T R A N S C R I P T

STANDING COMMITTEE ON THE ECONOMY AND INFRASTRUCTURE

Inquiry into infrastructure projects

Melbourne — 20 September 2016

Members

Mr Joshua Morris — Chair
Mr Khalil Eideh — Deputy Chair
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Mr Nazih Elasmar
Mr Bernie Finn
Ms Colleen Hartland
Mr Shaun Leane
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Secretary: Lilian Topic

Witnesses

Associate Professor Alex Cockram, chief executive officer, and
Mr Russell Harrison, executive director, operations, Western Health.

The CHAIR — I will begin by declaring open the Standing Committee on the Economy and Infrastructure public hearing and welcoming all those present here today. Today the committee is hearing evidence in relation to the infrastructure inquiry, and the evidence today is being recorded. This hearing is to inform the third of at least six reports into the infrastructure of projects, and witnesses present may well be invited to attend future hearings as the inquiry continues. All evidence taken 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, those comments may not be protected by the same privilege. Thank you, Professor Cockram and Mr Harrison, for coming along and providing evidence to us today. I believe you have got a presentation you might like to take us through, and we might follow it with some questions after that.

Visual presentation.

Assoc. Prof. COCKRAM — Fabulous. I have done a short presentation just to orientate to perhaps the conversation of the day. Thank you very much for the opportunity to come and discuss the west of Melbourne and the important issues around health.

Just to orientate — I am sure people are pretty across a lot of this — the catchment for our health service is over 800 000 and expected to grow very rapidly in the coming years. We serve the western suburbs of Melbourne and obviously in that have two of the fastest growing municipalities in Australia, particularly the Wyndham and Melton corridors. One of the challenges in health in the west of Melbourne is the high rates of diabetes, obesity, cancers, mental health and drug and alcohol problems. A lot of these are factors that are related to high rates of smoking, high rates of obesity, low rates of physical activity, poor nutrition and low health literacy in our region, which means that people are less likely to present early with symptoms or concerns about their health.

The outer west particularly, but across our region, also has challenges around access to health care, so we have low rates of general practitioners in our region, low rates of private providers — such as specialists and those activities — dental services and pharmacies. All that, I guess you can imagine, leads to increasing challenges on the actual public health system.

A high proportion of our population was born overseas. Sixteen per cent prefer to have their health care delivered in a language other than English, and we have 110 languages spoken in the region, which again you can imagine influences how we deliver health care.

Just to talk a little about our health service, I think the first thing I want to say is that we have a very strong relationship with the other health services in our region. We have a group that works together with Western Health, Werribee Mercy and Djerriwarrh Health Services to try and consider the issues across the region, because of course the three health services do work in partnership. In particular in relation to Western Health, our services are delivered through the Footscray, Sunshine, Williamstown and Sunbury hospitals. We have the Hazeldean Transition Care centre in Williamstown, and we also deliver a lot of care in community settings and in patients' homes.

We have got the third-highest number of births of any hospital in the state, with 5300 births delivered at the Sunshine Hospital. That is obviously growing very rapidly, and one of the wonderful things about the west of Melbourne is that we have a lot of young families who are needing both maternity and paediatric services.

Just for the committee's consideration, we are one of the largest delivery organisations, or maternity organisations, that has maternity embedded within a general hospital. That is unusual. It has a lot of benefits to it, though, because we have very rapid access to specialist care, such as cardiology, intensive care units and all the specialty services — imaging and stuff — that go with being actually co-located within a large general hospital. And so therefore the two other maternity hospitals that deliver more babies than us are the standalones, being the Women's and the Mercy.

We have 6500 staff and over 600 volunteers. I guess the thing that we talk about a lot is most of our resources are delivered in frontline care. We see a lot of patients, do a lot of ED presentations and see a lot of people through outpatients. Where we are wanting to focus a lot of our attention at the moment is improving community outreach and stronger research relationships but also importantly working more closely with general practitioners, community health and our other health agencies to look at developing stronger programs around chronic disease, preventative health and increasingly early intervention for our community. So that is bit of a whip-around of Western Health.

