Hope Citadel Health Care CIC

Net Zero and Carbon Reduction Policy

Policy owner: Executive Management Team
Responsible executive: Executive Management Team
Approval body: Executive Management Team
Policy version: 1.0
Date of approval: October 2026
Review date: October 2027
Policy period: 2026–2029, with longer-term targets to 2038 and 2045

1. Policy Statement

Hope Citadel Health Care Community Interest Company (CIC) recognises that climate change, environmental degradation and air pollution have direct and indirect consequences for public health, health inequalities and the delivery of safe, effective and sustainable healthcare.

As a healthcare provider operating 11 general practices across Greater Manchester within the NHS, Hope Citadel Health Care is committed to reducing the environmental impact of its operations and contributing to the NHS ambition to achieve a net zero health service. As a healthcare organisation, we have a responsibility to minimise the environmental impact associated with the delivery of healthcare while maintaining safe, effective and accessible services.

We recognise that delivering sustainable healthcare requires action across our buildings, energy consumption, transport, procurement, clinical services, waste management, digital services and workforce practices.

Hope Citadel Health Care has already taken steps towards reducing its environmental impact through electric vehicle and cycle-to-work schemes, solar photovoltaic panels at two premises, extensive installation of LED lighting throughout its buildings and greener inhaler prescribing across all practices. This policy builds on those achievements and establishes a structured programme of further carbon reduction.

We also recognise that Hope Citadel Health Care does not own or directly control all the premises from which it operates. We will therefore distinguish between actions within our direct control and improvements that require collaboration with landlords, property owners, NHS partners, suppliers and other stakeholders.

Our approach will be proportionate, evidence-based, financially responsible and consistent with our duty to provide safe, accessible and high-quality healthcare.

2. Purpose

The purpose of this policy is to:

1. Establish Hope Citadel Health Care's commitment to net zero and environmental sustainability.
2. Align the organisation's activities with NHS England's net zero framework and the NHS Greater Manchester Green Plan 2025–2028.
3. Establish a baseline for measuring carbon emissions across our operations.
4. Set realistic, measurable carbon reduction targets and delivery dates.
5. Assign responsibilities for implementing and monitoring carbon reduction measures.
6. Reduce energy consumption, emissions from transport, waste and procurement, and other avoidable environmental impacts.
7. Encourage staff, patients, suppliers and property partners to contribute to sustainable healthcare.
8. Ensure that sustainability is considered in operational planning, procurement, estates management and clinical decision-making.

3. Scope

This policy applies to:

- All 11 general practices operated by Hope Citadel Health Care.
- All employees, directors, contractors and temporary staff working on behalf of the organisation.
- Premises owned, leased, rented or otherwise occupied by the organisation.
- Vehicles owned, leased or used for organisational business.
- Goods, services, equipment, medicines and other supplies purchased by the organisation.
- Clinical and administrative activities that contribute to the organisation's environmental footprint.
- Relevant partnerships with landlords, NHS organisations, suppliers and other service providers.

The policy covers direct emissions, emissions associated with purchased energy and significant indirect emissions arising from the organisation's activities.

Where emissions cannot be measured accurately at the outset, we will establish proportionate methods of data collection and improve the quality of our reporting over time.

4. Strategic Alignment

This policy will be implemented in accordance with the following frameworks and guidance.

4.1 NHS England net zero commitments

NHS England's *Delivering a Net Zero National Health Service* framework establishes the national ambition to achieve net zero for emissions directly controlled by the NHS by 2040, and for emissions influenced through the wider NHS Carbon Footprint Plus by 2045.

Hope Citadel Health Care will contribute to these ambitions by reducing emissions associated with its buildings, energy use, travel, procurement, clinical services and supply chain.

4.2 NHS Greater Manchester Green Plan 2025–2028

The NHS Greater Manchester Green Plan sets out regional ambitions to achieve net zero for emissions directly controlled by the system by 2038 and for emissions it can influence by 2045.

