



# 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 and Wellbeing

Ref: Health Annual Report

In relation to:

#### Accreditation of the Canberra Hospital

- 1) Where in the annual report is there disclosure of the accreditation that was done in March 2018, and, if it is not disclosed, why?
- 2) Where in the annual report is there disclosure of the work that was done between March and June 2018 to address the 33 not-met core standards of the accreditation survey, and, if it is not disclosed, why?
- 3) What staff resources in FTE terms were spent in: (a) 2016-17; and (b) 2017-18, preparing for the accreditation visits in March and July 2018?
- 4) By the end of the preparation was hospital management satisfied that the hospital would pass through the March survey, having met all the core criteria, and if not, what was management's assessment of the likely outcome?
- 5) What impact did the decision to restructure ACT Health have on the initial accreditation process for the Canberra Hospital?

#### Sentinel events

- 6) Has the COAG Health Ministers Council approved the changes to Sentinel Events classifications?
- 7) If so, what changes have been made to policy relating to sentinel events in the ACT?
- 8) Why are sentinel events not reported on in the 2017-18 Annual Report?
- 9) Has ACT Health lost funding from the Commonwealth due to Sentinel Events, and, if yes, how much?

#### Code blacks and code yellows

- 10) Why were there four code black incidents a day on average in 2017 and the first half of 2018?
- 11) What proportion of these code black incidents related to assaults or threats to staff or other patients?
- 12) Why is the number of code yellow incidents at the Canberra Hospital on track to double in 2018?
- 13) Why are the number of code blacks and code yellows at The Canberra Hospital so much higher than those at Calvary Public Hospital?
- 14) Why are there more code black and code yellow incidents at Calvary Hospital in the first half of 2018 than in the whole of 2017?
- 15) How often is it the case that patient behaviours escalate because they aren't in the right location of the hospital to meet their needs?
- 16) On what types of emergency code incidents is the Minister briefed?
- 17) How soon after a relevant incident occurs is the Minister briefed?

- 18) Is the CEO of Canberra Health Services advised of all emergency code incidents in our public hospital system?
- 19) Is the Minister advised when a patient has been in the Emergency Department for more than 24 hours and if so: (a) how; and (b) how long after the incident, is that advice given?
- 20) How many times was this advice given to the minister during 2017-18?
- 21) What directives did the minister give in relation to those advices?

#### Ward closures

- 22) To what extent is patient flow impeded if a ward is closed or not fully functional due to facilities maintenance issues?
- 23) Has the paediatric medical ward at the Centenary Hospital for Women and Children been closed at any time during 2017 and so far in 2018, and if yes, during what periods was it closed?
- 24) Was it fully functional again by 30 November 2018 and, if no, when will it be?
- 25) To what extent has the closure of this ward put pressure on the operations of the other wards in the Centenary Hospital?
- 26) Why are there serious maintenance issues at the Centenary Hospital given that the building is only five years old?
- 27) Are the problems with the paediatric medical ward covered by insurance or building warranty?
- 28) How much will it cost to fix the problems in the paediatric medical ward?
- 29) Are there maintenance or other facilities issues current in the neurology ward?
- 30) What is the nature and extent of the problems in the neurology ward?
- 31) Have they been fixed, and, if yes: (a) what did it cost; and (b) how long did it take?
- 32) Did these problems cause any flow-on issues for patients or staff, and if yes, what were they?
- 33) Were there any other ward closures on the Canberra Hospital campus between 1 July and 30 November 2018, and, if yes, what was the: (a) cause; and (b) effect, of these closures?
- 34) (a) During 2017-18; and (b) 2018 to 30 November 2018, were there any closures of wards in the Calvary Public Hospital and, if yes, what was the: (a) cause; and (b) effect, of the closures?

#### Elective surgery waiting times

- 35) What strategies are in place to deliver on the 2018-19 budget funding to increase the number of elective surgeries to around 14,000 per year relating to: (a) sufficiency of appropriately qualified theatre staff including surgeons, theatre nursing staff and other allied/support staff; (b) associated staff rostering; (c) optimum use of theatres; (d) sufficiency of infrastructure such as recovery suites, ICU and surgical wards and associated furniture and equipment; (e) sufficiency of appropriately qualified post-operative care staff, including doctors, specialists, nursing staff and allied/support staff; (f) patient flow management; and (g) waiting list policies?
- 36) (a) How many elective surgeries were performed between 1 July and 30 November 2018; and (b) how does this figure compare to the same period in 2017?
- 37) As of 30 November 2018, is the number of elective surgeries on track to achieve the increased target for 2018-19; and, if not: (a) what is the estimated outcome for 2018-19; and (b) why will the target not be achieved?
- 38) Which of the non-fiscal measures, outlined in attachment B to the brief ref MIN18/833 from the Director-General of ACT Health, has the minister ruled out as strategies to reduce financial requirements?
- 39) In relation to each non-fiscal measure in attachment B, why has the minister ruled it "in" or "out" as relevant, and, if no decisions have been made, when will they be made?

#### SPIRE and Centenary Hospital for Women and Children

- 40) Has the Government made a decision about whether it will need to relocate the SPIRE, and, if so: (a) why; and (b) to what location?
- 41) Will the SPIRE project still begin in 2020 and be completed in 2024, and, if no, what are the new target start and finish dates?

