



Stockport

NHS Foundation Trust



Tameside and Glossop  
Integrated Care

NHS Foundation Trust

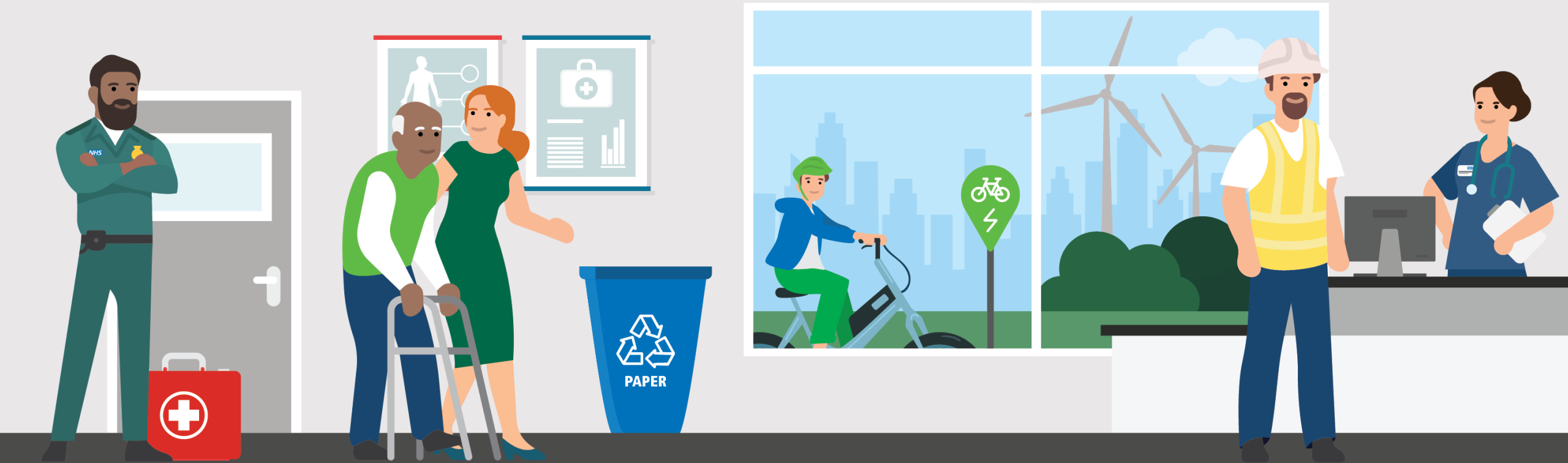
# Green Plan 2025 - 2028

Stockport Foundation Trust and  
Tameside and Glossop Integrated  
Care NHS Foundation Trust



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# About Us

**Tameside & Glossop Integrated Care NHS Foundation Trust** is responsible for the running of Tameside Hospital and provides a wide range of hospital and community services. The Trust provides services to a population of approximately 250,000 residents across Tameside and Glossop.

The Trust has 524 hospital beds, employs over 4,000 staff and has an annual turnover of around £370 million.



*Image shows: Tameside & Glossop Integrated Care NHS FT Building Façade*

**Stockport NHS Foundation Trust** is responsible for running Stepping Hill Hospital and other specialist centres, as well as community health services for Stockport. The Trust provides services to a population of approximately 350,000 residents in and around the Stockport area and the hospital also provides some specialist services to the residents of East Cheshire and the High Peak in North Derbyshire.

The Trust has 742 hospital beds, employs around 6,300 staff and has an annual turnover of around £530million.



*Image shows: Stockport NHS FT Building Façade*

# Foreword

As the net zero board lead for Tameside and Glossop Integrated Care NHS Foundation and Stockport NHS Foundation Trust I am pleased to publish our first Joint Green Plan.

The Trusts recognise that the climate emergency is the health emergency, and we must reduce our carbon emissions in order to reduce the associated health inequalities.

This Plan builds on the commitments made in the previous individual Green Plans and joins up thinking across both organisations, to share best practice and drive progress towards our net zero target.

Lord Darzi highlighted the urgency of this agenda last November,

***‘The World Health Organisation has described the climate crisis as the “single biggest threat facing humanity”. 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. Indeed, often health and climate are mutually reinforcing goals: cleaner air is good for the environment and good for respiratory health.’***

This Plan has been developed to detail the actions we will take over the next 3 years to progress this agenda. However, we will need to be flexible in our approach to ensure we consider innovation and to review the actions in our plan each year to ensure they will still deliver the best possible outcomes and progress.



**Net Zero Board Lead:** John Graham,  
Executive Chief Finance Officer

# Our Vision



Tameside and Glossop  
Integrated Care  
NHS Foundation Trust

Tameside and Glossop NHS Foundation Trust has a vision to improve health outcomes for our population and influence the wider determinants of health, through collaboration with the people of Tameside and Glossop and our health and care partners.



Stockport  
NHS Foundation Trust

This aligns with the vision for Stockport Foundation Trust to work with partners to improve health and wellbeing outcomes for the communities we serve.

The Values of the two organisations are now aligned and over the past few years, both Trusts have been exploring ways to improve the lives of our local populations through partnership working. An example of the joint working can be seen in the community setting, where a recently opened Community Diagnostic Centre in Denton serves the populations of both Trusts.

There is a joint Executive Team in place across the two organisations and several Executive Directors and other senior staff now work across both organisations. These joint roles include a Sustainability Manager and Sustainability Officer to drive progress towards the NHS net zero targets. The decision was therefore taken to create a Joint Green Plan for 2025 to 2028 and work together to share best practice and reduce our impact on the environment. In turn this will lead to improved health outcomes for our populations and the communities we serve.





# Green Plan Progress

Figure 1 shows the progress made at Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trust since the last Green Plans were published in 2022.

Tameside and Glossop Integrated Care NHS Foundation Trust	Stockport NHS Foundation Trust
<p><b>248tCO<sub>2</sub>e less emissions</b> in 2024/25 compared to 2023/24, due to reductions in electricity due to:</p> <ul style="list-style-type: none"><li>- 85% of lighting now LED</li><li>- IT data centre now closed and shared with Tameside Council</li></ul> <p><b>The equivalent to a bus driving round the world 59.5 times*</b></p> <p><small>*Defra emissions figures from 2019.</small></p>	<p>Decommissioned the nitrous oxide manifold system and <b>saved over 30tCO<sub>2</sub>e in just 3 months, the equivalent to a bus driving round the world 7.2 times*</b>.</p> <p><small>*Defra emissions figures from 2019.</small></p>
<p>Awarded £14.4million Public Sector Decarbonisation Funding to remove the old gas boilers and replace with air source heat pumps alongside other decarbonisation works</p> <p><b>2188tCO<sub>2</sub>e will be saved per year</b></p>	<p><b>Received a grant for £68,000</b> for a new Acute Frailty Unit therapeutic garden</p>
<p>Fleet includes 3 electric cars and 2 electric tug vehicles</p> <p><b>23tCO<sub>2</sub>e less emissions in 2024/25 than in 2019/20</b></p>	<p><b>9.2% decrease in food waste</b> during blue plate trial</p>
<p>Joint Green Plan delivery Group in Place and Joint Sustainability Manager and Officer appointed</p> <p>In every tender the Trust procures 10% net zero social value weighting is included. An example this have delivered is the redeveloped staff garden near Aspen House at Stockport Foundation Trust and tree planting at Tameside and Glossop Integrated Care NHS Foundation Trust</p> <p>Heat Decarbonisation plans in place to identify how we can reduce fossil fuel consumption</p> <p>2,241 Walking aids were cleaned, refurbished and reissued during 2024/25</p>	



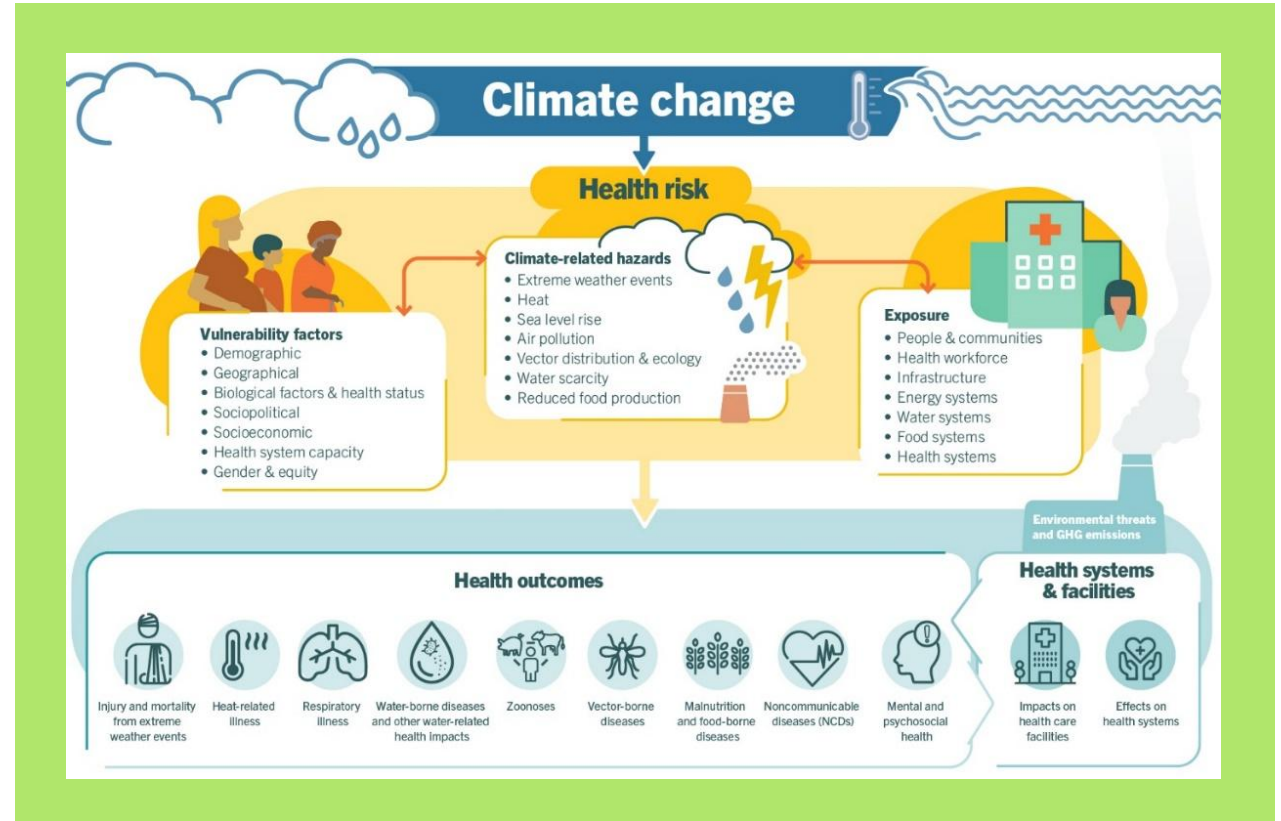
# The Climate Crisis and Health

Climate change is the greatest global health threat of the 21st century, affecting individuals, communities, and healthcare systems. Globally, temperatures have risen, due to the release of carbon dioxide and other greenhouse gases into the atmosphere and we have seen an increase in extreme weather events across the world.

More locally, across Greater Manchester we have experienced increased temperatures, flooding, wildfires and storms and these have impacted the most vulnerable residents the hardest.

Climate change impacts the health of our population in several ways:

- **Air Pollution & Respiratory Diseases** – Increased pollution leads to a rise in asthma, lung infections, and cardiovascular conditions. Long-term exposure contributes to premature deaths and health inequalities.
- **Heatwaves & Vulnerable Populations** – Excessive heat exacerbates conditions like heart disease and diabetes. Older adults and young children face heightened risks of dehydration and heatstroke.
- **Extreme Weather & Healthcare Strain** – Floods, storms, and wildfires disrupt healthcare services, damage infrastructure, and increase the spread of infectious diseases.
- **Food Security & Nutrition** – Climate change affects food production, leading to malnutrition and diet-related diseases, particularly among lower-income populations.
- **Mental Health Consequences** – Anxiety, depression, and PTSD are on the rise due to climate-related disasters and displacement.



**Figure2:** An overview of climate-sensitive health risks, their exposure pathways and vulnerability factors (World Health Organisation)

# Greater Manchester Green Ambition

Greater Manchester launched a [Five-Year Environment Plan](#) in December 2024 which aims to achieve carbon neutrality by 2038 through collaborative actions across the city-region, focusing on reducing carbon emissions and promoting nature recovery.

The Plan outlines a **comprehensive** strategy to tackle environmental challenges and promote sustainability in the region and emphasises the need for collective action from organisations, communities, and individuals to create a greener Greater Manchester. Figure 3 shows the eight key aims detailed in the plan for the city region.



The Trust Green Plan outlines the role that Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trust will play in supporting the delivery of the Five-Year Environment Plan. The Trusts will seek to exceed the net zero NHS target and strive to be carbon neutral by 2038, to align with the with the Five-Year Environment Plan ambition.

The Trusts are part of the NHS Greater Manchester Integrated Care System (ICS), which leads integration across the NHS, supporting the creation of the conditions for a thriving city region where everyone can live a good life. We have collaborated with the ICS on the development of this Plan to ensure it aligns with the NHS Greater Manchester Green Plan 2025-28. [The NHS Greater Manchester Green Plan](#) focuses on interventions that reduce the organisational carbon footprint of NHS Greater Manchester, for example, through the strategic commissioning process. NHS Greater Manchester lead on collaboration with the GMCA, Transport for Greater Manchester and other city region and national stakeholders to co-ordinate and amplify climate action, maximising the opportunities presented by devolution. The plan also seeks to enable the conditions for change and coordinate a set of impactful ‘do once’ actions.

To align with the wider work taking place in the locality, the plan has been shared with the Climate teams at Stockport Council and Tameside Council.

It is essential that we take a system wide approach to tackling climate change and joint working with our partners will be the key to successful delivery. Throughout the life of this plan, we will seek to strengthen relationship with our partners and to collaborate on projects where appropriate.



