QON No. 148

LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES
BEC CODY MLA (CHAIR), VICKI DUNNE MLA (DEPUTY CHAIR), CAROLINE LE COUTEUR MLA

Inquiry into referred 2017–18 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Mrs Dunne: To ask the Minister for Health & Wellbeing

Ref: Health Annual Report

In relation to:

Cost of patient care

1) In relation to the article about cost of patient care, published in *The Canberra Times* on 15 November 2018: (a) In what ways, and (b) to what quantifiable extent, have the ACT's public hospital's "become more efficient in recent years"?
2) Will the minister table relevant documents that substantiate that claim, and, if no, why?
3) What other strategies does ACT Health have for the future to reduce costs and improve efficiency in the ACT's public hospitals?
4) Will the minister table those strategies, and, if no, why?

Restructure of ACT Health

5) Minister, why was the decision taken to separate ACT Health into two distinct organisations?
6) With whom did you consult before taking this decision?
7) Why is there no written record of your decision making process before 15 March 2018?
8) When did you first decide that ACT Health needed to be separated?
9) Why didn't you consult with anybody in ACT Health before you took this decision?
10) What consideration did you give to the timing of the Canberra Hospital accreditation process when you decided to separate or restructure ACT Health?
11) Was it the case that substantive planning did not begin for the restructure of ACT Health until July 2018, and, if no, when did substantive planning begin?
12) Why was the deadline set for the restructure to be implemented by 1 October 2018?
13) What parts of the separation have yet to be completed?
14) Are all parts of the new ACT Health website working?
15) Has everybody who was part of ACT Health on 30 September found a permanent position?
16) If not, what is their future?
17) Will the minister table the organisation structures for: (a) the new ACT Health; and (b) Canberra Health Services, and, if no, why?
18) How do these structures compare to the structure of ACT Health as at 30 June 2018?
19) What is the definition of "devolved governance", a term used by the Canberra Health Services CEO when giving evidence to the committee on 16 November 2018?
20) (a) Who is the "devolver" and; (b) what was "devolved"?
21) What are the roles of the Minister for Health & Wellbeing and the Minister for Mental Health in a "devolved governance" model?

22) What guidelines have the respective ministers given as to the: (a) types; (b) frequency; and (c) detail of information that is reported to them, and, if none, what does the Director-General and the CEO consider those to be?

Emergency Department waiting times

23) What was the basis of the minister's claim on 22 February 2018 that emergency department waiting times were 30 per cent better than in 2016?
24) (a) How was this figure calculated and assessed; and (b) by whom?
25) What was the basis of the minister's claim on 25 October 2018 that key emergency department waiting times "had gone up from 59 per cent to 63 per cent"?
26) (a) How were these figures calculated and assessed; and (b) by whom?
27) When the minister made the claim on 25 October 2018, did the minister also tell the Assembly that waiting times for 2017-18, as reported in the annual report, was not 63%, but 50%, and, if no, why?
28) Did the minister verify the figures, quoted on 25 October 2018, with ACT Health before quoting them in the Assembly, and, if no, why?
29) When was the minister first advised that waiting times in the emergency department were going up not coming down?
30) How frequently was the minister briefed about trends in emergency department waiting times?
31) Why did the minister not correct or clarify the record once the minister knew that waiting times were worsening, not improving?
32) When will all of the quarterly reports for 2017-18 be tabled?

Flu season

33) When did ACT Health first become aware of the outbreak of a severe winter influenza outbreak in 2017?
34) When was the minister first briefed about the severe flu outbreak?
35) When was the minister first advised of the impact of the flu season on emergency department waiting times?
36) Was the minister advised at any stage not to claim that emergency department waiting times were coming down, and: (a) if so, when; and (b) if not, why?
37) When was the minister first advised to take additional steps to act against flu outbreak other than immunisation?

Quality Assurance Committees

38) What are the names of the quality assurance committees that have been established in relation to the ACT's health system?
39) On what date was each established?
40) Which of those committees: (a) has a full complement of members; and (b) is fully operational?
41) For any committees that do not have a full complement of members or are fully operational, why?
42) How often does each committee meet?
43) To whom does each committee report?
44) What information is reported?
45) What action is taken to implement any recommendations made by committees?
46) During the period 2014-15 to 2017-18, what quality assurance innovations have been introduced to the ACT's health system as a result of the work of these committees?

