



Universal Child Health Checks Follow-Up





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WESTERN AUSTRALIAN AUDITOR GENERAL'S REPORT

Universal Child Health Checks Follow-Up

Report 10
June 2014



**THE PRESIDENT
LEGISLATIVE COUNCIL**

**THE SPEAKER
LEGISLATIVE ASSEMBLY**

UNIVERSAL CHILD HEALTH CHECKS FOLLOW-UP

This report has been prepared for submission to Parliament under the provisions of section 25 of the *Auditor General Act 2006*.

Performance audits are an integral part of the overall audit program. They seek to provide Parliament with assessments of the effectiveness and efficiency of public sector programs and activities, and identify opportunities for improved performance.

The information provided through this approach will, I am sure, assist Parliament in better evaluating agency performance and enhance parliamentary decision-making to the benefit of all Western Australians.

A handwritten signature in black ink, appearing to read 'C. Murphy'.

COLIN MURPHY
AUDITOR GENERAL
18 June 2014

Contents

- Auditor General’s Overview4
- Executive Summary.....5
 - Background 5
 - Audit Conclusion 6
 - Key Findings 7
 - Recommendations 8
 - Agency Response 9
- Audit Focus and Scope10
- Health is delivering more child health checks but the number of children missing out is also growing 11
 - Health is not keeping pace with demand or meeting its targets 11
 - The number of 18 month and three year old checks has increased but delivery of earlier checks has fallen 12
- Capacity to deliver checks has increased but not as much as planned and access to the service is still an issue 14
 - CAHS received \$26.7 million to expand child health services through NGO contracts but has awarded only one contract for child health checks 14
 - Health is increasing its capacity through the direct recruitment of child health nurses but this has taken longer than planned 14
 - Almost \$5 million of the funding allocated for the expansion of child health services has been used to meet funding needs in other areas 15
 - Health has improved its information systems and increased administrative support for nurses but this has not yet resulted in productivity gains..... 16
 - Access to the service is still limited for some families 17
- Appendix 118
 - Health’s progress towards the 2010 audit recommendations 18

Auditor General's Overview

Child Health Checks are an important opportunity to identify and address health and developmental issues early in a child's life. As I explained in my 2010 report on this area, getting the most benefit from this service means reaching as many children as possible. The checks facilitate prevention and timely intervention which improves the health, education and life outcomes of individual children, benefits overall population health, and helps reduce long term health costs.



In 2010, the Department of Health (Health) was falling short of meeting its targets, and many children were missing out on checks. At the time, Health considered that this was largely due to resources for child health services not keeping pace with the demand for services. Following our report, the government committed to investing almost \$60 million to improve community child health services.

Four years on, Health has increased the number of checks it is delivering but its capacity to provide checks has not expanded as quickly or extensively as planned. As a result the delivery of checks has not kept pace with growing demand, targets are not being met, and many children still miss out. Closing the gap between demand and delivery will require Health to meet the planned expansion in capacity.

Adding more nurses, however, will not be enough on its own. My 2010 report showed that Health could reach more children through more effective and efficient use of its available resources. This still remains true. While Health have improved administration and support for nurses, it has not yet translated that into improved productivity. Health also needs to implement promised changes to improve service flexibility and access. Together, these should mean that the checks reach more children, and get closer to maximising the benefits to children, their families, the health budget and the community.

Executive Summary

Background

Early childhood experiences lay the foundation for a range of long term health, behavioural and educational outcomes. The timely provision of universal child health checks has been shown to be critical to the prevention, early identification of, and intervention for health, social, emotional and family issues.

The Department of Health (Health) offers a free universal child health check program to all children in Western Australia (WA). Child health checks are voluntary and the service is delivered by community child health nurses. There are seven checks between birth and school entry (around 5 to 6 years of age), each linked to development milestones and based on clinical evidence. All are considered to be equally important (Figure 1).

First Check	Second Check	Third Check	Fourth Check	Fifth Check	Sixth Check	Seventh Check
0-10 days	6-8 weeks	3-4 months	8 months	18 months	3 years old	5-6 years old
Delivered at baby's home	Delivered at Child Health Centres	Delivered at Child Health Centres	Delivered at Child Health Centres	Delivered at community venues and Child Health Centres	Delivered at community venues and Child Health Centres	Delivered at schools by school health nurses
Family health and wellbeing Hearing and vision Parenting information	Family health and wellbeing Full physical Vision Hearing Language Maternal health and wellbeing	Family health and wellbeing Developmental assessment Vision Hearing Language Weight Solid food Maternal health and wellbeing	Family health and wellbeing Developmental assessment Full physical Vision Hearing Language Sleep Weight Maternal health and wellbeing Oral health	Family health and wellbeing Developmental assessment Vision Hearing Language Healthy eating Oral health	Family health and wellbeing Developmental assessment Vision Hearing Language Oral health Preparing for school	Family health and wellbeing Developmental assessment Vision assessment Hearing assessment

Figure 1: Extract from the universal child health check schedule

Child health nurses are the main referral point to treatment by allied health professions such as occupational and speech therapists. These specialist services are provided by Health's Child Development Service. Referrals for intervention and treatment occur at the earliest indication of significant delay or deviation from normal developmental pathways.

