



KOPE-MEDICS LTD

CARBON REDUCTION PLAN

Achieving Net Zero by 2040

PPN 006 / PPN 06/21 compliant · GHG Protocol · NHS Net Zero Supplier Roadmap aligned

DOCUMENT CONTROL	
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Approved by	Olakunle Opejin — Managing Director / Nominated Individual (Sustainability)
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This Carbon Reduction Plan has been reviewed and signed off by the Managing Director / Nominated Individual.

1. EXECUTIVE SUMMARY

Kope-Medics Ltd is a UK-based complex care provider regulated by the Care Quality Commission (CQC Provider 1-9080444609), delivering personal care, supported living and complex-needs services across London and the wider South-East. As a healthcare supplier to NHS Integrated Care Boards (ICBs) and Local Authority commissioners, we recognise our duty to contribute to the Greener NHS net zero ambition and to operate in a manner consistent with the UK's statutory commitment to Net Zero greenhouse-gas emissions.

Kope-Medics Ltd commits to achieving **Net Zero greenhouse-gas emissions by 2040** — ten years ahead of the UK statutory target — for all UK operations within the scope of this Plan.

Strategic position at a glance

Total emissions (2024)	41.72 tCO ₂ e — see §5 for restatement note
Largest single source	Employee commuting — 33.36 tCO ₂ e (80.0% of total)
Net Zero target	2040 (10 years ahead of UK statutory 2050 target)
Interim milestone (2030)	29.20 tCO ₂ e — a 30% absolute reduction vs. 2022 baseline
Strategic focus	Reduce employee-commuting emissions through geographic rota matching, EV transition, hybrid working and active-travel incentives
Governance	Quarterly Sustainability Committee, chaired by the Director
PPN compliance	PPN 06/21 (legacy) and PPN 006 (Procurement Act 2023) — fully aligned
NHS roadmap	Aligned with NHS Net Zero Supplier Roadmap milestones April 2027, April 2028 and 2030

Five priority commitments

- **1. Address employee commuting first.** Geographic clustering of care packages, mileage-aware rota planning, salary-sacrifice EV scheme and Cycle-to-Work — targeting a 25% absolute reduction in commuting emissions by 2030.
- **2. Decarbonise the fleet.** Transition the company fleet to ultra-low-emission vehicles (ULEV) by 2030 in line with the UK ZEV mandate; eliminate diesel by 2028.
- **3. Strengthen Scope 3 data integrity.** Implement annual employee commuting survey, formal waste contractor with documented uplifts, and supplier carbon questionnaire by Q4 2026.
- **4. Embed sustainability in governance.** Quarterly Sustainability Committee with KPI dashboard reporting into the existing CQC governance framework alongside safeguarding (CR74), IPC (CC34) and clinical governance.
- **5. Digital-first care delivery.** Continued investment in OneTouch electronic care planning to eliminate paper records, reduce travel for documentation, and minimise office printing — already preventing an estimated 250 kg of paper consumption per annum.

2. NET ZERO COMMITMENT & STRATEGIC CONTEXT

2.1 Net Zero commitment

Kope-Medics Ltd is committed to achieving **Net Zero greenhouse-gas emissions by 2040** across all UK operations, covering Scope 1, Scope 2 and the five PPN-required Scope 3 categories. This commitment is approved by the Managing Director / Nominated Individual and is aligned with — and exceeds — the UK Government's statutory 2050 target under the Climate Change Act 2008 (as amended).

2.2 Strategic context — why this matters for Kope-Medics

As a healthcare supplier whose principal customers are NHS Integrated Care Boards and Local Authority commissioners, Kope-Medics operates within a procurement environment where carbon performance is becoming a contractual and qualifying requirement, not merely a reputational consideration. The relevant policy and procurement drivers are:

- **PPN 06/21** (Taking account of Carbon Reduction Plans in major government procurement) — original framework for CRPs in central government tenders >£5m.
- **PPN 006** — issued under the Procurement Act 2023 and in force from 24 February 2025; supersedes PPN 06/21 with updated thresholds (now inclusive of VAT).
- **NHS Net Zero Supplier Roadmap** (NHS England, 2021; updated 2024) — extends CRP requirements to all NHS procurements regardless of value from April 2024, requires global-emissions reporting from April 2027, product-level footprints from April 2028, and operates a qualification gate from 2030 via the Evergreen Supplier Assessment.
- **Greener NHS strategy** (NHS England, 2020; *Delivering a Net Zero NHS*) — Net Zero for the NHS Carbon Footprint by 2040 and the NHS Carbon Footprint Plus by 2045.
- **Health and Care Act 2022** — places a statutory duty on the NHS in England to contribute to the achievement of UK climate change targets.

Kope-Medics is classified as a Small-to-Medium Enterprise (SME) and is therefore eligible for the two-year grace period that NHS England has indicated will apply to SMEs and Voluntary, Community and Social Enterprises (VCSEs) at each Roadmap milestone. This Plan does not rely on that grace period and intentionally targets full compliance at each milestone date as a competitive differentiator in tendering.

