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2025-26 Quarter 4 and End-Of-Year Carbon Report

V1.0

Environmental and sustainability solutions provided to
The Leeds Teaching Hospitals NHS Trust



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1.0 INTRODUCTION

1.1 Background Context

Leeds Teaching Hospitals NHS Trust (LTHT) is one of the largest and busiest acute hospital trusts in the country, serving as a regional and national centre for specialist treatment, a renowned biomedical research facility, and the local hospital for the community of Leeds. LTHT are committed to being a leading force in environmental matters, with a goal of becoming one of the greenest NHS Trusts in the UK. Due to the significant threat that climate change poses to public health, LTHT understand that reducing carbon emissions is essential for improving health and fully endorse the Greener NHS target of achieving net zero by 2040 for its direct emissions and 2045 for its indirect emissions. As a result of this, LTHT have undertaken a significant programme of work over the past few years to reduce their carbon emissions and improve their overall sustainability performance.

WRM have been providing sustainability management and support services to LTHT since 2016. Throughout this time, one of the most significant pieces of work WRM have undertaken has been to develop, update, and report on the Trust's carbon footprint. As detailed in the 2024-25 End-of-Year Carbon Report, between the trust's carbon baseline year of 2013-14 and the 2024-25 reporting year, the Trust successfully reduced emissions by approximately 36%. This constitutes a reduction of 32,837 tCO₂e. Since the publication of the 2024-25 End-of-Year Report, LTHT has continued efforts to reduce emissions and work towards the net-zero targets established.

This Quarter 4 2025-26 and End-of-Year Carbon Report details the progress made by LTHT in reducing emissions through Q4 of 2025-26 and across the 2025-26 financial year as a whole, providing a comparison to emissions levels in the previous quarter (Q3 2025-26), the fourth quarter of previous years, and total emissions for the 2024-25 financial year. The report will compare the current reporting year with the Trust's traditional baseline year of 2013-14.

2025-26 also marks the first year in which the Trust will report the progress it has made against the NHS's targets to achieve an 80% reduction in carbon emissions by 2032 (for the NHS Carbon Footprint) and by 2039 (for the NHS Carbon Footprint Plus) from the UK's 1990 baseline year, as mandated by the Climate Change Act 2008 (amended 2019). The analysis provided is the result of a programme of work undertaken throughout the year, and enables the Trust to provide assurance to the relevant stakeholders on the progress it has made on reducing its carbon footprint in line with the NHS's broader accounting approach and the upcoming carbon reduction milestone deadlines it is required to meet.

1.2 Aims and Objectives

This report has been produced to provide assurance to LTHT on the Trust's carbon reduction progress and the methodology which has been employed to quantify its carbon footprint. The objectives of the report are as follows:

1. To provide details on the methodology used to formulate the carbon footprint, cite the sources of information used, and justify the approach employed.
2. To report on the Trust's carbon reduction progress across Q4 of 2025-26 and since the 2013-14 baseline year, with comparisons to fourth quarters of previous reporting years.
3. To report on the Trust's carbon reduction progress across the 2025-26 financial year, since its traditional 2013-14 baseline year, and since the UK's baseline year of 1990.

This report provides LTHT with the information they may require in responding to enquiries should any stakeholder wish to understand the carbon metrics reported. This report also provides an understanding of LTHT's climate change impact, allowing the Trust to identify its emissions sources, track progress, and demonstrate their commitment to achieving net-zero.

2.0 METHODOLOGY

2.1 Emissions Inventory

Since its introduction, the NHS has been working to deliver on the targets established by the Climate Change Act 2008. In October 2020, NHS England published the *Delivering A Net Zero National Health Service* report in October 2020. This report details the sector-wide approach on delivering carbon reduction and establishes the scope of the NHS Carbon Footprint and the NHS Carbon Footprint Plus. This carbon footprinting methodology is aligned to *The Greenhouse Gas Protocol (GHGP)* scopes, which cover a wide set of emissions and support international comparison and transparency. These scopes are described below:

- Scope 1: direct emissions from owned or directly controlled sources, on site;
- Scope 2: indirect emissions from the generation of purchased electricity;
- Scope 3: all other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.

There are some emissions that fall outside these scopes. Therefore, as agreed with the NHS Net Zero Expert Panel, the NHS is also working towards net zero for the NHS Carbon Footprint Plus, which includes all three of the scopes above, as well as the emissions from patient and visitor travel to and from NHS services. The scopes of the NHS Carbon Footprint and the NHS Carbon Footprint Plus are defined in Figure 1 below.

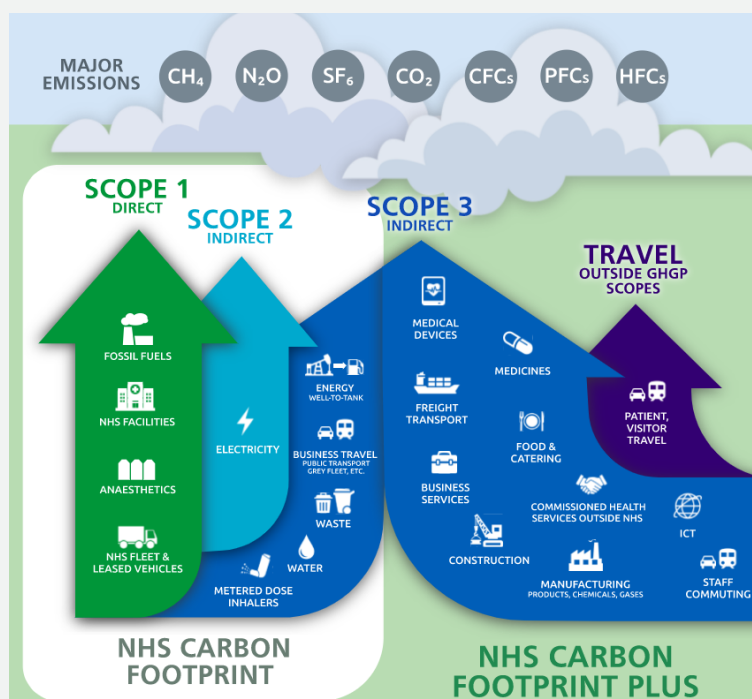


Figure 1 - Scopes of NHS Carbon Footprint & NHS Carbon Footprint Plus

LTHT is currently recording the following activities which contribute to the Trust's NHS Carbon Footprint, representing direct and indirect CO₂e emissions from the Trust's operations. At present, the Trust do not include emissions sources within the Trust's NHS Carbon Footprint Plus. However, with the support of its suppliers, the Trust is committed to improving its data collection processes, with the ambition of incorporating these sources into future carbon footprint updates and reporting.

To support the calculations, energy and resource consumption data is provided by LTHT for inclusion within the Trust's carbon footprint covering the following emissions points:

- Gas
- Oil
- Fleet mileage
- Anaesthetic gases (inc. Nitrous Oxide and Entonox)
- Electricity (inc. Heat and Steam)
- Water
- Waste* (inc. Clinical and Non-Clinical)
- Inhalers

*We are now segregating, monitoring and recording food waste produced, and this is reflected in the carbon footprint shown for Q4 2025-26.

2.2 Emissions Assessment

Once received, the data provided by LTHT is converted into a unified unit of measure for carbon impact. Tonnes of carbon dioxide equivalent (tCO₂e) is the standardised unit for quantifying greenhouse gas (GHG) emissions associated with activities, regardless of whether they derive from carbon dioxide, or indeed any other GHG. The emissions figures are therefore given in tCO₂e, allowing for the inclusion of the following 6 greenhouse gases as covered in the Kyoto Protocol, where relevant:

- Carbon dioxide (CO₂)
- Methane (CH₄)
- Nitrous oxide (N₂O)
- Hydrofluorocarbons (HFCs)
- Perfluorocarbons (PFCs)
- Sulphur hexafluoride (SF₆)

This enables a comparison of the impact of different GHG's on a common scale and provides a standardised metric for setting emission reduction targets.

LTHT's carbon emissions have been calculated in most cases by multiplying the Trust's resource and energy consumption data with the UK's national conversion factors provided by the *Department for Energy Security and Net Zero (DESNZ)*. Where conversion factors relevant to the aspect being calculated are not available from DESNZ, other carbon factors have been applied, for example from NHS England's medical conversion factors as provided in the *Activity-Based Emissions Factors for Greenhouse Gas Modelling in the NHS*. These factors are suitable for use by UK-based organisations of all sizes and international organisations reporting on their UK operations. This approach ensures that the emissions reported by the Trust reflect the average emissions intensity of the energy networks on which its energy consumption occurs (in this case, the DESNZ carbon conversion factors for natural gas and electricity from the National Grid).

3.0 QUARTER 4 (2025-26) CARBON PERFORMANCE

3.1 Overall Progress in Quarter 4 Emissions

In Q4 of 2025-26, the LTHT total recorded emissions were approximately 14,628.91tCO₂e. This constitutes a 39.75% (9,651.28 tCO₂e) decrease compared to Q4 of the traditional baseline year of 2013-14. In the Q3 Carbon Report for 2025-26, the emissions expected for Q4 were estimated to be approximately 13,292.36 tCO₂e, based on the average reduction observed between Q3 and Q4 for each year since the baseline year. However, since the Q3 report was produced, the Trust has improved the accuracy of the previous quarter's data, resulting in an updated Q4 expectation of 14,848.58 tCO₂e, in line with average Q3 to Q4 change. As above, the actual emissions recorded for Q4 total 219.67 tCO₂e lower than this, indicating that ongoing emissions reduction efforts are being made. Emissions reductions have shown a significant year-on-year improvement: compared with Q4 of the previous year (2024-25), emissions have decreased by 2,062.14 tCO₂e, as illustrated in Figure 2. The long-term trend illustrated in Figure 2 highlights an ongoing reduction in emissions since the baseline year, with slight fluctuations since 2019-20. In recent years, emissions reductions have seen a plateau, however moving into Q4 of 2025-26, emissions have seen another reduction. It is therefore important we continue this downward trend looking ahead at Q4 of 2026-27.

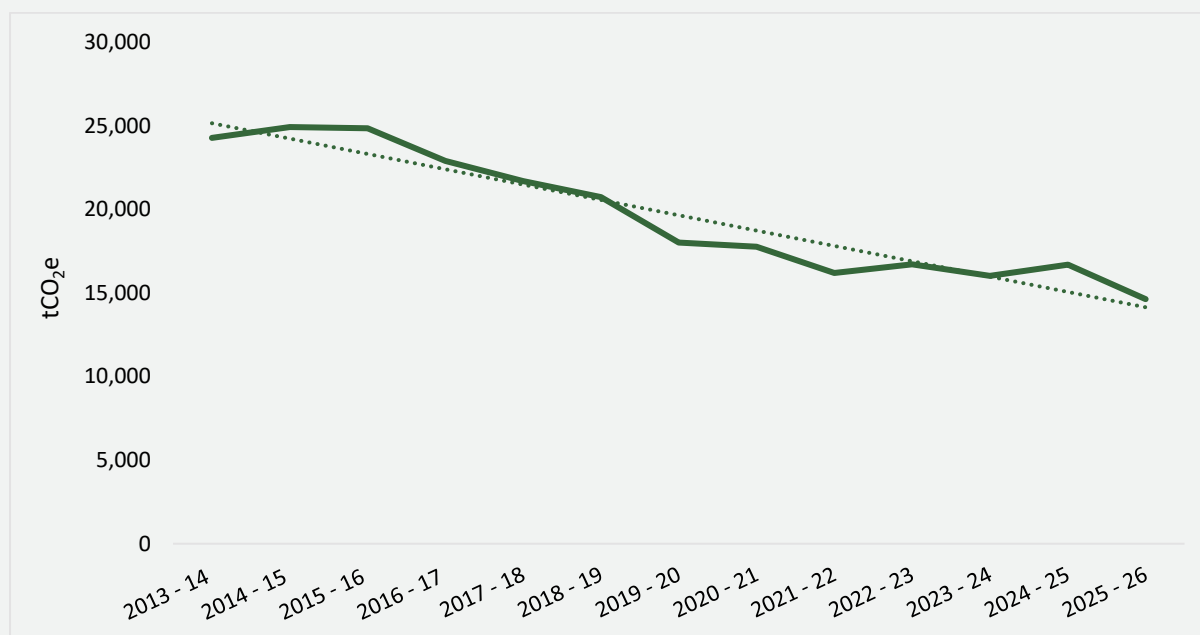


Figure 2: LTHT Q4 Emissions

In Q4, the Trust's Scope 1 emissions (gas, oil, fleet, anaesthetic gases) accounted for 77.82% of the total recorded NHS Carbon Footprint emissions, Scope 2 (electricity) accounted for 7.56%, and Scope 3 (water, waste, business travel, inhalers) accounted for 14.62% (see Figure 3).