Figure 3: Commitments of the GM Five-Year Environment Plan



# Delivering a Net Zero National Health Service

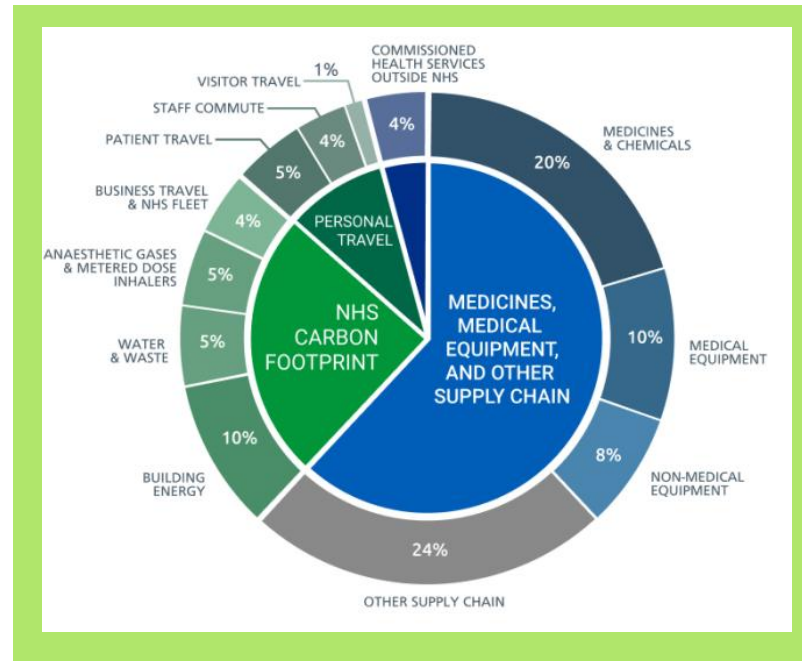
On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the [Health and Care Act 2022](#). The [Delivering a Net Zero National Health Service report](#) was produced and issued as statutory guidance. The Delivering a 'Net Zero' National Health Service report sets out the following targets:

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

To align with the Greater Manchester Five-Year Environment Plan target, we will seek to exceed the net zero NHS target and aim to be carbon neutral by 2038.

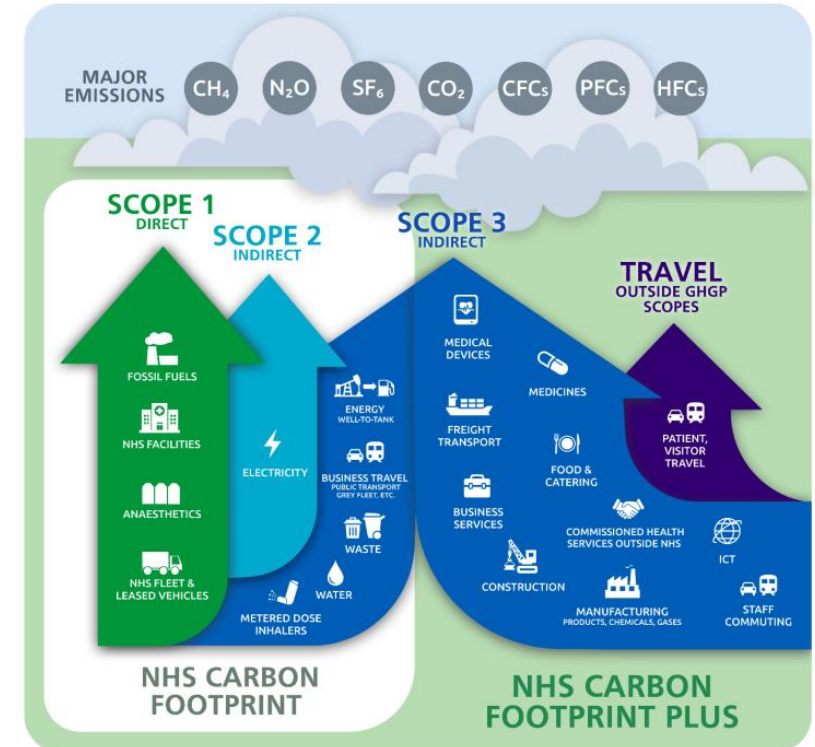
If we look at the wider scope of the NHS Carbon Footprint Plus, Figure 4 shows that the greatest areas of opportunity for change are in the supply chain, estates and facilities, pharmaceuticals and medical devices, and travel.

The targets set are as ambitious as possible, while remaining realistic; and are supported by immediate action and a commitment to continuous monitoring, evaluation and innovation.



**Figure 4:** Sources of carbon emissions by proportion of NHS Carbon Footprint Plus

**Figure 5:** Greenhouse Gas Potential scopes in the context of the NHS



A Net Zero NHS is **not just about reducing carbon footprints, it's about delivering healthier, more resilient healthcare for future generations**. By embedding sustainability into every aspect of operations, NHS Trusts can safeguard public health while tackling climate change head-on.

# Our Carbon Footprint

The Delivering a Net Zero NHS report defined 2019/20 as the baseline year for NHS carbon footprint reporting. The tables below show the emissions associated with the NHS Carbon Footprint for each Trust from 2019/20 to 2024/25, to show the reductions that have been achieved over this period.

**Figure 6: Tameside and Glossop Integrated Care NHS Foundation Trust Carbon Footprint (tCO<sub>2</sub>e)**

Emissions Source	Total tCO <sub>2</sub> e						Trend from 2019/20 to 2024/25
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	
Electricity	3,301	3,015	3,415	2,559	3,057	2,809	↓
Gas	5,096	5,075	5,293	4,506	5,511	4,263	↓
Other Energy	2	89	3	3	2	268	↑
Refrigerant Gases	No Data	No Data	No Data	No Data	21	146	unknown
Waste	267	158	146	122	127	108	↓
Water	98	80	49	52	51	47	↓
Medical Gases	1,209	1,276	1,377	1,513	1,705	1,396	↑
Inhalers	63	No Data	No Data	140	112	118	↑
Business Travel	279	No Data	No Data	177	138	214	↓
Fleet	83	79	74	No Data	93	62	↓
<b>Total</b>	<b>10,398</b>	<b>9,772</b>	<b>10,357</b>	<b>9,072</b>	<b>10,817</b>	<b>9,431</b>	↓

\* Please note there are unfortunately some gaps in data, but the tables show the overall trends experienced. Please note that the 2024/25 data is still subject to validation.

The data for Tameside and Glossop Integrated Care NHS Foundation Trust shows a reduction in emissions from 2019/20 to 2024/25 of 9.3%. Reductions in the use of electricity and gas account for the largest reductions, along with waste and water. The data for Stockport Foundation Trust is more difficult to compare as there is some data missing for 2019/20. However, a decrease in emissions can still be seen and the biggest reduction is due to medical gasses.

The workstream actions detailed later in this plan are designed to make progress at each Trust over the next 3 years and priority will be given to the changes that will result in the largest reductions in emissions.

Going forward we will be looking to expand the emissions data collected to include the reporting of our carbon footprint plus (see Figure 4). This will include measuring the carbon footprint of our supply chain, including medicines, medical equipment and visitor travel.

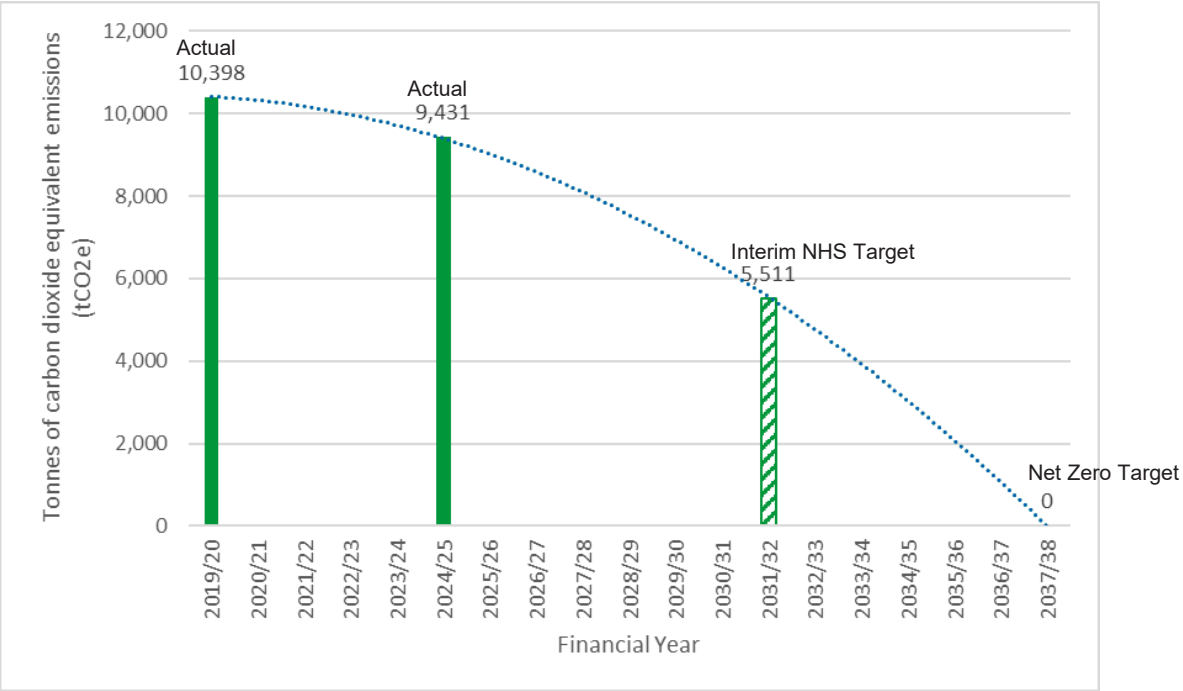
**Figure 7: Stockport NHS Foundation Trust Carbon Footprint (tCO<sub>2</sub>e)**

Emissions Source	Total tCO <sub>2</sub> e						Trend from 2019/20 to 2024/25
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	
Electricity	3,874	3,488	3,815	3,368	3,722	3,911	↔
Gas	6,877	6,525	7,033	6,638	6,034	6,596	↓
Other Energy	0	383	383	237	2	171	↑
Refrigerant Gases	No Data	No Data	No Data	22	6	15	unknown
Waste	322	335	361	336	298	265	↓
Water	190	197	97	107	126	106	↓
Medical Gases	1,280	1,296	1,148	1,179	1,105	859	↓
Inhalers	No Data	61	No Data	151	114	103	unknown
Business Travel	No Data	197	No Data	No Data	361	340	unknown
Fleet	62	81	60	46	36	24	↓
<b>Total</b>	<b>12,605</b>	<b>12,564</b>	<b>12,896</b>	<b>12,085</b>	<b>11,803</b>	<b>12,391</b>	↓

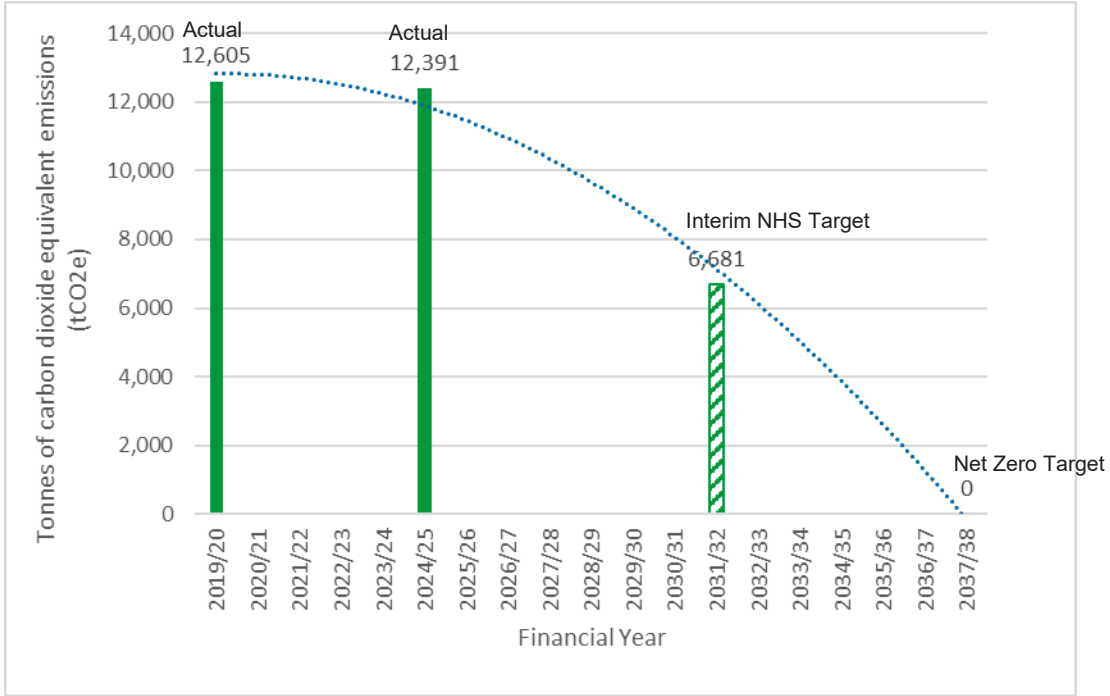
# Our Carbon Footprint

Figure 8 and 9 show the carbon budget for the period of this green plan in order to reach the NHS England target of an 80% reduction by 2028-32, from the 1990 baseline. This equates to a 47% reduction in carbon emissions from 2019/20. The graphs assume net zero by 2038, to exceed the NHS targets and align with the Greater Manchester 2038 net zero target.

**Figure 8:** Tameside and Glossop Integrated Care NHS Foundation Trust Carbon Footprint Trajectory to Net Zero



**Figure 9:** Stockport NHS Foundation Trust Carbon Footprint Trajectory to Net Zero



The 2028- 2032 interim target will only be achieved through significant progress to decarbonise emissions from building energy (gas, electricity and other energy (oil)) and from medical gasses. Tameside and Glossop Integrated Care NHS Foundation Trust have recently received £14.4 million of Public Sector Decarbonisation Funding that will enable a reduction in building energy emissions of over 2,000 tCO<sub>2</sub>e per year once the project is completed. At Stockport Foundation Trust we now have a heat Decarbonisation Plan in place, and we are progressing a solution to decarbonise our heat source as a priority.

