


**Deputy Premier of Western Australia  
Minister for Health; Tourism**

Our Ref: 25-49983

Hon Ken Travers MLC  
Chair  
Standing Committee on Estimates and Financial Operations  
Parliament House  
PERTH WA 6000

Dear Mr ~~Travers~~ 

Further to your correspondence of 15 December 2015, please find attached responses to Questions on Notice and Additional Questions from the Standing Committee on Estimates and Financial Operations. These questions follow the Committee's 2014-15 Agency Annual Report hearing with the Department of Health on 10 December 2015.

Unfortunately the response to Supplementary Information No. A13 and A18 is delayed and will be provided this Wednesday 13 January 2016.

As per my previous correspondence to you, an extension for the submission of responses to Additional Questions numbers six to ten asked by Hon Sue Ellery MLC was sent and I thank you for the advice that this extension was approved.

I look forward to assisting the Standing Committee with its future inquiries.

Yours sincerely



**Dr Kim Hames MLA  
DEPUTY PREMIER  
MINISTER FOR HEALTH**

Att:

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

*Supplementary Information No A1*

**Hon Sue Ellery asked:**

*Question: If you are able to provide me with a dollar figure that I could attach to it.*

Answer: The work to establish the East Metropolitan Health Service from 1 July 2016 is being managed within the current WA Health budget.

Within the South Metropolitan Health Service (SMHS), 1 x FTE internal resource has been deployed to manage the program. Total salary costs for this resource for a period of six months is \$68,248

Similarly, within the Department of Health (DOH), 1 x FTE internal resource has been deployed to manage the project within the broader Reform program. Total salary costs for this resource over the next six months is \$74,127.

In view of the substantial work required across multiple service areas to implement the new EMHS (and re-design the SMHS) by the establishment date of 1 July 2016, a consultancy firm has been engaged via the Common User Agreement to provide short-term specialised project management services. Services contracted include the development of the detailed program scope, schedule, interdependencies, risks and facilitation of the systematic tracking and progress reporting against agreed program milestones.

The contract term is for eight weeks (ending 29/01/2016) at a total cost of \$149,703 (inclusive of GST) with an optional extension period (up to \$75,000 in value)

Therefore, the total cost of the human resources (contracted and internal) specifically dedicated to the EMHS establishment is up to \$367,078 (including contract extension option) over a 6 month period of time.

## ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

### 2014/15 ANNUAL REPORT HEARINGS ANSWERS TO QUESTIONS TAKEN ON NOTICE

#### Department of Health

*Supplementary Information No A2 (page 4)*

#### Hon Ken Travers (Chair) asked:

*Question: Any documentation that can be provided on whether there are savings or the objectives underlying the creation of an East Metropolitan Health Service.*

Answer: The documents relating to the creation of the East Metropolitan Health Service (EMHS) are classified cabinet-in-confidence and cannot be released.

The major objectives and rationale for creation of an EMHS can be summarised as follows:

- Creation of an EMHS will enable the Health Service to be centred around a tertiary hub and also strengthen the coordination and integration of clinical services that exists between Swan District Hospital (now the new St John of God Midland Public Hospital, since its opening in November 2015) and Royal Perth Hospital (RPH). In 2014-15, Swan District Hospital transferred more than 1,270 emergency patients and 311 inpatients to RPH; while RPH transferred 95 inpatients to Swan District Hospital. Furthermore, 34 Emergency and Inpatient Doctors worked across both sites in 2014-15. Overall approximately 2/3 of tertiary activities (inpatient and ED) in the Swan District Hospital catchment areas flowed to RPH and 1/3 to SCGH.
- With the establishment of an EMHS, the number of hospitals that will need to be managed by each Health Service will also be reduced. In particular, the number of tertiary hospitals in the South Metropolitan Health Service (SMHS) will be reduced from 2 to 1. Gains in administrative efficiency can be expected from more focussed hospital management and a reduction in administration bureaucracy.

