

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

Department of Health

Hon Sue Ellery MLC asked:

In respect to Child Development Services in the metropolitan area (by area/district)

- 1) What are the current wait times to access;
 - a) speech pathology;
 - b) Occupational therapy;
 - c) Physiotherapy;
 - d) Clinical psychology;
 - e) Social work; and
 - f) Paediatrician?

Answer (to (a) to (f)):

The Child Development Service is a metropolitan-wide service. The current (January March 2016) median waiting times to access the following disciplines are:

	Current wait times	Waiting time for corresponding period January – March 2015
a) Speech pathology	6.4 months	8.6 months
b) Occupational therapy	5.6 months	7.9 months
c) Physiotherapy	2.3 months	5.9 months
d) Clinical psychology	8.2 months	10.3 months
e) Social work	5.6 months	6.0 months
f) Paediatrician	8.3 months	7.4 months

- g) Have there been any changes to the number of appointment times parents can access for their children, if yes please detail?

Answer:

The Child Development Service regularly reviews service delivery models in response to consumer feedback and evidence regarding best practice. Recent changes have involved increasing the range of services offered to families shortly after acceptance into the service. These include targeted clinical workshops for parents and advice clinics. A benefit of this earlier intervention and emphasis on parent coaching and capacity-building is that, for some children, less intensive subsequent therapy services are required. The services provided for each child are based upon their family's goals and priorities, the child's age and their clinical presentation.



In respect to Child Development Services in the non- metropolitan area (by area/district)

2) What are the current wait times to access;

- (a) speech pathology;
- (b) Occupational therapy;
- (c) Physiotherapy;
- (d) Clinical psychology;
- (e) Social work; and
- (f) Paediatrician?
- (g) Have there been any changes to the number of appointment times parents can access for their children, if yes please detail?

Answer:

(a) – (f) The median wait times (months) as at 31 March 2016 are provided in Table 1:

Table 1: Median wait times (months) for WACHS Child Development Services

	(a) Speech Pathology	(b) Occupational Therapy	(c) Physiotherapy	(d) Clinical Psychology	(e) Social Work	(f) Paediatrician
Kimberley	5.5	6.0	2.5	N/A ⁽ⁱ⁾	N/A ⁽ⁱ⁾	2.8 ⁽ⁱⁱ⁾
Pilbara	1.6	1.1	0.3	N/A ⁽ⁱⁱⁱ⁾	1.4	0.7
Midwest	1.4	3.1	1.0	2.5	0.2	13.9 ⁽ⁱⁱ⁾
Goldfields	0.6	0.4	1.1	0.5	0.0	3.4 ⁽ⁱⁱ⁾
Wheatbelt	1.4	1.0	1.5	6.9	0.0	4.6
Great Southern	4.0	1.8	1.0	1.2	2.4	6.9
South West	0.8	0.7	0.9	1.2	N/A ^(iv)	2.5

- (i) The wait times for clinical psychology or social work are not available in Kimberley as currently there are no directly employed or contracted services for child development in the Region.
- (ii) Referrals for developmental paediatrics in some Regions are included in the general paediatric caseload; therefore the median wait time includes all paediatric referrals, which are triaged according to acuity.
- (iii) A trial of Telehealth clinical psychology services in the Pilbara Region has recently commenced, wait times are not yet available.
- (iv) Referrals to social work are not waitlisted in the South West, but are triaged according to acuity.

(g) The following strategies have been implemented to increase access to appointments:

- A Telehealth clinical psychology service from Perth is being trialled in the Pilbara to increase access to services locally, referrals commenced in May 2016. A review of the trial will be completed by 30 July 2016.
- Additional developmental paediatric services appointments have been offered in the Great Southern, Wheatbelt and Goldfields regions.

3) What are the current referral wait times to access; speech pathology; Occupational therapy; Physiotherapy; Clinical psychology; Social work; and a Paediatrician at;

- (a) Bletchley Park Primary School;
- (b) Dawson Park Primary School;
- (c) Kewdale Primary School;
- (d) Wanneroo Primary School;
- (e) Beldon Primary School;
- (f) Yokine Primary School; and
- (g) Parkerville Primary School;

Answer:

The metropolitan Child Development Service (CDS) provides services for children from 0-18 years of age (with a large proportion of referrals being for pre-school-aged children). Waiting time reports from the CDS electronic client database do not capture school information so this data is not readily available. In order to respond to this question, a manual audit of approximately 3000 client records would be required and I am not prepared to direct resources to this task.

