



**The Hon Roger Cook MLA
Deputy Premier
Minister for Health; Mental Health**

Our ref: 60-09173
Your ref: A689540

Hon Alanna Clohesy MLC
Chair
Standing Committee on Estimates and
Financial Operations
Legislative Council Committee Office
18-32 Parliament Place
WEST PERTH WA 6005

Dear *Chair Alanna*

Thank you for your letter of 21 May 2018 requesting information regarding the questions prior to hearings for the Department of Health.

Please find attached the Department of Health's questions prior to hearings.

Yours sincerely

**HON STEPHEN DAWSON MLC
ACTING MINISTER FOR HEALTH; MENTAL HEALTH**

Att.

5 JUN 2018

Public / Internet

13/06/18

LEGISLATIVE COUNCIL STANDING COMMITTEE ON ESTIMATES AND FINANCIAL OPERATIONS

FORMAT FOR ANSWERS

2018-19 BUDGET ESTIMATES HEARINGS - QUESTIONS PRIOR TO HEARINGS

WA Health

Page No.

The Committee asked:

- 1) For each project identified in your asset investment program in Budget Paper No. 2, was it subject to cost-benefit analysis and, if so, what was its ratio?

Answer:

Every investment project proposal is subject to rigorous review and analysis, in line with Government's Strategic Asset Management Framework. As part of this process, an examination of options and costs is undertaken and an assessment made on the benefits of the investment.

- 2) What are some of the implications for your agency from the Commonwealth Budget released on 8 May 2018?

Answer:

The 2018-19 Federal Budget has relatively few headline measures for health, compared to previous Budgets. Key measures to note are:

- Continued public hospital funding under a new five-year National Health Reform Agreement (NHRA) from 2020-21 to 2024-25. This commitment secures the Commonwealth's contribution to public hospital funding beyond the forward estimates period, and provides a high degree of budget certainty for the State. The detail of the new NHRA is currently being negotiated by jurisdictions.
- In response to the State's low share of Goods and Services Tax (GST) revenue, the Commonwealth will provide a top-up payment of \$188.9 million in 2017-18 to support the following hospital projects:
 - \$158 million for the expansion of Joondalup Hospital;
 - \$20.3 million for the refurbishment of Royal Perth Hospital; and
 - \$10.6 million for the expansion of Osborne Park Hospital.
- \$5 billion in additional Commonwealth aged care spending over five years, including 14,000 new high level home care packages by 2021-22 to address a substantial national waiting list. WA's share of the additional Home Care Packages is not known at this stage. More detail is expected over the coming weeks from Commonwealth officials. It is noted that the current delay for people approved for Home Care Packages Levels 3 and 4 is up to 12 months in Western Australia.
- Implementation of a rural health strategy to align the distribution of the health workforce to areas of greatest need and build the capability of Australia's medical practitioner workforce.
- There will be a new Medicare Benefits Schedule item implemented from 1 November 2018 to provide funding for the delivery of dialysis by nurses, Aboriginal and Torres Strait Islander health practitioners and Aboriginal health workers in a primary care setting in remote areas.



Hon Peter Collier MLC asked:

- 1) How many Aboriginal people were employed by the agency/department on July 1st 2017 and April 30th 2018?

Answer:

633 as of 30 June 2017, and 679 as of 30 April 2018.

Headcount is calculated as the number of staff employed by WA Health only (Department of Health and Health Service Providers) and excludes agency staff.

Data is provided at the end of each month. Therefore, information is presented for 30 June 2017 as the closest available date to the requested 1 July 2017.

- 2) How many Aboriginal people employed by the agency/department were Level 8 and above (including Senior Executive Service positions) on July 1st 2017 and April 30th 2018?

Answer:

14 as of 30 June 2017, and 14 as of 30 April 2018.

Includes PSA Award Level 8 and above and HSU Award Level 9 and above.

Data is provided at the end of each month. Therefore, information is presented for 30 June 2017 as the closest available date to the requested 1 July 2017.



Hon Nick Goiran MLC asked:

1) I refer to funding for perinatal palliative care, and I ask:

- a) What is the amount of funding that has been allocated for perinatal palliative care for 2018-19;

Answer:

Funding for costs incurred by WNHS are through the Labour and Birth Suite, Obstetric Directorate Budget; there is no dedicated funding for Perinatal Palliative Care at WNHS. If Silver Chain are engaged to provide Palliative Care to the baby, the cost will be covered by Silver Chain and at no cost to WNHS.

- b) How does this amount compare to the funding expended in each of the past five financial years;

Answer:

Not applicable.

- c) Who decided that the Department's Model of Palliative Care in the Perinatal Period endorsed and published in 2014 ("Model of Care") be prepared:

- (i) When was that decision made;

Answer:

This decision was originally made by clinicians at King Edward Memorial Hospital (KEMH) and the Child and Adolescent Health Service (CAHS) who in 2012 identified a need to develop a Model of Palliative Care in the Perinatal Period to outline best practice palliative care for the foetus/newborn and their family during pregnancy, childbirth and in the newborn period.

