

Argyll and Bute Health and Social Care Partnership

QUALITY AND FINANCE BOARD

MINUTES OF MEETING Held on Tuesday 18 December 2018 at 2.00pm, Boardroom, Aros, Lochgilphead

PRESENT: Joanna MacDonald, Chief Officer (Chair)
 Kirsty Flanagan, Interim Chief Financial Officer (ABC Head of Strategic Finance)
 Heather Grier, IJB Board Member
 Councillor Kieron Green, IJB Vice Chairperson
 Sarah Compton-Bishop, IJB Board Member
 Charlotte Craig, Business Improvement Manager
 Linda Currie, Lead AHP
 Elizabeth Liz Higgins, Lead Nurse
 Stephen Whiston, Head of Strategic Planning and Performance
 Lorraine Paterson, Head of Adult Care West
 Phil Cummins, Interim Head of Adult Care East (Via Video Conference)
 Mark Lines, Locality Manager (standing in for Alex Taylor)
 George Morrison, Head of Finance
 Kevin McIntosh, Staff Representative Council (UNISON)
 Fiona Broderick, Staff Representative NHS
 Astrid Ronald, Finance and Systems Support Officer (Minutes)

		Action by
1.	<p>Welcome and Apologies</p> <p>The Chief Officer welcomed everyone and thanked Kirsty Flanagan for taking on the role of interim Chief Financial Officer for the IJB on a temporary basis. She commented on the serious financial situation of the Health and Social Care Partnership and was pleased to see so many people round the table at the meeting. Introductions were made and apologies noted.</p> <p>Apologies: Robin Creelman, IJB Chairperson Councillor Gary Mulvaney, IJB Board Member Alex Taylor, Head of Children and Families and Criminal Justice</p>	
2.	<p>Draft Meeting Note of 24 October 2018</p> <p>The minute from the meeting on 24 October 2018 was noted.</p>	
3.	<p>Budget Monitoring November 2018-19</p> <p>A budget monitoring report had been issued to the Board along with the papers and an updated budget monitoring report was circulated; there was no change to the figures but it included further breakdown of the</p>	

Social Work position.

As at the end of November 2018 the estimated forecast outturn is now £4.5m, a deterioration from the October position of £4m. The Health side has shown a slight improvement of £0.152m due to the reversal of the accrual to NHS Greater Glasgow and Clyde offset by other pressures. Social Work is showing a deterioration of around £0.700m due to reduced probability to deliver savings and lower than anticipated vacancy savings.

At the IJB Board in November there was comment about insufficient information on the outturn position, this new style report attempts to provide more information and the Interim CFO is happy to receive feedback as to other information that the Board would expect to see in the report.

Board member, HG raised the previously approved Quality and Finance Plan and sought understanding of the basis of those savings figures..

It was noted that the Quality and Finance Plan, which includes savings that were added in 2016 was a plan created at a period in time, however, some of the savings are no longer viewed as deliverable. The interim CFO also made an observation that she believed that not all the savings included in the plan were developed sufficiently when they were put on the plan and therefore the savings amounts were best guess at the time. The view was given that if items are not developed sufficiently to know that they are deliverable they should not be put forward to the Board for approval and this should be the approach in the future.

The Lead Nurse acknowledged that the HSCP was in its infancy when some of these savings options were identified, however, as time has gone on and the Board has matured then we are now in a different place and view things differently to how we thought they might work at the beginning.

The Head of Adult Services (East) added that some of the increased expenditure is due to non-scheduled care and that this is the majority of service provision. Three years ago, trends had predicted certain outcomes but this has been different and outwith the HSCP's control, one example has been an increase in new oncology drug costs.

The Head of Finance (NHS) explained that it is very hard to gather intelligence to identify costs because of new treatments and new drugs becoming available, some of which are developed nationally and we get little information about this quickly.

There was some highlight on public expectations of new and available care and the costs incurred by this. It was raised that when patients go into the clinical care system in NHS Greater Glasgow and Clyde the HSCP only know the cost of this when on receipt of invoice In context, there is rigorous clinical assessment to approve treatments.

	<p>It was discussed that whilst these points are appreciated it should be possible to get a sense of some of these demands by looking at previous year's trend and trying to have more realistic estimates and this was encouraged as something to be considered in future years planning estimates.</p> <p>The Chief Officer went onto advise of the position with NHS Highland. They have been escalated to a Level 4 in Scottish Government ladder of escalation (with Level 5 being the most serious level). Mark Wilde and Brian Steven have been appointed by Scottish Government to support NHS Highland, with a view to getting back into financial balance. NHS Highland has £19m of debt written off and there is still £19m recurrent saving outstanding. Mark and Brian will be going through every line of expenditure and asking for the basis of the decision informing spend. A presentation was made to NHS Highland and they were very direct, they spoke about pace, grip and control of the financial position. A meeting is scheduled for 10 January for HSCP. They are looking at a three year recovery plan that recognises relentless delivery including transformational change. The meeting will not just be with Joanna and it is likely that key members of staff and Board members may be requested to attend a meeting early in January.</p> <p>The Chief Officer wants everyone to work together to focus on getting the HSCP budget issues resolved.</p> <p>Looking forward, the budget announcement does look favourable for the Partnership so that will help the situation but we still have a huge financial challenge for financial balance. The group seeks to move forward from the previous plan and focus action on where we are now and what we need to do for the future.</p>	<p>KF/GM</p> <p>All to note</p>
<p>4.</p>	<p>Investment Plan</p> <p>The interim CFO provided an update on the investment plan. There is a recurring budget of £1.551m and in 2018-19 there is estimated to be an underspend of £0.568m (accounted for in the forecast estimates) and in 2019-20 an estimated £0.700m underspend. The clear recommendation is that there should be no further spending linked to the investment plan and this would give a £0.700m saving within 2019-20. There are a number of posts being paid from this money and it is understood that a number of them are on temporary fixed term contracts. A further recommendation is that if the posts are not delivering the anticipated outcomes, then consideration should be given to terminate or remove once the contract comes to a natural end and this should give an increased saving. These recommendations were echoed by the Head of Finance.</p> <p>There followed much discussion, some key points were as follows.</p>	

