LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

COMMITTEE SUPPORT

QoN No. 30

Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2021-2022
ANSWER TO QUESTION ON NOTICE

Asked by MS LEANNE CASTLEY MLA:

Reference: Hearing on 1 November 2022, Annual Report of CHS

In relation to: Page 146 CHS Annual report - services for paediatrics, paediatrics surgery

Further to QTON for the Department of Paediatrics Organisational and service Plan 2021-23.

1) How many reviews have there been into either particular paediatric departments or the whole division since 2012?

   a) What were the titles of these reviews and what year were they commissioned?

   b) What were the recommendations from each review? For each recommendation did the government complete or not complete each recommendation.

   c) How much did each review cost?

   d) Has the Minister been alerted to any of these reviews and if so, which ones and when?

2) On page 22 of the departmental report, it states "A number of business cases and alternative models of care have been put forward previously, but not adopted".

   a) Which business cases and alternative models of care have previously been put forward for paediatrics and what year?

   b) Why did the government not adopt these models of care at the time?

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

1) There have been five reviews.

   a)

      i. Audit of Facilities for Care of Seriously Ill Children in the ACT – 2015

ii. Review of Paediatric Endocrinology and Diabetes Service – 2018

iii. Paediatric Organisational and Service Review – 2021

iv. Child Health Targeted Support Services – 2022

v. External Benchmarking Evaluation – Paediatric Endocrinology and Diabetes Service – 2022.

b)

i. The Audit of Facilities for Care of Seriously Ill Children in the ACT included five recommendations theming around facilities, staffing, governance, admission guidelines and PICU service. Please refer to Question on Notice Paper No 21, Question No. 930.

ii. Review of Paediatric Endocrinology and Diabetes Service 2018 identified 38 recommendations, theming around leadership and operational structure, culture and behaviour, clinical service operational issues and general service issues.

Recommendation	Key Points
Establish a clear operational structure (1, 9, 33)	Completed. A new operational and professional governance structure has been developed following extensive consultation with the Paediatric Endocrinology and Diabetes Steering Committee and ACT Diabetes Service staff.
Establish clear leadership for the service (2, 3, 10)	Completed. The new Model of Care (MoC) provides a formalised governance structure under a standalone Paediatric Endocrinology and Diabetes Service (PEDS). The service is overseen by a Service Coordinator (SC) who oversees nursing and allied health staff and reports to the Director of Allied Health, Women Youth and Children (WYC). Paediatric Endocrinologists report to the Paediatric Clinical Director.
Policies and Guidelines to ensure consistency of care (4, 14)	Ongoing. New guidelines have been developed (e.g. starting an insulin pump, Registered Nurses (RN) providing advice on insulin dosage). The SC will continue to work with the team to develop a suite of guidelines and procedures to ensure consistency of practice and easy access via the Policy Register.
Measures to improve Culture and Behaviour (5-8)	Ongoing. The PEDS team has participated in a series of culture building sessions led by CHS Workforce and Leadership. Results from the last culture survey place this team and others under the WYC Director of Allied Health in a culture of ambition.
Outreach Services at Community Health Centres and regional centres (Bega, Goulburn) (13)	Ongoing. A decision was taken to continue with the clinic at Gungahlin Community Health Centre and investigate feasibility of expanding services to Tuggeranong Community Health Centre. Agreed that moving some clinics out of the Paediatric Outpatient Department and into the community would provide a person-centred approach as it provides services closer to home.

