



SUSQI PROJECT REPORT

'SuppCycle, from sip to sustain'. A project to increase the amount of oral nutritional supplement (Fortisips) bottles recycled across Hampshire Hospital NHS Foundation Trust.

Project Title

Start date of Project: 12th March

Date of Report: 8th August 2025

Team Members:

- Caz Franics (Dietitian) - team leader
- Rachael Wright (Lead nurse for patient support services)
- Communication officer, Fortisp bottle management
- Carla Jacobs (Matron for Victoria ward) - Manager of ward involved in the pilot study
- Claire Shergold (Matron on Shawford ward) - Manager of ward involved in the pilot study
- (Matron on Overton ward) - Manager of ward involved in the pilot study
- Helen Murphy (Facilities Compliance and Waste Lead)



Background:

In 2022, the malnutrition and nutritional survey completed by the British Association for Parenteral and Enteral Nutrition (BAPEN) found 44% of patients in hospital are at risk of malnutrition. In addition to food first fortification, dietitians use multiple interventions to prevent and manage malnutrition. This includes the use of oral nutritional supplement drinks. These come in different styles (juicy or milky), with a mixture of flavors in varying volumes to aid patient tolerance.

Hampshire Hospital NHS Foundation Trust (HHFT) use nutritional supplement drinks called Fortisips, manufactured by Nutricia. The Fortisp bottles are made with polyethylene plastic, which is fully recyclable. Winchester City Council have confirmed these bottles can be collected and recycled as per their waste management systems.

Sustainability is a topic which is being pushed further up the agenda both within HHFT and across the NHS. In October 2020, the NHS became the world's first health service to commit to reaching carbon net zero, responding to the growing threat to health posed by climate change (NHS England, 2022). Additionally, in July 2022, legislation was published to enable net zero to come to fruition, through the Health and Care Act 2022 (NHS England, 2022). Furthermore, HHFT published a sustainability commitment as part of the 'Looking ahead annual plan (2025-2026)' where the trust is embracing transformation and innovations to create a sustainable future. Therefore, this project is current and aligns to multiple sustainable objectives.

The NHS is a heavy consumer and creator of plastics. It is estimated the NHS creates approximately 133,000 tonnes of plastic annually. The plastic waste is disposed across several waste streams including incineration (GV Health, NHS Wales Shared Services Partnership, 2025). By increasing recycling, we reduce our contribution to waste streams; and reduce carbon emissions whilst conserving natural resources by reducing demand for raw materials.

A recycling project undertaken in 2024 at NHS Grampian in Aberdeen led by Rosa Holt (Senior dietitian) implemented a project to increase the recycling of oral nutritional supplements and enteral feeding bottles. They focused on bottle use across the Trust and in the community amongst their home enteral feeding patients. Initial baseline data revealed the trust used 50,500 nutritional supplement bottles a year, and over 100 enteral feed bottles (in a month). NHS Grampian estimated they spent £125,000 each month disposing of clinical waste, with only 6% of bottles being recycled. However, baseline data revealed that 77% of staff were engaged with the project and wanted to know more about recycling.

The NHS Grampian initiative was launched with promotional videos and increased access to recycling bins across the trust. Following the project, more than 80% of nutritional supplement bottles were recycled across the intensive care wards. They also estimated that diverted waste from clinical disposal to recycling, could save around £12,000 per month (NHS Grampian, 2024). This project not only saved the trust a significant amount of money, but significantly reduced carbon emissions (Holt, 2024). This initiative was so impactful, it was acknowledged by the Northeast Scotland Scottish Conservative Party in 2024.

In 2024, HFFT used a total of 98,650 bottles of Fortisip compact (125mls) and Fortijuce (200mls) as shown in Appendix one, table two. Across sites, Winchester used a total of 41,918 bottles and 56,732 bottles were used in Basingstoke. The team involved in this project include varied members of the multidisciplinary members, including the dietitian, matrons and the facilities compliance and waste lead. The dietitian is best placed to lead this project due to having responsibility for prescribing the Fortisips, thus having oversight of use, tolerance and compliance. It is therefore logical to support change regarding disposal methods.