Analysis relating to the establishment of an EMHS was undertaken on the basis that there would be no changes to the existing flow and level of inpatient, emergency department and non-admitted outpatient activity at the EMHS hospitals, and with the aim to minimise cost impacts and disruption associated with major service reconfiguration. On this basis an EMHS represents a realignment of RPH and other hospital facilities within its catchment as the new Health Service with no change in the role delineation of services delivered at RPH and no changes in the current pattern of patient flows from Swan/Midland and Armadale catchments to Sir Charles Gairdner Hospital and FSH. Capacity at RPH will be maintained at the current approved 450 bed level.

The majority of FTE requirements associated with creation of an EMHS are to be met by a transfer of FTE and other resources mainly from the existing North Metropolitan Health Service and SMHS.

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

*Supplementary Information No A3*

**Hon Sue Ellery asked:**

*Question: How many FTE in that particular program were at Swan and how many FTE from that program at Swan transferred to Charlies?*

Answer: There were 3.2 FTE allocated to the Community Aids and Equipment Program (CAEP) at Swan District Hospital. However, due to the local impact of the National Disability Insurance Scheme (NDIS), there will be an estimated 50% reduction in clients due to their eligibility for funding from the NDIS.

1.7 FTE has been approved for Sir Charles Gardiner Hospital to deliver the CAEP service to the remaining clients.



**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

*Supplementary Information No A4 (page 10)*

**Hon NICK GOIRAN asked:**

*Question: Is a ministerial directive only if some voluntary agreement has not been reached between him and the department, and he or she needs to escalate it to a directive? Is that how it works?*

Answer: Treasurer's Instruction (TI) 903(12) states that "any ministerial directives relevant to the setting of desired outcomes or operational objectives, the achievement of desired outcomes or operational objectives, investment activities, and financing activities" must be included in the 'Disclosures and Legal Compliance' section of the Annual Report.

This disclosure requirement only applies to formal written directives from the Minister. Under s32(1) of the Public Sector Management Act 1994, the CEO of a department is subject to the direction of the Minister. When the Minister and CEO discuss operational issues and the Minister requires the CEO to do certain things, this is not a ministerial directive; if the Minister required the CEO to prepare a new report annually from within the Department, this would be more in the nature of a request than a directive.

An example of a ministerial directive is when a Minister issues a formal written directive to an agency to implement an efficiency dividend. If, as would be considered a rare occurrence, voluntary agreement was not reached between the Minister and the CEO, and the matter could be escalated to a formal written directive, this could be considered an example of a ministerial directive.

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

Supplementary Information No A5

**Hon Nick Goiran asked:**

*a) Could we take on notice to confirm what exactly was requested?*

Answer: The Minister has requested a report annually with respect of the year, gestation and reason for termination for all post 20 week terminations.

*b) Could we clarify whether that is also your understanding and whether it was actually provided?*

Answer: The first report was submitted by the Executive Director, Public Health in August 2015 and accepted by the Minister on 17 September 2015.



**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

Supplementary Information No A6 (page 10)

**Hon Nick Goiran asked:**

*a) Could you indicate what will be the mechanism to ensure that this is indeed an ongoing recurring annual report?*

Answer: The Executive Director, Public Health (EDPH) has made an undertaking to the Minister to provide an annual report in August of each year.

*b) Would it be possible to provide a copy of the report?*

Answer: The report is a confidential document provided to the Minister for Health. While it does not provide names, it contains sensitive clinical information. While the Minister is able to confirm that he has received the report and indicate his satisfaction or otherwise that abortions have been performed for good clinical reasons, its release would not be appropriate.



**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

*Supplementary Information No A7 (page 11)*

**Hon Rick Mazza asked:**

*Question: The report talks about a vaccination program for whooping cough and states more than 5,000 women being vaccinated; how many were not vaccinated?*

Answer: The available data indicates that approximately 60% of all pregnant women in WA are being vaccinated against whooping cough during the third trimester.

Since March 2015, a total of 11,850 antenatal whooping cough (pertussis) vaccinations have been reported to the Department of Health.

