



# *West Coast District Health Board*

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## *Te Poari Hauora a Rohe o Tai Poutini*

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2 April 2019

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### **RE Official Information Act request WCDHB 9290**

I refer to your email dated 28 February 2019 requesting the following information under the Official Information Act from West Coast DHB. Specifically:

- **Copies of all reports, memos, discussion papers, advice, plans, or policies created by your DHB (including by contractors) since 1 January 2017 concerning climate change.**

**For the avoidance of doubt, this request is not intended to capture all email correspondence or letters referring to climate change, but it does include documents in which climate change is not the sole topic.**

Please refer to the Appendices below for information concerning climate change for West Coast DHB since 1 January 2017.

**Appendix 1** – Ministry of Health Survey on Environmental Sustainability in New Zealand's District Health Boards (June 2018)

**Appendix 2** – 2018/19 Annual Plan – West Coast DHB Climate Change Stocktake

**Appendix 3** – Terms of Reference – Transalpine Environmental Sustainability Governance Group (February 2019)

**Appendix 4** – Transalpine Environmental Sustainability Governance Group Action notes / Minutes (February 2019).

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely

Carolyn Gullery  
**Executive Director**  
**Planning, Funding & Decision Support**

# Ministry of Health Survey on Environmental Sustainability in New Zealand's District Health Boards

June 2018

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## Context

To better understand how we can help each other reduce the contribution the health sector makes to climate change, and how the sector can support the Government's ambition for a net zero emissions Aotearoa New Zealand by 2050.

Ultimately we would like all DHBs to

- understand the risks of climate change to their core functions
- understand how climate change in their areas of operation may change the numbers of patients they deal with, types of illnesses, frequency of interactions with the health system, etc
- have a plan to adapt to the changing climate
- understand their own greenhouse gas emission footprints
- have a plan to reduce emissions in line with the Government's ambition for a net zero emissions country by 2050
- understand the co-benefits of emissions reduction, climate resilience, and public health.

This questionnaire was completed with the assistance of Philip Wheble, General Manager West Coast DHB.

1	Name of DHB	West Coast District Health Board
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2	Does your DHB have any staff with responsibility for or an interest in environmentally sustainable healthcare and/or climate change that meet regularly? If not, is this something your DHB would be interested in starting?	No  Yes
3	Who are the staff member(s) responsible for leading this work on environmentally sustainable healthcare and/or climate change? Name, title, contact details.	No WCDHB staff members with this responsibility currently
4	Does your DHB have any environmentally sustainable healthcare and/or climate change initiatives in progress at this time? If so, could you please list them?	No
5	Does your DHB consider environmental impact criteria in procurement processes? If so, how?	CDHB procurement staff also supply the West Coast. There is considerable goodwill towards this kaupapa but in practice cost, operational (specifically transport across long distances) and legislative compliance requirements outweigh any consideration of environmental criteria. The CDHB is bound via contractual requirements to overarching commitments that do not necessarily enable attention to environmental issues e.g. air travel is purchased through a collective agreement with MBIE, petrol is purchased in a collective agreement with the NZ Police. Such contracts tend to be for many years and variations are difficult to negotiate.
6	Has your DHB done any work to identify assets at risk from sea level rise or other climate change impacts? If so, what was the outcome of this work?	No such work has been undertaken for the existing buildings (Grey Hospital) or the new Grey Hospital building. However, assessment of flood risk at possible building sites was undertaken for the new Buller Integrated Family Health Centre. Due to the risk of flooding at the chosen site, the IFHC will have a higher floor level as mitigation.  Disruption to WCDHB services and facilities from extreme weather events such as storms, flooding and landslips after heavy rain is not uncommon at present. Climate change impacts will increase the frequency and severity of these disruptions and challenge our ability to manage them over and above our current "business as usual".
7	Does the DHB have a measure of its current carbon/emissions footprint and if so what is it? a. If not, would it be helpful for you to know this? b. If not do you know what your DHB's main sources of emissions are?	No  a) Yes b) As with CDHB the emissions footprint of the WCDHB will be largely made up of coal emissions (including the new coal boiler at Grey) and secondarily transport emissions, including flights and ground travel of staff and patients to and from Canterbury.