- 42) Is the government also looking at alternative sites for car parking and the helipad, and, if so, to what location(s)?
- 43) Why did the Government decide to announce the SPIRE project on the initially identified site given the constraints presented by car parking and the helipad?
- 44) Did the Health Directorate advise the then Assistant Minister for Health of the problems with the proposed SPIRE site before the policy was announced, and, if yes, on what date?
- 45) Is the proposed expansion of the Centenary Hospital for Women and Children still on track to be completed by 2020-21, and if no: (a) why; and (b) what is the new target completion date?
- 46) Why didn't the Government plan for population growth when it developed the Centenary Hospital for Women and Children?
- 47) What lessons has the Government learned from the problems in that hospital?

#### Health Culture

- 48) Are there now two Workforce and Education Committees in place for ACT Health and Canberra Health Services respectively?
- 49) Are all problems with workplace culture in the relevant organisation referred to this committee?
- 50) What did the last five staff surveys reveal about discrimination, bullying and sexual harassment in ACT Health?
- 51) Why doesn't the ACT Health annual report provide information on the outcome of staff surveys on discrimination, bullying and sexual harassment in ACT Health?
- 52) Have any studies been done about bullying and sexual harassment of medical students on the Canberra Hospital campus, and, if so: (a) who did the studies; (b) what were the outcomes; and (c) what improvements were made to the culture in ACT Health?
- 53) Is the Independent Review into Workplace Culture of ACT Public Health investigating individual concerns about bullying or sexual harassment in ACT Health workplaces, and, if no: (a) why; and (b) what is it doing in relation to the stories people may be offering?
- 54) What specific legal and legislated protections are in place appropriate to protect individuals who make submissions to the Independent Review?

#### Maternity services

- 55) Have all of the issues at the Centenary Hospital for Women and Children raised in the letter, which was published in the media on 26 April 2018, been fixed, and, if not: (a) why; and (b) when will they be?
- 56) Are there still problems in the Centenary Hospital with overcrowding?
- 57) Are women and babies still being discharged inappropriately early from the Centenary hospital with feeding, pain or other health concerns?
- 58) Are expectant mothers, including those in labour, still waiting for a long time in the waiting areas due to a lack of beds?
- 59) What assessment of breast feeding support at the Centenary Hospital has been made to ensure it is appropriate, and (a) if none, why; and, (b) if yes, what conclusions were reached?
- 60) Are Midcall services able to meet demand in a timely manner, and, if no: (a) why; and (b) what is being done to provide a service that meets demand?
- 61) Have the nurses' and midwives' concerns about bullying been properly addressed, and, if no: (a) why; and (b) when will they be?
- 62) If yes: (a) what work was done; (b) what feedback have nurses and midwives given; and (c) how does the Government know the concerns have been met fully?
- 63) Have the issues related to workloads at the Centenary Hospital been fixed, and, if no: (a) why; and (b) when will they be?
- 64) What assessment has been made as to the adequacy of the three additional beds at the Calvary Hospital to address the pressures of growing population growth on the northside?

### Medical Imaging

- 65) In relation to the March 2018 Preliminary Accreditation Report
- a) Why was no mention made of the findings of the preliminary accreditation report in the ACT Health annual report?
  - b) Why was no mention made in the annual report of the work done between March 2018 and June 2018 to address the findings of the preliminary accreditation report?
  - c) Have all 16 of the preliminary accreditation report's recommendations now been implemented, and, if not, which recommendations have not yet been implemented?
  - d) Has the recommended D-level accreditation status for the department been confirmed, and, if yes, when was that confirmation notified to the ACT Government?
  - e) What are the implications of a D-level status for the department's training and rotation programs?
  - f) What are the implications of a D-level status for the department's ability to attract staff and trainees?
  - g) If another accreditation level was confirmed:
    - i) what was the level given;
    - ii) when was that level notified;
    - iii) What are the implications of that status level for the department's training and rotation programs; and
    - iv) What are the implications of that status level for the department's ability to attract staff and trainees?
  - h) When will the department have another opportunity to be surveyed for accreditation?
  - i) What strategies are in place to ensure the improvements that have been made in response to the preliminary accreditation report will be maintained and developed further before the next accreditation survey?
  - j) Having held A-level accreditation for 25 years, why did the government allow the medical imaging department to deteriorate to the extent to warrant a recommended D-level?
- 66) Rotation programs
- a) What training rotation programs are in place and functioning?
  - b) For each rotation program, what is the reciprocal facility?
  - c) What training rotation programs are not in place or functioning?
  - d) For each such program: (a) why is it not in place or functioning; (b) when will it be; and (c) with which reciprocal facility is the department negotiating?

### Hospital food

- 67) Who is conducting the review of food services at The Canberra Hospital?
- 68) When will the review be finished?
- 69) Will the review report be published, and, if so, when; and, if no, why?
- 70) What options does the hospital offer people following a particular diet regime such as vegan, vegetarian or gluten free, or for special medical requirements?
- 71) What consultation does the hospital do with patients and the public more generally about the options it provides?
- 72) What is the Canberra Health Services budget per patient per day for food?
- 73) To what extent does this budget vary: (a) in various hospitals; or (b) according to particular types of patients?

### Cleanliness

- 74) What were the findings of the Australian Council of Healthcare Standards' March 2018 Food Safety Audit report?
- 75) What were the report's recommendations?
- 76) In relation to each recommendation, has it been implemented fully, and, if no, why?
- 77) What measures are in place to ensure that cleanliness at the Canberra Hospital does not fall back into the same poor standards as outlined in the report?

