

Analysis on NHS trust carbon footprint reporting in the UK

NHS trusts have country sized carbon footprints. The NHS as a whole, if ranked as a state, would have the 69th largest carbon footprint of the 178 states for which there is data.

Activity across the NHS to reduce carbon emissions has the potential to save vast amounts of money and make an impact not only on the UK's carbon footprint, but also on emissions at a globally significant scale. Climate change is also recognised as one of the greatest health threats of the 21st Century¹.

Within this year's Manual of Accounts from the Department of Health, it is made clear that all NHS Trusts, PCTs and SHAs are required to produce a Sustainability Report (SR) in 2011-12 and beyond as part of their Annual Report. Trusts are being encouraged to use the guidelines produced by the NHS Sustainable Development Unit. In 2010-11 the DH requested that sustainability reports be included though were non-mandatory, with a statement that they would become mandatory this year.

Most trusts have to report their natural resource use through their publically available annual Estates Return Information Collection (ERIC) data, this is however different from visibly reporting on resource use in an Annual Report. Many trusts are taking an active role in dealing with their own carbon emissions, as a route to cutting costs, and improving and protecting health. This level of engagement has however been patchy across the UK. There are still many trusts which are not measuring, managing or reporting their carbon emissions, despite the clear health and cost co-benefits and the call from DH.

The Nottingham Energy Partnership, as an independent charity, has undertaken a piece of work to assess how seriously NHS trusts in England are already taking their commitment to monitoring and reporting on sustainability. We have done this through analysing the information that all trusts nationwide publish about the measures they are taking. We have examined trusts' Annual Reports, Carbon Reduction Commitment Energy Efficiency Scheme (CRCEES) submissions, and Sustainable Development Management Plans (SDMP) or similar.

Through this visible reporting, it is apparent that in 2010-11 2.67 million tonnes of CO₂e were being actively managed and reported on, mostly in the form of estates energy use emissions. This represents the equivalent of 70% of the total 2010 NHS estates emissions or 13.5% of the total 2010 NHS annual footprint.²

The full trust-by-trust data set will be published on the NEP website at www.nottenergy.com. By 28th March 2012; the NHS sustainability day of action.

¹ <http://www.thelancet.com/climate-change>

² According to the latest figures from the NHS Sustainable Development Unit (SDU)², the NHS carbon footprint, including procurement, is now 20million tonnes of CO₂e.

Ranking Trusts reporting

We have further analysed the data from trusts, in an attempt to assess the level to which trusts are footprinting, and have subsequently ranked trusts according to their apparent visible level of commitment to managing their carbon emissions. Clearly, this analysis is limited by the data that trusts choose to release into the public arena. There may well be trusts that are taking an active approach, but are not reporting on it; however, we have assumed that if the data is not visible, the likelihood is that emissions are not currently being managed.

Carbon Footprint Level	Assessment criteria
1	No information about carbon footprint
2	Only CRC emissions; just total trust wide figures with little or no evidence available, or no emissions reported for last 3 years
3	No footprint by carbon emissions, but all relevant consumption data (gas, electricity, water, waste) reported in Annual Report or public document.
4	Full detailed footprint in Carbon Management Programme or Sustainable Development Management Plan, but no further information in Annual Reports.
5	Full detailed carbon footprint with relevant information about water, waste, building and regular detailed and up-to-date information in Annual Reports.