	<p>HG made the point that she wasn't aware of some of the detail of the investment plan that they had before them today and more questions should have been asked by the Board.</p> <p>Noted that achievements have been slow or not delivered.</p> <p>If there are good invest to save options, these should be considered.</p> <p>Staff on the ground/front line have good ideas of how to improve and make things better and we need to involve them.</p> <p>KM as union representative indicated disappointment that the investment hasn't helped us deliver the options. He would like to optimise any opportunities to be a bit more commercial or whatever we have to do to make it better. It was highlighted that terms and conditions were different and this needs to be handled carefully. KM advocated the route of service redesign and transformation over redeployment and the possible loss of posts.</p> <p>HG queried if NHS staff are redeployed elsewhere so you don't actually realise the saving which was given an affirmative response. NHS have a redployment policy at present. Local Authorities mitigate redundancies using redeployment but also use voluntary redundancies and only where absolutely necessary is there a compulsory redundancy.</p> <p>The interim CFO indicated reality is to make the level of savings that the HSCP have, staffing will need to reduce. There should be a challenge as to whether voluntary redundancy can be considered on the NHS side however it is appreciated this is a wider national issue.</p> <p>There is real difficulty in extracting savings from the health budget and appreciate there are a large number of agency staff, but they are employed to ensure that a safe level of care continues to be provided in many cases. As agency staff are better paid it has made the situation worse as we are finding permanent staff are giving up their permanent post to become agency staff.</p> <p>Point made about the number of vacancies and could we remove some of these posts if they are deemed not to be required. An exercise of this nature was carried out but it was some time ago. The Chief Officer asked Heads of Service to give this consideration and report back week commencing 7 January.</p> <p>An issue was raised, linked to the investment plan that there was £0.800m set aside for localities and home care response teams and there has been no feedback as to whether this money is being used and what it is being used for. It is thought that this budget was mainstreamed into the locality budgets. Point made about we need to look at our commissioning arrangements. George to seek further information on this £0.800m and report back.</p>	<p>Heads of Service</p> <p>GM</p>
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	<p>Finally to close this item, it was agreed that the investment plan is not working and a recommendation should be made to the Integrated Joint Board that new investment should be stopped, unless a spend to save option and that current spending should be considered and if it's not giving desired outcome, should be reduced or eliminated.</p> <p>The interim CFO will be providing an update to the IJB in January and this recommendation will be incorporated.</p>	<p>Management Team to consider</p> <p>KF</p>
<p>5.</p>	<p>Quality and Finance Plan Review</p> <p>An update on the position with the Quality and Finance plan was included within the papers. Each saving option had been categorised into delivered, on track to be delivered, delayed, being developed (shortfall) and not achievable in full.</p> <p>The interim CFO highlighted that the target saving that was presented to the Board in March was £10.6m. The plan that was presented to the Board in May target saving was £10.480m. Finance Officers between Health and Social Work are working to savings target of £10.810m. The governance attached to the target requires to be more stringent and report this position to the Board.</p> <p>From the £10.4m target saving for 2018-19, we are estimating to deliver £3.8m.</p> <p>The interim CFO provided an observation on the figures.</p> <ul style="list-style-type: none"> • Health Target for 2018-19 is £6.536m, anticipated savings are £2.027m, a shortfall of £4.509m. The Health estimated overspend is £1.743m, therefore there has been savings of £2.766m outwith the plan. • Social Work target for 2018-19 is £3.794m and in addition to this there was £2.345m of unallocated savings in Social Work. Anticipated savings are £1.806m, a shortfall of £4.333m. The Social Work estimated overspend is £2.800m, therefore there has been savings of £1.533m outwith the plan. • What are these savings, are they recurring in nature and can these be brought forward as future years savings? <p>The Head of Finance (NHS) advised that some of this was due to one-off in year allocations, however, further analysis is required to see if there are any additional savings that can be taken for next year.</p> <p>There are a number of savings on the plan that are marked as not achievable in full. As previously noted, they may have been added to the plan at a point in time when it was considered they were achievable and if they are no longer achievable then this should be reported to the Board so as they are fully aware of the real financial position.</p> <p>The Chief Officer wants a clear position indicated by senior officers by</p>	<p>KF/GM</p>

	<p>week commencing 7 January, what savings are no longer deliverable and need removed from the plan.</p> <p>With the remaining time available at the meeting, the savings options were discussed line by line with officers providing further information as to the deliverability of the saving.</p> <p>It was agreed that the revised profile columns would be updated for the Board along with further narrative added to explain why a saving is no longer deliverable and this presentation would be provided to the IJB in January. The interim CFO to co-ordinate and Heads of Service to provide necessary information via the Head of Finance(NHS) and Principal Accountant.</p>	KF/GM/DF Heads of Service
6.	<p>AOB</p> <p>The Head of Finance(NHS) noted that the IJB at their meeting in November were requesting an update on the impact of the restriction on all non-essential spend. This will be presented to the IJB. The interim CFO reiterated that we should be able to quantify the savings and identify whether they could be recurring in order to remove budget out of 2019-20.</p> <p>The Lead Nurse indicated a benchmarking exercise within the service would be good to undertake to try and identify savings. It may be some areas are doing things more efficiently than others and this should be explored.</p> <p>It was agreed that the message out to staff that this is a continuous process to deliver savings and not just to improve the current financial position.</p>	GM Heads of Service Management Team
	Date of Next Meeting – 22 January 2019, Boardroom, Aros, Lochgilphead	

Argyll and Bute Health and Social Care Partnership

DRAFT MINUTES OF MEETING Held on Tuesday 10 January 2019 at 10.00am, Cowal Community Hospital, Dunoon

PRESENT: Joanna MacDonald, Chief Officer
 Kirsty Flanagan, Interim Chief Financial Officer (ABC Head of Strategic Finance)
 Heather Grier, IJB Board Member - Chair
 Councillor Kieron Green, IJB Vice Chairperson
 Councillor Sandy Taylor
 Laurence Slavin Chief Internal Auditor
 Charlotte Craig, Business Improvement Manager
 David Meechan – Senior Auditor, Audit Scotland
 David Alston – Chair NHS Highland (on VC)
 Andrew O Donnell Scott Moncrieff

