

Appendix A SCHEDULE OF QUESTIONS ON NOTICE

Canberra Health Services

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject
HCW Health 1	5 03 21	Davis MLA	Canberra Health Services	Standards for indoor air quality
HCW Health 2	5 03 21	Davis MLA	Canberra Health Services	CYPS – percentage of ATSI children
HCW Health 3	5 03 21	Davis MLA	Canberra Health Services	Bushfire 2020 results – action on indoor air quality
HCW Health 4	5 03 21	Davis MLA	Canberra Health Services	ACT Health Promotion Grants - tobacco
HCW Health 5	5 03 21	Davis MLA	Canberra Health Services	Health impacts on staff, patients etc from bushfire events
HCW Health 6	5 03 21	Davis MLA	Canberra Health Services	Outreach Sexual Health Testing
HCW Health 7	5 03 21	Davis MLA	Canberra Health Services	Emergency Dept streaming
HCW Health 8	5 03 21	Davis MLA	Canberra Health Services	Walk-in Centres
HCW Health 9	5 03 21	Davis MLA	Canberra Health Services	Stillbirth and prenatal care

No.	Hearing date	Asked by	Directorate/ Portfolio	Subject
HCW Health 10	5 03 21	Davis MLA	Canberra Health Services	Contractors
HCW Health 11	5 03 21	Davis MLA	Canberra Health Services	Elective Surgery
HCW Health 12	5 03 21	Davis MLA	Canberra Health Services	Thriving Workplace strategy (ATSI staff)
HCW Health 13	18.03.21	Jones MLA	Canberra Health Services	Hotel Quarantine Food Vouchers
HCW Health 14	18.03.21	Pettersson MLA	Canberra Health Services	Improved Hospital Services



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. AR - 1

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

Inquiry into referred 2019–20 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Asked by Johnathon Davis MLA:

In relation to: Indoor air quality

Q1. To ensure people can breathe safely in their own homes, what is the advised standard for indoor air quality? What advice or work is the Health Directorate doing to address this?

Minister for Health: The answer to the Member's question is as follows:—

Australia currently has no specific controls on indoor air quality - apart from workplace situations under the National Occupational Health and Safety Commission. Advice from the Australian Department of Agriculture, Water and the Environment states:

The National Health and Medical Research Council (NHMRC) defines indoor air as air within a building occupied for at least one hour by people of varying states of health. This can include the office, classroom, transport facility, shopping centre, hospital and home. Indoor air quality can be defined as the totality of attributes of indoor air that affect a person's health and well being. A major concern with respect to indoor air quality is the use of gas cookers and unflued gas heaters. These two sources can often contribute a large percentage of the pollutants found in domestic dwellings. Increasingly, as dwellings have become better sealed from the external environment, pollutants being released from indoor sources are being found at higher concentrations. Indoor air quality can be adversely affected by other pollutants such as fungi, microbial contamination, house dust mites, particulates and air toxics such as formaldehyde.

Environment, Planning and Sustainable Development Directorate is responsible along with other environment agencies for setting national ambient air quality standards such as outdoor air quality standards, which relate to anthropogenic emissions sources rather than natural events such as bushfires.

The ACT Health Directorate monitors and reports on outdoor air quality using up-to-date, accurate data on levels of pollutants in the air. The online ACT Health Air Quality Health Portal (AQH Portal) provides advice on air quality in the ACT, including health advice related to specific pollutants that are measured in the ACT, including in relation to smoke. While air monitoring and reporting is a valuable source of information for the community, there can be local variations in air quality for a range of reasons including weather and local topography.



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. AR - 1

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The AQH Portal also includes recently updated general health advice and recommended actions based on the air quality at a particular time. The ACT is working with other State and Territory Governments to produce nationally consistent health advice for the key air pollutants that are of concern to the health of Australians including in relation to smoke.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

A handwritten signature in black ink, appearing to be "RSSH" followed by a long horizontal stroke.