### The Canberra Hospital Cleaning Contract

- 78) What facilities are provided to staff of cleaning contractors for their use on their breaks?
- 79) If no facilities are provided: (a) why, and (b) when will they be?
- 80) What is done to: (a) monitor, and (b) enforce, the cleaning contractor's performance against their contractual obligations?
- 81) At any time during the period of the current contractor's contract, has ACT Health had to: (a) negotiate; or (b) go to a dispute resolution, in relation to the contractor's performance against their contractual obligations?
- 82) If yes: (a) how many occurrences have there been, and (b) what rectification action was taken?
- 83) How many complaints about cleaning were referred to The Canberra Hospital from any source, whether written or oral, during: (a) 2016-17; (b) 2017-18; and (c) the period 1 July to 30 November 2018?

### Cancer Services

- 84) Where, in the annual report, are figures disclosed that measure the outcome for the key strategic priority about timely access to chemotherapy treatment (ref: p93)?
- 85) If the outcome is not reported, why?
- 86) What were the figures for 2017-18, compared to each of the previous five years?
- 87) To what extent did the poor culture in the medical imaging department (as cited in the preliminary accreditation survey in March 2018) contribute to its failure to meet its targets for palliative and radical treatment times?
- 88) Why have palliative and radical treatment times fallen so dramatically, from 84% and 86% respectively in 2016-17?
- 89) For how long has ageing equipment been a known contributing factor to the failure to meet treatment targets?
- 90) Why was equipment replacement not programmed sooner than 2019?
- 91) Has the use of any equipment been contrary to any Commonwealth Medicare benefits program requirements?
- 92) If yes, did ACT Health continue to make benefits claims?
- 93) If yes, did ACT Health disclose to the Commonwealth that claims were being made contrary to the Medicare benefits program requirements, and, if no, why?
- 94) What "improvements to service efficiency to reduce wait times" (p50) were implemented during the year?
- 95) To what measurable extent did those improvements *per se* reduce wait times?

### Drug and Alcohol Services

- 96) What is the status of the ACT Drug Strategy Action Plan 2018-2021?
- 97) Why has the "Listening Report" due to be released in August 2018, not yet been released (according to the website)?
- 98) Is the Plan on track to be completed and released by the end of 2018, and, if not: (a) why; and (b) when will it be?

### Pill testing

- 99) In relation to people who participated in the pill-testing trial at Groovin' the Moo:
  - a) What number and proportion of people who used the service kept their drugs after they were tested;
  - b) What information was given to people about the results of the pill-testing;
  - c) What disclaimers were made to people about the effectiveness or comprehensiveness of the testing process;
  - d) What form did those disclaimers take;

- e) Were people asked to sign any form of indemnity, and: (a) if no, why; and (b) if yes, what form did that indemnity take and what were the terms of the indemnity;
  - f) What information was given to people about the risks associated with taking illicit drugs;
  - g) What information was given to people about the support services that are available to assist drug-users, whether casual or otherwise, to stop using drugs;
  - h) To what extent were people encouraged to dispose of their drugs before leaving the testing service; and
  - i) What information did police and emergency services give to the government as to the prevalence of drugs at the event compared to previous years?
- 100) Was it the case as reported in the media that only five people threw their pills away at Groovin' the Moo after the pills were tested, and, if no: (a) how many; and (b) what proportion of, people who used the service threw their drugs away after the pills were tested?
  - 101) Was it the case as reported in the media that the number of people treated for overdoses at Groovin' the Moo was the same as in previous years, and, if no, how many people were treated for overdoses?
  - 102) Was it the case that the machines used to test pills at Groovin' the Moo were not able to give direct measures of purity, and, if no: (a) what measures of purity were given, and (b) what information was given as to the reliability of those measures?
  - 103) On what bases was the trial considered to be successful?
  - 104) What were the measureable outcomes to support that claim?
  - 105) Will an independent person not associated with the pill-testing organisation or the ACT Government prepare a report into the effectiveness of future pill-testing trials, and, if no, why?
  - 106) Why is Minister Rattenbury the minister most frequently quoted on pill testing issues when he is not the Minister responsible for it under the administrative orders?
  - 107) Did Mr Rattenbury check with you or with Cabinet or the Chief Minister before he invited the Defqon1 festival to come to Canberra?
  - 108) What is the status of his invitation for Defqon1 to come to Canberra?
  - 109) Does Mr Rattenbury receive the same number of briefs on drug issues than the Minister for Health and Wellbeing, and, if not, is it more or fewer briefs?

#### Patient flow management

- 110) What is the average time spent by patients in the so-called "departure lounge" prior to discharge from The Canberra Hospital?
- 111) Is there a peer benchmark for this measure, and, if so, how does The Canberra Hospital compare?
- 112) What is the average re-admittance time for patients discharged from The Canberra Hospital, but then re-admitted for further treatment of the condition, or any complications arising therefrom, that was treated in hospital prior to discharge?
- 113) What was the trend line for this measure over the four years 1 July 2014 to 30 June 2018?
- 114) What contingencies are available to manage patient flow when a ward needs to be closed: (a) with reasonable notice; and (b) at short or no notice?
- 115) What is done to ensure patients are discharged only when they are assessed as clinically fully fit for discharge?