Occupational Health & Safety

47) For each of ACT Health and Canberra Health Services, what are the names of the: (a) Tier 1; (b) Tier 2; and (c) Tier 3, occupational health and safety committees?
48) In relation to each committee:
    a) how many people are on the committee;
    b) how often does it meet;
    c) to whom does it report;

18) The organisation structures are considerably different from the single ACT Health structure in place on 30 June 2018. There are now two separate structures, each with appropriate executive hierarchies. Canberra Health Services has retained the same clinical structure, however now incorporates the operational and corporate support functions required to function as a standalone entity. This includes Quality, Safety and Governance; People and Culture; Infrastructure and Maintenance; Operational Performance and Finance.
    ACT Health Directorate retains the Policy, Population Health, Public Health Protection and Regulation, Research, Professional Leadership and Health Planning functions. Additionally ACT Health retains corporate functions required to operate as a standalone entity and provide the system oversight functions of data and reporting, finance, commissioning, infrastructure planning.
19) The Chief Executive Officer was referring to a governance model that is used in the Victorian health system.
20) The model is a governance model between the Victorian Department of Health and Human Services and Victorian Health services. It involves an agreement between the Minister for Health and the Board of the Health service.
21) Please refer to the response to question 20. For further information in relation to this model, please see the Victorian Department of Health and Human Services website.
22) Ministers request and receive briefings from ACT Health Directorate and Canberra Health Services on strategic and operational matters relating to the respective directorates as required.

Emergency Department waiting times

23) I was referring to the results published in the 2016-17 Australian Institute of Health and Welfare (AIHW) Emergency Department Care report, which demonstrated that median wait times in the ACT's Emergency Departments declined from 44 minutes in 2012-13 to 30 minutes in 2016-17. This is a reduction of around a 1/3 in median waiting times between 2012-13 and 2016-17.
24) These figures were published by the AIHW on 29 November 2017. The AIHW uses de-identified episodic level data provided by all states and territories to publish their reports.
25) I was reiterating a statement made in August 2017, early in the financial year, in which I reflected on the financial year 2015-16 compared to the financial year 2016-17, and the fact that the Seen on Time statistic, which measures the proportion of patients who are seen by a clinician within the recommended timeframe for their triage category, was 59 per cent at the end of June 2016, and it was 63 per cent at the end of June 2017.
26) These figures are published in the ACT Health annual report each year.
27) I was responding to questions about a statement made in August 2017, which related to Seen on Time figures in the 2016-17 annual report. In this report, the Seen on Time figure for ACT Public Hospitals for all triage categories is 63 per cent. See page 85 of the 2016-17 annual report.
28) These figures are a matter of record in the ACT Health annual report.
29) In mid-2017, particularly during the busy winter period and severe flu season (approximately August to October 2017), emergency department timeliness declined from the previously improved results of 2016-17. I was kept informed of this through weekly reports.
30) Weekly.
31) There was no correction required. The figures in the Annual Report are accurate.
32) The Quarterly Performance Report is available at https://www.health.act.gov.au/sites/default/files/2018-12/20181205%20ACT%20Health%20Quarterly%20Performance%20Report%20Q1%202018-19_0.pdf

Flu season

33) The Health Protection Service monitors influenza activity all year round and produces regular influenza surveillance reports during influenza season. Through this reporting it was clear there was a higher number of influenza cases than normal from August 2017.
34) August 2017, however it was not known at that time how long the 2017 influenza season would continue for.
35) September 2017.

d) what information is reported;
e) what action is taken to implement any recommendations the committee makes; and
f) during the period 2014-15 to 2017-18, what OHS innovations have been introduced to the ACT's health system as a result of the work of the committee?

Ms Fitzharris: The answer to the Member's question is as follows:–

Cost of patient care

1) (a) The ACT's hospitals have become more efficient because there has been significant work undertaken in recent years to improve efficiency of service provision across the ACT health system. The implementation of Activity Based Funding (ABF) has seen significant changes across all jurisdictions to improve the consistency on how costs are allocated to services relating to patient care.
(b) Preliminary figures for 2015-16 and 2016-17 show average costs reducing. The draft 2016-17 National Hospital Cost Data Collection (NHCDC) Cost Report will shortly made available to jurisdictions by the Independent Hospital Pricing Authority (IHPA) for comment and will verify these estimates.
2) The NHCDC Cost Report will be published on the IHPA website in February 2019.
3) ACT Health is currently developing the ACT Health Territory-wide Health Services Strategy that sets out the overarching strategic direction and principles to guide development and redesign of health care services across the territory over the next decade.
4) It will be made public.