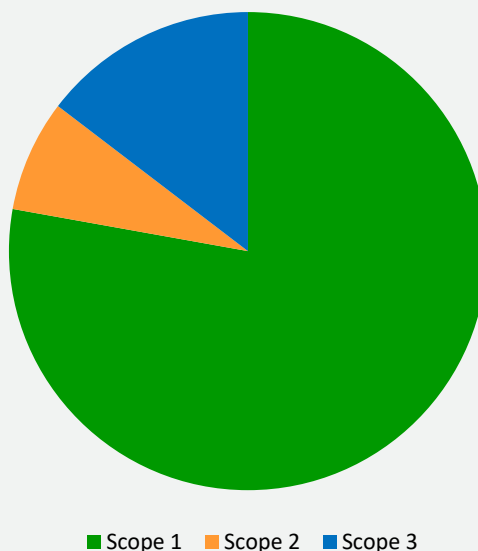


Figure 3: LTHT Q4 2025-26 Total Emissions by Scope

Figure 4 shows how the distribution of emissions from each of the three scopes in Q4 of 2025-26 compares to the distribution in the same quarter in the traditional baseline year of 2013-14 and the previous year (2024-25). While scope 1 emissions dominates the share of emissions across the years, accounting for around 82.13% of Q4 emissions in 2013-14 and reducing to 77.82% in 2025-26, the growth of scope 2 (from 3.10% in 2013-14 to 7.56% in 2025-26) suggests a continued shifting emissions profile. However, the share of emissions from scope 3 sources has been reduced over this period (from 14.77% in 2013-14 to 14.62% in 2025-26). The year-on-year comparison with 2024-25 shows a reduction in emissions for scope 2 and an increase for scope 3. This indicates that, the sustained efforts to decarbonise the Trust estate is proving effective yet work needs to be done to reduce the wider supply chain related emissions.

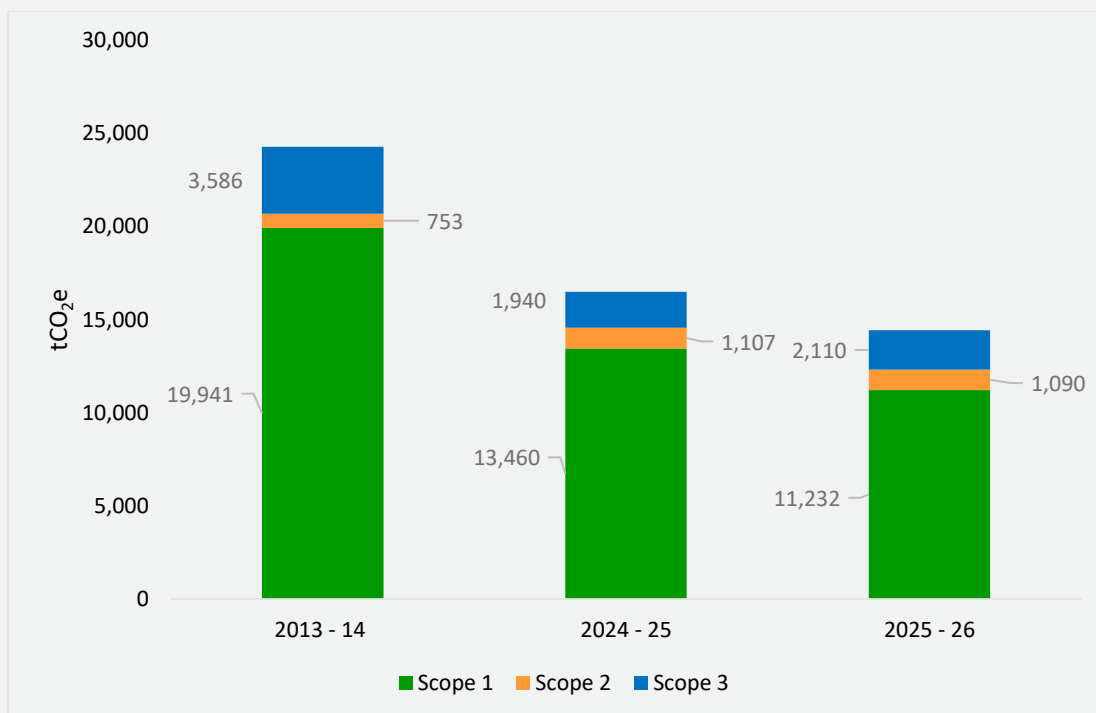


Figure 4: LTHQ Q3 Emissions by Scope for Q4 2025-26 Compared to the Baseline and Previous Year.

3.2 Key Sources of Emissions

In Q4, the Trust's carbon footprint was primarily driven by five key emissions sources:

1. Gas Consumption
2. Electricity Use
3. Business Travel
4. Clinical Waste
5. Anaesthetic Gases

Together, these categories represent approximately 95.77% of the total recorded CO₂e emissions produced by the Trust in Q4 of 2025-26 and are therefore discussed in more detail within this section. The breakdown of all emissions sources recorded in Q4, as a share of total CO₂e recorded during this period, is shown in Figure 5. The following section will examine each of these key emissions sources in more detail, including changes over time and the factors which have contributed to this.

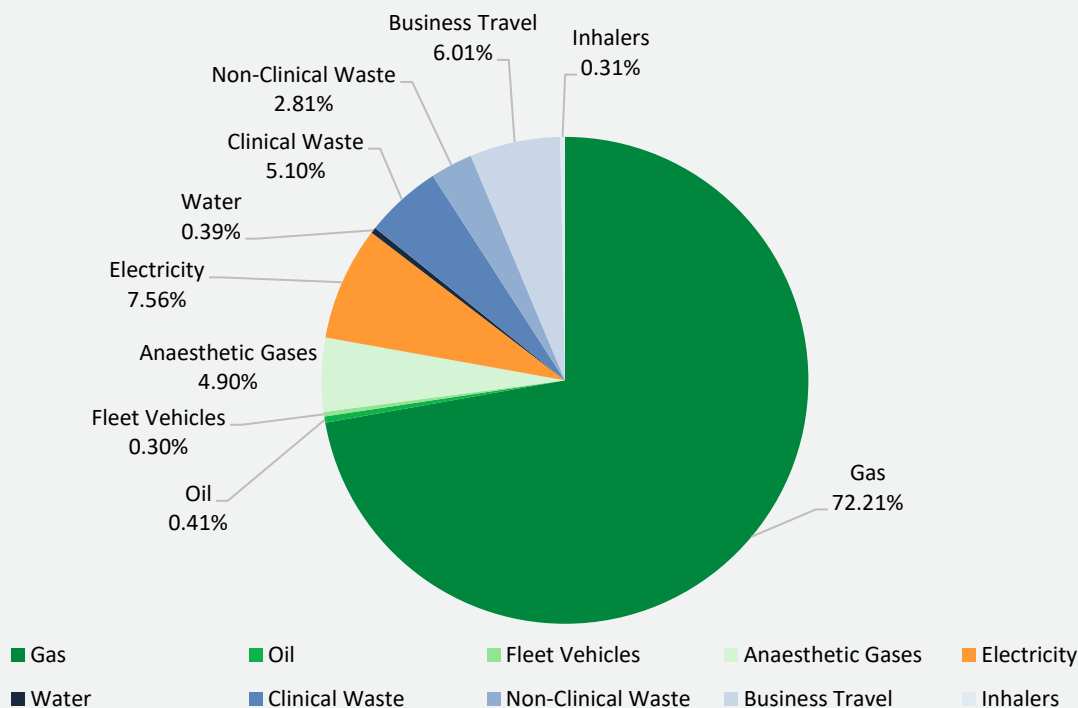


Figure 5: LTHT Q4 2024-25 Total Emissions by Aspect

3.2.1 Gas Consumption

In Q4 of 2025-26, emissions from natural gas use were the largest contributor to the Trust's total recorded carbon footprint, accounting for 72.21% of total recorded emissions, equivalent to 10,563.32 tCO₂e. This has remained consistent for Q4 emissions since the Trust's 2013-14 baseline year. The Trust has achieved a reduction of 4,786.77 tCO₂e across Q4 in gas-related emissions since the baseline year, and a decrease of 1,547.02 tCO₂e has been achieved when compared to Q4 of 2024-25. A comparison of Q4 emissions from gas consumption since the baseline year is given in Figure 6.

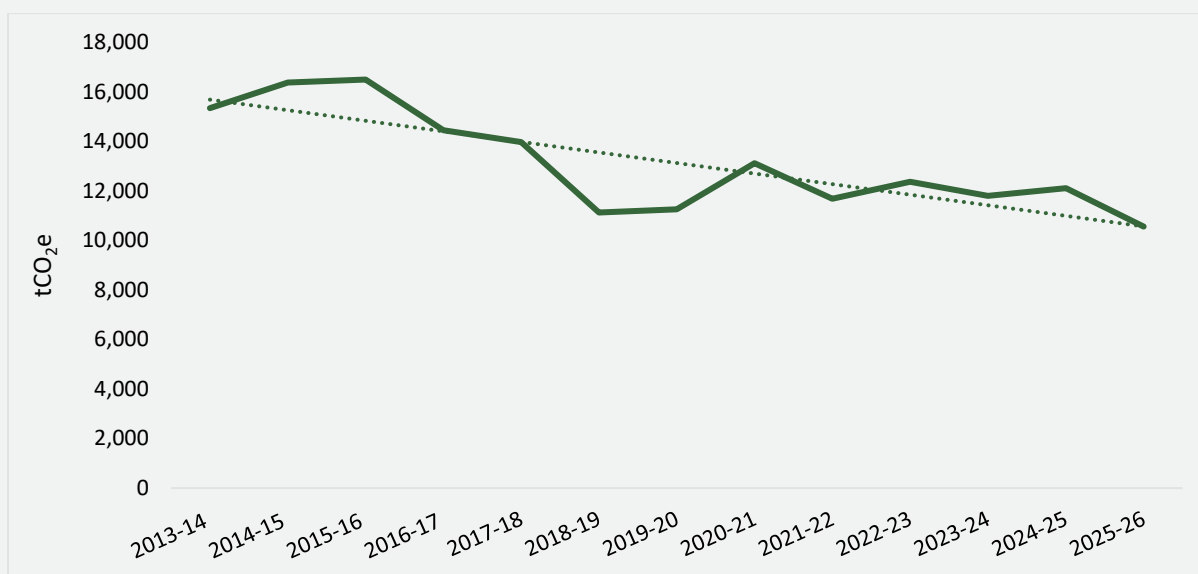


Figure 6: LTHT Q4 2025-26 Total Emissions from Natural Gas

3.2.2 Electricity Use

In Q4 of 2025-26, electricity consumption (including that used for charging the Trust's fleet of electric vehicles) accounted for 7.56% (1,105.27 tCO₂e) of the Trust's total recorded emissions. This represents a 351.95 tCO₂e increase in Q4 emissions from electricity since the baseline year, however a 14.48 tCO₂e decrease compared to 2024-25 Q4.