#### Population Health

- 116) How many FTE staff were working in Population Health on: (a) 30 June 2017, and (b) 30 June 2018?
- 117) Which health agency holds responsibility for Population Health?
- 118) Was overall funding and resourcing for Population Health reduced in: (a) 2017-18; or (b) 2018-19, and, if so, what impact will that reduced funding or resourcing have on service delivery?

### Vaccinations

Ref: p90: "In 2017–18, there have been national and international vaccine shortages that could potentially impact vaccination programs in the ACT."

- 119) Has the effectiveness of the: (a) 2017; and (b) 2018, flu vaccines been reviewed, and, if so, what were the outcomes of the reviews?
- 120) What actions have been taken to improve the availability of the flu vaccine in the ACT in future years given the significant increase in demand for it nationally?
- 121) What strategies are in place to ensure supplies of flu vaccines will be sufficient to meet demand in future years?
- 122) Have the problems with supply of the Hepatitis B vaccine been resolved, and, if no: (a) why; and (b) when will it be?
- 123) Are there any other potential vaccine shortages that could impact the ACT, and, if yes: (a) what are they; and (b) what are the government's strategies to ensure supply is sufficient to meet demand?

### Facilities Maintenance

- 124) What did it cost to rectify the mould problems with the HEPA filter in Operating Theatre 14?
- 125) Is the operating theatre fully functional again, and, if no, why?
- 126) Have all HEPA filters on The Canberra Hospital campus now been: (a) checked; and (b) tested; and, if not, why not?
- 127) How many other filters had mould or any other air impurity issues?
- 128) (a) Which wards were closed during: (i) 2016-17, (ii) 2017-18, and (iii) the period 1 July to 30 November 2018, due to problems with HEPA filters; and (b) over what period for each ward?
- 129) What regularity of maintenance and checking of all HEPA filters across the campus was maintained during the period 1 July 2014 to 30 November 2018?

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

### Accreditation of the Canberra Hospital

- 1) Information in relation to the accreditation assessment occurring at ACT Health is detailed on page 12 of the annual report "ACT Health will continue its commitment to a continuous cycle of improvement in the delivery of safe and high-quality healthcare to the Canberra community. This is demonstrated through the accreditation process. From 3 to 5 July 2018, the Australian Council on Healthcare Standards (ACHS) will conduct an Advanced Completion (AC) Survey at Canberra Hospital and Health Services (CHHS) to determine ACT Health's compliance with the National Safety and Quality Health Service (NSQHS) Standards".
- 2) Refer to response to question 1.
- 3) Implementation of NSQHS Standards is the responsibility of all ACT Health staff. All staff were involved in the preparation required for the accreditation assessment. ACT Health had a small team with responsibility for coordination of accreditation assessments, staff resources in FTE terms was:
  - a) 2016-2017: Three FTE
  - b) 2017-2018: Three FTE

Five additional FTE were allocated between May and July 2018 to assist in the actions required to address not met core actions and prepare for the AC90 survey in July 2018.

- 4) Results from internal assessments undertaken in preparation for accreditation identified areas requiring further work to ensure National Standards core criteria would be met. Action plans were created with activity implemented to address these areas. Hospital management believed this would address all core criteria and that accreditation would be achieved. ACT Health has been awarded NSQHS Standards accreditation until July 2021.
- 5) The initial accreditation survey was undertaken between 16 and 23 March 2018. The decision to restructure ACT Health was announced on 23 March 2018 for implementation from 1 October 2018. This decision had no impact on ACT Health's initial accreditation assessment.

#### Sentinel events

- 6) No.
- 7) Not applicable.
- 8) Most national reporting requirements are not included in the ACT Health Annual Report but are however reported on a quarterly basis to the Independent Hospital Pricing Authority.
- 9) Yes, approximately \$10,461 in 2017-18.

#### Code blacks and code yellows

- 10) Canberra Health Services (CHS) actively promotes the use of the Emergency Codes for staff needing assistance. This is widely promoted in annual Fire, Emergency and Security training for all staff. This Code is often used to request urgent assistance, even though there may not be a Personal Threat. In some cases, a Code Black response may be activated by clinical staff to seek assistance by Ward Services staff in stopping a patient on an emergency order leaving the Emergency Department. Code Black responses can be activated in error, either due to a person accidentally pressing a Code Black button or by the 'man-down' tilt feature on duress handsets being inadvertently activated.
- 11) Our system does not currently allow us to record this information, however this is being rectified with the next update.
- 12) CHS actively promotes the use of the Emergency Codes for staff needing assistance for infrastructure and ICT system issues. This is widely promoted in annual Fire, Emergency and Security training for all staff. This Code is used to ensure supporting staff are quickly deployed to manage a threat to essential services (potential or actual). This increase may be attributed to empowering staff to activate a Code Yellow response to seek assistance in addressing issues swiftly, coupled with improved emergency management procedures.
- 13) The two hospitals are not comparable in size, number of patients, or complexity of patients.
- 14) Fluctuations in demand and acuity/complexity of patient care will potentially impact on the number of codes reported, as seasonal illness outbreak at Calvary in June 2018 escalated the number of code yellow incidents.
- 15) This is not able to be measured.
- 16) The Minister is briefed on emergency codes which impact clinical service delivery and/or significant incidents which require an Emergency Operations Centre (EOC) to be formed.