What I thought perhaps was of interest today was to start obviously talking about some of the infrastructure components that have happened in recent times. So particularly looking at the Joan Kirner Women's and Children's, this is a relatively up-to-date picture, but we are still working through schematics and design at the moment. Just to say, the process with Joan Kirner has been well consulted with community. We had a local resident meeting just fairly recently, but we have had a number of consultations with our consumers, patient advocates and a whole range of people about how to design and think about what this wonderful new building and women's and children's hospital will be delivering for our community.

The actual building itself is a large building, from basement to level 9. It is well connected back to the existing facility. As I say, the interiors and patient and public areas have been well consulted to ensure that they are welcoming, friendly and appropriate for our community. I have mentioned before that our community is very diverse and has very different considerations in relation to health care and what they expect a healthcare facility to look like. We have also got one of the fastest growing Indigenous communities in Melbourne, so that is another thing that we have been consulting and thinking about in relation to how this facility will feel from a community perspective.

This is the Sunshine site, and just to orientate you, down the bottom of this graphic is Furlong Road. Our site then moves up towards St Albans, if I can describe it — further towards the St Albans shopping centre — and you can see the indicative site of the Joan Kirner Women's and Children's. It is well nestled back into the main building, which means it has ready access through into other parts of the building for both public areas, such as the front entrance and all those sorts of things, and also through to clinical and other specialties.

So just some detail around that: Natalie Suleyman is leading the community consultation committee and is meeting with the community about how the building is coming together and how that is being developed. There has been widespread and comprehensive clinician and staff engagement through this process. Because we are a high-risk, high-value project, we have gone through three of the gateways successfully, and they have been very helpful, as I find the gateways are, in contributing to providing support around managing the issues in relation to any build.

We are near to finalising the exterior facade, although I think that picture that you saw is pretty close to where we are getting to. The design on the interiors as a large block layout has been completed, but what we are currently working through is the specific detail around mock-up rooms — the actual individual spaces — and so we have five prototype areas currently that our staff and consumers are starting to view to make sure that the inpatient room feels right, that the delivery room feels right, that when a nurse walks in they can feel everything is in the right space for them. Alternative pathways and access points during construction are planned and arranged, because we obviously are a going concern and have to keep the site working.

The other major infrastructure consideration for us is thinking about the Footscray site and the future of the Footscray site. We currently have a plan for moving forward. Just to describe where we are up to on that, in the May budget we were successful, with the support of government, in getting additional funding to keep essential works going. It is the south block that is particularly aged, if I can describe it that way, on the Footscray site; 1955 we were built. We have definitely ageing infrastructure that needs significant support at the moment, and so that support from government will keep us going now for the next five years. What we are anticipating is an opportunity to go forward with more detailed planning — and the budget provided for that — to consider how the site is best utilised for the community. That is the most important part here.

The funds that we have already got are addressing things like the infrastructure support funds — building facade, repairs of roof membranes, floors, chillers. These are not super exciting, but they are very important for keeping the infrastructure going. Things like the chillers are very high-cost items. As we put in the new chillers we make sure that they are able to be uplifted and put into any future buildings, so we are considering anything that we can make sure will be able to be utilised in our future. Those essential works are being prioritised in conjunction with the department and based on the advice of detailed plans by engineering experts. That is a bit of an introduction, and I thought I would then leave it open for questions.

The CHAIR — Thank you very much, Professor. I was staggered by the number of babies that are being born each year in your health service. I imagine, with my rudimentary maths, that works out to about 15 babies a day that are being born, and I can only imagine the pressures that might be placing on the health service. It is very exciting for Victoria but at the same time challenging as well. I thought I might just begin with a question in terms of looking into the future. If we were to pick a date of, say, 2025, do you know how many extra beds

are going to be required in your health service to manage that increasing demand looking forward into the future?

Assoc. Prof. COCKRAM — We have gone through detailed service planning over recent years, and that has to be refreshed fairly rapidly because the community of the west has accelerated its growth in a way that people, I think, did not fully anticipate in the past. We have been supported by the department to keep making sure that we are as current and contemporary with our projections as we can be. Currently we are predicting that we need for our health service — this is not for the region; this is for our health service — about an additional 550 beds for 2025. That should then support the community, but it also would anticipate that Werribee Mercy and Djerriwarrh are getting increases in that same time period.