Apologies: George Morrison Head of Finance NHS
 David Eardley, Scott Moncrieff

		Action by
1.	<p>Welcome and Introduction</p> <p>Short update given that Ian Stewart will be in place as interim CEO for NHS Highland and Mark Wilde/Brian Steven will be resource and support during level 4 status.</p> <p>NHS currently shortlisting for interim Director of Finance.</p> <p>DA confirmed that the new Chief Executive of NHS Highland would be spending a proportion of his time in our HSCP as part of his on-going role</p>	
2.	Draft Minutes of 11 September 2018 Approved	All
3.	<p>Terms of Reference</p> <p>Membership of the Audit Committee was referenced for further action citing officer Sandra Cairney for follow up. Discussion led to expression that the CO/CFO and Chief Internal Auditor (CIA) would be present with Scott Moncrieff defined as the IJB CIA. Chair also highlighted the membership required two additional members. No replacement yet appointed for Maggie McGowan, and Betty Rhodick has not attended any meetings in Dunoon.</p> <p>Scope of the Audit Committee was discussed based on current terms of reference with request that these be circulated again for information. The chair highlighted the previous performance report and reflected on where this should be addressed. The CO indicated that this was primarily a function of operational management. Discussion led to where the point</p>	<p>CC/SC</p> <p>All SLT officers</p>

of assurance lay which was a key role of the IJB sub committees with a subsequent agreement on review of the submission of the annual report. It was further emphasised that committees seek the assurance that officers have the “grip” on the importance of performance monitoring, changes in performance, and providing the context around this.

Audit Committee seeks assurance but not in the management of the service as such. It seeks to be assured that systems for measurement are in place and this should be reflected in an updated Terms of Reference.

Further to this LS indicated this would be advantageous to inform the proposed audit workplan to support any areas of need.

The CO provided assurance on actions relating to finance and the scrutiny role of the SLT relating to any ongoing operational performance.

ST indicated the “superclient” role of partners to ensure best value and explored whether the Community Services Steering Group would be an appropriate forum for reporting, and this was referenced back to the annual report.

The CO highlighted the role of the Chief Officers Annual Report and the addressing of the 9 performance areas and how this will support the HSCP to support and develop its business.

DA (NHS Highland) highlighted the process of Assurance Mapping which acts as a formal structure through which assurance is gained and the value in this.

The summary was the Chair seeks assurance but not performance interrogation, this was supported by KG who then gave apologies for the rest of the meeting.

LS referenced the current Terms of Reference and appropriateness of section five, suggesting bullet point 2 is removed.

Discussion was then undertaken on the remit of the Quality and Finance Board (Q & F), not currently a formal governance committee but more appropriate for the finance review. ST interjected with support for the Community Services Steering Group role as an option.

The Interim CFO summarised the clarification of the roles of each of the groups with Quality and Finance specifically looking at addressing overspend.

It was identified that the existing Quality and Finance Board could have a more formal role under the IJB. This was discussed in light of the new SMOG group in terms of its role for business continuity, oversight and change management.

	<p>ST proposed Q & F is set up as a permanent subcommittee. Q & F currently offers opportunity for safe space for development. This to be clarified in paper to the Board with options provided.</p> <p>Action: Audit Scotland to review and circulate other terms of reference for view.</p>	<p>Action CC</p> <p>Action DM</p>
4.	<p>Internal Audit work plan review (discussion)</p> <p>LS highlighted the proposed workplan internal and all discussed the remit of both sets of auditors. Both to meet and return with refined scope to ensure best value and avoid duplication of work.</p> <p>LS identified the integrated workforce planning rather than separate audits.</p> <p>Action: Review of progress on the workforce plan: who is doing that?</p>	<p>Internal/External Audit</p>
5.	<p>External Audit work plan review (discussion)</p> <p>Workplan reviewed with outcome to finalise:</p> <ul style="list-style-type: none"> • Compliance with integration scheme • Sustainability of commissioning approach • Quantify time required on review of implementation of carers act – scope to be signed off by relevant officer and KF. <p>Highlighted that Accounts must be approved by 30 September 2019 and can this be confirmed with regard to current Audit and IJB board meetings? Confirmation required for next Audit Committee meeting</p> <p>Suggestion to amend Terms of Reference to allow Audit to approve and HU to review meeting dates.</p> <p>Action: Request that any commission of Audit checked by Local Authority procurement and both auditors to meet and compare auditing plans.</p> <p>Action: HSCP to liaise with Scott Moncrieff regarding Governance Audit</p> <p>Action: External Audit Plan to be submitted at March meeting, consideration for risk management and monitoring progress.</p> <p>Scott-Moncrieff advised to focus on Sustainability.</p>	<p>Review dates Helen Urquhart (HU)</p> <p>CFO</p> <p>CC/HU</p> <p>Internal/External Audit</p> <p>CC</p> <p>External Audit</p> <p>DE</p>
6.	<p>Strategic Risk Register</p> <p>This was discussed in the context of review of risk management. The CO highlighted the current Level 4 situation and change of CEO at NHS Highland and reinforced the requirement for a review of practice.</p> <p>Strategic risk- register to be presented to Audit Committee. The Chair suggested an updated development session was required and the risk</p>	<p>All SLT HSCP</p>

	<p>register be reviewed and updated. The CO highlighted her requirement for the committee to support and hold to account.</p> <p>Assurance provided on the division of risk responsibility and process in place. Queried for next meeting on how often reviewed and by whom.</p> <p>Action: to provide a paper to the IJB on structures & strategic risk recommended twice yearly.</p> <p>Action: Carefirst report for committee for next meeting</p>	<p>CC</p> <p>LS</p>
7	<p>Monitoring Governance</p> <p>Discussion was undertaken through the wider terms of reference discussion and the group agreed to monitoring performance in overall Governance as part of the committee as a standing item.</p>	CO/CC
8	<p>HSCP Performance Framework monitoring and the role of the Audit Committee (discussion)</p> <p>This was referenced in the wider Terms of Reference discussion. It was summarised that the group seeks assurance on systems but does not seek to interrogate performance.</p>	
9	<p>Public Health and Engagement (standing item)</p> <p>Sandra Cairney provided apologies and HG referenced the IJB paper referencing the updates to the strategy, action as noted. Chair asked also if the Audit Committee was the correct platform for a review of the Engagement Strategy. She stated the Audit Committee needed assurance it was effective and operating as stated in its aims and objectives and that data was available. A decision required as to where the Engagement strategy sits in terms of reporting and accountability.</p> <p>Action: Monitoring indicators for engagement plan</p>	<p>CC to re-issue paper presented to IJB</p> <p>CO/CC</p> <p>CC</p>
10	<p>AOB</p> <p>Meeting dates to be reviewed to fit with deadline for annual accounts sign off</p> <p>Review actions from meeting minutes from September 2017 to ensure completion.</p>	<p>HU</p> <p>CC</p>

Integration Joint Board

Agenda item: 10

Date of Meeting: 30 January 2019

Title of Report: Review of Progress with Integration of Health and Social Care

Presented by: Charlotte Craig, Business Improvement Manager

The Integration Joint Board is asked to:

- Note and discuss the content of the report.