Hope Citadel Health Care will align its local action plan with the Green Plan's priorities, including:

- Workforce engagement and system leadership.
- Net zero clinical transformation.
- Climate change adaptation.
- Digital transformation and innovation.
- Travel, transport and air quality.
- Estates and facilities.
- Medicines.
- Supply chain and procurement.
- Waste reduction, nature and environmental sustainability.
- Governance, accountability and progress reporting.

We will engage with NHS Greater Manchester and relevant primary care partners to support consistent approaches to carbon reporting, shared learning and implementation.

4.3 Greater Manchester primary care sustainability resources

We will use relevant guidance and resources from the Greater Manchester Primary Care Provider Board, including its sustainability resources for general practice and its *10-step plan to greener primary care*, where applicable.

These resources will help practices identify proportionate, practical measures that can be implemented in day-to-day primary care.

4.4 Procurement and supplier requirements

Hope Citadel Health Care will consider the NHS Net Zero Supplier Roadmap and applicable NHS procurement requirements when purchasing goods, services and works.

We will assess the environmental credentials of suppliers proportionately, encourage carbon reduction plans where appropriate, and consider whole-life costs, durability, repairability, reuse and waste reduction when making purchasing decisions.

5. Organisational Carbon Footprint

Hope Citadel Health Care will establish and maintain an organisational carbon footprint covering its significant sources of emissions.

We will use the Greenhouse Gas Protocol principles and applicable NHS or UK Government emissions conversion factors to ensure that reporting is consistent and transparent.

5.1 Scope 1 – Direct emissions

Scope 1 emissions arise from sources directly owned or controlled by the organisation, where applicable. These may include:

- Fuel used by company-owned or controlled vehicles.
- Natural gas and other fuels burned in boilers or heating systems controlled by the organisation.
- Refrigerant leaks from air conditioning or refrigeration equipment under our operational control.

5.2 Scope 2 – Purchased energy

Scope 2 emissions arise from purchased electricity, heating or cooling consumed by the organisation.

We will collect electricity and gas consumption data for each practice wherever available, including sites where energy is recharged by a landlord.

We will record on-site renewable generation at the two premises with existing solar panels and seek to understand the electricity generated, consumed on site and exported, where the data are available.

5.3 Scope 3 – Other indirect emissions

Scope 3 emissions arise from activities in our value chain. Significant categories may include:

- Purchased goods and services.
- Medicines, medical consumables and clinical equipment.
- Waste disposal and recycling.
- Business travel and staff commuting.
- Water supply and treatment.

- IT equipment and digital services.
- Building-related emissions where these are not captured in Scope 1 or 2.
- Supply chain and contracted services.

We will prioritise the Scope 3 categories that are most material to our organisation and improve our data over time.

We will not claim that the organisation has achieved net zero solely through purchasing renewable electricity, implementing individual environmental projects or offsetting emissions. Our priority will be actual emissions reduction.

6. Carbon Reduction Targets

The following targets are proposed as achievable organisational targets. They are intended to translate the NHS and Greater Manchester ambitions into practical steps for Hope Citadel Health Care and do not represent separate statutory targets imposed on the company.

A reliable organisational baseline is not yet available. During the first six months of implementation, the Sustainability Lead will establish the baseline, assess data quality and recommend any necessary adjustment to targets for Board / EMT approval.

6.1 Proposed targets

Area	Target	Deadline
Carbon reporting	Establish a carbon footprint covering all 11 practices, with identified data gaps and a documented baseline	April 2027
Energy management	Reduce weather-adjusted energy consumption by 5% against the 2026/27 baseline at sites where consumption can be measured and influenced	March 2028
Energy management	Achieve a 10% reduction in weather-adjusted energy consumption against the 2026/27 baseline at sites where consumption can be measured and influenced	March 2030
Renewable energy	Assess the feasibility of solar PV, renewable electricity procurement and other low-carbon energy measures at all suitable sites	March 2028
Estates	Review energy performance and identify priority improvements across all 11 premises, including landlord-controlled buildings	September 2027
Transport	Maintain and promote the EV and cycle-to-work schemes, with annual monitoring of participation	Annually
Travel	Establish a staff commuting and business travel baseline and implement a travel reduction plan	September 2027

