



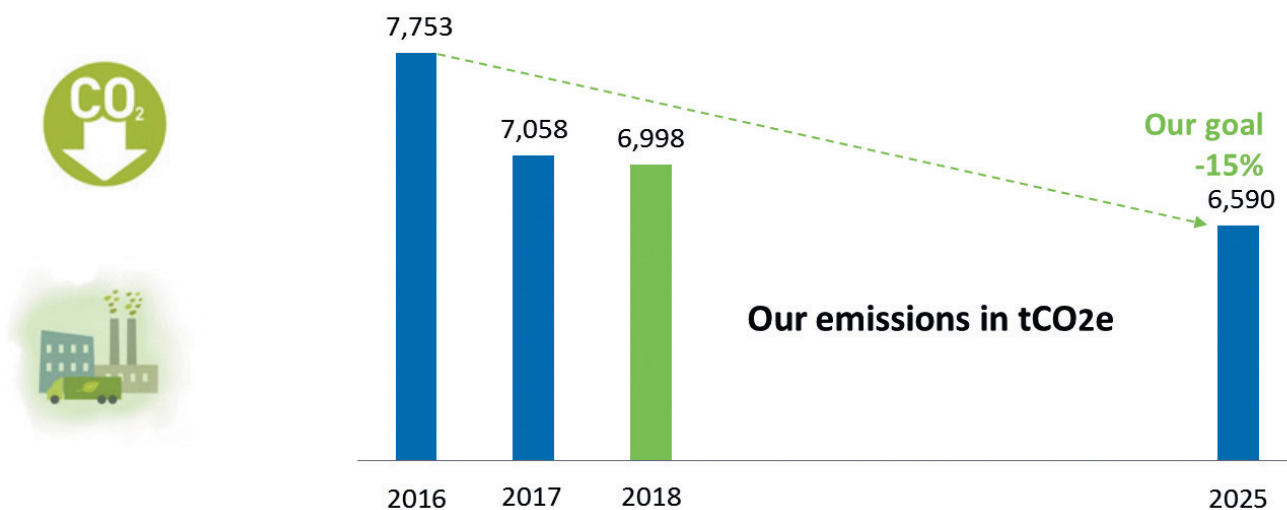
Carbon footprint & year overview

Financial year 2018



This carbon footprint for the Northland DHB has been calculated for the financial reporting year from the 1st of July 2017 until the 30th of June 2018.