1. EXECUTIVE SUMMARY

The Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities in May 2018 following a health debate.

The outcome was the appointment of a small leadership group and a larger group of senior stakeholders.

This group reviewed finance, governance and commissioning arrangements including clinical and care governance. It further reviewed delivering and improving outcomes including the Audit Scotland Report November 2018.

It subsequently has provided proposals indicating the commitment to support Integration Authorities in six key areas identified in this paper.

2. INTRODUCTION

In May 2018 a commitment by the Cabinet Secretary for Health and Sport was made for a 'Review of Progress under Integration Authorities'. It aimed to achieve the following:

- The review sought to align rather than cut across existing initiatives.
- Work undertaken should seek to support local reporting and transparency and improve communities understanding of the impact of integrated practice.
- The review should not call into doubt the underlying principles of integration but seek to identify opportunities for continuous improvement. The approach also avoids any revision or dilution of legislation but may seek to clarify roles locally regionally and nationally.
- No new layers of accountability are created as a result.
- Opportunity to address emerging questions about integration at a senior level.

This has now concluded and has produced a set of proposed actions which have adopted the framework identified by the Audit Scotland report identifying key areas of good practice for IJB's.

This framework identified the following areas:

1. Collaborative leadership & building relationships
2. Integrated finance and financial planning
3. Effective strategic planning for improvement
4. Agreed governance & accountability arrangements
5. Ability & willingness to share information
6. Meaningful and sustained engagement

COSLA is seeking that Council Leaders endorse the final output and agree to work with all partners to implement the proposed actions.

The subsequent ask from COSLA is a provision by Scottish Government to provide adequate resources to support the implementation of the framework.

3. DETAIL OF REPORT

The themes identified by Audit Scotland have been used as a framework for developing a clear set of proposals with the aim to support continued integration and support Integrated Joint Boards.

4. RELEVANT DATA AND INDICATORS

- Performance reporting
- Clinical and Care Governance reporting
- Public engagement monitoring
- Financial reporting/Audit
- IJB minutes
- Planning data
- Commissioning management reporting

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Aligned with strategic priorities.

6. GOVERNANCE IMPLICATIONS

Financial Impact

Potential impact on the guidance on IJB delegated budget, planning and monitoring and the shift in the balance of care.

Potential resource impact based on implementation planning guidance.

6.2 Staff Governance

Focus on further development of integrated approach both internal and external to the HSCP within the next months. Recommended full critical evaluation of the effectiveness of relationships and collaborative working.

6.3 Clinical Governance

Improved inspection on what the integrated arrangements are doing to support health and social care outcomes. Seeking improvement in planning and commissioning of services.

7. EQUALITY & DIVERSITY IMPLICATIONS

Continued commitment to quality care provision for all the community.

8. RISK ASSESSMENT

Prescribed timescales require to be managed and resourced effectively.

Consideration of the specific requirements of the Argyll & Bute area and the current operating context.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Seeks to embed a collaborative approach and support the development of effective Governance within IJB's.

10. CONCLUSIONS

The proposals offer a framework which addresses some of the key areas of challenge for Integration Authorities and potential opportunities to support the continued development of integration in Argyll & Bute. As noted previously it would be sought that any implementation addressed the particular requirements of the Argyll & Bute area.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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Integration Joint Board

Agenda item: 13

Date of Meeting: 30 January 2019

Title of Report: Public Bodies Duties Climate Change Reporting

Presented by: Charlotte Craig, Business Improvement Manager

The Integration Joint Board is asked to:

- Note the content of the attached submission.
- Approve retrospectively Argyll & Bute IJB's draft Climate Change Duties Report 2018-19.

1. EXECUTIVE SUMMARY

Circulate and seek approval retrospectively on the submission of Argyll & Bute Integration Joint Board (IJB) Climate Change Duties Report 2018-2019 which was submitted to the Scottish Government.

2. INTRODUCTION

The Climate Change (Scotland) Act 2009 Part 4 states that “a public body must, in exercising its functions, act: in the way best calculated to contribute to the delivery of (Scotland’s Climate Change) targets; in the way best calculated to help deliver any (Scottish adaptation programme); and in a way it considers the most sustainable”.

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with Argyll & Bute IJB's partner statutory bodies, Argyll & Bute Council and NHS Highland.

Both the Council and Health Board separately submit a Public Bodies Climate Change Duties Report that detail this.

3. DETAIL OF REPORT

Attached at appendix A is Argyll & Bute IJB's Climate Change Duties Report 2018-19 which was submitted in November 2018. It covers the following areas:

- Profile of reporting body
- Governance management and strategy

- Emissions, targets and projects
- Adaptation
- Procurement
- Validation and
- Wider influence

The report has been completed in line with guidance published by the Sustainable Scotland Network (SSN) specifically for Integration Joint Boards, which is available at <https://www.keepsotlandbeautiful.org/media/1560089/ijb-cc-reporting-master-guidance-final-v14.pdf>

The guidance recognises the nature of the Integration Joint Boards and that in a lot of instances the accountability and responsibility for climate change governance, management and strategy does not lie within the Integration Joint Boards themselves but with their corresponding Local Authority and Health Board.

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and health Board services is not devolved and lies with the partner statutory bodies. However the report offers the opportunity for the IJB to consider the implications and promote identification of good practice in sustainability across these.

4. RELEVANT DATA AND INDICATORS

Detailed in appendix

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Supports strategic approach

6. GOVERNANCE IMPLICATIONS

The Climate Change (Duty of Public Bodies: Reporting Requirements) (Scotland) Order 2015 requires public bodies to prepare reports on compliance with climate change duties, which include Integration Joint Boards.

6.1 Financial Impact

None at present.

6.2 Staff Governance

None at present.

