MY SKIN DOCTOR LIMITED

Environmental and Sustainability Policy

Responsible care, efficient operations and credible carbon reduction

Company	My Skin Doctor Limited — Company No. 11137124
Policy	Environmental and Sustainability Policy
Applies to	Directors, employees, workers, contractors, consultants and suppliers acting for MSD
Status	Final approval
Version	2.0
Issue date	11 August 2026
Next review	11 August 2027, or sooner following material legal, contractual or operational change
Policy owner	Andrew Catlin, Chief People, Quality & Compliance Officer
Executive sponsor	Robert Fielding, CEO and Net Zero Champion
Approval body	QIPP Committee

Document control

Version	Release	Author	Summary
1.1	1 Mar 2023	A. Catlin	First release.
1.2	1 Mar 2024	A. Catlin	Annual review and operational travel-savings figure added.
1.3	3 Mar 2025	A. Catlin	Annual review.
1.4	2 Mar 2026	A. Catlin	Annual review.
2.0	11 Aug 2026	A. Catlin	Major update: current duties and NHS/CQC expectations; provisional 2025 baseline, carbon targets and controls.

1. Purpose and commitment

MySkinDoctor (MSD) recognises that climate change, pollution and resource depletion affect public health, service resilience and the communities we serve. We are committed to preventing pollution, reducing the environmental impact of our operations and supply chain, and continually improving our environmental performance.

This policy provides the framework for lawful and responsible environmental management across MSD's digital healthcare services, workplaces, homeworking arrangements, business travel, technology and procurement. It supports the NHS net-zero direction and uses the Care Quality Commission's environmental sustainability quality statement as relevant best-practice guidance.

Patient care comes first.

Environmental action must support safe, effective, accessible and equitable care. No sustainability decision may compromise patient safety, clinical quality, safeguarding, information security or legal obligations.

2. Scope and status

This policy applies to all directors, employees, workers, contractors and consultants, and to suppliers when acting for MSD. It covers activities controlled by MSD and environmental impacts that MSD can reasonably influence. Where premises, utilities or waste arrangements are controlled by a landlord or service provider, MSD will work with that party, request appropriate evidence and record material limits on its control or data.

The policy is supported by an annual environmental action plan and Carbon Reduction Plan where required. It is non-contractual and reviewed at least annually, or sooner after material changes in law, NHS requirements, contracts, services, premises or environmental risk.

3. Policy principles

- **Comply —** meet applicable environmental law, permits, contractual duties and NHS procurement requirements.
- **Prevent —** avoid pollution, waste and environmental harm before relying on treatment or disposal.
- **Reduce —** prioritise real reductions in energy, carbon, materials, travel and waste.
- **Use resources responsibly —** apply whole-life thinking, the waste hierarchy and circular-economy principles.
- **Deliver sustainable care —** use digital and remote models where clinically appropriate while considering their own energy and equipment impacts.
- **Measure and improve —** use proportionate, reproducible data, objectives and review cycles.
- **Be transparent —** substantiate environmental claims, disclose material assumptions and avoid misleading or unverified statements.
- **Engage —** support colleagues, patients, commissioners, landlords and suppliers to reduce impact collaboratively.

4. Governance and responsibilities

The Board is accountable for this policy, adequate resources and oversight of significant environmental risks and performance. The QIPP Committee is the approval and assurance forum unless the Board determines otherwise.

- **CEO and Net Zero Champion —** provides executive leadership, sponsors the action plan and ensures environmental considerations are integrated into strategy and major decisions.
- **Chief People, Quality & Compliance Officer —** owns this policy, monitors legal and contractual change, co-ordinates objectives and data, records material incidents and reports performance to the Board/QIPP Committee.
- **Senior managers and budget holders —** assess environmental impacts in plans and purchases, implement controls, maintain evidence and escalate barriers or non-compliance.
- **Clinical, technology and information-governance leads —** ensure environmental improvements are safe, clinically appropriate, secure and resilient throughout the service and technology lifecycle.
- **All colleagues and contractors —** follow controls, avoid unnecessary consumption, separate waste correctly, report incidents and suggest improvements.