3. REPORTING BOUNDARY, METHODOLOGY & DATA INTEGRITY

3.1 Methodology summary

This Carbon Reduction Plan has been prepared in accordance with the Technical Standard for the Completion of Carbon Reduction Plans published in support of PPN 06/21 (now PPN 006). It uses internationally recognised carbon-accounting standards and UK Government emission conversion factors. The methodology is summarised below:

Reporting standard	Greenhouse Gas (GHG) Protocol Corporate Standard
Scope 3 standard	GHG Protocol Corporate Value Chain (Scope 3) Standard
Scope 1 & 2	Operational control approach, in line with SECR requirements
Conversion factors	DESNZ UK Government GHG Conversion Factors for Company Reporting (year-matched to the reporting period)
Greenhouse gases	All six gases covered by the Kyoto Protocol: CO ₂ , CH ₄ , N ₂ O, HFCs, PFCs, SF ₆ (NF ₃ from 2014 amendment also included where present)
Reporting unit	Tonnes of carbon-dioxide equivalent (tCO ₂ e)
Reporting period	Calendar year (1 January – 31 December)
Baseline year	2022
Organisational boundary	All Kope-Medics Ltd UK operations under operational control
Geographic scope	United Kingdom (England); global emissions reporting will be added from April 2027 in line with NHS Roadmap
Data sources	Fleet mileage logs; energy invoices (gas & electricity); employee commuting survey (annual); supplier delivery records; waste-transfer notes (from 2026)
Calculation tool	Spreadsheet-based calculator using DESNZ factors, externally calculated by GovData (2023 baseline) — internalised from 2026 with optional independent verification
Verification	Internal review by Sustainability Committee; external assurance to be considered from 2027 onwards (limited assurance, ISAE 3000)

3.2 Scope inclusions

Scope	Sources included	Notes
Scope 1	Company fleet (vehicle fuel combustion)	No on-site combustion (boilers, gensets) or fugitive emissions (f-gases) — confirmed nil
Scope 2	Purchased electricity and gas for office heating, lighting, ICT	Reported using location-based method; market-based to be added once renewable tariff is procured (target 2026)
Scope 3	Five PPN-required categories: business travel; employee commuting; upstream transport & distribution; downstream transport & distribution; waste generated in operations	Other Scope 3 categories (purchased goods & services, capital goods) to be added from 2027 in line with NHS Roadmap

3.3 Data integrity statement

Kope-Medics acknowledges that the strength of any Carbon Reduction Plan rests on the integrity of the underlying data. The following limitations of the 2022 baseline and 2024 reporting year are openly declared, together with the actions being taken to address them:

Limitation	Impact	Improvement action (with target date)
2024 figures replicate 2022 baseline	Identical reporting may suggest no annual re-measurement was performed; this reduces credibility for tender purposes.	Independent re-measurement for the 2025 reporting year (Q1 2026), using primary data wherever available; figures will be restated and any prior estimates flagged.
Employee commuting estimated, not surveyed	Largest emission source (80%) is calculated from average distance and modal assumptions rather than a primary employee survey.	Annual Employee Commuting Survey launching Q2 2026; results to be reflected in the 2026 reporting year CRP.
Waste data not under direct Kope-Medics control	Waste is reported as 0.00 tCO ₂ e because Kope-Medics does not currently hold primary waste data. Under a mixed-control operating model, office waste is collected under the property manager's facilities arrangements, supported-living waste is managed under tenancy-specific arrangements that vary by site, and clinical/PPE waste arises only where personal-care activities generate it. The 0.00 figure reflects a data-visibility limitation, not an absence of waste.	Map waste arrangements across all sites by Q2 2026; engage property managers, landlords and FM contractors to request annual consumption data; introduce proportionate internal proxies (e.g. bag counts, uplift logs) where direct data is unavailable; review the case for a Kope-Medics-direct waste contract as the organisation grows. Clinical/PPE waste, where present, continues to be segregated and disposed of in line with HTM 07-01.
Scope 2 limited to office only	Energy use at supported-living settings under Kope-Medics' operational control may not be fully captured.	Boundary review by Q1 2026 to confirm operational-control allocation across all sites.
Calculation outsourced	2022 baseline calculated by GovData (2023); methodology assumed correct but not internally auditable line-by-line.	Internalise calculation methodology by 2026; retain external sense-check; consider limited assurance from 2027.

4. BASELINE EMISSIONS FOOTPRINT (2022)

The 2022 calendar year was the first year in which Kope-Medics measured its operational greenhouse-gas emissions. The baseline footprint, calculated by GovData (2023) using DESNZ conversion factors and the GHG Protocol Corporate Standard, is set out below. This baseline is the reference point against which all subsequent reduction performance is measured.

Emissions (2022)	tCO ₂ e	% of total
Scope 1 — direct emissions (fleet)	6.82	16.3%
Scope 2 — indirect emissions (purchased energy)	0.55	1.3%
Scope 3 — value-chain emissions	34.35	82.3%
Business travel	0.00	0.0%
Employee commuting	33.36	80.0%
Upstream transport & distribution	0.92	2.2%
Downstream transport & distribution	0.07	0.2%
Waste generated in operations	0.00	0.0%
TOTAL EMISSIONS	41.72	100.0%

4.1 Baseline narrative

Scope 1 — Direct emissions

Scope 1 emissions of 6.82 tCO₂e arise solely from fuel combustion in Kope-Medics' company fleet. The organisation does not operate boilers, on-site stationary combustion, manufacturing processes or refrigerant-containing plant requiring f-gas reporting.