We are on track to achieve our goal in 2025

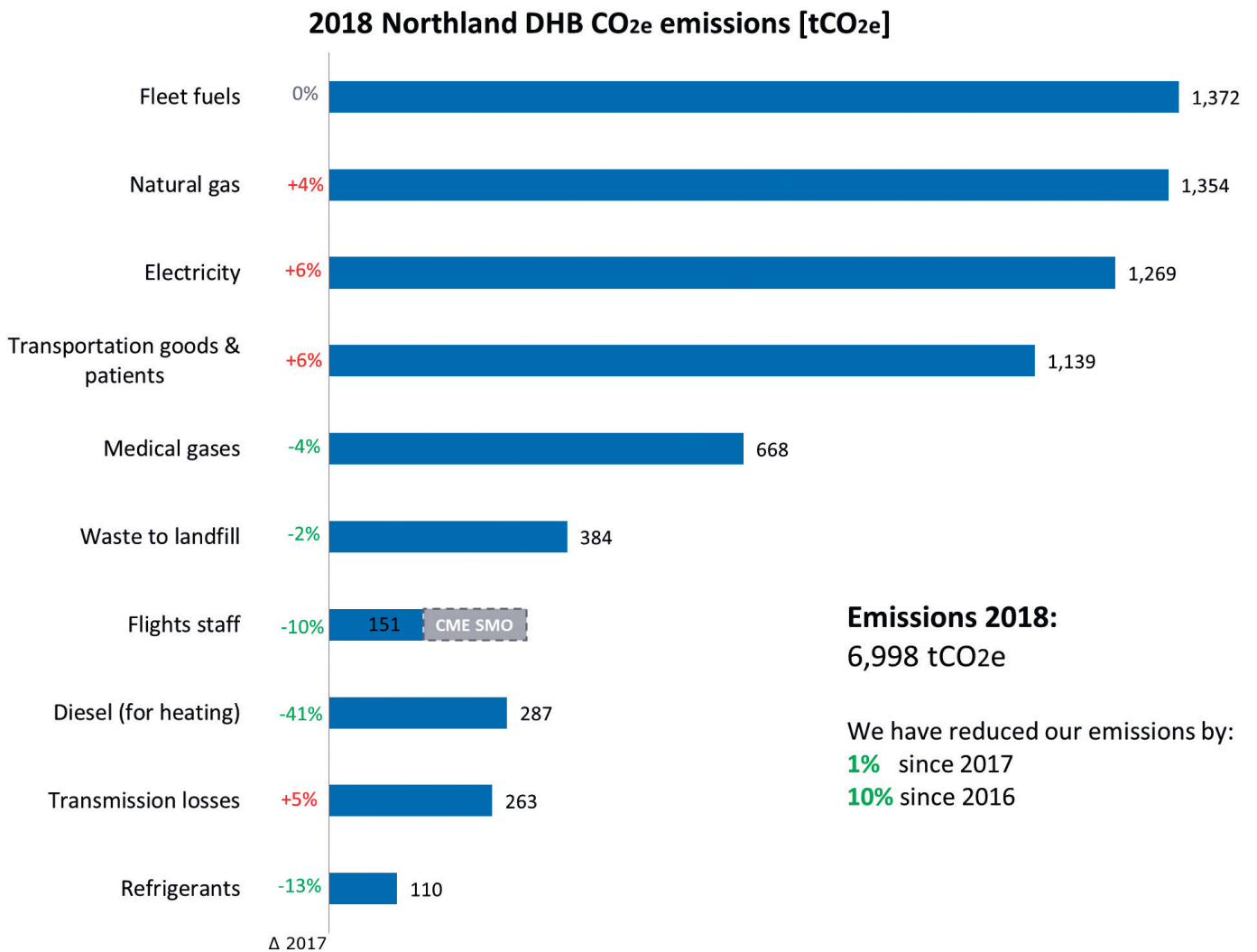


Northland DHB has made the commitment to reduce its carbon emissions by 15 percent in 2025 compared to 2016. In 2018 Northland DHB's emissions were 6,998 tCO₂e, down 1 percent compared to 2017 and a 10% reduction compared to the benchmark year 2016.

Northland DHB remains on track to reach the 2025 goal of 15% greenhouse gas emissions reduction.