The membership of the group that developed the Model of Care included representatives from KEMH, CAHS, the WA Country Health Service, SIDS and Kids WA (now Red Nose), Silver Chain and the Department of Health's WA Cancer and Palliative Care Network.

- (ii) What was the cause for the decision; and

Answer:

A separate model was considered appropriate due to the complex nature of perinatal palliative care and the multitude of services involved in the care of the foetus/newborn, mother and family. Generally, three circumstances exist where perinatal palliative care may be duly considered:

- o where there is a prenatally diagnosed foetal anomaly or life-limiting condition;
- o for pre-viable preterm foetus where birth is imminent;
- o newborns with postnatally diagnosed life-limiting conditions/anomalies; and
- o the time of referral to palliative care is often complex requiring considered decision-making between family members and health care professionals.

- (iii) Was this decision recorded in writing;

Answer:

Yes.



(A) If yes, will you table that document and if so, when;

Answer:

See attached minutes of meeting held on 4 April 2012 (Attachment 1).

d) Was the Model of Care revised in August 2015?

(i) If yes, what was the cause for the revision; and

Answer:

Yes, the model was revised as it was identified that there were some minor amendments required to accurately reflect the referral pathways between the Perinatal Loss Service (KEMH), the Paediatric Palliative Care Service (PMH) and Silver Chain.

(ii) What were the revisions;

Answer:

Minor edits were made to the Model of Care to clarify and strengthen the referral pathways between the services. The aim of the changes was to allow flexibility for referrals on a case-by-case basis without changing the overall principles of the original Model of Care.

e) Were there earlier versions of the Model of Care prior to 2014:

(i) If yes, what were they; and

Answer:

No.

(ii) Will you table those versions and if so, when; and

Answer:

Not Applicable.

f) Have any further versions of the Model of Care been prepared since the August 2015 revisions:

(i) If yes, will you table those versions and if so, when?

Answer:

No further versions of the Perinatal Palliative Care Model of Care have been prepared since August 2015.



Hon Martin Aldridge MLC asked:

1) I refer to Budget Paper 2 Vol 1, page 250, ensuring a better health care experience for regional patients, including \$73.3 million for Geraldton Health Campus and I ask;

a) Please provide the scope of works and related documents that have informed the \$73.3 million project cost;

Answer:

Geraldton Health Campus Redevelopment Stage one scope has been defined as:

- o An expanded Emergency/Critical Care aligning with projected service need to 2024
- o Acute Psychiatric Unit
- o Mental Health Short Stay Unit and;
- o Essential engineering service upgrade including the replacement of the chillers.

This scope was informed by the WA Health Clinical Services Framework (CSF) 2014-2024, Geraldton Health Campus WACHS Midwest Service Plan 2010-2020 and Midwest Regional Blueprint (2015).

b) Please provide the business case that supports the investment of \$73.3 million into the project;

Answer:

WA Health is reviewing the business case to ensure that release of this document does not impact and/or disadvantage Government (WA Health) through the sharing of this material with the market (i.e. tender process). WA Health will advise the outcome of this review in due course.

c) Has the business case been completed and has it been approved by cabinet;

Answer:

Yes.

The Business Case for Stage One redevelopment of the Geraldton Health Campus was submitted to government in January 2018. It was announced on 10 May 2018 in the 2018-19 WA State Budget Papers that the WA State Government is investing \$73.3 million over five years for the Stage 1 redevelopment of Geraldton Health Campus.

d) If no to (c) when will the business case be completed for consideration of cabinet;

Answer:

Not applicable.

e) Please provide a copy of the Midwest Health and Wellbeing Report which focuses on the redevelopment of the hospital;

Answer:

The Midwest Health and Wellbeing Report was developed in collaboration with the Midwest Development Commission, this document was not endorsed by the previous government and was not approved for public circulation.

f) Please provide a full expenditure profile for the project including years beyond the forward estimates;



Answer:

Estimated Total Cost \$'000	2018-19 Budget Estimate \$'000	2019-20 Forward Estimate \$'000	2020-21 Forward Estimate \$'000	2021-22 Forward Estimate \$'000	2022-23 * Forward Estimate \$'000
73,336	-	1,792	2,224	36,654	32,666

* Forward Estimates not included in budget paper

- g) Please identify sources of funding for the project;

Answer:

Royalties for Regions.

- h) What is the expected timeframe for works commencing and concluding on the project; and

Answer:

It is anticipated construction will commence May 2020, with completion expected March 2022.

- i) What additional recurrent expenditure has been allocated per year in the budget and forward estimates for service provision at the redeveloped health campus?

Answer:

Recurrent costs for services for Geraldton Health Campus will be managed to the activity targets allocated in line with the WA Health Clinical Services Framework (2014-2024), provided through the Activity Based Funding model.

- 2) I refer to budget paper 2, page 248, 'Spending Changes' table, line item 'Home and Community Care'.

- a) Please outline the reasons behind the spending changes across the budget year and forward estimates;

Answer:

WA Health's budget settings have been adjusted to reflect the phased transition of the WA Home and Community Care (HACC) program to the Commonwealth Home Support Programme (CHSP) and National Disability Insurance Scheme (NDIS).