8	Would expert assistance in measuring your carbon footprint be helpful?	Yes
9	Have you heard of the Certified Emissions Measurement and Reduction Scheme to help large organisations measure and manage down their own carbon footprint?	No
10	Has your DHB signed up to CEMARS?	No
11	Would your DHB be interested in joining CEMARS and working more closely with DHBs who are members of their network to reduce their carbon footprint?	Yes
12	If your DHB has expertise and experience in initiatives to reduce its carbon footprint, would your DHB be interested in assisting other DHBs to do the same?	N/A
13	Would your DHB like to learn from others who have expertise and experience in other areas to reduce the carbon footprint of healthcare?	<p>Yes – would be particularly useful to learn what other small rural DHBs have been able to do.</p> <p>Canterbury DHB and West Coast DHB share a CEO and there are a number of services which are shared e.g. procurement. There is an intention to develop a shared trans alpine approach to environmental sustainability that will ensure this is a continued area of focus for the West Coast and Canterbury DHBs.</p>
14	<p>In which of the following area would your DHB be most interested in working?</p> <p>a. waste, energy, procurement, infrastructure, transport or all?</p> <p>b. Other areas? Please provide examples.</p>	<p>a) Procurement and transport</p> <p>b) Can't think of anything specific</p>
15	Has your DHB undertaken any work to identify changes to patient numbers, types of illnesses etc expected under likely climate change scenarios?	No
16	What would be the most helpful thing the Ministry of Health could offer to assist your DHB to progress towards environmentally sustainable healthcare?	<p>Additional support and resources – it is difficult as a smaller DHB to undertake this work alone, so would welcome the opportunity to share a resource, such as a Sustainability Officer, to facilitate progress. It would also be useful, as mentioned above, to be able to get support and ideas from another smaller rural DHB which has made progress.</p>

# 2018/19 Annual Plan – West Coast DHB Climate Change Stocktake

Prepared in conjunction with the “2018/19 Annual Plan and Planning Priorities Guidance”

DHBs are asked to “commit to undertake a stocktake...to identify activity/actions being delivered, including procurement, that are expected to positively **mitigate** or **adapt** to the effects of climate change”.

This template is intended to aid DHBs in identifying high level actions and activities being carried out in 2018/19 for this stocktake and is a guide only.

**The West Coast DHB is resourced in many areas with the Canterbury DHB. Procurement and Energy management are particular areas where this is significant overlap. Please read this stocktake in conjunction with the Canterbury DHB stocktake.**

**This stocktake has been informed by feedback from Mark Newsome General Manager, Grey & Westland Health Services and relevant Canterbury DHB staff.**

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## 1. LEADERSHIP: Prioritize environmental health

Do you have a permanent sustainability manager/coordinator role? No

Does your DHB have a sustainability policy in place? No

Does your DHB have sustainability goals and targets? No

Activity	Milestones	Comments
Processes / procedures		Consideration of environmental impact criteria in procurement processes (note: cost, operational and legislative compliance usually take priority).
Southern Partnership Group		Recent meeting attended '... with emphasis on Green Buildings and Environmental Sustainability ...' was a major topic of discussion led by the Chair Pete Hodgson.

## 2. CHEMICALS: Substitute harmful materials and chemicals with safer alternatives

Please fill in actions your DHB is taking in this area. Suggestions: policies and protocols, facility-specific chemicals action plan, participation in initiatives such as WHO-HCWH Global Mercury-Free Health Care, address the use of chemicals and materials of concern, etc.

Activity	Milestones	Comments
Cleaning – private contract with ISS		ISS Commercial Cleaning is responsible for the chemicals they use
As for CDHB: chemical purchasing		Use EcoLab Advice sought from Infection Control / Protection & Health and Safety guidelines ... 'infection control prioritised more than environmental sustainability considerations'
Buildings		Chemicals that are harmful and damaging to the environment are avoided. Asbestos – similar processes undertaken as per CDHB proactive identification, removal and management

### 3. WASTE: Reduce, treat and safely dispose of healthcare waste supporting the shift towards a circular economy

Please fill in actions your DHB is taking in this area. Suggestions: paper usage, recycling, waste disposal, sustainable drinking cups, management of medical waste, anaesthetic gas, recycle dialysis water, packaging, cleaning products, etc.