The CHAIR — Where are those 550 additional beds, which is a phenomenal amount of beds, planned to be?

Assoc. Prof. COCKRAM — So 270-plus points of care come online with the Joan Kirner, so that has already been now supported and taken care of. The Joan Kirner not only has the advantage for us of bringing on new maternity beds, but as you can imagine, it means that we can move maternity services out of the existing facility and repurpose the existing facility for other surgical beds and short-stay beds for the emergency department and other aspects like that. It gives us the advantage of not only supporting women's and children's services but also giving us enhancement within the facility, so that is a significant support to that. We have anticipated that some of the additional support would come through the Footscray developments at some point.

The CHAIR — Obviously with the Footscray Hospital, you gave us a bit of an update on that, I am just wondering: at this point in time are there any beds at the Footscray Hospital not being used?

Assoc. Prof. COCKRAM — The south block facility has, as we have mentioned, significant infrastructure problems. It has significant challenges in delivering high-quality care through the existing infrastructure, so we are down to now just over 70 beds existing in the south block. There are closed wards in the south block, but they are not currently fit for patient use, so we have taken those beds out.

The CHAIR — So how many beds might that represent that are not being utilised?

Assoc. Prof. COCKRAM — It is hard to say how many beds, because we would say that the facility is not appropriate to be restocked.

The CHAIR — If it were up to scratch?

Assoc. Prof. COCKRAM — When we had the opportunity of bringing the acute services building fully online over at Sunshine and taking the critical care package, which was a very significant component of the development of Sunshine, we moved 90 beds out of the south block out to the Sunshine facility.

The CHAIR — I was going to ask what the rebuild of the Footscray Hospital looks like, but you had some images there about what it may look like. I am just wondering: do you have an indicative cost of what the rebuild of the Footscray Hospital might cost?

Assoc. Prof. COCKRAM — When we did the original indicative cost we were anticipating how the two sites would be done sequentially. There has now been a break between bringing on the Joan Kirner and the Footscray, and we think we need to go back and rescope the Footscray development. A couple of things, we know, are changing, and one is that Footscray needs a new ED. That has always been part of the plan, so it is the south block and the emergency department. We believe that the emergency department and new ambulatory facilities, which were anticipated, now need to be somewhat redesigned to meet modern standards around chronic disease management, so we think that needs rescoping. I would prefer not to put a figure on that — you can work with the department a little more on that, but I prefer not to put a figure on that — because I think it does need rescoping and some sense of where it is heading. The original figure I think now would need updating.

The CHAIR — Do you know the original figure, just in the ballpark?

Assoc. Prof. COCKRAM — The original figure was around over $300 million, but I think that the figure now would be significantly greater than that.

The CHAIR — In the order of making sure, are we talking double or $450 million or — —

Assoc. Prof. COCKRAM — I would just be guessing.

The CHAIR — Indeed. I note that there was $2 million of planning money in the last budget for the Footscray Hospital. I am wondering: how far will this get you into the planning process of, obviously as you are saying, the changes?

Assoc. Prof. COCKRAM — I think that would be helpful in establishing the actual cost of the configuration on Footscray. The original plan was how we could continue to deliver services in Footscray whilst going through the rebuild. That is very important. The community would need us to continue to deliver care through that facility, so it has to be a staged development, particularly for the emergency department. We would have to build a new one before we could close the old one, so I think an important part of our next step is using that planning money to actually consolidate now what the build on the Footscray site would look like and then what it would cost.

The CHAIR — Do you know what additional planning money is required to get to that point where you will know what the new scope of the project is going to look like, what order of magnitude that might be, just the planning dollars?

Assoc. Prof. COCKRAM — I think that the anticipation following the discussions and stuff we had prior to the budget was that we would anticipate that we would need at least that $2 million to do the planning.

The CHAIR — So should that $2 million be enough to scope it up?

Assoc. Prof. COCKRAM — I am sure people understand that planning can go from a very early business case through to detailed planning through to comprehensive schematics and all the way through to actually getting ready to get a builder to build the building. I do not think it is going to get you through that whole process, but it would certainly get us well underway to know what the best configuration on that site is and what the budget pool would be.