# Workstreams

There are 10 key workstreams that make up the Green Plan. For each workstream the plan outlines the current position 'Where we are now' and the actions we will deliver over the next 3 years 'Actions 2025 – 2028'.

Workforce and Systems Leadership

Net Zero Clinical Transformation

Digital Transformation

Travel and Transport

Estates and Facilities

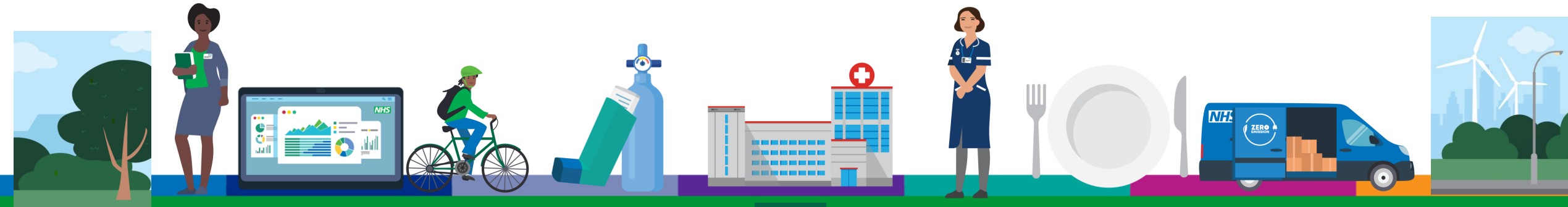
Medicines

Supply Chain and Procurement

Food and Nutrition

Climate Change Adaptation

Nature for Health





# Workforce and Systems Leadership

To address climate change we need to empower our workforce and provide them with the tools to change behavior. Education and training will improve understanding about how the way we work and the services we provide impact the environment.

Sustainability must become a core part of everything we do and by incorporating sustainability into decision making processes and mobilising staff to adopt sustainable practices, we will see reduced carbon emissions, alongside wider benefits such as reduced health inequalities and improved care.

Where we are now	Actions 2025 - 2028
<ul style="list-style-type: none"><li>• Net zero Board lead appointed</li><li>• Joint Green Plan Delivery Group established to track and challenge progress</li><li>• Leads identified for all Green Plan Workstreams</li></ul>	<ul style="list-style-type: none"><li>• Establish a process to integrate Green Plan requirements into broader strategic priorities and plans e.g. through Quality Improvement Projects, Business Case templates and Sustainability Impact Assessments</li><li>• Net Zero targets and sustainability to be built into new job descriptions and appraisal process</li><li>• Introduce appropriate training for staff at all levels in the organisation e.g. GM 'Plan It' training for senior leaders</li><li>• Establish a staff Sustainability Group / Committee</li><li>• Ensure the Trust Green Plan is widely communicated and that a rolling communications plan is in place</li></ul>



Image shows: Example of a staff meeting/discussion



# Net Zero Clinical Transformation

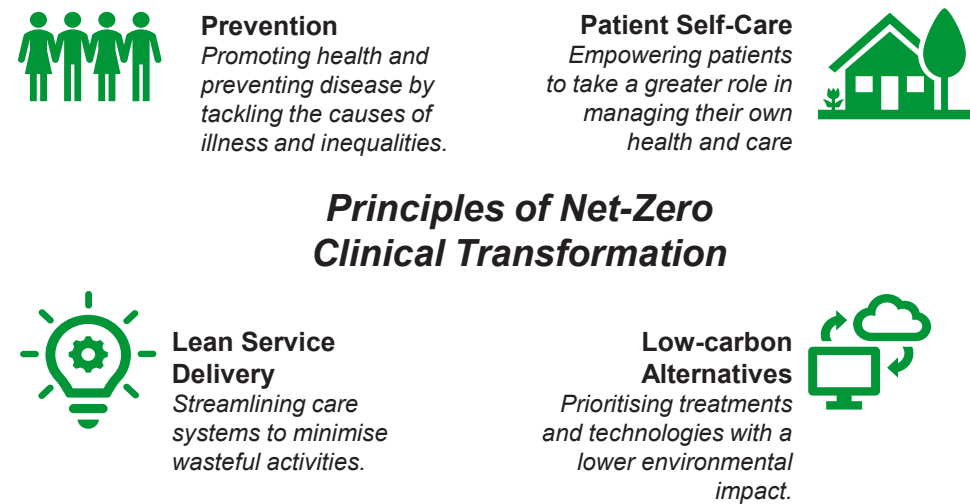
Every interaction with the NHS generates a carbon footprint. If we aim to reach the NHS net zero emissions targets, it is critical that we reflect on the end-to-end patient journey through the healthcare system. We must seek opportunity to transform services at all stages of the care pathway, actively incorporating environmental sustainability within our mission to deliver high quality and equitable care.

A significant transformation we can make is to address the broader determinants of health through a focus on prevention. By engaging and involving people in their own health and wellbeing, we can empower patients with the tools to self-manage their health and reduce growing pressures on healthcare services. Strengthening the provision of services within communities with an emphasis on tackling health inequalities, as well as streamlining our systems to minimise unnecessary waste, fortifies this effort to prevent unnecessary hospital visits and increase access to early intervention. Furthermore, by embedding a prioritisation of treatments and technologies with a lower environmental impact within processes, we can continue to support the journey to net zero as part of the work to enhance care delivery (see Figure 10 ).

Where we are now	Actions 2025-2028
<ul style="list-style-type: none"><li>• Collaboration efforts with our locality partners aimed at addressing health inequalities</li><li>• Introduced enhanced provision of early intervention through local community services for children and young people</li><li>• Initial rollout of Patient Initiated Follow Up, empowering patients to choose when to request outpatient follow up</li><li>• Opening of the Community Diagnostic Centre in Denton</li><li>• Development of Virtual Ward pathways to prevent hospital inpatient admission where possible and increasingly deliver care at home</li><li>• Remote Outpatient consultations following the pandemic</li></ul>	<ul style="list-style-type: none"><li>• Delivery of the actions detailed in the Directorate Plans on a Page (Appendix 2)</li><li>• Support the delivery of the Greater Manchester Combined Authority ECO4 Flex programme for energy efficient housing retrofit</li></ul>

This workstream actions have been developed in close consultation with Directorates across the Trust to ensure they align with the clinical strategies for both Stockport and Tameside for 2026-28.

Figure 10: Principals of Net Zero Clinical Transformation



# Digital Transformation

Digital transformation is a powerful catalyst for driving sustainability within the NHS, helping to reduce carbon emissions, streamline operations, and improve patient care. By embracing digital solutions such as paperless systems, virtual wards, remote consultations and AI diagnostics, the NHS can significantly lower its environmental impact while enhancing efficiency and accessibility. However, we must ensure that digital literacy and inclusion are considered in all decision making to ensure access for all.

There is still a significant amount of paper used everyday in the NHS and the potential to move away from paper-based systems to digital technology / communications remains vast.

Where we are now	Actions 2025 - 2028
<ul style="list-style-type: none"><li>IT equipment reuse and recycling in place</li><li>Infrastructure in place to enable remote working for staff</li><li>Virtual wards</li><li>Restriction on printing</li></ul> <p>Tameside and Glossop Integrated Care NHS Foundation Trust</p> <ul style="list-style-type: none"><li>Data centre now shared with the council – reduced electricity usage</li><li>Now purchasing refurbished laptops, desktops and monitors</li></ul>	<ul style="list-style-type: none"><li>Use AI to streamline processes, detect energy used by equipment, reduce resource waste and optimise operations</li><li>Embed Greener Digital Guidance into digital strategies and processes</li><li>Increase the availability of virtual wards to support people to receive safe and effective care in their home, with a reduced carbon footprint</li><li>Printer and desktop/ hardware rationalisation (Printers/ PCs / Phones)</li></ul> <p>Tameside and Glossop Integrated Care NHS Foundation Trust</p> <ul style="list-style-type: none"><li>Digitalisation of pathways for Medical Records</li></ul>

Note: All actions relating to digital transformation will be subject to an Equality Impact Assessment to ensure they consider those that are not digitally enabled.



Image shows: New shared data centre with Tameside Council

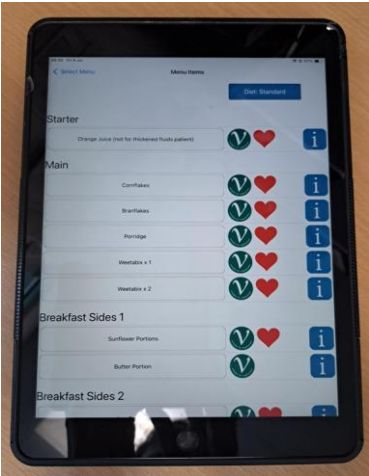


Image shows: Example of the Facilities Catering online Menu



Image shows: Example of the Estates Maintenance electronic system MiCAD



# Medicines

Medicine are responsible for a quarter of the NHS Carbon Footprint plus emissions. Emissions arise from the supply chain during manufacture and distribution. Reducing medicine usage, and therefore the required production of medicines, will reduce emissions. Some emissions from medicines also occur at the point of use e.g. from inhalers and anesthetic gasses and there are actions we can take to reduce these emissions and to measure the impact.

Where we are now	Actions 2025 - 2028
<ul style="list-style-type: none"> <li>The use of Desflurane has been eliminated</li> <li>Work ongoing to promote the use of dry powder inhalers (DPI) over metered dose inhalers (MDI) where clinically appropriate.</li> </ul> <p>Stockport FT</p> <ul style="list-style-type: none"> <li>Nitrous oxide manifold systems have been decommissioned</li> </ul>	<ul style="list-style-type: none"> <li>System wide campaign to encourage patients to bring their own medicine into hospital</li> <li>Ensure the systems in place to return unused medicines from wards are effective and enable medicines to be reused</li> <li>Continue to improve systems to ensure medicines are only supplied on a need basis on discharge, to avoid duplicating medicine at home</li> <li>Complete the Greener Pharmacy Toolkit and work through the accreditation process</li> <li>Seek to understand if there are options to reduce the use of Entonox, without impacting patient care</li> <li>Drive a move to high quality, low carbon respiratory care in line with clinical guidelines</li> <li>Encourage patients to return their unused or expired inhalers for appropriate disposal</li> <li>Campaign to promote safe disposal of medicines</li> </ul> <p>Tameside and Glossop Integrated Care FT</p> <ul style="list-style-type: none"> <li>Reduce nitrous oxide waste from medical gas pipeline systems and decommission the manifold system where possible.</li> </ul>



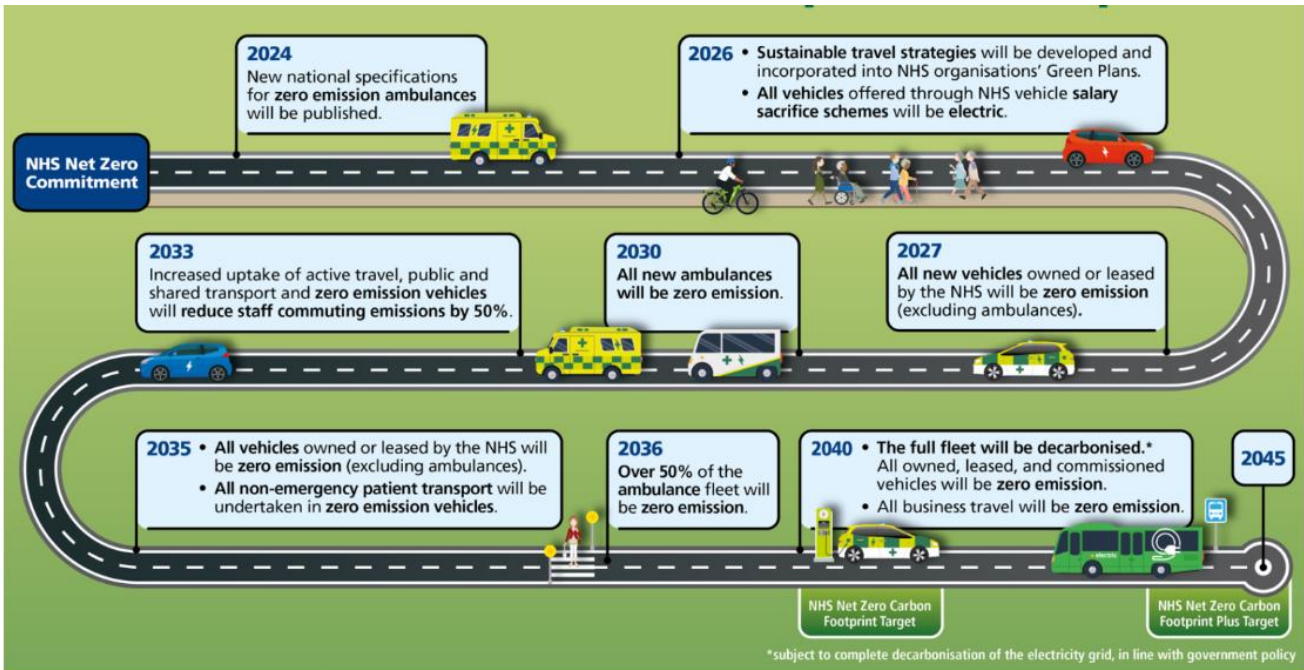


# Travel and Transport

The transport of goods, services, staff, patients and visitors has a significant impact on air quality, congestion and health. The NHS has developed a Net Zero Travel and Transport Roadmap that describes the interventions and commitments the NHS will deliver and the associated timelines. The Trust will deliver the roadmap and adopt the transport hierarchy in the delivery of our services. Promoting the use of public transport and active travel is key to reduce congestion on our hospital sites. Active travel is also a valuable tool to improve both the mental and physical health of staff an visitors and will be a key area of focus.

