

Emissions Summary Report

**Name:**

Greenwich Health Limited

Reporting Period:

1st April 2025 to 31st March 2026



www.mcgradyclarke.com

Written by:

Caroline Kelly

Sustainability Analyst

caroline.kelly@mcgradyclarke.com

Reviewed by:

Anna McKenzie

Lead Carbon Consultant

anna.mckenzie@mcgradyclarke.com

Version 1.0 • 16 July 2026

Produced by McGrady Clarke Group Ltd.

Contents

1. Executive Summary..... 3

2. Background 4

3. Breakdown of Results 5

 3.1. Scope 1..... 5

 3.2. Scope 3..... 5

 3.3. Hotspots Emissions 6

4. Carbon Reduction Plan 8

 4.1. Planned Emissions Reduction Measures: 10

5. Methodology and Data Quality 11

6. Conclusion 12

7. Next Steps 12

List of Figures

Figure 1 Distribution of Scope 3 Emissions (tCO₂e) 6

Figure 2 Top 5 Surveyed Employee Commuting Transport Modes by Distance and Emissions 7

Figure 3 Distribution of Emissions per Service 7

Figure 4 Carbon Reduction Projection 9

List of Tables

Table 1 Emissions Overview 3

Table 2 Summary of Recommended Corporate Actions..... 10



1. Executive Summary

In accordance with Public Procurement Notice (PPN) 006 requirements, this assessment quantifies greenhouse gas (GHG) emissions for Greenwich Health Limited, hereafter referred to as Greenwich Health, across Scopes 1, 2, and select Scope 3 categories relevant to the organisation's activities. The assessment covers the **1st April 2025 to 31st March 2026** reporting period.

This document outlines Greenwich Health's total GHG emissions for the reporting period, provides a breakdown by scope, and identifies areas where future data collection can be refined to strengthen accuracy and transparency. **Table 1** presents emissions by scope for FY25/26 followed by sections that describe the underlying data sources, methodologies applied, and key opportunities for improving data robustness in subsequent reporting years.

Table 1 Emissions Overview

Category	Metric	FY25/26	
		Emissions (tCO ₂ e)	Emissions Proportion (%)
Scope 1	Scope 1		
	Transportation (Excluding Grey Fleet)	1.17	0.89%
	Total Scope 1	1.17	0.89%
Scope 3	Scope 3		
	4. Upstream Transportation and Distribution	36.30	27.42%
	5. Waste Generated in Operations	0.00	0.00%
	6. Business Travel	0.77	0.59%
	7. Employee Commuting	92.21	69.66%
	9. Downstream Transportation and Distribution	1.92	1.45%
	Total Scope 3	131.21	99.11%
Total (S1 - 3)		132.38	100.00%
Intensity Metrics	Emissions per Turnover (tCO ₂ e/£m)	14.08	
	Emissions per FTE Employee (tCO ₂ e/FTE)	0.50	

Greenwich Health's reported emissions profile is primarily driven by Scope 3 *Employee Commuting and homeworking*, reflecting the organisation's distributed workforce and the emissions associated with employees commuting from home to their usual place of work. Material Scope 3 emissions also arise from *Upstream Transportation and Distribution*, including the delivery of dressing items, medical supplies and other purchased goods to operational locations.

2. Background

Greenwich Health Limited is a UK-based healthcare organisation supporting the coordination and delivery of primary, urgent and community-based care across Greenwich. Established in 2016, it works with local GP practices and healthcare partners to strengthen patient access, service integration and the delivery of health initiatives within the borough.

In a shifting regulatory landscape where accountability and transparency are increasingly expected, understanding and reporting greenhouse gas (GHG) emissions is fundamental to effective climate governance. This Carbon Reduction Plan for Greenwich Health has been developed in accordance with PPN 006, setting out a structured framework for measuring and managing emissions linked to public sector procurement.

The assessment covers:

- Scope 1 (Transport Fuels)

Selected Scope 3 categories required under PPN 006:

- Category 4: Upstream Transportation and Distribution
- Category 5: Waste Generated in Operations
- Category 6: Business Travel
- Category 7: Employee Commuting
- Category 9: Downstream Transportation and Distribution

The following scopes were excluded from this assessment due to them not being applicable to Greenwich Health's operations:

- Scope 1 (Natural Gas)
- Scope 1 (Onsite Fuels)
- Scope 1 (Refrigerants)
- Scope 2 (Purchased Electricity)

3. Breakdown of Results

3.1. Scope 1

Scope 1 emissions totalled **1.17 tCO₂e** during the reporting period, attributable to 567 litres of petrol purchased for company-operated hybrid vehicles. This captures the fuel-combustion element of the vehicles only and excludes electricity used to charge them. Scope 1 accounted for **0.89%** of Greenwich Health's total carbon footprint, indicating that direct fuel consumption is a relatively minor emissions source and reflecting limited reliance on company-operated vehicles.