The CHAIR — I note there was the $14.8 million that was in this year's budget for maintenance. I am wondering: how long does that money keep the hospital running for and how much more money might be needed for maintenance next year?

Assoc. Prof. COCKRAM — The maintenance money has anticipated that it would support the organisation over the next five years for substantive infrastructure.

The CHAIR — So that $14.8 million is for the next five years.

Assoc. Prof. COCKRAM — Yes. The challenge around substantive infrastructure is that there is preventative infrastructure, which is what the engineers have been working with us on, and that is anticipating where you are going to get failure points. In a very old building — 1955, still running on steam in a large component of it — there can be failure points that we cannot anticipate, and therefore how that money is deployed during those five years will be a bit dependent on both getting going on the preventative work but also obviously using what we need to if there are urgent, critical aspects that we have to just fix. One of the things is, like the chillers, you can spend very different amounts of money depending on how much we need to invest in that at that point in time. I think $14.8 million is a substantial amount of money. The preventative works will protect us to a large degree, but there are also, I think, going to be unanticipated works — and they are unanticipated, so we cannot fully predict that.

Ms HARTLAND — I live not far from the hospital, and as I am an accident-prone person I have used the emergency room on a number of occasions. Staff are fabulous, but the room itself is in just a really, I think, physically diabolical state. Could you walk us through what would actually be needed to rebuild the emergency room and roughly — I know you are saying the rescoping would make it difficult to pin it down — what you think it would cost? I think there is a third question: how much longer can the hospital survive with that emergency room or how much longer can the emergency room survive in its present condition?

Assoc. Prof. COCKRAM — Like is often discussed in the public domain, emergency department presentations are increasing, and they are particularly increasing across the west of Melbourne. The Footscray

ED is a very busy place, and it is anticipated it will continue to grow. Therefore it is still working within very old infrastructure that is very fixed in its space. There are not any obvious easy fixes to the Footscray ED. We know that if we benchmarked ourselves against the college of emergency medicine or various other ways in which you could do that, we are vastly under-cubicle-sized, if I could describe it that way, in relation to what you would anticipate for the amount of people currently turning up in that ED, let alone any future growth.

The other thing that we know is that the ED cubicles themselves — and, Colleen, you are right, you have sat in a few of them — are built for a different era. An example would be that if someone has a cardiac arrest in one of our ED cubicles, they cannot get the equipment in next to that patient — they have got fixed walls — and the patient has to be wheeled out into the central corridor and the resuscitation has to start in that setting. We do have obviously resuscitation cubicles that are all there, available when they are, that people get moved into, but the facility is not a modern environment that is geared to the modern equipment and modern practice, and we know that.

The care there is outstanding, and as you say, the staff are remarkable — remarkable every day. I think that the care in our facility is terrific, but the facility is a challenge to our staff. Anyone would say it would be ideal to start rebuilding the Footscray ED. The anticipated cost when we originally did the costings — but this is now a number of years ago, and that is what I am trying to be honest with the committee about — was well over $60 million if we wanted to rebuild the ED up to a modern facility and include things like short-stay units and appropriate other facilities that now go around a modern ED. I think, Russell, the new ED was anticipated to have more resuscitation rooms.

Mr HARRISON — We are going to go to 65 cubicles. We have currently got 36. We were going to go from three resuscitation bays to six, and that would start to get a horizon out at 25 years and beyond in terms of the likely growth and what the facility needed to be. We would go up to 24 short-stay beds, which is equivalent to what other new EDs have built for that kind of model of care. It is a pretty tested model around Victoria and around metro, but that is the kind of size and scale of change that we would get. And as Colleen has said about the cubicles, you are not really supposed to be able to do that from the bed and touch the walls. It does make health and safety, and lifting and getting equipment into the rooms challenging.

Ms HARTLAND — If Western Health had been able to do the combined rebuild of Footscray and Sunshine, can you talk about the economics of that?

Assoc. Prof. COCKRAM — When you are trying to rebuild on a site, one of the issues is always how you continue to deliver care whilst you are doing your rebuild. So there are issues around decanting, really, of being able to place your current clinical areas somewhere else while you refit and demolish or whatever you need to do.

