorities

Dedicated resources have now been allocated to support the delivery of Climate Change Adaptation and Resilience initiatives. These efforts are structured around three key themes:

- **Health Information Systems**: Enhancing the ability to collect and assess data for informed decision-making
- **Service Delivery and Infrastructure**: Commencing risk assessments using the NHS Climate Change Risk Assessment (CCRA) toolkit
- **Leadership and Workforce Development**: Fostering awareness, governance, and strategic leadership on climate resilience

Project Prioritisation and Alignment

Projects will be prioritised to ensure alignment with the relevant CQC assessment criteria, with a focus on providing safe environments that are prepared for, and resilient to, adverse weather events.

Measuring Success and Ongoing Monitoring

With the projected increase in the frequency and intensity of adverse weather, the effectiveness of adaptation and resilience measures will be evaluated by the Trust's ability to maintain safe environments during such events. ERIC data, which tracks incidents of overheating and flooding resulting from external weather events, will serve as a key monitoring tool. Broader involvement of clinical, operational, digital, procurement, and financial teams will further enhance the quality and use of data, enabling the development of robust metrics to monitor and report progress in climate adaptation and resilience.

Current Initiatives and Projects

Greenspace and Wellbeing Programme

As part of an ongoing policy lab, OUH is engaged in a Greenspace and Wellbeing Programme initiative. This is a collaborative effort with Oxfordshire County Council Public Health team and the Oxfordshire Local Nature Partnership. The programme's focus is on the development and enhancement of green spaces to support wellbeing and biodiversity. It also aims to mitigate the urban heat island effect by increasing both the quality and quantity of green spaces within the trust's estate. Key activities to date include a tree planting scheme and work towards establishing an organisational structure capable of delivering current projects and shaping future strategies.

Micro green space benefits patients' recovery time and staff wellbeing. This (left) is an early design for a shared courtyard between the Renal Department ward and office. Staff and patients contributed to how they would like the courtyard to look, and the improvements will be funded by Oxfordshire County Council on 2026.

Resilient gardens and nature connection

Oxford Hospitals Charity has funded the upgrading and greening of several gardens around all four of the hospital sites. In several cases this has enabled trees to be planted, and the roof garden of the Churchill (top right) was designed to be nature-friendly, drought resistant and increased the tree cover. In all the cases the gardens were improved with new planting, seating - all to encourage patients, visitors and staff to use the spaces. This is vitally important for boosting feeling of connection to nature. The charity funded a specific walking app at the NOC to make it easier for people to find the outdoor spaces and use them.

Both the Churchill, above, and the John Radcliffe, below, have recently benefitted from redeveloping some of their gardens with more tree cover and seating, much of which has been funded by Oxford Hospitals Charity .

New spaces and programmes

Participation in the Hearth Project

OUH is actively involved in the Hearth Project, a five-year research programme led by Oxford Brookes University. The project explores the intersections of net zero, health, and extreme heat, particularly in vulnerable settings. OUH is contributing as a stakeholder and will offer its buildings for assessment, measurement and research during the Healthcare Work Stream phases of the project.

Adoption of NHS Net Zero Building Standard

The trust is committed to adopting the latest standards in its developments, including the NHS Net Zero Building Standard. This standard provides technical guidance for the creation of sustainable, resilient, and energy-efficient healthcare buildings. It is designed to ensure that new developments are prepared to meet the current and future needs of patients, particularly in the context of a changing climate.

Surgical Elective Theatres Project at John Radcliffe

At the John Radcliffe, the new Surgical Elective Centre is currently under construction. This significant development will deliver seven new elective theatres, each with its own procedure rooms, as well as dedicated admissions and recovery spaces. The design prioritises the creation of a high-quality and safe environment for both patients and staff. Notably, the project has achieved a BREEAM 'Excellent' rating at the design stage, including securing credits that specifically address thermal comfort in anticipation of future climatic conditions. The location of the new building has also been carefully considered, as it is being constructed on the site of former car parking, thereby avoiding further encroachment on existing green spaces.