Specific Aims:

We aim to have 100% of Fortijuce and Fortisip compact bottles used on Victoria, Shawford and Overton ward within Hampshire Hospital NHS Foundation Trust recycled by the end of the trial project in July 2025.

Methods:

The three wards with the heaviest use of Fortisip bottles across both sites were identified and selected to participate in a pilot study; and to create friendly competition.

Key stakeholders involved in this project were identified and included matrons, the Trust waste and facilities compliance manager, HFFT sustainability team and Winchester City Council. They represented holders who had high interest in and high influence of the success of this pilot. The dietitian (Caz Francis-Stokes) was the green team coordinator and led this project and implemented the initiative.

On this occasion, other stakeholders who would have been useful and beneficial to involve include ward clerks and the communication team to increase awareness. The ward clerk on Shawford ward was engaged with the project and expressed interest, but these teams were not invited to participate in this pilot study

First, the matrons of the three allocated wards circulated a survey exploring staff opinions on recycling and current practice. The survey was devised and distributed amongst clinical matrons, Band 7, Band 6 teams and ward administrators across HHFT to capture as many responses as possible. This allowed us to confirm there was an opportunity to increase recycling rates. Baseline data indicated 58% of staff dispose of Fortisip bottles in domestic waste, 13% put them in the clinical waste bags and 29% recycle. Staff stated the main barriers to recycling on the wards included time, location, lack of recycling bins and the fact that they have not considered recycling the bottles. 92% of staff would like to see more recycling points in their clinical area, demonstrating staff are engaged with sustainability and are on board with the change proposed. A copy of the survey can be found at: [Recycling Fortisip and Fortijuice Bottles](#) and can be seen in Appendix two.

The Facilities Compliance and Waste Lead provided recycling bins. They were then allocated and delivered to all three wards at the same time. Communication posters were developed to increase awareness.

The experienced Lead nurse for patient support services who had skills and connections with communications and waste management helped by counting and collecting the bottles. Recycling commenced over a 30-day period; and each week the Fortisip bottles were placed in bins by ward staff. The bins were then collected, bottles counted and rinsed before being sent to the waste facilities and sent for recycling as per the waste collection at HHFT.

Through the mixed skill sets of connections, roles and management, the team were able to work together collectively and promptly to ensure this initiative was rolled out successfully. Resources required for this project were minimal and included the provision and use of specific recycling bins in clinical areas, the use of posters for awareness and staff members to count and collect the bottles for recycling.



Measurement:

Patient outcomes:

Recycling oral nutritional supplement feed bottles was performed after they have been used for patient care, thus will have no direct impact on patient care and therefore no measurement is required.

Environmental sustainability:

The initial staff survey allowed estimation of which waste stream staff dispose of Fortisip bottles at baseline. Combined with procurement data, this allowed us to quantify the scale of the issue on the selected wards by estimating what percentage of the bottles were already being recycled or were going into general or clinical waste streams.

Emission factors for waste disposal were taken from [Rizen et al. \(2021\)](#) details the following measures and how much kgCO₂e is emitted from current waste disposal streams:

- 172 kgCO₂e / tonne for low temperature incineration (general waste)
- 1074 kgCO₂e /tonne for high temperature incineration (clinical waste)

For recycling, emission factor was taken from the [2025 UK Government database](#):

- 4.68568 kgCO₂e /tonne for recycling

Baseline data from the pharmacy team was collected to identify the amount of Fortisip supplements used across HHFT in 2024 to model potential impact if the initiative is scaled Trust wide.

Economic sustainability:

Costs of waste disposal via recycling, domestic and clinical waste streams were provided by the Trust waste and facilities compliance manager as follows:

- Recycling costs approximately £121.58 per tonne
- Domestic waste: £133.94 per tonne
- Tiger clinical waste: £442 per tonne

Social sustainability:

Recycling initiatives play a vital role in empowering people by providing a voice and a stake in environmental decision-making processes. These initiatives promote wider engagement, education, and increased awareness (Tabibi, 2024).

