

**NHS Shropshire, Telford &
Wrekin ICB**

**Shropshire Telford & Wrekin
Integrated Care System Green
Plan Refresh**

2025-2028

**Addressing
Climate Change
Through Delivery
Of a Greener And
More Sustainable
NHS**



Foreword



Simon Whitehouse
Chief Executive Officer
NHS Shropshire, Telford & Wrekin



Nigel Lee
Chief Strategy Officer
NHS Shropshire, Telford & Wrekin Executive Lead for Green

NHS Shropshire, Telford and Wrekin acknowledges that the world faces a climate emergency, and that the healthcare system contributes to that and therefore can be part of the solution to addressing it.

In June 2024, the British Medical Association identified that the health service contributes around 4-5% of total UK carbon emissions and the NHS in England alone is responsible for 40% of the public sector's emissions.

As an ambitious Integrated Care System, we are committed to making a real difference to the lives of local people and recognise the role that delivering greener, more sustainable healthcare plays in reducing the impacts of climate change.

This refreshed plan builds on our 2022-2025 plan which resulted in securing over £26.5million into our local health economy to decarbonise

energy sources and expand our greener infrastructure.

Across our system, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust have received external recognition for their solar panel expansions and The Shrewsbury and Telford Hospital NHS Trust has been shortlisted for the 'Towards Net Zero' category at the 2025 Health Service Journal Awards (HSJ).

We firmly believe our continued journey to Net Zero emissions will provide population health benefits to our communities and staff through the programmes detailed in our refreshed plan. We will work together to maximise the sustainability benefits that can be delivered across our system.

Therefore, we have approached our system plan in partnership with NHS Providers. We have reflected and built on the commitments that they have made in their individual provider

plans. We will use our Strategic Commissioning role to maximise opportunities for delivery of Net Zero emissions whilst simultaneously improving population health through how we plan and commission services. In recognition of the significant transformational changes in the system, we wish to ensure that the refreshed Green Plan continues to reflect our existing key plans such



Simon Whitehouse
Chief Executive Officer

as Shropshire, Telford, and Wrekin Joint Forward Plan, Digital Transformation Strategy and our Infrastructure Strategy.

This is a significant agenda and there will always be more to do. However, this refreshed plan restates our commitment as the local NHS to this agenda and reinforces the role that we will play to improve things locally.



Nigel Lee
Chief Strategy Officer

Contents

Foreword	1
1 Introduction	5
1.1 Understanding our local system	6
1.2 Greener NHS and the 10-year NHS Plan Key Shifts	8
1.3 Greener NHS and Addressing Inequalities	9
2. Key areas of progress against 2022-2025 Plan	13
2.1 Workforce and system leadership	13
2.2 Digital Transformation	13
2.3 Medicines	14
2.4 Travel & Transport	14
2.5 Estates & facilities	15
2.6 Procurement	15
2.7 Food and Nutrition	16
2.8 Adaption	16
2.9 Biodiversity	16
3 Greener NHS Building on Existing Plans	17
4 Key Areas of Focus	18
4.1 Workforce and leadership	18
4.2 Net Zero Clinical Transformation	21
4.3 Digital Transformation	25
4.3.1 Table 1 Shropshire, Telford, and Wrekin Digital Priorities Mapped to Greener Digital Benefits	26
4.4 Medicines	27
4.5 Travel and Transport	30
4.6 Estates and facilities	32

4.7 Supply Chain and Procurement	35
4.7.1 NHS Net Zero Supplier Roadmap	37
4.8 Food and Nutrition	38
4.9 Adaptation	38
5. Governance	41
6. Equality Statement	42
7. Communications	42
Appendix A	45

1 Introduction

In 2020, the NHS became the world's first health system to commit to reaching net zero emissions. The [Delivering a Net Zero National Health Service](#) report set out the scale of ambition. The Health and Care Act 2022 reinforced this commitment, placing new duties on Integrated Care Boards (ICBs), NHS Trusts and Foundation Trusts (referred to collectively in this plan as trusts) to consider statutory emissions and environmental targets in their decisions. Trusts and ICBs were expected to progress achieving these duties through the delivery of board-approved green plans spanning 2022-2025.

The recently released [NHS 10 year plan](#) reconfirms the **NHS commitment to delivering a net zero health service by 2040 for direct emissions and 2045 for emissions it can influence**.

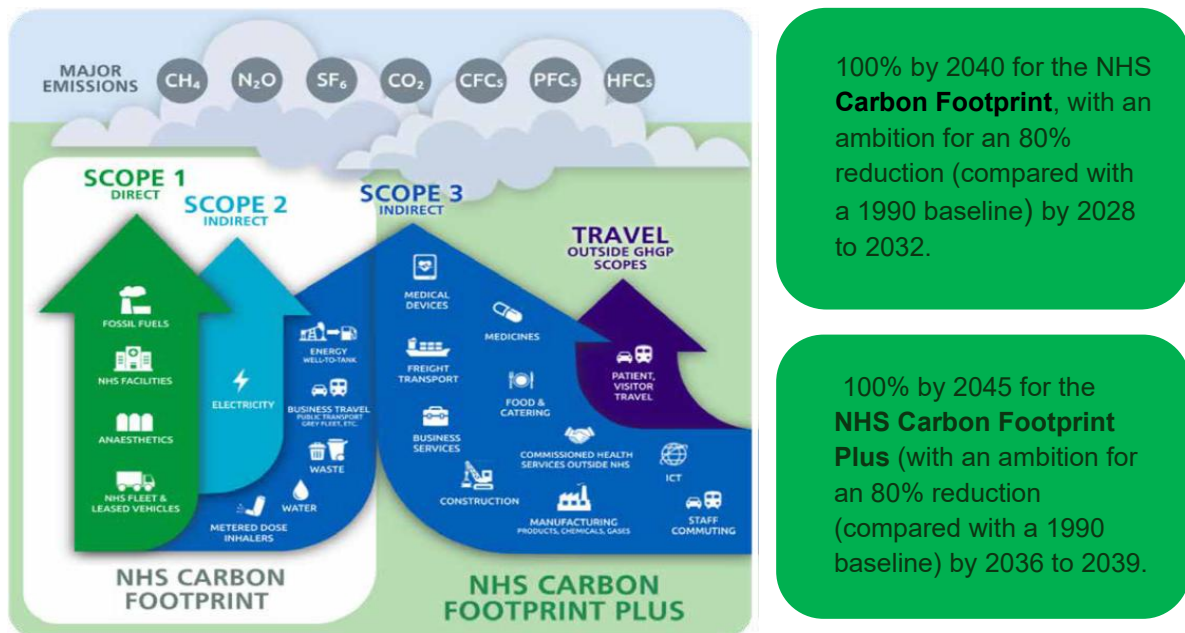


Figure 1: NHS Carbon Footprint Source: <https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/>

Both Telford and Wrekin, and Shropshire Councils have a target to be 100% net zero carbon by 2030 and as a system we welcome them as members of our System level climate change group. We commit to working with them to assist in delivering aspects of infrastructure around renewable energies, travel and transport and maximising greener spaces for the benefit of the population. We will build on this in line with the ambitions in the NHS 10-year plan for cross-government action on the environment and public health, including cleaner air measures and making homes more energy efficient.

Our previous STW ICB 2022-2025 system action plan has been refreshed in line with [Green Plan Guidance](#) and this document reflects on achievements since 2022 and looks forward to our shared collaborative ambitions for 2025-2028.

Our provider Trusts, in line with the Health and Care Act 2022 requirements, have also refreshed their organisational level Green Plan, with their own focused Action Plans. The provider plans reflect the measurable targets for each organisation based on the nature of their operations and the work to date to achieve the NHS net Zero ambitions, however as per the refreshed guidance they are all in line with the areas of focus in this system plan.

1.1 Understanding our local system

Our ICS footprint covers 1,347sq miles, but is one of the smallest in terms of population, covering around 500,000 people. STW Integrated Care Board is co-terminus with the boundaries of two local authorities. Shropshire local authority is 66% rural (101 people/sq km) and Telford and Wrekin are predominantly urban (620 people/sq km) with 8.3% of its population living in rural areas.

NHS STW ICB local system partners include:



- Shropshire Council (Shropshire Place).
- Telford & Wrekin Council (Telford and Wrekin Place).
- Shrewsbury and Telford Hospital NHS Trust (SaTH).
- Shropshire Community Health NHS Trust (SCHT).
- Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJA).
- Midlands Partnership University NHS Foundation Trust (MPFT).
- West Midlands Ambulance Service NHS Foundation Trust (WMAS).
- Primary Care Networks (PCNs): 9 PCN's (4 in Telford and Wrekin, 5 in Shropshire).
- General Practice, Pharmacy, Optometry and Dentistry.
- Healthwatch Shropshire and Healthwatch Telford and Wrekin.
- Voluntary, community and social enterprise organisations across the county.

Shropshire, whilst an affluent county, masks pockets of deprivation, growing food poverty, health inequalities and rural isolation, with the county overall having a low earning rate. In **Telford & Wrekin** over **27 %** of it's residents live in **20% most deprived areas in England** – circa 45,400 people and just over a fifth (21%) of children and young people are living in poverty.

Compared to other parts of the West Midlands, and other towns and cities across the UK, air quality in Shropshire, Telford, and Wrekin is good. In fact, it is identified as one of the benefits of living here, alongside its green and natural environment. In July 2025, ten open spaces across Shropshire, Telford, and Wrekin have been given Green Flag Awards. The scheme recognises and rewards well-managed parks and green spaces across the UK. This is alongside Shropshire's areas of outstanding natural beauty.



Figure 2: Image of Shropshire along with colleagues holding the Green Flag 2025/26 award.

However there are pockets of higher air pollution and both local authorities (LA) in line with their statutory duties have developed Air Quality Strategies ([Telford LA Air Quality](#)) and ([Shropshire LA Air Quality](#)).

These strategies alongside the work on Travel and Transport will assist our local health care system in the challenges it faces in reducing carbon emissions related to travel due to its rural and dispersed nature for both patients and staff. This will also be supported by our ambitions to achieve the digital shifts at the heart of the NHS 10-year plan.

The River Severn poses a significant flood risk across Shropshire, Telford, and Wrekin, with both Shrewsbury and Ironbridge being particularly vulnerable. Climate change is expected to exacerbate this risk, leading to increased river levels and more frequent flooding events. Beyond the river itself, surface water flooding from heavy rainfall also presents a major concern in urban areas like Telford.

1.2 Greener NHS and the 10-year NHS Plan Key Shifts

As a system we recognise the need for change in how and what we deliver to improve our population's health. Demand for health and care services is growing, and our services will not be sustainable without a different approach to healthcare provision and working together with the population we serve. Locally we have already recognised the need for a shift in focus away from the treatment of illness to one of prevention and wellbeing. This is at the heart of the [Shropshire, Telford, and Wrekin Joint Forward Plan](#). Our joint forward plan identifies our journey to delivering more sustainable, greener care relies on the system moving to a prevention first model, increasing treatment closer to people's homes, and maximising digital transformation.

The [latest meteorological assessments in May 2025](#) from climate scientists indicate that the next decade will be crucial for keeping global warming within manageable limits, making the time frame of the upcoming changes to how the NHS will be delivered time critical. Whilst there is no specific chapter heading within the [NHS 10 year plan](#) relating to the green agenda, **the three key shifts** it advocates will inherently include adapting to the challenges of climate change.

Hospital to community: This shift aims to reduce reliance on hospitals, especially for routine care, by providing more services in local settings like GP surgeries, community



centers, and even people's homes. This can lead to reduced travel for patients and staff, potentially lowering carbon emissions associated with transportation.