Scope 2 — Purchased energy

Scope 2 emissions of 0.55 tCO₂e arise from purchased electricity and gas consumed at the registered office for heating, lighting and ICT use. Emissions are reported using the location-based method, which is the basis required by the GHG Protocol for organisational reporting.

Scope 3 — Value-chain emissions

Scope 3 emissions of 34.35 tCO₂e represent 82.3% of the total footprint. Of this, employee commuting (33.36 tCO₂e) is overwhelmingly dominant — accounting for 80.0% of the entire organisational footprint. This single metric defines the strategic focus of the Carbon Reduction Plan: a credible reduction pathway for Kope-Medics is, in practical terms, a credible plan for reducing employee-commuting emissions.

Waste generated in operations is reported as 0.00 tCO₂e in the baseline year. This reflects a data-visibility limitation rather than a real-world absence of waste: Kope-Medics operates a mixed-control waste model in which office waste is collected under the property manager's facilities arrangements, supported-living waste is managed under tenancy-specific arrangements that vary by site, and clinical/PPE waste arises only from personal-care activities where required. The proportionate improvement plan set out in §3.3 and §7.4 describes how Kope-Medics will close this data gap as the organisation grows.

5. CURRENT EMISSIONS REPORTING (2024)

Emissions (2024)	tCO ₂ e	% of total
Scope 1 — direct emissions (fleet)	6.82	16.3%
Scope 2 — indirect emissions (purchased energy)	0.55	1.3%
Scope 3 — value-chain emissions	34.35	82.3%
Business travel	0.00	0.0%
Employee commuting	33.36	80.0%
Upstream transport & distribution	0.92	2.2%
Downstream transport & distribution	0.07	0.2%
Waste generated in operations	0.00	0.0%
TOTAL EMISSIONS	41.72	100.0%

Note on waste. As with the 2022 baseline, waste generated in operations is reported as 0.00 tCO₂e because Kope-Medics does not currently hold primary waste data under its mixed-control waste model — see §7.4. This is a data-visibility limitation, not an absence of waste in operations.

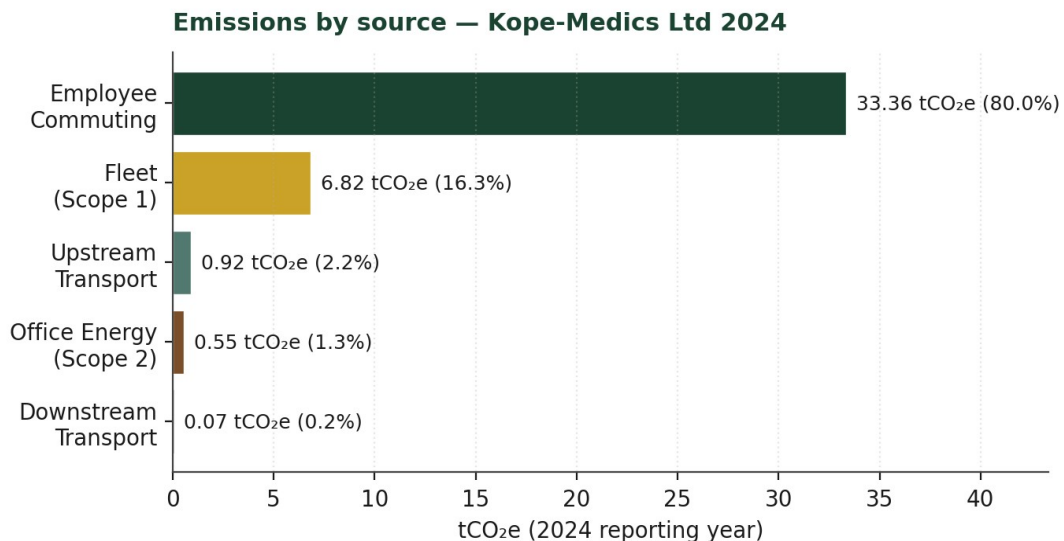


Figure 1 — Distribution of 2024 emissions by source

5.1 Note on year-on-year comparison

RESTATEMENT NOTE. The 2024 reporting-year figures presented above replicate the 2022 baseline. This reflects a limitation in the data-collection cycle for the period concerned (a full re-measurement was not commissioned for 2023 or 2024) rather than a real-world stagnation in emissions. Kope-Medics openly acknowledges that this materially weakens the year-on-year insight that this Plan would otherwise provide.

To restore data integrity and to align with NHS Net Zero Supplier Roadmap expectations, Kope-Medics commits to the following corrective actions:

- **Independent re-measurement of 2025 emissions** during Q1 2026, using primary data sources (mileage logs, energy invoices, supplier delivery records, employee commuting survey).
- **Annual recalculation thereafter**, with the CRP republished by 31 March each year and the previous version retained on the Kope-Medics website for transparency.
- **Restatement triggers** clearly defined: a recalculation of the baseline will be triggered by any structural change >5% (e.g. acquisitions, organisational restructuring, methodology change).

- **External assurance** to be commissioned from the 2027 reporting year onwards, providing limited assurance to ISAE 3000 standard.