The delivery of child health services and access to treatment by the Child Development Service has been subject to ongoing scrutiny. In recent years, this has included three Parliamentary Inquiries and, in November 2010, a performance audit by the Office of the Auditor General.

The 2010 audit focused on Health's delivery of its child health check program. We found that many children were missing out on key checks and that Health was giving priority to the first four checks at the expense of later checks. In 2010-11, only 29 per cent of 18 month olds and 10 per cent of three year olds received checks. We also found Health was making little progress towards making the service more flexible and accessible, and was not using its resources as efficiently as it could.

We made eleven recommendations in four key areas. These recommendations were aimed at:

- enabling Health to demonstrate that it is delivering the best value for money
- increasing the number of children receiving checks
- improving the consistency of service provided to families
- providing better support to child health nurses so they can concentrate on delivering checks.

At the time of our 2010 audit, Health was in the process of seeking funding to employ an additional 105 Full Time Equivalent (FTE) child health nurses. In the 2012-13 state budget, \$58.5 million was allocated over four years to improve access to community child health services statewide. Of this, \$40.5 million was provided to Health as additional funding to be used to procure child health services from non-government organisations (NGOs). It was estimated that this would result in NGOs recruiting approximately 100 new child health nurses over four years. The remaining \$18 million was to be internally funded by Health for the direct employment of approximately 30.2 FTE, of which 28.2 FTE were for child health nurses statewide. The remaining two FTE were for establishing contracts with NGOs (Figure 2).

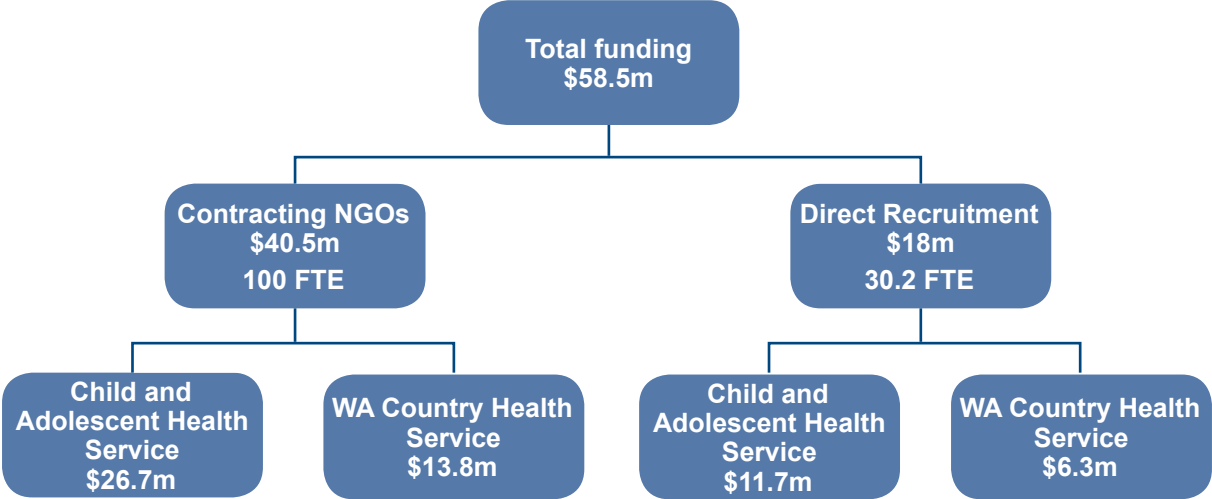


Figure 2: Breakdown of funding and FTE allocation for community child health services announced in the 2012-13 budget

This follow-up audit focused on the delivery of child health checks in the metropolitan area and whether a higher proportion of children are receiving more child health checks.

Audit Conclusion

Health has progressed most of the 2010 audit report recommendations and since 2010-11 has increased the total number of child health checks by eight per cent. However, this increase has not been enough to keep pace with growth in demand driven mainly by a 9.3 per cent rise in the birth rate. As a result, Health’s performance has fallen below target for most of the checks meaning that more children are missing out. Delays in Health’s planned build-up in service capacity was a factor in not meeting targets with much of the planned increase in capacity still to occur.

Health has increased administrative support for nurses and enhanced its information systems which has reduced the administrative load on child health nurses. However this has not yet translated into increased productivity. Health has not made significant progress in introducing greater flexibility in how the service is delivered, so access remains limited for some families.