The fourth quarter of our reporting year (January to March) coincides with the winter period, when electricity demand is typically higher. During 2025-26, the UK experienced a variable but generally milder-than-average winter, followed by an exceptionally mild early spring. January and February were characterised by unsettled conditions, including frequent Atlantic weather systems bringing wind, rainfall, and fluctuating temperatures, which likely sustained energy demand. However, the absence of prolonged cold periods limited the need for more intensive heating.

March saw a marked transition to settled and unusually warm conditions, with above-average temperatures and increased sunshine. This would have reduced heating and lighting requirements toward the end of the quarter. As a result, while electricity emissions remain higher than the baseline, the milder winter conditions – particularly the warm March – likely contributed to the small reduction observed compared to Q4 of the previous year [5, 6, 7].

Additionally, as highlighted in the Q1, Q2 and Q3 2025-26 carbon reports, the development of the Pathology building at St. James University Hospital (SJDH) which is fully electrified and

powered by the CHP unit has likely contributed to this increase in emissions since the 2013-14 baseline.

To address this, the trust must continue to develop on-site renewable electricity generation where possible. However, the city centre location of the Trust's two main sites limits the opportunities to expand this, along with a lack of funding to support it. It is expected that the use of electricity will increase in coming years as work is undertaken to phase out use of the onsite CHPs and focus on green electricity. This is expected to reduce overall emissions but will likely increase the percentage of emissions specifically from electricity. It will also be important to address the Trust's use of lighting across sites moving forward, by educating staff on efficient light use and switch-off policies. This has already begun, with the delivery of the trust's new 'switch off squad' initiative.

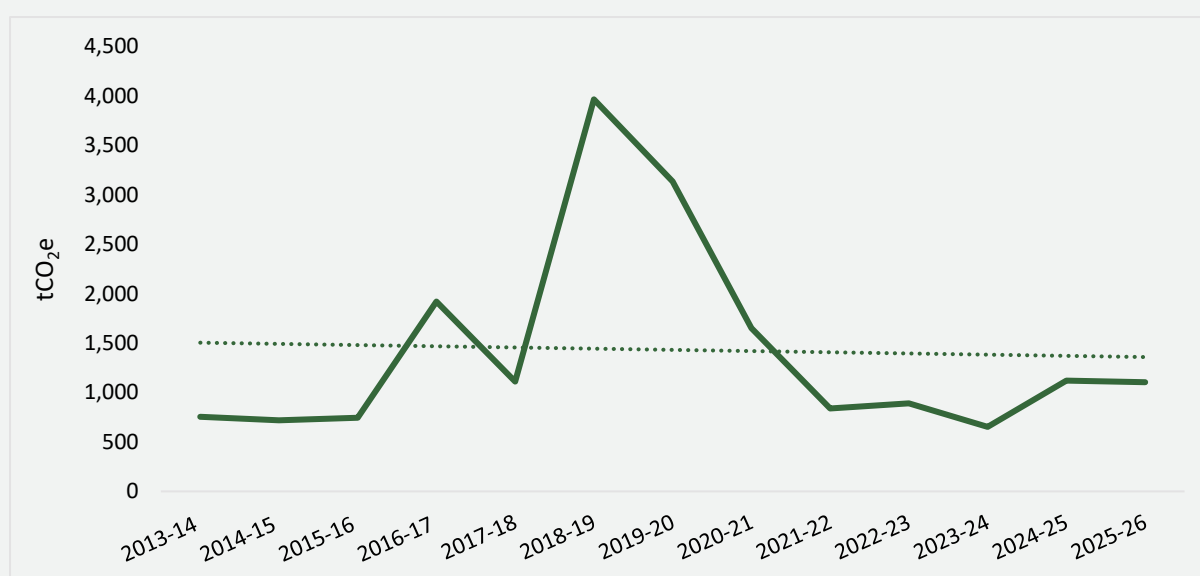


Figure 7: LTHT Q4 2025-26 Annual Emissions from Electricity

3.2.3 Business Travel

Business travel is estimated to have contributed to 6.01% of total emissions in Q4 of 2025-26, equating to 879.30 tCO₂e from this source. This includes travel by staff for work-related purposes, such as car, taxi, and public transport journeys. Emissions for this category were calculated using an estimate based on the Trust's previous submissions to NHS England for the annual Greener NHS fleet and travel data returns. These returns are informed by expense claim data, which details the mode of travel and associated distances or costs. Data was available for 2021-22, 2023-24, and 2024-25. For all other years, including the 2013-14 baseline, emissions were estimated using an average of the 2021-22 and 2023-24 figures. As

a result, the baseline figure provides an estimation of emissions for that year. Therefore, direct comparisons with the baseline should be treated with caution. Additionally, no data for this aspect has been provided on a quarterly basis until 2025-26 Q1, and therefore for the purpose of this report, we have assumed a quarterly figure equal to 25% of the annual emissions estimates recorded under the assumption the mileage of business travel will be evenly spread across the year. We will continue to work on a more reliable system of recording quarterly business travel mileage, however based on current estimates, emissions from business travel in Q4 of 2025-26 are approximately 223.70 tCO₂e lower than those in the baseline.

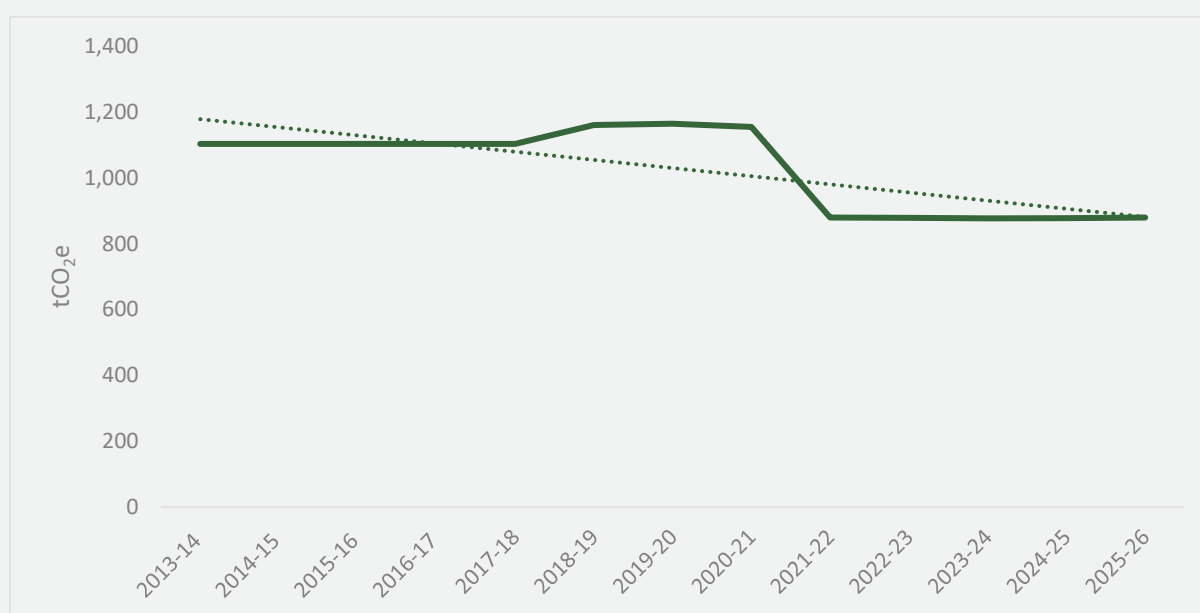


Figure 8: LTHT Q4 2025-26 Total Emissions from Business Travel

3.2.4 Clinical Waste

Clinical waste accounted for 5.10% of total emissions in Q4 of 2025-26, equivalent to 745.67 tCO₂e. As shown in Figure 7, this represents a reduction compared to Q4 of 2024-25, when emissions totalled 838.96 tCO₂e - a decrease of 93.29 tCO₂e.

In 2021-22, the Trust developed an improved system for recording and reporting clinical waste emissions. As a result, emissions data from this source for earlier years (2013-14 to 2020-21), although included within this report, have been calculated using the previous method of reporting. Data for this source in the years 2018-19 through to 2021-22 appear negligible, due to lack of reporting during this period. Moving forward, the Trust will work to develop a method for integrating historical data collected prior to these changes, to enable accurate

comparisons with the 2013-14 baseline. For the purposes of this report, however, comparisons have been made from 2021-22 onwards.

Since the updated reporting began, emissions from clinical waste have decreased by 59.71 tCO₂e. This indicates gradual progress in reducing the volume of clinical waste generated and improving the carbon efficiency of its disposal, although the rate of reduction remains low.

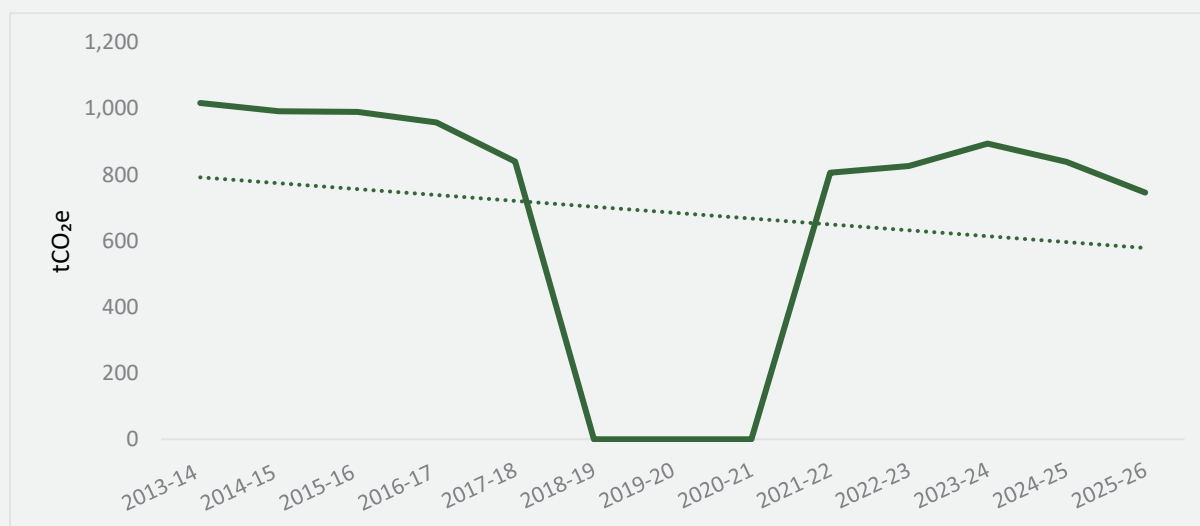


Figure 9: LTHT Q4 2025-26 Total Emissions from Clinical Waste

3.2.5 Anaesthetic Gases

In Q4 of 2025-26, emissions from anaesthetic gases accounted for 4.90% of total recorded emissions, equivalent to 716.45 tCO₂e. Historically, LTHT has used a range of anaesthetic gases including desflurane, sevoflurane, isoflurane, nitrous oxide (pure), and Entonox. However, the cessation of desflurane use across the Trust and the reduced use of other anaesthetic gases has driven a continued reduction in emissions from this source. In the 2024-25 End-of-Year Carbon Report, anaesthetic gases were shown to have experienced the greatest reduction in emissions since the baseline (74% reduction) yet remained the second largest source. However, this continued effort has resulted in this emissions source now becoming the fifth largest at the Trust. The Trust has achieved a reduction of 3843.22 tCO₂e in anaesthetic gas related emissions for Q4 since the 2013-14 baseline year, and a 667.93 tCO₂e reduction when compared to Q4 of 2024-25, as can be seen in Figure 10.

