



**Title: Evaluating the impacts of delivering training, through the “Triple Bottom Line” lens**

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**November 2023**

**What came out of the pandemic?**

Debatably, one of the good things that came out of the Covid-19 pandemic was the adoption of video call meetings and virtual training opportunities. Before the pandemic I recall taking two hour round trips to attend an hour-long regional meeting for Smoking Cessation or Flu Vaccinations. Thankfully these were not very frequent because: (a) they took a big bite out of a productive day and (b) they left me cringing over the carbon footprint.

During the Covid19 pandemic, in order to contribute to the delivery of Norfolk and Waveney’s highly successful vaccination rollout, we were attending daily meetings with colleagues from all over the county. Keeping up with the ever-changing regulations and coordinating the campaign would have been almost impossible without video conference calling. It enabled networking, idea sharing, peer support and agile working.

Since the onset of the pandemic our reliance on MS Teams meetings is now a staple requirement of our daily work routine. It allows for regular regional and sometimes national meetings. As we embarked on the development of The JPUH Research, Evaluation and Quality Improvement scholarship programme, which aims to enhance the capacity and confidence of our staff in research and innovation, we carefully considered the benefits of conducting the course virtually. We were mindful of the fact that healthcare provision itself is a significant contributor to global warming and environmental decline, accounting for approximately 5% of greenhouse gas emissions in the UK (Medical Schools Council, 2015). It led us to question whether we wanted to contribute to this issue?

**What is the triple bottom line?**

Before dispensing with convention, we planned to first evaluate and run a pilot with face-to-face training sessions, with a thread of sustainability woven throughout. The JPUH Research, Evaluation and Quality Improvement scholarship provided scholars with ring-fenced time (one day a week for nine months) to develop a project specific to their area of work and a structured programme of monthly modules.

Sustainable healthcare was included as a fundamental element within the programme design and across all scholars’ projects. To benefit our own learning, as the programme facilitators’, an evaluation-style sub-project was created and focused on exploring the sustainable healthcare impacts of the programme itself. And so the “EnSuRES” (Exploring the **S**ushealth impacts of the JPUH **R**esearch, **E**valuation and **Q**uality Improvement **S**cholarships) project was born. Underpinning the evaluation was the ‘triple bottom line’.

This phrase was first coined by John Elkington in 1994 who claimed the traditional measure of corporate success, Net income (The bottom line), is ‘insufficient for measuring the true value of a



firm's success. A company can be financially successful yet have a harmful social or environmental impact. The 'triple bottom line' takes all three elements into consideration as a measure of success. Recently, the triple bottom line is being considered as not only applicable, but essential to services such as health and care. Recently the NHS has developed the [NHS NetZero](#) plan and taken its NetZero ambitions one step further and built it into legislation by incorporating them into the Health and Care Act of 2022.

**SUSTAINABLE  
VALUE**

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**OUTCOME FOR PATIENTS AND POPULATIONS**

**ENVIRONMENTAL + SOCIAL + FINANCIAL IMPACTS**

(THE 'TRIPLE BOTTOM LINE')

### **What more can we be doing?**

At the outset of the programme the scholars were relatively naive to sustainable healthcare. Embedding this theme from the beginning was deemed of paramount importance, hence in module one, we incorporated an 'introduction to sustainable healthcare' session. We utilised publicly available resources from the [Centre for Sustainable Healthcare](#) and adapted them to build the session content.

For the EnSuRES evaluation of the environmental impact, we collected data across the whole nine-month programme. Based on travel to and from the monthly modules it was anticipated that the scholarship programme would generate 1,105 kgCO<sub>2</sub>e. However, with sustainable healthcare fresh in their minds, scholars took to using both public transport and seeking out car share opportunities by module two. This on its own equated to Carbon emissions avoidance of 121 kgCO<sub>2</sub>e, which brought our programme carbon footprint down to 984 kgCO<sub>2</sub>e. Taking into account scholar and programme facilitators 'usual travel to work' (which would have generated a footprint even if they had not been on the programme), it reduced the actual emissions generated by the course to 522kgCO<sub>2</sub>e. This is equivalent to about 10 million plastic straws or the annual "emissions" from 6 dairy cows.

The Financial impact attributed to travel costs was worked out to be £1811.56.

Having just emerged from the pandemic, the social aspect of the triple bottom line turned out to be of overriding importance. Half of our scholars and facilitators had been working from home or had hybrid working agreements in place during the pandemic. This was evident from the informal interviews which were held with the scholars to gather their feedback on the course. Questions included their perception of the course being face to face opposed to virtual.

The social value attributed to the face-to-face delivery of the programme could not be emphasized enough by the scholars. Some of the feedback we received:



*(S8) 'We were effectively isolated for almost two years, being back face to face reminded me just how important it is to be with people. Humans aren't meant to be isolated, are they? My mental health has improved so much because of this scholarship programme'*

*(S6) 'We've talked a lot about integrated learning across professions and organisations but it's not just that which is best being face to face, it's the way you can build relationships, understand personalities and see personalities gradually coming out of their shell. It just wouldn't have happened like this online...this is the thing I've valued the most.'*

*(S7) 'How to you describe value against something which is invaluable...?'*

When evaluating the impact of the scholarship, under the "Triple Bottom Line" lens, the social benefits of delivering the course in person far outweighed the environmental and financial benefits which would have been gained if the course had been delivered virtually. All scholars stated that they had an increased awareness of sustainable healthcare and the link between their own practice and ways in which it could impact planetary health. Armed with this knowledge the phrase '**you can't unsee what you've seen**' reverberated with the scholars and sustainability reflected in their projects.

It is recognised that the healthcare system is a major contributor to global warming, but as healthcare professionals we are also well placed to understand the science. We can't stop providing healthcare, but we can evaluate the ways we work and **MUST** evaluate it from multiple perspectives to truly understand the impacts of our actions and then take the most ethical course.