LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON PUBLIC ACCOUNTS

(Reference: Inquiry into Appropriation Bill 2017-2018 (No 2) and Appropriation (Office of the Legislative Assembly) Bill 2017-2018 (No 2))

Members:

MRS V DUNNE (Chair)
MR M PETTERSSON (Deputy Chair)
MS B CODY
MR A COE

TRANSCRIPT OF EVIDENCE

CANBERRA

WEDNESDAY, 14 MARCH 2018

Secretary to the committee:
Dr B Lloyd (Ph: 620 50137)

By authority of the Legislative Assembly for the Australian Capital Territory

WITNESSES

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Amended 20 May 2013

The committee met at 9.18 am.

FITZHARRIS, MS MEEGAN, Minister for Health and Wellbeing, Minister for Transport and City Services and Minister for Higher Education, Training and Research
FEELY, MS NICOLE, Director-General, Health Directorate
BONE, MR CHRIS, Deputy Director-General, Canberra Hospital and Health Services, Health Directorate
NORRIS, MR LYNTON, Deputy Director-General, Performance, Reporting and Data, Health Directorate
DORAN, MS KAREN, Deputy Director-General, Corporate, Health Directorate

THE CHAIR: Good morning, and welcome to the second public hearing of the public accounts inquiry into the Appropriation Bill 2017-2018 (No 2) and the Appropriation (Office of the Legislative Assembly) Bill 2017-2018 (No 2). This morning we welcome the minister for health, Ms Fitzharris. There is a privilege card, which I am sure everyone is familiar with. When we begin, could you indicate that you have read and understood the privilege statement? Minister, do you want to make a brief statement?

Ms Fitzharris: I would. I thank you for the opportunity to be with the committee today. In short, I am very pleased to be here to talk about some of the important things that the government continues to do in health, in particular, our shared aim of keeping Canberrans healthy and well. There have been great strides in the past financial year towards increasing the quality of patient-focused health care for Canberrans, in line with budget commitments that were announced in the 2017-18 budget, and we look forward to more in the 2018-19 budget.

In the budget update we are ensuring that, as the city continues to grow and as the health needs of our community change, we are investing in the services that our community needs. There are a number of initiatives in the budget review. There are, of course, some notably larger ones, but each of them plays an important role in a variety of different ways in ensuring that Canberrans and people in our region can access the health services that they need to keep them healthy and well.

There is a $6.4 million funding boost to elective surgery, which will see 600 additional patients receive treatment within recommended time frames this year, and help ACT Health achieve more than 13,000 elective surgeries in this financial year. This will be accomplished by delivering more surgeries in the public and private systems by increasing the allocation of operating sessions to specialties with high demand, such as paediatric and adult general surgery, orthopaedic surgery, urology and gynaecological surgery.

As the region and our city continue to grow, the demand for health services, including elective surgery, as you all know, is increasing. This will continue to put some pressure on wait times. That is why there is also a longer term plan to manage elective surgery. In addition, we are investing in the long-term health needs of the community. The territory-wide health services framework work, which is well underway in service planning, is really laying the foundation for future investment in both services and

health infrastructure. That includes the University of Canberra hospital opening, the expansion to Centenary hospital, new walk-in centres, planning for a new north side hospital, the SPIRE centre at Canberra Hospital, as well as a purpose-built facility in partnership with Winnunga Nimmityjah for Aboriginals and Torres Strait Islanders.

In addition, in the budget review there have been a number of other commitments. Notably, I look forward later this month to receiving the final report on the system-wide data review. An early investment in some of the findings of that review has been to have a new electronic data warehouse. That is an important investment as the review reaches its conclusion. There are also investments in the budget review for meningococcal W vaccinations for Canberra's teenagers. We have seen across the country that that has been shown to be a high risk for adolescents in particular and we are very pleased to start rolling that out this year in Canberra's high schools.

There is investment in some early works around the drug and alcohol court, as well as integrating, through Minister Rattenbury's portfolios, the Winnunga Nimmityjah model of care into the Alexander Maconochie Centre. And there is urgent funding for the replacement of the aluminium composite panels at the Centenary Hospital for Women and Children.