5. Environmental aspects and controls

5.1 Sustainable healthcare and digital services

MSD will use remote and digital pathways where they are clinically appropriate and accessible, helping to avoid unnecessary travel, paper and physical resource use. The environmental benefit of teledermatology will not be presented as a quantified saving unless the calculation has a documented baseline, boundary, methodology and review date.

Technology decisions will consider hosting efficiency, data storage and transfer, software performance, device life, repairability, cyber security and end-of-life treatment. Unnecessary duplicate data, images, reports and inactive services should be reduced where lawful and clinically safe.

5.2 Energy, premises and water

- monitor electricity and heating data where available and investigate significant or unexplained changes;
- switch off or power-manage lighting, screens, chargers and equipment when not required, subject to safety and operational needs;
- consider energy efficiency, repairability and whole-life cost when specifying equipment;
- use renewable electricity tariffs where MSD controls procurement and this is practicable;
- work with landlords to improve metering, heating, cooling, lighting and recycling arrangements; and
- avoid water waste and report leaks promptly.

5.3 Travel and transport

MSD will apply a travel hierarchy: avoid unnecessary journeys; use remote participation where effective; prefer active travel, public transport or rail; combine essential journeys; and use lower-emission vehicles where practical. Air travel should be exceptional and justified. Material business travel will be recorded sufficiently to support carbon reporting.

Homeworking and virtual care will not automatically be treated as zero-carbon. Decisions will consider service quality, accessibility, energy use, equipment and the potential for rebound or displaced impacts.

5.4 Procurement and suppliers

Before purchasing, MSD will test the need, consider reuse or repair and evaluate whole-life value. Proportionate procurement criteria may include energy and resource efficiency, durability, repairability, recycled content, packaging, delivery, end-of-life arrangements, environmental management and credible carbon data.

Priority and NHS-facing suppliers will be asked for relevant environmental policies, targets, emissions information or Carbon Reduction Plans according to contract value, risk and procurement requirements. MSD will maintain evidence needed for NHS tenders and prepare for evolving supplier reporting requirements, including the April 2027 NHS roadmap milestone where applicable.

5.5 Materials, waste and circularity

MSD will apply the waste hierarchy: prevention; preparing for reuse; recycling; other recovery; and disposal only as a last resort. At premises where MSD controls or can influence arrangements, dry recyclable materials, food waste and residual waste will be separated in accordance with current workplace recycling rules and the collector's instructions.

- use only authorised waste carriers and permitted destinations;
- retain required waste transfer notes, consignment notes and supporting records for the statutory period;
- store waste securely and prevent mixing, leakage, unauthorised removal or illegal disposal;
- manage hazardous, clinical and pharmaceutical waste through approved specialist routes where generated;
- return company electrical equipment for secure reuse, repair or authorised WEEE treatment rather than placing it in household waste;
- securely erase data before IT reuse or disposal and retain appropriate evidence; and
- minimise printing and use recycled, recyclable or lower-impact materials where fit for purpose.

5.6 Pollution and biodiversity

MSD will prevent releases to air, water or land; store cleaning products, batteries and other potentially harmful materials safely; and respond promptly to leaks or spills. Products and services that avoid unnecessary hazardous substances, noise, light, packaging or habitat impact will be preferred where practicable.

6. Carbon management and objectives

MSD will maintain a proportionate greenhouse-gas inventory using a defined organisational boundary and recognised methodology. It will cover Scope 1 and Scope 2 emissions and material Scope 3 categories that MSD can measure or reasonably influence, such as purchased services, cloud and IT, business travel, employee commuting and homeworking, waste and supplier activity.

Reduction will be prioritised before offsetting. Any use of offsets must be separately identified, independently verifiable and must not be used to describe gross emissions as eliminated. Data limitations, estimation methods, exclusions and changes to the baseline will be documented.

MSD carbon commitment

MSD aims to halve greenhouse-gas emissions by 2030 and achieve net zero before 2050, with annual disclosure of progress. Performance will be measured on a like-for-like basis against the verified 2025 reporting boundary. If expanded Scope 3 coverage materially changes that boundary, MSD will transparently restate the baseline and target rather than conceal the change.