Figure 3: Image of the 10-year health plan for three shifts

Source: [NHS 10 Year Plan](#)

Preventing Illness: Focusing on preventative measures like public health campaigns, early detection programs, and lifestyle interventions can reduce the overall demand for healthcare services, leading to a more sustainable system. Fewer hospital admissions and shorter hospital stays translate to lower energy consumption and waste generation. Preventing illness will also assist in reducing healthcare inequalities with the **burden of preventable illness being highest in our Core 20PLUS populations.**

Analogue to digital: Adopting digital technologies can streamline processes, reduce paper usage, and enable remote consultations, potentially decreasing the environmental footprint of healthcare. However, it is important that as we transform towards increased digitalized care we do so with greener principles in mind for example by ensuring we embrace NHS England's [What good looks like framework](#) which encourages NHS organisations to prioritise sustainability in the procurement, design and management of digital services to meet the objectives of the [Greening government: ICT and digital services strategy](#).

1.3 Greener NHS and Addressing Inequalities

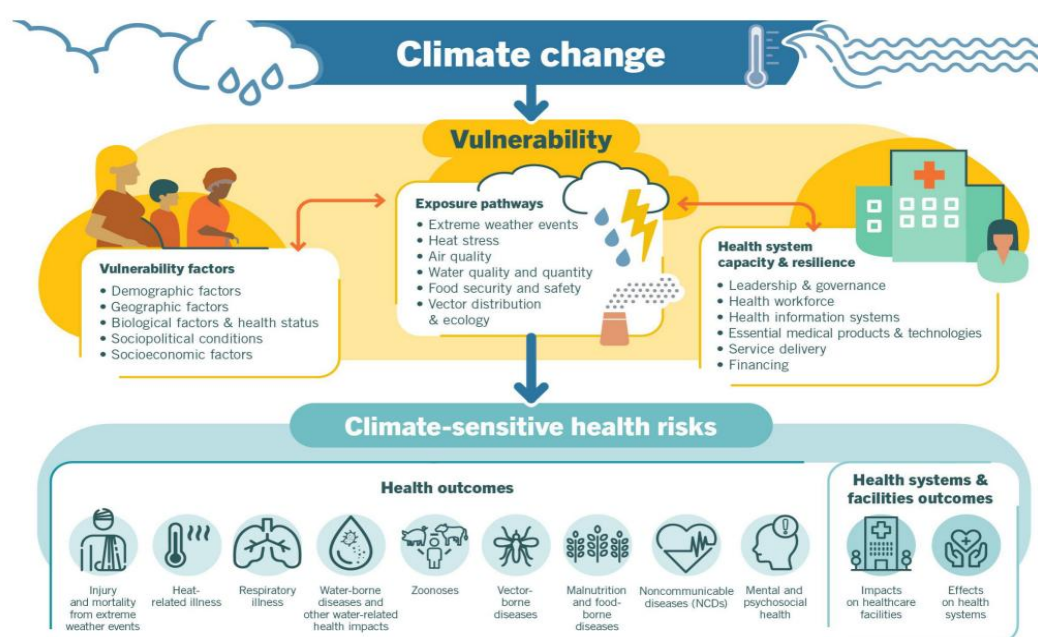


Figure 4: An overview of climate-sensitive health impacts, their exposure pathways and vulnerability factors. Climate change impacts health both directly and indirectly, and is strongly mediated by environment, social and public health determinants. **Source:** [World Health Organisation](#)

As highlighted by [Delivering a 'Net Zero National Health Service'](#) the impact of climate change will not be felt equally by all. **Health Inequalities** [as defined by NHSE](#) are unfair and avoidable differences in health across the population, and between diverse groups within society. The conditions in which we are born, grow, live, work and age can impact our health and wellbeing and are sometimes referred to as wider determinants of health and are often interlinked. For example, someone who is unemployed may be more likely to live in poorer quality housing with less access to green space and less access to fresh, healthier food. This means some groups and communities are more likely to experience poorer health outcomes compared to other sectors of our population.

By acting on climate change, we can reduce some of these adverse factors and this will bring direct improvements for public health and health equity. Reaching our country's ambitions under the Paris Climate Change Agreement could see improved population health outcomes such as over 5,700 lives saved every year from improved air quality, 38,000 lives saved every year from a more physically active population and over 100,000 lives saved every year from healthier diets.

As part of Shropshire, Telford, and Wrekin Integrated Care Board's commitment to improve our population's health outcomes by optimising our roles as **Anchor Institutions**.

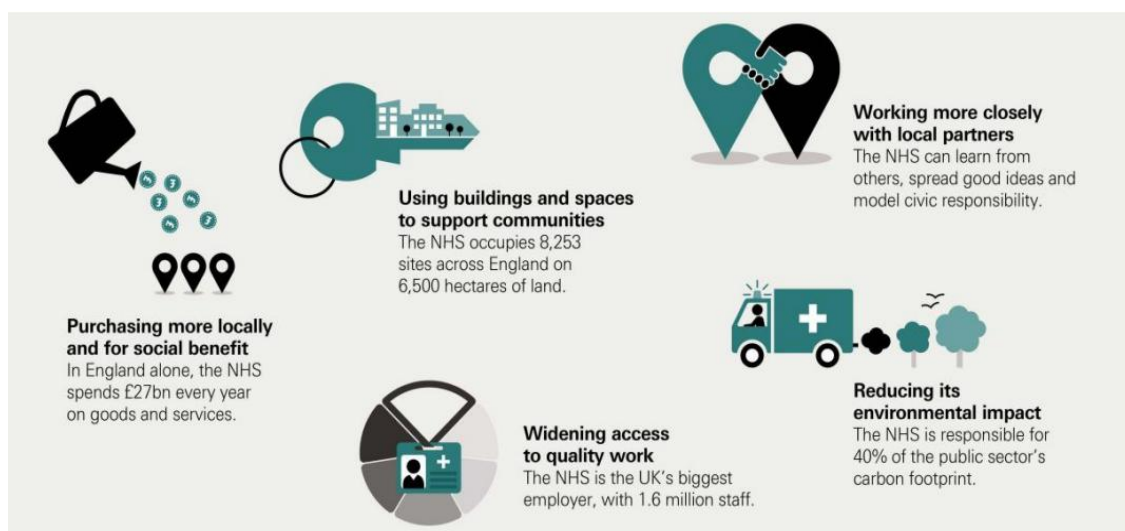


Figure 5: [NHS as Anchor Institution](#)

Source: [Health Foundation](#)

An anchor institution is any institution that, alongside its key role, plays a significant and recognised function in a locality by making a positive impact on its local community and economy and enhancing greener value through its sizeable spending power, workforce, buildings, and land. This includes the NHS and wider partners such as the local authorities. Our focus on greener energies and increased social value from procurement and across our supply chains will assist this part of our work.

In our role as an anchor institution, we will seek to reduce environmental impact of disposal of Information technology (IT) by recycling and re-using within our communities. For example, a laptop that may not be suitable for heavy-duty tasks in an office environment may be suitable for donating to a school for issuing to students without access to devices at home for word processing or internet searches.

In addition to the sustainability benefits this brings, it also brings benefits of hardware availability into our wider digital inclusion as part of the System Digital Inclusion Plan in partnership with primary care, secondary and community care providers, local authorities, and our wider community partners.

As a system we have committed to a joined-up approach with our local authorities to tackle inequalities in outcomes, experience, and access between groups in our population. A particularly key area of work is the **reduction of air pollution**.

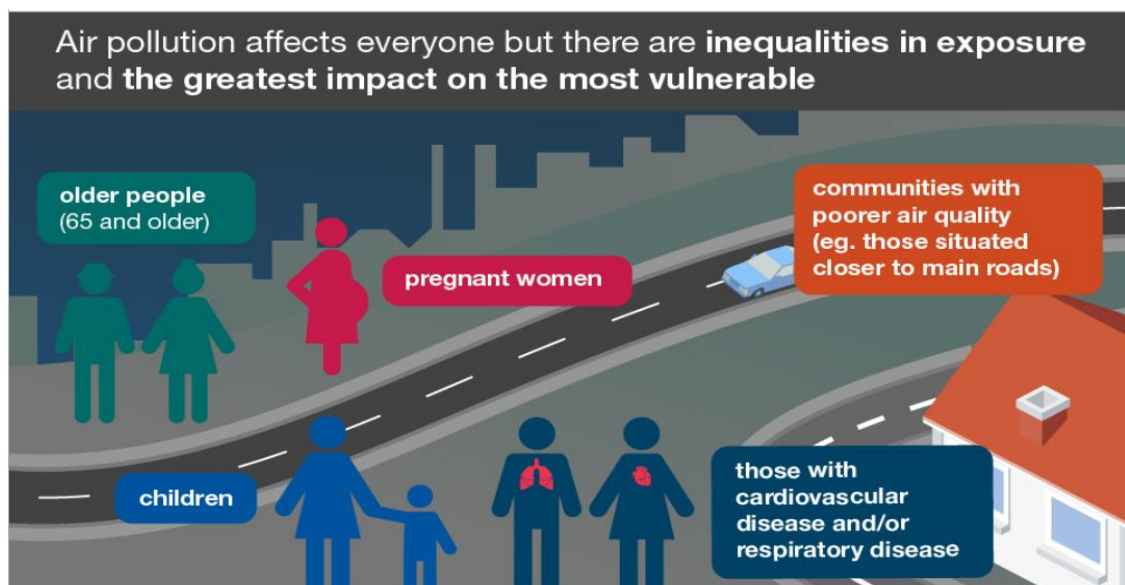


Figure 6: Infographic of demographics more impacted upon by air pollution

Source: [UK Health Security Agency](#)

Air pollution causes and exacerbates cardiovascular, respiratory, and mental health issues. It is estimated that high levels of air pollution contribute towards an annual 40,000 premature deaths in the UK. Air pollution also disproportionately impacts those living in more deprived urban communities with people likely to experience higher exposures including those who live close to busy roads, who are more likely to be in low socioeconomic groups. leading to health inequalities.

People suffering illnesses caused by air pollution may not be able to work, negatively impacting their financial status. Additionally, high rates of illness within a population increase demand for the NHS due to higher patient numbers and associated costs. The increase in NHS activity leads to an increase in carbon emissions, which in turn contributes to air pollution and more illness, placing further demand for NHS services, **i.e., a circular connection between increasing air pollution and increasing poor health, which is felt disproportionately across our population.**

Consequently, working to reduce carbon emissions from NHS activities, along with our local authorities' air quality strategies can deliver a more sustainable and equitable health and care system, as reduced air pollution will reduce the environmental, social, and economic impacts of climate change and assist our wider system aim to reduce health inequalities.

2. Key areas of progress against 2022-2025 Plan

2.1 Workforce and system leadership

- Appointed designated board level net zero leads in ICB and across key NHS system partners.
- Embedded and refreshed Climate Group Governance and reporting processes with provider co-chairs and ICB facilitation to greater empower collaboration.
- Worked collectively as a system to attract £26.6 million funding inwards into the local economy for carbon reduction and greener energy-related projects.
- NHS system provider boards have increased their awareness through NetZero/Sustainability workshops,
- Promotion of Carbon Literacy training, including e learning modules across the system.

For example, MPFT have launched a Greener Training Hub to enhance staff knowledge on sustainability, providing opportunities tailored to role requirements and existing knowledge levels.

- Integrated objectives around carbon reduction into staff appraisals.
- Raising sustainability awareness internally, with service users and communities by participating in campaigns, sustainability days, and sustainability competitions.
- Robert Jones and Agnes Hunt have received external recognition for their solar panel expansions.
- Shrewsbury and Telford Hospital NHS Trust have been shortlisted as finalists for the 'Towards Net Zero' category at the 2025 HSJ Awards, recognising their commitment to sustainable healthcare

2.2 Digital Transformation

- Developed a whole system ICS Digital Transformation Strategy and appointed an ICB Head of Digital to take this forward alongside system Digital partners.
- Increased use of electronic and digital means of communication between partners and patients, replacing letters through systems such as Docman and HybridMail and use SMS messaging.
- Introduced electronic patient record systems.

- Increased the use of technology to enable more staff to work remotely where appropriate, thus reducing the need for travel across the expanse of our county, which has benefits of greater time efficiencies in addition to lowering carbon emissions.