Key Findings

- Health increased the total number of child health checks it delivered in the metropolitan area by eight per cent from 89 306 in 2010-11 to 96 486 in 2012-13. However, this increase failed to keep up with growth in demand driven by a 9.3 per cent increase in the birth rate over the same period.
- Health has set gradually increasing targets for the percentage of child health checks to be delivered in the four years to 2015-16. The targets take account of the voluntary nature of the service, and are based on what Health estimates is achievable with the resources employed in that period. However, in the first year Health failed to meet its targets for each check by between six and 22 per cent, a total shortfall of 18 961 checks. Health is also unlikely to meet its 2013-14 targets.
- Health has increased the proportion of children receiving the 18 month check from 29 to 34 per cent and three year old checks from 10 to 18 per cent. At the same time, performance against targets for the three earlier checks has fallen. The percentage of newborns screened within the target period fell from 47 to 43 per cent. A further 13 391 newborn checks were conducted between 11 and 40 days after birth, which is outside the target timeframe. This meant that a total of 93 per cent of newborns were screened, down from 99 per cent. The percentage of babies screened at 6-8 weeks fell from 94 to 89 per cent and the 3-4 months checks fell from 80 to 78 per cent.
- Health's pilot program to dedicate mobile resources to 18 month and 3 year old checks succeeded in increasing the delivery of those checks. This is being expanded to more regions. Under this expansion, the nurses will report to the local nurse managers rather than a central manager whose focus was on the 18 month and 3 year old checks. This risks diluting the focus on the 18 month and 3 year old checks and may see their delivery decline.
- Following the 2010 report, \$58.5 million was allocated to increase Health's capacity to deliver child health checks statewide, but the planned increase in capacity has not yet been achieved:
 - Health received \$40.5 million to engage NGOs to deliver child health services statewide with an expected increase in capacity of 100 FTE. Of this, \$26.7 million was allocated to Child and Adolescent Health Services (CAHS) for metropolitan services. A well-managed procurement process identified two suitable tenderers to deliver child health checks, but following negotiations with the tenderers only one contract was awarded for child health checks. To date, this has provided two nurses at one location and delivered only 38 checks.
 - Health plans to directly recruit 62.5 FTE more child health nurses in the metropolitan area by 2016 using internal funding and by redirecting \$10 million originally intended for engaging NGOs. To meet its target, Health planned to employ 53.5 FTE by the end of 2013-14, but due to a slow recruitment process only 28.3 FTE had been employed as of April 2014.
 - Not all of the funding allocated for the expansion of child health services has been used for that purpose. Approximately \$5 million intended to engage NGOs has been redirected into other areas within CAHS.
- Health has increased administrative support to nurses through a centralised booking system and by improving data collection and reporting through a new child health information system called Child Development Information System (CDIS). The implementation of CDIS was completed in January 2014. This additional support is expected to provide nurses with more time to conduct checks. However, the changes have not yet delivered increased productivity.

- Health estimates the 'Did Not Attend' (DNA) rate of parents who failed to keep appointments for child health checks is currently around 12 per cent. This equates to over 13 000 missed checks in 2012-13. One way of reducing the DNA rate would be by sending reminders to parents. Every one per cent reduction in the DNA rate would allow Health to deliver just over 1 000 additional checks without any additional nursing resources.
 - Health has made limited progress in making the service more flexible. Child health checks are still predominantly delivered in child health centres during normal business hours. This limits access to the service for many families, particularly those limited by travel constraints or who cannot attend appointments during working hours.
-

Recommendations

Health should:

- look at options to improve access to child health centres such as through the use of more flexible opening hours to aid working parents
- ensure CDIS reporting is used as a management tool to drive performance and accountability at a local child health centre level
- seek to increase the productivity and efficiency of its service so that it delivers more checks per year to meet its targets. This might include for instance making better use of technology to allow mobile phone applications or to provide an on-line booking system
- improve its recruitment processes to achieve its target number of nurses
- look at options to reduce its DNA rate, for example, by reminding parents of pre-booked appointments.

Agency Response

The Department of Health welcomes the report and the recommendations of the performance audit follow up, and is committed to addressing the issues identified by the Auditor General.

Community child health services promote healthy outcomes for infants, young children and their families through a comprehensive approach to service delivery, including the provision of universal and targeted prevention, early detection, early intervention activities and appropriate referral systems.

Such services provide a unique opportunity to improve outcomes for all families, including those at risk, by providing support and referral to appropriate services, such as education programs and services for children with developmental delay. Community child health nurses also provide a range of services, including parenting education, immunisation, and child health checks for children aged from 0 to 4 years.

In that regard, the Department acknowledges the Auditor General's observation that the number of child health checks which need to be performed correlates with population growth, and confirms that the number of such checks will continue to increase as the planned build-up in service capacity progresses.

The Department also notes that the expansion of the community child health nursing workforce has commenced. This will enable the introduction of new service models which have been designed to be flexible and ready to meet the needs of families.

Key to enabling new flexible service models and to providing administrative support for nurses, a new call centre and patient administration system has been established. New enhancements to the patient administration system can now progress; once implemented, these will improve the reach and accessibility of community child health services and the delivery of child health checks.

The Department of Health is committed to improving the effectiveness, efficiency and accountability of child and school health services, and steps have already been taken to progress the Auditor General's recommendations.

Audit Focus and Scope

The focus of this follow-up audit was the progress Health has made since our 2010 audit of 'Universal Child Health Checks'. We focused on two main questions:

1. Have the recommendations from the 2010 audit been implemented or progressed?
2. Is Health delivering a higher proportion of checks to more children?

