T R A N C S R I P T

STANDING COMMITTEE ON THE ECONOMY AND INFRASTRUCTURE

Inquiry into infrastructure projects

Melbourne — 18 October 2016

Members

Mr Joshua Morris — Chair
Mr Khalil Eideh — Deputy Chair
Mr Jeff Bourman
Mr Nazih Elasmar
Mr Bernie Finn
Ms Colleen Hartland
Mr Shaun Leane
Mr Craig Ondarchie

Participating member

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Witnesses

Ms Pip Carew, assistant secretary, and

Ms Libby Muir, professional development and environmental health officer, Australian Nursing and Midwifery Federation, Victorian branch.

The CHAIR — I will go through the formalities. I will declare open the Standing Committee on the Economy and Infrastructure public hearing. Thank you to our witnesses for making themselves available this afternoon. Today the committee is hearing evidence with regard to our infrastructure inquiry, and this evidence is going to inform the third of at least six reports that will be tabled by this committee. All evidence is being recorded, and the evidence today is protected by parliamentary privilege. Therefore you are protected for what you say in here today, but if you go outside and repeat those same things your comments may not be protected by this same privilege.

At this point, I might ask both of you to introduce yourselves and state your roles with your organisation, then move into any other introductory comments, and then some questions from the committee will follow.

Ms CAREW — My name is Pip Carew. I am assistant secretary at the Australian Nursing & Midwifery Federation, Victorian branch.

Ms MUIR — I am Libby Muir. I am the professional development and environmental health officer at the Australian Nursing & Midwifery Federation, Victorian branch.

The CHAIR — Are there any introductory comments you might like to make?

Ms CAREW — I suppose just to give you a bit of an overview of the federation and the work that we do, we have over 75 000 members who work across Victoria in all sectors — public, private, not for profit, local government — and in all clinical areas. Our members have an interest in this topic because they clearly work in health services which directly relate to their practices in those health services as well. as well as representing our members industrially and professionally, we also advocate on behalf of our members in relation to better health outcomes for the community. The area of infrastructure of course relates directly to how buildings perform, and how work practices can be carried out within those buildings is important to our members as well.

The CHAIR — Ms Muir, is there anything else you would like to begin with?

Ms MUIR — Nothing to add to that, thank you.

The CHAIR — Very good. We might move into some questions, then. I certainly recognise that the question I am about to ask you is a very broad question, but I am just wondering if you might be able to give us an idea of what you think the important infrastructure priorities for Victoria should be in terms of health infrastructure. It is a very broad question, I know, but I am wondering if there are any stand-out priorities that should and need to be addressed now and into the future.

Ms CAREW — I guess there are two main areas in respect to infrastructure, and one is building new health facilities. I understand that you have recently heard from Bendigo Health about their new build —

The CHAIR — Just prior to yourselves, yes.

Ms CAREW — which is an exciting project that they have undertaken and has included a number of environmental features, which translate to cost savings. I guess from our perspective a lot of our members are working in existing health services that are subject to refurbishments, changes and expansions, but even if they are not, there is still the opportunity within those health services to implement and introduce measures that make them perform better in terms of the environment. I think it is really important to say that no matter what you think about environmental performance and reducing carbon emissions — which we think is incredibly important, because it affects health outcomes for the community — there is the inextricable link between environmental performance and cost savings. There is absolute evidence of that throughout the sector, and we have got many, many examples of those sorts of initiatives which have translated to health dollar savings.

Unfortunately there has been an inconsistent approach and a lack of coordination in respect of supporting health services to implement those initiatives, but we are absolutely delighted by and we very much welcome the reinstatement of the government's greener building scheme. Unfortunately this scheme was axed under the previous government, and it actually left in limbo a lot of health services that had all these proposals and projects pending to introduce initiatives like solar panels and other measures. We understand that there was potentially a loss of $21 million as a result of not being able to implement those initiatives.

The CHAIR — We often hear about the difficulties facing health care in metropolitan areas in terms of emergency rooms being overcrowded, long wait times and that type of thing, but I am a regional MP, so I am interested to understand the challenges and how they may be overcome in regional areas in providing health care. We know that healthcare outcomes in regional areas are much lower than we often see more urbanised areas. What can be done in terms of investment into infrastructure to help support those health outcomes in regional Victoria?

Ms CAREW — We have got some examples in major regional areas. I think I will probably ask Libby to talk a little bit about Barwon Health, but something that pops into my mind is Yarrawonga. I do not know whether that is where you come from — —

The CHAIR — No, Ballarat is home.