Climate Adaptation Leadership and Strategic Planning

OUH has appointed a dedicated climate adaptation lead and is in the process of developing a comprehensive Climate Change Adaptation and Resilience Plan. The Trust is also proactively participating in the Zero Carbon Oxfordshire Partnership Climate Adaptation Working Group, thereby extending its influence and expertise beyond its immediate boundaries. Collaboration with informatics teams is underway to enhance datasets that monitor the impact of weather events, enabling a more targeted approach to identifying and addressing areas most at risk. This data-driven approach will inform the completion of the NHS Climate Change Risk Assessment (CCRA) toolkit, which will help to assess the potential impacts on OUH's healthcare delivery and facilitate the identification and implementation of appropriate adaptation measures.

ACTIONS:

1. **Head of Estates Sustainability to complete the NHS Climate Change Risk Assessment (CCRA) toolkit to establish a framework for increasing resilience to climate change and facilitate the development of a Climate Change Adaptation plan by May 2026**
2. **Sustainability and Carbon Management Team engage with local stakeholders and working groups to develop our response as part of an Anchor Institution**
3. **Sustainability and Carbon Management Team to engage across Trust departments to improve our evidence and data gathering on the impacts on climate events across clinical, operational and financial aspects**

12. Tracking and reporting

Green plan governance

Delivery of the Trust's Green Plan is overseen by our Chief Estates and Facilities Officer whose role is to monitor the performance against the Green Plan targets, follow up on areas not meeting targets, identify and understand any barriers and recognise if more support is required.

The plan has been signed off by senior leadership including:

- Chief Executive Officer (interim) who has provided the forward and organisational vision
- Chief People Officer – Workforce & System Leadership
- Chief Medical Officer – Sustainable Models of Care, Medicines and Anaesthetics
- Chief Nurse – Food and Nutrition
- Deputy Chief Officers for Estates and Facilities (Operational and Capital) Travel & Transport, Estates and Facilities, Adaptation and Resilience
- Chief Finance Officer – Supply Chain, Procurement and Reporting
- Chief Digital Officer – Digital Transformation

Currently the Head of Sustainability & Carbon Management (HSCM) has attended the following committees to update on sustainability initiatives as well as presenting projects for sign off: Trust Management Executive, Delivery Committee, People and Comms Committee, Audit Committee, Trust Alliance Committee, Council of Governors, Trust Board (including Board seminar session) & Investment Committee.

A Sustainability Steering Group is not yet in place. This group will monitor progress against the Green Plan implementation bi-monthly. This group should be attended by the Trust-wide Sustainability Lead, the Executive leads for Green Plan priority areas and Subject Matter Experts to provide updates on progress. Senior managers and heads of operational areas across all sites should also be in Attendance, as appropriate, to ensure that there is a mechanism in place to embed sustainability into wards and departments. Currently Sustainability updates are combined with Anchor Steering Group progress and reported to the Delivery Committee who can act as an avenue to escalate key issues.

Annual summary of progress on delivery of this green plan

Although there is no requirement for NHS organisations to calculate and report organisational carbon footprints, the annual carbon footprint is included in the Trust's Annual Report each year, including fugitive emissions which do form part of the NHS Methodology but are included in the Greenhouse Gas Protocol.

Reporting in the Trust's Annual Report against this Green Plan includes a narrative on progress to date and key achievements within the year

Sustainability projects are also recorded centrally for the Care Quality Commission (CQC)'s Well-led framework.

Task Force on Climate-related Financial Disclosures (TCFD)

The Trust has so far reported against three of the four pillars under TCFD, namely Metrics & Targets, Risk Management and Governance. The Strategy Pillar will be reporting in Financial Year 2025-26 in line with the three-year phased approach.

Tracking Progress and Data Quality

Reliable, standardised data collection is essential for tracking Green Plan progress, but current practices vary widely across sites. This inconsistency makes it difficult to produce meaningful KPIs and intensity ratios, limiting the ability to benchmark and demonstrate impact. For example, in energy, manual sub-meter readings further hinder timely and accurate energy monitoring, making internal analysis and targeted action challenging. Upgrading to automated, remote metering is needed to improve data quality, support robust reporting, and enable more effective delivery of sustainability objectives. This aligns to the 'analogue to digital' theme in the NHS 10-year plan.