4)

- (a) For each Western Australian Government school for 2014, 2015 and 2016 (to date), how many hours of school health nurse staff time by FTE was allocated?

Answer:

Table 1. School Health Nursing FTE allocation to metropolitan government secondary schools, 2014 to 2016			
School	2014	2015	2016
Applecross Senior High School	0.6	0.8	0.9
Armadale Senior High School	0.6	0.6	0.4
Ashdale Secondary College	0.9	0.9	0.9
Atwell College	1.0	0.9	0.9
Balcatta Senior High School	0.4	0.5	0.5
Baldivis Secondary College	0.4	0.7	0.8
Balga Senior High School	0.5	0.5	0.4
Ballajura Community College	1.0	1.0	1.1
Belmont City College	0.4	0.5	0.6
Belridge Secondary College	0.7	0.8	0.7
Bullsbrook College	0.2	0.4	0.3
Butler College	0.5	0.9	0.9
Byford Secondary College	0.1	0.4	0.4
Canning Vale College	1.0	1.0	1.1
Cannington Community College	0.5	0.4	0.3
Carine Senior High School	0.6	0.8	0.9
Career Enterprise Centre	0.04	n/a	n/a
Cecil Andrews Senior High School	0.4	0.5	0.4
Churchlands Senior High School	0.8	1.0	1.5
Clarkson Community High School	0.6	0.5	0.4
Comet Bay College	1.0	1.0	1.2
Como Secondary College	0.4	0.5	0.5
Coodanup College	0.4	0.4	0.4
Cyril Jackson Senior Campus	0.3	0.4	0.3
Darling Range Sports College	0.7	0.7	0.7
Duncraig Senior High School	0.7	0.9	0.8
Eastern Hills Senior High School	0.5	0.6	0.6

Table 1. School Health Nursing FTE allocation to metropolitan government secondary schools, 2014 to 2016

School	2014	2015	2016
Ellenbrook Secondary College	1.0	1.0	1.1
Gilmore College	0.9	0.9	0.6
Girrawheen Senior High School	0.3	0.4	0.3
Governor Stirling Senior High School	0.5	0.7	0.7
Greenwood College	0.5	0.7	0.6
Halls Head College	0.9	1.0	0.9
Hamilton Senior High School	0.4	0.4	0.4
Hampton Senior High School	0.5	0.6	0.6
John Curtin College Of The Arts	0.7	0.9	0.9
John Forrest Secondary College	0.5	0.7	0.8
John Tonkin College	0.8	0.8	0.8
Joseph Banks Secondary College	n/a	0.2	0.3
Kalamunda Senior High School	0.7	0.8	0.8
Kelmscott Senior High School	1.0	1.0	1.0
Kent Street Senior High School	0.6	0.6	0.6
Kiara College (formerly Lockridge Senior High School)	0.3	0.3	0.3
Kinross College	1.0	0.6	0.5
Lakeland Senior High School	0.4	0.5	0.5
Leeming Senior High School	0.7	0.6	0.7
Lesmurdie Senior High School	0.7	0.7	0.7
Lynwood Senior High School	0.8	1.0	1.0
Melville Senior High School	0.7	0.9	0.9
Mindarie Senior College	0.4	0.5	0.6
Mirrabooka Senior High School	0.5	0.6	0.5
Morley Senior High School	0.6	0.7	0.8
Mount Lawley Senior High School	0.8	0.9	1.0
North Lake Senior Campus	0.2	0.3	0.2
Ocean Reef Senior High School	1.0	0.8	0.8
Perth Modern School	0.6	0.8	0.7
Pinjarra Senior High School	0.5	0.5	0.6
Rockingham Senior High School	0.7	0.8	0.7
Roleystone Community College	0.2	0.2	0.1
Rossmoyne Senior High School	0.9	1.0	1.3
Safety Bay Senior High School	0.8	0.8	0.8
Sevenoaks Senior College	0.3	0.3	0.3
Shenton College	1.0	1.0	1.1
South Fremantle Senior High School	0.2	0.3	0.3
Southern River College	0.5	0.7	0.7
Swan View Senior High School	0.3	0.4	0.4
Thornlie Senior High School	0.7	0.8	0.8
Wanneroo Secondary College	0.8	0.9	0.8