2.3 Medicines

- Trusts have reduced emissions from anaesthetic gases by repairing nitrous oxide leaks, decommissioning unnecessary pipe systems, and replacing them with portable alternatives where appropriate. This has resulted in our key three providers who use nitrous gases being rated as low or extremely low for pure nitrous oxide and extremely low-to-medium for mixed nitrous gases.
- Trusts have eliminated Desflurane from clinical practice.
- The NHS Shropshire, Telford, and Wrekin Medicines Optimisation team has driven notable changes, reducing the high-emission short-acting inhaler prescriptions.
- By 2025, Shropshire, Telford, and Wrekin ranked 10th nationally for the lowest carbon footprint per salbutamol inhaler, with a 25.7% increase in greener inhaler prescribing

2.4 Travel & Transport

- The 2022-2025 Green Plan committed to a fleet of over 90% Low Emission Vehicles (LEVs) by March 2025, with 11% being Ultra-Low Emission Vehicles (ULEVs) or Zero Emission Vehicles (ZEVs).
- The Shrewsbury and Telford Hospital NHS Trust (SaTH) and Robert Jones and Agnes Hunt (RJA) have transitioned to electric fleets and expanded on-site charging infrastructure.
- SaTH's Lift share (staff scheme to share transport) – 556 active members with miles shared saving 529 tonnes CO₂.
- Cycling schemes, though limited in rural areas, have been supported with new cycle shelters at Royal Shrewsbury and Princess Royal Hospital sites.
- Local trusts have introduced salary sacrifice schemes for cycle purchase.
- SaTH has (to date) 38 electronic vehicles on lease (another 19 on order) and 60 bicycle purchases via salary sacrifice.
- Introduced Park and Ride to SaTH hospital sites for patients and staff.

2.5 Estates & facilities

- Locally providers have achieved effective and compliant segregation of waste in line with NHS Clinical Waste Strategy.
- SaTH achieved a reduction in costs of £150k in clinical waste disposal costs, saving 45 tonnes of CO₂e.
- To improve recycling rates, providers have implemented 'Simpler Recycling' and collaborated with waste partners to adopt practices that make energy from waste.
- RJAH identified that their building energy represents around 93% of the Trusts' current carbon footprint and have completed a solar carport project generating 1.256 million annually.
- Locally NHS system providers received £2.874 Wh million in March 2025 to enhance solar energy capacity.
- By replacing boilers with ultra-efficient equipment, for example, RJAH have been able to reduce their gas consumption by up to 1.8million Wh per year.
- Installation of photovoltaic (PV) solar panels at Royal Shrewsbury Hospital.
- Installation of LED lights across multiple sites.
- Improving the insulation, or U-Value, of their buildings so that it takes less energy to reach required temperatures.
- SaTH and RJAH hospital sites have completed Heat Decarbonisation plans with successful funding for implementation.
- Replacing antiquated Building Management Systems (BMS) with smarter controls.

2.6 Procurement

- NHS Shropshire, Telford, and Wrekin ICB have ensured during 2024/25 that all tenders contain the requirements of providers to share their carbon reduction plans and to indicate how they will add social value.
- This extends to wider Primary care commissioning e.g., dental practice in Oswestry and IMOS (Intermediate Minor Oral Surgery).
- Established a single procurement team for Goods and Services which has given benefits of a consistent approach and accelerated progress against the greener procurement Road Map.
- The team has met the System Total Roadmap Green Procurement Challenge to cut supply chain emissions.

2.7 Food and Nutrition

- Collaborative planning an Electronic Meal Ordering system to reduce waste.
- Reviews of how menus across both patient and retail can be made healthier, and lower carbon.
- NHS providers have also phased out single-use plastics in staff canteen and patient catering. Ward plastic cup usage in wards almost halved – 847,000 less in SaTH in 2024.

2.8 Adaption

- Climate change threatens the NHS' ability to deliver essential services, both in the short and long term. As a system we have sought to build resilience and adaptation into both business continuity plans, and longer-term estate planning to adapt to future climate change.
- Shropshire, Telford, and Wrekin system partners are active participants in the Local Resilience Forum for emergency planning. NHS Shropshire, Telford, and Wrekin ICB is a member of the West Mercia Local Resilience Forum (LRF).

2.9 Biodiversity

- SaTH is collaborating with local beekeepers to provide hives at the Shrewsbury site, as well as bat boxes and swift boxes to divert such creatures away from buildings whilst providing space for them to live.
- PRH planted trees and shrubs from the NHS Forest scheme in 2024.
- The Horatio's Garden at RJAH provides a therapeutic space for patients, offering a connection with nature and contributing to their wellbeing.



Figure 7: [Horatio's Garden Robert Jones and Agnes Hunt](#)

3 Greener NHS Building on Existing Plans

As a system, our refreshed 2025 [Shropshire, Telford, and Wrekin Joint Forward Plan](#) has set in place principles for our system transformation which underpin all our work including our Greener NHS Agenda. Whilst authored before both the release of the Green Plan Guidance and the NHS 10-year Plan, **our goals for system transformation are all in line with the fundamental shifts towards a greener, more sustainable healthcare system.** Sustainable healthcare in Shropshire, Telford, and Wrekin focuses on integrating health and social care services to improve access, health outcomes, and financial sustainability. This involves transforming care models, through increased use of digital technologies, strengthening community services, and promoting prevention and early intervention.

The next three years are critical for **this refreshed green plan to build on these ambitions and not be separate from them.** As a system we acknowledge that whilst we have achieved success in areas such as greener inhaler usage, carbon reduction in heating systems, greater use of solar power, LED lighting, we recognise we have more to do in capturing the benefits of clinical projects such as single use items, redesigning pathways of care and increasing our clinical communities involvement in the Greener NHS Agenda.

There are further opportunities to maximise the joint working with Local Authorities on Travel and transport plans as well as reviewing our Adaptation Plans for ongoing climate change. **The ICB has a key role to play in ensuring we create and facilitate opportunities for partner organisations to maximise collective progress.**

Adopting a collaborative approach to both the actions at organisational and system levels will ensure we maximise benefits and realise any financial saving opportunities for the benefit of improved patient care. It will also provide consistency in delivery across partners, which we know is variable across our geography and provide resilience in terms of dedicated expertise in this area as we continue to grow awareness and knowledge across our staff base. **Therefore, our key actions are to identify opportunities in the system where we can share learning, optimise efficiencies, and capitalise on collaborative working.**

They will share the key actions the ICB, and partners will take as well as identifying our areas of collaboration.

4 Key Areas of Focus

The following section addresses our key system actions within the 9 areas of focus within the [Green Plan Guidance](#).

The principles and key areas of focus for each area of focus will be considered and a plan provided in **Appendix A** of the specific areas that will be monitored as system through our climate change group, via providers plans reported annually through contractually and annual reporting requirements.

In recognition of the potential changes in the ICB Blueprint relating to the Green Agenda, a review of the system plan will be undertaken in 6 months' time. This will allow for any refresh to consider changes to ICB legal duties and our new cluster ways of working with Staffordshire and Stoke on Trent ICB.

The action system provided in **Appendix A** complements the detailed action plans which our individual providers have developed in response to the recommendations within the Guidance that specifically relates to Provider Trusts.

Individual provider Green Plans are available as below:

- Shrewsbury and Telford Hospital NHS Trust Green Plan *insert link once published*
- Shropshire Community Health NHS Trust Green Plan *insert link once published*
- Robert Jones and Agnes Hunt Orthopaedic Hospital *insert link once published*
- Midlands Partnership NHS University Foundation Trust - [Green Strategy and Green Plan](#).

4.1 Workforce and leadership

Embedding the principles and philosophy of a greener and more sustainable NHS require **high level system leadership** as well as **informed and empowered staff**, clinical and non-clinical working together to make changes in the way we think about and deliver healthcare across Shropshire, Telford, and Wrekin ICB.

As a system we are compliant with the requirement to have **appointed a board level net zero lead to oversee Green Plan delivery in the ICB and in each individual Trust** Across the ICB we have consistently had 100% reporting regarding the Greener NHS Data Collection which going forward will inform the Greener NHS dashboard. This dashboard will demonstrate quantitative and qualitative improvements made. There is a clear expectation that the named

Board lead and data from the dashboard will continue to be published as part of Annual Plan reporting requirements.

Consequently, of the changes proposed by the Government reset Programme, the role of all ICBs will change. The Model ICB Blueprint makes clear that as strategic commissioners, ICBs will focus on providing system leadership for population health, setting evidence based and long-term population health strategy and working as healthcare payers to deliver this, maximising the value that can be created from available resources. It indicates that responsibilities currently held by ICBs for Green Plans will over time transition to Provider organisations.

Our system is well placed to make this transition as key Green and Sustainability leaders for our Providers are active members of our climate change group and already collectively identify where working collaboratively would achieve greater system benefits. During 24/25 providers have been empowered by the ICB to lead as the chair of the Climate Change Group with support from ICB colleagues.

As a strategic commissioner, a key role will remain in ensuring we continue to **champion and support a Greener NHS** across all key areas of focus described in this plan.

As the timescales for the change in role and functions of the ICB are yet to be formally agreed a 6 month rather than a 12-month review of the Green Plan is scheduled to take place that will allow for revisions based on any known changes to leadership and accountability.

There are mixed levels of operational support attached to implementing the Green Plans in each organisation and it has been identified there may be **opportunities for greater collaborative working** especially regarding the Group model between Shropshire Community NHS Trust and Shrewsbury and Telford NHS Hospital Trust.

Due to our workforce and financial challenges, as a system we have considered carefully **the extent to which we are able to commit to increasing mandatory training modules** across a range of areas including mandating training relating to net zero and carbon literacy. In line with the ambition in the NHS 10 year to reduce mandatory training requirements through streamlining and simplifying training, our local ambition will be to **focus on delivering relevant and impactful learning experiences based on essential to role principles**. It is expected that organisations develop a collective agreement how we identify essential to role which is flexible across an individual's employment.

An example of this may be those individuals who are going to be involved in clinical net zero projects once the clinical leads for organisations have agreed their area(s) of focus for pathway transformation. Non clinically, it may individuals within the procurement team or estate functions

who have not previously accessed training that are identified as key individuals who would benefit from a greater depth of knowledge and understanding.

There are two key programmes of e learning available on the learning Management System, one relating to carbon **literacy** and another programme of 5 modules relating to **Net Zero and clinical examples of sustainability**.

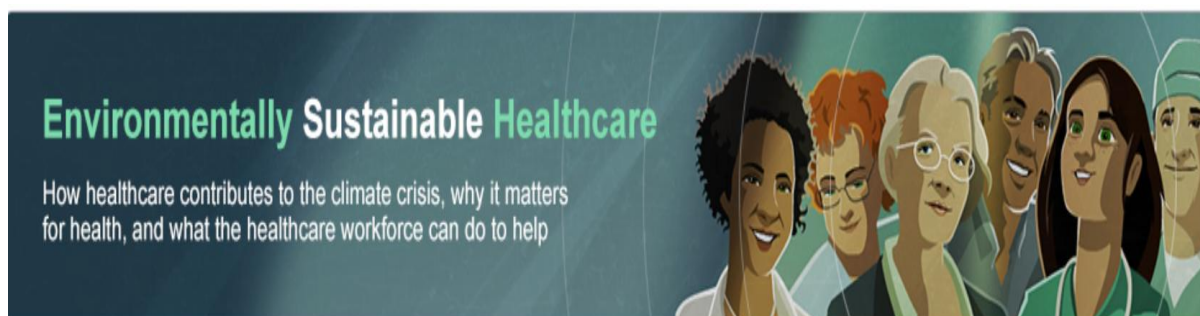


Figure 8: [Environmentally sustainable healthcare](#)

Source: [NHS England](#)

It is expected that all **Senior Responsible Officers and their deputies** have completed and gain **carbon literacy status** through completing the 5 e-learning modules (time commitment 2.5 hours in total) and attendance on a half-day online workshop **by March 2026**. Details of the availability of sessions has been shared across relevant roles during August 2025.

