CARBON REDUCTION PLAN

2026–2030 ACTION PLAN | NET ZERO AMBITION 2050

Carbon management and emissions reduction for domiciliary care

DOCUMENT CONTROL	DETAIL
Company	Divine Health Services Limited | Company number 07234900
Registered office	Congress House, Office 10, Suite 1, 4th Floor, 14 Lyon Road, Harrow, England, HA1 2EN
Operational service	Domiciliary care provision based in Bromsgrove, Worcestershire
Related policy	QA11 – Corporate Social Responsibility and Environmental Sustainability Policy and Procedure (reviewed 21 July 2026)
Version / issue date	1.0 | 05 November 2026
Baseline period	01 November 2026 – 31 October 2027 (first measured full year)
Plan owner / approval	Sylevester Dairai Mandisodza, Managing Director
Review dates	Quarterly monitoring; first annual baseline review by 31 January 2028; annual reviews thereafter
Publication status	Published on www.divinehealthservices.co.uk following authorisation

1. Executive commitment

Divine Health Services Limited is committed to reducing greenhouse gas emissions from the delivery and administration of home-based care while protecting the safety, dignity, continuity and individual choices of people who use our services. We support the United Kingdom's 2050 net zero direction and adopt a proportionate organisational ambition to achieve net zero operational emissions by 2050, subject to credible measurement, available technology and continuing safe care delivery.

We will measure emissions from our operations and prioritise reductions in care-related journeys, office energy use, business purchasing and waste. Our approach will focus on efficient service delivery and appropriate use of existing resources.

This plan sets out the measures through which we will deliver the environmental commitments in our QA11 Corporate Social Responsibility and Environmental Sustainability Policy and Procedure. The two documents will be reviewed together.

2. Our services and emissions reporting boundary

We provide domiciliary care to adults in their own homes. Our approach includes organising local care teams to support continuity of care and reduce unnecessary travel, and using electronic systems to manage care information and visits. We will review these working arrangements as services develop.

Our emissions reporting will cover UK operations under our operational control and relevant Scope 3 activities. We will maintain a record of our premises, vehicles, work-related mileage, utility arrangements and supplier information. Where utilities are included within serviced-office charges, we will obtain available consumption data or apply a documented, reasonable allocation.

Emission scopes and evidence

Category	How we will measure and classify
Scope 1 – direct	Fuel for any company-owned or controlled vehicles and any direct combustion under company operational control. Confirm whether such sources exist; no assumptions of zero.
Scope 2 – purchased energy	Electricity, purchased heat or cooling for premises under operational control; identify shared / landlord-managed supplies and appropriate allocation.
Scope 3 – business travel	Care visits and work journeys in staff-owned cars or reimbursed travel, plus rail/taxis where applicable. Avoid double-counting between categories.
Scope 3 – employee commuting	Voluntary, anonymised staff survey of ordinary home-to-work commuting, differentiated from paid journeys between care visits.
Scope 3 – operational waste	Waste collected from business premises, using contractor records or a transparent estimation method.
Scope 3 – upstream transport	Inbound delivery of purchased goods, when supplier delivery data or reasonable estimates are available.
Scope 3 – downstream transport	Transport of goods leaving the business, if any. Explain “not applicable” when no such distribution exists.

We will also monitor paper, PPE ordering, IT equipment and procurement as operational indicators. Additional material sources of Scope 3 emissions will be reviewed as data becomes available.

3. Baseline measurement – commencing November 2026

Our first annual measurement period runs from 1 November 2026 to 31 October 2027. Activity data will be collected monthly, checked quarterly and consolidated into an annual emissions statement by 31 January 2028.