Ms CAREW — Oh, well, we can talk about Ballarat, too. In Yarrawonga, for example, they have implemented solar panels that actually provide only 15 per cent of their energy yet save $50 000 per annum for the small investment. When we think about health, health is a big consumer of government funds. You only have to make small investments to generate those sorts of savings.

The CHAIR — Anything else?

Ms MUIR — I guess, going further from that, if you are taking those savings and you are wanting to improve infrastructure that is broader than the discussion I am hearing coming from here, when you put environmental sustainability central to all infrastructure planning you are putting in savings that can expand and improve the long-term picture in those areas. I guess reiterating what Pip is saying in terms of the cost savings that are made — and you probably would have heard that through Bendigo — if we were to talk about Barwon, it also impacts on the long term and the rest of the facility if you are putting environmental sustainability in your infrastructure planning.

Ms CAREW — And for Barwon Health they have a quite extensive renal program. They have implemented a number of initiatives, but one in particular was solar-powered dialysis. In doing that they reduced the costs of their power bills by 85 per cent. That has been quite an initiative. They also looked at home dialysis. With home dialysis the cost for three treatments is equivalent to running a household for a week or something like that, so with an investment of about $3500 to $4000 not only does it cover the costs of the ongoing dialysis but also 80 per cent of the power bills for that household. Barwon Health have a very good story to tell about water savings as well with their dialysis programs. They have saved — I just have to find it, sorry. Have you got it?

Ms MUIR — I have got it here. In a dialysis water flow just running a dialysis machine pours 1.1 litres of water down the drain per minute. They have worked out a system in the infrastructure to recycle that water and use it in their showers, their toilets and throughout Barwon Health. By doing that it saves them 100 000 litres of rejected water a week, because they re-use that water. It is clean water. It does not go through the dialysis machine; it does not need to be recycled, but it is not drinking water, but it can be used for those other things. It can be used in autoclaving, in cleaning — in all those areas. That again is an ongoing cost saving to the health service.

Ms CAREW — And $13 000, I think, was the calculation for that.

Ms MUIR — For one unit, not for the whole hospital.

Ms CAREW — And, as you know, in regional Victoria there are these satellite dialysis units. They are funny little units, often not very well supported by infrastructure and set up in old buildings, but, yes, there are enormous savings that can be made as well.

Ms MUIR — And reinvested into that infrastructure that is really necessary.

Ms HARTLAND — That is really interesting about Barwon. I think it is really interesting that it is specifically around dialysis, which as we know, especially in regional areas people do have to travel huge distances for. You would think with those savings you could actually then set up more chairs in other places. Do you think the savings are such that that could be possible?

Ms CAREW — Yes, we think there are real possibilities that are untapped for that. Victoria's population is growing. I think the projection is that it is about 100 000 per year. We know that renal disease is a big problem, so we need that sort of investment back into providing those services. And of course transportation, apart from the inconvenience for the family and the cost, also translates to omissions — carbon emissions. So being able to access it locally is a much better option.

Ms HARTLAND — So for someone who is able to do dialysis at home with the solar panels running it, what is the cost saving? Have you got any idea of what the cost saving is to the health system for home dialysis?

Ms MUIR — We do. I have not included it here, but it is very significant, to the health service, because it is overnight usually. It is also economically important too, because it means that the person during the day can live much more of a normal life, and it just makes sense on that side of things as well. So it has a dual benefit.

Ms HARTLAND — Having seen a few friends go through dialysis — their never being quite sure where they were going to do it next week and getting moved around. I know for a particular friend who just kept getting moved around, once he was able to establish it at home it just made all the difference in the world. That is really interesting.

The other thing is — and this is probably a bit of a hobbyhorse of mine — Footscray Hospital. I wonder whether you could talk to those issues about how bad an ageing infrastructure affects the workforce, because I live quite close to Footscray Hospital, and being a bit accident-prone I have been to the emergency ward several times. It has great staff, but shocking rooms. There must be other examples out there that you have encountered where the staff are great but the infrastructure is really poor. Do you think that actually has an economic effect and certainly a wellbeing effect on staff?

Ms CAREW — Absolutely. From the feedback that we have had from our members, the problem with the older models of health services is that the initiatives that a lot of our members consider should be part of modern practice, such as waste streaming and locating the appropriate vesicles to reserve that and manage that, is not always possible. Emergency departments are an example of that as well, because there is just not actually the physical room to do it. So there is a frustration, because a lot of people have these practices in their homes, and they want to actually go and work in an environment that replicates their thinking about what you should be doing as a citizen for the environment. So I think that does sort of weigh heavily on some people, as well as the other considerations about how the building performs generally.