Restructure of ACT Health

5) Please refer to the ACT Health Directorate media release dated 23 March 2018 'Changes to ACT Health to keep up with growing CBR health needs' at https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/meegan-fitzharris-mla-media-releases/2018/changes-to-act-health-to-keep-up-with-growing-cbr-health-needs
6) Refer to the answer to question 2(b) of Question on Notice 1496.
7) Refer to the answer to question 3 of Question on Notice 1496.
8) Refer to the answer to question 1(a) of Question on Notice E18-378 provided to the Select Committee on Estimates 2018-2019.
9) Refer to the answer to question 13 of Question on Notice E18-378 provided to the Select Committee on Estimates 2018-2019.
10) Refer to the answer to question 13 of Question on Notice E18-378 provided to the Select Committee on Estimates 2018-2019.
11) No. Work to affect the transition commenced the day after the restructure was announced.
12) The division into two organisations was planned for 1 October 2018 to allow sufficient time to:
    - formally establish a review of ACT Health, to clearly define the objectives and terms of the review which will provide the principles to underpin the organisational split, and
    - most importantly engage with staff and their representatives about the restructure.
13) The separation of the Directorate into two organisations is complete with each entity established and operational. The focus now is on embedding the change, stabilising the new structures and refining processes and structures where appropriate.
14) All parts of the Health website are working. Unfortunately, search engines may still display some old 'links' to documents and web pages from the old website.
15) As a result of the separation, all existing non-SES staff retained their positions and were allocated to the appropriate organisation. Refinement of executive structures is currently underway.
16) Not applicable.
17) Please see the answer to Question on Notice 1989 signed on 27 November 2018.

36) No, because this was not necessary.
37) The Winter Plan outlines strategies to minimise the spread of influenza (and other respiratory viruses) in the ACT community. It also outlines strategies to manage the increase in patient presentations across health services in the ACT. This plan is implemented routinely each year. However, demand in 2017 was particularly high.

Quality Assurance Committees

See table below noting Quality Assurance Committees are required to seek approval from the Minister for Health and Wellbeing every 3 years.

38) **Name of Quality Assurance Committee**	39) **Re-establishment date**	Refer to 42) **Meetings held in 2017-18 Financial Year as per annual report**
Canberra Hospital and Health Services Clinical Review Committee	5/5/2016	12
Canberra Hospital and Health Services Medical Oncology Morbidity and Mortality Committee	14/6/2017	12
Canberra Hospital and Health Services Haematology Morbidity and Mortality Committee	15/6/2017	10
Canberra Hospital and Health Services Rapid Response Committee	27/4/2017	35
Canberra Hospital Cardiology Unit Mortality and Morbidity Committee	22/6/2017	2
Canberra Hospital Department of Emergency Medicine Quality Assurance Committee	27/4/2017	18
Canberra Hospital Department of Ophthalmology Consultants Quality Assurance Committee	15/6/2017	13
Canberra Hospital Diabetes and Endocrinology Quality Assurance Committee	4/4/2016	4
Canberra Hospital Clinical Ethics Committee	22/5/2017	5
Canberra Hospital General Medicine Service Quality Assurance Committee	27/4/2017	Not reported
Canberra Hospital Geriatric Medicine Morbidity and Mortality Meeting	27/4/2017	12
Canberra Hospital Infectious Diseases Unit Morbidity & Mortality Committee	5/12/2018	2
Canberra Hospital Neurology Mortality Review Committee	27/4/2017	3
Canberra Hospital Neurosurgery Morbidity and Mortality Committee	22/12/2016	10
Canberra Hospital Obstetric Morbidity and Mortality Meeting	15/6/2017	14
Canberra Hospital Rehabilitation Medicine Unit Quality Assurance Committee	10/2/2016	11
Canberra Hospital Renal Services Morbidity and Mortality Committee	15/6/2017	6
Canberra Hospital Respiratory and Sleep Unit Morbidity and Mortality Meeting	16/6/2017	6
Canberra Hospital Trauma Service Quality Assurance Committee	17/7/2017	6
Canberra Hospital Urology Quality Assurance Committee	14/9/2015	11