- b) Will HACC change in terms of its service provision across the forward estimates;

Answer:

As of 1 July 2018, approximately 72% of HACC funding for older people will be transferred to the Commonwealth Government and delivered under the CHSP. For the remaining HACC funding, further funding will continue to be transferred to the NDIS until 2019-20. While the volume of activity and the client mix will change post 1 July 2018, there will be no change to HACC service types provided to eligible clients.

- c) Please detail the funding arrangement and responsibilities between the State and Federal governments and service providers; and

Answer:

The WA HACC Program is currently administered by the WA Department of Health (DOH) and jointly funded by the State and Commonwealth Governments according to an approximate 40:60 split. In January 2017, the Commonwealth and Western Australian



Governments signed Bilateral Agreements for transitioning responsibilities for aged care and disability services in Western Australia and transition to NDIS in Western Australia.

As part of this agreement the Commonwealth are offering existing eligible HACC Service Providers a two-year grant agreement to ensure continuity of funding and support for clients aged 65 years and over under the CHSP. From 1 July 2018, the Commonwealth will assume full ongoing responsibility for delivering HACC services for people aged 65 years and over under the CHSP. The remaining HACC funding for younger clients will be retained by WA DOH, with the majority of funds being progressively transferred to the NDIS in line with the Bilateral Agreement and the NDIS rollout schedule across Western Australia until 2019-2020.

- d) How will the transitions to the NDIS and Commonwealth Home Support Program impact upon HACC services?

Answer:

HACC Services for older people will transition to the CHSP and continue for both new and existing clients with very little difference.

For younger people, where the NDIS has rolled out, funding has been cashed out of the WA HACC Program. In these areas, both new and existing clients are required to test their eligibility with NDIS. If eligible, upon commencement of their NDIS plan existing HACC clients will cease their HACC support. For existing HACC clients who are determined ineligible for the NDIS, continuity of support may continue under the remaining funding and WA DOH service agreements during the transition until 2020.

- 3) I refer to budget paper 3, page 230, Royalties for Regions Southern Inland Health Initiative:

- a) When is it expected that the special purpose account close;

Answer:

The special purpose account is due to be closed in 2018-19.

- b) Will all SIHI capital and recurrent projects be complete or come to an end in 2018-19; and

Answer:

The District Hospital Investment Program (Stream 2) and Small Hospital and Nursing Post Refurbishment Program (Stream 4) will be complete in 2018-19.

From 2018-19 SIHI recurrent projects will be absorbed into a new program structure. Funding of the new program structure to 2021-22 ensures continued access to essential clinical services and programs including those established through the SIHI.

- c) Please provide a list of SIHI capital and recurrent projects that are funded between 2018-19 and 2021-22?

Answer:

Capital Projects that will be funded between 2019-20 and 2021-22 are:

- District Hospital Investment Program (Stream 2)
- Primary Health Centres Demonstration Program (Stream 3)
- Small Hospital and Nursing Post Refurbishment Program (Stream 4)

Recurrent Projects that will be funded between 2019-20 and 2021-22 are:

- Essential emergency and acute services including medical incentives and payments for local General Practitioners to live in country communities and work in WACHS hospitals, and support for maternity services for at risk sites;



- Emergency Telehealth Service with 24x7 access to emergency specialist care;
 - Expanding the range of clinical services delivered via telehealth into local communities, to increase local and regionally based care; and
 - A residential aged and dementia care project to support people to remain independent and engaged in their regional communities.
- 4) I refer to the outlined consultation with stakeholders to introduce and implement the State Men's Health and Wellbeing policy, aimed at improving the wellbeing of men in Western Australia and I ask:

- a) Has consultation commenced or when will it commence;

Answer:

A preliminary consultation survey to gather information on priorities and perspectives of men's health and wellbeing in WA was conducted in December 2017. The second round of consultation on the draft Policy will commence 1 June 2018.

- b) Who will undertake the consultation;

Answer:

Health Networks of the Department of Health WA will oversee the consultation and undertake the online survey component. CSD Network Inc., in partnership with Kambarang Services and Kim Bridge and Associates, has been engaged to undertake the community consultation forums component.

- c) What funding has been allocated to consult and create the policy as outlined; and

Answer:

\$75,000 (inc GST) has been allocated for the consultation.

- d) What funding has been allocated to support initiatives arising from the policy creation?

Answer:

Nil. The scope of the Election Commitment is to develop a WA Men's Health and Wellbeing Policy. Funding to support initiatives arising from the policy creation is outside of the scope of the project.

- 5) I refer to budget paper 2, volume 1, page 248, 'Spending Changes' table, line item 'Voluntary Targeted Separation Scheme' and I ask:

- a) How many staff have taken advantage of the scheme, by head count and FTE;

Answer:

209 staff have separated under the Voluntary Targeted Separation Scheme, equivalent to 191.5 FTE as at 9 April 2018 (2018-19 Budget cut-off).

- b) Please provide a list of each position that has been made redundant to date, the location of that position, and if that position remains vacant;

Answer:

A prerequisite of the Voluntary Targeted Separation Scheme is that all positions associated with a separation under the Scheme are abolished. Therefore, no positions remain vacant. Positions abolished via VTSS will not impact frontline service delivery.

