

The safety and quality of the maternity care provided by CHS is assured through a comprehensive clinical governance system involving the Division of Women, Youth and Children, Quality and Safety Committee, Maternity Quality and Safety Committee, and the Perinatal Mortality and Morbidity Committee. The divisional committee reports to the Canberra Health Services Executive Committee and the Canberra Health Services Clinical Review Committee. Care options	CHWC	CPHB
General practitioner shared care	✓	✓
Continuity of midwifery care	✓	✓
Private midwifery led care	✓	✓
Obstetrician led care	✓	✓
Maternity assessment unit	✓	✓
Early pregnancy assessment unit	✓	✓
Postnatal care	✓	✓
Low and acceptable risk factor pregnancies	✓	✓
Neonatal special care	✓	✓
Neonatal intensive care	✓	X
High risk factor pregnancies	✓	X

Table 1. Summary of Maternity Care Options Across CHWC and CPHB

## Issues

### Demand for Maternity services in the ACT

- There has been significant media coverage of maternity services in the ACT and, in particular, the demand levels and the impact of that demand on staffing levels and morale. Birthing events at CHWC have increased from 2,743 in 2010-11 to 3,561 in 2016-17 (annual growth of 4.5 per cent). Increases in beds over this period have been made in line with the increase in demand. The distribution of births across maternity services in the ACT is summarised at [Table 2](#).
- CHS acknowledges concerns raised last year by some staff at CHWC. CHS has been working with staff and their representatives to ensure they are supported and their concerns are addressed appropriately. All issues of any nature raised by staff are fully investigated.
- CHS recognises that all staff at CHWC are caring people who want to provide the very best care for women and their families.

Cleared as complete and accurate:	18/06/2019	
Cleared by:	Executive Group Manager	Ext: 49808
Contact Officer name:	Kate Sloane	Ext: 49811
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Gabriela Sermeno	
TRIM Ref:	GBC19/310	

Month of birth (2017)	Canberra Hospital	Calvary Bruce Public	Calvary John James	Calvary Bruce Private	Private Homebirth	ACT
January	334	155	89	4	0	582
February	289	123	78	4	0	494
March	318	140	84	6	1	549
April	291	129	73	2	0	495
May	308	133	82	5	0	528
June	288	133	90	6	1	518
July	306	128	86	1	1	522
August	325	148	64	2	0	539
September	351	133	57	0	0	541
October	325	133	97	2	0	557
November	315	125	64	4	1	509
December	290	99	72	2	0	463
Total	3740	1579	936	38	4	6297
Monthly average	311.7	131.6	78	3.2	0.3	524.8

Table 2. Distribution of Births Across Maternity Services in the ACT

- On 28 April 2019, Calvary Private Hospital Bruce will ceased providing maternity and postnatal services. Calvary have advised that this is due to an inability to attract and retain midwives. As numbers of patients in recent years have been relatively small, and this is the closure of a private hospital, minimal impact on the public system is anticipated from this closure.

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Information Officer name:	Gabriela Sermenio	
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GBC19/310

**Portfolio:** Health & Wellbeing**ISSUE: CLOSURE OF THE HYDROTHERAPY POOL AT CANBERRA HOSPITAL****Talking points:**

- It is the Government's intention to close the Canberra Hospital hydrotherapy pool, however this will not occur until an appropriate level of access at other suitable facilities can be found.
- The Government acknowledges the importance of hydrotherapy services to the community and are actively looking into options to ensure the needs of current and future users are met.
- To assist with this, ACT Health recently engaged an external advisor, Nous Group, to:
  - assess current demand and referral trends
  - ensure that current policy settings and contractual arrangements are appropriate
  - determine the supply of hydrotherapy and warm water facilities across the ACT, and
  - provide advice to Government about securing sessions at these facilities.
- The work undertaken by Nous Group was finalised this week, and ACT Health will now consider the outcomes of their work.
- I will be providing an update to the Legislative Assembly, and tabling the report, in August.

**Key Information**

- Canberra Health Services' (CHS) Hydrotherapy Service has been transferred from Canberra Hospital to University of Canberra Hospital (UCH) in Bruce. The UCH pool features a new, state-of-the-art hydrotherapy pool which opened on 23 July 2018.
- It has always been the ACT Government's intention to fully transition all public rehabilitation services to UCH. Bringing all of the ACT's public health rehabilitation staff and facilities together in one place will result in better outcomes for patients and the community.

Cleared as complete and accurate:	14/06/2019	
Cleared by:	Executive Group Manager	Ext: 49869
Contact Officer name:	Sallyanne Pini	Ext: 54689
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	John Fletcher	
TRIM Ref:	GBC19/310	

## QUESTION TIME BRIEF

- Arthritis ACT Arthritis ACT have a current user agreement with CHS to access the Canberra Hospital hydrotherapy pool until 30 June 2019, subject to the life of this ageing asset. An extension of this agreement is being progressed to align with the commitment to keep the pool open until suitable access at other facilities can be found.
- Arthritis ACT also access the facilities at UCH, which feature a new, state-of-the-art hydrotherapy pool.
- The pool at UCH has enhanced features compared to the facility at Canberra Hospital. It has a smoother entry, a flat surrounding surface and hoist, more accurate and stable temperature controls, and will require less maintenance downtime. Parking at UCH is also better than at Canberra Hospital.
- The Facilities Management team at Canberra Hospital has identified significant issues with the pool plant and equipment. The majority of the plant is at end of useful life and is no longer fit for purpose, and would require significant investment to keep it safe and up to standard.
- Canberra Hospital is the major tertiary and trauma centre for our region, so it's important to ensure that space is prioritised for the critical health care services our community requires.

### Service Funding Agreement

- ACT Health have a current Service Funding Agreement (SFA) with Arthritis ACT, to 30 June 2019.
- This SFA is included in the broader Non-Government Organisation (NGO) funding and services procurement work being undertaken by AHD to extend existing agreements for a further three years, from 1 July 2019.
- The SFA with Arthritis ACT is:
  - “To provide services to people in the ACT community who have some form of arthritis. Services include education activities, providing information, resources and support, and exercise sessions, including supervised hydrotherapy.”
- Under the SFA, Arthritis ACT are to provide a minimum number of 614 hydrotherapy sessions per annum.
- The SFA is silent on locations/facilities for the provision of these sessions.

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GBC19/259

**Portfolio:** Health & Wellbeing

**ISSUE: Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre Update**

**Talking points:**

- The SPIRE Centre will be the largest health infrastructure project delivered in the ACT, and will transform the Canberra Hospital campus for the ACT and surrounding NSW regions. SPIRE will be build at the eastern end of the hospital campus.
- SPIRE will deliver new acute tertiary care infrastructure for the hospital, and provide high quality, person-centric care in an environment that incorporates the latest advances in technology and Models of Care to improve healthcare outcomes and operational service efficiency.
- The scope of the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre at the Canberra Hospital has been expanded following extensive consultation with the clinical workforce over the past 12 months.
  - SPIRE will deliver 114 Emergency Department treatment spaces – 39 more than currently available at Canberra Hospital – and 60 ICU beds – 12 more than originally planned and doubling what is currently available. There will also be 4 paediatric ICU beds in SPIRE.
  - SPIRE will also deliver 22 new state-of-the-art operating theatres – an increase from the 13 currently available and two more than originally planned. Theatres in SPIRE will include hybrid theatres and interventional radiology theatres that will allow for advances in the use of medical technology and techniques.
- As part of the feasibility, planning and design work that has been undertaken, there has been extensive engagement with the clinical workforce, and continue in 2019 and beyond as design work progresses.

Cleared as complete and accurate:	30/05/2019	
Cleared by:	Executive Group Manager	Ext: 49805
Contact Officer name:	Liz Lopa	Ext: 49707
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/259	

## QUESTION TIME BRIEF

- We will be working closely with our other Directorate partners, such as Environment Planning and Sustainable Development Directorate and Transport Canberra and City Services, to explore broader planning implications for the health precinct at Garran and surrounding areas.
- SPIRE will now be complemented by a new ANU building that will boost the teaching, training and research presence on the Hospital campus. It will ensure Canberra is best placed to attract the best and brightest students to do their training and research at the Canberra Hospital. Planning for the new ANU building is in the early feasibility stage.
- Further information, including a SPIRE factsheet can be found on the ACT Health public website (see section: About of Health System, and then Planning for the Future).