2024-25 was the first year in which emissions from nitrous oxide and Entonox were formally recorded and these emissions sources have continued to be recorded in Q4 of 2025-26. When this emissions source was included in 2024-25, a monthly average based on data provided for several months was used to extrapolate emissions back to the 2013-14 baseline year,

providing a revised baseline higher than previously reported. Piped nitrous oxide and associated manifolds are being gradually decommissioned across the Trust, contributing to the evident decline in emissions from anaesthetic gases. SJUH and the Jubilee Wing at the LGI have now had manifolds taken offline, the impacts of which are likely to be evident in the reduction in anaesthetic gas emissions in Figure 10. Entonox use continues to decline; however, the rate of reduction has been gradual. Despite this, usage over recent months has decreased significantly, contributing substantially to the overall reduction in emissions from this source. The Trust has continued to closely monitor anaesthetic gas use; however, comparisons between Q4 2025–26 and Q4 of the baseline year are less robust than areas where data has been collected consistently over a longer period. Regardless of this, progress in reducing emissions from the previous reporting year to Q4 2025-26 is evident in Figure 10 below. Looking ahead to Q1 of 2026-27, it will be important to further roll out targeted training and awareness programmes across maternity teams, to support more efficient use of Entonox and reduce waste. This will enable further reductions in emissions from this source.

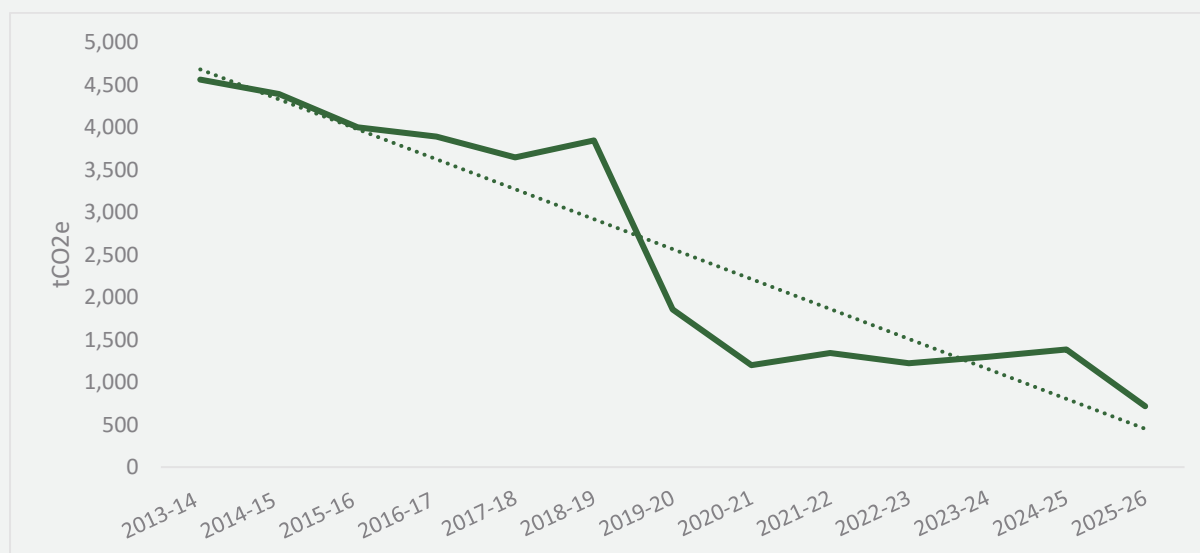


Figure 10: LTHT Q4 2025-26 Total Emissions from Anaesthetic Gases

4.0 Q1 2026-27 CARBON FORECAST

Looking ahead to Q1 2026-27, emissions are expected to decline significantly. This quarter covers the spring to summer months of April, May, and June, when rising temperatures and longer daylight hours typically reduce the need for indoor heating and artificial lighting. In addition, more favourable weather conditions are likely to encourage Trust colleagues to adopt active travel options rather than relying on car journeys. Together, these factors are expected to contribute to lower overall emissions.

Historical trends support this expectation. In the previous reporting period (Q4 2024-25 to Q1 2025-26), emissions decreased by 1,753.86 tCO₂e. More broadly, the average change from Q4 to the following Q1, from the baseline through to 2024-25/2025-26, shows a reduction of 2,145.61 tCO₂e - representing the largest average quarter-on-quarter decrease observed. Based on this pattern, emissions in Q1 2026-27 are projected to fall to approximately 12,483.30 tCO₂e.

There is potential for this reduction to exceed projections, particularly if Green Plan actions and the Greener Care Plan are implemented effectively. Measures such as switch-off initiatives could further reduce electricity-related emissions during this period. Additionally, the continued decommissioning of piped nitrous oxide systems in the Clarendon Wing at LGI is expected to contribute to further reductions in emissions from anaesthetic gases into the new financial year.

However, the scale of any reduction remains partially dependent on weather conditions. The past three years have seen unusually warm spring periods, which have contributed to great emissions reductions. It is therefore essential that the Trust continues to prioritise structural and behavioural changes to reduce emissions, rather than relying on favourable weather patterns to drive progress.

5.0 2025-26 CARBON PERFORMANCE

5.1 Overall Progress Against the 2013-14 Baseline

In the 2025-26 financial year, LTHT's total recorded emissions have been calculated as 55,717.02 tCO₂e. This represents a 40.96% reduction from the 2013-14 baseline year, equivalent to a reduction of 38,658.01 tCO₂e. Compared with the previous year (2024-25), emissions have reduced by 3,092.58 tCO₂e, as can be seen in Figure 11.

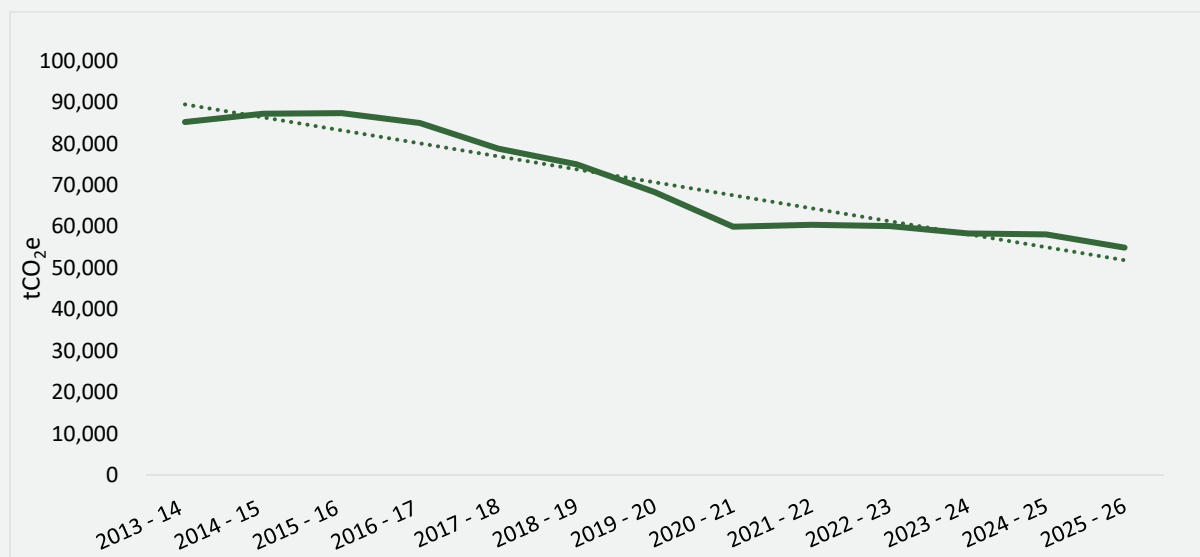


Figure 11: LTHT Total CO₂e Emissions

In 2025-26, the Trust's Scope 1 emissions (gas, oil, fleet, anaesthetic gases) accounted for 72.49% of the total recorded NHS Carbon Footprint emissions, Scope 2 (electricity) accounted for 9.04%, and Scope 3 (water, waste, business travel, inhalers) accounted for 18.47% (see Figure 12).

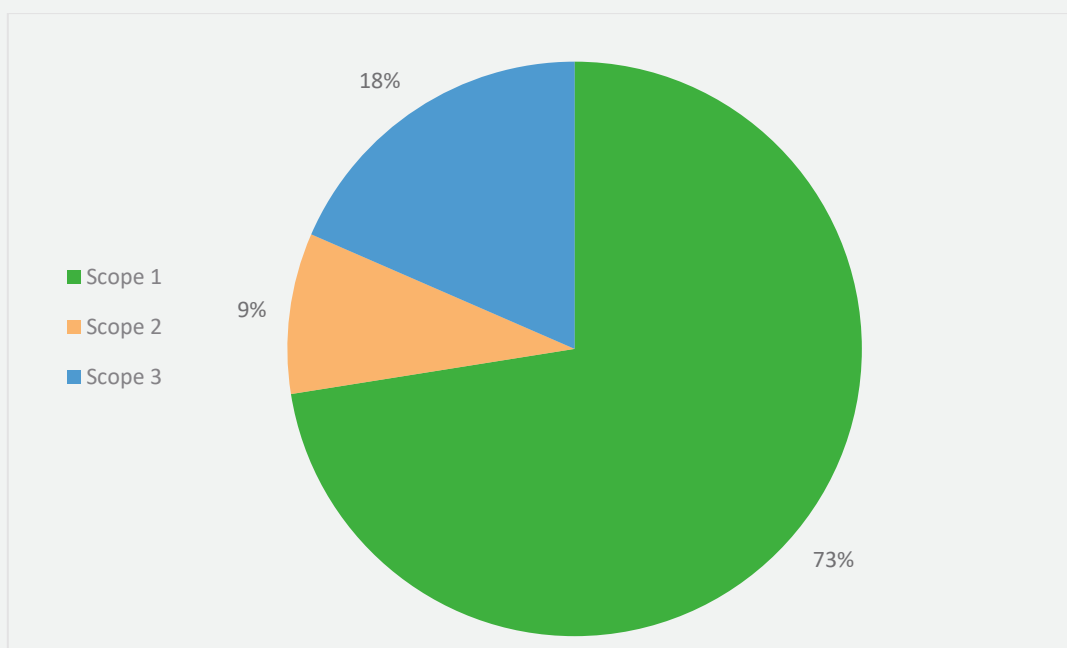


Figure 12: LTHT 2025-2026 Total Emissions by Scope

It is evident from Figure 13 that, whilst the Trust were on track (from its traditional 2013-14 baseline) to meet its NHS net-zero targets until 2021, progress on the Trust's carbon reduction has since plateaued, meaning the organisation is no longer aligned with this trajectory. However, the Trust's overall emissions pathway does remain consistent with the UK 2050 net-zero target. It is recognised that decarbonisation progress is not always linear. Sustained efforts over this past year have enabled a continuation in progress back towards alignment with NHS 2040 target trajectory. The ability of the Trust to deliver emissions reductions is heavily influenced by the availability of external funding, which varies annually and is dependent on the availability of resource and expertise. The Trust's Estates Decarbonisation Strategy (EDS) developed in 2022, estimated that approximately £52 million was necessary to ensure the 2040 net-zero goals are achieved. This strategy is currently being refreshed and shall provide an updated position on the funding required to achieve these targets. The progress achieved to date has largely been enabled through the Public Sector Decarbonisation Scheme (PSDS), which has supported significant infrastructure upgrades and emissions reductions. The PSDS is now no longer a live funding pot offered by the UK Government, so any further large scale decarbonisation project will need to be funded by other sources. Provided the Trust secures future funding to implement its updated EDS, it will still be possible to achieve net-zero for direct emissions by 2040.

