**Sustainability Learnings from the NHS

Dan Jefferson**

Thanks very much for inviting me to speak. Like other speakers, delighted to have a kind of two-three minute platform to talk about, I guess what I’m accountable for in this dimension of environmental sustainability and trying to, in many ways, achieve in my job, a bit of a sweet spot of what we might see as performance in more traditional, kind of hospital sense and I’ll say a little bit about the dimensions of that in a moment and the objectives that we’re setting for sustainability, more broadly.

So, my world is very congested. I look at performance for 86 different hospitals. I manage relationships with the private sector as well which, I don’t know if many representatives from private hospitals are here but, clearly, what we’re talking about here today spans, you know, all of our facilities and all of our institutions in Victoria if we’re going to have a successful approach and, I think, certainly, in the year that I’ve been in this role, my observation would be that my focus, when it comes to performance, has been on things like do people get seen in four hours in emergency and are they getting their elective surgery on time? Do we have successful boards from a more sort of traditional corporate governance perspective? Are hospitals’ financial sustainability, in terms of their availability of cash etc? What I think we increasingly need to look at, if we’re going to bridge this divide between that performance kind of prism and one which increasingly includes dimensions around sustainability from an environmental perspective, is think about how we translate some of the challenges and some of the objectives, some of the metrics into a format that I can then use to hold meaningful conversations and hold people to account for performance against in a sustainability sense and, so, in the four dimensions that I work in, I think there are a lot things we can do. So, I look at quality and safety, where clearly, with our friends in HPV and with health services directly, we can challenge the way that we currently look at packaging for the instruments we use in a health services environment, just as one example of the way that we can reduce waste, without compromising quality and safety for patients.

In the access and timeliness space, which is probably the one where I spend most of my life working on, there is a sweet spot around community expectation about where they experience care. So, you know, my observation would be we have a Medicare system that sits behind us that drives us - literally drives us to – literally drives us - to go into see primary care providers for test results that can be delivered over the phone. There’s an advocacy role there for State Government with the Commonwealth around much more efficient ways for people interacting with health professionals that also reduces waste, in terms of petrol. We think about the number of people who drive to their GP in the height of summer with their air-conditioning full blast, which could be avoided in, you know, a multitude of different scenarios. At a hospital level, obviously, we have an objective in the access and timeliness area to work with health services about programs that could avoid people coming into an acute setting, where we do churn through, as Robert’s statistics show, a lot of energy, a lot of packaging, a lot of waste that could potentially be avoided if we made better use of home-based care and our primary care platforms.

In the governance and leadership domain, which is the third kind of dimension of performance that I look at, I was really encouraged to hear Colleen’s comments and the leadership that Western Health have taken on in this space and other health services increasingly doing the same. So, we’re looking at the moment at, you know, how do we train and prepare boards for all dimensions of their role? We focused so far on training and, you know, how do we look at clinical data and work out whether

you have quality and safety risks that are emerging? We’re looking at clinical governance, we’re looking at finances. I don’t think we’ve yet done enough in the area of actually preparing boards to look at their leadership role in the sustainability space and, I think, that’s not in some ways a difficult task. We have some fantastic examples now emerging that we can translate into meaningful programs for boards.

The other thing in the governance and leadership and engagement space and the words ANF were mentioned earlier, in terms of union advocacy, there’s a lot of things from the bottom up in health services that we can encourage. So, a lot of health services are limited by their built environment sometimes, in terms of how much they can deliver and our capital pipeline of changing things and rebuilding takes time but, in the meantime, there are lots of things driven by staff themselves that could, at a service level, or at a whole organisation level, change things, particularly in that area of the kind of consumables that health services use and the behaviours that we in our service delivery models that we use to deliver care in Victoria.

Then, lastly, but probably most importantly, financial sustainability – so hospitals are cash-strapped, all around the world and what Dan said earlier, resonated with me that the more you look at potential ways to drive sustainability, the more you also uncover things that could save money for the health service to translate to more meaningful deliverables. Like, more episodes of care or, you know, a number of different things that would actually mean more to a patient. So, I think, again, going back to the comment right at the beginning, what we’re really grappling with and trying to find are sweet spots in each of those four domains that allow for health services to say, yes we can deliver on our kind of performance in a traditional sense, but we can also deliver on performance from a sustainability point of view and, I think, you know, our journey going forward in the Department has to be one where we don’t see it as the Building Authority’s role, because our approach cannot be successful if we rely entirely on Robert and his team to really drive this debate with health services. It has to be one that, in our performance conversations and our approach to driving accountability of health services, that in all of those conversations, we’re very conscious of sustainability objectives and that we’ve translated them to meaningful questions, things that health services can do, wherever they’re sort of are on that trajectory of change and that we can demonstrate that achieving sustainability objectives goes hand-in-hand with other approaches to performance.

Thanks.

[Applause]