

**ATTACHMENT: QUESTIONS TAKEN ON NOTICE AND FURTHER INFORMATION
AGREED TO BE SUPPLIED AT THE HEARINGS**

Hon Jill Hennessy MP

HEALTH PORTFOLIO

1. **Contributions towards the Victorian Heart Hospital were made with approximately \$44 million from Monash University and \$12 million from Monash Health. Please provide the dates on which those commitments were made.**

(Asked by Mr O'Brien, pages 6-7 of the Health portfolio transcript)

Monash University's commitment of \$44 million was made on 24 November 2016. Monash Health's contribution of \$12 million was agreed on 16 November 2017.

2. **Please provide a breakdown of the cost of the helipad at the Victorian Heart Hospital.**

(Asked by Mr O'Brien, page 7 of the Health portfolio transcript)

The estimated cost of the helipad at the Victorian Heart Hospital is \$3 million.

3. **Last year the Committee was advised that there had been 90 reports of work related harassment and/or workplace bullying in 2016.¹**

(Asked by Mr Morris, pages 8-9 of the Health portfolio transcript)

- a. **Please provide comparative figures for 2017.**

The comparative figure for work related harassment and/or workplace bullying reported through Disease /Injury / Near Miss / Accident (DINMA) forms in 2017 was 125.

- b. **How many staff were terminated as a result of disciplinary outcomes in 2017-18?**

In 2017-18 (as at 17 May 2018), 15 people were terminated as a result of disciplinary outcomes.

4. **With respect to the initiatives related to palliative care and voluntary assisted dying, (such as the \$6.35 million to support the families of people who have accessed VAD), please provide a breakdown and further details on what those funds are expected to be spent on, including Commonwealth funding that supports the initiatives.**

(Asked by Ms Pennicuik, pages 9-10 of the Health portfolio transcript)

In November 2017, the Victorian Government announced additional funding of \$62 million over the next five years to increase the options for people with a terminal illness to be cared for, and die, in their place of choice. The Commonwealth's contribution to this funding under the National Health Reform Agreement is \$18.35 million over five years. This contribution only applies to the regional and rural home-based palliative care services and consultancy teams components of this commitment.

¹ Department of Health and Human Services, 2017-18 Budget Estimates Hearings, response to questions on notice, received 30 June 2017, p.4

The overall funding commitment included an immediate allocation of \$19.9 million in 2017–18 (\$55.6 million over the five years) to support regional and rural home-based palliative care services and consultancy teams, establishment of a 24 hour expert advice line and a one-off grant for end of life ancillary support services.

This commitment also included \$6.35 million (to commence from 2018–19) is to provide support and follow up to people who access voluntary assisted dying and their carer/s and family. This funding does not attract a Commonwealth contribution under the National Health Reform Agreement.

The voluntary assisted dying funding has two components. The first is the establishment of four case and support coordinators for voluntary assisted dying and the second is the establishment of voluntary assisted dying support packages.

The case and support coordinators will provide ongoing coordination throughout the voluntary assisted dying process and ensure there is a consistent approach to the development of the voluntary assisted dying support packages. They will work closely with the person, their carer/s and family to tailor these packages to meet the specific needs of the person and those of their carer/s and family.

5. With respect to the *People Matter* survey of the Department in 2017:

(Asked by Mr Morris, page 12 of the Health portfolio transcript)

- a. Please indicate how many staff disagreed with the statement 'I rarely think about leaving this organisation'.**

In the 2017 People Matter Survey, 32 per cent of staff either disagreed or strongly disagreed with the statement "I rarely think about leaving this organisation".

- b. Please provide a copy of the aggregated survey of 2017.**

The People Matter Survey 2017 was conducted in the Department of Health and Human Services (the department) from 8 - 26 May 2017 and had a 37 per cent response rate. A copy of the 2017 survey is attached (Attachment 2b).