5.2 Intensity metrics (commitment to add from 2025 reporting year)

From the 2025 reporting year onwards, Kope-Medics will report alongside absolute emissions the following intensity metrics, which are more meaningful for comparison and contracting purposes:

Intensity metric	Calculation	Use
tCO₂e per FTE	Total emissions ÷ average FTE headcount	Workforce-normalised performance benchmark
kgCO₂e per care contact hour	Total emissions ÷ total commissioned contact hours	Service-normalised metric for ICB / LA tenders
kgCO₂e per £ revenue	Total emissions ÷ annual turnover	Standard SECR-style economic intensity
Fleet kgCO₂e per mile	Scope 1 emissions ÷ total fleet mileage	Tracks fleet decarbonisation progress directly

6. EMISSIONS REDUCTION PATHWAY

Kope-Medics has set six interim milestones between the 2022 baseline and Net Zero in 2040. The pathway has been deliberately strengthened compared to the previous version of this Plan (which set a single 25% target by 2030), in order to align with the NHS Net Zero Supplier Roadmap and to provide commissioners with a credible, milestone-based trajectory.

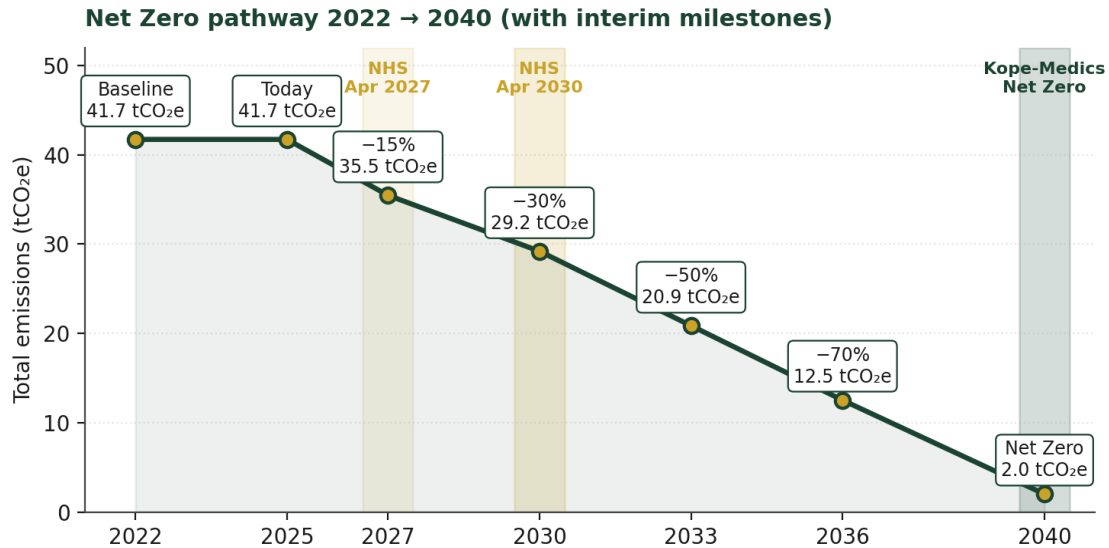


Figure 2 — Net Zero pathway 2022 → 2040

6.1 Milestone trajectory

Year	Milestone	Target tCO ₂ e	Reduction	Strategic alignment
2022	Baseline	41.72	—	Baseline year established (GovData)
2025	Today	41.72*	0%*	*Restated upon Q1 2026 re-measurement
2027	Milestone 1	35.46	-15%	Apr 2027: aligned with NHS global-emissions reporting requirement
2030	Milestone 2	29.20	-30%	Apr 2030: aligned with NHS Evergreen qualification gate
2033	Milestone 3	20.86	-50%	Halfway point — fleet fully ULEV
2036	Milestone 4	12.52	-70%	Residual emissions only from non-electrifiable activities
2040	Net Zero	≤2.00	≥-95%	Residual ≤5% offset via verified high-quality removals

6.2 Approach to residual emissions and offsetting

Kope-Medics will pursue absolute emissions reductions as its primary lever and will avoid reliance on offsets to meet interim milestones. Offsetting will be used solely to neutralise residual emissions in the 2040 Net Zero year, and only through:

- Verified, certified high-quality carbon removals (e.g. Verra VCS, Gold Standard, or UK-based Woodland Carbon Code / Peatland Code).
- Where practicable, UK-domiciled removals to maximise local social-value impact.
- A residual cap of no more than 5% of the 2022 baseline (i.e. ≤2.09 tCO₂e at 2040).
- Full disclosure of the offset register in the annually published CRP.

7. CARBON REDUCTION STRATEGY — BY EMISSION SOURCE

This section sets out the targeted reduction strategy for each material emission source. Tactical actions, owners and KPIs are consolidated in the Operational Initiatives Register at §8.

7.1 Scope 1 — Fleet (16.3% of footprint)

The Kope-Medics fleet is used for staff transport between domiciliary visits and for managerial travel between operational sites. The strategy is to electrify the fleet within the timeframe of the UK Zero-Emission Vehicle (ZEV) mandate.