6.1 Provisional 2025 reporting baseline

MSD's 2025 VSME return provides the following first consolidated snapshot for 1 January to 31 December 2025. It is suitable for management action but remains provisional until the source data, calculation methods and reporting boundary have been reconciled and approved.

2025 reported measure	Result	Boundary / note
Energy consumption	9.10 MWh	Reported as electricity: 0 MWh renewable; 9.10 MWh non-renewable
Scope 1 GHG emissions	0.32 tCO_2e	Provisional; reconcile with the energy table, which reports no fuel consumption
Scope 2 GHG emissions	1.61 tCO_2e	Location- and market-based totals are reported as the same
Quantified Scope 3 GHG emissions	10.61 tCO_2e	Categories 3, 5, 6 and 7 only
Total quantified GHG emissions	12.54 tCO_2e	Scope 1 + location-based Scope 2 + quantified Scope 3
Water withdrawn	44 m^3	All reported sites
Non-hazardous waste	4,800 kg	4,000 kg general waste; 800 kg paper recycling
Reported recycling rate	16.7%	800 kg recycled or reused ÷ 4,800 kg total waste

The quantified Scope 3 total includes fuel- and energy-related activities, operational waste, business travel, and employee commuting and homeworking. Purchased goods and services, capital goods, upstream transport and distribution, and upstream leased assets were reported as excluded; downstream categories were excluded or not calculated by the tool. This differs from the earlier Carbon Reduction Plan's stated intention to include an initial Category 1 screening and must be resolved in the next inventory.

Data-quality qualification

The VSME return reports 0.32 tCO_2e of Scope 1 emissions while its energy breakdown records zero fuel consumption.

6.2 Objectives and delivery timetable

Due	Action	Evidence / outcome
Q4 2026	Reconcile the 2025 inventory and complete a material Scope 3 screening	Approved boundary, methods, evidence file and data-quality log
Q2 2027	Quantify material Categories 2, 4 and 8 and improve Categories 1, 5, 6 and 7	Updated inventory and any documented baseline restatement
2027 review	Confirm electricity provenance and explore a renewable-backed supply or landlord evidence	Tariff, certificate or landlord confirmation; action where unavailable
Annually	Publish or provide a Board-approved emissions update and refresh the Carbon Reduction Plan	Current CRP, progress against target and explained variances
From 2028	Prioritise supplier engagement for material purchased goods, services, IT and delivery activity	Proportionate supplier data and improvement actions

The QIPP Committee or Board may approve additional annual objectives. Any changes must preserve the long-term carbon commitment and be recorded with an owner, due date, resources, evidence and completion status.

6.3 Performance controls

Area	Measure	Minimum control	Review
Legal compliance	Authorised carriers, waste records, recycling arrangements and incidents	100% of required records current and retrievable	At least annually

Area	Measure	Minimum control	Review
Carbon	Scope 1 and 2 emissions and proportionate material Scope 3 categories	Annual inventory and Carbon Reduction Plan review	Annually
Energy	Electricity and heating use; renewable share where data are available	Obtain landlord/supplier data and record any data gaps	Quarterly/annually
Travel	Business mileage and travel by mode; avoidable flights	Apply travel hierarchy and record material business travel	Quarterly
Waste	Residual, recycling, food, confidential, hazardous and electrical waste	Separate streams; retain evidence from authorised routes	Quarterly
Digital and IT	Device life, reuse, repair and authorised WEEE disposal	Assess reuse before replacement and securely erase data	Annually
Supply chain	Priority suppliers assessed for environmental and carbon evidence	Proportionate sustainability questions in procurement	Annually
People	Environmental briefing or training completion and staff suggestions	Relevant induction and periodic awareness activity	Annually

Avoided patient or staff travel may be reported separately as an outcome of remote care, but it is not deducted from MSD's gross Scope 1–3 inventory. The historic NHS net-zero position paper contains a national scenario based on assumptions; those scenario results are not evidence of emissions actually avoided by MSD.