- 17) The Minister receives a situation report once the initial response team has completed an assessment of impact and/or cause, and any immediate danger is rectified. This is generally followed by a more detailed briefing once the situation has been brought under control.
- 18) The CEO receives a situation report for Codes Red (Fire), Orange (Evacuation), Yellow (Internal Emergency), Brown (External Emergency) and Purple (Bomb Threat). Code Black (Personal Threat) and Code Blue (Medical Emergency) are advised to the CEO dependent on the seriousness of the incident.
- 19) No.
- 20) Not applicable.
- 21) Not applicable.

#### Ward closures

- 22) Facilities maintenance issues are usually planned, and alternative arrangements are made. When maintenance issues are not planned, patients are moved to other areas of the hospital as appropriate and required.
- 23) The Paediatric Medical Ward has not been closed at any time during 2017 or so far in 2018.
- 24) Since 3 August 2018, two bedrooms have been closed and were unavailable for use. The remediation works were completed, and the bedrooms were re-opened in January 2019.
- 25) None.
- 26) There have been a number of water leaks in ensuites that have required remediation works within the Centenary Hospital for Women and Children. An investigation into the cause and potential liability for identified issues in the ensuites of the Centenary Hospital for Women and Children is currently ongoing.
- 27) Investigations are ongoing.
- 28) The expected cost to remediate the ensuites in the Paediatric Medical Ward is \$127,000.
- 29) No. However, Building 1, Level 7 where the Neurology Ward is located is undergoing planned improvement works between December 2018 and May 2019.
- 30) Planned modernisation works in Building 1, Level 7 include hydraulic system upgrades, Wireless Access Point (WAP) upgrades, LED lighting improvements, and ensuite bathroom refurbishments.
- 31) The allocated budget for Building 1, Level 7 works is \$1.3 million and is planned to be completed in May 2019.
- 32) All planned works in Building 1, Level 7 have no flow on issues for patients or staff.
- 33) No.
- 34) Yes, there were closures in both 2017-18 and 2018 to 30 November 2018.

- (a) The cause of the ward closures were to enable scheduled deep cleaning or maintenance to be undertaken and to enact best-practice infection control.  
Some wards are also closed due to activity levels.
- (b) There was no effect on patients or services during these closures.

#### Elective surgery waiting times

35)

- a) Additional recruitment is actively underway in a large number of specialties.
- b) Theatre is managed on a four weekly basis and an individual's surgery is normally planned in advance. Staff in all facets of elective surgery service delivery are rostered in accordance with planned elective lists and clinical requirements for each patient.
- c) The surgical planning for 2018-19 aims to align planned activity and theatre resourcing with modelled potential demand to achieve optimal theatre resourcing in the context of planned activity and demand for each specialty over the course of the year. These planning outcomes are tested monthly for ongoing alignment of actual demand to actual volume of surgeries completed and adjusted accordingly; with the aim to meet the requirements of Strategic Indicator 1.
- d) The plan is territory wide, and seeks to use resources which may be present but not currently fully utilised within the Territory health system in the ACT, including accessing private provider when required. As part of this plan, Calvary public hospital deliver additional activity. Separate arrangements are in place for the private provider. A formalised process for ICU demand requirements for elective surgery has been long established.
- e) Additional recruitment is actively underway in a large number of specialties.
- f) Both public hospitals have an active bed management strategy which coordinates with elective list planning weeks out from actual surgery dates. This coordinated approach calculates impacts of bed booking for elective surgery against bed availability in the context of unplanned activity.
- g) There has been no change to waitlist policies.

- 36) a) The number of elective surgeries performed between 1 July 2018 and 30 September 2018 was 3,582.
- b) The number of elective surgeries performed between 1 July 2017 and 30 September 2017 was 3,311. There have been 271 more elective surgeries performed in the first quarter of 2018-19 – an increase of eight per cent.

Note: Data provision of elective surgeries performed is for 1 July 2018 – 30 September 2018, and not 1 July 2018 – 30 November 2018 as requested due to data maturity in the source system database.

37) Yes.

38) The Government will continue to explore options to reduce elective surgery waiting lists based on expert advice.

- 39) No final decision has been made with regard to any of the potential measures. The measures are a matter of ongoing consideration as part of medium and long term surgical activity planning.

SPIRE and Centenary Hospital for Women and Children

40)

- a) The Government has announced the Surgical Procedures, Intervention Radiology and Emergency (SPIRE) Centre will be located in the north-east corner of the Canberra Hospital campus.
- b) Refer to response to 40) (a).

41) Yes. The Government will continue work towards project completion in the 2023/24 financial year.

42) Refer to response to 40) (a).

43) The initial announcement of SPIRE was prior to feasibility planning and design works being undertaken.

44) No.

45)

- a) Refer to update provided by the Minister for Health and Wellbeing to the Assembly on 1 November 2018.
- b) Refer to response to 45) (a).

46) The Government took increased service demand into consideration when developing the Centenary Hospital for Women and Children.

47) The Government will continue to plan and build health infrastructure based on expert advice.

Health Culture

48) Governance frameworks for Canberra Health Services are still being finalised.

49) Refer to response to 48.

50) Specific results on discrimination, bullying and sexual harassment from the last five surveys are not released outside of ACT Health. The results from the Workplace Culture Surveys are not available for a number of reasons: assurances made to staff about the confidentiality of their responses and the risk of undermining staff confidence and participation in future surveys; the commercial value and intellectual property of Best Practice Australia as the survey provider which could be compromised; the nature of the reports which are designed for use as working documents by executives and managers within the organisation.

