

PARLIAMENT OF VICTORIA

**PARLIAMENTARY DEBATES
(HANSARD)**

LEGISLATIVE ASSEMBLY

FIFTY-SIXTH PARLIAMENT

FIRST SESSION

QUESTIONS ON NOTICE

13 March 2007

(Extract from book 4)

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QUESTIONS ON NOTICE

*Answers to the following questions on notice were circulated on the date shown.
Questions have been incorporated from the notice paper of the Legislative Assembly.
Answers have been incorporated in the form supplied by the departments on behalf of the appropriate ministers.
The portfolio of the minister answering the question on notice starts each heading.*

Tuesday, 13 March 2007

Health: Central Gippsland Health Service

46. Mr INGRAM to ask the Minister for Health —

- (1) *Did the costs of property plant and equipment in 2003–04 reach a total of \$6.854 million; if so, how much of that figure included the cost of constructing the new aged care facility, Wilson Lodge.*

ANSWER:

I am informed that:

The Property, Plant and Equipment figure quoted is as per the 2003–04 audited financial statements. Included in this is an amount of \$4.814 million for Buildings. Of this, approximately \$3.44 million was paid to the health service for the construction of Wilson Lodge. Total payments to the health service for Wilson Lodge were in excess of \$5.8 million, with the balance mainly paid in the 2002–03 financial year.

- (2) *Was a capital grant of approximately \$4 million given to CGHS in 2003–04 to finance the construction of Wilson Lodge.*

ANSWER:

I am informed that:

Approximately \$3.44 million was paid to the health service in the 2003–04 period for the construction of the Wilson Lodge Aged Care facility.

- (3) *Did the costs of property plant and equipment in 2004–05 reach only \$1.459 million and was the differential between the corresponding cost in 2003–04 the major reason why the working capital position has improved.*

ANSWER:

I am informed that:

After the completion of the Wilson Lodge Aged Care facility in early 2004, the costs of Property Plant and Equipment were substantially less in the 2004–05 year than in the previous year. The health service received Government Capital Grants of \$0.386M in 2004–05 compared to \$4.665M in 2003–04. The corresponding decrease in funding in Government Capital Grants between the two years offset the majority of the fall in purchases of Property, Plant and Equipment.

The working capital ratio improved significantly due to the improved underlying operating performance of the agency during 2004–05. As indicated earlier, adjusting for the Government Capital Grants, the Net Cash Flows from Operating Activities improved from negative \$3.289 million in 2003–04 to positive \$0.658 million in 2004–05. The key reasons for the improvement in the working capital position have little to do with changes in property, plant and equipment expenditure and can be attributed largely to the significantly improved underlying operating

performance of the agency in 2004–05, a result of significantly improved financial controls and financial management under the Administrator during the period.

Health: Central Gippsland Health Service

- 47.** **Mr INGRAM** to ask the Minister for Health — Did CGHS perform fewer WEIS in 2004–05 compared to 2003–04; if so, despite performing fewer WEIS in 2004–05, was CGHS paid a total of \$1.939 million more in Government contributions for that work in 2003–04.

ANSWER:

I am informed that:

Central Gippsland Health Service marginally exceeded its WIES target in 2004–05. The health service was paid the same WIES rates as its peer hospitals in both the 2003–04 and 2004–05 financial years.

Health: Central Gippsland Health Service

- 48.** **Mr INGRAM** to ask the Minister for Health with reference to the former CGHS Board that was sacked in November 2004 —

- (1) *Did the Walter Turnbull report conclude that there was no evidence of financial mismanagement by the former CGHS Board.*

ANSWER:

I am informed that:

What could be legally released of this report was made available on 13 January 2005.

- (2) *Has the financial performance of the administrator resulted in at least a fourfold worse net result for the year than that returned by the former CGHS Board.*

ANSWER:

I am informed that:

The Administrator had overseen a significant positive turnaround in the financial performance of the Central Gippsland Health Service as detailed previously in my response.

- (3) *Is the removal of the administrator six months prior to the completion of the expected term related to the financial performance in 2004–05.*

ANSWER:

I am informed that:

A board was reappointed at an earlier stage because of the turnaround achieved so quickly and comprehensively by the Administrator in the financial, operational and strategic directions of the health service. A robust foundation was established for a board to confidently assume governance control of the health service.

- (4) *Were any of the initiatives cited by the Regional Director of Department of Human Services in a presentation to Wellington Shire Council in August 2005 initiatives commenced by the administrator or were they all initiatives commenced by the former CGHS Board.*

ANSWER:

I am informed that:

Central Gippsland Health Service has been involved in a number of developments and new initiatives both before and after the appointment of an Administrator.

- (5) *Does the Department of Human Services hold any information that further exonerates the former CGHS Board from unproven allegations which it had not released.*

ANSWER:

I am informed that:

The reasons for the removal of the previous board were outlined in my statement to Parliament dated 9 December 2004 and the public release on 13 January 2005 of the Audit Report into CGHS prepared by independent auditors Walter Turnbull Pty Ltd.

