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25/07/18

LEGISLATIVE COUNCIL STANDING COMMITTEE ON ESTIMATES AND FINANCIAL OPERATIONS

FORMAT FOR ANSWERS

ADDITIONAL QUESTIONS

Department of Health

The Committee asked:

1. I refer to the Statement of Cashflows table on page 267. I note that you derive some income from 'sales of goods and services' and 'other receipts'

   (a) Do you allow a person to pay for goods and services with credit or debit cards?

   Answer:

   Yes, we do allow credit and debit card payments.

   (b) If so, when a person pays a fee or fine by credit card or debit card

      (i) What surcharge do you apply to process that card payment?

      Answer:

      No surcharge is applied to process the card payment.

      (ii) Do you impose the same surcharge irrespective of which type card is used?

      Answer:

      No surcharge is applied irrespective of which type of card is used.

      (iii) Is that surcharge authorised by a legislative Instrument, for example, by regulations?

      Answer:

      Not applicable as no surcharge is applied.

      (iv) What steps have you taken to ensure compliance with Reserve Bank of Australia Standard No. 3 2016 titled 'Scheme rules relating to Merchant Pricing for credit, debit and prepaid card transactions'

      Answer:

      Not applicable as no surcharge is applied.

      (v) As per the Standard, is your surcharge no greater than the average cost of acceptance of the lowest cost system, not an average of all costs systems?

      Answer:

      Not applicable as no surcharge is applied.

Hon Alison Xamon MLC asked:

1. I refer to page 251 - Other Health System Priorities - First dot point - Additional recurrent funding of $67.8 million towards prevention, promotion, and palliative care, patient transport and Aboriginal Health Services:

(a) what is the breakdown of funding for each of these categories for 2018-19 and across the forward estimates;

Answer:

The $67.8 million relates to indexation funding for existing non-hospital services (NHS), which are delivered outside of a hospital setting. These include, but are not limited to, prevention and promotion services, palliative care services, patient transport and Aboriginal health services as well as state-wide services provided by Pathwest, Health Support Services and the Department of Health.

The table below provides a modelled view used to inform WA Health's 2018-19 Budget Statements for the categories referred to, which establish the 2018-19 Budget targets and are subject to change as part of the annual Service Agreement process. Similarly, the forward estimates are updated and informed through the annual Service Agreement process meaning the level of detail sought is not readily available.

Funding by Category

Program	2018-19 Budget $M
Palliative & Cancer Care Services	47.9
Health Promotion, Primary Care, Education and Research	316.7
Health Protection and Screening Services	62.1
Other transport services	232.7
Aboriginal Health	49.2
Total*	708.6

*This expenditure includes the impact of financial products and savings measures.

(b) Will this funding be indexed to meet increases in demand over time;

Answer:

The allocation of indexation funding is subject to consideration as part of the annual Budget and Resource Allocation process (i.e. Service Agreements).

(c) how will this funding be distributed e.g. via tender; and

Answer:

Any indexation funding for the programs will be passed through to the Health Service Providers as part of the Service Agreement process.

(d) If distributed through existing channels, please provide a breakdown of which agencies will be receiving the additional funding and how much each agency will be getting?

Answer:

Refer to (b) and (c).

Funding is utilised by the Department to provide indexation to existing programs delivered by Health Service Providers, and will be distributed as per the aforementioned annual Budget and Resource Allocation process (i.e. Service Agreements).

2. I refer to page 251 - Other Health System Priorities - fourth dot point - Aboriginal Health Services:

(a) how will integrating Aboriginal Health Services into the WA Health system's base budget settings serve to improve health outcomes for Aboriginal people; and

Answer:

The State Government and the Department of Health (DOH) have a long-term commitment to Aboriginal health as demonstrated by the support of Aboriginal health programs (formerly known under the banner of Footprints to Better Health Strategy) since 2008-09.

It has been well established that Aboriginal health programs require sustained investment to drive positive changes in Aboriginal health outcomes.

The programs previously funded under the Footprints to Better Health Strategy will continue to be funded going forward as Aboriginal Health Programs and will help meet current Aboriginal health priorities as outlined in the WA Health Aboriginal Health and Wellbeing Framework.

The State Government committed an additional $21.2 million to continue the delivery of Aboriginal Health programs from 2018-19 to 2019-20, with Aboriginal Health services to be maintained, but the associated cost being gradually absorbed within funding for mainstream health services over this period.