The department performed particularly well in areas relating to its values. These include:

- Employees are committed to ensuring that the Victorian community receive high quality services that achieve client satisfaction;
- Earning and sustaining a high level of public trust is seen as important;
- Managers encourage others to model the Values, and treat others with respect and dignity;
- Staff understand and act consistently with the Human Rights Charter;
- Staff continue to report very low levels of sexual harassment; and
- There is intrinsic value in the work they do and have the ability and skills to deal with difficult clients.

The results highlight some areas that require improvement including:

- The avenues of redress for grievances; and
- The application of merit principles in recruitment and performance management processes.

6. Please provide details of the costs involved in rectification of cladding on buildings within the portfolio, including:

(Asked by Mr Morris, pages 12-13 of the Health portfolio transcript)

a. What buildings will be rectified?

The discussion in the hearing related to the \$10 million provided in the budget for rectification works. This investment will progress rectification works on the following buildings:

- Werribee Mercy Hospital – Catherine McAuley Centre
- The Sub-Acute building at Casey Hospital
- Monash Medical Centre Block A at Clayton
- The Acute Services building at Sunshine hospital
- The North Wing Expansion at Royal Melbourne Hospital
- Geelong University Hospital
- The Royal Dental Hospital
- The Periop building at Royal Melbourne Hospital
- Northern Hospital Tower (IPU)
- Shepparton Hospital (Goulburn Valley Health)

b. What is the expected cost for each building?

The rectification costs are about to be tendered. Disclosing estimates at this time will likely prejudice the tender process.

7. Regarding the \$12 million announced for colonoscopy funding,² please indicate:

(Asked by Mr Smith, page 15 of the Health portfolio transcript)

a. which health providers will receive these funds

The following health services were allocated funding under the \$12 Million Blitz to Fast-Track Colonoscopies (tranche 1):

- Alfred Health
- Austin Health
- Ballarat Health Services
- Barwon Health
- Bendigo Health Care Group
- Central Gippsland Health Service
- Goulburn Valley Health
- Melbourne Health
- Mildura Base Hospital
- Monash Health
- Northern Health
- Peninsula Health
- St Vincent's Health
- Western Health

² Hon. Jill Hennessy, Minister for Health, *New \$12 Million Blitz to Fast-Track Colonoscopies*, media release, 1 April 2018

b. over what period will providers receive the funds.

An initial tranche of funding was allocated to the health services listed above in June 2018.

The Department of Health and Human Services is currently negotiating with health services to allocate the remaining funding in Quarter 1, 2018-19.

8. Please provide the Committee with further information on people who are on waitlists and who are not on waitlists for general dental care and dentures.

(Asked by Ms Patten, page 15 of the Health portfolio transcript)

People who are on waitlists

i) People requiring routine dental care.

All eligible clients presenting for public dental care are assessed, and those requiring routine dental care are placed on one of three waiting lists:

- general care;
- denture care; and
- priority denture care.

People who are not on waitlists

- i) People with priority access to dental care; and
- ii) people assessed as requiring urgent dental care.

People with priority access to dental care are offered the next available appointment.

People given priority access to public dental services belong to specific populations that may often experience barriers to accessing health services, these are:

- children;
- pregnant women;
- Aboriginal people;
- refugees and asylum seekers;
- people facing homelessness;
- people registered as clients of mental health and disability services.

People seeking urgent care are assessed using the Emergency Care Demand Management System, which determines an appropriate response for people requiring emergency dental care. Following their emergency treatment, people requiring urgent care may choose to be placed on the general care waiting list. Those people who are assessed as NOT requiring urgent dental care can choose to be placed on the appropriate non-urgent care waiting list.

9. Please provide the number of persons waiting for a colonoscopy by hospital.

(Asked by Mr Smith, pages 19-20 of the Health portfolio transcript)

As discussed extensively through the hearing, the Department of Health and Human Services does not collect data on the number of people waiting for a colonoscopy by hospital. Health services manage the waiting lists for colonoscopies at a local level. Some health services recently responded to a Freedom of Information request for this data, which demonstrates that these health services are monitoring and keeping this information.

The need for better data on this critical service has been raised with colleagues at the Council of Australian Governments Health Council, and the Council has requested that the Commonwealth Minister for Health and the Australian Institute for Health and Welfare develop public reporting guidelines on this performance measure.