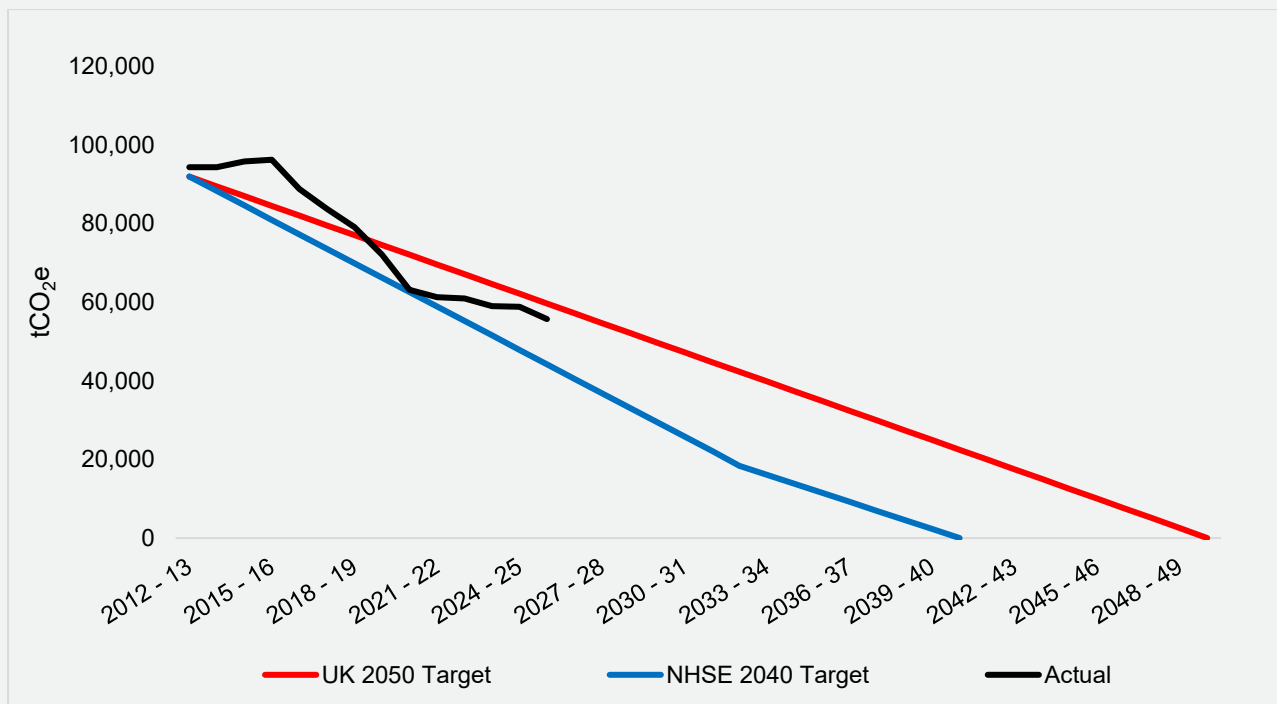


Figure 13: Carbon Reduction Progress & Targets

5.2 Key Sources of Emissions

In the 2025-26 reporting year, the Trust's carbon footprint was primarily driven by five key emissions sources:

1. Gas consumption;
2. Anaesthetic gases;
3. Electricity use;
4. Clinical waste; and
5. Business travel.

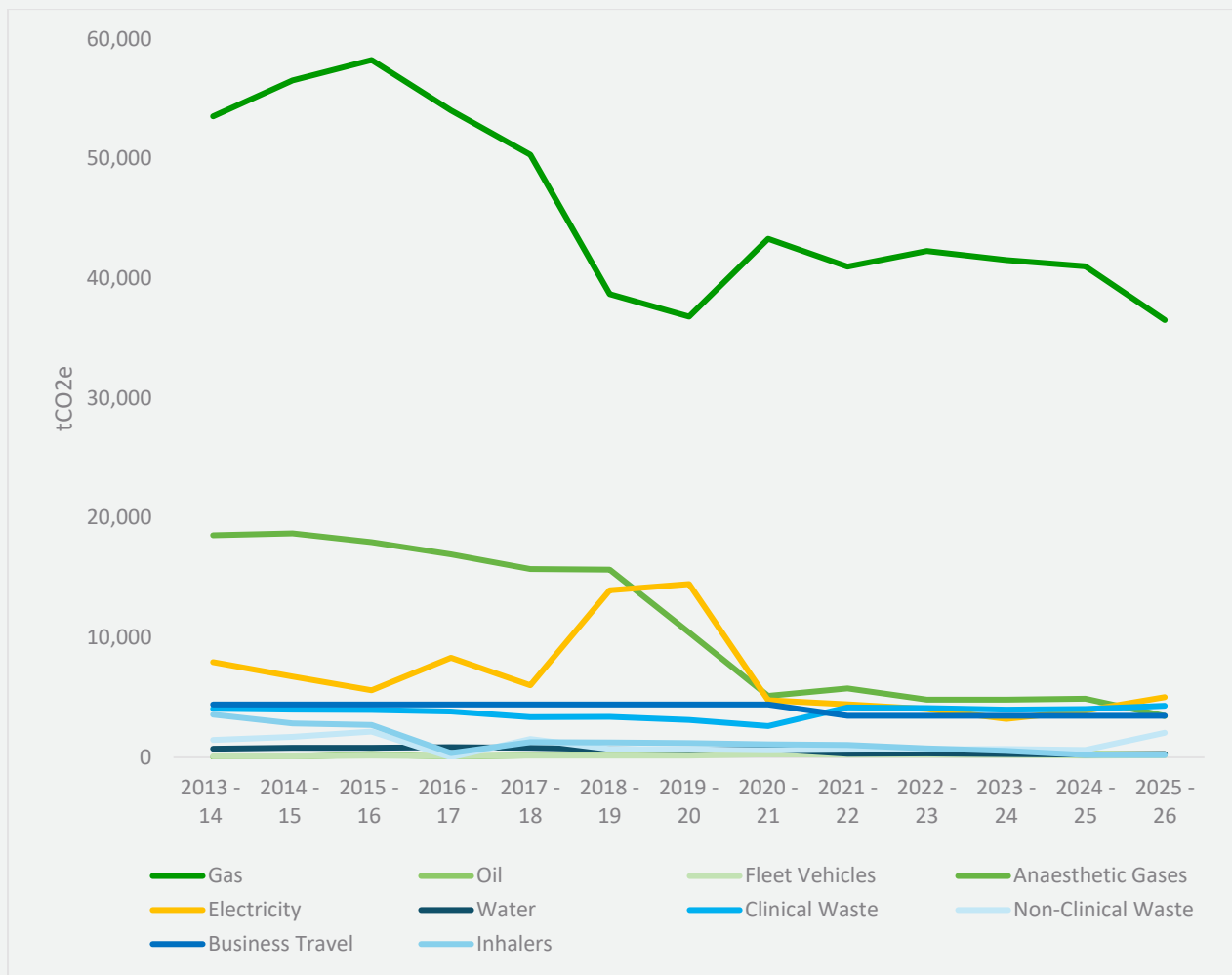


Figure 14: LTHT Emissions Annually

Together these categories represent approximately 94.74% of the total recorded CO₂e emissions produced by the Trust and are therefore discussed in more detail within this section. The breakdown of all emissions sources as a share of total recorded CO₂e is shown in Figure 15. The following section will examine each of these key emissions sources in more detail, including changes over time and the factors which have contributed to this.

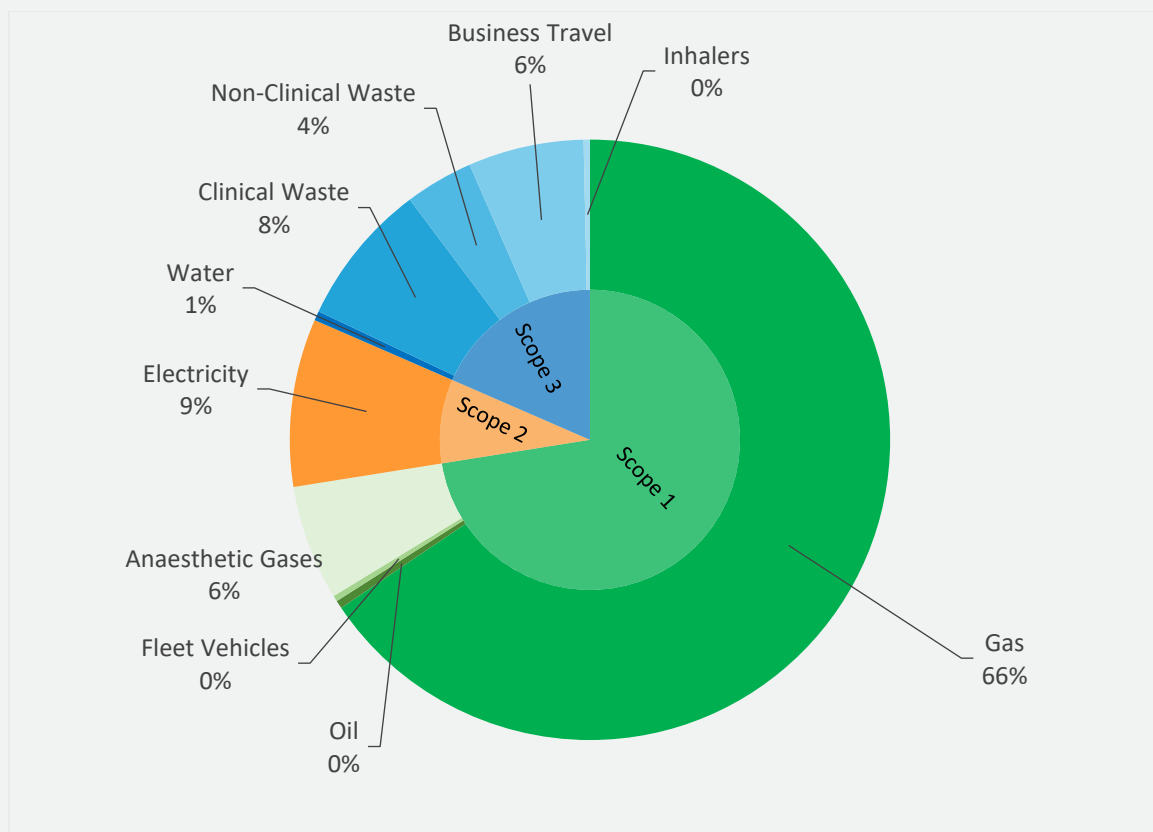


Figure 15: LTHT 2025-26 Total Emissions by Aspect

5.2.1 Gas

In 2025-26, emissions from natural gas use were the top contributor to the Trust's total recorded carbon footprint, accounting for 65.54% of total recorded emissions, equivalent to 36,520 tCO₂e. This has remained consistent since the Trust's 2013-14 baseline year, as shown in Figure 16. The Trust has achieved a reduction of 17,020.96 tCO₂e in gas-related emissions since the baseline year, and a further 4,482.97 tCO₂e reduction compared to 2024-25. During this period we have received substantial Public Sector Decarbonisation Scheme (PSDS) funding for the decarbonisation of the Trust's estate. This investment has enabled the implementation of a range of energy-saving measures, including double-glazing, roof replacements and air source heat pumps. These upgrades have enhanced the Trust's energy efficiency and contributed to a reduction in gas consumption across the estate.