(b) What provisions are in place to ensure that the particular health needs of Aboriginal people are met and not lost within the general system?

Answer:

The WA Aboriginal Health and Wellbeing Framework 2015-2030 (the Framework) identifies a set of guiding principles, strategic directions and priority areas to improve the health and wellbeing of Aboriginal people for the next 15 years.

An Implementation Guide has also been developed as a companion document to the Framework. It provides guidance and suggestions to Health Service Providers (HSPs) and stakeholders on how to take meaningful and measurable actions towards improvements in Aboriginal health and wellbeing outcomes. Both the Framework and the Implementation Guide are the products of extensive stakeholder consultation and have been endorsed by the Aboriginal Health Council of WA and affiliates.

The Aboriginal Health and Wellbeing Policy (the Policy) is the key lever for the DOH as the system manager. The Policy was developed to ensure a consistent approach across the HSPs when addressing the Framework and specifies the mandatory policy requirements that all HSPs must comply with. A significant requirement of the Policy is for all HSPs to prepare and implement Board-endorsed Action Plans that address the strategic directions of the Framework.

The Policy, Framework and Implementation Guide will all be used to drive a responsive approach across the entire health system and ensure that the particular needs of

Aboriginal people are met. In addition, a working group has been established to ensure that all Aboriginal health programs going forward align with the current and emerging priorities as outlined in the Framework.

3. I refer to page 252 - Service Summary, and I ask:

(a) what investment of funds has the Government made towards progressing the recommendations from the 2016 Senate committee report on the "Growing evidence of an emerging tick-borne disease that causes Lyme-like illness for many Australian patients"; and

Answer:

To date, the Government has not invested specific funds towards progressing the recommendations from the 2016 Senate committee report. However, the WA Department of Health recognises the importance of addressing these recommendations in a nationally coordinated manner and is committed to contributing to that process.

(b) please provide an update on the actions taken in relation to the implementation of these recommendations?

Answer:

The Department of Health sent a senior representative to a national consultation forum convened by the Commonwealth Department of Health on Wednesday 18 April 2018 to discuss the Australian Government's response to the Senate committee's report. As a result of this stakeholder engagement, the Australian Government has committed to a number of initiatives. The first is to develop a multidisciplinary care approach to assist health professionals better manage these patients and provide them with a clear clinical pathway.

The second is to improve education and awareness regarding diagnosis, treatment and prevention of tick-borne illnesses. The Commonwealth Department of Health has developed position statements on both Lyme disease and Debilitating Symptom Complexes Attributed to Ticks (DSCATT) (the latter term is used to differentiate between classic Lyme disease and a number of other symptoms complexes that may be caused by ticks). A Patient Group Forum involving a broader group of stakeholders will be held in Sydney on 27 July 2018 to discuss the outcomes of the 18 April 2018 Forum and engage with a wide range of patient groups.

The third is to support further research to determine what is causing debilitating symptom complexes in this patient cohort. $3million of funding has been provided to the National Health and Medical Research Council for targeted research into this area and WA is well positioned to attract some of this funding, as researchers from this state have considerable research experience in this field.

4. I refer to page 247, Delivery of Services, and I ask:

(a) Has any funding been allocated for reform of prison health and transfer of these services to Department of Health;

Answer:

No.

(b) If yes to b), how much; and

Answer:

Not applicable.

(c) If no to b), why not?

Answer:

At this stage, the Government has not yet made a decision on a transfer of the responsibility for custodial health services from the Department of Justice to the WA health system.

5. I refer to page 255, 4. Mental Health Services, and specifically to the Mental Health Co-response team, and I ask:

(a) How much funding has been allocated to the team for 2018-19 and into the forward estimates;

(b) Do you intend to expand this team; and

(c) If yes to b):

(i) when; and

(ii) where will the expansion occur?

This question has been redirected to the Mental Health Commission for response.

6. I refer to page 255 - number 4 - mental health services and funding allocated to the child and adolescent mental health service to achieve one of their guiding principles, which is to work with schools to make sure that children and young people have the best chance of doing well, and I ask:

(a) how many FTE are allocated to CAMHS to support schools;

Answer:

Nil. The Department of Education funds Community Education Liaison Teachers, who are co-located at CAMHS sites, but are not CAMHS employees.