Ms HARTLAND — Do you think it would be worth the government doing financial audits of ageing facilities to see what they actually cost in comparison to, say, what Bendigo will cost?

Ms CAREW — Auditing the — —

Ms HARTLAND — In an older facility, auditing the actual economic cost and also the fact that you are always patching up the maintenance. It is always in bits and pieces.

Ms CAREW — I think that would help. If there is data required as a driver, even though I think it is available in a lot of areas, including in the financial reporting of health services, then that would help, yes.

Ms MUIR — I think too, on that point, if you think about health services, as we have known for a while, they are one of the most energy intensive. It is the old buildings and the old systems. Sixty-five per cent of the energy they use — a 300-bed hospital is estimated to be about 5000 households in its energy use, so if you looked at an old infrastructure and did an audit on what the cost compared to newer, well-built infrastructure would be, there would be cost savings, as with everything. I mean, the solar panels at the unit in Barwon were funded by an external private person, yet they have brought an over 80 per cent saving to the unit. So the benefits are potentially huge.

Mr LEANE — Thanks for your evidence. I was just interested in, and I understand that there is a lot more input from nurses and midwives around the final product of a new capital works project. I do not know how long it has been, but I know there have been for a while discussions with that particular part of the workforce about the best practices for yourselves. Architects are great, but they are not the ones that have to deliver the nursing and so forth. I am just interested in your comments around that.

Mr CAREW — I think with new projects there are focus groups and so forth. I think there really must be also an emphasis on the work systems in place to support the building. We have got a number of really well performing buildings, but at the same time sometimes our members come to us and say, 'The work practices, there is not the proper waste streaming. Management of certain things aren't encouraged sufficiently or maybe only operating in certain wards or units and not across the health service'. I think it is the integration of how the building performs as well as supporting those work practices that are really central to the cost savings. Waste streaming is absolutely imperative as a driver to do that. In Victoria the figures are that we had an equivalent to $17 million worth of general waste back in 2011–12 or something. It was determined that 85 per cent of that waste went into general waste and was improperly streamed.

We have got a problem with clinical waste as well, because clinical waste is very expensive to dispose of. We often find that in those high-need clinical areas like ICUs and theatres, because of the very rushed practices, things go into clinical waste that should go perhaps into general waste or recycling. Melbourne Health, for example, has done a waste streaming project. They have demonstrated the significant cost savings. In their ICU alone there have been tens of thousands of dollars saved because they have implemented that practice. I am not sure whether that has answered your question.

Mr LEANE — I was sort of more going around the medical treatment rather than the environmental treatment. No, I appreciate your response, and I know you are here to talk about improving environmental practices, especially in our new capital works and in retrofitting some of our old ones. I have had conversations with architects and health network people that have said that it is really important that when they are designing a new health facility the actual people that are going to be doing the nursing have a big input into where things might go or the obstacles and so forth. I do not know whether you have had that conversation.

Mr CAREW — Look, we have. Sometimes our members have called us in. We would like the federation involved from the get-go with any new project. Sometimes health services are not always embracing, and we think that would be a real help, because we think we have opportunities to not only liaise with our members and to coordinate but to actually provide input.

Mr LEANE — Yes. As I said, your members have the experience and work there every day.

Mr CAREW — They do. They know.

Mr LEANE — So your input would be very important, I would expect.

Mr FINN — There is not a great deal that Ms Hartland and I agree on, but one of the things that we do agree on is the need to rebuild the Footscray Hospital. What are your members telling you about their experiences in the Footscray Hospital at the moment and over, I suppose, recent years?

Ms CAREW — Services are stretched across Victoria, but there is absolute delight with the prospect of the new Joan Kirner hospital being built. We think that that is going to be a great initiative, and we hope that that infrastructure project will be similar — and we imagine it will be — in relation to the Bendigo project as well.

Mr FINN — But what are we hearing from the Footscray Hospital? That is what I asked specifically.

Ms CAREW — I really cannot give you any particular information about the Footscray — —

Mr FINN — So the place is falling down, it should have been bulldozed 20 years ago and rebuilt and nobody has said anything to you at all?

Ms CAREW — No, everyone knows it is a facility that requires upgrading, if that is what your question is.