Results

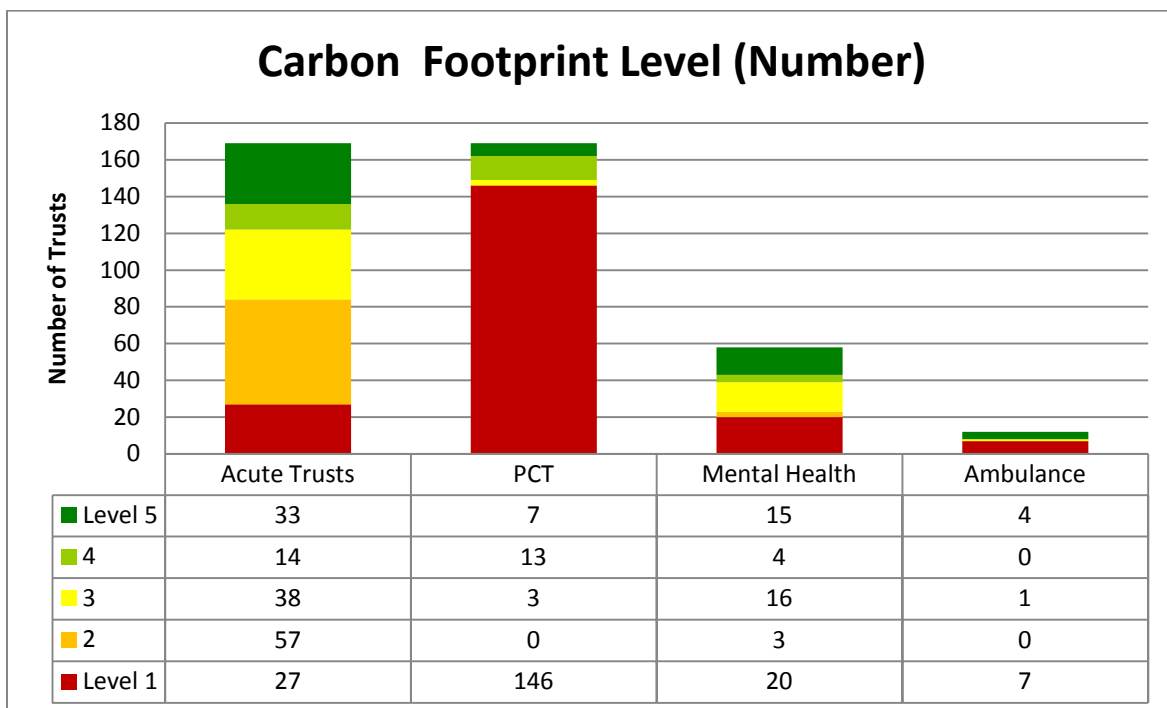


Figure 1

Figure 1 shows that acute and mental health trusts seem to have be more likely to undertake higher levels of carbon footprinting, beyond the minimum CRCEES requirements.

PCTs have been significantly less likely to undertake carbon footprinting, however where they have, they have been more likely to undertake full footprinting to scope 3, i.e. including waste, water, business mileage and procurement, as well as scope 1 and 2, buildings-related energy and owned fleet fuel consumption.