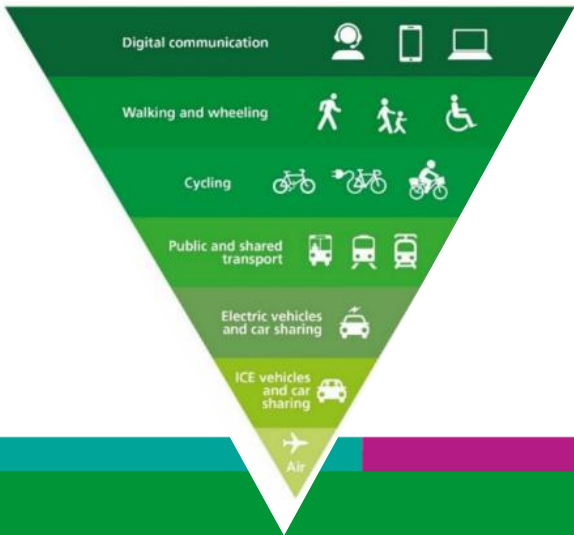
To improve travel to and from the hospitals we will need to work in partnership with the Local Authorities and Transport for Greater Manchester.

Figure 11: NHS Net Zero Travel and Transport Roadmap



Where we are now	Actions 2025 - 2028
<ul style="list-style-type: none"><li>2024 Staff travel survey complete</li><li>Signed up to Modeshift STARS accreditation programme</li><li>2 electric vehicle charge points in place for staff at Stepping Hill Hospital</li><li>Reduced the number of deliveries to sites</li><li>Fleet includes 3 electric vans and 2 electric tug vehicles at Tameside, and 4 small electric vans at Stockport</li></ul>	<ul style="list-style-type: none"><li>Revise Travel Plans in line with the NHS Net zero Travel and Transport Roadmap</li><li>Ensure all new vehicles owed or leased by the Trust meet the requirements of the NHS Net zero Travel and Transport Roadmap</li><li>Carry out the staff travel survey annually and report on changes in travel patterns</li><li>Progress through Modeshift STARS Travel Plan accreditation process</li><li>Create an action plan following each staff travel survey and work with partners e.g. Transport for Greater Manchester to increase active travel and the use of public transport</li><li>Improve facilities for those who cycle, walk or run to work e.g. safe storage and showers</li></ul>

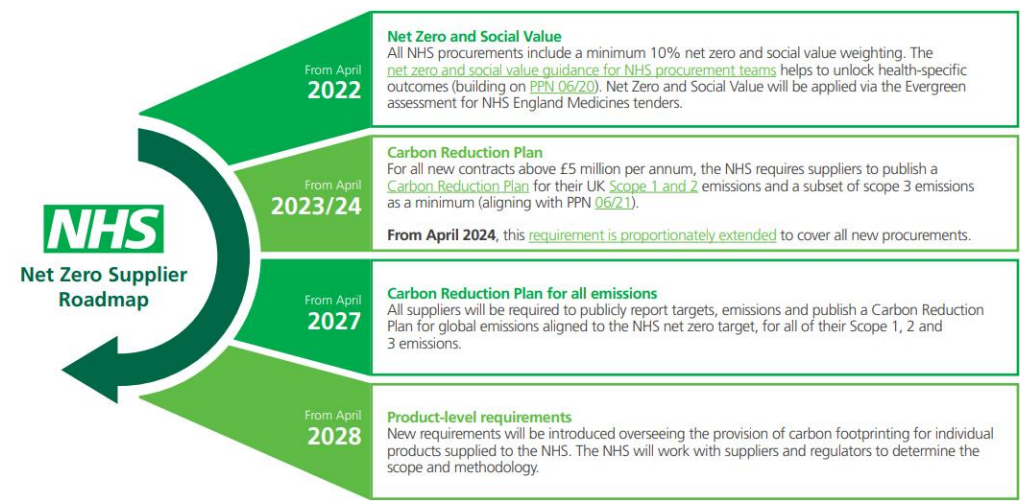
Figure 12: Transport Hierarchy



# Supply Chain and Procurement

Emissions associated with our supply chain account for the largest proportion (nearly two thirds) of the overall NHS Carbon Footprint Plus. The Trusts use a network of suppliers to produce and transport the products and services we need to deliver effective healthcare. Emissions are generated throughout the process from the extraction of the raw materials to the production, packaging, and transportation of the goods. Whilst the Trusts do not have direct control over these emissions, we do have significant purchasing power and influence. The NHS Net Zero Supplier Roadmap sets out the steps suppliers must take to align with the NHS net zero ambition through to 2030.

## NHS Net Zero Supplier Roadmap



Published November 2023 | [england.nhs.uk/greenernhs](https://england.nhs.uk/greenernhs)

Figure 13: NHS Net Zero Supplier Roadmap

Where we are now	Actions 2025 - 2028
<ul style="list-style-type: none"><li>• 10% net zero and social value weighting included in every tender</li><li>• We include Carbon Reduction Plans and Net Zero Commitments in all relevant procurements and frameworks</li><li>• Walking Aid reuse schemes in operation</li></ul>	<ul style="list-style-type: none"><li>• Develop a set of standard Key Performance Indicators (KPIs) for Sustainability and ensure they are monitored through a strengthened contract management approach</li><li>• Increase number of suppliers that are compliant with the Evergreen Assessment</li><li>• Introduce the monitoring and publication of data for Supply Chain Emissions to enable targeted intervention to reduce supply chain emissions</li><li>• Ensure Carbon Reduction Plans include all scope 1,2, and 3 emissions in line with Net Zero Supplier Roadmap</li><li>• Integrate circular economy and value-based procurement principles into procurement policy and ensure alignment with the Procurement Act</li><li>• Reduce packaging waste generated from the supply chain</li></ul>



# Food and Nutrition

Ensuring patients are provided with a nutritious and well -balanced diet is essential to support patient recovery, benefit patient experience and improve health. By providing seasonal menus that are high in fruit and vegetables and contain minimal processed foods, we will also provide low carbon menus and reduce out impact on the environment. Ensuring the restaurant menus for staff and visitors follow the same principals will also support a healthy workforce and improve staff wellbeing.

By focusing on the food wasted in the trust and measuring this accurately we can target our menus to reduce waste and ensure we are providing high quality foods that meet the needs of our customers.



Image shows: Salad bar at Tameside Hospital restaurant



Image shows: Dining with dignity example before and after meal of sausage, mash and beans



Image shows: Fresh fruit stall at Stockport NHS FT restaurant

Where we are now	Actions 2025 - 2028
<ul style="list-style-type: none"><li>• Manual recording of food waste tonnages</li><li>• Single use plastics removed from the restaurant and replaced with biodegradable containers and wooden cutlery</li><li>• Water available in reusable cups in the restaurant</li></ul> <p>Stockport FT</p> <ul style="list-style-type: none"><li>• Improvements made to texture modified meals to enable moulding to appear as the food it is, improving appeal and reducing food waste</li><li>• Electronic menu ordering system in place</li><li>• Blue plates introduced for patients and in the restaurant to reduce food waste</li></ul>	<ul style="list-style-type: none"><li>• Introduce and electronic system to monitor food waste produced and use the data to target food waste reduction</li><li>• Introduce the monitoring of Carbon Emissions from patient and restaurant menu</li><li>• Continue to reduce the carbon footprint of the menu, to prioritise locally grown and seasonal food, to increase plant-based options and to promote health eating through regular menu reviews</li><li>• Develop the relationship between the restaurant and the green space on site to grow items e.g. herbs</li><li>• Introduce reusable containers in the restaurant for take aways</li><li>• Explore an upgrade of the electronic meal ordering system at Stockport and the introduction of electronic meal ordering at Tameside</li></ul> <p>Tameside and Glossop Integrated Care FT</p> <ul style="list-style-type: none"><li>• Introduce blue plates for patients and in the restaurant to reduce food waste</li></ul>

Please note: Blue plates reduce food waste by making food appear more appealing to patients and therefore increasing the amount of food consumed.





# Estates and Facilities

Energy usage across the NHS estate is the largest source of direct emissions that the Trust can control. Creating a sustainable future for healthcare starts with the spaces we work in and the resources we use. We need to transform the built environment, energy consumption, and overall infrastructure to align with ambitious net zero targets. There is a need to prioritise energy efficiency, decarbonise our buildings and prioritise the management of waste in line with the Waste Hierarchy and the NHS Clinical Waste Strategy, while maintaining the highest standards of patient care and operational efficiency.

Where we are now	Actions 2025 - 2028
<ul style="list-style-type: none"><li>• Heat Decarbonisation Plans in place</li><li>• New clinical waste contract in place to support reductions in carbon emissions</li><li>• 90% of lighting at Tameside Hospital is LED and 27% of lighting at Stepping Hill Hospital is LED</li><li>• £14.4 million of Public Sector Decarbonisation Scheme (PSDS) funding secured to decarbonise Tameside Hospital</li></ul>	<ul style="list-style-type: none"><li>• Delivery of the NHS Clinical Waste Strategy targets</li><li>• Introduce recycling collections in line with Simpler Recycling guidance</li><li>• Continue to deliver waste segregation training</li><li>• Produce an Energy management Policy</li><li>• Improve energy metering and monitoring across the sites</li><li>• 100% of lighting across the Trusts to be LED and increase the amount of sensor driven lights</li><li>• Ensure that sustainability is integral to the transformation of the NHS estate, as detailed in the GM Estates Infrastructure Strategy.</li><li>• Implementation of a site wide heat decarbonisation project for Tameside Hospital in line with the £14.4 million of PSDS4 funding awarded</li><li>• Increase the amount of on-site renewable energy generation</li><li>• Implementation of a site wide decarbonisation project for Stepping hill hospital with the aim of connecting to the Stockport Heat Network if commercially viable</li><li>• Explore the potential to introduce Hydrogen fuel cells at Tameside Hospital (innovation project)</li><li>• Ensure sustainability is a key consideration on all new build and refurbishment projects delivered</li></ul>

Figure 14: A simplified four step approach to decarbonising NHS Estates

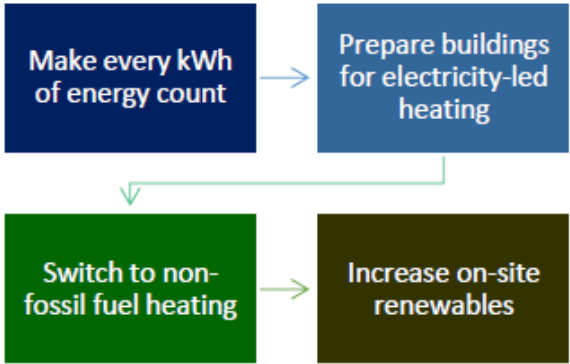
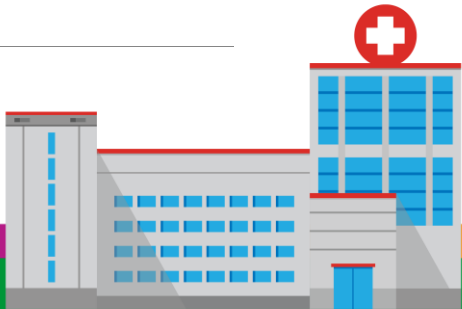
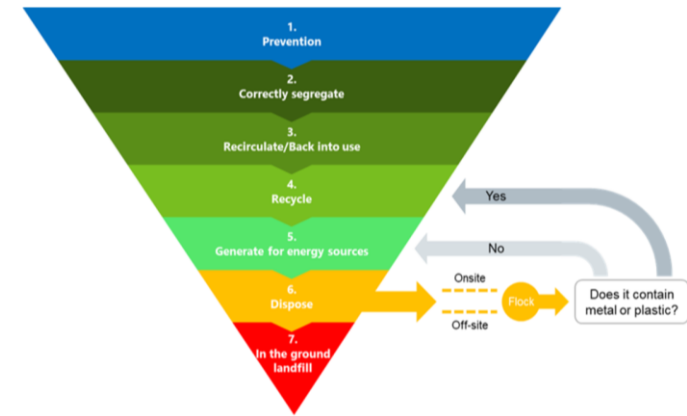


Figure 15: The Waste Hierarchy (Adapted for Clinical Waste)





# Climate Change Adaptation

Climate adaptation focuses on building resilience against the impacts of climate change while ensuring continued high-quality patient care. It is essential that as climate change accelerates the Trust adapts its estates and services to mitigate and manage the risk associated with global warming. Within Greater Manchester we are experiencing increasing temperatures and heavy rain and storms have caused disruption to people, travel, homes and businesses. Periods of extreme weather are increasing and have wider implications for population health, with a rise in vector born disease, a pollen crisis and soring temperature. This in turn leads to wider health inequalities, with the most vulnerable in society being impacted the greatest.

By preparing healthcare facilities for extreme weather events and integrating sustainable infrastructure we can reduce environmental harm. By adopting nature-based solutions, enhancing supply chain sustainability, and reducing reliance on carbon-intensive resources, the NHS can safeguard its operations against climate-related disruptions. Additionally, fostering awareness and training among healthcare professionals ensures that adaptation measures are effectively implemented, contributing to a more sustainable and climate-resilient health service for the future.

Where we are now	Actions 2025 - 2028
<ul style="list-style-type: none"> <li>Greater Manchester Climate Change Risk Assessment in place (produced by GMCA)</li> <li>Heatwave plans in place</li> <li>Major Incident plans in place</li> </ul>	<ul style="list-style-type: none"> <li>Production of Climate Adaptation Plan for Greater Manchester with a Trust specific action plan to identify local risks. This will be informed by the GMCA Climate Change Risk Assessment</li> <li>Review Major Incident Plans and Business Continuity Plans in line with UK climate projections and extreme weather alerts</li> <li>Review Heatwave plans in line with up climate projections</li> <li>Improve understanding of climate adaptation through training</li> <li>Ensure the Climate Adaptation is considered in all major redevelopment projects and new builds to ensure building and infrastructure supports adaptation</li> <li>Identify where nature-based solutions could contribute to climate change adaptation</li> </ul>





	2030s	2050s	2080s	
 Summer Average Air Temperature (°C)	+0.9 to +1.9	+1.4 to +3.3	+2.6 to +6.4	↑
Summer Maximum Air Temperature (°C)	+0.9 to +2.2	+1.6 to +3.8	+2.9 to +7.4	↑
 Winter Average Air Temperature (°C)	+0.7 to +1.7	+1.1 to +2.6	+1.7 to +4.5	↑
Winter Minimum Air Temperature (°C)	+0.7 to +1.7	+1.2 to +2.8	+1.7 to +4.9	↑
 Annual Average Air Temperature (°C)	+0.8 to +1.5	+1.2 to +2.5	+2.0 to +4.7	↑
 Summer Precipitation Rate (%)	-2 to -21	-11 to -35	-19 to -52	↓
Winter Precipitation Rate (%)	+2 to +11	+4 to +18	+9 to +32	↑

Figure 16: Predicted Climate Impacts for Manchester



# Nature for Health

Access to nature and green space plays an important role in both mental and physical health. Integrating nature into heartcare is therefore a vital component in promoting patient wellbeing and access to green spaces on hospital sites can also impact on staff and visitor wellbeing. By incorporating nature into care strategies such as therapeutic gardens, social prescribing and sustainable hospital design, the NHS can help foster a healthier population. It has been calculated that the NHS could save an estimated £2.1billions every year in treatment costs if everyone had access to good quality green space.