Mr FINN — No, I think my question was very clear. I was asking how the dilapidated state of the Footscray Hospital was impacting on your members' ability to do their job and what their feedback to you was on that.

Ms CAREW — Well, our members are very committed to their work, they love looking after their patients and they would be very pleased to have a better health service to provide that care in.

Mr FINN — Well, we will go on to another line of questioning. There is about to be a ballot held for the nurses EBA, as I understand it, and I was just wondering if you could please outline the major changes to this EBA from the last one.

Ms CAREW — One of the big changes, I suppose — and one that we are very pleased about — is the service delivery partnership plan that has been agreed on between the government and the federation on behalf of our members. Part of that plan is also about implementing environmental projects to improve the performance of health services, so that is a really great initiative. It has never happened before, and we are really pleased that that is on the agenda because that will translate directly to cost savings.

In the past what we have seen is that there have been inquiries and schemes that have started and stopped and started and stopped, and I think for the first time we are actually seeing a real commitment to going forward with this area for us. We are also very pleased about the government's TAKE2 pledge about reducing emissions, and the ANMF is a founding partner for that. We think that very much links with the service delivery partnership plan as well.

Mr FINN — Are there any positives for the nurses apart from the environmental side of things?

Ms CAREW — Yes, there were significant wage outcomes as a result of the EBA and a range of other measures as well. How that relates to infrastructure — I can talk about the EBA if you would like, but I think the wage outcomes are very significant and very pleasing because, as you would know, nurses over the last 15 years have had to fight for patient care, and under this government we now have the safe patient care act. We have ratios enshrined in that act — nurse-patient ratios.

This state is an absolute leader. Our secretary is going over to Canada later this week to talk in Quebec about the safe patient care act. This is just one of the many invitations. Victoria is a leader. So that has been a terrific outcome that we have now been able to concentrate on wages and conditions and have those workload measures safely enshrined in an act of Parliament.

Mr FINN — What is the cost of the EBA in each of the first four years?

Ms HARTLAND — Can I just stop you there? I am just a little concerned — —

Mr FINN — Ms Hartland, I did try to ask her about the infrastructure, but she did not want to answer that.

Mr LEANE — This is turning out to be bushfire preparedness.

Ms HARTLAND — This hearing is not — —

Mr FINN — She did not want to answer. She did not want to talk about the Footscray Hospital, so we will move on to something else.

Ms HARTLAND — I was not aware this hearing was about the EBA. When you look at what is here, it is about infrastructure.

Mr FINN — She has given the government a big rap. You should be supporting it.

Ms HARTLAND — I am just wondering what the EBA has got to do with this; that is all.

The CHAIR — Obviously we have heard about potential savings through environmental measures for hospitals and the like, which will have a positive impact on the capacity to invest in infrastructure. One might assume Mr Finn might be exploring the impacts that an EBA negotiation in terms of wages might have on the government's capacity to invest in infrastructure.

Ms HARTLAND — I do not see anything in these terms of reference that is about the EBA.

Mr FINN — I do not see anything about the environment either, but — —

The CHAIR — I think it goes to the capacity to invest in infrastructure, so Mr Finn may continue.

Mr LEANE — I do not think it has hindered the capacity to invest in a number of capital works projects.

Mr FINN — Well, should I ask you the questions?

Mr LEANE — It is actually a record spend.

Mr FINN — You go over, and I will ask you the questions.

Mr LEANE — No, the Chair has just made a ruling around the impact of this reference.

The CHAIR — Order! Mr Finn, if you would like to continue.

Mr FINN — Well, I will repeat the question. Do you know the total cost of the EBA for each of the four first four years?

Ms CAREW — I am sorry, I cannot answer that. I do not know the total cost.

Mr FINN — You do not. Okay.

Ms CAREW — Sorry, I cannot help you there.

Mr ONDARCHIE — I am just interested about when, responding to Mr Finn, you talked about the safe patient care bill — the nurse-to-patient, midwife-to-patient ratios. Could you just tell me what is happening with those nurse-to-patient ratios?

Ms CAREW — Can you be a little bit more specific?

Mr ONDARCHIE — Okay. Well, that bill was introduced and passed the Parliament in October 2015. Is that now happening in the workplace?

Ms CAREW — Yes, they are.

Mr ONDARCHIE — Is it the intention then — because I think the government talked about this at the time — that they would remove that element out of the EBA as a result?

Ms CAREW — Yes, in an act of Parliament.

Mr ONDARCHIE — Has that happened?

Ms CAREW — Yes.

Mr ONDARCHIE — So you have taken it out of your claim?