(b) how much funding has been allocated to engaging with schools in 2018/19 and across the forward estimates;

Answer:

None. School engagement is provided by CAMHS staff as part of everyday core business relevant and appropriate to the child and family being seen in the service.

(c) please advise the nature of the engagement that CAMHS has with schools;

Answer:

The nature of engagement CAMHS has with schools is delivered and governed in accord with a current Memorandum of Understanding (MOU) between the Child and Adolescent Health Service, the Department of Education and the WA Country Health Service.

Under the MOU, local CAMHS sites can develop School Level Agreements which describe the core negotiable and non-negotiable deliverables regarding strategies, support, and staff roles and responsibilities.

(d) does CAMHS engage with all schools; and

Answer:

CAMHS will engage with any school as indicated or needed by any child and family which is seen in the service.

(e) if no to d) please list which schools CAMHS works with?

Answer:

Not applicable.

Hon Nick Goiran MLC asked:

1. I refer to the Heads of Agreement for public hospital funding and health reform from 1 July 2020 to 30 June 2025 referred to on page 249 of the Budget Statements 2018-19, Budget Paper No. 2, Volume 1, and I ask:

(a) How much will WA receive from the Federal Government on a per capita basis and how does this compare to the other States and Territories;

Answer:

The Department of Health cannot verify the Commonwealth figure that was quoted in the State Budget Papers suggesting a $30 billion increase over the future five-year period from 2020-21 to 2024-25, compared to the previous five-year period from 2015-16 to 2019-20, and the Department of Health has not been supplied with the Commonwealth's calculations to 2024-25. This amount was noted in a COAG communique 9 February 2018.

A per capita breakdown of estimated National Health Reform funding across all States and Territories, over the forward estimates period[1], is provided in the table below:

Table: National Health Reform funding estimates, 2017-18 to 2021-22, States and Territories per capita

Year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
2017-18	766.2	788.7	977.8	873.6	782.5	800.6	973.4	1183.7
2018-19	800.5	815.2	939.0	860.1	772.8	797.0	918.3	1145.5
2019-20	828.2	836.3	976.1	902.2	798.5	820.2	963.5	1246.2
2020-21	856.7	858.0	1014.9	946.7	824.4	844.2	1013.4	1358.3
2021-22	886.2	880.5	1055.3	992.9	851.5	868.8	1063.6	1471.4
Average	**827.55**	**835.73**	**992.62**	**915.08**	**805.97**	**826.14**	**986.46**	**1,281.01**

Sources:

Commonwealth of Australia, *2018-19 Federal Budget*, Budget Paper 3, page 1, available from https://www.budget.gov.au/2018-19/content/bp3/download/BP3_part2_health.pdf;
Commonwealth of Australia, *2018-19 Federal Budget*, Budget Paper 3 - Appendix 1, page 1: https://www.budget.gov.au/2018-19/content/bp3/download/BP3_appendix_A.pdf.

(b) Can you provide a breakdown of these additional funds by year over this period;

Answer:

See answer to (a).

(c) Is this funding required to have a matched component by the State;

Answer:

The Commonwealth funding represents their contribution to public hospital funding under the national Activity Based Funding model, based on the National Efficient Price set by the Independent Hospital Pricing Authority. The State makes its own funding contribution on an activity basis, with the Government endorsing the purchase of weighted activity units at a State Price.

[1] A portion of the period covered by the Heads of Agreement (2020-21 to 2024-25) goes beyond the forward estimates period for all jurisdictions.

(d) Is there a level of cost shifting by the State Government with Commonwealth funding being applied at up to 6.5% per annum while state based appropriations will only increase by an average of 1%;

Answer:

The 2018-19 Federal Budget projects annual national growth in National Health Reform funding to be 5.2% in all years over the forward estimates period, except 2018-19 (an artificially low 2.4% in that year, due to higher than expected payments in 2017-18). This level of projected growth is under the national funding growth cap of 6.5% per annum. If this projection holds true, all States (including Western Australia) would receive their full National Health Reform funding entitlements.

While expense growth in the State Budget is due to increase by 1.2% per annum on average over the forward estimates, it is noted that expense growth for hospital services over the same period is 3.3% per annum.

(e) With funding growth capped at 6.5%, how will you fund increases in costs above this amount out to 2025, particularly given the cost of supplying services to regional and remote WA;

Answer:

See answer to (d). Current projections indicate that Western Australia will receive its full National Health Reform funding entitlement under the national funding cap, over the forward estimates period.