38) **Name of Quality Assurance Committee**	39) **Re-establishment date**	Refer to 42) **Meetings held in 2017-18 Financial Year as per annual report**
Canberra Region Cancer Service Radiation Oncology Morbidity and Mortality Committee	21/12/2016	5
Canberra Sexual Health Centre Quality Assurance Committee	14/3/2016	3
Canberra Hospital Department of Paediatrics Morbidity and Mortality Meeting	26/7/2017	11
DonateLife ACT Clinical Case Review Committee	27/4/2017	6
Mental Health, Justice Health and Alcohol and Drug Service Mortality and Morbidity Committee	15/6/2017	9
Canberra Hospital Neonatal Mortality and Morbidity Committee	12/6/2017	12
Pre-Hospital and Retrieval Quality Assurance Committee	11/2/2017	8
Rheumatology, Immunology and Dermatology Clinical Review Committee	8/1/2017	4
Canberra Hospital Department of Anaesthesia and Pain Management Quality Assurance Committee	15/6/2017	Not reported
Canberra Hospital Gastroenterology and Hepatology Quality Assurance Committee	1/8/2017	Not reported
Canberra Hospital Intensive Care Unit Mortality and Morbidity Committee	12/6/2017	Not reported
Calvary Health Care Anaesthesia and Sedation Mortality and Morbidity Committee	27/4/2017	6
Calvary Health Care Maternal, Perinatal and Gynaecological Clinical Review Committee	27/4/2017	8
Calvary Health Care ACT Clinical Review Committee	27/4/2017	9
Calvary Health Care ACT Orthopaedic Clinical Audit Committee	2/5/2017	4
Mugga Wara Endoscopy Centre Quality Assurance Committee	1/9/2016	5

Note: the Canberra Hospital Clinical Review Committee is currently in the process of re-establishment for the next three-year period.

40)
   a) All committees have their full complement of members.
   b) All committees are fully operational.
41) Not applicable.
42) Committees will determine the regularity of meeting dependant on specialty. Information provided within the annual report has been listed in the above table – listed as number of meetings in 2017-18 Financial year. Please note, this information is not part of the required annual report, so may not have been included in the Annual Report by the committees.
43) The *Health Act 1993* requires all Quality Assurance Committees to report annually to the Minister for Health and Wellbeing. This reporting is coordinated by Quality, Safety and Governance.
44) See Section 41 of the *Health Act 1993*.
45) Canberra Health Services Quality Assurance Committees can refer issues identified to divisional quality and safety committees and/or specialities for action, if deemed necessary.

46) Please see below for a summary table of themes and number of times they were identified from outcomes of Quality Assurance Committees deliberations across public and private health providers in the ACT. The level and complexity of actions, activities and innovation in response to identified themes is variable across organisations and the specialties within them. Innovation can occur in a range of ways dependent on a number of factors, including priority setting, risk and resourcing. Therefore, it is not possible to provide a complete summary of innovations that have occurred as a result of these committees.

Theme	2014-15	2015-16	2016-17	2017-18
Communication and teamwork	11	10	12	16
Clinical documentation	4	3	15	10
Education	16	14	25	13
Multidisciplinary team meetings	3	3	3	0
Protocols for escalation to consultants	6	10	13	6
Development of policies and procedures	16	22	28	4
Development of templates and checklists	2	3	5	0
Simulated training	4	3	4	0
Introduction of new equipment	2	4	4	2
Clinical handover	10	10	7	4
End of Life/Advanced Care Directives	6	10	12	8
Infection prevention and control	5	5	10	0
Recognising and responding to deteriorating patients	6	7	6	15
Managing sepsis	1	2	2	0
Models of care	2	8	3	14
Diagnostic accuracy	1	6	7	6
Communication with patients and carers	4	2	7	9

<u>Occupational Health & Safety</u>

47)

a) The Canberra Health Services Tier 1 WHS Committee

b) The Tier 2 WHS Committees listed below include Committees under the previous and current organisational structure as detailed in Tier 1 WHS Committee documentation.