### Key Information

- The 2016 election commitment stated that SPIRE was planned to open in 2022-23. This was prior to any feasibility, planning and early design works being undertaken.
- SPIRE is a major infrastructure project and as the feasibility and early planning has developed for the SPIRE project, so has the anticipated completion timeframe.
- At this early stage, construction is anticipated to commence in 2020, with demolition of buildings currently occupying the SPIRE site expected to commence in the second half of 2019. SPIRE is targeted for completion in 2023-24, which is consistent with 2017-18 estimated programming forecasts for the project, and project due diligence currently underway will determine final staging and scheduling of works.

Key Deliverable	Estimated Date(s)
Planning and Design Phases (Current Stage)	2018 to 2020
Construction Commencement	During 2020
Targeted Project Completion Date	During 2023-24

- Following extensive planning and feasibility work, the SPIRE Centre will be built at the north-eastern end of the Canberra Hospital campus. This work has included the development of preliminary demand modelling, scope options analysis and high-level engineering studies.
- The SPIRE Centre site location was announced to the public on 12 December 2018 with project updates available on the [ACT Health website](#).

Cleared as complete and accurate: 30/05/2019  
 Cleared by: Executive Group Manager Ext: 49805  
 Contact Officer name: Liz Lopa Ext: 49707  
 Lead Directorate: Health  
 Cleared for release: Yes  
 Information Officer name: Jakob Culver  
 TRIM Ref: GBC19/259

## QUESTION TIME BRIEF

- Staging and decanting planning for existing building that will be demolished has commenced in preparation for the commencement of demolition works in late 2019.
- ACT Health has also recently commenced early design work for SPIRE, which will refine options for the campus and define solutions for optimal integration with the existing hospital infrastructure and services.
- Planning and Design for SPIRE needs to be considered carefully, as the hospital campus is an operational site where existing health services will continue to be delivered while construction is underway.
- ACT Health and Canberra Health Services continues to engage with clinical staff on the SPIRE planning and design works underway; Territory-wide health services planning, and clinical input are a vital part of planning for the construction of SPIRE. Clinical stakeholders will continue to be involved in design phases moving forward.

### Funding for the SPIRE (as per the 2018-19 Budget)

- SPIRE is a commitment of this Government from the 2016 election.
- SPIRE received \$3.0 million in the 2017/18 Budget for feasibility, and \$13 million of capital through the 2018-19 Budget to progress early stages of design.

#### **2018-19 Budget**

	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>Total</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Capital Provision	0	20,000	200,000	200,000	<b>420,000</b>
Capital Injection	13,000	0	0	<b>0</b>	<b>13,000</b>
Feasibility Expenses	3,000	0	0		<b>3,000</b>

- Further capital funding for the project is subject to announcements in the context of the 2019-20 ACT Government Budget.

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## QUESTION TIME BRIEF

GBC19/259

**Portfolio:** Health and Wellbeing

**ISSUE: CENTENARY HOSPITAL FOR WOMAN AND CHILDREN (CHWC)  
PROGRESS UPDATE**

**Talking points:**

- The CHWC expansion will increase existing services, such as maternity and neonatology, and create space for new services designed to meet the needs of woman and children. The CHWC expansion project will support the ACT Government's whole of territory health services strategic vision which is working to ensure you have the best health care, when you need it, closer to home.
- Early design for the project has been completed and final scope approved by Government. The project will deliver additional maternity beds, more special care beds and neonatology services, an adolescent mental health inpatient unit and day service, a specialised gynaecological procedures room, and better integrated maternity services and improved paediatric services.
- Construction of the expansion project started in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite. This element was completed in October 2018.
- It is important to highlight that the expansion is happening in an existing facility on Canberra Hospital campus. There are existing health services operating 24/7 and we need to ensure there is a continuation of care and services for patients and their families while this major project is underway.
- The Expansion of the CHWC is targeted for completion in 2021-22, with partial capital funding already provided through the 2018-19 budget. The 2019-20 budget will provide remaining additional capital funding.
- The expansion will enable the CHWC to meet the growing need for already provided maternity and paediatric services, and will also enable the hospital to deliver new women's and children's services such as specialised adolescent mental health services.

Cleared as complete and accurate:	30/05/2019	
Cleared by:	Executive Group Manager	Ext: 49879
Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/259	



## QUESTION TIME BRIEF

- The expansion will complement recent upgrades to maternity services at Calvary Public Hospital Bruce in order to futureproof our territory-wide health system for public hospital women's, youth and children services.

### Background Information

- The ACT Health Directorate is currently seeking tenders from suitably experienced contractors to design and build new treatment, staff and patient spaces as part of the expansion of the hospital.
- Since the expansion was announced there has been a lot of engagement with our clinical workforce to inform the design specifications for the new and expanded spaces, so this is an important milestone for the project.
- The expansion of the hospital is taking place in phases, and commenced with the completion of a custodial birthing suite in October 2018.
- The project is targeted for completion in the 2021-22 financial year.
- The total capital cost for the project is \$49.05 million, including a \$3.0 million provision for the relocation of the Ronald McDonald House to enable the delivery of expansion elements of the project. In this regard, existing funding (WIP) from capital appropriation through 2018-19 budget processes will contribute to the total cost.

### Funding for the Expansion of the CHWC (To be confirmed in the 2019-20 Budget)

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	0	3,990	14,990	20,510	39,490
Capital	0	30,000	10,550	0	40,550
Capital Grant (Relocation of RMH)	3,000			0	3,000

- Existing capital funding for the project was also provided through the 2018-19 budget.

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Information Officer name:	Jakob Culver	
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GBC19/310

**Portfolio:** Health & Wellbeing**ISSUE:      PILL TESTING****Talking points:**

- The second trial of a pill testing service occurred on 28 April 2019 at the Canberra leg of the Groovin the Moo festival.
- Pill Testing Australia (PTA) worked closely with the event promoters on the operational plan to deliver the service. The ACT Government continues to support an evidence based, harm minimisation approach to drug policy. PTA has provided this service for two trials at no cost to the Government.
- 234 people accessed the service, with 171 samples provided for testing.
- Seven samples contained n-ethylpentylone, a dangerous stimulant known to have contributed to deaths and hospitalisations overseas.
- n-ethylpentylone is a relatively new drug with stimulant and psychoactive affects. These can include increased blood pressure and temperature, seizures, agitation, difficulty sleeping for long periods and even temporary psychosis. As with all illicit drugs an individual's response is variable and unpredictable because every drug is different, potentially impacting individuals differently.
- Patrons presenting these sample results discarded their drugs, thus avoiding potential harm. The total number of pills discarded at the festival is not known.
- The ACT Government looks forward to Pill Testing Australia's operational report in coming weeks, and the independent evaluation to follow from the Australian National University by the end of the year.
- State and Territory Health Ministers were invited to view the pill testing service and meet PTA staff and volunteers on the day prior to the festival to increase their understanding of how the service operates. 6 Officials took up the offer to witness the service.

Cleared as complete and accurate:	13/06/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Alan Philp	Ext: 51854
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Dave Pepper	Ext: 49180
TRIM Ref:	GBC19/310	

**Key Information:**

- Australia's first trial of a pill testing service took place at Groovin the Moo Canberra on 29 April 2018, delivered by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE), now known as Pill Testing Australia.
- A report on the first trial indicated that potentially lethal substances were identified in two of the 85 samples submitted for testing.
- Medical experts support the introduction of pill testing. Supporters include the Royal Australian College of Physicians, the Australian Medical Association President and the Public Health Association of Australia.
- A cross-government pill testing working group, convened by the ACT Health Directorate, considered the public health, legal and social issues relating to each pill testing proposal provided by Pill Testing Australia.
- To date, the only cost to Government of the pill testing trials is the \$58,000 set aside for the independent evaluation of the second trial. This cost is being met from within existing resources.
- Further legal advice would be required before making a determination on whether the ACT Government should fund a future pill testing service.

