



Climate Health WA Inquiry

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

**Inquiry Lead:
Dr Tarun Weeramanthri**

Witnesses:

**Ms Wendy Newman
Board Deputy Chair, WA Country Health Service**

**Mr Jeff Moffet
Chief Executive, WA Country Health Service**

**Mr Rob Pulsford
Director Infrastructure, WA Country Health Service**

**Dr Mark Monaghan
Director of Medical Services (Coastal), WA Country Health
Service**

Thursday, 28 November 2019, 1.00 pm

[13:00:02]

HEARING COMMENCED

5 PROF WEERAMANTHRI: Ms Newman, Mr Moffet, Mr Pulsford,
Dr Monaghan, I'd like to thank you all for your interest in the Inquiry and for
your appearance at today's hearing. The purpose of this hearing is to assist me
in gathering evidence for the Climate Health WA Inquiry into the impacts of
10 climate change on health in Western Australia. My name is Tarun
Weeramanthri and I have been appointed by the Chief Health Officer to
undertake the Inquiry. Beside me is Dr Sarah Joyce, the Inquiry's Project
Director. If everyone could please be aware that the use of mobile phones and
other recording devices is not permitted in this room, so if you could please
make sure that your phone is on silent or switched off.

15 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
oath or affirmation, it is important you understand there are penalties under the
Act for knowingly providing a response or information that is false or
20 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
be taken in private. You have previously been provided with the Inquiry's
terms of reference and information on giving evidence to the Inquiry. So
25 before we begin, do you have any questions about today's hearing?

MR PULSFORD: No.

DR MONAGHAN: No.

30 MS NEWMAN: No.

MR MOFFET: No.

35 PROF WEERAMANTHRI: For the transcript, can I ask each of you to
state your name and the capacity in which you are here today?

MS NEWMAN: Wendy Newman, I'm the Deputy Chair
of the WA Country Health Service Board.

40 MR MOFFET: Jeffrey Moffet, Chief Executive of WA
Country Health Service.

MR PULSFORD: Rob Pulsford, Director Infrastructure,
45 WA Country Health Service.

DR MONAGHAN: And Mark Monaghan, Director of
Medical Services, Southwest Coastal for WACHS and the Emergency
Medicine Clinical Lead for WACHS.

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PROF WEERAMANTHRI: Thank you all. And can I just ask that through the hearing, if you could just briefly state your name prior to speaking, that will help us with the audio recording and transcript. Ms Newman, would you like to make a brief opening statement?

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MS NEWMAN: Just that I'm sure you're aware that, obviously, off the back of the Sustainable Health Review, the Board of WACHS has been having this issue front and centre in their mind. And to point out that, in fact, our strategic plan, released six weeks ago by the Minister, has built into it a key priority, number seven, which is around delivering value and sustainability. And a key action out of that is to reduce our environmental footprint. And to make the statement is that it's probably early days for us, but it is an issue that's front and centre of the Board's mind. And I'll just pass to Jeff to add any opening comments.

MR MOFFET: Thank you, Wendy. So Jeff Moffet, Chief Executive. Probably just in opening statement is pretty much that Country Health's had, I guess, an approach that's been pretty traditional over a long period of time around built form, energy management, waste management. It's only really in the past few years – probably driven by strategy development, in fact, through the Board – that this whole broad issue of environmental sustainability has emerged. I've had some very good discussions. We've got a portfolio holder now, which is Rob – Rob looks after infrastructure and environment as an Executive Director. We've probably considered the issues fairly locally, as in, when I say locally, about the state. We've had some discussions around the sort of planning implications around rising sea levels, for example. But the main thing is, I think this is a very timely both to have this Inquiry, and also our Strat Plan, the Sustainable Health Review, to really go into that question which you touched on at the beginning, which is, can we, and should we, perhaps, be doing things more quickly?

PROF WEERAMANTHRI: Thank you. And it's interesting hearing from all the different health services, because that's the first notification we've got of an executive who's a portfolio holder for this. So it's that kind of sharing or learning, or experience that we can potentially share, so thank you. So we'll go to that first question. The establishment of this 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. So how do you see the issue of climate change connecting to issues of sustainability more broadly, and is there a window of opportunity for the sector to progress more quickly in this area than previously?