Waste	Establish a waste baseline and improve segregation, recycling and prevention of avoidable waste at all practices	March 2028
Procurement	Incorporate proportionate environmental considerations into all relevant new purchasing and contract review processes	March 2028
Workforce	Appoint a sustainability contact at each practice and deliver annual sustainability communications or training	March 2027, then annually
Clinical sustainability	Deliver at least one measurable sustainability improvement project across the organisation each year	Annually from 2027
Climate resilience	Complete a climate resilience assessment of all 11 practice locations and identify priority actions	March 2028
Governance	Report progress to the Board at least annually, with a documented action plan and revised priorities	Annually

For energy targets, the baseline will be normalised for relevant factors, including weather, floor area, operating hours and material changes in service delivery, where appropriate. Sites where Hope Citadel Health Care has limited control will be reported separately rather than excluded without explanation.

6.2 Longer-term ambitions

Hope Citadel Health Care will work towards:

- **2030:** Demonstrable progress in reducing emissions across controlled operations and priority indirect emissions, supported by annual carbon reporting.
- **2038:** Contributing to the NHS Greater Manchester ambition for net zero emissions directly controlled by the system.
- **2040:** Supporting the national NHS ambition for net zero emissions directly controlled by the NHS.
- **2045:** Supporting the NHS ambition for net zero emissions across the wider value chain and emissions influenced through goods and services.

These are system-level ambitions, not a claim that Hope Citadel Health Care can independently guarantee net zero by those dates. Our longer-term pathway will be refined as baseline data, national guidance, funding opportunities and landlord arrangements become clearer.

7. Policy Commitments and Operational Requirements

7.1 Energy and buildings

Hope Citadel Health Care will continue to improve the energy efficiency of its premises, building on the existing solar installations and extensive LED lighting.

We will:

- Collect electricity and gas consumption data for all 11 practices.
- Review energy bills, meter arrangements and landlord recharging arrangements.
- Introduce simple energy-saving procedures, including switching off non-essential lighting and equipment.
- Review heating and cooling schedules to avoid unnecessary energy consumption while maintaining safe clinical conditions.
- Identify opportunities to improve insulation, heating controls, ventilation and building fabric.
- Consider renewable electricity tariffs and on-site renewable generation where technically and commercially appropriate.
- Assess the feasibility of further solar PV installations, including ownership, lease arrangements, roof condition, planning and grid connection.
- Work with landlords to include energy efficiency improvements in maintenance and refurbishment programmes.
- Consider energy efficiency and carbon impacts when entering into new leases, renewing existing leases or relocating services.

Where Hope Citadel Health Care does not control a building or its energy systems, the organisation will seek the cooperation of the building owner or managing agent. Requests and responses will be documented, and unresolved barriers will be escalated to the appropriate senior manager.

7.2 Sustainable travel and transport

Travel is an important area for carbon reduction, staff wellbeing and improved air quality.

Hope Citadel Health Care will:

- Continue to promote the existing electric vehicle and cycle-to-work schemes.
- Encourage walking, cycling, public transport and car sharing where practical and safe.
- Review staff business travel and commuting patterns.
- Encourage virtual meetings where they are appropriate and do not compromise clinical quality or patient experience.
- Consider electric vehicles when replacing vehicles used for organisational business.
- Assess the feasibility of EV charging at premises, working with landlords where necessary.
- Support flexible and digitally enabled working where operationally appropriate.
- Avoid unnecessary travel between sites through better scheduling and coordination.

Travel changes must not create barriers to accessing care or disadvantage staff or patients who cannot reasonably use public transport, cycle or walk.

7.3 Procurement and supply chain

The organisation will consider environmental sustainability throughout its purchasing and contract management processes.