Please find attached list as requested (Attachment 2).



- c) What is the department's target for FTE reduction in order to meet the forward estimates expectation; and

Answer:

Voluntary Targeted Separation Scheme forward estimate savings are based on actual exits (Full Time Equivalent and headcount) in 2017-18. There are therefore no FTE reductions over the forward estimates needed as the necessary exits have already occurred (or are due to by the end of 2017-18).

- d) What are the focus areas for the department for FTE reduction to meet VTSS targets?

Answer:

Not applicable.

- 6) I refer to the election commitment of Culturally Appropriate Housing for Regional Visitors, Medihotels and Urgent Care Clinics and I ask:

- a) What is the total cost associated with each above-mentioned initiative for each year from 2017-18 until 2021-22;

Answer:

Costs are yet to be determined.

- b) At what locations will each initiative be delivered;

Answer:

Culturally Appropriate Housing for Regional Visitors
Locations are yet to be determined.

Medihotels and Urgent Care Clinics

The Government is pursuing the development of Urgent Care Clinics servicing Royal Perth Hospital, Joondalup Health Campus, Osborne Park Hospital, Peel, Albany, Bunbury, Collie-Preston, Geraldton, Kalgoorlie, Fremantle, Kimberley, and Pilbara regions.

The Government is pursuing the development of Medihotels servicing Fiona Stanley Hospital, Royal Perth Hospital and Joondalup Health Campus.

- c) With reference to the election commitment to establish an Urgent Care Clinic in Geraldton what consultation has occurred with local service providers to date;

Answer:

Initial consultation continues via the WA Country Health Service. More generally, the Government is engaging with metropolitan and regional care providers in collaboration with the WA Primary Health Alliance. This consultation is ongoing.

- d) Does the budget contain funding for the Geraldton Urgent Care Clinic; and

Answer:

Funding for a community awareness campaign for an Urgent Care Clinic in Geraldton is included within the \$2 million originally allocated. No further funding has been allocated.

- e) When will the Geraldton Urgent Care Clinic be located and when will it commence operations?



Answer:

The exact location of the Urgent Care Clinic will be dependent on the model adopted in that community. Proposals are expected to be evaluated this calendar year.

7) I refer to the review of the Royal Flying Doctor Service outlined in budget paper 2, volume 1 and I ask:

a) How much funding has been allocated for this review;

Answer:

Nil.

b) What is the timeline for the review;

Answer:

The review commenced in February 2018, and is due to be finalised prior to 30 June 2018.

c) Who is conducting the review;

Answer:

WA Country Health Service is conducting the review internally with input provided by key internal stakeholders and the Royal Flying Doctor Service.

d) What are the terms of reference for the review; and

Answer:

The review includes an assessment of the current contract structure and framework, the service requirements, the service provider's performance, a stakeholder consultation process and the development of a service improvement strategy in consultation with the Royal Flying Doctor Service. The review also identifies issues / enhancements to be considered during the procurement phase of the next contract for aeromedical inter-hospital patient transport services.

e) Will the full review and any recommendations be made publicly available and if so when?

Answer:

No. It is an internal contract and service review document and will not be made publicly available.

8) I refer to the 'Review of Regional and Country Ambulance' outlined in budget paper 2, volume 1 and I ask:

a) How much funding has been allocated for this review;

Answer:

\$699,500.

b) What is the timeline for the review;

Answer:

The review commenced in March 2017 and concluded in February 2018.

c) Who is conducting the review;

Answer:

Ernst & Young where engaged by the WA Country Health Service to provide the expertise



and independence to consult with stakeholders and provide recommendations for the future of Country Ambulance Services.

d) What are the terms of reference for the review;

Answer:

- To conduct National and International Research on country service models, new and emerging technology and safety and quality standards.
- Widespread engagement of key stakeholders within each WACHS region, including but not limited to consultation with community representatives, volunteers, Aboriginal groups, ambulance providers and health service providers.
- Identification of clinical governance requirements.
- Investigating tasking, facilities, technology and fleet requirements.
- Analysis of workforce and volunteer resourcing models, including occupational health and safety, training, performance management, recruitment, induction and retention.
- Analysis of performance standards – both clinical and operational.
- Analysis of communication and coordination requirements between emergency transport providers, health services and WA Country Health Service.
- Understanding the social impact of the existing and any future volunteer model and the support required.
- Assessment of options, cost benefit analysis and risks.
- Implementation planning.
- Development of a report that outlines current issues and future strategy and implementation considerations for sustainable effective country ambulance service model(s), including the underpinning policy requirements, workforce/volunteer resourcing, financial impacts and cost benefit, contractual models and governance suitable for implementation across WA Country Health Service regions.

e) How will the review consult stakeholders such as St John Ambulance sub-centres and volunteers who have little knowledge of the review; and

Answer:

A combination of methods was used to make stakeholders aware of the review and invite them to participate. Consultation meetings were held for individuals and focus groups that included St John Ambulance (SJA) Volunteers; SJA employees; SJA regional managers; WA Country Health Service Workforce; and SJA community paramedics in all WA Country Health Service regions and the metropolitan area. Over 120 meetings were conducted across 40 towns. Additional opportunities to provide feedback by telephone or written submissions were encouraged.