(f) Does the agreement create a $77 million shortfall; and

Answer:

The Department of Health cannot verify this figure.

(g) If yes to (f), how will the $77 million shortfall be funded?

Answer:

Not applicable.

2. I refer to the renal dialysis services in the "Longer Term Election Commitments – Delivering Quality Health Care for Patients" list on page 251 of the Budget Statements 2018-19, Budget Paper No. 2, Volume 1. I note that, during the estimates in the Assembly, the Minister advised that the WA Country Health Service was assessing the possibility of running the Derby and Fitzroy Crossing renal facilities while negotiations are occurring for an operator to take on the contract and I ask:

(a) Are staff of WACHS currently operating the facilities:

Answer:

No.

(i) If yes to (a), are they operating it at full capacity, and if not, at what capacity are the facilities running;

Answer:

The facilities are not yet operational.

(ii) What is the cost to the Department of having the facilities run by Department staff; and

Answer:

Preliminary costings based on the proposed interim operating model are being finalised.

(iii) If no to (a), why not and are there still plans for this to occur;

Answer:

The interim operating model is being finalised. The plan is still for WACHS to operate on an interim basis commencing in August 2018.

(b) Where are the negotiations to source a full-time operator at; and

Answer:

The procurement process to source a full-time operator has commenced.

(c) How many patients from Derby and Fitzroy Crossing are currently in Perth receiving renal dialysis services?

Answer:

Zero from Derby and one from Fitzroy Crossing.

3. I refer to the line item for the Graylands Hospital redevelopment on page 261 of the Budget Statements 2018-19, Budget Paper No.2, Volume 1 and I ask can you provide an update on where the business case for decommissioning the services at Graylands is at?

Answer:

The Department of Health, Mental Health Commission and the North Metropolitan Health Service are jointly developing a business case for Government's consideration, seeking funding to establish the first tranche of community-based, contemporary, replacement services, in order to commence the decommissioning of Graylands.

4. I refer to the third dot point on page 248 of the Budget Statements 2018-19, Budget Paper No. 2, Volume 1, which highlights that health expenditure growth has been lower than 5% per annum in the last two years. However, if the expense increases highlighted in Budget Paper 3 over the last two budgets are applied to annual state appropriations only, then these increases are in fact 8% in 2017-18 ($405 million) and 8.7% in 2018-19 ($443 million). Given the forward estimates contains annual growth of just 1% per annum, I ask:

(a) How is the Department planning on meeting such tight financial constraints;

Answer:

A number of strategies are in place which focus on achieving stronger performance and financial sustainability. The governance arrangements established through the Health Services Act 2016 have enabled increased accountability through better defined roles and responsibilities for the board-governed health services and the Department of Health as the System Manager.

The WA Health Reform program led to a focus on financial sustainability through workforce, system and structural reform. This focus has contained wages growth in line with Government Wages Policy; improved financial management through delivery of more activity without budget supplementation; and tightened performance management, improved private patient revenue, and procurement and contract management.

Reinforcing the outcome of the WA Health Reform program, the Sustainable Health Review will position the WA health system on a sustainable footing for the future by

putting patients first, embracing innovation and technology, and further improving financial sustainability.

(b) What are the budget reductions that have been identified in 2018-19 and over each year of the forward estimates; and

Answer:

A range of corrective measures have been built into WA Health's budget settings over recent years, including 1% efficiency dividend, 15% procurement savings, and the Agency Expenditure Review.

The 2018-19 Budget contains further measures which impact the budget year and forward estimates, and will become integrated into base budget settings.

These are detailed in the Spending Changes table and are extracted below:

Savings Measures	2017-18 $'000	2018-19 $'000	2019-20 $'000	2020-21 $'000	2021-22 $'000
2018-19 Budget - SES Reduction	-500	-1,000	-1,000	-1,000	-1,000
2018-19 Budget - State Fleet Policy and Procurement Initiatives	-998	-2,013	-2,198	-2,386	-2,429
2018-19 Budget - VTSS Savings (Tranche 1)	-11,989	-18,078	-18,246	-18,413	-18,666
New Public Sector Wages Policy	44	-11,366	-35,473	-64,783	-
Total	-13,443	-32,457	-56,917	-86,582	-22,095

(c) Will you table a complete list of these cuts?