Although Scope 1 represents only a minor proportion of the total footprint, it remains an area over which Greenwich Health has direct operational control. Emissions could therefore be reduced through measures such as lower vehicle mileage, fuel-efficient driving practices and the future transition of company-operated vehicles to fully electric alternatives.

3.2. Scope 3

Of the 15 Scope 3 emissions categories, the following are required under PPN 006:

- Category 4: Upstream Transportation and Distribution
- Category 5: Waste Generated in Operations
- Category 6: Business Travel
- Category 7: Employee Commuting
- Category 9: Downstream Transportation and Distribution

Total Scope 3 emissions for Greenwich Health totalled **131.21 tCO₂e in FY25-26**, representing 99.11% of the total reported carbon footprint. The largest Scope 3 source was *Employee Commuting*, accounting for **92.21 tCO₂e**, equivalent to **69.66%** of the total carbon footprint. This was followed by *Upstream Transportation and Distribution* at **36.30 tCO₂e (27.42%)**. *Waste Generated in Operations*, *Business Travel* and *Downstream Transportation and Distribution* were comparatively lower, contributing a combined total of **2.69 tCO₂e (2.04%)**.

Figure 1 below presents the distribution of Scope 3 emissions by category.

Distribution of Scope 3 Emissions (tCO₂e)

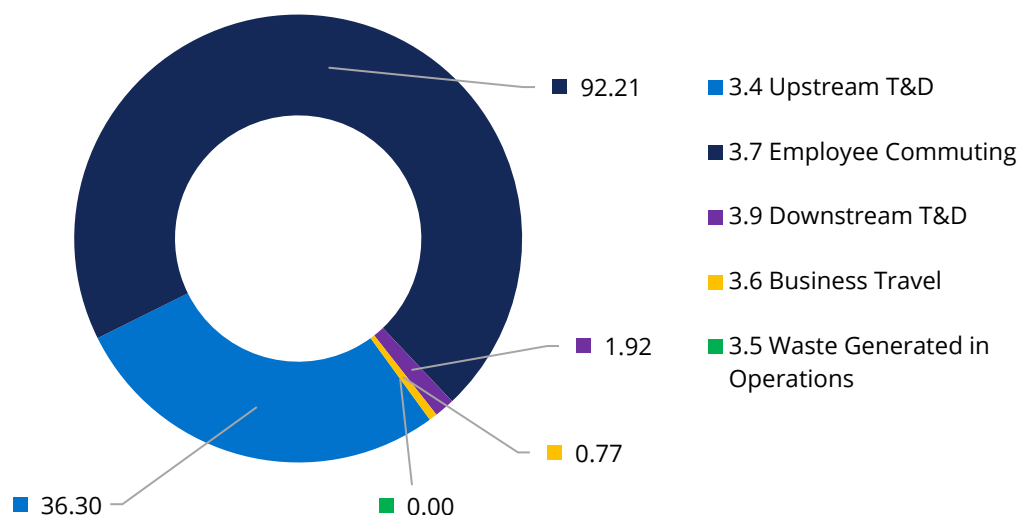


Figure 1 Distribution of Scope 3 Emissions (tCO₂e)

3.3. Hotspots Emissions

The emissions profile indicates that Greenwich Health's carbon footprint is concentrated across a small number of material sources. The two largest categories together accounted for **97.08%** of total reported emissions:

1. Employee Commuting

Employee Commuting represented the largest source of emissions, at **92.21 tCO₂e**, or **69.66%** of the total footprint. Emissions here were primarily driven by those arising from the most popular mode of transport, small petrol cars. Survey respondents reported travelling a total of 223,250 km during the reporting period, prior to extrapolation across the wider workforce, with small petrol cars accounting for 24.5% of this reported distance.