We will:

- Incorporate proportionate environmental considerations into procurement decisions.
- Consider product durability, repairability, reuse, recycling and packaging.
- Reduce avoidable single-use items where clinically safe and compliant with infection prevention requirements.
- Engage suppliers on environmental performance and carbon reduction plans where relevant.
- Consider local or regional supply options where these offer an appropriate combination of value, quality, resilience and environmental benefit.
- Review the environmental performance of key contracts as part of routine contract management.
- Ensure that carbon reduction measures do not compromise clinical safety, quality or value for money.

We will monitor relevant NHS supplier requirements as they evolve, including requirements expected to apply from April 2027.

7.4 Medicines and clinical sustainability

Hope Citadel Health Care will promote clinically appropriate, lower-carbon models of care.

We will:

- Support evidence-based prescribing and medicines optimisation.
- Reduce avoidable medicines waste through appropriate prescribing, repeat prescription management and patient education.
- Review inhaler prescribing and technique where clinically appropriate, including consideration of lower-carbon inhaler options when suitable for the individual patient.
- Support prevention, early intervention and self-management where these improve patient outcomes and reduce avoidable healthcare demand.
- Promote remote consultations where clinically appropriate, while maintaining accessible face-to-face care for patients who need it.
- Consider the environmental impact of clinical pathways where this can be assessed without compromising quality or safety.
- Share learning from successful sustainability projects across the 11 practices.

Clinical decisions will always be based on patient need, clinical effectiveness, patient preference, safety and equitable access. Carbon reduction will not override appropriate clinical care.

7.5 Waste, recycling and resource use

Hope Citadel Health Care will work towards preventing avoidable waste and improving resource efficiency.

We will:

- Review waste contracts and available waste data.
- Ensure clinical, offensive, domestic and recyclable waste streams are correctly segregated.
- Reduce avoidable printing and paper use where digital alternatives are accessible and appropriate.
- Encourage reusable items where safe, practical and compliant with infection prevention requirements.
- Improve staff awareness of waste segregation and disposal procedures.
- Review stock management and ordering practices to minimise expired medicines, unused consumables and unnecessary packaging.
- Work with landlords and waste contractors to improve recycling provision where required.

7.6 Water and nature

Where practical and proportionate, Hope Citadel Health Care will:

- Monitor water use where data are available.
- Report and address leaks promptly.
- Consider water-efficient fittings during maintenance and refurbishment.
- Support small-scale biodiversity improvements at suitable premises, with permission from property owners.
- Consider planting, green space and access to nature where these support staff and patient wellbeing.

7.7 Climate change adaptation and resilience

As a healthcare provider, Hope Citadel Health Care must also prepare for the effects of climate change, including heatwaves, flooding, severe weather and disruption to utilities or supply chains.

We will:

- Assess the exposure of all 11 practices to relevant climate-related risks.

- Review business continuity arrangements for severe weather, heat and flooding.
- Consider overheating, ventilation, shading and safe working conditions.
- Ensure that arrangements exist for protecting medicines, vaccines, equipment and clinical records during relevant disruptions.
- Consider the needs of older people, people with long-term conditions and other vulnerable patients during extreme weather.
- Coordinate with landlords and relevant NHS partners on resilience improvements.

8. Estates Ownership and Landlord Responsibilities

Hope Citadel Health Care recognises that responsibility for energy consumption and building improvements may be divided between the organisation, landlords, property owners and managing agents.

For each practice, we will maintain an estates sustainability record covering:

- Property ownership and tenure.
- Responsibility for heating, lighting, maintenance and building fabric.
- Electricity and gas meter arrangements.
- Availability of energy consumption data.
- Existing solar PV and energy efficiency measures.
- Known building constraints and planned refurbishment works.
- Potential improvements and indicative costs.
- Landlord engagement, agreed actions and outstanding issues.

We will distinguish between:

1. **Directly controlled actions:** Measures that Hope Citadel Health Care can implement itself, subject to normal approvals.
2. **Joint actions:** Measures requiring agreement or investment from landlords, property owners or other partners.
3. **Externally controlled actions:** Measures dependent on third-party decisions or wider infrastructure.

The organisation will prioritise low-cost and no-cost improvements within its control, while developing proposals for larger investments and seeking external funding or landlord contributions where available.