MS NEWMAN: So I think, most definitely, we do believe there's an opportunity to act more quickly. I'm going to defer to Jeff, who'll be able to talk in more detail around the health system.

MR MOFFET: Thank you. So Jeff Moffet. We have looked at – probably we reverse the order of this a little bit in our strategic plan and very much looked at environmental sustainability... haven't drilled down quite as much on climate change, climate health.
5 [13:5:33]

10 So there is definitely, you know, a big issue for health in terms of its stewardship, its environmental responsibility about what it does and what it contributes to, and therefore what it can mitigate, I think. So I say that there is, I think, a lot more for us to do, and we've got some traditional information about strengthening that. I think the area where we're very interested in... probably, a broader WA health engagement is very much around 'what does this mean for populations? What's our role in the health response?' Whether it be, you know, public health related matters, extreme weather events, building resilient communities. I think they're very valid questions. And we operate in those sorts of spaces already.

20 I guess the real question for me is what's – again the Inquiry sort of goes to this – 'what is the broader policy role for us beyond health?' If you really get to the point of the ultimate impacts, risks and threats of climate change really on, I guess, our species, there is a big question long-term about the role of Health and putting much more robust policy advice to government, I suspect. You know, it's as a provider, that's not our primary mandate, but I think we're very interested in trying to understand the longer-term consequences. And even for us, we've recently had some discussions with the Department of Planning around a couple of our key sites that are fairly low-lying. We build hospitals with a, sort of, 50-year, you know, planning horizon in general. And already, I think, there are questions arising as to where infrastructure should continue to be sited into the future. That will seem a long way away when you say 50 or 30 100 years, but in fact, those sort of here and now decisions, I think, they're quite emerging decisions. So there's no doubt that there's a lot for us to do. I do think, not only is there an opportunity for the health sector to progress more quickly, I think it's probably a responsibility for us to do that, given what we know and given the expertise that we do have.
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MS NEWMAN: So Wendy Newman. If I could just, kind of, summarise that by saying we think we've got this longer-term view. We've obviously got the short-term, immediate impact, and so the direct impact, short-term and long-term, around climate events, and obviously health is front and centre at that. Then we've got our contribution from a local level through to a state level, and as a State agency, about mitigation and adaptation. And then understanding our role within that system, how do you transfer those system frameworks to local impact, local benefit, local outcome?
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PROF WEERAMANTHRI: And I would reflect that, you know, the people that put together the terms of reference for this Inquiry did deliberately link and connect the mitigation to the adaptation, but also to your point,

Mr Moffet, around the general advice you give to government about the health impacts from a policy sense, I think the credibility of that advice is also linked to the health sector's ability to do something in its own backyard in terms of reducing its own emissions, because it's reasonable to expect those things to go together, if we're giving general advice, to also be doing things in our own large [13:09:02] sector. So I think that's possibly one of the strengths of the Inquiry terms of reference, is the linkages between those three things.

MR MOFFET: Yes.

PROF WEERAMANTHRI: Ms Newman, the Minister for Health wrote to your Health Service Board in April this year, encouraging membership of the Global Green and Healthy Hospitals Network, which 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 Healthy Hospitals agenda and/or a commitment to working towards two of 10 sustainability goals. Have you been able to engage with this network and its agenda since that time?

MS NEWMAN: Wendy Newman, yes. We are a member of that network. And we've commenced distributing advice regarding our membership and the benefits to staff. And probably there are two points where it is already working at a local level, and that is in Broome and Southwest, are probably our leads on this at the moment. And as we said earlier, very embryonic, we've been having discussions around how we systemise this and get that local impact, global benefit, but system-wide benefit. So yes, that's... we're on our way.

PROF WEERAMANTHRI: And we also conducted regional forums, and it was noteworthy how many of your staff attended, including many of your regional directors, in regions that you haven't mentioned. So there's probably a broader support for regional initiatives.