The estimated cumulative cohort of women in the third trimester during this period is 20,300; thus no record of pertussis vaccination was received for 8,450 of the pregnant women.





**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

*Supplementary Information No A8 (page 13)*

**Hon Alanna Clohesy asked:**

*Question: Why was a patient told to relocate to Perth to undertake dialysis?*

Answer: As with all country patients, if a dialysis patient's clinical condition and care requirements are not able to be met within the region, they may be asked to attend a tertiary hospital in the metropolitan area for treatment until they are able to receive their dialysis closer to home.

The WA Country Health Service (WACHS) is committed to providing services, including dialysis, close to home for residents of the South West.

Dialysis services in the South West are contracted by the WACHS to St John of God Health Care. This contract can be varied to provide additional funding for dialysis services, if it is demonstrated that there is an increase in demand for dialysis services in the region.

For example, this occurred recently and two additional patients were provided access to dialysis services in the South West.

WACHS South West has been working closely with the specialist renal physician in the region to ensure that local residents requiring dialysis have access to dialysis services locally.

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

*Supplementary Information No A9 (page 14)*

**Hon Alanna Clohesy asked:**

*Question: How long has the service been operating above its funded capacity?*

Answer: The WA Country Health Service contracts St John of God Bunbury Hospital to provide dialysis services. The contract allocates a level of activity to be undertaken. The contract can be varied to provide additional activity for dialysis services, if it is demonstrated that there is an increase in activity demand for dialysis services in the region.

All activity undertaken by St John of God Bunbury Hospital to provide dialysis services in the South West for the 2014/15 financial year was funded.



**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

*Supplementary Information No A10 (page 14)*

**Hon Alanna Clohesy asked:**

*Question: Can you tell me what the demands is in Collie, Bunbury and Busselton currently for both unit and home dialysis?*

Answer: The WA Country Health Service (WACHS) is committed to providing services, including dialysis, close to home for residents of the South West.

Dialysis services in the South West Health Region, including Collie, Busselton and Bunbury are contracted by WACHS to St John of God Health Care. Where demand requires it, there is a process in place for the contract to be varied to provide additional activity for dialysis services, if it is demonstrated that there is an increase in demand.

As at 7 January 2016 there are 35 patients receiving dialysis treatment in Bunbury and ten (10) in Busselton. As at 7 January 2016 WACHS is unaware of any patients in Perth awaiting return to the region for treatment.

Home dialysis is provided by a state-wide contract. . In the South West health region there are 13 patients receiving home dialysis. Once referred by their Nephrologist and accepted into the home dialysis program there is a short waiting period for training and return to the region.

## ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

### 2014/15 ANNUAL REPORT HEARINGS ANSWERS TO QUESTIONS TAKEN ON NOTICE

#### Department of Health

*Supplementary Information No A11 (Page 15).*

#### **Hon Alanna Clohesy asked:**

*Question: When will the reference group be established, who will be on it, how often will it meet and how will it be facilitated?*

Answer: The Minister for Health has endorsed that Professor Bryant Stokes, Interim Health Service Board Chair, North Metropolitan Health Service (NMHS) will be Chairperson of the *Steering Committee for Enhanced Spinal Cord Injury Services*. Letters from the Chair will be sent to prospective members in January 2016, with the first meeting likely to occur early in February 2016.

Due to the interagency nature of the recommendations, other membership is likely to include the following positions:

- Community representative with Spinal Cord Injury (SCI)
- Representative from the Quadriplegic Centre
- SCI clinical expert representative
- Chief Executive, North Metropolitan Health Service
- Director General or their senior representative, Disability Services Commission
- General Manager, Community Disability Housing Program, Department of Housing
- Executive Director, Spine & Limb Foundation Inc.
- State Manager, National Disability Insurance Scheme
- Aged Care/Disability Sector Leader

The *Steering Committee* will be supported by the North Metropolitan Health Service, which will provide senior project support to coordinate activities on behalf of the Steering Committee.