6.3 Clinical Governance

None at present

7. EQUALITY & DIVERSITY IMPLICATIONS

None at present

8. RISK ASSESSMENT

None at present

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None required at present

10. CONCLUSIONS

- The board is asked to note the contents of the report
- Approve the submission retrospectively

DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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Public Sector Climate Change Duties 2018 Summary Report: NHS H

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PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

PART 3: EMISSIONS, TARGETS AND PROJECTS

PART 4: ADAPTATION

PART 5: PROCUREMENT

PART 6: VALIDATION AND DECLARATION

Recommended Reporting: Reporting on Wider Influence

RECOMMENDED – WIDER INFLUENCE

OTHER NOTABLE REPORTABLE ACTIVITY

Public Sector Climate Change Duties 2018 Summary Report: NHS

PART 1: PROFILE OF REPORTING BODY

1(a) Name of reporting body

NHS Highland

1(b) Type of body

National Health Service

1(c) Highest number of full-time equivalent staff in the body during the report year

11609

1(d) Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change

Metric	Unit	Value
Floor area	m2	278759

1(e) Overall budget of the body

Specify approximate £/annum for the report year.

Budget	Budget Comments
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804000000

1(f) Report year

Specify the report year.

Public Sector Climate Change Duties 2018 Summary Report: NHS

Report Year	Report Year Comments
Financial (April to March)	

1(g) Context

Provide a summary of the body's nature and functions that are relevant to climate change

NHS Highland is one of the 14 NHS Scotland territorial Boards. Geographically, it is the largest Board in the UK with 49% of Northern Highland and 52% of Argyll and Bute's population living in rural area

S Highland

ange and sustainability
Comments

S Highland

e reporting

rd covering an area of 32500km², serving a population of 350000 people. It is one of the most sparsely populated Health Boards is respectively.

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

2(a) How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information technology, communication technology, procurement or behaviour change), identify these activities and the governance arrangements.

NHS Highland Carbon Management and Sustainability Group was reconstituted in April 2018 as NHS Highland Environmental Group. Executive of NHS Highland and attended by various staff from Procurement, Transport, Environment and Sustainability, Estates, Public Health and Quality Improvement.

NHS Highland also has a Highland Waste Management Group, Transport Group and a Highland Emergency Planning and Business Continuity Management Teams who report directly to the Board.

The Environmental and Sustainability Programme Management Board will provide leadership for all aspects of the Boards' strategy for the NHS Highland.

The key to this role will be to:

Review the deliverables which were identified in CEL 2 (2012) "A Policy on Sustainable Development for NHS Scotland 2012" and CEL 3 (2013) "Climate Change Action Plan for NHS Scotland 2013-2015".

2(b) How is climate change action managed and embedded by the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information technology, communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body's own governance arrangements.

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

The Environmental Group meets quarterly to drive and monitor progress of actions identified in the Sustainable Development Action Plan.

NHS Highland has also worked with HFS Sustainability Managers to develop a Climate Change Risk Assessment Tool which will be used to assess and develop the Climate Change Adaptation Plan. It is hoped that this will be complete and ready for use by the end of the year.

NHS Highland has also signed up to Health Care Without Harm and are developing various projects alongside this and other organisations to protect public health from climate change, transform the supply chain, build leadership for environmental health.

NHS Highland continues to work alongside partnership agencies such as Highland and Islands Enterprise, SEPA, Scottish Water to obtain the Green Building Council (BREEAM) award at Caithness General Hospital. NHS Highland would be the first healthcare facility worldwide to achieve this award on completion.

NHS Highland has also in the last year began to focus on regional working with Northern Boards, NHS Grampian, Shetland, Western Isles looking specifically at joint working on projects focussing on Waste, Sustainability and Energy.

2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar documents?

Provide a brief summary of objectives if they exist.

Objective	Doc Name
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Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

<p>NHS Highland continues to take a broader approach to the Environmental & sustainability agenda, focussing more on working in partnership and less on metrics, though these remain important substantial progress is being made towards realising these initial carbon targets.</p>	<p>NHS Highland Asset Management Plan</p>
<p>The emission levels of the pool car fleet has been steadily reduced from 160g/km of CO2 to 100g/km. The success of the introduction of 6 electric pool cars has been encouraging over the last couple of years and has resulted in the procurement of a further 9 electric vehicles.</p> <p>NHSH will continue to consider replacing vehicles which do not undertake significant mileages in the working day with electric vehicles. NHS Highland also introduced a maximum emissions level in 2013 for business/private lease vehicles at 160g/km. Since then, there has been a steady reduction to 140g/km this continues to be reviewed as targets are met.</p>	<p>NHS Highland Asset Management Plan</p>
<p>Summary of key environmental performance improvement delivery areas</p>	<p>Sustainability Action Development Plan 2015-16 (for future review and development in 2018-19)</p>

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Measuring performance	Sustainability Assessment Tool Score (45%)
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2(d) Does the body have a climate change plan or strategy?
If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

NHS Highland along with the Northern Boards is looking to develop this further via regional working. Awaiting Climate Change Risk Assessment and Adaptation Action Plan.

2(e) Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period
Adaptation			

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Business travel	Carbon Management Plan	http://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/Board%20Meeting%204%20December%202012/5.7%20NHSH%202012%20Final%20CMP.pdf	2015 - ongoing
	NHS Highland Asset Management Plan 2017	No link available	2017-2018
Staff Travel	Carbon Management Plan	http://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/Board%20Meeting%204%20December%202012/5.7%20NHSH%202012%20Final%20CMP.pdf	2015 - ongoing
	NHS Highland Asset Management Plan 2017	No link available Internal Document	2017-2018
	NHS Highland Travel Plan		

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Energy efficiency	Carbon Management Plan NHS Highland Asset Management Plan 2017 Energy Strategy - to be developed with North Boards Sustainability Development Action Plan	http://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/Board%20Meeting%204%20December%202012/5.7%20NHSH%202012%20Final%20CMP.pdf No link available	2015 - ongoing 2017-2018
Fleet transport	NHS Highland Travel Plan NHS Highland Asset Management Plan	Internal document no link available	2017-2018
Information and communication technology			
Renewable energy	Carbon Management Plan	http://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/Board%20Meeting%204%20December%202012/5.7%20NHSH%202012%20Final%20CMP.pdf	2015 - ongoing
Sustainable/renewable heat	Carbon Management Plan NHS Highland Asset Management Plan	http://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/Board%20Meeting%204%20December%202012/5.7%20NHSH%202012%20Final%20CMP.pdf Internal Document	2015 - ongoing 2017

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Waste management	National Waste Management Action Plan 2016-2020	National Waste Management Action Plan 2016-2020	2016-2020
	NHS Highland Waste Management Action Plan	NHS Highland Waste Management Action Plan	2016-2017
	Waste Minimisation Plan 2017	Waste Minimisation Plan 2017	2017-ongoing
Water and sewerage	Active Water Management	Internal Document	
Land Use	NHS Highland Asset Management Plan	Internal document	2017
Other (state topic area covered in comments)			

2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Continued implementation of the national waste management action plan and focussing on the making things last, circular economy etc
To continue to increase in electric and hybrid vehicles for fleet and community teams
Progression of Alliance for Water Stewardship award for Caithness General Hospital site, working alongside HIE, SEPA, Scottish Water
Continuing work with Health Care Without Harm, developing work looking at Pharma waste.
Recommissioning of Raigmore biomass plant, therefore greatly reducing the use of heavy oil.
Working with Northern Boards on various projects, focussing currently on circular economy projects.
Installation of Cardboard Compactor (solar powered) on main Raigmore site.
Major LED replacement light projects (Raigmore site)
Project to take Durness Health Centre off grid using PV, air source heat pump, rechargeable batteries (pilot project)

2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance

If yes, please provide details of the key findings and resultant action taken.