**Background Information:**

- Pill testing is a harm minimisation intervention that includes the chemical analysis of drugs surrendered by festival patrons, and the provision of relevant drug information and counselling by qualified personnel.
- The ACT Government reinforces that it is illegal to manufacture, possess, distribute and sell illicit drugs in the ACT. The ACT Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs. The ACT Government is committed to harm minimisation, in line with the National Drug Strategy. The Government considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use at ACT music festivals. This position is in no way softening the Government's stance on illegal drugs.
- The public debate around pill testing was reinvigorated following the tragic drug-related deaths of six young people at music festivals across Australia over the Summer festival season.

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## QUESTION TIME BRIEF

GBC19/259

**Portfolio:** Health and Wellbeing

### ISSUE: Private Maternity Services – Calvary Bruce Private Hospital

#### Talking points:

- I was advised by Little Company of Mary Health Care Ltd that as of 28 April 2019, maternity services would no longer be offered through the Calvary Bruce Private Hospital (Calvary Private).
- This service was comprised of elective caesarean procedures and post-natal care. It is anticipated that there will be minimal impact on the public maternity services delivered at Calvary Public Hospital Bruce (Calvary Public) and the Centenary Hospital for Women and Children (Centenary Hospital).
- There is private capacity currently available through Calvary John James Hospital (John James), with Calvary Private making contact with women who have booked with them to discuss their options to utilise this service or Calvary Public in the first instance.
- I assure you that Canberra families will continue to have access to a range of birthing options through our highly sought after public maternity services, and through the private maternity services that will continue to be available at John James.
- We expect most women will continue their private care through John James.
- For those wanting to transfer to the public system, there is capacity through maternity services at Calvary Public and the Centenary Hospital.
- I understand this may be disappointing news for some families. However, I would like to remind the community of the recent refurbishment and expansion of the Calvary Public Maternity Unit, which has certainly increased Calvary's birthing capacity and significantly improved the patient amenity to a very high standard.

Cleared as complete and accurate:	24/05/2019	
Cleared by:	Director-General	Ext: 49400
Contact Officer name:	Sallyanne Pini	Ext: 54689
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Sallyanne Pini	
TRIM Ref:	GBC19/259	



## QUESTION TIME BRIEF

### Background Information

- You were advised by Little Company of Mary Health Care Ltd that the decision has been made as a result of recruitment issues (for midwives), which they have been unable to resolve.

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Contact Officer name:	Sallyanne Pini	Ext: 54689
Lead Directorate:	Health	
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Information Officer name:	Sallyanne Pini	
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## QUESTION TIME BRIEF

GBC19/259

**Portfolio:** Health and Wellbeing

### ISSUE: INTENSIVE CARE BED CAPACITY

#### Talking points:

- As our city is growing and our community is getting older, our hospitals are treating people with more complex conditions.
- This is not an issue that is unique to Canberra. Across Australia, hospitals are experiencing pressures from increased demand for critical care services, like those provided by our intensive care units (ICU).
- While the new SPIRE Centre at Canberra Hospital will expand ICU capacity, early planning work has identified that extra capacity in the ICU will be required ahead of SPIRE's completion.
- In late November 2018 the ACT Health Directorate, in partnership with Canberra Health Services (CHS), engaged an architect to complete an ICU options study.
- This study presented to the Directorate on 16 January 2019, offered two preferred design options for an expanded ICU, at a cost of \$13.5 million.
- The Commonwealth Government's announcement to fund the \$13.5 million dollar expansion as part of the Community Health and Hospital Program, is welcomed. Federal Labor have committed to match this commitment, should they be successful in Saturday's election.
- This funding will deliver an additional 6-8 ICU beds, medical equipment and infrastructure, meeting the immediate acute health care needs of Canberrans.
- With the announcement of this funding, ACT Health will now progress early design work with a view for endorsement of a final design and cost plan in September/October 2019.
- The preliminary design work already completed by CHS and ACT Health will ensure this project, and the additional ICU beds it will deliver, is completed in a reduced time-frame.

Cleared as complete and accurate:	30/05/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/259	

## QUESTION TIME BRIEF

### Key Information

- The Canberra Hospital has 31 Intensive Care Unit (ICU) beds.
- The Calvary Public Hospital has 10 ICU beds.
- In periods of high demand, Canberra Hospital and Calvary work closely together to manage ICU demand. This can include the transfer of patients where clinically safe to do so.

### Background Information

- On Monday 18 February 2019, ABC Canberra published the online article: [Canberra Hospital's intensive care unit could run out of beds from October, senior planner reveals.](#)
- The story states that the Government has been advised that the Canberra Hospital Intensive Care Unit (ICU) may be unable to accept urgent admissions as early as October, due to a "critical risk" of reaching capacity. The story also states that planning for the SPIRE Centre had identified a 200 bed surgical bed shortfall.
- The media reports follow the release of internal documents through a Freedom of Information request from the ACT Opposition. The documents included:
  - a brief from the former A/g Chief Clinical Operations and SPIRE Executive Sponsor, Mark Dykgraaf, which outlined issues pertaining to the number of surgical inpatients beds in SPIRE, and a concept brief; and
  - a concept brief, which outlined issues relating to ICU bed capacity at Canberra Hospital.
- These claims are based on now redundant information, no longer relevant to current infrastructure planning and expansion works.
- Since SPIRE was funded in the 2017-18 ACT Budget, the first stages of the project have included early planning and feasibility work. As part of this process, a Steering Committee made up of health service providers and key stakeholders was set-up to establish an agreed baseline from which effective, territory-wide service and infrastructure planning is based.
- Following December's announcement of SPIRE's location on the north-eastern side of the Canberra Hospital campus, SPIRE is now entering its next phase of project development. This includes more advanced planning; the commencement of early design works; and more intensive engagement with the clinical workforce. SPIRE bed numbers, including those within the ICU, will be subject to much greater consideration as part of these processes before being finalised.

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Lead Directorate:	Health	
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TRIM Ref:	GBC19/259	

## QUESTION TIME BRIEF

- The announcement to fund the expansion of the ICU at Canberra Hospital was published in the Canberra Times, 29 March 2019:  
<https://www.canberratimes.com.au/politics/act/federal-government-promises-52-million-to-act-health-projects-20190328-p518mn.html>

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GBC19/310

**Portfolio:** Health & Wellbeing**ISSUE: 2019 INFLUENZA SEASON****Talking points:****Current influenza season**

- In 2019 so far, there has been a higher number of influenza cases reported both nationally and in the ACT compared to the same time period in previous years.
- Between 1 January and 9 June 2019, there have been 738 notifications of influenza reported to ACT Health. In comparison, there were 137 notifications of influenza reported to ACT Health during the same time period in 2018.
- Influenza notifications have been increasing since early May 2019, indicating the influenza season has begun in the ACT. This is the earliest start to an influenza season compared to the previous ten years.
- Between 1 April and 6 June 2019, there have been 60 influenza-related hospitalisations in ACT public hospitals.
- As at 9 June 2019, ACT Health has received reports of less than 5 influenza-associated deaths in 2019. This is consistent with the number of deaths reported for the same time period in 2017 and 2018.
- Between 1 January and 9 June May 2019, there have been two outbreaks of laboratory-confirmed influenza reported in Aged Care Facilities in the ACT. There were no deaths associated with these outbreaks.
- It is difficult to predict how the 2019 influenza season will continue to progress in terms of incidence and severity. Many factors can affect the magnitude and severity of the flu season, including the types of influenza viruses that are circulating, how well they match the vaccine, and immunisation coverage.