Green space can also act as a noise buffer and reduce air pollution, and the planting of trees benefits the environment as it increases the removal of carbon dioxide from the atmosphere.

People living in areas with greater access to greenspace tend to have a higher life expectancy than those living in deprived areas, which can lead to health inequalities.

Greenspaces also have a role to play in Climate Change Adaptation. Trees can lower local temperatures by providing shade and vegetated area absorb rainwater, reducing the risk of flooding and surface water.



Image shows: Patient Garden on the Acute Frailty Unit at Stockport NHS FT

Where we are now	Actions 2025 - 2028
<ul style="list-style-type: none"><li>• Tree registers and surveys</li><li>• Bat boxes and birdboxes</li></ul> <p>Tameside and Glossop Integrated Care FT</p> <ul style="list-style-type: none"><li>• Wildflower meadow</li><li>• Ancient woodland</li><li>• Tree protection orders</li></ul> <p>Stockport FT</p> <ul style="list-style-type: none"><li>• Acute Frailty Unit Therapy Garden – funded by Greener Communities grant</li></ul>	<ul style="list-style-type: none"><li>• Support the delivery of the GMCA Local Nature Recovery Strategy across the NHS estate</li><li>• Nature Recovery Ranger to be employed in April 2026 for 2 years to improve access to greenspace and increase engagement with staff, patients, visitors and the community in nature-based activities</li><li>• Look for opportunities to improve biodiversity through new initiatives such as hedgehog houses, swift bricks, wildflowers, composting and the creation of natural habitats.</li><li>• Look at use of herbicides and pesticides on the hospital sites and seek more environmentally friendly alternatives where possible.</li><li>• Work with the local council and voluntary groups to promote access to neighbouring green spaces close to the hospital sites</li></ul>



Image shows: Newly planted trees on site at Tameside and Glossop Integrated Care NHS FT



# Communications and Engagement

The success of the Trust Green Plan is reliant on engagement and support from all teams across the Trust and it is key that staff, patients and visitors are aware of the plan and the work taking place to achieve net zero. It is important that we communicate that the climate emergency is the health emergency and that people understand the impacts climate change has on health.

The Trusts will use existing communications channels such as the Intranet, Weekly Digest communication to all staff, staff facebook page, Catch up with Karen (Fortnightly communication's from the CEO) and All-Star monthly team brief to promote our work. Throughout the delivery of the plan will strive to make this agenda visible to all staff.

The Trusts will seek to publicise the key areas of progress, so the work taking place is visible in the locality. This will be achieved through press releases, social media, presentations at events and updates on the Trust web sites.

This Plan was developed in consultation with key stakeholders across both Tameside and Glossop Integrated Care NHS Foundation Trust and Stockport Foundation Trust to ensure awareness and ownership of the plan and to achieve support with delivery. Feedback received was considered and incorporated within the plan where appropriate. Workstream leads have been appointed across both Trusts to drive delivery of each action area, and they have supported the development of the plan.

An **Equality Impact Assessment** was undertaken during the development of this Green Plan to assess the impact on people from protected characteristic groups or at known disadvantage. This identified several actions relating to communications and engagement, which will minimise any adverse impacts. The following communication actions will therefore be delivered alongside the workstream action plans:

- Ensure communication with vulnerable groups so they understand the risks associated with climate change e.g. heat waves.
- Support engagement with young people around climate change to reduce climate anxiety and explore ways to involve children and young people in the delivery of the Green Plan to ensure their voice is heard.
- Consider communicating the Green Plan in a number of different ways to adhere to accessible information standards and consider protective characteristics e.g. through a plan on a page, infographics and film clips and making large print copies available upon request.

## Share your views to help the Trust reach net zero

We are currently developing a new Joint Green Plan, with Stockport NHS Foundation Trust, to describe how we will improve environmental sustainability over the next three years.

The plan focusses on 10 key workstreams and we are seeking feedback from staff.

Please look at [the consultation document](#) and [leave feedback here](#).

Alternatively, if you would like to make an appointment to discuss the plan with our Sustainability Manager Laura Swann or would like her to attend your team meeting to discuss,



# Governance

Clear governance arrangements are in place to ensure the delivery of the Green Plan:

- The Board at each Trust is informed about climate-related issues through the Annual Green Plan Progress update and the Trust Annual Report. These reports include highlights of actions taken and detail quantitative progress data.
- The Finance & Performance Committee (subcommittee of the Board) has delegated responsibility to provide oversight and ensure appropriate governance mechanisms are in place to deliver the Trust's sustainability-related strategies and plans. It oversees the development and delivery of sustainability requirements as per national NHS guidance. A Green Plan Progress Report is presented biannually to the Finance & Performance Committee.
- A Joint Green Plan Delivery Group is in place, chaired by the Director of Estates and Facilities. The group is comprised of leads for each of the ten workstreams, who are invited to provide updates on progress at each meeting. This group meets every 2 months and will be responsible for tracking delivery progress for the actions detailed in this plan and reporting to the Finance and Performance Committee.
- Subgroups of the Joint Green Plan Delivery Group are set up as required to progress actions.
- The delivery of the Green Plan is the responsibility of the Net Zero Board Lead (Executive Chief Finance Officer), with the support of the Director of Estates and Facilities. Green Plan progress is coordinated and monitored by the Sustainability Manager, with the support of a Sustainability Officer.
- A Non-Executive Director sits on the Joint Green Plan Delivery Group to offer support, leadership and guidance around this agenda across the two trusts.
- The Trust is committed to updating the actions in the Green Plan on an annual basis to allow for new initiatives. A review of the action plan take place each year and any changes will be approved via the annual Green Plan Progress Report to Finance and Performance Committee and Board.
- The Trusts will ensure that all actions delivered in plan consider the equality impact they could have on different groups of people, particularly those with protected characteristics under equality legislation.
- The Trust plays an active part in the Greater Manchester Operational Sustainability Leads Group to share good practice, networking and learning and representatives sit on the Greater Manchester Sustainable Procurement Forum, The Greater Manchester Pharmacy Sustainability Group and the Greener Inhaler Steering Group. Progress This feeds into the work of the Joint Green Plan Delivery Group.

**Figure 17: Governance Process**





# Monitoring Our Progress

To track the progress in relation to the delivery of the green plan the following data collection arrangements are in place. This ensures compliance with local, regional and national requirements. Please note this data is often not available until a number of months after the month end.

Quarterly	Six Monthly	Annually
Emissions from: <ul style="list-style-type: none"><li>• Waste</li><li>• Medical gases</li><li>• Inhalers</li><li>• Gas</li><li>• Electricity</li><li>• Water</li><li>• Refrigerant gasses</li><li>• Fleet</li><li>• Business Travel</li></ul> Greener NHS Data Collection	Green Plan Progress Report to Finance and Performance Committee	Trust Annual Report  Green Plan Progress Report to Board  Annual Staff Travel Survey  Greener NHS Fleet  Estates Return Collection Information  NHS Premises Assurance Model

Options to quantify further emissions data relating to our supply chain, patients and visitor travel etc are being explored and this data will be monitored in future years.

# Risk

To ensure the successful delivery of the Green Plan we need to effectively manage the associated risks.

**Failure to deliver the Green Plan and Net Zero targets and prepare for impact of climate change which may lead to worsening population health** is a Board Assurance Framework Risk (BAF). This risk is scored as a 12 (Impact 3 – Moderate and Likelihood 4- likely). The Joint Green Plan Delivery Group is responsible for identifying and managing programme level risks and ensuring they are reflected in the BAF risk updates as required.

Progress updates in relation to the BAF risk are presented quarterly to the Finance and Performance Committee which provides further oversight of progress in relation to the progress of actions to mitigate this risk.

Risk Matrix					
Impact	Likelihood				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25

Figure 18: Risk Matrix

# Finance

The delivery of the Green Plan and our Net Zero ambition presents significant financial challenges. However, the Trusts have been successful in securing funding to support decarbonisation in recent years and will continue to apply for opportunities where available. Examples of recent funding secured include:

- £14.4 million Public Sector Decarbonisation Funding – Tameside Hospital
- £719,000 for replacement of lighting with LEDs – Tameside Hospital
- £479,000 for upgrades to the BMS at Tameside Hospital
- Production of a Heat Decarbonisation Plan and Heat Network Readiness Report – Stepping Hill Hospital
- A Nature Recovery Ranger funded from April 2026 for 2 years – Joint, Tameside Hospital and Stepping Hill Hospital
- Planting and establishment of 10 large trees at Tameside Hospital and 8 at Stepping Hill Hospital
- £6,000 for Stepping Hill Hospital and £25,000 for Tameside Hospital to decommission the Nitrous Oxide manifold system

To ensure we are well-positioned to secure future funding it is essential that we maintain a high-level pipeline of costed projects, both estates and non-estate related, as funding availability is often last minute with a tight application period. We will also seek to work with our partners to maximise access to funding opportunities.

# Conclusion / Next Steps

The impacts of climate change are being felt by individuals, communities, and healthcare systems. This Green Plan sets out the actions that Tameside and Glossop Integrated Care NHS Foundation Trust and Stockport NHS Foundation Trust intend to deliver over the next 3 years.

Progress against the actions will be closely monitored through our governance arrangement and reported to drive change and to identify delivery risks. The actions will be reviewed on an annual basis and adjusted accordingly.

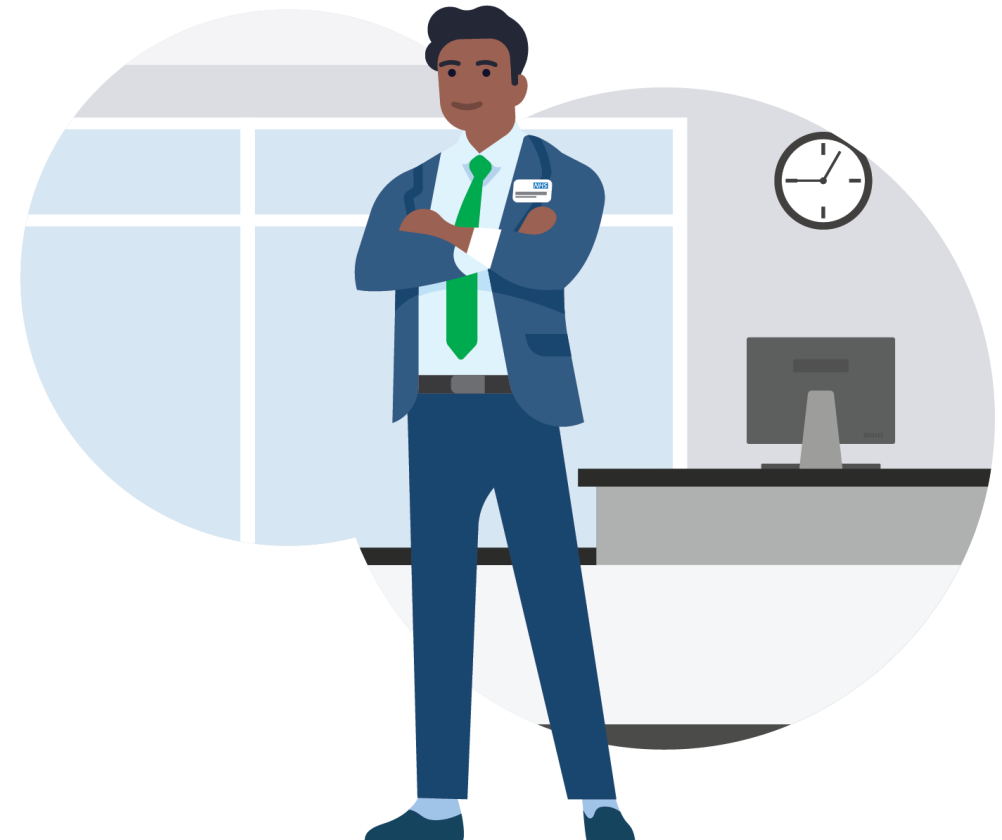
The delivery of the plan is set against a backdrop of significant financial challenge, but we must remember that climate change and health are deeply connected and that by reducing the emissions of greenhouse gasses we will see improved health outcomes for our populations and less reliance on our services.

To embed the delivery of the Green Plan across all areas of the organisation we need to work together and educate staff and to empower them to think about sustainability in all aspects of their work.



# Abbreviations

<b>NHS:</b>	National Health Service
<b>ICS:</b>	Integrated Care System
<b>GMCA:</b>	Greater Manchester Combined Authority
<b>GM:</b>	Greater Manchester
<b>PIFU:</b>	Patient Initiated Follow Up
<b>BAF:</b>	Board Assurance Framework
<b>KPIs:</b>	Key Performance Indicators
<b>CDC:</b>	Community Diagnostic Centre
<b>DPI:</b>	Dry Powder Inhaler
<b>MDI:</b>	Metered Dose Inhaler
<b>BMS:</b>	Building Management System
<b>LED:</b>	Light Emitting Diode
<b>tCO<sub>2</sub>e:</b>	Tonnes of Carbon Dioxide Equivalent
<b>PSDS:</b>	Public Sector Decarbonisation Scheme
<b>MDT:</b>	Multi Disciplinary Team
<b>PTSD:</b>	Post-Trauma Stress Disorder
<b>FT:</b>	Foundation Trust





# Appendix 1

Appendix 1 expands on the Actions detailed in each of the workstreams by providing details of the role responsible for the delivery of the action, the delivery timeframe and how progress will be measured.