Communication linkages were used with SJA regional managers; Chairpersons of the Volunteer sub committees; the SJA Volunteer conferences; Community Paramedics; Shire Chief Executive Officers (CEOs) and Mayors; Regional Development Managers; WA Country Health Service Regional Directors; and CEOs and practice managers of various Aboriginal Medical Services - to ensure key stakeholders were aware of the consultation and the various methods to contribute.

f) Will the full review and any recommendations be made publicly available and if so when?

Answer:

Yes. The Strategy document will be released for public consultation – the release date and duration of the public consultation are yet to be confirmed.



9) I refer to the capital grant of \$0.5 million allocated for the upgrade of Valley View Residential Aged Care Facility in Collie and I ask:

a) What is the scope of works for the project;

Answer:

The scope of works for this project includes asset replacement, environmental upgrades costs and routine scheduled maintenance:

- Installation of security gates, and access control.
- Replacement of phone system including portable phones.
- Painting the interior and exterior and replacement of floorcoverings.
- Installation of energy efficient lighting.
- New Shade Sails and establishment of a café area.
- An equipment upgrade for the main kitchen, Replacement of hot and cold water systems (to six areas), essential clinical equipment and therapy equipment.
- Replacement of furnishings in bedrooms and communal areas.
- Various equipment repairs.

b) How was the project identified for funding;

Answer:

A Grievance to the Minister for Health 20 August 2015 highlighted a lack of aged care beds in Collie, and specifically refers to issues at Valley View.

Valley View Board communicated in February 2016 (in local media, the Collie Mail) they would be applying for Government grant money.

The election commitment of \$500,000 to upgrade outdated facilities at Valley View Residence in Collie aligned with the Government commitment to upgrade and repurpose existing aged care facilities.

a) What is the source of funding for the project; and

Answer:

Royalties for Regions.

b) Please provide a copy of the project business case and financial assistance or grant agreement if executed?

Answer:

WA Health is reviewing the business case to ensure that release of this document does not impact and/or disadvantage Government (WA Health) through the sharing of this material with the market (i.e. tender process). WA Health will advise the outcome of this review in due course.

The Grant agreement is yet to be executed.

10) I refer to Budget Paper 3, Page 144 and "Election Commitments – Geraldton Health Campus Redevelopment" and I ask:

a) Is it the government's plan to collocate two hospitals in Geraldton on one site;

Answer:

The redevelopment of the Geraldton Health Campus (GHC) will be undertaken as a staged approach with \$73.3 million allocated in the State budget for Stage 1. The site planning has



commenced and includes capacity for other facilities and co-location opportunities on the GHC site in the future.

- b) Does the government have the agreement of the St John of God Hospital in Geraldton to collocate with the Geraldton Health Campus;

Answer:

There has been some provisional discussion between WA Country Health Service and St John of God Health Care regarding potential opportunities for co-location, however there is no agreement in place.

- c) On what site is it proposed that the two hospitals will collocate

Answer:

No specific site has been proposed. The Geraldton Health Campus site planning has commenced and includes capacity for other facilities and co-location opportunities in the future.

- d) Is it proposed that the new collocated hospital will be a privately run public hospital;

Answer:

No.

- e) What timeline is the government working toward for the collocation of the two hospitals; and

Answer:

There is currently no timeline.

- f) What budget funding has been allocated across the forward estimates for planning works associated with the collocation of the two hospitals?

Answer:

No budget funding has been allocated.

A handwritten signature in black ink, appearing to read 'Oleal', is located in the lower right quadrant of the page.

Minutes/Action Statement
 Meeting Opened: 1500
 Present: [REDACTED]

Apologies

Abbreviations: Nil
 WACHS – WA Country Health Service, NN - Neonatal Network, WNHN – Women and Newborn Health Network, LLI – Life limiting illness, HIE - Hypoxic ischaemic encephalopathy, PACMC - Paediatric and Adolescent Care Model of Care, ACT - Association for Children with Life Threatening or Terminal Conditions and their Families

Minutes: [REDACTED]

ITEM NO.	DISCUSSION, DECISION AND/OR ACTION REQUIRED	ACTION	ACTION BY	ONGOING/ COMPLETED
1. Welcome and Apologies				
2. Background to the Meeting	<ul style="list-style-type: none"> Letter of request from [REDACTED] to WNHN in 2011 seeking Perinatal Palliative Care modelling for WA. [REDACTED] 			
[REDACTED]	[REDACTED]			

Chal

ITEM NO.	DISCUSSION, DECISION AND/OR ACTION REQUIRED	ACTION	ACTION BY	ONGOING/ COMPLETED
4. Discussion	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>All agreed once the draft model documents are developed they will need consultation by a wider stakeholder group [REDACTED]</p>			
5. Agreement on the aims/goals for the group	<p>The model will provide the resource for statewide care providers [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>Final endorsement will be sought via the VNH/N.</p>			
6. Summary of actions	<p>1. [REDACTED] and [REDACTED] to meet and amend the draft [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] and [REDACTED] to send final drafts to this group for review prior to next meeting</p> <p>[REDACTED]</p>			
[REDACTED]	[REDACTED]			