Cleared as complete and accurate:	17/06/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Dr Kerryn Coleman	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/310	

### **Influenza season preparedness**

- The ACT Health Directorate facilitates annual winter planning to document current winter preparedness activities across key agencies. This final document is called the ACT Health Sector Winter Action Plan.
- The Health Sector Emergency Management Committee undertakes this activity, is chaired by the Chief Health Officer, and includes membership from Canberra Health Services, Calvary Public and Private Hospitals, Capital Health Network and other stakeholders.
- In preparation for the 2019 influenza season, Canberra Health Services and Calvary Public Hospital are in the process of reviewing and endorsing their internal winter management plans called the Canberra Health Services Winter Management Plan 2019 and Winter Demand Management Plan 2019 (Calvary). This includes, but not limited to, addressing access demand, bed capacity, workforce management, communications and clinical processes.
- The ACT Health Directorate has undertaken a number of preparedness activities leading up to the flu season. These activities include:
  - Providing education sessions on influenza and influenza vaccines for GPs, nurses, pharmacists, and aged care facility healthcare workers.
  - Distributing a suite of promotional materials to healthcare workers and the community about preventing influenza, influenza vaccination and winter wellbeing, generally.
  - Distributing government funded influenza vaccine to immunisation providers.
  - Providing free access to the influenza vaccine through ACT Health Early Childhood Immunisation Centres and Antenatal Units.
  - ACT Government funding of ACT Early Childhood Influenza Vaccination Program for children aged 6 months to under five years.
  - Expanding the influenza immunisation program to additional primary care providers in the community. As part of this, 45 ACT pharmacies will be delivering Commonwealth-funded influenza vaccine to people 65 years and older. Information about participating pharmacies is on the ACT Health website.

Cleared as complete and accurate:	17/06/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Dr Kerry Coleman	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/310	

### Immunisation Program

- The ACT Health Directorate encourages the ACT community to talk to their GP or pharmacist about influenza immunisation. Now is the time to get vaccinated so you are protected before the 2019 influenza peak season starts.
- The Immunisation Section at the Health Protection Service has delivered 103,033 doses of influenza vaccine to immunisation providers between 1 April and 14 June 2019. This is higher than the 89,341 that were distributed in the same period in 2018.
- In 2018, the ACT Government funded flu vaccines for all children from six months to under five years of age. In 2018, 43.4 per cent of children in this age range in the ACT received at least one dose of the influenza vaccine; this was the highest coverage for this age group in the country. The Childhood Influenza Vaccination Program is continuing in 2019.
- There are no current issues with government funded influenza vaccine supply in the ACT. However, due to the high demand of the influenza vaccine for persons aged 65 years across GPs and 45 pharmacies, Health Protection Service is closely managing stock of this vaccine, including undertaking regular inventories and distributing stock to meet the needs across the immunisation sector. Stocks of the vaccine for persons 65 and over may run out at GPs and participating pilot pharmacies between deliveries from the Vaccine Management Unit. People are advised to ring ahead to ensure the practice or pharmacy has the vaccine.
- Private influenza vaccine stocks for non high-risk groups is running low at some GPs and pharmacies. People should ring ahead to check availability.

Cleared as complete and accurate:	17/06/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Dr Kerryn Coleman	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/310	



## QUESTION TIME BRIEF

GBC19/259

**Portfolio/s:** Health & Wellbeing

**ISSUE: ACT HEALTH DIRECTORATE AND CANBERRA HEALTH SERVICES  
EXECUTIVE STAFFING STRUCTURE**

**Talking points:**

- Since the transition became effective on 1 October 2018, both Canberra Health Services (CHS) and the ACT Health Directorate have restructured their executive positions to reflect the needs of the organisations.
- Other priorities have arisen post transition, which have required new executive positions to be established that are not related to the transition.
- This includes time-limited roles such as:
  - the Director, Office of the Review of Culture (required to lead and manage the secretariat function and support the Panel for the Independent Review into Workplace Culture within ACT public health services)
  - the newly established Executive Branch Manager for the implementation of the workplace culture review (required to lead and manage the system-wide implementation of recommendations arising from the Final Report of the Independent Review into Workplace Culture within ACT public health services).
  - Special Adviser, Communications, Building Health Services Program (a six month appointment required to develop, lead and manage extensive clinician and stakeholder engagement for the Building Health Services Program projects such as SPIRE and Centenary Hospital for Women and Children Expansion).
- These positions have been funded from dedicated budgets established for the purposes of the Review, the implementation of the recommendations arising from the Review, and funding provided for the planning of health infrastructure projects.

Cleared as complete and accurate: 29/05/2019  
Cleared by: Director-General Ext: 49400  
Contact Officer name: Vanessa Dal Molin Ext: 49400  
Lead Directorate: Health  
Cleared for release: Yes  
Information Officer name: Michael De'Ath  
TRIM Ref:



## QUESTION TIME BRIEF

- No existing resources were diverted from operational areas to fund these roles.
- Additionally, the new Coordinator-General for the Office for Mental Health and Wellbeing has been established. I can confirm that no existing resources were diverted from operational areas to fund this roles.
- The annual remuneration for these four positions alone, add up to around \$840,000 (not including staffing on costs) per annum. And again, it is important to reiterate that these positions were not created because of the transition.
- I would like to reiterate that it was always made clear during the transition process that the organisations would continue to refine and stabilise their structure post 1 October 2018. This work is continuing and is likely to result in further rationalisation of executive positions.
- The increase in executive remuneration can also be contributed to the creation of positions, such as the CHS CEO, which are critical to leading an organisation.
- I cannot emphasise enough that resources were not diverted from operational and clinical areas to fund these roles.
- I would like to remind members that this Government has prioritised funding for more operational staff, including more nurses and midwives through election commitments and budget initiatives.

### Background Information

- Note: all annual remunerations costs referred to below do not include administrative on costs, and are calculated on a full year basis, not actual expense.
- The response to Question on Notice No. 1439 in May 2018 stated that 41.4 FTE of executive positions existed in 2017-18. In house calculations come to a total cost of \$8,417,215.20 per annum.
- In April 2018, following the announcement of the transition to two new organisations, and the appointment of the interim Director-General, a Form and function review was undertaken to better align ACT Health's structure in a way that would facilitate an efficient split on 1 October 2018.

Cleared as complete and accurate: 29/05/2019  
Cleared by: Director-General Ext: 49400  
Contact Officer name: Vanessa Dal Molin Ext: 49400  
Lead Directorate: Health  
Cleared for release: Yes  
Information Officer name: Michael De'Ath  
TRIM Ref:

## QUESTION TIME BRIEF

- The new structure for ACT Health resulting from the Form and Function Review came into effect on 16 July 2018. The new structure was comprised of 42.4 positions, at a cost of \$8,757,132.
- As at 29 May 2019, the executive structures are as follows:
  - ACT Health Directorate – 29.4 Executive Level positions - \$6,034,852.20 per annum.
  - Canberra Health Services – 16 Executive Level positions - \$3,665,184 per annum.
  - Total number of positions is 45.4, at a cost of \$9,700,036.20.
- The four additional positions created outside of transition come to a cost of \$826,938 per annum.

Cleared as complete and accurate: 29/05/2019  
Cleared by: Director-General Ext: 49400  
Contact Officer name: Vanessa Dal Molin Ext: 49400  
Lead Directorate: Health  
Cleared for release: Yes  
Information Officer name: Michael De'Ath  
TRIM Ref:

## QUESTION TIME BRIEF

GBC19/259

**Portfolio/s:** Health and Wellbeing

### HOT ISSUE: Elective Surgery Waiting Times

#### Talking points:

- The ACT Government continues to invest in elective surgery services across the Territory.
- On 31 May 2019 the ACT Public Health Services Quarterly Performance Report (the Quarterly Report) for the third quarter of 2018/19 was published on the ACT Health website.
- The Quarterly Report shows that for the period of January to March 2019, 97% of category 1 patients received their elective surgeries within clinically recommended timeframes (i.e. within 30 days). This represents a 1% improvement when compared to the previous quarter.
- As at 31 March 2019, the median wait times to surgery are:

Elective Surgery Patient Category	Median Wait Time (days)
Urgent, Category 1 (within 30 days)	18
Semi-urgent, Category 2 (within 90 days)	58
Non-urgent, Category 3 (within 365 days)	218

#### Background:

On 24 May 2019, The Canberra Times published an article about a constituent, Ms Jo Plunkett, who raised concerns about the management of the elective surgery waiting list.