Our scope included the first six (of seven) child health checks carried out by community child health nurses (employed by Health through CAHS) in the metropolitan area, where 77 per cent (103 217) of 0-3 year olds live. Our scope also included child health checks carried out by NGOs on behalf of Health.

While our 2010 audit covered the seventh child health check which is delivered by school health nurses on school entry, the follow-up audit did not. This is because the additional \$58.5 million of funding that Health received did not include the appointment of additional school health nurses.

This audit was conducted in accordance with Australian Auditing and Assurance Standards.

Health is delivering more child health checks but the number of children missing out is also growing

Health is not keeping pace with demand or meeting its targets

Health has increased the total number of child health checks by eight per cent between 2010-11 and 2012-13. However, the number of checks delivered within the target timeframes for each check is falling short of annual targets, and the gap has grown each year. In 2010-11, the difference between the target number of checks and the number delivered in the required timeframe was 18 042 checks. In 2012-13 the gap had risen to 18 961. As a result, despite the growth in the delivery of checks, a larger number of children are missing out. This is because demand is growing at a faster rate than the increase in child health checks (Figure 3).

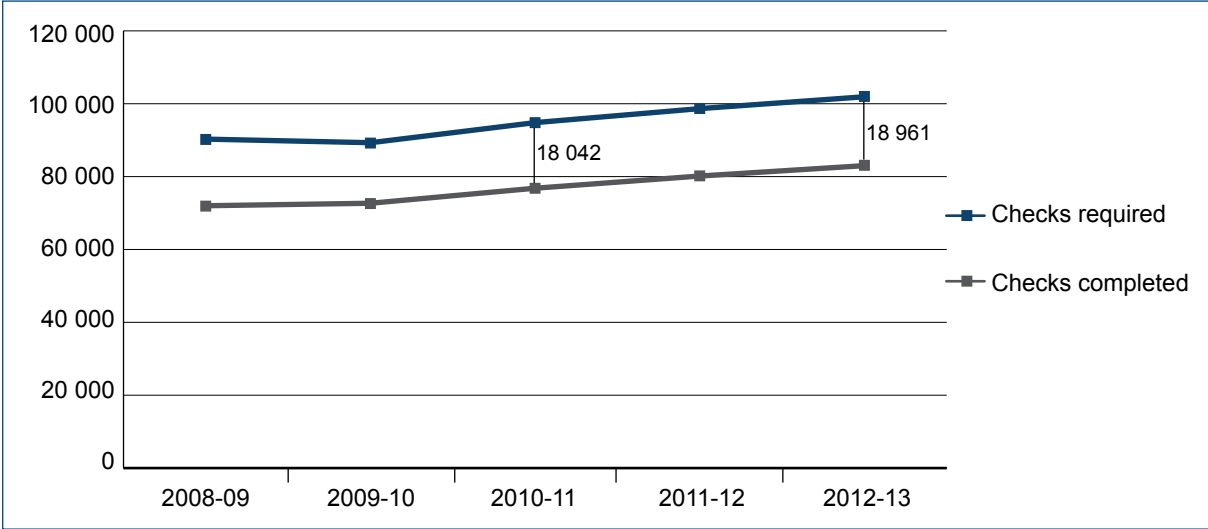


Figure 3: The number of checks completed on time each year compared with the number of checks required for Health to meet its 2012-13 performance targets

Note: The values indicate the difference between the number of checks completed in the specified timeframes and the number of checks required.

In 2010-11, 76 843 checks were completed in the target timeframe in the metropolitan area. In 2012-13, the number of checks completed in the target timeframe was 83 095, an increase of eight per cent, which is the same percentage increase as the total number of checks completed. While a sustained increase in the number of checks delivered on time per year is positive, the increase has not kept pace with demand driven by factors such as a 9.3 per cent rise in the birth rate. To keep pace, in 2012-13 Health needed to deliver 102 056 checks within the target timeframes.

Health set annual health check delivery targets to drive improvements in its universal child health program over four years. These targets were based on what Health estimated was achievable by 2015-16 with its additional resources. Health did not meet its 2012-13 target, completing 81 per cent of the required 102 056 checks within its target timeframes. It is also unlikely to meet its 2013-14 target.

Our 2010 audit found that Health’s policy to deliver all checks to all children was unrealistic and unachievable. We recommended Health revise its targets, taking into consideration what it could achieve with its resources as well as the voluntary nature of the service.

In June 2012 the Minister for Health endorsed new performance targets for 2012-13 to 2015-16 (Figure 4). Health used estimates of staffing levels and efficiency, birth and population data as well as migration rates to set these targets. Based on these assumptions, the targets looked achievable and realistic and should have driven improvements in the service.

Year	0-10 days	6-8 weeks	3-4 months	8 months	18 months	3 years
July 2013	65	95	85	70	50	30
July 2014	80	95	90	80	60	40
July 2015	85	95	90	85	65	45
July 2016	90	95	90	90	70	50

Figure 4: Approved annual targets (in percentage of children checked) set by Health between 2012-13 and 2015-16

Since June 2012, Health has changed its targets. This included a reduction in the newborn target (within the first 10 days from birth) from 65 per cent to 55 per cent. The basis for this change is not clear. Health has also expanded its newborn target to include checks delivered within 40 days from birth. This pushes the newborn check to within one week of the second check which should occur within 6-8 weeks.