9. Governance and Responsibilities

9.1 Board of Directors

The Board will:

- Approve this policy and significant revisions.
- Appoint an executive sponsor and Sustainability Lead.
- Review progress against targets at least annually.
- Consider sustainability in strategic decisions, investment proposals and organisational risk management.
- Ensure that appropriate resources are available for priority actions.
- Review significant barriers to implementation, including landlord constraints and funding requirements.

9.2 Executive sponsor

The nominated executive sponsor will:

- Provide leadership and oversight.
- Ensure that sustainability is integrated into operational planning.
- Support cross-organisational collaboration.
- Escalate significant risks and resource requirements to the Board.

9.3 Sustainability Lead

The Sustainability Lead will:

- Coordinate implementation of the action plan.
- Establish and maintain the organisational carbon footprint.
- Collect data from practice managers, finance, estates and procurement.
- Monitor progress against targets.
- Coordinate sustainability communications and staff engagement.
- Liaise with NHS Greater Manchester and primary care sustainability networks.
- Prepare an annual sustainability report for the Board.

9.4 Practice managers

Each practice manager will:

- Nominate a sustainability contact.

- Support the collection of energy, waste and other relevant data.
- Implement agreed local energy and waste reduction measures.
- Promote sustainable travel and staff engagement.
- Identify opportunities and barriers specific to the premises.
- Report progress and any significant issues to the Sustainability Lead.

9.5 Finance, procurement and estates leads

Relevant managers will:

- Provide available expenditure, utility and contract data.
- Incorporate sustainability into purchasing and estates decisions.
- Identify potential savings and investment opportunities.
- Support engagement with landlords and suppliers.
- Ensure that carbon reduction proposals are considered alongside affordability, safety and service continuity.

9.6 All staff

All staff are expected to:

- Follow relevant environmental procedures.
- Avoid unnecessary energy and resource use.
- Segregate waste appropriately.
- Consider sustainable travel options where practical.
- Identify opportunities to improve environmental performance.
- Participate in relevant training and improvement activities.

10. Implementation Action Plan: 2026–2029

The following phased plan translates the policy into specific tasks and deliverables.

Phase 1: Establish the foundations — October 2026 to March 2027

Objective: Establish governance, baseline information and immediate improvements.

Action	Responsible role	Deadline	Measure of completion

Approve the policy and appoint an executive sponsor and Sustainability Lead	Board	December 2026	Policy approved and roles confirmed
Nominate a sustainability contact at each of the 11 practices	Practice managers	January 2027	11 contacts nominated
Create an estates register recording ownership, tenure, energy arrangements and existing sustainability measures	Estates / Operations Lead	January 2027	All 11 sites recorded
Collect available electricity and gas data for the previous 12 months	Finance / Estates Lead	February 2027	Data collected or gaps documented for each site
Record solar generation data where available for the two existing installations	Estates Lead	February 2027	Generation and consumption data recorded where accessible
Gather available waste, business travel and fleet information	Sustainability Lead / Finance	February 2027	Initial dataset completed
Establish the first organisational carbon footprint and identify significant data gaps	Sustainability Lead	March 2027	Baseline report completed
Issue staff guidance on switching off equipment, heating controls, waste segregation and sustainable travel	Sustainability Lead / Practice Managers	March 2027	Guidance circulated across all practices

Phase 2: Implement priority improvements — April to September 2027

Objective: Convert baseline information into practical carbon reduction projects.

Action	Responsible role	Deadline	Measure of completion
Complete a site-by-site energy review for all 11 practices	Estates / Operations Lead	June 2027	11 site reviews completed
Identify the highest-energy-consuming sites and prioritise improvement opportunities	Sustainability Lead	June 2027	Prioritised energy action list

Contact landlords or property owners regarding energy data, heating controls, insulation and other improvements	Operations / Estates Lead	July 2027	Relevant landlords contacted and responses logged
Establish a staff commuting and business travel baseline	HR / Sustainability Lead	September 2027	Travel baseline and proposed actions documented
Review waste arrangements and recycling provision at all practices	Practice Managers / Operations Lead	September 2027	Waste review completed
Complete a climate resilience assessment for each site or document the plan and timetable for completion	Operations Lead	September 2027	Initial risk register established
Review procurement processes and identify contracts where environmental criteria can be incorporated	Procurement / Finance Lead	September 2027	Procurement improvement plan approved

Phase 3: Deliver and evaluate improvements — October 2027 to March 2028

Objective: Demonstrate measurable progress and embed sustainability into normal operations.