10. For the Footscray Hospital project:

(Asked by Ms Pennicuik, page 23 of the Health portfolio transcript)

- a. **Please disaggregate the capital and output expenditure for 2017-18 and 2018-19 for the sites at Footscray and Sunshine.**

Combined capital funding for Sunshine and Footscray was provided in the 2016-17 Budget as part of the 'Western Health Urgent Infrastructure Works (Footscray and Sunshine)' initiative - see 2018-19 Budget Paper 4, page 65. However in the 2017-18 and 2018-19 Budgets, further funding for Footscray and Sunshine Hospitals was provided separately. The breakdown of funding provided since 2016-17 is as follows:

	2016-17 Budget (\$m)	2017-18 Budget (\$m)	2018-19 Budget (\$m)	TOTAL (\$m)
State Budget – Budget Paper 4	61.335	50.000	TBC	111.335
Sunshine Hospital Infrastructure Upgrades	44.536			44.536
Emergency department			29.600	29.600
Footscray Hospital Infrastructure Upgrades	14.799			14.799
New Footscray Hospital (Planning)	2.000	50		2.050
Land Acquisition			TBC	TBC

Land acquisition funding provided in the 2018-19 Budget was not disclosed for commercial reasons. Each of these funding amounts was for capital funding only and did not include output funding.

- b. **Please provide a brief status report on the project.**

The works for the new Footscray Hospital project funded through the 2016-17 funding allocation are largely complete and those works funded in the 2017-18 Budget are expected to be completed by mid-2019.

The funding for infrastructure upgrades at Footscray Hospital provided in the 2016-17 and 2017-18 Budgets (\$24.799 million) is enabling:

- the upgrade of fire, mechanical and information and communications technology services;
- maintenance and repairs to the brick façade of the south and north blocks;
- renovations of ward bathrooms; and
- the replacement of the backup power generators.

Patients and staff will benefit from improved amenities and the hospital will be more resilient with better back-up and redundancy measures.

The in planning funding provided in the 2016-17 and 2017-18 Budgets has enabled the commencement of detailed planning and development work for the project. Planning of the new hospital is well progressed, however this process, including finalisation of the business case and selection of a preferred site, is complex and takes time. A detailed consultation process is also underway to make sure that the views and ideas of patients, staff, local council, community groups and traders are captured and incorporated into the development process.

11. Please provide a list of all waiting lists for which that hospitals have the data for but is not provided to the department centrally.

(Asked by Mr Smith, page 26 of the Health portfolio transcript)

The Department of Health and Human Services requires health services to provide waiting list data for elective surgery procedures that are designated 'elective surgery' under the nationally agreed definition of elective surgery. This definition is used to assemble the National Elective Surgery Waiting Times Data Collection that covers waiting times and other characteristics of elective surgery in all public hospitals nationally.

Waiting lists for procedures excluded from the current definition of 'elective surgery' are managed by health services at a local level. These include:

- caesarean sections
- transplants
- endoscopic procedures
- diagnostic/investigative procedures
- cosmetic procedures
- non-Medicare Benefits Schedule rebatable dental procedures
- invitro fertilisation/assisted reproductive technology procedures.

12. With respect to medicinal cannabis:

(Asked by Mr Smith and Mr Morris, pages 27-8 of the Health portfolio transcript)

a. What was the total cost of imported medicinal cannabis in 2017?

In 2016-17 expenditure on imported medicinal cannabis was \$ 0.7 million. To date in 2017-18, expenditure on imported medicinal cannabis has been \$0.4 million. Please note that product purchased in one financial year may be used in another, and significant amounts of medical cannabis were purchased at the start of the scheme in early 2017, which was then used in the 2017-18 financial year.

b. What was the cost of imported medicinal cannabis per patient in 2017?

The cost of medicinal cannabis per patient varies as the dose rate is calculated by reference to a patient's body weight. However, on average, in 2017 the cost of imported medicinal cannabis was between \$40,000 to \$50,000 per patient.

c. How many applications have been assessed by the Office of Medicinal Cannabis?