Our emissions and trends

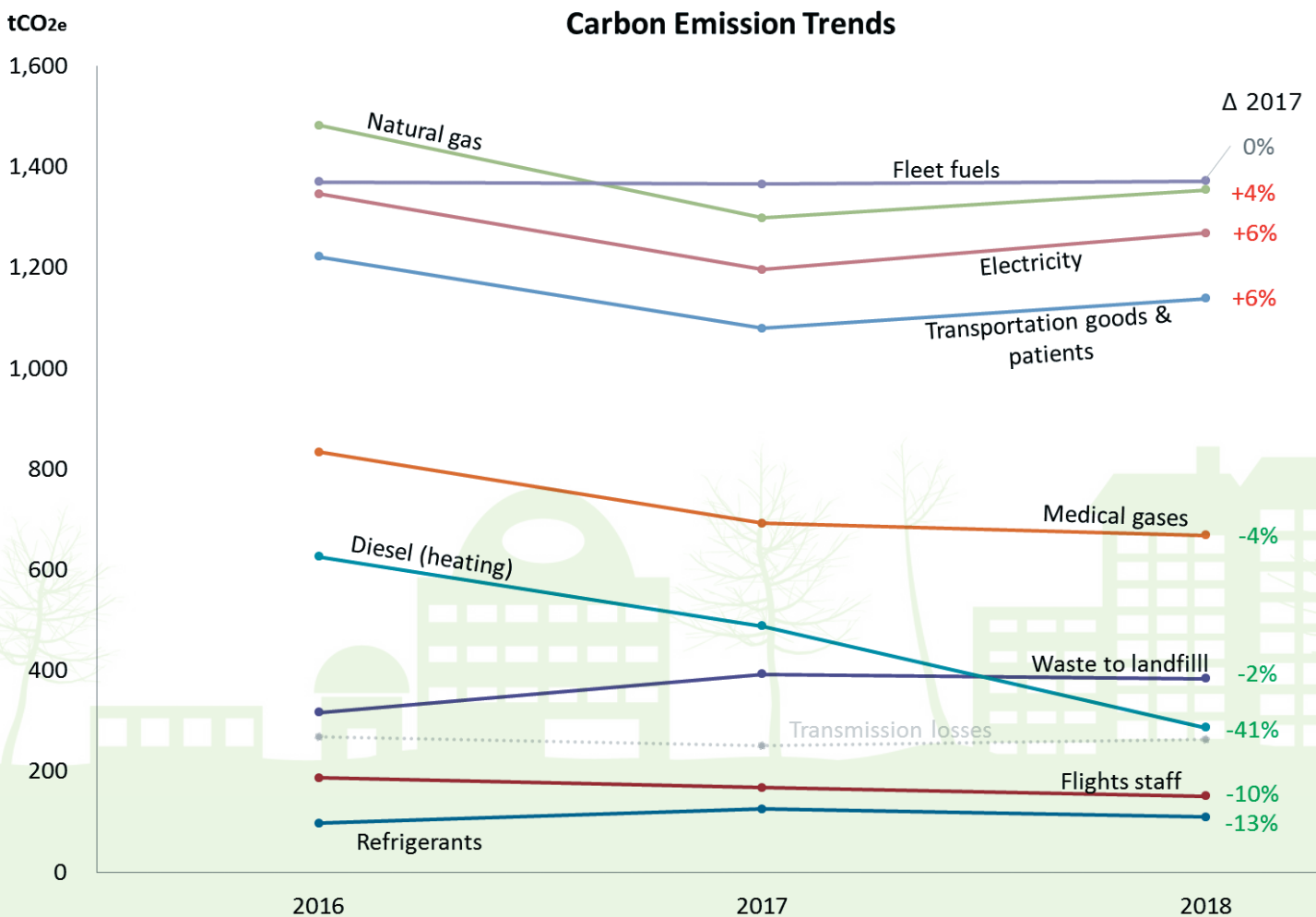


- Despite considerable activity growth a greenhouse gas emission reduction was achieved for the financial year 2018. Over the last 2 years our funding increased by 16%, our FTE increased from 2,071 to 2,203, patient activity increased by 3% and the 685 m² new Bay of Islands hospital building was added to the building assets.
- Fleet fuels remain the largest category in our carbon footprint but the consumption has remained fairly constant over the previous years. Seven electric vehicles have been added to the fleet
- Both gas and electricity, second and third largest emission sources, saw an increase in consumption. Gas is very weather-dependant so difficult to predict. Electricity consumption was expected to increase due to the diesel boiler conversion to electric heat pumps in Dargaville but all hospitals had an upward trend in consumption.
- The transportations, goods & patients category consists of distribution of goods and patients travel by ambulance, helicopter, flights, bus and the most dominant contribution National Travel Assistance claims of patients travelling in their own car mostly to Auckland. The increase in emissions is caused mostly by an increase in kilometres in this category.
- In 2017 our waste consumption had seen the largest increase in emissions, but in 2018 a 2% reduction was achieved mostly by a reduction of general waste and more recycling.



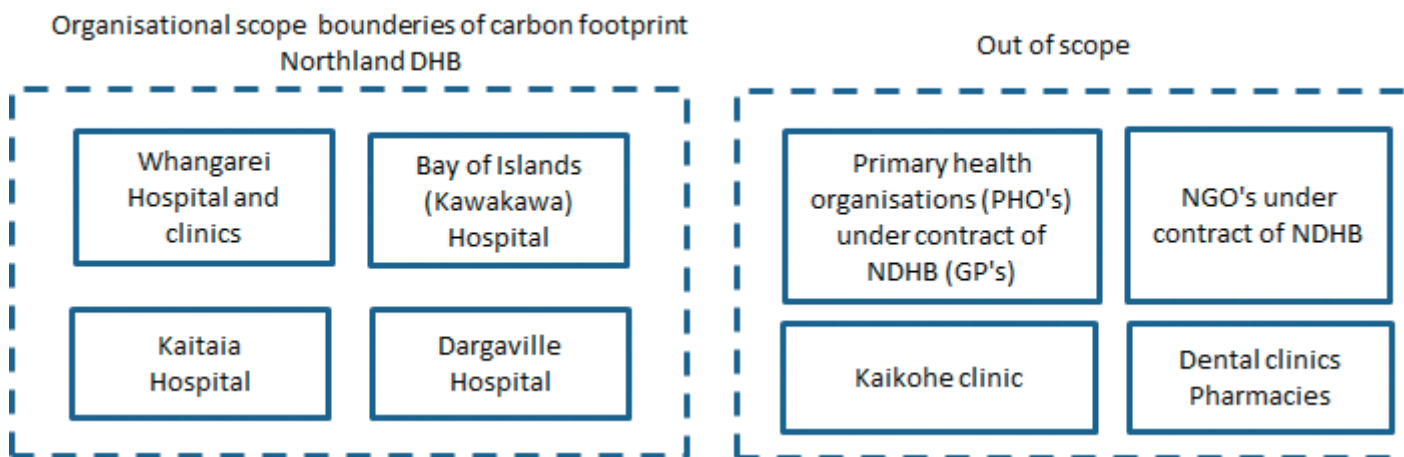
- In the carbon emissions trends graph very clearly the reduced consumption of diesel for heating can be seen due to the diesel boiler conversion in Dargaville to electric heat pumps.
- There was more domestic air travel but the reduction of 10% in air travel was due to less long haul flights and due to the doctors' plane to Kaitaia not being available for several months. The flights for Senior Medical Officers (CME SMO) were not captured in air travel over the last few years due to a lack of data availability. Investigation showed it is a significant contributor to air travel and by current estimate it would double our air travel emissions. Efforts will be made to capture these flight details with the intention to include it in future carbon footprints.