That is a snapshot of the things in the budget review and the continuing investment that the government makes in health. I am happy to take the committee's questions, and acknowledge the privilege statement as well.

THE CHAIR: Thank you, minister. Can we begin with the $6.4 million for elective surgery? You are saying that that is 600 patients in the next three months, essentially. Is that right?

Ms Fitzharris: Yes.

THE CHAIR: How do you propose to identify and service those patients in three months?

Ms Fitzharris: I will ask ACT Health officials to talk about that, while noting that it is using capacity right across the territory, both public and private, to deliver these services.

Mr Bone: I acknowledge the privilege statement. We will be using all of the private sector that has capacity to assist us in delivering these services. We are using Calvary Public Hospital in Bruce, and, in a small number of cases, TCH, where we have identified that we have the workforce to deliver these services. We have a process in train where we have already started looking at these patients, to get the work undertaken by 30 June.

THE CHAIR: I want to clarify something. Minister, when you rattled off the list outlining the areas you were concentrating on, did you say neurology or urology?

Ms Fitzharris: Urology.

THE CHAIR: You said, Mr Bone, there will be just a small number at TCH. Why is

that?

Mr Bone: We have 13 theatres, and we have one theatre allocated for life or death situations, mainly obstetrics and trauma. We have four theatres allocated to unplanned surgery—the stuff that comes in through the emergency department—and eight theatres allocated for elective surgery. We have very little capacity in those eight theatres for elective surgery between now and the end of the year. Most of the sessions are allocated out. That is why there is only small growth in that area.

THE CHAIR: What are the session times for those eight theatres?

Mr Bone: Those sessions run from 8 o'clock until 5 o'clock.

THE CHAIR: You have not envisaged extending the session times in theatres?

Mr Bone: We have had discussions around that, but there is lots of evidence to suggest that, with running theatres into the evening, you start to compromise safety because a lot of your backup resources on the campus actually are not present. There is lots of international research to suggest that that is not the best way to go about delivering elective surgery.

THE CHAIR: Would you like to point the committee, on notice, to some of that research?

Mr Bone: I will take that on notice.

THE CHAIR: I hear from both sides, so I would be interested in seeing the research.

MR PETTERSSON: Could you tell me about the role of the data warehouse?

Mr Norris: The data warehouse is a significant investment and part of the system-wide review. It will enable us to provide conduits for our source systems, to provide a store of data that is comprehensive, robust and assured.

THE CHAIR: Could I ask a really basic question? In 25 words or less, what is a data warehouse?

MS CODY: I was just about to ask the same question, chair.

Mr Norris: With respect to a data warehouse, essentially they are now called a data repository. It utilises cloud storage facilities. Essentially, it is a secure way of holding government or commercial data.

THE CHAIR: How old is the data that you are keeping? How far back does it cast?

Mr Norris: Essentially, the data warehouse will become our new data source for the information that we hold. We hold a number of financial years of information. I can take the "how far back" on notice. Essentially, it will be the main store of government data. ACT Health is following the broader ACT government strategy on data.

THE CHAIR: So this is not specifically a health data warehouse; this is a subset of a larger warehouse?

Mr Norris: It is a subset of the larger ACT government warehouse. ACT Health data is about 60 per cent of the data that we hold as a government. Essentially, we are leveraging off the whole system and a whole-of-government approach for the warehouse by the chief digital officer.

THE CHAIR: For a non-techie person, what is special about it? What is different? What are we seeing with this development that is a departure from what we have had before?

Mr Norris: It is bringing best practice data management to the government. It is providing an assured platform for information storage and retrieval from our source systems—our patient systems. It enables us to provide an online requirement to access that information for analysis and patient care.

THE CHAIR: I do not want to be pejorative, but what about "garbage in, garbage out"? Do you know that we are actually collecting the right information? Through this process are we changing what we are collecting?