Activity	Milestones	Comments
Waste	Waste management processes are currently being reviewed	Three colour-tiered bags for collection / disposal: <u>Purple</u> – for cytotoxic wastes: these are collected and transported to Christchurch for shipping to Brisbane, Australia (with cytotoxic waste from CDHB). <u>Yellow</u> – for hazardous wastes: these are incinerated on-site <u>Green</u> – for general wastes: these materials are transported for disposal at land-fills.
Construction		Responsibility rests with the private contractor / builder

### 4. ENERGY: Implement energy efficiency and clean, renewable energy generation

This section in particular needs to be read in conjunction with the Canterbury DHB stocktake- both DHBs share the same energy manager.

What are the main energy sources for heating and cooling? Tick all that apply:

Coal ☒ Electricity ☒ Other ☐  
 Gas ☐ Diesel ☐ .....

Please fill in our actions your DHB is taking in this area. Suggestions: heating, ventilation and cooling, lighting, alternative or supplementary energy sources, energy efficient products, etc.

Activity	Milestones	Comments
Energy Management		As per CDHB – dedicated Energy Manager overseeing WCDHB
Coal		New coal boiler – refer to (9. Buildings). Current pricing estimates favour coal over bio-fuel which will cost an extra \$100,000 annually. Future potential exists to convert to wood pellets.
Lighting		LED incorporated and installed in all new buildings Natural lighting utilised
Use of Energy-Pro		This cloud based energy monitoring software has been in use for over a year now and will allow the energy manager better oversight of energy usage and provide information for planning

## 5. WATER: Reduce hospital water consumption and supply potable water

Please fill in our actions your DHB is taking in this area. Suggestions: framework for net-zero water use, water conservation strategies, move away from water intensive equipment, landscaping, eliminate sale of plastic water bottles, community projects, waste diverted from landfills etc.

Activity	Milestones	Comments
No DHB specific activity		

## 6. TRANSPORTATION: Improve transport accessibility and safety by implementing a range of transportation strategies for patients and staff

Please fill in our actions your DHB is taking in this area. Suggestions: ambulances/fleet, active transport, parking, telemedicine, public transport, air travel, travel survey completed? etc.

Activity	Milestones	Comments
Staff Patients Goods Wastes		Travel between rural hospitals and / or Christchurch Hospital is by <b>land</b> (ambulance, car or truck) or <b>air</b> (fly). Petrol purchased in a collective agreement with the NZ Police (through BP Fuel) therefore contractual requirements limits attention to environmental and sustainability issues for this process. Wastes transported locally by diesel trucks for incineration (biohazardous) and landfills (general) and to Christchurch (cytotoxic)
Air travel		Government contract with MBIE. There are no policies to off-set carbon footprints.
TeleHealth		In line with other DHBs, particularly in the South Island, development and usage of TeleHealth is increasing. This is advantageous for both Clinicians and Patients – and particularly useful for smaller and rural DHBs that rely on Tertiary and Sub-Specialist services available from larger DHBs. Environmental benefits, cost-savings and sustainability are positive outcomes.



## 7. FOOD: Purchase and serve sustainably grown, healthy food

Please fill in our actions your DHB is taking in this area. Suggestions: reducing meat and dairy, purchase local and sustainable food products, self-grown vegetables, food waste, etc.

Activity	Milestones	Comments
Spotless Food Services – private contract		Note: bidding contracts – local office and supplies including other considerations such as price criteria, quality, manufacturer discounts and rebates. Provision of meals for patients – according to the MoH food guidelines Cafés – ‘aspiring’ to MoH National Healthy guidelines All food are produced locally
At Reefton hospital		Locals look after vegetable gardens as per MPI standards

## 8. GREENHOUSE GAS EMISSIONS REPORTING

Does your DHB measure and manage its GHG emissions? No

Please fill in our actions your DHB is taking in this area. Suggestions: membership in emissions certification programme, actions taken to improve measurement capability

Activity	Milestones	Comments

## 9. BUILDINGS: Support green and healthy regenerative hospital design, construction and refurbishment

Please fill in our actions your DHB is taking in this area. Suggestions: green building certifications, recycled materials, local building materials, sustainable materials, insulation, Volatile Organic Compounds (VOC), water use, natural light, green spaces, etc.

Activity	Milestones	Comments
Tenders and Scoping projects		Considerations for sustainable designs which comply with the NZ Building Standards – but Fiscal (costs) constraints often outweigh best practice environmental criteria
Assessments and Design of new BUILDS		Building designs by private Architect contractor who considers and incorporates the natural and local environment. Flood Risk – the new Buller Integrated Family Health Centre built on a raise ‘to mitigate flooding’.
Lighting		Building designs and construction maximise and prioritise the use of natural light. All new buildings have LED lighting installed.