Deal

Meeting Closed: 16:35 pm

Location	Position Title
CHILD & ADOLESCENT HEALTH SERVICE	Administrative Assistant
CHILD & ADOLESCENT HEALTH SERVICE	Case Managed HSU
CHILD & ADOLESCENT HEALTH SERVICE	Director Special Projects
CHILD & ADOLESCENT HEALTH SERVICE	Laboratory Technician
CHILD & ADOLESCENT HEALTH SERVICE	Manager
CHILD & ADOLESCENT HEALTH SERVICE	Manager Mediation and Legal Support
CHILD & ADOLESCENT HEALTH SERVICE	Supernumerary
CHILD & ADOLESCENT HEALTH SERVICE	Supernumerary
DEPARTMENT OF HEALTH	Administrative Assistant
DEPARTMENT OF HEALTH	Administrative Assistant
DEPARTMENT OF HEALTH	Assistant Director Audit
DEPARTMENT OF HEALTH	Auditor
DEPARTMENT OF HEALTH	Business Analyst
DEPARTMENT OF HEALTH	Communications Advisor
DEPARTMENT OF HEALTH	Consultant
DEPARTMENT OF HEALTH	Coordinator Accounting Policy
DEPARTMENT OF HEALTH	Data Analyst
DEPARTMENT OF HEALTH	Director
DEPARTMENT OF HEALTH	Executive Officer
DEPARTMENT OF HEALTH	Financial Policy Analyst
DEPARTMENT OF HEALTH	Financial Reform Officer
DEPARTMENT OF HEALTH	Information Systems Support Officer
DEPARTMENT OF HEALTH	Investigator
DEPARTMENT OF HEALTH	Manager
DEPARTMENT OF HEALTH	Manager Business Analysis and Risk
DEPARTMENT OF HEALTH	Manager Financial Services
DEPARTMENT OF HEALTH	Manager Medical Workforce
DEPARTMENT OF HEALTH	Medical Advisor
DEPARTMENT OF HEALTH	Nursing Program Coordinator
DEPARTMENT OF HEALTH	Nursing Program Coordinator
DEPARTMENT OF HEALTH	Policy Officer
DEPARTMENT OF HEALTH	Principal Analyst
DEPARTMENT OF HEALTH	Principal Business Analyst
DEPARTMENT OF HEALTH	Principal Media Coordinator
DEPARTMENT OF HEALTH	Principal Policy Officer
DEPARTMENT OF HEALTH	Principal Policy Officer
DEPARTMENT OF HEALTH	Principal Policy Officer
DEPARTMENT OF HEALTH	Principal Policy Officer
DEPARTMENT OF HEALTH	Principal Policy Officer
DEPARTMENT OF HEALTH	Principal Program Officer
DEPARTMENT OF HEALTH	Principal Project Officer
DEPARTMENT OF HEALTH	Program Coordinator
DEPARTMENT OF HEALTH	Program Manager
DEPARTMENT OF HEALTH	Project Coordinator
DEPARTMENT OF HEALTH	Project Officer
DEPARTMENT OF HEALTH	Project Officer
DEPARTMENT OF HEALTH	Project Officer
DEPARTMENT OF HEALTH	Project Officer
DEPARTMENT OF HEALTH	Project Officer
DEPARTMENT OF HEALTH	Project Officer - Palliative Care Network
DEPARTMENT OF HEALTH	Registered Nurse
DEPARTMENT OF HEALTH	Research and Data Officer
DEPARTMENT OF HEALTH	Senior Cash Management Officer
DEPARTMENT OF HEALTH	Senior Finance Officer
DEPARTMENT OF HEALTH	Senior General Ledger Officer
DEPARTMENT OF HEALTH	Senior General Ledger Officer
DEPARTMENT OF HEALTH	Senior Inspector
DEPARTMENT OF HEALTH	Senior Legal Advisor
DEPARTMENT OF HEALTH	Senior Librarian
DEPARTMENT OF HEALTH	Senior Nursing Officer
DEPARTMENT OF HEALTH	Senior Planning Officer
DEPARTMENT OF HEALTH	Senior Policy - Stat Reporting Officer
DEPARTMENT OF HEALTH	Senior Policy - Stat Reporting Officer
DEPARTMENT OF HEALTH	Senior Policy - Stat Reporting Officer
DEPARTMENT OF HEALTH	Senior Policy - Stat Reporting Officer
DEPARTMENT OF HEALTH	Senior Policy - Statutory Reporting Consultant
DEPARTMENT OF HEALTH	Senior Policy - Statutory Reporting Consultant
DEPARTMENT OF HEALTH	Senior Policy - Statutory Reporting Officer
DEPARTMENT OF HEALTH	Senior Policy - Statutory Reporting Officer
DEPARTMENT OF HEALTH	Senior Policy and Planning Officer