# Workforce and Systems Leadership

Area of Focus	Action	Lead	Timeframe	Reporting Measure
Workforce and Leadership	Establish a process to integrate Green Plan requirements into broader strategic priorities and plans e.g. through Quality Improvement Projects, Business Case templates and Sustainability Impact Assessments	Director of Strategy and Partnerships	Dec 2025	Included in Quality Improvement Project template, Business Case template and QI projects
Workforce and Leadership	Net Zero targets and sustainability to be built into new job descriptions and appraisal process	Deputy Director, Organisational Development	March 2026	Job descriptions and appraisal process amended to include sustainability
Workforce and Leadership	Introduce appropriate training for staff at all levels in the organisation e.g. GM 'Plan It' training for senior leaders	Deputy Director, Organisational Development / Sustainability Manager	March 2026	Training plan in place and monitor number of staff that have received training
Workforce and Leadership	Establish a staff Sustainability Group / Committee	Sustainability Manager	Dec 2025	Staff Sustainability Group / Committee in place
Workforce and Leadership	Ensure the Trust Green Plan is widely communicated and that a rolling communications plan is in place	Head of Communications / Sustainability Manager	Oct 2025	Record of communications activity

# Net Zero Clinical Transformation

Area of Focus	Action	Lead	Timeframe	Reporting Measure
Net Zero Clinical Transformation	Delivery of the actions detailed in the Directorate Plans on a Page (see Appendix 2)	Divisional Directors	Updated annually in line with Clinical Strategy	Actions delivered in Divisional Plans on a Page - Through clinical Strategy
Net Zero Clinical Transformation	Support the delivery of the GMCA ECO4 Flex programme for energy efficient housing retrofit	Sustainability Manager	March 2027	Number of referrals

# Digital Transformation

Area of Focus	Action	Lead	Timeframe	Reporting Measure
Digital Transformation	Use AI to streamline processes, detect energy used by equipment, reduce resource waste and optimise operations	Chief Information Officer (Tameside) Head of IT (Stockport)	December 2026	Tbc
Digital Transformation	Embed Greener Digital Guidance into digital strategies and processes	Chief Information Officer (Tameside) Head of IT (Stockport)	Ongoing	Embedded into strategies and processes
Digital Transformation	Increase the availability of virtual wards to support people to receive safe and effective care in their home, with a reduced carbon footprint	Divisional Directors	Updated annually in line with Clinical Strategy	Actions delivered in Divisional Plans on a Page - Through clinical Strategy
Digital Transformation	Printer and desktop/ hardware rationalisation (Printers/PCs/Phones)	Chief Information Officer (Tameside) Head of IT (Stockport)	March 2026	Project completed
Digital Transformation	Tameside and Glossop Integrated Care FT <ul style="list-style-type: none"> <li>Digitalisation of pathways for Medical Records</li> </ul>	Chief Information Officer (Tameside)	March 2027	Project completed



# Medicines

Area of Focus	Action	Lead	Timeframe	Reporting Measure
Medicine	System wide campaign to encourage patients to bring their own medicine into hospital	Chief Pharmacist	March 26	Audit
Medicine	Ensure the systems in place to return unused medicines from wards are effective to enable medicines to be reused	Chief Pharmacist	Dec 25	Reporting measure
Medicine	Continue to improve systems to ensure medicines are only supplied on a need basis on discharge, to avoid duplicating medicine at home	Chief Pharmacist	Dec 25	Audit
Medicine	Complete the Greener Pharmacy Toolkit and work through the accreditation process	Chief Pharmacist / Sustainability Manager	March 27	Accreditation status
Medicines	Seek to understand if there are options to reduce the use of Entonox, without impacting patient care	Chief Pharmacist	March 26	Entonox usage data
Medicine	Drive a move to high quality, low carbon respiratory care in line with clinical guidelines	Inhaler working Group	March 26	Inhaler data
Medicine	Encourage patients to return their unused or expired inhalers for appropriate disposal	Inhaler working Group	March 26	System in place
Medicine	Campaign to promote safe disposal of medicines	Chief Pharmacist	March 26	Campaign completed
Medicines	Tameside and Glossop FT only <ul style="list-style-type: none"> <li>Reduce nitrous oxide waste from medical gas pipeline systems and decommission the manifold system where possible.</li> </ul>	Tameside Medical Gasses Working Group	March 2026	System decommissioned

# Travel and Transport

Area of Focus	Action	Lead	Timeframe	Reporting Measure
Travel and Transport	Revise Travel Plans in line with the NHS Net zero Travel and Transport Roadmap	Sustainability Manager / Head of Facilities	Dec 2025	Plan in place
Travel and Transport	Ensure all new vehicles owed or leased by the Trust meet the requirements of the NHS Net zero Travel and Transport Roadmap	Head of Facilities	As per travel and transport roadmap	Requirements met
Travel and Transport	Carry out the staff travel survey annually and report on changes in travel patterns	Sustainability Manager	Annual	Staff Travel Survey results
Travel and Transport	Progress through Modeshift STARS Travel Plan accreditation process	Sustainability Manager / Head of Facilities	Annual	Accreditation status
Travel and Transport	Create an action plan following each staff travel survey and work with partners to increase Active Travel, the use of Public transport and car sharing	Sustainability Manager / Head of Facilities	Annual	Action Plan with red/amber/green reporting matrix
Travel and Transport	Improve facilities for those who cycle, walk or run to work e.g. safe storage and showers	Sustainability Manager / Head of Facilities	Annual	New facilities in place

# Supply Chain and Procurement

Area of Focus	Action	Lead	Timeframe	Reporting Measure
Supply Chain and Procurement	Develop a set of standard Key Performance Indicators (KPIs) for Sustainability and ensure they are monitored through a strengthened contract management approach	Head of Procurement / Sustainability Manager	Sept 25	KPIs
Supply Chain and Procurement	Increase number of suppliers that are compliant with the Evergreen Assessment Ensure Suppliers are compliant with the Evergreen Assessment	Head of Procurement	Ongoing	Number of suppliers compliant
Supply Chain and Procurement	Introduce the monitoring and publication of data for Supply Chain Emissions to enable targeted intervention to reduce supply chain emissions	Head of Procurement / Sustainability Manager	Dec 2025	Supply Chain emissions data
Supply Chain and Procurement	Integrate circular economy and value-based procurement principles into procurement policy and ensure alignment with the Procurement Act	Head of Procurement	March 26	Procurement Policy
Supply Chain and Procurement	Integrate circular economy and value-based procurement principles into procurement policy and ensure alignment with the Procurement Act	Head of Procurement	March 26	Procurement Policy
Supply Chain and Procurement	Reduce packaging waste generated from the supply chain	Head of Procurement / Sustainability Manager	March 2027	Reductions achieved

# Food and Nutrition

Area of Focus	Action	Lead	Timeframe	Reporting Measure
Food and Nutrition	Introduce and electronic system to monitor food waste produced and use the data to target food waste reduction	Head of facilities	March 25	Electronic system in place
Food and Nutrition	Introduced the monitoring of Carbon Emissions from patient and restaurant menu	Head of facilities	March 26	Carbon emission monitoring in place
Food and Nutrition	Continue to reduce the carbon footprint of the menu, to prioritise seasonal food, to increase plant base options and to promote healthy eating through regular menu reviews	Head of facilities	Annual update	Evidence of regular menu reviews
Food and Nutrition	Develop the relationship between the restaurant and the green space on site to grow items e.g. herbs	Head of facilities Sustainability Manager	Ongoing	Items grown on site and used in the catering
Food and Nutrition	Introduce reusable containers in the restaurant for take aways	Head of facilities	March 26	Scheme tested and introduced if successful
Food and Nutrition	Explore an upgrade of the electronic meal ordering system at Stockport and the introduction of electronic meal ordering at Tameside	Head of facilities	March 26	System in pace at each trust
Food and Nutrition	Introduce blue plates for patients and in the restaurant to reduce food waste - Tameside only	Head of facilities	Dec 25	Blue plates introduced



# Estates and Facilities

Area of Focus	Action	Lead	Timeframe	Reporting Measure
Estates and Facilities	Delivery of the NHS Clinical Waste Strategy Targets	Sustainability Manager / Head of Facilities	As per strategy	Targets in Strategy met
Estates and Facilities	Introduce recycling collections in line with Simpler Recycling guidance	Sustainability Manager / Head of Facilities	March 2026	Tonnage of waste collected for recycling
Estates and Facilities	Continue to deliver waste segregation training	Sustainability Manager / Head of Facilities	Ongoing	Number of staff trained each year
Estates and Facilities	Produce an Energy management Policy	Sustainability Manager	Dec 2025	Policy in place and approved
Estates and Facilities	Improve energy metering and monitoring across the sites	Sustainability Manager / Head of Estates / Head of Capital	March 2027	Improvements in metering achieved
Estates and Facilities	100% of lighting across the Trusts to be LED and increase the amount of sensor driven lights	Sustainability Manager / Head of Estates / Head of Capital	March 2028	Percentage of lighting that is LED
Estates and Facilities	Ensure that sustainability is integral to the transformation of the NHS estate, as detailed in the GM Estates Infrastructure Strategy	Head of Estates	Ongoing	Considered in all transformation projects
Estates and Facilities	Implementation of a site wide heat decarbonisation project for Tameside Hospital in line with the £14.4 million of PSDS4 funding awarded	Deputy Director of Estate and Facilities / Head of Estates /	March 2028	Project completed
Estates and Facilities	Increase the amount of onsite renewable energy generation	Sustainability Manager / Head of Estates / Head of Capital	March 2028	Amount of renewable energy generation
Estates and Facilities	Implementation of a site wide decarbonisation project for Stepping hill hospital with the aim of connecting to the Stockport Heat Network if commercially viable	Associate Director of Estates and Facilities	TBC	Project completed
Estates and Facilities	Explore the potential to introduce Hydrogen fuel cells at Tameside Hospital	Head of Estates	March 2028	Agreement reached on project
Estates and Facilities	Ensure sustainability is a key consideration on all new build and refurbishment projects delivered	Head of Capital	Ongoing	Considered in all projects as they arise

# Climate Change Adaptation

Area of Focus	Action	Lead	Timeframe	Reporting Measure
Climate Change and Adaptation	Production of Climate Adaptation Plan for Greater Manchester with a Trust specific action plan to identify local risks. This will be informed by the GMCA Climate Change Risk Assessment	Sustainability Manager	Dec 2025	Plan produced
Climate Change and Adaptation	Review Major Incident Plans and Business Continuity Plans in line with UK climate projections and extreme weather alerts	EPRR Manager	Annually in line with planned reviews	Annual Update
Climate Change and Adaptation	Review Heatwave plans in line with up climate projections	EPRR Manager	Annually in line with planned reviews	Annual Update
Climate Change and Adaptation	Improve understanding of climate adaptation through training	Sustainability Manager	Dec 2026	Number of staff trained
Climate Change and Adaptation	Ensure the Climate Adaptation is considered in all major redevelopment projects and new builds to ensure building and infrastructure supports adaptation	Head of Capital Projects	Ongoing	Project reports
Climate Change and Adaptation	Identify where nature-based solutions could contribute to climate change adaptation	Head of Capital Projects Sustainability Manager	Ongoing	Solutions Implemented

# Nature for Health

Area of Focus	Action	Lead	Timeframe	Reporting Measure
Nature for Health	Support the delivery of the GMCA Local Nature Recovery Strategy across the NHS estate	Sustainability Manager / Contract Performance Manager / Head of Estates	Annual Update	Actions delivered
Nature for Health	Nature Recovery Ranger to be employed in April 2026 for 2 years to improve access to greenspace and increase engagement with staff, patients, visitors and the community in nature-based activities	Sustainability Manager / Contract Performance Manager / Head of Estates	March 2028	Details of projects delivered
Nature for Health	Look for opportunities to improve biodiversity through new initiatives such as hedgehog houses, swift bricks, wildflowers, composting and the creation of natural habitats.	Sustainability Manager / Contract Performance Manager / Head of Estates	Annual Update	Initiatives introduced
Nature for Health	Look at use of herbicides and pesticides on the hospital sites and seek more environmentally friendly alternatives where possible.	Sustainability Manager / Contract Performance Manager / Head of Estates	March 2027	Environmentally friendly alternatives used
Nature for Health	Work with the local council and voluntary groups to promote access to neighbouring green spaces close to the hospital sites	Sustainability Manager / Contract Performance Manager / Head of Estates	Annual Update	Activity

# Appendix 2 – Divisional Plans on a Page

Appendix 2 provides a plan on a page for each Directorate across Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trust. The plans have been developed in consultation with each of the Directorates to ensure alignment with their Clinical Strategy. The Plans on a page set out how each directorate will contribute to the delivery of Net Zero Clinical Transformation and the timeframes in which this will take place.



Net-Zero Clinical Transformation – Divisional Plan on a Page - Tameside and Glossop Integrated Care NHS Foundation Trust					
Division		Clinical Support Services	Divisional Overview	The Clinical Support Services Division manages administration teams, diagnostics, pathology, and pharmacy.	
Divisional Director		Katherine Cullen			
Principle	Activities			Timescale	Intended outcomes
Prevention	Implementing an AI solution to evaluate chest x-rays.			Year 1	Improve early diagnosis rates and outcomes for lung cancer.
Patient Self-Care	Deliver a digital patient portal for patients to view their clinical documentation, and improved utilisation of the existing portal to view appointments.			Years 1-3	Greater empowerment of patients to take control of their own care.  Reduction in paper usage  Decreased postal and courier emissions  Reduced energy use in printing  Promotion of digital transformation
Lean Service Delivery	Improving radiology referral practices from the front door.			Year 1	Reduced demand for scanning.
	Redesigning the radiology department to improve flow.			Years 2-3	Reduction in length of stay.
	Utilisation of Community Diagnostic Centre.			Year 1	Reduction in travel demand to acute site.
	Review clinic start times and introduce ‘golden patient’ on each clinic list to ensure optimisation and reduce delays.			Year 1-2	Improved clinic utilisation.
	Fully embed the single unit of blood policy for top up transfusions and theatre cases			Year 1	Improved blood utilisation and reduce waste.  Reduce transport costs and carbon emissions.
Low-Carbon Alternatives	Reuse of patient’s own medication from the community in the acute setting.			Years 1-3	Reduction in consumables.
	Reduction in use of anaesthetic gases, specifically nitrous oxide and entonox			Years 1-3	Reduction in consumables.
	Transferring to e-referral system Trust-wide.			Years 1-2	Trust-wide reduction in paper consumption.
	Work with the Health Information team to expand the digital patient information leaflet platform.			Years 1-2	Trust-wide reduction in paper consumption.
	Review the use of single use tourniquets in phlebotomy.			Years 1-2	Reduction in consumables and plastic waste  Lower carbon emissions from manufacturing and disposal.  Promote reusable or sustainable alternatives.  Financial and environmental benefits.
	“Uplift” Current MR scanner, instead of fully replacing.			Year 1	Reusing suitable components from the scanner will result in lower carbon footprint, reduced wate and cost.