Carbon Literacy for healthcare

Bridging the gap between climate policy and climate action for healthcare staff



Figure 9: [Carbon literacy for healthcare](#)

Source: [NHS Futures](#)

The roles and number of other staff members accessing training via [Greener NHS Training Hub](#) and/or via [e-learning](#) will be captured by providers and reported to the system climate Change Group.

4.2 Net Zero Clinical Transformation

Both our system [Shropshire, Telford, and Wrekin Joint Forward Plan](#) and the [NHS 10 year Plan](#) describe the necessity for a key transformation in the way care is delivered. Locally in Shropshire, Telford, and Wrekin ICB, a range of health care diagnostics are increasingly delivered closer to the patient's home in our **community diagnostic centre** alongside programmes of early intervention and prevention activities within our **Family and Community Hubs**. Sub-acute and rehabilitative care is delivered within the patient's home such as our virtual ward and enablement initiatives.

From a Greener NHS perspective, these initiatives **reduce patient and carer transport requirements** and importantly **reduce carbon emissions**. Alongside our work to further embed our implementation of [Neighbourhood Models of Care](#) this clinical transformation will assist in reducing the staff travel especially related to our rural geography. This mode of care delivery is enhanced through increasing digital technologies and innovations which contribute to reducing the carbon impact of healthcare within pathways of care.

(Refer section 4.3 Digital Transformation for further benefits of this aspect of healthcare transformation).

Clinical leadership will be fundamental to achieving net zero clinical transformation. As required by the refreshed guidance provider organisations have identified key clinical leads and the **ICB have identified clinical leadership from our Chief Nurse**.

It is crucially important that we build a wider understanding throughout our clinical communities about why sustainability is important, what it means for the way we all consume products, the potential for product re-use, recycle, and re-manufacture, and the associated environmental and financial benefits which may arise from making small changes to our clinical practices.

Through the collective senior clinical leadership, **a clinical network will be developed** which will enable the system to collaboratively implement these changes at scale and deliver collective benefits across our population.

To accelerate our journey, there are detailed case studies and resources available via the [Sustainability Quality Improvement \(SUSQI\) Website](#).



**GREEN TEAM
COMPETITION**
CENTRE FOR SUSTAINABLE HEALTHCARE

NHS
Northampton
General Hospital
NHS Trust



An example of this is [Greener PPE](#).

Setting/Patient Group: Trust-wide

BE PPE FREE!

Themes of inappropriate glove and apron use were identified and targeted via an educational campaign promoted via short videos on staff Facebook and WhatsApp groups, posters, Trust homepage, team huddles.



CENTRE for
SUSTAINABLE
HEALTHCARE
improve • empower • transform

[Read the Report](#)

Issue to be addressed:

Personal protective equipment (PPE) use increased over the pandemic, but audits and observation have shown that unnecessary overuse has continued since the pandemic.

Intervention:

Aimed to reduce inappropriate PPE usage by 10% and increase staff's knowledge on appropriate PPE use by 20%.

Figure 10: PPE – an image of the educational campaign for good hand hygiene imagery.

Source: [Greener PPE](#)

1. Baseline observation and surveys used to identify trends of PPE overuse.
2. 10-week education multimedia package to reduce inappropriate PPE usage in clinical environments was developed.

Outcomes:

Clinical

- 4.3% and 22% reduction in inappropriate glove and apron use respectively over 2 months.
- Staff knowledge of correct PPE use increased by 86%. The team expect this will reduce rates of common infections.

Social

- Empowered staff to use PPE appropriately.
- Staff are happier not having to wear PPE when they don't need to.

Environmental

- Projected annual saving 25,974 kgCO₂e.

Economic

- Projected annual saving £23,703. would be saved (£22,686. in purchase costs and £1,016. in waste disposal).

Key learning point

The multimedia education package was extremely successful in showing that PPE can be reduced, with impressive reductions in just 10 weeks.

Locally, in Shropshire, Telford, and Wrekin, providers have begun to explore reduced use of couch roll where clinically not indicated and the introduction of re-useable tourniquets, both of which have been evidenced as ways of delivering greener clinical care.



Sandwell and West Birmingham NHS Trust's project, [Reusable tourniquets: their impact on patients, planet and public purse](#) has shown that whilst a reusable tourniquet is initially higher than a single use tourniquet, it can be used up to 10,000 times. **This results in a carbon footprint that is almost five times lower and savings of almost £200 per tourniquet.** In addition, patient acceptability and experience were also improved.

In addition to incremental changes in the way we use and reuse products, there is more that can be done to **redesign pathways where we know there is high carbon intensity or high volume of patients contributing to increased carbon emissions.**

The NHS Green Plan Guidance identifies the following five key areas:

1. critical and perioperative care
2. mental health
3. urgent and emergency care
4. diagnostic tests and procedures
5. medical pathways, with a focus on acute or long-term conditions such as renal disease, diabetes, or cardiovascular disease

Figure 11: A table with the NHS Green Plan Guidance identifies the following five key areas.

Locally our Hospital Transformation Programme provides key opportunities to reduce carbon emissions across pathways as we transform our Urgent and Emergency Care system.

As evidenced in our [Shropshire, Telford, and Wrekin Joint Forward Plan](#), diabetes care and cardiovascular disease are priorities for transformative pathways spanning primary, community, secondary care and the third sector.

There are **resources available which will accelerate our ability to adopt net zero transformation** across our pathways such as the [Sustainable Healthcare Coalition](#).

Their resources show how by utilising a care pathway approach, it is possible to evaluate the entire patient journey to identify areas where meaningful carbon savings can be made and outline some actions which can be taken towards decarbonisation with a clinical focus.

Additionally, [The Centre for Sustainable Healthcare \(CSH\)](#) has developed a set of principles that can guide healthcare practitioners in creating and embedding low carbon practices when considering service change, reconfiguration and pathway redesigns.

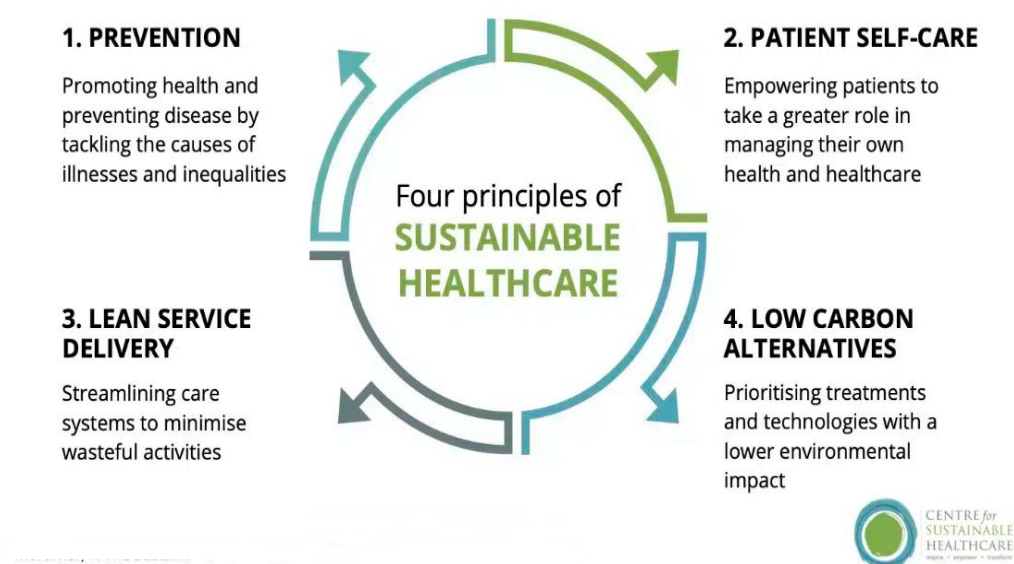


Figure 12: Diagram of the four principles of sustainable healthcare

Source: [The Principles of Sustainable Healthcare — Sustainable Healthcare](#)

The ICB as a **strategic commissioner** has a key role to play in **maximising opportunities to reduce emissions and improve population health** when **planning and commissioning NHS services**.

To **embed these sustainability principles** into our strategic operating model, the requirement to consider and address the four principles of sustainable healthcare above will be **built into the refreshed Integrated Impact Assessment**. Locally our cluster partner ICB, Staffordshire and Stoke on Trent, are developing are developing a **detailed standalone sustainability impact assessment** which we will evaluate and look to adopt for large scale changes.

4.3 Digital Transformation

The 10-year plan with its' emphasis on a shift from analogue to digital is a key accelerator for progress against the greener benefits that digitally enabled care can deliver.

The [Greener Digital Programme](#) is working to empower the NHS to run low-carbon, climate-resilient digital health systems. Greener by Design, a new community of practice will officially launch in 2026/2027. As an ICB we are committed to joining and learning from best practice to build on the work we have already begun in our digital transformation system.

[Shropshire, Telford, and Wrekin ICB Digital Strategy](#) aims to reduce the NHS carbon footprint by minimising paper use, cutting down on travel, increasing energy efficiency, and reducing reliance on physical infrastructure. Table 1 in section 4.3.1 outlines the projects aligned to the green agenda and their Greener Digital Benefits.

We recognise however that expanding digital care delivery can add additional carbon emissions into the system through energy usage and data storage and increased carbon from production costs of technology. To counter this we will as a system embed [What good looks like framework](#) to prioritise sustainability in the procurement, design and management of digital services to meet the objectives of the [Greening government: ICT and digital services strategy](#).

As an ICB we will explore circular devising strategies. Circular devising strategies are about buying fewer new devices, and optimising the resources used in manufacturing already existing devices. The 'device waste hierarchy' indicates that the best use of a device is to extend its life through reuse or repair. From the perspective of reducing waste, reuse or repairing devices is more effective than remanufacturing or recycling due to the embodied carbon and energy used in the latter two processes.

As we transform to digitally enabled care, we will also recognise and seek to address digital inclusion, especially for those sections of society that already experience worse health outcomes. To begin to address this the ICB has led a series of workshops with PCN, Local Authority and Provider organisation colleagues to develop a System Digital Inclusion Plan which is built around the Government's Digital Inclusion Action Plan A key project within this will be re-use / re-opposing of IT equipment alongside digital skills training.

4.3.1 Table 1 Shropshire, Telford, and Wrekin Digital Priorities Mapped to Greener Digital Benefits

Digital Area	Organisation(s)	Greener Digital Benefits
NHS App Adoption	All	Reduces carbon emissions by decreasing printed materials via allowing patients to book appointments, access records, and receive communications digitally.
Patient Engagement Portals – Wayfinder	SaTH, RJA, SCHT, MPFT	Provides real-time, remote access to appointment details and care information. Reduces carbon emissions generated through unnecessary hospital visits and printed letters.
Reasonable Adjustment Digital Flag	ICB	Digitally sharing patient needs across settings avoids duplicate assessments. Reduces carbon emissions from unnecessary travel. Improves coordination of care and ability of individuals to adhere to treatments. Reduce waste and improve patient outcomes
Workforce Digital Skills	ICB	Equip staff to shift from manual/paper-based workflows to digital-first processes, reducing administrative paper consumption and energy from physical documentation. Reduce waste and improve patient outcomes
Electronic Patient Records (EPR)	SaTH, RJA	Replaces paper clinical records and supports end-to-end digital documentation. Reduces waste and carbon emissions associated with printing and physical storage
AI and Robotic Process Automation	ICB	Automates manual processes like referrals and form submissions, reducing printing, scanning, and admin energy consumption. Reduce waste and improve patient outcomes
Remote Monitoring and Virtual Wards	SCHT	Allow patients to be safely monitored at home, avoiding travel to clinics and reducing bed-day energy consumption. Supports ageing-in-place and low-carbon care delivery .
Digital Care Records Across Care Homes	ICB, Partners	Minimises paperwork between providers. Eliminates need for printing MAR charts, assessments, and transport of physical documentation. Reduce waste and improve patient outcomes
Shared Care Record	ICB	Improves information sharing between services, reducing printing of summaries, and eliminating duplicate patient assessments. Supports low-carbon multidisciplinary working.
Population Health Management	ICB	Identifies patients for early intervention, avoiding unnecessary hospital use and reducing emissions from avoidable activity . Enables smarter use of resources.
Federated Data Platform (FDP)	ICB, SaTH	Centralises data storage and analytics, reducing duplication of infrastructure Helps with more efficient resource planning and supply chain management. Reduces carbon emissions and waste.
GPIT – Online Consultations	ICB, Primary Care	Allow patients to submit symptoms and requests remotely without visiting a GP practice. Reduces unnecessary trips, waiting room congestion, and use of paper triage forms. Reduces carbon emissions and waste.