Date: 16/3/21

By the Minister for Health, Rachel Stephen-Smith



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. AR - 5

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

Inquiry into referred 2019–20 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Asked by MR DAVIS MLA:

Ref: Air quality (bushfires) p.339 ACT Health Annual Report

In relation to: the health impacts of bushfire smoke

What measures have been taken by ACT Health and CHS to protect staff, patients and visitors to CHS facilities during extreme bushfire events?

MINISTER STEPHEN-SMITH: The answer to the Member's question is as follows:–

Canberra Health Services (CHS) has completed a number of measures to reduce the likelihood of experiencing the same impact should such an extreme event occur again.

As a result of this work and its learnings from the smoke events in late 2019 and early 2020, CHS is now well prepared for external influences on buildings at Canberra Hospital campus and off-site health facilities.

All building chiller systems are in good condition and maintained regularly.

CHS undertakes HEPA (high-efficiency particulate air) filter maintenance twice as frequently as required by Australian Standards in critical spaces (such as operating theatres and the Paediatric High Care ward) to ensure a very high standard of clean air.

All air conditioning systems are scheduled for monthly maintenance, and filtration systems are inspected, managed and cleaned in line with current Australian Standards and Health Facility Guidelines. During smoke conditions maintenance regimes will be monitored and increased to weekly if necessary.

CHS undertakes regular air quality monitoring at Canberra Hospital, and closely manages and monitors air quality in events such as smoke, pollen, or pandemics.

Optimum air exchange rates are managed in accordance with these same guidelines and are closely monitored. Air change rates are in accordance with Australian standards.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

Date: 15/3/21

By the Minister for Health, Rachel Stephen-Smith MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. AR - 6

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

Inquiry into referred 2019–20 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Asked by Johnathon Davis:

In relation to: Outreach Sexual Health Testing

Q1. Are outreach sexual health testing services run in conjunction with any community health organisations?

Minister for Health: The answer to the Member's question is as follows:–

Yes. Outreach sexual health testing services are run in conjunction with specific community health organisations.

The ACT Health Directorate (ACTHD) has been working closely with partner government and Non-Government Organisations (NGOs) through the Sexually Transmissible Infection (STI) and Blood Borne Virus (BBV) Health Advisory Committee (HAC) to address local STI/BBV priorities.

ACTHD provides approximately \$3.5 million annually to fund sexual health services and programs related to the prevention and management of STIs and BBVs.

ACTHD currently funds a number of sexual health outreach programs through NGOs, including Meridian and Sexual health and Family Planning ACT. These programs are targeted to high-risk populations who may face barriers or stigma in accessing sexual health services in clinical settings and include:

- Sexual Health, Lifestyle and Relationships Program (SHLRP) – provides sexual health education and an in-school clinic at five ACT Government Schools;
- Sex work outreach program (SWOP) – once a month early evening clinic for sexual health testing delivered in brothels and to private sex workers;
- STRIP Clinic – monthly outreach sexual health screening targeting the LGBTIQ+ population; and
- BIT BENT Belconnen Youth Centre – annual evening outreach and testing for young LGBTIQ+ young people.



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. AR - 6

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

A handwritten signature in black ink, appearing to be "RSL", written over a horizontal line.

Date: 17/3/21

By the Minister for Health, Rachel Stephen-Smith



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. AR - 7

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

Inquiry into referred 2019–20 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Asked by Johnathon Davis MLA:

In relation to: Emergency Department Streaming

Q1. The 20-21 outlook for emergency department care on page 327, the emergency department will be introducing a rapid assessment process.

- a. Do the ACT's emergency departments currently use demographic or risk-based streaming?
- b. Who is targeted by this existing streaming?

Minister for Health: The answer to part A and B of the Member's question is as follows:

- Patients who present to the ACT's emergency departments are seen in order of how serious their illness is. Critically ill patients are always seen before patients with less serious conditions.
- The National Triage Scale categorises the severity of each patient's illness as:
 - Immediate Resuscitation
 - Emergency
 - Urgent
 - Semi-urgent
 - Non-urgent
- Waiting times may vary depending on each individual's conditions and the condition of others who need help.
- There are several strategies in place at Calvary Public Hospital Bruce (CPHB) and Canberra Hospital aimed at streamlining the patient journey from the Emergency Department to either admission or discharge, including:
 - direct admissions into wards;
 - rapid assessment by senior clinicians; and
 - increased sharing of information between jurisdictions to better embed best practice in our Emergency Departments.