Ms Plunkett's concerns have been investigated. However, it is not recommended that details relating to specific patients be discussed for reasons of patient/clinical confidentiality.

Cleared as complete and accurate:	31/05/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Peter O'Halloran (Chief Information Officer)	Ext: 49000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Emily Harper	Ext: 49541
TRIM Ref:	GBC19/260	

GBC19/310

**Portfolio/s:** Health & Wellbeing

**ISSUE: Centre for Health and Medical Research (formerly Office of Research)**

**Talking points:**

- The Centre for Health and Medical Research (CHMR) has 15.6 FTE staff members, representing its budget allocation for 2018-19 of \$1.9m.
- CHMR Executives have internationally-recognised expertise in Health and Medical Research across the areas of pre-clinical research and translation, health services research, implementation science, well-being development, biostatistics and data science. The staff have management expertise relative to their units, including PC2 laboratory and animal facility management, human ethics and governance and conference coordination.
- CHMR is responsible for strategy, policy, coordinating, governing and partnering efforts on health and medical research involving ACT Government resources.
- CHMR comprises of four business units: Human Ethics and Governance, Pre-Clinical Research and Education Services, Health Analytics Research Collaboration (HARC) and the central Office. In March 2019, the Clinical Trials Unit moved from the Health Directorate to Canberra Health Service to align with the service provider nature of the Unit.
- A successful business case to support a \$3m research fund over three years will be part of CHMR's budget allocation in 2019-20. The targeted investment will be in key health research areas such as cancer, type 2 diabetes, cardiology, nursing, mental health, women and children, dementia, End of Life and palliative care, and population health, and the ACT Government's COAG commitment to the Brain Cancer Mission (\$600k over three years). The research program will be governed and allocated to researchers on a competitive basis by CHMR, with an implementation science management approach to knowledge creation to minimise duplication of research efforts.

Cleared as complete and accurate:	18/06/2019	
Cleared by:	Deputy Director-General	Ext: 49180
Contact Officer name:	Bruce Shadbolt	Ext: 44288
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Reagan Taylor	
TRIM Ref:	GBC19/310	



## QUESTION TIME BRIEF

- The scope of CHMR includes leading the strategic development and stewardship of ACT Government health research, collaborating with Canberra Health Service and academic institutions in the conduct and translation of research into practice. Our four key initiatives are:
  - Effective translation from fundamental health research to the clinic and health policy;
  - Grow, support and maintain the next generation of health and medical researchers;
  - Innovation and improvement of the health system through internationally competitive health and medical research;
  - Grow and unlock the health opportunities with data science; and
- Recent examples of success within CHMR include:
  - Establishing the Molecular Screening and Therapeutics (MoST) Trial on rare cancers and the Australian Genomics Cancer Medical Program.
  - Collaboratively submitting an application to the National Health Medical Research Council (NHMRC) to be accredited as a Centre for Innovation in Regional Health Care. The HealthANSWERS Partnership is a collaboration between ACT Health Directorate, Canberra Health Service, three Local Health Districts in NSW, the ACT and NSW Ambulance Services, four Primary Health Networks, Aboriginal and Torres Strait Islander Corporations, Healthcare Consumers and various industry affiliates.
  - End of Life Care research plan coordinating efforts across stakeholders in the ACT. This provides one of the foci for the HealthANSWERS accreditation bid.
  - Canberra Health Annual Research Meeting (CHARM) had a successful meeting in 2018 changing to a theme-based approach to attract the best researchers each year in a particular research theme. In 2018 it was cardiovascular disease, in 2019 CHARM will focus on End of Life Care.

Cleared as complete and accurate:	18/06/2019	
Cleared by:	Deputy Director-General	Ext: 49180
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Information Officer name:	Reagan Taylor	
TRIM Ref:	GBC19/310	

- The Health Analytics Research Collaboration (HARC) was established in collaboration with our academic partners, with a focus on health data science, research methods and analytics in both quantitative and qualitative research. HARC enables the conduct of advanced and novel research designs based on efficient and enhanced discovery opportunities. HARC has been actively engaging with its partners to find solutions to data and linkage issues. A symposium has been held in June 2019 to establish a path forward.
- Memorandum of Understanding (MOU) with Peter MacCallum Cancer Center (PMCC) and Australian National University (ANU) for cancer research
- Development of strategic plan and capital campaign to raise funds to establish comprehensive cancer centre in collaboration with ANU and other partners

### **Key Information**

In June 2019 the government announced a \$3 million over three years funding grant for Research bringing the governments election promise to fruition. \$600,000 for three years (\$200,000pa) will be used for brain cancer research – meeting another election commitment;

\$800,00 in 2019-20 to projects in the ACT to build research capacity in methods and data analytics that enable high quality research to be embedded in everyday healthcare, with research results readily translated into practice for individual patient care;

\$1.600 million (2020-21 and 2021-22) to projects that focus on research which readily translates into ongoing practice; and

Administrative expenses for the health research grants program will be met within existing resources, equivalent to 0.4 FTE - Director – Research Strategy and Funding (SOA)

Cleared as complete and accurate:	18/06/2019	
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Contact Officer name:	Bruce Shadbolt	Ext: 44288
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Reagan Taylor	
TRIM Ref:	GBC19/310	

**Background Information****Human Ethics and Governance Unit provides:**

- Secretariat support for Human Ethics Research Committee, Clinical Trials Management and Strategy Committees and other committees as required
- Monitor Ethics' projects ongoing requirements to maintain approval
- Answers enquiries about human ethics research
- Contribute to national ethics initiatives

**Preclinical and Educational Support Unit provides:**

- Support Canberra Health Annual Research Meeting (CHARM)
- Support the Vacation Scholarship Program
- Maintain the Animal Research Facility
- Provide an animal support service
- Management of research laboratories including space allocation, safety, PC2 compliance, equipment and material management

**Health Analytics Research Collaboration (HARC) provides:**

- Management of the HARC Network and associated committees
- Develop and implement the Research Data Governance Framework
- Develop and implement the Research Analytics Framework including analytics used to improve consumer and community experiences, health outcomes and well-being
- Co-ordinate research collaboration with academic and other affiliated related to data and analytics including the HealthANSWERS Partnership

**Office of the Centre for Health and Medical Research provides:**

- Lead strategic research direction and roadmap for ACT Health research
- Contribute to national representation on research initiatives and committees such as NHMRC and state/territory committees and working groups
- Supports ACT Health Directorate's role in the HealthANSWERS Partnership
- Manage Research Funds, including grant funds and capacity building initiatives
- Research performance management governance

Cleared as complete and accurate: 18/06/2019  
Cleared by: Deputy Director-General Ext: 49180  
Contact Officer name: Bruce Shadbolt Ext: 44288  
Lead Directorate: Health  
Cleared for release: Yes  
Information Officer name: Reagan Taylor  
TRIM Ref: GBC19/310

## QUESTION TIME BRIEF

- Co-ordinate and liaise with academic, inter-jurisdictional organisations and other affiliates on research collaborations
- Support contracts and Intellectual Property related to research

Cleared as complete and accurate: 18/06/2019  
Cleared by: Deputy Director-General Ext: 49180  
Contact Officer name: Bruce Shadbolt Ext: 44288  
Lead Directorate: Health  
Cleared for release: Yes  
Information Officer name: Reagan Taylor  
TRIM Ref: GBC19/310



GBC19/310

**Portfolio:** Health and Wellbeing**ISSUE: MEASLES****Talking points:**

- Three cases of measles have been reported to ACT Health since mid December 2018.
- The first case, who likely acquired the infection while overseas, was reported to ACT Health on 17 December 2018.
- The first case attended several public venues while they were unknowingly infectious. A Public Health Alert was issued on 18 December 2018 to inform people who attended these venues to be aware of measles symptoms.
- The second case, reported to ACT Health on 1 January 2019, is likely to have acquired their infection through indirect contact with the first case by being in the same public place at the same time.
- The third case was reported to ACT Health on 7 February 2019 and likely acquired their infection overseas. This case is not linked to the two previous cases.
- The third case attended the Canberra Airport while they were unknowingly infectious. A Public Health Alert was issued on 8 February 2019 to inform people who were at the airport on 3 February 2019 between 10 am 11am to be aware for signs and symptoms of measles.
- For all three cases, ACT Health commenced a rapid public health response and followed up all contacts that could be identified in line with national guidelines.
- No further cases of measles have been reported in the ACT, and no other identified contacts have gone on to develop measles.