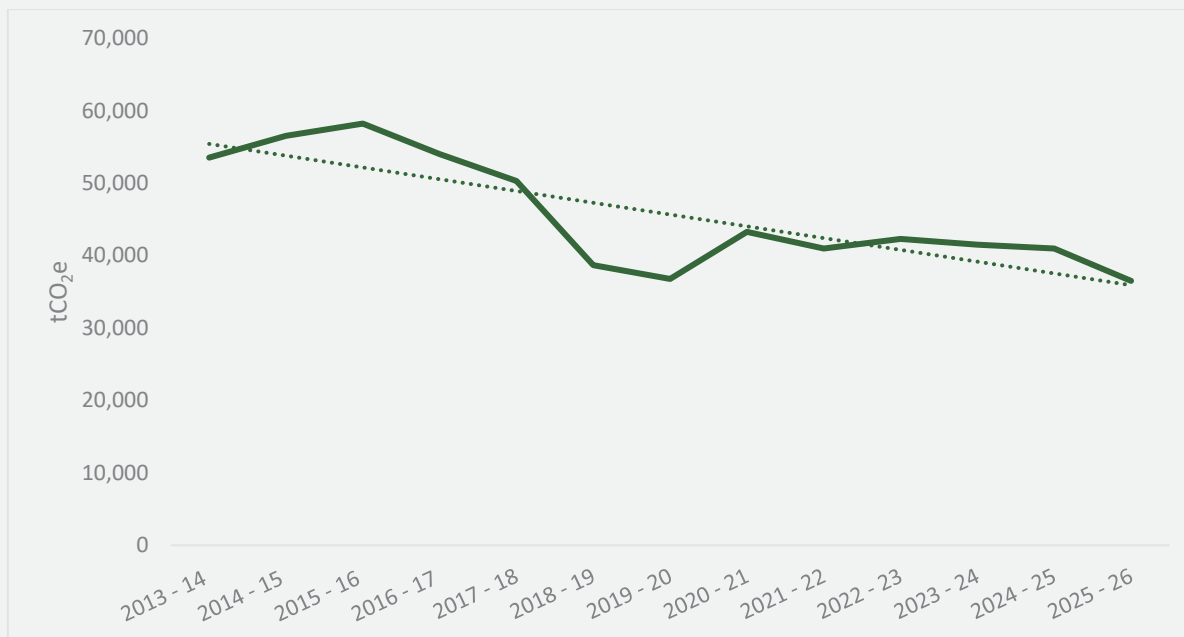


Figure 16: LTHT Quarterly Total Emissions from Gas

5.2.2 Anaesthetic Gases

In 2025-26, emissions from anaesthetic gases accounted for 6.20% of the Trust's total recorded carbon footprint, equivalent to 3,453 tCO₂e. Historically, LTHT has used a range of anaesthetic gases including desflurane, sevoflurane, isoflurane, nitrous oxide (pure), and Entonox. Despite being the second largest source of emissions last year, a sustained effort to reduce use of anaesthetic gases has enabled a massive reduction in emissions from this sourced, accompanied by this source now being only the fifth largest at the Trust. This significant reduction of 15,081.53 tCO₂e is due to the cessation of desflurane use across the Trust. In the Trust's 2013-14 baseline year, desflurane produced 6,761 tCO₂e, compared to only 755 tCO₂e from sevoflurane and 338 tCO₂e from isoflurane. This highlights how much of a positive impact the phasing out of desflurane has had on LTHT-wide emissions reductions. It is important to note that 2024-25 was the first year in which emissions from nitrous oxide and Entonox have been formally recorded. To ensure consistency in reporting, an average based on this year's data has been used to extrapolate emissions back to the 2013-14 baseline year. As a result, the revised baseline emissions are higher than previously reported but provide a more comprehensive and accurate reflection of the Trust's carbon impact.

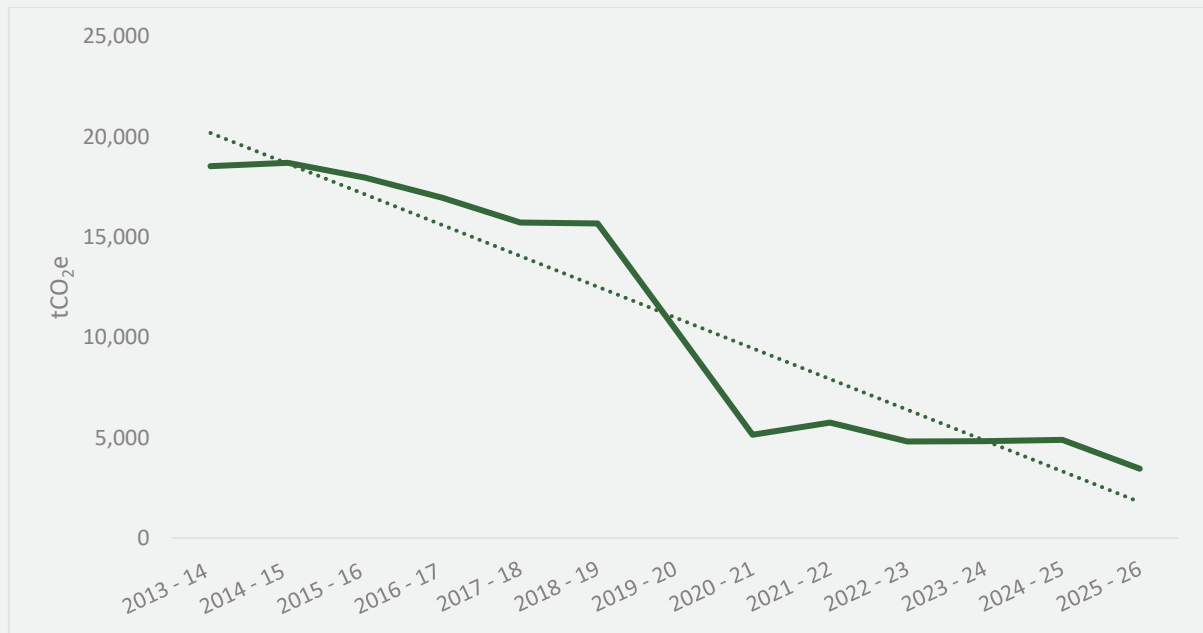


Figure 17: LTHT Total Annual Emissions from Anaesthetic Gases

5.2.3 Electricity

In 2025-26, electricity consumption (including that used for charging the Trust's electric fleet) accounted for 5,039 tCO₂e, representing 9.04% of the Trust's total recorded emissions. While electricity is now the second largest source of emissions for the Trust, it has still reduced significantly since the 2013-14 baseline year (2,903.75 tCO₂e). The Trust sources its electricity from the UK National Grid, which limits control over the specific generation mix (e.g., renewable vs fossil fuel-based). Accordingly, the emissions associated with electricity use are calculated using the UK grid average emission factor for the reporting year. Notable progress has been made in reducing electricity-related emissions, particularly since the 2019-20 reporting year, when the Trust achieved a substantial drop. This is in part due to the decarbonisation of UK grid electricity during this period, meaning further progress is dependent on the continuation in decarbonisation of the National Grid. Additionally, the installation of the CHPs has switched consumption away from electricity onto gas so this fall in electricity emissions was offset by an increase from gas emissions.

Although the reduction in emissions from electricity continued from this point to 2023-24, it has seen a rise from 2023-24 to present, including a rise of 1,132.07 tCO₂e since last year. This has been driven by the newly developed Pathology building which is fully electrified and powered by the CHP unit which is more carbon intensive than the use of grid electricity. Regardless of if this, we have still seen progress in emissions reductions from electricity consumption over the 11 years since the baseline. A key contributor to this progress has been the expansion of on-site renewables such as solar PV panels, made possible through funding

from the Public Sector Decarbonisation Scheme (PSDS). This has been used to generate electricity for the estate and reduces reliance on the grid. A further action contributing to reduced emissions is the installation of LED lighting, which has improved energy efficiency and reduced demand for electricity.

Where possible, on-site generation such as additional solar PV panels will be developed. However, the city centre location of the Trust's two main sites limits our opportunities to expand this, along with a lack of funding to support it. It is also expected that the use of electricity will increase in coming years as we work to phase out use of the onsite CHP's and focus on importing green electricity. This is expected to reduce overall emissions but will likely increase the percentage from electricity.

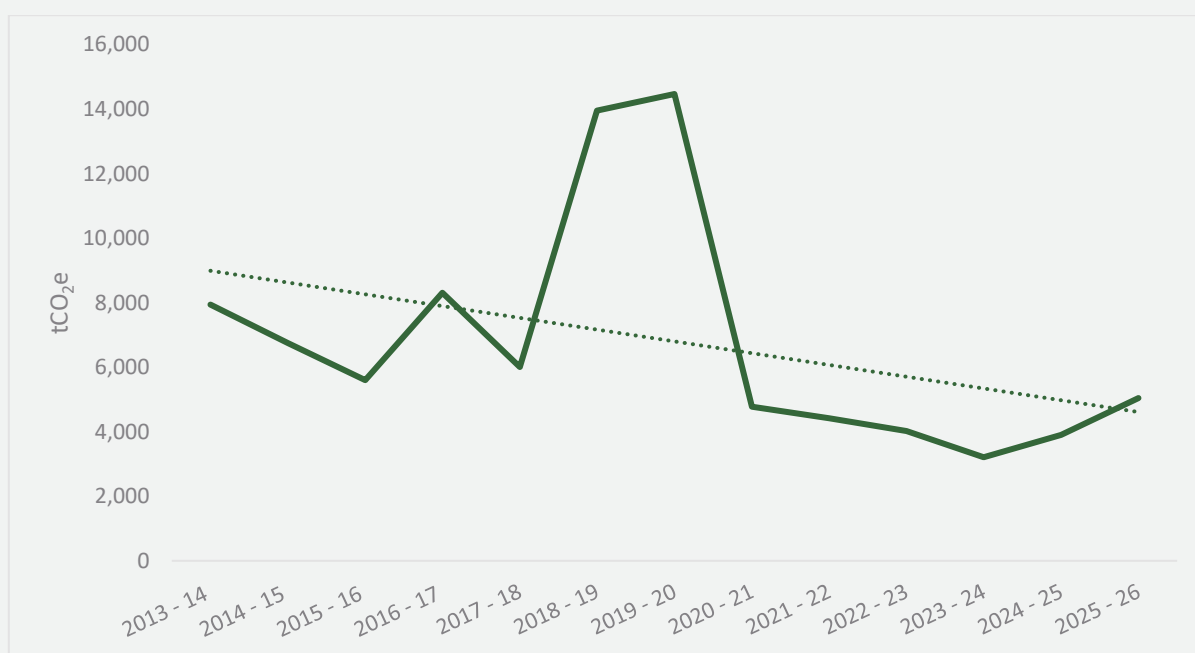


Figure 18: LTHT Quarterly Total Emissions from Electricity

5.2.4 Clinical Waste

Clinical waste includes all waste produced through operations which cannot be disposed of through the same routes as non-clinical waste, due to the harm it could cause to human health and the environment. At LTHT this is disposed of through incineration, alternative treatment, or offensive waste streams. In 2025-26, clinical waste accounted for 4,303 tCO₂e (7.72%) of LTHT total recorded emissions. This is a 234.94 tCO₂e increase from the baseline year in which emissions from this source were 4,068 tCO₂e. Although clinical waste represents a smaller proportion of overall emissions than gas and electricity use, it is still highly carbon-intensive due to both the unavoidably large quantity of this waste produced, and the energy required for high-temperature incineration and specialist handling. These processes are