As mentioned, staff opinions were explored via a survey to gather baseline data. Results can be seen in Appendix two, figures one and two.

Results:

Patient outcomes:

Recycling of the Fortisip bottles was performed after they had been used for patient care, thus this project will have no direct impact on patient care' and therefore no measurement is required.

Environmental and economic sustainability:

Our survey showed at baseline 58% of staff dispose of the Fortisip bottles in domestic waste, 29% recycle the bottles and 13% of staff put them in the clinical waste bags.

Table 1: 30 days of data (including number of Fortisip bottles recycled, weight of Fortisip bottles recycled and the weight of bottles diverted from clinical and domestic waste). Data was collected over three wards across HHFT.

Item	Total recycled (number of bottles)	Total weight	Weight diverted from clinical waste (13%)	Weight diverted from domestic waste (58%)
Overton Ward				
Fortisip	410	6,970g	906g	4,042g
Fortijuice	89	1,691g	220g	981g
Total bottles			1,125g	5,023g
Total lid	484 lids	968g	126g	561g
Victoria Ward				
Fortisip	220	3,740g	486g	2,169g
Fortijuice	50	950g	124g	551g
Total			610g	2,720g
Total lids	221 lids	442g	57g	256g
Shawford Ward				
Fortisip	56	952g	124g	552g
Fortijuice	5	95g	12g	55g
Total			136g	607g
Total lids	44 lids	108g	14g	63g

Carbon calculations can be found in Appendix 3. The projected annual savings is **45.01 kg CO₂e** per year, equivalent to driving 132 miles in an average car.

Financially, there is a small saving of diverting waste from clinical and domestic waste to recycling, though domestic and recycling costs to the Trust are similar. The cost of sending these bottles to clinical and domestic waste is estimated at £23.40. This will reduce slightly to £15.08, saving **£8.70** a year from recycling.

Social sustainability:

84 staff responded to the survey. The results showed there was an opportunity to increase recycling rates and that this was staff wanted to achieve.

The positive impacts of this project include increased awareness of recycling and sustainability. Furthermore, it empowers and motivates staff; and works towards creating a green and sustainable culture. The project may engage staff and change behavior to help the environment and decrease

carbon emissions in other ways, which would be an additionally positive effect. This may include switching off lights, turning off work computers and screens, and walking or cycling to work if able. This can also significantly decrease financial costs to the trust.

Despite the enthusiasm and increased recycling rates this pilot has shown, there are some challenges to continue recycling at the same rates moving forward. In the survey, barriers to recycling on the wards included time, location, lack of recycling bins and the fact that they have not considered recycling the bottles.

While awareness and availability of recycling bins has increased, a significant concern going forward would be task delegation and appointing staff to rinse, count, and collect the Fortisips for recycling. During the project, one dedicated nurse fulfilled this role, but it is not an efficient use of a clinician's time. Therefore, we would need to carefully consider staff members who could do this and adopt an efficient process.

There may be ongoing negative impacts to staff for time taken for communication and awareness of the initiative to circulate throughout the Trust. This may lead to some staff not being able to recycle or putting Fortisip bottles in the incorrect waste bins for a longer period.

This project will have no impact on patients since we have not included them during the pilot. However, if we were to roll this out into the community, specifically across the home enteral feeding population, we would measure patient engagement and explore what they think of the change. Additionally, I am aware a larger roll out of this project both trust and community wide would require time, communications, investment and planning to overcome logistical, management and financial challenges.

Additionally, other staff members and wards have reached out to the project team during this project and asked when and how they can be involved. This again highlights awareness and engagement; and demonstrates the viability of rolling this initiative out trust wide.