Location	Position Title
DEPARTMENT OF HEALTH	Senior Policy Consultant
DEPARTMENT OF HEALTH	Senior Policy Officer
DEPARTMENT OF HEALTH	Senior Policy Officer
DEPARTMENT OF HEALTH	Senior Policy Officer
DEPARTMENT OF HEALTH	Senior Policy Officer
DEPARTMENT OF HEALTH	Senior Policy Officer
DEPARTMENT OF HEALTH	Senior Policy Officer
DEPARTMENT OF HEALTH	Senior Project Coordinator
DEPARTMENT OF HEALTH	Senior Project Officer
DEPARTMENT OF HEALTH	Senior Project Officer
DEPARTMENT OF HEALTH	Senior Project Officer
DEPARTMENT OF HEALTH	Senior Solicitor
DEPARTMENT OF HEALTH	Senior Tax Adviser
DEPARTMENT OF HEALTH	Supernumerary
DEPARTMENT OF HEALTH	Tax Officer
DEPARTMENT OF HEALTH	Team Leader Cash Management
DEPARTMENT OF HEALTH	Team Leader FTE Maintenance Project
EAST METROPOLITAN HEALTH SERVICE	Administrative Assistant
EAST METROPOLITAN HEALTH SERVICE	Administrative Assistant
EAST METROPOLITAN HEALTH SERVICE	Area Manager
EAST METROPOLITAN HEALTH SERVICE	Business Information Analyst
EAST METROPOLITAN HEALTH SERVICE	Business Manager
EAST METROPOLITAN HEALTH SERVICE	Clerical Coordinator
EAST METROPOLITAN HEALTH SERVICE	Clerical Supervisor
EAST METROPOLITAN HEALTH SERVICE	Clerical Supervisor Outpatients
EAST METROPOLITAN HEALTH SERVICE	Clinical Nurse Manager - Perioperative
EAST METROPOLITAN HEALTH SERVICE	Coordinator Mental Health Adult
EAST METROPOLITAN HEALTH SERVICE	Health Service Project Coordinator
EAST METROPOLITAN HEALTH SERVICE	Manager - Information Analyst
EAST METROPOLITAN HEALTH SERVICE	Medical Records Senior Clerk
EAST METROPOLITAN HEALTH SERVICE	Mental Health Clinical Governance Officer
EAST METROPOLITAN HEALTH SERVICE	Nurse Director
EAST METROPOLITAN HEALTH SERVICE	Physiotherapist
EAST METROPOLITAN HEALTH SERVICE	Project Officer - Patient Safety
EAST METROPOLITAN HEALTH SERVICE	Registered Nurse
EAST METROPOLITAN HEALTH SERVICE	Service Co-Director
HEALTH SUPPORT SERVICES	Administrative Assistant
HEALTH SUPPORT SERVICES	Application Portfolio Manager
HEALTH SUPPORT SERVICES	Assistant Director
HEALTH SUPPORT SERVICES	Business Analyst
HEALTH SUPPORT SERVICES	Clinical Application Specialist
HEALTH SUPPORT SERVICES	Contract Officer
HEALTH SUPPORT SERVICES	Coordinator Information Management
HEALTH SUPPORT SERVICES	Coordinator System Security
HEALTH SUPPORT SERVICES	Courier
HEALTH SUPPORT SERVICES	Electronic Document Management System Coordinator
HEALTH SUPPORT SERVICES	Employment Services Officer
HEALTH SUPPORT SERVICES	Employment Services Officer
HEALTH SUPPORT SERVICES	Employment Services Officer
HEALTH SUPPORT SERVICES	Employment Services Officer
HEALTH SUPPORT SERVICES	Expenditure Officer
HEALTH SUPPORT SERVICES	Expenditure Officer
HEALTH SUPPORT SERVICES	Expenditure Officer
HEALTH SUPPORT SERVICES	Expenditure Officer
HEALTH SUPPORT SERVICES	Expenditure Officer
HEALTH SUPPORT SERVICES	Expenditure Officer
HEALTH SUPPORT SERVICES	Expenditure Officer
HEALTH SUPPORT SERVICES	Expenditure Officer
HEALTH SUPPORT SERVICES	Information Management Support Officer
HEALTH SUPPORT SERVICES	Information Systems Support Officer
HEALTH SUPPORT SERVICES	Manager Central Platform Services
HEALTH SUPPORT SERVICES	Operations Manager
HEALTH SUPPORT SERVICES	Payment Officer
HEALTH SUPPORT SERVICES	Payroll Officer Workers Compensation
HEALTH SUPPORT SERVICES	Procurement Officer
HEALTH SUPPORT SERVICES	Project Officer Finance
HEALTH SUPPORT SERVICES	Project Support Officer
HEALTH SUPPORT SERVICES	Recruitment Officer
HEALTH SUPPORT SERVICES	Revenue Coordinator
HEALTH SUPPORT SERVICES	Revenue Officer
HEALTH SUPPORT SERVICES	Revenue Officer
HEALTH SUPPORT SERVICES	Revenue Officer
HEALTH SUPPORT SERVICES	Senior Business Analyst