This shows that workforce travel patterns are a material component of value chain emissions. As a healthcare provider with employees travelling between workplaces and service locations, a comparatively high contribution from commuting is understandable; however, it also represents a key opportunity for targeted reduction measures, particularly through encouraging lower-carbon commuting options, reducing reliance on petrol vehicles and supporting more sustainable travel behaviours. This could further include encouraging car sharing and introducing green commuting policies. The table below displays the distribution of the top five modes of transport used by Greenwich Health employees during the reporting period, alongside their emissions and distance travelled. This refers only to the distance reported by employees who responded to the commuting survey and does not include any subsequent extrapolation across the wider workforce.

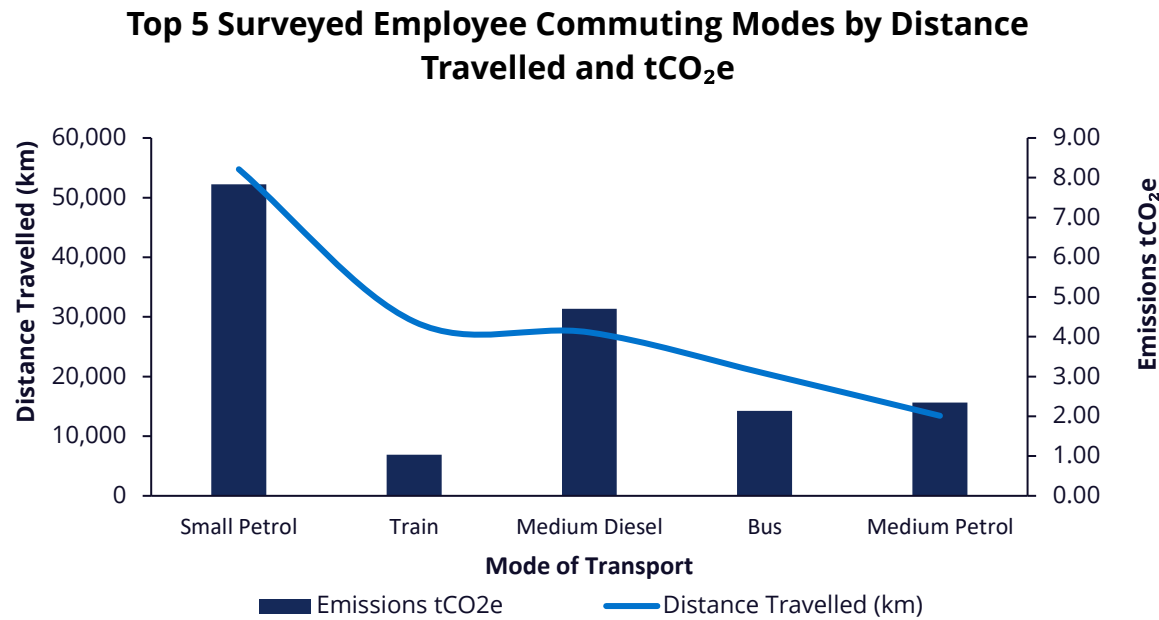


Figure 2 Top 5 Surveyed Employee Commuting Transport Modes by Distance and Emissions

2. Upstream Transportation and Distribution

Emissions from this category represented the second-largest source within Greenwich Health’s footprint, totalling **36.30 tCO₂e**, or **27.42%** of total emissions. The largest contribution arose from frequent deliveries associated with the LiveWell services, specifically the LARC service, which involved transporting medical supplies between sites and generated **13.89 tCO₂e**. A further **12.41 tCO₂e** arose from weekly deliveries associated with the HC service. A further breakdown of emissions per service can be seen in **Figure 3** below.

