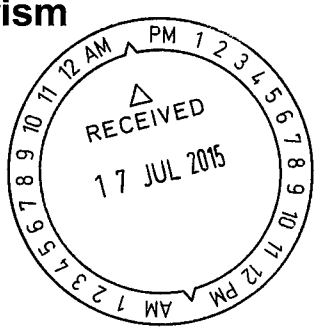
Deputy Premier of Western Australia
Minister for Health; Tourism



Our Ref: 25-47273

Mark Warner
Committee Clerk
Estimates and Financial Operations Committee
Legislative Council
1st Floor Parliament House
Harvest Terrace
PERTH WA 6000

Dear Mr Warner

WA HEALTH SUPPLEMENTARY AND ADDITIONAL QUESTIONS LEGISLATIVE COUNCIL ESTIMATES AND FINANCIAL OPERATIONS HEALRINGS

Please find attached responses provided to date for the supplementary information requests and additional questions submitted by Legislative Council Members from the Estimates and Financial Operations Committee at the 2015/16 Budget Estimates Hearings held on Wednesday, 24 June 2015. The remaining responses will be provided as soon as practical.

Yours sincerely

John Day
A/MINISTER FOR HEALTH

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ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 2

Department of Health

Supplementary Information No A1.

Question: Hon S Ellery asked –

Are you able to give me information about where those 53.3 FTEs are and where gaps might be?

Answer: As at 1 June 2015, the Child and Adolescent Health Service had employed 57.5 of the 61.5 child health nursing full-time equivalent (FTE) funded to 30 June 2015. Regional breakdown of additionally employed child health nursing FTE and child health nursing FTE still to be recruited is provided below:

Region	**New FTE***	**FTE still to be recruited**
Central	5.3	0.4
City	3.1	0.3
Joondalup-Wanneroo	8.7	0.7
Lower West	1.8	0.1
Swan and Hills	6.2	0.5
Armadale	6.6	0.5
Bentley	5.1	0.4
Fremantle	5.5	0.5
Peel	2.4	0.2
Rockingham/Kwinana	4.8	0.4
Immunisation Team	2	0
Aboriginal Health Team	2	0
Clinical Development	2	0
Community Clinical Nurse Manager (CCNM)	2	0
Totals	**57.5**	**4.0**

* Regional FTE totals may vary from time to time due to local arrangements including temporary vacancies.

The allocation of new child health nurses FTE are allocated to regions using a Child Health Allocation model. The Child Health Allocation model apportions FTE based on service demand measured by birth numbers and number of children aged 0-4; and is weighted for disadvantage.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 3

Department of Health

Supplementary Information No A2.

Question: Hon S Ellery asked –

You mentioned before that you are meeting your KPIs. Are you able to table those or provide what your actual targets are?

Answer: Waiting time targets for the metropolitan Child Development Service are based upon a 50% reduction of May 2010 waiting times (May 2010 was when the significant Budget uplift to improve access to child development services state-wide was announced).

The waiting time targets set in May 2010 were:

- Speech Pathology: 9.4 months
- Occupational Therapy: 7.5 months
- Physiotherapy: 6.2 months
- Clinical Psychology: 5.1 months
- Social Work: 3.9 months
- Paediatrics: No target set in May 2010.

These targets will be revised in 2015-16 based upon a number of service reforms now that the four-year budget uplift for the Child Development Service has ended.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 3/4

Department of Health

Supplementary Information No A3.

Question: Hon S Ellery asked –

The figures you just gave me, let us say, speech pathologist, in 2010 the wait was 18 months, now it is nine months. You are giving me that figure, as I understand it, that is like an average across Western Australia, or an average for the metro area? What is that figure telling me?

Answer: The waiting times reported by the metropolitan Child Development Service are the median waiting times for an appointment across the Perth metropolitan area.

For example, the current Speech Pathology waiting time is 8.6 months. This means that 50% of children seen waited less than 8.6 months from acceptance of referral to their first Speech Pathology appointment, and 50% waited longer than 8.6 months.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 7

Department of Health

Supplementary Information No A6.

