GREEN NURSING CHALLENGE

2025 IMPACT REPORT

Funded by

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BACKGROUND

In December 2024, the Centre for Sustainable Healthcare (CSH) launched it's first Green Nursing Challenge in partnership with the Foundation for Nursing Studies and the Queen's Institute for Community Nursing. The project was fully funded by Micro-Tech UK. The Green Nursing Challenge is national quality improvement initiative based on the Green Team Competition– a clinical leadership & engagement programme for care organisations wishing to improve the sustainable value of their services.

CSH has worked directly with six teams nationally 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 6 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.

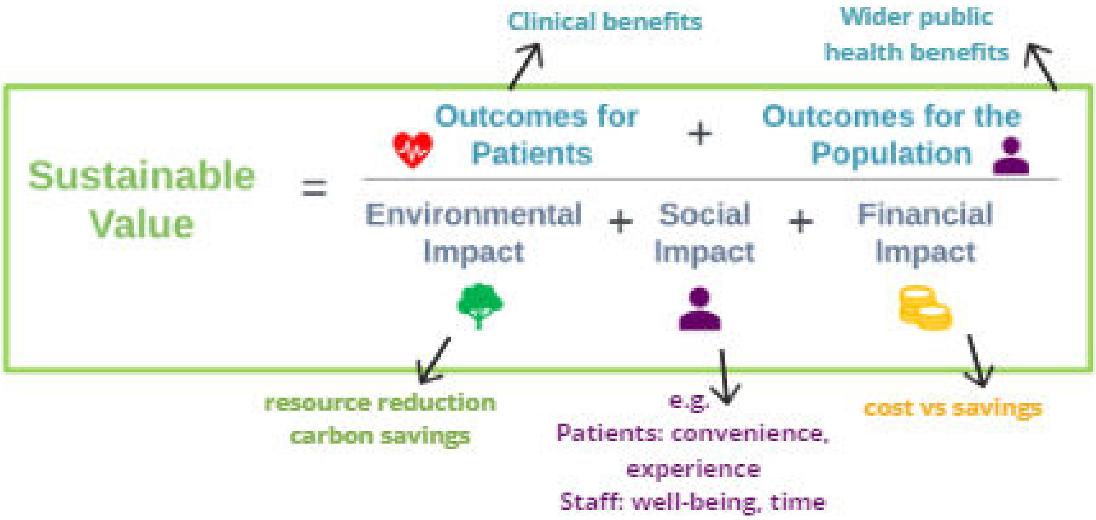
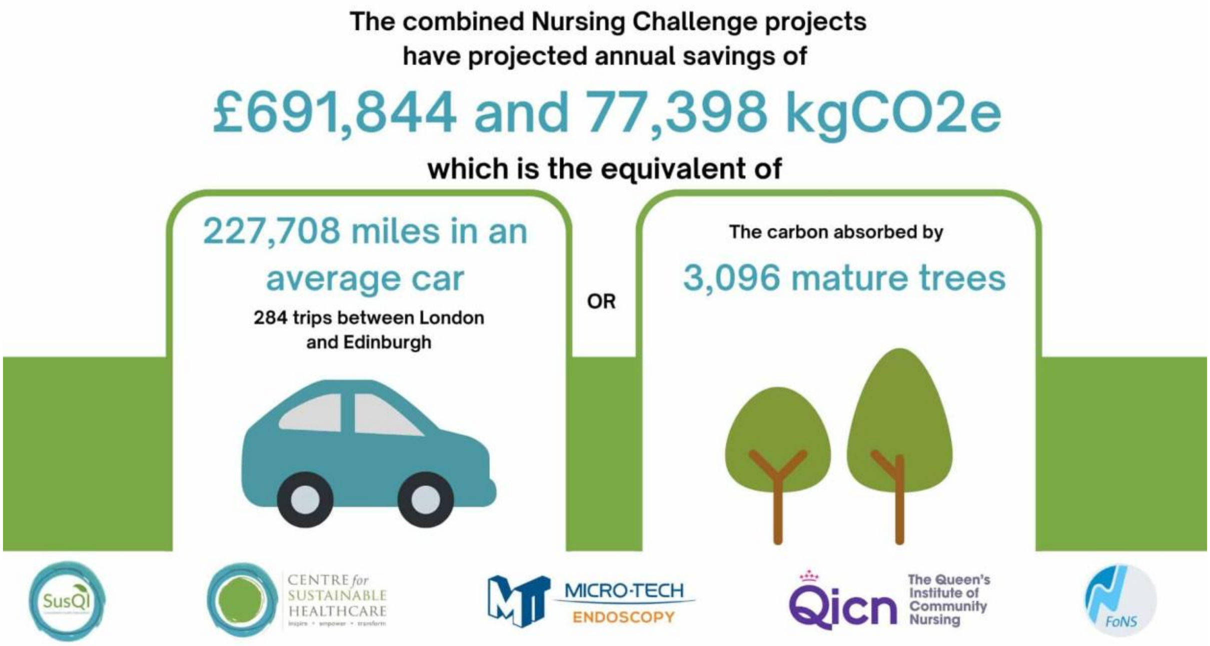