Table 1. School Health Nursing FTE allocation to metropolitan government secondary schools, 2014 to 2016			
School	2014	2015	2016
Warnbro Community High School	1.0	0.9	0.9
Waroona District High School	0.1	0.1	0.1
Warwick Senior High School	0.4	0.5	0.4
Willetton Senior High School	1.0	1.0	1.4
Woodvale Secondary College	1.0	0.9	1.0
Yanchep District High School	0.3	0.2	0.3
Yule Brook College	0.2	0.2	0.2
Support Nurses	1.6	2.0	1.0
FTE Allocations Total	45.7	51.0	51.0

Note: n/a indicates that the school was not operational during this year

Table 2. School Health Nursing FTE Allocation to metropolitan government and non-government primary schools, 2014 to 2016.				
CACH Region (2014)	2014	CACH Region (2015 onwards)	2015	2016
Canning	3.0	Armadale	10.0	10.7
Central	4.4	Bentley	7.2	7.0
Fremantle Cockburn	5.1	Central	7.9	6.9
Gosnells	4.9	City	3.5	3.4
Hepburn	4.5	Fremantle	8.8	9.2
Jackadder Lake	4.6	Joondalup-Wanneroo	15.6	15.3
Kwinana	1.6	Lower West	3.6	3.7
Melville	3.0	Peel	4.4	4.2
Neerabup	5.5	Rockingham-Kwinana	7.8	7.8
Peel	4.2	Swan-Hills	9.9	10.5
Reabold	5.4	Zone level support	1.0	1.0
Riverlands	3.4	FTE Allocations Total	79.7	79.7
Rockingham	5.4			
Valley & Hills	6.4			
Wungong	4.1			
Yellagonga	5.7			
FTE Allocations Total	71.2			

Note: FTE is allocated to the local Child and Adolescent Community Health (CACH) regional base. The regional primary school health staff work in teams to provide nursing services to all primary schools in the region. CACH Regions were changed at the end of 2014.

Table 3. School Health Nursing FTE allocation to metropolitan education support schools, 2014 to 2016

School	2014	2015	2016
Burbridge School	1.5	1.5	1.5
Carson Street School	2.3	1.9	2
Castlereagh School	1.9	1.9	2
Durham Road School (capped @ 3.8 FTE)	3.8	3.8	3.8
Gladys Newton School	2.3	2.6	2.4
Kensington Secondary School	1.2	1.1	1.5
Kenwick School	1.9	2.3	2.3
Malibu School	2.8	3.2	3.2
Sir David Brand School	1.5	1.7	1.5
Success Primary School (capped @ 0.9 FTE)	0.9	0.9	0.9
CACH Education Support Liaison Nurses	3.2	2.4	2
FTE Allocations Total	23.3	23.3	23.3

Table 4. School Health FTE allocated to Specialist School Programs and support services, 2014 to 2016

	2014	2015	2016
Speech Pathology	2	2	2
School Based Immunisation Program	0	0	11.9
Aboriginal Ear Health Program	0	0	5.4
Community Nurse Managers	1	2	1
Graduate Program (Level 1 Nurse available placements)	0	0	15
FTE Total	3	4	35.3

Table 5. School Health FTE by WACHS region, 2014-2016

Region	School	2014	2015	2016
Great Southern	Lower Great Southern Cluster*	4.6	6.6	7.6
	Central Great Southern Cluster	2.2	2.2	2.4
	Regional Total	6.8	8.8	10
South West	Bunbury / Harvey / Wellington Cluster*	9.3	9.8	11.8
	Warren Blackwood Cluster	2.3	2.3	2.3
	Naturaliste Cluster	5.1	6.1	7.7
	Regional Total	16.7	18.2	21.8
Wheatbelt	Avon and Central Wheatbelt Cluster	4	3.2	3.2
	Eastern Wheatbelt Cluster	2	2	2
	Southern Wheatbelt Cluster	3.5	3.2	3.2
	Western Wheatbelt Cluster	2.5	2.5	2.5
	Regional Total	12	10.9	10.9
Goldfields	Esperance Cluster	2.5	2.5	2.5