		Old buildings – not economical and not sustainable to install or switch to LED lighting
Sound		Acoustic panelling used where necessary in the new hospital building to reduce impact of noise in some areas
Construction		Local & National firms encouraged – Fletcher Construction is main contractor and follows design plan.
Materials		Construction – as per design and construction contractor Internal – sourced locally as much as possible.

## 10. PROCUREMENT: Buy safer and more sustainable products and services

Please fill in our actions your DHB is taking in this area. Suggestions: sustainability criteria incorporated into procurement decision criteria, buy safer and more sustainable products and services, source from socially and environmentally responsible vendors, reduce waste, and consider product life cycle environmental impact etc.

Activity	Milestones	Comments
Sustainability questions and expectations as per CDHB incorporated		Material sources and employment practices which meet human rights standards and comply with fair trade agreements (tensions remain between free trade agreements and local sourcing of products and services)
Policy - CDHB & WCDHB		This is being developed - to align with the 2019 MBIE guidelines for sourcing of Government Goods

## 11. CLIMATE CHANGE ADAPTATION

Please fill in our actions your DHB is taking in this area.

Activity	Milestones	Comments

## 12. OTHER

Activity	Milestones	Comments
<b>BUILDINGS</b> Policies and Standards		No clear mandate from the Ministry of Health who funds buildings for the DHBs. For WCDHB, '... building and related issues are considered according to: <ul style="list-style-type: none"> <li>- Cost</li> <li>- Environmental impacts at site</li> <li>- Availability</li> </ul> ... in that order usually.'

		These considerations are often influenced by the geographical nature and economic potentials of the West Coast. Invariably, decisions favour national and international interests / suppliers.
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### **Recommendations which would support DHBs to mitigate and adapt against climate change:**

Smaller DHBs need additional support and resources – it is difficult as a smaller DHB to undertake this work alone, so would welcome the opportunity to share a resource, such as a Sustainability Officer, to facilitate progress. It would also be useful to be able to get support and ideas from another smaller rural DHB which has made progress.

For Capital Projects and major buildings, the MoH needs ‘... clear and articulated aspirations to Green Buildings or other minimum standards that accounts for environmental sustainability and climate change priorities ...’

It is difficult to implement environmental sustainability according to the Green Building standards or other guidelines:

‘... within the constraints of budgets

‘... usually perceived as too costly

‘... 3 – 5 % extra costs with no fiscal evidence of pay-off in the long term

‘... whole life costs not readily available

Although DHBs can take initiatives on environmental considerations, a strong commitment from the Ministry of Health is crucial ... with clearly articulated frameworks, standards and mandates’.

**Terms of Reference**  
**Transalpine Environmental Sustainability Governance Group**  
**February 2019**

**Background**

Health services have a substantial environmental impact. In recent times health professionals and health services have been seeking to reduce that effect.

Currently the most rapid ecosystem change is global climate change. Estimates suggest that approximately 10% of New Zealand's carbon emissions are generated from health system activities. Other ecological processes, such as reducing biodiversity, changes in disease vectors and extreme weather events, are all linked to climate change and are interweaving with societal dynamics in ways that can amplify risks to health.

DHB's must meet a number of legislative requirements and contribute to international agreements that New Zealand is party to where those agreements link health, wellbeing and environmental outcomes. The Minister of Health's 'letter of expectations' to Canterbury and the West Coast DHB 2018/19<sup>1</sup> and 2019/20<sup>2</sup> is clear that we need to 'implement a strong response to climate change' and contribute to the government's 'priority outcome of environmental sustainability'.

The World Health Organisation has described an environmentally sustainable health system as one which '*improves, maintains or restores health, while minimizing negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations*'<sup>3</sup>

The Canterbury and West Coast DHB Executive Management Team (EMT) has recognised the contribution that the DHBs can make in adopting a sustainable development approach to healthcare. In 2018 they formally endorsed implementation of the four recommendations of the '*Canterbury Health System: A health promoting district health board*' paper (at end of this document).