It is proposed that the *Steering Committee* will meet monthly for approximately two years; to oversee the implementation of the recommendations in the report titled *An Enhanced Service Model for People with Spinal Cord Injury in Western Australia 2015 provides a blueprint for the development and improvement of services for people with Spinal Cord Injury (SCI)*.

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO ADDITIONAL QUESTIONS**

**Department of Health**

*Supplementary Information No A12 (Page 16)*

**Hon Alanna Clohesy asked:**

1) *What is the number of residents currently by length of tenure?*

Answer:

<b>Years in residence</b>	<b>Number</b>
< 1 year*	7
1-5 years	16
5-10 years	11
10-15 years	6
15-20 years	7
20-25 years	0
20-30 years	2
30-35 years	5
	Total 54

\*Clients who stay less than one year are considered transitional/rehabilitation clients, who are generally admitted for shorter periods to manage complex wounds or provide respite for families. The total number of clients at the Quadriplegic Centre will vary on a monthly basis, due to the short term admissions.

2) *What is the number of people who currently have transition plans?*

Answer: 17.

3) How many residents have found more appropriate accommodation since the Review was completed?

Answer: Three (3) people have been discharged and a further two (2) clients are pending discharge in the near future.

Client information was provided by the Director of Nursing, Quadriplegic Centre, effective 21 December 2015.

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

*Supplementary Information No A14 (page 24)*

**Hon Ken Travers (Chair) asked:**

*Question: Do you have it a form that you can provide to the committee across the different categories of employment?*

Answer:

**Nurses**

**Registered Nurses and Midwives Interstate Comparison Salary Rates**

	WA '000	QLD '000	SA '000	NSW '000	VIC '000
Entry Level (min)	\$64	\$62	\$60	\$58	\$54
Entry Level (max)	\$84	\$80	\$82	\$82	\$72
First Promotional Level (min)	\$87	\$82	\$83	\$85	\$74
First Promotional Level (max)	\$92	\$87	\$88	\$85	\$77

**Registered Nurses Interstate Comparison Percentages 2015:**

	WA	QLD	SA	NSW	VIC
Entry Level (min)	100%	98%	94%	91%	85%
Entry Level (max)	100%	96%	97%	97%	85%
First Promotional Level (min)	100%	94%	96%	98%	86%
First Promotional Level (max)	100%	95%	96%	92%	84%

Note: Entry Level and First Promotional Level constitute 52% and 26% respectively of the total FTE population.

### Enrolled Nurses Interstate Comparison Salary Rates

	WA '000	QLD '000	SA '000	NSW '000	VIC '000
Entry Level (min)	\$57	\$54	\$53	\$52	\$51
Entry Level (max)	\$61	\$57	\$60	\$57	\$56
First Promotional Level (min)	\$64	\$59	\$59	\$59	\$59
First Promotional Level (max)	\$66	\$62	\$61	\$59	\$62

### Enrolled Nurses Interstate Comparison Percentages

	WA	QLD	SA	NSW	VIC
Entry Level (min)	100%	94%	93%	91%	88%
Entry Level (max)	100%	93%	98%	93%	92%
First Promotional Level (min)	100%	92%	92%	92%	93%
First Promotional Level (max)	100%	94%	92%	88%	94%

Note: Approximately 80% of the total population are employed in these two classifications.

## Salaried Medical Officers

### Salaried Medical Officers Interstate Comparison Rates:

	WA '000	QLD '000	SA '000	NSW '000	VIC '000
Intern	\$81	\$71	\$73	\$64	\$69
Resident Medical Officer (Min)	\$88	\$79	\$83	\$75	\$74
Resident Medical Officer (Max)	\$105	\$85	\$102	\$101	\$80
Registrar (min)	\$114	\$104	\$110	\$93	\$106
Registrar (max)	\$154	\$120	\$129	\$117	\$144
Senior Registrar (min)	\$168	\$132	\$133	\$132	\$144
Senior Registrar (max)	\$176	\$145	\$138	\$132	\$144
Consultant (min)	\$310	\$287	\$313	\$264	\$244
Consultant (max)	\$395	\$358	\$391	\$316	\$321