As at 18 June 2018, 125 applications for Schedule 8 medicinal cannabis products (containing > 2% Tetrahydrocannabinol) have been assessed by the Office of Medicinal Cannabis. Of these, 99 have been approved, 10 are pending, 14 have been withdrawn and two were refused due to failure to provide evidence of the required Commonwealth approval. Please note that Schedule 4 medicinal cannabis products (containing < 2% Tetrahydrocannabinol) require approval only from the Commonwealth Therapeutic Goods Administration and not from the Victorian Office of Medicinal Cannabis.

d. Of the allocation of \$5.1 million in 2016-17 and 2017-18 for access to medicinal cannabis:**i. how much has been spent of each year's allocation**

The following has been spent for each year's allocation:

- 2016-17: Actual expenditure was \$3.0 million, and
- 2017-18: Forecast expenditure is \$5.1 million.

ii. how much, if any, is expected to be carried over into 2018-19?

It is not expected that any funds will be carried over into 2018-19.

e. Please provide a breakdown of how much has been spent on each of the component costs of running the scheme.

Below is an estimated breakdown of how much has been spent on each of the component costs of running the scheme for 2017-18:

- \$0.4 million: Import of medicinal cannabis for children with severe and intractable epilepsy as part of compassionate access scheme; and
- \$4.7 million: Other costs including the operational costs for the Office of Medicinal Cannabis and costs for development of government product.

13. With respect to bush nursing centres and the additional costs resulting from the outcome of the recent EBA negotiations:

(Asked by Mr O'Brien, page 33 of the Health portfolio transcript)

a. Why has the Government not fully funded the bush nursing centres for the costs of the EBA?

The Department of Health and Human Services (the department) has provided supplementary funding to all 15 Bush Nursing Centres to assist them in reaching and implementing new enterprise agreement terms with their nurses. The supplementary funding provided to Bush Nursing Centres was based on the same approach adopted in providing supplementary funding to a range of other non-government organisations that employ nurses under the coverage and terms of the Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2016-2022.

b. What funding has the Government offered to bush nursing centres to offset the increase in the EBA?

In total, the government has provided supplementary funding of \$449,900 to Bush Nursing Centres. Since the department first offered supplementary funding to 15 Bush Nursing Centres in November 2016, four Bush Nursing Centres (Gelantipy District Bush Nursing Centre, Lake Bolac Bush Nursing Centre, Swifts Creek Bush Nursing Centre and Woomelang and District Bush Nursing Centre) have reached new enterprise agreements with their nurses. The Fair Work Commission has approved these new enterprise agreements and they are in, or soon will be in, operation. This supplementary funding covered the period of the agreement from 2016-17 to 2019-20. The department understands that a number of other Bush Nursing Centres are well advanced in the negotiation of new enterprise agreements with their nurses.

14. Please provide a list of programs that will lapse during 2018-19 and not be funded in the forward estimates.

(Asked by Mr Morris, page 36 of the Health portfolio transcript)

The Department of Health and Human Services is not able to predict which, if any, programs lapsing in 2018-19 will not receive funding, ahead of the 2019-20 budget.

15. With regard to the business case for the proposed proton beam therapy centre:

(Asked by Mr Morris, page 38 of the Health portfolio transcript)

a. Please provide all information relating to the business case that will not diminish the commercially sensitive information contained within it.

The business case for the proton beam therapy centre is Cabinet in Confidence.

b. Please provide a cost range for the proposed proton beam therapy centre.

The final cost is subject to a final decision on the scope of the centre, updated design and planning, and whether the Commonwealth provides a contribution.

16. With respect to Albury Wodonga Health, is the master plan complete for both the Albury and Wodonga campuses?

(Asked by Mr Smith, page 39 of the Health portfolio transcript)

The master planning process has been completed for both the Albury and Wodonga sites. A Feasibility Study and community consultation process is currently being prepared for the Albury site, consistent with the service plan. This is important to ensure any changes in service profile across the campuses are in the interests of Victorians living in Wodonga, and the wider region.