51) The results from the Workplace Culture Surveys are not published for a number of reasons: assurances made to staff about the confidentiality of their responses and the risk of undermining staff confidence and participation in future surveys; the commercial value and intellectual property of Best Practice Australia as the survey provider which could be compromised; the nature of the reports which are designed for use as working documents by executives and managers within the organisation.

52) No studies have been undertaken for Canberra Hospital medical students about bullying and sexual harassment.

- 53) The purpose of this Review is to examine, report and make recommendations in relation to improving the Workplace Culture of ACT Public Health services. There was a process for the independent review panel to refer matters onto relevant authorities and organisations.
- 54) The review panel will deal with submissions that it receives in accordance with the requests made by the person who has made the submission and the confidentiality provisions of Territory and Commonwealth legislation.

#### Maternity services

- 55) Yes.
- 56) Centenary Hospital experiences periods of high demand which are managed accordingly.
- 57) No, women and babies are only discharged home when they are medically well. After being discharged, women receive midwifery support through the Midcall Domiciliary Midwifery Program and our Maternal and Child Health services to ensure newborns are developing as expected.
- 58) No.
- 59) Centenary Hospital has recently assessed the support available to women regarding breastfeeding. This assessment highlighted the need for better collaboration. New initiatives will be implemented over the next six months to address these issues.
- 60) Yes.
- 61) Yes, and nursing staff have participated in the recent Independent Review into Workplace Culture.
- 62) See response to 61.
- 63) Yes.
- 64) Territory wide service demand modelling informs consideration of capacity (as an example, Maternity at Calvary Public Hospital capacity) to meet northside population growth.

#### Medical Imaging

- 65)
  - a) Historically, college training programs are not part of the content of the ACT Health Annual Report. The Annual Report focuses on ACT Health's strategic objectives and outcomes.
  - b) Historically, college training programs are not part of the content of the ACT Health Annual Report. The Annual Report focuses on ACT Health's strategic objectives and outcomes.
  - c) The recommendations are currently being implemented.
  - d) No.
  - e) Conditions are applied to training accreditation which is extended for a short time until issues are satisfactorily addressed. Regular progress reports are required to be provided to the college to update status.
  - f) CHS has successfully filled all training positions for 2019, and a number of radiologists have expressed interest in positions available in 2019.

- g) Not applicable.
- h) CHS has been upgraded to a Level C Full Site. A progress report was provided to the College on 25 January 2019 and any further site visits and or reports against compliance are up to the discretion of the College.
- i) Staff Specialists and the Directors of Training attend regular meetings where radiology accreditation is a standing agenda item.
- j) Accreditation is an opportunity to improve processes and functions. It is a key factor in being able to identify where issues need to be improved upon.

66)

- a) There are no current training rotations in place.
- b) Not applicable.
- c) Training rotation with BreastScreen ACT – This is a CHS Service, and a training rotation with Orange Base Hospital.
- d) For each such program:
  - a) They are new rotations.
  - b) 2019.
  - c) Orange Hospital.

Hospital food

- 67) Canberra Health Services, including the Food Services Department, has a system of continuous quality improvement, which includes investigation of feedback. All feedback received by Canberra Hospital is investigated and addressed as required.
- 68) The quality improvement process described above is ongoing.
- 69) There is no formal report of CHS quality improvement processes.
- 70) The Food Services Department work closely with the Nutrition Department. Food Services and the Nutrition Department provide over 300 different diet requirements for patients across Canberra Health Services. This is necessary due to patient allergies, cultural, medical or personal diet requirements and or preferences. The Nutrition Department's dietitians and nutrition assistants set up special meal plans for patients who are identified as having specific and/or specialised requirements. For common requirements such as vegetarian, halal, and gluten free diet menus have been set up which have choices and meet the *NSW Agency for Clinical Innovation's Hospital Nutrition Standards*. All menus are designed to meet the Nutrition Standards which cover nutrient composition, portion size and variety. The standards are evidence based and facilitate the provision of a patient focused food and nutrition service. Specifically, the menu is designed to meet the needs of the patient population including specific patient groups with a level of choice appropriate to the setting.

- 71) Nutrition and food services have conducted focus groups with patients for new menu options. Food services conduct annual walk-throughs with the Aboriginal and Torres Strait Islander representatives. Food Services and the Nutrition Department also host a number of student placements each year and have close ties with universities. Food Services involves consumers in evaluating new products and recipes, and this may include taste testing and testing ease to open packaged items. The Food Service Department also conducts regular food satisfaction surveys and plate waste audits to determine where improvements may be required.
- 72) In the 2017-18 Financial Year, at Canberra Hospital the average cost per patient per day for food including all overheads was \$41.10.
- 73)
- a) CHS, Food Services are unable to provide budgets for other hospitals.
  - b) The \$41.10 average per patient per day food cost captures all patient types and includes all overheads.

#### Cleanliness

- 74) The Australian Council of Healthcare Standards' March 2018 Audit and Food Safety Audit (August 2017) were separate activities. The final Australian Council of Healthcare Standards' 2018 report documentation is publicly available.

The Food Safety Audit Report, conducted in August 2017 by Health Protection Services stated the following:

"The audit detected a number of major and minor non-compliances with the Food Safety Program and the Australian New Zealand Food Standards Code (the Code). There were no critical non-compliances identified. All major and minor non-compliances were discussed at the time of the audit and during the closing meeting."

