# Climate Health WA Inquiry

## Inquiry into the impacts of climate change on health in Western Australia

**Hearing Lead:**
**Dr Sarah Joyce**

**Witnesses:**

**Mr Rob McDonald**
**Board Chair, South Metropolitan Health Service**

**Mr Paul Forden**
**Chief Executive, South Metropolitan Health Service**

**Thursday, 14 November 2019, 9.00 am**

Recorded at the State Administrative Tribunal; transcript produced by Epiq Australia Pty Ltd, Perth

HEARING COMMENCED

DR JOYCE: All right. Good morning, Mr McDonald,
5 Mr Forden. I'd like to thank you for your interest in the Inquiry and for your appearance at today's hearing. The purpose of this hearing is to assess - is to assist Professor Tarun Weeramanthri in gathering evidence for the Climate Health WA Inquiry in the impacts of climate change on health in Western Australia.

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My name is Dr Sarah Joyce, and I'm the project director for the Inquiry. To my right is Dr Revle Bangor-Jones, the public health advisor for the Inquiry. I have been instructed by Professor Weeramanthri under section 230 of the *Public Health Act 2016* to conduct today's hearing. Please be aware that the
15 use of mobile phones and other recording devices is not permitted in this room, and please make sure your phone is silent or switched off.

This hearing is a formal procedure convened under section 231 of the *Public Health Act 2016*. While you are not being asked to give your evidence under
20 oath or affirmation, it is important you understand that there are penalties under the Act for knowingly providing a response or information that is false or misleading. This is a public hearing, and a transcript of your evidence will be made for the public record. If you wish to make a confidential statement during today's proceedings, you should request that that part of your evidence
25 be taken in private. You have previously been provided with the Inquiry's terms of reference and information on giving evidence to the Inquiry. Before we begin, do you have any questions about today's hearing?

MR McDONALD: No.

30

MR FORDEN: No.

DR JOYCE: All right. For the transcript, could I ask each of you to state your name and the capacity in which you are here today?
35 And could I also ask that throughout the hearing, you briefly state your name before replying?

MR McDONALD: That's fine. Rob McDonald, board chair, South Metro Health Service.

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MR FORDEN: And Paul Forden, the Chief Executive of the South Metropolitan Health Service.

DR JOYCE: Thank you. Would you like to make a
45 brief opening statement on behalf of South Metropolitan Health Service?

MR FORDEN: Only to say that we have been keen to do what we can in terms of trying to improve the environment in which we run our services. We've had a proactive program, but we also recognise we're
50 limited by what we can do on our own.

DR JOYCE: Thank you. As you're both probably aware, establishment of this Climate Health WA Inquiry was a specific recommendation of the Sustainable Health Review, which also made separate recommendations for the health system to reduce its environmental footprint as a matter of priority, and begin transparent public reporting on its footprint by July 2020.

Can I ask, how do you see the issue of climate change connecting to ideas of sustainability more broadly? And is there a window of opportunity for the health sector to progress more quickly in this area than previously?

MR McDONALD: Paul and I could both answer this at the same time. Paul is responsible for the operational aspects of South Metro, so it will probably work well, I think, if Paul goes first, and then I can add in at the end.

MR FORDEN: Okay. So we all recognise the need for the Sustainable Health Review. That was really important. Sustainability is not just financial sustainability, it's also sustainability of services, which would include our ability to employ staff, it would include our ability to serve the needs of the patients, to meet their needs, et cetera. But we also recognise the sustainability of the planet, and that's a growing recognition, and I think every time you turn on a news program you can actually hear something about it. We've seen the impact of the social movement around it.

And we actually have about 7,100 employees, but that's FTE, so if you turn that into people, into souls, we've probably got over 11 or 12,000 individuals working for us. And so they're also not only our workforce, they're also part of our community, they're part of our kind of neighbourhood. They are as much keen as is the organisation itself to try and do what we can around the environment, and that's why we're tackling it.

So we also, though, believe that it has to be more than just a social movement, or more than just one organisation trying to make a difference. There is an absolute need for joined up planning and policy in this regard. So we're happy to take more specific questions, if that helps.