Cleared as complete and accurate:	17/06/2019	
Cleared by:	Chief Health Officer	Ext: 49442
Contact Officer name:	Dan Curtin	Ext: 49252
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Dan Curtin	
TRIM Ref:	GBC19/310	

**Key Information**

- Although measles infection is now rare in Australia due to sustained high immunisation coverage, measles continues to circulate in many countries overseas and increased measles activity has been reported internationally over the last few months.
- Across Australia, increased measles activity has been noted in throughout 2019, largely linked to cases who acquired their infections overseas. As at 17 June 2019, 128 cases of measles have been reported across Australia in 2019, with 36 cases in NSW, 29 cases in NT, 26 cases in Vic, 18 cases in WA, 14 cases in Qld, three cases in SA, and one case in Tas.
- Measles cases continue to be reported in Australia due to visitors and returning travellers contracting the disease in overseas countries where outbreaks continue to occur. People travelling overseas should check their immune status before they leave.

**Background Information**

- Measles is a serious disease and is highly contagious among people who are not fully immunised.
- The virus is spread from an infectious person during coughing and sneezing or through direct contact with secretions from the nose or mouth.
- People generally develop symptoms 7-18 days after being exposed to a person with infectious measles, with ten days being more common. People are infectious from four days before they develop a rash until four days after.
- Two doses of Measles Mumps Rubella vaccine (MMR) are required for immunity against measles. The vaccine can be given at any age after nine months.
- Under the funded Australian National Immunisation Program, two doses of MMR vaccine are given to children at 12 and 18 months of age.
- Individuals born in 1966 and later who have not had two doses of MMR vaccine are considered susceptible to measles.
- The ACT Government funds measles, mumps, rubella (MMR) vaccine for adults. Anyone born in or after 1966 who have not previously received two measles containing vaccines is eligible for free MMR vaccine. This can be obtained from ACT GPs.
- Anyone with symptoms of measles should arrange to be seen as early as possible by their doctor. They should advise their health provider before they arrive at the medical clinic so that appropriate infection control precautions can be put in place to stop the spread of the infection.

Cleared as complete and accurate: 17/06/2019  
Cleared by: Chief Health Officer Ext: 49442  
Contact Officer name: Dan Curtin Ext: 49252  
Lead Directorate: Health  
Cleared for release: Yes  
Information Officer name: Dan Curtin  
TRIM Ref: GBC19/310

## QUESTION TIME BRIEF

GBC19/310

**Portfolio/s:** Health and Wellbeing

**ISSUE: BED NUMBERS AND BED OCCUPANCY**
**Talking Points**

- Bed occupancy is a measure of the efficient use of resources available for hospital services.
- Bed occupancy figures fluctuate hourly, daily and monthly, and also vary substantially with the level of demand experienced across each hospital campus.
- ACT public hospitals achieved a bed occupancy rate of 86 per cent for the 2017-18 financial year. This is comparable to previous years.
- For the 2018-19 financial year to 10 June 2019, the bed occupancy and the number of beds, based on the average per day, were:
  - Canberra Hospital – 87 per cent based on an average physical bed capacity of 660 beds;
  - University of Canberra Hospital – 89 per cent based on an average physical bed capacity of 84 beds (since 17 July 2018); and
  - Calvary Public Hospital Bruce (CPHB) – 65 per cent based on an average physical bed capacity of 277.
- The overall year-to-date occupancy was 81 per cent compared to the 2018-19 target of 90 per cent.
- The National Average Length of Stay in hospital for overnight patients during 2016-17 was 5.3 days. The average length of stay of overnight patients in CHS was 5.6 days, and CPHB, 5.1 days.
- During 2017-18 there were 55,364 overnight separations. This is an increase compared to 54,431 during 2016-17, and 51,685 during 2015-16.

Cleared as complete and accurate:	18/06/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Peter O'Halloran	Ext: 49000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Emily Harper	Ext: 49541
TRIM Ref:	GBC19/310	

## QUESTION TIME BRIEF

GBC19/259

**Portfolio:** Health and Wellbeing

### ISSUE: EMERGENCY DEPARTMENT DEMAND

#### Talking points:

- Emergency Department (ED) presentations across the system increased from 143,860 in 2016-17 to 147,778 in 2017-18, representing a three per cent increase.
- ACT Health is focused on delivering emergency services within clinically recommended timeframes.
- ACT EDs achieved the 'seen on time' target for category one and five patients during 2017-18.
- This target was not achieved in 2017-18 for categories two to four. Operational areas advise that this was due to the unprecedented winter season demand, and more clinically urgent and complex patient presentations.
- There were 37,107 ED presentations in the third quarter of 2018-19 and 37,065 in the second quarter.
- The third quarter of 2018-19 is showing some reduction in timeliness.
  - Median wait times for quarter three have increased slightly.
  - 30 per cent of emergency triage category three patients were seen on time, down from 36 per cent the previous quarter; and
  - 46 per cent of emergency triage category four patients were seen on time, down from 51 per cent the previous quarter.

Cleared as complete and accurate:	31/05/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Peter O'Halloran	Ext: 49000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Emily Harper	Ext: 49541
TRIM Ref:	GBC19/259	



## QUESTION TIME BRIEF

### Key Information

- The 2018-19 budget provided funding for a number of full time equivalent frontline staff, including additional nursing staff, allied health professionals and medical officers.
- Several strategies to assist in managing the increase in demand have been implemented, including dedicated winter plans which incorporate additional beds and staffing, daily operational strategies to improve patient flow and discharge, and public education to inform the community about appropriate use of the ED and the alternative services available to the community.
- This will assist to improve access to emergency services and care, reduce the waiting times experienced by patients, and optimise the seamless transfer of patients to the most appropriate clinical environment. This will result in better health outcomes and experiences for patients in the ACT and surrounding NSW region.

Cleared as complete and accurate:	31/05/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Peter O'Halloran	Ext: 49000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Emily Harper	Ext: 49541
TRIM Ref:	GBC19/259	

GBC19/259

**Portfolio:** Health and Wellbeing

**ISSUE: Half Yearly Performance Reports: Canberra Health Services, Health Directorate and Local Hospital Network**

**Talking points:**

- Half Yearly Performance Reports for Canberra Health Services, ACT Health Directorate and Local Hospital Network was tabled in the Legislative Assembly on Thursday 14 February 2019.
- There were some major variances within Statements of Performance and recorded output.

**Key information**

**Canberra Health Services**

- Output 1.1 - Acute Services:
  - Output 1.1.c – Emergency Services - was five per cent below target. Emergency Department (ED) presentations and acuity increased considerably from 2016 to 2017, partly due to a severe flu season resulting in a high volume of respiratory related conditions. Although ED activity remains at historically high levels, the rate of increase seen in recent years has not occurred in the current reporting period, partly due to a milder flu season.
  - Output 1.1.e. - Sub Acute Services - was 24 per cent higher than the target due mainly to Rehabilitation Care seeing an 18 per cent increase, reflecting the opening of University of Canberra Hospital.
- Output 1.2 Mental Health, Justice health and Alcohol and Drug Services:
  - Output 1.2.b - Children and youth mental health program community service contacts - was 20 per cent higher than the target due to higher demand and staff levels, particularly in the acute areas. The program has been expanded through the Youth Mental Health Assertive Outreach and Expansion of the Perinatal Mental Health Service budget initiatives.
  - Output 1.2.c - Mental Health Rehabilitation and Specialty Services - was 24 per cent higher than target due mainly to demand for rehabilitation and specialty mental health services.