4.4 Medicines

Medicines account for around 25% of NHS emissions. A few medicines account for a substantial portion of these emissions, for example, anaesthetic gases (2% of NHS emissions) and inhalers (3%).

In Shropshire, Telford, and Wrekin there has been significant work in the last three years to reduce our use of piped nitrous oxide with manifolds removed and new builds such as theatres at Robert Jones and Agnes Hunt completed without the addition of piped nitrous oxide. As a system we no longer use the highest polluting anaesthetic gas Desflurane. Our use of bottled nitrous oxide is confined to clinically necessary utilization in podiatry and dentistry.

Our overall regional reduction targets are 19% for pure nitrous oxide and 5% for mixed gases against a 2024/25 baseline. The regional team have developed a rating system of current usage from exceptionally low to extreme and our current position is shared below. At the time of publishing this plan, the system had not been informed of how the regional targets will be apportioned across our region noting that across our region there are systems with very high and extreme uses of both pure and mixed nitrous oxide.

4.4.1 Table 2 Nitrous Oxide Usage	Pure	Mixed
The Shrewsbury and Telford Hospital NHS Trust	Low	Medium
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	Very Low	Very Low
Shropshire Community Health NHS Trust	Very Low	Very Low

Figure 13: [a table for Nitrous Oxide Usage for each provider](#)

Monitoring and Optimising Prescribing

[Delivering a 'Net Zero National Health Service'](#) flagged that inhalers account for 3% of the overall NHS carbon footprint. This is due to the propellants used in metered dose inhalers (MDIs). Safer, lower-carbon alternatives (e.g., dry powder inhalers (DPIs) and soft mist inhalers (SMIs) are clinically safe, available, and deemed more appropriate for many patients. It is important to note that carbon emissions are associated with short-acting beta antagonist inhalers (reliever' or SABA inhalers) and non-SABA inhalers (preventer' inhalers including combination inhalers however the amount of carbon

emissions varies. The figure below illustrates the relative carbon emissions of the different inhaler types.

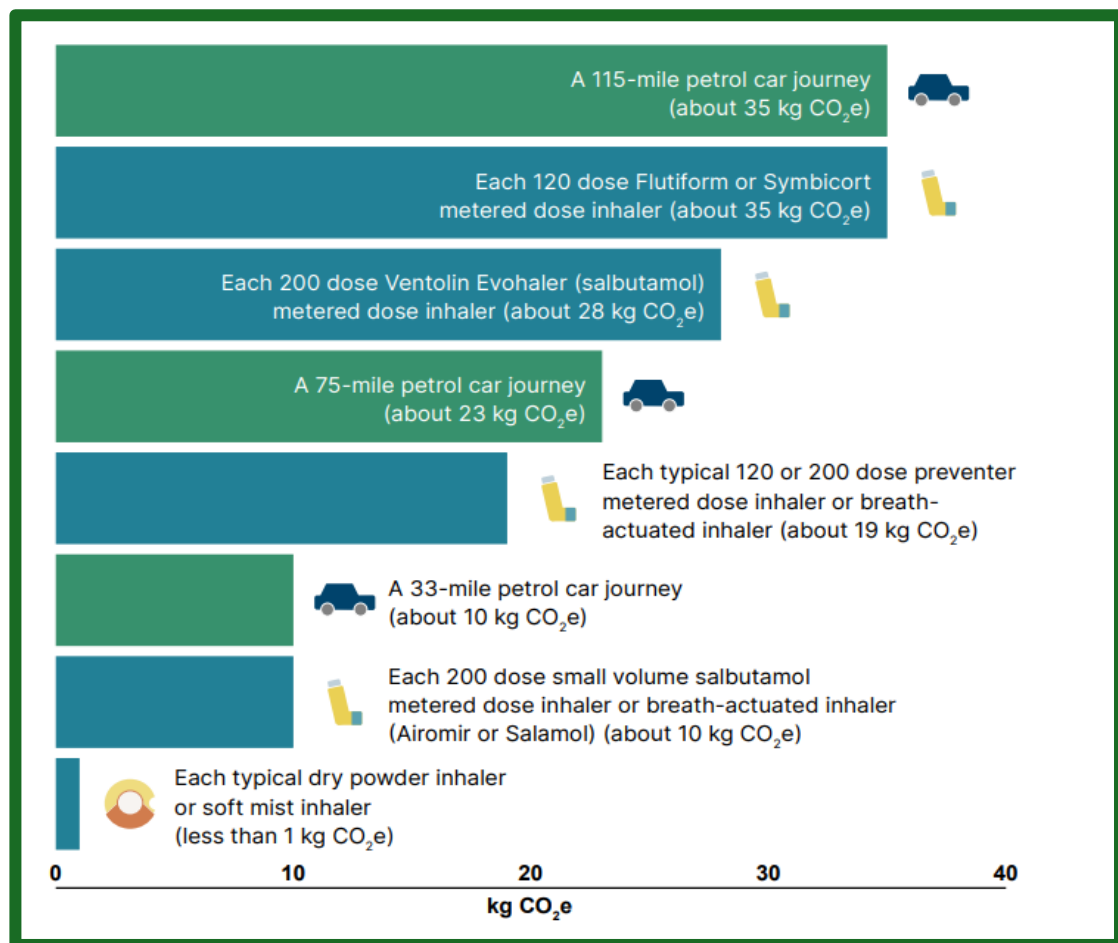


Figure 14: Choosing Greener Inhalers: Impact on our Environment.

Source: [Asthma Patient Decision Aid National Institute for Health and Care Excellence NICE](#)

Through the leadership of the ICB Medicines Optimisation Team the ICB will continue promoting and tracking inhaler prescribing practices through data- specifically the number of metered dose inhalers (MDI) inhalers prescribed as a proportion of all non-SABA inhalers prescribed. The aim is to achieve a reduction in MDI prescribing by focusing on increasing the use of dry powder inhalers (DPIs). Through training and collaborating with clinicians in primary and secondary care settings there are opportunities to reduce carbon impact by improving inhaler techniques and prescribing lower-carbon alternatives, where clinically appropriate.

Figure 15: Image of Think Twice Order Right campaign across Shropshire, Telford & Wrekin

Source: [Think Twice, Order Right - NHS Shropshire, Telford, and Wrekin](#)



Other initiatives include highlighting inhalers in a traffic light system (red, amber, green) rating (clearly displayed on the local formulary) to prescribers during training sessions as well as incorporating prescribing alerts for inhalers with high carbon emissions when initiated to assist prescribers to make more informed decisions about the environmental impact of inhalers when prescribing.

Another area that will be targeted for improvement is aiming for a further reduction in SABA emissions per 1,000 patients by Q4 2026. This will be possible if prescribing aligns with latest Asthma guidelines, which moves away from prescribing SABA as first line inhalers for common respiratory concerns as this should result in fewer SABA prescriptions.

Structured Medication Reviews (SMR)

Structured Medication Reviews (SMRs) are the best tested intervention for reducing problematic polypharmacy (multiple medications) SMRs have been shown to help reduce the number of problematic or unnecessary medicines a patient is taking, with estimates of the reduction between 2.7%³ and 9.9%. These reductions result in less waste and less hospital admissions so have an impact on overall carbon reduction.

However, studies also show that most patients do not understand what an SMR is and receive limited, if any, information to help them understand or prepare for their SMR appointment. In line with our commitment as an ICB to reduce health inequalities we will advocate and support Primary Care and Primary Care Networks to utilise the recently released resources from the Health Innovation Network which provides insights on [improving access to Structured Medication Reviews for seldom-heard communities](#).

Other Greener Medicines Initiatives

As a system we will work collectively to promote the use of the [new Royal Pharmaceutical Society Greener pharmacy toolkit](#). The toolkit provides prompts to introduce more

sustainable practices to reduce emissions, improve patient care, prevent ill health, tackle medicines waste and achieve efficiency savings.

Additionally as a system we are promoting the [Think Twice, Order Right Campaign](#).

The key messages from this campaign for the public relate to: **Staying Well Staying Safe and Staying Green.**

Staying Green can be achieved by only requesting medicines required and reducing waste and advocates safe disposal of medicines via the pharmacy properly to ensure that waste medicines do not pollute rivers and seas.

Inhaler Recycling and Blister Packaging

The potential to introduce recycling schemes for used medicinal products will be a joint system approach and has already begun in relation to inhaler recycling.

4.5 Travel and Transport

The NHS fleet is the second largest fleet in the country, consisting of over 20,000 vehicles travelling over 460 million miles every year. This fleet, combined with the impact of commissioned services and staff travel, directly contributes to the 36,000 deaths that occur every year from air pollution.

The highest travel and transport mode contributor to the NHS Carbon Footprint are emissions from emergency ambulances at approximately 102 kt CO₂e/year.

To address this a [Net Zero travel and transport strategy](#) was published by NHS England in 2023. This strategy outlines the economic, health and societal benefits of decarbonising NHS travel and transport. Electric vehicles reduce greenhouse gas emissions by 70% when compared to their petrol and diesel counterparts (even when charged from the current electricity grid) and do not emit air quality pollutant emissions from the vehicle's exhaust (as shown in Figure 16). Electric vehicles also produce lower noise pollution, particularly at lower speeds. This reduction in greenhouse gas emissions will increase as the carbon intensity of the electricity supplied by the national grid reduces.

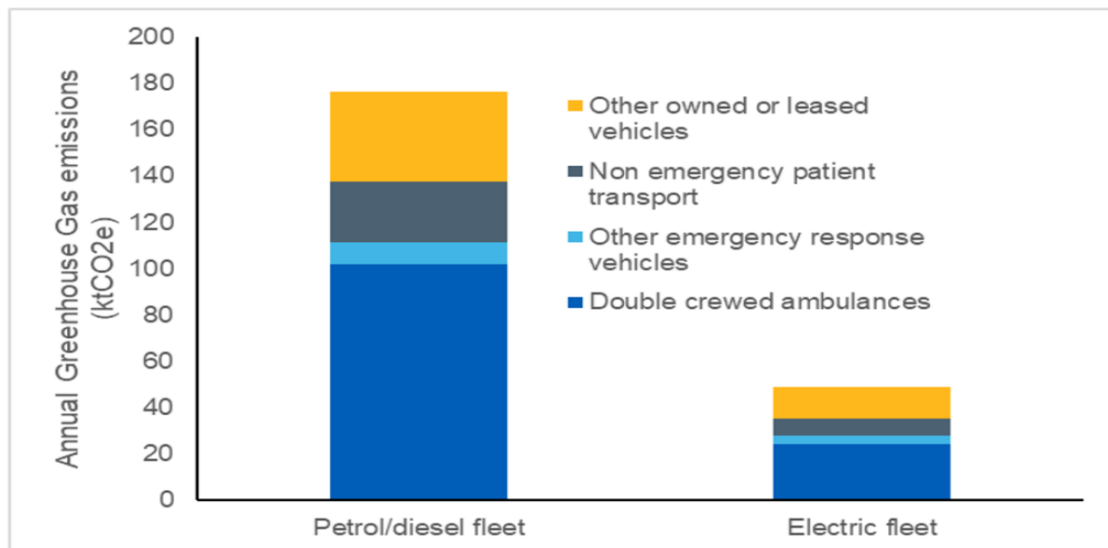


Figure 16: Emissions savings comparison of electric and diesel/petrol vehicles

Source: [Net Zero travel and transport strategy](#)

The NHS will have fully decarbonised its fleet by 2035, with its ambulances following in 2040. West Midlands Ambulance Trust were the first in the country to have an electric response vehicle and have clear plans to decarbonise their fleet with their refreshed [WMAS 2025-2028 Green Plan](#).