## Net-Zero Clinical Transformation – Divisional Plan on a Page - Tameside and Glossop Integrated Care NHS Foundation Trust

Division		Intermediate Tier Services	Divisional Overview	The Intermediate Tier Services Division manages care across community and home settings, as well as the Stamford Unit.		
Divisional Director		Grace Wall				
Principle	Activities			Timescale	Intended outcomes	
Prevention	Proactive, preventative care plans with strong health promotion in respiratory physiotherapy.			Years 1-3	Reduction in acute admission and reliance on secondary care.	
	Pilot Postural Stability classes in the community			Years 1-3	Reduction in falls and readmissions.	
	Stamford Unit working with the Trust Patient Safety team in new initiatives on reducing patient falls and medicines optimisation.			Year 1	Reduction in falls and problematic polypharmacy.	
Patient Self-Care	Targeted campaigns and reasonable adjustments to support patients from minority backgrounds throughout the community rehab service.			Years 1-3	Greater proportion of local residents managing their own conditions.	
Lean Service Delivery	Implement patient-initiated reviews for appropriate patients to aid patient flow through the Community Dietetics service.			Years 1-2	Streamlined care pathways.	
	Develop new pathways for urgent patients to avoid delays in Community Dietetics			Years 1-2	Reduction in urgent admissions.	
	Develop new Crisis Response Service staffing model to accept referrals from General Practice and new pathways.			Year 1	Reduction in demand on acute services.	
	Increasing referrals to the Extensive Care service.			Year 1-2	Reduced ED attendances for those with complex long-term conditions.	
	Develop a one-stop outpatient model to provide speech therapy for Laryngectomy patients			Years 1-3	Streamlined pathways.	
Low-Carbon Alternatives	Liaise with Nutricia and Estates re options to recycle plastic feed and ONS bottles throughout Acute Dietetics.			Years 2-3	Reduction in consumables.	
	Further embed Virtual Ward in GPs and the Acute Trust.			Year 1	Reduced length of stay.	

## Net-Zero Clinical Transformation – Divisional Plan on a Page - Tameside and Glossop Integrated Care NHS Foundation Trust

Division		Medicine & Urgent Care	Divisional Overview	Medicine & Urgent Care is Tameside & Glossop ICFT’s second largest division and delivers a wide range of services, including Acute Medicine, Cardiology, Care of the Elderly, Dermatology, Gastroenterology, Palliative Care, Respiratory Medicine, Rheumatology, Stroke & TIA, and Urgent Care (composed of the Emergency Department, Same Day Emergency Care, and the Urgent Treatment Centre).	
Divisional Director		Kathryn Gasko Do Carmo			
Principle	Activities			Timescale	Intended outcomes
Prevention	Increasing OT/PT support in Care of the Elderly, including implementing a falls clinic with MDT input.			Years 1-3	Reduction in falls and secondary fractures.
	Explore options for an obesity service to support patients.			Years 1-3	Reducing unnecessary complications from diabetes and supporting rehabilitation in the community.
	Moving CURE smoking cessation programme to within Respiratory medicine, increasing capacity and expertise.			Years 1-3	Reduced 30-day readmissions and increasing number of inpatients quitting smoking.
	Establishing a fracture liaison service.			Years 1-3	Reduction in secondary fractures and admissions.
	Working with PCNs to understand why patients end up in urgent care and develop the out of hospital offer to better meet needs.			Years 1-3	Reduction in ED attendances and non-elective admissions.
Patient Self-Care	PIFU across all specialities.			6 months	Patients can decide when to have their follow-up, based on their needs and with better access to their care, reducing unnecessary hospital trips.
	Implementing pacemaker monitoring at home.			12 months	Enable a hybrid clinic model that will reduce travel to the hospital and empower patients at home.
Lean Service Delivery	Community Diagnostic Centre utilisation.			6 months	Patients undergo their investigations closer to home.
	Community clinics for Diabetes and Dermatology.			12 months	Clinic provision in locally accessible centres will improve attendance rate and patient experience, whilst reducing travel to the hospital site.
	Developing in-house diagnostics for chronic stale angina, including CTCA and cardiac MRI.			6 months	Investigations conducted at the Trust, reducing patient travel to central Manchester.
	Developing a ‘one-stop’ model in Cardiology and Rheumatology.			6 months	Streamlined patient pathways allowing for same-day investigations, minimising need for further attendances.
	Direct NWAS admission to SDEC, including ‘trusted assessor model’ to increase direct referrals.			6 months	Streamlined pathway, reduced consumables and time spent in ED.
	Digital streaming solutions to facilitate patient streaming in ED.			6 months	Digital transformation to enable patients to be streamed to most appropriate area at the earliest opportunity, therefore reducing consumables and time spent in ED.
Low-Carbon Alternatives	Remote consultation model throughout outpatient activity.			6 months	Improved patient experience, reduced hospital visits and patients are less likely to cancel or not attend their appointment.
	Utilisation of Virtual Ward across all inpatient specialities.			6 months	Effective streaming to VW will relieve pressure on the emergency department and ward capacity, as well as reducing hospital consumables and length of stay.

Net-Zero Clinical Transformation – Divisional Plan on a Page - Tameside and Glossop Integrated Care NHS Foundation Trust					
Division		Surgery, Women & Children (TGICFT)	Divisional Overview	The division provides a diverse range of services both on the Tameside acute site and across the community footprint of Tameside and Glossop. This includes Elective and Emergency Surgery, Maternity Care, Women’s Services, CYP and acute paediatric services	
Divisional Director		Zoe Turner			
Principle	Activities			Timescale	Intended outcomes
Prevention	Expansion of family hubs			Years 1-3	Improved health outcomes for children
	Securing increased funding to expand medical, nursing and administrative staff for care for children.			Years 1-3	Help meeting 16 key legislations, standards and guidance supporting CFC statutory responsibilities, thereby improving their health outcomes.
	Developing an integrated service for children and young people with bladder and bowel problems			Year 1	Improved health outcomes for children and young people.
	Progression of a 0-19 ages service in neighbourhood family hubs that provide core services, and ensuring every child has a named health visitor until age 5 years.			Year 1	Reduction of health inequalities in children.
	Developing the role of Health Mentors to deliver quality public health support in Schools			Years 1-2	Improving health outcomes for school children
	Work with ICB colleagues to redesign the pathway for Paediatric Phlebotomy			Years 1-3	
Patient Self-Care	Further Faster Work steams of efficiency			Year 1	Patients can decide when to have their follow-up, based on their needs and with better access to their care, reducing unnecessary hospital trips.
	Increased utilisation of PIFU across all specialties			Year 1	
Lean Service Delivery	Moving maternity services back into the community through GPs and combining midwifery and health visitor appointments.				Places maternity care in the community and reduces travel to the hospital site.
	Expansion of surgical SDEC			Year 1	Streamlined front door pathways.
	Work with primary care and ICB colleagues to revisit referral and follow-up pathways, including conditions that can be treated outside of hospital			Years 2-3	Reduced hospital attendances.
	Implementing a Stock Management system in Theatres			Year 1	More efficient stocking of supplies
	Relocation of diagnostic gynaecology			Year	Remove waste within pathways
	Redesign of triage area			Year 1	Streamlined flow
	Maternity Theatre build			Year 1	Streamlined pathway for EL/NEL C-Sections
Low-Carbon Alternatives	Virtual Ward utilisation, including gynaecology patients.			Year 1	Effective streaming to VW will relieve pressure on ward capacity, as well as reducing hospital consumables and length of stay.
	Introduction of virtual appointments for preop.			Year 1	Reduced travel to hospital site.
	Low carbon inhalers and inhaler recycling scheme			Year 1	Reduce carbon footprint and waste.
	New NICE guidelines rolling out DPI			Year 1	Reduce carbon footprint
	Revisit usage if virtual appointments			Year 1	Reduce unnecessary travel to hospital

Net-Zero Clinical Transformation – Divisional Plan on a Page – Stockport NHS Foundation Trust				
Division		Surgery and Critical Care	Divisional Overview	The Division of Surgery is one of the Trust's largest teams, employing 1,114 WTEs to deliver a wide range of surgical services, covering: Anaesthetics, Critical Car, ENT & Audiology, Gastroenterology, General Surgery, Ophthalmology, Oral Surgery, Orthodontics, Pain Management, Theatres, Trauma & Orthopaedics and Urology.
Divisional Director		Karen Hatchell		
Principle	Activities		Timescale	Intended outcomes
Prevention	Develop bone anchored hearing device (BAHA) service to reduce requirement for follow-up appointments		Years 3-5	Reduce patient travel to hospital Reduce wait times for follow up
	Implement early AHP assessment and treatment within Pain Management services		Years 1-2	Reduce pressure on consultant led pathways Reduce wait times for first appointment Faster diagnosis and earlier intervention
Patient Self-Care	Expand use of PIFU across ENT; Audiology; Gastroenterology; Chronic Pain Management		Year 1	Patients in charge of deciding when to request follow up if needed, reducing unnecessary hospital trips and potential DNAs
	Progress experience-based co-design within Pain Management		Year 1	Enable patient involvement in shaping future change to better meet service user needs and preference, encouraging patient self-management approach
Lean Service Delivery	Develop a one stop clinic model for LUTS within Urology based at Basquil House		Years 3-5	Streamlined service delivery with better patient experience and minimised need for multiple attendances which reduces travel to SFT
	Develop a one stop neck lumps pathway within ENT			Streamlined service delivery with better patient experience and minimised need for multiple attendances which reduces travel to SFT
	Explore increasing referral to community rehab for fractured neck of femur to enable faster discharge within Orthopaedics			Moving care closer to home Reduced length of stay in hospital, supporting better patient flow and patient experience
	Implement a Surgical SDEC model		Year 1	Reduce ED wait times and need for admission, supporting better patient flow Reduce LOS
	Joint Consultant and Audiologist clinics		Year 1	Reduce number of appointments and visits to hospital site
	Implement XprESS sinus surgery to convert more cases from General to Local Anaesthetic		Years 3-5	Reduce LOS
	Develop a joint Robotics Suite at Stockport with opportunities for collaboration with neighbouring trusts		Years 3-5	Reduce LOS Improved patient experience and outcomes
				Improved recovery times with reduced LOS Reduced use of general anaesthetic provision
Low-Carbon Alternatives	Explore Wide-Awake Local Anaesthesia No Tourniquet (WALANT) surgery		Year 2	Improved recovery times with reduced LOS Reduced use of general anaesthetic provision
	Reduce high environmental impact medications and IV therapy		Year 1	Reduced contribution to annual carbon production
	Greater use of virtual appointments in Ophthalmology and Orthoptics		Year 1	Reduced wait times Reduced number of patient hospital visits
	Continue to deliver innovative electronic pain management programme (ePMP)		Year 1	Reduced number of patient hospital visits Increased access to support
	Adapt Virtual Fracture Clinic to improve operational and financial sustainability		Year 1	Reduced number of patient hospital visits Reduced wait times
	Explore opportunities to further reduce FU appointments through MyRecovery App		Year 1	Reduced number of patient hospital visits Empower patients to self-manage recovery
	Expand the use of robotic surgery within Urology to include: female urology; urethral reconstruction; kidney surgery.		Years 3-5	Reduced emergency readmissions within 30 days Reduced LOS
	Invite Andrologists from MFT to regular session at Stepping Hill as part of erectile dysfunction clinic to support current nurse led service		Years 3-5	Reduced travel for patients



## Net-Zero Clinical Transformation – Divisional Plan on a Page - Stockport NHS Foundation Trust

<b>Division</b>	<b>Clinical Support Services</b>	<b>Divisional Overview</b>	The Clinical Support Services division was established in October 2022 bringing together diagnostic and support services from the other operational divisions.
<b>Divisional Director</b>	<b>Mike Allison</b>		<p>The division has 911 staff and an expenditure budget of £46m to deliver the following services across five main areas of radiology, endoscopy, pathology, pharmacy and patient access.</p> <p>As support services, the teams work closely with all of the other Divisions from booking people into appointments, to diagnostics testing, providing test results, dispensing medication to ensure a smooth patient journey through their hospital care.</p>

Principle	Activities	Timescale	Intended outcomes
<b>Prevention</b>	Implementation of Bowel Cancer Screening Lists	Years 1-2	<ul style="list-style-type: none"> <li>• Increased chances of early diagnosis and treatment</li> <li>• Reduced waiting times for direct access to investigation</li> </ul>
<b>Patient Self-Care</b>	Enhance patient centred care within Pharmacy by implementing self-administration of Medicines	Years 1-2	<ul style="list-style-type: none"> <li>• Greater patient control over medication</li> <li>• More timely administration of drugs</li> <li>• Strengthening patient knowledge of appropriate use of medication</li> </ul>
	Continue to promote PIFU as an option for outpatient pathways	Years 1-2	<ul style="list-style-type: none"> <li>• More control for patients over their outpatient pathway</li> </ul>
<b>Lean Service Delivery</b>	Community Diagnostic Centre implementation and expansion	Years 1-2	<ul style="list-style-type: none"> <li>• Reduced wait times for investigations which take place closer to home</li> </ul>
	Within Pathology, centralise specialist test referrals to remain within Greater Manchester	Years 1-2	<ul style="list-style-type: none"> <li>• Ensuring focus and delivery of processes is localised</li> <li>• Reduction in travel and transportation.</li> </ul>
	Pacemaker MR service provision on site.	Years 1-2	<ul style="list-style-type: none"> <li>• Reduction in patient transfers and travel time off site</li> <li>• Decreased length of stay in hospital</li> </ul>
	Explore Lung BPTP and maintain prostate BPTP.	Years 2-3	<ul style="list-style-type: none"> <li>• Reduction in patient transfers</li> <li>• Decreased length of stay in hospital</li> </ul>
	Explore opportunity for direct access colonoscopy	Years 1-2	<ul style="list-style-type: none"> <li>• Faster access to treatment with reduced waiting times</li> </ul>
	To collaborate with Partners across GM to determine possibility of joint working on ERCP Pathway	Years 2-3	<ul style="list-style-type: none"> <li>• Reduced wait times and improved patient flow</li> </ul>
<b>Low-Carbon Alternatives</b>	Increase in-house reporting within Radiology including MR service	Years 5-10	<ul style="list-style-type: none"> <li>• Reduction in patient transfers</li> <li>• Decreased length of stay in hospital</li> </ul>