essential for regulatory compliance and infection prevention but contribute significantly to the environmental impact of the Trust's waste management. Where possible, the trust has sought to improve waste segregation to minimise the volume of non-infectious materials entering clinical waste streams, diverting more appropriate materials to less carbon-intensive general or recyclable waste routes. The Trust continues to work closely with clinical teams to educate and reduce avoidable clinical waste at the Trust. As discussed within the Q4 update section of this report, in 2021-22, the Trust developed an improved system for recording and reporting clinical waste emissions. As a result, emissions data from this source for earlier years (2013-14 to 2020-21), although included within this report, have been calculated using the previous method of reporting. Data for this source in the years 2018-19 through to 2021-22 appear negligible, due to lack of reporting during this period. Moving forward, the Trust will work to develop a method for integrating historical data collected prior to these changes, to enable accurate comparisons with the 2013-14 baseline. For the purposes of this report, however, comparisons have been made from 2021-22 onwards.

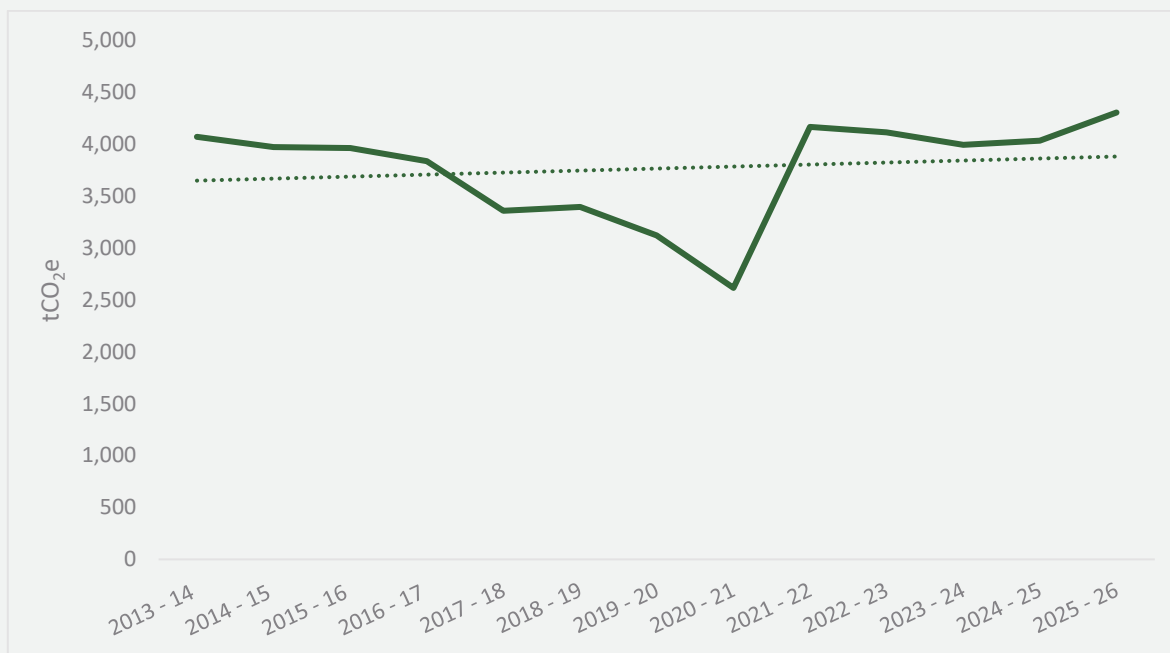


Figure 19: LTHT Quarterly Total Emissions from Clinical Waste

5.2.5 Business Travel

Business travel contributed to 6.23% of the total recorded emissions in 2025-26, with 3,470 tCO₂e from this source. This includes travel by staff for work-related purposes, such as car, taxi, and public transport journeys. Emissions for this category were calculated using an estimate based on the Trust's previous submissions to NHS England for the annual Greener NHS fleet and travel data returns. These returns are informed by expense claim data, which

details the mode of travel and associated distances or costs. Data was available for 2021-22, 2023-24, 2024-25 and 2025-26. For all other years, including the 2013-14 baseline, emissions were estimated using an average of the 2021-22 and 2023-24 figures. As a result, the baseline figure is not fully accurate and likely underestimates actual emissions for that year, particularly as significant efforts to reduce business travel emissions were made between the baseline and 2021-22 – the point from which the estimates begin. Therefore, direct comparisons with the baseline should be treated with caution. However, based on the estimates provided, emissions from business travel in 2024-25 are approximately 942.10 tCO₂e lower than those in the baseline year.

6.0 2026-27 CARBON FORECAST

Looking ahead to 2026-27, the Trust expects to see a measurable reduction in emissions as a result of several key decarbonisation initiatives already underway or planned for the coming year. Various actions committed to in the Green Plan 2025-28 and the Greener Care Plan are set to commence in the 2026-27 financial year, the success of which will shape the trajectory of the Trust's achieved emissions from this point. Similarly, the Trust will continue to expand its electric vehicle (EV) charging point infrastructure and fleet, replacing petrol and diesel vehicles to reduce emissions associated with the fleet.

In 2023, LTHT established a heat supply agreement with Leeds City Council to enable the connection of the SJUH low-carbon heat network to the Leeds PIPES district heat network. This provides the hospital with a low-carbon heat source, the effects of which are now being included within the Trust's carbon footprint. In addition, the expansion of the Trust's inhaler recycling scheme to help mitigate emissions associated with MDI and DPI inhaler use. Beyond Trust initiatives, the continued decarbonisation of the UK's national electricity grid will further reduce the carbon intensity of electricity consumption, contributing to a reduction in Scope 2 emissions.

Further decarbonisation projects from which the Trust expects to successfully reduce emissions in the long-term and return the Trust's progress to within the net-zero trajectory include the implementation of the Hospitals of the Future (HoTF) project (see Figure 20). This government allocated funding, once provided, will help reduce emissions and alleviate current financial constraints impacting decarbonisation efforts. This project is expected to massively reduce emissions at LGI and LTHT as a whole, however sufficient funding is necessary to enable its success and the project has recently been postponed, with operation expected in the late 2030s at the earliest.

In addition, the Trust will continue to work alongside the University of Leeds to identify further opportunities to decarbonise the Generating Station Complex (GSC) (see Figure 20). Success of this will assist in the Trust's ability to achieve net-zero by 2040 and support the University of Leeds in reaching their ambition of net-zero by 2030. Overall, while progress remains dependent on funding outcomes and implementation timelines, the Trust is optimistic that 2026-27 will reflect the positive impact of these initiatives on the Trust's journey toward net-zero.

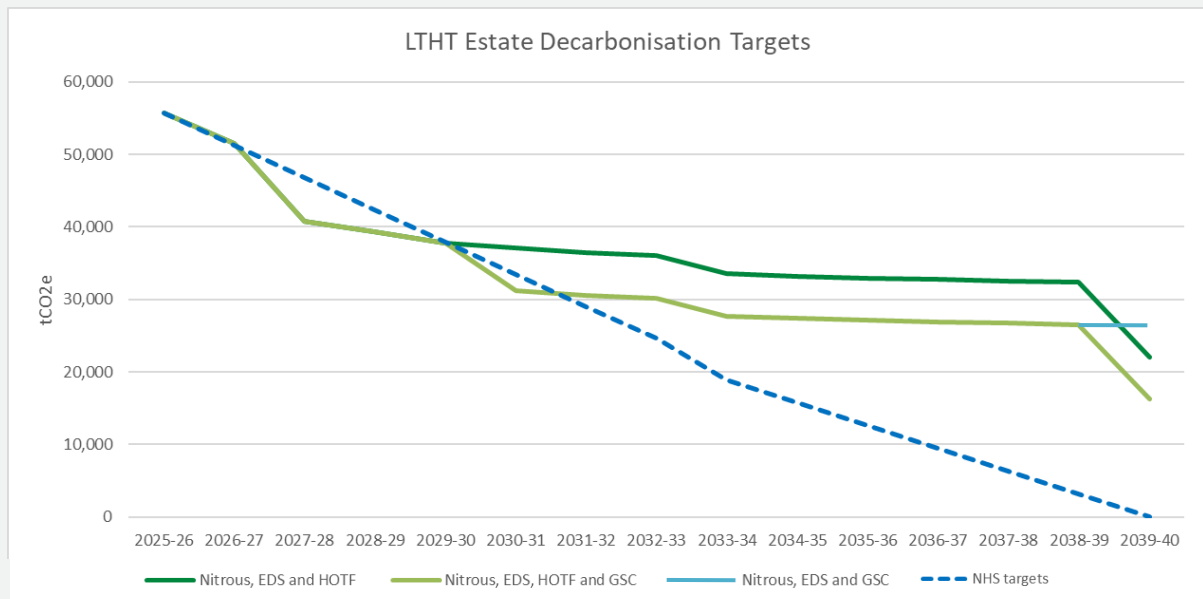


Figure 20: LTHT Carbon Emission Reduction Forecast in Different Scenarios

7.0 ALIGNMENT WITH A 1990 BASELINE

The NHS has mandated that all trusts achieve net-zero carbon for their NHS Carbon Footprint (direct emissions) by 2040 and NHS Carbon Footprint Plus (indirect emissions) by 2045. Whilst these targets serve as the ultimate carbon reduction goals that trusts should be seeking to achieve, trusts are also obligated, as part of the UK Government's Climate Change Act 2008 (amended 2019), to meet the following interim targets, to help support them on their carbon reduction journeys:

1. Reduce NHS Carbon Footprint emissions by 80% by 2032 (from a 1990 baseline).
2. Reduce NHS Carbon Footprint Plus emissions by 80% by 2039 (from a 1990 baseline).

Historically, LTHT has utilised a baseline year of 2013-14 for its carbon footprint reporting, against which the carbon emissions from all subsequent years have been compared. This baseline year was originally selected because 2013-14 was the first year from which an accurate and reliable dataset pertaining to energy and resource consumption could be obtained by the Trust. Prior to 2013-14, data pertaining to the aspects within the Trust's carbon footprint was not readily available and, tracing further back into the early 2000s and 1990s, credible carbon conversion factors for these years were not (and have still not) been explored or published by UK Government and/or other organisations who are now involved in undertaking this work.