In relation to the emergency department, actually it is relatively straightforward from a site perspective. The first stage would require us to have demolished education areas that could be repurposed and replaced in another part of the facility and allow us to pretty much rebuild — it would not be a greenfield — in a relatively easy space while we kept going with our emergency department.

Where the challenge comes is when we need to in the current plan — and again I think part of what the process of planning might do is look to see if this is still the best way forward — bring down the south block whilst still delivering care at that hospital facility. One of the aspects of that was being able to use the decant out to Sunshine, if I could describe it that way, so not actually reduce our capacity to deliver care for the community of western Melbourne, and therefore be able to make that reduction at Footscray as an interim and then bring new care back online at Footscray.

As we get more and more growth out at Sunshine, our capacity to use any unutilised facility is diminishing, if I could put it that way. We are needing every space we have got at Sunshine and increasingly needing every space we have got it Sunshine, and even when we move patients into the Joan Kirner building, it is likely that that backfill capacity, if I could describe it, which is terrific for the community, will get utilised pretty much straightaway. That repurposed surgical ward will be needed to manage the waitlist at that point of time. So that is why the economics change as you get a delay, because we had anticipated not needing to build, if I could describe it, a decant facility. I am not sure how that projection now starts to work.

That is the economics. It is about what you do with existing points of care. So the ED is relatively straightforward. We are not particularly concerned about how that would work. The issue for us is actually when the south block comes down and how we would be able to manage.

Ms HARTLAND — Can you tell me what the average age of a hospital is, because Footscray is 1955?

Assoc. Prof. COCKRAM — Given the substantial part of Footscray is the 1955 facility, I think we are now one of the oldest facilities in the state. I am sure other health services have components of older buildings, but as a substantive part of our facility, I think we are one of the oldest.

Mr LEANE — Thanks for your evidence today. Just recapping on your presentation, regarding the Joan Kirner women's and children's, I just want to talk about funding. My understanding is that was $200 million, and then there was $44 million to Sunshine, and I might ask you to expand on what that capital works funding in Sunshine means, and I accept along with you and other committee members who have already spoken that $17 million to Footscray is not the end of all the woes there, as we all do, but there is $17 million there. When you add up the 244 and the 17, I would understand that there would be some miscellaneous capital works projects through the network. I do not know if you want to expand on that, but there might be some smaller capital works projects going on at different locations. So that takes us well over $270 million of capital works spend in Western Health. What does that compare to in the recent past? Has there been that amount of money spent on capital works in the previous four years or the previous eight years? Is that a hard question to ask?

Assoc. Prof. COCKRAM — It is probably a hard question for me to answer; I have been at Western for the last four years. We have been well supported across the last couple of governments in relation to the Sunshine campus. The acute services building was funded by previous governments — I cannot tell you which previous governments — and that was a new inpatient facility at Western. Then in the last government we were supported with the ICU coronary care package, which was an important part of bringing the Sunshine facility up to being a full acute health service, and then over the last couple of years we have been well supported with both the Joan Kirner funding and then, more recently, with the additional funding works at Sunshine, as you have described.

Just coming back to Footscray, I agree about the $17 million. What that does do is it allows us to keep going for a bit longer, but I think we all understand it is a bit longer. Also, I think that with the planning money it means that we can get on and plan the right facility for that community. I think that is a real opportunity at this stage to move forward on that.

Your other question was in relation to the additional package we got in last year's budget in relation to Sunshine. As you can imagine when you bring on a new hospital, which is a substantive new building, there were a number of additional things we needed to ensure that were appropriately scaled to support that new building — loading docks, food services, and the refurbishment, as I have described, of some of the existing facilities so that we can actually not only bring on new women's and children's facilities but bring on new acute-care facilities, which is very important. It also provided some support around additional support to the emergency department, which is growing at a rapid rate. So with all of that, that is what the additional package was able to provide — additional support across the rest of the facility to not only support the new building but also to give us some additional acute-care capacity.

Mr LEANE — So are there any smaller capital works projects going on in the network?

Assoc. Prof. COCKRAM — The only additional funded capital — well, it is capital — is that we have been supported with, part support to, the EMR, the electronic medical record.