Mr Norris: The way to manage data is essentially to provide good governance requirements over the collection of that data and also system integrity processes. A lot of those processes are the subject of the system-wide data review. Essentially, that has enabled a range of immediate remediations, as well as a longer term plan to bring best practice data governance to the territory. With respect to what that then does, the data warehouse is like a warehouse; it stores—

THE CHAIR: It is just a repository, and it is only as good as the stuff that is in it?

Mr Norris: Essentially, yes.

MS CODY: Can I ask a non-techie question? A lot of us here have mobile devices. A lot of the mobile devices have cloud storage to store photos and things. There are little pop-ups that ask, "Do you want to store this to the cloud?" Is that the sort of—

Mr Norris: Essentially, yes.

MS CODY: It is not the same cloud.

Mr Norris: No.

THE CHAIR: It is a different part of the cloud, and hopefully with a bit more rigour around it.

Mr Norris: What it enables, at a much cheaper price and in a much more secure environment that maintains modern technology and security arrangements, is a leverageable data source. Going forward, we are seeing a significant amount of data every year, as the years increase, and this is a new platform for the industry. It is happening with iPhones, iTunes and all the rest of it. Essentially, it is a place where

we can leverage that storage at a very low price.

MS CODY: It obviously allows for expansion of storage as well?

Mr Norris: Yes.

MS CODY: And more easily?

Mr Norris: Through CMTEDD and the chief digital officer, state-wide, or territory-wide, storage will be managed. You do not have to have the same physical infrastructure requirements that you once had, in the sense that it is all part of the magical cloud. Really, what it does is to provide a secure data source for our source systems that will enable nation-leading analytics to be brought into this territory.

THE CHAIR: What is the time frame for the establishment of the data warehouse? Is that supposed to be completed in this financial year?

Mr Norris: It will be delivered in two phases. The first phase will be completed by the end of the review. That is establishment and looking at live emergency department data, and seeing how that can be provided to consumers; then, as we work through, it is a commissioning process to bring together the other source datasets and decommission our old physical servers, in the data warehouse environment.

THE CHAIR: What is the time frame for that?

Mr Norris: I would have to take the further time frame on notice.

THE CHAIR: Thank you.

MR COE: With regard to the procurement of the elective surgery procedures, how do you go about doing that?

Mr Bone: We have a panel of providers. We went out in mid-2017 seeking expressions of interest from providers within the territory to submit their application through this open-panel process. They indicated which specialties they could offer services in. That got signed off at the end of 2017. So we used that panel of providers to go out and ask them to do the work at a price.

MR COE: Are those panel members listed on the procurement website?

Mr Bone: I would have to take that on notice.

MR COE: Yes, if you could. Do you apply the usual procurement processes for those services or does that come under individual staff contracts?

Mr Bone: No, it went through the procurement process.

MR COE: With regard to reimbursement for travel, is that also factored into the panel arrangement or could somebody in effect offer a more competitive price, knowing that they are going to get various travel allowances and therefore perhaps make up the

difference that they might have otherwise forgone?

MS CODY: Chair, can I ask a question? What is this relating to in regard to the approps?

THE CHAIR: $6.4 million for elective surgery.

Mr Bone: We seek for them to provide a number of occasions of service, at a price, and that price covers everything. So we would not negotiate on travel costs for people that they employ.

MR COE: So you can confirm that any travel allowances or refunds of travel expenses—

Ms Fitzharris: To the surgeons.

MR COE: Yes, to the surgeons, or to anybody else who is on this panel, are not in addition to those panel rates?

Mr Bone: It would be within the price.

MR COE: Regarding the aluminium cladding, was all the work done by the end of 2017, as planned?

THE CHAIR: The removal.

Ms Fitzharris: No, there was not a plan to complete it by the end of 2017.

THE CHAIR: There was a plan to complete the removal by the end of 2017.

Ms Fitzharris: Right; not the replacement, obviously.