Choosing and monitoring projects

Assurance, Measurement and Verification

A lack of independent measurement and verification (M&V) of project outcomes means that the true impact of sustainability projects—such as carbon savings or cost reductions—can be unclear. Currently in energy, M&V is often carried out by contractors or Energy Conservation Measure (ECM) providers themselves, rather than by an impartial third party. This arrangement can lead to potential conflicts of interest and may undermine confidence in the reported results, as there is no external assurance that the claimed savings are accurate or attributable solely to the implemented measures. Independent M&V across all areas of focus in this Green Plan is essential to provide robust, credible evidence of project outcomes and to support transparent reporting and continuous improvement.

The Sustainability and Carbon Management Team are undertaking further professional training in M&V of energy projects.

Carbon accounting is undertaken by the Carbon Management team with internal audits. For complete transparency, the Trust will publish its Carbon Accounting Methodology and a full carbon disclosure report with more detailed information than space in the Annual Report allows.

Criteria for project prioritisation

- Projects are prioritised based on the following criteria:
- Carbon reduction potential (Core NHS Footprint - scope 1, 2, and 3 emissions).
- Cost-effectiveness and return on investment
- Alignment with NHS Net Zero targets
- Feasibility and readiness (e.g. existing infrastructure, planning permissions, operational considerations)
- Co-benefits such as improved air quality, staff wellbeing, biodiversity, and patient experience, local employment in line with OUH values

Projects are measured and monitored by:

- Quantitative metrics: e.g. Carbon reductions (tCO_2e), Energy savings (kWh), Cost savings (£), vehicle commute miles displaced
- Qualitative outcomes: staff engagement, patient experience
- Monitoring tools: Fiscal meters (interval data), sub-metering of specific areas, project dashboards (PowerBI, Systems-link)
- Reporting: annual sustainability reports, internal dashboards, BOB ICS quarterly submissions

Project successes at OUH are shared through a variety of internal and external communication channels. Updates are regularly featured in sustainability bulletins and communicated to members of the OUH Sustainability Network. Achievements are also highlighted through blog posts on social media and internal staff networks, helping to raise awareness and celebrate progress.

ACTIONS:

1. Sustainability and Carbon Management Team to publish a full carbon accounting methodology on the Trust's approach to Carbon Accounting including the accounting boundary by end of FY 25/26.

2. Sustainability and Carbon Management Team to publish a full carbon disclosure report each Autumn to include relative as well as absolute emissions with full details on project progress