The Net zero travel and Transport Strategy sets out key milestones which will mark the transition of NHS travel and transportation:

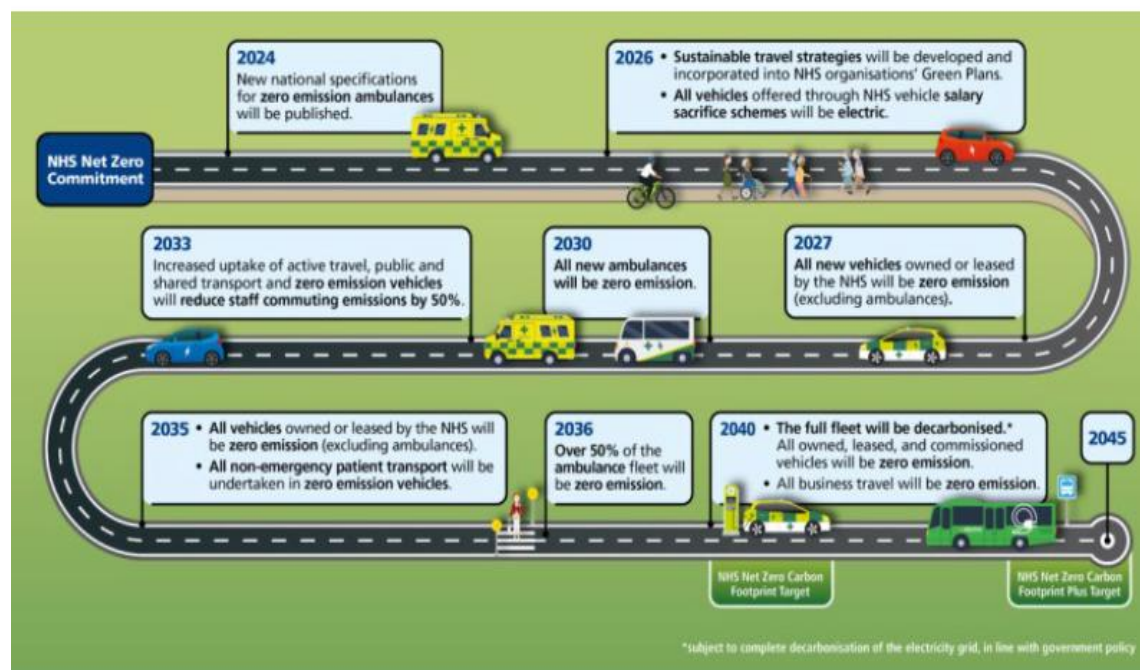


Figure 17: Key milestones for Decarbonisation of Travel and Transformation

Source: [NHS England](#)

As an ICB we will facilitate collaboration across providers to assist in the development of their **sustainable travel strategies** with a focus on assessment of the infrastructure requirements for patients, staff, and the public.

To assist this, we will strengthen our **strategic partnerships** with local authorities to maximise funding and infrastructure opportunities. The Transport Act 2000 requires all Highway Authorities to produce a Local Transport Plan (LTP). These plans address active travel, public transport, and developing the infrastructure to support changing travel demands such as the increased need for EV charging and grid requirements.

As a system we recognise the limitations to green travel that a rural and sparsely populated geography such as ours presents. However, there is a real commitment to greener travel from both our local authorities and we will expand on how we can support our staff and public to make use of greener modes of transport in commuting to our sites alongside the expansion of care within our neighbourhoods and digitally enabled care. Reference [Shropshire's Local Transport Plan](#) and [Telford and Wrekin Local Transport Plan](#).

Our third priority will focus on **Sustainable procurement** through integrating the purchasing of zero emission vehicles into procurement practices and where possible that vehicles which are part of lease schemes are aligned with the roadmap targets and interim milestones. We will require the ICB and our providers to undertake equity impact assessments of their salary sacrifice lease schemes to ensure we balance accessibility to the scheme with benefits from the scheme.

4.6 Estates and facilities

Our Estate has a significant role in reducing our Scope 1 emissions and organisations within our system have made huge progress with reducing our direct emissions burden. by installing photovoltaic (PV) solar panels, replacing lighting for LEDs, replacing boilers and associated equipment with ultra-efficient alternatives, improving to buildings and pipework.

This is in line with the four-step approach to decarbonise the NHS estate by 2040.



Figure 18: Four-step strategy for decarbonization, focusing on energy efficiency and renewable energy includes indicative numbers to illustrate the scale of the challenge to decarbonise the NHS estate by 2040. These are not actual.

Source: [Estates 'Net Zero' Carbon Delivery Plan](#)

The Shropshire, Telford, and Wrekin Infrastructure (Estate) Strategy 2024 to 2034 has been refreshed in September 2025. The refreshed priorities, objectives and enablers of our system estate strategy reflect the 10 year [Government Infrastructure Strategy](#) published in June 2025 namely developing infrastructure that is fit for purpose, fairer, greener, resilient, innovative and digitally enabled. The commitment to the principles of the decarbonisation of NHS estate remains in line with the four-step approach shared in figure 18. Notable changes relate to partnering with Great British Energy to increase NHS solar generation and the government's intention to explore where and how Public Private Partnerships and other different private finance models can be used for public sector estates decarbonisation projects. Locally SaTH and RJA have been successful in securing public sector decarbonisation funds to address their decarbonisation plans. Shropshire Community NHS Trust are currently receiving support from the Midlands Net Zero Hub to formulate their heat decarbonisation plans and the ICB will work with NHS regional colleagues to assist in exploring bidding for further inward investment for

decarbonisation projects going forward once further information is released about the new sources of monies.

The proposed group model between Shrewsbury and Telford Hospital NHS Trust and Shropshire Community NHS Trust further enables collaborative efforts to maximise opportunities, especially relating to funding bids with Shropshire Community Trust building on the extensive work undertaken over the last three years by Shrewsbury and Telford Hospital Trusts which has secured significant inward greener NHS funding bids

Our local estate strategy recognises that as a system we have challenges with ageing and non-compliant estate. It also recognises that our rural geography creates accessibility and colocation challenges and that our population and housing growth places further demand on primary care and community services. Therefore, whilst we seek to streamline estate, we acknowledge that our existing estate will require us to update and rebuild over the next 10 years. As a system we will commit to achieving as a minimum the net zero building standards to develop in an affordable way which aligns with greener principles.

The [NHS Net Zero Building Standard](#) provides technical guidance to support the development of sustainable, resilient and energy efficient buildings that meet the needs of patients now and in the future. The mandatory standard applies from October 2023 to all investments in new buildings and upgrades to existing facilities that are subject to HM Treasury business case approval, and those that were at pre-strategic outline business case approval stage on that date.

In the immediate short term, the ICB will work to identify opportunities to support primary care estates decarbonisation, such as through the [Boiler upgrade scheme](#) where eligibility criteria is met. We will also work with our general practices to share resources. An example of this is our greener posters with QR codes to available resources that we will share at protected learning events and via other channels across our system.

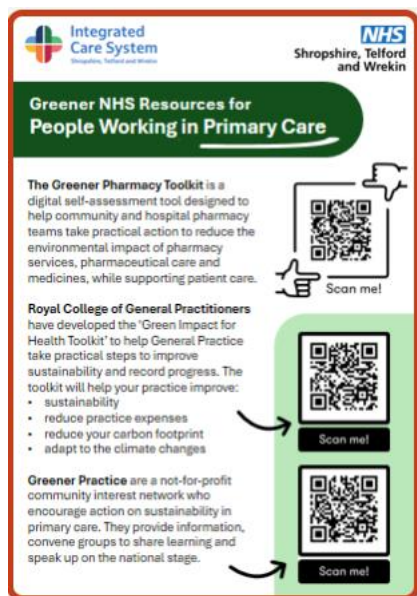


Figure 19: the image outlines several Greener NHS Resources for People Working in Primary Care, focusing on initiatives aimed at improving sustainability and reducing environmental impact within healthcare.



Figure 20: The image for Greener Practice in Asthma Care, focuses on reducing the environmental impact of asthma treatment, by addressing the carbon footprint associated with inhalers.

Longer term, through our cluster arrangements with Staffordshire and Stoke on Trent ICB we seek to learn from and participate in their proposals to partner with Keele University and the student led projects, working on Primary Care. It is proposed one will focus on exploring decarbonisation options for Primary Care estate and the other on adaptation to identify what and where impacts of prolonged extreme weather events will have on Primary Care estate and the wider integrated care system. Staffordshire and Stoke on Trent ICB have identified that the outputs will help feed into developing a programme of work for Primary Care and demonstrate the potential for building on workforce resilience and career pathways in sustainability within the NHS for both universities and promoting the different career paths, as well as undertaking research, feasibility studies and carbon audits of service areas.

4.7 Supply Chain and Procurement

Over 66% of the total NHS Carbon Footprint sits within the supply chain, therefore, suppliers and procurement will play a pivotal role in reducing our emissions.

To ensure a better quality of life now and for future generations, we need to look seriously at the way we use the earth's resources, operate our businesses, and live our lives. A sustainable approach recognises the broader impacts of our actions and aims to minimise any adverse effects.

Following publication of the Delivering Net Zero National Health Service report, NHS England published the Net Zero Supplier Roadmap to help suppliers align with our net zero ambition between now and 2030. The key steps and milestones in this Roadmap are illustrated in 4.7.1 (figure 21).

STW ICB in its' role as a Strategic Commissioner recognises the impact of its purchasing and procurement decisions on the regional economy and the positive contribution it can make to our net zero goals.

[Our ICB Procurement Policy](#) supports this plan in accordance with NHS England guidance when selecting providers and completing due diligence assessments.

From April 2024 a tired approach to Carbon Reduction Plans (CRP) has applied:

- a) A full Carbon reduction plan will be required for procurements of high value (£5m per annum exc. VAT and above) and new frameworks, irrespective of the contract, where relevant and proportionate to the framework.
- b) A Net Zero Commitment will be required for procurements of lower value (below £5m per annum exc. VAT and above £10k exc. VAT)

As an ICB we are committed to ensuring we applying the [NHS Social Value Playbook \(July 2025\)](#) to drive environmental, social and economic benefits through procurement. The playbook emphasises the flexibility of including Fighting Climate Change as a core requirement to the contract deliverables or as social value theme for suppliers to deliver above and beyond the core offer. The ICB will utilise its role through contract management to ensure that commitments in contracts are delivered so the benefits of greener procurement are realised in our system.

As system leaders we will support and engage with collaborative opportunities such as:

- Setting up quarterly meetings between procurement team members from ICB and system partners to share ideas, developments, and successes.
- Engage and work with local suppliers, where possible within current rules, to reduce delivery mileage.