Action	Responsible role	Deadline	Measure of completion
Implement priority low-cost energy-saving measures at sites under the organisation's control	Practice Managers / Operations Lead	December 2027	Actions completed and recorded
Assess renewable electricity options and the feasibility of additional solar PV	Estates / Finance Lead	December 2027	Options appraisal completed
Review EV and cycle-to-work scheme participation and identify opportunities to improve uptake	HR / Sustainability Lead	December 2027	Annual participation report
Deliver at least one clinical or operational sustainability improvement project	Clinical Lead / Sustainability Lead	March 2028	Project completed with measured outcomes
Establish a waste reduction and recycling improvement programme	Operations Lead	March 2028	Programme implemented

Complete the first annual carbon reduction progress report	Sustainability Lead	March 2028	Report presented to the Board
Assess performance against the proposed 5% energy reduction target	Sustainability Lead / Finance	March 2028	Baseline comparison and explanation of variance

Phase 4: Consolidate and expand — April 2028 to March 2029

Objective: Build on the first year's results and plan for longer-term investment.

Action	Responsible role	Deadline	Measure of completion
Update the carbon footprint using the latest available data and emissions factors	Sustainability Lead	June 2028	Updated footprint completed
Review progress against all policy targets and revise actions where needed	Executive Sponsor / Sustainability Lead	September 2028	Updated action plan approved
Incorporate agreed sustainability improvements into lease renewals, refurbishments and property planning	Operations / Estates Lead	Ongoing	Sustainability considered in relevant decisions
Review supplier environmental information and identify priority supply chain improvement opportunities	Procurement / Finance Lead	December 2028	Priority supplier actions documented
Repeat the climate resilience assessment where significant risks or site changes have arisen	Operations Lead	December 2028	Updated risk register
Deliver a further annual clinical or operational sustainability improvement project	Clinical Lead / Sustainability Lead	March 2029	Measurable improvement reported
Review the energy reduction trajectory and progress towards the 2030 target	Board / Sustainability Lead	March 2029	Board review completed

11. Performance Monitoring and Reporting

Hope Citadel Health Care will monitor progress against the policy through an annual sustainability dashboard.

The dashboard will include, where data are available:

- Total electricity and gas consumption.
- Estimated Scope 1, Scope 2 and material Scope 3 emissions.
- Carbon emissions by practice and by source where practicable.
- Energy consumption per square metre or another suitable normalised measure.
- Renewable electricity generation from existing solar installations.
- Staff participation in EV and cycle-to-work schemes.
- Business travel and commuting information.
- Waste volumes and recycling performance.
- Procurement and supplier sustainability measures.
- Completion of planned sustainability actions.
- Climate resilience actions and significant outstanding risks.

The Sustainability Lead will review available data at least quarterly where practical, with a formal report submitted to the Board at least annually.

The annual report will identify achievements, missed targets, data limitations, financial implications, landlord dependencies and priorities for the following year.

Where performance is below target, the report will include corrective actions, revised deadlines and the person responsible.

12. Financial Considerations

Carbon reduction measures should be assessed in terms of their environmental benefits, financial costs, operational feasibility and contribution to patient care.

Hope Citadel Health Care will prioritise:

1. No-cost and low-cost measures that reduce energy and resource consumption.
2. Measures with clear financial savings or short payback periods.
3. Improvements that can be incorporated into planned maintenance and refurbishment.
4. Collaborative projects with landlords, NHS partners and other organisations.
5. Larger capital investments where a credible business case and suitable funding are available.

