

BIASP carbon footprint report 2023-24

Introduction

BIASP is committed to taking action on the climate and ecological crisis. It affects us as individuals and will impact on future generations, but it is also expected to have adverse effects on the delivery of stroke care and potentially increase the incidence and severity of stroke.

Our sustainability policy, first published in 2021 and revised in 2024, details our position on responding to the climate and ecological crisis and the range of actions that we have committed to in this regard. Among these is a commitment to measure the carbon footprint of our organisation and achieve net zero by 2040.

In 2023, BIASP commissioned See Sustainability to support us in our first carbon footprint measurement, the results of which are summarised in this report. We intend to continue to measure our carbon footprint annually. Over the coming year we work on a roadmap to achieving net zero for BIASP activities by 2040.

Calculating our carbon footprint allows us to:-

- Quantify the climate impact of our activities
- Track changes over time
- Plan reduction in our climate impact
- Fulfil our commitments in our strategic plan and as a member of the UK Health Alliance on Climate change
- Use our influence to have a positive impact on population and planetary health

Background

A carbon footprint, measured in carbon dioxide equivalents (CO₂e), is the metric used to measure the greenhouse gas emissions associated with products and activities and it represents the climate impact of the product or activity.

The greenhouse gas emissions that make up a carbon footprint are subdivided into 'scopes' with scope 1 and 2 being considered 'direct' emissions and scope 3 'indirect'. Organisations may choose to include only scope 1 and 2 emissions in their carbon footprint calculations as these are the ones over which they have direct control. BIASP took the decision to include scope 3 emissions as a more realistic reflection of our carbon footprint. See appendix 1 for additional information and example of scopes within NHS carbon footprint.

Measuring BIASP's carbon footprint involves calculating the CO₂e associated with all our expenditure and activity. Data is collected for each activity and expenditure and the carbon emissions for each are calculated by converting this data into CO₂e using the most up to date UK Government Greenhouse Gas Conversion factors and spend based conversion factors.

Methodology

Data was collected by BIASP on the BIASP-related activity of executive committee and subcommittee members through a survey. As not all surveys were completed, the results were extrapolated to cover all members.

Records of BIASP expenditure, other than that associated with our conferences (UK Stroke Forum and trainees' meeting) were obtained from the BIASP Treasurer and Secretariat.

Expenditure associated with UKSF and travel and accommodation used by delegates was obtained from the UKSF team. This was used to calculate the carbon footprint of UKSF and one third of this total was attributed to BIASP, reflecting the proportion of financial responsibility that BIASP has towards UKSF.

Expenditure associated with the Trainees Conference was obtained from the BIASP secretariat following the conference. Attendees at the trainees conference were asked to complete a travel survey and as the response rate was exceptionally low, the postcodes of attendees were used to estimate the travel associated with trainees' attendance.

Results

The carbon footprint of BIASP April 2023-24 was 97 tonnes CO₂e, all of which were scope 3 emissions (table 1)

Scope 1	zero
Scope 2	Zero
Scope 3	97 tonnes CO ₂ e
Total	97 tonnes CO ₂ e

Table 1. carbon footprint of BIASP 2023-24 by scope

A breakdown of the emissions identified that UKSF was by far the most significant contributor to BIASP carbon footprint (figure 1).

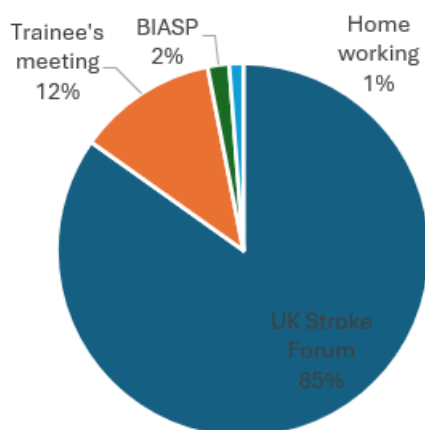


Figure 1. BIASP carbon footprint breakdown

The carbon footprint of UKSF comprised several areas, but the most significant contributors were attendee travel (37%) and catering (24%) and a similar pattern was seen with the trainees meeting (figures 2 and 3).