Question: Hon M Aldridge asked –

What are the conditions of eligibility, to access that funding?

Answer: Dental Health Services provides or facilitates subsidised general dental care to financially eligible patients. Financial eligibility is based on the possession of a current Centrelink Health Care or Pensioner Concession Card.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 7/8

Department of Health

Supplementary Information No A7.

Question: Hon M Aldridge asked –

Am I able to get supplementary information on some detail around, particularly within the Western Australia Country Health Service footprint, where those public and/or private options are available?

Answer: Dental Health Services (DHS) has public dental clinics in the following country locations:

1. Within a WACHS Facility
    - Broome General Dental Clinic (GDC), Broome Health Campus
    - Kununurra GDC, Kununurra Hospital
    - Fitzroy Crossing GDC, Fitzroy Crossing District Hospital
    - Derby GDC, Derby District Hospital
    - Hedland GDC, Hedland Health Campus
    - Exmouth GDC, Exmouth District Hospital
    - Newman GDC, Newman Hospital
    - Geraldton GDC, Geraldton Southwest Health Campus
    - Meekatharra GDC, Meekatharra Hospital (visiting service)
    - Leonora GDC, Leonora Hospital (visiting service)
    - Ravensthorpe GDC, Ravensthorpe District Hospital (visiting service)
    - Esperance Hospital Dental Clinic, Esperance Hospital
    - Albany GDC, Albany Health Campus
    - Bunbury GDC, Southwest Health Campus
    - Busselton GDC, Busselton Health Campus

2. Non WACHS Facility
    - Mobile Dental Clinic, Denham (visiting service)
    - Mobile Dental Clinic, Central Wheatbelt
    - Goldfields GDC, Boulder

DHS also operates the Country Patients' Dental Subsidy Scheme (CPDSS).

- The CPDSS enables eligible patients in locations without access to a public dental clinic to attend a participating private dental practice and receive subsidised dental care.

- The following country locations have private dental practitioners participating in the scheme
  - Bindoon;
  - Brookton;
  - Bruce Rock;
  - Byford;
  - Capel;
  - Carnarvon;
  - Collie;
  - Dongara;
  - Donnybrook;
  - Falcon;
  - Glen Forrest;
  - Golden Bay;
  - Harvey;
  - Jurien Bay;
  - Kojonup;
  - Mandurah;
  - Manjimup;
  - Margaret River;
  - Moora;
  - Mt Barker;
  - Mundaring;
  - Narrogin;
  - Northam;
  - Three Springs;
  - Wagin;
  - Wongan Hills; and
  - York.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 8/9

Department of Health

Supplementary Information No A8.

Question: Hon A Clohesy asked –

The federal government has cut $126 million out of the child dental scheme. Parliamentary secretary, have you got an estimate of how much of that will relate to Western Australia over the forward estimates?

Answer: It should be noted that the Federal Budget papers indicated the continuation of the Child Dental Benefit Schedule until 2018/19. The savings announced in the Federal Budget papers relate to a four year freeze on indexation of both benefits payable and the benefits cap for the Child Dental Benefit Schedule.

There is no direct impact on WA Health's budget.

The freeze on indexation has the potential to decrease bulk-billing rates in the private sector. This may increase the number of patients returning to the School Dental Service who are eligible and where bulk-billing is compulsory. The impact is not known at this time but is likely to be minimal.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 10

Department of Health

Supplementary Information No A9.

Question: Hon N Goiran asked –

What was the date that the review was made available to the Minister?

Answer: The review was made available to the Minister for Health on 26 September 2014.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 14

Department of Health

Supplementary Information No A11.

Question: Hon R Chapple asked –

Apart from the 12 per cent of programs identified in the Holman review as marginal or poor, which is where we would assume some of the money was being cut from, can you provide a breakdown of the further 38 per cent where that funding will be cut?

Answer: The State Government has committed an additional $49.4 million over the next three years to continue programs funded under the 'Footprints to Better Health' (FBH) initiative. Retention of the FBH initiative funding at $88.7 million from 2015-16 to 2017-18 requires the Department of Health to identify additional savings of $39.4 million from other Aboriginal Health and WA Health programs.