Our findings echo results from a similar project implemented in University Hospitals Coventry and Warwickshire Green Team Competition. They implemented a recycling program for nasogastric feed and supplement bottles and removed unnecessary items from line packs. Staff were engaged and educated via surveys, briefings, and posters. Recycling bins were added to key clinical areas. A trial was conducted to monitor the effectiveness of the new recycling system. 94% of staff who participated supported the sustainability initiatives, and surveys revealed that many felt more motivated to recycle and reduce waste after the project was introduced (Harding and Laver, 2025). Additionally, the trial saved an estimated 734.76 kgCO₂ per year (including 547 kgCO₂e from recycling 70% of feed bottles). Furthermore, it was estimated that £512 in reduced waste disposal could be saved from recycling.

Discussion:

From this small pilot study across three wards, we have saved an estimated 40.77kg CO₂e per year, which is the equivalent to driving 120 miles. It is also estimated that we would save £8.50 a year in reduced waste disposal costs. This is a positive result demonstrating significant carbon emission



reductions, even on a small scale. Additionally, it aligns with the NHS policies and commitments regarding sustainability as mentioned previously.

This recycling project was well received by the three wards involved. Through general awareness and 'word of mouth', interest and motivation to participate across other wards became apparent. This owes to the hypothesis that this initiative has the potential to be rolled out successfully Trust wide with significant outcomes, including financial savings.

Although initially disappointed with the small financial savings of this project, I acknowledge the high cost of recycling waste disposal and that we had a small sample size. With future advances and developments, the cost of recycling may decrease, thus increasing our cost savings. Moreover, it is difficult to compare this initiative with similar projects due to our smaller sample size and sole focus on recycling the Fortisip bottles. However, it is hoped with the roll out of the initiative across the trust, cost savings would be significantly more.

Due to the limited resources required and the feasibility of this project, this initiative is extremely scalable. There are approximately 42 wards across HHFT that could participate in this initiative. The proposal could also include the recycling of the full Fortisip range and the enteral feed bottles. Additionally, this could be expanded to include our community home enteral nutrition team to encourage our cohort of patients to recycle their feeding bottles at home, thus decreasing carbon emissions further. This project therefore has great scope.

The main challenges this project encountered included time implications, ongoing role fulfillment and logistical considerations. This included the counting and collecting of the Fortisip bottles, which was the sole responsibility of one person, going across each site, each week. Additionally, some wards were more engaged than others, owing to the recommendation of increased promotion, training and regular ward reviews to assess commitment.

Unfortunately, during the project, a team member sustained a non-work-related injury and was unable to count the bottles for a short period of time. This led to a buildup of bottles and some bottles being discarded in the general waste, thus decreasing recycling numbers. This challenge was overcome by emptying the recycling bins as normal and counting the bottles at a later date, when multiple team members could help. However, it highlighted the need to find additional team or staff members who could count and collect bottles to cover leave and to share the accountability of this role.

Looking ahead, this task could be delegated to ward housekeepers or catering staff as a time efficiency saving. However, staff training and process pathways would need to be developed to ensure staff were competent at fulfilling this role.

Finally, the rinsing of the Fortisip bottles was paramount to enable recycling and to decrease the risk of unpleasant smells and potential food spoiling. Since the Fortisip compact nutritional drinks are made with the milk proteins, if the bottles are discarded unrinsed, any leftover liquid can spoil. Unfortunately, this occurred during the project and led to negative impacts in terms of social implications for the staff handling the bottles.

Equipment to aid cleaning and rinsing might include the provision of bottle brushes, acknowledging this would increase costs to the trust.

Conclusions:

This project has been positive, rewarding and extremely useful. It has highlighted the significant benefits to recycling, including reduced carbon emissions, reduced costs to HHFT and increasing our green impact. The encouraging results have been achieved with little resources required, highlighting the functionality and ease of implementation.

The key successful elements and learning points of this project include the pre-existing level of awareness and positive attitudes towards recycling at a baseline level. This indicates there is already awareness and a drive to be more sustainable amongst staff at HHFT. This is encouraging and leans towards the potential success for other interventions.

When challenges arose, the key learning highlighted the need to delegate the same role to multiple team members, and stressed the need to identify suitable staff at ward level who could continue to rinse, count and collect the Fortisip bottles for recycling.