- (6) *Was the major reason for the removal of the former CGHS Board related to financial management or that it opposed the Department of Human Services Regional Office plans to downgrade the specialist services at CGHS.*

ANSWER:

I am informed that:

The reasons for the removal of the board are as per my previous response.

- (7) *Does the Minister for Health support a proposal by the current administrator of CGHS to examine whether CGHS remains a referral hospital for high-risk obstetrics and neonatology given the Minister has guaranteed the CGHS will not be downgraded.*

ANSWER:

I am informed that:

Central Gippsland Health Service (CGHS) evaluates its obstetric and neonatal services to ensure that it has the staff, expertise and equipment for the services it is providing, based on evidence and appropriate risk management practices. This is part of routine hospital planning practice and sound clinical governance to ensure the best and safest services continue to be made available in accordance with the latest standards.

Health: Central Gippsland Health Service

- 54. Mr INGRAM** to ask the Minister for Health with reference to the paediatrics performance of Central Gippsland Health Service (CGHS) —

- (1) *How many days did CGHS have consultant paediatricians available to attend to patients at the Sale campus of CGHS in —*
- (a) *April 2006;*
 - (b) *May 2006;*
 - (c) *June 2006;*
 - (d) *July 2006;*
 - (e) *August 2006;*
 - (f) *September 2006;*
 - (g) *October 2006;*

- (h) *November 2006;*
- (i) *December 2006;*
- (j) *January 2007.*

ANSWER:

I am informed that:

Central Gippsland Health Service (CGHS) has advised it had consultant paediatrician availability for 30 days in April 2006, 30 days in May, 30 days in June, 31 days in July, 31 days in August, 25 days in September, 25 days in October, 28 days in November, 25 days in December and 22 days in January 2007. On the days that no consultant paediatrician was available, appropriate processes were in place to manage presentations to the emergency department and experienced general practitioners managed those children who were inpatients on those days.

- (2) *How many obstetric, paediatric or neonatal patients were admitted to the Sale campus of CGHS during —*

- (a) *April 2006;*
- (b) *May 2006;*
- (c) *June 2006;*
- (d) *July 2006;*
- (e) *August 2006;*
- (f) *September 2006;*
- (g) *October 2006;*
- (h) *November 2006;*
- (i) *December 2006;*
- (j) *January 2007.*

ANSWER:

I am informed that:

CGHS has advised that it recorded the following separations for paediatric, neonatal and obstetric inpatient throughput during the period in question:

- April 2006 — 66 paediatric, 10 neonatal and 32 obstetric separations
- May 2006 — 64 paediatric, 18 neonatal and 29 obstetric separations
- June 2006 — 53 paediatric, 26 neonatal and 45 obstetric separations
- July 2006 — 76 paediatric, 18 neonatal and 54 obstetric separations
- August 2006 — 67 paediatric, 6 neonatal and 29 obstetric separations
- September 2006 — 69 paediatric, 11 neonatal and 45 obstetric separations
- October 2006 — 68 paediatric, 6 neonatal and 50 obstetric separations
- November 2006 — 65 paediatric, 9 neonatal and 42 obstetric separations
- December 2006 — 50 paediatric, 5 neonatal and 44 obstetric separations
- January 2007 — 54 paediatric, 13 neonatal and 44 obstetric separations

- (3) *How many obstetric, paediatric or neonatal patients were transferred to other hospitals, (Latrobe Regional Hospital or Melbourne-based hospitals) after presenting at the Sale campus of CGHS during —*
- (a) *April 2006;*
 - (b) *May 2006;*
 - (c) *June 2006;*
 - (d) *July 2006;*
 - (e) *August 2006;*
 - (f) *September 2006;*
 - (g) *October 2006;*
 - (h) *November 2006;*
 - (i) *December 2006;*
 - (j) *January 2007.*

ANSWER:

I am informed that:

During the requested time frame, CGHS reports that it transferred a total of 40 paediatric, 8 neonatal and 4 obstetric patients to either a tertiary Melbourne hospital or Latrobe Regional Hospital. The breakdown is as follows:

- April 2006 — 3 paediatric, 0 neonatal and 0 obstetric patient
- May 2006 — 3 paediatric, 4 neonatal and 1 obstetric patient
- June 2006 — 0 paediatric, 2 neonatal and 1 obstetric patient
- July 2006 — 3 paediatric, 0 neonatal and 0 obstetric patient
- August 2006 — 5 paediatric, 1 neonatal and 1 obstetric patient
- September 2006 — 5 paediatric, 1 neonatal and 0 obstetric patient
- October 2006 — 8 paediatric, 0 neonatal and 1 obstetric patient
- November 2006 — 3 paediatric, 0 neonatal and 0 obstetric patient
- December 2006 — 8 paediatric, 0 neonatal and 1 obstetric patient
- January 2007 — 2 paediatric, 0 neonatal and 0 obstetric patient.

An experienced paediatrician commenced with CGHS in late December 2006, and CGHS is confident of appointing a second paediatrician in the near future.