- **Diesel phase-out by 2028.** No new diesel vehicles purchased or leased from 2025 onward; all replacements to be petrol-hybrid (HEV/PHEV) as a minimum, ULEV preferred.
- **Full ULEV transition by 2030.** 100% of company fleet to be Battery-Electric (BEV) or Plug-in Hybrid (PHEV) by 2030.
- **Workplace charging infrastructure.** Install ≥ 2 EV charge points at the registered office by Q4 2026, funded via OZEV Workplace Charging Scheme.
- **Driver behaviour.** Eco-driving training as part of induction; quarterly mileage-vs-route-efficiency review.
- **Telematics.** Deploy fleet telematics from 2026 to track per-vehicle CO₂e, idling time, and harsh-driving events as a primary data source for Scope 1.
- **Electric / Hybrid pool cars.** Introduce a minimum of one shared BEV or PHEV pool car, available for booking by all staff for high-frequency operational routes (e.g. cross-site visits, assessments, training attendance). Pool car use replaces ad-hoc personal-vehicle mileage claims and reduces the incentive for private-car use on short operational journeys. Uptake tracked quarterly via the booking log; mileage displacement reported annually as a Scope 1 and Scope 3 reduction metric.

7.2 Scope 2 — Purchased energy (1.3% of footprint)

Scope 2 is a small but symbolically important source. The strategy is to procure 100% renewable electricity, reduce absolute consumption, and ultimately decarbonise heating.

- **Renewable electricity tariff.** Switch the registered office to a REGO-backed 100% renewable electricity tariff at the next contract break (target: by Q4 2026).
- **LED lighting upgrade.** Complete by Q2 2026; expected ~40% reduction in lighting electricity consumption.
- **Smart meter & half-hourly data.** Already installed; quarterly consumption review by the Sustainability Committee.
- **Heating decarbonisation.** Feasibility study for air-source heat pump replacement of gas boiler at next end-of-life event (≥ 2030 horizon).
- **Energy management policy.** Strengthen the existing 'Lights Out Policy' to a formal Energy Management Procedure with monthly walk-rounds and out-of-hours equipment audit.

7.3 Scope 3 — Employee commuting (PRIORITY — 80% of footprint)

Employee commuting is the dominant emission source for Kope-Medics and reflects the geographically dispersed nature of complex care delivery. Reducing commuting emissions requires operational redesign — not exhortation. The strategy is therefore built around how care is rostered, not how staff are encouraged to travel.

Geographic rota optimisation

- **Geographic clustering.** Care packages to be allocated to staff whose home postcodes fall within a defined travel-time radius (target: ≤ 30 minutes one-way). Implemented through OneTouch rostering rules from Q3 2026.
- **Mileage-aware scheduling.** Add total daily mileage as a hard constraint in the rota algorithm; care coordinators to receive a daily mileage report.
- **Round-trip minimisation.** Reduce service-user-to-service-user travel during a shift through round-trip-optimised scheduling — target 15% reduction in inter-call mileage by 2027.

- **Recruitment by catchment.** HR to prioritise local recruitment within defined catchments where service demand justifies it; reduces commute distance at the point of hiring.

Hybrid working for office-based roles

- **Formal hybrid policy.** Office-based roles (RM, compliance, HR, finance, coordination) to be ≥40% home-based by default unless service-critical reasons require physical presence. Implemented Q1 2026.
- **Virtual-first meetings.** Internal meetings default to Microsoft Teams; in-person meetings require a documented justification for travel.

Digital operational systems — reducing commuting demand

Beyond physical journey reduction, Kope-Medics uses digital systems to eliminate journeys that would otherwise be made solely for administrative or coordination purposes. This is a structural lever: fewer unnecessary journeys by design, not by instruction.

- **Digital rotas via OneTouch.** Rotas published, amended and accessed digitally — eliminating the need for staff to travel to the office to collect or confirm schedules. Target: 100% of rotas managed and distributed digitally, with real-time access from mobile devices, from Q3 2026.
- **eMAR (electronic medicines administration records).** Digital completion of MAR records at point of care, via mobile device, removes the need for paper-based documentation runs and the office journeys they generate. Aligned with CQC safe medicines management expectations and the existing OneTouch infrastructure.
- **Electronic timesheets.** Staff complete and submit timesheets digitally, removing the need to attend the office for payroll sign-off. Supports the hybrid working policy by decoupling administrative tasks from physical presence. Target: fully paperless payroll process by Q4 2026.

Active travel & low-carbon commuting

- **Cycle-to-Work scheme.** Live by Q4 2025 — interest-free salary sacrifice for bicycles, e-bikes and accessories.
- **Salary-sacrifice EV scheme.** Live by Q2 2026 — enables staff to lease an EV through tax-efficient salary sacrifice.
- **Public transport season-ticket loan.** Interest-free annual season-ticket loan available to all staff from Q1 2026.
- **Car-share matching.** Internal car-share register hosted on Kope-Medics intranet; lift-givers compensated at HMRC-approved 5p-per-passenger rate.

7.4 Scope 3 — Other categories (2.4% of footprint)

Business travel

- **Default to public transport** for all journeys >50 miles; rail to be selected over short-haul flights for any future training or conference travel.
- **Mileage-claim guidance** revised in 2026 to include carbon impact alongside cost; CO₂e-per-journey tracking introduced.
- **Virtual training as default.** All mandatory and continuous professional development (CPD) training to be delivered online by default, unless face-to-face attendance is a regulatory or competency requirement (e.g. practical clinical skills sign-off). Eliminates staff travel to external training venues and reduces venue-hire emissions. Applies to: induction modules, safeguarding refreshers, MCA/DoLS, Oliver McGowan Tier 1, fire safety, and all non-clinical CPD. Target: ≥80% of training hours delivered virtually by 2027; compliance tracked via the training management system.