Answer:

Refer to table in (b).

5. I refer to the half a page of election commitments still not funded under the title Longer Term Election Commitments on page 251 of the Budget Statements 2018-19, Budget Paper No. 2, Volume 1 and I ask:

(a) At what stage of planning are each of the commitments;

(b) How much has been expended on planning for each project;

(c) What is the expected timeframe for completion; and

(d) What are the associated capital and recurrent costs of each project?

Answer:

Please refer to attachment 2.

6. I refer to the services being implemented and planned under the headings Continued Investment in Public Hospital Services, Investment in Health Infrastructure and Other Health System Priorities on pages 249-251 of the Budget Statements 2018-19, Budget Paper No. 2, Volume 1 and I ask:

(a) Can you advise if the implementation of these services and facilities is underpinned by any Department of Health planning documents such as the Clinical Services Framework:

Answer:

Yes, the implementation of these services and facilities is underpinned by the Clinical Services Framework 2014-2024.

(i) If no to (a), how does the Department plan for population growth and other demographic factors when making decisions with regards to clinical services to be provided; and

Answer:

Not applicable.

(ii) Will the minister table any such planning document?

Answer:

The WA Health Clinical Services Framework 2014-2024 is available to view on the WA Health website.

https://ww2.health.wa.gov.au/Reports-and-publications/WA-Health-Clinical-Services-Framework-2014-2024

ATTACHMENT 2 – Response to Additional Question 5 Nick Goiran MLC

Election Commitment	(a) What stage of planning is the commitment?	(b) How much has been expended on planning for each project?	(c) What is the expected timeframe for completion?	(d) What are the associated capital and recurrent costs of each project?
Upgrade of the Bunbury Hospital	Planning for Bunbury Hospital redevelopment is being considered as part of the South West Health Campus Masterplan which is expected to be finalised in August 2018.	$200,000.	Following the completion of the Master-planning a Business Case will be developed seeking government endorsement to allocate funding to the Bunbury Hospital redevelopment. The Business Case will confirm the program timelines for the project.	The government is progressing an election commitment of $22.2 million for the upgrade of Bunbury Health Campus. The Business Case will confirm the capital and recurrent cost impact associated with the expanded hospital infrastructure.
Upgrade of the Collie Hospital	The development of a Business Case is expected to commence shortly and be completed by late 2018.	$48,700.	The Business Case will confirm the project timelines for this project.	The government is progressing an election commitment of $12.2 million for the capital redevelopment works. The Business Case will confirm if there are any recurrent cost impacts associated with the expanded hospital infrastructure.
Renal dialysis at Newman Hospital	The Project Definition Plan (PDP) for the broader Newman Health Campus has been amended to include delivery of this commitment. The Newman Health Campus PDP is expected to be completed by August 2018 and be submitted to government for endorsement.	The renal dialysis unit planning has been incorporated into the Newman Health Service redevelopment planning and as such a breakdown of costs for an individual component, such as the renal dialysis unit, is not available.	The construction of the new Newman Health Service is expected to be completed by late 2020.	The government is progressing an election commitment of $1.2 million to the construction of the dialysis unit within the Newman Health Service. Recurrent costs associated with the renal service are not known at this time.
MRI scanner in Kalgoorlie	A concept Brief and Feasibility Study have been completed which will inform future planning for the delivery of this commitment.	$58,850 (GST exclusive) to date.	Timeframes are subject to funding approval.	The government is progressing an election commitment of $3 million for the purchase and installation of a MRI scanner in Kalgoorlie. The Business Case will confirm the capital and recurrent cost impacts associated with