Ms CAREW — Yes. As the new enterprise agreement comes into play, those workload measures will transition into the safe patient care act, and that has been passed in Parliament.

Mr ONDARCHIE — Okay. I remember, at the time we talked about this in the Parliament, the government talked about further improvements that would be made to ratios over time. What would the federation like to see in terms of further improvements?

Ms CAREW — I guess the sort of further improvements that we are looking at are extending ratios into areas where they do not currently exist, for example, so — —

Mr ONDARCHIE — Which are those areas?

Ms CAREW — Well, that might be a day procedure centre. It may be dialysis, for example, or those sorts of areas. It may mean some improvements as well.

Mr ONDARCHIE — Has consultation on those sorts of things started?

Ms CAREW — Not yet, no. It has not started as yet.

Mr ONDARCHIE — Not yet. Is the federation aware of any health services that are operating over ratio or under ratio? I am talking about the current workload management arrangements.

Ms CAREW — I could not give you specific examples. Just to explain, the ratios are the baseline. If the acuity of patients requires additional staffing, then that will happen in the health service. Often managers recognise in a lot of areas that sometimes there is a demand, and to ensure patient safety additional resources may be allocated.

Mr ONDARCHIE — So the federation are saying they are not aware of any health services operating over or under ratio at the moment. Is that what you are saying?

Ms CAREW — I am not aware of any under ratios at the time. We are a big organisation, but I am personally not aware of any particular problems at the moment.

Mr ONDARCHIE — Do you not find that a little extraordinary — that at the local level your membership would not be alerting you to instances where they are operating under ratio?

Ms CAREW — I do not think there is a problem is probably the answer to that.

Mr LEANE — What does that got to do with capital works?

Mr ONDARCHIE — It is just that Pip introduced to the whole safe patient care thing when she responded to Mr Finn; that is all. I was just picking up her responses; that is all.

The CHAIR — I was hoping to ask whether or not you have a cost estimate for the addition of the new family violence leave. I am wondering if you have got an estimate of the cost of that provision in the EBA.

Ms HARTLAND — And again, what has that got to do with infrastructure, Chair?

The CHAIR — Again, Ms Hartland, I think it goes to the point that —

Ms HARTLAND — No, it does not.

The CHAIR — if there are costs in one area — —

Ms HARTLAND — This is an inquiry about infrastructure, not about the nurses EBA.

The CHAIR — Well, we have certainly heard a lot of evidence with regard to cost-saving measures as a result of environmental impacts upon buildings. That is a positive — —

Mr LEANE — Relevant to the reference?

The CHAIR — Yes, as is this.

Ms HARTLAND — Where is it relevant to the reference?

Mr LEANE — Have you got a problem with the family violence leave?

The CHAIR — No, I did not have any problem with it at all, Mr Leane. I am just wondering whether or not you do have an estimate of the cost for the family violence leave?

Ms CAREW — No, I do not.

The CHAIR — Would you be able to provide that to the committee on notice?

Ms CAREW — Yes, if it is relevant to this — —

The CHAIR — That would be very much appreciated if you could.

Ms CAREW — I find it an incredibly unusual question, and I am happy for you to explain the relevance of it, if you would like to.

The CHAIR — As I have previously said, we are talking about impacts on investment into infrastructure, and obviously every measure is going to have a budgetary impact, so to get an understanding of what that is is why I posed that particular question.

Ms HARTLAND — I have a question about actual infrastructure. If we could go back, you had started to talk a little bit about the green buildings.

Ms CAREW — The Greener Government Buildings scheme?

Ms HARTLAND — Yes. Can you talk a little bit more about how that has affected infrastructure and what kind of benefits that has had to health infrastructure?

Ms CAREW — What I can say about that is that it was a scheme that was axed by the coalition government. When it was available to health services, they were able to commence capital works in a way that was manageable in terms of their budgetary requirements. What changed was that there was a loan scheme implemented, and of course that makes it difficult. It makes it difficult for government to find the money, and also it is difficult for the health services that funds are loaned to, because they then have to pay it back. We know that there were multiple health services, both regional and metropolitan, that were waiting for pending projects. I think Austin Health was very keen on solar panels. So there was quite a level of disappointment in relation to that.

Ms HARTLAND — And you were saying that that has been reinstated?

Ms CAREW — Yes, as of August this year.

Ms HARTLAND — Has any money from that been rolled out yet?

