GREEN PLAN

NOVEMBER 2026 – OCTOBER 2029

Environmental sustainability in the delivery of home care

DOCUMENT CONTROL	DETAIL
Legal entity	Divine Health Services Limited | Company number 07234900
Registered office	Congress House, Office 10, Suite 1, 4th Floor, 14 Lyon Road, Harrow, England, HA1 2EN
Operating context	Domiciliary care service based in Bromsgrove, Worcestershire
Document reference	DHS-GP-001 | Version 1.0 | Issued 05 November 2026
Accountable lead	Sylevester Dairai Mandisodza, Managing Director
Linked documents	QA11 – Corporate Social Responsibility and Environmental Sustainability Policy and Procedure; Carbon Reduction Plan 2026–2030; Adverse Weather / Business Continuity arrangements
Review and approval	Quarterly monitoring; formal annual review November 2027; annual review November 2027
Website publication	www.divinehealthservices.co.uk

1. Leadership statement and purpose

Divine Health Services Limited is committed to providing safe, compassionate and person-centred care while reducing the avoidable environmental impacts of how we organise and support that care. This Green Plan is our practical three-year delivery programme, translating the commitments in QA11 into measurable actions for managers, carers and administrators.

As a domiciliary care provider, we will focus on sensible and affordable environmental improvements in everyday service delivery. Our priorities are efficient care travel, secure digital working, responsible purchasing, waste reduction, effective use of office resources and preparedness for adverse weather. All changes will be assessed against the needs and safety of the people we support.

This Green Plan supports our QA11 Corporate Social Responsibility and Environmental Sustainability Policy and Procedure and works alongside our Carbon Reduction Plan 2026–2030. It sets out the operational actions, responsibilities and measures through which we will improve environmental performance.

2. The service and our starting point

We provide care and support to adults in their own homes. We use local care team arrangements where appropriate and electronic systems to support care planning and visit management. We will build on these arrangements to limit unnecessary journeys, improve efficiency and preserve continuity of care.

Our QA11 policy commits us to responsible purchasing, recycling, reduced travel, efficient energy and paper use, staff involvement and annual environmental review. This Green Plan sets out how those commitments will be delivered over the period November 2026 to October 2029.

3. Environmental priorities and operating principles

- Care first: preserve safe visit schedules, continuity of carers, medicines timings, people's choices and emergency responsiveness.
- Prevention before replacement: avoid unnecessary trips, printing and waste before considering new purchases.
- Measured progress: we will collect consistent activity records, review the results and use them to inform the next stage of improvement.
- Small-provider proportionality: use existing supervision, administrative and quarterly governance meetings; assign clear actions without unnecessary cost.
- Inclusive practice: retain accessible non-digital communications and care records whenever needed.
- Responsible supply chain: consider cost, safety, product effectiveness, labour standards and environmental impact together.

4. Delivery workstreams and measurable commitments

4.1 Travel, care rounds and low-emission working

Travel associated with care visits is likely to be a significant controllable environmental impact. Divine will retain area-based allocation of care teams where practical, examine duplicate journeys and use remote meetings for suitable administrative matters. Travel adjustments must not cause late, missed or rushed care visits.

- From November 2026: record monthly care-related mileage and completed care calls; use miles per 100 completed calls as a comparison measure, reviewed quarterly.
- By April 2027: document at least one quarterly route/rostering review, including opportunities to reduce repeated office journeys.
- By October 2028: aim for a 5% reduction in care-related vehicle miles per 100 care calls compared with the November 2026–October 2027 measured baseline, subject to geography, acuity and care safeguards.
- Never require staff to purchase electric vehicles or use unsafe transport; encourage practical alternatives only where suitable.

4.2 Digital-first administration and reduced paper

Use existing electronic care management and office systems to avoid duplicate paper where it is secure and suitable, with paper and accessible formats available when a person's needs require them.

- From November 2026: record paper reams purchased quarterly, and compare with care activity where meaningful.
- By April 2027: introduce double-sided printing defaults and electronic sharing for suitable internal documents.

- By October 2028: target a 20% reduction in office paper purchased per 100 completed care calls against the measured baseline, if activity data are sufficiently reliable.

4.3 Premises energy and resource efficiency

As a small serviced-office-based provider, Divine may not directly control building heating, lighting or metered energy. The manager will first establish what data and controls are available from the landlord or managing agent.

- By January 2027: complete and retain a simple office resource review for lighting, monitors, heating controls, printing and equipment switching-off.
- By April 2027: implement an end-of-day switch-off checklist for equipment under our control, with staff awareness reminders.
- Quarterly: obtain metered electricity information where available, or document a reasonable shared-premises allocation and its limitations.

4.4 Waste, PPE, medicines and recycling

Waste prevention must never override infection prevention, medicines safety or the needs of people receiving care. The plan focuses on appropriate stock control, avoiding expired office supplies and separating waste correctly.

- By January 2027: display or circulate a short office waste and recycling guide consistent with landlord and council arrangements.
- By April 2027: establish a basic log of office waste arrangements and supplier packaging reduction opportunities.
- Always follow relevant procedures for healthcare waste, medicines and PPE; do not reuse items where this would compromise safety.

4.5 Sustainable procurement and community value

When buying routine supplies and replacing equipment, Divine will consider necessity, durability, repairability, packaging, delivery frequency, supplier labour standards and local sourcing, alongside price and suitability for care.