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. AR - 7

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

- The Timely Care Strategy being implemented at Canberra Hospital is focused on a series of Emergency Department redesign and improvement initiatives, including a Patient Flow and Capacity Escalation Framework that outlines the system and processes across the hospital that support the patient journey and timely access to care.
- A Timely Care Performance Taskforce meets weekly to lead the planning, development, implementation and evaluation of improvement and redesign projects across Canberra Hospital.
- CPHB commissioned an external review in late 2020 of the functioning of the Emergency Department to identify opportunities and initiatives to maximise patient care and flow.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

A handwritten signature in black ink, appearing to be "RSS" followed by a long horizontal stroke.

Date: 17/3/21

By the Minister for Health, Rachel Stephen-Smith



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. AR - 8

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

Inquiry into referred 2019–20 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Asked by MR DAVIS MLA:

Ref: p.231 ACT Health Annual Report

In relation to: Walk-in Centres

1. There was a 15% variance below the target for walk-in centre presentations for the Tuggeranong Walk-In Centre. COVID-19 is given as the explanation for this deficit.
 - a. Is there an explanation for why Tuggeranong walk-ins rates are particularly low?
2. Does the ACT Government expect an increased presentation of acute health needs because of delays in care-seeking behaviour due to COVID?
3. Triage category 3 and 4 presentations have the highest and second highest rate of presentations in the acute care stage.
 - a. What is the modelling that has been done that shows that the Walk-In Centres have an impact on hospital waiting times?
 - b. If there is no data, what need have the walk-in centres been meeting?

MINISTER STEPHEN-SMITH: The answer to the Member's question is as follows:—

1. It is difficult to determine why the decline in presentations at Tuggeranong was 15 per cent. However, presentation rates have been progressively increasing since August 2020 and are returning to pre-COVID-19 levels in Tuggeranong. The acuity of presentations at Tuggeranong is now higher than it was previously. This may suggest that people have been able to better discern when they need care, for example waiting out a cold.
2. We do not expect to see an increased presentation rate of acute health needs because of delays in care seeking behaviour. Those requiring urgent care have continued to present to both Walk-in Centres and our Emergency Departments. It may be reasonable to expect that these delays may have a bigger impact in primary care, where people may have delayed health checks and screening services rather than acute or urgent care needs.

3. It is usually appropriate for a Triage Category 3 condition to be seen in the Emergency Department. Likewise, there are many Triage Category 4 conditions which need to be treated in the Emergency Department, for example, severe animal bites. The level of conditions treated at Walk-in Centres is regularly reviewed and indicate that those attending the Walk-in Centres would otherwise have presented to the Emergency Department. For example, treatment of fractures, lacerations requiring suturing, infections requiring treatment and many other conditions for whom people unable to access free, urgent care close to home would otherwise need to attend the Emergency Department.

Canberra Health Services is constantly reviewing both Emergency Department and Walk-in Centre presentation data and trends to identify further ways the Walk-in Centre protocols can be extended to ensure the Walk-in Centres continue to play a vital role as part of the complete health system.

In addition, the Canberra Health Services Communications team is working hard to provide information to the public about where to access what treatment for different conditions. This approach appears to be working as we start to see some changes in the presentation trends to the Walk-in Centres indicating a higher percentage of presentations is for urgent care rather than for traditionally primary health conditions, such as colds.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:



Date: 16/3/21

By the Minister for Health, Rachel Stephen-Smith MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. AR - 9

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

Inquiry into referred 2019–20 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Asked by Johnathon Davis MLA:

In relation to: Stillbirth and prenatal care

Q1. Noting the intention for the ACT Government to sign a partnership agreement with the National Health and Medical Research Council Centre of Research Excellence in Stillbirth (Stillbirth CRE) to implement the Safer Baby Bundle (SBB) in the ACT in 20-21. Has the government signed this agreement?