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Election Commitment	(a) What stage of planning is the commitment?	(b) How much has been expended on planning for each project?	(c) What is the expected timeframe for completion?	(d) What are the associated capital and recurrent costs of each project?
				the MRI scanner installation and service delivery model.
Kimberley Mobile Dialysis Unit	A Business Case for funding allocation is in development. Subject to funding approval a grant agreement will be developed for Kimberley Aboriginal Medical Services (KAMS) to provide the service. (Mobile Dialysis Unit (MDU) is owned and operated by KAMS).	Nil to date.	Timeframes are subject to funding approval.	The government is progressing an election commitment of $1.3 million over 4 years. The Business Case currently under development will determine the capital and recurrent costs.
Review of: **a) Regional and Country Ambulance and** **b) Royal Flying Doctor Service**	(a) The public consultation process for the Country Ambulance Strategy is being planned. (b) The draft Review Report of the RFDS contract has been completed and provided to RFDS, who have subsequently accepted in principle the review outcomes.	(a) The review of regional and country ambulance services has been addressed through an existing WACHS project to develop a country ambulance strategy. (b) Nil – The review Report was prepared internally by the WACHS Procurement and Contract Management Directorate, which manages the RFDS contract.	(a) December 2018 (b) July 2018	(a) To be determined. (b) Nil.
Medihotels	Service planning, service volume and service development planning has commenced at Murdoch Health and Knowledge Precinct,	Planning to date has been done within existing operational budgets.	Three sites are to be operational by 2021-22.	Not yet defined at this point.

ATTACHMENT 2 – Response to Additional Question 5 Nick Goiran MLC

Election Commitment	(a) What stage of planning is the commitment?	(b) How much has been expended on planning for each project?	(c) What is the expected timeframe for completion?	(d) What are the associated capital and recurrent costs of each project?
	Royal Perth Hospital and Joondalup Health Campus.			
Urgent Care Clinic	The Department of Health is working with the WA Primary Healthcare Alliance to develop service model options with key industry stakeholders.	Planning to date has been done within existing operational budgets.	Completion date will be determined in the final business case.	A one-off recurrent amount of $2 million has been allocated for a communication and stakeholder plan. Future costs not yet available.
Reduce Family and Domestic Violence (FDV)	The following activities are complete: Advocate for mandatory FDV training for GPs via the Australian Health Workforce Ministerial Council by December 2017. Advocate for Medicare Benefits Schedule number via the Medical Services Advisory Committee by December 2017. Ongoing state-wide activities: The appointment of a project lead is underway. Following which a project scope will be developed in consultation with internal and external stakeholders across WA the health system.	No expenditure to date.	All activity is expected to be completed by December 2021.	Development of screening for antenatal patients: $91,768 total for 6 months. Coordination of antenatal FDV Screening Program: $462,165 total for 3 years. Provide education and training for health professionals $1,044,540 total over 3 years. Total Cost $1,598,472.

ATTACHMENT 2 – Response to Additional Question 5 Nick Goiran MLC

Election Commitment	(a) What stage of planning is the commitment?	(b) How much has been expended on planning for each project?	(c) What is the expected timeframe for completion?	(d) What are the associated capital and recurrent costs of each project?
Future Health Research and Innovation Fund	Preliminary planning commenced in June 2017 and in October 2017 the Department of Health initiated a project to progress this election commitment. The project is overseen by a Project Board that includes representation from the Department of Treasury, the State Solicitor's Office and the Department of Health. Presently, the project is in Stage 3, which is focused on designing the Fund, with respect to its establishment, governance and operational management. Stage 3 also includes a 'Baseline Review' of health and medical research and innovation, which will be used to determine the State's strengths and weaknesses in these fields as well as identifying national and international opportunities. Stage 3 is due to be completed in approximately September 2018.	The Baseline Review is being completed by consulting firm Deloitte Access Economics. To-date, approximately $88,000 (ex GST) has been provided to the consultant with one payment of approximately $133,000 (ex GST) remaining. These funds have been sourced from within the Department's existing budget. The Department of Health is managing the project utilising internal resources and as such has not expended any additional funds on planning.	Based on current planning assumptions, it is expected that the Fund will be established in the 2019-20 financial year.	A budget of approximately $780,000 has been allocated to establish the Fund, including the cost of the Baseline Review and contingency. This is being sourced from within the existing Department of Health budget. Once fully operational, the Fund is expected to provide up to $35-$40 million annually to support health and medical research, and innovation and commercialisation (as per the election commitment). Recurrent costs of administering the Fund are yet to be determined but will be developed in the upcoming stages of the project.

