



Minutes of the UK Health Alliance on Climate Change Executive Committee

Held online 13 February 2025, 14.30-16.30

Present: Jill Belch (RCPE), Juliet Dobson (BMJ), Rose Gallagher (RCN), Jacob Kranowski (RCPsych), Sandy Mather (ICS), Rodney Morton (FNF), Elaine Mulcahy (Director, UKHACC), Emma Radcliffe (GP), Eleanor Roaf (FPH), Richard Smith (Chair, UKHACC), Raneer Thakar (RCOG)

Apologies for absence: None

Summary of actions:

- Trustees to update the conflicts of interest register either directly on the shared document or by emailing EM as required
- Update the risk register taking into account points of discussion as noted in the minute > Done
- Circulate BCS application form for approval over email once it is received > Done
- EM to circulate the open letter calling for transparency on case action against diesel car manufacturers > Done
- EM and ERoa to respond to Alice Clack regarding Wellcome funding opportunity > Done
- EM to review resource and propose use of budget to support delivery of work > Done
- RS to send a letter to Milstead Langdon on behalf of the trustees asking for a response regarding them covering the cost of the tax return and HMRC fine > Done
- EM to notify Godfrey Wilson of commissioning them to do our annual accounts for the charity register and our monthly payroll > Done
- EM to notify Milstead Langdon that we will be terminating our relationship with them after the tax return issue has been resolved > Done
- RS/EM to take points noted from discussion on expanding membership categories and produce a proposal for the March council meeting (ICBs, health boards, charities, trusts) > Done
- RS to follow up with GNHS regarding any issue with NHS Trusts joining > Done
- EM to implement the Stop Rosebank UKHACC campaign plan > Done
- EM to connect JB to Stop Rosebank team regarding case studies > Done
- EM to set up a small group to develop a position on nuclear power > Done
- Suggestions for potential future UKHACC chairs to be sent to EM > Ongoing
- Trustees to share the chair advertisement with any colleagues or contacts they think might be interested > Ongoing
- Decision on next steps regarding co-opting a treasurer to be decided at the next meeting > On agenda
- EM to follow up with ERoa and JK regarding registrars non-clinical time work option to support UKHACC work

- All to suggest any opportunities for hosting a clinical fellow in partnership with an NHS organisation
- EM to explore options of free courses on charity governance for trustees > In progress

1. Welcome from the Chair

RS welcomed everyone to the meeting.

2. Conflicts of interest

Conflicts of interest have been collated to a single document following discussion at the previous meeting.

It was noted that different people have inputted differently to the register and recommended that it was better to note any potential conflict rather than stating none. Trustees can update their inputs directly on the shared document or by emailing updates to EM.

Actions:

- Trustees to update the conflicts of interest register either directly on the shared document or by emailing EM as required

3. Minute from the January meeting

The minute from the January meeting was accepted.

The following actions were discussed and/or carried forward from the previous meeting

- EM updated that her application to the Board of the Scottish Food Commission was unsuccessful
- EM thanked everyone for contributions to Anandita's leaving gift. There is about £130 so a gift of the Good Nature book plus vouchers will be bought and posted to her when she is back in the UK next week.
- Our submission to host a panel event on health system adaptation at the NHS Confederation conference was not successful
- We approached the GMC about joining. They responded to say they would not be joining.

4. Risk register

The risk register was reviewed with the following notes:

- We're a vulnerable organisation. We are just breaking even and only one member of staff.
- RS contributes a lot of time, the new chair might not be able to contribute as much.
- Need more funding to ensure financial sustainability
- Break the item related to inaction of members into two points: 1) Perceived inaction of members being perceived as greenwashing; 2) difficulties of members acting due to other external pressures
- Vulnerability of big organisations de-prioritising sustainability because of political influences
- Growing fear of activism. RCPsych is working on support expression for protest and will share when finalised

Actions:

- Update the risk register taking into account points of discussion as noted in the minute

5. New member approval: British Cardiovascular Society

An application from BCS is expected over the next few days (they are confirming at their board meeting today). It was agreed that trustees would review the application and approve over email in order not to hold up the process for another month.

Actions:

- Circulate BCS application form for approval over email once it is received

6. January Director's report

The January Director's report was shared prior to the meeting. Points noted were:

- EM updated on a consultation regarding the phase out of petrol and diesel vehicles by 2030, to which we have submitted a response. We have also been asked to sign a letter being coordinated by Mums for Lungs, which is calling for transparency regarding a class action against diesel car manufacturers where the details of the case are not being disclosed.
- EM highlighted the GCHA Assembly taking place on Thursday next week. Up to five members from UKHACC are invited to join.