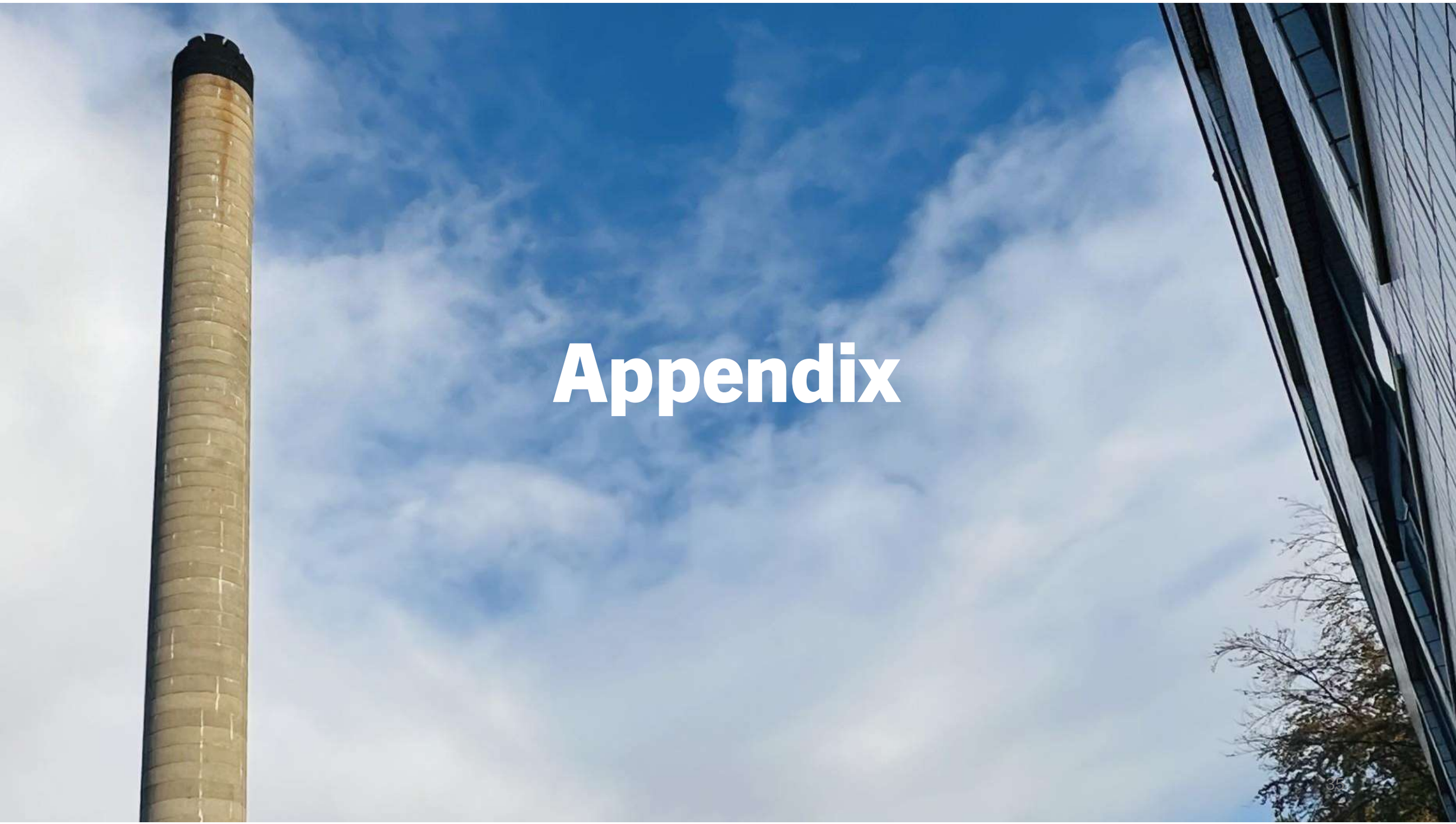
3. Establish a cross-divisional Sustainability Steering Group for Financial Year 26/27 chaired by Chief Estates and Facilities Officer