ATTACHMENT 2 – Response to Additional Question 5 Nick Goiran MLC

Election Commitment	(a) What stage of planning is the commitment?	(b) How much has been expended on planning for each project?	(c) What is the expected timeframe for completion?	(d) What are the associated capital and recurrent costs of each project?
10-year Cancer Research Plan	A desktop literature review of international and national cancer plans and cancer research plans has been undertaken to identify potential priorities and funding requirements. Project Brief under development.	The Department of Health is managing the project utilising internal resources and as such has not expended any additional funds on planning.	Based on current planning and resourcing assumptions, it is expected that the Plan will be completed by December 2019.	Associated operational costs of developing the 10-year Cancer Research Plan (such as those for Stakeholder consultation) are being considered in the Project Brief. Associated capital and operational costs of implementing the 10-year Cancer Research Plan will be considered in the upcoming stages of the project.
State Men's Health and Wellbeing policy	April- June 2018: Community consultation phase: Consultants engaged to carry out community consultation forums. Draft Policy approved and released for 2 month consultation phase. Commenced in June 2018. This includes a series of community consultation forums and an online feedback survey. 2 metropolitan community forums held in June - approximately 80 stakeholders attended. July to Sept 2018: 15 regional community	Nil - The Department of Health is managing the project utilising internal resources and as such has not expended any additional funds on planning.	31 Dec 2018	$75,000

ATTACHMENT 2 – Response to Additional Question 5 Nick Goiran MLC

Election Commitment	(a) What stage of planning is the commitment?	(b) How much has been expended on planning for each project?	(c) What is the expected timeframe for completion?	(d) What are the associated capital and recurrent costs of each project?
	consultations planned for July. Feedback from online consultations and community forums to be collated, analysed and incorporated into the revised version of the draft Policy. Planning for launch of final Policy.			
Review of the Public Sector Employment Policy	Central government agencies including the Department of Mines, Industry and Regulation (DMIRS) and the Public Sector Commission (PSC) have oversight to implement the measures within the Public Sector Policy. The System Manager has considered in the 2018/2019 WA Health System Industrial Relations Bargaining Strategy and in particular, each Parameters for Agreement Negotiation submission, implementation of the measures in the replacement industrial instruments and by system-wide and local policy. The System Manager is working with DMIRS, PSC and Health Service Providers to oversee the	Nil – see answer to (d)	Ongoing liaison with relevant stakeholders will inform a subsequent completion schedule.	The introduction of 10 days paid Domestic Family Violence Leave has attracted an additional cost which has been approved by Treasury. Some commitments have the propensity to attract a cost including the: (a) direct appointment of contract for service persons; and (b) conversion of casual or fixed term employees to permanency. The project is adequately resourced and no associated recurring costs have been identified to implement the commitments other than those identified above.

ATTACHMENT 2 – Response to Additional Question 5 Nick Goiran MLC

Election Commitment	(a) What stage of planning is the commitment?	(b) How much has been expended on planning for each project?	(c) What is the expected timeframe for completion?	(d) What are the associated capital and recurrent costs of each project?
	consequential implementation.			
Stop Annual Performance Reviews for Nurses	Planning has progressed to ongoing consultation with health service providers and the ANF to ensure performance appraisals as prescribed in the industrial agreement have ceased. Liaison with the parties will continue to undertake the development, implementation and an efficacy review of a performance review process to meet the National Safety and Quality Health Services Standards.	Nil – see answer to (d).	Ongoing liaison with relevant stakeholders will inform a subsequent completion schedule.	The project is adequately resourced and no associated recurring costs have been identified.
Ministerial Roundtable on Primary Health Issues	The event is completed.	The planning and event cost was less than $10,000.	The event was held on Thursday 28th of June 2018.	Nil
Review of Fremantle Hospital	An Interim Optimisation Plan for Fremantle Hospital facilities is currently being drafted.	$ 47,850 inclusive of GST has been allocated to the development of the plan in addition to considerable in-house hours. No recurrent or capital funding has been allocated for implementation.	The Interim Optimisation Plan is due to be complete and submitted to the Minister for Health by end September 2018.	No recurrent or capital funding has been allocated for implementation. Financial implications are not defined at this point in time.
Culturally Appropriate Housing for Regional	Initial Stage.	Utilising existing resources.	Yet to be determined.	Yet to be determined.

ATTACHMENT 2 – Response to Additional Question 5 Nick Goiran MLC

Election Commitment	(a) What stage of planning is the commitment?	(b) How much has been expended on planning for each project?	(c) What is the expected timeframe for completion?	(d) What are the associated capital and recurrent costs of each project?
Visitors				
Health Care in Public Hands	Initial Stage	Utilising existing resources	Yet to be determined.	Yet to be determined.