Ms CAREW — I think Peninsula Health has accessed — —

Ms MUIR — Yes, that was one of the peak groups that was listed for that. My understanding is that it is $33 million over two years at this stage.

Ms CAREW — For all the government buildings —

Ms MUIR — Not just for health.

Ms CAREW — and health will be able to access that.

Ms HARTLAND — So with Peninsula Health, what was the project that they — —

Ms MUIR — There has not been. It has only just recently been announced, so there is no detail.

Ms HARTLAND — Yes, it was only August. That would be really interesting. As you get feedback on that, if you could supply that to the committee, I think that would be really good.

Ms CAREW — Yes, sure.

Mr LEANE — I am sorry to bring you back to this, but I want to get some context. The last government, I accept, did put some money into some capital projects, but this particular government has made a record spend on capital projects, as in the Joan Kirner, the Monash, the heart hospital, the Maroondah breast care centre, the Angliss, so there is a record spend — —

Mr ONDARCHIE — Written and authorised by Shaun Leane for ALP Melbourne.

Mr LEANE — I am getting there. You opened this can of worms.

So the EBA that you did with the last government, because they spent nearly half in capital works what this particular government is, did you get twice as much of a pay rise in that EBA as you did in this one? If it is all relative about capital spend versus a pay rise, is that the case?

Ms CAREW — Look, I am not sure of that particular correlation, because I understand they are different budget centres. I do not know about the calculation, but it was a significant wage increase for our members, and so there is parity with New South Wales, because Victoria had fallen well behind. We were one of the worst paid. You are smiling, but it is true — —

The CHAIR — I am not smiling.

Ms CAREW — We were one of the worst paid in the country, so that has been an important catch-up for us.

Mr LEANE — I am sorry I missed the start of your presentation — —

Ms CAREW — That is okay.

Mr LEANE — As far as membership of your federation, in the last term the previous health minister used to call you the 'ANMF union'; he was pretty fond of that. How many nurses and midwives do you currently represent in Victoria, to give context about who you speak for?

Ms CAREW — Over 75 000.

Mr LEANE — And I would imagine that is quite a high density in that sector.

Ms CAREW — Absolutely. We have seen the interest and passion that nurses have to contribute to an improved health service and improved outcomes with respect to how infrastructure works, how waste is managed and water is managed. Over the last three years we have just seen an incredible enthusiasm coming forward. What they do not have is the support of health services and that coordinated approach to help them roll out these measures so that there really are significant savings that can be achieved throughout the health sector.

Mr LEANE — I do not know if I should have declared this earlier, but I am happy to declare that my mother was a member of your federation for decades.

Ms CAREW — Was she? That is lovely.

Mr LEANE — So I will put that on the record.

Mr ONDARCHIE — I do pick up your comment about nurses, their passion for improved health services and patient outcomes. I want to then draw your attention to Northern Health, in probably one of the fastest growing growth corridors in the country — a huge multicultural community. A & E is stretched, maternity is stretched, there are mental health problems and the challenge of different cultures out there. I have volunteered for shifts in the ED and on the ward, and I have to say the nurses out there are doing a fantastic job with a huge demand on their time because the people are just coming in the door. The City of Whittlesea, for example, gets 173 new residents every week, so you can imagine when you amortise that into what is coming into the door of the hospital, it puts such pressure on the nurses out there.

The former coalition government committed $100 million to grow Northern Hospital for extended beds and facilities. That commitment was withdrawn by the current government. So my question is: does Northern Health need more facilities and improvement out there?

Ms CAREW — From what you are saying, I would say so.

The CHAIR — Thank you both for your attendance today and providing evidence to the committee.

Ms CAREW — Can I just add one more thing — would you mind?

The CHAIR — Certainly.

Ms CAREW — What we have talked about is having a coordinated approach across health services, and one of the things that we would suggest and recommend is the adoption of the *Global Green and Healthy Hospitals* agenda. We have got copies of this agenda here today that may be of interest for you. This is a global network of over 700 health services, and some of the health services in Victoria belong to this. It is about signing up for goals and commitments to some of these items that include transport, energy, food, buildings and so forth, and we would like to see a greater commitment and government commitment to signing up to the Global Green and Healthy Hospitals initiative as well.

The CHAIR — Thank you for providing that to the committee.

Ms CAREW — We thought that might be of interest for you.

The CHAIR — I will just remind you that you will receive copies of the transcript of today's evidence for proofreading in the coming weeks and that will be made available on the committee's website. Once again thank you for your attendance today.

Ms CAREW — Thanks very much.

Witnesses withdrew.