Location	Position Title
HEALTH SUPPORT SERVICES	Senior Employee Benefits Officer
HEALTH SUPPORT SERVICES	Senior Employee Benefits Officer
HEALTH SUPPORT SERVICES	Senior Employee Benefits Officer
HEALTH SUPPORT SERVICES	Senior Finance Officer
HEALTH SUPPORT SERVICES	Senior Information Systems Support Officer
HEALTH SUPPORT SERVICES	Senior Payroll Officer
HEALTH SUPPORT SERVICES	Senior Systems Administrator
HEALTH SUPPORT SERVICES	Site Information Service Officer
HEALTH SUPPORT SERVICES	Storeperson
HEALTH SUPPORT SERVICES	Supernumerary
HEALTH SUPPORT SERVICES	System Analysis Administration Officer
NORTH METROPOLITAN HEALTH SERVICE	Engineering and Building Srv Coordinator
NORTH METROPOLITAN HEALTH SERVICE	Administrative Assistant
NORTH METROPOLITAN HEALTH SERVICE	Administrative Support Officer
NORTH METROPOLITAN HEALTH SERVICE	Administrative Support Officer
NORTH METROPOLITAN HEALTH SERVICE	Allied Health Assistant Occupational Therapy
NORTH METROPOLITAN HEALTH SERVICE	Assistant in Nursing
NORTH METROPOLITAN HEALTH SERVICE	Assistant in Nursing
NORTH METROPOLITAN HEALTH SERVICE	Assistant in Nursing
NORTH METROPOLITAN HEALTH SERVICE	Assistant in Nursing
NORTH METROPOLITAN HEALTH SERVICE	Clinical Nurse
NORTH METROPOLITAN HEALTH SERVICE	Clinical Nurse Specialist
NORTH METROPOLITAN HEALTH SERVICE	Clinical Psychologist
NORTH METROPOLITAN HEALTH SERVICE	Consultant Physician Infectious Diseases
NORTH METROPOLITAN HEALTH SERVICE	Data Processing Officer
NORTH METROPOLITAN HEALTH SERVICE	Data Processing Officer
NORTH METROPOLITAN HEALTH SERVICE	Deputy Director Program Management
NORTH METROPOLITAN HEALTH SERVICE	Director Finance and Business Support
NORTH METROPOLITAN HEALTH SERVICE	Director Safety Quality and Performance
NORTH METROPOLITAN HEALTH SERVICE	Driver
NORTH METROPOLITAN HEALTH SERVICE	Executive Director Mental Health
NORTH METROPOLITAN HEALTH SERVICE	Executive Officer
NORTH METROPOLITAN HEALTH SERVICE	Finance & Business Officer
NORTH METROPOLITAN HEALTH SERVICE	Finance Officer
NORTH METROPOLITAN HEALTH SERVICE	Head of Service - Consultant Psychiatrist
NORTH METROPOLITAN HEALTH SERVICE	Manager - Clinical Planning and Development
NORTH METROPOLITAN HEALTH SERVICE	Manager Governance and Performance
NORTH METROPOLITAN HEALTH SERVICE	Patient Service Assistant
NORTH METROPOLITAN HEALTH SERVICE	Patient Service Assistant
NORTH METROPOLITAN HEALTH SERVICE	Patient Service Assistant
NORTH METROPOLITAN HEALTH SERVICE	Patient Service Assistant
NORTH METROPOLITAN HEALTH SERVICE	Public Relations Officer
NORTH METROPOLITAN HEALTH SERVICE	Senior Finance & Business Officer
PATHWEST	Coordinator
PATHWEST	Courier
PATHWEST	Information Quality Systems Officer
PATHWEST	Medical Scientist
PATHWEST	Supervising Technician
SOUTH METROPOLITAN HEALTH SERVICE	Accreditation Officer
SOUTH METROPOLITAN HEALTH SERVICE	Administrative Officer
SOUTH METROPOLITAN HEALTH SERVICE	Clinical Nurse Manager - After Hours
SOUTH METROPOLITAN HEALTH SERVICE	Manager Audit Policy and Risk
SOUTH METROPOLITAN HEALTH SERVICE	Manager Infrastructure and New Works
SOUTH METROPOLITAN HEALTH SERVICE	Nurse Director - Cardiology & Respiratory
SOUTH METROPOLITAN HEALTH SERVICE	Senior Clinical Psychologist
SOUTH METROPOLITAN HEALTH SERVICE	Senior Information Analyst
WA COUNTRY HEALTH SERVICE	Client Co-ordinator
WA COUNTRY HEALTH SERVICE	Client Co-ordinator
WA COUNTRY HEALTH SERVICE	Cook
WA COUNTRY HEALTH SERVICE	Cook
WA COUNTRY HEALTH SERVICE	Coordinator Hotel Services
WA COUNTRY HEALTH SERVICE	Director of Nursing
WA COUNTRY HEALTH SERVICE	Director of Nursing / Health Service Manager
WA COUNTRY HEALTH SERVICE	HACC Coordinator, Nannup
WA COUNTRY HEALTH SERVICE	Personal Care Assistant - Cook
WA COUNTRY HEALTH SERVICE	Program Manager Aboriginal Workforce
WA COUNTRY HEALTH SERVICE	Secretary
WA COUNTRY HEALTH SERVICE	Senior Occupational Therapist
WA COUNTRY HEALTH SERVICE	Supernumerary RV