Potential investment in solar PV, building controls, heating systems, insulation and EV charging will be subject to feasibility assessment, approval processes and funding availability.

The organisation will monitor relevant NHS, local authority and other funding opportunities, without assuming that funding will be available until confirmed.

13. Staff Engagement and Communication

Staff engagement is essential to delivering practical and sustained carbon reduction.

Hope Citadel Health Care will:

- Provide accessible sustainability guidance to staff.
- Share examples of successful initiatives across the 11 practices.
- Encourage staff suggestions and local improvement projects.
- Recognise the contribution of sustainability contacts and practice teams.
- Incorporate sustainability into induction and relevant training.
- Communicate progress and achievements to staff and, where appropriate, patients and partners.
- Staff will be encouraged to contribute ideas without creating unnecessary administrative burdens or compromising clinical responsibilities.

14. Risk Management and Exceptions

- Implementation of this policy must not compromise patient safety, infection prevention, clinical effectiveness, confidentiality, accessibility or continuity of care.
- The organisation recognises that delivery may be affected by:
- Incomplete energy or emissions data.
- Landlord restrictions or limited control over premises.
- Capital funding constraints.
- Changes in NHS policy or reporting requirements.
- Availability of suitable low-carbon technologies and suppliers.
- Service changes, practice relocations or variations in clinical demand.
- These risks will be recorded and reviewed through existing governance and risk management arrangements.
- Where an action cannot reasonably be completed by its target date, the responsible manager must document the reason, identify any interim measures and propose a revised deadline.

15. Policy Review

- This policy will be reviewed annually, or sooner if required by significant changes to NHS policy, legislation, organisational operations, estate arrangements or carbon reduction requirements.
- The review will consider:
- Progress against targets.
- Updated carbon footprint information.
- Changes to NHS England and NHS Greater Manchester guidance.
- Lessons learned from implementation.
- New funding opportunities and technology.
- Changes in property ownership, leases or operational control.
- Emerging climate risks and resilience requirements.
- The Board will approve any material changes to the policy or its long-term targets.

Approval

This policy is submitted for approval by the Hope Citadel Health Care CIC Board of Directors.

Approved by: _____

Role: _____

Date: _____

Next review date: October 2027

Appendix A: Annual Sustainability Dashboard

The Sustainability Lead will maintain the following summary dashboard for Board review.

Indicator	Initial position	Target / review frequency
Practices included in carbon reporting	To be established	All 11 practices by April 2027
Practices with estates sustainability records	To be established	11 by January 2027

Practices with nominated sustainability contacts	To be established	11 by January 2027
Electricity and gas consumption	Baseline to be established	Annual monitoring
Energy consumption reduction	Baseline to be established	5% by March 2028; 10% by March 2030, where consumption can be influenced
Solar generation data	To be established for two existing installations	Annual review where available
EV and cycle-to-work participation	Baseline to be established	Annual review
Staff travel baseline	To be established	September 2027
Waste and recycling baseline	To be established	Initial review by September 2027
Procurement sustainability review	To be established	Relevant new procurement and contract reviews
Sustainability improvement projects	To be established	At least one annually
Climate resilience assessments	To be established	All 11 practices by March 2028
Annual Board sustainability report	To be established	At least annually

Appendix B: Key Reference Documents

NHS England, *Delivering a Net Zero National Health Service* and associated Greener NHS guidance.

NHS England, *Green plan guidance* (updated May 2025).

NHS Greater Manchester, *Green Plan 2025–2028*, version 1.1, July 2026.

Greater Manchester Primary Care Provider Board, *Sustainability* resources and *10-step plan to greener primary care*.

NHS England, *NHS Net Zero Supplier Roadmap* and applicable carbon reduction plan requirements.

Greenhouse Gas Protocol, *Corporate Accounting and Reporting Standard*.

UK Government greenhouse gas reporting conversion factors, updated annually.

The policy should be read alongside relevant organisational policies for procurement, estates, waste management, business continuity, infection prevention, clinical governance and risk management.