MR MOFFET: So Jeff Moffet. Definitely, Dr Weeramanthri, there are a couple of processes we've had to consult with staff. There's been a staff survey more generally, when we actually went out to staff very specifically during the development of both the Sustainable Health Review position papers and on our own strategic plan. And whether guided or unguided, the issue of environmental sustainability and climate change came up very significantly, like, in a very positive way, proactive way, around innovation, new ideas and ways in which we can improve our performance. Equally, the Board and I travel every couple of months to, you know, different parts of the state and have proper engagement forums, both structured and unstructured. And I think this issue around being more environmentally responsible, having some clear commitments to what we'd like to see is a very common issue. And Dr Monaghan may want to provide some comment, because he's leading, I guess, the first part of our exploration about the Green

Hospitals Network. So I can hand to Mark, if you're happy for us to do that, about the level of staff enthusiasm.

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PROF WEERAMANTHRI: Yes, perhaps. So I think you've received the question we've provided you, Dr Monaghan, about, you know, painting us a picture of the green hospital initiative in the southwest coastal region. And if you can include that comment that Mr Moffet made about staff engagement and support. Thank you.

DR MONAGHAN: Yes. Mark Monaghan. I think addressing question three and, I think, question nine around staff involvement, the southwest being an area of natural beauty and a strong environmental focus, we became interested approximately a year to a year and a half ago to join GGHH, with the intent of setting up a local project across the three sites in the southwest coastal region which are well linked, and coordinate those health services to set up an exemplar which we could then – where we look at the 10 pillars from GGHH and try and do a wholesale retrofit and suggest a model that you could do that, and simplify that down, because the very difficult first step is getting that going, and then look at exporting that to other sites. So we have everything ready to go with that. We have a project control group ready, and we have tremendous staff engagement, and I mentioned to Mr Moffet recently that when we first put that out to our staff, I had dozens of emails within 24 hours of staff wanting to be involved in that process – and across the coast, I think that reflects the interest from staff.

PROF WEERAMANTHRI: So can you tell us a little bit more about when you started the initiative, which hospitals, and a little bit more about those hospitals and their existing links, you know, which are the bigger ones, which are the smaller ones? And how this is actually affected or was planned to affect, you know, what they do or what you'd see when you walk in those hospitals, et cetera?

DR MONAGHAN: Yes. So Mark Monaghan. I think that the initial – when I first came to this role in February of 2018 and began discussing that with our staff several months after I arrived, as it's a great interest of mine personally, and what we were looking at doing is looking at... I mean, so leadership is a vital point of that. But in terms of the products we're using, the chemicals we're using, anaesthetic gases is a particular one of relevance that we've already started discussing to address – which agents we're using and whether we're using inhaled rather than intravenous, in terms of their impact on CO2 production, on climate change – our waste management, our energy utilisation and our water, and our purchasing.

Our building... Busselton Hospital, which is the biggest of our three sites and where I'm standing at the moment, is a new facility and is well designed, but

again, looking at how we might retrofit, for example, solar panels and what that will involve and costings involved with that. And transport's a big issue in all of our WACHS centres, obviously, because of distances involved. So we wanted to look at that broader range of impact on environment.

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And, I guess, in terms of what it might look like... I should have mentioned, sorry, we've also got Margaret River Hospital and Augusta Hospital, in decreasing size. All of them are engaged and involved. And it might, for example, just in terms of what it looks like, we might come on site and find that we are providing locally derived food, that we've got sustainable energy utilisation. And we will look at areas, for example, in terms of our single plastic use, and our waste where we can have reliable methods of exporting that. I believe already, from discussion, there are some local potential opportunities to move single plastic use to them. Obviously, there's an important infection control issue, and we've got an infection control person engaged on our project control group.

20 PROF WEERAMANTHRI: I'm struck by the fact that, you know, because of the very diverse challenges across WACHS, which – you know much better than I do that it is a hotbed of innovation as well, and so you can come up with some really remarkably useful initiatives that then can be picked up elsewhere, including outside the state. There may well be a string of hospitals on the New South Wales coast which can learn from you or whatever. Does that reflect your experience Mr Moffet?

30 MR MOFFET: Yes, Jeff Moffet. I think, generally, one of the things we're very proud about with our staff is they're very focused, first of all, on community and on pragmatism, you know, actually delivering outcomes, because they're often the sole provider or they're amongst a very small set of clinicians that have to deal with a very wide range of circumstances and presentations. I guess, in terms of giving those staff permission, ideas and opportunity, I think part of our challenge is to, sort of, liberate that. We have got a general innovation initiative underway. It hasn't been targeted specifically at environment or sustainability, but I think the enthusiasm that, I guess, has been revealed through several of the processes, including the ones that Dr Monaghan talked about, is something that we will tap into.

