

## LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

### WRITTEN QUESTION

Mr. Higgins to the Minister for Corporate and Information Services:

#### **Core Clinical Systems Renewal Program (CCSRP)**

1. *Is this project against the Health Department budget or the Department of Corporate and Information Services or is it shared?*

**Answer:**

- The program budget for CCSRП is held by the Department of Corporate and Information Services (DCIS).

2. *From a Health perspective, is the project proceeding as expected and have the deadlines been met for the first tranche implementation (due July 2019)?*

**Answer:**

- The Program is completing the design stage and moving to the solution build stage. The Program is expected to be delivered within the proposed timeframe.

3. *Who made the recommendation to Cabinet for this project? Health? DCIS or jointly?*

**Answer:**

- The proposal seeking Cabinet approval of the CCSRП was submitted by the Department of Health.
- It was approved by Cabinet in 2016 under the former Government, albeit with a \$56.1 million shortfall.
- DCIS assisted with the development of the CCSRП business case.

4. *How will this compare with Health systems interstate? For example, for clinical staff moving to the Territory, will this be easy to adjust to or does it already exist interstate? Will it require training of clinical staff?*

**Answer:**

- When fully implemented the new CCSRP solution will position the Territory as the only jurisdiction in Australia with a single, common digital patient record across the publicly operated health service and across all clinical care settings.
- System training for existing and new staff will be required and has been accounted for within the program funding.
- Diverse combinations of digital and manual systems are used in health care settings across Australia. The level of familiarity of future new staff with digital health platforms is anticipated to be similarly diverse and a level of introductory or operational training is expected to be needed.

5. *What redundancies have been built into the system to enable business continuity?*

**Answer:**

- The infrastructure supporting CCSRP is being installed at the NT Government's new Government Data Centre and will have back-up capability through the Back-up Data Centre currently being commissioned.
- As with all current clinical systems, the Health Services and the systems support areas have established Business Continuity plans in place to support continuity of care in the event of system outages.

6. *From our briefings we know there are 19 Territory interests involved in the project and you have claimed about \$6m into local businesses to date. Would you please confirm those numbers?*

**Answer:**

- There are currently 19 Territory Enterprises supplying services to CCSRP.
- Total program expenditure with Territory Enterprises for the 2018/19 financial year was \$14.8 million.

7. *We understand there are a dozen public servants working on the project - would you please confirm that and what is the cost of those public servants working on it? Is it part of the budgeted \$259m over five years?*

**Answer:**

- There are currently 31 public servant FTE engaged within CCSRP. This includes a number of health professionals engaged directly in the program as subject matter experts.
- Salary costs are met from the \$259 million program budget.

8. *How much are you spending per month on contractors for this project? How much of that contractor money is spent locally?*

**Answer:**

- The program is currently spending \$1.3 million per month on contractors.
- All contractors are required to be located in Darwin and work from Darwin.

9. *The original budget for the Core Clinical System Renewal Project was \$185.9 million over five years. The figure was later revised to \$269 million over five years. What is the budget for the project now?*

**Answer:**

- The original submission to the previous Government in March 2016 advised a total budget of \$242 million required to deliver CCSRP. This was based on comprehensive market research that informed the financial modelling and funding requirement.
- The then Cabinet approved partial funding for CCSRP at \$185.9 million in the 2016 Budget; leaving a funding shortfall of \$56.1 million.
- The funding shortfall necessitated a second submission to the current Government in 2017 as the program funding needed to be addressed to allow CCSRP to proceed. At this time the total funding required was better informed by pricing offered by suppliers during the tendering process, and revised to \$259 million in the 2017 Budget.
- The CCSRP budget has not changed since the 2017 Budget decision and remains \$259 million.

10. *How much are you spending per month on contractors for this project? How much of that contractor money is spent locally?*

**Answer:**

- See answer to Question 8 above.

11. *Is the CCSRP project on time to be delivered by 2021?*

**Answer:**

- The new CCSRP system is expected to be rolled out across the Territory by late 2021.

12. *What redundancies have been built into the system and what are the ongoing costs expected to be?*

**Answer:**

- See answer to Question 5.
- The ongoing costs will be met from within the existing Health ICT budget; no new funding has been allocated to ongoing operations.

13. *In August this year almost 400 patients in Scotland were wrongly told they had serious health conditions like cancer because of an "IT error".*

*The system software blamed was TrakCare which is the base system of your Core Clinical System Renewal Project.*

*What assurances have you been given that this sort of "glitch" won't occur in the Northern Territory under the new system?*

**Answer:**

- The issue that occurred in Scotland was not a design or programming deficiency in the core TrakCare software, it was specific to the manner in which the software had been set-up and configured locally in that part of the Scottish NHS health system.
  
- The Northern Territory will be deploying the latest 2020 version release of TrakCare and the set-up and design of the solution has been informed by an extensive Solution Design process over 14 months to which over 1500 NT Health clinicians have provided input.