Upstream and downstream transport

- **Consolidated PPE deliveries** — monthly bulk orders rather than ad-hoc delivery; supplier scoring includes delivery frequency.
- **Local supplier preference** — procurement scoring matrix adds a 5% weighting for suppliers within 50 miles, in line with social-value commitments.
- **Supplier carbon questionnaire** — issued to top 10 suppliers (by spend) annually from 2026; results used to inform supplier review meetings.

Waste generated in operations

DATA LIMITATION. Waste is reported as 0.00 tCO₂e in this Plan because Kope-Medics does not currently hold primary waste data. This reflects a mixed-control operating model rather than an absence of waste and is being addressed through proportionate improvement actions appropriate to organisation size.

Mixed-control waste model

- **Office waste** is managed under the building's facilities arrangements by the property manager / landlord / Local Authority collection. Kope-Medics does not hold the disposal contract, the transfer notes or the volumetric data directly.
- **Supported-living waste** is managed under arrangements that vary by site, depending on tenancy structure and which party (landlord, commissioning Local Authority, support provider or service user) holds operational control of household waste at each address.
- **Clinical and PPE waste** is generated only where personal-care activities require it (e.g. specific clinical or continence-related tasks). Where present, this is a small-volume stream segregated and disposed of in line with HTM 07-01 (Safe Management of Healthcare Waste), regardless of who provides the collection service.

Proportionate improvement plan

- **Mapping (Q1–Q2 2026):** document the waste arrangement at every site Kope-Medics operates from, identifying the responsible party, contract holder and available data source for each stream.
- **Engagement (from Q3 2026):** request annual waste-volume or weight data from property managers, landlords and FM contractors; capture this evidence in the supplier register.
- **Internal monitoring (from Q3 2026):** introduce simple proxies where direct data is unavailable — bag counts, container-uplift logs, recycling-vs-residual splits at the registered office.
- **Clinical / PPE compliance (ongoing):** maintain HTM 07-01 segregation, staff training and disposal arrangements wherever clinical waste is generated, irrespective of which party collects it.
- **Review trigger:** the case for a Kope-Medics-direct waste contract will be reviewed once direct contractor control becomes proportionate to organisation size — provisional trigger of ≥3 directly-controlled premises, or commissioner request.
- **Reduction levers within Kope-Medics' control:** reusable PPE alternatives where clinically appropriate; OneTouch digital-first care planning continues to eliminate paper care plans, MAR sheets and supervision records, with an estimated saving of ≥250 kg of paper per annum.

8. OPERATIONAL INITIATIVES REGISTER

The following is the consolidated register of carbon-reduction initiatives, each with a named owner, a measurable KPI and a deadline. The register is reviewed quarterly by the Sustainability Committee.

#	Initiative	Owner	KPI / measurable outcome	Deadline
1	Annual employee commuting survey	HR Officer	≥80% response rate; survey results feed 2026 CRP	Q2 2026
2	Geographic clustering of care packages via OneTouch	Care Coordination Lead	Average commute distance reduced by ≥10% vs. 2025 baseline	Q3 2026
3	Mileage-aware scheduling rules	Care Coordination Lead	Daily mileage report live; total inter-call miles –15% by 2027	Q1 2026
4	Hybrid working policy for office-based roles	Sustainability Lead (RM)	≥40% remote working for eligible roles; quarterly audit	Q1 2026
5	Cycle-to-Work scheme	HR Officer	Scheme live; ≥10% staff uptake by 2027	Q4 2025
6	Salary-sacrifice EV scheme	HR / Finance	Scheme live; ≥3 staff enrolled by 2027	Q2 2026
7	Diesel phase-out from fleet procurement	Deputy Manager (Operations)	Zero new diesel orders from Jan 2025; full ULEV by 2030	Ongoing → 2030
8	Workplace EV charging points	Sustainability Lead (RM)	≥2 charge points operational; OZEV grant claimed	Q4 2026
9	REGO-backed renewable electricity tariff	Finance Officer	100% renewable on next contract renewal	Q4 2026
10	LED lighting upgrade	Deputy Manager (Operations)	100% LED office-wide; ≥40% lighting kWh reduction	Q2 2026
11	Map waste arrangements across all sites & engage property managers / landlords for data	Deputy Manager (Operations)	Site-by-site waste map complete; data requests issued to all responsible parties; HTM 07-01 alignment confirmed for any clinical streams	Q2 2026
12	Supplier carbon questionnaire (top 10 by spend)	Procurement / RM	100% top-10 suppliers respond; results in supplier reviews	Q4 2026
13	OneTouch digital-first care planning	Clinical Lead	100% paperless care plans, MAR sheets, supervisions	Q4 2025 (in-flight)
14	Quarterly Sustainability Committee	Director / Nominated Individual	4 meetings per year; KPI dashboard published; minutes filed	Live from Q1 2026
15	Annual CRP republication on website	Sustainability Lead (RM)	Updated CRP published by 31 March each year	Annual
16	External assurance of CRP (limited, ISAE 3000)	Director / Finance	Independent assurance from 2027 reporting year	From 2027
17	Electric / Hybrid pool car (shared ULEV)	Director / Nominated Individual	≥1 BEV / PHEV pool car procured; booking log live; mileage displaced tracked quarterly	Q4 2026
18	Virtual training programme (online-first delivery)	Clinical Lead / RM	≥80% of training hours delivered virtually by 2027; tracked via training management system	Q2 2026
19	Digital systems expansion — eMAR,	Care	100% digital rotas, eMAR and	Q4 2026

