

GREEN TEAM COMPETITION

CENTRE FOR SUSTAINABLE HEALTHCARE

2024-25 IMPACT REPORT

Northampton General Hospital
NHS Trust



CONTENTS

- Background
- Trust wide – potential annual savings
 - o Appendix 1: summary of savings & impact per project
- Competition Entries - individual project case study reports
- Awards
- Next steps
- Acknowledgement

BACKGROUND

In September 2024, Northampton General Hospital (NGH) NHS Trust commenced a Green Team Competition in partnership with The Centre for Sustainable Healthcare (CSH). The Green Team Competition is a clinical leadership & engagement programme for NHS organisations wishing to improve the sustainability of their service.

CSH has worked directly with six clinical teams across NGH to add sustainable value within their service via mentoring in the use of Sustainability in Quality Improvement (SusQI) methodology. SusQI is an approach to improving healthcare in a holistic way, by assessing quality & value through the lens of the sustainable value equation (Figure 1). The 4 participating teams were encouraged to consider each element of sustainable value to identify high impact improvement ideas then plan, implement & measure the impact of their projects.

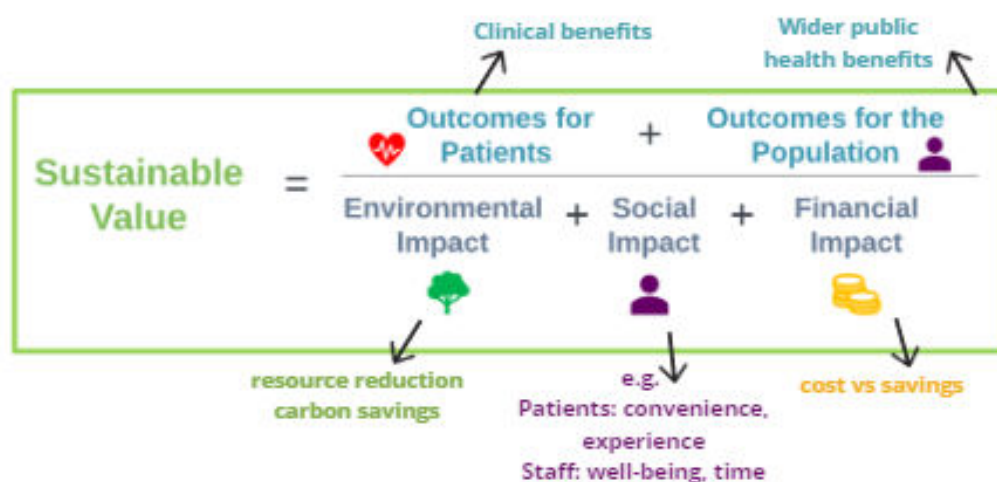
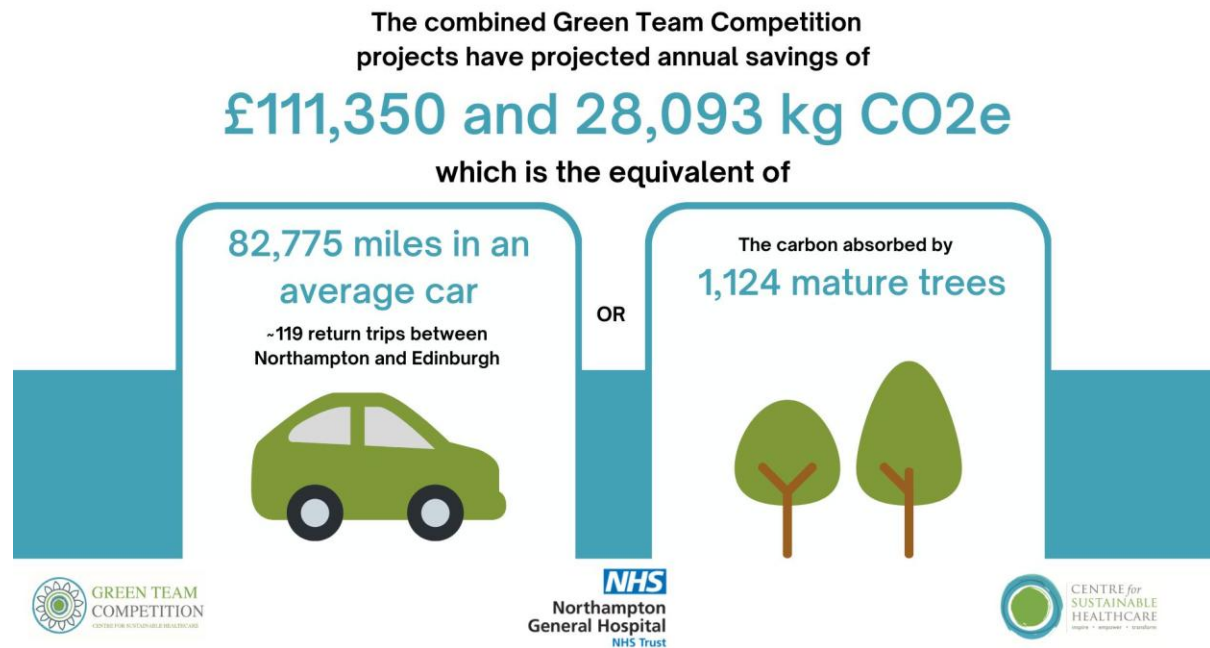