Steps taken to ensure the longevity of this project included promotion and communication. Additionally, the dietetic department at HHFT have pledged to continue to recycle Fortisip bottles; and it has become a priority to decrease carbon emissions and increase recycling through this initiative.

Due to the ease and significant positive outcomes of the pilot project, it is my aim to roll this initiative out Trust wide; and where possible, into the community. This would require increased communication and promotion to be developed and circulated to increase awareness of the initiative. Additionally, processes and standard operating procedures would need to be developed. Awareness and procedures could be achieved using promotional videos, posters, surveys and pop-up messages on staff computers.

Similarly, if this initiative were to be launched within the community, a phased approach would need to be adopted, additional stakeholders identified, and baseline data collected to assess wider engagement and current behaviors. Although this would increase time, management and financial costs, the team could invite larger stake holders, such as Nutricia to assist with promotion, communications and processes. This demonstrates potential for collaborative working and aligning with sustainable policies both within the NHS and external agencies.

Finally, regular audits and data would need to be conducted. This would evidence and measure the ongoing impact, positive outcomes, carbon emissions and cost savings. Additionally, it will help to maintain interest, motivation, practice and ensure ongoing success.

References and Resources

British Association for Parenteral and Enteral Nutrition, (2022), 'Malnutrition and Nutritional Care Survey in Adults, UK Malnutrition Awareness Week, October 2022', Rebecca Stratton (Editor), Abbie Cawood, Liz Anderson, Sorrel Burden On behalf of the Malnutrition Action Group of BAPEN, Accessed from: <https://www.bapen.org.uk/pdfs/reports/mag/national-survey-of-malnutrition-and-nutritional-care-2022.pdf>, Accessed on 17th July 2025.

GV Health, NHS Wales Shared Services Partnership, (2025), 'NHS Wales Case Study – Decarbonising the NHS through reducing single use plastic', Accessed from: [NHS Wales Case Study – Decarbonising the NHS through reducing single use plastic - GV Health](#), Accessed on: 28th July 2025.

Harding.A and Laver. K (2025), 'Reduce, re-use, recycle: a tripartite, sustainability quality improvement project, critical care team', University Hospitals Coventry and Warwickshire, Accessed from: [Reduce, re-use, recycle in Critical care | Sustainable Healthcare Networks Hub](#), Accessed on: 31st July, 2025 .
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Appendices

Appendix One: A table to show the amount of nutritional supplement use across HHFT in 2024

2024 Nutritional supplement usage

Site/Product	No. of bottle issued by month												Grand Total
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Winchester	3528	3278	2418	3646	3215	3024	4182	4105	3189	3826	3653	3854	41918
Fortijuice	511	437	441	833	367	521	488	648	505	441	580	440	6212
Fortisip	3017	2841	1977	2765	2848	2493	3694	3457	2684	3385	3053	3414	35628
Peptisip				48		10					20		78
Basingstoke	4339	4256	5372	5518	5398	4685	4902	5041	4410	4460	3558	4793	56732
Fortijuice	624	514	709	931	893	552	466	615	724	770	716	849	8363
Fortisip	3715	3742	4663	4532	4505	4133	4436	4426	3686	3690	2836	3932	48296
Peptisip				55							6	12	73
Grand Total	7867	7534	7790	9164	8613	7709	9084	9146	7599	8286	7211	8647	98650

Table 2: A table to show the amount of nutritional supplement use across HHFT in 2024

Appendix Two - Data collection:

A survey was devised and distributed to HHFT staff across amongst clinical matrons / Band 7 and Band 6 teams and ward administrators to all wards across the Trust to capture as many responses as possible. A copy of the survey can be found at: [Recycling Fortisip and Fortijuice Bottles](#) and the following questions were asked –

1.How do you currently dispose of empty fortisip and fortijuice bottles? (There is no correct answer so please answer honestly)

- Clinical Waste Bin
- Domestic Waste Bin
- Recycling Bin

2.During your shift, how often do you dispose of fortijuice or fortisips that have been opened but NOT finished?