Ms Doran: I acknowledge the privilege statement. Yes, the program of works for the replacement of the panelling on the women's and children's hospital commenced on 20 February this year. At this stage it is proposed to be completed in July this year, but that is conditional on a number of factors. Weather always is a factor in these works. But because there is a lot of demand at the moment for the replacement panelling, the provision of those panels will also be a determining factor on the time lines.

MR COE: Was the reason that the panels were not removed by the end of 2017 that, in effect, you did not have other panels to replace them with?

Ms Doran: It is not as simple as that. There was a process that was being gone through to determine the most appropriate and safest way to remove and replace the panels.

MR COE: What specific challenges did you come across in the latter half of last year that you were not aware of at the time of planning the removal before 31 December?

Ms Doran: As I said we went through a process with expert consultants to look at the safest and most appropriate way to remove the panels, and also to manage the continuing operation of the hospital and the safety of patients and visitors to the hospital through that process. That involved doing a trial of removing and replacing three sets of panels, to begin to see the most appropriate way of doing that. After that process, after we established the best way to remove the panels, we then went out to tender for a contractor to come in and do the full job. That contract was awarded in December 2017.

MR COE: Was it the expert advice that you received which indicated that you could have the panels removed by 31 December?

Ms Doran: I am not aware of that. I would have to take that on notice.

THE CHAIR: I am a little unclear. Have the old panels—the faulty panels, or the troublesome panels—been removed?

Ms Doran: We are in the process now of undertaking the full job of removing and replacing the panels.

THE CHAIR: So it is remove and replace as you go, not remove and then come back and replace them?

Ms Doran: That is right.

THE CHAIR: Also, Ms Doran, you raised concerns about the availability of the replacement product. Do we have enough replacement product to do the whole job?

Ms Doran: We have identified that as a potential risk to the timing of the job.

THE CHAIR: So we do not currently have enough?

Ms Doran: We order as we progress with the removal and replacement exercise. So it is a continuous exercise.

THE CHAIR: Why did you take that approach rather than saying, "We need X number of panels," or "X square metres of panelling" and just ordering it all at once?

Ms Doran: I would have to take that on notice.

THE CHAIR: I would appreciate that.

Ms Fitzharris: If you know the panels, too, they are very different sizes in this particular part of the building. I think another factor with it was that it is quite close to where the helicopter pad is. With some of the work, as I understood it at the time, those retrieval activities can often have an impact on work on the site.

THE CHAIR: Yes, I can understand that.

MR PETTERSSON: Have there been any interruptions to the normal running of the hospital while this work is going on?

Ms Doran: We try to manage those inconveniences as much as possible. Obviously, the ongoing running of the hospital is the number one priority in this process. There will be some interruption, but, as I said, that is managed.

THE CHAIR: What sort of interruption?

Ms Doran: Just the placement of hoardings, so not to the operation of the hospital as such but to the movement of visitors et cetera.

Ms Feely: May I add something? I acknowledge the privilege statement. It is also very important to know in this context that we have extensive fire safety, emergency procedures and evacuation plans in place at the Centenary hospital to ensure the ongoing safety of both staff and patients in the event that something—God forbid—does happen. Notwithstanding that this process will be ongoing, the safe and orderly protection of staff and patients is our main concern, and I believe we have extensively ensured the safety of our patients to the best of our ability.

THE CHAIR: Could you tell us what the replacement panels are made of?

Ms Feely: No, I cannot, off the top of my head. I will take that on notice.

THE CHAIR: I would like to know, on notice, what they are made of, how many we are removing and what the disposal arrangements are for the ones that are taken off.

Ms Fitzharris: We will take that on notice.

THE CHAIR: Are there any further questions? I am mindful that we had 20 minutes set aside, which we have used up.

MS CODY: I can put mine on notice or talk to the minister. You mentioned the SPIRE, and I know it has been in the news this morning. I wanted to get a feel for that, but I do note the time, and I am happy to—

THE CHAIR: Okay. Thank you for your time, minister. I apologise for the diary mismanagement we had the other day. I thank the members of staff as well.

The committee adjourned at 9.41 am.