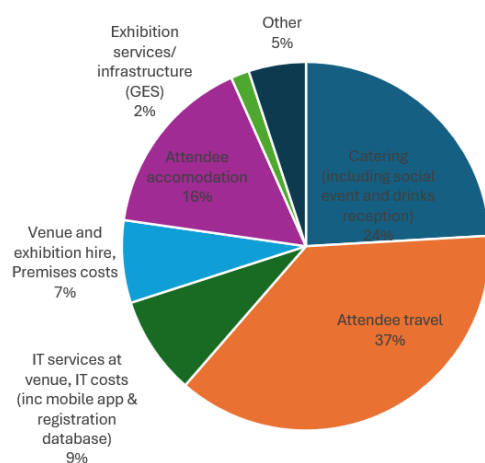


Figure 2. UKSF carbon footprint breakdown

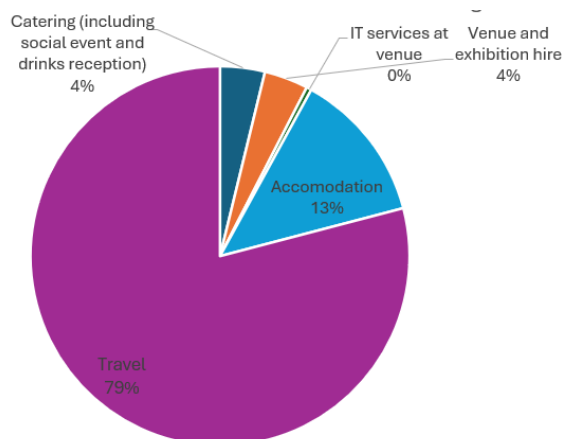


Figure 3. Trainees' meeting carbon footprint breakdown

Discussion

Completing a baseline measurement of BIASP's carbon footprint is a significant achievement, provides a baseline against which future measurements can be compared and a starting point for us to plan our strategy to achieve net zero. We believe that we are among the first of similar organisations in healthcare to analyse and publish the carbon footprint of our own activities in this way, making us leaders in this area. By having a breakdown of the components of our carbon footprint, we have a better understanding of where future actions could have the most impact. The methodology used for the report was designed to allow BIASP to continue to measure our carbon footprint annually without the need for external support.

As this is the first time that we have undertaken this exercise, we anticipate that in future iterations we will be able to enhance the accuracy of our data e.g. through collection of travel information from conference delegates. We recognise that using carbon conversion factors for many activities can limit accuracy e.g. factors for homeworking do not take into account energy supplier used etc but it is accepted practice to use these factors as a practical tool to allow carbon footprint calculations to be carried out in a realistic timeframe and conversion factors are updated and published annually by the UK Government. A potentially significant exclusion in this initial calculation was the activity of the BIASP Secretariat, currently provided by Fitwise, a private limited company who have their own sustainability policy. We will consider whether to include this activity in future calculations.

Looking ahead, we intend to calculate our carbon footprint on an annual basis, refining the methodology used for this initial calculation, improving accuracy and reviewing inclusion and exclusion criteria. We will also use this as an opportunity to engage with our membership in this

area e.g. at our conferences and through our bulletin. Crucially, this measurement will form the basis of our strategy to achieve net zero by 2040.

Appendix 1 – description of scopes taken from See Sustainability report

Each activity and expenditure have a carbon emission attached. Data is collected for each area. These are grouped as ‘scopes’.

- Scope 1 – Greenhouse gas emitted on site or premises. For example, emissions from gas burnt to generate heat.
- Scope 2 – Greenhouse gases emitted in the production of electricity.
- Scope 3 – Upstream emissions including those from purchased goods, capital goods, fuel and energy related activities, upstream transportation, waste generation, business travel, employee commuting, upstream leased assets.
- Scope 3 – Downstream emissions including transportation and distribution; processing of, use of, and end of life of sold products; downstream leased assets, franchises, and investments.

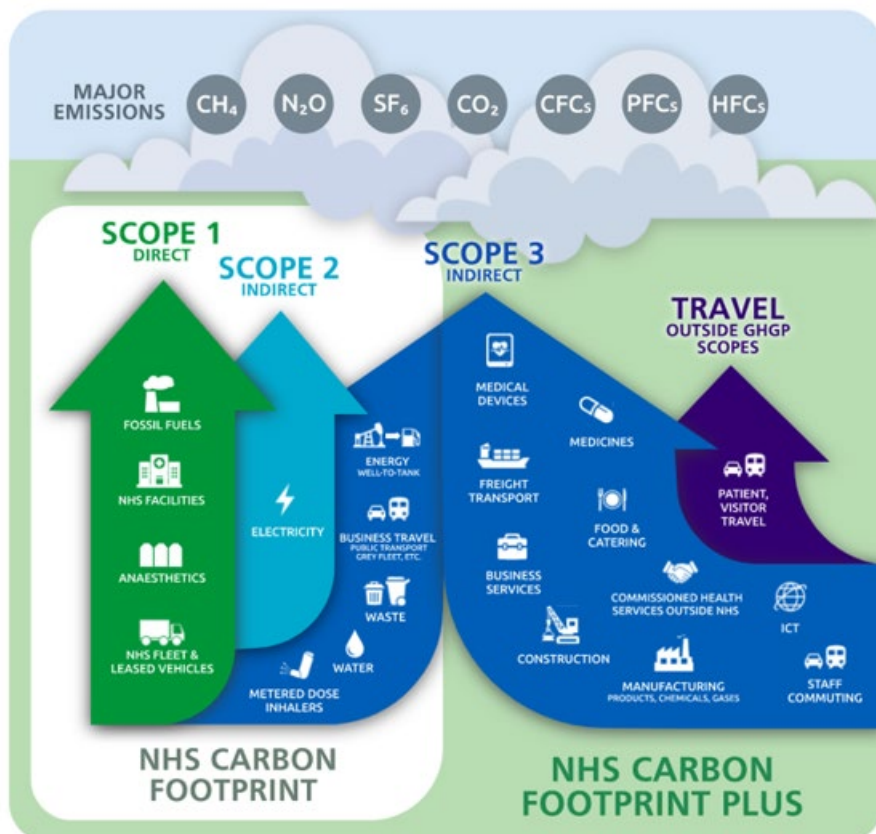


Figure 4. Carbon footprint of NHS by scope¹

Reference

1. NHS England and NHS Improvement. *Delivering a 'net zero' National Health Service*. NHS England and NHS Improvement. 2020