DR JOYCE: Okay. Thank you.

Mr McDonald, did you have anything you wanted to add first?

MR McDONALD: I think if you put it into the context of where the health service providers are now, you'd be aware the *Health Services Act* was put into place about three, three-and-a-half years ago. We were formed as independent authorities in our own right. So there are five HSPs, of which we are one. There has been a sizeable amount of work is being carried out as the independent authority has been put into place. We have a number of

issues, as you know; patients… increasing patient numbers, and all that kind of things occurring.

5 This is one that I'm pleased, as head of the organisation, when we look at - you know, Paul can run through some of the specific things we've put into place where we've recognised our responsibility as appropriate corporate citizens. That's not to say we're doing everything that we'd like to. The availability of resources is a concern for us.

10 But we're fortunate with Fiona Stanley Hospital, which is the most modern, and probably, you know, most complex and complicated hospital in Western Australia comes under us as well, and we've been fortunate we've been able to put into place various things. Paul can run through those things if you'd like to hear them. Clearly we would like to carry out more, as we'd like to in all
15 things, but it comes down to the available resources and that type of thing.

DR JOYCE: Thank you. Mr Forden, the Inquiry is very keen to hear exemplars of good practice, so if you wouldn't mind running through some of the initiatives that South Metropolitan Health Service has put
20 in place.

MR FORDEN: So a lot of this is… the first thing is, as Mr McDonald said, we're fortunate. We have five hospitals; so we've got Fiona Stanley, we've got Fremantle, which is a much older facility, we have
25 Rockingham further south. Further south than that we've actually got Peel. Whilst it's run by Ramsey on our behalf, it's still our facility and our responsibility for the infrastructure. And then we've got the small Pinjarra Hospital, Murray District. They… the way we look at what we can do as an organisation, we'd probably categorise it in three areas. So we've got
30 something which we would term "Utilities", so that would be water, electricity, gas usage, et cetera. The efficient use of that, and ensuring it's used as productively as possible.

In that regard, some of that is largely out of our control. So Fiona Stanley is a
35 more modern building. It has more efficient air-conditioning, it has more efficient wiring, use of electricity, more modern gas plants, et cetera. So we're very fortunate in that regard.

However, we also have facilities such as Fremantle, which is only eight
40 kilometres down the road, which is a facility which has been built up probably over 100 years. It's… the different blocks have been done in different decades. So they're all lettered A, B, C, D, E block, F, G, H, and I think we've even got a TT on it somewhere, so there's obviously a lot of money one year. But the efficiency of that plant, the efficiency of that building I would say is pretty
45 dire. That's not something we can change on our own right, and clearly that goes in for counter-submissions.

Rockingham, which is a probably more modern building than Fremantle, but is certainly not as modern as Fiona Stanley, has some aspects of good environmental design, but actually is still quite aged when you compare what the technologies and market is available now. Move down to Peel, and again, that's probably similar to Rockingham. Again, it's had an extension. And again, a facility which isn't as poorly designed as necessarily Fremantle is, but certainly would not benefit from the technologies we know we could use now, or the design we know now. And then Murray, which is just a very, very aged facility.

So we categorise ourselves around that utilities kind of part. The second approach we take is what I'd call products. Now, product… we use a considerable amount of consumables over a year in our hospital facilities. And when we talk about products, we talk about all from sourcing, so whether it's got local provenance, how it's delivered, the frequency of deliveries, the way it's wrapped, whether it's usable or reusable, whether it's recyclable or non-recyclable, how we collect it for waste.

We also use standards of usage. So for example, if we're doing a major burns procedure, you might use packs to try and sort of pad around the patient. We have initiatives to try to make sure we only open what we're going to use. In the older days, maybe people might have just opened things ready, just in case. So around the environment usage, we've got… our teams have moved towards, "Right, let's be really sensible, and choose wisely, and only use what we actually are going to use". So we've got a lot of initiatives around that area, so there's the whole product domain.