Recommendation	Key Points
	Further work required to develop shared care models with regional centres in which local paediatricians are coordinators of care and there is periodic tertiary input from Paediatric Endocrinologists.
Guideline to support Insulin Adjustments (15, 16)	Complete. The new MoC provides for Advanced Practice Nurse (APN) nurse-led clinics. The Clinical Guideline for RN/Clinical Diabetes Educators to provide advice on insulin dose is available on the policy register.
Continuity for Social Worker (17)	Complete. The new MoC provides for an expansion of the social work role to provide inpatient and outpatient care to ensure continuity. The social work position has been upgraded to 1.2FTE.
Stronger management of missed appointments (18)	Ongoing. Access to clinic appointments has improved through establishment of a nurse-led clinic.
Clearer network arrangements with NSW (19, 32)	Out of scope.
Joint clinics to improve efficiency and professional interaction (20, 25)	Completed. The new MoC provides for joint clinic structures for both diabetes and endocrinology with end of clinic meetings, where possible.
Gender Service (21)	Out of scope.
School Kids Intervention Program (SKIP) Obesity Service (22)	Completed. The SKIP childhood obesity service will continue to require medical support. This will be provided by the endocrine registrar.
Endocrine Nurse (23)	Completed. A new 1.0 FTE Endocrine Nurse has been recruited and will receive professional support from the APN and Paediatric Endocrinologists.
Clinic slots to meet demand (11, 12, 24)	Ongoing. The new MoC ensures that there are adequate appointments available to serve 360 paediatric patients and meet the recommendation of four clinic appointments per patient per year. This is achieved by the inclusion of nurse-led clinics. Gender patients continue to put pressure on general endocrine clinics.
Shared Care with Paediatricians (26)	Ongoing. The SC will work in partnership with the endocrinologists and the wider team to develop a procedure to ensure shared care arrangements with paediatricians are in place, where appropriate.
Transition between Paediatric and Adult Service (27, 28)	Out of scope.
Teaching/case conferencing (29)	Ongoing. The new MoC provides for joint clinic structures for both diabetes and endocrinology with end of clinic meetings, where possible.
Database (30)	Completed. The Diabetes Patient Management System (DPMS) database was established in Feb 2021. The database will be replaced by the DHR in the future following integration with the Australasian Diabetes Database Network (ADDN).

Recommendation	Key Points
Triaging by APN and Endocrinology Nurse (31)	Ongoing. The SC will work in partnership with the endocrinologists, the diabetes team, Endocrinology Nurse and APN to develop procedures for triaging patients accordingly.
On-call / after-hours resource (34, 36)	Out of scope. On call arrangements will be determined by the Clinical Director of Paediatrics and the Endocrinologists and is out of scope of the new MoC. Further work required to develop a uniform, evidence-based after-hours resource to support team-based approaches when appropriate.
Training for medical staff (35)	Out of scope. Arrangements for Professional Development of medical staff is the responsibility of the Endocrinologists and is out of scope of the new MoC.
Role of Registrar (37)	Ongoing. Canberra Health Services is continuing to work with stakeholders and the College to support the role of the Registrar.
Adequate Administration Support (38)	Completed. The new MoC provides for administrative assistance with a dedicated administrative officer at 0.8FTE. Recruitment to the position is complete.

iii. Paediatric Organisational and Service review – please refer to Standing Committee on Health and Community Wellbeing – Inquiry into Annual and Financial Reports 2021-2022, Question Taken on Notice No. 6.

iv. Child Health Targeted Support Services review related to the provision of Child Protection Medical Services. Recommendations were made against the objectives relating to the provision of child protection medical services including:

- Service model
- Workforce configuration
- Forensic timeframes and collection
- Expert testimony
- Professional competencies, training and development
- Best practice assessment and ongoing health care of children at risk of abuse and neglect
- Medical leadership
- Consideration of nursing and allied health roles in child protection health services.

These recommendations are still in the consultation phase with staff and a progress update cannot be shared at this stage.

v. External Benchmarking Evaluation 2022 is ongoing. The objectives for this review are to inform best practice, ensure sustainability and provide recommendations on governance, systems and processes, focusing on medical clinic structures, on call arrangements, rostering and shared care models for the ACT and regional

paediatrics. The final report of this review is expected to be released in the first quarter of 2023.

c)

i. The 2015 Audit of Facilities for Care of Seriously Ill Children in the ACT review, please refer to Question on the Notice Paper No 21, Question No. 930

ii. The 2018 Paediatric Endocrinology and Diabetes Service review cost $19,725.91

iii. The 2021 Paediatric Organisational and Service Review, please refer to Question on Notice Paper No 21, Question No. 902

iv. The 2022 Child Health Targeted Support Services review cost $5159.56.

v. The 2022 External Benchmarking Evaluation – Paediatric Endocrinology and Diabetes Service review is ongoing and costings cannot be provided at this stage.

d) Two of these reviews were conducted and completed during the tenure of previous Ministers for Health. I have been briefed on the reviews at iii and iv above at various times, with specific briefing undertaken in 2021 and 2022 by Canberra Health Services when a review had been deemed necessary, on completion of a review or to provide an update on the implementation of applicable recommendations.

2)

a) A number of business cases are considered each year by ACT Government Directorates, including Canberra Health Services, and a prioritisation process occurs to determine which will progress to the Minister based on need. Business cases are Cabinet in Confidence documents.

b) See answer to 2a.

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

Signature: 

Date: 9/3/23

By the Minister for Health, Rachel Stephen-Smith MLA