

Board of Directors

Item 3.2

Subject: Green Plan Update
Date of Meeting: 7th February 2023
Presented by: Jonathan Develing, Director of Strategic Partnerships
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 9	Failure to be recognized as an Anchor Institution , demonstrating social value, sustainable green strategy and contribution to population health may increase costs in the longer term and disappoint public, staff and regulatory expectations

Level of assurance (please tick one) To be used when the content of the report provides evidence of assurance					
<input type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

This report provides an update on progress against the Trust Green Plan for the year to date.

2. Background

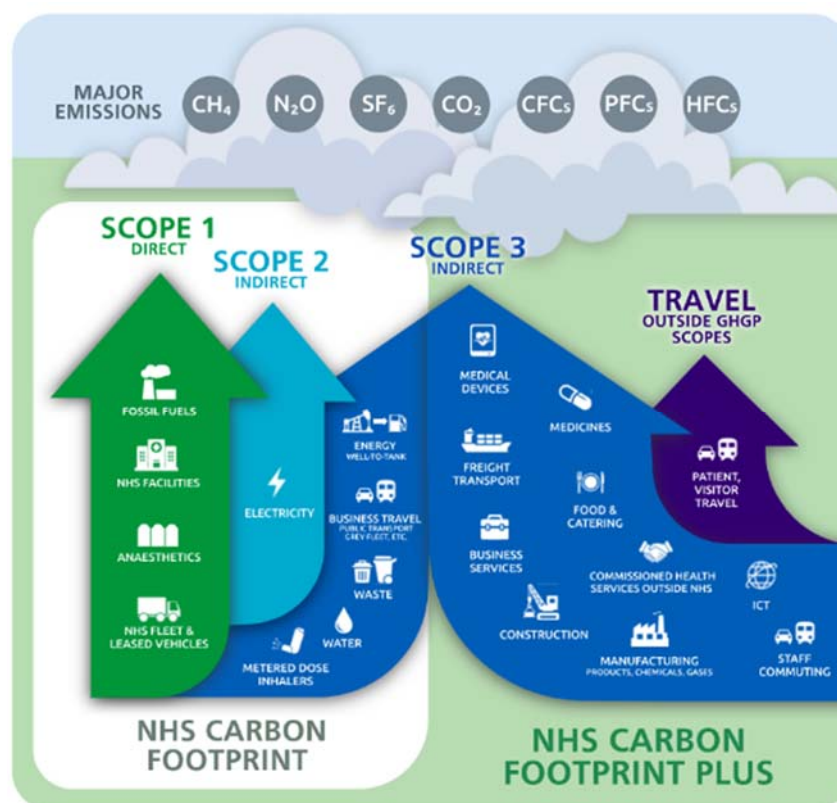
The NHS has pledged to deliver Net Zero Carbon emissions we control directly by 2040, and zero emissions across the entire scope of our emissions by 2045.

For clarity these are described as:

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

See infographic at figure 1.

Figure 1 : NHS Green Plan on A Page



4. Progress to Date (Direct and Indirect Emissions)

Scope 1: Direct Emissions

November Board received an update on the baseline assessment undertaken by the Carbon Neutral Group in respect of Energy and Utilities.

Scope 1: Heat Decarbonisation Plan

Utilising funding secured through phase 2 of the SALIX grant scheme, LHCH have completed decarbonisation plans for all outbuildings on the LHCH estate.

These plans provide us with calculations, advice, estimated costs and technology selection that will improve the energy performance of the buildings, reduce emissions, and assist the Trust in meeting the government ambition of Net Zero Carbon emissions.

LHCH is one a few Trusts to have completed this exercise.

Scope 2: Smart Meterage

The Trust has engaged with ClearVUE to provide the provision of an energy and carbon monitoring platform delivered through smart meters installed in key locations. This will provide improved insight into the energy and carbon emissions of selected areas allowing the Trust to identify areas of opportunity and savings.