<sup>1</sup> <https://nsfl.health.govt.nz/dhb-planning-package/201819-planning-package/supplementary-information-201819-planning-guidelines-0>

<sup>2</sup> [https://nsfl.health.govt.nz/system/files/documents/pages/generic\\_loe\\_2019-20.pdf](https://nsfl.health.govt.nz/system/files/documents/pages/generic_loe_2019-20.pdf)

<sup>3</sup> [Environmentally sustainable health systems: a strategic document WHO Regional Office for Europe](#). WHO (2017) [34, p. IV].

<b>Purpose</b>	<p>The TESGG will provide leadership, advice and oversight across the Canterbury and West Coast DHBs on matters pertaining to environmental sustainability. It will champion the adoption of a sustainable development approach across Canterbury and West Coast DHB services and processes.</p>
<b>Scope</b>	<p>The TESGG is an internal governance group which will look primarily at activities within the Canterbury and West Coast DHBs. Alignment of interactions with external organisations to achieve the aims of a sustainable development approach as described here may occur under the oversight of the TESGG.</p> <p>Natural links may be established with the Canterbury Clinical Network via updates as information provision only.</p> <p>The TESGG will build strong links to the Community &amp; Public Health Environmental Sustainability Work Programme under which progress of this group will be reported.</p> <p>Existing links are to be maintained with the South Island Alliance Sustainability Working Group and the Sustainable Health Sector National Network where cross DHB environmental sustainability initiatives can be shared.</p>
<b>Objectives</b>	<ol style="list-style-type: none"><li>1. To lead and advise on the adoption of a sustainable development approach across the Canterbury and West Coast DHBs.</li><li>2. To oversee and identify appropriate resource across the Canterbury and West Coast DHBs to carry out the recommendations of the 'Canterbury Health System: A health promoting health board' paper.</li></ol>
<b>Guiding Principles</b>	<ul style="list-style-type: none"><li>• Taking a <b>Sustainable Development Approach</b> to health care and health services which meets the needs of the present without compromising the ability of future generations to meet their own needs.</li><li>• Taking a <b>health promoting health system approach</b> which optimises the mix of health promotion, disease prevention, treatment and rehabilitative care to achieve equitable health outcomes. It recognises its own potential for causing harm and seeks to minimise and mitigate this harm.</li><li>• Taking a <b>whole of system approach</b> which recognises that all parts at all levels of the Canterbury and West Coast DHBs</li></ul>

	<p>have a role in contributing towards environmental sustainability and achieving a health promoting health board.</p> <ul style="list-style-type: none"> <li>Ensuring the <b>best use of resources</b> whilst not inhibiting innovation in an emerging and rapidly changing sector.</li> <li>Ensuring <b>fiscally responsible approaches</b> underpinned by cost-benefit analysis of co-benefits and financial savings</li> <li>Support of the principles of the <b>Treaty of Waitangi</b> and in acknowledgement of the tribal philosophy of Ngāi Tahu which is central to this work: <i>Mō tātou, ā, mō kā uri, ā muri ake nei – for us and our children after us.</i></li> </ul>
<b>Accountability and Reporting</b>	<p>To the CEO and Executive Management Team (EMT) of the Canterbury and West Coast DHBs.</p> <p>Some activities under this group may also be reported to the Ministry of Health as per routine annual reporting cycles.</p>
<b>Membership</b>	<i>TBA</i>
<b>Chairperson</b>	<p>The chair will be a Public Health Specialist from Community and Public Health.</p> <p>Changes in the chairperson role will be agreed by the group and may be appointed by EMT.</p>
<b>EMT sponsor</b>	The EMT sponsor is appointed by the CEO of the Canterbury and West Coast DHBs.
<b>Quorum</b>	Half the members, plus the Chair.
<b>Frequency of Meetings</b>	<p>A minimum of eight (8) meetings a year at 6 weekly frequency.</p> <p>Meetings will be timetabled for the entire year by the TESGG administration support. Meeting location will rotate between members' workplaces.</p>
<b>Agenda</b>	Agendas will be circulated no less than five days prior to the meeting, including any material relevant to the agenda.
<b>Minutes</b>	<p>Minutes will be drafted by the TESGG administration support and circulated to group members within seven days of the meeting.</p> <p>Minutes remain confidential until agreed by the quorum.</p>
<b>Review</b>	This Terms of Reference will be reviewed annually and may be altered intermittently to meet the needs of the Canterbury and West Coast DHBs.