And then the final bit - and it's something that I think we don't always think about - is actually the impact of the hospitals actually on the geography. So we have something like six to 700,000 outpatient visits a year. Those people drive or get trains or buses to our environment, so there's a huge amount of carbon usage in just people accessing our services and getting to our sites.

So that's another area where we're very much looking at... there is a term called "telemedicine". I think it's probably inappropriate for where we're talking about going with outpatients, which is more of a digital consultation. So we've got initiatives just starting to see how we can actually reduce the amount of visits made by patients who don't necessarily have to come in for an outpatient clinic; maybe it can be done in a different form. And I know that's one of the recommendations of the Sustainable Health Review. They suggest maybe 60 per cent. We know 80 per cent of patients who come into an outpatient don't have physical contact, but that does not mean to say they could actually do that through a digital form. Whether 60 per cent is right or wrong, at least it gives us a target and a challenge.

So I think that's the three areas we focus on. So with the utilities, we're very much driven by trying to remind staff of the need to use utilities efficiently,

and not waste them. We have a lot of communications in our organisation around that.

Would I'd like to do more? Absolutely. I mean… obviously my accent is not local. I come from England, which is a much colder climate. I've got a thatched house there, and I actually have solar panels, and I generate more electricity off that house than I actually purchase from the grid. I actually put more back into the grid.

And the use of solar and other modern technologies I think is a big opportunity for us, but that would require government policy and investment. That's not something we are given the money for. I get two forms of budget a year. One is operational, and that pays for salaries, drugs, dressings, consumables. The other part is capital, and capital is very, very constrained, and that's something that we have very little leeway over.

In terms of the hospitals as a footprint, as I've said, we're just starting pilots in immunology, neurology, and a number of other areas where we can move more from telemedicine into how we look after our metro patients. So telemedicine is largely looking after country patients; digital outpatients is how we actually look after metro patients to try and reduce their number of visits they make.

But we're also trying to reduce the number of follow-up clinics people have, for example. So a patient might come in for an outpatient, the initial consultation will diagnose their treatment regime, they may have a surgery, and then they'll come in for a number of follow-ups. What we're trying to do is reduce the number of follow-ups, again to reduce the impact not only on our services, but actually on the footprint, the carbon footprint.

And then in terms of product usage. I've mentioned we've done a lot of working around choosing wisely. We are trying to source goods that are as much created locally as we can. We are governed largely by the health support services contracts, because they do the majority of the procurements around those. But where we contract ourselves, we try to source locally.

We try to make sure that we are clear with staff of the products to purchase. So if I give you a very simple example: on the Health Service Suppliers Product List there are two types of toothpaste. We provide toothpaste to a number of our patients who don't bring it with them, maybe through an emergency situation or something, and you'd have a large tube and a small tube. So we're actually encouraging people just to use a small tube, because actually, a lot of the rest is just wastage. So there are things like that.

We've also moved towards the green theatres group in Fiona Stanley Hospital. So green theatres group, very much looking again at the use of consumables and products. Where they can, they're moving more towards reusable or recyclable. Reusable is not very easy in a health space because of infection control, so you'll be aware of that. So we actually have to balance off infection

risk with the ability to reuse. But where we can do, we can try to get towards recyclable, so that's where we're trying to move that.

The State Rehab Service has a war on waste. They've got a number of reuse initiatives that they're running. The contract management, as I've said, has changed, for example, medication cups into ones that are disposable, whereas before they would have been plastic and just thrown away, which some people are all against.

We've got some small initiatives, which whilst they might sound small, I think are really important to show that the organisation is behind staff on the social movement. Largely I can send out emails - and I'd love to think everyone reads them all and obeys them all, but I'm probably realistic to realise in my old age, that doesn't happen.

So what we're trying to generate around this is much more a social movement, where we get staff wanting to make a change, and that's where we've had the biggest impact so far. So for example, in Fremantle Hospital, we've got no plastic straws at all. So we've just abandoned those. They've also got spoons that have been replaced by wooden spatulas for stirring cups, et cetera. Small things, but things that people recognise make a difference.

If I go across to Rockingham, they've also changed the way they use straws. They've changed the way they're using reusable cups. They've incentivised people to bring their own cups for the coffee shops. We do that across all of our areas, using keep cups. We've actually got BioCups on the wards in a number of areas now as well.