Table 5. School Health FTE by WACHS region, 2014-2016

Region	School	2014	2015	2016
	Esperance SHS			1
	Kalgoorlie Cluster*	4.2	4.2	5.6
	Kalgoorlie SHS and College			1.6
	Coolgardie / Kambalda / Menzies Cluster	0.7	0.7	0.7
	Leonora / Laverton / Leinster Cluster	0.6	0.6	0.6
	Regional Total	8	8	12
Midwest	John Willcock College	0.7	0.7	0.7
	Geraldton Secondary College	0.7	0.7	0.7
	Gascoyne Cluster	2	1.5	1.5
	Midwest / Murchison Cluster	0.9	1.4	1.4
	Geraldton Cluster*	1.3	1.3	5.3
	Regional Total	5.6	5.6	9.6
Pilbara	West Pilbara Cluster	4.6	4.6	4.6
	Port Hedland Cluster*	3	3	5
	East Pilbara Cluster*	1	3	3
	Regional Total	8.6	10.6	12.6
Kimberley	Broome cluster*	1.3	3	3.9
	Derby Cluster	1.1	2	2
	Fitzroy Crossing Cluster	2.2	2	2
	Halls Creek Cluster	1.1	1	1
	Kununurra Cluster	1.1	1	1.9
	Wyndham Cluster	1.1	1	1
	Kalumburu Cluster	0.13	0.13	0.13
	Warmun Cluster	0.13	0.13	0.13
	Looma Remote Community School	0.13	0.13	0.13
	One Arm Point Remote Community School	0.13	0.13	0.13
	Lombardina / Djarindjin Catholic School	0.13	0.13	0.13
	Regional Total	8.55	10.65	12.45
	TOTAL	66.25	71.25	84.75

*includes Regional Clinical Nurse Specialist and Nurse Manager FTE

Note: The WA Country Health Service (WACHS) community health nurses work flexibly within regions across the community based services, including child and school health services as required. As a consequence, figures provided are approximate as the school health nurses component can only be estimated.

(b) How many child health nurses are currently employed by the Department of Health?

Answer:

As at May 30 2016, Department of Health has employed a total of 270.5 FTE Child Health Nurses.

Note: In country WA community health nurses work flexibly within regions across the community based services, including child and school health services as required. As a consequence, figures provided include an approximate FTE for the regional component.

5) I refer to Budget Paper No.2, Volume 1, p.317, under the Total Appropriation to Deliver Services and ask

a) What is the current deficit if any, and the estimated deficit in the operating budget for 30 June 2016 for each metropolitan hospital?

Answer:

The Health Services capture costs and distribute budgets at a 'group level'. This includes grouping hospital sites into location or service types and the allocation of overheads. A breakdown is provided in the table below.

Projected Operating Net Cost of Service (NCOS) by budget holder as at April 2016

Hospital	YTD Actual (\$'000)	Full Year (\$'000)
Princess Margaret Hospital	(14,983)	(14,000)
Sir Charles Gairdner Group	(33,632)	(38,044)
St John of God Midland Public Hospital	(1,593)	(1,893)
Women & Newborn Health Service KEMH Group	(13,255)	(16,898)
Armadale Group	(2,490)	(2,963)
Fiona Stanley Hospital	(114,171)	(139,622)
Fremantle Group	(4,885)	(5,302)
Peel Health Campus	(4,522)	(582)
Rockingham Group	(560)	(1,547)
Royal Perth Group	(71,612)	(89,098)

b) What is the current deficit if any, and estimated deficit for 30 June 2016 for each of the area health services?

Answer:

The current and estimated full-year net cost of service deficit is provided in the table below.

Projected Operating Net Cost of Service (NCOS) by budget holder as at April-16

Budget Holder	Year to Date	Full Year
North Metropolitan Health Service	(17,900)	(13,149)
Child and Adolescent Health Service	(8,033)	(6,276)
South Metropolitan Health Service	(137,611)	(169,975)
WA Country Health Service	(7,346)	(10,643)

- 6) I refer to Budget Paper No. 2, Volume 1, page 340, line item "*Total Cost of Services*" and ask about the Workforce renewal policy:

- d) Has the Workforce Renewal Policy resulted in a lower FTE of total staff and if so by how much?