***‘Canterbury Health System: A health promoting district health board’  
EMT endorsed recommendations as at March 2018***

1. Endorse the set-up of a Sustainability Governance Group to provide direction and guidance on the:
  - Definition of “Environmental Sustainability”
  - Development of a CDHB Environmental Sustainability Position Statement
  - Development of a CDHB Environmental Sustainability operational Policy. The Policy will provide guidance on the implementation of a sustainable development approach for logistics, operations, clinical and strategic staff in their daily work.
  - Development of a 5 year Implementation strategy, to enable the Sustainability Policy to be actioned in every aspect of our
    - i. Operations,
    - ii. Teaching and learning
    - iii. Investment and planning initiatives.

The Sustainability Governance Group will:

- Review current Environmental Sustainability Initiatives
  - validate alignment of current initiatives with the position statement and operational policy
  - provide a recommendation on first order priorities of the Implementation strategy
2. Notes that the development and implementation of each of the initiatives is to be submitted for approval, in line with CDHB delegation policy and following the CDHB business case process
  3. Notes and endorses the continuation of the current list of Sustainability Initiatives:
    - the Enviro-Mark programme, the ‘Certified Emissions Measurement and Reduction Scheme’ (CEMARS)
    - the Enviro-Mark programme, ‘Energy Mark’
  4. CDHB support the current formal travel demand management (TDM) programme developed by the Greater Christchurch Partnership at its sites. This TDM programme will be aligned with People and Capability’s staff wellbeing programme and will focus on the staff commute. Further future work will be developed via the sustainability strategy in relation to work-related flying, and transport related to CDHB activities such as waste removal, laundry, catering, and boiler function.

# Transalpine Environmental Sustainability Governance Group

## Action Notes/Minutes

**Date:** 22 February 2019

**Time:** 1:00 pm – 3:00 pm

**Venue:** Room 115, CDHB Corporate Offices

**Present:** Alison Watkins, Andrew Summers, Anna Stevenson, Beng-Cheng Chan, Bernice Marra, Brad Cabell, Hector Matthews, Ian Ward, Justine White, Kaye Johnston, Lizzie-Johnston Walker, Marie Lory, Matthew Long, Natalie King, Rachel Cadle, Ruth Teasdale, Tim Emson, Janice Lavelle for Sally Nicholls and Tracy Abbot (minutes)

**Apologies:** Dan Hartwell, Felicity Woodham, George Schwass, Kirsten Beynon, Pauline Clark, Pauline Tootell, Philip Wheble, Shona Macmillan, Terry Walker, Toni Gutschlag, Winn MacDonald

**Absent:**

Action Register	Responsibility	Date due
<b>Membership</b> <ul style="list-style-type: none"> <li>– Advise Anna Stevenson of any roles or people missing from the group</li> <li>– Rachel Cadle to seek RMO representative</li> <li>– Justine to seek a Care Starts Here representative</li> </ul>	All Rachel Cadle Justine White	
<b>Definition of ‘Environmental Sustainability’</b> <ul style="list-style-type: none"> <li>– - Consideration of the definition deferred until SIPHA’s final definition is known.</li> </ul>	Anna Stevenson	
<b>Terms of Reference</b> <ul style="list-style-type: none"> <li>– Change wording to “all parts of the CDHB <b>at all levels.</b>” (in whole of systems approach)</li> <li>– Further feedback to be sent to Anna by 1 March</li> <li>– Anna to produce another version.</li> </ul>	Anna Stevenson All Anna Stevenson	
<b>Visit by Julie Ann Genter</b> <ul style="list-style-type: none"> <li>– Request for input will be emailed to all</li> <li>– Anna to collate content once received</li> </ul>	Anna Stevenson	

	Item	Discussion/Action	Respons- ibility	Date due
1.	<b>Introductions</b>	<b>Welcome and Introductions</b> The chair welcomed everyone to the meeting and relayed an inaugural message from Hector Matthews. Hector requested the group to reflect on kaitiakitanga remembering that the health of the individuals depends on the health of the environment. A round of introductions was held.  <b>Membership of Group</b> Members were asked to consider what other roles should be represented in the group. <b>ACTION:</b> Advise Anna Stevenson of any roles or people missing from the group <b>ACTION:</b> Rachel Cadle to seek RMO representation on this group <b>ACTION:</b> Justine to talk with P & C to see if a Care Starts Here rep can be added to this group		
2.	<b>Review Terms of Reference</b>	The ToR were discussed, points made:- <ul style="list-style-type: none"> <li>– Scope should include encouraging and facilitating individuals to make changes</li> <li>– Green teams at work to deliver grass roots actions</li> </ul>		