40 I guess the real challenge is then trying to scale those things up, trials and things, see what might work, and identify some of the things that staff are already doing, the sort of things, you know, prior to us asking, where staff are trying to reduce impact on environment. Probably one of the biggest benefits, I think, is the use of digital. You know, access to care, as you understand, is a challenge, so we've used a lot of digital means now to try and deliver emergency inpatient and outpatient care. Whilst the central reason wasn't to, sort of, reduce our carbon footprint, we've definitely measured that, we've

estimated that, put it that way. For example, our telehealth program is, I think, 17,000 times to the moon and back.

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You know, we've saved that sort of travel for individuals, we've given that a carbon kilograms or tonnage rating – here we go, I can tell you – 5,200 tonnes of carbon not emitted. This is in one year.

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So we're trying to get that concept of actually doing things smarter and better. Not only is it good for socio-economic reasons, for local communities and people, it actually helps the globe and the planet, and this very major challenge. And we're at the beginnings of all of that, but I think the whole thing about outpatients reform probably needs to be a little more driven, or needs to elicit a bit more of an opportunity around climate change and our global commitment to trying and doing things better and differently. And I think we innovate quite well in that space, and I think the Metropolitan Health Services are getting into that space quite nicely, as well.

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MS NEWMAN: And, Chair, if I could just add – Wendy Newman – if I could just refer to Rob to talk a little bit more about specifically some of the waste management initiatives in that operational focus on question three.

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MR PULSFORD: Thank you, yes, Rob Pulsford. So, I guess, recently, WACHS has adopted a business-wide, operational-wide approach to how we manage waste. So at a local level, there has been consistency – well, teams in place and forums in place to oversee waste, but it hasn't been joined up. And I guess this is just one example, as an organisation, where we're taking a more joined-up approach around how we manage things. So now, there's a WACHS Waste Management Committee, which then all the smaller committees at a regional level feed up into that committee. But one of the challenges that WACHS has, we've got innovation on one hand, but we also need the consistency and, you know, where – as I say, variability's not legitimate, we want to, you know, minimise that or get rid of that.

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So having a joined-up approach to how we manage waste at enables us, allows us ways to capture innovation, capture waste, we can do things better, but also then share that across our business in a more systemised way. And that's, again, early days in terms of having that joined-up approach, but already that linkage around innovation and, you know, balance with consistency is starting to bear fruit.

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PROF WEERAMANTHRI: I might just go back to the point Mr Moffet made, which is around existing funds or programs. And we're at the point of the Inquiry where we're thinking about the shape of the final report, its recommendations, et cetera. And clearly, you don't want to create a whole lot of standalone separate climate change/environmental things if you can tap into

existing programs. And so something around, like, innovation funds or innovation programs, I suppose, the request might be from the Inquiry that health services allow environmental programs, if they're put forward, to be included in existing innovation.

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So if someone's to do an innovative program which focused on environmental sustainability, that would be included, rather than creating a whole separate fund for it.

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So that's one direction which we're thinking of going, is looking at what's existing, in terms of either research funds or evaluation money or innovation programs, and just making sure that environmental programs can be included. And the second thing is what you said, again, Mr Moffet, is around existing programs that are not specifically environmental programs, such as reducing hospital admission or reducing, you know, duplication of investigations or Choosing Wisely, or telehealth, which we'll come to. But if they have an environmental and beneficial effect on emissions, doesn't matter that they're not directed at emissions primarily. The fact is, they're going to have a big impact. And so if you can add on a bit of evaluation that, you know, estimates that, that would be terrific, and it also gives a lot of support for existing programs, again, which might be safety quality, but which have an environmental impact. Would you like to comment on your, kind of, reception of that as, like, an idea?

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MR MOFFET: Thank you, Dr Weeramanthri. So Jeff Moffet. I think the Sustainable Health Review, really, gives us a very strong hook into the fact that sustainability should be a key part of decision-making now. And I think you're quite right to identify that there have been some benefits to a lot of the things that we've done around our carbon footprint. It hasn't been, sort of, part of our business case analysis, if you like, and the implementation of the program. But I think as our global awareness about the scale of this challenge, and the importance of collective and local action to address that, becomes more prominent, I think there is an element here around governance and decision-making, where we should be formally required to consider sustainability, environmental impacts, and be able to demonstrate that.