Answer:

The Workforce Renewal Policy (WRP) seeks to reduce government salary expenses by harvesting savings from agencies budgets based on expected employee separations. The policy aims to drive innovation and efficiency in the public sector, by effectively requiring agencies to continually adjust and review the best mix of labour and other inputs to deliver required outputs and outcomes.

Consistent with the WA Health budget settings, budget allocations made to Health Service Providers and other WA Health budget holders have been set net of the savings targets under the Workforce Renewal Policy. Health Services are required to manage the level and composition of staffing consistent with their approved budget allocations.

- e) How much money has the Government saved from the Workforce Renewal Policy in the Health budget to date?

Answer:

Savings of \$48.7 million for the Workforce Renewal Policy have been applied to the Department of Health's budget settings to-date: \$5.3 million in 2014-15, and \$43.4 million in 2015-16 (to date).

- f) How much does the Government project to save over the forward estimates from continuing the Workforce Renewal Policy in the Health Budget?

Answer:

Savings of \$381.5 million for the Workforce Renewal Policy have been applied to the Department of Health's budget for the forward estimates (2016-17 to 2018-19).

- g) What additional health services does the Government plan on discontinuing to meet these projections?

Answer:

See response to part (d).

7) I refer to Budget Paper No.2, Volume 1, page 340, line item “*Total Cost of Services*” and ask:

(h) What are the month by month figures of agency staff since July 2015 and May 2016?

Answer:

Agency (Full Time Equivalent) FTE for WA Health

JUN 15	JUL 15	AUG 15	SEP 15	OCT 15	NOV 15	DEC 15	JAN 16	FEB 16	MAR 16	APR 16
927.2	1,128.1	1,161.8	1,034.0	1,288.1	894.7	905.2	622.0	858.7	756.0	771.5

Note: In respect to the information sought, data for May 2016 has not been finalised at the time of the response.

(i) What has been the cost month by month for use of agency staff since June 2015 to May 2016?

Answer:

Month to Date Total Actual Agency Staff Costs for WA Health (\$'000)

JUN 15	JUL 15	AUG 15	SEP 15	OCT 15	NOV 15	DEC 15	JAN 16	FEB 16	MAR 16	APR 16
17,892	15,876	14,440	14,578	17,164	14,776	14,088	12,450	13,362	11,730	11,772

Note: In respect to the information sought, data for May 2016 has not been finalised at the time of the response.

8) I refer to Budget Paper No.2, Volume 1, Page 340, line item “*Private Sector Contracts Expense*” under sub-heading *Expenses* and ask:

j) What is the breakdown of funding for each individual contract?

Answer:

The main contracts covered under private sector contracts expense on page 340 of the Budget Statement are:

- Ramsay Health Care Australia Pty Limited - Joondalup Health Campus;
- Ramsay Health Care Australia Pty Limited - Peel Health Campus;
- St John of God Health Care - St John of God Midland Public Hospital;
- Silver Chain Group Limited;
- Bethesda Hospital Inc;
- St John of God Health Care - Geraldton Hospital;
- St John of God Health Care Inc;
- Cancer Council of Western Australia (Inc);

- St John of God Health Care - Bunbury Hospital; and
- Albany Hospice Inc.

In order to protect the commercial interest of the private contractors, individual contract values are not provided.

- k) How does the Government account for 3.8% increase in the total cost of this line item between 2015-16 and 2016-17?

Answer:

Contracts with private providers are negotiated with reference to activity and price adjustments. The increase in expense largely reflects the full-year impact of the new St John of God Midland Public Hospital operated by St John of God Health Care, which commenced operations in November 2015.

- l) What is the base indexation applied by the Government to these contracts?

Answer:

Contracts with the Non-Government Organisations are set using the Non-Government Human Services Sector Indexation Rate (1.75% for 2016-17). Private Providers Contracts are negotiated with reference to activity and price parameters.

