Air Quality Assessment at University Hospitals Birmingham NHS Foundation Trust – a WM-Air Case Study

PROGRAMME TEAM

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UHB NHSFT Case Study – Policy Context

Electric with



Delivering a 'Net Zero' **National Health Service**

NHS



Birmingham – NHS Acute Trust locations



Air Quality Monitoring – Nitrogen Dioxide (NO₂)

- Pilot study at QEHB found high (>40 ug/m3) NO₂ concentrations (winter 2019)
- Triplicate NO₂ diffusion tubes deployed at QEHB and Heartlands Hospital sites

Queen Elizabeth Hospital



WM-Air NO₂ Monitoring at UHB Trust Sites





Heartlands Hospital



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NO₂ Diffusion Tubes



- QE Hospital NO2 data plot
- NO₂ diffusion tube monitoring at QEHB and HH (Aug 2020 Jan 2021); Mobile AQ measurements every fortnight at QEHB (2019-2020).
- High spatial variation in NO₂ concentrations recorded across the different sites
- NO₂ Hotspots:
 - Main Entrance at QEHB: average 39.5 µg m⁻³ very busy location for hospital/private/public vehicles often idling when dropping off/collecting visitors;
 - Gynaecology/near A&E at HH: average 40.5 μg m⁻³ near the A&E entrance and close to ambulance and private vehicle drop-off areas.
- The interim NO₂ diffusion tube data suggests that they can be a reliable, low-cost, indicator to track month-on-month (4-week) changes in NO₂.

Queen Elizabeth Hospital – Annual NO₂ Trend





WM-Air PM Monitoring at Acute Trust Sites



- Consistent evidence links Particulate Matter (PM) exposure with increased risk of adverse chronic and acute health outcomes (e.g., asthma, stroke Coronary Heart Disease, lung cancer)
- WM-Air (in collaboration with the Birmingham Urban Observatory) has deployed PM sensors at QEH (main entrance), University Station, Birmingham Children's Hospital and Birmingham Women's Hospital
- PM sensors may also be used to assess indoor air quality



PM sensor map (QEH & University Station)



Real-time PM2.5 concentrations at QRH Main Entrance (5-12 July 2021)



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Identifying and Evaluating Air Quality Actions at the Queen Elizabeth Hospital, Birmingham (Owain Simpson)

Aim: To provide University Hospitals Birmingham NHSFT with a wellevidenced and prioritised set of clean air actions

- Reduce UHB NHSFT operational contributions to air pollution
- Protect patients, staff and local communities from air pollution exposure

Supervisors:

Dr Mark Elliot (WMG), Dr Suzanne Bartington (WMAir) and Phillippa Hentsch (UHB)





Clean Air Hospital Framework Evaluation - Key Findings

- Changing behaviours and organisational structures should be the immediate focus
- Significant barriers to estate related changes are cost and the third party provider.
- Actions targeting energy production and capital investment are likely to reduce carbon usage with potential co-benefits for air quality.
- Resourced time is necessary for implementing the actions recommended, with specialised roles in focus areas

WM-ARTIC Presprioritised set of actions should be reviewed on a regular basis

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WM-Air and UHB NHSFT – Next Steps



- Analysis of PM datasets (e.g., weather correction)
- Air quality modelling for specified scenarios
- Integration of air quality and site activity data
- Evaluation of Clean Air Hospital Framework actions
- Assessment of climate/clean air co-benefits
- Sharing of air quality monitoring protocols and best practice