"Generally, the food services provided were found to be of a high standard. The food safety program is considered suitable for the purposes of the Food Standards Code."

- 75) The surveyors recommended the following nine Corrective Action Requests:
1. Update the Food Safety Program.
  2. Install pest proofing devices and ensure pests are excluded from the premises by assessing each external entrance.
  3. Public access to food services must be restricted to ensure food is protected from potential contamination.
  4. Additional Critical Control Points (CCPs) is required to reflect allergen control by ward staff handling meals immediately before they are given to patients.
  5. Training to ensure staff awareness regarding contamination risk of placing trays on top of uncovered food.
  6. Hand washing facilities must remain unobstructed at all times.
  7. Transfer of use-by dates from original bulk packaging to re-packaged products and production date labelling on trolleys must be completed.

8. Several items of maintenance require attention:
  - a. flooring upgrades to repair cracked tiles, missing grout and coving and poor drainage;
  - b. loose light covers and air vents

9. Several items of cleaning and painting were required at the time of the audit.

76) All of the Correction Action Requests recommended in the Food Safety Audit of August 2017 have been fully implemented, with the exception of "Correction Action Request 8, Several items of maintenance require attention" which is completed to 80 per cent. The only remaining Capital Works is completion of the flooring upgrades which is in progress. Flooring upgrade require closure to areas in the kitchen and therefore the works have needed to be staged. The remaining work is scheduled for completion by mid-2019.

77) Food Services have quality assurance measures in place including:

- Programmed review of the Food Safety Program.
- Monthly cleaning audits.
- Three monthly audits by Infection Prevention and Control Unit.
- Six monthly reporting of programmed cool room sanitisation and listeria testing.
- Annual Health Protection Service compliance.
- Scheduled reporting of all the above to the Canberra Health Service Standard 3 Committee.
- Employment of a food services compliance, quality and training officer.
- Training schedules in place for staff.

The Canberra Hospital Cleaning Contract

78) Canberra Hospital Staff Cafeteria in Building 2, Level 3, Canberra Hospital ISS administration area, Building 3, Level 1 and Staff tea room facilities in the area in which the cleaner works.

79) Not applicable.

80)

(a) Regular monitoring including cleaning audits, consumer feedback, client surveys and regular communications with ward areas.

(b) The Contract includes performance measures against prescribed standards, this is in place. The Contract includes abatements aligned to performance measures. Interventions occur to address identified service gaps (includes training and increased supervision).

81) No.

82) Not applicable.

83)

(a) 2016/17	31
(b) 2017/18	39
(c) 1 July – 30 November 2018	25

## Cancer Services

- 84) This is not a reportable performance measure.
- 85) Because it is not an agreed reportable performance measure.
- 86) All ACT Health chemotherapy patients receive chemotherapy within days of being ready for treatment.
- 87) None. The Medical Imaging Department is a different department to Radiation Oncology. Both departments undergo separate accreditation processes. Radiation Oncology is fully compliant.
- 88) The performance in radiotherapy wait times is impacted by the increase in number of referrals, increasingly complex treatment techniques and treatment delivery time, and workforce shortages. The number of patients treated over this time has also increased.
- 89) The linear accelerators have a 10 year life span. Planned replacement occurs at the end of life for these machines.
- 90) Planned procurement for the replacement of two Linear Accelerators (Linacs) commenced in late 2017.
- 91) No.
- 92) Not applicable.
- 93) Not applicable.
- 94) Improvements over the last 12 months include:
- Extending the operating hours of the machines when staffing permits, however, this has not been sustained for the full period due to unexpected staff number decreases.
  - Reviewing all treatment plans against best practice and reducing the number of treatments per patient where recommended. Modern techniques for prostate and head and neck cancers have been introduced which reduces the overall treatment time in the Linac for those patients. The number of patients that receive this treatment continues to increase.
  - Ensuring there are no gaps on any machine.
  - All Radiation Therapists that have been working in non-clinical roles, such as research and development, have been redeployed to provide front line face to face clinical care.
  - The week of 26 November 2018 a recruitment process was finalised and identified nine new staff members for temporary and permanent appointment.
- 95) The wait times are highly variable depending on weekly referrals and the requirements of each patient i.e. some patients require only five treatments, others require 30 treatments. The efficiencies have seen a 6 per cent increase in the number of patients treated. As at 22 November 2018, 100 per cent of both emergency and palliative patients were treated in time. 72 per cent of radical treatments commenced on time. Note that individual patient wait times are managed so as to have minimal clinical impact based on tumour type.

### Drug and Alcohol Services

96) The ACT Drug Strategy Action Plan was released on 11 December 2018.

97) The listening report was released on 22 November 2018.

98) Yes.

### Pill testing

99) (a-i) An evaluation of the pill testing trial conducted at Groovin the Moo in April 2018 was conducted, with the report publicly available at: <https://www.harmreductionaustralia.org.au/wp-content/uploads/2018/06/Pill-Testing-Pilot-ACT-June-2018-Final-Report.pdf>.

100) Refer to response to 99) (a-i).

101) Refer to response to 99) (a-i).

102) Refer to response to 99) (a-i).