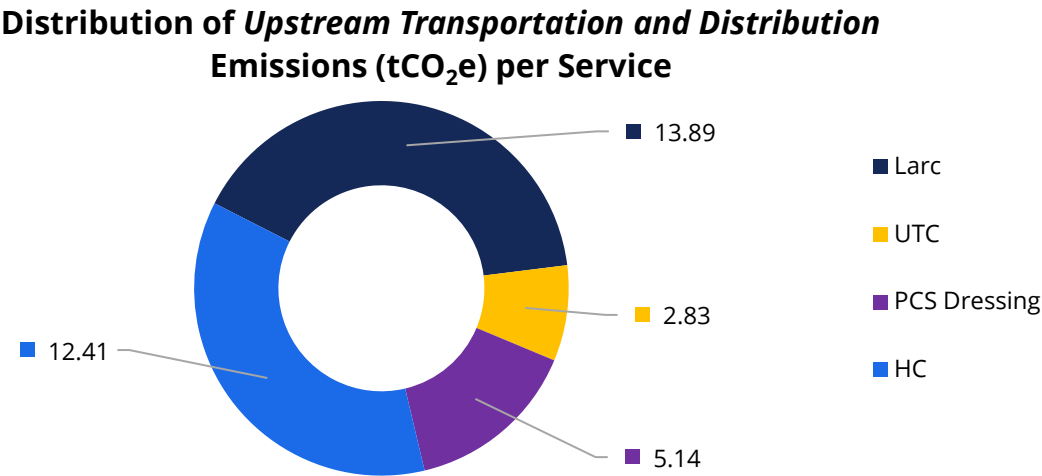


Figure 3 Distribution of Emissions per Service

This shows that logistics and inbound distribution activity are also material components of Greenwich Health's overall footprint. As a healthcare provider reliant on the regular movement of medical supplies between service locations, some level of transport-related emissions is operationally necessary; however, the scale of these emissions highlights an opportunity to review delivery frequency, vehicle types, route planning and shipment consolidation.

4. Carbon Reduction Plan

As part of Greenwich Health's ongoing commitment to climate leadership and alignment with NHS Evergreen Net Zero ambitions, a series of targeted carbon reduction measures have been identified.

The carbon reduction plan (CRP) implementation trajectory (**solid green line**) in **Figure 4** shows that Greenwich Health should reach their lowest potential emissions by 2046 by implementing all short-, medium- and long-term CRP actions. Once they have reached their residual emissions, Greenwich Health will be required to offset the remaining emissions to achieve Net Zero status.

An explanation of each aspect of the graph is as follows:

- Actual emissions (**solid dark blue line**) – Greenwich Health's actual emissions.
- Business-as-usual (BAU) projected emissions (**dotted red line**) – represents the projected carbon-equivalent emissions if only company turnover changes in the future, predicted using a business growth factor. It does not consider changes in external environment, conditions, or infrastructure nor any sustainability changes within the company. This is based on a projected 0.5% growth factor.
- Organic projection (**solid purple line**) – represents the projected GHG emissions with no changes made within the company, but does include changes to the external environment, conditions, and infrastructure.
- Glideslope target emissions (**dotted green line**) – represents a linear reduction in emissions to reach Net Zero carbon emissions by 2050.
- Corporate CRP implementation projection (**solid green line**) – represents the predicted effects of full implementation of the carbon reduction plan (CRP) included in this report against the organic projection.
- Overall performance post offsetting (**dotted blue line**) – represents the path to achieving Net Zero emissions by offsetting all residual emissions. In this case, it has been assumed that Greenwich Health would implement full offsetting of residual emissions in 2046.