Note: Consultant rates are those which apply to approximately 95% of the population

### Salaried Medical Officers Interstate Comparison Rate Percentages:

	WA	QLD	SA	NSW	VIC
Intern	100%	88%	90%	79%	86%
Resident Medical Officer (Min)	100%	90%	94%	85%	84%
Resident Medical Officer (Max)	100%	81%	97%	96%	76%
Registrar (min)	100%	91%	96%	82%	92%
Registrar (max)	100%	78%	84%	76%	94%
Senior Registrar (min)	100%	78%	79%	78%	86%
Senior Registrar (max)	100%	83%	78%	75%	82%
Consultant (min)	100%	93%	101%	85%	79%
Consultant (max)	100%	91%	99%	80%	81%



## **Health Salaried Officers**

### Health Professional Interstate Comparison Salary Rates

	WA '000	QLD '000	NSW '000	SA '000	VIC '000
Entry Level (min)	\$69	\$67	\$58	\$59	\$52
Entry Level (max)	\$96	\$90	\$69	\$72	\$71
First Promotional Level (min)	\$99	\$99	\$73	\$76	\$74
First Promotional Level (max)	\$105	\$107	\$84	\$88	\$86

### Health Professional Interstate Comparison Percentages

	WA	QLD	NSW	SA	VIC
Entry Level (min)	100%	98%	85%	85%	75%
Entry Level (max)	100%	93%	71%	75%	73%
First Promotional Level (min)	100%	100%	74%	77%	75%
First Promotional Level (max)	100%	101%	80%	83%	82%

Note: Entry Level and First Promotional Level constitute 47% and 37% respectively of the total health professional FTE population.

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

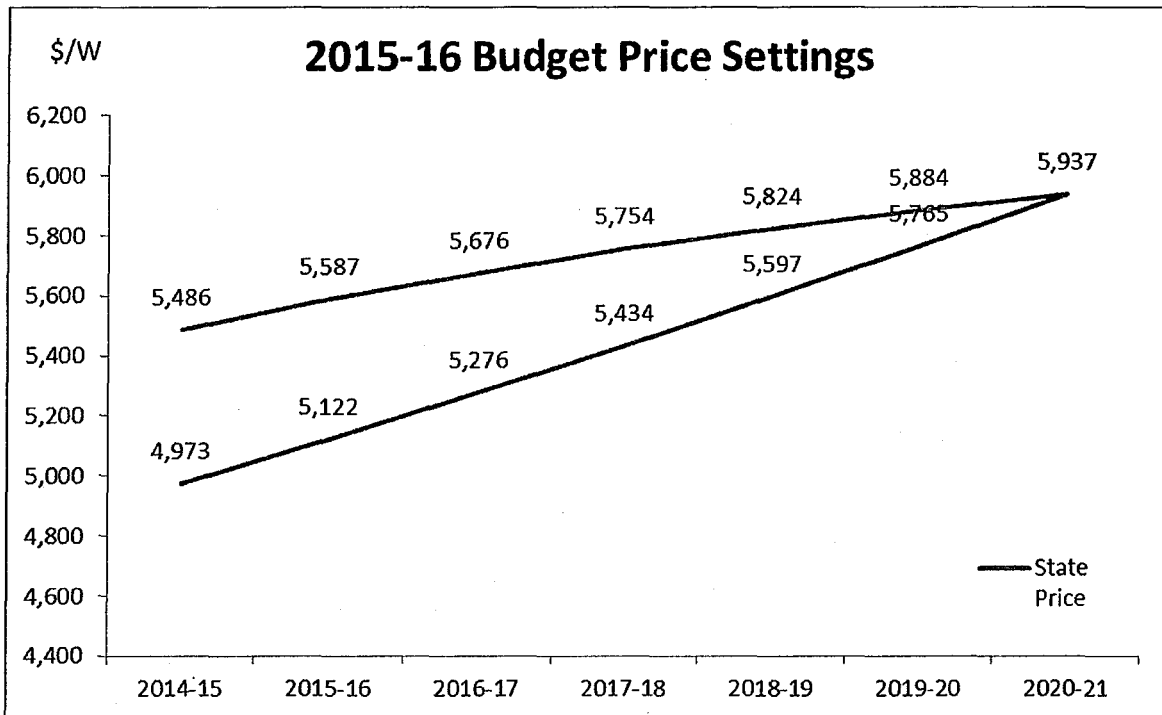
*Supplementary Information No A15 (page 24)*