Figure 1. Sustainable Value Equation Source: Centre for Sustainable Healthcare

At the showcase event in October 2025, the teams presented their projects, including the anticipated savings & opportunities to scale and spread, to an audience and the judging panel. A winning and highly commended team were chosen.



For a breakdown of savings & impact across the sustainable value equation, please see Appendix 1.

"It's so fantastic that the teams have had the opportunity to be part of this award-winning clinical leadership and engagement programme for healthcare organisations Nurses and midwives for me have always been the holders of hope, the voice of the vulnerable, and the champions of change."

Charlotte McCardle Global nurse consultant, Sigma UN liaison, Former CNO for Northern Ireland and DCNO at NHS England.

"The quality of the projects here in terms of your approach, methodology, reporting and outcomes are absolutely incredible and surpass anything I've seen… not just within the nursing domain, within sustainable healthcare in general."

Dr Jonny Groome, Paediatric Anaesthetic Consultant, Lead for Greener Theatres at Barts Health NHS Trust, Honorary Associate Professor of Sustainability, UCL

"There are rare moments when I see the future of nursing unfold… and today I saw it within all of the projects."

Dr Marion Lynch, B.E.M. RN RMN. Global Health Consultant, Creative Health Consultant. Educator and Researcher. Trustee with Foundation of Nursing Studies (FONS)

COMPETITION ENTRIES - INDIVIDUAL PROJECT CASE STUDY REPORTS

Please click the links below which will take you to the project summary and report hosted in the CSH Sustainable Healthcare Resource Library. The resource library is hosted in the CSH Sustainable Healthcare Networks, which bring together patients, clinicians, researchers, educators, students, and managers interested in Sustainable Healthcare. They provide a platform for sharing resources, knowledge, and ideas and for connecting with like-minded individuals from around the world.

- **Norfolk & Norwich University Hospitals NHS FT: Combined multidisciplinary Pregnancy and Inflammatory Bowel Disease Clinic**
- **Oxford Health Foundation Trust: Comprehensive reviews for patients on insulin, including the use of continuous monitoring technology**
- **Sheffield Progressive Care Unit: From Single-Use to Re-usable Kidney Dishes**
- **Liverpool Heart & Chest Hospital: Switching from IV to oral potassium and paracetamol, and standardising the hanging times of IV giving sets for potassium and paracetamol**
- **Lewisham Community & Primary Care Team: Trial without catheter - a structured approach**
- **Birmingham Community Healthcare: Promoting remote care using a digital platform (Isla App)**

WINNERS: Norfolk & Norwich University Hospitals NHS FT

Congratulations to the WINNING team, Norfolk and Norwich University Hospital, who developed a combined Maternity and Inflammatory Bowel Disease (IBD) clinic aimed at reducing repeat appointments, streamlining care pathways, and cutting associated carbon emissions. By bringing together maternity and IBD services, the clinic sought to provide more coordinated, high-value care that improves outcomes for both mothers and babies within this patient group. The combined clinic launched in March/April was the result of close collaboration between professionals across both specialties, working together to deliver more efficient, person-centred, and environmentally sustainable care.

"My heart soars to therefore say that the Norfolk team is the winner of today's challenge. Your ability to deliver data in a way that actually matters to nurses and to nursing and to women is phenomenal."