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So I'd be very, very supportive of that approach. I think the access to innovation, future innovation funds, is probably really important about researching and evaluating, in fact, some of what we're currently doing, and trying some different methods as well. And that's certainly part of – you know, at the moment, we've got Rob as portfolio holder. We need to support the efforts of Dr Monaghan and others down in the southwest, and we need both time and expertise to do that. So we have to find ways of resourcing this to make it effective. And obviously, we will, you know, cut the cloth that we're given to reflect new priorities here, but I think it is important that this is seen as a mainstream obligation. It's not outside, it doesn't sit on the edge, this is

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mainstream when you look at the scale of the challenge. So I absolutely support, Dr Weeramanthri, the ideas that you put.

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[PROF WEERAMANATHRI: You told us about the new builds, in your written submission, for health centres at Pingelly and Cunderdin. What is special about their environmental design? What financial savings can be realised? And what was the key to getting approval for these specific building plans?

MR PULSFORD: I'll respond to that one, Chair. Rob Pulsford. So WA Country Health works with the Department of Finance, Building Management and Works. So we engage BMW, Building Management and Works, to deliver our projects for us. So they engage a set of consultants who we work with to design up redevelopments or new builds, whatever the case may be. And in doing so, we apply the Green Star rating system, which is a rating system used in the built environment internationally, to lead the introduction of sustainable solutions in design and in how the final built form is presented in terms of energy savings, water savings, et cetera. So the Green Star rating, Green Star 4 is the rating level the State Government aspires to.

So we don't seek certification on that, but we aspire to that and seek, I guess, equivalence to the Green Star 4 rating. So Green Star 5 is, like – Green Star 4 is, really, best practice. Green Star 5 is national, you know, best practice and Green Star 6 is international. So we work to achieve a Green Star rating. And with the health centres at Pingelly and Cunderdin, that's what the design team were targeted and tasked to do. And the design solutions, you know, pitched around that were, you know, it's not just about – so the environmental benefits of having solar panels on the roofs, which is what both those facilities have, with a payback period of under four years. So while these aren't fully operational 24-7 hospitals, they still need to be operational 24-7 health facilities. So to us, it was a good win, you know, applying those principles.

But it's not just about the panels, it's also about some of, you know, the products we use, so the glazing, the insulation, et cetera. So it's taking a holistic approach to how we design and plan our facilities, you know, grey water, our usage of grey water – so we recycle that. And that's one of the benefits, I guess, as an organisation, in recent times, we've put a greater focus on, you know, achieving the equivalence of a four star rating. And we can do that in new builds. And again, Pingelly and Cunderdin are the type of new builds which... they were the first facilities in business that we put solar panels on.

Onslow Hospital in the Pilbara, which was opened last year, we also included solar panels on there. And I think the payback period on there is a little bit

complicated. We haven't actually got the payback figures worked out just yet. But there is the environment... I think the economic benefits' link with the environmental benefits on that one are clear as well. So that's the approach we focus on heavily in our new builds these days. But one of our challenges is,

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PROF WEERAMANTHRI: So if we just take the new builds – and we'll come back to the retrofitting – if we just take the new builds, so you work with BMW on the design and the business case, but then there's still a step where you have to go to Treasury to get the capital financing, is that correct?

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MR PULSFORD: Yes, so – Rob Pulsford – so we, essentially, develop a brief of what the scope of works would look like, you know, for what our redevelopments and new builds, et cetera, is going to look like. That, then, is costed and forms part of the business case. So when we develop our business cases, historically we haven't specifically costed in, I guess, an environmental or sustainable component, purposely. That just hasn't been part of the actual business case submission, I suppose, the business case submission at that stage. And where we had the benefit of projects that we've been talking to just now, the funds that we were allocated for those projects enabled us to achieve some greater sustainability results.

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One of the challenges in the not too distant past has been where we have had... our business cases have allowed us to, you know, say, build a new facility, but we've had to be pretty lean when it came to sustainability, because the priority was, you know, delivering on the scope of, you know, clinical areas that we needed to deliver the services, those places required in future. So that's been a challenge for us historically. We've managed to, where we've had an opportunity and the budgets have allowed us to, is embrace greater sustainable solutions.