#	Initiative	Owner	KPI / measurable outcome	Deadline
	digital rotas, electronic timesheets	Coordination Lead / Clinical Lead	timesheets live; office journey displacement measured	

9. GOVERNANCE, ROLES & ACCOUNTABILITY

This Carbon Reduction Plan is delivered through a proportionate governance framework aligned to the size, complexity, and risk profile of Kope-Medics Ltd. Sustainability is integrated into Kope-Medics’ existing governance framework, sitting alongside safeguarding (CR74 / AR01), infection prevention and control (CC34) and clinical governance.

9.1 Roles & responsibilities

Role	Post-holder	Carbon-reduction responsibilities
Managing Director	Olakunle Opejin (Director / Nominated Individual)	Ultimate accountability for Net Zero commitment; annual sign-off of the CRP; allocation of resources for delivery.
Sustainability Lead (Operational)	Joseph Ubi (Registered Manager)	Day-to-day delivery of the CRP; convenes the Sustainability Committee; responsible for KPI dashboard, data integrity and annual republication.
Clinical Lead	Maud Ankrah RNLD,BA,MBA / Afia Anim-Anno / Michelle Safo / Phaik Ee Choo	Sustainable clinical practice; HTM 07-01 waste compliance; sustainable medicines management.
Care Coordination Lead	Olumide Yusuff	Geographic clustering, mileage-aware scheduling, OneTouch rostering rules.
HR Officer	Sarah Ajayi	Employee commuting survey; Cycle-to-Work; salary-sacrifice EV; hybrid working policy.
Deputy Manager (Operations)	Favour Ayodele	Fleet decarbonisation; energy management; waste mapping & engagement with property managers / landlords; EV charging infrastructure.
Finance Officer	Gladys Ansah	Renewable tariff procurement; CRP-related capex business cases; assurance engagement.
All staff	—	Adherence to Energy Management Procedure, hybrid working policy, mileage and travel rules; participation in commuting survey.

9.2 Sustainability Committee — terms of reference

Frequency	Quarterly (March, June, September, December)
Chair	Director / Nominated Individual (Olakunle Opejin)
Standing attendees	RM (Sustainability Lead), Clinical Lead, Care Coordination Lead, HR Officer, Deputy Manager (Operations), Finance Officer
Quorum	Chair + 3 standing attendees, with at least one clinical and one operational role represented
Standing agenda	1) KPI dashboard review · 2) Initiatives Register progress (RAG) · 3) Risks & data integrity issues · 4) Supplier engagement update · 5) Lessons learned · 6) New actions

Reporting up	Minutes and dashboard tabled at the next meeting; annual report to the MD/NI with sign-off of the republished CRP
Reporting down	Summary cascaded to staff via internal communications; included in the staff sustainability training module
Document control	Minutes retained for 6 years; KPI dashboard versioned and archived

10. MONITORING, REPORTING & KPI FRAMEWORK

Performance against the Plan is tracked through a structured KPI framework with absolute, intensity, and operational measures. The dashboard is owned by the Sustainability Lead and reviewed quarterly. RAG thresholds align with the proportionate-governance approach used elsewhere in the Kope-Medics framework.

10.1 KPI dashboard

KPI	Frequency	Green	Amber	Red
Absolute total emissions (tCO ₂ e)	Annual	≤ pathway value	Within ±5%	> +5%
Scope 1 (fleet) tCO ₂ e	Quarterly	On track	Slight slippage	Off track
Employee commuting tCO ₂ e	Annual (survey-based)	On track	Slight slippage	Off track
Average commute distance (estimated via rota allocation and postcode sampling)	Annual	-10% vs. 2025	-5% to -10%	< -5%
Inter-call travel time / distance (based on rota patterns and periodic sampling)	Quarterly	-15% by 2027	Trending down	Flat or rising
% fleet ULEV	Quarterly	On pathway	Within 10%	Below pathway
% electricity from renewable tariff	Annual	100% from 2026	Tariff procured	Not procured
Waste arrangements mapped & engaged (% of sites)	Annual	100% mapped, data requested by 2027	50–99%	<50%
Top-10 supplier questionnaire response	Annual	100%	70–99%	<70%
CRP republication on website	Annual	By 31 March	By 30 April	After 30 April
Sustainability Committee meetings held	Annual	4 / 4	3 / 4	<3 / 4

10.2 Reporting cycle

- **Quarterly:** Sustainability Committee reviews dashboard; minutes to the MD/NI.
- **Annually (March):** Full CRP recalculation, Director sign-off, republication on Kope-Medics website, archive of previous version.
- **On-demand:** Tender-specific extracts of the CRP and KPI dashboard available within 5 working days of any commissioner request.
- **Triennially:** Strategic review of the CRP — methodology, baseline restatement triggers, target ambition.