Item	Baseline status at issue	Collection evidence / frequency
Scope 1 tCO_2e	Not yet quantified	Owned vehicle fuel logs;

		premises fuel bills; monthly
Scope 2 tCO_2e	Not yet quantified	Electricity/heating kWh or landlord allocation; quarterly
Scope 3 (five categories) tCO_2e	Not yet quantified	Mileage claims, survey, waste and supplier delivery data; monthly/quarterly
Total tCO_2e	Not yet quantified	Calculated after baseline close; no invented values
Care activity	Current baseline not supplied	Number of completed care calls / hours delivered; monthly
Travel intensity	To be established	Total care-related miles per 100 completed care calls; monthly
Paper use	To be established	Reams purchased and relevant printing records; quarterly

Calculation method: Emissions ($kgCO_2e$) = activity (for example litres, kWh, kilometres or miles) × corresponding UK Government greenhouse gas reporting conversion factor for that reporting year; divide by 1,000 to report tCO_2e. Record factor version, source assumptions, estimation methods and scope treatment in a calculation log. For the November–December 2026 period use the published 2026 conversion factors; subsequent reporting periods use the appropriate published annual factors, with methodological changes disclosed.

A distinction will be retained between absolute emissions (tCO_2e) and service intensity (for example $kgCO_2e$ per 100 care calls). This prevents improvements being overstated if the number of clients or care calls rises or falls.

4. Measurable carbon reduction objectives

We have adopted the following reduction targets. Progress will be assessed against the first measured annual baseline and considered alongside changes in care activity, location and individual needs. Safe and reliable care will remain our priority.

By when	Target / output	Measurement
31 January 2027	Introduce monthly mileage and travel-mode logs covering at least 90% of reimbursed care journeys	Submitted records ÷ expected reimbursed journey records
30 April 2027	At least 90% of office/admin staff receive a short environmental briefing	Training acknowledgements ÷ relevant staff
31 October 2027	Complete first 12-month emissions baseline; record ≥90% of expected energy and travel activity	Data completeness and baseline statement
31 October 2028	Reduce care-related vehicle miles per 100 care calls by 5% from 2026/27 baseline	Miles ÷ completed care calls × 100
31 October 2028	Reduce office paper purchased	Reams ÷ completed care calls

	per 100 care calls by 20% where record collection is reliable	× 100
31 October 2030	Reduce care-related vehicle miles per 100 care calls by 15% from 2026/27 baseline	Travel intensity, adjusted for service changes
31 October 2030	Aim to reduce absolute controllable Scope 1 and 2 tCO_2e by 10% against baseline	Measured tCO_2e; explain changes in premises/care volume
2050	Ambition of net zero emissions from organisational operations	Progressively extended complete inventory, gross reductions first; residuals addressed credibly

Where care needs, service geography, staff availability or commissioning arrangements affect our ability to meet a target, we will record the reason, consider alternatives and agree appropriate corrective action.

5. Three-year implementation programme

5.1 Efficient care travel and rostering

- Continue geographic grouping of care teams and adjacent call sequencing where consistent with individual preferred times, continuity, worker breaks, medication schedules and safe staffing.
- Record actual care-journey miles using expense claims, routing records or a simple monthly staff log; capture the number of care calls delivered to establish travel intensity.
- Review avoidable office visits, duplicate journeys and meeting travel; use telephone/video for suitable administrative meetings, never to replace necessary face-to-face care.
- Encourage walking, cycling, public transport and car-sharing only when practical and safe. Do not require staff to purchase electric vehicles or alter care routes unsafely.

5.2 Office energy and equipment

- Request landlord/serviced-office energy consumption data or a reasonable allocation method; record the boundary and any limitations.
- Adopt switch-off routines for monitors, lighting and unused equipment; review thermostat settings within comfort, health and building requirements.
- Choose efficient LED lighting and energy-efficient replacement devices when the company controls the purchasing decision, prioritising repair where safe.

5.3 Digital working and paper reduction

- Build on existing electronic care management and call monitoring, with electronic records, secure sharing and remote administrative meetings where appropriate.
- Track office paper purchases quarterly; use double-sided printing and digital forms where accessible and lawful, retaining paper alternatives for people who need them.
- Apply UK GDPR, secure disposal and information accessibility standards to all digital changes.