103) The trial was well received by service users, led to the identification of at least two very harmful substances (associated with significant morbidity and mortality at other festivals) and provided an opportunity to provide counselling to a cohort of young people that are notoriously challenging to access – with some service users changing their behaviour as a result.

104) Refer to response to 99) (a-i).

105) Yes.

106) The ACT Government does not control what the media report.

107) No.

108) This is a matter for Minister Rattenbury.

109) Minister Rattenbury receives briefs from ACT Health relating to his portfolio responsibility as Minister for Mental Health and Minister for Corrections and Justice Health.

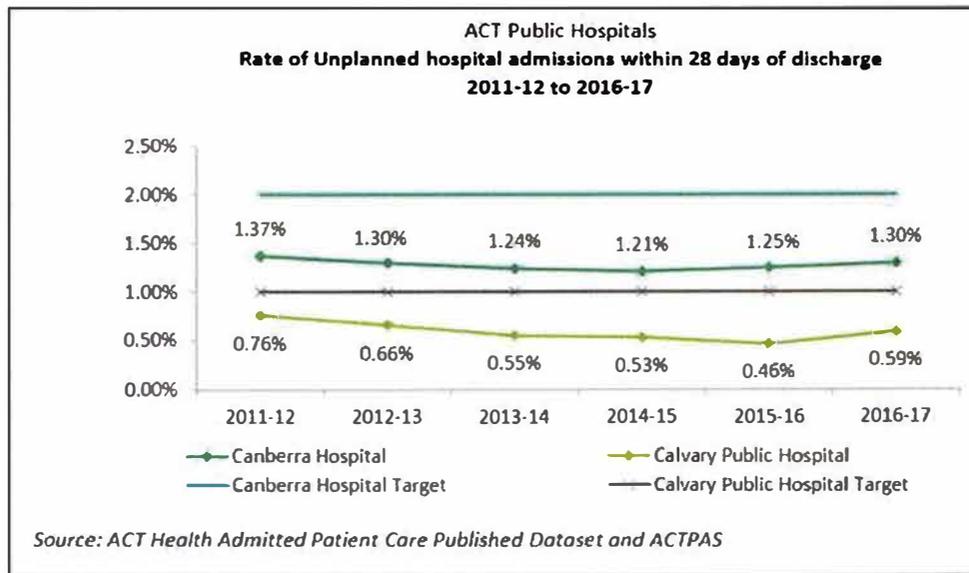
### Patient flow management

110) The average time spent by patients in the CHS discharge lounge in 2017-18 was 99 minutes.

111) There is no peer benchmark for the average time spent by patients in discharge lounges.

112) Canberra Health Services does not routinely collect or report data on average re-admittance time for patients discharged and then readmitted for further treatment. However, the rate of unplanned hospital admissions within 28 days of discharge is reported as 1.3 per cent for 2017/18 period for Canberra Hospital and 0.5 per cent for 2017/18 period for Calvary Hospital.

113) For the rate of unplanned hospital admissions within 28 days of discharge, please see page 58 of the ACT Health annual report 2017-18, also provided below for ease of reference:



114)

- a) Facilities maintenance issues are usually planned. As such, if a ward is closed or not fully functional due to requiring repairs or maintenance, an alternative location for closed beds will be arranged well in advance and internal communications distributed.
- b) When maintenance issues are not planned patients are decanted to other areas of the hospital as appropriate and required.

115) Patients are discharged from CHS at the direction of the treating team, who have deemed them clinically fully fit for discharge.

Population Health

116)

- (a) The FTE for Population Health on 30 June 2017 was 170.1.
- (b) The FTE for Population Health on 30 June 2018 was 172.4.

117) ACT Health Directorate.

118)

- a) No.
- b) Yes, there was a reduction in funding to Population Health in 2018-19. This is related to reduced costs for year two of the Meningococcal ACYW vaccination program and lower Commonwealth funding for the Essential Vaccination National Partnership Agreement (noting the Commonwealth are progressively taking over the responsibility for the procurement of vaccines nationally).

Vaccinations

119) Reviews into efficacy of vaccination are managed by the Commonwealth Department of Health.

- 120) Annual influenza vaccination supply is managed by the Commonwealth Department of Health. The ACT manages vaccine stock for government funded vaccinations. Supplies are routinely monitored to ensure enough stock is available for these groups.
- 121) Refer to response to 120.
- 122) Distribution of Hepatitis B vaccine provided under the National Immunisation Program and ACT funded programs is carefully managed by ACT Health. At this stage the ACT has sufficient stock for all programs. Procurement and supply of vaccine for the National Immunisation Program is managed by the Commonwealth Department of Health.
- 123) ACT Health is informed of potential supply issues by the pharmaceutical company when an event has occurred. The Health Protection Service manages supply to ensure there is no, or minimal disruption to the Canberra community.

Facilities Maintenance

- 124) \$21,000. Costs are currently submitted as an insurance claim for cost recovery.
- 125) Yes, it is fully functional.
- 126) Yes they are tested and inspected as per the Australian Standard requirements. All testing and maintenance is current and fully compliant. Theatre 14 HEPA Filter was always compliant, maintained and tested.
- 127) None.
- 128) No wards have been closed due to HEPA filter issues.
- 129) All Hepa filters during this period within TCH and all ACT Health facilities are regularly tested and maintained as per the required Australian Standards.

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

Signature:



Date: 15/2/2019.

By the Minister for Health and Wellbeing, Meegan Fitzharris MLA