Mr LEANE — Can I touch on — —

Assoc. Prof. COCKRAM — Yes, I could describe that to you. One of the big things for us is that car parking at Sunshine is an absolute challenge. So we are just working with DTF and have had an initial positive response back to receive the loan for the new multideck car park.

Mr LEANE — Fantastic.

Assoc. Prof. COCKRAM — That is fantastic as well. That is another component that is very supportive.

Mr LEANE — Yes, I think car parking at every hospital is a challenge.

Assoc. Prof. COCKRAM — Yes, because that is us working with DTF around that loan, but it is a great opportunity and it will make a huge difference. We anticipate that we will have the car park completed at the same time as the Joan Kirner. So you can imagine, the Joan Kirner has a lot more staff but also a lot more patients, and so that will support the facility significantly at that point in time.

Mr LEANE — Can I ask: what are the extra staff numbers that you would need for the Joan Kirner?

Assoc. Prof. COCKRAM — When we first did the figures we said about 1000 for both the Footscray and Sunshine developments; I think we are still sticking with that at this point.

Mr LEANE — A thousand?

Assoc. Prof. COCKRAM — Yes.

Mr LEANE — Fantastic. Can I go back: you mentioned the previous government supported the ICU — I cannot remember the middle word you said?

Assoc. Prof. COCKRAM — Coronary care.

Mr LEANE — Yes, package. Was there a money amount of that?

Assoc. Prof. COCKRAM — Over 25 million.

Mr LEANE — I can appreciate you saying that government support is good. But I suppose when it comes to capital works, what is the best way for a government to support a health network? I can come and say I support you — right?; which means nothing — but if I was in your seat I would say, 'Show me the money'.

Assoc. Prof. COCKRAM — Yes.

Mr LEANE — Yes. Okay, thank you.

Assoc. Prof. COCKRAM — I mean, one of the challenges in the west of Melbourne is that it is significant growth, and so just keeping up with that is a real challenge, and we know that. I know I am not here to talk about the north, but I do always feel really conscious that when I talk about the west I could be sitting here running a health service in the north of Melbourne and it would be the same challenges. The high growth corridors are very significant at the moment.

Mr LEANE — Yes; thank you.

The CHAIR — I just want to ask a question that arose from the car park there. I note that you said there is a loan with DTF that you are arranging. I know the cost of car parking at hospitals has been in the news of late. What sorts of arrangements have you got to try to recoup that cost? Are you trying to keep the car parking fees low? What is the methodology behind that?

Assoc. Prof. COCKRAM — So we do keep the car parking fees low in the west of Melbourne, and we think that is a part of supporting our community. We obviously also support people with concessional requirements, and anyone who has any hardship or need also is supported — with chronic disease, who are in and out a lot. So we have a whole range of considerations for our community around car parking fees. I absolutely understand that people would prefer not to pay any fees on site; however, it does cost us to run the car parks and it does cost us to maintain those facilities. But we are very conscious of our community.

The CHAIR — Indeed, very good. There was talk earlier this year that the Williamstown Hospital emergency department could close due to funding changes. Was that ever really going to happen?

Assoc. Prof. COCKRAM — I will talk a little about Williamstown. So Williamstown is obviously our oldest facility and is a facility where investment over recent years has meant it has a very strong surgical and rehab component to it. So we have four very modern theatres working down there which provide elective surgery support to a large number of our patients, and then they can go straight through to the wards and straight through to their rehab. So you can imagine quite a lot of orthopaedics is done in that facility.

Also there is a large dialysis centre, and it has an emergency department. The emergency department has limited hours, because the nature of the facility that exists at Williamstown means that you would not want to have acutely unwell people there arriving at midnight — the radiology, the pathology support services and those things. It is a small hospital, so it is a safety issue for us about how that ED runs. But it provides enormous support for the community with a whole range of emergency presentations during extended daylight hours, seven days a week.

The issue for us that was flagged was not a state-based issue but was a commonwealth-based issue. If the commonwealth had continued to look at activity-based funding in relation to emergency departments and moved forward on some of those funding changes, it was going to make it more difficult to run a facility such as the Williamstown ED. That is where the conversation started.

The CHAIR — Just to get to the pointy end of that question though, was it ever going to close? I mean, it was mooted by the government that it may close. Was that ever on the cards?