- Less than once a day
- 1-2 times a day
- 3 or more times a day

3.What do you think is the main reason for patients not finishing the supplements?

4.What are the current barriers to recycling the fortijuice and fortisip bottles?

5.Would you like to see more recycling points in your clinical area?

- Yes
- No

- I don't really feel strongly about recycling either way

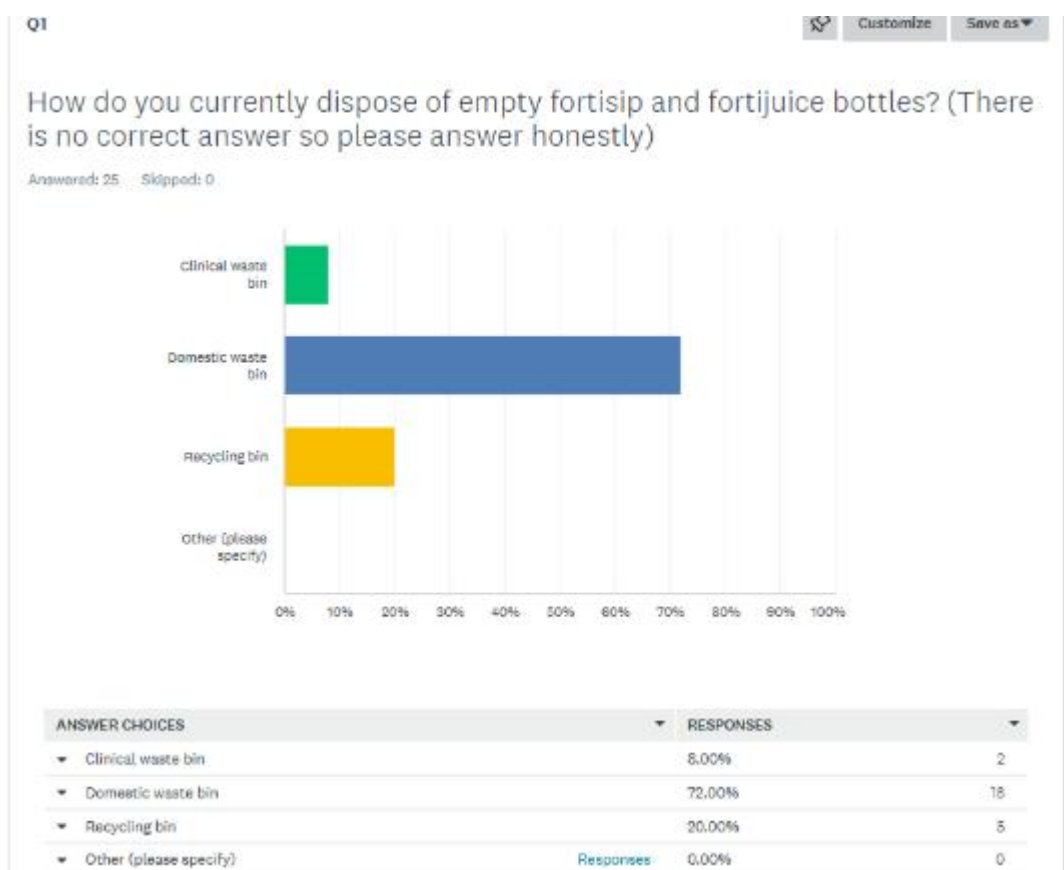


Figure One: A graph how staff currently dispose of the Fortijuice and Fortisip bottles.