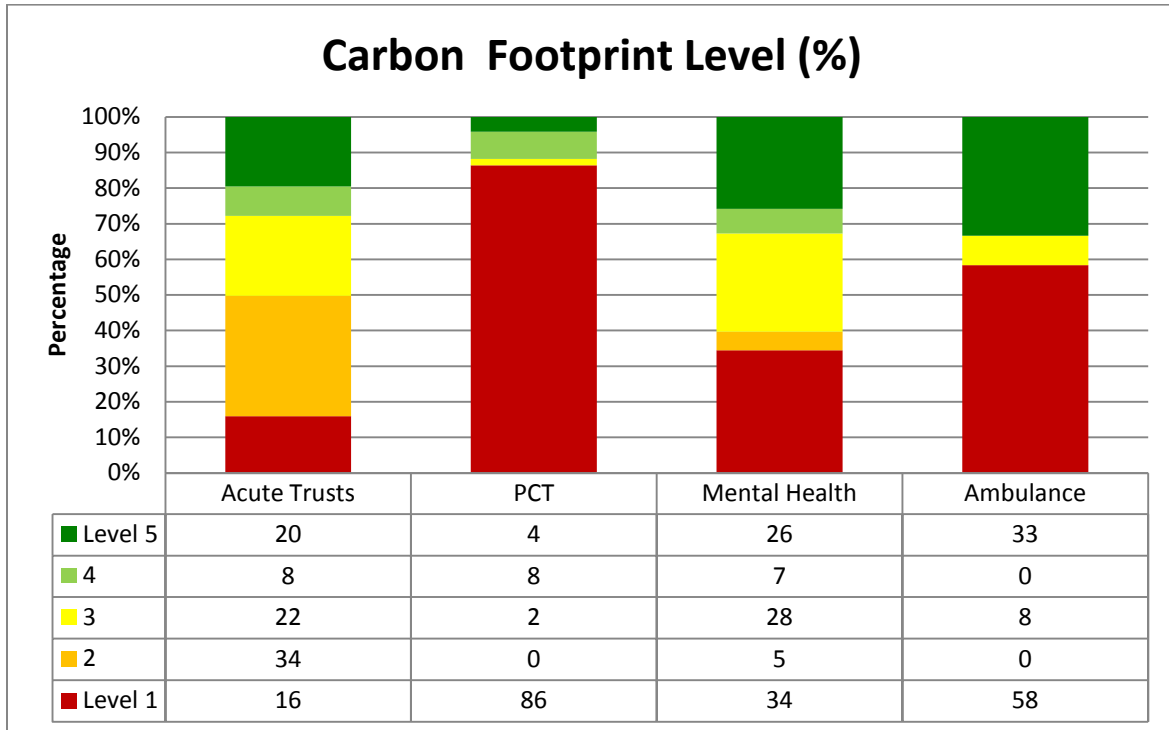


Figure 2

By examining the % split in the level of footprinting in figure 2, it becomes clear that ambulance trusts have been the most likely to take a proactive approach to monitoring managing and reporting their footprints.

This may well be due to the fact that ambulance trusts are significantly exposed to fuel prices. They will be the NHS organisations most likely to experience the direct financial impacts of high carbon emissions. They will also be those most likely to benefit directly and immediately from managing their fossil fuel use.

231 of 408 or 57% of trusts analysed have reported carbon emissions at any level, including CRC. Of the 231 trusts reporting emissions, 215 trusts reported emissions identified as energy use in buildings.

Waste and water were also often reported on. Less trusts reported transport emissions and few reported on procurement. 182 trusts (45%) have never reported a carbon footprint.

Of the trusts 231 trusts reporting emissions, 150 provided a breakdown by emissions source.

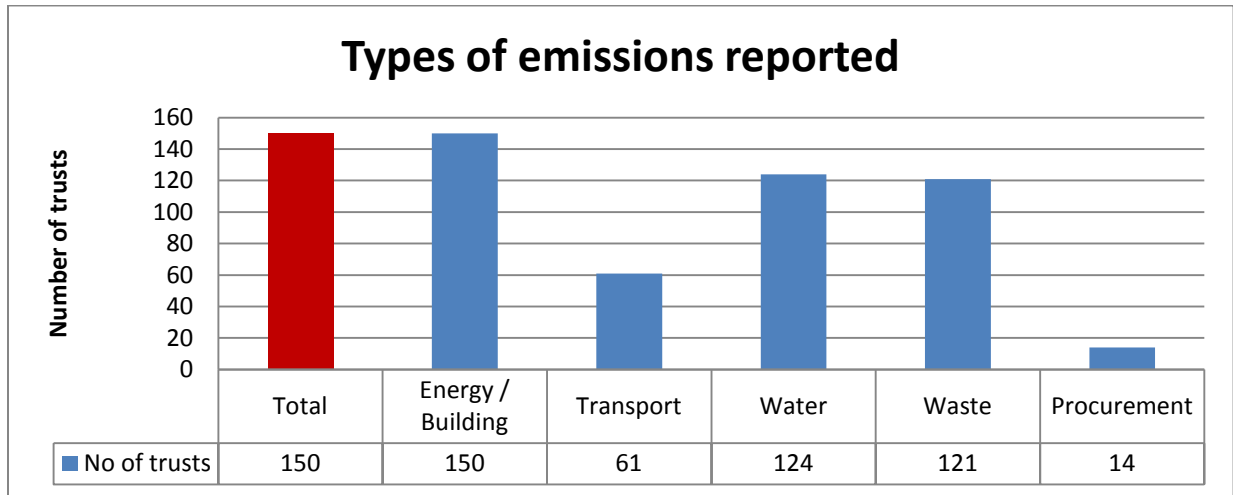


Figure 3

While procurement makes up over 60% of NHS emissions, only 14 trusts in the UK have reported their procurement footprints in public documents. This is however understandable as, in contrast to direct natural resource use, it is difficult to evidence quantitative reductions in these emissions. This is due to the way in which procurement emissions are footprinted. The methodology used means that procurement footprints are only useful for targeting sustainable procurement work. It is only possible to show emissions reductions here by spending less.

Regular annual reporting on measures to improve sustainable procurement are far more useful than regular organization procurement footprints. Procurement and transport data also tend to sit with finance departments, while water, waste and energy data are more likely to sit with estates departments. This evidence also suggests that carbon management is still largely seen as an estates issue.

Overall, while there are some examples of good practice, far more needs to be done by NHS trust in managing and reporting carbon emissions and natural resource use.