Dr Marion Lynch, B.E.M. RN RMN. Global Health Consultant, Creative Health Consultant. Educator and Researcher. Trustee with Foundation of Nursing Studies (FONS)

Combined multidisciplinary Pregnancy and Inflammatory Bowel Disease Clinic

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Aim: Improve care for pregnant women with Inflammatory Bowel Disease (IBD) by integrating maternity and gastroenterology services into a single, joint clinic, to reduce fragmented care, delays, and duplication of appointments.
Outcome: A monthly multidisciplinary clinic was launched, embedding gastroenterology and IBD nurse reviews into the existing maternal medicine pathway clinic slots. Impact below is based on 15 women per year requiring care from both services.

Clinical
- Improved maternal health and IBD disease-control
- Improved continuity of care and access to timely and consistent advice
- Reduced inpatient admissions, bed days and IV therapies
- Reduced pregnancy-related complications & neonatal admissions

Environmental
- **5,216 kgCO2e** per year, equivalent to driving 15,345 miles in an average car.

Financial
- **£77,623** per year

Social
- Reduced duplicated appointments
- Improved staffing efficiency and capacity in gastroenterology and nursing services
- Enhanced collaboration, learning, confidence amongst staff

Highly Commended: Oxford Health Foundation Trust Planned & Preventative Care

Congratulations to Oxford Health Foundation Trust, Planned and Preventative Care, introduced continuous blood glucose monitoring to support more effective diabetes management in patients' homes. This initiative aimed to reduce avoidable hospital admissions by enabling earlier intervention and better ongoing control of blood glucose levels. The community-based team focused on ensuring that all patients receiving insulin are reviewed comprehensively, helping to deliver care that is safer, more personalised, and of higher value. By improving the quality of care in the community and reducing the need for emergency interventions, the project also sought to lower healthcare costs and minimise the environmental impact associated with hospital-based care.

"Such a brilliant example of preventative care that is far reaching. So a huge, huge well done"

Lucy Brown, Clinical Delivery Lead at The Centre for Sustainable Healthcare

Comprehensive reviews for patients on insulin, including the use of continuous monitoring technology

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Aims: 1. To establish a review clinic to assess and optimise insulin regimens for all District Nursing patients with Type 2 diabetes, using continuous or flash glucose monitoring to guide safe, individualised care. 2. Support equity of care for both patients with diabetes and those with different needs (e.g. wound care) by freeing nursing capacity to reduce unmet needs (deferral rates).

Outcome: Joint District Nurse and Diabetic Specialist Reviews carried out for patients with 3 GP trial sites. Impacts below based on 30 patients, potential to scale to 300.

""very pleased as this has supported me to understand better my diabetes"."

Clinical

- Previously unknown hypoglycaemic episodes for 8 (27%) and hyperglycaemic episodes for 13 (43%) of patients
- 24 (77%) patient insulin regimes changed, supporting safety and individualised care
- 24 (77%) patients had reduced risk of harm/hospital admission
- Equity of care for those with diabetes who couldn't access GP review, now reviewed to national standard
- Reduced deferral rates for patients with other needs due to 12.5% drop in demand on diabetes caseload.

Environmental

- **6,707 kgCO2e per year,** equivalent to driving 19,732 miles in an average car.

Financial

- **£37,656** per year

Social

- 2 (7%) patients became fully independent with diabetes management
- Improved staff knowledge around diabetes management
- Improved collaboration between District nursing and practice nursing teams.
- Patient safety and environmental sustainability benefits of the project were important to staff.

NHS Oxford Health NHS Foundation Trust · SusQI · Centre for Sustainable Healthcare · Micro-Tech Endoscopy · The Queen's Institute of Community Nursing · FoNS

ACKNOWLEDGEMENTS

We would like to extend our heartfelt thanks to all the teams for their enthusiasm, dedication, and creativity in developing and delivering such inspiring projects. Your commitment has truly made this Challenge a success.

A special thank you to our sponsors, **Micro-tech UK**, whose generous support made this competition possible.

Thank you to our partners the Foundation of Nursing Studies and The Queen's Institute of Community Nursing , who supported the Challenge from launch to judging of the projects.

Thank you to Inge Steinbach, Sustainability Analyst, CSH, for her careful and highly skilled work in carbon footprinting.

Thank you to the judging panel for their time, passion and keen interest in the projects and Teams.