## Net-Zero Clinical Transformation – Divisional Plan on a Page - Stockport NHS Foundation Trust

Division	Medicine and Urgent Care	Divisional Overview	Medicine & Urgent Care is the Trust's largest Division, employing 1,025 WTEs to deliver care across 11 specialities including: Acute Medicine & Frailty; Cardiology; Diabetes & Endocrinology; Haematology; Older People & General Medicine; Oncology; Respiratory Medicine; Rheumatology; Stroke and Urgent Care.	
Divisional Director	Ruth McNulty			
Principle	Activities		Timescale	Intended outcomes
Prevention	Improved collaboration with primary care across Cardiology, Respiratory, Rheumatology and Haematology services, including masterclasses to enhance the quality GP information		Year 1	Reduced unnecessary referrals and travel to hospital site Delivery of care closer to home
	Maintain Christie Hotline for out of hours advice to Stockport Chemotherapy patients		Year 1	Reduced patient travel to hospital site for advice Faster route to advice, prevent urgent concerns becoming more serious
	Meet national care standards for the Stroke service including CTA performed within 15 minutes to enhance patient outcomes and need for longer term hospital intervention		Years 2-3	Reduced length of stay
	Provide more Holter monitors for patients to identify and manage AF post stroke		Years 2-3	Reduced incidence of recurring strokes and repeat hospital attendance/admission
Patient Self-Care	Expand use of PIFU across the division		Year 1	Patients in charge of deciding when to request follow up if needed. Reduced unnecessary hospital trips and potential DNAs
	Embed Diabetes TYA project informed by patient co-production enabling more flexible access to support for long-term condition		Years 1-2	Empower greater self management and diabetes education to prevent emergency admission/development of long-term health complications
Lean Service Delivery	Strengthen the Lymphoma pathways within Haematology through collaborative working with specialities		Years 1	Faster diagnosis and treatment Reduced wait times
	Offer community spirometry for Respiratory patients through the Community Diagnostic Centre		Years 1-3	Reduced wait times for diagnosis/treatment
	EBUS and CPET on site for Respiratory Services, also developing Pleural procedure room into a formal elective day case list.		Years 1-3	Reduced length of stay Reduced number of patient journeys during diagnosis and treatment Faster route to diagnosis and treatment
	Review accommodation at the Devonshire Centre to support clinical need of patients accessing acute frailty service		Years 1-2	Reduced delayed discharges and LOS, moving patients closer to home quicker
	Redesign pathway for MPN patients within Haematology – bloods prior to appointment and timeliness of prescriptions		Year 1	Faster route to diagnosis and treatment
Low-Carbon Alternatives	Develop virtual ward pathways to support early discharge for the Acute Medicine and Frailty service		Years 1-2	Reduced length of stay
	Virtual clinics for Cardiology		Years 1-3	Reduced number of patient hospital visits Reduced wait times
	Roll-out use of Rheumatology patient information application		Years 1-3	Reduced printing
	Trial app for self-reported 6-monthly arthritis disease activity score within Rheumatology		Years 1-3	Reduced patient travel to hospital site Reduced wait times for diagnosis
	Stroke Service to use E-patch to identify AF		Year 1	Reduced patient travel to hospital site Reduced wait times for diagnosis

Net-Zero Clinical Transformation – Divisional Plan on a Page - Stockport NHS Foundation Trust					
Division		Integrated Care (SFT)	Divisional Overview	Integrated Care employs 870 whole time equivalent (WTE) staff to provide a diverse range of services including: community nursing; specialist community services, integrated therapy services, discharge to access and administrative services (clinic receptions and single point of access). Community care is delivered across multiple health centres in Stockport, as well as in care homes and in peoples’ own homes. Integrated Care supports people with acute care needs, long-term conditions, moderate to severe frailty and those recovering from surgery to prevent hospital admissions and recover at home, achieving their optimum rehabilitation and reablement potential.	
Divisional Director		Jane Ankrett			
Principle	Activities			Timescale	Intended outcomes
Prevention	Implementation of frailty end-to-end pathway for T&O service users. Closer working partnerships with Stockport Community Services to improve the prevention agenda			Years 1-2	Early identification and intervention to prevent admissions
	To re audit COPD caseload to reflect the identified shift from COPD early supported discharge to more acute management in the community			Year 1	Admission avoidance Keeping care in the community Reduction in need for patient travel to hospital site
	Adapt cardio renal metabolic pathways in line with national diabetes guidelines			Years 1-3	Reduced risk of complications with early interventions
	Strengthen links with primary care and upskill GP, PN and other relevant health care staff to manage diabetes care at primary care with regular education sessions and mentorship for primary care staff			Year 1	Strengthen primary care support and prevent the need for secondary care intervention Keeping care within community setting to avoid patient travel to hospital site
	Assessment of suspected heart failure patients with a BNP > 2000 by ECHO and with HF review within 2 weeks			Year 1	Early identification and intervention
	Quality improvement project for follow up of patients with preserved Ejection (approximately 40% of Heart Failure admissions)			Year 1	Early identification and intervention Readmission avoidance
	To develop FEES service further through training of staff and explore the initiation of an Outpatient FEES service			Years 1-3	Facilitate care without needing inpatient admission, keep patients at home
	To collaborate with ENT for a joint Voice clinic with Specialist Speech and Language Therapist to support tailored therapy through diagnostic assessment and meet best practice guidance.			Year 1	Early intervention and reduced number of appointments via multidisciplinary appointment
	To enhance the first contact therapy input for patients presenting to the urgent care setting with MSK conditions, to reduce system pressures on outpatient therapies if self-management can be achieved successfully.			Year 1	Early identification of malnutrition and intervention to reduce risk of further complications
	Establish nutrition assessment and intervention at the front door by enhancing awareness and support in Emergency Department of malnutrition.			Years 2-3	Early identification of malnutrition and intervention to reduce risk of further complications
Patient Self-Care	To ensure a Home First ethos is adopted by all inpatient therapy staff through induction, trusted assessor training and a robust rolling in-service training programme.			Years 1-3	Faster discharge that empowers patient to self-manage at home quicker
	Develop expert patient steering group to enhance patient co-collaboration and incorporation of feedback within Diabetes service			Years 1-3	Patient coproduction of services to increase engagement and opportunity for self-care
	Review of referral pathways into MSK Physiotherapy, including the development of a self-referral pathway.			Year 1-2	Empower patients to directly refer for care
	OP Therapies: Develop and implement strategic plan for the Hydrotherapy service, including scoping the potential to move the service into a community setting			Years 1-3	Moving care closer to home Reduction in travel to hospital site
	Review and further develop rehab and preventative pathways for discharge services, including use of self-care and self-based models – eg. re-design of D2a/ICaH / ACTT pathways in conjunction with UCR and OOA SPOA (Tameside ) and co-location of community therapy teams.			Year 1-2	Empowering patient self-care
	Discharge team collaboration with stakeholders including: ACTT to develop self-management process/ tools; REACH to support self-management and referrals from neighbourhood services; ASC to support with flow of patients for appropriate packages of care in a timely manner.			Year 1-3	Promoting patient self-management care model Promoting person-centric approach of care delivered at the right place, time and by the right person
	New enteral feeding contract to be established with a plan to increase patient/care agency ownership and responsibility.			Years 1-3	Empowering patient self-management and autonomy
Lean Service Delivery	Implementation of frailty end-to-end pathway for MSK and OP services. Closer working partnerships with other Stockport Community Services to enhance care for patients living with frailty and also improve the prevention agenda.			Year 1	Streamlined route to timely, specialised care
	Complete service review of the current pelvic health physiotherapy offer to include an integrated model and implementation of GM standardise Perinatal Pelvic Health Pathway (PPHS) for women to access first line conservative care within specialist physiotherapy services, from pregnancy to 12 months postnatally.			Year 1	Improved access
	Develop process for Pathway Two patients to be triaged and discharged within 48 hrs			Year 1	Faster discharge and route home Reduced length of stay
	Podiatry: Input into the project around harmonising podiatry services across Manchester and Trafford Local Care Organisations.			Years 2-3	Coordination of services regionally Reduced duplication
	To maximise service delivery to adopt a 24-hour rehab approach across stroke pathways. Collaborative working with community neuro rehab services to support patients into the community as soon as possible			Years 1-2	Reduced length of stay
	To create and employ standardised and effective direct pathways from the Emergency Department to Community Services.			Years 1	Reduced length of stay

Net-Zero Clinical Transformation – Divisional Plan on a Page - Stockport NHS Foundation Trust					
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Divisional Director		Jane Ankrett			
Principle	Activities			Timescale	Intended outcomes
Low-Carbon Alternatives	Identify and optimise referral pathways into the UCR and VW through the UEC Single Point of Access, including new pathway for care of males with acute uninary retention			Years 1-2	Reduction in travel to hospital site instead delivering care at home, with trajectory of 50 beds occupancy met over the 12months
	Improve digital connectivity for Community Enhanced Clinical Practitioners to enable real-time consultations using EMIS Web in patients’ homes			Years 1-2	Delivery of care in the community, reduced need for patient travel to hospital site
	Within Community Admin, implement hybrid mail to reduce stationary costs and support efficiencies.			Year 1-2	Reduced stationary will support reduce carbon production and waste
	Explore a ‘Bladder and Bowel Service’ (BABS) which incorporates trial without catheters (TWOCs)			Years 2-3	?reduction in use of catheters
	To reduce unused oxygen equipment holdings within patient properties			Year 1	Reduction in energy/maintenance equipment?
	Maintain the sustainability walking aid project, improve collection rates of walking aids and the percentage recycled back into circulation			Years 1-3	Promoting recycling to reduce waste of walking aids

## Net-Zero Clinical Transformation – Divisional Plan on a Page - Stockport NHS Foundation Trust

<b>Division</b>	<b>Women and Children's</b>	<b>Divisional Overview</b>	The Women and Children's Division employs 720.71 whole-time equivalent staff to deliver a wide range of services both in hospital and in the community, including Maternity Services; Neonatal Care; Health Visiting; Paediatrics and Obstetrics & Gynaecology. We have dedicated paediatric facilities in the Tree House Building, and women's health services in the Jasmine Unit. Community services are delivered across the community in a range of community hubs, neighbourhood clinics, GP Practices, schools and people's homes. Services are modelled around the life cycle to meet the changing health needs of women and children at different points throughout their lives.
<b>Divisional Director</b>	<b>Janine Cartner</b>		
Principle	Activities	Timescale	Intended outcomes
<b>Prevention</b>	Develop Women Health Hubs and deliver masterclasses for patients with certain conditions	Years 1-3	Increased delivery of care in the community, reducing patient travel to hospital site
	Maternity Service workplans to align to local population priorities and deprivation index	Years 1-3	Address health inequalities and deliver intervention to more excluded groups, in turn reducing the number of patients developing service health needs
	To develop neonatal outreach	Years 1-3	Increased accessibility Reduced patient travel to hospital site?
	Develop a framework for the prevention and early identification of Foetal Alcohol Syndrome Disorders (FASD) including a clear Alcohol Exposed Pregnancies pathway.	Year 1	Increased access to care Faster diagnosis and treatment
	Develop a robust Mental health team, which includes an ADHD nurse specialist, as well as a dedicated Children's mental health practice educator	Year 1	Increased access to care Faster diagnosis and treatment
	Focus work towards improving school attendance, ensuring a multidisciplinary approach to this including primary care and working to the new attendance strategy in the LA	Year 1-2	Increased early intervention in the community
	To deliver interventions to address the increasing teenage pregnancy rate in Stockport	Year 1	Earlier intervention to reduce overall numbers of teenage pregnancy
<b>Patient Self-Care</b>	Expand use of PIFU and advise and guidance for Gynaecology service	Years 1-3	Empower patients with the autonomy to initiate follow up when needed. Reduced unnecessary hospital visits to hospital site.
	Therapy services to be available in family hub/place based with link therapists to ensure easier access for all to support tackling inequalities	Years 1-3	Improved access closer to home. Reduced patient travel to hospital site.
<b>Lean Service Delivery</b>	Business case for SDEC service model emergency gynaecology in line with NHS England guidance and internal clinical review expectations	Years 1-3	Increased access with faster route to assessment and treatment. Reduced risk of more serious complications. Reduced length of stay as a result.
	Develop a one stop ovarian pathway	Years 1-3	Reduced number of patient visits to hospital site by combining within a single appointment.
	Implement a walk-in walk out (WIWO) model in paediatrics	Year 1	Reduced length of stay

## Net-Zero Clinical Transformation – Divisional Plan on a Page - Stockport NHS Foundation Trust

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<b>Divisional Director</b>	<b>Janine Cartner</b>		

Principle	Activities	Timescale	Intended outcomes
<b>Low-Carbon Alternatives</b>	Review the opportunity to offer a Hysteroscopy service under sedation, delivered in Maple Suite.	Years 1-3	Reduced use of general anaesthetic provision Reduced length of stay
	Expand the use of robotic surgery for gynaecology	Years 1-3	Reduced length of stay?
	Digital solution for Maternity records	Years 1-3	Reduced use of paper/printing
	To continue to roll out the early years app after success full pilot so parent can access support and complete assessments of their child's development, only requiring home visits where required	Years 1-3	Reduced use of paper Reduced patient and family travel to hospital site Reduced staff travel for home visits
	To work with outpatient bookings team to digitalise appointment letters and reminders to support DNA rates for 0-19 nursing service	Years 1-3	Reduced use of paper





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