**Panel**

**Stan: Colleen, can I start with you? You’re on a board. You spoke about your perspective. Obviously passionate and knowledgeable on environmental sustainability matters, as a practitioner. What about your other board members? How do they perceive sustainability?**

Colleen: Thanks, Stan. I think we’re all largely on the same page. Sustainability becomes a part of the conversation within our board meetings every month, depending on the agenda items that are coming before us. We also have the environmental road map updates provided to us twice a year and, as has been mentioned, procurement is a regular component of our board decision making and the involvement of environmental considerations into our procurement processes is also something of interest to board members.

I think going forward as well; board members are particularly interested in the space around community health and, so, and we are still learning in that space and there’s been mention about diabetes and I think also heat stress, and the consideration of climate change is something that may be an emerging issue going forward that we’ll need to keep a watching brief on.

The thunderstorm asthma issue that we experienced, that all hospitals experienced was a new and emerging climate associated health issue. So, there’s a lot of discussion around where we need to place our head going forward and in the planning processes and our board responsibilities.

But also, in regards to practices within the hospital. As I said, going back to procurement and considering how we build our sustainability into the procurement model. So, the board is expecting financial and non-financial criteria and that’s certainly adjusted depending on the item that’s being procured at the time and I think we’ve had some recent wins with that within Western Health around pharmacy and one other area of procurement, where the environmental criteria were actually raised to have more weight.

**Stan: Thanks, Colleen. Rob, 20 billion dollars of assets and your portfolio, another 4 million in capital works in coming years. How are you going to make sure the environmental sustainability strategy is embedded in the Authority’s work?**

Rob: So, the way we’re tackling it is making it mandatory. Most people not involved in the infrastructure business probably don’t realise that 60% to 70% of the cost of owning and having a facility is actually locked in at the very, very start when we design it and, if we get the design wrong, then obviously that leads to the sorts of operation complexities that Dan has to live with day by the day and, so, the approach we’re taking is that - I mentioned the term ‘design matters’. So, we’re actually going to make it quite clear that when we design something, we’re designing it with sustainability in mind. For not just the operating cost point of view, but there’s a longevity issue. We can’t replace 30 million dollars’ worth of assets ever 25 years. We just don’t have the money. So, they’ve got to last, for starters. And, funnily enough, if you actually design it to last, you can actually embed a lot of the sustainability thinking into the design and then the other aspect of it is changing the language. I used the terms ‘places versus buildings’. So, we’re actually starting to take a different approach to the front-end loading, if you like, of the whole infrastructure pipeline.

**Stan: Thanks, Rob. Dan Jefferson, you’re in the business of measurement obviously, measuring value. What we measure gets managed. How do we measure sustainability and how do we measure it with some of those competing interests, in terms of other aspects of value?**

Dan J: I was hoping the audience might answer that for me. As I said in my sort of opening gamut, I think, I actually think we’ve yet to translate into the framework that I look after - the kinds of metrics and the meaningful measures that would help me have those conversations with CEO’s and boards. I think the next twelve months may well be that period for us to work across the sector, to think about the things that make most sense and I know David may have a view from the NHS but there are concepts around the world as well emerging, like care miles and things that we might start to think about in terms of the patient experience because I think if we try and make it too technical and kind of bureaucratic, we remove some of the energy and enthusiasm we might get from both clinicians and also from the consumers coming into healthcare about what we’re trying to achieve. I think that’s probably the other challenge. There are some measurables that will make sense from a corporate perspective and probably some measurables that we need to think about from a community perspective that make sense to them and to clinicians as well.

**Stan: Thanks. David, the UK perspective on measuring value. How have you managed it over the last 10 years in your role?**

David: Well, we’ve been very lucky. In the fact that one of the speakers has already said the advantage of integrating these issues - not seeing environmental sustainability as something over there that we do on a Wednesday afternoon when we’ve got a bit of spare cash - integrating it. I think the most effective intervention in the UK has been simply integrated reporting, at a board level. I was at a conference yesterday where one fantastic speaker got up and said, “I wish to be held to account for what I’m trying to do” and that’s the message you need to send out.

I think we need to report on that. I think triple bottom line - remember you said ‘triple bottom line’? - in terms of reporting on the combination of health benefit, the combination of financial benefit and the combination of the resources that make all this sort of stuff simple. It’s very important. If you go to a commercial world and many of you have been in the commercial world - you’ll know exactly what triple bottom line reporting is and the sector that has most to gain from it is the sector using it the least, and that’s us.

**Stan: Okay. Julia, you’ve got an important stakeholder there in the Pope with the Encyclical. How have you integrated reporting against the Encyclical into your reporting framework?**

Julia: That’s a good question. What we did when we developed the approach - and thanks to Lisa and her work - we had six pillars that we reported against and, so, helping the board and the executive and reminding them what are those approaches and then showing them ways of what we did - because it’s not easy to say, “Okay, one of the pillars or objectives is raising awareness”. How do you measure that across a big system with that many employees? And it’s sometimes anecdotal. Sometimes it’s concrete where we can give numbers and figures. Sometimes we can’t and sometimes the best that we find that happens is that a board member on a site visit or an executive member on a site visit - the staff will start telling them the stories of what’s happening locally and that’s the way that it’s working for us, not so much the other way round of we’ve determined every single outcome, every single KPI. We’ve kind of gone grass roots up and then they tell the story and that keeps inspiring the executive and the board to keep accountable. And, I was just thinking again

about Colleen’s role and our board and one of the things is that my role gives me access to them in another way that you can help keep it at the front of everyone’s mind because everyone’s got so much going on. So, how do you compete with multiple things all the time and I think we were talking about this when we were sitting there. You know, clinicians are under pressure, staff are under pressure and part about my job is keeping the system inspired to keep focused and measure and do other things but it’s not just me; it’s a whole team of people.