Figure 1. Sustainable Value Equation Source: Centre for Sustainable Healthcare

At the April 30th Showcase and Awards Ceremony, the teams presented their projects, including the anticipated savings & opportunities to scale and spread, to an audience from the Trust and the judging panel.

TRUST WIDE - POTENTIAL ANNUAL SAVINGS



For a breakdown of savings & impact across the sustainable value equation, please see [Appendix 1](#).

COMPETITION ENTRIES - INDIVIDUAL PROJECT CASE STUDY REPORTS

Please click the links below which will take you to the project summary and report in the [CSH Sustainable Healthcare Resource Library](#).

1. [The effects of caffeine reduction on bladder health, sleep, falls reduction and violence and aggression](#), Infection prevention and control (IPC) team
2. [Sustainable abscess incision & drainage](#), General Surgery
3. [Reducing Food Waste on a Care of the Elderly Ward](#), Elderly Medicine and Catering Team
4. [Reducing the number of unused cannulas in the Emergency Department](#), Emergency Medicine Team

AWARDS



WINNERS: Infection prevention and control

Congratulations to the WINNING team, the Infection Prevention and Control Team, led by Jasmine Lowdon.

The project, inspired by similar work in other NHS organisations, shows that simple changes can have a huge impact to sustainable value – improving outcomes for patients, supporting staff and lowering environment and financial costs. We at CSH are looking forward to hearing updates from the team regarding their longer term aim to scale the change hospital wide.



Jasmine Lowdon, Band 6 IPC nurse and Holly Slyne, Associate Director of Infection Prevention & Control

“As an IPC nurse visiting all wards, I noticed that caffeinated drinks were routinely offered on all drinks rounds. Knowing even a small amount of caffeine after midday affected my own sleep and anxiety, I began to question its impact on patients’ physical health as well as staff moral and resources used for care, all which have a financial and environmental cost to the hospital. I was aware of the Green Team Competition having entered previously and felt it gave me an opportunity to discover if a switch to Decaf would improve patient health and the sustainability of resources across UHN.”

Jasmine Lowdon, Band 6 IPC nurse

HIGHLY COMMENDED: General Surgery

Congratulations to the General Surgery Team who took on two projects, one to switch to local anaesthesia in place of general anaesthesia for suitable procedures, and secondly to streamline equipment sets and reduce unnecessary sterilisation. The projects are examples of how thoughtful changes can deliver significant sustainable value, improving patient outcomes, supporting staff efficiency, and reducing both environmental impact and financial cost. The teams work highlights how everyday clinical decisions can be aligned with wider sustainability goals.