Cleared as complete and accurate:	28/05/2019	
Cleared by:	Executive Group Manager	Ext: 49869
Contact Officer name:	Gray Charlton	Ext: 49643
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	John Fletcher	
TRIM Ref:	GBC19/259	

## QUESTION TIME BRIEF

- Output 1.2.f - Justice Health Services community contacts - was 10 per cent lower than target largely due to adjustments in clinical and operational practices resulting in less occasions of service.
- Output 1.4 Cancer Services:
  - Output 1.4.c – Number of breast screens for women aged 50 to 74 – was 23 per cent higher than the target due to an increase in the age group from 50-69 years to 50-74 years. The target was not adjusted for this cohort.
  - Output 1.4.e - percentage of screened patients who are assessed within 28 days - was 10 per cent lower than target was impacted by program capacity as well as client choice. Screening capacity in October and November increased significantly with the engagement of locum radiographers. This resulted in an increase in the number of women recalled for assessment. This in turn exceeded available assessment appointments and resulted in some women exceeding the 28 day timeframe.
- Output 1.5 Rehabilitation Aged and Community Care:
  - Output 1.5.b - Number of allied health regional services - was 14 per cent below target reflecting reductions in activity due in part to staff vacancies and unplanned personal leave. Physiotherapy occasions of service are also down due to an increase in group sessions.
  - Output 1.5.c - Mean waiting time for clients on the dental services waiting list - was 17 per cent higher than target reflecting a decrease in Commonwealth National Partnership Agreement funding of 62.5 per cent. This indicator will be reviewed to consider the impact of this reduction.

### ACT Health Directorate and Local Hospital Network (LHN)

- Output 1.3 Population Health:
  - Output 1.3.a - Samples analysed - was 11 per cent higher than the target due to the achievement of processing of a backlog of data, particularly in the areas of Environmental and Forensic chemistry.
  - Output 1.3.b - Total number of inspections and proactive site visits of food business - was 28 per cent lower than target due to staff shortages, as a result of resignations, temporary transfers and unplanned leave. Recruitment is underway to fill vacant positions.
  - Output 1.3.d - Number of It's Your Move schools recruited to the Program - was 217 per cent higher than target due to the increasing popularity of the program. This results from a significant increase in the number of schools participating in the program.

Cleared as complete and accurate:	28/05/2019	
Cleared by:	Executive Group Manager	Ext: 49869
Contact Officer name:	Gray Charlton	Ext: 49643
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	John Fletcher	
TRIM Ref:	GBC19/259	

- Output 1.1 Acute Services
  - Output 1.1.f – Calvary Services – NWAU (out of scope) - was 11 per cent lower than target due to a shift in patient case mix to lower weighted clinics.
- Output 1.1 Local Hospital Network
  - Acute Admitted Mental Health Services (LHN - 1.1.d)- was five per cent higher than target due to a higher number of separations than anticipated. The largest increase in service volume was observed in treatment for personality disorders and eating and obsessive-compulsive disorders at Canberra Health Services.
  - Sub-Acute Services (LHN - 1.1.e) - was 17 per cent higher than target due to an increase in separations particularly in rehabilitation as a result of the opening of University of Canberra Hospital.
  - The Percentage of mental health clients with outcome measures completed (LHN - 1.1.g) - was 11 per cent higher than target due to service managers having a focus on monitoring completion rates with front line staff. Changes to the indicator (for example, measuring change scores in outcome measures rather than completion rates) are being considered as part of the current development of the ACT mental health reporting framework.

### Background information

- Directors-General (DG) and Chief Executive Officers (CEO) are responsible for delivering outcomes for the provision of services. Each DG / CEO is responsible to their Minister for the delivery of outcomes and for the provision of outputs as specified in each agency's budget papers.
- Performance indicators provide a succinct and transparent means by which ACT Government entities can present their performance and in so doing be held accountable.
- Section 30(E) of the *Financial Management Act 1996* requires Ministers to prepare a half-yearly performance report for each directorate for which the Minister is responsible and report to the Legislative Assembly within 45 days of the end of the December period. This report must include:
  - a) A progress report on delivery of outputs; and
  - b) An explanation of any significant variations from performance criteria.

Cleared as complete and accurate:	28/05/2019	
Cleared by:	Executive Group Manager	Ext: 49869
Contact Officer name:	Gray Charlton	Ext: 49643
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	John Fletcher	
TRIM Ref:	GBC19/259	



GBC19/259

**Portfolios:** Health and Wellbeing**ISSUE: ACT HEALTH ORGANISATIONAL REFORM****Talking points:**

- It has been just over 8 months since the ACT Health transition was implemented. Members will recall, in March 2018, the decision to create two health organisations with clear scope and accountabilities was announced.
- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning and implementation.
- On 1 October 2018, two directorates were formally established and ACT Health and Canberra Health Services became operational.
- Staff who deliver frontline health services to the Canberra community now come under the umbrella of a dedicated health services delivery organisation – Canberra Health Services.
- The ACT Health Directorate is now responsible for strategic policy, research and planning and will set the strategic direction for health services across the ACT.
- The creation of two health organisations has enabled a clearer focus on efficiency and effectiveness for clinical operations and enabled the ACT Health Directorate to undertake core strategy and system stewardship functions.
- This change has been an essential evolution for our growing population and expanding health system and has also brought greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- For patients, consumers and their families, the transition has been a seamless one.

Cleared as complete and accurate:	31/05/2019	
Cleared by:	Executive Branch Manager	Ext: 49401
Contact Officer name:	Vaness Dal Molin	Ext: 49401
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Director-General	
TRIM Ref:	GBC19/259	

## QUESTION TIME BRIEF

- Following the appointment of a Chief Executive Officer for Canberra Health Services, a review of the structure was undertaken.
- Changes to the Canberra Health Services structure were required to realign some reporting lines at the senior level to enable similar work functions to be grouped together. This ensures the structure supports how the health service works now and how we need it to work in the future.
- Following consultation with staff and relevant stakeholders a final organisational structure was released to staff and took affect on 1 March 2019.
- Due to a significant recruitment process to appoint all clinical Executive Directors to each Division, a phased approach to transitioning teams was required, and now is fully implemented.

Cleared as complete and accurate:	31/05/2019	
Cleared by:	Executive Branch Manager	Ext: 49401
Contact Officer name:	Vaness Dal Molin	Ext: 49401
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Director-General	
TRIM Ref:	GBC19/259	

## QUESTION TIME BRIEF

GBC19/259

**Portfolio:** Health and Wellbeing

**ISSUE: ACT HEALTH SYSTEM-WIDE DATA REVIEW**

**Talking points:**

- ACT Health undertook a System-Wide Data Review in 2017-2018 to address underlying issues around data and reporting, after it was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the 2017 Report on Government Services.
- The Review is complete, with my tabling of the Outcomes Report in the Legislative Assembly on 21 August 2018.
- The Outcomes Report made nine key recommendations, and set out a program of activities that was developed in accordance with best practice data management and performance reporting principles.
- An Implementation Plan for the next six months' work has been published by ACT Health. It covers the program's second phase and provides an update on the significant progress that has been made against the activities identified in the first Implementation Plan.
- ACT Health is continuing to work to identify, develop and report relevant health information to improve access to data online and help Canberrans be more informed about their own health care.

Auditor-General's report

- On 30 May 2019, the Auditor-General published his report *Program management of the System-Wide Data Review implementation*.
- The audit reviewed the program management arrangements for the implementation of the System-Wide Data Review's recommendations and activities.
- The audit also examined the project management arrangements for the largest project under the System-Wide Data Review program: the Data Repository Population Project.

Cleared as complete and accurate:	31/05/2019	
Cleared by:	Executive Group Manager	Ext: 49000
Contact Officer name:	Peter O'Halloran	
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Emily Harper	Ext: 49541
TRIM Ref:	GBC19/259	

## QUESTION TIME BRIEF

- The audit has made two recommendations on governance arrangements and project planning, noting that these arrangements are still under development and require improvements to support the implementation of the Review effectively.
- The audit has also found the project management and governance arrangements for the Data Repository Population Project are well-established, thorough and mature.
- ACT Health has welcomed these audit findings, and is using the successful Data Repository Population Project management and governance arrangements as a platform to improve the approach for the System-Wide Data Review program.
- Implementing the System-Wide Data Review program continues to be a priority in order to ensure that the outcomes of the Review result in meaningful change for patients, the broader community and the ACT health system workforce.