So there are a range of initiatives we're doing. One of the bigger ones, which created a bit of controversy, is everyone has a bin under their desk in the administration functions across all our hospitals. Those bins contain a plastic bag. Those bin bags were emptied every day. Those bins are now no longer there. So everyone has had all the bins removed. The initial outcry was, "Wow, we've now got to go to the end of the office to actually get rid of our disposables". (a) It's healthier for you to have a walk sometimes. (b) As soon as we said, though, we're actually reducing plastic bags, the message was through, and the acceptance was straight away by every single person who works for us. So we've saved something like… I think it's 85,000 plastic bags a year, just in the admin functions, by taking those bins away.

DR JOYCE: Thank you. That's wonderful. And it's great to hear about the different initiatives, both across the clinical areas, but also the administrative areas, as well as some of the barriers that you've faced with trying to implement initiatives. It's very helpful for us.

MR McDONALD: I think Paul articulated it well, so I won't run through any of the other ones again. I think, you know, as we've said before, the size of hospitals is considerable. So at Fiona Stanley, any one

weekday, we have more than 10,000 people on site. So if you take employees, you take our facilities management people, patients, their families, all that kind of thing. So it is big. So some of the stuff that Paul's run through, whilst they seem minor, when you take the size of the hospital, it is considerable.

As you can see, we've put a large number of things in place. We'd like to reflect what the community thinks and so forth. People are passionate on some stuff. Some of the stuff Paul ran through on utilities and that type of thing, we cannot really achieve much on our own.

So for the Inquiry that's going on, we'd really welcome some initiatives that would help us to be able to make an investment payback over a period of time. Because, you know, it's clearly impossible, with the pressures on the health system that we've all seen, it's very hard for us to free up cash and that type of stuff. So we would welcome innovative thoughts from you to help the minister consider, you know, what options are available as such.

I mean, the utilities is considerable. Running a hospital - I don't know if you've gone past - you would have gone past hospitals. You can see at night-time just with the lights on. So we use considerable power, energy, and all that type of stuff. And we think we can achieve savings in it, but we can't fund it at this point in time. So if there was some investment option going forward, paying back, we'd like to participate in that, knowing the business cases we put forward would need to be robust. And that's fair enough.

DR JOYCE: And I think I can say that that's been a fairly common theme that's come from the Health Service Providers.

MR McDONALD; No doubt. Thought it might be.

DR JOYCE: But I can assure you that we are talking to finance and procurement and other stakeholders that would need to be engaged for change in that area. So thank you.

MR McDONALD: I actually worked in Treasury for six years, so I've been on the other side of the coin, so I understand how government works in between all that type of stuff. And I just think for us, and for the other hospitals as well - if ever you've been through FSH, Fiona Stanley - I don't know if you've gone through Fiona Stanley. Compare Fiona Stanley with Royal Perth and all that, and you can see the advantage of modern tech stuff.

DR JOYCE: Yes, they've come a long way. Okay. The Minister for Health, I know, went to the Health Service Providers in April this year encouraging membership of the Global Green and Healthy Hospitals network. So this network is an international community of hospitals and health services dedicated to reducing their ecological footprint. To join, an organisation needs to send a letter of intent indicating support for the Global

Green and Health Hospitals agenda, and/or a commitment towards working towards two of 10 sustainability goals. Have you been able to engage with the Global Green and Health Hospitals Network and its agenda since then?

5 MR McDONALD: Yes, we're members.

MR FORDEN: Yes.

MR McDONALD: Both members.

10

DR JOYCE: Wonderful. Are you able to identify which of the sustainability goals the South Metro have decided to focus on?

MR FORDEN: I don't know if I've actually got that with
15 me.

DR JOYCE: Okay.

MR FORDEN: So it may need … if you want that taken
20 on notice, that will probably be easier.

DR JOYCE: No worries.

MR FORDEN: I'm just looking through my notes
25 quickly.

DR JOYCE: That's fine.

MR FORDEN: But we're an active part. We joined very
30 quickly.