Consequently, it is not possible to understand with accuracy or in detail what an organisation's carbon footprint likely was in the year of 1990, and this has posed challenges for NHS trusts in being able to determine the progress they have been making against the mandatory 80% reduction targets above. For example, LTHT currently uses its historical 2013-14 baseline year to determine the progress it is making against its NHS Carbon Footprint target of an 80% reduction by 2032. However, an 80% reduction from the 2013-14 baseline year suggests the trust should be achieving an annual carbon footprint of 18,875 tCO₂e by 2032. With a carbon footprint for 2025/26 which currently totals 55,717 tCO₂e, this means the trust needs to reduce its carbon footprint by an additional 36,842 tCO₂e in the next 6 years to meet the legislative milestone target above. In using a baseline year which is 23 years later than 1990 (the year against which the 80% reduction target applies), and in consideration of the carbon emission forecast seen in Figure 20, this report argues that LTHT is currently aiming for a 2032 carbon reduction target which is neither feasible nor necessary.

To address the challenges faced by NHS trusts in monitoring against and meeting their respective 80% carbon reduction targets, NHS England has, in recent years, undertaken work

to determine a suitable baseline year for trusts, based upon the UK's nationally mandated 1990 baseline reporting year, which enables for a level of standardisation amongst healthcare providers. The NHS's *Green Plan Support Tool*, as accessible on the NHS's Federated Data Platform [8], establishes the following carbon reduction targets, equivalent to a 1990 baseline:

1. Reduce NHS Carbon Footprint emissions by 47% by 2032 (from a 2019/20 baseline).
2. Reduce NHS Carbon Footprint Plus emissions by 73% by 2038 (from a 2019/20 baseline).

The graphs below (figures 21 and 22) have been developed, considering these newly established baseline years, to provide a fairer and more accurate assessment of the progress that LTHT is making on its mandatory 80% Carbon Footprint reduction target. The graphs have taken the Trust's carbon footprint as reported by the Trust in 2019/20 and have re-adjusted the carbon reduction target trajectory in line with what the trust is reasonably expected to achieve by NHS England. With a carbon baseline of 72,168 tCO₂e in 2019/20, the graphs show that not only is LTHT currently in line with the NHS carbon reduction targets, but that it is also expected to achieve an annual carbon footprint of 38,249 tCO₂e by 2032 (a 47% reduction). With a 2025/26 carbon footprint totalling 55,717 tCO₂e, a further reduction of 17,468 tCO₂e is therefore expected over the next 6 years for the Trust to be able to meet the 2032 target. This is a significantly lower, more achievable and far more justified carbon reduction target for the trust to aim for and should be used to provide assurance to the relevant regulators and stakeholders should questions be raised on the trust's carbon reduction progress.

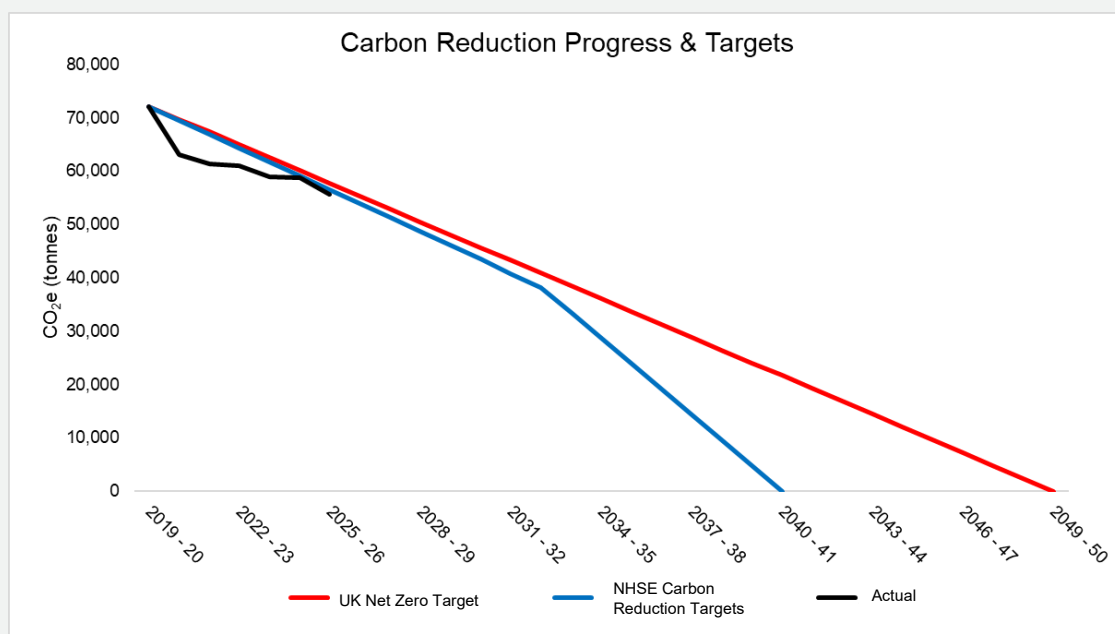


Figure 21: LTHT Progress against Target of 47% Reduction of NHS Carbon Footprint by 2032 (aligned to a 2019/20 baseline)

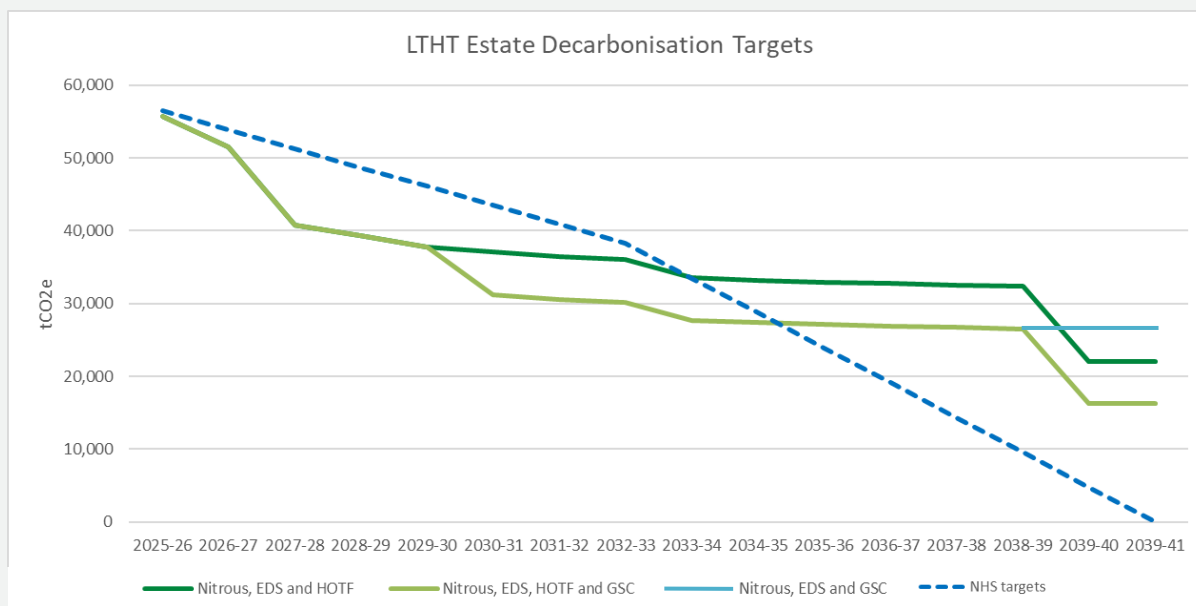


Figure 22: LTHT Carbon Emission Reduction Forecast against a Re-aligned Baseline year

At this time, LTHT has not started to calculate or report on its NHS Carbon Footprint Plus emissions, so an assessment of its supply-chain based carbon reduction progress against the 2038 target cited above cannot be made with a great deal of accuracy. However, carbon footprinting work undertaken by the NHS national team has determined LTHT's 2019/20 Carbon Footprint Plus to total 320,436 tCO₂e. This would mean that LTHT is expected to achieve an annual Carbon Footprint Plus of 86,518 tCO₂e by 2038 (a 73% reduction). With a 2024/25 Carbon Footprint Plus totalling 317,275 tCO₂e, a further reduction of 230,757 tCO₂e is therefore expected over the next 12 years for the Trust to be able to meet the 2038 target. The scale of progress required on the Trust's Carbon Footprint Plus should be investigated and mobilised by LTHT with urgency to ensure the nationally mandated reduction targets are met. A good exercise for the Trust to undertake would be to engage with its largest suppliers to present the carbon reduction targets it needs to achieve and request the support of the supply chain in meeting these.

8.0 CONCLUSION

In Q4 of 2025-26, Leeds Teaching Hospitals Trust recorded a total of 14,628.906 tCO₂e emissions, representative of approximately a 39.75% reduction compared to the same quarter of the baseline year of 2013-14. Additionally, since the 2024-25 reporting year, our total emissions for Q4 have reduced by 2,062.14 tCO₂e – representing a 12.35% reduction. Progress has been made in Q4 emissions from the baseline year to date, supported by a combination of funded decarbonisation projects and the implementation of carbon reduction measures outlined in the previous Green Plan. These initiatives continue to contribute positively toward our long-term net-zero targets.

Additionally, across the entire 2025-26 financial year, Leeds Teaching Hospitals Trust recorded a total of 55,717 tCO₂e emissions, representative of approximately a 40.96% reduction compared to the baseline year of 2013-14. Since the 2024-25 reporting year, our total emissions have reduced by 3,092.58 tCO₂e. This indicates a high level of success in our recent emissions reduction efforts, highlighting the need for continued action in 2026-27 to remain on track with our net-zero targets. Progress has been supported by a combination of decarbonisation projects and the completion – either fully or partially – of carbon reduction measures outlined in the previous Green Plan. These initiatives continue to contribute positively toward our long-term net-zero targets.

One key area in which progress has been made when comparing Q4 2025-26 to Q4 2024-25 is in natural gas consumption. This is shown by a reduction in emissions from this source over the past year of 1,547.02 tCO₂e. This shows the sustained effort and improved involvement in sustainability actions made across Estates and Facilities. Additionally, a key area of progress across the year, when compared to 2024-25 has been in anaesthetic gas use. This is shown by a reduction of 667.93 tCO₂e over the year in emissions from this source, highlighting successful work in decarbonising clinical care.

To ensure further progress is made during 2026-27 and the Trust returns to its trajectory for reaching net-zero by 2040, the Trust continues to require substantial funding and sustained investment and support, particularly in areas such as Estates and Facilities, to enable a reversal in the rising emissions from sources including natural gas, non-clinical waste and electricity consumption. Moreover, to ensure assurance can be provided to stakeholders on progress being made against the NHS's interim reduction targets, this report advocates for the re-alignment of the Trust's baseline year to 2019/20 (as equivalent to 1990).

The Trust remains committed to its net-zero targets and will continue to embed sustainability across all areas of the organisation, seeking funding opportunities where possible. The Trust is confident that the existing and planned decarbonisation projects, once implemented, will be successful in ensuring the targets are met, and the 2026-27 carbon footprint more

accurately represents the progress the Trust is continuously seeking to make. However, the delivery of these targets is contingent upon the drawdown of significant funding to implement the estates decarbonisation strategy. The future clinical strategy, and allocation of funding for decarbonisation projects, remains the biggest risk to the ability of LTHT to meet future net zero targets.

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