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

No, HFS are currently developing a new tool.

2(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Good Corporate Citizen Assessment Model is being updated as a joint project with HFS and the Sustainable Development Unit, English Health Facilities Scotland.

Climate Change Assessment Tool - near completion by HFS and trial board NHS Highland to be completed by the end of the year.

SDAP - on-going development

Development of waste management recycling with new contractor (NRS), placement of larger recycling bins in canteen/café areas, and compactor on main site.

Working with Theatres on reusable sharps project/metal recovery and increasing recycling where possible in theatres.

Theatres staff have also changed anaesthetic gases to those which are more environmentally friendly.

Continuing to implement newly developed waste minimisation plan 2017, working closely with procurement on this.

Removal of single use plastics from office sites and also looking at alternative option on main hospital site canteen and café areas.

Recycling promotional campaign in development with Alex Hilliam.

Introduction of National Sustainability branding materials

body's activities in relation to climate change si
ation and communication technology, procurement o

4. This Group is currently chaired by the Chie
olic Health and Infection Contro

Continuity Group all of which reports to Senio

or improving its environmental performance

EL 14 (2010) "Sustainable Development: Goo

located to the body's senior staff, departmental heads
ion, transport, business travel, waste, information and
de the body (JPEG, PNG, PDF, DOC

Plan (SDAP

used to identify Climate Change risks and from the
this yea

ations. The goals of Health Care Without Harm are

obtain the Alliance for Water Stewardship Award fo

Isles, Orkney and Tayside. The group is tasked with

ent

Doc Link

Internal document

Internal document

Internal document

Sustainability in NHS Scotland - An increasing
Priority - Presentation to NHS Scotland CE



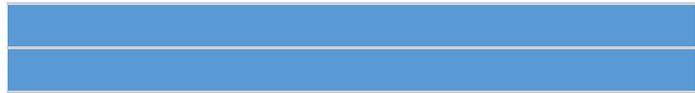
Assessment completion which will progress the

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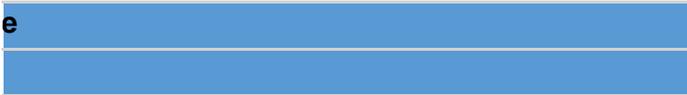
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e

ment and strategy

and new tool to be available this year, please refer to

and installation of first solar powered cardboard

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

PART 3: EMISSIONS, TARGETS AND PROJECTS

3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured at Scope 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the baseline to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

Reference Year	Year	Scope1	Scope2	Scope3	Total	Units	Comments
Baseline carbon footprint	2014/15	17943	15642	1626	35211	tCO2e	
Year 1 carbon footprint	2015/16	19726	13632	4162	37520	tCO2e	
Year 2 carbon footprint	2016/17	19729	12592.9	4866.2	37188	tCO2e	
Year 3 carbon footprint	2017/18	13981.59	12149.65	4119.04	30250	tCO2e	

3b Breakdown of emission sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor (a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Total	Comments – reason for difference between Q3a & 3b.	Emission source	Scope	Consumption data	Units
30250.3		Grid Electricity (generation)	Scope 2	27856285.1	kWh
		Grid Electricity (transmission)	Scope 3	27856285.1	kWh
		Natural Gas	Scope 2	12795445	kWh
		LPG	Scope 1	332792.8	kWh
		Gas Oil	Scope 1	16484078	kWh
		Fuel Oil	Scope 1	30525370	kWh
		Burning Oil (Kerosene)	Scope 1	4806090	kWh
		Water - Supply	Scope 3	322386	m3
		Water - Treatment	Scope 3	107119	m3
		Purchased Heat and Steam	Scope 3	2870765	kWh
		Refuse Municipal to Landfill	Scope 3	821.71	tonnes
		Organic Food & Drink AD	Scope 3	28.42	tonnes
		Batteries Recycling	Scope 3	0.07	tonnes
		Mixed recycling	Scope 3	80.5	tonnes
		Glass Recycling	Scope 3	1.88	tonnes
		Paper & Board (Mixed)	Scope 3	170.6	tonnes
		Car - diesel (Small car up to a	Scope 3	3464720	km
		Car - diesel (Medium car from	Scope 3	851690	km
		Car - diesel (Large car 2.0 litre	Scope 3	386400	km
		Car - petrol (average)	Scope 3	248300	km
		Bus (local bus, not London)	Scope 3	165000	passenger km
		Van - Average (up to 3.5	Scope 3	2690310	km
		HGV - average rigid (diesel,	Scope 3	241500	km
		Clinical Waste - Red Stream	Scope 3	8.58	tonnes

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

	Clinical Waste - Orange Stream	Scope 3	954.1	tonnes
	Clinical Waste - Yellow Stream	Scope 3	17.7	tonnes
	Clinical Waste - Other	Scope 3	1.41	tonnes

3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

Technology	Renewable Electricity		Renewable Heat		Comments
	Total consumed by the organisation (kWh)	Total exported (kWh)	Total consumed by the organisation (kWh)	Total exported (kWh)	
Solar PV	95622	0			Mix of actual metered data and estimated values from Helensburgh JD, RNI, Migdale & Aviemore
Biomass			10857600	0	

3d Targets

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, buildings, technology, transport, travel and heat targets should be included.