11. NHS NET ZERO SUPPLIER ROADMAP — ALIGNMENT STATUS

The table below maps each NHS Net Zero Supplier Roadmap milestone to Kope-Medics' position, planned actions and risk status. Kope-Medics' SME status entitles us to a two-year grace period at each milestone; this Plan does not rely on that grace period.

Milestone	NHS requirement	Kope-Medics position	Status
April 2022	Minimum 10% net zero & social value weighting in all NHS procurement (PPN 06/20).	Embedded in tender responses.	GREEN
April 2023	CRP required for contracts >£5m (UK Scope 1, 2 + subset Scope 3).	CRP first published 2025; v2.0 (this document) supersedes.	GREEN
April 2024	CRP requirement extended to ALL NHS procurements regardless of value.	This CRP exceeds the proportionate threshold; published on website.	GREEN
April 2027	All suppliers publicly report targets, emissions and global-emissions CRP.	Boundary expansion to global emissions in 2026 reporting; data systems already aligned.	GREEN
April 2028	Product/service-level carbon footprinting for individual NHS supplies.	Service-level intensity metric (kgCO ₂ e per care contact hour) introduced from 2025.	AMBER
From 2030	Suppliers must demonstrate progress via Evergreen Supplier Assessment to qualify for NHS contracts.	30% absolute reduction milestone aligned; Evergreen registration planned for 2027.	GREEN
2040	NHS Carbon Footprint Net Zero (Greener NHS).	Kope-Medics Net Zero target year matches.	GREEN

11.1 Wider regulatory alignment

- **PPN 06/21 / PPN 006** — this CRP meets all required reporting elements.
- **Streamlined Energy and Carbon Reporting (SECR)** — Kope-Medics is currently below the SECR mandatory threshold; this CRP reports on a SECR-comparable basis on a voluntary basis.
- **Climate Change Act 2008 (as amended)** — Kope-Medics' 2040 Net Zero target sits 10 years ahead of the 2050 statutory commitment.
- **Health and Care Act 2022, s.21** — Kope-Medics actively contributes to the NHS statutory duty to support climate change targets.
- **Modern Slavery Act 2015 / PPN 02/23** — supplier carbon questionnaire to be combined with Modern Slavery Assessment Tool (MSAT) data collection from 2026.

12. RISKS & ASSUMPTIONS

Risk	Description	Likelihood / Impact	Mitigation
Data quality (employee commuting)	Estimated commuting figures may under- or over-state real emissions until first survey is completed.	MEDIUM	Annual survey from Q2 2026; results restated transparently in next CRP.
Fleet decarbonisation cost	Capital cost of ULEV transition exceeds projected operational savings.	MEDIUM	Lease (not buy) model; salary-sacrifice EV scheme to share cost with staff; OZEV grants for charging.
Geographic clustering vs. continuity of care	Risk that geographic optimisation reduces continuity of carer for service users — clinically and ethically unacceptable.	HIGH	Continuity-of-care is a hard constraint in the rota algorithm, ranked above mileage; clinical lead has veto on any allocation change.
Renewable tariff price volatility	REGO-backed tariffs may carry a price premium versus standard supply.	LOW	Tendered at next renewal; finance committee to weigh cost vs. sustainability and tender benefit.
Hybrid working & supervisory presence	Risk that hybrid working reduces visibility of office-based managers in operational areas.	LOW	Minimum on-site days specified by role; supervisory presence retained for safeguarding and compliance functions.
Offset market integrity	Reputational risk if 2040 residual is offset using low-quality credits.	MEDIUM	Offset quality criteria specified now (Verra / Gold Standard / UK schemes); offset register published in CRP.
Regulatory tightening	NHS Roadmap or PPN methodology changes outpace internal capability.	MEDIUM	Annual policy horizon-scan as standing item on Sustainability Committee agenda.

13. DECLARATION & DIRECTOR SIGN-OFF

This Carbon Reduction Plan has been completed in accordance with PPN 06/21 (and its successor, PPN 006 issued under the Procurement Act 2023) and the associated Technical Standard for the Completion of Carbon Reduction Plans.

Emissions have been reported and recorded in accordance with:

- **the GHG Protocol Corporate Standard** — for Scope 1 and Scope 2 boundary and methodology;
- **the GHG Protocol Corporate Value Chain (Scope 3) Standard** — for the five required Scope 3 categories;
- **the published reporting standard for Carbon Reduction Plans** — accompanying PPN 06/21 / PPN 006;
- **the UK Government (DESNZ) emission conversion factors** — appropriate to the reporting period;
- **the SECR reporting framework** — applied on a voluntary basis as Kope-Medics is below the mandatory threshold;
- **the NHS Net Zero Supplier Roadmap** — alignment confirmed in §11.

This Carbon Reduction Plan has been reviewed and approved by the Managing Director / Nominated Individual of Kope-Medics Ltd. *It will be republished annually and made available on kope-medics.com.*

Signed on behalf of Kope-Medics Ltd:

DIRECTOR-LEVEL SIGN-OFF (DIRECTOR / NI)	
Name	Olakunle Opejin
Title	Managing Director / Nominated Individual
Signature	
Date	24/04/2026

OPERATIONAL OWNER (REGISTERED MANAGER / SUSTAINABILITY LEAD)	
Name	Joseph Ubi
Title	Registered Manager / Sustainability Lead (operational)
Signature	
Date	24/04/2026

— END OF DOCUMENT —

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