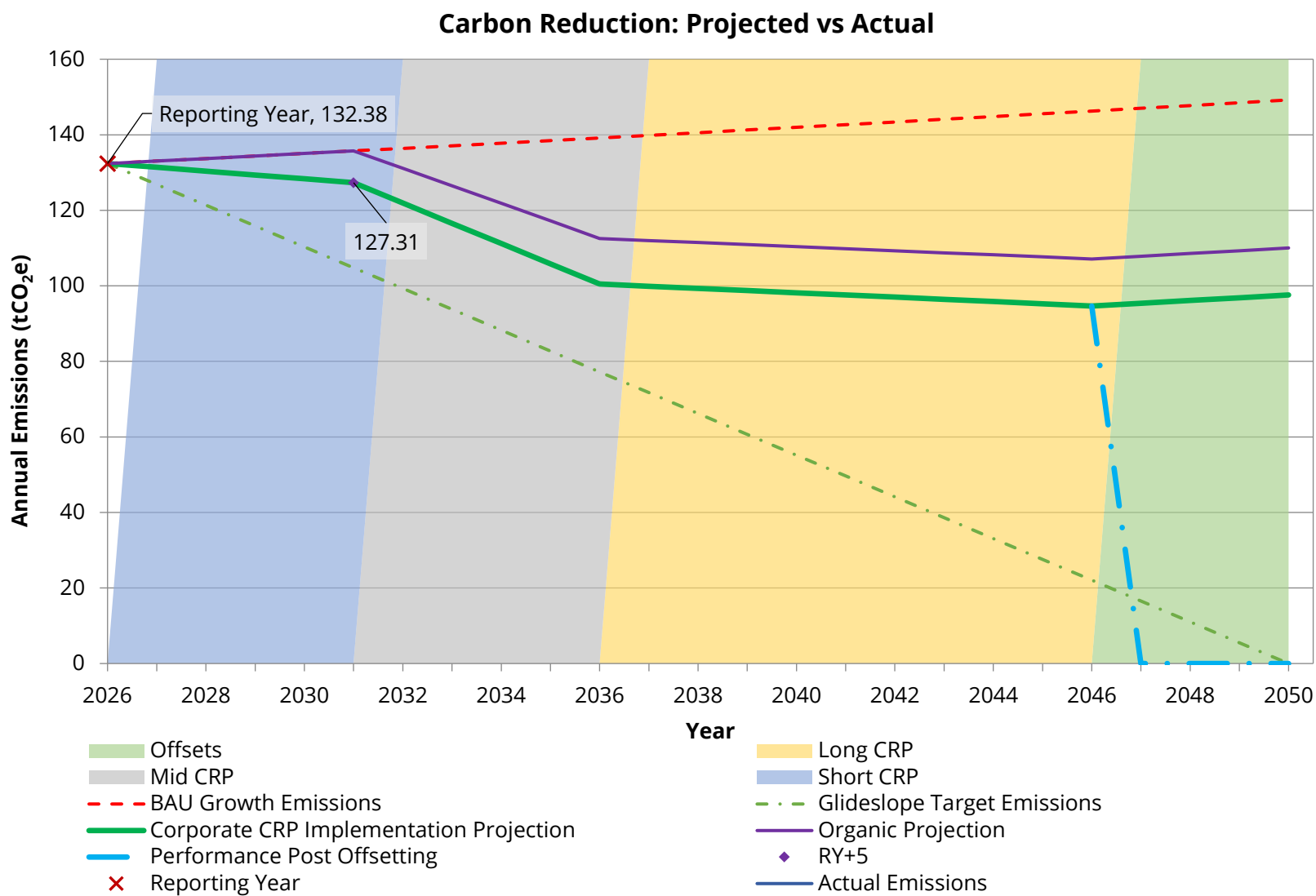


Figure 4 Carbon Reduction Projection

4.1. Planned Emissions Reduction Measures:

Over the coming years, Greenwich Health intends to implement a range of measures aimed at reducing both direct and indirect emissions. The following paragraphs outline the actions considered feasible, alongside recommendations for their implementation.

Table 2 Summary of Recommended Corporate Actions.

Activity	Affecting Category	Time Horizon	Category Reduction (%)
Continued transition of fleet to hybrid or electric company vehicles	S1: Transport Fuels	Short Mid Long	29.0% 29.0% 39.0%
Engage with upstream suppliers to encourage greener transportation modes	S3: Upstream T&D	Mid	10.0%
Carry out delivery consolidation actions on all items delivered to site	S3: Upstream T&D	Short	2.5%
Onsite waste reduction and segregation programmes	S3: Waste	Short Mid	10.0% 10.0%
A reduction in <i>Business Travel</i> emissions by not using own car/taxi, bus, cycling/walking/carpooling	S3: Business Travel (Car and Taxi)	Short	5.0%
Reduction in hotel stays due to utilising online video conferencing	S3: Business Travel (Hotels)	Mid	5.0%
Implement a green commuting policy that encourages employees to opt for more environmentally friendly transportation modes such as public transport, cycling and carpooling	S3: Employee Commuting	Short	7.54%
Consolidate customer orders to the same address	S3: Downstream T&D	Short	2.50%

It should also be acknowledged that external developments will contribute to reductions in Greenwich Health emissions over time, independent of internal action. Several of these external factors have been incorporated into the carbon reduction trajectory as they are expected to influence key Scope 3 categories.

Examples of actions include:

- Cars becoming greener with increased market share of electric vehicles and improved biofuel content in average biofuel blends (impacting *Transport Fuels*, *Business Travel* and *Employee Commuting*)
- Haulage vehicles moving towards zero-emissions vehicles (impacting *Upstream Transportation and Distribution* and *Downstream Transportation and Distribution*)
- Other modes of transport becoming more environmentally friendly e.g. continued electrification of trains and buses, and more sustainable aviation fuel (impacting *Business Travel*)
- Improvements in municipal waste systems (impacting *Waste Generated in Operations*)

5. Methodology and Data Quality

Greenhouse gas (GHG) emissions for Greenwich Health were calculated in line with the GHG Protocol Corporate Accounting and Reporting Standard, using relevant conversion factors. Emissions are reported in tonnes of carbon dioxide equivalent (tCO₂e).