DR JOYCE: I've quickly sent - - -

MR FORDEN: Maybe I'll just take that on notice and
35 feed that back to you, if that helps.

DR JOYCE: Yes, that's fine.

MR FORDEN: If you want that.

40

DR JOYCE: That's fine, thank you. We also read in your submission that South Metropolitan Health Services recently released a sustainability framework.

45 MR FORDEN: Yes.

DR JOYCE: Could you outline the process of consultation that led to the framework, how you developed the specific goals

and implementation criteria, and how you intend to use and evaluate the framework?

MR FORDEN: So we engage… we always engage, as much as possible, both our staff and other agencies when we develop initiatives. So that's exactly what we do here. We actually have a community engagement program as well as a staff engagement program. Where we're up to now is actually taking that further and trying to start an organisational movement.

So as I said, we've got a number of people - whether it's the green theatre group, the State Rehab group, the Rockingham ward group - and what we're trying to do is organise a structure so we've actually got an overarching steering group, which will again include community members as well as leading staff advocates, and then below that we'll actually end up with a group of reps from every single area in the organisations - so that's all five hospitals. They will be there to both drive initiatives, but also to share best practice, and I think that's really important.

DR JOYCE: Thank you. Just moving on, obviously we spoke a little bit before about collaboration and the need to collaborate across the sector. What role do you see the Department of Health playing in supporting Health Service Providers?

MR FORDEN: So I think there's several factors on this. One is at a policy level. Okay? Some of our policies actually don't help us and move us away from a sustainable environment. So take a very simple one: there is a limit on the number of pool cars. So one of the policies could be moving towards electric vehicles, for example.

But actually, by limiting the number of pool cars means patients have to come to me, rather than one of my members of staff can do several visits in one day. So there are a number of initiatives we're driving where we want to move clinical services towards the community. So is it more efficient for one member of staff to maybe visit eight homes, or maybe three community areas, and see a multitude of patients? Or is it more efficient to get every single one of those patients to use the carbon to drive in to us?

So I think we need to think deeply about our policies, and on each one, review and say, "Actually, does it move us now where we want to get towards?" They were set up for previous goals. So take the pool car one, the goal was to try to reduce the number of people who were driving around in cars and reduce expenditure. That was the purpose of it. But is that the overarching goal still, or is it actually to have a bigger impact on the footprint? So I think there's a policy role.

I think there is one around an asset investment plan. We've spoken about the facilities, the buildings themselves and the design of the buildings. Just as

important is actually the assets, and their… both the ability to ensure they're well-maintained and serviced at appropriate times, but also replaced when appropriate.

5 Technologies are changing, not only in the manufacturing industry, not only in the domestic environment, but also in the healthcare environment. Using assets that are maybe 10, 15 years old might not be as environmentally friendly as using ones designed now. And if you take a lot of our diagnostic equipment, the amount of power they use to generate an MRI to do a CT. Older ones use
10 more power.

So again, it's making sure that we are… if we're committed to this, it means you actually have to realy put some skin in the game, and you have to replace assets when they're supposed to be replaced, and replace them with ones that
15 are more environmentally friendly. So I think there is a role in that as well.

There is a danger, though. What we do is we just have a "planning to plan" kind of regime, and I would hate to see that. And something also, there becomes a bureaucracy around reporting. I think reporting is important, but it
20 has to be kept in balance. There is a danger we actually use more resources on reporting than we actually do in terms of making a difference. So I would encourage a kind of balanced approach around that.

MR McDONALD: So one point that I would make, it's
25 always, when we've talked about, at a policy level, how can Health[1] help us? And I think when you look at the *Health Services Act*, when it came in, it very much made the HSPs independent in their own right.

And I'm probably known… I won't say Paul as well, because that's not fair -
30 I'm known as a radical a bit, just in terms of that I believe the Department of Health should keep out of what the HSPs are up to; that they should set what we need to accomplish, we should have the autonomy to put it in, but we should be held completely accountable for what we need to accomplish.