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Name of Target	Type of Target	Target	Units	Boundary/scope of Target	Progress against target	Year used as	Baseline figure

3e Estimated total annual carbon savings from all projects implemented by the body in the report year			
Total	Emissions Source	Total estimated annual carbon savings (tCO2e)	Comments
51193.54	Electricity		Ongoing projects to LED.
	Natural gas		
	Other heating fuels		
	Waste	51190	Warp-it use and purchased powered cardboard containers reduced collections and
	Water and sewerage		AWS - achievement Caithness General
	Business Travel		

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

	Fleet transport	3.54	Purchase of 9 electric cars will have emissions of 11 tCO2e/annum correct, based on 10 tCO2e/annum. 2 cars will save 3.54 tCO2e/annum.
	Other (specify in comments)		

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	Funding source	First full year of CO2e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated savings (tCO2e/annum)
Extensive upgrade of building environmental management system	Health Facilities Scotland	2018/19	Estimated	40000			Grid Electricity	
Ongoing Replacement of LED lighting Board wide	NHS Highland	2018/19	Estimated	150000			Grid Electricity	
Durness Energy Efficiency upgrade	NHS Highland	2019/20	Estimated	75000			Fuel Oil	

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Plate Heat Exchangers	NHS Highland	2019/20	Estimated	350000			Fuel Oil	
Insulation upgrade - Raigmore	NHS Highland	2019/20	Estimated	10000			Fuel Oil	

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year				
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.				
Total	Emissions source	Total estimated annual emissions (tCO₂e)	Increase or decrease in emissions	Comments
0	Estate changes		Decrease	As above
	Service provision			
	Staff numbers			
	Other (specify in		Decrease	

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead			
Total	Source	Saving	Comments

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

	0 Electricity		0 ongoing replaceme
	Natural gas		
	Other heating fuels		Durness Energy Ef
	Waste		0 Ongoing waste can
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead				
If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.				
Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments
	0 Estate changes			
	Service provision			
	Staff numbers			
	Other (specify in			

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total	Comments
	See above

3k Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and

Ongoing implementation and promotion of Warpit software system.

Electric vehicles - continuing to extend fleet, recent purchase of 9 electric vehicles.

Office redesign project - in 2017-18 NHS Highland successfully reduced the number of admin buildings and have moved to a more informal/flexible reduction in utility use, cost of travel, rates and maintenance of building.

Alliance for Water Stewardship standard partnership project with Highlands and Islands Enterprise/Scottish Water/SEPA/NHS Highland

Implementation of reusable sharps boxes at Raigmore hospital theatres.

Implementation of solar powered cardboard compactor on Raigmore site.

Carbon footprint /management reporting or and reported in accordance with Scopes the start of the year which is used as a



Emission factor	Units	Emissions (tCO2e)	Comments
0.35156	kg CO2e/kWh	9793.2	
0.03287	kg CO2e/kWh	915.6	
0.184164	kg CO2e/kWh	2356.5	
0.2145097	kg CO2e/kWh	71.4	
0.2758764	kg CO2e/kWh	4547.6	
0.2678917	kg CO2e/kWh	8177.5	
0.2465908	kg CO2e/kWh	1185.1	
0.344	kg CO2e/m3	110.9	
0.708	kg CO2e/m3	75.8	
0.197411	kg CO2e/kWh	566.7	
588.90626	kg CO2e/tonne	483.9	
21.76	kg CO2e/tonne	0.6	
64.636488	kg CO2e/tonne	0.0	
21.76	kg CO2e/tonne	1.8	
21.76	kg CO2e/tonne	0.0	
21.76	kg CO2e/tonne	3.7	
0.14545	kg CO2e/km	503.9	
0.1738	kg CO2e/km	148.0	
0.21834	kg CO2e/km	84.4	
0.18568	kg CO2e/km	46.1	
0.12259	kg CO2e/passenger	20.2	
0.2574912	kg CO2e/km	692.7	
0.78189	kg CO2e/km	188.8	
1000	kg CO2e/tonne	8.6	

273	kg CO2e/tonne	260.5	
297	kg CO2e/tonne	5.3	
1000	kg CO2e/tonne	1.4	

values from re H ¹

use, energy efficiency, waste, water, information and communication

Baseline Measure	Units of baseline	Target completion	Comments

			to replace existing lights with
			urchase of first sola l compactor, resulting in and increased recycling
			it of water stewardship fo

...ric vehicles, The 2 Corsas
 110g/km, so if my maths is
 0k miles p/a, replacing the
 4 tonnes of co2 per annur

ed carbon per year annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments
	21198		
10	5873		

nts
e projects

ent of light fittings with LEI
Efficiency upgrad
ampaign working wit

and projects:

lexible work setting, resulting in carbon savings from e

nd/University of Highlands and Islands

PART 4: ADAPTATION

4(a) Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

No awaiting new climate change risk assessment tool and adaptation plan toolkit and guidance.

4(b) What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management proced

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Awaiting completion of climate change risk assessment tool, adaptation plan toolkit and guidance.

20 flood risk assessments completed for NHSH including 2 flood risk assessments for new builds in St

Climate change/adaptation/risk management will be standing agenda item on NHS Highlands Environr

High level climate change risk assessment for NHS Highalnd complete

4(c) What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the cap

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

As above and reconstituted Environmental Group.

Adoption of Sustainable development goals as part of Environment and Sustainability framework.

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.

(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.

Objective	Objective	Theme	Policy / Proposal reference
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment	
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment	
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment	

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks	
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society	
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society	

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society	S3-1
---	----	---------	------

4(e) What arrangements does the body have in place to review current and future climate risks?
 Provide details of arrangements to review current and future climate risks, for example, what timescale assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies.

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Awaiting completion of climate change risk assessment which will inform practice going forward and id item agenda on NHH Environmental and Sustainability Group.

Climate Change Risk Assessment to be completed annually across the Board. Results from tool to info

4(f) What arrangements does the body have in place to monitor and evaluate the impact of the

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess th

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

KPI's for Climate Change Adaptation to be set by NHH Senior Management Team.
Deliverables and reporting for KPI's is the responsibility of NHH Environmental and Sustainability Gr

4(g) What are the body's top 5 priorities for the year ahead in relation to climate change adapta
Provide a summary of the areas and activities of focus for the year ahead.

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

When available use Climate Change Risk Assessment Guidance to risk assess NHS main hospital sites.

Prepare and implement an adaptation action plan in conjunction with key partners, including Highland Council.

Ensure inclusion of NHS public health strategies as part of the adaptation programme.

Public awareness/staff awareness campaign regarding risks of Climate Change and on-going requirements.
Awareness campaign.

Development of NHS Highland building design intent policy, highlighting future building requirements and standards.

4(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to the duties.