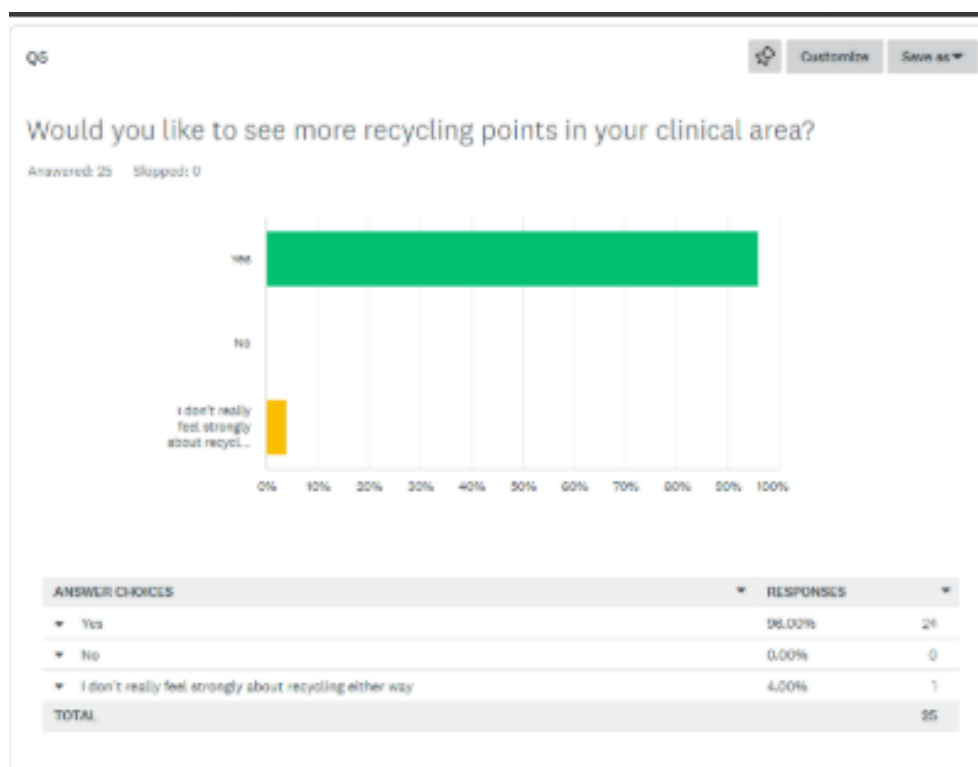


Figure two: A graph to show

staff interest in recycling and wanting to see more recycling points in clinical areas.

For the Green team competition, data demonstrates the key wards to target are Victoria and Shawford at Winchester and Overton ward at the Basingstoke site. These wards maybe heavier users of supplements due to their ward specialties. Victoria ward specialises in gastroenterology and hepatology, Shawford specialises in elderly medicine, cardio and respiratory and Overton ward specialises in acute care of the elderly.

Appendix three: Carbon data

Overton ward

Fortisip bottles:

Carbon from previous waste disposal

- 13% from clinical waste: $0.00112593 \times 1074 = 1.21 \text{ kgCO}_2\text{e} = 14.5 \text{ kgCO}_2\text{e} / \text{year}$
- 58% from domestic waste: $0.00502338 \times 172 = 0.86 \text{ kgCO}_2\text{e} = 10.37 \text{ kgCO}_2\text{e} / \text{year}.$

Carbon from recycling (can combine weights)

- $0.00614931 \text{ tonnes} \times 4.67 \text{ kgCO}_2\text{e} = 0.029 = 0.345 / \text{year}$

Saving for Overton: 24.53

Lids:

Total lids recycled: 968g.

- 13% (126g) from clinical waste: $0.000126 \times 1074 = 0.135324 \text{ kgCO}_2\text{e} = 1.623888 \text{ kgCO}_2\text{e} / \text{year}$
- 58% (561g) from domestic waste: $0.000561 \times 172 = 0.096492 \text{ kgCO}_2\text{e} = 1.137904 \text{ kgCO}_2\text{e} / \text{year}.$

Carbon from recycling (can combine weights)

- $0.000687 \times 4.68568 \text{ kgCO}_2\text{e/tonne} = 0.00032190621 \text{ kgCo}_2\text{e} \times 12 = 0.03862874592 / \text{year}$

Saving for Overton: 2.8

Total carbon emission saving: Fortisip bottles and lids = 27.33kgCo2e

Victoria ward

Fortisip bottles:

Carbon from previous waste disposal

- 13% from clinical waste: $0.0006096 \times 1074 = 0.65 \text{ kgCO}_2\text{e} = 7.86 \text{ kgCO}_2\text{e} / \text{year}$
- 58% from domestic waste: $0.0027202 \times 172 = 0.47 \text{ kgCO}_2\text{e} = 5.61 \text{ kgCO}_2\text{e} / \text{year}$

Carbon from recycling

- $0.0033299 \text{ tonnes} \times 4.67 \text{ kgCO}_2\text{e} = 0.016 = 0.187 / \text{year}$

Saving from Victoria: 13.283

Lids:

Total lids recycled: 442g

Carbon from previous waste disposal

- 13% from clinical waste: $0.000057 \times 1074 = 0.061218 = 0.734616 \text{ kgco}_2\text{e} / \text{year}$
- 58% from domestic waste: $0.000256 \times 172 = 0.044032 = 0.528384 \text{ kgco}_2\text{e} / \text{year}$

Carbon from recycling (can combine weights)

- $0.000313 \times 4.68568 \text{ kgCO}_2\text{e/tonne} = 0.00146661784 \text{ kgCo}_2\text{e} \times 12 = 0.01759941408 / \text{year}$

Total carbon emission saving: Fortisip bottles and lids = 14.41 kgCo₂e

Shawford ward

Fortisip bottles:

Carbon from previous waste disposal

- 13% from clinical waste: $0.00013611 \times 1074 = 0.15 \text{ kgCO}_2\text{e} = 1.75 \text{ kgCO}_2\text{e} / \text{year}$
- 58% from domestic waste: $0.00060726 \times 172 = 0.10 \text{ kgCO}_2\text{e} = 1.25 \text{ kgCO}_2\text{e} / \text{year}$

Carbon from recycling (can combine weights)

- $0.00074337 \text{ tonnes} \times 4.67 \text{ kgCO}_2\text{e} = 0.003 = 0.042 / \text{year}$

Saving from Shawford: 2.96

Lids: Total lids recycled: 108g

Carbon from previous waste disposal

- 13% from clinical waste: $0.000014 \times 1074 = 0.015036 = 0.180432 \text{ kgco}_2\text{e} / \text{year}$
- 58% from domestic waste: $0.000063 \times 172 = 0.010836 = 0.130032 \text{ kgco}_2\text{e} / \text{year}$

Carbon from recycling (can combine weights)

- $0.000077 \times 4.68568 \text{ kgCO}_2\text{e/tonne} = 0.00036079736 \text{ kgCo}_2\text{e} \times 12 = 0.00432956832 / \text{year}$

Total carbon emission saving: Fortisip bottles and lids = 3.274 kgCo₂e

Critical success factors

Please select one or two of the below factors that you believe were most essential to ensure the success of your project changes.

People	Process	Resources	Context
☐ Patient involvement and/or appropriate information for patients - to raise awareness and understanding of intervention X Staff engagement ☐ MDT / Cross-department communication X Skills and capability of staff ☐ Team/service agreement that there is a problem and changes are suitable to trial (Knowledge and understanding of the issue) ☐ Support from senior organisational or system leaders	X clear guidance / evidence / policy to support the intervention. ☐ Incentivisation of the strategy – e.g., QOF in general practice ☐ systematic and coordinated approach ☐ clear, measurable targets ☐ long-term strategy for sustaining and embedding change developed in planning phase ☐ integrating the intervention into the natural workflow, team functions, technology systems, and incentive structures of the team/service/organisation	☐ Dedicated time ☐ QI training / information resources and organisation process / support X Infrastructure capable of providing teams with information, data and equipment needed ☐ Research / evidence of change successfully implemented elsewhere ☐ Financial investment	X aims aligned with wider service, organisational or system goals. ☐ Links to patient benefits / clinical outcomes ☐ Links to staff benefits ☐ 'Permission' given through the organisational context, capacity and positive change culture.