**Stan: Thanks, Julia. Dan Douglas, your stakeholders are local. You talked about that strong connection to your community. How have you demonstrated value to your local community and then I think I’ve got one question right at the back.**

Dan D: Well, the key thing for us is to keep our local community engaged, to show that the things that we do on our campus - particularly around sustainability - meaningful to them and we’ve had a whole community of participation project going over three years with Latrobe Uni, where we basically asked them what they wanted. We made sure that we listened. We made sure that we responded to what they want. So, there’s a real ownership that they have with our service and we really put their perspective in our thinking on a day-to-day basis, just to make sure that we’re actually delivering to what they’re after.

**Stan: Thanks, Stan. And we’ve got time for one question. It was right at the back. I’m sorry, because I’ve not managed the time too well.**

Charlie: Charlie Oakes from Point Advisory. You’ve all talked about different focus areas for sustainability in your different roles. I guess I’m interested in understanding what you see as being the main barriers to overcoming to making progress in those areas. And maybe as this is the last question, we should end on a positive note and you could say that if you had a magic wand, what would you do to move past those barriers?

**Stan: We might take a very quick comment. We’ll start with you, David, and we’ll work through the panel.**

David: Well, I mean, the barriers are nearly always perception. So, innovation is the process of removing barriers and most of those barriers are in people’s heads and when you remove them, they’re not always grateful. So, you have to be really up front and clear because people in general do not like change and you have to and - what Dan was saying about embracing your colleagues. Most of the great ideas out there are already happening. The health service is big enough - so big, you’ll always find someone doing something right. We need to industrialise permissions and remove those barriers by showing people that maybe they’re wrong or maybe the innovation comes from below, not above and don’t certainly wait for politicians above to permission you. There is plenty of permissioning from above, it’s from below that should give permissioning.

**Stan: Thanks, David. Colleen?**

Colleen: I’d like to touch on funding and if I could be ... to draw, I guess, from local government, most municipal councils - certainly in metro - will have a community grant program. So, they allocate some money to community grants and community organisations bid for those funds into what they think are great projects that are capacity building and benefit the community.

So, it would be a little bit cheeky and to maybe put sustainability up in lights a bit more across the health industry, that perhaps in the future there could be a discreet funding pool, specifically for sustainable funding and hospitals can collaborate or they can bid individually into that pool of funding, rather than trying to find the money within our own budgets.

**Stan: Thanks, Colleen. Dan?**

Stan: We don’t look at barriers. We actually look at opportunity and it’s a whole mindset change. So, for example, with the funding for our solar panels project, that’s a terrific opportunity but our community also had in the back pocket another model that would have delivered something similar and they’re also working on a solar farm project. So, if you engage with your community and, as David said, just listen to all the opportunities out there, they’re not barriers; they’re just opportunities.

**Stan: Julia?**

Julia: There’s so much to say but I think that the thing that comes to my mind the most when I think of barriers is more about how people working at the front line are under pressure all the time and, then in turn, executives and then boards are accountable.

So, how can you get people to think it’s not just another task, another thing we have to do? So, one of the things for us is we built our approach on some of the works of Margaret Wheatley and she talks about how you evoke generosity and creativity in people. So, we’re trying for our approach at Mercy Health to keep that going, so people can keep ... not lose heart and, I think, David - I’ve seen some of his work before and he talks about hope for action and that’s what we hope we do in some of our work which, hopefully, not eliminates the barriers, but at least assists.

**Stan: Thanks, Julia. Dan?**

Stan: With the week I’m having, I’m tempted to say time and space are the barriers to actually engaging with the issue. I think probably for me the key is broadening the actions and making it less of a champion-based sport and more of something that engages and involves the whole board, the whole organisation, that we become mainstream through our performance approach and it’s not seen as a niche objective, but something that actually involves all of us.

**Stan: Thanks, Dan I can see lots of nods in the audience. Joe?**

Joe: I think the biggest barrier from, a procurement perspective, is how you can introduce the sustainability change. You know, I think getting uptake on all sustainability issues is perhaps pushed back at a senior level because the cost impact is too great. So, it’s about how we actually achieve sustainability at a cost that’s acceptable and doesn’t put the pressure on the budget.

**Stan: Rob, with your magic wand, what would you do?**

Rob: I think the barrier is in the thinking. You know, people being faced with big challenges and big problems in big systems like to have this tendency to over-complicate things. You know, government is not saying, “Don’t try and solve the sustainability”. It will be a multitude of very, very small initiatives - millions of them in fact - that together, they actually all add up to sustainability. People

just need to stop looking for the big wand that solves for everything on a whole of organisation or a whole of system solution.

**Stan: Thanks, Rob. Can we please thank our panellists for a spirited discussion?** [Applause]