Assoc. Prof. COCKRAM — If some of those agreements had been put in place and moved forward, I think it would have been up for further discussion.

The CHAIR — You spoke about changes to federal government funding and the methodology by which it was calculated. I am wondering, did you lose any funding as a result of the federal government changes? They may have been concern that there may have been a loss of funding, but was there any funding lost as a result of those changes?

Assoc. Prof. COCKRAM — So over recent years the state has continued to support us with growth funding, and we have continued to receive more funding from the government year on year to support the growth of our community. A number of years ago there was a discussion about state and commonwealth funding agreements. From our perspective, we wait until the state and the commonwealth sort that out, and then we move forward on what the consequence of that agreement is. We were advised by the state at that point in time to be ready to make some changes to our delivery of care, but that was still being discussed between the state and commonwealth.

The CHAIR — So the information that you received about the changes to funding that may occur from the federal government came to you from the state government? Is that what you are saying?

Assoc. Prof. COCKRAM — Yes, but it happened under both the previous government and under this government. There have been two cycles of commonwealth government discussions that we were notified by in two different rounds, so this has happened twice in my time at Western Health — under both the previous government and under the current government — that the state-commonwealth discussions had meant there may be cuts in the state-funded public facilities. But as I say, as the CEO of an active, running, busy health service we prepare for anything our government requires of us, but we wait to be told if we are actually going to have to enact them, because obviously we would not want to disturb or change our community's access to care unless we were told it was absolutely necessary.

The CHAIR — Certainly. What I was really hoping to drill down to was whether or not you lost any funding in the 15–16 financial year due to changes in the way the federal government calculated their health funding? I would be happy if you might be able to take that question on notice and just provide a response to that. It is quite a specific question, but I would be pleased if you might be able to do that.

Assoc. Prof. COCKRAM — Okay, we will take that on notice.

The CHAIR — That would be great, thank you.

Ms HARTLAND — I just had one more about the car park at Sunshine, and having been out there for various meetings I know exactly what you are talking about. The 401 bus that goes from North Melbourne and then circles around all of the hospitals, is that something that the hospital has looked at with Public Transport Victoria or the bus association?

Assoc. Prof. COCKRAM — I have not had an opportunity to talk about the Sunshine health, wellbeing and education precinct activity that is going on around the Sunshine site. We have a council that is led by local government — so the Brimbank council leads it and chairs — but involves all the leaders of the health services.

But also we have representatives from transport and planning and a range of people there to advise around the Sunshine precinct broadly — education providers, the universities, both University of Melbourne and Victoria University, are also participating.

What that group has been able to consider is how that whole precinct is planned, which does include transport. Due to the level crossing changes and a range of things around that, we will be able to be benefited by the fact that the Ginifer train station is moving closer back to Furlong Road. That means that the access from a public transport point of view to the facility is just so much better. It is fantastic. We are looking at how Furlong Road — that access between the new Ginifer train station and Furlong Road — is going to be made more accessible and pedestrianised, if I could describe it that way; not the actual road but how the footpaths and stuff work. We are working on how the intersections are working around the precinct with the RTA and stuff at the moment.

I think we are very lucky that local government, health, education, planning and transport are all coming together to actually see that precinct as a whole and provide support to how it works as an entire precinct from all those aspects. So it is actually, I would say, very exciting what is happening around public transport and other things. Bike paths are being put in, a whole range of things are happening around that precinct.

Ms HARTLAND — How much closer is Ginifer going to come to the hospital?

Assoc. Prof. COCKRAM — It comes now to the absolute intersection of Furlong Road, and so it is less than 500 metres.

Ms HARTLAND — So especially for staff who are working day shift, that should take a lot of pressure off the car park.

Assoc. Prof. COCKRAM — Yes. It is fantastic.

The CHAIR — At that point I will thank you very much Associate Professor Cockram and Mr Harrison for your attendance here today and providing evidence for our committee. In the coming days you will receive a copy of the transcript of today's evidence for proofreading and that transcript will ultimately be made available on the committee's website, but once again thank you very much for your attendance today.

Assoc. Prof. COCKRAM — Thank you very much.

Witnesses withdrew.