Scope 1 *Transport Fuels* were calculated using the litres of fuel used during the reporting period, providing a robust basis for Scope 1 reporting. The relevant DESNZ conversion factors were applied to convert fuel consumption data into carbon dioxide equivalent emissions.

Upstream Transportation and Distribution emissions were calculated using a combination of activity-based and spend-based methodologies. Where available, delivery distances, transport modes were used to estimate emissions, with relevant DESNZ conversion factors applied to the recorded activity. For records without sufficient transport detail, expenditure-based factors were used to estimate emissions. As activity data was available for most deliveries, the results were predominantly based on activity-level information.

Waste emissions were calculated using estimations on bin type, capacity, quantity and collection frequency. Weekly waste volumes were annualised and converted from litres to tonnes using waste-specific density factors. The resulting waste quantities were then matched to the relevant disposal routes and DESNZ 2025 emission factors to calculate emissions in tCO₂e. Future reporting would benefit from the use of waste contractor invoices or reports showing actual weights and treatment methods, where available.

Business Travel emissions were primarily calculated using confirmed activity data for mileage claims and hotel stays. For other travel modes, including land travel, spend-based data was used where journey-level distances were not available. Future reporting would benefit from more consistent capture of travel mode, journey distance, origin and destination data.

Employee Commuting and Homeworking emissions were calculated using survey data, which covered commuting distances, the frequency of travel, mode of transport as well as homeworking patterns and behaviours. Results were then extrapolated across the wider workforce to estimate total emissions. Future reporting accuracy will depend on increased employee participation.

Downstream Transportation and Distribution emissions were estimated using a spend-based proxy provided by Greenwich Health. Expenditure on postal services was multiplied by the relevant inflation-adjusted emission factor to calculate emissions in tCO₂e.

6. Conclusion

This assessment provides a standard-aligned evaluation of Greenwich Health Limited's Scope 1, Scope 2 and selected Scope 3 greenhouse gas emissions for the reporting period **1st April 2025 to 31st March 2026**, in accordance with PPN 006 requirements and the Greenhouse Gas Protocol.

The findings indicate that the largest contributors to Greenwich Health's carbon footprint were *Employee Commuting* and *Upstream Transportation and Distribution*. This reflects the organisation's reliance on a mobile, site-based workforce and the movement of medical supplies, equipment and other goods required to deliver services across Greenwich. These sources represent the principal operational and value chain emissions within the reporting boundary.

Potential reduction opportunities include encouraging lower-carbon commuting, reducing unnecessary business travel, transitioning company vehicles to hybrid or electric alternatives, consolidating supplier deliveries and customer orders, engaging with suppliers on greener transport options, and improving onsite waste reduction and segregation. These measures provide a practical basis for considering future emissions reductions across the most significant sources identified in the assessment. Overall, the assessment provides a consistent basis for monitoring emissions performance, improving reporting maturity and identifying targeted carbon reduction opportunities over time.

7. Next Steps

To maintain alignment with climate-related reporting expectations, Greenwich Health Limited should continue to develop its emissions reporting processes and retain annual GHG reporting as a core component of its carbon management approach. In future years, this should include calculating emissions across its global operations and expanding Scope 3 coverage using available activity data, recognised international conversion factors and appropriate estimation methods.

Based on the findings of this assessment, the following actions are recommended:

- **Improve Emissions Data Capture**

Greenwich Health should strengthen data collection across material emissions sources, including *Upstream and Downstream T&D*. This should include clearer source data trails, consistent use of activity-based records, and improved supplier or contractor reporting where relevant. Where possible, further refinement of data capture for sources such as *Business Travel* should include journey distance, mode of transport, vehicle type and trip purpose, reducing reliance on spend-based estimates and improving the accuracy of future reporting.

- **Progress Implementation of Carbon Reduction Measures**

Greenwich Health should use the findings from this assessment to translate identified emissions hotspots into a prioritised programme of practical reduction measures, with clear ownership and delivery tracking. This would move the CRP from reporting and disclosure towards measurable implementation and performance monitoring.



McGrady Clarke Group Ltd

2.13, Quayside I-4

Albion Row

Newcastle upon Tyne

NE6 1LL

0191 814 2000