



**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 my correspondence of 11 January 2016, please find enclosed all outstanding 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.

Yours sincerely

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

Att:

15 JAN 2016

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

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

Department of Health

Supplementary Information No A13

Hon Peter Katsambanis asked:

Question: It is the average cost and it has gone up by more than 10 per cent. It is not more patients; it is the average cost. Again, I accept that more funding was put into the system; that is great, but are we doing things less efficiently because we have more money?

Answer:

No – services are not being provided less efficiently with an increase in the average cost of only 2.2% in 2014-15. The increase is attributable to extra Sustainability Funding (Component II) which is a State Government Initiative to support sustainable pricing of Service Agreements between government agencies and not-for-profit service providers. In addition, the 2014-15 figure includes an adjustment to the 2013-14 payments which were paid in 2014-15.

If the extra Sustainability Funding (Component II) and the adjustments to the 2013-14 payments were excluded the overall increase in expenditure in 2014-15 would be 0.8% compared to 2013-14.



ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

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

Department of Health

Supplementary Information No A18 (page 26)

Hon Sue Ellery asked:

- a) *It talks about \$1.2 million in 2015, which is down from just over \$2 million in 2014. Given there has been, I guess, attention drawn to security issues, including around Fremantle Hospital, can you explain the difference, why the reduction in expenditure on security?*

Answer: Security expenditure for the Metropolitan Public Hospitals is recorded in a number of areas of the financial statements depending on the nature of the expense. Note 15 on page 73 of the Metropolitan Health Service Annual Report only records security expenditure related to outsourced services. Additional information has been extracted from WA Health's Financial Management system in the table below to provide security expenditure in a budget holder format for the 2014 and 2015 financial years. The majority of the movement in security services expenditure between the periods is within the North Metropolitan Health Service (NMHS) and South Metropolitan Health Service (SMHS).

Table: Security Services Expenditure for 2014 and 2015 by Budget Holder

Budget Holder	2014 \$	2015 \$	Movement \$ Increase/ (Decrease)
Child & Adolescent Health Service	231,037	250,396	19,359
DOH (including HIN & HCN)	160,139	180,424	20,284
Dental Health Services	8,068	22,490	14,422
North Metropolitan Health Service	784,137	449,965	(334,172)
Pathwest	4,653	3,677	(975)
Perth Children's Hospital	0	725	725
South Metropolitan Health Service	818,551	296,302	(522,249)
Total	2,006,586	1,203,980	(802,606)

Source: WA Health Financials Database (Oracle 11i) - Extracted 22 December 2015.

NMHS reported a reduction in 'security services' expenditure of \$0.334M between 2014 (\$0.784M) and 2015 (\$0.450M) financial years. This relates to the processing of accounting recoups for security services.

NMHS has paid for security services on behalf of all tenants on the QEII site, e.g. Harry Perkins Institute etc. In 2015 NMHS started recouping various facility costs directly from site tenants, which included the costs incurred for security services. The 2015 recoup of security services expenditure also includes recoups relating to the 2014

financial year. As a result the reported expenditure is lower in the 2015 financial year than 2014.

SMHS which is the Health Service that includes Fremantle Hospital reported a reduction in 'security services' expenditure of \$0.522M between 2014 (\$0.819M) and 2015 (\$0.296M). As indicated above the note in the annual report only includes security expenditure for outsourced services and the lower expenditure relates to a reduction from bringing back in house the outsourced component of the Bentley Hospital Security Service.

- b) *Then, can someone talk to me, particularly in relation to Fremantle, about what is being done to keep staff vehicles safe. I understand that there has been a spate of smashed windscreens and that sort of thing. I understand there are intruders hiding in the building scaring staff and others. Can you talk to me about security at Fremantle in particular, but perhaps start with the explanation of why there is the reduction in expenditure?*

Answer: The security service at Fremantle hospital is an in house based model. The salary cost for security services related to Fremantle Hospital would be included under note 7 page 72 Employee Benefits Expense. The total security cost, for Fremantle Hospital is \$2.005m in 2014 and \$1.834m in 2015 (a reduction of approximately 9%). The reduction in the overall cost is primarily related to the reduced requirement for security at Fremantle Hospital following the closure of the Emergency Department during the year. There has been a reduction from 3 security officers per shift to 2 officers per shift, no officers were made redundant. The reduction in staff numbers was achieved by some officers relocating to the new "in house" service at Bentley Hospital that commenced May 2015.

Keeping staff vehicles safe at FHHS;

Security regularly performs patrols of the hospital site including staff parking areas. Staff are encouraged to park in the open air car park when working afternoon and night shifts. This area is closer to secure access to the hospital and is covered by CCTV, swipe access and telephone facilities to contact security. Security officers patrol at the changeover of clinical shifts and at regular intervals throughout the day and night to ensure staff safety. There is also a CCTV system that monitors all entries to the open air staff car park.

A designated after hour's car park area is being set up in the open air car park.

Intruders hiding in the buildings.

There have been no recorded incidents of intruders in the hospital buildings.

Staff are made aware of security contact numbers and are encouraged to call if they feel concerned or threatened. Security officers will escort concerned staff to vehicles and around the hospital. Security measures have been implemented for staff when on their own in the secure envelope of the hospital. These include carriage of mobile phones, personal remote duress alarms, personal audible alarms and the increased lock down capability of the site.

Perceived Security Issues;

Prior to the Emergency Department (ED) closing at FHHS the ED represented approximately 50% of aggression incidents on site. When the ED closed in February 2015, incidents of aggression greatly reduced. Total aggression incidents for FHHS for 2014 were 2,999, as at 15th December 2015 aggression incidents were 1,719, a drop of approximately 42%.