Some numbers compared with last year



The organisation and the organisational boundaries

The Northland District Health Board is a Crown Agent and is responsible for providing or funding the provision of health and disability services for the people of Northland. Acute services are provided through the DHB's four hospitals, supplemented by a network of community-based, outpatient and mental health services.



The operational control consolidation approach has been used to account for operational emissions and the boundary has been set around the hospitals of Whangarei, Bay of Islands (Kawakawa), Dargaville and Kaitiia. Outside the scope of the footprint are general practices, NGO's under contract of the Northland DHB, dental clinics, pharmacies and clinics outside the 4 main hospital towns.

Emissions source exclusions

The following mandatory emissions sources were excluded from the inventory:

GHG emissions source	GHG emissions level scope	Reason for exclusion
Postage and couriers	Scope 3 Mandatory	De minimis (insignificant)
Rental cars	Scope 1 Mandatory	De minimis (insignificant)
Private cars (staff mileage claims)	Scope 3 Mandatory	De minimis (insignificant)
Business taxi transport	Scope 3 Mandatory	De minimis (insignificant)

Base year, audit, verification and accuracy

The carbon footprint has been third party verified by Enviro-Mark Solutions according to ISO 14064-1:2006. Verification and assurance level: reasonable (a higher level of assurance compared to limited assurance). From the analysis conducted the quality of the inventory checked against completeness and uncertainty is classified as: High. The base year of the carbon footprint is 2016.

Information and contact



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2018 Year in review



Zero diesel consumption in Dargaville due to diesel boiler conversion to electric heat pumps



Carbon Footprint summary and Benchmark data 2018

Target: 6,590 tCO₂e in 2025

	Quantity			UOM	Emission in tCO ₂ e		
	2016	2017	2018		2016	2017	2018
Energy use							
Natural gas	7,058k	6,692k	6,982k	kWh	1,482	1,298	1,354
Electricity	9,758k	10,048k	10,663k	kWh	1,347	1,196	1,269
Diesel (heating)	234k	182k	107k	Litre	626	488	287
Transmission losses	16,816k	16,740k	17,645k	kWh	269	251	263
Refrigerants	-	-	-	kg	98	126	110
Transportation							
Fleet fuels	568k	549k	549k	Litre	1,370	1,366	1,372
Transportation goods & patients	4,045k	4,056k	4,248k	km	1,222	1,079	1,139
Flights staff	1,344k	1,322k	1,153k	km	188	168	151
Waste generation							
Waste to landfill	738	791	767	Tonne	318	394	384
Other							
Medical gases	3,747	3,367	3,346	kg	834	693	668
Total					7,753	7,058	6,998

Benchmark data, emissions per:

	2016	2017	2018	
Funding (M\$)*	23	20	18	tCO ₂ e/M\$
FTE	3.7	3.3	3.2	tCO ₂ e/FTE
Patient activity**	69	63	61	kgCO ₂ e/PA
Building area (m ²)	115	105	103	kgCO ₂ e/m ² building

*Based on \$384M DHB funding of the hospitals/provider arm and mental health of out of \$655M total.

** Patient Activity includes patient bed days and day cases