With thanks

The following teams have contributed to this Green Plan

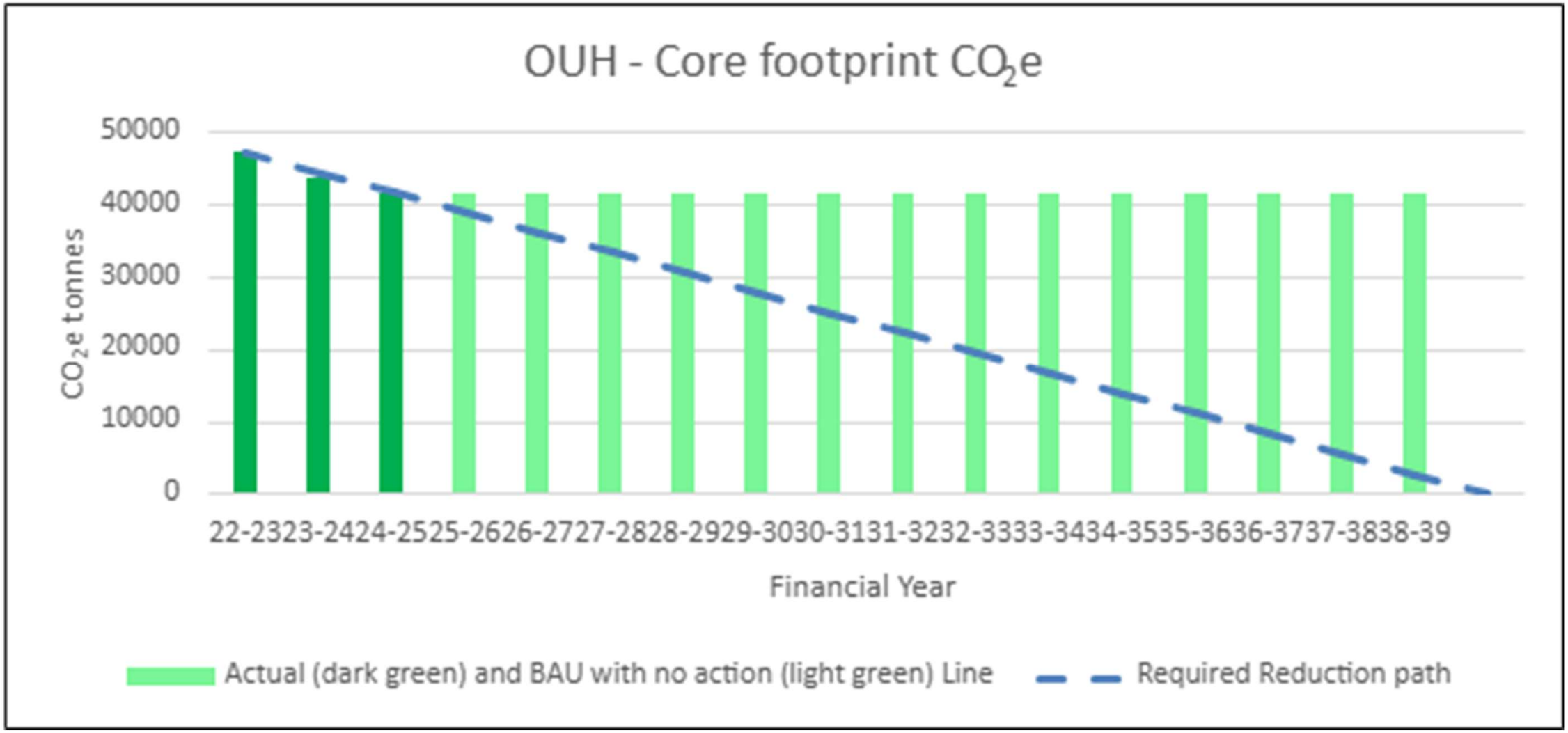
Capital Projects
Cystic Fibrosis
Physiotherapy
Dietician teams
Digital
Energy
Estates and Facilities
Green Theatres
Here4Health
Hospitals at Home
Linen Services
Oxford Hospitals Charity
Pharmacy
Procurement
Strategy & Partnerships
Sustainability and Carbon Management
Travel & Transport
Waste