		<ul style="list-style-type: none"> <li>– A cultural change is needed to make it everybody's business</li> <li>– The three pillars / Care Starts Here could be linked to this work</li> <li>– Sustainability is not an add on to usual work</li> </ul> <p><b>ACTION:</b> Addition to whole of system approach "all parts of the CDHB at all levels."</p> <p><b>ACTION:</b> Feedback to be sent to Anna by 1 March, Anna will produce another version.</p>		
3.	<b>Review of Progress against Recommendations</b>	<p>The recommendations agreed to by EMT in 2018 were reviewed:-</p> <p><b>Establish Sustainability Governance Group</b> Group is now up and running</p> <p><b>Definition of 'Environmental Sustainability'</b> A definition developed by WHO is being considered by the South Island Public Health Alliance (SIPHA) <b>DEFERRED:</b> Consideration of the definition deferred until SIPHA's final definition is known.</p> <p><b>Operational Policy</b> – to be developed</p> <p><b>Five Year Implementation Strategy</b> – to be developed</p> <p><b>Review Current Initiatives</b></p> <ul style="list-style-type: none"> <li>– Two stocktakes were completed in 2018 in response to MoH requests.</li> <li>– Next step is to look at what can go in the next stocktake</li> <li>– Comments on emissions: <ul style="list-style-type: none"> <li>○ CDHB is the first NZ DHB to get Gold Status for Energy Mark (CEMARS carbon footprint included with meeting papers)</li> <li>○ In 2018 CDHB was one of the top 20 carbon reducers. Next year total emissions from will, however building area will also increase. New buildings are more energy efficient so emissions per square metre may decrease.</li> <li>○ After the coal boilers the next biggest source of emissions is business class air travel</li> <li>○ Emissions from medical gasses are also significant</li> </ul> </li> <li>– Potential projects: <ul style="list-style-type: none"> <li>○ Reducing emissions from international air travel</li> <li>○ Reducing use of pre-packaged drinks in plastic bottles</li> <li>○ Improved gas scavenging at the ASB</li> </ul> </li> </ul> <p><b>Travel Demand Programme</b> The hospital campus travel demand programme has been running for some months, funding is nearing an end.</p>		
4.	<b>Visit by Julie Anne Genter – Associate Minister for Health</b>	<p>The visit is an opportunity to show what has been done and to ask for more support. Media can be involved, meeting to be held in town rather than at Burwood.</p> <p><b>Stories to cover:</b></p> <ul style="list-style-type: none"> <li>– Burwood - Boilers Project</li> <li>– CEMARS certification process</li> </ul> <p><b>Requests:</b></p> <ul style="list-style-type: none"> <li>– Support for building green buildings - twelve month fiscal deadlines mean that many sustainable features which would have considerable benefits over many years are not able to be included in new buildings.</li> <li>– Recycling conversation –opportunities to remove material from the waste stream are disappearing. What is the government planning for this?</li> <li>– Procurement legislation / Sourcing Rules – any help here?</li> <li>– Transport - ?</li> <li>– CEMARS certification – is bulk funding to cover fees for DHBs possible?</li> </ul> <p><b>ACTION:</b> Request for input will be emailed to all, Anna to collate content</p>		

5.	<b>Waste Reduction</b>	<b>Drinking</b> <ul style="list-style-type: none"> <li>– Purchasing are investigating the use of fully compostable butterfly cups for hot drinks</li> <li>– Plastic cups at water fountains are much cheaper than any greener cups available at the moment</li> <li>– Providing costing to promote move away from disposal cups has been useful</li> <li>– Providing more drinking fountains could be an option (but plenty of taps with potable drinking water close at hand)</li> </ul>		
6.	<b>Other upcoming events</b>	<ul style="list-style-type: none"> <li>– 10:30 to 1230 on Thursday March 28 visit by Julie Anne Genter</li> <li>– Grand Round Presentation by Anna Stevenson on March 29</li> <li>– Second Sustainable Healthcare Forum – Ora Taiao: NZ Climate and Health Council – to be held on 8 May in Wellington and via Zoom</li> </ul>		
	<b>Next Meeting:</b> <b>Future Meetings:</b>	<b>10:30 to 1230 on Thursday March 28 – venue TBA</b> <b>TBA</b>		