Sustainability: Reducing Single Use Bathing and Toileting Equipment

On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the Health and Care Act 2022. This places duties on NHS England, and all trusts, foundation trusts, and integrated care boards to contribute towards statutory emissions and environmental targets.

The Act requires commissioners and providers of NHS services specifically to address the net zero emissions targets. It also covers measures to adapt to any current or predicted impacts of climate change identified within the 2008 Climate Change Act.

Every NHS Trust in England now has a Green Plan in place, which sets out their aims, objectives and delivery plans for carbon reduction (Greener NHS).

The Royal National Orthopaedic Hospital is a specialist hospital located in the London Borough of Harrow. It is the largest orthopaedic hospital in the UK, and is ranked in the top ten orthopaedic centres across the world.

The RNOH treats and supports patients with some of the most complex and chronic musculoskeletal conditions, as well as carrying out vital research and development into future treatments and assistive technologies. It has a large therapies department, including approximately 34 occupational therapists.

As a therapy department, we have started to explore how we can contribute to the NHS Net Zero plan. It started with a conversation between myself and a colleague last year. We had newly appointed ourselves “Green Champions” for the therapies department, mainly because we could see a need and nobody else was doing it.

The first issue we wanted to tackle was the following:

**The expensive ordering and supply of single use bathing and toileting equipment for post-operative patients. The majority of this supply is for short-term use after elective surgery, after which it is disposed of, if not recycled, and may end up in landfill.**

**The trust spent approximately £18,000 in 2022 on bathing and toileting equipment alone.**

**Another concern is that hospital transport will not take large items of equipment and it sometimes has to be sent in a taxi, which again has an environmental impact and added costs to the trust.**

**As we are also about to increase our surgical capacity with the new theatres project, more equipment will continue to be required. The effort of recycling on a wider level will be considerably reduced if we consider a sustainable cost-effective long-term solution.**

**As a national hospital taking patients from all over the UK, we have to liaise with multiple local authorities and community equipment services.**

We came up with several possible solutions:

**1. We order equipment to be delivered and set up in patients’ homes prior to their surgery, and when they no longer need it, their local community equipment service would then collect, clean and recycle it. There are several services around the country which are already doing this.**

**2. We keep our own stock of equipment that we issue and patients bring it back when they have finished with it, for us to clean and reissue (this was the original system many years ago).**

**3. We have an arrangement with a company such as Medequip, whereby we hold some of their stock and issue it to patients, and then their local Medequip service will collect it from their homes and clean and recycle it, and they will regularly replenish our stock.**

The possible barriers include:

* ***Staff availability to clean, check and recycle equipment***
* ***Possible reluctance of patients to accept recycled equipment especially personal toileting/bathing items***
* ***Transport not taking large pieces of equipment such as commodes and toilet frames***
* ***Lack of storage space and effective cleaning facilities***
* ***Delayed discharges if equipment packages are not in place***
* ***Liaison with community services if the patient lives alone and is unable to accept equipment due to being in hospital***
* ***Patients not returning equipment if we loan them our own stock***

We then engaged with several stakeholders:

* Sustainability Lead/Head of estates (to discuss storage space)
* Therapy staff involved in purchasing and issuing of the equipment
* Head of Volunteer Services
* Quality improvement team
* Patients
* Medequip community equipment service and the local council
* Transport services for the trust

Each potential solution was explored. I had meetings with the head of estates and other members of the estates team regarding storage space, which initially looked promising but no suitable space was available. We were fortunate to get a new Sustainability Lead, who liaised with Medequip about us having a loan stock from them, but they were not able to provide this.

I met with the therapy technician who does most of the pre admission calls to patients to help them prepare for surgery. She reported that generally patients expect to be provided with equipment by the hospital. I met with the lead OT for acute orthopaedics who described complex ordering systems and different training for each of them. Due to chronic staff shortages and high turnover of staff, it did not seem to be time efficient for each OT who came through the team to be trained in multiple systems.

Our sustainability lead met with the transport department, who explained that they are not insured to carry equipment that cannot be secured in their vehicles.

In March this year the trust held a competition, the Sustainable Systems Prize, asking for innovative ideas to help change systems and reduce our carbon footprint. Along with a colleague I submitted this project - and won! The Chief Executive and Director of Nursing both agreed that taking this forward was a “no brainer” and could not believe it hadn’t already been done.

But it felt as if we would never achieve our goal. Every few weeks I would see new boxes of plastic equipment being delivered. The push to get patients home quickly after surgery meant that staff had to take the easiest option and provide what was there.

We have had a recent breakthrough; along with my manager and sustainability lead, I met with the clinical lead for the London Community Equipment Consortium, who recently awarded NRS the contract for equipment provision for 20 London boroughs. She has agreed to support us in getting many more therapy staff trained and provided with PINs so that they can order stock for patients pre surgery in a more efficient way.

Our acute orthopaedic inpatient lead OT has written a new standard operating procedure (SOP) for staff regarding the issuing of equipment. We are seeing a shift in attitudes among both patients and staff, and part of the SOP includes providing information to patients about where they can recycle equipment.

The next step is to ensure that staff are supported to complete the training and are able to order equipment for patients from their local equipment service in a timely manner.

We are not there yet, but progress is being made. I have learned that it is possible to change systems in the NHS, but that it takes persistence, networking, and a whole lot of patience.

References

[https://www.england.nhs.uk/greenernhs/get-involved/organisations/](about:blank)

[https://www.rnoh.nhs.uk/about-us](about:blank)

[https://www.cqc.org.uk/location/RAN01/inspection-summary](about:blank)