- 9) I refer to Budget Paper No.2, Volume 1, page 340, line item “*Employee Benefits*” under sub-heading *Expenses* and ask:
- a. What is the breakdown by funding, FTE & headcount for all categories of workers per hospital?
 - b. What is the current breakdown of fixed term contract and permanency staff for all categories of hospital workers?
 - c. What are the projections for the breakdown of fixed term contract and permanency staff for all categories of hospital workers over the forward estimates?

Answer:

The Department of Health systems report FTE information broken down into various components. The other requested information is unable to be provided as it is not captured in WA Health’s data systems and would require considerable manual process to determine. This also applies to projections for the breakdown of fixed term contract and permanency staff for all categories of hospital workers over the forward estimates are not maintained by WA health.

Provided below is a breakdown of FTE by hospital and major occupational group as at April 2016.

10) I refer to Budget Paper No.2, Volume 1, page 340, footnote (b) to line item “*Employee Benefits*” under sub-heading *Expenses*. I ask:

p) What is the breakdown of the 717 redundancies for WA Health per hospital and for each occupational category of worker?

Answer: As at 27 May 2016 the actual number of employees who have accepted an offer of voluntary severance in 2015-16 is 393. WA Health consists of a number of hospitals as well as non-hospital agencies and services. Information on these agencies and services has been provided in the table below.

Number of employees who have accepted an offer of severance at 27 May 2016:

Health Service/Agency	Hospital/Service	Total
Child and Adolescent Health Service	Princess Margaret Hospital	9
	Mental Health Service	1
	Community Health Service	1
North Metropolitan Health Service	Kalamunda Hospital	1
	Mental Health Service	5
	PathWest	7
	Sir Charles Gairdner Hospital	19
	Women and Newborn Health Service (King Edward Memorial Hospital)	1
	Swan District Hospital	102
South Metropolitan Health Service	Armadale Health Service	9
	Bentley Health Service	15
	Fiona Stanley Hospital	21
	Fremantle Hospital	54
	Rockingham Peel Group	21
	Royal Perth Hospital	55
	Imaging West	4
	Corporate Operations	25
	Population Health	4
WA Country Health Service	Central Office	2
	Carnarvon Hospital	3
	Meekatharra Hospital	1
Department of Health		13
Health Support Services		20
	Total	393

Number of employees who have accepted an offer of severance by occupational category as at 27 May 2016:

Occupational Category	Total
Administrative and Clerical	174
Hotel Services	53
Medical	6
Medical Support	38
Nursing and Nursing Support	111
Site Services	11
Total	393

11) I refer to BP 2, Vol 1, Division 30, p. 336, under Works in Progress, sub-heading Hospitals, Health Centres, and Community Facilities, dot point, Kalamunda Hospital Redevelopment Stage 2, which has a total cost of \$8.147m, has had only \$565k spent on this project to date, and no money at all allocated to it in the entire forward estimates period at all and ask:

- d. Are there plans in the Stage 2 Redevelopment to expand the scope of services to include acute medical, expand maternity services to include obstetrics to expand the range of surgery at Kalamunda?

Answer:

No.

- e. Does Kalamunda currently perform any surgery other types of surgery than endoscopy and colonoscopy?

Answer:

No.

- f. Can you give a technical definition of acute medical admissions and does Kalamunda currently undertake any acute medical admissions?

Answer:

As per the Department of Health *Admission Readmission and Transfer Policy for WA Health Service (2014)*, an acute medical admission is defined as; “a patient must receive a minimum of four hours continuous active management, and that management must occur, at least in part, outside of the Emergency Department in an inpatient area”.

Kalamunda Hospital does currently undertake acute medical admissions if patients are admitted under the care of a General Practitioner who is accredited to admit to the hospital.

- g. Does Kalamunda Hospital currently undertake any acute medical admissions, and if patients develop acute medical conditions can they remain at Kalamunda or are they transferred elsewhere?

Answer:

Yes. Kalamunda does currently undertake acute medical admissions. If a patient requires medical review or requires urgent imaging overnight, then the patient will be transferred to another facility, usually St John of God Midland Public Hospital. The General Practitioner (GP) on-call is contacted before the patient is transferred to another facility. If unable to make contact with the on-call GP, nursing staff will seek to make contact with another GP on the list at the practice, until the request to transfer is acknowledged and approved.

Once imaging is complete, the patient remains overnight at the hospital they were transferred to.