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PROF WEERAMANTHRI: So I'm just interested in this process. That suggests to me that the allocation is made first and then the, kind of, design has to fit into the allocation as opposed to the design coming first, and then getting the allocation subsequently, or if I misunderstood that.

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MR PULSFORD: Rob Pulsford. No, you've summarised that correctly, Chair. So we work out – if I just take a step back on this – so we look at what our service need is. So our service need drives the scope of works that we're putting up in our business case. That scope of works is articulated in what we call the concept brief, which is costed, so it's a high-level costing. That costing then is put into the business case, which goes to government for approval. So once that's approved, then we start our more detailed design.

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Now, typically, that costing is going to be, probably, a little bit greater than what is required to build or, you know, deliver on those scope of works, typically because it's early stages. So the price is always high when there's more unknowns in there which will be priced by the quantity surveyors.

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So that's our journey. We get the money approved, then we start doing our more detailed design. So we're going to, you know, schematic design, design development. And that's when, I guess, the building product elements and the opportunities for, say, sustainable solutions such as solar, can be, you know, contemplated.

PROF WEERAMANTHRI: Okay.

15 MR MOFFET: So Jeff Moffet, just to maybe add to that, Dr Weeramanthri. In health, obviously, there's constant scope management. You know, it's rare to get, you know, funds that allow you to do all that you would want to do as a provider, and particularly for all clinicians. So we are often – when we put up business cases, there are a series of options.
20 Sometimes, you know, our third option gets funded, other times you'll get part funding in the staging process. And naturally, you end up in this space of trying to optimise the clinical care and clinical options for the community. And I don't think the issue of, sort of, long-term environmental sustainability and impact on the globe has really been factored in very well into our design, except of recent where we've had some projects where we've actually had some capacity to do it because we created that capacity. And that really includes
25 Karratha and Onslow as well. So we've actually had quite a good look at this.

30 One of the analogies I might draw is... I don't know if you recall the Percent for Art program that's probably been in 15 or more years now, I suspect, where essentially, there's a State Government policy that says up to one per cent – initially one per cent, but up to one per cent – should be allocated to art and inclusion, reflecting, you know, local community. That has made a huge difference in terms of having a bit of a policy expectation come from
35 government to say, look, the civic presence, the inclusion and the design elements need to include artists, local communities – there's a cultural piece to this facility. We've had some fabulous outcomes, if you look at our program across Manjimup and Busselton and Esperance and Karratha. The last 10, 15 years of development, those facilities look and feel very nice. They have a
40 good story and history around engagement of artists.

So that's, sort of, forced us to deal with that issue about scope management by saying, actually, you're required to consider this and to manage it. And, you know, the sustainability space doesn't have that requirement, put it that way.
45 There's no, sort of, requirement for us to consider 10, 20, 30, 50 years sustainability in relation to particular issues, you know, which might include, for example, climate change and, you know, global warming. That level of

sustainability has not been specified. So, that's perhaps another thing for the review to consider.

5 PROF WEERAMANTHRI: Very helpful, thank you for that.
Telehealth is a key priority for WACHS for a range of reasons.
[13:34:41]

10 Have you looked for or been able to measure any environmental benefits or model any reductions in greenhouse gas emissions?

15 MR MOFFET: Jeff Moffet. So yes, Dr Weeramanthri, the level of science is obviously growing for us in terms of, you know, being quantitative about what we do. But with our emergency telehealth program, which is a 24-7 service supporting over 80 sites now right across the state, and our more elective telehealth program, which is really more specialist-based and around structured appointments, we have done two evaluations over a series of time through the program that funded expansion of those, to really try and demonstrate a whole pile of benefits, some patient experience, some, you know, clinical outcomes.

20 But on the environment front... I'll just tell you, I guess, for the 2018 calendar year, this is just the latest evaluation. So 28,635,612 kilometres saved. This is for patient travel. As I mentioned earlier, 5,200 tonnes of carbon not emitted, based on certain assumptions, which are very median assumptions, the impact being equivalent to planting 78,000 trees. And also, that was a pretty conservative estimate. And we have used an expert to do that. I can't remember exactly who that expert was. But we've gone through a proper validated process, with the universities being involved in the evaluation, as well. So we are starting to get our heads around it.