NEXT STEPS

Having run these pilot projects, we encourage the teams to build on this initial phase by embedding and spreading their projects, and/or continuing to work towards their longer-term aims. To maximise the benefits of these initiatives, we also encourage all leads to actively support their teams in aligning their work with sustainable value - enhancing clinical, social, environmental, and financial outcomes. This work can be further supported by the sustainability and improvement teams at NGH who can raise awareness of the project outcomes and provide ongoing support to these efforts.

ACKNOWLEDGEMENTS

CSH would like to thank the teams for all their enthusiasm, dedicated work & creativity in devising and completing their projects.

Thank you to Clare Topping, Head of Sustainability, for partnering with us for a third Green Team Competition at NGH.

Thank you to our judging panel for your time and keen interest in the projects.

- Jo Smith, Director of Nursing, NGH
- Paul Shead, Deputy Director of Estates and Facilities Operations, NGH
- Holly Slyne, Associate Director of Infection Prevention, NGH
- Cath Richards, SusQI Programme Lead, Centre for Sustainable Healthcare

Thank you to Rosie Hillson, Sustainability Analyst, CSH, for her careful and highly skilled work in carbon footprinting. Rosie supported the teams in carrying out their own carbon footprinting and equipped teams with the knowledge and tools to carry out future calculations for projects in the future. Carbon calculations are essential to integrated project reporting and make plain the true cost and impacts of services to allow more responsible decisions to be made in healthcare organisations.

POTENTIAL ANNUAL SAVINGS

The following table provides detail on the projected **annual** savings to the Trust from the 2024-25 Green Team Competition projects.

Project	Financial Outcomes	Environmental (CO2e) Outcomes	Scale	Social Outcomes	Clinical Outcomes
Reducing the number of Unused cannulas in A&E	2,203	498	A&E department	<ul style="list-style-type: none"> Staff agree unnecessary cannulation is a problem, which is beneficial for engagement for change. Staff enthusiasm for the project 	<ul style="list-style-type: none"> Reduces pain and discomfort for patients If given a choice, all patients said '<i>they would have chosen not to have one</i>' even if that meant reinserting one later if needed.
The effects of caffeine reduction on patient health	7,320 continence 62,400 falls	4,941 continence 19,968 in falls	1 elderly care ward	<ul style="list-style-type: none"> Improved dignity and well-being for patients. Decaf suitable for patients with medical restrictions. Discharge discussions may promote Decaf use at home, possibly reducing readmissions. No extra training/resources needed for staff Reduced incidents improve staff morale and workload, freeing time for proactive care and falls prevention. 	<ul style="list-style-type: none"> Violence and aggression: 66% reduction in incidents Incontinence: 29% reduction in incidents Sleep: Patients sleeping 6 or more hours increased from 7% to 47%, linked to better mood, experience and fewer falls. Falls: 57% reduction. Long-Term Benefit: Potential for ongoing positive impact post discharge
Reducing Food Waste on Holcot Ward	6,352	1,645	30 bed elderly medicine ward	<ul style="list-style-type: none"> Less meals returned because the patient did not like the meal indicates more patients are enjoying meals Reducing food waste is likely to be supportive for staff morale and job satisfaction. Staff on the wards may feel positive that patients are eating more, and catering staff may have reduced frustration of seeing so many meals they have taken time to prepare being returned 	<ul style="list-style-type: none"> Potential that reduced food waste could mean patients are eating more, which may improve nutrition.
Abscess drainage and wound debridement	18,900-28,350 (23,625) from LA 9,450 in sterilisation	250-333 (291) from LA 690-810 (750) in sterilisation	14-21 (20-30%) GA cases switched to LA	<ul style="list-style-type: none"> Enables same-day treatment avoiding return visits. Patients don't need to arrange transport after GA, take time off work, or fast and wait for a GA procedure. May slightly increase waiting time in the urgent assessment area, but frees up emergency theatre and recovery capacity, which carry highest costs. Operations for most unwell patients may be able to start earlier, with more operations completed in "daylight" hours. Provides practical training opportunities for junior doctors and enhances training for medical students. 	<ul style="list-style-type: none"> No impact on patient outcomes
Total Savings	£111,350	28,093 kgCO2e			