35 Now, we've got a range of things. We've got a Service Level Agreement with the Department of Health, a Service Level Agreement with the Mental Health Commission. We've got a whole range of policies. We were talking the other day at Fiona Stanley Hospital, we've got 3,000, so staff have to abide by… 3,000 policies and such.
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And I think in this - these modern times, if I can use that phrase, authorities like South Metro Health and the other HSPs need to be actually let or be allowed to, you know, work and accomplish stuff. The first reaction when things come in like this is to put more policies in. And it actually ties us down
45 in terms of having to report on it, in terms of having… all these various things are put into place.

[1] Health, here, refers to the Western Australian Department of Health.

And I would just encourage the Inquiry to think about - in terms of how it can be achieved, you know, given that HSPs, like I said, have got so much on. You know, we can sit here and tell you figures all day long. We get more than 200,000 through our EDs.[2] We're monitored, we must get, you know, at least
5 90 per cent of the patients out of our EDs within four hours and such. We've got everything around that, and a whole range of other things. There are all these other policies and we must report on things.

And I think the time is coming when they really need to say, "Well, the HSPs,
10 the boards have been put into place, a CE is in place". We recruited Paul from the UK because of the experience he had, and he's already run through his house, but he didn't actually run through all the experience he had in hospitals from that. So we have a large number of experiences in that.

15 So by all means, set the targets, have clear expectations, ensure we have transparent reporting, and hold us accountable, but we need the autonomy to be able to, you know, put these things into place.[3] And my fear is the Inquiry comes in - everyone concurs, it is an important thing. The world needs it. We all agree. But please don't tie us down in reporting so we'll be spending all the
20 time on reporting and not much time proactively in the things.

And you've seen all these minor things we've put into place. Paul didn't cover one of them. Our facilities manager, Serco, at Fiona Stanley bought 1,000 keep cups for the food hall, and they went like that. And we see people all
25 walking around with the keep cups. Now, the number of coffee cups that saves being thrown out all the time is considerable.

So we're doing all these things on our own, with the help of our people and all that type of stuff, and we can achieve more. We can achieve more ourselves,
30 which we are. We're going to. We can achieve more if resourcing is provided to us, but we need to be allowed to get on with it.

DR JOYCE: Thank you. I might address the next question then to you, Mr McDonald, because it relates to the board specifically.
35 At a strategic level, has this issue been discussed at a board level, or identified in risk assessments included in asset valuations, capital, other planning processes?

MR McDONALD: So the board has subcommittees in place.
40 One of them is the People, Culture and Engagement Committee, and they are briefed on an ad hoc basis, as needed, on the progress of the programs. So the programs that Paul's run through, the subcommittee is informed on those, and discuss how they're going.

[2] This refers to 200,000 patients per annum.
[3] Here, Mr McDonald was referring to the Department of Health as setting the targets et cetera.

The SMHS sustainability framework is very clearly covered in the South Metro operational plan, and it's important because we want the framework to align to the strategic plan.

5 One of the things that we've been very keen on in South Metro is that when we put our strategic plan into place two to three years ago, it came before the Sustainable Health Review, and people… you know, the word was you should wait.[4] We said, "Well, we really can't afford to wait". So we wanted to have a strategic plan which was overarching, picking up all these things. And the 10 SHR—we're meeting on in a couple of weeks' time—and we'll just pick up a couple of points. We've covered virtually all the points in the SHR, and the SHR… we virtually knew what it was covering and so forth. There are some issues we need to increase our importance on, and that type of stuff.

15 But this is one which the board has picked up, covered through our People, Culture and Engagement Committee, as I said, but also it's been covered off through our strategic plan, the sustainability framework, and so forth.

DR JOYCE: That's wonderful, thank you.

20

MR FORDEN: So just in terms of the assets, the board is totally across the asset register. It knows when items need to be replaced, et cetera. I think the limit, and perhaps we've mentioned it already, is capital.