There can be valid reasons for not being able to complete the newborn check within 10 days from birth. For example, low birth-weight and premature babies often remain in hospital for longer than 10 days. Health completed a total of 24 769 newborn checks in 2012-13. Of this, 13 391 (54 per cent) were completed between 11 and 40 days after birth.

The number of 18 month and three year old checks has increased but delivery of earlier checks has fallen

In 2012-13, Health increased the proportion of children receiving 18 month and three year old checks. However, this increase has occurred at the same time as a fall in the level of delivery of the earlier three checks.

Our 2010 audit found that Health was prioritising the first four child health checks at the expense of the later 18 month and three year old checks. This was despite an evidence based policy that all seven checks are equally important. We recommended that Health increase the number of children receiving checks and in particular the 18 month and three year old checks which are linked to development milestones that affect a child’s school readiness.

Since our last audit there has been greater focus and commitment by Health to the delivery of the later checks. Health established a pilot program with a team of 15 FTE reporting to one nurse manager. This team promoted the importance of these checks and delivered them in community venues. The team also promoted the service by attending events such as ‘the mother and baby expo’ and ‘toddler fest’ as well as directly contacting parents within the seven regions. This reversed the previous practice of not promoting these checks, which contributed to many parents not being aware of them.

The mobile team was recruited in 2012-13 and delivered 3 659 eighteen month and 2 823 three year old health checks in its first 12 months. These contributed to an overall increase of five per cent for the 18 month old checks and eight per cent for the three year old checks in 2012-13.

Nevertheless, Health is still falling short of its targets. For 18 month old checks, Health is 16 per cent below its target of 50 per cent, and is 12 per cent below the three year old checks target of 30 per cent.

The increase in the 18 month and three year old checks has occurred at the same time as a reduction in the percentage of newborns screened within 10 days from birth, and babies screened at 6-8 weeks and at 3-4 months (Figure 5).

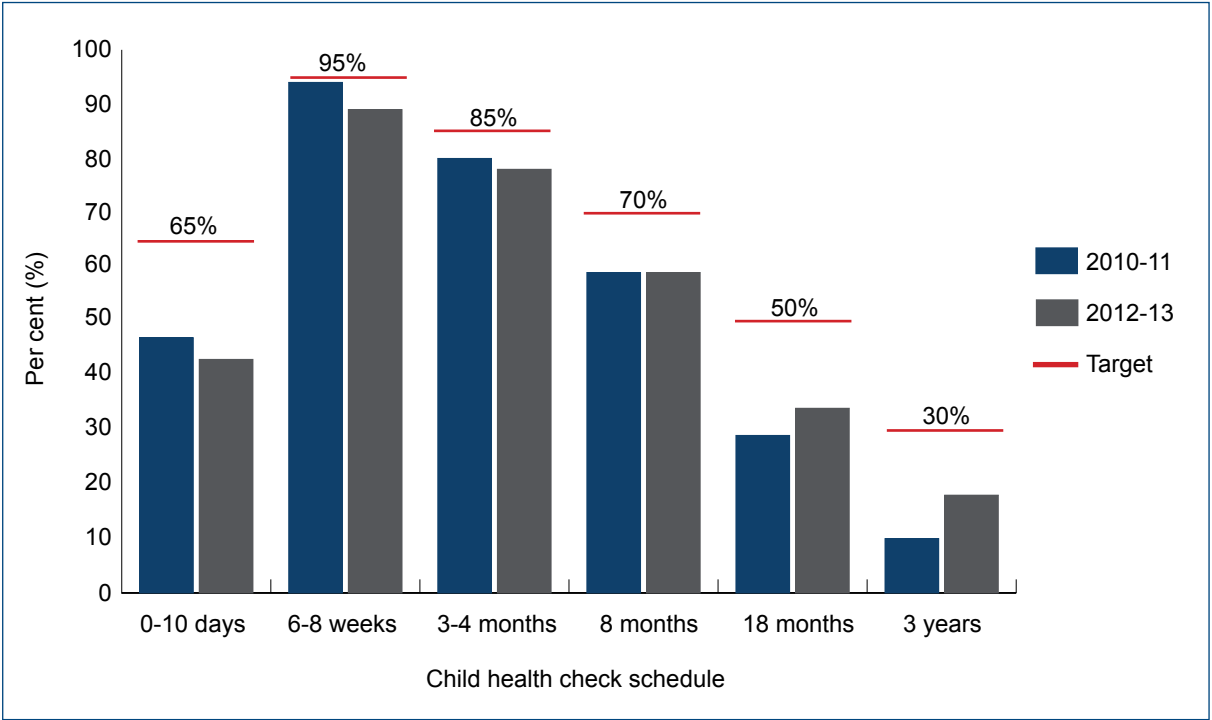


Figure 5: The proportion of children receiving each check between 2010-11 and 2012-13 against Health’s 2012-13 targets