4.7.1 NHS Net Zero Supplier Roadmap

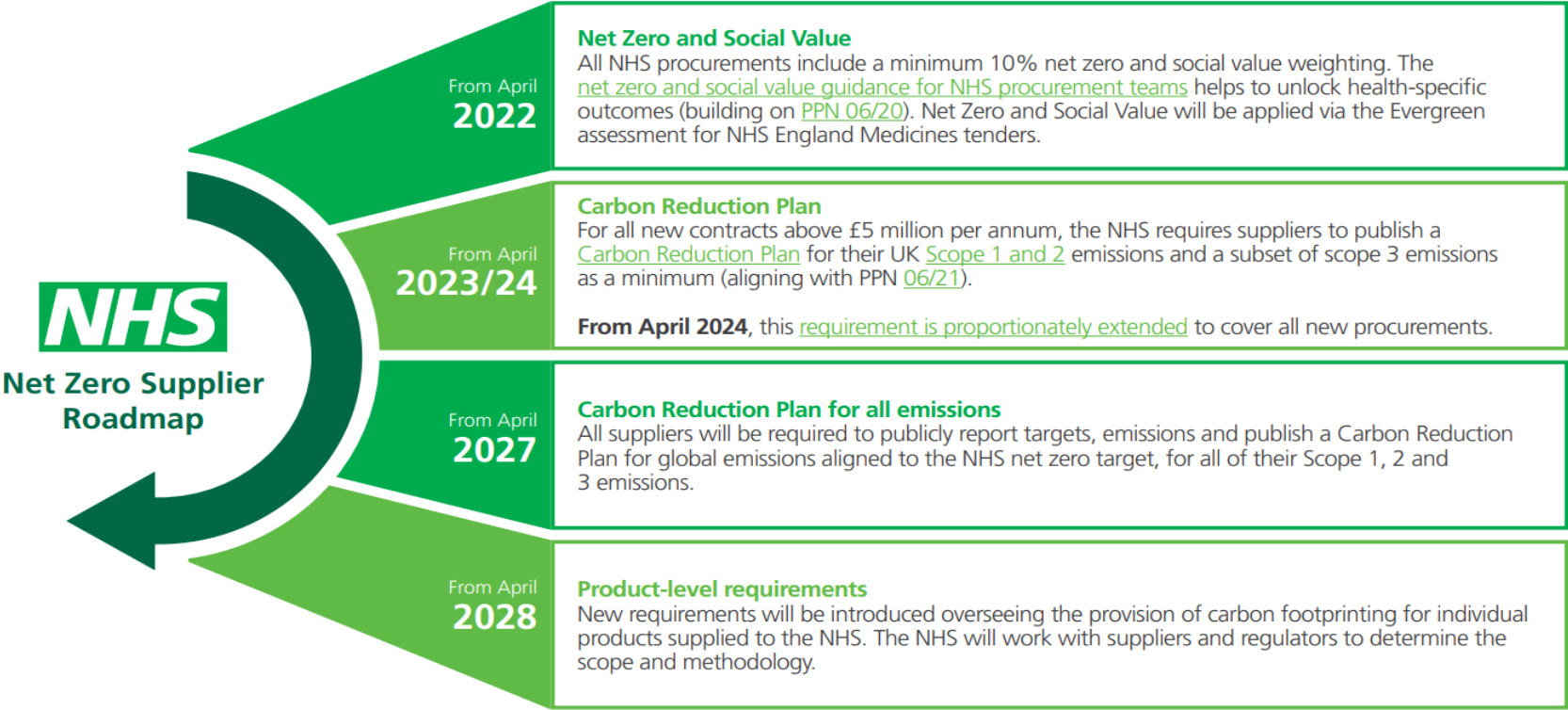


Figure 21: Actions required to achieve ‘Net Zero’

Source: [Greener NHS](#)

4.8 Food and Nutrition

The refreshed guidance does not require our system plan to address this area, however as an ICB we will support through leadership and collaboration the trust requirements relating to implementing the [National standards for healthcare food and drink](#), which requires NHS organisations to deliver high-quality, healthy and sustainable food and minimise waste. Key actions for our NHS Provider Trusts are to measure food waste in line with the [Estates Returns Information Collection \(ERIC\)](#) and set reduction targets. They are also required to consider opportunities to make menus healthier and lower carbon by supporting the provision of seasonal menus high in fruits and vegetables and low in heavily processed foods.

4.9 Adaptation

The latest [Met Office's State of the UK Climate](#) annual publication shows that the UK has been warming at a rate of approximately 0.25 degrees C per decade since the 1980s. Extreme temperatures are becoming more frequent and more intense, sea level rise is accelerating, winters are getting wetter, there is a longer leaf-on season and a reduction in frost days by around a quarter since the 1980s. Globally data from [World Health Organisation](#) indicates temperature and precipitation changes enhance the spread of vector-borne diseases. Without preventive actions, deaths from such diseases may rise.

As a result of climate change, extreme weather events such as flooding, drought, and overheating are only expected to increase and intensify. Climate change induces both immediate mental health issues, like anxiety and post-traumatic stress, and long-term disorders due to factors like displacement and disrupted social cohesion. Air pollution increases respiratory and cardiac issues as well as contributing to certain cancers.

Cumulatively these impacts are likely to lead to increased pressure on emergency departments and on the system's healthcare services, as well as having the potential to disrupt local infrastructures, transportation of goods and services and supply chains. It is vital that our ICS enhances its resilience in the face of these risks. Whilst our ambition to achieve net zero via reducing our carbon emissions as an NHS will assist in mitigating the risks and effects of climate change and severe weather conditions on our functions, it is also necessary to build resilience into our systems via adaptability plans.

Mitigation

Action to reduce emissions that cause climate change



Adaptation

Action to manage the risks of climate change impacts

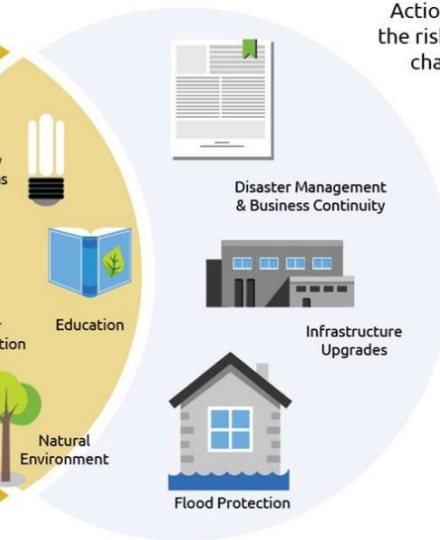


Figure 22: [Mitigation and Adaptation](#)

Source: [Presentation Greener NHS](#)

This includes plans to mitigate the effects of flooding and heatwaves on the organisation's infrastructure, patients, and staff across sites identified as being at risk. More than any area, this relies on multi-agency action. Local Authorities have developed a key focus on the more significant areas of flooding in Shropshire, Telford, & Wrekin. Current plans include:

- Identifying actions that will reduce the likelihood and consequences of flooding.
- Improve resilience, which is the capacity of people and places to plan for, better protect, respond to, and to recover from flooding, while informing the delivery of existing flood programmes.
- Work in partnership to explore wider resilience measures – including nature-based solutions, property flood resilience and sustainable drainage systems.
- Plan and adapt to a changing climate through developing longer term, adaptive approaches.
- Developed the Flood Plan Explorer to support these plans.

Source: [Severn River Basin District Flood Risk Management Plan 2021 to 2027](#)

Nature recovery delivers wide-ranging ecological, economic and health and wellbeing benefits, which interconnect and overlap. For example, providing green space in urban areas helps to lower temperatures in towns and cities, delivers cleaner air, improves people's mental and physical health, and provides wildlife with an important steppingstone between habitats. Shropshire Council and Telford & Wrekin Council are working in partnerships to develop a Local Nature Recovery Strategy to ensure a joined-up approach to nature recovery across the area. The draft [Shropshire and Telford & Wrekin Local Nature Recovery Strategy](#) (LNRS) has been published. The LNRS will help to inform how and where public and private funds are directed to restore and connect nature-rich areas in the future. It will also help guide decision-making around land use, biodiversity, and natural flood management.

As STW ICB we fully recognise the need to work with our partners at system and particularly place level to adopt shared goals and plans on adaptation. Our Emergency Planning and Resilience Leads have a role to play in this adaptation planning, and our West Mercia Local Resilience Forum is a key forum for developing a shared approach across partners on longer term adaptability planning. This would build on the proven track record of managing climate events such as flooding and significant snow fall that seasonally and more frequently impacts on care provision across our geography. In ensuring regional resilience to climate change, the ICS acknowledges that some of the actions may require the use of additional resources, which could potentially increase the systems carbon footprint. Finding a balance between mitigation and adaptation is therefore fundamental to achieving the long-term sustainability of the ICS.

5. Governance

Oversight of climate-related matters is embedded within our system of governance. NHS Shropshire, Telford, and Wrekin Board are supported by relevant committees, which receive updates on sustainability, climate risks, and progress against our net zero commitments. Operational responsibility for delivering the climate and sustainability agenda sits with a designated executive lead and is supported by a multi-agency Sustainability Group.

This group will coordinate and monitor the delivery of the Shropshire, Telford, and Wrekin Integrated Care System Green Plan (2025–2028), facilitating collaboration across NHS providers and local authority partners. Individual providers are required to hold action plans for their organisational specific milestones and actions. This system plan draws together the achievements from the last plan and our collective commitments and opportunities for collaboration as a system.

In year, the progress of providers plans will be collaboratively shared via the System Climate change group where the climate change group reports to and then reports to Board levels. Annually progress will be reported via the Annual Plan requirements.

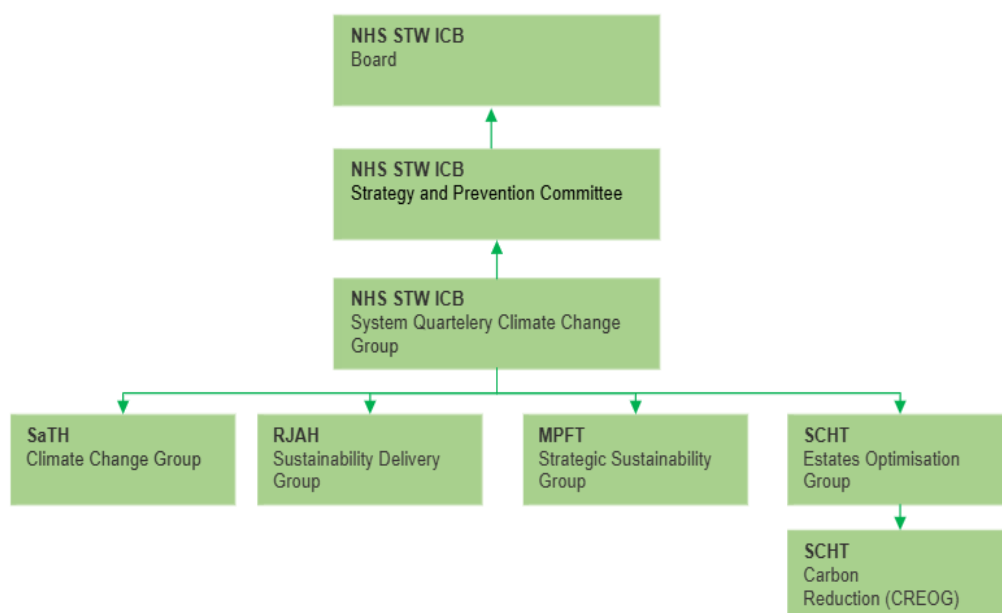


Figure 23: Image of the STW ICS Governance Structure

Since the publication of the refreshed Guidance, there have been significant Government announcements including the Government Rest which has signaled a transition of the Green Agenda from ICBs to Providers over time. This plan is constructed with a future vision of the System Climate Change Group assuming full responsibilities collaboratively as providers.

The foundations for this are in place with the Climate Change Group co-chaired by experienced Green Leads from Shrewsbury and Telford Hospital NHS Trust and Robert Jones and Agnes Hunt NHS Foundation Trust.

6. Equality Statement

This plan has clearly identified the positive impact on reducing health inequalities that achieving net zero will deliver. During the preparation and implementation of specific programmes of change related to the initiatives described within this plan, Shropshire, Telford, and Wrekin ICB are committed to taking appropriate steps to prevent discrimination based on sex, racial or ethnic origin, religion or belief, disability, age, or sexual orientation. Accessibility for people with disabilities will be considered during the development and implementation of the Green Plan. All projects will show via integrated impact assessments that they have examined the impact of funded activities on groups with protected characteristics under the Equalities Act 2010 and under the duties to reduce Health Inequalities as National Health Services Act 2006 and amended by the Health and Care Act 2022:

7. Communications

Effective implementation of sustainable healthcare requires system-wide engagement, participation, and collaboration. Therefore, we celebrate our Green Plan successes and encourage engagement from all our staff and community.