Actions:

- EM to circulate the open letter calling for transparency on case action against diesel car manufacturers

7. Budget

The 2025 budget overview and expenditure to date was presented. The current reserve calculation is based on accurate Director redundancy payment calculation plus an estimate of other three month running costs.

We are still waiting on subscription payment from two membership organisations but are confident these will be paid.

January spending is on target.

EM to propose options for best use of resources

We currently have two proposals into Dale Vince and the Health Foundation.

Wellcome Trust has a bid open at the moment on Climate Impact Awards. EM meeting with Wellcome on 27 February and will ask about this. ERa and EM to also pick this up with Alice Clack

Treasurers are good at driving forward and getting income. It will be beneficial to get this person coopted as soon as possible.

Actions:

- EM and ERoA to respond to Alice Clack regarding Wellcome funding opportunity
- EM to review resource and propose use of budget to support delivery of work

8. Appointing an accountant

An options paper for switching to a different accountant was shared prior to the meeting and discussed.

EM has met with Godfrey Wilson to discuss their services and was confident they would be able to deliver. They suggested waiting until April to switch over the payroll so that it is commencing with a new tax year.

We have recently received a fine from HMRC for failure to submit a tax return. This was an error made by our current accountant Milstead Langdon. We have asked them to cover the cost of the fine and submitting the return. We have not had a response, despite chasing. It was agreed RS should send a letter on behalf of the trustees.

It was agreed to switch to Godfrey Wilson to produce annual accounts in 2025. It was agreed to switch to Godfrey Wilson to do our payroll from April 2025.

We will notify Milstead Langdon after the issue with the tax return has been resolved.

Actions:

- RS to send a letter to Milstead Langdon on behalf of the trustees asking for a response regarding them covering the cost of the tax return and HMRC fine
- EM to notify Godfrey Wilson of commissioning them to do our annual accounts for the charity register and our monthly payroll
- EM to notify Wilson that we will be terminating our relationship with them after the tax return issue has been resolved.

9. Membership categories options

An options paper for expanding categories of membership organisations eligible to join UKHACC was shared prior to the meeting and discussed.

Points noted:

Charities

- Charities like Asthma+Lung UK working with vulnerable patient groups could enhance what we do and get our voice heard more easily, particularly disease groups affected by climate change.
- Charities give access to case studies that can be very impactful for influencing.
- A lot of hospitals also have charities associated with them.

NHS Trusts/Boards

- NHS Trusts is another way of engaging with more staff as employees as well as professionals.
- NHS Trusts are slightly different, might not sign up to our letter and that sort of work.
- Might be worth meeting with some Trusts to discuss how being a member might work for Trusts.
- Health Boards in Scotland have no money, a lower rate at an Associate Membership rate might be an option for these groups.
- Approach ICBs and individual hospitals or Trusts.

- If we were to have trusts, we would need to be clear we were not duplicating what GNHS/Green Plans are and would need to have a specific set of commitments for them to sign up to.
- There are NHS Trusts that are progressive and might be easier to sign up than others that are still adjusting. Get a few of the active ones initially on board and then this will start building for others to join.
- RS has previously asked NHS England CSO about this and will follow up

Other:

- Previous discussion agreed it might be good to have some patient organisations
- Medical schools might be another option
- Private healthcare and pharmaceutical put to the side for now
- Social care sector may be worth considering - e.g. national overarching bodies, care home delivery, integrated care boards. Sustainable clinical pathways get disrupted when they move from hospital to care
- Regulators - such as CQC (inspections more climate aware). Should go back to ASDH. Should meet with CQC.

General points:

- Do it in a phased approach - start with one group then expand to another (NHS Trusts/Health Boards and charities)
- At council only present a proposal of who we are suggesting we expand to. Do not get into a discussion about who we are not inviting at this stage.

Actions:

- RS/EM to take points noted from discussion on expanding membership categories and produce a proposal for the March council meeting (ICBs, health boards, charities, trusts)
- RS to follow up with GNHS regarding any issue with NHS Trusts joining

10. Stop Rosebank campaign

Following a recent Scottish Court ruling that consent for the Rosebank and Jackdaw oilfields was unlawful, the energy companies behind the fields will need to resubmit applications for consent later this year. A paper outlining the current critical moment for highlighting public concern and support for no new oil and gas was shared prior to the meeting and discussed.