- 12) I refer to BP 2, Volume 1, Division 30, p. 326 Outcomes and Key Efficiency Indicators, one of the outcomes being 'provision of maternity care to women and newborns,' and ask:

- u. How many vacancies for maternity staff are there presently at FSH given the problems identified in other reviews of FSH, including some so alarming that women were having several different staff intra partum (during labour) instead of continuity of care?

Answer:

13.8 FTE vacant midwifery positions at Fiona Stanley Hospital as at 1 June 2016.

- v. There have been complaints from patients wanting a water birth, being unable to be guaranteed at water-birth at FSH, because despite having the water-birthing facilities, the maternity staffing shortages at FSH have meant that there is not always a midwife trained in water-birthing on shift – has this issue been resolved eg. To ensure a midwife trained in waterbirths is rostered on at all times?

Answer:

No labouring woman who meets the criteria for a water birth is refused a water birth option.

Staff are moved between the four maternity areas to ensure water birth competent midwifery cover as required.

Many women do not meet the criteria for water birth and therefore cannot proceed.

- w. How many stillborns and neo-natal deaths have occurred at the new Midland Hospital since its opening? I understand the recent deaths have triggered a review of how transfers are managed. With the exception of cases going from lower or medium to

high risk transferring to King Edward Memorial Hospital for clinical reasons, is the Department now reviewing the policy of transferring all pregnancies over 36 weeks, or is the policy review only resulting in changes at Midland?

Answer:

- There have been six stillbirths at St John of God Midland Public Hospital (SJGMPH) since the opening of the hospital on 24 November 2015. There have been no neo-natal deaths.
- SJGMPH introduced an initiative to review all obstetric patients referred from another facility who are more than 36 weeks pregnant within 48 hours of referral. A consultant-to-consultant handover is also undertaken. In addition, if an obstetric patient is transferring from SJGMPH to another facility, they will continue their care at SJGMPH until they have an appropriate appointment at the receiving hospital. There is no broader departmental review underway.

13) I refer to BP 2, Vol 1, p.321 under the sub-heading Public Health and note the provision of the pertussis (whooping cough) vaccination to women in the third trimester and ask:

- x. Are there any plans within the forward estimates period to expand the adult booster of the pertussis vaccine to Fathers, Foster carers and relative carers of young children and babies, and grandparents – which have been able to access the free vaccine in earlier years?

Answer:

At this time there are no plans to expand provision of government-funded pertussis vaccine to fathers, foster parents, grandparents and relative carers and young babies.

Between January 2011 and December 2012, the Department of Health provided state-procured pertussis vaccine to new parents, grandparents, and other adult carers residing in the household of a newborn in Western Australia (WA). The reason for discontinuing the program in 2012 was two-fold. First, although attempts to protect infants from pertussis by ‘cocooning’ them through vaccination of carers were undertaken in WA and elsewhere around the world, experience has shown that this approach is not very effective. Secondly, in contrast to ‘cocooning’, experience has shown that vaccinating mothers with pertussis vaccine while they are pregnant is highly effective (>90%) in preventing pertussis infection in newborns during the first few months of life, when they are most vulnerable. Based on the evidence, maternal vaccination is now the preferred strategy.

- y. I understand the new State Vaccination Policy is due to be released in the first half of this year – when will it be released and will you provide me with a copy?

Answer:

The Western Australia Immunisation Strategy 2016-2020 was endorsed on 7 June 2016. The Strategy will be professionally formatted and should be publicly available on-line in four weeks.

- z. Does the new State Vaccination Policy consider 'No Jab, No Play,' compulsory vaccinations (with only medical exemptions) for all child-care centre and kindergarten/enrolments, as the Victorian Government has done?

Answer:

WA already has legislation that requires parents to provide their child's immunisation history when they enrol in school, including kindergarten. When rigorously enforced, school-entry immunisation record checks are very effective at raising childhood immunisation rates. Virtually all children in WA will enrol at a school covered by this existing legislation. While this legislation does not bar students from attending school if they are not fully vaccinated, school-entry immunisation record checks have been shown to raise immunisation coverage to levels required to establish 'herd immunity'. The current priority is to work with the Department of Education to ensure enforcement of the existing requirement for school-entry immunisation checks.