Between 2010-11 and 2012-13:

- The proportion of newborns receiving a check within the target 10 days from birth decreased from 47 per cent in 2010-11 to 43 per cent in 2012-13, which is 22 per cent below the target. In addition to these checks, Health conducted a further 13 391 newborn checks (54 per cent of all newborn checks) between 11 and 40 days after birth. The total number of newborn checks fell from 99 per cent in 2010-11 to 93 per cent in 2012-13.
- The proportion of 6-8 week checks delivered fell from 94 per cent of children in 2010-11 to 89 per cent in 2012-13, which is six per cent below Health’s target for this check.
- The proportion of children receiving the 3-4 month check also declined from 80 per cent to 78 per cent, and is seven per cent below Health’s target for this check.
- The 8 month check remained stable at 59 per cent, however this is 11 per cent below the target.

In January 2014, Health began its recruitment of a further 35 FTE child health nurses and plans to use them to expand its service and deliver 18 month and three year old checks in all of its metropolitan regions. The team of child health nurses targeting 18 month olds and 3 year olds will now report directly to the local nurse managers in each of the regions, rather than directly to a central manager. This will return the reporting structure to what it was before the pilot program. This creates a risk that the focus on the later checks may be diluted in the face of growing demand for all checks.

Capacity to deliver checks has increased but not as much as planned and access to the service is still an issue

CAHS received \$26.7 million to expand child health services through NGO contracts but has awarded only one contract for child health checks

Health was directed by government to use partnerships with NGOs to expand child health services in the metropolitan area. However, the planned additional capacity has not been achieved.

Health received \$40.5 million to establish and maintain contracts with NGOs with the expectation that this would provide around 100 FTE (nurses) statewide. CAHS received \$26.7 million of this funding for metropolitan services. Despite a well-run and rigorous procurement process, only one contract was awarded for child health checks, within a package of contracts for child health services with a combined value of \$7.5 million. Health has advised that the cost of the package of contracts will increase to \$10.7 million, a 43 per cent increase on the original cost. However, Health has been unable to provide us with any evidence to substantiate this increase.

Health's initial tender process sought suitable service providers to deliver a suite of child health services including:

- Birth to School Entry – Universal Child Health Contact Schedule
- Enhanced Aboriginal Child Health Contact Schedule
- Early Parenting Groups and Early Parenting Packages
- Immunisation
- Children in Care Health Checks.

Eight tender responses were received, but none were deemed suitable to deliver the whole suite of services. The tender responses were therefore re-evaluated against the five separate programs. The evaluation panel considered that two NGOs were suitable to deliver child health checks.

Despite the tender evaluation panel's extensive review process, which included a value for money assessment and evaluation of the tenderers' ability to deliver the service, a number of issues could not be resolved in negotiation with one of the preferred tenderers. As a result no contract was awarded to that tenderer.

Health's sole contract to deliver child health checks is with the Salvation Army through the Balga Early Learning centre. The contract was awarded in October 2013 and the service commenced in March 2014. Two FTE delivered a total of seven checks in March and 31 in April 2014.

Health is increasing its capacity through the direct recruitment of child health nurses but this has taken longer than planned

Health has plans to progressively recruit 62.5 FTE child health nurses in the metropolitan area by 2016. These nurses will allow for the expansion of existing services and provide nurses for GP super clinics and child and parent centres. Recruitment of 53.5 FTE was planned by the

end of 2013-14, but as of April 2014, only 28.3 FTE were employed. The failure to meet the target to date has been due to a slow recruitment process rather than a shortage of suitable nurses.

In addition to the \$26.7 million that Health received from government to engage NGOs, Health was required to internally fund \$11.75 million to expand its own nursing workforce by 27.5 FTE over four years. In December 2013, Health received approval to transfer \$10 million of the money allocated to NGO contracts into its direct recruitment budget, and revised its target to 62.5 FTE by 2016 (Figure 6).