**Hon Ken Travers (Chair) asked:**

*Question: What is the glide path you are being asked to achieve between now and 2021?*

Answer: The glide path is based on the 2015/16 Budget settings, however, the glide path will be reconsidered in the 2016/17 budget process.

2015-16 ABF Price Settings (\$/WAU)	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
State Price	5,486	5,587	5,676	5,754	5,824	5,884	5,937
Projected Average Cost (PAC)	4,973	5,122	5,276	5,434	5,597	5,765	5,937



## ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

### 2014/15 ANNUAL REPORT HEARINGS ANSWERS TO QUESTIONS TAKEN ON NOTICE

#### Department of Health

*Supplementary Information No A16 (page 25)*

#### **Hon Sue Ellery asked:**

*Question: What has been put to me about what is happening at Fiona Stanley in emergency is that a trolley is coming in and nurses are then being asked to distribute what is on that trolley, which is different from a nurse realising, "You know what; you have been in here for six hours. I'm going to go and see if I can find you a sandwich".*

Answer: A minimum number (less than 20) of snack boxes are held in the Fiona Stanley Hospital Emergency Department (ED) pantry fridge and are available 24 hours a day, 7 days a week. Clinical staff determine if a patient needs a snack box and nursing staff distribute the snack boxes to patients being treated within the ED.

ED staff are able to order additional snack boxes or a special meal via the FSH Helpdesk or online. Internal logistics personnel deliver the requested snack box(es) to the ED staff member who has placed the order. A target delivery time of 30 minutes applies.



**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

*Supplementary Information No A17*

**Hon Sue Ellery asked:**

*Question: How many FTEs are currently employed at Bentley Hospital?*

Answer: The current FTE for all maternity services provided in Bentley Hospital is 42.47 FTE. This includes services on Ward 2, visiting midwives, obstetrics/gynaecology clinics, maternity and antenatal outpatient clinics. A detailed breakdown is outlined below.

Description	FTE
Administration	3.63
Agency Nursing	2.07
Hotel Services	1.44
Medical	1.40
Medical Support	1.66
Nursing	32.27
TOTAL	42.47

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

*Supplementary Information No A19 (page27)*

**Hon Nick Goiran asked:**

*Question: Are you able to tell me how many designated officers have been appointed?*

Answer: As at 21 December 2015, there are 20 designated officers currently appointed.

A handwritten signature in black ink, appearing to be 'SMA', located in the lower right quadrant of the page.

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO ADDITIONAL QUESTIONS**

**Department of Health**

*Supplementary Information No A20 (Page 29)*

**The CHAIR asked:**

*Is there a glide path for achieving that or not?*

Answer:

Yes. Currently there is a pathway to reducing the differential between the agreed staff parking rates and the actual parking rates.

The differential, should the current pricing regime not change, will be reduced from the current 29% to approximately 5% in the 2018/19 Financial Year. It may reach parity by 2019/20.



**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

**2014/15 ANNUAL REPORT HEARINGS  
ANSWERS TO QUESTIONS TAKEN ON NOTICE**

**Department of Health**

*Supplementary Information No A21 (page 29)*

**Hon Ken Travers (Chair) asked:**

*Question: Strategic Asset Plan – why can it not be provided to the committee and also whether or not you have received any directions from anybody such as DPC not to provide it.*

Answer: WA Health's Strategic Asset Plan (SAP) is considered part of the annual Budget deliberation process and is therefore Cabinet in Confidence.