- By April 2027: introduce a short purchasing check for significant non-clinical procurement decisions.
- By October 2027: review the three most frequently purchased non-clinical supply categories for consolidation or lower-waste alternatives, where safe and affordable.
- We will retain relevant purchasing records and review supplier decisions against cost, quality, reliability and environmental considerations.

4.6 Workforce engagement and environmental awareness

- By April 2027: circulate a short Green Plan briefing to all current staff and incorporate it into induction for new starters.
- At least once each year: invite suggestions through existing staff supervision or team communications and record improvements adopted.
- Quarterly: managers share one short update on progress, explaining how patient safety and staff wellbeing remain protected.

4.7 Climate resilience and continuity of care

Heatwaves, severe cold, flooding, storms and travel disruption can threaten safe domiciliary care delivery. Environmental resilience will be coordinated with the company's adverse-weather and business continuity arrangements.

- By May 2027: review risk to travel routes, vulnerable people, staff welfare, access to essential supplies and communications during severe weather.
- Before each winter and summer: refresh severe weather contacts and escalation arrangements, including priority care calls and welfare checks.
- Record disruption, mitigations and lessons learned; safe continuity of care takes precedence over environmental mileage targets.

5. Three-year action and accountability programme

Delivery window	Priority actions	Accountable lead / evidence
Nov 2026 – Jan 2027	Confirm activity owners and baseline logs; office energy review; recycling guidance; begin mileage and paper tracking.	Managing Director / Registered Manager; logs, review note, staff guidance.
Feb – Apr 2027	Staff briefing; first quarterly travel review; purchasing checklist; office switch-off routine.	Registered Manager / administrator; attendance, rota review, procurement checks.
May – Oct 2027	Severe weather and continuity review; improve data completeness; assess supplier categories.	Registered Manager; risk assessment, quarterly dashboard, supplier note.
Nov 2027 – Jan 2028	Complete first 12-month activity baseline; compare indicators; calculate carbon baseline separately.	Managing Director; approved annual environmental review and linked carbon report.
Feb – Oct 2028	Pursue 5% travel intensity improvement and 20% paper intensity improvement, subject to service safety and verified baseline.	Registered Manager; data-backed comparison, exceptions and corrective actions.
Nov 2028 – Oct 2029	Embed changes, consider next proportionate measures and refresh three-year plan.	Managing Director; annual reviews and successor plan.

6. Key performance indicators and baseline rules

We will begin recording performance from 1 November 2026, using 1 November 2026 to 31 October 2027 as our first full annual baseline. Annual reports will include the measurements available, any limitations and priorities for the next reporting period.

Indicator	Starting position	Target / reporting method
Care travel intensity	Baseline to be measured	Monthly miles ÷ completed care calls × 100; 5% reduction by Oct 2028.
Paper intensity	Baseline to be measured	Quarterly reams ÷ completed care calls × 100; 20% reduction by Oct 2028.

Staff briefing coverage	Not yet verified	100% of active staff offered Green Plan briefing by Apr 2027; record completion.
Office resource assessment	Not yet evidenced	One assessment and corrective action list by Jan 2027.
Route review frequency	Schedule established in plan	At least four documented reviews per year.
Recycling arrangements	Verification required	Document and communicate arrangements by Jan 2027.
Climate resilience	Current documentation to be reviewed	Annual formal severe-weather review by May 2027.
Greenhouse gas emissions	Not yet quantified	Reported in linked Carbon Reduction Plan after baseline closes.

Where changes to caseload, travel area, visit length or acuity affect the numbers, report both the raw value and operational explanation. A reduction per care call does not prove an equivalent reduction in absolute emissions. The carbon inventory must avoid double counting and use the applicable UK Government conversion factors.

7. Governance, assurance and review

The Managing Director owns the Green Plan and is responsible for resourcing, approving revisions and ensuring the published version is accurate. The Registered Manager oversees day-to-day actions, identifies safety or service-delivery risks and reports quarterly. Administrative support maintains straightforward logs and supporting evidence. Roles may be combined in a small organisation.

Quarterly monitoring will examine mileage and care activity, paper purchasing, energy information where available, completion of milestones, staff feedback, incidents and safeguards. The formal annual review will identify completed and outstanding actions, measurement quality, revised targets and any additional cost or service impact. It will be linked to the QA11 annual environmental and social responsibility audit.

Our annual review will record achievements, outstanding actions, relevant service changes and agreed corrective measures. Environmental reporting will be supported by appropriate evidence and handled in accordance with confidentiality and data protection requirements.

8. Publication and supporting documents

This Green Plan will be published on www.divinehealthservices.co.uk and reviewed annually. It will be maintained alongside our Carbon Reduction Plan and QA11 Corporate Social Responsibility and Environmental Sustainability Policy and Procedure. Updated versions will record changes to objectives, results and responsibilities.

- QA11 – Corporate Social Responsibility and Environmental Sustainability Policy and Procedure, Divine Health Services Limited (reviewed July 2026).
- Divine Health Services Limited, Carbon Reduction Plan 2026–2030.
- Divine Health Services Limited, Adverse Weather and Business Continuity arrangements.
- UK Government greenhouse gas reporting conversion factors: www.gov.uk/government/collections/government-conversion-factors-for-company-reporting

9. Managing Director approval

I approve this Green Plan on behalf of Divine Health Services Limited and confirm our commitment to delivering its objectives, monitoring performance and reviewing progress annually. We will implement environmental improvements in a manner consistent with safe, reliable and person-centred care.



Sylevester Dairai Mandisodza

Managing Director | Divine Health Services Limited

Date: 4 November 2026