To address this savings requirement, savings targets were allocated to all Health Services and relevant Department of Health Divisions including:

- Child and Adolescent Health Service;
- North Metropolitan Health Service;
- South Metropolitan Health Service;
- WA Country Health Service;
- Clinical Services and Research, Department of Health;
- Public Health, Department of Health; and
- System Policy and Planning, Department of Health.

The savings will be sourced by the relevant areas during the 2015-16 year.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 17

Department of Health

Supplementary Information No A15.

Question: Hon R Mazza asked –

What would be the ratio of those 547 workers based in metropolitan and regional areas?

Answer: To align with the WA Public Sector Commission Aboriginal Employment Strategy 2011-2015, WA Health is working towards a target of 3.2 percent Aboriginal employment. To achieve this target WA Health has set a goal of 100 additional Aboriginal staff each year. The target for WA Health in 2014-2015 was 547.

As of May 2015, the total number of WA Health employees was 45,188 of which 572 were Aboriginal employees (1.3%); including 387 (67.7%) Aboriginal employees in regional areas and 185 (32.3%) in metropolitan areas.

The proportion of Aboriginal employees by location is:

Geographic Location	Headcount	Proportion (%)
Metropolitan Region	185	32.3%
WA Country Area Office (Perth)	10	1.7%
WA Country Health Goldfields	38	6.6%
WA Country Health Great Southern	31	5.4%
WA Country Health Kimberley	122	21.4%
WA Country Health Midwest	61	10.7%
WA Country Health Pilbara	56	9.8%
WA Country Health South West	24	4.2%
WA Country Health Wheatbelt	45	7.9%

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 18/19

Department of Health

Supplementary Information No A16.

Question: Hon P Katsambanis asked –

For all the regions outside of the metropolitan area would we be able to get a breakdown of where the medical practitioners were trained in relation to whether they were trained at Western Australian universities, other Australian universities or overseas?

Answer: Due to the amount of consultation required to answer this question accurately, a response cannot currently be provided.

WA Health is consulting with the Australian Health Practitioners Regulation Agency (AHPRA) to determine if they are able to assist with providing this information.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 20

Department of Health

Supplementary Information No A18.

Question: Hon R Mazza asked –

I want to go to page 136 in reference to PATS, when people who live in rural and remote areas need specialist treatment.

The second part of my question was: what form does it take? Is it paid on a mileage basis? Is there a fuel card with an amount on it?

Answer: Eligible applicants can receive assistance in advance in the form of fuel cards, prepaid air or surface (bus/train) travel and where eligible the accommodation subsidy can be pre-paid to the accommodation provider. Otherwise a reimbursement can be claimed after travel.

Travel Subsidy
An applicant travelling by private vehicle may claim a fuel subsidy of:

- 16 cents per kilometre; or
- 25 cents per kilometre, per vehicle payable when two or more people travel in a group transport vehicle. The subsidy is paid either by fuel card or reimbursement.

An applicant who is required to travel for cancer treatment or dialysis and is required to travel between 70 and 100 kilometres (one way) is eligible for a $20 subsidy.

Air Travel
Eligibility for air travel is automatic and fully funded where:

- A regularly scheduled air service from the point of departure to the point of destination exists; and
- Travel to the nearest specialist involves a surface travel of more than 16 hours (one way), or is subject to excessive connection delays and prolonged stops.
- An eligible applicant who is travelling for cancer treatment and who has to travel by road for more than 350 kilometres from their residence to the treatment centre; or
- Where the referring medical practitioner certifies on the PATS Application form the existence of a specific clinical risk that will cause an adverse clinical outcome for the applicant if they travel by surface, air travel is approved for journeys of less than 16 hours equivalent road travel.

Accommodation subsidy
Private accommodation: $20 per night for an eligible applicant or $40 per night for an applicant travelling with an approved escort.

Commercial accommodation (taxation receipts are required): up to $60 per night for an eligible applicant or up to $75 per night for an eligible applicant travelling with an approved escort.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 23/24

Department of Health

Supplementary Information No A19.