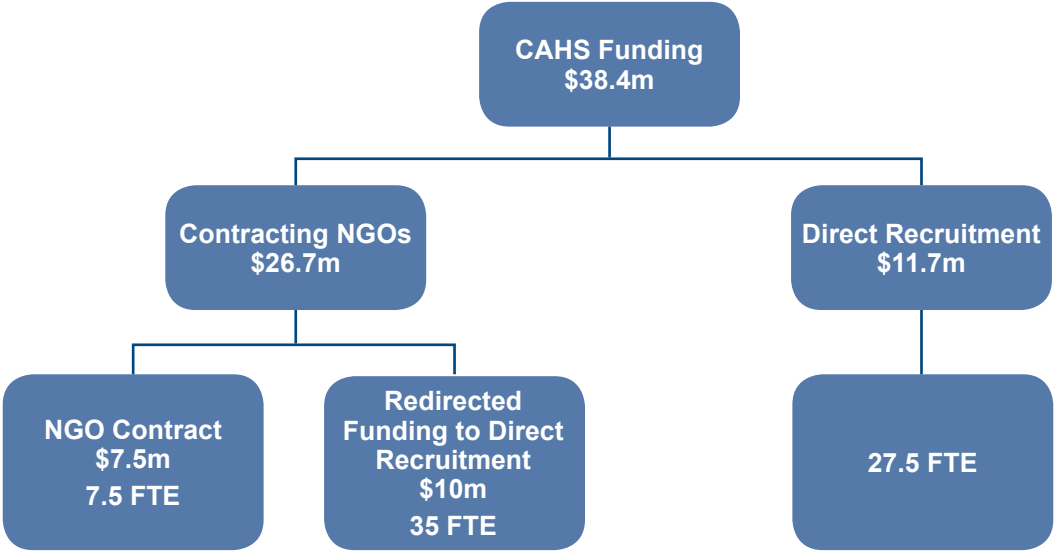


Figure 6: Breakdown of funding and planned FTE for CAHS

Health is half way through its four year recruitment plan (Figure 7) and although it met its 2012-13 targets by recruiting 16 FTE, it is not on track to meet the 2013-14 target. Delays in initiating recruitment processes following the redirection of funding intended for NGOs and the recently initiated public sector recruitment freeze means that Health is likely to have a shortfall of approximately 25 FTE at the end of 2013-14.

	2012-13	2013-14	2014-15	2015-16	TOTAL
Direct Recruitment	16	2.5	8	1	27.5
Redirected Funding		35.0			35.0
TOTAL	16	37.5	8	1	62.5

Figure 7: Planned nurse FTE increases over four years

Almost \$5 million of the funding allocated for the expansion of child health services has been used to meet funding needs in other areas

As previously mentioned, CAHS was allocated funding of \$26.7 million to engage NGOs to increase its capacity to deliver child health services. One NGO has been engaged to deliver child health checks. A further two contracts have been awarded for other child health services. These three contracts have a combined award value of \$7.5 million. This leaves a total of \$19.2 million of the budget which has not been used to increase capacity through NGOs as required by government.

Ten million dollars has been reallocated to direct recruitment of child health nurses, leaving \$9.2 million of the money for NGOs. Health advised that around \$4.4 million of the remaining funds have been absorbed by cost increases on NGO contracts and staff wages. The remaining \$4.8 million has been redirected to other areas of CAHS.

Health has improved its information systems and increased administrative support for nurses but this has not yet resulted in productivity gains

Health has progressed most of the Auditor General's recommendations as detailed in the table in Appendix 1. As part of these developments Health has increased administrative support for nurses through the establishment of a new call centre and improved its patient administration system by introducing a new data base, CDIS.

Child Development Information System – CDIS

CDIS is an electronic database system used by CAHS to maintain records for all clients accessing the service. This database is used by child health nurses to record patient information and clinical progress notes and to make referrals to Child Development Services for further treatment and assessment.

CDIS replaced Health's previous database, HCARE. The roll out of this new system to all child health nurses was completed in December 2013. Since, January 2014, all child health nurses (except those engaged by NGOs) have been using CDIS.

The implementation of CDIS will allow more accurate, comparable data to be collected and reported on, such as the number of checks delivered by individual nurses each day. It will also allow Health to determine what checks have been delivered to which children. Overall, this should result in improved accountability and better management of child health centres.

CDIS also has the capacity to generate SMS appointment reminders for parents and letters to promote the full range of checks. However, Health has not used these features due to the limited capacity of its centralised booking system.

Child Health Booking Number – 1300 749 869

In 2013, Health introduced a centralised booking system allowing parents to ring a 1300 number to book their child health checks.

The Call Centre takes calls between 8:30am and 4:00pm. It is operated by six customer liaison officers and takes between 1 500 and 2 000 calls each week. In its first year, the centre received 25 000 calls. These are calls that otherwise would have been received by child health nurses.

This service is easy for parents to use and allows child health nurses to spend more time providing child health checks.

Health has advised that the call centre is already receiving more calls that it can manage. This means some calls remain un-answered. There is also no after-hours answering service so parents must call to make a booking during business hours.

These changes are intended to reduce the administrative burden on nurses so they have more time to deliver checks. However, the administrative changes are recent and have not yet translated to productivity improvements. The increase in the number of checks delivered between 2010-11 and 2012-13 is primarily due to the increase in the nursing workforce. A more sustainable way to meet growing demand will be for Health to improve productivity.

Health could make productivity gains by reducing the incidence of parents failing to attend booked appointments. Currently, Health estimates that its 'Did Not Attend' (DNA) rate is around 12 per cent of appointments. Health advised that this rate has stayed constant for several years, but that it is likely to be underestimated due to data inaccuracies and outstanding data entry. This equates to over 13 000 missed checks in 2012-13.

One possible solution to the high DNA rate is to send reminders to parents of upcoming appointments. This is a common practice in other areas of public and private health services. Every one percent reduction in the DNA rate would allow Health to deliver just over 1 000 additional checks without any additional nursing resources.

Access to the service is still limited for some families

In our 2010 report we recommended that Health should implement different models of service delivery to improve accessibility in response to changing community needs. Health has made very limited progress on this recommendation. Child health checks are still predominantly delivered at child health centres and during working hours.