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Awaiting completion of climate change risk assessment which will inform practice going forward and id item agenda on NESH Environmental and Sustainability Group.

10



cedures, and any climate change adaptation policies which apply across the body

10

Skye and Lochalsh and Badenoch and Strathspey
Environmental and Sustainability Management Group

Capacity of staff and stakeholders to assess risk and implement action

10



10



Delivery progress made	Comments

10

10

<p>NHSH adaptation plan to be developed on completion of HFS risk assessment guidance.</p>	<p>NHSH is one of two trial boards for Climate Change Risk Assessment extensive work has already been undertaken within the Estates Department in looking at future requirement for Climate Change Adaptation. Design teams have taken into account in design of new hospitals.</p>
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5
les are in place to review the climate change ris
licies in Question 4(b)

10

identify current and on going risks. Current and future climate change risks will be standing

form part of Climate Change Adaptation Plan

adaptation actions

the effectiveness of actions detailed under Question 4(c) and Question 4(d)

10

roup, standing agenda item.

ation

10

site:

Local Council, SEPA and Scottish Water

Requirements for adaptation planning. This will be achieved via the national Sustainability

and adaptations for refurbishment in light of potential future climate change

Relation to adaptation

10

identify current and on going risks. Current and future climate change risks will be standing

Public Sector Climate Change

PART 5: PROCUREMENT

5(a) How have procurement policies c

Provide information relating to how the p
NHS Highland has adopted any best pra
Sustainable Procurement Policy and SFI

5(b) How has procurement activity co

Provide information relating to how proct

Public Sector Climate Change

NHS Highland has actively implemented example of that is the switch to compute and biodegradable products.

5(c) Supporting information and best

Provide any other relevant supporting inf

Public Sector Climate Change

As part of the Procurement to Reform Act, we will consider environmental issues where possible. For more information, see <http://www.nhshighland.scot.nhs.uk/About>

The Procurement Department intend to take environmental issues into account in procurement. For more information, see <https://www2.gov.scot/About>

Furthermore, as part of the European Standard for ISO14001 Environmental Management Systems, we will review our employment practices and looking at our

Contributed to compliance with climate change duties

Procurement policies of the body have contributed to its compliance with climate change duties:

Practice advice provided by the Scottish Government and included that in its documentation, such as its Procurement Strategy, Suppliers Charter and FI revisions. More information can be found on our internet pages www.nhshighland.scot.nhs.uk/aboutus/procurement

Contributed to compliance with climate change duties

Procurement activity by the body has contributed to its compliance with climate change duties:

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

...d products from the suite of national contracts available to us from National Procurement where many factors, such as sustainability are included. Areas that consume less energy, the leasing of electric cars (BMW i3) and work ongoing to reduce reliance on single use plastics by moving to reusable

Best practice

Information and any examples of best practice by the body in relation to procurement

Public Sector Climate Change Duties 2018 Summary Report: NHS Highland

Under the Public Sector Climate Change Duties (Scotland) Act (Scotland) 2014 we must follow our sustainable procurement duty which requires NHS Highland to take account of social, economic and environmental impacts. Ensuring that as a board we reduce, reuse and recycle resources is a key part of our duty. <https://www.nhs.uk/procurement/Pages/PoliciesandProcedures.asp>

We will continue to review the Sustainability Prioritisation Tool and implement the process fully in our tender process so that we capture all of the sustainable procurement opportunities. <https://www.nhs.uk/performance/scotPerforms/partnerstories/SustainablePublicProcurementPrioritisationTool>

For the European Single Procurement Document (ESPD) there are questions regarding the environmental impacts and bidders are invited to submit accreditations such as ISO 14001. NHS Highland also include Fair Working Practices into Technical Questions for the bidders to complete, this will include information such as community benefits. <https://www.procurementjourney.scot/route-2/route-2-develop-documents-european-single-procurement-document-esp-d-scotland>

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PART 6: VALIDATION AND DECLARATION

6(a) Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report. The report is compiled by Environmental and Sustainability Team and peer reviewed by Estates Management Group.

6(b) Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report. Reviewed and signed off by Head of Estates.

6(c) External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report. See below.

6(d) No validation process

If any information provided in this report has not been validated, identify the information in question and explain.

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We are working on a regional validation process.

6e - Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name	Role in the body	Date
Eric Green	Head of Estates	2018-11-28

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n why it has not been validatec



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RECOMMENDED – WIDER INFLUENCE

Q1 Historic Emissions (Local Authorities only)

Please indicate emission amounts and unit of measurement (e.g. tCO₂e) and years. Please provide information on the following component default unless targets and actions relate to (2).

(1) UK local and regional CO₂ emissions: **subset dataset** (emissions within the scope of influence of local authorities):

(2) UK local and regional CO₂ emissions: **full dataset**:

Select the default target dataset

Table 1a - Subset

Sector	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Unit

Table 1b - Full

Sector	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Unit

Sector	Description	Type of Target (units)	Baseline	Start year

Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions within your corporate boundaries? If so, please detail this in the box below.

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Q3) Policies and Actions to Reduce Emissions								
Sector	Start year for policy / action implementation	Year that the policy / action will be fully implemented	Annual CO2 saving once fully implemented (tCO2)	Latest Year measured	Saving in latest year measured (tCO2)	Status	Metric / indicators for monitoring progress	Delivery Role

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Please provide any detail on data sources or limitations relating to the information provided in Table 3

Q4) Partnership Working, Communication and Capacity Building.

Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.

Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)

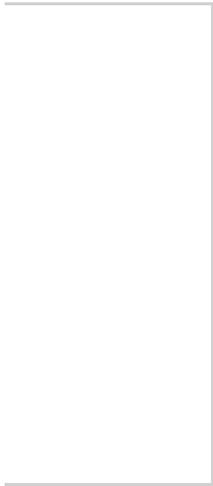
ents using data from the links provided below. Please use (1) as the

Units	Comments

Units	Comments

Target	Target /	Saving in	Latest Year	Comments

missions beyond



y	During project / policy design and implementation, has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity	Value of Investment (£)	Ongoing Costs (£/ year)	Primary Funding Source for Implementation of Policy / Action	Comments



ation ng	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments

OTHER NOTABLE REPORTABLE ACTIVITY

Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procu

Key Action Type	Key Action Description

Q6) Please use the text box below to detail further climate change related activity t

IS Highland

Measurement and Resource Use in the table below

Organisation's Project Role	Impacts

that is not noted elsewhere within this reporting template

Comments