- Office of the Director General Tier 2 WHS Committee
- Medical Imaging Tier 2 WHS Committee
- Strategic Finance Tier 2 WHS Committee
- Office of the Chief Allied Health Officer Tier 2 WHS Committee
- Population Health Tier 2 WHS Committee
- Cancer, Ambulatory & Community Health Support Tier 2 WHS Committee
- Clinical Support Services Tier 2 WHS Committee
- Critical Care Tier 2 WHS Committee
- Quality and Safety Tier 2 WHS Committee
- Medicine WHS Tier 2 WHS Committee
- Mental Health, Justice Health and Alcohol & Drug Services Tier 2 WHS Committee
- Office of the Chief Medical Officer Tier 2 WHS Committee
- Office of the Chief Nurse Tier 2 WHS Committee
- Pathology Tier 2 WHS Committee
- Rehabilitation, Aged & Community Care Tier 2 WHS Committee
- Surgery and Oral Health Tier 2 WHS Committee
- Women, Youth & Children Tier 2 WHS Committee
- Infrastructure Management & Maintenance Tier 2 WHS Committee

- Digital Solutions Tier 2 WHS Committee
- People and Culture Tier 2 WHS Committee
- Business Performance Information & Decision Support Tier 2 WHS Committee
- Strategic Policy Tier 2 WHS Committee
- Quality and Safety Tier 2 WHS Committee
- Health Policy and Strategy – Office of Research Tier 2 WHS Committee

c) The response to this question is resource intensive and Canberra Health Services are unable to provide more specific information in the timeframe provided.

48)

a) The number of people on each committee is dependent upon committee requirements, committee membership is typically at least ten members. Canberra Health Services are unable to provide more specific information in the timeframe provided as compiling that information would be highly resource intensive.

b)

- Tier 1 WHS Committee - meets quarterly
- Tier 2 WHS Committees - meets at least quarterly
- Tier 3 WHS Committees - meets at least quarterly

c)

- Tier 1 WHS Committee reports to Chief Executive Officer, Canberra Health Services.
- Tier 2 WHS Committees typically report to the Divisional Executive Director or Senior Manager.
- Tier 3 WHS Committees typically report to a Senior Manager*.

d) The information that may be reported includes the following.

Tier 1 WHS Committee

- WHS matters raised from the Tier 2 WHS Committee level
- Statistics relating to training of Health & Safety Representatives and First Aiders
- Statistical analysis of WHS incidents
- Notifiable Incidents, Improvement Notices and Provisional Improvement Notices
- General WHS issues and challenges
- WHS procedures, changes to WHS legislation.

Tier 2 WHS Committees

- These committees report general WHS issues and challenges, review WHS incidents that have occurred, and review WHS risks.

Tier 3 WHS Committees

- These committees report general WHS issues and challenges, review WHS incidents that have occurred, and review WHS risks.

e)

Tier 1 WHS Committee

- Actions arising are assigned to specific managers and divisional work areas for action until closed out.

Tier 2 WHS Committees

- Actions arising are assigned to specific managers and divisional work areas for action until closed out.

Tier 3 WHS Committees

- Actions arising are assigned to specific managers and divisional work areas for action until closed out.

f)

Tier 1 WHS Committee

- Development of a pipeline of clinical occupational violence incidents to the staff incident reporting system (RiskMan)
- Development of The Work Health and Safety Strategy 2018 - 2022
- Development and dissemination of information sheets, safety alerts etc. to prevent injury and reduce WHS risk.
- Statistical review and analysis of staff incident data to identify opportunities for introduction of new risk mitigation strategies. One example was identifying that the incident rate of shoulder injuries amongst school immunisation nurses was increasing. An Investigation of these incidents resulted in a change to the injection technique used, which has resulted in shoulder injuries amongst school immunisation nurses reducing substantially.

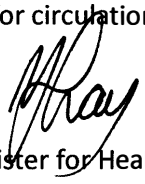
Tier 2 WHS Committees

- The response to this question is resource intensive and Canberra Health Services are unable to provide more specific information in the timeframe provided.

Tier 3 WHS Committees

- The response to this question is resource intensive and Canberra Health Services are unable to provide more specific information in the timeframe provided.

Approved for circulation to the Standing Committee on Health, Ageing and Community Services

Signature:  Date: 17/2/2019

By the Minister for Health and Wellbeing, Meegan Fitzharris MLA