Question: Hon K Doust asked –

My next question refers back to some information provided to Hon Nick Goiran around the Human Reproductive Technology Act and the posthumous collection of gametes. I understand in the response to his question on notice 11, it talks about a draft policy being developed and some possible amendments to the HRT act.

My question is: given this is such a contentious and complex matter, why has the government not given consideration to some sort of public review or inquiry into this particular issue?

Answer: Arrangements around the posthumous collection and use of gametes have a long and complex history. The basis of arrangements for use and storage of gametes falls within the *Human Reproductive Technology Act 1991* (HRT Act). However, other legislation, particularly the *Human Tissue and Transplant Act 1982*, also impact on decision making in this area. The matter raises complex ethical, social and legal issues.

Prior to a Supreme Court decision in January 2013, the posthumous collection of sperm in Western Australia was confined to cases where the court made orders permitting this. However, following the decision, sperm has been collect posthumously on the basis of a regime permitted under the *Human Tissue and Transplant Act 1982*.

The Reproductive Technology Council subsequently produced a position statement which provides a framework for the posthumous use of gametes in exceptional circumstances.

In April 2014 the Minister for Health endorsed the following position:

> "Prohibit posthumous collection of a person's gametes, unless that person has expressed consent in their lifetime to such posthumous collection and use."

The Department of Health, through the Reproductive Technology Unit, and Legal and Legislative Services Branch, has since commenced work to develop a draft policy that will inform the development of amendments to the HRT Act.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 24

Department of Health

Supplementary Information No A20.

Question: Hon K Doust asked –

My final question is in relation to the surrogate legislation that has already been referred to. In the past, as well as the legislation and the regulations, there have also been directions from the director general specifically in relation to surrogacy.

If there is an up-to-date set of directions, are you able to provide them and table them please?

Answer: Yes. Directions to the Surrogacy Act 2008 were gazetted 27 February 2009. Gazetted directions are attached.

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CONTENTS

PART 1

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PART 2

AA103*

SURROGACY ACT 2008

No. 47 of 2008

PROCLAMATION

Western Australia

By His Excellency
Doctor Kenneth Comninos Michael,
Companion of the Order of Australia,
Governor of the State of Western Australia

[L.S.]

KENNETH COMNINOS MICHAEL
Governor

I, the Governor, acting under the *Surrogacy Act 2008* section 2(b) and with the advice and consent of the Executive Council, fix 1 March 2009 as the day on which the provisions of that Act, other than sections 1 and 2, come into operation.

Given under my hand and the Public Seal of the State on 24 February 2009.

By Command of the Governor,

KIM HAMES, Minister for Health.

HEALTH

HE301*

Human Reproductive Technology Act 1991

Surrogacy Directions 2009

Given by the CEO of the Department of Health under section 31 of the Act.

1. Citation

These directions are the *Surrogacy Directions 2009*.

2. Commencement

These directions come into operation as follows —

(a) directions 1 and 2 — on the day on which these directions are published in the *Gazette*;

(b) the rest of the directions — on the day on which the *Surrogacy Act 2008* section 66 comes into operation.

3. Terms used in these directions

In these directions —

arranged parents has the meaning given in the *Surrogacy Act 2008* section 14;

birth parents has the meaning given in the *Surrogacy Act 2008* section 14;

donor has the meaning given in the *Surrogacy Act 2008* section 17(b)(iii);

exempt practitioner has the meaning given in the HRT Directions;

HRT Directions means the directions given by the Commissioner of Health and published in the *Gazette* on 30 November 2004;

parties has the meaning given in the *Surrogacy Act 2008* section 17(c);

surrogacy arrangement has the meaning given in the *Surrogacy Act 2008* section 3.

4. Purpose

These directions are given to set the standards for the use of artificial fertilisation procedures in connection with surrogacy arrangements.

5. Welfare of child paramount

When a person to whom a licence applies or an exempt practitioner is considering whether to provide an artificial fertilisation procedure in connection with a surrogacy arrangement —

(a) the welfare of any child that may be born as a result of the procedure is to be the paramount consideration; and

(b) the welfare of any existing child of the birth mother, a donor or the arranged parents is to be taken into account.