- Dr Jonny Groome, Paediatric Anaesthetic Consultant, Lead for Greener Theatres at Barts Health NHS Trust, Honorary Associate Professor of Sustainability, UCL
- Lucy Brown, Clinical Delivery Lead at The Centre for Sustainable Healthcare
- Dr Marion Lynch, B.E.M. RN RMN. Global Health Consultant, Creative Health Consultant. Educator and Researcher. Trustee with Foundation of Nursing Studies (FONS)
- Dr Amanda Young, Director of Nursing Programmes, Innovation and Policy at Queens Community Nursing Institute

POTENTIAL ANNUAL SAVINGS

The following table provides detail on the **annual** savings from the 2025 Green Nursing Challenge. Black text represents savings based on post-change data scaled over a year. Blue text indicates projected savings based on patient data, evidence, informed assumptions, and/or expected outcomes.

Project	Financial Outcomes	Environmental (CO_2e) Outcomes	Scale of data/savings	Social Outcomes	Clinical Outcomes
Sheffield Teaching Hospitals NHS Foundation Trust	709 (41,271 if scaled up)	203 (14,873 if scaled up)	6 bed Progressive care unit (with plan for rapid scale across Trust)	• Improved storage & durability • Less reliance on constant deliveries	• Infection Control were engaged to establish cleaning practices and training.
Oxford Community NHS Trust	37,656	6,707	30 patients on district nursing caseload with 1-2 home visits for insulin administration per day.	• 2 (7%) patients became fully independent with diabetes management • Improved staff knowledge around diabetes management • Improved collaboration between District nursing and practice nursing teams. • Patient safety and environmental sustainability benefits of the project were important to staff.	• 24 (77%) had insulin regimes changed supporting safety and individualised care • 24, 77% patients had reduced risk of harm/hospital admission • Equity of care for those with diabetes who couldn't access GP review, now reviewed to national standard • Many of the patients fed back that their understanding and independence around managing their diabetes control had improved • Reduction in deferrals rates for patients with other needs (e.g. wound care)
Liverpool Heart & Chest Hospital NHS Foundation Trust	56,148	2,710	30 bed Cardiac Critical Care Unit (assuming IV use reduction by 1/3rd)	• Improved staff learning of drug efficacy • Reduced nursing workload and freeing time for higher value patient care.	• Improvement in patient comfort & dignity by removing need for infusion lines. • Removing lines enhances mobility enabling visits to therapeutic spaces like the Critical Care Garden. • No increased infection risks • No change in pain management according to literature and pain team.

Project	Financial Outcomes	Environmental (CO2e) Outcomes	Scale of data/savings	Social Outcomes	Clinical Outcomes
Lewisham & Greenwich NHS Trust	441,708	42,156	Average of 6.6 TWOC referrals per month to Bladder, Bowel & Pelvic Health community team in Lewisham	• Improved catheter management reduced emergency admissions and bed days, enhancing patients' emotional wellbeing and enabling more time at home. • Reduced unplanned visits and clearer guidance improved staff confidence, reduced stress, and supported more sustainable, integrated working practices across care teams.	• Reduced catheter-related ambulance call outs suggesting more timely community interventions. • Reduced hospital admissions & bed-days still indicates fewer acute deterioration events. • Several referrals redirected to appropriate services (e.g. urology).
Norfolk & Norwich University NHS Foundation Trust	77,623	5,216	15 women per year requiring care maternity and inflammatory bowel disease care.	• Reduced duplicated appointments • Increased capacity in gastroenterology and nursing services • Improved staffing efficiency • Enhanced collaboration & learning, confidence • Clearer clinical planning & follow-up • Improved to timely and consistent advice	• Improved maternal health, IBD disease-control • Improved continuity of care • Improved support for pregnant women • Reduced inpatient admissions & bed days • Reduced IV therapies • Reduced pregnancy-related complications & Neonatal admissions
Birmingham Community Healthcare NHS Foundation Trust	78,000	20,406	Urgent response team using the app 1,248 times in one year, preventing 72 visits and 57 hospital admissions.	• Improved staff confidence and competence • Practical & cost improvements for patients & carers • Patient feedback that app easy to use, response time from a clinician was quick, no repeat information was needed, and that the App provided reassurance.	• Faster diagnosis & responses • Improved clinical decision-making and management • Reduced home visits and hospital admissions indicating more personalised and appropriate care. • Hybrid models of care continue to ensure access for all patients.
Total Savings	**£691,844**	**77,398 kgCO2e**			