25 DR JOYCE: Thank you.

MR McDONALD: It really depends how innovative and… the Inquiry wants to be, I suppose. Because you've got willing partners.[5]

30 DR JOYCE: That's good. Always good to hear. Thank you. You mentioned data before, and you spoke a little bit around the need for any sort of reporting and monitoring to be meaningful to Health Service Providers and not just for the sake of it. If some form of carbon accounting is introduced, do you think it could also be used not just for to 35 establish a baseline so Health Service Providers can see improvements going forward, but also to identify particular hotspots for targeted action?

MR FORDEN: I think the jury's out. I don't think we're as advanced as we want to be across the world on carbon accounting. I think 40 there is more work to be done before it's rolled out at the moment. I think we need… if we're going to roll it out, we need to make sure it's a practical, informative process, and not just something we're doing because there is a term called carbon accounting, et cetera.

45 So personally, I'm not sure we're there yet. I think there is a lot more work to be done. And it might be better starting at a government agency level, maybe

[4] Some people advised SMHS to wait until after the Sustainable Health Review was announced.
[5] 'Willing partners' refers to the SMHS.

at Health level first, before we try to push it down. Because if it's pushed down to me to SMHS, the only way I can do it is actually to push it down further into my organisation.

5 And this is where I'm saying we could end up with a massive reporting regime, and, you know, a way of trying to calculate what we've got to report every month, and it actually generates more energy than actually it saves.

So I'm just a little bit nervous at the moment. I'm not against it. I'm
10 absolutely into transparency. I think a more practical way at the moment might be reporting on schemes. And not targeted schemes. Just getting everyone just to be more transparent.

We actually have part of our website portal is where the public can see what
15 we're doing in terms of our schemes et cetera, and I think there should be more of that maybe, so people can learn from each other and encourage each other with healthy competition.

MR McDONALD: I share Paul's nervousness. I'm a CPA as
20 well, amongst various other things, and I think the systems that we'd need to have in place are very important, and very much I think, as we've covered before, that we see when the information is asked to be provided and so forth, and it should be provided, but in some cases the systems are not really contemporary, and so there's a lot of time is put into, you know, find the info,
25 collate the info, make sure the info is right, and send it out.

And so for carbon accounting, it's not actually the issue itself, it's the systems and so forth that need to work, too. Because if we spend more time on that, we're taking resources away from other areas in our hospitals.

30

DR JOYCE: Thank you. You mentioned previously around staff expectations and how that has driven a lot of the activity with the South Metropolitan Health Service, and particularly in the 11 to 12,000 staff. Do you have any comment on patient expectations of health services with
35 respect to reducing emissions and environment waste, and have you seen that change over time?

MR FORDEN: I wouldn't categorise it as patients. I think it's the public expectation is the more important one. To be honest, if
40 somebody becomes ill, their primary focus is on us trying to improve their health. They might have all sorts of other things going through their mind at the time, but predominantly they're focused on their wellness, so I think there's a public expectation. And I think the public expectation is something we see day in and day out. As I said, you see it in the media, you see it in social
45 media.

Our staff, though, are also members of the public, and that's why I said the social movement, because actually, they don't… they're not tackling this

thinking as a doctor or a nurse or an allied health or administration, they're thinking about members of the planet, and that's why it's so powerful for us.

MR McDONALD: If you take, as Paul said before, we have
5 more than 10,000 employees, we take their families, we take their friends, and all that type of stuff, you take patients, you take their families, all that type of stuff… you know, hospitals and health services have large cohorts, and South Metro footprint covers about 680,000 people. Paul? Or something, in South Metro.
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MR FORDEN: Yes, about three-quarters of a million.

MR McDONALD: So we are very important.[6] And we take our responsibilities in this seriously, and we're happy to be held accountable.
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DR JOYCE: Okay. Thank you. Just noting the time, there's one last question. Do you think that acting on climate and environmental risk could also be an opportunity to realise financial savings, improve patient safety and quality of care, and benefit the health of the
20 population?

MR FORDEN: So there will be some tensions, but there will be some opportunities. I'd love to think that focusing on climate change will be a panacea to healthier outcomes, reduced financial costs, and
25 everything else. It won't necessarily always be that way. Sometimes it will be a bigger cost to save the planet in terms of inconvenience and other things.