6. Harm minimisation

When providing an artificial fertilisation procedure in connection with a surrogacy arrangement a person to whom a licence applies or an exempt practitioner is to ensure that the risk of physical, social and psychological harm to the birth parents, the arranged parents and any donor is minimised.

7. Approval of surrogacy arrangements

A licensee is not to provide an artificial fertilisation procedure in connection with a surrogacy arrangement unless the arrangement has been approved by the Council in accordance with the requirements in the *Surrogacy Act 2008* section 17.

8. Clinic surrogacy coordinator

(1) Each licensee who offers, whether by advertising or any other means, to provide reproductive technology treatment in connection with a surrogacy arrangement is to nominate a person to carry out the role of clinic surrogacy coordinator.

(2) The role of the clinic surrogacy coordinator is to —

(a) be the primary contact point for persons who have inquiries about surrogacy arrangements; and

(b) ensure that prospective parties to a surrogacy arrangement are given information referred to in direction 10; and

(c) coordinate the assessment processes and counselling in connection with a surrogacy arrangement; and

(d) assist parties in making an application to the Council for the approval of a surrogacy arrangement; and

(e) coordinate the provision of ongoing counselling and support referred to in direction 12; and

(f) facilitate counselling referred to in direction 13.

(3) A clinic surrogacy coordinator is to be available at the licensed premises during normal business hours.

9. Role of clinic in introducing parties to surrogacy arrangement

(1) A licensee is not to actively recruit a woman to be a birth mother.

(2) A licensee may arrange for a woman who has approached the licensee offering to be a birth mother to be introduced to prospective arranged parents.

10. Information to be provided

(1) Before arranging for any assessment process in connection with a surrogacy arrangement to commence, a person to whom a licence applies or an exempt practitioner is to give each proposed party to the surrogacy arrangement information about —

(a) the assessment process to be undertaken in connection with the surrogacy arrangement; and

(b) the *Artificial Conception Act 1985*; and

(c) the *Surrogacy Act 2008*; and

(d) the rights of donors, participants and children born as a result of the surrogacy arrangement to access identifying and non-identifying information in accordance with the *Human Reproductive Technology Act 1991* and the *Surrogacy Act 2008*; and

(e) the medical and social implications in relation to surrogacy and for children born as a result of a surrogacy arrangement.

(2) The information referred to in subdirection (1) is to be provided by giving an oral explanation and also giving written material that has been approved by the Council.

11. Consent of arranged parents

(1) A person to whom a licence applies or an exempt practitioner is not to carry out an artificial fertilisation procedure in connection with a surrogacy arrangement unless at the time of, or immediately prior to, the carrying out of the procedure effective consent is given by the arranged parents.

(2) The consent referred to in subdirection (1) is additional to consent referred to in the HRT Directions Part 3.

12. Ongoing counselling and support

A licensee is to ensure that each party to a surrogacy arrangement for which the licensee is providing reproductive technology treatment is to have access to counselling and support services in connection with the arrangement at each of the following times —

(a) following a decision by the Council in relation to an application for the approval of a surrogacy arrangement;

(b) during treatment in connection with a surrogacy arrangement;

(c) following a decision to discontinue treatment;

(d) during any pregnancy that results from treatment;

(e) following the miscarriage or birth of any child born in connection with a surrogacy arrangement.

13. Counselling requirements during any pregnancy

If a pregnancy in connection with a surrogacy arrangement results from the use of an artificial fertilisation procedure provided by a licensee, the licensee is to make all reasonable efforts to facilitate joint counselling for the birth mother and the arranged parents at each of the following times —

(a) 20 weeks after the beginning of a pregnancy;

(b) 34 weeks after the beginning of a pregnancy;

(c) within 14 days after a miscarriage or the birth of a child.

14. Information to be provided by licensee

A licensee who provides an artificial fertilisation procedure in connection with a surrogacy arrangement is to include with information required under the HRT Directions direction 2.6 any additional information requested by the Executive Officer about the arranged parents, the birth parents and any donor.