Q2. Has the ACT Government collected any data or commissioned any research into the impacts of the bushfire smoke of the summer 19-20 on pregnant women and pre/post-natal infants?

- a. What has this research shown?
- b. When do you expect this research to be released?
- c. Is the government aware of any impacts the smoke had on the rate of still births and/or infant death in 2020?

Minister for Health: The answer to the Member's question is as follows:—

Q1. The ACT Health Directorate signed a partnership agreement in September 2020 to implement the Safer Baby Bundle in the ACT with the National Health and Medical Research Council Centre for Research Excellence in Stillbirth in conjunction with Canberra Health Services and Calvary Public Hospital Bruce.

Q2. The ACT Government has not collected any data or commissioned any research into the impacts of the bushfire smoke of the summer 2019-20 on pregnant women and pre/post-natal infants. The Government is aware of a study 'Mother and Child 2020,' being led by the Australian National University, which aims to help understand the impact of the bushfires and COVID-19 on pregnant mothers and their babies. This study is currently ongoing.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

A handwritten signature in black ink, appearing to read 'R Stephen-Smith'.

Date:

16/3/21

By the Minister for Health, Rachel Stephen-Smith



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON Health 10

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

Inquiry into referred 2019–20 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Asked by Johnathon Davis MLA:

In relation to: Contractors

Q1. Does ACT Health set minimum pay and condition standards for work contracted to external providers e.g. Calvary Cleaners who recently went on strike after 0.05c pay rise offer?

- a. Noting that ACT Health applied for no exemptions from the Secure Local Jobs Code, does ACT Health audit these contracts for compliance by providers with pay and conditions standards?

Rachel Stephen-Smith MLA: The answer to the Member's question is as follows:—

All ACT Government procurement and contract arrangements are managed and developed in accordance with Procurement ACT's Procurement Framework, including requirements under the *Government Procurement (Secure Local Jobs) Code 2019* (the Code). Since 7 November 2019, all in-scope ACT Health and Canberra Health Services funded non-government health service providers have been required to comply with the Code upon commencing a new service funding agreement.

ACT Health and Canberra Health Services contracts do not generally set specific minimum pay standards for contractors or subcontractors. As part of gaining a Secure Local Jobs Code Certificate, companies must have a satisfactory history of compliance with the commitments contained in its labour relations, training and workplace equity plans.

All ACT Health and Canberra Health Services contracts include specific clauses in relation to suppliers and subcontractors being required to comply with the Code, in accordance with ACT Government templates. These contracts include clauses to allow ACT Health and Canberra Health Services to conduct audits of suppliers and their subcontractors to monitor compliance with the contract. While formal audits have not occurred, Canberra Health Services convenes quarterly Tri Partite review meetings for their major outsourced contracts. These review meetings are attended by the relevant representatives from the contracted service provider, relevant unions and Canberra Health Services contract management team to ensure that any industrial and employee relations matters are monitored.



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON Health 10

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

The ACT Government, through Procurement ACT, maintains a register of providers' certifications, including expiry dates, to ensure all funded providers are compliant.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

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Date:

24 / 3 / 21

By the Minister for Health, Rachel Stephen-Smith MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. AR - 11

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

Inquiry into referred 2019–20 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Asked by MR DAVIS MLA:

Ref: p.224-225 ACT Health Annual Report

In relation to: Elective Surgery

On p. 224 and 225 of the CHS Annual Report, the ACT is measuring the delays to elective surgery and accounting for this due in part to COVID-19.

Is the ACT Government measuring the social and emotional impacts of delays to elective surgery on clients? What has this data shown us?

- a. What has been the impact on carers?
- b. What is the plan to address the backlog of elective surgery lists?
- c. What is the ACT Government's plan to measure the social impact of elective surgery delays?

MINISTER STEPHEN-SMITH: The answer to the Member's question is as follows:–

The ACT Government has not formally measured the social and emotional impacts of delays to elective surgery as considerable work is underway to catch up on the elective surgery delays created due to the cessation of elective surgery due to COVID-19.

The ACT has grown elective surgeries at double the national average for the five years up to 2018-19. In 2020-21 the ACT is aiming to deliver at least 16,000 elective surgeries, having delivered 14,015 in 2018-19.