5.4 Procurement, waste and responsible care

- Consolidate routine office and non-clinical supply orders where this does not threaten stock availability or continuity of care; ask suppliers about packaging and delivery options.

- Prefer local or lower-impact suppliers when appropriate to quality, value, worker welfare and safeguarding duties; do not treat supplier proximity alone as a carbon calculation.
- Maintain segregation and safe disposal of PPE, medicines and healthcare waste. Infection prevention and safeguarding take precedence over any waste reduction goal.
- Track operational office waste and recycling through contractor information where obtainable; otherwise record assumptions and improve data quality over time.

5.5 Staff engagement and resilience

- Include a short environmental awareness briefing in induction and annual updates, explaining economical travel, reduced paper, energy saving and responsible disposal.
- Invite staff suggestions at supervision or team meetings and document practical changes adopted.
- Align with adverse-weather and business continuity arrangements, including heatwaves, flooding, disruption to travel and maintaining essential care calls.

6. Delivery programme and accountability

Milestone	Accountable lead	Required evidence
November–December 2026: confirm sites, vehicles, utilities and data owners	Managing Director / Registered Manager	Source register; blank activity log; office arrangements
January–March 2027: begin routine monthly returns and brief staff	Registered Manager / admin lead	Mileage, care call totals, office purchase logs; briefing record
April–July 2027: check completeness and revise poor quality data	Managing Director	Quarterly review; corrective actions
August–October 2027: maintain baseline and test travel changes	Registered Manager	Monthly records; route review notes
November 2027–January 2028: calculate and approve baseline	Managing Director	Signed baseline update showing tCO_2e and methodology
Every quarter thereafter: review targets and care safeguards	Registered Manager	Minutes and KPI tracker
Every year: update plan and website version	Managing Director	Dated, approved and published revised plan

The Managing Director has overall responsibility for this plan, including resources, performance and annual reporting. The Registered Manager will oversee implementation across care services and confirm that changes remain compatible with safe, person-centred care. Administrative staff will maintain activity records and support reporting.

7. Monitoring, assurance and reporting

A simple spreadsheet or existing management system will hold each month's care calls, mileage, office energy, waste, business travel, commuting-survey summary, paper purchases, supplier delivery assumptions and completed staff briefings. Evidence will include invoices, meter readings, anonymised mileage claims, roster totals, disposal reports and meeting records. Personal data will be minimised.

The quarterly review will check missing data, unusual mileage, changes in service geography, care delivery effects and progress against the action plan. A management annual review will approve emissions by Scope, explain material assumptions, compare baseline and current years, and disclose any material changes to reporting boundaries. This aligns with QA11's annual audit and review requirements.

We will report measured emissions separately from estimates and future targets. Any material data limitations and relevant changes in the organisation will be explained in our annual review.

8. Publication and annual review

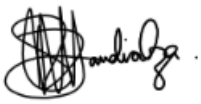
We will maintain a current version of this plan on our website, www.divinehealthservices.co.uk, and review it annually. Approved updates will include our measured emissions, progress against objectives and priorities for the following year. Previous versions will be retained within our document control records.

9. Related documents and reporting references

- QA11 – Corporate Social Responsibility and Environmental Sustainability Policy and Procedure, Divine Health Services Limited (reviewed July 2026).
- Divine Health Services Limited, Green Plan 2026–2029.
- UK Government greenhouse gas reporting conversion factors: www.gov.uk/government/collections/government-conversion-factors-for-company-reporting

10. Approval

I approve this Carbon Reduction Plan on behalf of Divine Health Services Limited and confirm our commitment to measuring emissions, delivering the actions set out in this plan and reviewing progress annually. Our environmental objectives will be pursued alongside our responsibility to provide safe, effective and person-centred care.



Sylevester Dairai Mandisodza

Managing Director | Divine Health Services Limited

Date: 5 November 2026

Next annual review: November 2027 | First full-year emissions report: January 2028