But there are undoubtedly areas where there are definitely benefits. I mentioned earlier, for example, in the burns theatre. By choosing wisely
30 around opening packs et cetera, not only does it save the environment, it probably saves about $200 per pack, so it can save us maybe $1,000 just in one theatre episode in terms of that. In terms of the patient outcome for that, it makes no difference, because you would have only used what you were going to use.
35
But there are other areas where, for example, in pathology we have… in our ICU, we focused on making sure that we only request the tests that are actually necessary. And what I mean by that is in… you might order a batch of tests; I might order bloods and sugars and a number of other things, and they're just
40 the standard range of the order. And if they come back and there's only one that's adverse, often the next day you order the same batch of five.

Now, we've changed that and actually say, "No, these four were okay, it's only this one that was adverse", and we reduced the number of pathology requests
45 by about 34 per cent. Now, that also doesn't inconvenience the patient. So it

[6] In the context of the 680,000 people within the SMHS footprint, the Health Service Provider is an important stakeholder in relation to climate change.

doesn't necessarily improve their outcome, but it is less inconvenience for patients.

We know, for example, that we could use energy more efficiently. It might require a capital investment upfront, but actually, the benefits to the organisation would be financial in the medium to long-term. We know there are different ways of trying to create water and use it. If you go to somewhere like Bermuda, for example, it's actually a legislated requirement that every house has the ability to use rainwater in things like flushing the toilets, et cetera. You're not allowed to build a house without it. And actually, that reduces the costs to the householder, and it actually helps the environment.

So I think there are a number of areas where we can make a difference. We know, for example, that something like six out of 10 ambulances that bring a patient to a hospital, actually those patients aren't admitted. Now, I'm not saying six out of 10 ambulances are a wasted journey, but actually concentrating on how we look after those patients differently can also reduce the amount of carbon being used by the vehicle, but also maybe be a better outcome for the patient.

So I think we just need to think more laterally than maybe we have been in the past.

MR McDONALD: I think one of the issues too is that when we look at these, very much Health Service Providers and so forth, Treasury have to look at the short term. So we look at the financial year, we look at the financial year that's coming, and you know, we concentrate on those.

The question you asked should be measured over a much longer period of time. So if you said, "Will there be financial savings in the next year or two?", we'd probably say, "Well, no, because we need to invest in some of the things we've run through". If you said, "Well, what would it look like over a six-year period?", we'd say, "Well, the business cases we'd be putting up, we believe that would cost in the first couple of years because of the capital cost, but then the energy savings and so forth, the savings to patients, not having to wait, all those type of things we'd break even perhaps in that".

But if you looked at it longer-term, which I believe we have to in this area, then the figures will be markedly different. The government, of course, has funding constraints. We understand that. We appreciate their help. They've really helped out. I mean, we walk through Fiona Stanley, and it's magnificent, and all that type of stuff.

So this is not an easy thing. Like, if we could ask you for a whole pile of cash, we know that's not possible, so we need to play our part, too. But I think one of the things that we're really aware of, from our perspective, is in areas like this, it's a long time we need to look at.

Stuff like resourcing and financial and that type of stuff is typically a short timeframe, and one of the issues I imagine the Inquiry will be trying to do is to change that so people consider it more. Because, as Paul has gone through, and the evidence that you would have seen… of course patients are going to benefit. You know, when you look at all… it's… you know, you can't argue with such. But it's a complex area trying to work out where to invest in the right ways and that.

DR JOYCE: Okay. Thank you. That's probably a good place to leave it, I think. Mr McDonald and Mr Forden, thank you very much for your attendance at today's hearing. A transcript of the hearing will be sent to you so that you can correct minor factual errors before it is placed on the public record. Please return the transcript within 10 working days of the date of the covering letter or email; otherwise it will be deemed to be correct. While you cannot amend your evidence, if you would like to examine particular points in more detail or present further information, you can provide this as an addition to your submission to the Inquiry when you return the transcript.

Once again, thank you very much for your evidence today.

MR McDONALD: Thank you.

MR FORDEN: Thank you. Enjoy the rest of your day.

MR McDONALD: My pleasure.

HEARING CONCLUDED