Scope 3: Dry Powder Inhaler Audit (DPI) - (Respiratory Team)

An audit has been conducted and led by Liverpool Heart and Chest Hospital (LHCH) clinical respiratory pharmacist to review inhaler prescribing across the Trust in three key settings: Outpatients, Inpatients and Community to understand which inhaler types are prescribed more frequently (MDI/DPI) and to use the findings of the audit to support changes within inhaler prescribing that will benefit the environment and reduce LHCHs contribution to indirect carbon emissions.

Inhaled therapies are key components of respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD) treatments and routinely prescribed nationally across England with more than 65 million prescriptions for Dry Powder Inhalers (DPI's) and pressurised Metered Dose Inhalers (pMDI's), most prescribed in combination for reliever and preventer inhalers.

Whilst inhalers are known to include plastics and metals, a life cycle assessment has shown 96% of the carbon impact is from propellants they contain known as hydrofluorocarbons (HFCs) found in pMDIs are powerful greenhouse gases, help to propel the dose into the patient's respiratory system.

The pMDIs contributing to 4% NHS Carbon footprint and about 25% of the General Practice prescribing carbon footprint which is equivalent to 850,000 tonnes of carbon emissions each year in England 3. There is an estimation that approximately 70% of inhalers dispensed in England are pMDIs and NICE guidance has subsequently categorised pMDIs as having a high carbon footprint of 500g CO₂eq per dose, compared to 20g in DPIs

Initial audit findings and recommendations from the audit include

Area of Good Practice

1. New COPD diagnosis, most patients commenced on DPI preventer inhalers.
2. During new asthma diagnosis and follow up, the majority received MDI preventer and reliever inhalers prescriptions

Action Plan Recommendations

1. LHCH inpatients and community service action plan to be developed (check inpatient consultants, ANP/ACP, Pharmacist NMP who can be involved with LHCH in-patients and community respiratory service).
2. Clinicians should consider changing Salbutamol/Ventolin MDI inhaler to DPI or Salamol/Airomer MDI for all patients and update it on GP letters
3. Check with the pharmacy team the brand name of the Salbutamol MDI stocked in LHCH and the brand name of the Salamol/Airomir MDI listed on the discharge summary.
4. Poster display in the hospital regarding the carbon footprint and its effectiveness on the environment.
5. Update patient information e.g. include information about inhaler switches, MDI to DPI in the patient appointment letter.

6. Education for all clinicians regarding the carbon footprint and detrimental impact not changing inhalers has on the environment.
7. This work forms part of LHCH Green/sustainability plan led by the Strategic Partnership team and will be incorporated within the plan as a key workstream.
8. Consideration given to an inhaler recycling programme at LHCH for used MDI inhalers to ensure safe disposal and subsequently reduce carbon emissions.

Travel – Outside of the Green House Gas Protocol (GHGP)

a) Partnership Approach with LUHFT

The Trust is currently working with LUHFT to design and launch a travel survey across the Broadgreen site to further understand

- How people travel to work currently
- Why people don't walk/use bikes etc
- What would encourage people to take a more environmentally friendly travel option to work

Findings of the survey will then be collected and reviewed to support the basis of a plan to promote alternate travel options to work.

b) Refresh of Green Strategy

The co-dependency of energy and waste contracts with LUHFT on the Broadgreen site requires both Trusts to work together to achieve joint financial and green benefit. As LUHFT refresh their own Trust Green Plan during 2023, LHCH will take this into account when considering the whole Broadgreen site.

c) Arriva Travel

The Trust is also partaking in the Arriva Bus travel club initiative. The travel club is open to everybody who works at Liverpool Heart and Chest NHS FT and lets staff pay less for travel by monthly direct debit. Tickets provide reduced bus travel costs to-and-from work -when and unlimited travel on any Arriva bus in selected travel zones each month, providing reduced rates in and out of work at no additional cost.

5. Conclusion

The Trust continue to seek new opportunities to advance our Green Plan with innovative approaches generated by departments and our respective divisions.

6. Recommendations

The Board are asked to note progress against respective elements of the Green Plan