We will seek to work with our system communication leads to develop and implement a communications plan for the system Green Plan, which aligns with partner programmes and builds a movement behind the Green Plan activities.

This plan will develop in line with our scheduled deliverables and potential methods of communication with our staff and patients, and the wider community are listed below:

- Dedicated ICS Green Plan web page for the public to be kept updated.
- Monthly Green Plan posts on social media channels.
- Information sharing within the ICS communications leads group.
- Updates within regular email bulletins to system stakeholders.
- Updates within ICS internal staff email bulletins.
- Bespoke communications around key sustainability awareness days.
- Annual updates on Green Plan progress.

Acronym

Acronym	Definition
CO2e	CO2e accounts for carbon dioxide and other gases such as ethane and nitrous oxide
DPI	Dry Powder Inhaler
EPR	Electronic Patient Records
GHG	Greenhouse Gases
ICB	Integrated Care Board
ICS	Integrated Care System
MPFT	Midlands Partnership NHS Foundation Trust
MS	Microsoft
NICE	National Institute for Clinical Excellence
pMDIs	Pressurised Metered Dose Inhalers
PV	PhotoVoltaic (Solar panels that convert the Sun's energy into useful electrical power)
QIPP	Quality, Innovation, Productivity and Prevention
REGO	Renewable Energy Guarantees of Origin
RJAH	The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
ROI	Return on Investment
SATH	The Shrewsbury & Telford Hospital
SC	Shropshire Council
SCHT	Shropshire Community Health NHS Trust
SM	Salmeterol
STW CCG	Shropshire, Telford & Wrekin Clinical Commissioning Group
TW	Telford & Wrekin Council
WMS	West Midlands Ambulance Service
Wh	Watt-hour

Appendix A

Reference	Action	Measure of Progress	Target Date
Workforce and Leadership (WL)			
WL1	All organisations to maintain compliance with: • Named Board level lead. • Report annually on progress of delivery of green plans, to their board and publish this in their annual report, including actions taken and planned, with quantitative progress data. • Complete NHS Data Collection	Annual reporting via contractual process and Greener NHS Submission (Quarterly)	May 2026 and recurring
WL2	Undertake an analysis of operational support for delivery of this green plan and to future proof for devolving Green Plan to providers as per for ICB model blueprint.	Report with recommendations/options for improved collaborative system roles presented to System Transformation group and to future proof change of ICB functions. Implement agreed recommendations / options	December 2025 February 2026
WL3	All organisations to achieve an increase in percentage of staff who have accessed training Greener NHS Training Hub and/or via e-learning modules. Organisations should identify essential roles as target staff population recognising 10-year plan ambition to reduce mandatory training. Senior leads / SRO for Greener NHS should complete free carbon literacy training in addition to e modules to gain Carbon Literacy Status	Completion of baseline assessments of training access / completion of essential to role staff Set targets for increase at individual provider/ ICB level. Deliver evidence of increase. No of senior staff. SROs who have completed training	March 2026 April 2026 April 2027 October 2026

Reference	Action	Measure of Progress	Target Date
WL4	Ensure ongoing relevance of the plan to monitor progress towards net zero ambitions	Initial 6-month review of System Green Plan Actions, via face-to-face workshop, then 12 monthly thereafter.	April 2026 and then annually for duration of the Plan
Net Zero Clinical Transformation (NZCT)			
NZCT1	All organisations identify clinical lead for net zero clinical transformation.	Lead shared within Provider Plans Lead identified for the ICB	October 2025
NZCT2	Ensure that consideration of greener NHS and sustainability principles are considered when reviewing impacts of new proposals across the ICB via completion of sustainability screening questions in revised IIA process / form.	Revised IIA form including refreshed Sustainability impact screens is launched and in use across ICB.	December 2025
	Audit of review of completeness of screening section for Greener/ Sustainable NHS and report of findings to Climate Change Group in relation to Strategic Decision making in ICS Provider organisations to review internal business case proposals to ensure sustainability screening is built into paperwork	A copy of the audit will be taken to the Climate Change Group Individual providers complete audit of internal processes and develop associated action plan.	September 2026 December 2025
NZCT3	Introducing a network of Net Zero clinical champions.	Active clinical network established.	January 2026
	Task network with completing quality improvement project(s) in the clinical area(s) that focus on a measurable reduction in emissions, with co-benefits for outcomes and quality of care, efficiency and reducing healthcare inequalities. There is guidance	Number of pathways focus on reducing emissions. Clear evidence of reduction in healthcare inequalities in chosen clinical area e.g., evidence of narrowing health outcomes utilising STW Health inequalities dashboard.	September 2026 March 2028

Reference	Action	Measure of Progress	Target Date
	provided in 5 key areas within the NHS Greener Guidance Refresh.		
NZCT4	Adopt and embed clinical practices that incorporate lower emissions through ceasing use of single use items and or reduce unnecessary clinical waste. This will support work to reduce emissions across patient pathways, spanning primary, secondary and community care and the third sector.	Reports to System Climate Group on a regular basis of adoption of greener clinical practices and evidence of collaboration across providers to standardise practice across the ICS including involvement of primary care. Quantitative measure of savings / reduction in items used because of greener practice.	Commence Q4 2025/26
Digital Transformation (DT)			
DT1	All system partners actively contribute to the implementation of the Digital Inclusion Plan to maximise participation in our digital transformation as a system.	% of individuals utilising transformed digital pathways disaggregated by key demographics of age, deprivation and ethnicity reported via internal performance reporting and included in Schedule 2N	Commencing August 2025 and ongoing
DT2	STW ICS to join the Community of Practice for Greener Digital Programme; to enable collaborative work, sharing of best practice.	Evidence of active contribution and two ways of sharing best practice in reporting templates to Climate Change Group	Quarterly at Climate change Group
DT3	Supported by the Digital Maturity Assessment embed What good looks like framework to prioritise sustainability in the procurement, design and management of digital services to meet the objectives of the Greening government: ICT and digital services strategy	Reporting by System Digital Group Lead to Climate Change group on a 6 monthly basis	Commence November 2025 with fully embedded by March 2028

Reference	Action	Measure of Progress	Target Date
Medicines (M)			
M1	Achieve the targets (to be set by Regional NHSE) in relation to Nitrous gases	Emissions (tCO2e) and volume (litres) of nitrous oxide by trust Trusts and systems (aggregate of trust data) Greener NHS dashboard Emissions (tCO2e) and volume (litres) of nitrous oxide and oxygen (gas and air) by trust Trusts and systems (aggregate of trusts Greener NHS dashboard	First review March 2026 then Quarterly there after
M2	Reduce the carbon impact of inhalers (total impacts - SABA & Non-SABA), demonstrating year in year reduction through promotion of greener prescribing guidelines. To include targeted Primary care support for implementation of Asthma Guidelines.	Average inhaler emissions per 1,000 patients Systems (aggregate of primary care data) Greener NHS dashboard Mean emissions of Short-acting beta-2 agonist (SABAs) inhalers prescribed Greener NHS dashboard Systems (aggregate of primary care data) % of non-SABA inhalers that are MDIs Systems (aggregate of primary care data) Greener NHS dashboard Evidence of guidelines in prescribing formulary. Evidence of attendance at General Practice Protected Learning Events.	First review March 2026 then Quarterly there after December 2025
M3	Reduce medicine wastage through the Think Twice Order Right Campaign and other campaigns in line with National medicines optimisation opportunities 2024/25	To be monitored as per individual programme implementation plan KPIs and reported to Climate change Group via Medicines Optimisation reporting Template	November 2025 and on going
M4	Introduce a system wide inhaler recycling scheme	Evidence of scheme set up and spread of venues	July 2026

Reference	Action	Measure of Progress	Target Date
Travel and Transport (TT)			
TT1	All organisation to offer only ZEVs in salary sacrifice schemes.	Trusts and systems (aggregate of trust data) Greener NHS dashboard	December 2026 onwards (for new lease agreements) Enter new lease arrangements for zero-emission vehicles only from December 2027 onwards.
TT2	Develop a sustainable travel plan, to be incorporated into the green plan (including sustainable travel-related schemes for staff including park and ride options with Local Authorities. Plan should include evidence of working with Local Authority transport schemes	Plan presented to Climate Change Group	December 2026
Estates and Facilities (EF)			
EF1	System Partners to refresh and review decarbonisation plans, with additional support for those who have yet to implement key decarbonisation plans	Emissions from fossil-fuel-led heating sources Trusts and systems (aggregate of trust data) Number of oil-led heating systems Trusts and systems (aggregate of trust data) Greener NHS dashboard	Remove all oil primary heating systems by 2028. Phasing out of all existing fossil-fuel primary heating systems by 2032
EF2	Engage with General Practice colleagues to promote Greener NHS agenda and maximise opportunities to support primary care estates decarbonisation, such as through the Boiler upgrade scheme	Number of protected learning time sessions attended by HI team (for general Practice subset of Primary Care) Number of applications to boiler scheme	Commence November 2025 and ongoing throughout plan.

Reference	Action	Measure of Progress	Target Date
		Number of primary care practices who qualify and then successfully apply for Boiler Upgrade scheme	
EF3	Support practices to comply with the requirements within the Simpler Recycling policy (DEFRA).	Evidence of engagement with General Practice of requirements and resources to assist Evidence of compliance GP practices disposal of a clinical waste as offensive waste (tiger bags)	Minimum of 60% of clinical waste as offensive waste by 2026 70% by January 2028
EF4	Commission new build / refurbishments in line with net zero standards	Evidence of compliance shared at Climate Change Group	Ongoing as per capital and infrastructure strategies
Supply Chain and Procurement (SP)			
SP1	ICB contracts to ensure all suppliers compliant with requirement to publicly report targets, emissions and publish a Carbon Reduction Plan for global emissions aligned to the NHS net zero target, for all their Scope 1, 2 and 3 emissions.	Via Contract Review Meetings and included in Contract KPIs	From April 2027
SP2	New requirements will be introduced overseeing the provision of carbon foot printing for individual products supplied to the NHS as part of procurement process.	The NHS will work with suppliers and regulators to determine the scope and methodology. This action will be further updated on plan refresh in 2026.	From April 2028
SP3	To report ongoing compliance with previous Net Zero roadmap requirements: - From April 2022: All NHS procurements include a minimum 10% net zero and social value weighting. - From April 2023: for all new contracts above £5 million per annum, the NHS requires suppliers to publish a Carbon Reduction Plan for their UK Scope 1 and 2 emissions and a subset of scope 3	Confirmation via reporting template in Climate Change Group Quarterly by Goods and Services Procurement Leads	November 2025 and quarterly thereafter

Reference	Action	Measure of Progress	Target Date
	emissions as a minimum (aligning with PPN 06/21) From April 2024: proportionately extended the Carbon Reduction Plan requirements to cover all new procurements.		
Adaptation (A)			
A1	System EPRR leads to formulate a comprehensive, long term climate adaptation plan including how we improve climate resilience of local sites and services, including digital services, The use of the NHS Climate Change Risk Assessment (CCRA) tool is advocated for this plan .	Completed Plan	March 2026
A2	Ensure compliance with provisions within the NHS adaptation provisions within the NHS Core Standards for emergency preparedness , resilience and response (EPRR) and the NHS Standard Contract to support business continuity during adverse weather events	Included within plan for Action A1 Monitoring of inclusion in business continuity plans via contractual processes. Evaluation and learning feedback post events triggering Business Continuity plans relating to environmental causes	March 2026 March 2026 Ongoing as they occur
A3	Ensure system level plans for severe weather events demonstrate how we work in partnership with emergency response colleagues and others to identify interdependencies between services and the necessary mutual aid requirements to prevent service disruption	Evidence of plans and Local resilience forum discussions Evaluation and learning feedback post events triggering system level severe weather plans	March 2026 Ongoing as they occur
A4	Monitor changes in vector-borne diseases because of climate change to provide more accurate advice on where and when the	Linked to UKHSA monitoring.	Ongoing

Reference	Action	Measure of Progress	Target Date
	likely hotspots in the region will be, and what to do if affected.		