7. NHS and regulatory alignment

The NHS aims for net zero by 2040 for emissions it controls directly and by 2045 for emissions it can influence through its wider footprint. MSD will support these aims as a healthcare supplier and will meet proportionate Carbon Reduction Plan and emissions-reporting requirements included in relevant tenders and contracts.

CQC's environmental sustainability quality statement is currently assessed at NHS trust level rather than across every regulated service type. MSD will nevertheless use its themes—leadership, staff awareness, low-carbon care, energy efficiency, supply chain, travel and waste—as a best-practice framework and will monitor future changes to CQC methodology.

8. Climate adaptation and service resilience

MSD will consider climate-related risks in business continuity, clinical safety and supplier assurance. This includes heat, flooding, severe weather, power or communications failure, transport disruption, water shortages and interruption to critical technology or supply chains. Controls and escalation arrangements will be tested proportionately, with patient safety and continuity of care prioritised.

9. Training, engagement and improvement

Relevant environmental responsibilities will be included in induction, role-specific guidance and periodic communications. Colleagues will be encouraged to identify waste, inefficiency and improvement opportunities. Changes will be evaluated for unintended clinical, equality, accessibility, data-security and cost consequences before wider implementation.

10. Environmental incidents and concerns

Suspected pollution, illegal waste disposal, loss of environmental records, significant spills, repeated recycling failures or other material non-compliance must be reported promptly to the Chief People, Quality & Compliance Officer. Immediate risks should also be reported to the emergency services, landlord, waste contractor, local authority or Environment Agency as appropriate. The Environment Agency incident hotline is 0800 80 70 60.

Incidents will be contained where safe, recorded, investigated proportionately and followed by corrective and preventive action. Anyone raising a serious environmental concern may also use MSD's Whistleblowing Policy and must not be subjected to retaliation.

11. Monitoring, assurance and review

The policy owner will co-ordinate an annual review of objectives, data quality, compliance evidence, incidents, supplier requirements and improvement actions. Material findings, risks and overdue actions will be reported to the QIPP Committee and Board. Environmental claims used in bids, reports or public communications must be supported by current evidence and approved through the relevant governance process.

12. Contact

Questions, suggestions or concerns about this policy can be sent to info@myskindoctor.co.uk or addressed to the Chief People, Quality & Compliance Officer at:

MySkinDoctor
Sussex Innovation Centre
Science Park Square
Brighton
BN1 9SB
Telephone: +44 (0)1903 896 625

Appendix A — Practical checklist

Before buying	Is it needed? Can an existing item be reused or repaired? What are the whole-life energy, packaging and disposal impacts?
Before travelling	Can the purpose be achieved remotely? If not, is active travel, public transport or rail practical?
Before printing	Is a paper copy required for care, accessibility, legal or operational reasons? Use duplex and avoid duplicate copies.
Before discarding	Can it be reused, repaired or recycled? Is it electrical, hazardous, clinical or confidential waste requiring a specialist route?
When working digitally	Avoid unnecessary duplication and storage, close unused services, extend device life and maintain security.
If something goes wrong	Protect people first, contain only if safe, report promptly and preserve records.

Appendix B — Key legal and guidance references

- Climate Change Act 2008 — UK net-zero framework
- GOV.UK — business and commercial waste responsibilities
- GOV.UK — Simpler Recycling workplace rules in England
- NHS England — Net Zero Supplier Roadmap
- NHS England — five years of a greener NHS
- CQC — Environmental sustainability quality statement
- GOV.UK — PPN 006: Carbon Reduction Plans
- Environment Agency — report an environmental incident

Appendix C — Internal evidence used for this revision

Record	Use / qualification
MySkinDoctor Carbon Reduction Plan v1.0	14 April 2025; targets, reporting boundary and planned Scope 3 development
VSME Helper Report	Reporting period 1 January–31 December 2025; provisional energy, GHG, water and waste data
MSD Position Paper — NHS Net-Zero Emissions v0.1	Historic scenario evidence on MSD emissions reduction
MSD Environmental and Sustainability Policy v1.4	Superseded policy and document-control history