15. Annual reporting

A licensee who provides an artificial fertilisation procedure in connection with a surrogacy arrangement is to include in the annual report required under the HRT Directions direction 2.18 the information set out in Schedule 1 of these directions.

Schedule 1 — Annual reporting requirements

[d. 15]

1.	Unit ID.
2.	Number of clients who commenced treatment with the intention of becoming arranged parents in a surrogacy arrangement.
3.	Number of arranged parents who sought Council approval for a surrogacy arrangement.
4.	Number of surrogacy arrangements approved by the Council.
5.	Number of surrogacy arrangements involving treatment using egg or sperm provided by a donor.
6.	Number of surrogacy arrangements involving treatment using embryos created from egg and sperm provided by donors.
7.	Number of surrogacy arrangements where a party has withdrawn from a surrogacy arrangement and the reason for that withdrawal.
8.	Number of pregnancies in connection with surrogacy arrangements.
9.	Number of live births in connection with surrogacy arrangements.

Dr PETER FLETT, Chief Executive Officer.

JUSTICE

JU301*

Civil Judgments Enforcement Act 2004

Civil Judgments Enforcement Amendment Regulations 2009

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Civil Judgments Enforcement Amendment Regulations 2009*.

2. Commencement

These regulations come into operation as follows —

(a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;

(b) the rest of the regulations — on the day on which the *Bail Amendment Act 2008* Part 2 comes into operation.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 24/25

Department of Health

Supplementary Information No A21.

Question: Hon N Goiran asked –

(1) How long has the matter been before the department's Reproductive Technology Unit and Legal and Legislative Services?

Answer: Refer to response for A19.

(2) Can we as members have any confidence that a bill will be before Parliament before the retirement of Minister Hames?

Answer: Refer to response for A19.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 27

Department of Health

Supplementary Information No A23.

Question: Hon A Clohesy asked –

(1) Is it the case that the building and some outbuildings are heritage listed?

Answer: The buildings are not Heritage Listed.

(2) Is the minister, parliamentary secretary or the department aware of any other impediments to potential development on that site?

Answer: The Department of Health is not aware of any impediments to potential development on that site. However approval to develop the sites must be sought from the Department of Lands prior to undertaking such activity.

(3) What is the total value of the land on that site?

Answer: The Department of Health submitted a request for a Desktop Assessment from the Valuer General's Office.

In response to this request, the VGO has provided an indicative assessment of $26 million for the total sites (Lots 9358, 9078, 7961 and 10149).

"The indicative assessment is not a representation as to the market value of the subject property. The advice carriers with it risks which entail a degree of likely variation greater than might be expected to be produced by a valuation."

(4) How much is expected to be raised from the sale of that part of the land in the north-west corner?

Answer: The indicative assessment for the North-West Corner (Lot 10149) is $1.5 million. Proceeds from the sale would be net of costs incurred from preparation of sale, noting the qualifications form the Valuer General's Office as outlined above.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 29/30

Department of Health

Supplementary Information No A25.

Question: Hon S Ellery asked –

I turn to "New Works" on page 141, and the reconfiguration of stage 1 of Fremantle Hospital.

(1) My calculations show that the total amount allocated for that project has been cut from $13.2 million in last year's budget to just over $10 million in this year's budget. Are you able to explain why that is the case?

Answer: The Fremantle Hospital – Reconfiguration Stage 1 project in the 2015/16 budget is $10.163 million. From the original budget of $13.211 million, $1.834 million has been reallocated to the Fremantle Hospital and Health Service Reconfiguration project. As part of Government's corrective measures across the State's Asset Investment Program this project was further reduced by $1.214 million.

(2) Can you also give more detail around the original scope of stage 1 reconfigurations?

Answer: This project was initiated as part of the 2005 Metropolitan Infrastructure Development Program planning and the allocation was to ensure the hospital remains fit-for-purpose including minor refurbishments and upgrades as required.

(3) What other changes to the reconfiguration have actually occurred?