Although Health has previously identified the need for improved accessibility and its policy is that child health services should cater for parents who are unable to attend centres during working hours, it has not actively implemented this approach amongst child health centres.

None of the eleven child health centres we spoke to during this audit were delivering checks outside of the standard working hours of 9am to 5pm.

Appendix 1

Health's progress towards the 2010 audit recommendations

Recommendation	
1	<p>Health should set performance targets for each child health check and report its performance against these in its annual report</p> <p>Health has set performance targets for each of the scheduled checks, however, its performance against these is not reported externally in its annual report. By comparison, Health includes a KPIs for its delivery of immunisations to children in its annual report.</p>
2	<p>Health should improve its patient management system and financial reporting to provide better business information for service management and planning, and performance monitoring</p> <p>In January 2014, Health completed its implementation of CDIS across all child health clinics in the metropolitan area. This new system provides a base to improve Health's service monitoring at a day-to-day level in the clinics (performance management).</p> <p>Ongoing work is expected to result in improved planning, monitoring and analysis of service activity reported via a Regional level Performance Dashboard to enhance current reporting of metropolitan wide service activity.</p>
3	<p>Health should use its existing information system (HCARE) more effectively as a stop gap until and improved system is in place</p> <p>Health improved its HCARE system (data quality, data entry and data captured) during 2011-12 so that it could be used more effectively until it was replaced by CDIS in 2013-14.</p>
4	<p>Health should undertake analysis to demonstrate that its current practice gives the best value for money</p> <p>Health has advised that before it can analyse whether its current practice gives the best value for money, it needs more time to collect at least 12 months of data from all sites (through CDIS) so that it can undertake accurate service modelling.</p>
5	<p>Health should better promote to parents the importance of all the child health checks and particularly the 18 month and 3 year old checks, which rely to a greater extent on parent engagement</p> <p>Health has improved the promotion of its 18 month and 3 year old checks to parents and the community in general. This has included attendance at community events such as 'toddler fest' as well as placing posters in doctor's surgeries and other community venues.</p>

6	<p>Health should implement different models of service delivery to improve accessibility of services in response to changing community needs</p> <p>Health has piloted a different model of service delivery which improved accessibility of its services to parents and delivery of more 18 month and 3 year old checks to children in seven of its 13 metropolitan regions. Health is now planning to expand this service to all metropolitan regions, however, a different management structure will be used.</p> <p>Health was required to partner with NGOs to help expand child health services. However, the uptake was poor and only one contract for the delivery of child health checks was awarded.</p>
7	<p>Health should put in place monitoring mechanisms to support nurses in delivering services in keeping with the core business framework</p> <p>Health has implemented a new structure for its child health nurse operations with Level 2 Nurses providing a mentoring role for Level 1 nurses.</p>
8	<p>Health should consider partnering with other agencies to make better use of other government and non-government services that are funded and set up to deliver relevant complementary services, such as parenting information and toddler groups</p> <p>Health is partnering with other agencies to deliver relevant complementary services such as the Better Beginnings Family Literacy Program, the Triple P Positive Parenting Program and providing programs and services through the Child Parent Centres run by the Education Department.</p> <p>Health also has contracts with NGOs to deliver a range of child health services, including child health checks and parent education programs.</p>
9	<p>Health should ensure adequate IT support for all child health and school nurses</p> <p>Health has provided child health nurses with notebook computers and upgraded hardware to run the new CDIS patient management system. Nurses have advised us that connectivity and internet speed still remain an issue.</p>
10	<p>Health should review its approach to administrative tasks such as booking appointments and collating data to free-up nurses to deliver services</p> <p>Health has introduced a centralised booking system for child health checks, however the time saved has not enabled nurses to deliver more checks. The booking system is already at capacity, so alternative arrangements will need to be explored to continue to grow the service.</p>
11	<p>Health should review its management of child health facilities to coordinate leasing and maintenance to ensure that buildings are safe, 'fit for purpose' and located in the right place</p> <p>Health now has a dedicated Facilities Manager in place, has actioned urgent building maintenance and safety concerns and is now coordinating its leasing of space for child health checks.</p>

Auditor General's Reports

REPORT NUMBER	2014 REPORTS	DATE TABLED
9	Governance of Public Sector Boards	18 June 2014
8	Moving On: The Transition of Year 7 to Secondary School	14 May 2014
7	The Implementation and Initial Outcomes of the Suicide Prevention Strategy	7 May 2014
6	Audit Results Report – Annual 2013 Assurance Audits (Universities and state training providers – Other audits completed since 1 November 2013)	7 May 2014
5	Across Government Benchmarking Audits – Controls Over Purchasing Cards – Debtor Management – Timely Payment of Invoices	1 April 2014
4	Behaviour Management in Schools	19 March 2014
3	Opinion on ministerial decision not to provide information to Parliament about funding for some tourism events	18 March 2014
2	Charging Card Administration Fees	12 March 2014
1	Water Corporation: Management of Water Pipes	19 February 2014



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