The ACT Government has invested \$30 million in the public health system for prevention, preparedness and recovery of services impacted by the COVID-19 shutdown, including elective surgery.

More information can be found here:

https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/rachel-stephen-smith-mla-media-releases/2020/boosting-elective-surgery-and-specialist-outpatient-clinics

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

Date: 17/3/21

By the Minister for Health, Rachel Stephen-Smith MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. AR – 12

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETERSSON MLA

Inquiry into referred 2019–20 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Asked by Johnathon Davis:

In relation to: Retention of Aboriginal and Torres Strait Islander Employees

Q. 1 The ACT Public Service has been improving its overall rates of employment of Aboriginal and Torres Strait Islander people in its workforce. What programs existing in ACT Health and Canberra Health Services to ensure cultural safety of Aboriginal and Torres Strait Islander clients and staff and recruitment and retention of Aboriginal and Torres Strait Islander employees?

Minister for Health: The answer to the Member's question is as follows –

The ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) continue to develop and implement initiatives to improve the experience and ensure the cultural safety of Aboriginal and Torres Strait Islander consumers and staff. These initiatives include:

- Establishing the CHS Aboriginal and Torres Strait Islander Consumer Reference Group with representatives from ACT and NSW to assist with identify gaps, finding solutions and building stronger partnerships.
- As requested by the Consumer Reference Group, CHS is developing a Statement of Commitment instead of a Reconciliation Action Plan to establish the Directorates' commitment to improving experiences for Aboriginal and Torres Strait Islander consumers and staff. This is one of the steps we are taking in our journey towards becoming a culturally responsive organisation.
- Establishing Aboriginal and Torres Strait Islander staff networks including a formal Aboriginal and Torres Strait Islander Executive Sponsor program and a central Diversity Council in ACTHD. The networks provides peer support as well as opportunity to contribute to Aboriginal and Torres Strait Islander initiatives undertaken across ACTHD and CHS.
- ACTHD is currently exceeding the employment target set by the Head of Service as 2.18% of its workforce identify as Aboriginal or Torres Strait Islander. This is a result of developing employment action plans in close consultation with staff networks to support staff through the full employment lifecycle, from attraction and recruitment through to retention and development.
- Developing the ACTHD 2021 Aboriginal and Torres Strait Islander Health Action Plan, which includes developing and implementing a Cultural Integrity Framework (CIF) for the Directorate. The CIF, which is under development, will set out the Directorates' alternative reconciliation journey and the actions that will be taken to deliver on these commitments. It will focus on



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. AR – 12

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

strengthening cultural integrity and cultural safety for Aboriginal and Torres Strait Islander staff and consumers, and will align with the core focus area of Cultural Integrity within the Aboriginal and Torres Strait Islander Agreement 2019-2028.

- Reviewing and improving cultural competency training and skills development. The review aims to improve the content of the programs to increase cultural awareness throughout workforce by including more Aboriginal and Torres Strait Islander cultural knowledge. Staff completion numbers are regularly monitored to ensure all new staff are encouraged to complete the training immediately after they start with the organisation.
- Engaging with Whole of Government Addressing Systemic Racism Subcommittee, including "Racism. It Stops with Me." campaign to improve data collection and reduce racism experienced across the ACT Public Service.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

Date: 20 | 3 | 21

By Minister for Health, Rachel Stephen-Smith



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. Health 13

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETTERSSON MLA

**Inquiry into referred 2019–20 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE**

Asked by Giulia Jones MLA:

In relation to: Hotel Quarantine Food Vouchers

Q1. Why is Woolworths not allowed to deliver to hotel quarantine facilities in the ACT?

- a. If food vouchers are not used by hotel quarantine guests, are they refunded to individuals or do they profit the companies Red Baron and Deliveroo?