Answer: $1.834 million has been reallocated to the Fremantle Hospital and Health Service Reconfiguration project which has contributed towards consolidating the site into a more efficient footprint. This has been achieved by the reduction of owned and leased premises in the Fremantle area by relocating these services back onto the Fremantle Hospital campus. The following reconfigured services at the hospital have occurred or are in progress; Relocation of Customer Relations Department, development of the Department of General Surgery and Multi Day Therapy space. In addition there is alterations and refurbishment of the Podiatry Clinic, Social Work, Speech Pathology and Dietetics Departments currently in progress.

(4) What capital equipment and other changes were part of the original reconfiguration but now will not be occurring?

Answer: No change to the original scope.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 35

Department of Health

Supplementary Information No A30.

Question: Hon A Clohesy asked –

Could I get on notice what the general maintenance budget would be for PMH?

Answer: The general maintenance budget for Princess Margaret Hospital for Children is $3.946 million.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 35/36

Department of Health

Supplementary Information No A31.

Question: Hon A Clohesy asked –

Is it true that a parent was given a single kitchen chair and told that that is what they had to sleep on, and that child is in the oncology ward for an extended period of time? Is it true that is happening right now and that parents are being told it will be better when the new children's hospital is built, but their current needs are not being taken into account?

'Perhaps you would like to take on notice that that is happening in the current PMH and perhaps you could get back to me with a response.'

Answer: It is not Princess Margaret Hospital for Children's (PMH) practice for someone to be told to sleep on a single kitchen chair.

PMH's Oncology Ward has 23 beds in 15 rooms. Parents are able to sleep beside their child in 13 of these rooms in either folder beds or recliner rockers. Only four of the rooms can fit a folder bed, otherwise a recliner rocker is used. The other two rooms are multi-bed rooms with capacity for six patients. The Same Day Care area is available to parents so they can sleep in a bed and they will be alerted by a nurse if their child wakes. If the patient is well enough, the parent can sleep in the bed with the patient.

Additional furniture, provided for parents in this ward, over the last five years includes:

- 40 x high back chairs for parents for extended day stays – all in very good condition (August 2011);
- 20 x recliner rockers (August 2011);
- 2 x folder beds to replace discarded ones (March 2013);
- A full refurbishment of our palliative room was undertaken including painting, electrical and room repairs (August 2013);
- 4 x recliner rockers as some had been discarded for breakages (September 2014);
- An order was placed in April 2015 for 9 x recliner rockers; and
- Lockers built for parents to store their belongings to make more room at the bedside (April 2015).

Perth Children's Hospital Oncology Ward will have 24 beds, all of which have an associated parent bed. Twenty of these beds are in single rooms with two (2) double rooms. There is also room for expansion into the adjacent ward if required.

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Uncorrected Daily *Hansard* page: 36/37

Department of Health

Supplementary Information No A33.

Question: Hon P Brown asked –

In regard to the Southern Inland Health Initiative funding of the Northam and Merredin hospitals, can you provide us with information about the capital upgrades to both hospitals, what those capital works will be providing and the expected time line for rollout of those capital upgrades?

Answer: The Concept Brief for Northam Hospital proposes new building works that will complement the current facility. This includes an Emergency Department to facilitate the new 24/7 medical service model, main entrance, sterilising services, pharmacy, ambulatory care areas (including multi-purpose & mental health compatible consult rooms, learning and development), group therapy rooms, child health rooms, renal dialysis chairs and chemotherapy chairs.

The brief also includes refurbishment in the following areas such as surgical services, kitchen, laundry and inpatient unit.

Construction commencement is programmed for May 2016, with practical completion programmed for August 2018.

The Concept Brief for Merredin Hospital proposes new building works that will complement the current facility. This includes an Emergency Department, increased Ambulatory Care areas including areas for consultation rooms, Activities of Daily Living (ADL) and Group therapy rooms and waiting area and administration areas.

Additionally the brief proposes refurbishment of the areas including Medical Imaging, Ambulatory Care offices, kitchen, laundry and Central Sterile Supply Department (CSSD). Construction commencement is programmed for May 2016, with practical completion programmed for March 2018.