The paper outlined a number of actions for UKHACC to undertake over the next weeks

- A letter signed by health leaders to the Secretary of State for Health
- A letter to MPs/MSPs from UKHACC Chair
- A template letter for individual health professionals to write to their MP (as part of the 3-6 March week of action)
- Provide case studies to the Stop Rosebank campaign

JB offered to support with the case study

Actions:

- EM to implement the Stop Rosebank UKHACC campaign plan
- EM to connect JB to Stop Rosebank team regarding case studies

11. Position on nuclear energy

The government has announced plans to significantly ramp up nuclear power over the next 25 years, including large and small scale reactors. UKHACC does not currently have a position on nuclear power.

Points noted:

- It is sustainability we are interested in - need to look at long term impacts
- EROa will find out if FPH has a position
- Very few countries that have nuclear power that don't have nuclear weapons
- Can go in on health aspect due to waste - sellafield and chernobyl examples (humans and biodiversity)
- Biggest overrunning costs

It was agreed we should set up a small group to develop a position. JD and JB offered to contribute to this.

EM suggested asking members of the energy transition working group and others who have raised the need for a position on nuclear.

Actions:

- EM to set up a small group to develop a position on nuclear power

12. Update on communications with Patrick Hart

Richard has been communicating with Pat Hart in prison. The process is slow due to the limited character responses Pat is allowed from prison. Agreed to go ahead and publish in parts as they come through. The first part of the interview has been published on our website and shared on social channels. Trustees were encouraged to read the piece - it is very powerful.

<https://ukhealthalliance.org/news-item/an-interview-with-pat-hart-a-gp-sent-to-prison-for-a-year-for-climate-activism/>

13. New chair suggestions

An [advertisement](#) for a new chair of UKHACC has been shared on our website, social channels and Director's update email.

A list of potential candidates has been started. Trustees were asked to share suggestions for individuals to approach and add to the list.

RS is writing a blog about why people should apply to be the chair. We will need to start reaching out to potential candidates soon.

Actions:

- Suggestions for potential future UKHACC chairs to be sent to EM
- Trustees to share the chair advertisement with any colleagues or contacts they think might be interested

14. Treasurer advert

An advertisement for a finance person to be co-opted to the Executive Committee has also been circulated. We have already received one application and others have reached out to another potential candidate that was recommended.

We will assess the number of applications received at the next meeting and decide how to proceed (appoint or interview)

Actions:

- Decision on next steps regarding co-opting a treasurer to be decided at the next meeting

15. Sustainability Fellows host organisation

The FMLM and Greener NHS are currently seeking host organisations for the 2025 clinical sustainability fellows cohort. Host organisations are required to cover the salary costs and some other administrative costs for the term of the fellowship (about £80,000). Greener NHS can cover the cost of some fellows but usually only if they are based within an NHS organisation.

Points noted were:

- Even if you have them full time you only get them for a limited time because of their other commitments.
- You don't have much say in who you get. They choose you rather than you choose them.
- Initial time is spent on leadership development.
- They have proved to be very useful over a year.
- Could be a real asset.
- Option to approach colleges to assign fellows to contribute some time to work on UKHACC projects. We would need to suggest specific projects to work on.

It was suggested an alternative might be to provide projects for registrars with allocated time to do non-clinical work. If we can define projects and then ensure learning outcomes are consistent with the learning curriculum it may be of interest to registrars. Payment would be covered through their NHS salary so would not cost UKHACC to deliver.

Actions:

- EM to follow up with ERoa and JK regarding registrars non-clinical time work option to support UKHACC work
- All to suggest any opportunities for hosting a clinical fellow in partnership with an NHS organisation

16. Health Foundation funding application

We have submitted an application to a Health Foundation invitation to tender for a project on Mapping and evaluation of accountability of ICSs for sustainability. The value of the award is £90,000, including the recruitment of a project manager to deliver the project. The project will run from April to December 2025. A decision on the outcome of the tender process will be made by the end of April.

17. LM exit interview feedback

Former trustee Liz Marder has provided feedback through exit interview questions.

Points noted were:

- Courses on charity governance might be good to set up, particularly for new members

Actions:

- EM to explore options of free courses on charity governance for trustees

18. Update on discussions with NICE

RS, Fiona Adshead (Sustainable Healthcare Coalition) and Rachel Stancliffe (Centre for Sustainable Healthcare) met with senior people from NICE in December to discuss their approach to sustainability. A summary of the meeting was shared.

19. Potential members

Introductory meetings were held with:

- General Pharmaceutical Council

Other updates:

- RCOT has expressed interest in joining. A meeting is scheduled next week.
- College of Operating Department Practitioners has expressed an interest and a meeting is being scheduled
- Royal College of Radiologists is considering joining at their next board meeting

20. Any other business

None

21. Next meeting

The next meeting will be held online at 14.30-16.30 Thursday 13 March 2025.