30 We've produced a great infographic. I don't know if we've sent that into you or not, but there's a really nice little infographic about the impact of this, you know, now 70 times around the moon and all that sort of stuff, that is quite appealing, visually appealing, to have a look at. I think our staff have really responded to that, as well, because we've made the effort to try and describe benefits other than just for us or for patients, actually for a broader global community.

40 So I'm sure there's more science we can bring to bear, but we've made some early attempts to measure it, and those attempts are really positive. And they're great things to talk about, we talk about them regularly now. And our Board Chair and Wendy as Deputy Board Chair, when we have our public engagement of stakeholders and with clinicians, we have a presentation that talks about those impacts... again, goes to those figures.

45 PROF WEERAMANTHRI: That's a great example for us to include, because, you know, it's a flagship program, you have made an attempt to, you know, to estimate its environmental benefits. So thank you for sharing that

with us. We've heard strong messages from other health services that, you know, the health services legislation means that you're responsible and accountable for the services you produce. You provide for your population and want to remain so. And that you would like, you know, some support from the Department of Health.

[13:37:46]

And again, we've got to make recommendations in that space. So at a policy level, what role could the Department of Health play in supporting health services to reduce their environmental and waste footprints?

MR MOFFET: So Jeff Moffet, me again. I think the first thing to say is the health system is a health system. As we know, we, WA Country Health Service, have a provider responsibility for a certain range of services and a certain geographic set of locations. But we also provide those services with a whole bunch of other providers inside and outside the public health sector, and we rely very heavily on standard setting and policy development from the system manager. So I think just pure logic tells you that if we're going to have cogent, cohesive impact here, the more we can have a view that's system-wide, the better, obviously in a digestible way.

I suspect a sustainability, sort of... something like a sustainability framework would be good. I've seen the Fiona Stanley Hospital nice simplified graphic framework they've set up. Something like that, I think, obviously with a bit more detail around it from a whole of system level would be good to look at the key elements we should be considering. In particular, you know, there's obviously the local action. There's the obvious things we can do at facility and service level. But I think as you layer up about what should the health system's role be in building resilient communities and what way can and should we be expected to participate in that for extreme weather events or the vulnerable, who may or may not be clients of ours at the time, I think there's some policy edges there that would be helpful to sort through. And my view is I think we've got a strong leadership role to play.

And then, really importantly, I guess, in terms of informing policy choices for government, both state and national, I think we should really be committing to building a body of evidence, or presenting evidence that we already have around consequences of decision-making and policy setting, just beyond health, that would be my view. And so I think the Department has a key role to play, given its policy experiences, capacity to, you know, drive direct research and work with us as a service provider partner. That's in a broader, sort of, possible terms.

I guess the other thing is, just from an accountability perspective, it probably would be... as much as we are measuring a lot at the moment, I think, in reality, there probably should be some sort of indicative or initial targets around sustainability. If we're going to commit to this agenda, you know, as a Health Service Provider, we probably should have an obligation to report and

be measured, and then be accountable for achievement. So that's something that the system manager would need to work with us and others on. And we have talked a bit about, I guess, trying to sort out some sort of resourcing. You know, if we're going to be serious about this commitment, how do we resource it?

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And I think there needs to be a serious conversation about that, because we know that health can consume all that comes in front of it through latent demand, but if we don't make a commitment to resourcing this in a proper way, you know, I think we're probably being unreasonable when we ask for the health services and the Department to do it themselves.

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PROF WEERAMANTHRI: Point well taken, thank you. At a strategic level, Ms Newman, you have already talked about a number of things the Board's done. Have you identified climate change specifically in any risk assessments or in any asset assessments or evaluations – you do have a lot of coastal assets – or in any other planning processes. You know, the nuts and bolts of operating across the state.

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MS NEWMAN: So I think it would be fair to say, with a firm and focused climate impact lens, no. But when you look at our structures and processes around business continuity and emergency management, I think the Board would be very comfortable that we have got a very good detailed analysis and mitigation and adaptation process in those frames. I think now that we've got our strategic plan, we need to look at the implementation process around that seventh pillar. If we are talking about value and sustainability, and we are talking about reducing our environmental footprint, we need to link to Mr Moffet's point earlier, be really clear about what it is we want to see and measure. And likewise, in our risk management process, I think it is timely that we actually go and review our risk management tolerance both at a strategic level – our risk tolerance around this area – and then in terms of our more detailed operational risk. I think it is very timely that we stop and look and rethink in this frame, but we're not there yet.