Rachel Stephen-Smith MLA: The answer to the Member's question is as follows:—

- Woolworths is able to deliver to hotel quarantine facilities within the ACT and has done so. Other businesses can also be approached privately by quarantine guests.
- ACT Health has an arrangement with Red Baron and Deliveroo as part of quarantine services within the ACT. All guests receive a set dollar value based on their family group. Once a guest has left quarantine any unused value on their voucher is cancelled. ACT Health is only invoiced for the value that is used on the vouchers therefore there is no refund payable.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

A handwritten signature in black ink, appearing to be "R Stephen-Smith".

Date: 24 / 3 / 21

By the Minister for Health, Rachel Stephen-Smith MLA



STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

JOHNATHAN DAVIS MLA (CHAIR), ELIZABETH KICKERT MLA (DEPUTY CHAIR), MICHAEL PETERSSON MLA

**Inquiry into referred 2019–20 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE**

Asked by MICHAEL PETERSSON MLA:

In relation to: Output 1.1 Improved Hospital Services

Output 1.4 Continuous Improvement of the ACT Public Health System

- What process is undertaken by Canberra Health Services to consult with relevant unions when proposing changes to the workplace?
- When changes to the roster at the Canberra Hospital Pharmacy what consultation is undertaken with workers and relevant unions?
 - Do changes ever take place before staff meetings or workplace votes can be undertaken?
- Why were ACT Health Directorate staff at 1 Moore Street, working in non-clinical roles, refused working from home arrangements for the entirety of the pandemic?
 - What resources would be required to support these staff working remotely?

MINISTER STEPHEN-SMITH: The answer to the Member's question is as follows:—

All ACT Public Service Enterprise Agreements have requirements for consultation to be undertaken when there are proposals for changes in the workplace. Where Canberra Health Services has developed a proposal that includes change to the workplace that would have a significant effect on an employee or groups of employees then consultation is undertaken in line with the relevant sections of an Enterprise Agreement.

The process of consultation will involve, at a minimum, a detailed explanation of the proposal to be provided to all relevant staff and their unions, and a genuine opportunity for staff to contribute to and influence the decision making process prior to decisions being made. How this is managed will depend on the circumstances of the proposal in question. Once feedback has been received then Canberra Health Services must give prompt and genuine consideration to the feedback, and, if appropriate, make amendments to the proposal based on the feedback before making a final decision.

Pharmacists are covered by the Health Professionals Enterprise Agreement 2018-2021, which requires consultation with staff and unions where appropriate, regarding roster changes. On two occasions in the past 12 months, some roster changes were made in response to the COVID-19 pandemic before consultation could take place, which was considered unavoidable under the circumstances. These circumstances include:

- During the initial pandemic response, the Medical Day Unit was moved from the main hospital building to the Canberra Region Cancer Centre, requiring a significant restructure of pharmacy service delivery, with flow-on effects for rostering in the sterile manufacturing service and some technical officers. Staff were given the opportunity to provide feedback on the changes.

- The provision of support to the COVID-19 vaccination program, some pharmacy staff volunteered to work in the vaccination centre, requiring a change to roster patterns, which needed to be implemented quickly. All staff reserve the right to withdraw from the roster.

During the same period, major changes to the Pharmacy roster were planned, to enable Canberra Health Services to maintain service delivery while maximising social distancing for staff, as part of pandemic readiness planning. These proposed changes were discussed with staff and unions and voted on, but to date have not been enacted due to the low incidence of COVID-19 in the ACT.

Throughout the COVID-19 Pandemic response, following advice from Head of Service, any Canberra Health Services staff including those at 1 Moore Street had their roles and functions reviewed. Any staff member who fell into a high-risk group, felt unsafe attending the workplace or did not provide critical services within Canberra Health Services or to the community were asked and supported to work from home. Staff providing clinical front-line services or critical services who were unable to work from home had their working environment reviewed and socially distanced working measures were put in place across the organisation. Staff working on site were also provided with protective measures, such as hand sanitiser, face masks and shields where warranted. If any issues are raised with working arrangements then the manager will seek input from People and Culture and it is managed in accordance with the employment framework.

To ensure that staff who continued to work onsite throughout the pandemic were well cared for, managers and staff were provided toolkits and resources to manage personal safety and psychological wellbeing during this time.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:



Date: 21/4/21

By the Minister for Health, Rachel Stephen-Smith MLA