Cleared as complete and accurate:	31/05/2019	
Cleared by:	Executive Group Manager	Ext: 49000
Contact Officer name:	Peter O'Halloran	
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Emily Harper	Ext: 49541
TRIM Ref:	GBC19/259	



## QUESTION TIME BRIEF

GBC19/259

**Portfolio:** Health and Wellbeing

**ISSUE:** INFRASTRUCTURE (INCLUDING SPIRE and UMAHA)

**Talking points:**

- ACT Health continues to make progress on infrastructure planning for the Canberra Hospital, Calvary Public Hospital Bruce and Community Health Infrastructure. Informed by Territory Wide Health Service Planning, ACT Health is continuing its work in the planning and design phase for:
  - The Expansion of the Centenary Hospital for Women and Children (CHWC), including an Adolescent Mental Health Inpatient Unit;
  - The Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre; and
  - Northside Hospital Scoping Study, in close collaboration with Calvary Healthcare.

**Key information**

The Expansion of the CHWC

- This Project will support the ACT Government's whole-of-territory health services strategic vision which is focussed on an evidence-based approach to provide a world-class, patient-centred, health system, providing access to the right services in the right place at the right time, by the right person.
- Early design for the project has been completed and final scope approved by Government. The project will deliver additional maternity beds, more special care beds and neonatology services, an adolescent mental health inpatient unit and day service, a specialised gynaecological procedures room, and better integrated maternity services and improved paediatric services.
- The project is due for staged delivery through to 2021-22 with some components delivered as early as 2020:
  - Custodial Birthing Suited completed in October 2018; and
  - Paediatric High Care Ward refurbishments during 2020.
- It is important to highlight that the expansion is happening in an existing facility on Canberra Hospital campus. There are existing health services operating 24/7 and we need to ensure there is a continuation of care and services for patients and their families while this major project is underway.

Cleared as complete and accurate:	30/05/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/259	

## QUESTION TIME BRIEF

- The expansion will enable the CHWC to meet the growing need for already provided maternity and paediatric services, and will also enable the hospital to deliver new womens and childrens services such as specialised adolescent mental health services.
- The expansion will complement recent upgrades to maternity services at Calvary Public Hospital Bruce in order to futureproof our territory-wide health system for public hospital women's, youth and children services.
- The Expansion of the CHWC is targeted for completion in 2021-22.
- The Adolescent Mental Health Inpatient Unit (AMHIU) is part of the CHWC Expansion project. It is expected that the AMHIU will be completed by the end of the 2021-22 financial year.

### Funding for the Expansion of the CHWC (as per the 2018-19 Budget)

- Expansion of the CHWC is a commitment of this Government from the 2016 election.
- The 2018-19 Budget provided a capital injection of \$2.5 million to allow for the continuation of planning and design related to the expansion of the CHWC.
- The Government has allocated \$68.075 million in the budget and forward estimates for the CHWC Expansion.

#### **2018-19 Budget**

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital Provision	4,000	33,500	28,075	0	<b>65,575</b>
Capital Injection	2,500	0	0	0	<b>2,500</b>
Feasibility Expense	225	0	0	0	<b>225</b>

- The final cost estimate for the project is subject to announcements in the context of the 2019-20 ACT Government Budget.

### Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre

- The SPIRE Centre will be the largest health infrastructure project delivered in the ACT, and will transform the Canberra Hospital campus for the ACT and surrounding NSW regions.
- SPIRE will deliver new acute tertiary care infrastructure for the hospital, and provide high quality, person-centric care in an environment that incorporates the latest advances in technology and Models of Care to improve healthcare outcomes and operational service efficiency.

Cleared as complete and accurate:	30/05/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/259	

## QUESTION TIME BRIEF

- SPIRE will deliver 114 Emergency Department treatment spaces – 39 more than currently available at Canberra Hospital – and 60 ICU beds – 12 more than originally planned and doubling what is currently available. There will also be four paediatric ICU beds in SPIRE.
- SPIRE will also deliver 22 new state-of-the-art operating theatres – an increase from the 13 currently available and two more than originally planned. Theatres in SPIRE will include hybrid theatres and interventional radiology theatres that will allow for advances in the use of medical technology and techniques.
- As part of the feasibility, planning and design work that has been undertaken, there has been extensive engagement with the clinical workforce, and continue in 2019 and beyond as design work progresses.
- We will be working closely with our other Directorate partners, such as Environment Planning and Sustainable Development Directorate and Transport Canberra and City Services, to explore broader planning implications for the health precinct at Garran and surrounding areas.
- The 2016 election commitment stated that SPIRE was planned to open in 2022-23. This was prior to any feasibility, planning and early design works being undertaken.
- Construction completion for the SPIRE project is anticipated in 2023-24.

Key Deliverable	Estimated Date(s)
Planning and Design Phases (Current Stage)	2018 to 2020
Construction Commencement	During 2020
Targeted Project Completion Date	During 2023-24

### Funding for the SPIRE (as per the 2018-19 Budget)

- SPIRE is a commitment of this Government from the 2016 election.
- SPIRE received \$3.0 million in the 2017/18 Budget for feasibility, and \$13 million of capital through the 2018-19 Budget to progress early stages of design.

#### **2018-19 Budget**

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital Provision	0	20,000	200,000	200,000	420,000
Capital Injection	13,000	0	0	0	13,000
Feasibility Expenses	3,000	0	0		3,000

Cleared as complete and accurate:	30/05/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/259	

## QUESTION TIME BRIEF

- Further capital funding for the project is subject to announcements in the context of the 2019-20 ACT Government Budget.

### Upgrading and Maintaining ACT Health Assets

- The ACT Government is investing some \$100 million in health assets and infrastructure to address identified risks across CHS properties under the Upgrading and Maintaining ACT Health Assets (UMAHA) program.
- In addition, through the SPIRE and CHWC Expansion projects, \$650+ million will be invested in the Canberra Hospital campus over the next five years. This will address pressures in Critical Care and Woman and Children services on the campus.
- Further long-term planning will be undertaken to identify opportunities for further modernisation of the campus beyond the delivery of SPIRE.
- ACT Health is also working to ease pressure on Canberra Hospital by working closely with Calvary Health Care and establishing, or enhancing, health services available through other sites such as Walk-in and Community Health Centres.

Cleared as complete and accurate:	30/05/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/259	



GBC19/259

**Portfolio:** Health and Wellbeing

**ISSUE: CHEMOTHERAPY CO-PAYMENTS**  
**PUBLIC HOSPITAL PHARMACEUTICAL REFORM AGREEMENT**  
**(PHPRA)**

**Talking points:***Chemotherapy Co-payments*

- On 4 July 2018, the Chief Minister announced that the ACT Government would meet the costs of co-payments for chemotherapy for cancer treatment, and that patients would no longer be directly charged.
- From 6 August 2018, Canberra Health Services (CHS) began covering the co-payment for patients requiring injectable and infusible chemotherapies in ACT public hospitals (the Chemotherapy Scheme).
- The ACT Government has also committed to covering the co-payment for oral chemotherapy medications dispensed through ACT public hospitals.
  - During August and October 2018, ACT public hospitals had administrative issues with meeting the cost of oral chemotherapy medications. These issues were resolved and all affected patients have been reimbursed by the ACT public hospitals.
- The Government acknowledges that covering chemotherapy co-payments is a complex issue with no single scheme in use across Australian jurisdictions.
- As stated in the Standing Committee on Health, Ageing and Community Services in its November 2018 meeting, I do not believe managing the Chemotherapy Scheme through community pharmacies is achievable and at this stage the Scheme will not cover all chemotherapy co-payments.

Cleared as complete and accurate:	29/05/2019	
Cleared by:	Executive Group Manager	Ext: 49392
Contact Officer name:	Aaron Adams	Ext: 49790
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Michael Culhane	
TRIM Ref:	GBC19/259	