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PROF WEERAMANTHRI: Okay, thank you. We are almost just out of time. So what I might do is just ask for final comments. And if we could start with Dr Monaghan and come back to the panel in the room. Dr Monaghan?

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DR MONAGHAN: Mark Monaghan. I think my final comment would be that the Board and the CE and the exec clearly articulate, when we speak, that we've got a lot of skin in the game with this in terms of our health organisation. Rural Australia is greatly exposed to environment. From a mitigation point of view, we all recognise that the health sector has a significant impact on emissions – approximately seven per cent across the country. But also, we've got opportunity, particularly because we deal with local small communities. The sort of local alert and response models to welfare

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check and look after people in what we predict to have increasingly frequent and severe extreme environmental events, such as extreme heatwaves. We've got an opportunity to really have an impact on adapting and looking after our core people, which is our patients in our community.

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10 So I think that's something that we will continue to work on. The other comment I would make is that, just from the point of view of Mr Moffet's response in terms of the Department of Health, a coordinated expertise and some consideration of funding to the jurisdictions would obviously be something to consider. But also I just want to make a comment that federally, this is clearly a national and, of course, global threat. And whether the review wants to have any discussion about whether we should be advocating for a federal role, cross-jurisdictional learnings and support would be my final comment.

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MR PULSFORD: Rob Pulsford, no further comments, thanks, Chair.

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MR MOFFET: Jeff Moffet. Probably just to reiterate the – I think this Inquiry has sort of drawn our attention very much to the global nature and the climate. We've been quite focused, really, on environment sustainability – local, state. I think this is very timely. It's a whole, sort of, a much broader question, as well, around, you know, corporate obligations and social obligations for organisations. So I'm really pleased that it's coming up. It's not a future issue either. I think we're dealing with some of the impacts now, as we can see at local and state levels, around frequency of weather events and impact on communities.

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Equally, as I was saying at the start, from a planning perspective, questions around coastal communities and, you know, when you've got 50-year horizons for building and planning, are really, sort of, they're present. So I think the other issue is the consciousness of the fact that this is a here and now issue that we've been experiencing for a while. A bit like I was saying earlier today, it's a bit like the baby boomers. You know, we've been talking about the baby boomers and the demand coming, when in fact, that's happened and happening, and we're moving into a much deeper part of that. I think climate change is very similar, but much more complex and much more profound. So I appreciate the opportunity for us to come to the Inquiry, support your work. It's something we're eager to continue to progress as an organisation, both as an organisation but across the system as well. So thank you.

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MS NEWMAN: And if I can – Wendy Newman – if I can just conclude by saying, I think in all of these things, the strength of a whole of government approach would be a good thing. When we talk about the Department of Planning, when we talk about Treasury, our work is made easier if we're all aligned and we can seamlessly, for example, work through a

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business case development process where environmental, climate impact is front and centre and part of that business case template. Likewise, with planning, if it's front and centre and we're all working – stepping together in the way forward, then I think that is a very strong and useful thing.

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And then I think I just reiterate Mr Pulsford's, Mr Moffet's, Mr Monaghan's view that WACHS has got a unique place in this, in that it is so embedded in our community. We have so much community capital, and it is sometimes very seamless. That has its strengths and weaknesses, but I think in this case, it gives us a really great opportunity. And our staff have proven that they are innovative, that they are pragmatic, that they are community and client-focused. And the social capital with that enables us to take steps forward that perhaps is a lot... you'll see a lot earlier and quicker impact than you might in another health system, I think.

PROF WEERAMANTHRI: Thank you all for your attendance at today's hearing. A transcript of this hearing will be sent to you so that you can correct minor factual errors before it is placed on the public record. If you could 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 explain 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. And once again, thank you all very much for your evidence and appearance today.

MR MOFFET: Thank you.

MR PULSFORD: Thanks.

MS NEWMAN: Thank you very much.

PROF WEERAMANTHRI: Thanks, Mark.

DR MONAGHAN: Thanks, Tarun. Nice to talk to you. Bye-bye.

HEARING CONCLUDED

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