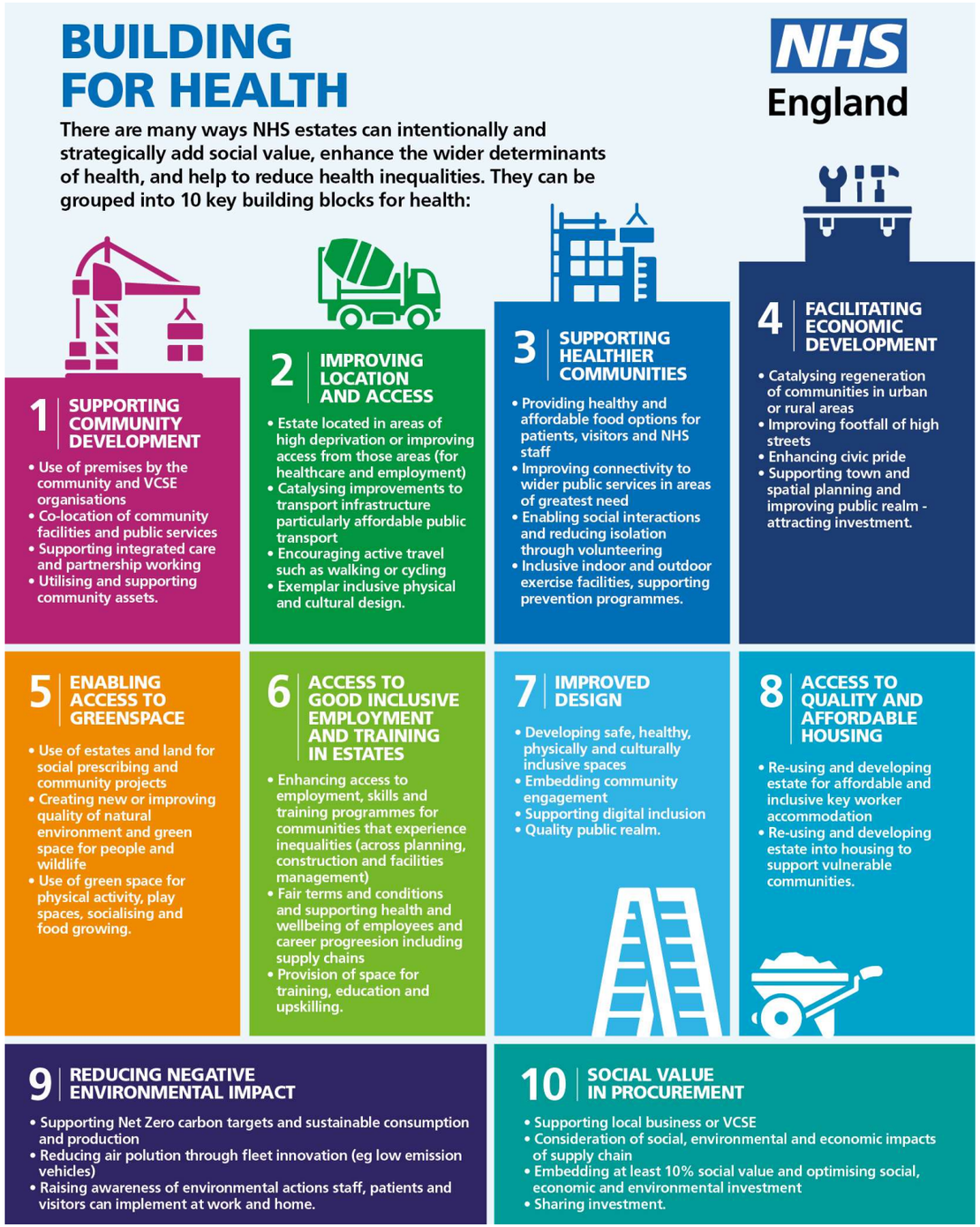
Bee-friendly planting at the Churchill



Appendix

Where we are, and where we need to be





Building for Health

Taken as a whole the NHS is one of the largest landowners in England. Through its role as an anchor institution, the NHS has an opportunity to intentionally manage its land and buildings in a way that has a positive social, economic and environmental impact. The effects of good management can improve the health and wellbeing of communities and reduce health inequalities.

We have developed practical information for estates and facilities managers, planning, health inequalities or strategy leads, and anchor or sustainability coordinators in NHS provider organisations and integrated care systems (ICSs).

The role of estates in reducing health inequalities
A well-maintained and well-designed estate is the bedrock on which clinical services are delivered. It is essential they meet current and future service needs, provide a good patient experience, offer a high-quality healing environment, and support the NHS and government's net zero carbon strategies.

We have summarised the key ways estates and facilities can play their role in reducing health inequalities in our 10 building blocks for building for health.

The building blocks can be applied to all aspects of estates management including in the:

- delivery of new healthcare buildings, for example through the New Hospital Programme or the development of community diagnostic centres
- modernisation of NHS facilities
- prioritisation of investment
- management of the use of NHS buildings and spaces
- 'disposal' or repurposing of facilities the NHS no longer needs – the NHS Estates and facilities workforce action plan (2022) sets out ways to address estates workforce needs.

The building blocks can be applied to the concept, detailed design and construction and operation stages.

REDUCING HEALTHCARE INEQUALITIES

NHS

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

NHS

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

CORE20 PLUS 5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Key clinical areas of health inequalities

1. **ASTHMA**
Address over reliance on reliever medications and decrease the number of asthma attacks

2. **DIABETES**
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3. **EPILEPSY**
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4. **ORAL HEALTH**
Address the backlog for tooth extractions in hospital for under 10s

5. **MENTAL HEALTH**
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation